

The National Composite Index for Family Planning (NCIFP)

SAO TOME AND PRINCIPE 2017 Scoresⁱ

What is the NCIFP?

A tool that supports FP2020'sⁱⁱ efforts to improve the policy environment for family planning (FP), the NCIFP provides information on FP program activities that are not readily available in national demographic or reproductive health surveys or service statistics systems. The NCIFP measures the existence of FP policies and program implementation based on 35 items that fall under five dimensions: **Strategy**, **Data**, **Quality**, **Equity**, and **Accountability**.

Strategy – whether a national FP strategy/plan exists that includes quantified objectives, targets to reach the poorest and most vulnerable, projected resource requirements, and support for wider stakeholder participation. Also included are two items that affect strategy implementation: high-level leadership and regulations that facilitate contraceptive importation or production.

Data – whether the government collects/uses data on special sub-groups (e.g. the poor) and their access, private sector commodities, and the quality of service statistics. It also includes data-based evaluation and research to improve the program.

Quality – whether the government uses WHO-based FP procedures, task-sharing guidelines, and quality of care indicators in public and private facilities. Quality of services also considers the adequacy of structures for training, logistics, supervision, IUD and implant removal, sterilization counseling, monitoring provider bias/informed choice, and clinic/community QOC monitoring.

Accountability – whether mechanisms exist to monitor discrimination and free choice, review violations, report denial of services, enable facility-level feedback, and encourage dialogue between clients and providers.

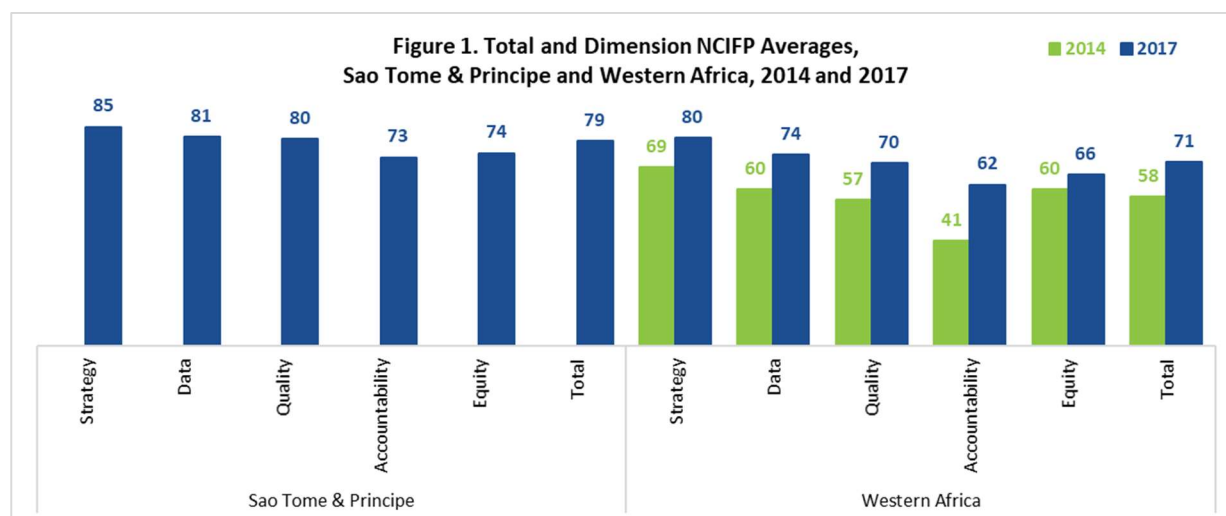
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved areas through community-based distribution (CBD).

First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). In 2017 Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation to assist countries participating in the FP2020 Global Initiative) administered a new round of NCIFPs to assess current national FP program status and changes since 2014. This brief presents Sao Tome and Principe results for 2017 because the country did not participate in the 2014 study. NCIFP results are intended for use by country stakeholders for FP and reproductive health (RH) policy and planning.

Sao Tome and Principe vs Western Africa Results

Figure 1 shows Sao Tome and Principe's total NCIFP score (79) in 2017 was higher than that of the region (71). The country also averaged higher than the region across all five dimensions.

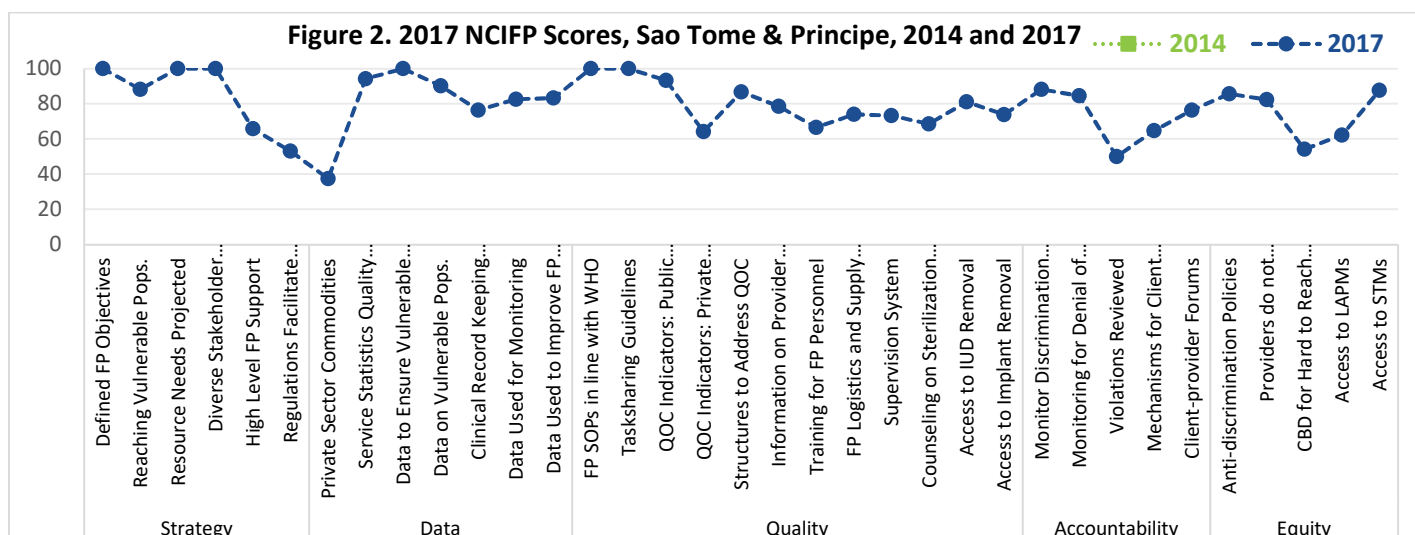
- Strategy was the highest rated dimension for both areas, with the country's average (85) slightly higher than the region's (80).
- Accountability, followed closely by Equity, was the lowest rated dimension the country and the region.



Individual 2017 NCIFP Scores

Ratings of individual NCIFP items over time specify which FP program activities are progressing, stagnating, or deteriorating. Sao Tome and Principe does not have 2014 data, but its 2017 NCIFP scores (Fig. 2) are revealing, with about 20 items rated 80 or higher and only one item scored below 40. The region's results for 2014 and 2017 are provided for reference purposes.

- **Strategy** – The score was 100 for the FP strategy’s well-defined objectives, estimated resource needs, and support for diverse participation; 88 for prioritizing vulnerable groups, 66 for program leadership level and 53 for regulations that facilitate contraceptive importation.
- **Data** – Scores in the 90s to 100 went to data on population subgroups and their access and to quality control of service statistics, followed by 83 each for data-based evaluation and program improvement and 76 for client recordkeeping and feedback of results to clients. Data on private sector commodities scored only 38, the lowest of all 35 NCIFP items.
- **Quality** – The scores of items under Quality ranged from 64 to 100, with the highest given to the use of WHO SOPs and tasksharing guidelines. QOC indicators in public facilities scored 93 compared to 64 for their use in private facilities. Ratings were in the 80s for clinic/community QOC monitoring and access to IUD removal; 70s for provider bias monitoring, the logistics system, supervision, and access to implant removal; and 60s for the training system and sterilization counseling.
- **Accountability** – Scores in the 80s involved discrimination and free choice monitoring and mechanisms for reporting denial of services, 76 for provider-client dialogue, 65 for facility-level client feedback and 50 for violations review.
- **Equity** – Scores were in the 80s for STM access, policies to prevent discrimination, and provider non-discrimination of certain population groups; 62 for access to LAPMs, and 54 for CBD coverage of underserved populations.



Implications

As of 2019, the total population of Sao Tome and Principe exceeds 200,000 of which more than 50% are less than 20 years of age.ⁱⁱⁱ The UNFPA Country Programme Document 2017-2021^{iv} draws attention to Sao Tome and Principe’s economic and geographic fragility. Based on national poverty lines, the poverty headcount was 66% in 2010. Most families rely on subsistence agriculture, hence threatened by climate change effects such as increasing temperatures, rising sea levels, and eroding coastal areas. The total fertility rate remains high at 4.4 lifetime births per woman in 2014, a slight decrease from 4.9 in 2012. The modern contraceptive prevalence rate increased from 31% in 2009 to 37% in 2014. Although maternal deaths fell from 158 to 74 per 100,000 live births from 2009 to 2014, the country did not achieve its target of 62 per 100,000 live births. The expansion of reproductive health (RH) information and services improved several maternal and child health indicators, but problems such as high unmet need for FP and early pregnancy persist. The Government has a budget line for RH commodities; the overall amount allocated in 2016 to the health sector is about 14% of the total budget. Disaggregated population data by sex and age are collected through the census and surveys but regular availability of disaggregated data is affected by the country’s limited capacity in data collection and in-depth analysis.

Sao Tome and Principe’s high marks for many NCIFP items in 2017 are very encouraging and indicative of the country’s progress in improving the national FP program, particularly regarding elements of the strategy, data on the most vulnerable populations, the quality of services and support systems, monitoring discrimination and free choice and access, anti-discrimination measures, and access to STMs. The NCIFP results also point out FP activities that need much more strengthening: high-level support for the FP program, private sector involvement (which is affected by regulations facilitating contraceptive importation, the availability of data on private sector commodities, and QOC indicators in private facilities), violations review, and CBD outreach to underserved population. These challenges are for the country’s FP stakeholders to discuss, identify underlying factors, and agree on how best to address them.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): SAO TOME AND PRINCIPE 2017 Scores”. 2017 NCIFP Policy Brief Series (2019)

ⁱⁱ Family Planning 2020 is a global initiative through which governments, civil society, multilateral development organizations, the private sector, and the research community work together to enable more women and girls to use contraceptives by 2020. <http://www.familyplanning2020.org/>

ⁱⁱⁱ <https://population.un.org/wpp/Download/Standard/Population/>

^{iv} <https://www.unfpa.org/data/transparency-portal/unfpa-sao-tome-principe>