

The National Composite Index for Family Planning (NCIFP)

LESOTHO 2017 Scores and 2014-2017 Trendsⁱ

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 family planning (FP) policies and program implementation based on 35 items that are 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 standards of practice (SOP), task-sharing guidelines, and quality of care indicators in public and private facilities. Quality of care (QOC) also considers the adequacy of structures for training, logistics, supervision, IUD and implant removal, and informed choice, including informing clients on the permanence of sterilization.

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

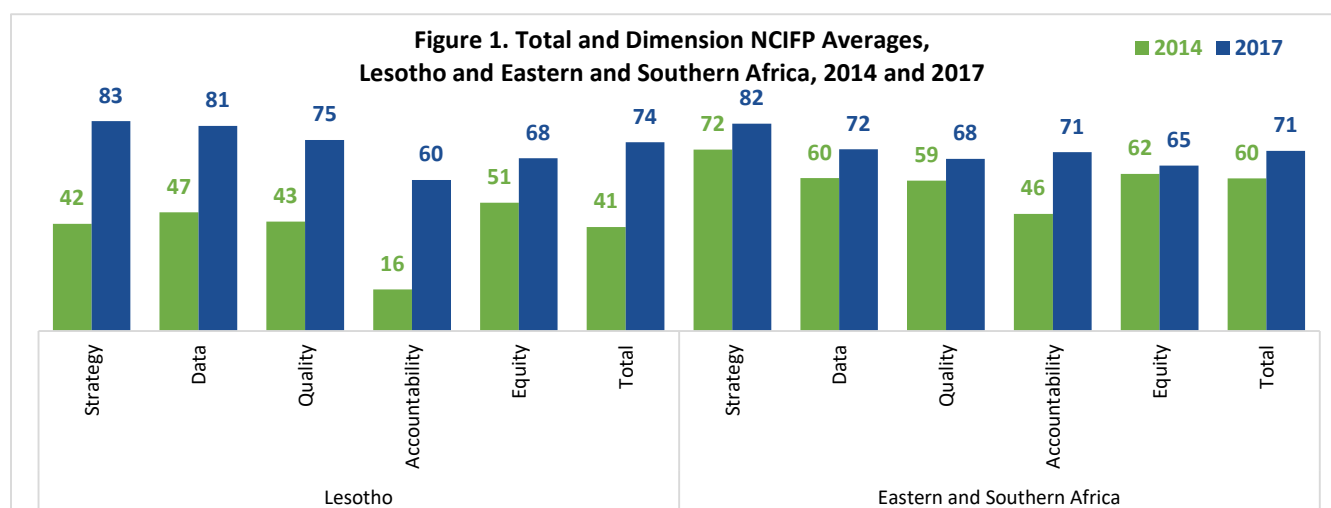
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation to assist countries participating in the FP2020 Global Initiative) collected NCIFPs in 2017 to assess national FP program status in 2017 and changes since 2014. The data are intended for policy and planning use by each country's FP stakeholders.

Lesotho vs Eastern and Southern Africa (E&SA) Results

Figure 1 shows Lesotho's 2014 total NCIFP rating (41) was below the region's total (60). Total scores improved in both areas in 2017; 74 for Lesotho compared to 71 for the region. Both areas also averaged higher in all five dimensions in 2017.

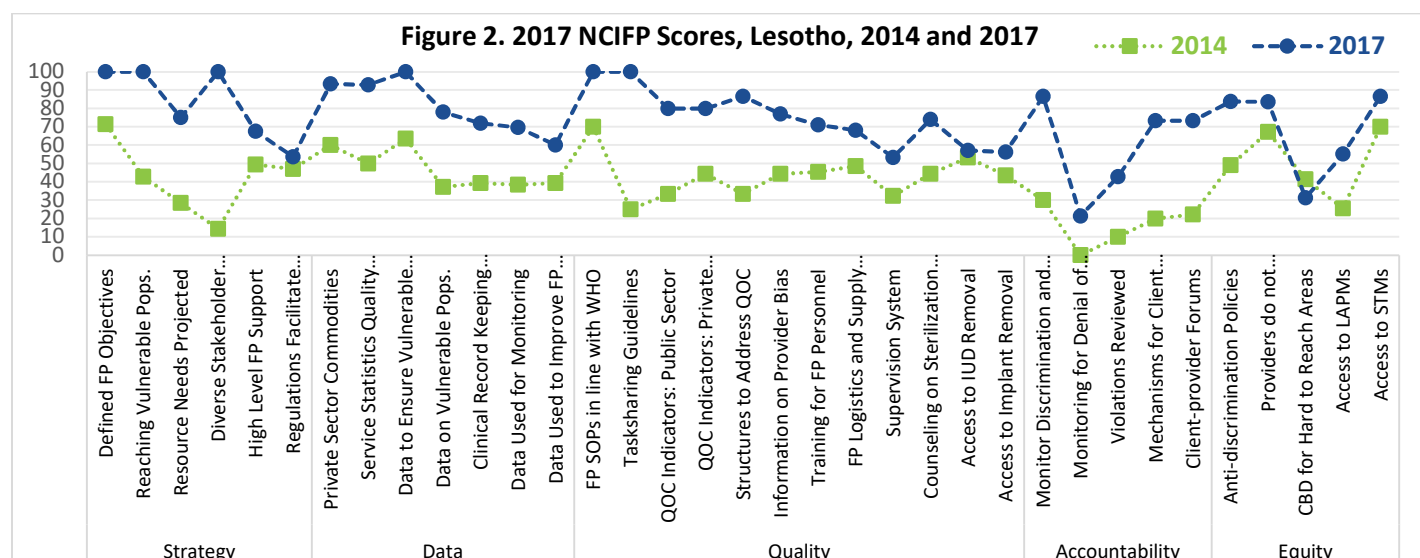
- Equity was Lesotho's highest rated in 2014 and Strategy was highest in 2017 (also the region's highest in both years).
- Accountability, the lowest rated in both areas in 2014, improved significantly in 2017. For the region, this resulted in Equity becoming the lowest rated. In Lesotho's case, the average for Accountability rose from 16 to 60 (an increment of +44 pts), but the dimension remained Lesotho's lowest ranked in 2017 as averages for the other dimensions also improved significantly.



Individual NCIFP Trends, Lesotho 2014 and 2017

The scores of individual NCIFP items over time specify which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows Lesotho with improving scores for nearly all individual NCIFP items. In 2017, over 20 items scored 70 or higher.

- **Strategy** – Perfect 2017 marks went to the strategy’s defined objectives, prioritization of vulnerable groups, and support for diverse participation (the last item scored below 20 in 2014). The next set of scores were relatively lower: estimated resource needs (75), high-level program leadership (68) and regulations facilitating contraceptive products (54).
- **Data** – All items had more elevated scores in 2017: the use of data to ensure access among the most vulnerable (100); service statistics quality control and data on private sector commodities (90s); data on vulnerable groups, clinic record-keeping and results feedback to clients, and data-based monitoring (70s). Using research findings to improve the program scored 60.
- **Quality** – Items with much improved 2017 marks involved the use of WHO SOPs and tasksharing (100), clinic/community monitoring of QOC (87), and QOC indicators in public and private facilities (both scored 80). Provider bias monitoring, the training system, and sterilization counseling had ratings in the 70s followed by a 68 rating for the logistics system. Scores were in the 50s for supervision and access to the removal of IUDs and implants.
- **Accountability** – The highest rated Accountability items in 2017 were monitoring discrimination and free choice (87) and facility-level structures to solicit client feedback and ensure client-provider dialogue (each scoring 73). The lowest rated involved mechanisms to review violations (43) and report denial of services (21, the lowest score among all NCIFP items).
- **Equity** – The highest rated in 2017 were STM access (87), and anti-discrimination policies and non-discrimination by providers (each scored 84). The rating for LPM access was 55; CBD scored only 31 (the second lowest across all NCIFP items).



Implications

According to the 2014 Demographic and Health Survey (DHS), a Lesotho woman gives birth to about 3.3 children during her lifetime; this rate is identical to the rate in 2009 and only slightly lower than the rate in 2004 (3.5 children), indicating Lesotho’s fertility decline is slowing down. Fertility levels also remain high among women in the country’s rural and more remote regions, those with less than secondary education, and the poorest. Teenage childbearing has been steady over the last decade; 20% of women ages 15-19 have begun childbearing, with rates higher in rural areas and among those with lower educational levels. Modern contraceptive use (mCPR) among currently married women in Lesotho grew from 35% in 2004 to 46% in 2009 and 60% in 2014, although mCPRs remain low among women ages 15-19 and those with no education. The DHS report also showed that younger women were less likely to have discussed FP during a health facility visit compared to women ages 25-44ⁱⁱⁱ.

Lesotho’s much higher ratings for most NCIFP items in 2017 reflect national FP program advancements and achievement of an mCPR exceeding 60%. The country’s highly rated NCIFP items include: strategy development; the availability of various FP-related data; the use of QOC policies, indicators, and structures; accountability mechanisms to monitor discrimination and free choice and encourage communication with clients; efforts to counter discrimination and ensure access to STMs. The NCIFP results also point to some low-scoring FP activities: regulations facilitating contraceptive products, supervision of FP services, mechanisms to report denial of services, violations review, access to LAPMs as well as IUD and implant removal, and CBD coverage of remote areas and vulnerable groups. The NCIFP ratings along with Lesotho’s DHS results are for discussion and appropriate action among key stakeholders in their efforts to strengthen further the country’s FP program and ensure accessible, accountable, and equitable FP services.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): Lesotho 2017 Scores and 2014-2017 Trends”. 2017 NCIFP Policy Brief Series (May 2019)

ⁱⁱ Family Planning 2020 is a global initiative through which governments, civil society, multilateral organizations, donors, the private sector, and the research and development community work together toward a shared goal of enabling 120 million more women and girls to use contraceptives by 2020. For more on FP2020 visit <http://www.familyplanning2020.org/>

ⁱⁱⁱ <https://www.dhsprogram.com/pubs/pdf/FR309/FR309.pdf>