

The National Composite Index for Family Planning (NCIFP)

Zambia 2014 Results

What is the NCIFP?

The NCIFP is a new tool developed to support FP2020's efforts to improve the enabling and policy environment for family planning. The NCIFP measures both the existence of policies and program implementation, using 35 individual scores organized under five dimensions: **strategy**, **data**, **quality**, **equity**, and **accountability**.

Strategy – whether the 1) national FP strategy/plan includes objectives that are quantified and 2) targets to reach the poorest and most vulnerable; 3) resource requirements are projected; 4) means to broaden participation among diverse stakeholders are supported; 5) seniority of FP program director; and 6) policies that facilitate contraceptive importation or local manufacturing.

Data - whether the government 7) collects data to monitor special sub-groups (e.g. the poor) and 8) availability data on private sector commodities; 9) quality control of service statistic in place; and 10) data used to ensure access by vulnerable groups; 11) adequate client record keeping in place; and 12-13) uses various data sources for program operations, monitoring and evaluation.

Quality – whether the 14) government uses WHO-based FP procedures; 15) has FP task-sharing guidelines; 16-17) has and uses quality of care indicators in public and private facilities, 18) has adequate structures in place to address quality, 19) collects information on informed choice and provider bias, 20) has adequate training programs in place, 21) logistics and transport systems insure sufficient stock, 22) adequate supervision system in place, 23) informed choice on sterilization, 24-25) access to IUD and implant removal

Equity - whether 26) policies are in place to prevent discrimination; 27) extent to which service providers discriminate against special groups; 28) underserved areas are served by CBDs; and 29-30) the entire population has access to modern methods.

Accountability – whether there are 31) national, sub-national and facility-level mechanisms in place to monitor voluntary, non-discriminatory FP provision; 32-33) mechanisms to report denial of services in place and reviewed; 34) client feedback solicited, and 35) system in place to encourage dialogue between clients and providers.

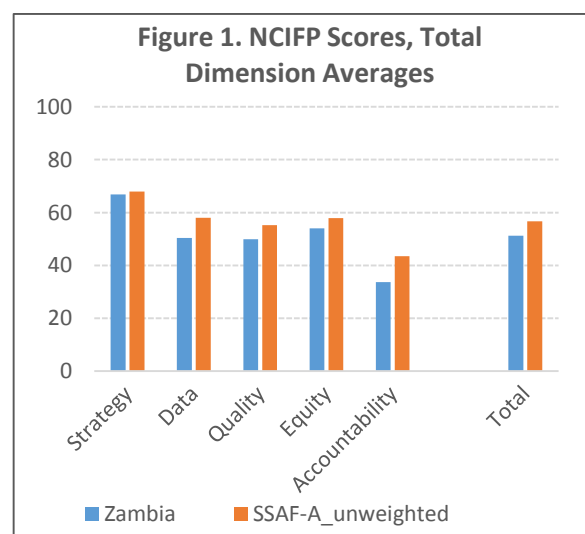
The NCIFP builds on the long-standing National Family Planning Effort Index (FPE). In 2014, FPE and NCIFP questionnaires were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium with USAID funding) and Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation). NCIFP data allow assessments of FP programs and can help stimulate discussions among stakeholders about factors that help make FP programs effective, widely supported and sustainable.

What do the Zambia results look like?

Zambia's total NCIFP score was lower than that of the Anglophone SSAF region (51 vis-a-vis 57, as shown in Figure 1). The country also obtained lower ratings than the region across all five NCIFP dimensions.

Zambia's 2014 scores for individual NCIFP items (Figure 2) follow the regional pattern, indicating similarities in what the country and region are achieving more strongly, and, less well. In terms of score levels, Zambia scored higher than the region in only three items: having a national FP action plan with defined objectives, the Quality item on informing sterilization clients that the procedure is permanent and the Accountability question about having a system that encourages dialogue about service accessibility, acceptability and quality. Actually, most country scores were below corresponding regional scores. Items rated lower than 50 can be noted under each dimension:

- Strategy – on whether the national action plan provides a mechanism and funding for stakeholder participation;
- Data – on whether the government collects data on private sector commodities, the client recordkeeping/results feedback system is adequate, and research/evaluation findings are used to improve the program;



- Quality – on government collection of data related to informed choice and provider bias, and on private sector quality of care indicators, if task-sharing guidelines exist, and whether the population has easy access to implant or IUD removal;
- Equity – on extent underserved areas are covered by CBD and whether the population has easy access to LAPMs;
- Accountability – on whether there are mechanisms for reporting instances of denial of services, to monitor achievement of voluntary FP information and services, to solicit client feedback, or for regular review of violations.

Implications

The NCIFP provides qualitative information on how a country stands regarding factors that help make FP programs effective and widely supported: Strategy, Equity, Quality, Data and Accountability systems. During the FP2020 Summit in 2012, Liberia pledged to increase FP use through task shifting to enable community health assistants and CBDs to increase access in underserved areas; demand generation through local structures and leaders to open up dialogue on FP; increasing budget allocation for FP supplies; strengthening the contraceptive supply chain by expanding the Essential Medicines Logistics Improvement Program. The NCIFP results raise questions about the extent to which key interventions comprising these pledges are in place, particularly task-shifting, CBD coverage, and mechanisms for stakeholder participation, dialogue, and feedback.



Want to know more: Read the full NCIFP report and use the interactive data tool available at track20.org

Suggested citation: Avenir Health. 2016. The National Composite Index for Family Planning (NCIFP): Zambia 2014 Results. Track20 NCIFP Policy Brief Series

