

# The National Composite Index for Family Planning (NCIFP) Ethiopia 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 national FP strategy/plan includes objectives that are quantified and targets to reach the poorest/most vulnerable, resource requirements, means to broaden participation, FP program director seniority level, and policies that facilitate contraceptive importation or local manufacture.
- **Data** - whether the government a) collects data to monitor special sub-groups (e.g. the poor) and the availability of private sector commodities; b) has adequate client record-keeping and quality control of service statistic; and c) uses various data sources (surveys, program statistics, etc.) for program operations, monitoring and evaluation.
- **Quality** – whether the government uses WHO-based FP procedures; has FP task-sharing guidelines; has and uses quality of care indicators in public and private facilities, has adequate structures -e.g., training, logistics, supervision, short-term contraceptives (STM), and long-acting/permanent methods (LAPM)- to support quality of care at all levels.
- **Equity** - whether service providers discriminate against special groups; policies exist to prevent discrimination towards special sub-groups; underserved areas are served by CBDs; and the entire population has access to modern methods.
- **Accountability** – whether there are national, sub-national and facility-level mechanisms/systems in place to monitor, report, review, and/or encourage dialogue on informed choice, voluntariness, coercion or denial of services, and quality of care.

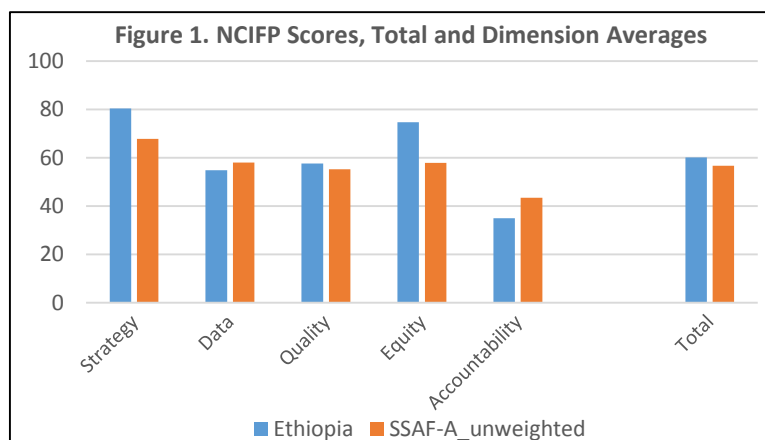
The NCIFP builds on the long-standing *National Family Planning Effort Index* (FPE). In 2014, questionnaires for the FPE and the NCIFP were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium, with funding from USAID) and Avenir Health (with funding from the Bill and 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 Ethiopia results look like?

Ethiopia's total NCIFP score was slightly higher than that of the Anglophone SSAF region (60% vis-a-vis 57% as shown in Figure 1). The country also averaged higher than the region for three NCIFP dimensions: Strategy, Quality, and Equity.

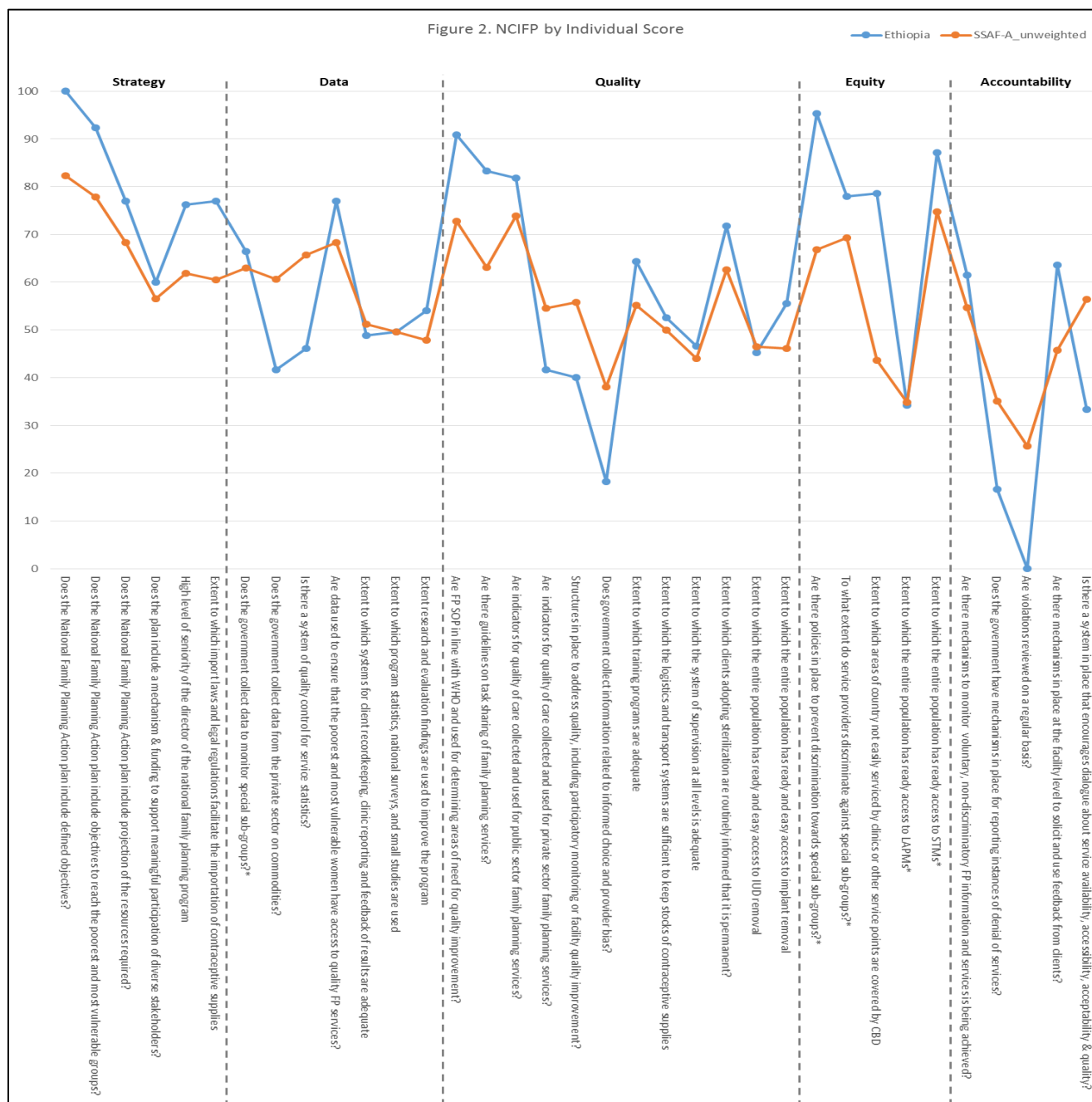
The country's scores for individual NCIFP items (Figure 2) somewhat follow the regional pattern, although Ethiopia's scores varied more widely within and across dimensions. This was true even for the three dimensions where Ethiopia exceeded the regional rating. Under Strategy, the country scored a perfect 100 for having a national FP action plan with defined objectives and quantitative targets, but rated only 60 percent regarding whether the action plan has a mechanism to support meaningful stakeholder participation. Under Equity, Ethiopia scored in the mid- 90 for having anti-discrimination policies but had a mid-30 score on the population having ready access to LAPMs. Under Quality, the country scored over 90 percent for having guidelines in line with WHO, but rated less than 20 percent for data collection on informed choice and provider bias.

Ethiopia's Data and Accountability ratings were lower than the region's. In terms of Data, the country scored below 50 percent for data collection on private sector commodities and quality control of service statistics. Ethiopia's individual item scores under Accountability were very low for 3 items: whether the government has mechanisms for reporting denial of services (15%), violations are reviewed regularly (0%), and a system exists for dialogue on service accessibility and quality (mid-30s)



## 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, the government of Ethiopia pledged to increase funding of the FP program to uphold the rights of all people to access and choose voluntary family planning through the primary health care system. Commitments also included commodity security, increasing uptake of long-acting reversible methods (LARs), expanding youth-friendly services, scaling up delivery of services for the hardest to reach groups, and monitoring contraceptive availability. The 2014 NCIFP results attest to Ethiopia having FP actions plans and initiatives to improve FP access to various groups and quality of services, but the results also point out the need to ensure mechanisms for meaningful participation, dialogue as well as accountability. These issues are for discussion and appropriate action by the country's stakeholders.



Want to know more: Read the full NCIFP report and use the interactive data tool available at [track20.org](http://track20.org)

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

