

The National Composite Index for Family Planning (NCIFP) Cambodia 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.

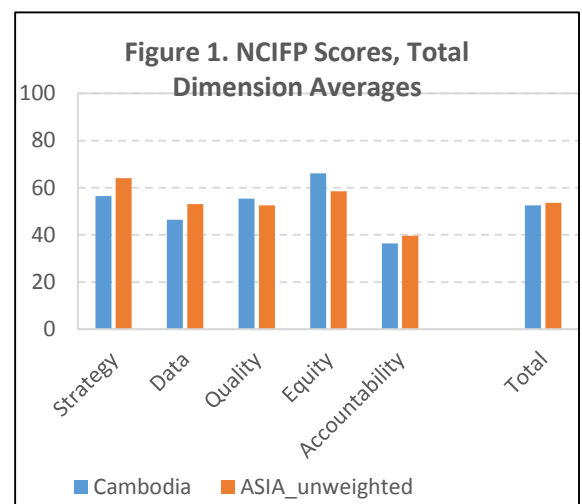
The NCIFP builds on the long-standing *National Family Planning Effort Index* (FPE). In 2014, questionnaires for the two indices were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium with USAID funding) and Avenir Health's Track20 project (funded by the Bill and 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 Cambodia results look like?

Cambodia's total score was one point lower than the regional average for Asia (53 v 54, in Figure 1). Cambodia, however, averaged higher than the region for two NCIFP dimensions, specifically, Quality and Equity.

The patterns of individual item scores are somewhat similar for Cambodia and the region (Figure 2), indicating similarities in a number of program areas that are achieving more strongly or less well. Cambodia scored higher than the region for its national FP strategy having objectives to reach the poorest and most vulnerable; for Equity items regarding whether anti-discrimination policies exist and the population has easy access to LAPMs; and for four Quality concerns including whether structures exist to address quality, the government collects information on informed choice and provider bias, and the adequacy of training as well as logistics systems. Cambodia, however, scored much lower than Asia on issues related to Data

(whether the government collects data on private sector commodities and uses data to ensure that the poor and most vulnerable have access to quality FP services), and Strategy (whether the national FP action plan has a mechanism for meaningful stakeholder participation and if the national FP program directorship is of high level seniority. These patterns highlight areas for further discussion in the country. Under Accountability, the country and the region obtained ratings below 40 on whether mechanisms exist for reporting denial of services on non-medical grounds and for reviewing violations on a regular basis.



Implications

According to the 2014 Demographic and Health Survey, Cambodia's total fertility rate was 2.7 births per woman. Although the figure appears relatively low, high fertility levels prevail in the poorer wealth sectors. Teenage fertility has also been increasing in the recent years. About 12% of Cambodian women ages 15-49 reported having had one or more abortions in their lifetimes; the percentage who have had at least one abortion tends to increase with age and number of children. Among women who have had an abortion in the last five years, 53% aborted their pregnancy within the first two months of pregnancy, while 46 percent had the abortion between the second and fourth months of pregnancy. The government and donors have been working together to improve reproductive health and contraceptive use in the country. In 2014, 39% of married women ages 15-49 were using modern contraceptives (with oral pills the most popular). However, another 18% of married women relied on traditional contraceptive methods which have high failure rates. While over 50% of Cambodian women aged 15-49 reported now wanting any more children, only 6% used LA/PMs in 2014. The NCIFP results for Cambodia identify many important FP program challenges that stakeholders should discuss and decide how best such challenges should be addressed to improve reproductive health in the country.



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): Cambodia 2014 Results. Track20 NCIFP Policy Brief Series.

