

# The National Composite Index for Family Planning (NCIFP) Eritrea 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.

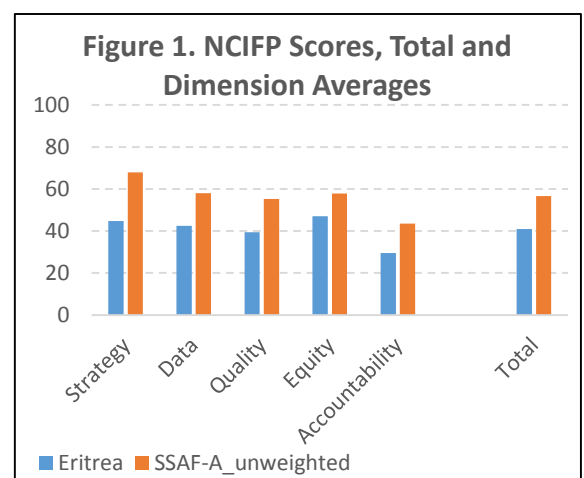
**Accountability** – whether there are 31) national, sub-national and facility-level mechanisms in place to monitor voluntary, non-discriminatory FP provision; 32-33) mechanisms to report denial of services in place and reviewed; 34) client feedback solicited, and 35) system in place to encourage dialogue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

The NCIFP builds on the long-standing *National Family Planning Effort Index* (FPE). In 2014, questionnaires of 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 Eritrea results look like?

Eritrea's total NCIFP score was much lower than the total average for Anglophone SSAF (41 vs 57, as shown in Figure 1). The country also scored lower than the region across all five NCIFP dimensions.

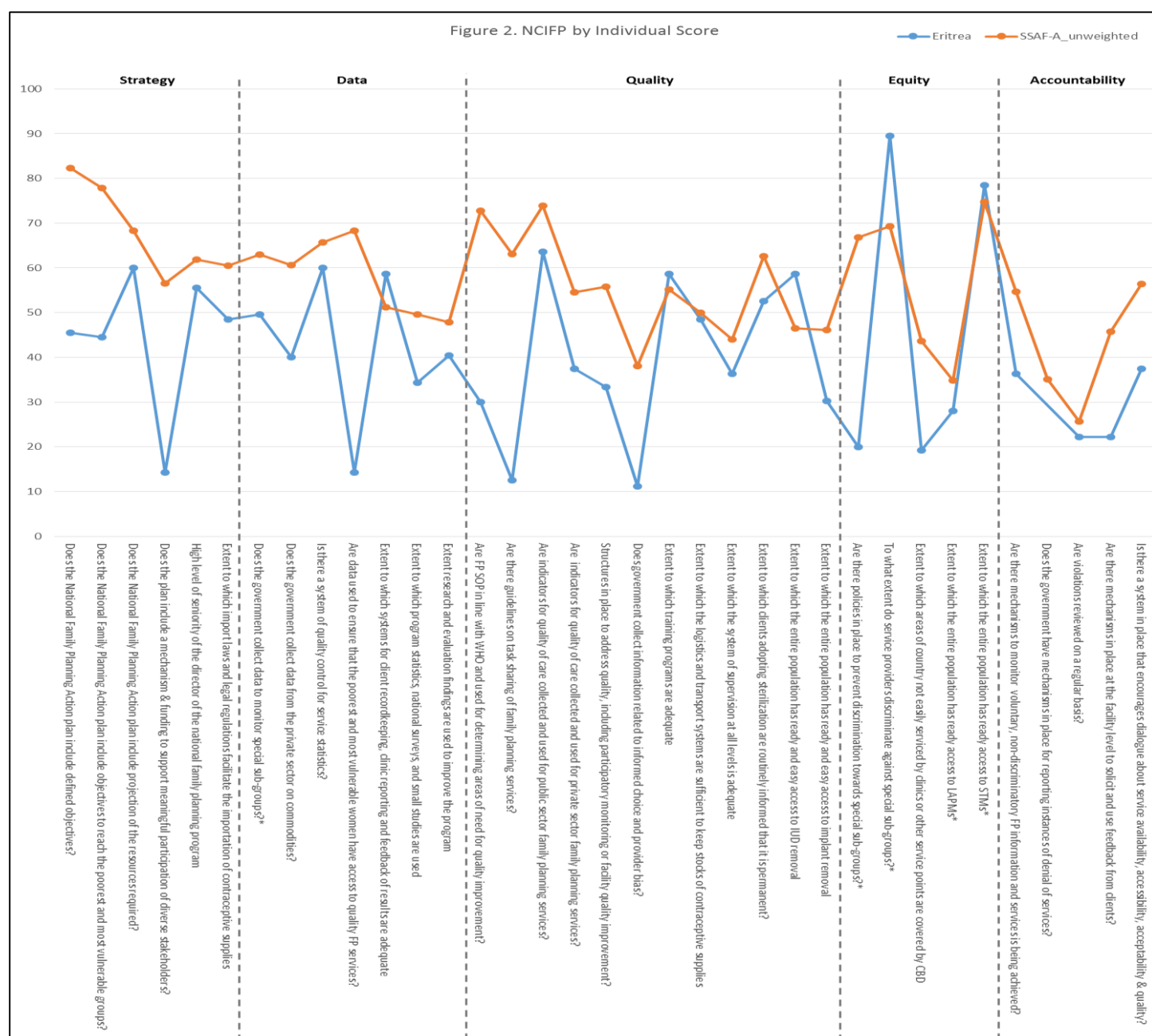
Eritrea's scores for individual items (Figure 2) follow to some extent the regional pattern, indicating similarities in which activities are moving well or lagging behind. However, Eritrea's ratings across almost all items were lower than those of the region. In terms of Strategy, Eritrea obtained an overall score of 60 for having projections of required resources, but also point to the need for the national FP Action Plan to define objectives for a 5 or 10 year period, aim to reach the poorest/most vulnerable, and include a mechanism to support meaningful stakeholder participation. Under Data, Eritrea received low scores for whether the government a) uses data to ensure that the poorest/most vulnerable have access to FP services, b) collects data on private sector commodities, and c) uses data for program evaluation and improvement. Under Quality, the main challenges involve whether a) task-sharing guidelines are used, b) FP procedures are based on WHO standards, c) private sector quality of care indicators are collected, d) structures (e.g. participatory monitoring) exist to improve facility services, e) information on informed choice and provider bias are collected, f) the supervision system is adequate, and g) implant removal services. Equity challenges include whether underserved areas are covered by CBDs, the population has ready access to LAPMs, and anti-discrimination policies exist.



Under Accountability, key challenges include whether mechanisms exist to solicit client feedback about service accessibility, quality and acceptability, and whether violations are regularly reviewed.

## Implications

NCIFP data provide 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. Eritrea's NCIFP scores indicate several policy and program gaps that constrain the country's FP program and affect the population's contraceptive choices and use. These challenges are for discussion and appropriate action by key stakeholders in order to improve contraceptive use and help advance the country's efforts to address key challenges that national leaders have identified - particularly human resources, and investments in basic services including water supply and energy – and achieve significant socio-economic development.



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

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