

The National Composite Index for Family Planning (NCIFP)

DEMOCRATIC REPUBLIC OF THE CONGO 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 FP policies and program implementation based on 35 items that 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 monitoring and research to improve the program.

Quality – whether the government uses WHO standards of practice (SOPs), task-sharing guidelines, and quality of care (QOC) indicators in public and private facilities. Quality also considers the adequacy of structures for training, logistics, supervision, clinical/community monitoring, 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.

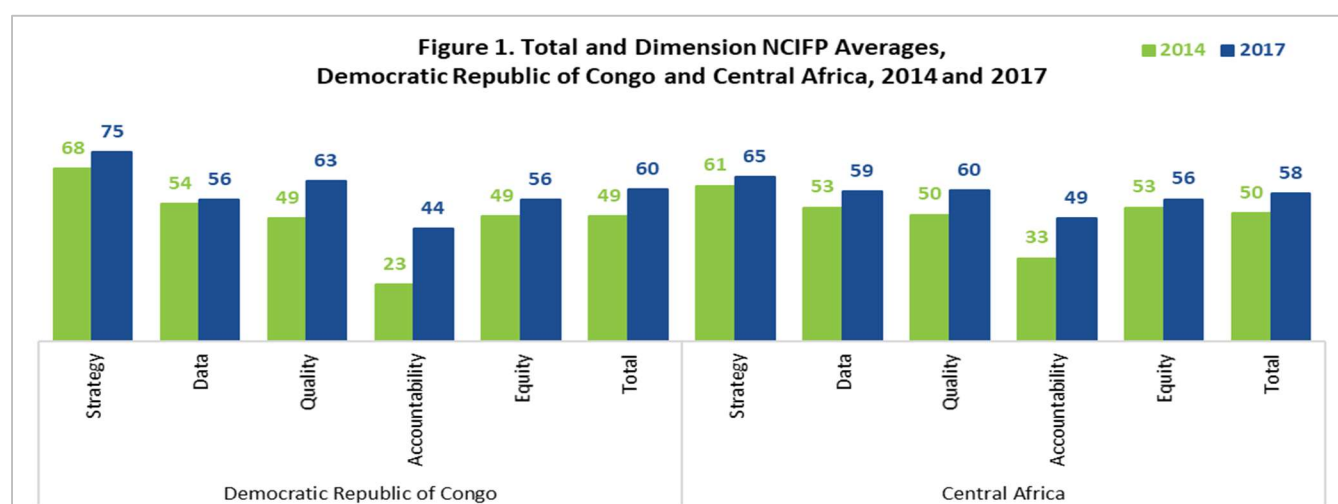
Equity - whether anti-discrimination policies exist, providers discriminate against vulnerable groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

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

Democratic Republic of the Congo (DRC) vs Central Africa Results

Figure 1 shows that the DRC's total NCIFP score rose from 49 in 2014 to 60 in 2017 (+11 pts) which is slightly better than the regional trend. Dimension averages of both areas also went up during the two years studied although patterns varied.

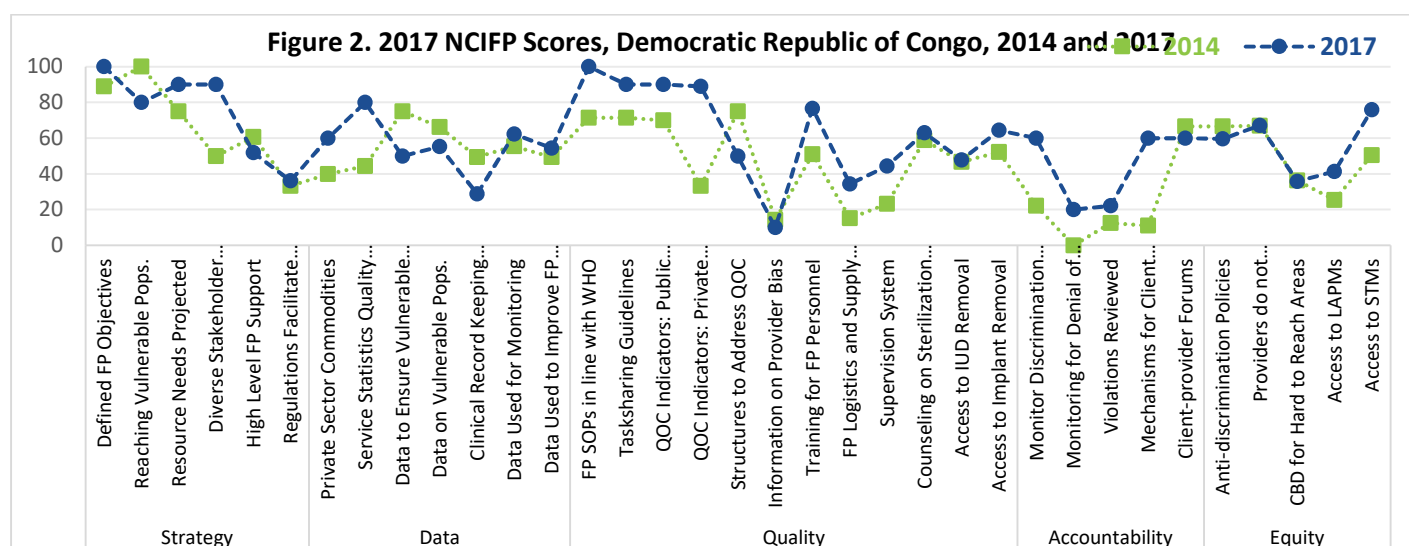
- Strategy was the highest rated dimension in the DRC and the region in both years, with the DRC averaging much higher.
- By 2017, the DRC's averages for Strategy and Equity rose 7 points compared to slightly lower increments for the region.
- Averages for Quality and Accountability gained substantially in both areas, resulting in 2017 scores that were not too far apart. Although improving, Accountability persisted as the lowest rated dimension in the two areas in both years.



Individual NCIFP Trends, 2014 and 2017

Scores of individual NCIFP items over time indicate which specific FP program activities are progressing well, stagnating, or deteriorating. Figure 2 shows the DRC's ratings and trends in 2014 and 2017, with scores improving for over 20 items.

- **Strategy** – Items with ratings that rose to 90 or higher in 2017 involved the FP action plan specifying quantifiable objectives, projected resource needs, and stakeholder participation. Scores fell regarding prioritization of vulnerable groups (from 100 to 80) and level of program leadership (from 61 to 52). Regulations facilitating contraceptive supplies stayed at the mid-30s.
- **Data** – Higher 2017 marks went to quality control systems (80), data on private sector supplies (60), and data-based monitoring (62) and program improvement (54). Scores declined for data about subgroups (55) and to ensure the vulnerable’s access (50). The rating for clinical recordkeeping/client feedback dropped to 29 in 2017, making it the lowest rated under the dimension.
- **Quality** – In 2017, the use of WHO-based standards of practice (SOPs), tasksharing, and quality indicators in public and private facilities scored about 90 or higher while that of access to implant removal rose to 64. Scores hardly changed for access to IUD removal (below 50) and sterilization counseling (about 60). Among operations systems, training had the most improved score (77) compared to supervision and logistics (<50). The score for structures to address quality of care (QOC) dropped to 50 in 2017 but that of information on provider bias and informed choice remained very low at only 10.
- **Accountability** – Client-provider dialogue was the only item that registered a score decline (from 67 to 60). The ratings for all other items increased by 2017. The scores for monitoring discrimination and free choice and mechanisms for client feedback jumped to the 60s. Although improving, the ratings for review of violations and reporting denial of services were still only around 20 by 2017.
- **Equity** – In 2017, STM access had the highest and most improved score (76, for an increment of +25 pts). LAPM access scored only 41 in 2017 (although 16 points higher from 2014). Anti-discrimination policies was rated at a slightly lower 60 in 2017; discrimination by providers was unchanged at 67. The score for CBD coverage remained at a low 36 in both years.



Implications

The DRC’s total fertility rate increased from 6.3 to 6.6 births from 2007 to 2013-14, which included rising rates among poor women and still high levels among adolescents. Although declining, infant and maternal mortality levels are still high per global standards. The status of women in the DRC remains low. In 2013-14, modern contraceptive use (mCPR) was only 8%; levels of use were particularly low among the poorest.ⁱⁱⁱ The DRC joined the FP2020 Partnership in 2013 and pledged to achieve 19% mCPR by 2020 through implementation of the National Strategic Family Planning, 2014-2020. Efforts include getting the Reproductive Health/Family Planning Law approved; establishing a budget line for FP services and commodities for all including the youth; reforming laws to prevent early marriage among adolescent girls through education and women’s empowerment programs; fostering private sector investments in FP; and scaling up CBD. The DRC’s FP program has made significant advancements but still faces many challenges. Most public and private FP services are in Kinshasa. FP use is higher in the city than the rest of the country. Several areas remain in conflict, limiting access to FP services and supplies.^{iv}

The DRC’s 2014 and 2017 NCIFP results point out several FP program activities that are improving, particularly strategy-related efforts, data availability and utilization, the use of quality-focused policies and indicators, and some accountability structures. But the NCIFP results also indicate that a number of FP program activities are still limited or lag behind: high-level support for FP; access among vulnerable groups; regulations that facilitate contraceptive importation; access to LAPMs including access to IUD removal; CBD coverage of underserved areas; and mechanisms to ensure informed choice and prevent provider bias, review violations, and report denial of services. These are concerns for discussion and appropriate action among the DRC’s key stakeholders in their efforts to improve the FP program and improve the health of mothers and children, especially the most vulnerable.

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

ⁱⁱ FP2020 is a global initiative through which governments, civil society, multilateral organizations, donors, the private sector, and the research and development community work together to enable more women and girls to use contraceptives by 2020 (<http://www.familyplanning2020.org/>)

ⁱⁱⁱ Source : <https://dhsprogram.com/pubs/pdf/FR300/FR300.pdf>

^{iv} Source: <http://www.familyplanning2020.org/democratic-republic-of-the-congo>