

The National Composite Index for Family Planning (NCIFP)

NEPAL 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 evaluation and research to improve the program.

Quality – whether the government uses WHO-based standards of practice (SOPs), task-sharing guidelines, and quality of care (QOC) indicators in public and private facilities. Quality of services also considers the adequacy of structures for training, logistics, supervision, 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 dialogue between clients and providers.

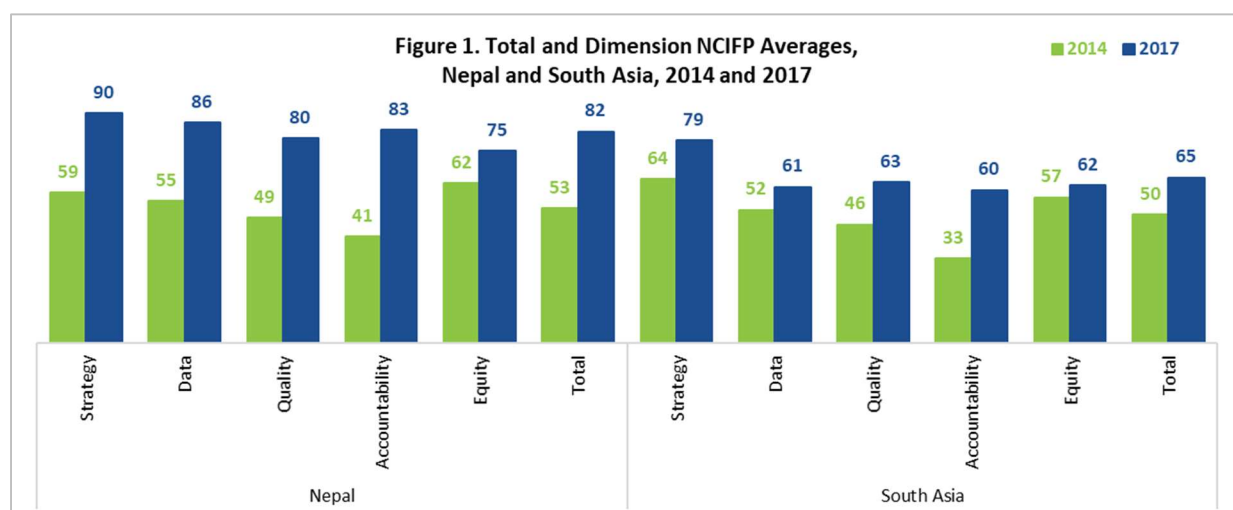
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

First undertaken in 2014, the NCIFP builds on the long-standing 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 2017 questionnaire used yes/no categories along with a 1-10 rating scale, but to enable assessment of 2014-17 trends, the scores in this brief are based on the 2014 approach which provided primarily yes/no options.

Nepal vs South Asia Results

Figure 1 shows that from 2014 to 2017, Nepal's total NCIFP score jumped from 53 to 82 while that of the region grew from 50 to 65. From dimension scores in the 40s to the low 60s in 2014, Nepal's averages across all 5 dimensions surged by 2017. Regional dimension scores also improved, although not at Nepal's pace.

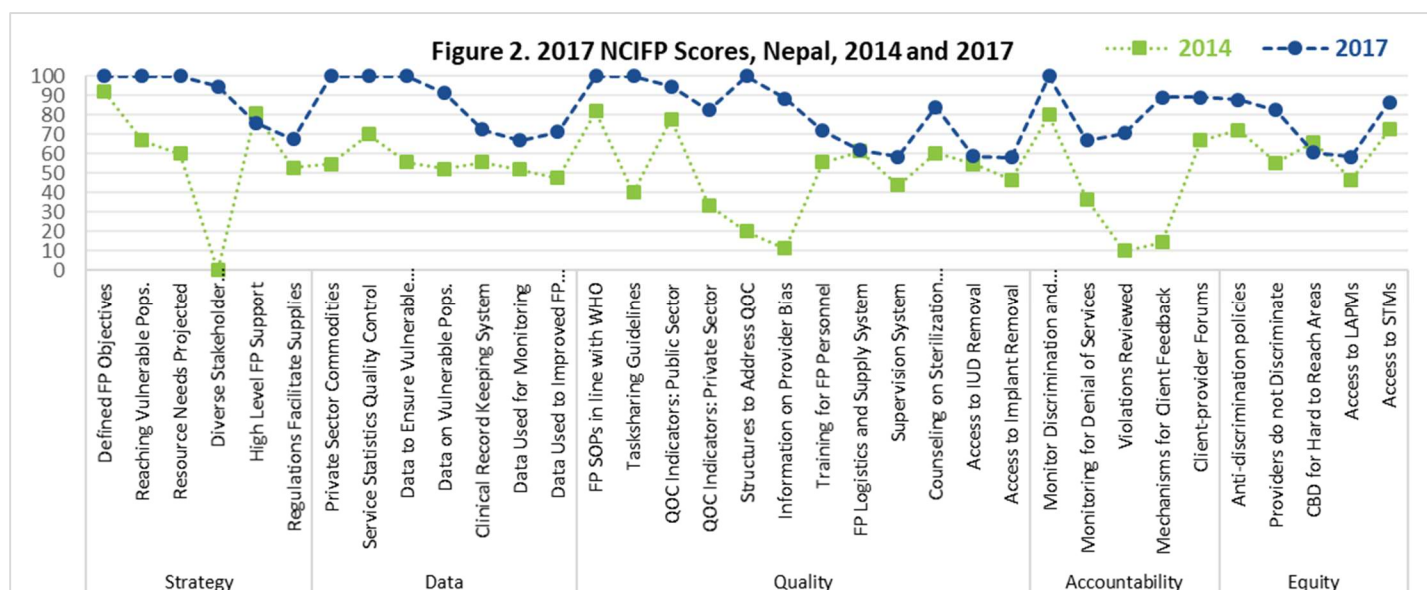
- The region's highest scoring dimension in 2014 was Equity but this shifted to Strategy in 2017.
- Nepal's Accountability effort was the lowest rated dimension in 2014 (score=41) but doubled to 83 in 2017 and Equity became the lowest rated dimension



Individual NCIFP Trends, Nepal, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing well, stagnating, or deteriorating. Figure 2 shows Nepal received higher 2017 scores across nearly all NCIFP items; only a few items remained flat or slightly declined.

- **Strategy** – The rating for high-level program leadership declined to 76 in 2017. All other items had improved scores, including 100 for the strategy’s objectives, focus on vulnerable groups, and estimated resource needs; 94 for stakeholder participation (rated as not existing in 2014). The lowest rated was regulations affecting contraceptive products (67).
- **Data** - All items had higher scores by 2017: over 90 for data on vulnerable populations and their access, private sector commodities, and service statistics quality control; and around 70 for the remaining items.
- **Quality** - Items that scored very high in both 2014 and 2017 involve the use of WHO standards of practice (SOPs) and quality indicators in public sector facilities, and information on sterilization. Information on provider bias, tasksharing, community or clinic structures to monitor QOC, and private sector quality indicators scored no higher than the 40s in 2014 but earned ratings over 70 in 2017. Ratings improvement appeared slower for supervision, access to implant and IUD removal and logistics.
- **Accountability** - All items had higher scores in 2017. Ratings surged to 89 or higher regarding client feedback at the facility level, client-provider dialogue and monitoring discrimination and free choice; and about 70 for mechanisms to review violations and report denial of services.
- **Equity** - In 2017, the score for CBD coverage of underserved areas declined to 60 while the ratings of the other Equity items rose above 80, except for access to LAPMs (score= 58).



Implications

In 2017, the Government of Nepal reiterated its 2015 commitment to the Global FP2020 Partnership to achieve 1 million additional FP users by 2020 and increase the level of demand satisfied to 71%. Policy and strategy efforts include increasing the government budget for FP by 7% each year up to 2020 and promoting local budgetary allocations; reaching “the unreached,” especially adolescents and youths; identifying and addressing barriers to FP access especially among special groups (including adolescents and youth), and approving the Reproductive Health (RH) bill. Quality and Equity initiatives include improving method choice and mix; promoting public-private partnerships and expanding service delivery points; capacity-building of health institutions and providers to expand service delivery networks and respond to the needs of marginalized, rural residents, migrants, and adolescents in emergency or humanitarian settings; improving the logistics system; increasing health-seeking behavior and addressing unmet need for modern FP focusing on special groups like ethnic minorities, marginalized and disadvantaged groups; expanding availability of Long Acting Reversible Contraceptives (LARC) services at the lowest service delivery points by focusing on LARC training and Voluntary Contraceptive Services. Data efforts include introducing eLMIS at the district and gradually to the facility level and strengthening evidence-based learning for effective program implementation through research and innovations.ⁱⁱⁱ

Nepal’s 2017 NCIFP ratings reflect confirmation by the country’s FP experts that a wide range of program activities are being improved as part of the Government’s efforts toward achieving the country’s FP2020 objectives. The NCIFP results also highlight items that need further strengthening: high-level leadership of the program, regulations that facilitate contraceptive importation or production, the logistics system, and CBD coverage of underserved areas and populations, and to a certain extent, access to LAPMs that also includes IUD and implant removal services.

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

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

ⁱⁱⁱ http://www.familyplanning2020.org/sites/default/files/Govt_Nepal_FP2020_Commitment_2017.pdf