

The National Composite Index for Family Planning (NCIFP)

GUINEA 2017 Scoresⁱ

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.

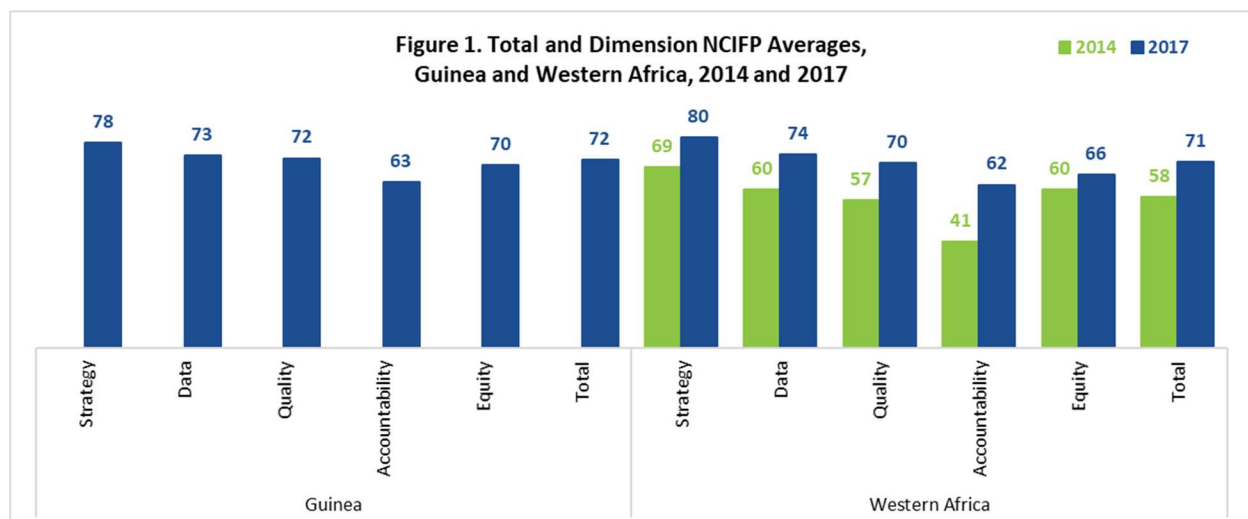
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

First undertaken in 2014, the NCIFP builds on the long-standing 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. Guinea did not participate in the 2014 study and this brief presents only Guinea's results for 2017. To facilitate comparison with other countries that have both 2014 and 2017 NCIFP data, the analysis in this brief uses the 2014 approach which involved yes/no questions.

Guinea vs Western Africa Results

Figure 1 shows Guinea's total NCIFP score (72) nearly equaled the region's average score (71). Both total scores are higher than the global average of 64 in 2017.

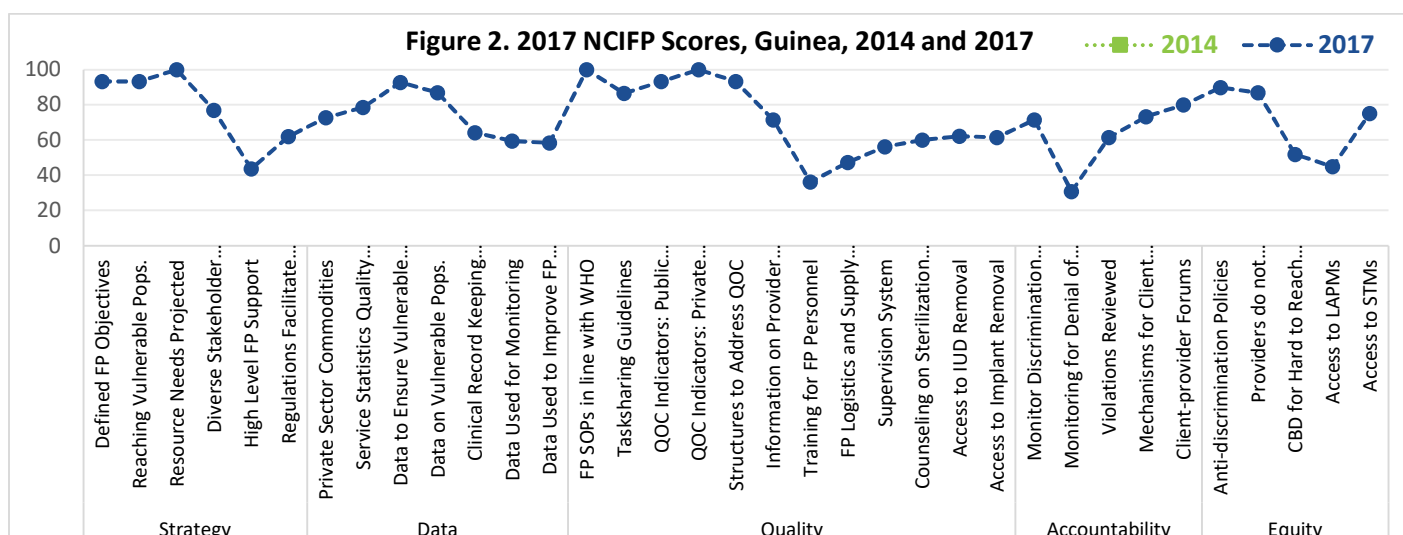
- Like most areas, Strategy was the highest rated dimension for both Guinea and the region.
- Guinea's averages for Strategy, Data, Quality and Accountability nearly equalled corresponding regional averages. The country's average for Equity (70) was only slightly higher than that of the region (66).



Individual 2017 NCIFP Scores

Ratings of individual NCIFP items over time specify which FP program activities are progressing, stagnating, or deteriorating. Guinea does not have 2014 NCIFP data, but its 2017 scores (Fig. 2) are revealing as they vary widely. Nearly 10 items scored in the 90s or higher while five items scored only in the 30s or 40s.

- **Strategy** – Guinea had perfect marks for its FP strategy’s estimated resource needs and scores in the 90s for quantifiable objectives and focus on vulnerable groups. Other scores included 77 for the strategy’s support for diverse participation and 62 for regulations facilitating contraceptive importation, but only 44 for seniority of program leadership.
- **Data** – Scores included 93 for the use of data to ensure the most vulnerable have access; 87 for data collection on population sub-groups; 70s for data on private sector commodities and service statistics quality control, and around 60 for client record-keeping/results feedback, data-based evaluation, and management use of research to improve the program.
- **Quality** – Guinea had perfect marks for the use of WHO protocols and quality indicators in private sector facilities. Public sector quality indicators and participatory monitoring scored in the 90s followed by use of task-sharing guidelines (87) and monitoring provider bias (71). Three FP-related services scored in the 60s: sterilization counseling and access to IUD and implant removal. Systems that support services had lower ratings: supervision (56), logistics (47), and training (36).
- **Accountability** – Ratings included: client-provider dialogue (80), mechanisms to solicit client feedback at the facility level (73), monitor discrimination and free choice (71), violations review (62), and mechanisms to report denial of services (31).
- **Equity** –The scores for anti-discrimination policies and non-discrimination by providers were around 90 while STM access scored 75. Ratings were much lower for CBD coverage of underserved populations (52) and access to LAPMs (45).



Implications

A member of the Ouagadougou Partnership, Guinea committed to the Global FP2020 Initiative in 2013ⁱⁱⁱ and pledged to increase modern contraceptive prevalence (mCPR) from 7% in 2012 to 22% in 2018. Guinea’s total fertility rate declined from 5.7 to 4.8 lifetime births per woman between 2005 to 2018. However, the 2018 Guinea Demographic and Health Survey^{iv} showed mCPR among married women at only 11%. Moreover, 26% of women ages 15-19 have already started childbearing. The country continues to face numerous challenges, including recovery from the Ebola outbreak a few years ago and limited financing, but as Guinea’s FP2020 commitment declaration stated, the country’s network of midwives all over the country provides a great opportunity for capacity building, task-shifting, and postpartum FP. The country also aims to recruit more midwives; improve access through CBD outreach; strengthen the logistics system and ensure choice; integrate adolescent-friendly services into programs provided in school health posts and youth centers; continue roll-out of long-acting methods; enforce the legal marriage age (18) in accordance with the Children’s Code; develop government and CSOs partnerships with the private sector to finance FP; strengthen coordination, monitoring/evaluation, and accountability mechanisms; and elevate the institutional standing of FP by creating a Family Planning Division within the National Directorate for Family Health and Nutrition.

Guinea’s very high marks for many NCIFP items -involving the FP strategy, the collection/use of data about vulnerable groups, the use of quality of care protocols and structures, and various accountability and equity mechanisms - reflect recognition among the country’s FP experts about a number of efforts that Guinea is undertaking to improve the FP program. The country’s NCIFP results also point to program elements that need to be improved: regulations that affect contraceptive products, high-level support for the FP program, the logistics and training systems to ensure quality of care, CBD outreach to underserved groups and areas, and access to LAPM services. The challenges just mentioned are for the country’s FP stakeholders to discuss, identify underlying causes, and agree on how best to address these challenges and ensure achievement of Guinea’s FP objectives.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): GUINEA 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 to enable more women and girls to use contraceptives by 2020. (<http://www.familyplanning2020.org/>)

ⁱⁱⁱ https://www.familyplanning2020.org/sites/default/files/2013_11-15_Guinea_Commitment_Remarks_English_Translated.pdf

^{iv} <https://www.dhsprogram.com/pubs/pdf/PR111/PR111.pdf>