

The National Composite Index for Family Planning (NCIFP)

JAMAICA 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 standards of practice (SOP), task-sharing guidelines, and quality of care indicators in public and private facilities. Quality of care (QOC) also considers the adequacy of structures for training, logistics, supervision, IUD and implant removal, and informed choice, including informing clients about 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.

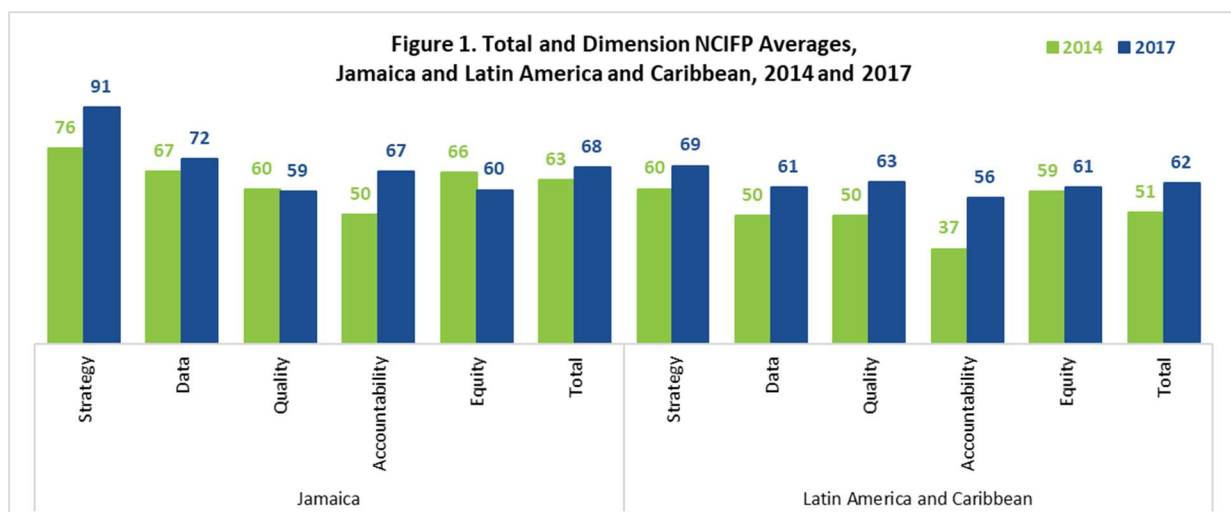
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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. NCIFP data are intended for policy and planning use by each country's FP stakeholders.

Jamaica vs Latin America and Caribbean (LAC) Results

Figure 1 shows total NCIFP scores for Jamaica and the region in 2014 and 2017, with Jamaica's total scores higher than the region's in both years. Jamaica averaged much higher than the region for Strategy, Data and Accountability in both years, but its averages for Quality and Equity declined a little by 2017. By contrast, the region's averages for all five dimensions rose.

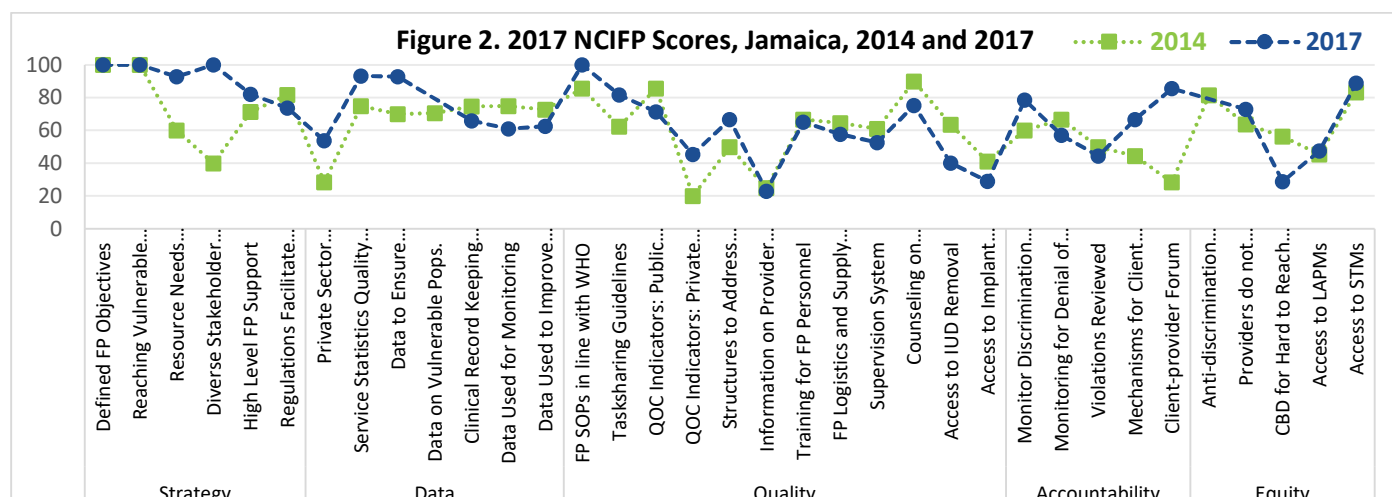
- Strategy was the country's highest ranked in both years. Jamaica's lowest rated dimension in 2014 was Accountability but its rating largely improved in 2017, while Quality and Equity became the lowest rated.
- The region's highest rated dimensions were Strategy and Equity in 2014 while Strategy alone took first place in 2017. Accountability persisted as the LAC's lowest ranked in both years.



Individual NCIFP Trends, 2014 and 2017

Scores of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows Jamaica's ratings varied widely during the two years studied. In terms of trends, nine items were rated at least 10 points higher in 2017, resulting in scores of 75 to 100, but these gains were offset by eight items that had scores dipping at least 10 points.

- **Strategy** –Strategy items were among the highest rated in 2017, with 100 each for the strategy’s well-defined objectives, focus on vulnerable groups, and support for stakeholder participation, 93 for estimated resource needs, and 82 for high-level program leadership. However, the score for regulations that facilitate contraceptive importation declined from 82 to 74.
- **Data** – 2017 scores rose to the 90s for service statistics quality control and the use of data to ensure the most vulnerable have access; and to 54 for data on private sector commodities. Scores, fell from the 70s to the 60s for clinic recordkeeping/feedback, data-based monitoring and program improvement. There was no 2017 score for data on population sub-groups.
- **Quality** – Rating levels and trends varied widely. 2017 marks rose regarding the use of WHO SOPs (100), tasksharing guidelines (82) and clinic/community monitoring structures (67). The score for QOC indicators in private facilities increased from 20 to 45 but hardly changed for training (mid-60s) and provider bias monitoring (low 20s). Ratings fell around 10 or more points in 2017 for six Quality items: sterilization counseling (from 90 to 75), QOC indicators in public facilities (from 86 to 71), the logistics and supervision systems (from the 60s to the 50s), and access to the removal of IUDs (from 64 to 40) and implants (from 41 to 29).
- **Accountability** – Scores rose for client-provider forums (86), discrimination and free choice monitoring (79), and mechanisms to solicit client feedback (67), but declined for mechanisms to report denial of services (57) and review violations (44).
- **Equity** – The score for provider non-discrimination against some population groups improved (73); ratings minimally changed for access to STMs (89) and LAPMs (48); and CBD outreach fell to 29. There was no 2017 score for anti-discrimination policies.



Implications

Jamaica’s total population at present is almost three million, with 40% less than 25 years of age.ⁱⁱⁱ Economic performance has been erratic; GDP growth was -1.5% in 2010 and +1.9% in 2018. The poverty headcount based on the national poverty line was 18% in 2010.^{iv} A 2017 UNFPA brief^v emphasized the island nation’s heavy reliance on imports and indebtedness. The unemployment rate was 13.5% in 2015. Limited job opportunities have led to the high outmigration of skilled workers. Roughly 30% of youths are out of school, not in any training course, or are unemployed. Persisting socio-economic challenges heighten risks especially among women and children. Although FP use is over 70%, the maternal mortality ratio, at 89 per 100,000 births, has not improved much over the past decade. The major challenges to maternal health involve problems related to quality of care, the surveillance and monitoring systems, and human resources. Although declining, the adolescent fertility rate is still high; teenagers account for 18% of all births. Gender-based violence is another major problem. Cultural barriers and the lack of youth-friendly health services limit the youth’s access to reproductive health services. STIs and HIV are related concerns; HIV prevalence in the population is 1.7%. Women and girls are increasingly infected by HIV; girls age 15-19 are three times more likely to be infected than men in the same age group.

Jamaica’s NCIFP scores widely vary, with high ratings for several FP strategy components, the availability of various data concerns, the use of quality standards and guidelines, mechanisms in place to monitor discrimination and free choice and communicate with clients, anti-discrimination efforts, and continuing easy access to STMs. But the ratings of several other NCIFP items fell sizably or remained at low levels, particularly regarding various QOC items, along with challenges regarding data utilization, accountability mechanisms, and CBD outreach to underserved areas and populations. These FP program challenges are for Jamaica’s stakeholders to consider in their efforts to ensure access to high-quality FP services, reach the most vulnerable sectors of the population, especially the youth, and help achieve the country’s socioeconomic development objectives.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): JAMAICA 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. See: <https://www.familyplanning2020.org/>

ⁱⁱⁱ UN World Population Prospects, 2019 Revision. <https://population.un.org/wpp/DataQuery/>

^{iv} Jamaica country profile from <https://data.worldbank.org/country/jamaica?view=chart>

^v <https://www.unfpa.org/sites/default/files/portal-document/Jamaica%20CPD%20-%20ODS.pdf>