

The National Composite Index for Family Planning (NCIFP)

GAMBIA 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.

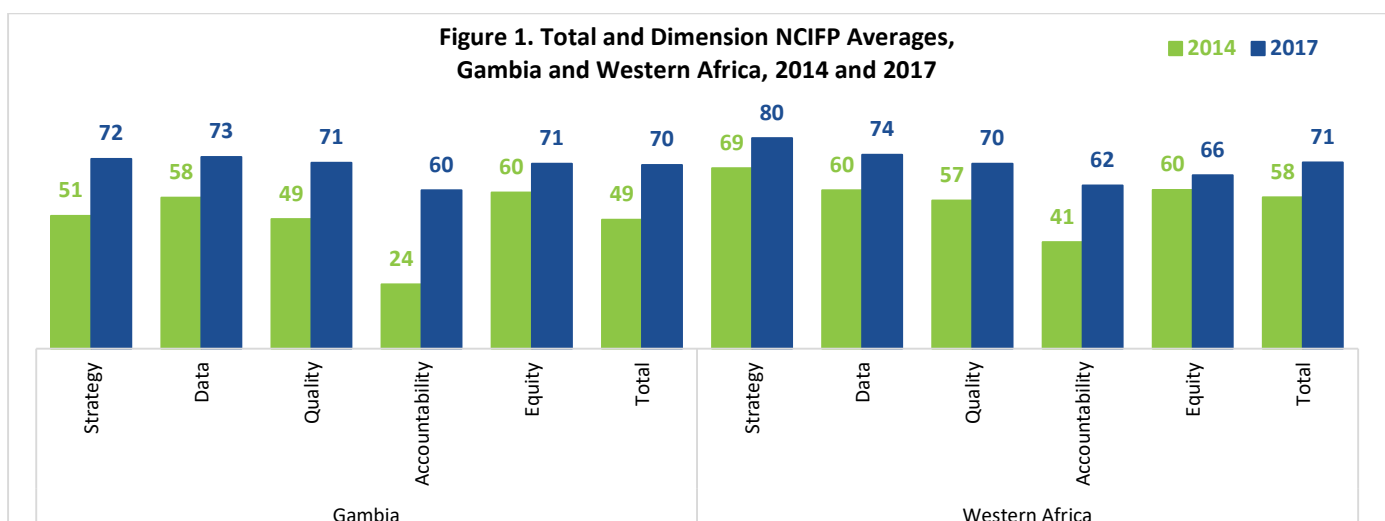
Equity – whether anti-discrimination policies exist, providers discriminate against vulnerable groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Gambia vs Western Africa Results

Figure 1 shows Gambia and Western Africa with the same NCIFP total scores in 2014 and increasing to very similar 2017 ratings. All dimensions averaged higher in 2017, although patterns varied by dimension.

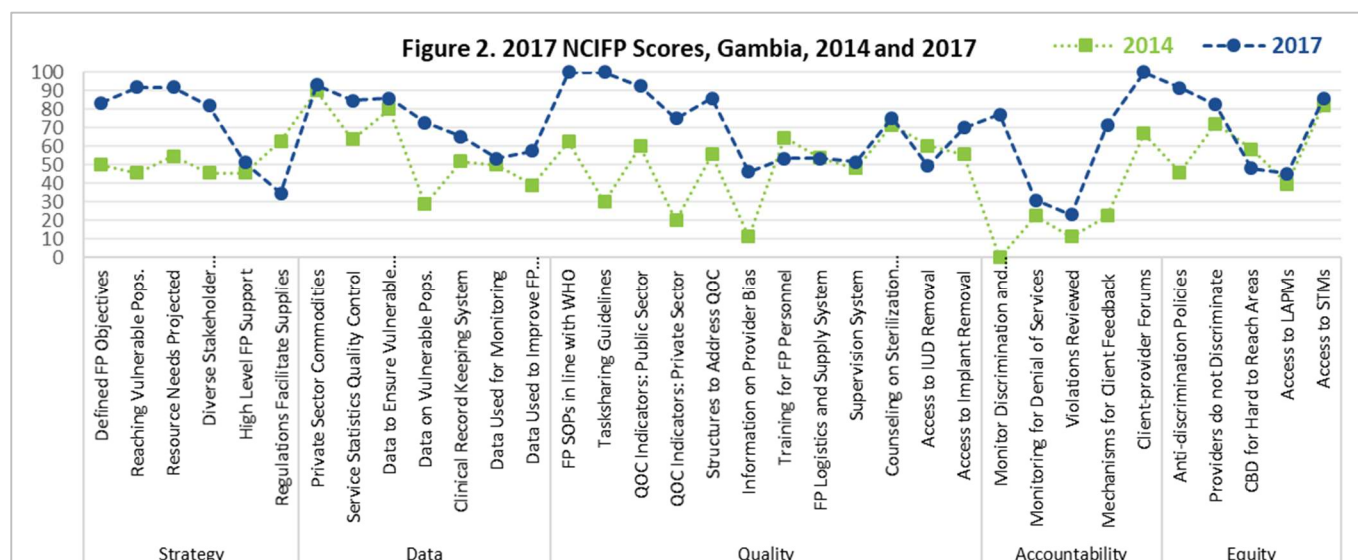
- Equity was the highest rated dimension in 2014 for Gambia. In 2017, Gambia's averages for four dimensions - Data, Strategy, Quality and Equity - were all just above 70. Strategy was Western Africa's highest rated dimension in both years.
- Accountability averaged the lowest for both areas and years. Gambia's average jumped from 24 in 2014 to 60 in 2017. The large increase brought Gambia's average very close to the region's 2017-dimension average (62).



Individual 2014 and 2017 NCIFP Scores

The ratings of individual NCIFP items over time specify which FP program activities are progressing well, stagnating, or deteriorating. Figure 2 shows Gambia with higher 2017 scores for about 25 individual items (with about half gaining around +20 pts). About seven items, however, can be noted as having scores only in the 40s or even lower.

- **Strategy** – 2017 ratings were higher and over 80 for the FP strategy specifying quantifiable objectives, vulnerable groups, resource needs and diverse participation. The rating for high-level leadership increased to 51 while the score for regulations facilitating importation of contraceptive products dropped from 63 to 34.
- **Data** – Higher 2017 marks included 93 for data on private sector supplies; 80s for service statistics quality control and the use of data to ensure the most vulnerable have access; and 73 for information on population sub-groups. Use of data to improve the program and clinic record-keeping and feedback to clients scored around the 60s compared to 53 for data-based evaluation.
- **Quality** – Ratings rose in 2017 to 80 and higher regarding the use of WHO SOPs, task-sharing guidelines, clinic/community monitoring structures, and QOC indicators in public facilities. Scores were in the 70s for QOC indicators in private facilities, sterilization counseling, and access to implant removal. The rating for provider bias monitoring improved to 46 while scores were in the low 50s for the training, logistics, and supervision systems. Access to IUD removal declined to 49.
- **Accountability** –All items had higher 2017 marks: 100 for provider-client dialogue; 70s for discrimination and free choice monitoring (rated as non-existent in 2014) and facility-level feedback. Although improving, the scores for mechanisms to report denial of services and review violations were only 31 and 23 respectively, among the lowest across all items in 2017.
- **Equity** –Anti-discrimination efforts and STM access scored over 80 in 2017 while CBD outreach and LAPM access stayed with scores only in the 40s.



Implications

Achieving demographic change and improving the health of women and children is a main theme of the Gambia's National Development Plan 2018-2021 and National Health Strategic Plan (NHSP) 2014–2020. The country is one of the world's least developed; an estimated 48% of the population lived on \$1.25 a day in 2010 and 2015.ⁱⁱⁱ The NHSP emphasizes quality healthcare as a means to socio-economic development and seeks to increase the contraceptive prevalence rate (CPR) from 9% to 25% by 2020. The Plan specified the following activities to strengthen FP services at all levels: review FP tools; train service providers on FP technologies, FP counselling and data management; train peer health educators; ensure FP distribution in the communities; provide adequate funds for contraceptive procurement and improve the method mix; conduct research on the CPR every five years; increase awareness of modern FP methods; engage opinion and religious leaders; promote male involvement; and conduct Family Life education in schools.^{iv}

The Gambia's high and improved marks for various NCIFP items – particularly regarding the strategy's objectives, estimated resource needs, focus on vulnerable groups, stakeholder participation, data on private sector commodities and access among the most vulnerable, service statistics, the use of quality of care guidelines and structures, and policies to prevent discrimination - attest to the country's progress in improving FP services. The NCIFP results also point out the following low-scoring items that affect achievement of the country's objectives: regulations that facilitate contraceptive importation; clinic recordkeeping and feed-back of results to clients; regular review of violations; mechanisms for reporting denial of services based on non-medical grounds; CBD outreach; and access to LAPMs along with sterilization counseling and IUD removal services. The challenges just mentioned, including several that are related to NHSP efforts, are for the country's stakeholders to discuss and agree on how best to address these challenges and support efforts to further strengthen the national FP program.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): GAMBIA 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 The Gambia 2011 Article IV Consultation. <https://www.imf.org/external/pubs/ft/scr/2012/cr1217.pdf>

^{iv} Source: <https://www.mindbank.info/item/5970>