

# The National Composite Index for Family Planning (NCIFP)

## ERITREA 2017 Scores and 2014-2017 Trends<sup>i</sup>

### What is the NCIFP?

A tool that supports FP2020's<sup>[i]</sup> 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.

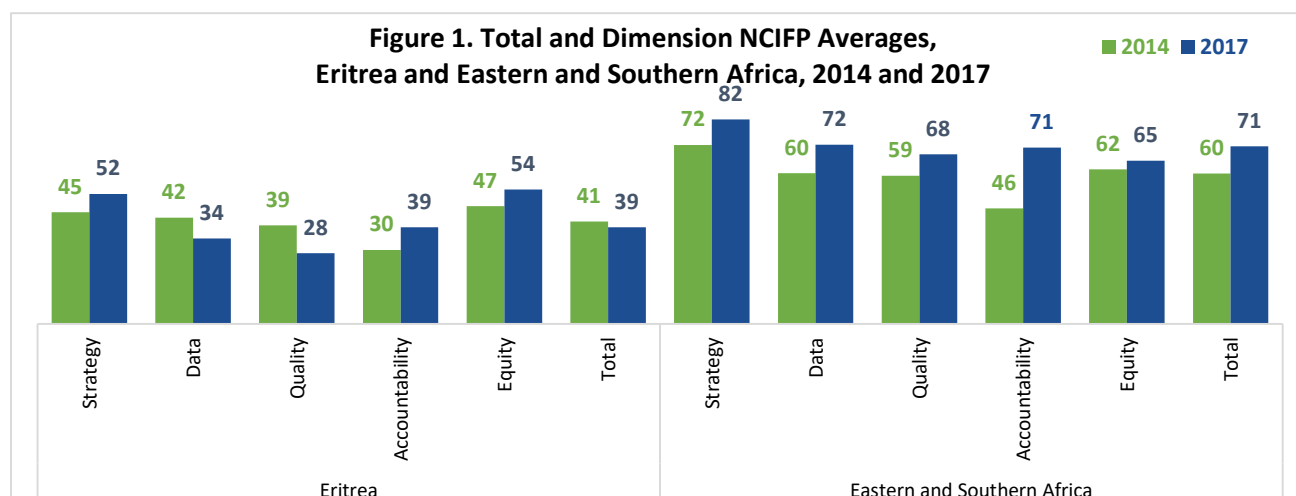
**Equity** – whether anti-discrimination policies exist, providers discriminate against vulnerable groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

### Eritrea vs Eastern and Southern Africa Results

Figure 1 shows that Eritrea's total NCIFP scores in 2014 and 2017 were much lower than those of the region. Moreover, Eritrea's total score slightly declined (from 41 to 39) compared to the region's increasing trend (from 60 to 71). The region also averaged higher than the country across all five dimensions in 2017. In terms of dimension trends, only Eritrea's averages for Strategy, Accountability and Equity improved, although 2017 score levels ranging from 28 to 54 were way below corresponding regional averages.

- Equity was the country's highest rated dimension in both years compared to Strategy for the region.
- Both areas had Accountability as the lowest rated dimension in 2014. This shifted in 2017 to Equity for the region and Quality for Eritrea as the country's dimension's average dropped from 39 to 28.

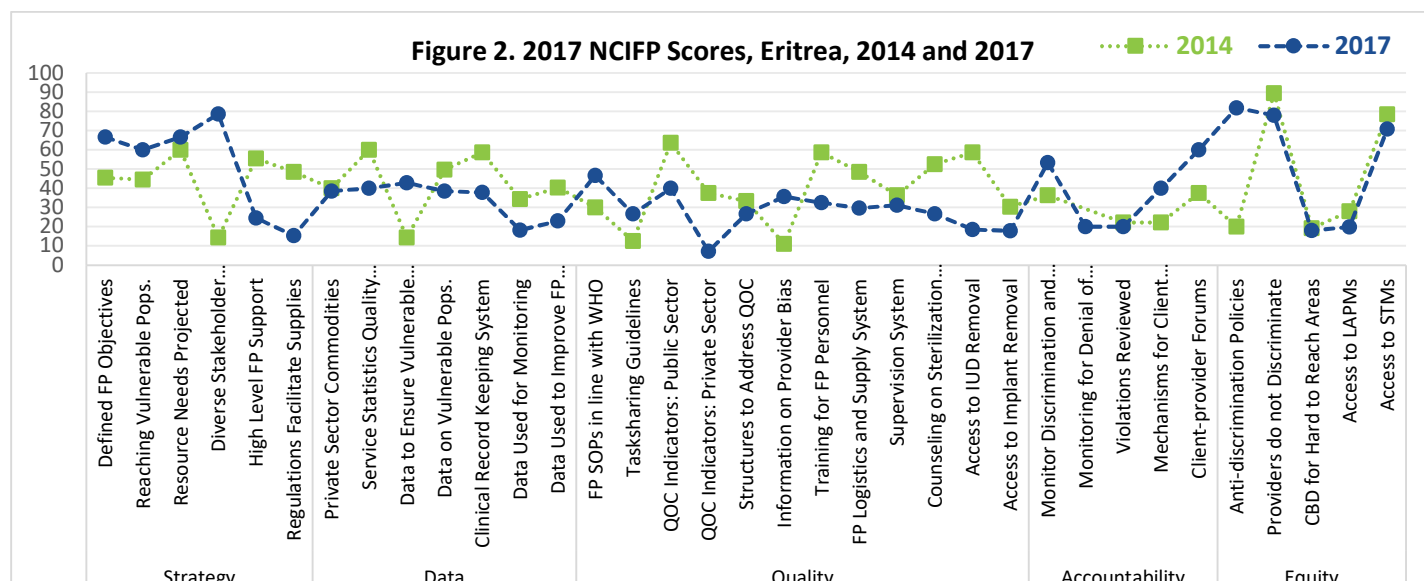


### Individual 2014 and 2017 NCIFP Scores

The ratings of individual NCIFP items over time indicate specific FP program activities that are progressing well, stagnating, or deteriorating. Figure 2 shows Eritrea's 2014 and 2017 scores improving for a third of all items but declining for about half.

- **Strategy** - Scores improved regarding the FP strategy's objectives, estimated resource needs, and support for vulnerable groups and diverse participation (the last item's score rose from 14 to 79, Strategy's most improved and highest rated). 2017 scores declined for high-level program leadership (25) and regulations facilitating contraceptive imports and products (15).

- **Data** – Only data use to ensure access among vulnerable groups had an improved score (from 14 to 43), but the scores of all Data items in 2017 were under 45. The lowest rated involved data-based monitoring (18) and program improvement (23).
- **Quality** – Only three Quality items had improved marks in 2017: the use of WHO-based SOPs with a score of 47, tasksharing with a score of 27 and 36 for provider bias monitoring. All other items were rated lower in 2017; scores ranged only from 7 to 47. The lowest rated were QOC indicators in private facilities (7), and access to IUD and implant removal (each below 20).
- **Accountability** – 2017 ratings increased for client-provider dialogue (60), monitoring discrimination and free choice (53) and client feedback (40). Monitoring denial of services and violations review had similar scores (20).
- **Equity** – The highest scored item across all 35 NCIFP items in 2017 was anti-discrimination policies (82). Despite slight declines, scores were relatively high regarding non-discrimination by providers (78) and STM access (71). The lowest scores in this domain went to CBD outreach to underserved populations (18) and access to LAPMs (20).



## Implications

Pregnancy-related deaths in Eritrea fell from 1700 per 100,000 live births in 1990 to 380 per 100,000 in 2013, an MDG success story. Nevertheless, the maternal mortality figure is still very high compared to the global target of 210 per 100,000. In collaboration with UN agencies and support from the EU and other developed countries, Eritrea's health development efforts focus on improving maternal and neonatal health; skills-building especially for birth attendance; strengthening systems to address communicable and non-communicable diseases; improving access to technological advancements; ensuring high quality health care; financing; providing reproductive health supplies; establishing a functioning referral system; and improving the health information system. The national health policy aims to ensure equitable, accessible and affordable essential health services in line with Universal Health Coverage principles and Sustainable Development Goals.<sup>ii</sup>

An Eritrean woman bears about 5 births during her lifetime. Fertility rates are even higher among the poorest and those in rural and remote regions. Only about 12% of married women in Eritrea use modern contraceptive methods; unmet need for FP is about 30%.<sup>iii</sup> Eritrea is a priority country for the Global FP2020 Partnership which aims to expand access to FP information, services, and supplies to women and girls in 69 of the world's poorest countries by 2020.<sup>iv</sup> The NCIFP results point to Eritrea's predominantly low, even deteriorating NCIFP scores for many items including the following: high-level support for FP; regulations that facilitate contraceptive products; various FP data concerns and their use in monitoring/evaluation and to improve the program; QOC policies, indicators, and systems that support the provision of quality FP services; accountability mechanisms for violations review and reporting denial of services based on non-medical grounds; and access to LAPMs that includes IUD and implant removal; and CBD in underserved areas. These challenges are for Eritrea's stakeholders to discuss and decide how best to address them and ensure FP services are key components of the country's efforts to improve the health of mothers and children.

<sup>i</sup> Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): ERITREA 2017 Scores and 2014-2017 Trends". 2017 NCIFP Policy Brief Series (2019)

<sup>ii</sup> 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: <http://www.familyplanning2020.org/>

<sup>iii</sup> <https://www.who.int/countries/eri/en/>; <https://esaro.unfpa.org/en/topics/family-planning>

<sup>iv</sup> <https://www.dhsprogram.com/pubs/pdf/FR137/FR137.pdf>

<sup>v</sup> <http://www.familyplanning2020.org/Eritrea>