

# The National Composite Index for Family Planning (NCIFP)

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

### What is the NCIFP?

A tool that supports FP2020's<sup>ii</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 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 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.

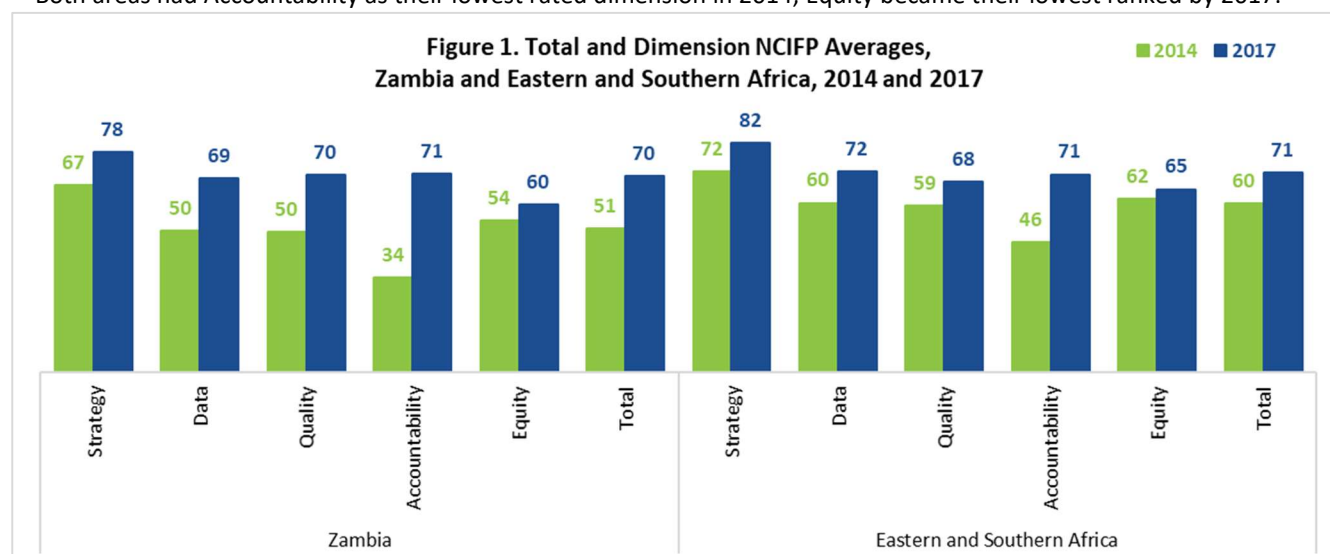
**Equity** – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

### Zambia vs Eastern and Southern Africa Results

Figure 1 shows total NCIFP ratings for Zambia and the region increasing from 2014 to 2017. The country's total score was slightly lower than the region's in 2014 but nearly equal in 2017. Both areas also had higher 2017 averages across all five dimensions.

- Strategy was the highest rated dimension in both areas and years.
- Both areas had Accountability as their lowest rated dimension in 2014; Equity became their lowest ranked by 2017.

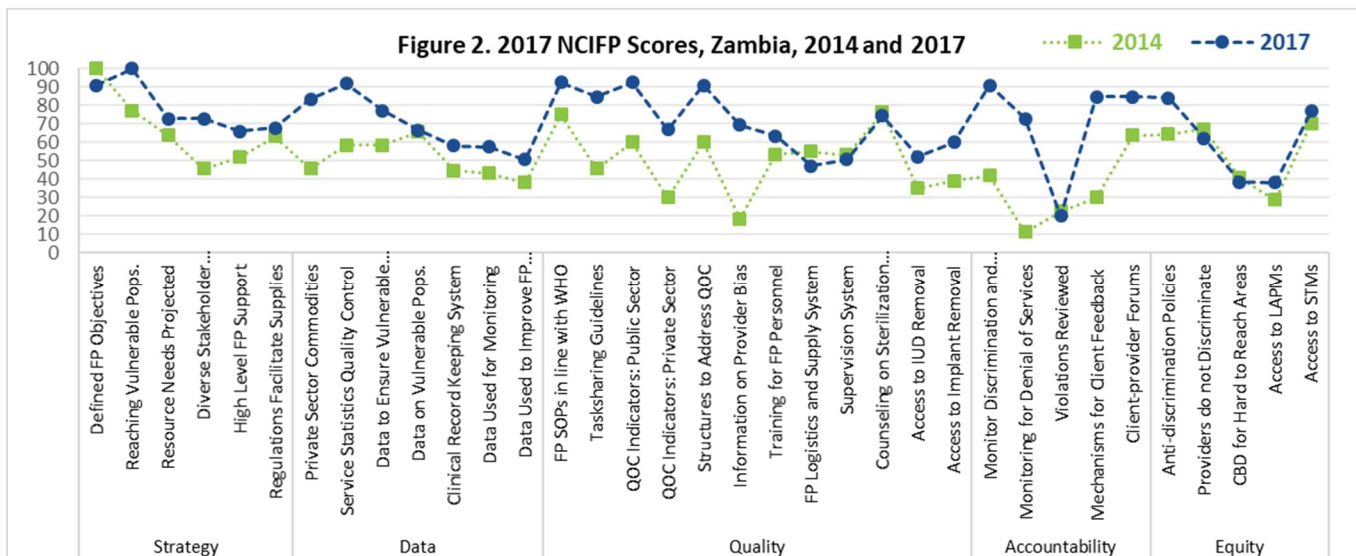


### Individual 2014 and 2017 NCIFP Scores

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows Zambia's results for the two years studied. 2017 scores tended to be higher for most items.

- **Strategy** – 2017 ratings included 100 for the strategy prioritizing vulnerable groups; 91 for specifying quantifiable objectives (slightly down from 100 in 2014); 70s for estimating resource needs and supporting diverse participation; and upper 60s for having high-level program leadership and regulations facilitating contraceptive importation.

- **Data** – All items scored higher in 2017: 92 for quality control of service statistics, 83 for government collecting data on private sector commodities, 77 for using data to ensure the most vulnerable have access, 66 for data on vulnerable groups; and 50s for clinic recordkeeping/feedback to clients and the use of data to monitor and improve the FP program.
- **Quality** – 2017 scores were in the 90s for the use of WHO SOPs, clinic/community structures for QOC monitoring, and QOC indicators in public facilities; 85 for the use of tasksharing guidelines (up from 45 in 2014); 74 for sterilization counseling, 60s for QOC indicators in private facilities, training, and information on provider bias (which scored only 18 in 2014); 50s for supervision and access to implant or IUD removal; and 47 for the logistics system (down from 55 in 2014).
- **Accountability** – 2017 scores included 91 for monitoring discrimination and free choice (up from 42 in 2014); 85 for facility-level client feedback mechanisms and provider-client dialogue; and 73 for mechanisms to report denial of services (from only 11 in 2014). Declining by two points since 2014, violations review scored only 20 in 2017, the lowest among all 35 NCIFP items.
- **Equity** – 2017 ratings rose sizably for anti-discrimination policies (84 compared to 64 in 2014) and slightly higher for access to STMs (77 compared to 70 in 2014). Access to LAPM scored only 38 in 2017, but this was an improvement over its 29 rating in 2014. Scores hardly changed for providers not discriminating against special groups (62) and CBD coverage (38).



## Implications

In 2012, Zambia joined the global FP2020 initiative by pledging to achieve a modern contraceptive prevalence rate (mCPR) of 58% by 2020. In a 2017 update, Zambia pledged to increase domestic funding for contraceptive procurement; address policy barriers to the delivery of sexual and reproductive health services for young people; ensure the provision of age-appropriate information and services and a functioning referral system through collaboration between the Ministries of Health (MOH) and Education (MOE); scale up access to FP services by improving the method mix and taskshifting among community based volunteers especially in hard-to-reach areas; improve providers' training; include DMPA among services offered by health facility providers and community-based distributors; and improve the reliability of adolescent data in the MOH's information system<sup>iii</sup>.

Zambia's total fertility rate (TFR) fell from 6.5 births per women in 1992 to 4.7 births in 2018, although the TFR was still around 6 in rural areas where early childbearing is more common. Zambia's mCPR of 48% in 2018 is high compared to around 30% in most countries of the region. However, mCPRs remained low among Zambia's rural residents, the poorest, and uneducated.<sup>iv</sup>

The country's NCIFP results point to many high scores or significantly improved ratings in 2017: several components of the FP strategy; the collection of key data concerns; the use of QOC procedures, guidelines, and indicators; mechanisms to ensure accountability such as monitoring discrimination and free choice, reporting denial of services based on non-medical reasons, and soliciting client feedback; anti-discrimination policies and access to STMs. The NCIFP study also specifies FP program activities that had declining scores or were rated below 50 in 2017, particularly the logistics system, violations review, CBD coverage, and access to LAPMs. These challenges are for Zambia's stakeholders to discuss, identify underlying causes, and agree on appropriate action to further strengthen the FP program and achieve the country's health and development objectives.

<sup>i</sup> Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): ZAMBIA 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> <http://www.familyplanning2020.org/zambia>

<sup>iv</sup> <https://dhsprogram.com/pubs/pdf/PR113/PR113.pdf>