

The National Composite Index for Family Planning (NCIFP)

SOMALIA 2017 Scoresⁱ

What is the NCIFP?

A tool that supports FP2020's^[i] 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), tasksharing guidelines, and quality of care (QOC) indicators in public and private facilities. Quality also considers the adequacy of structures for training, logistics, supervision, clinic or community monitoring, IUD and implant removal, and informed choice including counseling on sterilization being permanent.

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.

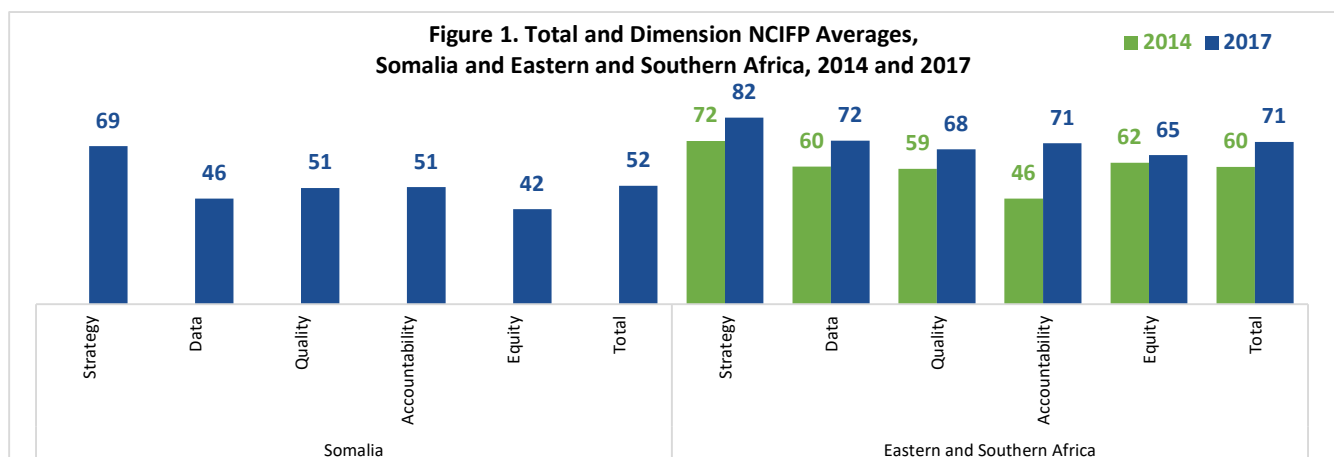
Equity - whether anti-discrimination policies exist, providers discriminate against vulnerable groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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. Since Somalia did not participate in the 2014 study, this brief deals only with the country's results for 2017.

Somalia vs Eastern and Southern Africa Results

Figure 1 shows Somalia's total and dimension NCIFP scores in 2017. Regional data for 2014 and 2017, given for comparison purposes, show Somalia's total score and averages for all 5 dimensions as lower than those of the region in 2017.

- Strategy was the highest rated dimension in 2017 for both the country and the region.
- Equity followed by Data were Somalia's lowest rated dimensions in 2017 compared to Equity and Quality for the region.

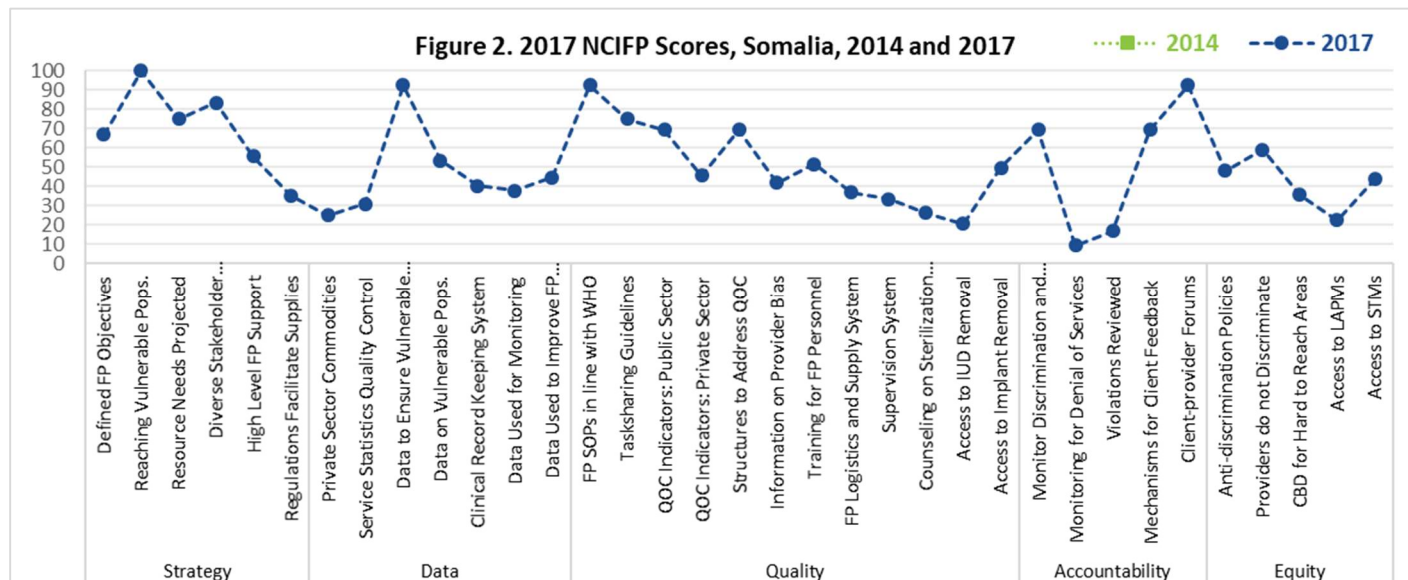


Individual 2017 NCIFP Scores

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnating, or deteriorating. Although Somalia does not have 2014 data to assess trends, 2017 scores (Fig. 2) provide important leads for improving the national FP program.

- **Strategy** – Under this highest rated dimension, scores encompassed 100 for the FP strategy specifying vulnerable groups, 83 for supporting diverse participation, 75 for estimating resource needs, 67 for defined objectives for FP, 56 for having high-level program leadership, but only 35 for regulations that facilitate contraceptive importation.
- **Data** – The highest rated item involved data use to ensure access among vulnerable groups (92). All other items scored below 55: data on population sub-groups (53), data-based program improvement (44) and monitoring (38), clinical recordkeeping (40), quality control of service statistics (31) and government collection of data on private sector commodities (25).

- **Quality** – Scores included 92 for the use of WHO SOPs, 75 for tasksharing guidelines, 69 each for QOC indicators in public facilities and community/clinic structures to monitor QOC; and 51 for training. Ratings only in the 40s went to access to implant removal, private sector QOC indicators, and provider bias monitoring; 30s for the logistics and supervision systems; and 20s for sterilization counseling and access to IUD removal.
- **Accountability** – The highest rated item was client-provider dialogue (92) followed by facility-level client feedback and monitoring discrimination and free choice (69 each). Monitoring denial of services and violations review scored less than 20.
- **Equity** – This dimension averaged the lowest in 2017. Individual scores encompassed 59 for providers not discriminating against certain population groups, 48 for anti-discrimination policies, 44 for STM access, 35 for CBD, and 22 for LAPM access.



Implications

Somalia's estimated population is over 15 million in 2019 of which 58% are less than 20 years of age. The total fertility rate is estimated to be over 6 lifetime births per woman. Given current high fertility rates, the country's total population is projected to be about 35 million by 2050ⁱⁱ. Somalia committed to FP2020 in 2015 and in 2017 pledged to put in place by 2020 policy and strategic frameworks for FP; assess barriers to FP access and demand; improve access to reproductive health (RH) services for women and girls in hard-to-reach and marginalized populations (e.g. nomads) and in emergency/crisis settings; reduce contraceptive stock outs; build public-private partnerships; and monitor the FP program through the health information system and surveys. Key activities include developing guidelines for FP services through outreach and tasksharing especially in remote and emergency/crisis settings; advocating for RH support among ministers and women's political caucuses; undertaking a demand-creation strategy and engaging key influencers; improving provider capabilities in counseling and providing integrated services; upgrading the supervision system; scaling-up partnerships with private providers and NGOs by disseminating FP guidelines and training on updated SOPs. International organizations are assisting Somalia's reconstruction and development efforts, including health services and data collection, considering that the country has been in constant state of crisis due to years of conflict, drought, and famine.ⁱⁱⁱ

The NCIFP results reflect Somalia's efforts to revitalize its FP program, with the highest scores going to efforts to put in place its FP strategy that focuses on access to services especially among vulnerable groups, use QOC guidelines and indicators, and encourage people's input and participation. Low scores have implications for the country's next steps in strengthening the FP program: regulations affecting contraceptive products as these affect access, choice, as well as private sector involvement; clinic recordkeeping and feedback of results to clients as well as the collection and use of various FP data concerns for effective monitoring and program improvement; QOC structures in the private sector as well as the logistics and supervision systems, information on provider bias, sterilization counseling, and access to IUD and implant removal; accountability mechanisms to report denial of services and review violations; and equity issues particularly access to LAPMs and CBD coverage of underserved areas and groups. These challenges are for Somalia's stakeholders to discuss and decide how best to address to ensure that FP services are important components of the country's health, development, and reconstruction efforts.

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

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

ⁱⁱⁱ <http://www.familyplanning2020.org/Somalia>. See also <https://somalia.unfpa.org/en>