

The National Composite Index for Family Planning (NCIFP)

EGYPT 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.

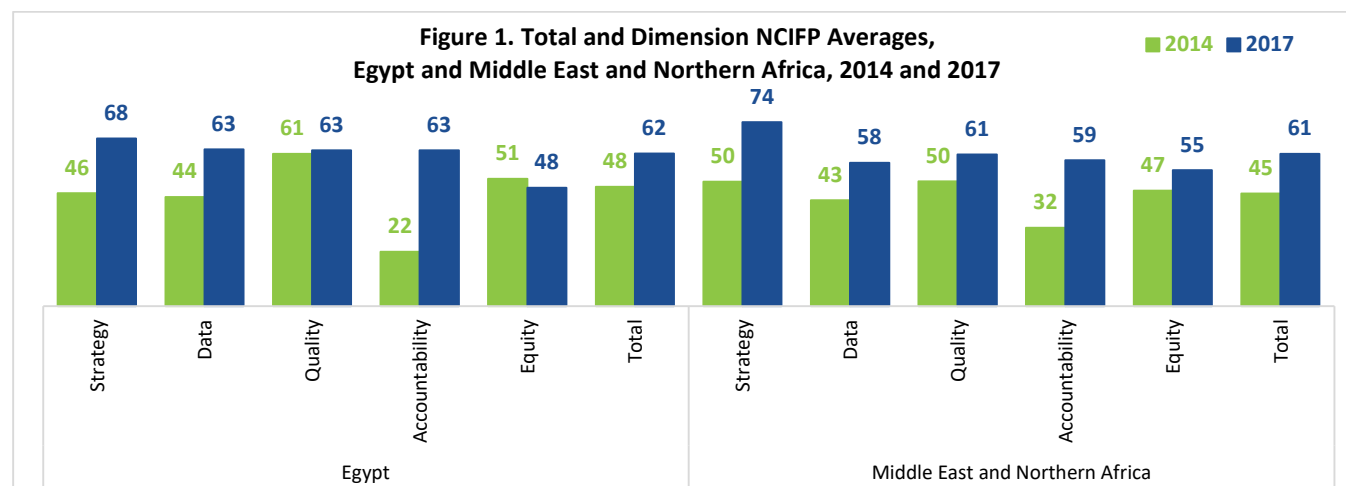
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Egypt vs Middle East and North Africa (MENA) Results

Figure 1 shows total NCIFP scores for Egypt and the MENA region nearly equal in 2014 and 2017. Dimension levels and trends varied. The MENA averaged higher for all five dimensions in 2017 compared to four dimensions for Egypt (as Equity's score declined).

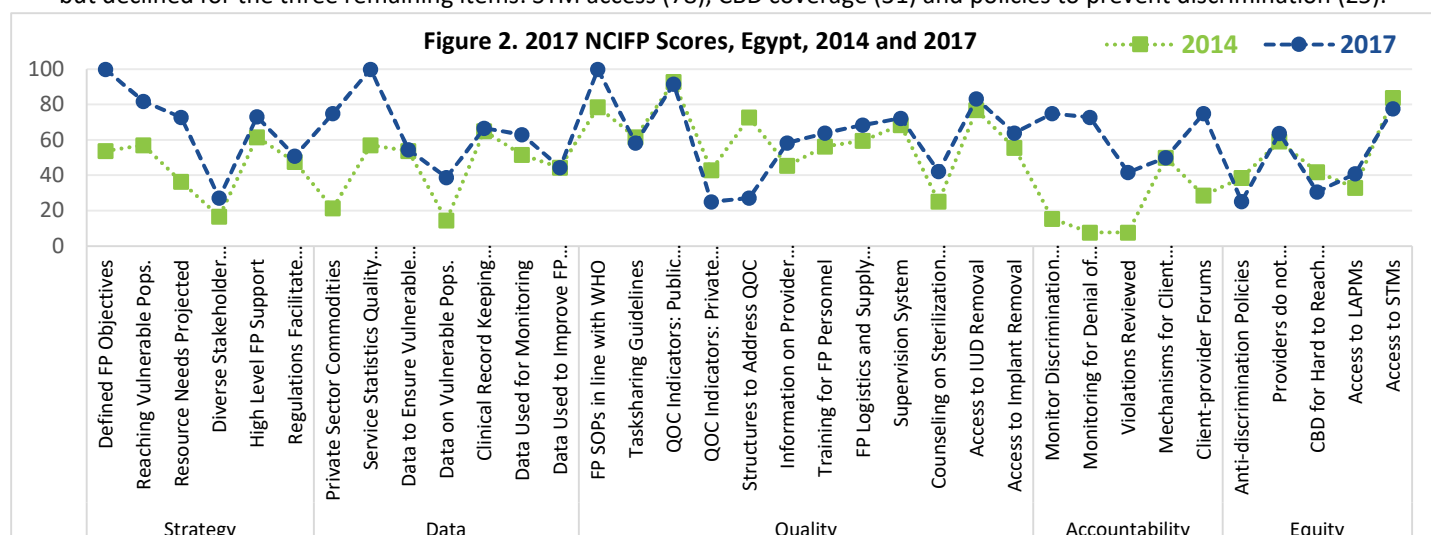
- Egypt's highest rated dimension in 2014 was Quality then Strategy took over in 2017.
- The region's highest rated were Strategy and Quality in 2014. The score for Strategy increased significantly to become the region's highest rated in 2017.
- Accountability was the lowest rated dimension in 2014 for Egypt and the region but the dimension's ratings rose sizably for both areas by 2017. Equity ranked the lowest in both areas in 2017.



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 Egypt's ratings were no higher than the 50s for the majority of items in 2014. Scores improved for about 20 items in 2017, were constant for around 10 items, and declined for the remainder.

- **Strategy** – All six items had higher ratings in 2017: 100 for the strategy having defined objectives, 82 for prioritizing vulnerable groups; 73 each for estimating resource needs and having high level program leadership; and 51 for regulations facilitating contraceptive importation. Although improved, the 2017 mark for diverse stakeholder participation was only 27.
- **Data** – Four items scored higher in 2017: 100 for quality control of service statistics, 75 for data on private sector commodities, 63 for data-based monitoring, and 39 for data collection on population sub-groups.. Scores minimally changed for clinic recordkeeping (67), using research to improve the program (44), and using data to ensure the most vulnerable have access (55).
- **Quality** – High 2017 ratings went to the use of WHO SOPs (100); quality indicators in public facilities (92); access to IUD removal (83) and supervision (72). 2017 scores were in the 60s for training, logistics, and access to implant removal, and in the 50s for using tasksharing guidelines and monitoring provider bias. The lowest rated were counseling on the permanence of sterilization (42), the use of QOC indicators in the private sector (25), and community/clinic structures to monitor QOC (27).
- **Accountability** – 2017 scores rose to the 70s for mechanisms to monitor discrimination and free choice, report denial of services, and enable client-provider dialogue, and to 42 for violations review; but stayed at 50 for facility-level client feedback.
- **Equity** – 2017 ratings rose slightly for provider non-discrimination of certain population groups (64) and access to LAPMs (41) but declined for the three remaining items: STM access (78), CBD coverage (31) and policies to prevent discrimination (25).



Implications

After more than 25 years of continuous decline, Egypt's total fertility rate rose from 3.0 lifetime births per woman in 2008 to 3.5 births in 2014. Early childbearing is a problem; in 2014, 45% of women age 25-49 had given birth by age 22.ⁱⁱⁱ The Government committed to FP2020 in 2017^{iv} by pledging to increase the contraceptive prevalence rate from 58.5% in 2014 to 62.8% in 2020 to safeguard the health of women and girls and mitigate the impact of rapid population growth. Egypt aims to increase funding for contraceptive procurement; provide free FP in poor and remote areas; develop a five-year plan for resources; improve service quality by updating SOPs and enhancing training, logistics, supervision, and counseling; use tasksharing; integrate FP into various health services; scale up private sector involvement; conduct operations research and use various data to follow up users and focus on regions with poor demographic and health indicators.

Egypt's generally improved NCIFP scores in 2017 attest to the country's efforts to reinvigorate the national FP program, with very high ratings for the country's quantifiable FP objectives and prioritization of the most vulnerable, quality control of service statistics, and the use of quality SOPs and indicators in public facilities. The results also pointed out FP activities that received scores that were still below 50 or which sizably declined: support for diverse participation in strategy development and implementation; the collection of data on vulnerable groups and the use of research findings to improve the program; quality issues especially involving the use of QOC indicators in private facilities, community/clinic structures to monitor QOC, sterilization counseling; mechanisms to review violations; equity concerns particularly policies to prevent discrimination against certain population groups, CBD coverage of the most vulnerable areas and populations, and LAPM access. These are issues for Egypt's key stakeholders to discuss and develop appropriate responses as the Government enhances efforts to strengthen the country's well-renowned FP program.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): EGYPT 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 <https://dhsprogram.com/pubs/pdf/FR302/FR302.pdf>

^{iv} <https://www.familyplanning2020.org/egypt>