

The National Composite Index for Family Planning (NCIFP)

GUINEA-BISSAU 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 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.

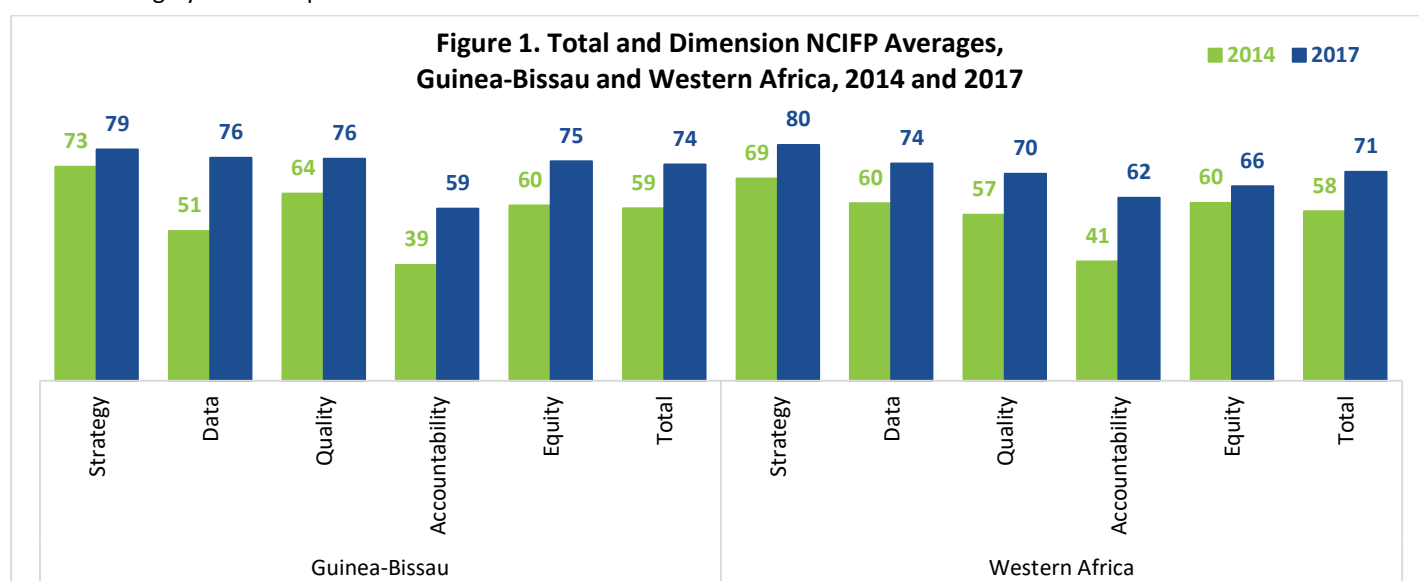
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Guinea-Bissau vs Western Africa Results

Figure 1 shows improving NCIFP total scores for Guinea-Bissau and Western Africa, with Guinea-Bissau rated slightly higher than the region in both years. Both areas also averaged higher across all five dimensions by 2017.

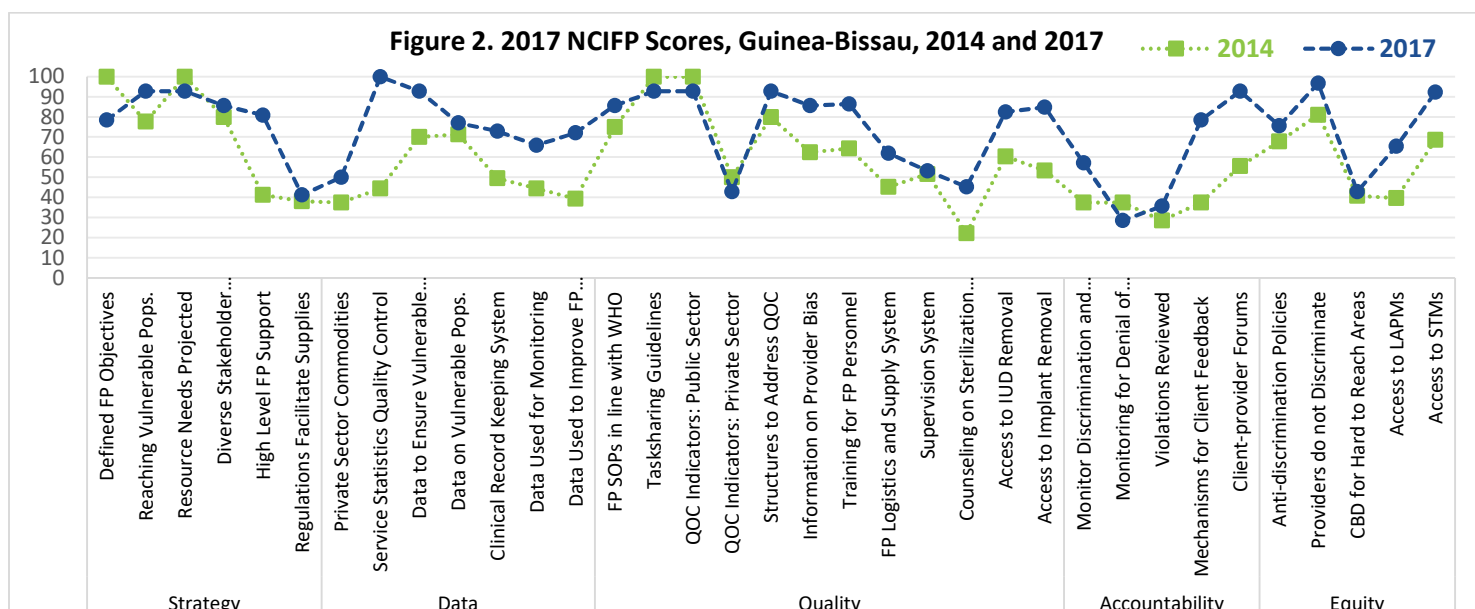
- The country's averages for Strategy, Data, Quality and Equity narrowly ranged from 75 to 79 in 2017 while regional averages for these four dimensions were between 66 and 80. Strategy was the highest rated dimension in both areas and years.
- Accountability persisted as the country and region's lowest ranked during the years studied despite the dimension's average increasing by about 20 points in each area.



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 Guinea-Bissau's generally improving NCIFP scores, including 22 items rated more than 10 points higher in 2017. It should also be noted that nearly 10 items had 2017 scores that were only in the low 50s or much lower.

- **Strategy** – While 2017 marks declined from 100 for the strategy’s objectives (79) and estimated resource needs (93), the scores rose to 93 regarding the strategy’s focus on vulnerable groups, to the 80s for stakeholder participation and high-level support. The score for regulations that facilitate FP importation remained at only around 40.
- **Data** –Ratings rose to 100 for quality control of service statistics; to 93 for the use of data to ensure the most vulnerable have access; to the 70s for data on population sub-groups, clinic recordkeeping/feedback of results to clients, and research-based program improvement; to 66 for data-based monitoring; and 50 for government data collection of private sector commodities.
- **Quality** – 2017 marks included 93 for the use of tasksharing guidelines and QOC indicators in public facilities (both items scored 100 in 2014), and community/clinic monitoring structures. Ratings improved to the 80s for the use of WHO SOPs, provider bias monitoring, the training system, and access to implant and IUD removal; 62 for the logistics system; and 45 for sterilization counseling. The rating for supervision stayed in the 50s but slightly declined to 43 for private sector QOC indicators.
- **Accountability** – Items rated higher in 2017 include client-provider dialogue (93), facility-level client feedback (79) and discrimination and free choice monitoring (57). Violations review improved slightly to 36 while mechanisms to report denial of services fell to 29.
- **Equity** – Scores improved to the 90s for non-discrimination by providers and STM access, to 76 for anti-discrimination policies, and to 65 for LAPM. The rating for CBD coverage stayed in the 40s.



Implications

According to the UN World Population Prospects 2019 Revision, Guinea-Bissau’s total population in 2019 was over 1.9 million. The country is very young; 50% of its population are less than 20 years of age. The youthful age structure is driven by still high birth rates even as mortality rates decline. From over 6.5 births per woman in the early 1980s, the total fertility rate at present is 4.5 lifetime births per woman.ⁱⁱⁱ The UNICEF Guinea-Bissau 2014 Multiple Indicator Cluster Survey (MICS) showed that only 16% of married women used FP (14% used modern methods) and 22% had an unmet need for FP. Early pregnancy is a problem; 28% of women age 20-24 were already pregnant before age 18. Maternal mortality is very elevated (900 pregnancy-related deaths per 100,000 births for the 2007-2014 period).^{iv} These indicators provide important reasons for Guinea-Bissau being a priority country for FP2020.

Guinea-Bissau’s improved NCIFP ratings attest to progress in strengthening the national FP program through efforts that involve focusing on the most vulnerable and high-level program leadership; data collection and utilization to improve client services and to monitor and improve the program; QOC policies, monitoring structures, and improvements in training, logistics, and access to IUD and removal services; communicating with clinic users; anti-discrimination initiatives and access to STMs and LAPMs. The NCIFP results also specify items with scores that declined significantly and those that remain low: the strategy’s objectives, estimates of resource requirements, and regulations that facilitate contraceptive importation; data on private sector commodities and the use of QOC indicators in private facilities; other quality issues such as the supervision system and sterilization counseling; and outreach through CBD. These challenges are for the country’s stakeholders to discuss, identify underlying causes, and agree on appropriate action to widen support for the national program and ensure achievement of Guinea-Bissau’s FP, health, and development goals.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): GUINEA-BISSAU 2017 Scores and 2014-2017 Trends”.

ⁱⁱ 2017 NCIFP Policy Brief Series (2019)

ⁱⁱⁱ Family Planning 2020 is a global initiative through which governments, civil society, multilateral organizations, donors, the private sector, and the research community work together to enable more women and girls to use contraceptives by 2020. Visit <http://www.familyplanning2020.org/>

^{iv} <https://population.un.org/wpp/>

^v <https://mics.unicef.org/surveys>