

# The National Composite Index for Family Planning (NCIFP)

## BHUTAN 2017 Scores<sup>i</sup>

### What is the NCIFP?

The NCIFP is a tool that supports FP2020's<sup>ii</sup> efforts to improve the policy environment for family planning (FP) by providing data on FP program efforts that are not readily available from surveys or service statistics. 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-based standards of practice (SOPs), task-sharing guidelines, and quality of care (QOC) indicators in public and private facilities. Quality of services 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 dialogue between clients and providers.

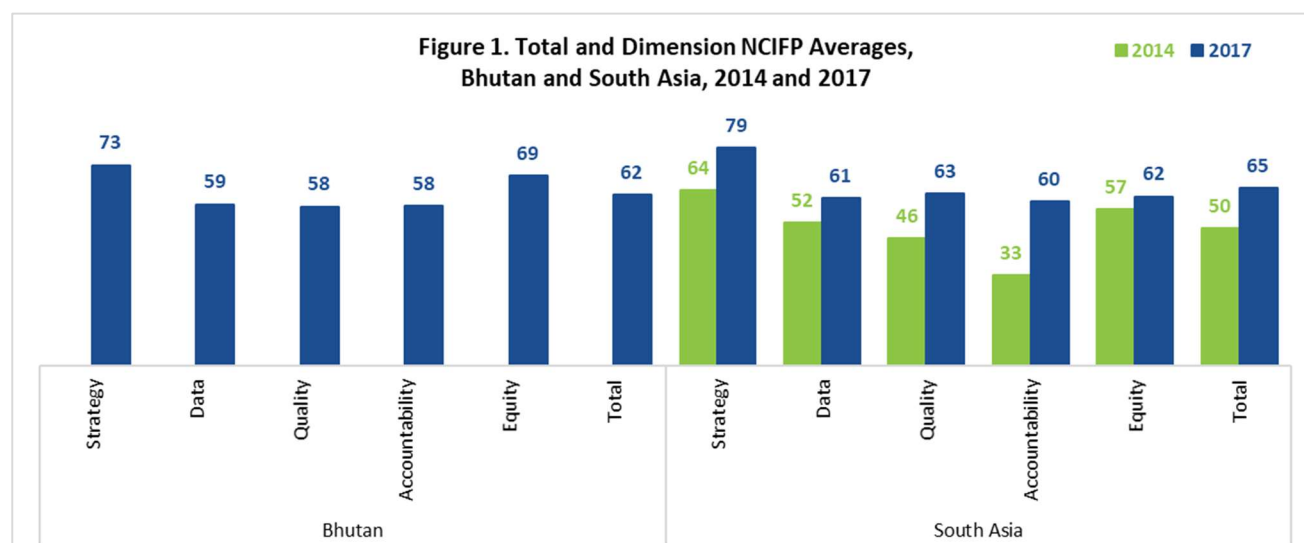
**Equity** - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

### Bhutan vs South Asia Results

Figure 1 shows total scores and dimension averages for Bhutan and South Asia in 2017, with the country's total score only slightly lower than the region's total. Dimension patterns varied slightly, with South Asia averaging higher by dimension compared to corresponding country averages, except for Equity where Bhutan had a better score.

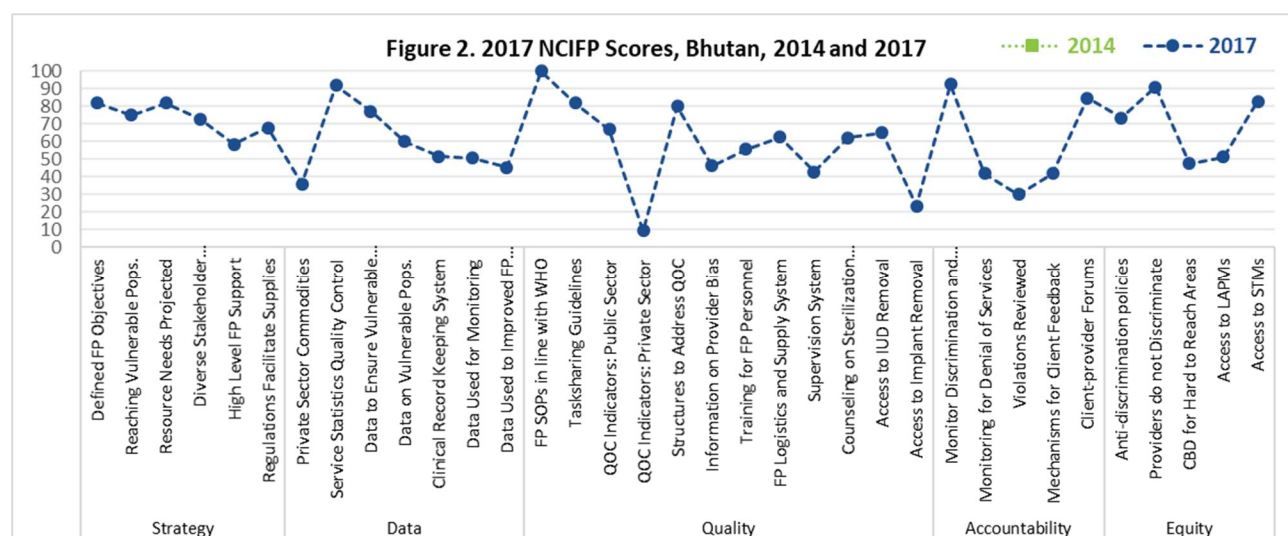
- Bhutan's highest rated dimension was Strategy (73) followed closely by Equity (69).
- Strategy was also South Asia's highest rated with an average of 79 compared to levels that ranged only from 60 to 63 for the four other dimensions (Quality, Accountability, Data, Equity).



### Bhutan's Individual NCIFP Scores

Ratings of individual NCIFP items over time specify which FP program activities are progressing, stagnant, or deteriorating. Although Bhutan does not have 2014 data to enable assessment of trends, individual 2017 scores (Figure 2) are revealing. Nearly 15 items scored above 70, while only four items scored below 40.

- **Strategy** – Individual item scores included 82 each for the country’s FP strategy having defined objectives and estimated resource needs, 70s for prioritizing vulnerable groups and supporting diverse participation, 68 for regulations facilitating contraceptive commodities, and 58 for having high-level program leadership.
- **Data** – Scores ranged widely, with 92 for service statistics quality control, 77 for the use of data to ensure the most vulnerable have access, 60 for data collection on vulnerable groups, low 50s for clinic record-keeping and data-based monitoring, 45 for the use of research findings to improve the program, and 36 for data collection on private commodities.
- **Quality** - Ratings levels ranged even more widely, with 100 for the use of WHO SOPs (the highest score across all NCIFP items); 80s for the use of tasksharing guidelines and clinic/community QOC structures; 60s for logistics, the use of QOC indicators in public facilities, sterilization counseling, and access to IUD removal; and 56 for training. The lowest scores involved 40s for the supervision system and monitoring provider bias; 23 for access to implant removal; and 9 for the use of QOC indicators in private facilities (the lowest rated among all 35 NCIFP items).
- **Accountability** – High scores included mechanisms for monitoring discrimination and free choice (92) and 85 for client-provider dialogue. Ratings were only 42 for mechanisms to report denial of services and client feedback, and 30 for violations review.
- **Equity** – Ratings included 91 for provider non-discrimination against special groups; 83 for access to STMs; 73 for policies against discrimination; 51 for LAPM access; and 47 for CBD coverage.



## Implications

The Government of Bhutan promoted the small family norm in 1971 to contain population growth, reduce maternal and infant mortality rates, enhance the quality of life, and encourage economic self-sufficiency. FP services were introduced through a National Assembly resolution in 1974 and further boosted by the 1995 Royal Decree on Population Planning. The country’s contraceptive prevalence rate of 66% in 2010 was mostly due to modern methods. The total fertility rate declined rapidly from 6 to 2 lifetime births per woman between 1990 and 2017 alongside significant improvements in various health indicators. As Bhutan’s National Family Planning Standards of 2018 states, FP is voluntary and the FP program emphasizes informed choice, access, and high quality services based on international best practices.<sup>iii</sup>

Bhutan had high scores in 2017 for a number of NCIFP items, including various components of the FP strategy; the service statistics system; quality of care initiatives such as the use of WHO SOPs, tasksharing, and clinic/community QOC monitoring; accountability mechanisms for voluntarism monitoring and client-provider dialogue; and measures to improve access such as anti-discrimination policies, provider non-discrimination against certain population groups, and STM access. The NCIFP results also specified the following FP program activities with very low ratings: data issues particularly information on private sector commodities, data-based monitoring and program improvement efforts, clinical recordkeeping and feedback to clients; quality concerns especially QOC indicators in private facilities, the supervision system, information on provider bias, and access to implant removal; accountability mechanisms for reporting denial of services, soliciting facility-level client feedback, and reviewing violations; and CBD coverage and LAPM access to ensure equity. These results are for the country’s FP stakeholders to discuss and decide on next steps to improve the country’s FP program and achieve the country’s health and economic development objectives.

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

<sup>ii</sup> Family Planning 2020 is a global initiative through which governments, civil society, multilateral organizations, donors, the private sector, and the research and development community work together toward a shared goal of enabling 120 million more women and girls to use contraceptives by 2020. For more on FP2020 visit <http://www.familyplanning2020.org/>

<sup>iii</sup> [http://www.health.gov.bt/wp-content/uploads/afd-files/2014/11/New\\_FP-Standards-Bhutan-final2018-Final.pdf](http://www.health.gov.bt/wp-content/uploads/afd-files/2014/11/New_FP-Standards-Bhutan-final2018-Final.pdf)