

# The National Composite Index for Family Planning (NCIFP)

## THE STATE OF PALESTINE 2017 Scores<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 the use of research findings 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. The dimension also considers whether clinic/community structures to address QOC.

**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.

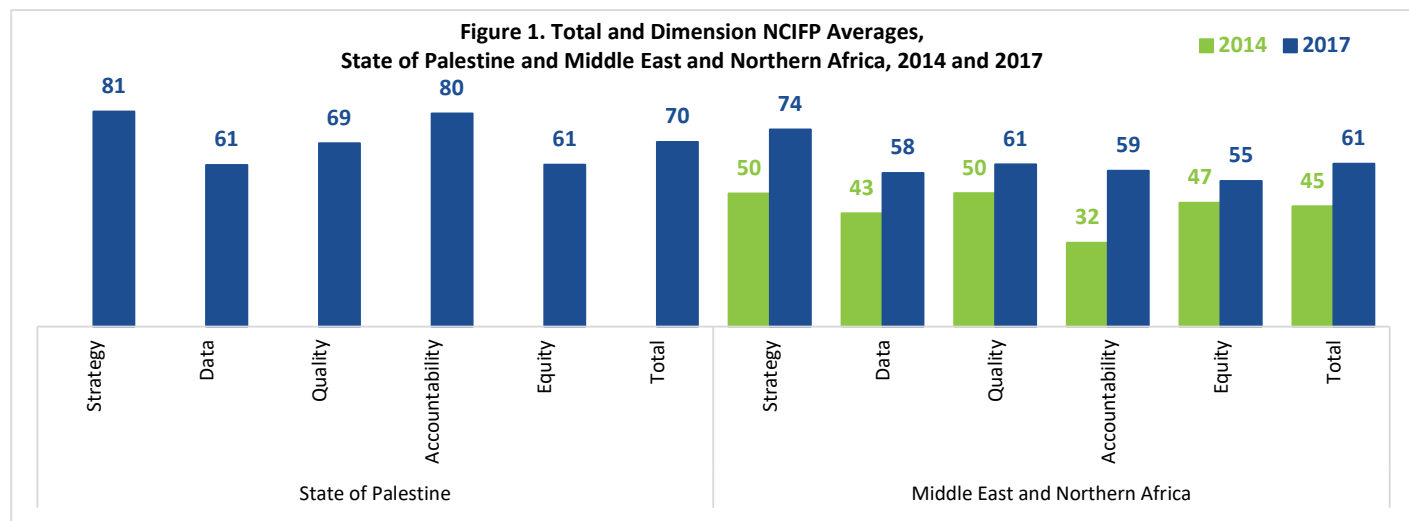
**Equity** - whether anti-discrimination policies exist, providers do not discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to 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 Palestine did not participate in the 2014 study, this brief deals only with the country's results for 2017. NCIFP data are intended for policy and planning use by each country's FP stakeholders.

### Palestine vs Middle East and North Africa (MENA) Results

Figure 1 shows that the State of Palestine's total and dimension NCIFP scores in 2017 were higher than corresponding regional scores.

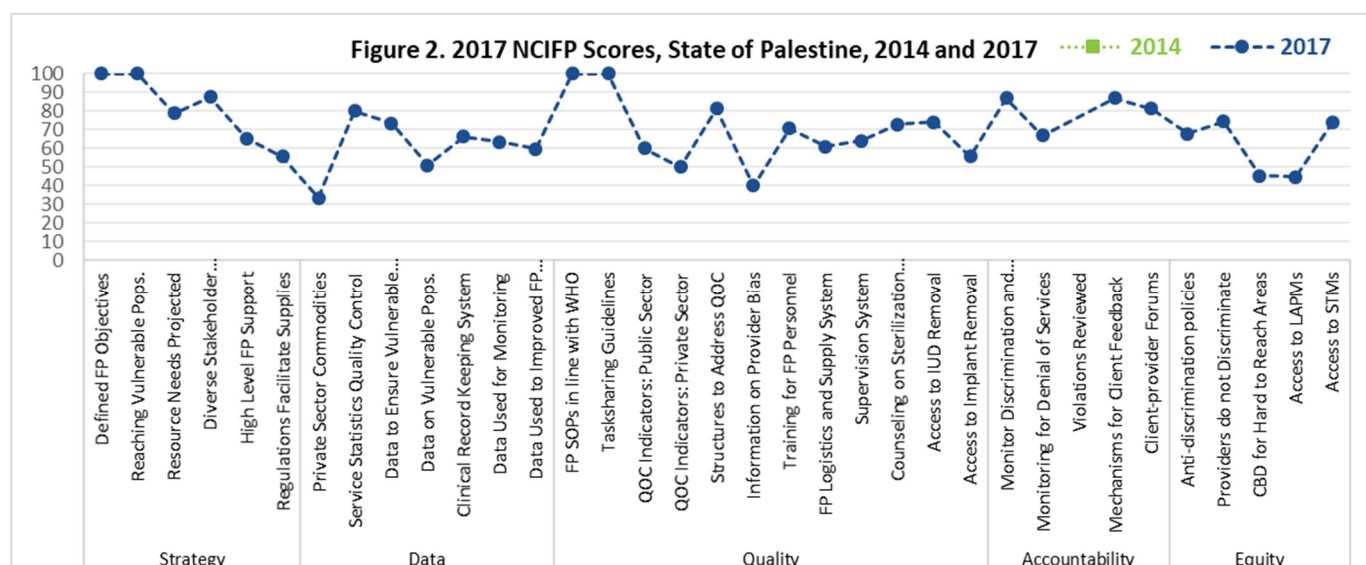
- Strategy and Accountability practically tied as Palestine's highest rated dimensions in 2017. Strategy was the region's highest rated for the year.
- Equity and Data were the country lowest rated dimensions in 2017 compared to Equity for the region.



### Individual 2017 NCIFP Results

Scores of individual NCIFP items over time indicate which specific FP program activities are progressing, stagnant, or deteriorating. While Palestine does not have 2014 data to assess trends, 2017 scores (Fig. 2) provide important leads to improve the FP program.

- **Strategy** – Scores of individual items included 100 for the FP strategy’s defined objectives and focus on vulnerable groups, 88 for its support for diverse participation, 79 for estimated resource needs, 65 for high-level program leadership, and 56 for regulations that facilitate contraceptive importation.
- **Data** – Ratings included 80 for quality control of service statistics, 73 for the use of data to ensure the most vulnerable have access, 60s for clinic recordkeeping/results feedback to clients and data-based monitoring, 50s for data collection on population sub-groups and the use of research findings to improve the program, but only 33 for data on private sector commodities.
- **Quality** – The highest rated items involved the use of WHO-based FP SOPs and tasksharing guidelines (each had perfect scores). Other scores included 81 for clinic/community structures to address QOC; 70s for training, sterilization counseling, and access to IUD removal; 60s for the logistics and supervision systems and the use of QOC indicators in public facilities; 50s for access to implant removal and private sector use of QOC indicators; but only 40 for provider bias monitoring.
- **Accountability** – Scores were in the 80s for discrimination and free choice monitoring, facility-level client feedback, and client-provider dialogue, and 67 for monitoring denial of services. (Mechanisms for violations review was not rated as experts did not have enough information about the item).
- **Equity** – Ratings were in the 70s for provider non-discrimination against special groups and for access to STMs, 68 for anti-discrimination policies, but only in the mid-40s for CBD coverage and access to LAPMs.



## Implications

The Central Bureau of Statistics estimated the population of the State of Palestine in 2016 at 4.8 million with 2.8 million in the West Bank (including East Jerusalem) and 1.8 million in the Gaza Strip. Growing at 2.8% annually, the population of Palestine is young, with 41% below age 15 and 30% aged 15-29 years. Although the total fertility rate has declined from 6 in 1997 to 3.8 lifetime births per woman in 2014, it is still one of the highest in the region. UNFPA assistance has been key in the development of the country’s FP strategy and the provision of FP services. Modern contraceptive use is estimated to be over 40% among married women although unmet need remains very high among the poorest, those in remote areas, and the most vulnerable. Unmet need in the country has been linked to availability and quality of services, particularly weak counselling, and limited availability of female provider, and in some cases negative providers’ attitude towards FP<sup>iii</sup>. Track20 estimated unmet need in the State to be about 25% in 2020.<sup>iv</sup> This brief on NCIFP results for the State of Palestine shows that despite severe political and economic problems affecting the country, various components of its FP program are in place: key elements of the FP strategy; quality control of service statistics; quality of care measures including SOPs and tasksharing guidelines as well as sterilization counseling and access to IUD removal; accountability mechanisms particularly involving discrimination and free choice and communication with clients; and equity initiatives that include anti-discrimination efforts and STM access. The NCIFP results also point out FP program activities with scores lower than 50: data on private sector commodities, provider bias monitoring, CBD coverage of underserved areas and populations, and access to LAPMs. The NCIFP results are for key stakeholders to discuss and develop appropriate responses in order to improve access to high quality FP services especially among the most vulnerable sectors of the population.

<sup>i</sup> Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): THE STATE OF PALESTINE 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> <https://palestine.unfpa.org/en/sexual-reproductive-health>

<sup>iv</sup> <http://www.familyplanning2020.org/Palestine>