

# The National Composite Index for Family Planning (NCIFP)

## TIMOR-LESTE 2017 Scores and 2014-2017 Trends<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 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).

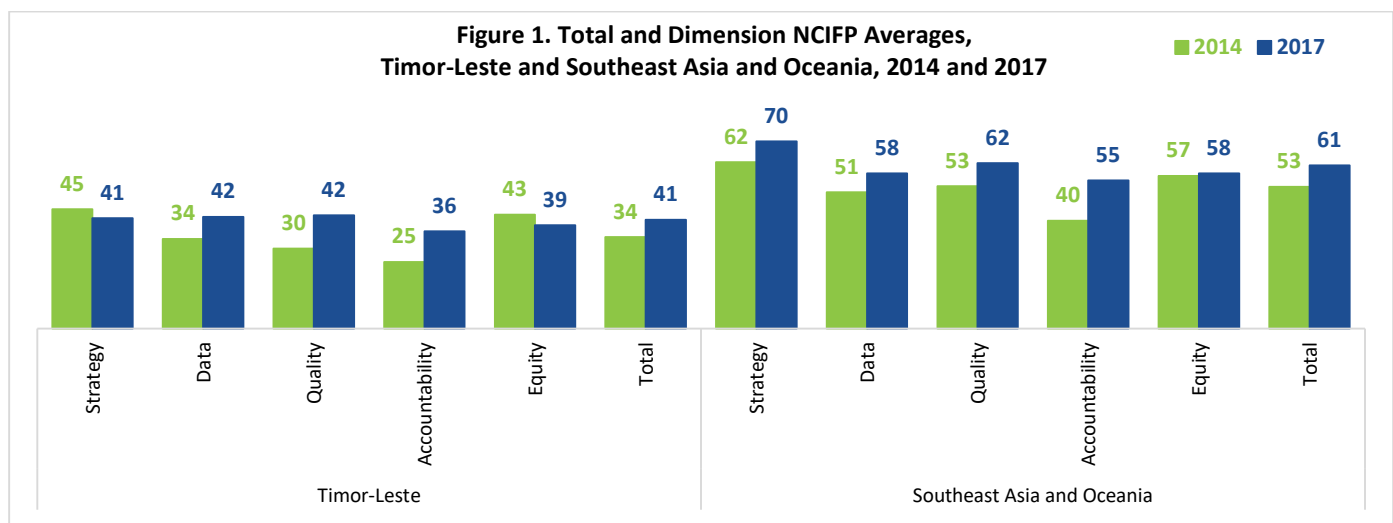
First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). In 2017 Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation to assist countries participating in the FP2020 Global Initiative) administered a new round of NCIFPs to 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.

### Timor-Leste vs Southeast Asia and Oceania Results

Figure 1 shows Timor-Leste's total NCIFP scores improved from only 34 in 2014 to 41 in 2017. The country's total scores for both years were significantly below those of the region; the region's total score of 61 in 2017 approximated the global average of 64.

Timor-Leste also averaged below the region for all five dimensions in both years. Areal dimension rankings and trends varied.

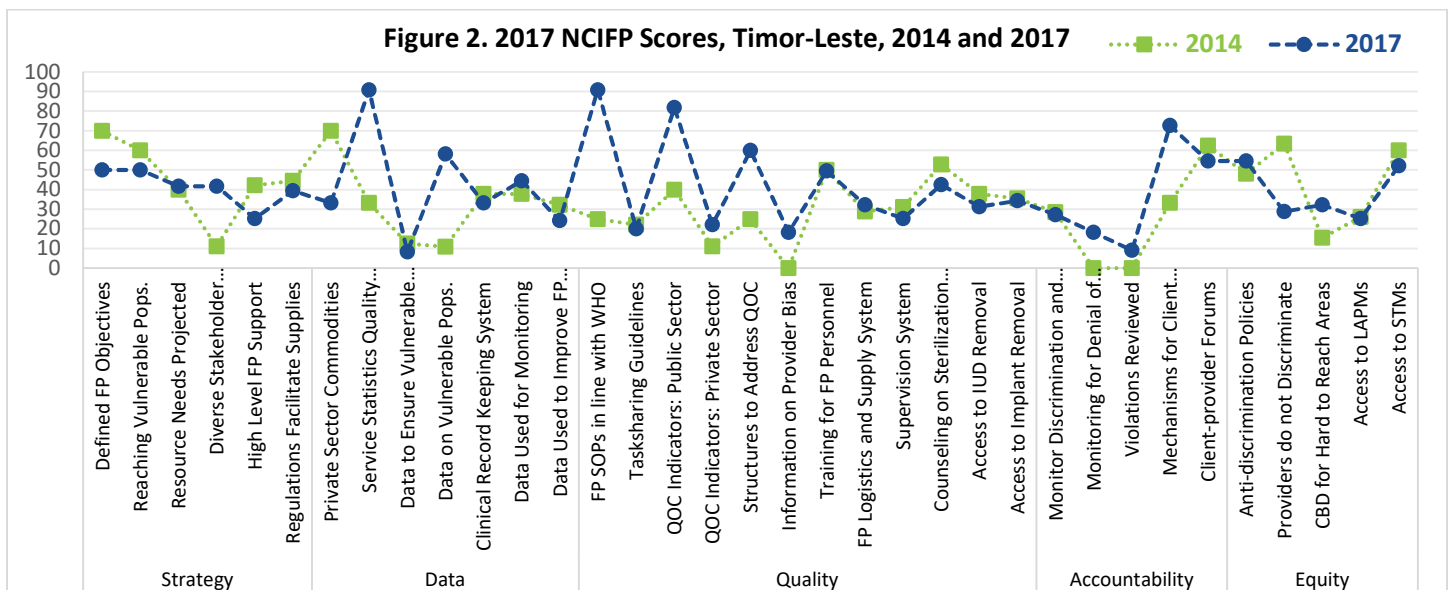
- Strategy was the region's highest rated dimension in both years and for Timor-Leste in 2014. Timor-Leste's average for Strategy declined slightly in 2017 as Data and Quality ranked the highest (although outscoring Strategy by only a point).
- Although the country averaged higher in 2017 for Data, Quality and Accountability, score levels were below the region's.
- Accountability persisted as the lowest rated dimension for both areas in 2014 and 2017.



### Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time specify which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows that Timor-Leste scored no higher than 40 for most items in 2014. Ratings improved for over 10 items in 2017, hardly changed for about 10 items, and declined for a nearly equal number. Despite improvements, several items had scores of 40 or lower in 2017.

- **Strategy**- 2017 ratings fell to the 50s for the strategy’s objectives and focus on vulnerable groups, 40s for regulations that facilitate contraceptive importation; and 25 (from 42 in 2014) for high-level leadership. The score for support for diverse participation increased from 11 to 42 but hardly changed for estimated resource needs (42).
- **Data**- 2017 scores sizably improved for service statistics quality control (91) and population sub-groups data (58 from 11 in 2014) but to only 44 for data-based monitoring. Ratings fell regarding data on private sector supplies (from 70 in 2014 to 33 in 2017) and research-based program improvement (from 32 down to 24). Using data to ensure the most vulnerable have access scored below 10 in 2017.
- **Quality** – Ratings rose above 80 for the use of WHO standards and QOC indicators in public facilities and to 60 for clinic or community monitoring structures. Trends for all other items varied but scores were no higher than 50 in 2017: a) those with slightly improved scores - private sector quality indicators (22) and information on provider bias (18); b) those with declining ratings - sterilization counseling (43), access to IUD removal (31) and supervision (25); and c) items with hardly changed scores – training (49), logistics (32), access to implant removal (34), and tasksharing (20),
- **Accountability** - Facility-level client feedback rose to 73 in 2017 while that of client-provider dialogue dropped to 55. The score for discrimination and free choice monitoring stayed around 27. Although improving, violations review and reporting denial of services scored no higher than 20 in 2017.
- **Equity** - Ratings improved in 2017 for anti-discrimination policies (55) and CBD outreach (32) but fell regarding provider non-discrimination of certain population subgroups (from 63 in 2014 to 29 in 2017). Scores were slightly lower for access to STMs (52) and LAPMs (25), but the pronounced difference in access between the two types of modern methods persists.



## Implications

The Timor-Leste Strategic Development Plan, 2011-2030 aims to improve access to high quality maternal and child health services, FP, and adolescent reproductive health services. The Government’s efforts include increasing service delivery points and capability-building and improving data collection and use. The Plan also cites the need to lower fertility rates and increase contraceptive knowledge. The country’s 2016 Demographic and Health Survey showed a total fertility rate of 4.2 (down from 5.7 in 2009), but birth rates remain high outside the capital, among the poorest, and the least educated. At present, only an estimated 28% of married women use modern contraception while 27% want to space or limit childbearing but are not using any method of family planning.<sup>iii</sup>

Timor-Leste’s NCIFP scores in 2014 and 2017 are below regional levels and a number of FP program activities lag behind. The low ratings are not surprising considering the youthfulness of the national FP program as Timor-Leste was established only in 2002. The NCIFP data are intended to help inform Timor-Leste’s key stakeholders in their efforts to discuss and address various challenges affecting FP services in the country. The NCIFP results particularly point to the need to strengthen the national strategy, improve data collection and use to ensure access among the most vulnerable, enhance the quality of services and support systems especially logistics and supervision, establish accountability mechanisms (particularly violations review violations and repoting the denial of services), and ensure equity by preventing discrimination by providers and by expanding CBD outreach and access to LAPMs that also includes IUD and implant removal services.

<sup>i</sup> Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): TIMOR LESTE 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> <http://timor-lesste.gov.tl/wp-content/uploads/2011/07/Timor-Leste-Strategic-Plan-2011-20301.pdf> and <http://www.familyplanning2020.org/timor-lesste>