

The National Composite Index for Family Planning (NCIFP)

LAO PEOPLE'S DEMOCRATIC REPUBLIC (PDR) 2017 Scoresⁱ

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, clinic/community monitoring, 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.

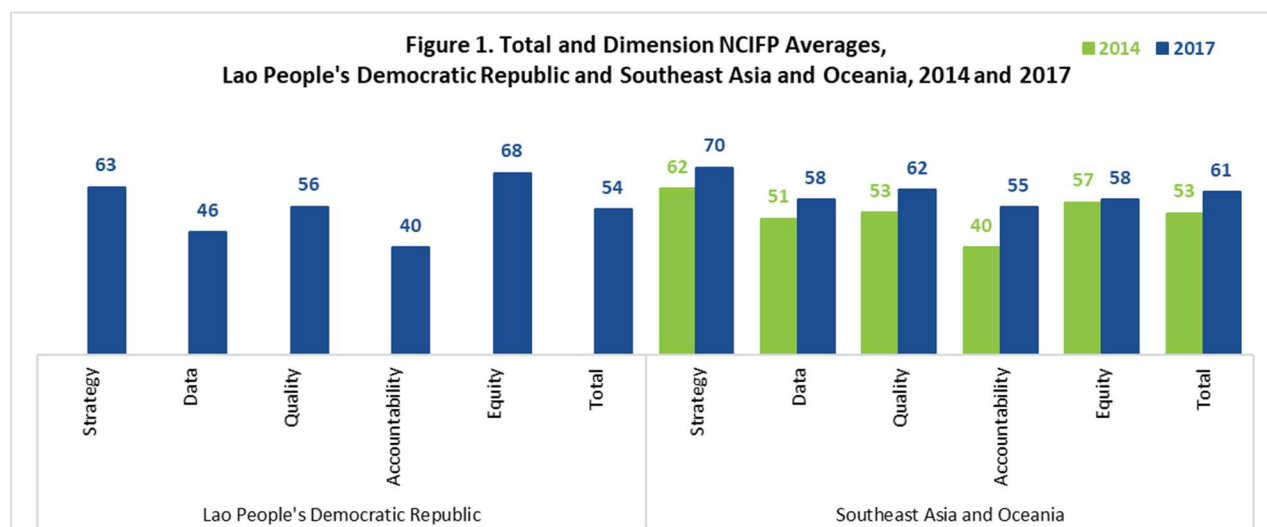
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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. Lao PDR did not participate in the 2014 study. This brief presents Lao PDR results for 2017. To facilitate comparison with other countries that have both 2014 and 2017 NCIFP data, the analysis in this brief uses the 2014 approach which involved primarily yes/no questions.

Lao PDR vs Southeast Asia and Oceania Results

Figure 1 shows Lao PDR's total NCIFP score (54) was lower than that of the Southeast Asia and Oceania region (61) in 2017. Lao PDR averaged lower than the region in all dimensions except Equity.

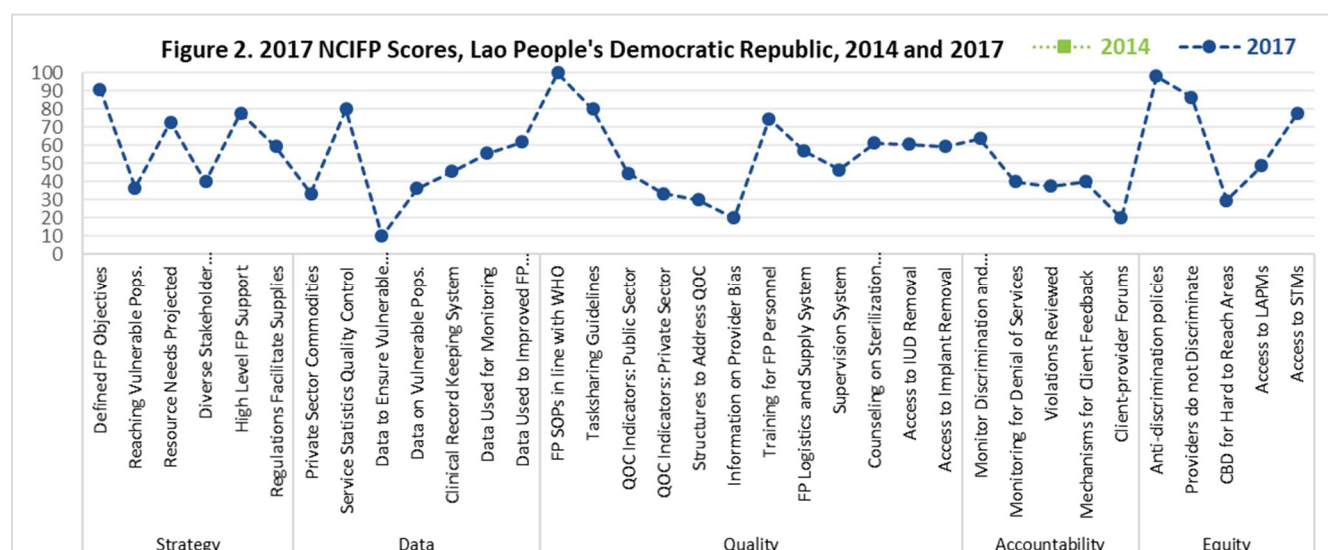
- Equity was the country's highest rated dimension compared to Strategy for the region. Accountability was the lowest rated dimension in both the country and the region.



Individual NCIFP Scores, Lao PDR 2017

The scores of individual NCIFP items over time specify which FP program activities are progressing well, stagnating, or deteriorating. Lao PDR does not have 2014 data, but its 2017 NCIFP scores (Fig. 2) are analyzed based on which program efforts scored high (70 or more) or low (40 or below) for use in present and future FP program assessments.

- **Strategy** - High-rated items include the strategy's objectives (91), seniority of program leadership (78), and estimated resource needs (73). Regulations affecting contraceptive supplies had a score of 59. Whether the strategy aims to reach vulnerable sub-groups or supports diverse participation were rated no higher than 40.
- **Data** - Quality control of service statistics had a high mark (80) while ratings were from 45 to 62 for client recordkeeping, data-based evaluation, and use of data to improve program performance. Scores were in the 30s for data on population sub-groups and government tracking of private sector supplies and 10 for using data to ensure vulnerable access.
- **Quality** - The highest marks went to the use of WHO standards (100), tasksharing guidelines (80), and the training system (74). Mid-level scores of 57 to 61 went to logistics, sterilization counseling, and access to implant and IUD removal. All other items scored in the 40s or below: supervision (46), QOC indicators in public (44) and private (33) facilities, community/clinic monitoring of QOC (30), and information on provider bias/informed choice (20).
- **Accountability** – The mark for discrimination and free choice monitoring was 64. Client-provider dialogue was the lowest rated (20). Facility-level feedback, violations review, and reporting denial of services scored about 40 each.
- **Equity** - Ratings varied widely, with anti-discrimination policies and mechanisms along with STM access scoring above 75 compared to much lower scores for CBD coverage of underserved areas (30) and access to LAPMs (49).



Implications

In 2016, Lao PDR joined the Global FP2020 Partnershipⁱⁱⁱ and pledged to increase modern FP use from 42 to 65% by 2020 and reduce unmet need by expanding coverage and method mix. The country has already trained over 775 new FP providers in 2017 based on its new comprehensive FP training guide, developed a health care law to allow private providers to offer FP, revised the reproductive health policy, finalized its FP Costed Implementation Plan focusing on the youth, integrated logistics management information system into health professionals' training, and allocated funds for demand-generation. The Government is working to ensure that National Health Insurance covers the cost of surgical procedures such as tubal ligation, and undertaking data-based advocacy on reproductive health and rights targeting various sectors and local authorities. Efforts also include mapping and focusing on areas with fertility rates greater than 3, unmet need greater than 15-20%, and FP use between 35- 45%; and scaling up FP services at the health center and community levels to increase access among adolescents and provide high-quality and equitable maternal and child health services to poor and remote populations and vulnerable groups.

The Lao PDR's 2017 NCIFP results show widely varying ratings across a broad spectrum of FP program components and concerns, including high scores for several activities that are intended to strengthen the national FP program through the strategy's objectives and resource requirements, the use of WHO standards and tasksharing guidelines, and efforts to counter discrimination. The 2017 Lao PDR NCIFP study also identified a number of key FP activities with very low ratings: the strategy's efforts to reach the most vulnerable, data on population sub-groups, and using data to ensure the most vulnerable have access; stakeholder participation in strategy development and monitoring; government collection of data on private sector commodities; the use of quality indicators in public and private facilities and provider bias monitoring; a range of accountability mechanisms for violations review, reporting denial of services based on non-medical grounds, soliciting client feedback at the facility-level, and client-provider dialogue; and equity concerns especially CBD coverage and access to LAPMs. These challenges are for the country's FP stakeholders to discuss, identify underlying causes, and agree how best to address them to ensure achievement of national FP objectives.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): LAO PDR 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://www.familyplanning2020.org/lao-pdr>