

# The National Composite Index for Family Planning (NCIFP)

## INDIA 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-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.

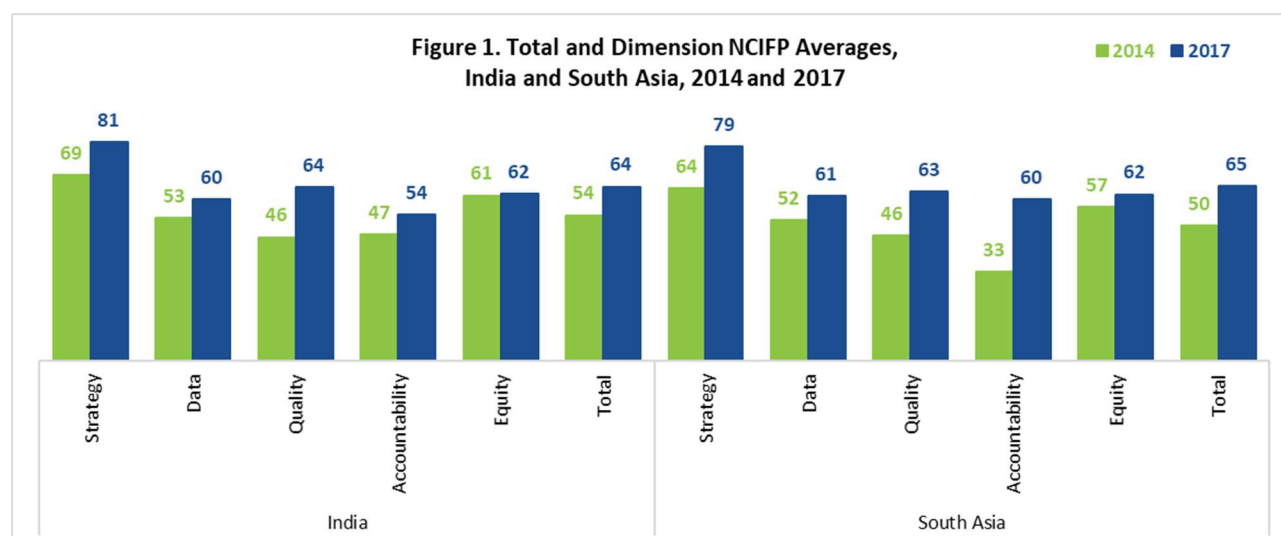
**Equity** – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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 to the FP2020 Global Initiative) administered a new round of NCIFPs to assess current national FP program status and changes since 2014. The 2017 questionnaire used yes/no categories along with a 1-10 rating scale, but to enable assessment of 2014-17 trends, the scores in this brief are based on the 2014 approach which provided primarily yes/no options.

### India vs South Asia Results

Figure 1 shows that from 2014 to 2017, India's total NCIFP score increased from 54 to 64 (+10 pts) while the South Asia regional total rating rose from 50 to 65 (+15 pts). Both India and the region averaged higher in all dimensions by 2017 although rankings varied.

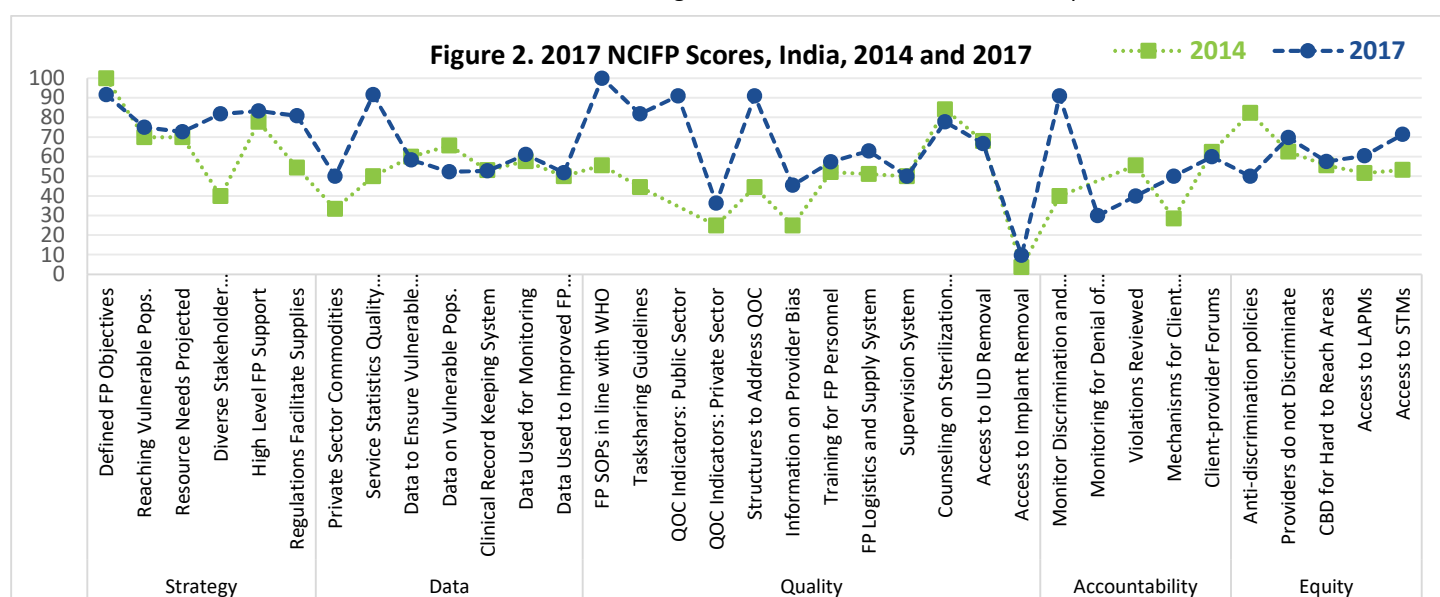
- For both areas during the two years studied, Strategy was the highest rated dimension.
- India's Quality and Accountability dimensions averaged the lowest in 2014 but improved by 2017. Although improving, Accountability remained as India's lowest rated in 2017. The dimension was also the region's lowest ranked in both years.



### Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows India's NCIFP data for the two years studied: the results for 15 items stayed constant or minimally changed while scores improved for a nearly equal number (the marks for 9 items rose by at least 20 pts in 2017). Only 5 items had lower scores in 2017.

- **Strategy** – The rating for the strategy’s objectives fell slightly from 100 to 92. Stakeholder participation and regulations that facilitate contraceptive supplies, which were rated below 55 in 2014, had scores over 80 in 2017. The marks for the three other strategy items – resource needs, focus on vulnerable groups, and high-level support – stayed in the mid-70s to low-80s range.
- **Data** – Scores significantly improved for service statistics quality control (92) and data on private sector supplies (50) but declined regarding data collection on population subgroups (52). The remaining items had practically stagnant ratings.
- **Quality** - Most items had improved scores in 2017, including 100 for the use of WHO protocols, 91 for clinic/community monitoring structures, and 82 for task-sharing guidelines. 2017 scores were in the 60s for the logistics system and access to IUD removal. In 2014, experts did not have enough information to rate the use of QOC indicators in public facilities but by 2017, the item’s score was over 90 compared to 36 for private sector QOC indicators. Other low scores included 45 for provider bias monitoring and 50s for the training and supervision systems. Access to implant removal continued to be the lowest rated (only 10 in 2017).
- **Accountability** – The score for mechanisms to monitor discrimination and free choice rose from 40 to 91 while that of facility-level client feedback improved to 50. The mark hardly changed regarding client-provider dialogue (low 60s). Monitoring denial of services on non-medical grounds scored only 30 while the score for regular review of violations dropped to 40.
- **Equity** – 2017 scores improved to the 70s for provider non-discrimination against certain population groups and STM access, and to levels around 60 for LAPM access and CBD coverage. The score for anti-discrimination policies fell from 82 to 50.



## Implications

Since committing to the Global FP2020 Initiative in 2012, India took various steps designed to expand FP access, choice, and quality of care at all government levels and in public and private facilities. FP is integrated into the national Reproductive, Maternal, Newborn, Child, and Adolescent Health Strategy. Government efforts also include demand-generation and enhancing the logistics system and domestic investments for FP. In 2017, the Government pledged to increase FP investments to US \$3 billion by 2020.<sup>iii</sup>

The country’s many high NCIFP ratings reflect Government efforts to strengthen the national FP program through improved planning and financing, data collection and utilization, the use of quality of care protocols and structures, voluntarism monitoring, and equity-related initiatives. The NCIFP results also highlight several challenges, including persistent ones, that could limit achievement of India’s FP goals. These challenges particularly include the persistent lack of access to implant removal, private sector involvement (government collection of data on private sector commodities and the use of QOC indicators in private facilities are major issues), the supervision system, data collection and utilization on the needs and access of the most vulnerable, mechanisms for reporting the denial of services on non-medical grounds and reviewing violations, and CBD coverage of underserved areas and populations.

<sup>i</sup> Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): INDIA 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> Source : [http://www.familyplanning2020.org/sites/default/files/Indias-Vision-FP2020-structure\\_country-commitment\\_FINAL\\_2017.pdf](http://www.familyplanning2020.org/sites/default/files/Indias-Vision-FP2020-structure_country-commitment_FINAL_2017.pdf)