

The National Composite Index for Family Planning (NCIFP)

NIGERIA 2017 Scores and 2014-2017 Trendsⁱ

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 and uses data on private sector commodities and the needs of special sub-groups (e.g. the poor), data quality control systems exist, evaluation is data-based, and research informs program improvement efforts.

Quality – whether the government uses WHO-based FP procedures, task-sharing guidelines, and quality of care indicators in public and private facilities. Quality also considers the adequacy of structures for training, logistics, supervision, IUD and implant removal, participatory monitoring, and informed choice, including informing clients about sterilization being permanent.

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.

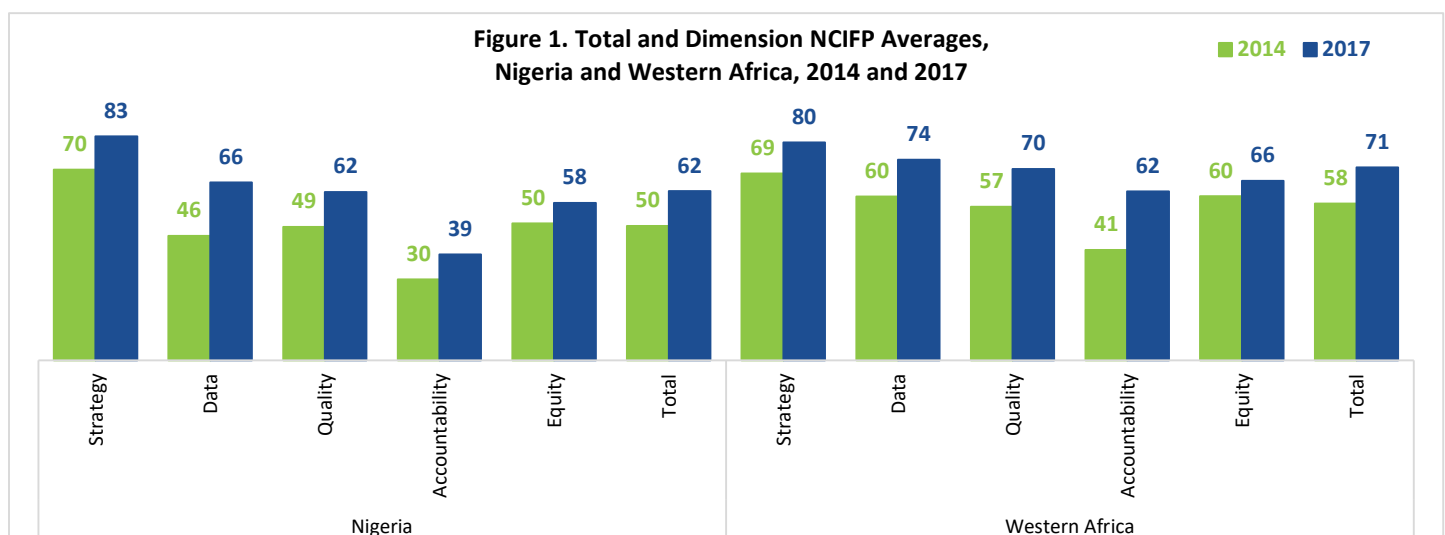
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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. 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.

Nigeria vs Western Africa Results

Figure 1 shows Nigeria's total NCIFP scores increasing from 50 in 2014 to 62 in 2017 and those of Western Africa going up from 58 to 71. Nigeria's total scores were below the region's in both years, but patterns varied by dimension.

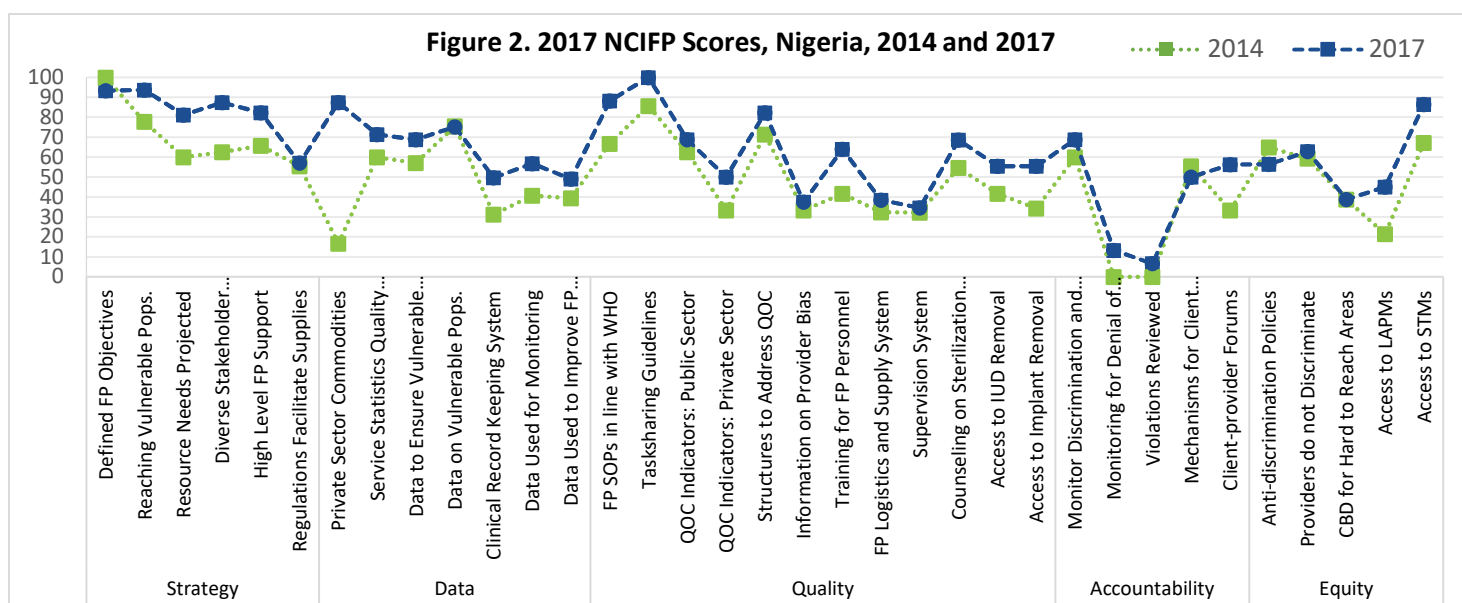
- Strategy persisted as the highest rated dimension in both areas, with 2017 scores rising significantly. Nigeria's 2017 average for Strategy slightly surpassed that of the region.
- Accountability was the lowest-rated dimension for both areas in the two years studied. Although improving, Nigeria's Accountability average was still at 39 in 2017 while that of the region soared to 62.



Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time specify which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows Nigeria's NCIFP scores improved for most NCIFP items although eight items had ratings only in the 40s or even lower in 2017.

- **Strategy** –2017 ratings for most items exceeded 80: the strategy’s focus on vulnerable groups (94), objectives (93 despite a slight decline from 2014), support for diverse participation (88), high-level leadership (82), and estimated resource needs (81). The score for regulations facilitating contraceptive importation stayed in the upper 50s.
- **Data** – The rating for sub-groups data stagnated (76) while those of all other items rose. Most notably, the score for data on private sector commodities rose from 17 to 88. Service statistics quality control and using data to ensure the most vulnerable have access scored around 70; client recordkeeping and data-based monitoring and program improvement efforts improved to around the 50s.
- **Quality** - All items scored higher in 2017. The top rated involved the use of tasksharing (100), WHO standards (88), and participatory monitoring (82). Scores for informing clients about sterilization and the training system were in the 60s while access to IUD and implant removal tied at 56. The lowest marks, in the 30s, went to supervision, the logistics system, and monitoring of provider bias/informed choice.
- **Accountability** – Under this lowest-rated dimension, scores ranged between 7 and 69. Mechanisms to monitor discrimination and free choice received the highest mark, followed by scores in the 50s for client-provider dialogue and facility-level client feedback. The scores for monitoring denial of services and violations review was 0 in 2014 and about 10 in 2017.
- **Equity** –Although both largely improved by 2017, access to STMs (86) scored much higher than LAPM access (45). Scores were unchanged for provider non-discrimination against certain population groups (about 60) and CBD coverage of underserved areas (below 40). The rating for anti-discrimination policies fell from 65 to 56.



Implications

A Nigerian woman gives birth to an average of 5.5 children in her lifetime. Birth rates remain very high among the most vulnerable: the young, the poorest, the least educated, and those in remote or rural areas.ⁱⁱⁱ Nigeria joined the Global FP2020 Partnership in 2012 by pledging to achieve a healthier future for women and families, particularly the poorest. In 2017, Nigeria committed to reaching 27% modern contraceptive prevalence (mCPR) among all women by 2020 through efforts that involve the Federal MOH working with states, donors, the private sector, civil society groups, and religious and community leaders. Specific strategies aim to increase the government’s annual contraceptive budget and disburse \$56M to states through the Global Financing Facility and IDA loans; train more health workers; increase the number of health facilities providing FP; expand FP taskshifting and CBDs in hard-to-reach areas and among the disadvantaged; improve data use; strengthen the logistics system; remove regulatory barriers; support education and demand-generation; and work with local gatekeepers to reduce sociocultural barriers to FP use including women's lack of decision-making.^{iv} Nigeria’s NCIFP results indicate gains in many program activities particularly involving Strategy, Data, and Quality efforts but the NCIFP data also specify certain program activities that are lagging behind: contraceptive products regulations, informed choice, logistics and supervision systems, violations review, reporting denial of services, CBD outreach, and access to LAPM services.

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

ⁱⁱ Family Planning 2020 is a global initiative through which governments, civil society, multilateral organizations, the private sector, and the research community work together to enable more women and girls to use contraceptives by 2020. Visit <http://www.familyplanning2020.org/>

ⁱⁱⁱ www.dhsprogram.com/pubs/pdf/FR293/FR293.pdf

^{iv} <http://www.familyplanning2020.org/nigeria>