

The National Composite Index for Family Planning (NCIFP)

NAMIBIA 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/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 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 communication between clients and providers.

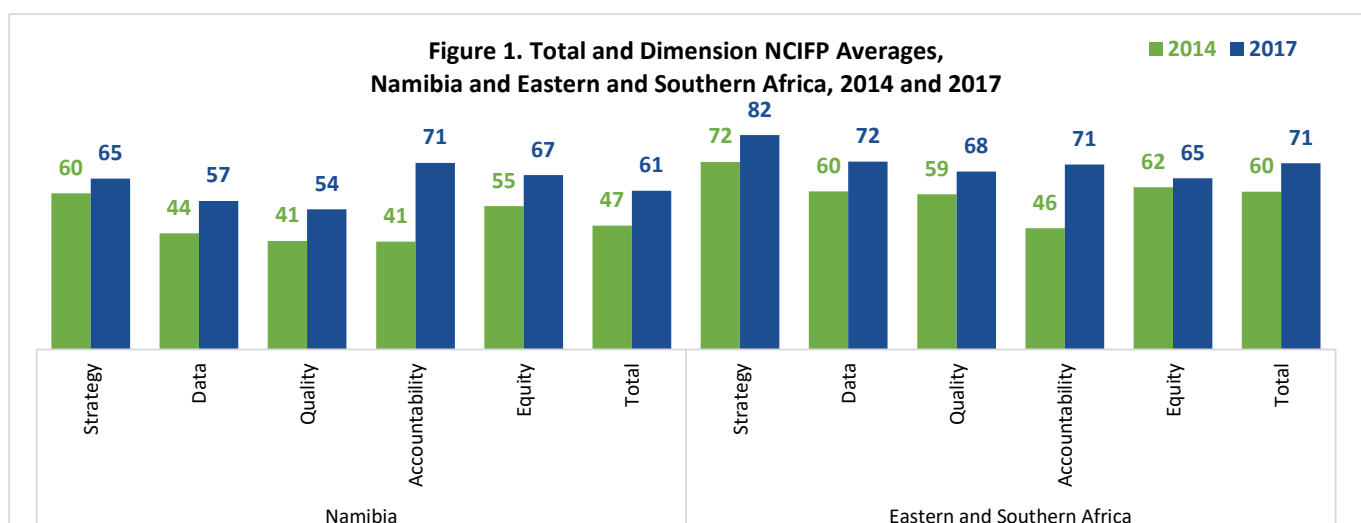
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Namibia vs Eastern and Southern Africa (ESA) Results

Figure 1 shows total NCIFP scores for Namibia and the ESA region in 2014 and 2017, with Namibia's total scores below those of the region in both years. Each area's five dimensions also averaged higher in 2017 but dimension levels and rankings varied.

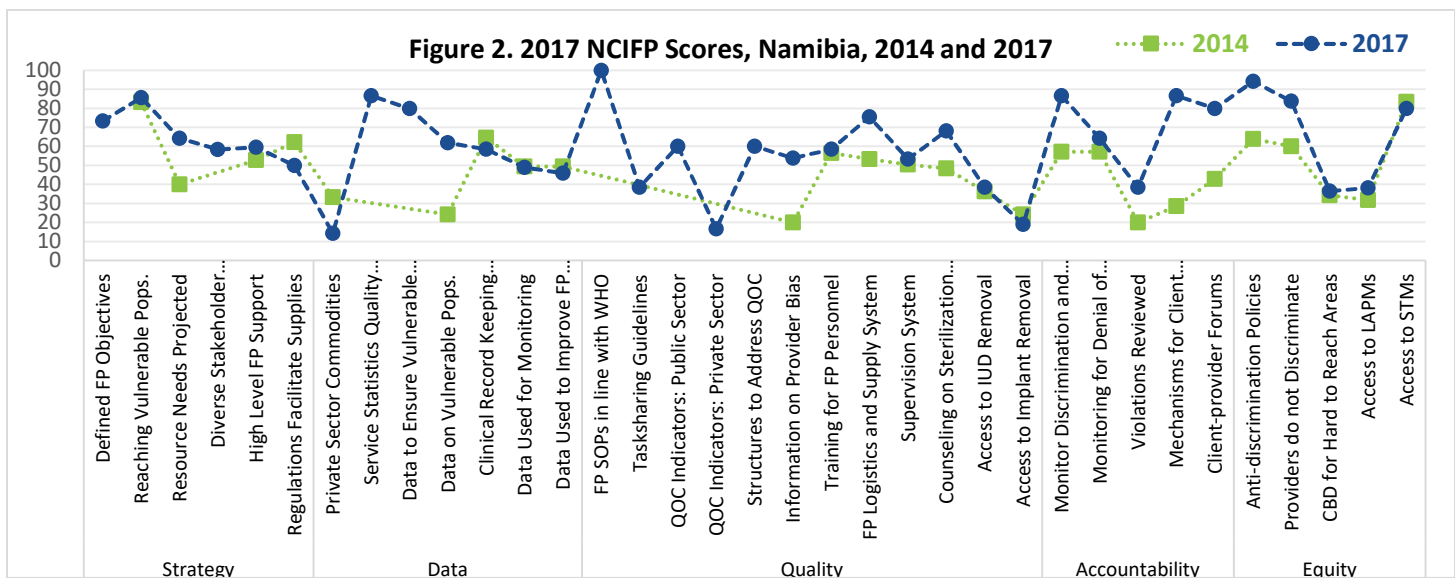
- Strategy was the region's highest rated dimension in both years and Namibia's in 2014.
- Accountability and Quality equally ranked as Namibia's lowest in 2014 but the score for Accountability soared in 2017 and became the country's highest rated (scoring 71, which is the same for the region). Quality became the country's lowest rated in 2017. Although improving, Namibia's average for Quality, along with Data, was only in the 50s in 2017.
- Namibia's Equity score in 2017 improved to 67 which was slightly higher than the regional average of 65.



Individual 2014 and 2017 NCIFP Scores

Ratings of individual NCIFP items over time specify which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows Namibia's results for the two years studied, with about 14 items marked higher in 2017, 10 items with declining scores. (Nine items do not have 2014 marks; FP experts indicated not having enough data to make informed ratings.)

- **Strategy** – 2017 ratings were higher for the strategy specifying resource needs (64) and high-level leadership (60). The score was relatively unchanged for targeting vulnerable groups (86), but lower for regulations facilitating contraceptive imports (50). Whether the FP strategy has defined objectives or supports diverse participation scored 73 and 58 respectively in 2017.
- **Data** – The highest 2017 scores (in the 80s) went to quality control of service statistics and the use of data to ensure access among the most vulnerable. The score improved for data collection on vulnerable groups (62). Ratings declined for clinic recordkeeping (59), data-based monitoring (49), and using research findings to improve the program (46), but even lower for data on private sector commodities (14).
- **Quality** – 2017 scores included 100 for the use of WHO SOPs (it had no 2014 score); 76 for logistics; 60s for sterilization counseling, QOC indicators in public facilities, and clinic/community QOC structures; and mid-to-upper 50s for training, supervision, and provider bias monitoring. The lowest 2017 ratings for this domain involved access to the removal of IUDs (39) and implants (19) and the use of QOC indicators in private facilities (17 in 2017 but unrated in 2014).
- **Accountability** – All items had improved scores in 2017: 80s for monitoring discrimination and free choice, soliciting client feedback at the facility level, and client-provider dialogue; 64 for reporting denial of services; and 38 for violations review.
- **Equity** – 2017 scores were 80 and above for policies to prevent discrimination, provider non-discrimination against certain population groups, and access to STMs. Ratings, however, remained very low for LAPM access (38) and CBD coverage (37).



Implications

Namibia's vision, as stated in its National Health Policy Framework, 2010-2020 is "A healthy nation, which is free of diseases of poverty and inequality" with public health priorities that include HIV/AIDS and STI, maternal, neonatal and child health, and adolescent healthⁱⁱⁱ. Aside from emphasizing condom use in one of the world's highest HIV/AIDS prevalence countries, the health system includes FP in its minimum package of maternal and child health services to further reduce still high maternal and child mortality rates. The Namibia Demographic and Health Survey 2013 (NDHS)^{iv} showed the total fertility rate (TFR) at 3.6 lifetime births per woman which is the same as in the 2006-07 NDHS. Moreover, the 2013 TFR was still around 5 among the most vulnerable groups. Modern FP use among all women was 50% in 2013, but unmet need for FP remains high among adolescents, rural residents, those without education, and the poorest.

Namibia's 2017 NCIFP results indicate several FP program components with high scores (at least 80) or that are improving from 2014 levels. These include the following: the use of WHO SOPs, quality control of service statistics, data collection and use on vulnerable populations, accountability mechanisms, anti-discrimination efforts, and STM access. The NCIFP study also points out a number of FP program activities that scored 50 or below: government collection of data on private sector commodities, private sector use of QOC indicators, data-based monitor/evaluation and program improvement efforts, the use of tasksharing guidelines, review of violations, CBD coverage, and access to LAPMs along with services for IUD and implant removal. These challenges are for Namibia's stakeholders to discuss, identify underlying causes, and agree on appropriate action to further strengthen the national FP program and achieve the country's health and development objectives.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): NAMIBIA 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. <http://www.familyplanning2020.org/>

ⁱⁱⁱ http://www.nationalplanningcycles.org/sites/default/files/country_docs/Namibia/namibia_national_health_policy_framework_2010-2020.pdf

^{iv} <https://dhsprogram.com/publications/publication-fr298-dhs-final-reports.cfm>