

The National Composite Index for Family Planning (NCIFP)

VIET NAM 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 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.

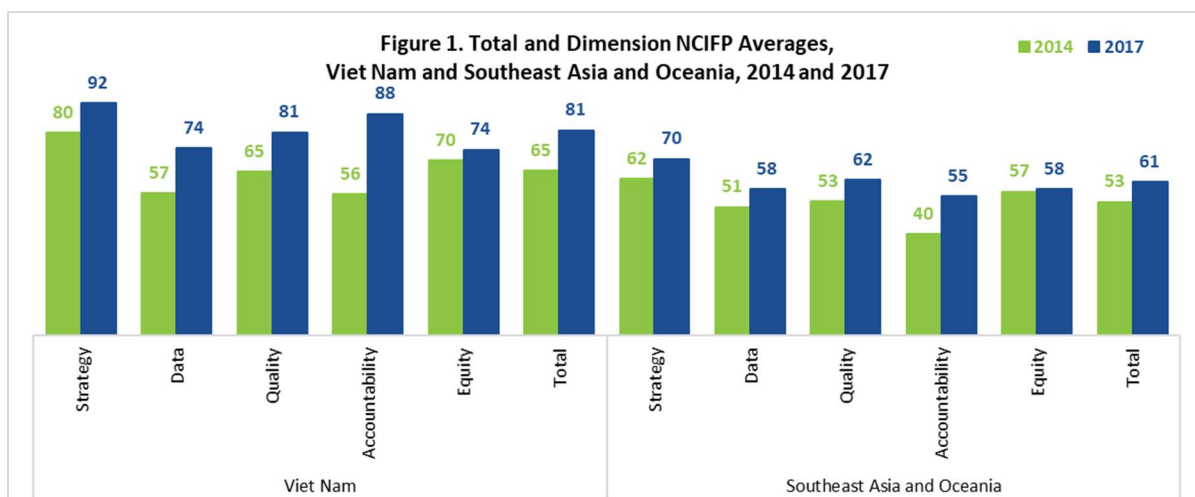
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Viet Nam vs Southeast Asia and Oceania Results

Figure 1 shows total NCIFP scores from 2014 to 2017 improved for both Viet Nam (65 and 81 respectively) and the region (53 and 61). Viet Nam notably outscored the region in the two years studied. Averages for all five dimensions also improved in both areas, with the country's averages also exceeding corresponding regional ratings.

- Strategy was the highest rated dimension in both areas during the two years, with 2017 scores notably rising.
- The averages for Accountability improved in both the country and the region. Viet Nam's Accountability scores registered an increase of +32 points compared to +15 points for the region). Accountability was the region's lowest ranked in 2017.
- Equity posted the smallest ratings gain for Viet Nam (+4 points); the region's average hardly changed. Data and Equity tied as Viet Nam's lowest rated in 2017.

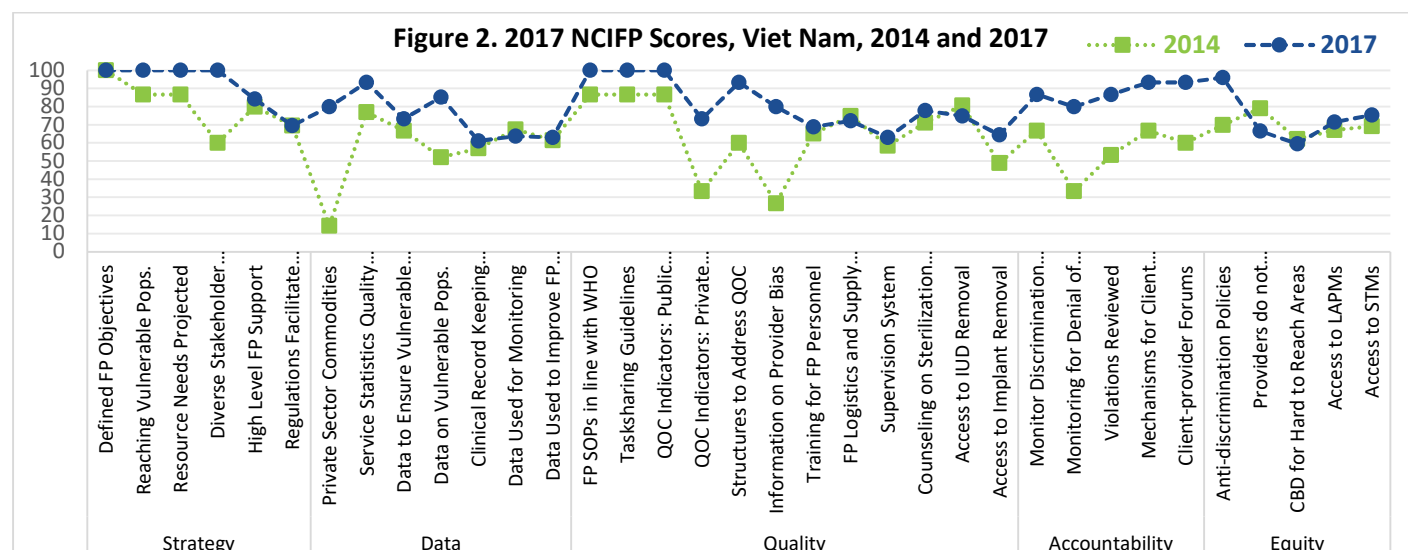


Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items across the years specify which FP program activities are progressing, stagnant, or deteriorating.

Figure 2 shows Viet Nam with higher 2017 scores (with gains of at least +5 points) across nearly all NCIFP items, including 12 items scoring at least 90 in 2017.

- **Strategy** - 2017 marks were perfect for the strategy's objectives, focus on vulnerable populations, estimated resource needs, and support for diverse participation. Scores were flat for program leadership and regulations that facilitate contraceptive importation or production.
- **Data** – 2017 scores were higher for service statistics quality control (93), data on population sub-groups (85), information on private sector commodities (80), and the use of data to ensure the most vulnerable have access (73). Ratings stayed around the 60s for clinic recordkeeping/feedback to clients and for data-based monitoring and program improvement.
- **Quality** - Most items had higher marks in 2017. The scores regarding the use of WHO standards, tasksharing, and quality indicators in the public sector increased from the 80s in 2014 to 100 in 2017. Ratings also improved to 93 for community and clinic monitoring structures, 80 for data on provider bias, 78 for sterilization counseling, 73 for QOC indicators in private facilities, and 64 for access to implant removal. Access to IUD removal declined slightly to 75 while ratings for training, supervision and logistics stayed in the 60s and low 70s.
- **Accountability** - All items had scores over 80 by 2017; mechanisms for reporting the denial of services improved the most.
- **Equity** – 2017 ratings soared to 96 for anti-discrimination policies; marginally improved for access to STMs (75) and LAPMs (71); declined for provider non-discrimination of certain groups (67); and slightly lower for CBD coverage (60s).



Implications

Viet Nam committed to FP2020ⁱⁱⁱ in 2016 by pledging to increase modern FP use among married women to 70% by 2020 (from 67.5% in 2015). The second phase of the Vietnamese Population and Reproductive Health (RH) Strategy aims for all women of reproductive age to have FP access by 2030. Government efforts include developing RH policies; ensuring an adequate budget for essential RH services at all levels in line with decentralization; expanding financial mechanisms to ensure high-quality services and improved method mix; supporting private sector-NGO participation; and strengthening inter-sectoral cooperation for youth RH. Activities to improve quality of care include issuing technical protocols, upgrading infrastructure, training to enhance provider capabilities, and improving the logistics system. The government is also expanding the FP program using a rights-based approach, informed choice, and client satisfaction; increasing access in regions with slowly declining maternal mortality rates; improving access especially among the poor, ethnic minorities, and migrants based on the principle of clients' rights. Data efforts include adding FP indicators in the national statistics reporting system and managing data on contraceptive commodities in the market.

Viet Nam's predominantly high NCIFP scores attest to the country's progress in strategy development and implementation designed to make FP services more accountable, accessible, and of high-quality. The NCIFP results also identify aspects of the national program that remain challenging, especially clinic recordkeeping and feedback of results to clients, data use in monitoring and evaluation and management use of research findings to improve the program, the logistics system, access to IUD removal, provider non-discrimination of certain population groups, and CBDs in underserved areas. These challenges are for the country's FP stakeholders to discuss, identify underlying causes, and agree on appropriate action to ensure achievement of national FP objectives.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): Viet Nam 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/viet-nam>