

# The National Composite Index for Family Planning (NCIFP)

## JORDAN 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 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.

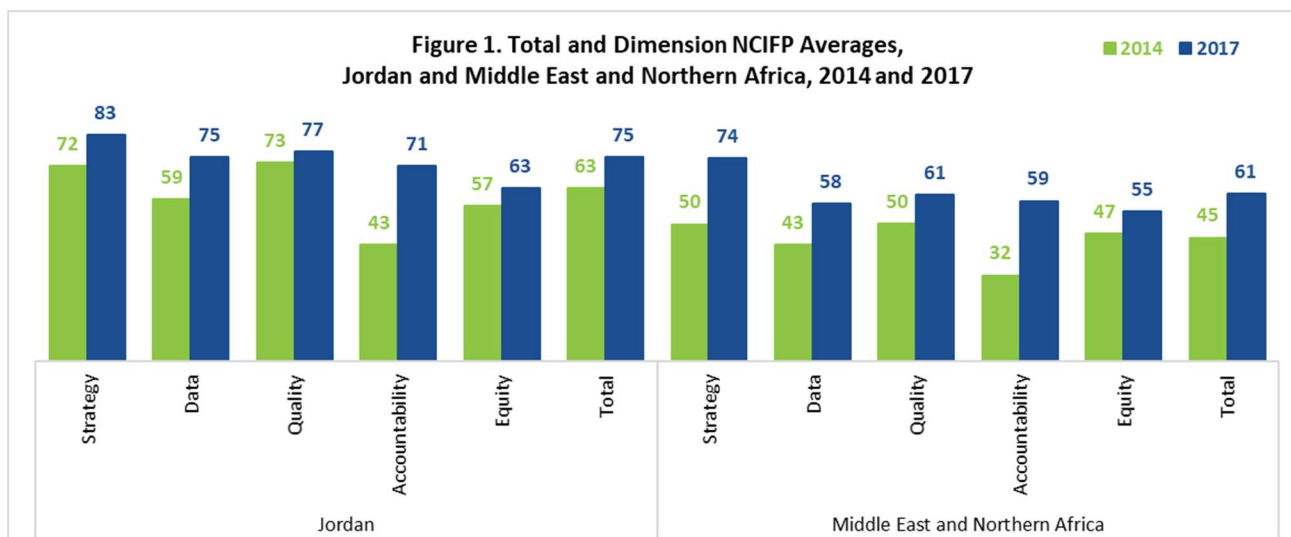
**Equity** - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

### Jordan vs Middle East and North Africa (MENA) Results

Figure 1 shows that total NCIFP scores in 2014 and 2017 improved significantly in both Jordan and the MENA region. Jordan and the region also averaged higher across all five dimensions in 2017 with Jordan's total and dimension scores being more elevated.

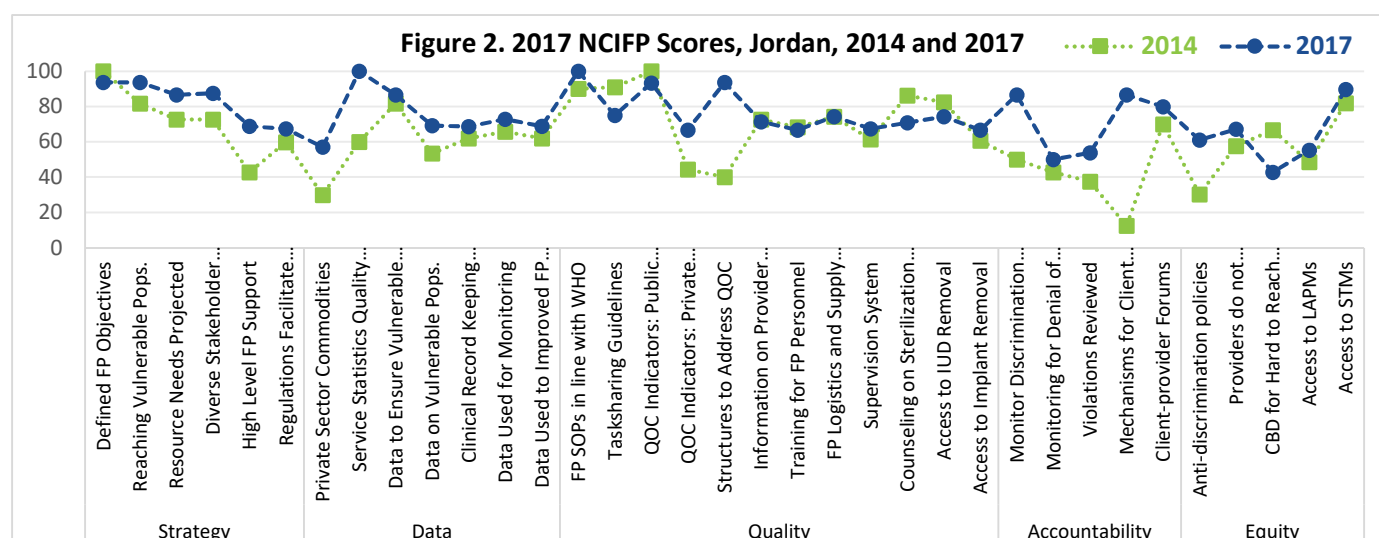
- Strategy and Quality were the highest rated dimensions for Jordan and the MENA region in 2014. By 2017, Strategy outsourced the other four dimensions in both areas.
- Both Jordan and the region had Accountability as their lowest rated dimension in 2014 but the dimension's ratings improved significantly in 2017. Improvements for Equity were not as large and in 2017 averaged the lowest in both areas.



### Individual NCIFP Trends, 2014 and 2017

Scores of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows that Jordan scored higher for about half of all 35 NCIFP items in 2017, with nearly all items rated above 50.

- **Strategy** – Four items with high scores between 87 to 94 involved the national FP action plan’s quantifiable objectives (despite a slight decline), focus on vulnerable groups, estimate of resource needs, and support for stakeholder participation. Ratings regarding high-level leadership and regulations that facilitate FP supplies were in the upper 60s.
- **Data** – Scores rose for all items under the dimension. Quality control of service statistics had a perfect rating in 2017, followed by a score of 87 for the use of data to ensure the most vulnerable have access. Both years had data collection on private sector supplies as the lowest rated, but the item’s score increased significant from 30 to 57. All other items scored around 70 in 2017.
- **Quality** –2017 scores of 90 or higher went to the use of WHO protocols, quality indicators in public facilities (despite a slight decline from 2014), and clinic/community structures to monitor QOC. All other items had 2017 scores in the upper 60s to the 70s: tasksharing, monitoring provider bias, quality indicators in the private sector, supervision, training, logistics, counseling clients about sterilization being permanent, and access to IUD and implant removal.
- **Accountability** – All items improved in 2017 but varied in magnitude. Scores surged for mechanisms to monitor discrimination and free choice (from 50 to 87) and facility-level feedback (from 13 to 87) while that of provider-client dialogue increased from 70 to 80. The rating for violations review and reporting the denial of services based on non-medical grounds increased from around 40 in 2014 to the lower 50s in 2017.
- **Equity** –Nearly all items had better scores in 2017. STM access had the highest rating in both years (2017 score = 90) although LAPM access scored only 55 in 2017. The most noteworthy exception was CBD coverage of underserved areas with its score dropping from 67 to 43, the lowest among all NCIFP items.



## Implications

The Hashemite Kingdom of Jordan’s Higher Population Council developed the National Reproductive Health/Family Planning (RH/FP) Strategy, 2013–2017 to contribute to achieving the Demographic Opportunity by 2030. The overarching theme of the Strategy was to maximize future demographic opportunities that sustained fertility reduction would bring about. The Strategy particularly emphasized human and financial resource constraints, crowding in health facilities, and the urgency of reaching out and responding to the health and other needs of the country’s burgeoning refugee population. Although fertility rates are declining, Jordan’s demographic and health surveys also show that modern FP use among married women declined from 42% in 2012 to 37% in 2017-2018, and the uneducated had the lowest rate of modern use. Unmet need for FP increased from 12% to 14% during the same period, with the need more elevated among those with limited education.<sup>iii</sup>

Jordan’s many high and improving NCIFP scores in 2017 attest to the country’s progress in further strengthening its national FP program. The results also point out certain low-scoring items that the country’s FP experts have flagged out as needing more attention from Jordan’s key stakeholders, particularly the High Population Council and the Ministry of Health, as they develop the country’s new FP strategy. These issues include the following: strategy-related items involving high-level support and regulations that facilitate FP imports and products; government collection of data on private sector commodities; the use of quality indicators in private sector facilities; accountability mechanisms for reviewing violations and reporting the denial of services on non-medical grounds; and equity concerns, particularly CBDs in underserved areas and the continuing lack of access to LAPMs.

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

<sup>ii</sup> 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/>

<sup>iii</sup> <https://dhsprogram.com/pubs/pdf/FR346/FR346.pdf>