



Outline

- Brief overview
- Updates to the NCIFP
- 2017 results compared to 2014 results
- 2017 special analyses
- Using results in-country

What is the NCIFP?

- Builds on the National Family Planning Effort (FPE) Index, adding items related to rights, quality and accountability
- Initial questionnaire developed with inputs from FP2020 Working Groups (PME and R&E), analysis led by Track20
- Based on Family Planning Effort (FPE) methodology, using key informant interviews
- Conducted in 89 countries in 2014 and 84 countries in 2017
 - NCIFP was conducted in both rounds in 71 countries
- NCIFP includes 35 individual scores across 5 dimensions
 - Strategy (6 individual items)
 - Data (7 individual items)
 - Quality (12 individual items)
 - Equity (5 individual items)
 - Accountability (5 individual items)

Why the NCIFP is important

- Covers areas that are acknowledged as important but have lacked data in the past
- Clear link between data + decision making- e.g. "how does our country score, and what does that tell us"
- Can be linked to National Strategies and FP2030 Pledges, looking beyond just mCPR

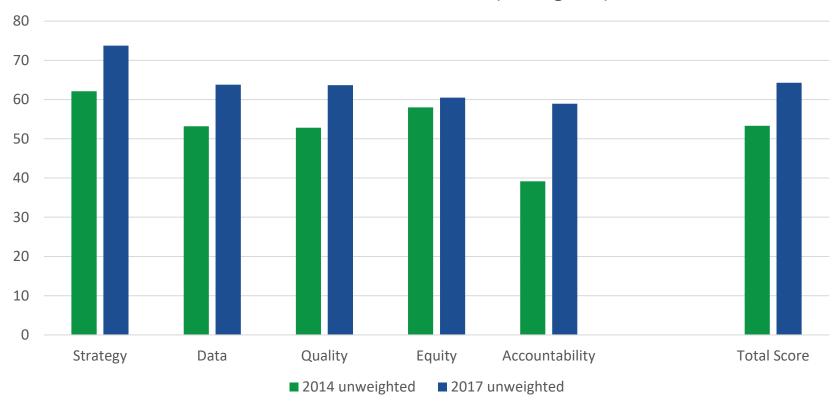
What is new in 2017?

- 2014 round of NCIFP was comprised of mostly yes/no questions with some 1-10 scale questions
- Challenges related to yes/no questions:
 - Scores represented percent of respondents who said "yes"
 - Yes/No answer not always clear/feasible
- 1-10 scale responses were added after every yes/no question to allow finer nuances in responses while still allowing results to be comparable



Global results: 2014 compared to 2017

NCIFP Global: 2014 and 2017 (unweighted)

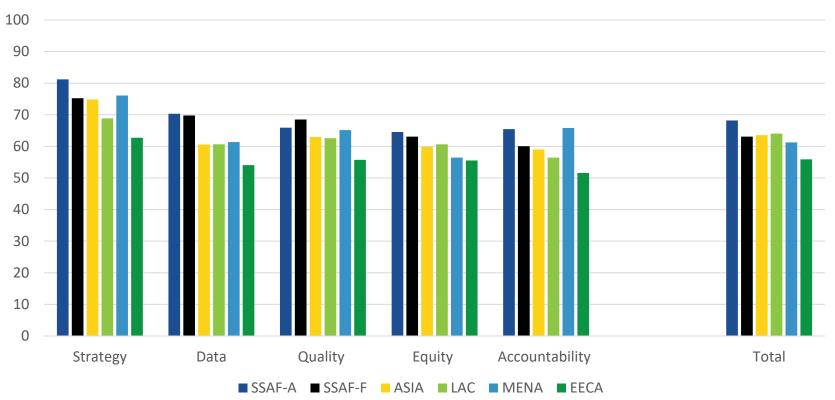


-Improvement in every dimension
-Total score in 2014 was 53; Total score in 2017 was 64
-Largest increase in Accountability, smallest increase in Equity

*weighted by women of reproductive age (WRA)

Regional results: 2017

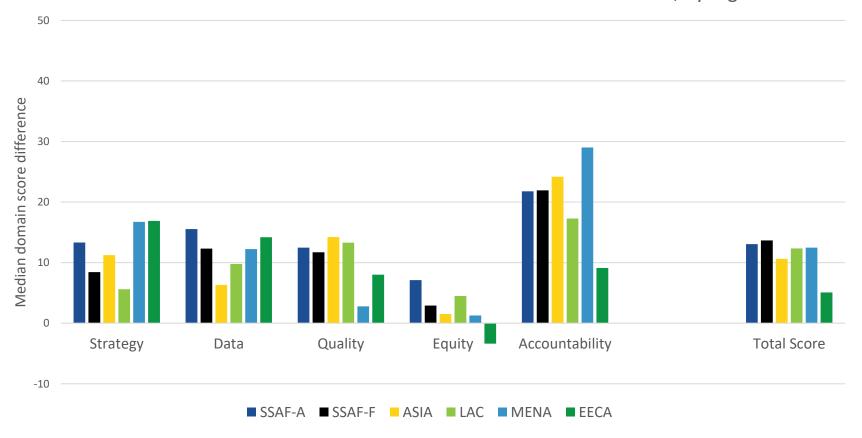
2017 NCIFP Score by Region and Dimension (unweighted)



- Strategy was the highest scoring dimension for all regions, but the lowest scoring dimension varied across regions.
 - SSAF-A scored highest in Total score, and EECA the lowest

Regional results: 2014 compared to 2017

Median Point Difference in NCIFP Domain Scores from 2014 to 2017, by region



- Largest median point differences in Accountability, lowest in Equity
 - SSAF-F improved the most in Total score

Regional results: what did we learn?

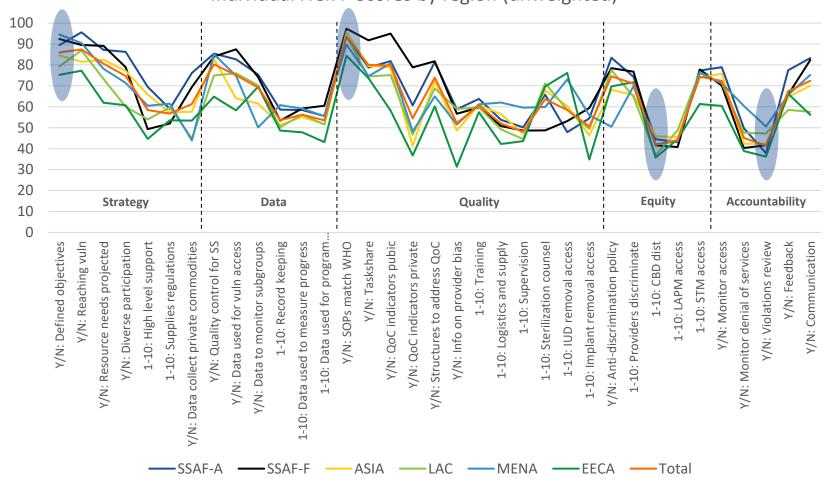
- Highest scores for "Strategy" in both 2014 and 2017
 - Reflects work in this area: Costed Implementation Plans, etc.
- Lowest scores for "Accountability" in both years
 - Less socialized concepts: 'non-discriminatory', reporting on coercion and denial of services, etc.
 - Some of low scores could reflect less familiarity with the concepts, rather than actual issues on the ground
 - HOWEVER, Accountability saw largest improvements
 - This is due to both improved response rates and improved scores from 2014 to 2017

Variation by question: 2017

Does the national FP action plan include defined objectives over a 5 to10year period, including quantitative targets? Are FP Standard Operating Procedures in line with WHO and used for determining areas of need for quality FP improvement? Extent to which areas of the country not easily serviced by clinics or other service points are covered by CBD programs for distribution of contraceptives

Are violations reviewed on a regular basis?

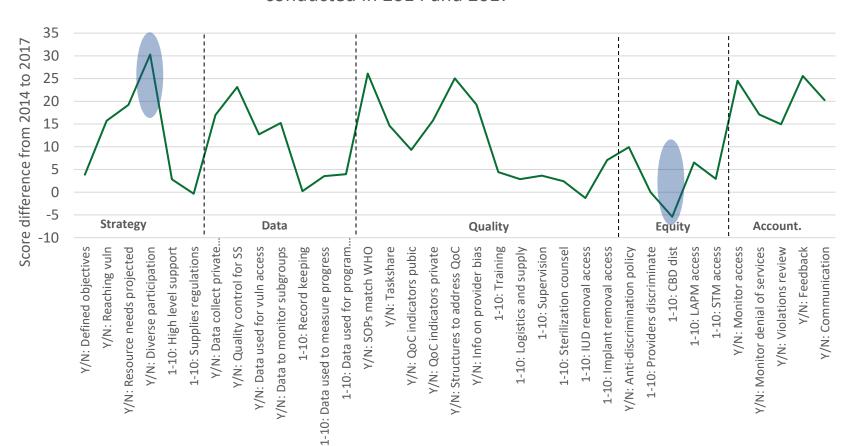
Individual NCIFP Scores by region (unweighted)



Variation by question: 2017 compared to 2014

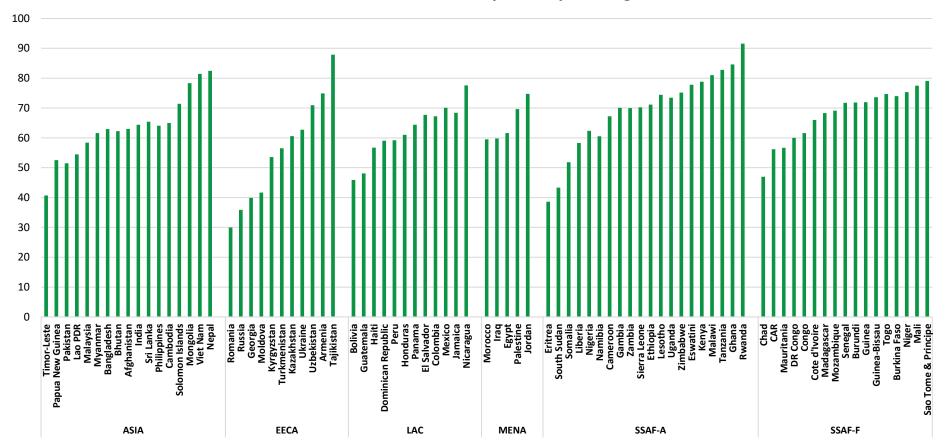
Does the National FP Action Plan include a mechanism and funding to support meaningful participation of diverse stakeholders? Extent to which areas of the country not easily serviced by clinics or other service points are covered by CBD programs for distribution of contraceptives.

Median difference in NCIFP item scores for countries with an NCIFP conducted in 2014 and 2017



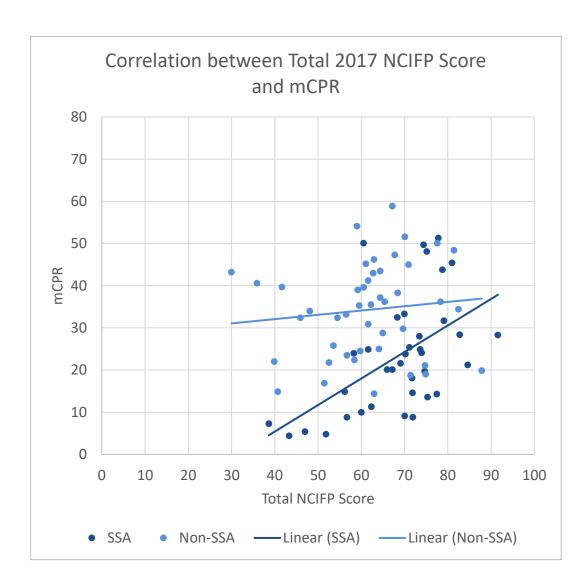
Variation by country

2017 NCIFP Total Scores by Country and Region



2017 Special Analyses

How does the NCIFP track with mCPR?



Positive (but weak) relationship **between** NCIFP and mCPR (UNDP 2020).

Non-SSA: r = 0.11

- SSA: r = 0.53

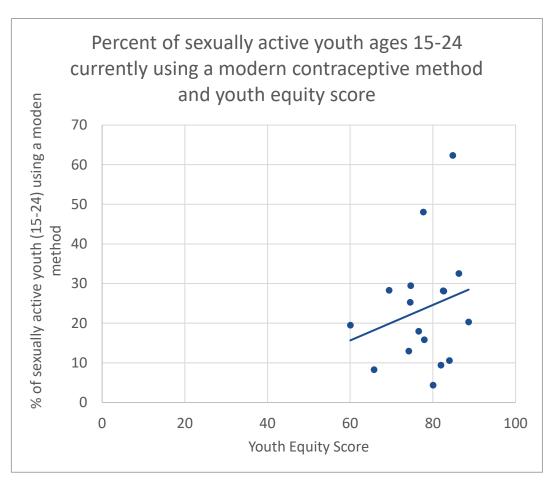
SSA shows steeper slope, but with lower mCPR achievement.

Correlations between mCPR and Dimension scores

	mCPR: SSA Countries
Strategy	r =0.50
Data	r=0.55
Quality	r =0.41
Equity	r =0.47
Accountability	r=0.50
	mCPR: Non-SSA Countries
Strategy	r =0.02
Data	r =0.10
Quality	r =0.09
Equity	r =0.26
Accountability	r =0.15

mCPR estimates are from UN World Population Prospects: Estimates and Projections of Family Planning Indicators 2020.

How does the NCIFP track with youth equity?



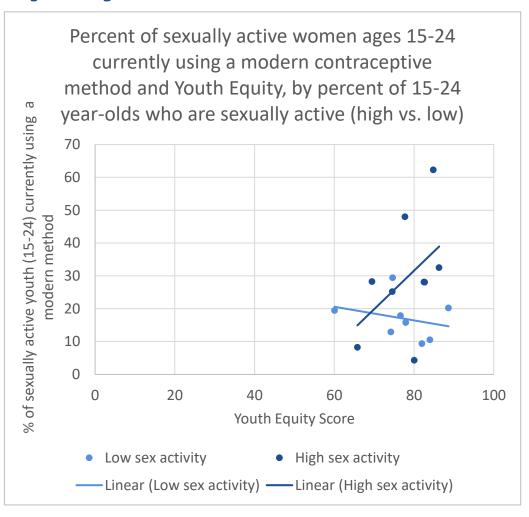
Youth Equity Score:

"Extent to which service providers do not discriminate against youth," "Are there policies in place to prevent discrimination towards youth?"

A ten-point increase in Youth Equity Score is accompanied by a 4point increase in youth mCPR (r = 0.23)

mCPR among sexually active youth were drawn from DHS Surveys from 2015-2018. Data were only available for 17 countries

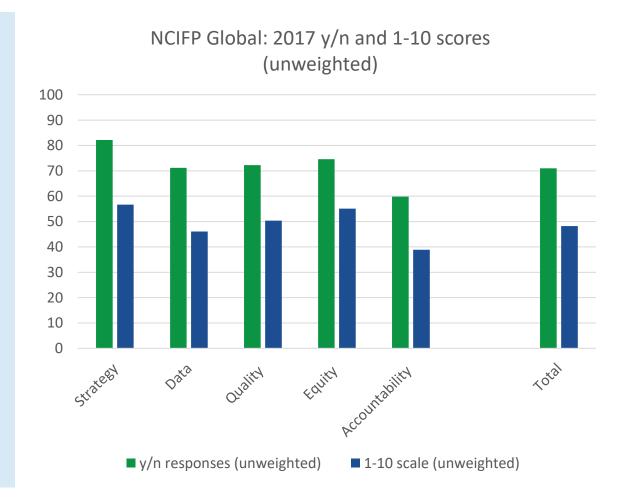
How does the NCIFP track with youth equity?



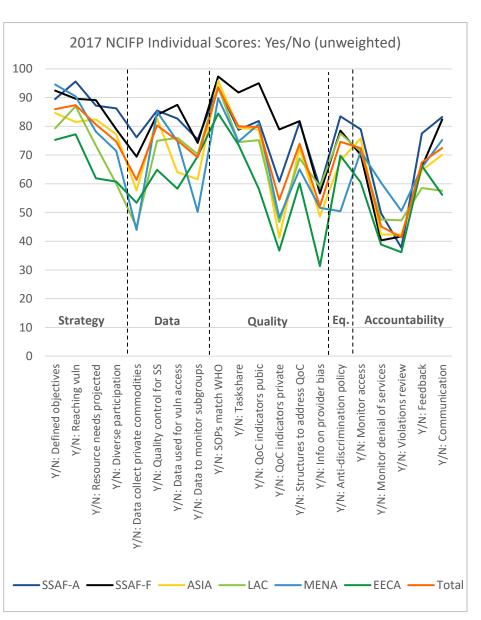
A ten-point increase in Youth Equity Score is accompanied by a 12point increase in mCPR among youth in high sexual activity countries (r = 0.46)

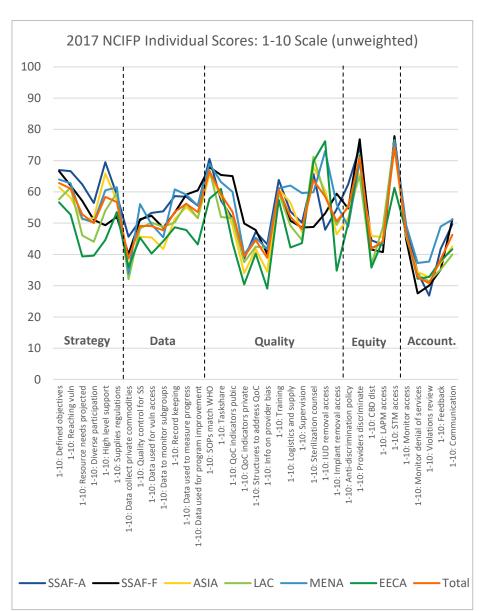
Comparison of 1-10 score vs. yes/no responses

- 20 items had a 1-10 scale and yes/no response
- Scores are lower when based on the 1-10 scale responses – the total score was lower by about 23 points.
- Strategy was the highest scoring dimension and accountability was the lowest scoring dimension according to both response types.



Comparison of 1-10 score vs. yes/no responses





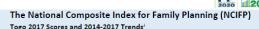
Using results in country

Using results in country

- Compare 2014 scores to 2017 scores
- Compare a country to the region, or other similar countries
- Benchmark performance, highlight areas for further investigation
- Starting point for discussions with policy makers and advocates

Country Briefs

- Overview of NCIFP
- 2014 and 2017 dimension scores benchmarked to region
- 2014 and 2017 individual item scores
- Implications



What is the NCIED?

A tool that supports FP20207 efforts to improve the policy environment for family planning (FF), the NCPF provides information on program activities that are not readily vasible in national demographic or reproductive health surpov or service statistics systems. The NCPF measures the existence of FP policies and program implementation based on 35 items that fall under five dimensions: Strategy, Date, Quolify, Equity, and Countability.

Strategr—whether a national PF strategr/plan exists that includes quantified objectives, targets to each the poorest and most unlerable, 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 culcitations date and support and accordance and the quality of service statistics. It also includes data-based evaluation and research to improve the program. Quality—whether the government use without standards of practice [SOP], tack-banding guidelines, and quality of are indicators in public and private facilities. Quality whether the potential produce, including informing clients on the permanence of steel existing and implant removal, and informed schools, including informing clients on the permanence of steel existing and continued and providers.

Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access 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).

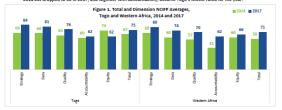
First understaten in 2014, the NCPP builds on the long-standing National Family Flamning Effort index (FEF). In 2017 Avenir Health's Track2 project (Index by the Bill and Medicada cases roundation to assist countries participating in the F79200 (clobal initiative) and initiativered a new round of NCPPs to assess current national FP program status and changes since 2014.

Figure 1 shows the total NCIFP scores of Togo and the Western Africa region increasing from 2014 to 2017, with Togo rated higher than the region in both years. Except for Togo's Equity rating, dimension averages for both areas improved from 2014 to 2017.

- the region in both years. Except for Togo's Equity rating, dimension averages for both areas improved from 2014 to 2017.

 Equity was the highest rated dimension for the country in 2014. Togo's Strategy average rose from 69 in 2014 to 84 in 2017,
- making it the highest rated dimension. Strategy was the highest rated dimension in the area for both years.

 Although its zone improved, Accountability persited as Western Africa's lowest rated in both years. In Fogo's case,
 Accountability averaged the least in 2014 (60) and only slightly improved to 62 in 2017. The Equity dimension scored 74 in
 2014 but dropped to 52 in 2017, and together with Accountability, became Togo's lowest rated for the years.



Individual 2014 and 2017 NCIFP Scores

Ratings of individual NCIPF Items over time indicate which Fp program activities are progressing, stagnating, or deteriorating, Figure 2 shows that from 2014 to 2017, Togo's scores improved for most items under Strategy, Data, and Quality. The country had ratings over 80 for 14 items in 2017 (including six with perfect marks). However, scores declined for several items under Accountability and Equity.

- Strategy All items scored higher in 2017: 100 for the strategy's defined objectives, target groups, and resource needs; 82 for diverse participation; 76 for regulations facilitating contraceptive imports; and 48 for high-level program leadership.
- Data All items were rated higher in 2017, with perfect scores for the use of data to ensure the most vulnerable have access and the quality control system for service statistics; 83 for population subgroups data; 70s for clinic recordkeeping and use of
- research findings to improve the program, and upper 60s for data on private sector commodities and data-based monitoring in Quality Higher scores prevailed for most items in 2017. 200 for QOC indicators in public facilities, 90s for surgic WHO 50Ps, QOC indicators in private facilities, and community/clinic QOC structures, 70s for access to IUD and implant removal; 60s for the training and supervision systems, and sterilization consustiles, and 56 for legistics. The entires for two items declined: the
- use of tasksharing guidelines (from 100 in 2014 to 92 in 2017) and provider bias monitoring (from 71 to 58).

 Accountability—2017 scores improved for discrimination and free choice monitoring (75) and denial of services (42) but declined for client-provider dialouse (92). Equility-level client feedback (64) and violations review 40).
- Equity—The ratings for access to 5TMs stayed in the mid-80s while those for LAPM access rose from 40 to 53. The three
 remaining items had scores that largely declined from 2014 to 2017, including policies to prevent discrimination (from 100 to
 53), providers not discriminating against certain population groups (from 8 to 64).



Implication

A member of the Owagadougou Partnership, Topo committed to the Global PR2002 Partnership in 2012 and pledged to increase PP use by improving access in isolated areas and among marginalized groups and adolescents; funding for contraceptive procurement; integrating PP into health services; recruiting and training qualified personnel; strengthening the supply chain, evaluating CBD, reinforcing results-based mechanisms for coordination, monitoring, and evaluation; and firming-up PP communication. In 2017, Topo updated its P2002 commitment and aims to develop a new PP acceleration plan to increase modern contraceptive use among women in union from 25% in 2021 to 35.5% in 2022; gradually increase the annual state budget for contraceptive purchase; implement comprehensive see dicutation for youth/adolescents in all schools; and reduce contraceptive school-ubty 5 90%. A P2020 reports noted, Togo has progressed despite limitations in domestic financing. Togo is also scaling up innovative strategies, expanding method choice, developing a national scales up plan for postpastrum and post-abortion PP, and using a "Notion Tracker" to monitor progress.

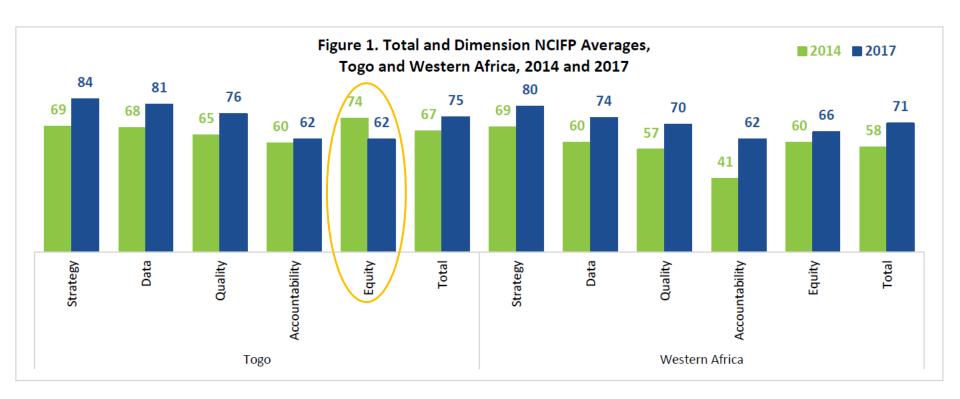
Togo's many high NotiPs scores attest to the country's efforts to strengthen the national PP program, particularly in firming up key elements of the national strategi, developing data systems, using OLO protocol and indicators in the public sector, enouraging private sector involvement, training, and improving access to IUO or implant removal. The NCIPP results also specify several items with significant decline in rating or continuing very low scores: high-level PP program leadership, mechanisms to monitor violations and to perport deail of services based on non-medical grounds, policies to prevent discrimination, CBD coverage of underserved varies and groups, and access to LAPMs. These challenges are for the country's stakeholders to discuss, identify underlying causes, and agree on appropriate action to build support for the national program and ensure achievement of the Togo's PP, health, and development goals.

Suggested citation: Avenir Health Track 20. "The National Composite Index for Family Planning (NCIFP): TOGO 2017 Scores and 2014-2017 Trends 2017 NCIFP Policy Brief Series (2019)

TP P2000 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. For more info on FP2020, visit

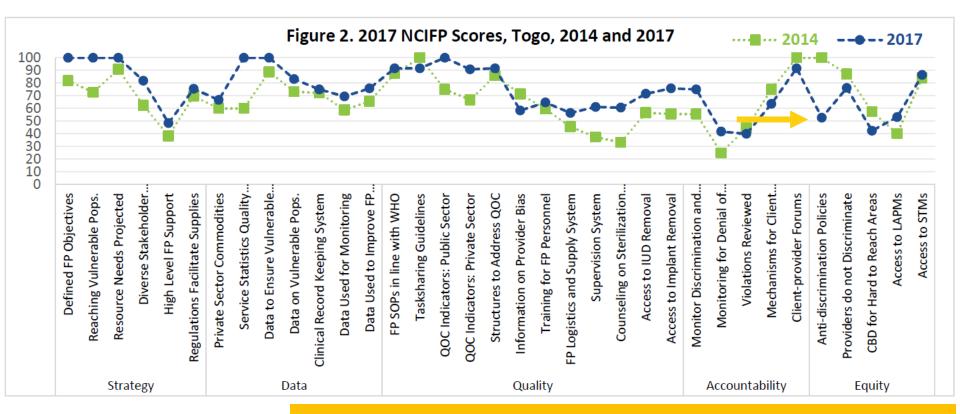
http://www.familyplanning2020.org/ II http://www.familyplanning2020.org/togo

Focusing discussion on key areas



For example: Togo has improved in all dimensions except Equity, where it has fallen behind the region

Zooming in to highlight potential issues

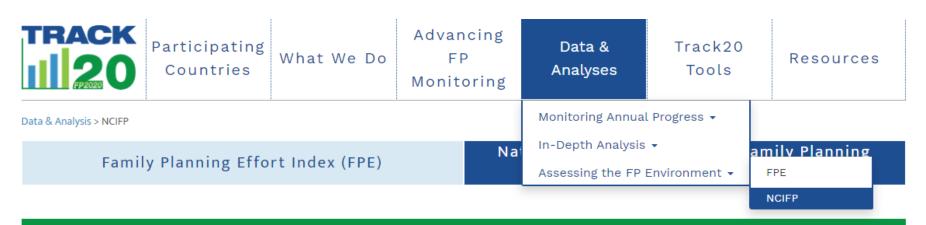


For example: In Togo, most individual scores have improved since 2014. However, in the Equity dimension, scores have fallen for 3 items, especially "Are there policies in place to prevent discrimination towards special subgroups?"

Conclusions

- Covers important under-measured concepts- such as quality, equity, accountability.
- Country briefs support in-country use of the data.
- Still a work in progress. Discussions on how to improve questionnaire underway.
- Overtime, we will develop a time series and be able to understand how changes in NCIFP relate to changes in family planning indicators.

Access NCIFP data, reports, and country briefs on the Track20 website



National Composite Index on Family Planning (NCIFP)