

The National Composite Index for Family Planning (NCIFP)

India 2014 Results

What is the NCIFP?

The NCIFP is a new tool developed to support FP2020's efforts to improve the enabling and policy environment for family planning. The NCIFP measures both the existence of policies and program implementation, using 35 individual scores organized under five dimensions: **strategy**, **data**, **quality**, **equity**, and **accountability**.

Strategy – whether the 1) national FP strategy/plan includes objectives that are quantified and 2) targets to reach the poorest and most vulnerable; 3) resource requirements are projected; 4) means to broaden participation among diverse stakeholders are supported; 5) seniority of FP program director; and 6) policies that facilitate contraceptive importation or local manufacturing.

Data - whether the government 7) collects data to monitor special sub-groups (e.g. the poor) and 8) availability data on private sector commodities; 9) quality control of service statistic in place; and 10) data used to ensure access by vulnerable groups; 11) adequate client record keeping in place; and 12-13) uses various data sources for program operations, monitoring and evaluation.

Quality – whether the 14) government uses WHO-based FP procedures; 15) has FP task-sharing guidelines; 16-17) has and uses quality of care indicators in public and private facilities, 18) has adequate structures in place to address quality, 19) collects information on informed choice and provider bias, 20) has adequate training programs in place, 21) logistics and transport systems insure sufficient stock, 22) adequate supervision system in place, 23) informed choice on sterilization, 24-25) access to IUD and implant removal.

Equity - whether 26) policies are in place to prevent discrimination; 27) extent to which service providers discriminate against special groups; 28) underserved areas are served by CBDs; and 29-30) the entire population has access to modern methods.

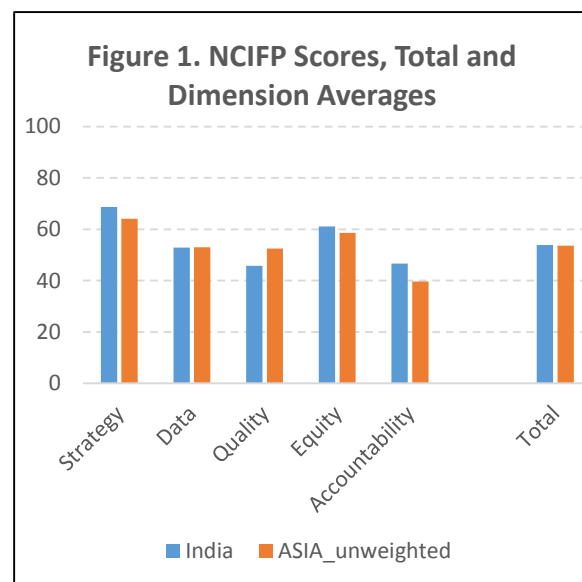
Accountability – whether there are 31) national, sub-national and facility-level mechanisms in place to monitor voluntary, non-discriminatory FP provision; 32-33) mechanisms to report denial of services in place and reviewed; 34) client feedback solicited, and 35) system in place to encourage dialogue between clients and providers.

The NCIFP builds on the long-standing *National Family Planning Effort Index* (FPE). In 2014, questionnaires of the two indices were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium with USAID funding) and Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation). NCIFP data allow assessments of FP programs and can help stimulate discussions among stakeholders about factors that help make FP programs effective, widely supported and sustainable.

What do the India results look like?

India's total NCIFP score was the same as the regional average for Asia (54 as shown in Figure 1). India outscored the region for the Strategy, Equity and Accountability dimensions, matched the regional average for Data, but rated lower for Quality.

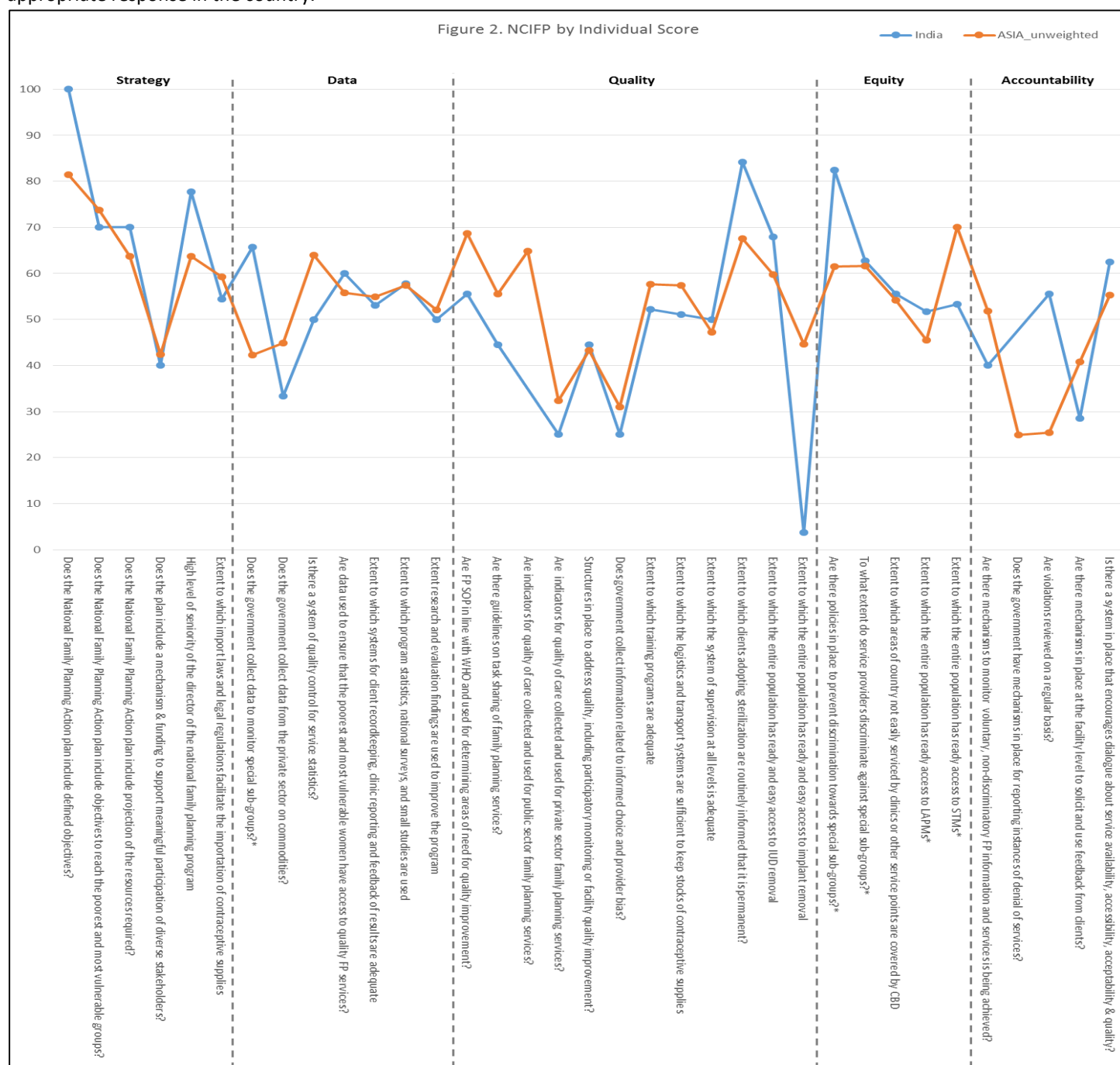
India and Asia have similar general patterns in individual item scores (Figure 2, indicating similarities in what areas are achieving more strongly, and, less well. India has a perfect score for its national FP strategy having defined objectives over a 5 to 10-year period. Other highly rated items include the high seniority level of the national FP program director (under Strategy), FP acceptors being informed that sterilization is permanent (under Quality), and policies to prevent discrimination against special sub-groups (under Equity). The lowest scored item was access to implant removal. Other low scoring items (40 points or lower) refer to whether the government collects data on private sector commodities and on indicators of public sector quality of care, structures exist to address quality (such as participatory monitoring), and facility-level mechanisms to solicit/use client feedback.



Implications

During the FP2020 Summit in 2012, India pledged to provide a full complement of services, including FP, as a central element of universal health coverage. The country also aims for FP expenditures, out of the total RH budget, to exceed \$2 billion from 2012 to

2020 and ensure free services and supplies to 200 million couples and 234 million adolescents. National efforts center on equity and quality, emphasizing choice and a shift from limiting to spacing methods. Efforts to reach the poor will continue through the National Rural and Urban Health Missions, and the implementation of costed RH/FP plans at the national and sub-national levels. Interventions also include human resource mobilization, local contraceptive manufacture, FP integration into various health services, post-partum counselling including placement of dedicated FP counselors in public facilities with heavy caseloads of deliveries, public-private-civil society collaboration, contraceptive distribution at the community level through 860,000 community health workers, providing mobile medical health units to the remotest areas, training 200,000 health workers to provide IUDs, and continuing implementation of its web-based tracking system to monitor timeliness in the delivery of services to pregnant women and children. Several components of India's policies and strategic plans as well as its FP2020 commitments are referred to in the NCIFP. The 2014 NCIFP results, especially items wherein more efforts and improvements are required, are areas for further discussion and appropriate response in the country.



Want to know more: Read the full NCIFP report and use the interactive data tool available at track20.org

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