

The National Composite Index for Family Planning (NCIFP)

Mozambique 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.

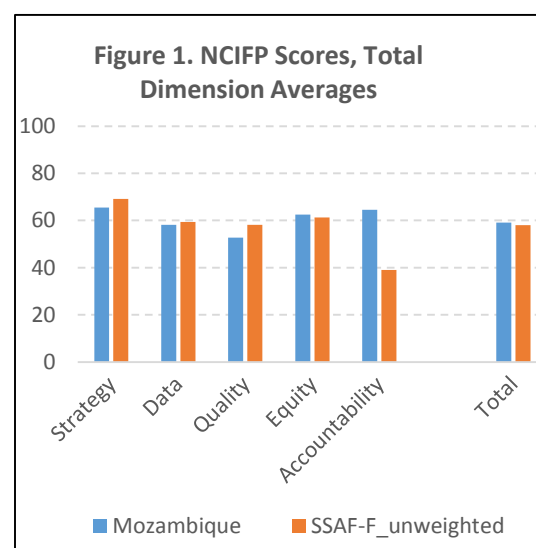
Accountability – whether there are 31) national, sub-national and facility-level mechanisms in place to monitor voluntary, non-discriminatory FP provision; 32-33) mechanisms to report denial of services in place and reviewed; 34) client feedback solicited, and 35) system in place to encourage dialogue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

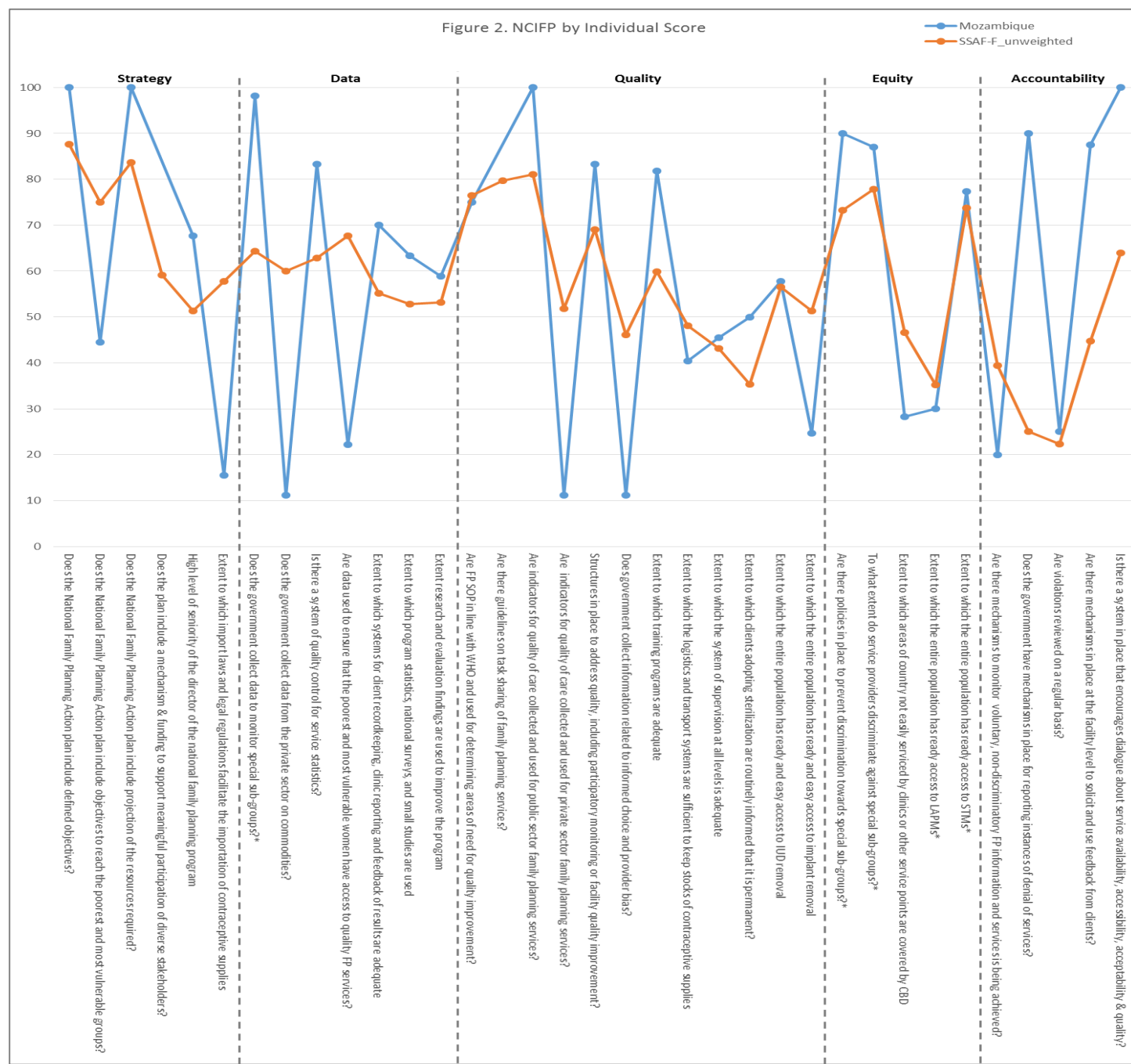
Mozambique's total NCIFP score was only one point higher than the regional average for Francophone SSAF (59 vs 58, Fig.1). In terms of dimensions, the country also approximated the regional average for Equity and Data, rated much higher than SSAF-F for Accountability but slightly lower for Strategy and Quality.

Mozambique's scores for individual items form a pattern different from that of the region, with Mozambique having many extreme ratings (Fig. 2). It scored 100 (which means all respondents said "yes") on five questions: under Strategy (FP action plan has defined objectives and projections of required resources); under Data for monitoring special sub-groups; under Quality for indicators on public sector FP services; and under Accountability for a system for dialogue on service acceptability and quality. Mozambique, however, scored 30 or below (nearly all much lower than regional averages) for several items: under Strategy (on extent regulations facilitate contraceptive imports); under Data (if private sector commodities data are collected and data used to ensure the poorest have access); under Quality (regarding indicators of private sector services, collection of information on informed choice and provider bias, and easy access to implant removal), under Equity (whether CBDs cover underserved areas and if entire population can easily access LAPMs); and under Accountability (if anti-discrimination mechanisms exist and if service violations are regularly reviewed).



Implications

In 2013, Mozambique joined the FP2020 Alliance by pledging to achieve 34% FP use by 2020 through increased coverage of FP needs and access to LAPMs. Interventions include increasing the Ministry of Health budget for contraceptive procurement and securing additional funds to implement the national FP action plan through partnerships with the private sector and donors to cover the funding gap; revitalizing efforts to implement and monitor multi-sectoral efforts for MDGs 4 and 5; supporting FP information, services, and outreach for the youth; increasing the number of health facilities offering at least three FP methods; training health providers on post-partum and post-abortion FP; serving rural and peri-urban communities by involving religious and community leaders in FP information efforts and traditional midwives, NGOs and mobile clinics in service provision. Mozambique's NCIFP scores indicate several policy and program gaps that constrain the country's FP program and affect the population's choices and access to high quality contraceptive services. These challenges are for discussion and appropriate action by key stakeholders of 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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