

The National Composite Index for Family Planning (NCIFP)

Senegal 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.

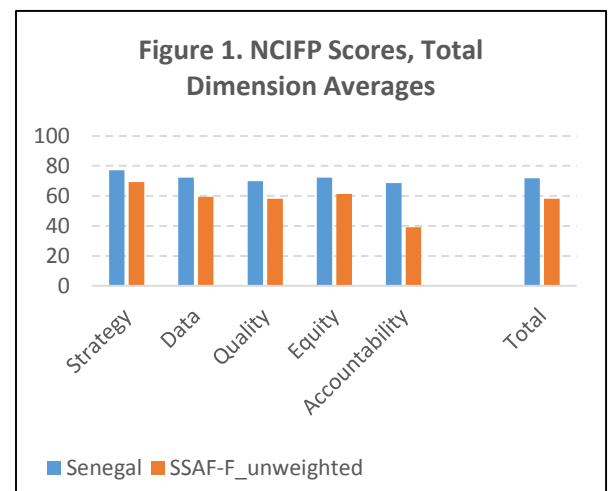
The NCIFP builds on the long-standing *National Family Planning Effort Index* (FPE). In 2014, FPE and NCIFP questionnaires were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium with USAID funding), and Track20 (implemented by Avenir Health with Bill and Melinda Gates Foundation funding). The NCIFP allows qualitative assessments of FP programs and can stimulate dialogue among stakeholders about the state of FP programs regarding the five dimensions.

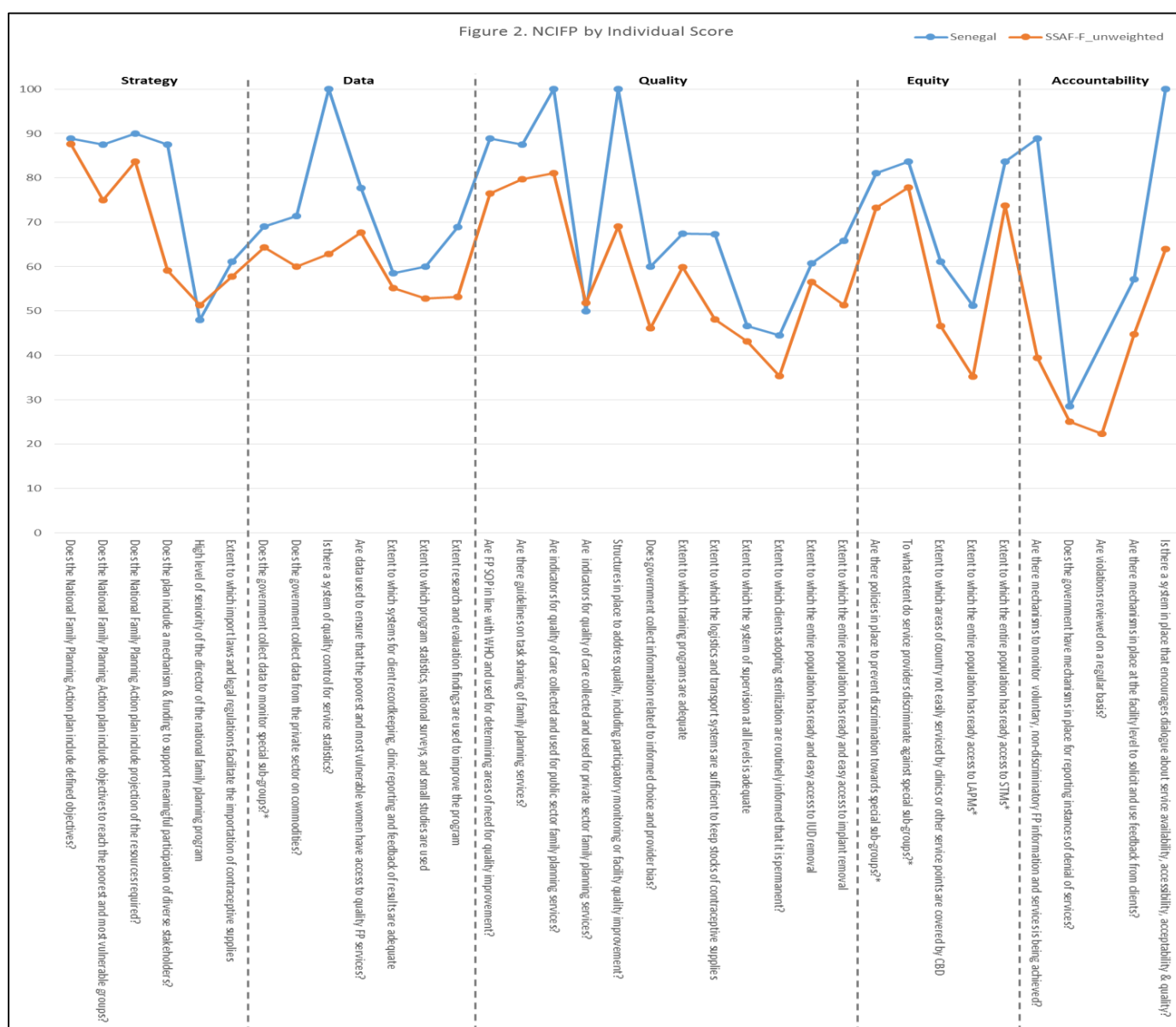
What do the Senegal results look like?

Overall, Senegal scored much higher than the average for the Francophone SSAF region (72 v 58, as shown in Figure 1). Senegal also scored much higher than the region across all five NCIFP dimensions.

Senegal's ratings across all individual item scores were practically higher than corresponding regional scores (Figure 2). Despite higher scores, Senegal followed the general pattern of scores for Francophone SSAF, indicating similarities in what FP policy and program areas are proceeding more strongly, and, less well.

Senegal's highest scores were for having in place a service statistics quality control system (Data), collection/use of quality of care indicators for public sector FP services and structures such as participatory monitoring to address facility improvement (Quality), and a system that encourages dialogue about services (Accountability). Senegal scored 50 or lower for only a few questions: having a mechanism in place for reporting denial of services on non-medical grounds (Accountability), level of seniority of FP program director (Strategy), and three Quality issues: collection/use of quality of private sector services, provision of information on permanence of sterilization, and adequacy of supervision system.





Implications

In 2012, the Government of Senegal committed to the Global FP2020 Initiative by pledging to increase FP use through activities that include a) generating demand through mass media, community mobilization, increasing the involvement of men and the youth, and working with religious leaders and national/local champions in advocacy for FP; b) improving the supply of FP services through improved contraceptive logistics systems, expanding service delivery points (e.g., mobile outreach) and removing barriers (e.g. prescription requirements) to access among remote and vulnerable populations, improving method choice and quality of services, improving FP capabilities of personnel; introducing innovative approaches and scaling up community based services through task shifting, and integrating FP with other health services; c) increasing annual budget allocation for reproductive health, contraceptive commodities, and mobilizing donor and private sector financing and putting in place coordination mechanisms for optimized fund allocation. Senegal also launched a national FP Plan in November 2012. Plans were also made to make the Reproductive Health Division a Directorate and create a Family Planning Division, with additional financial and human resources to ensure implementation and monitoring of the national plan and ensure accountability at the highest level, and undertake an advocacy program to increase financing and improve the framework for private sector participation. The NCIFP provides qualitative information that Senegal can use to monitor and evaluate its efforts to further strengthen its FP program.

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