

The National Composite Index for Family Planning (NCIFP)

MOLDOVA 2017 Scores and 2014-2017 Trendsⁱ

What is the NCIFP?

A tool that supports FP2020'sⁱⁱ 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.

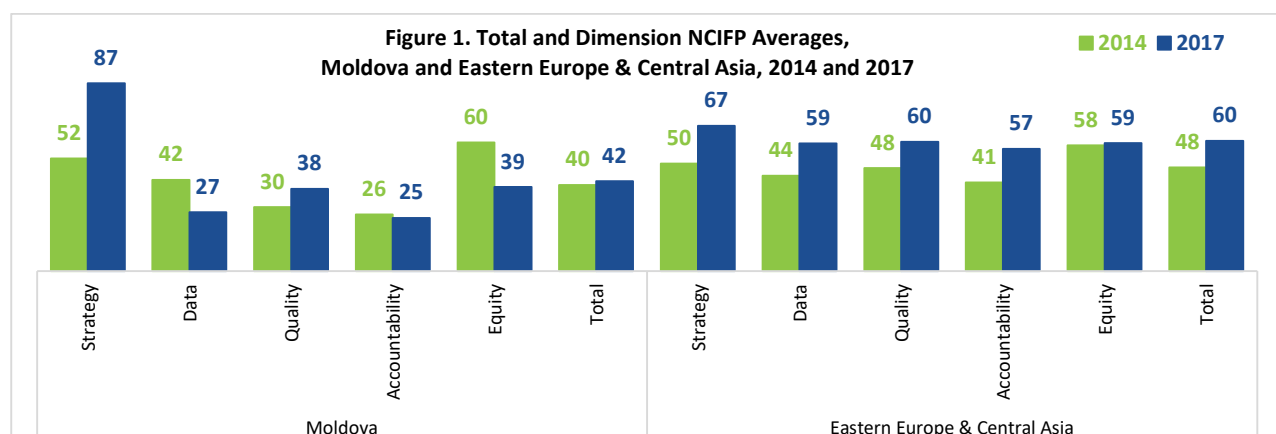
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Moldova vs Eastern Europe and Central Asia Results

Figure 1 shows Moldova's total NCIFP scores were 40 in 2014 and 42 in 2017 which were lower than the region's scores of 48 in 2014 and a much improved 60 in 2017. Areal dimension averages and trends varied, with regional levels often higher.

- The country's highest rated dimension was Equity in 2014 and Strategy in 2017. Its Strategy average of 87 in 2017 even surpassed the region's average of 67. Accountability was Moldova's lowest rated dimension in both years.
- The region's highest rated dimension was Equity in 2014 and Strategy in 2017. Accountability was the region's lowest ranked in both years despite the dimension's score improving in 2017.

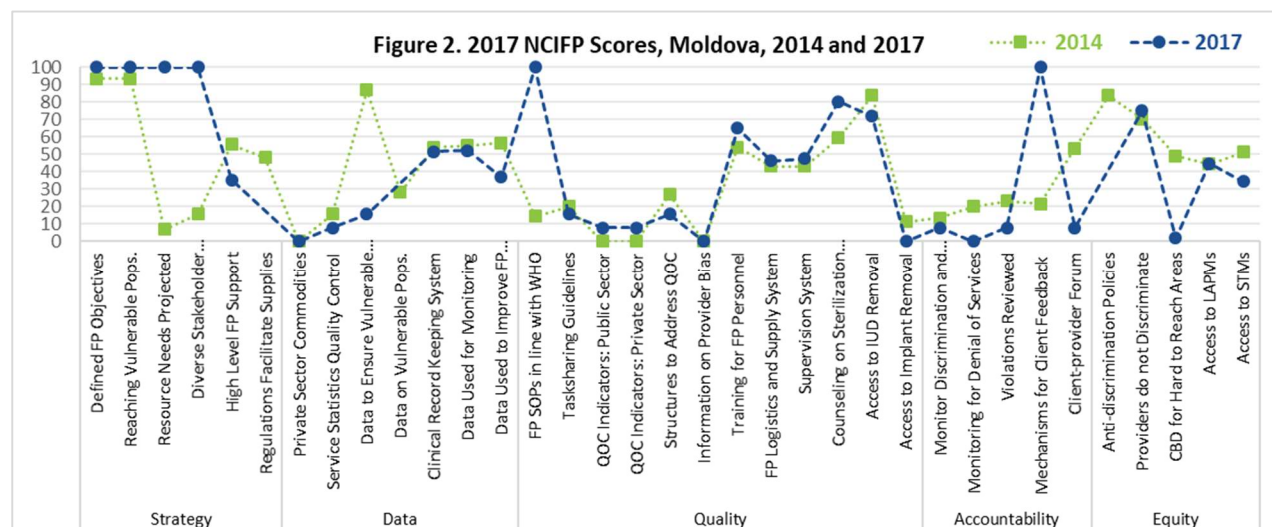


Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items across the years indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows that Moldova's scores improved for almost 10 items (6 had perfect scores), lower for about 15 items, and stagnant for the remaining items. FP experts did not rate some items in 2014 or 2017 due to lack of information about the item.

- Strategy** – 2017 ratings were 100 for the strategy's objectives, focus on vulnerable groups, estimated resource needs, and diverse participation; and 35 for high-level support. (Regulations affecting contraceptive products had no 2017 rating.)
- Data** – Scores declined for research-based program improvement (37); use of data to ensure the most vulnerable have access (15) and quality control of service statistics (8). Results stayed in the 50s for data-based monitoring and clinic recordkeeping/feedback and 0 (non-existing) regarding government collection of data on private sector commodities.

- **Quality** – High marks included 100 for the use of WHO SOPs and to 80 for sterilization counseling, 72 for access to IUD removal (despite a 12 point decline), and 65 for the training system. Scores stayed in the 40s for the logistics and supervision systems, around the 20s for task-sharing guidelines and clinic/community monitoring structures, and below 10 for QOC indicators in public and private facilities. Scores were 0 (non-existent) for provider bias monitoring, and access to implant removal.
- **Accountability** – In 2017, the rating was 100 for mechanisms to solicit client feedback at the facility level compared to scores no higher than 10 for client-provider dialogue, monitoring discrimination and free choice, and violations review. Monitoring for denial of services scored 0.
- **Equity** – Scores hardly changed regarding providers not discriminating against population sub-groups (75) and access to LAPMs (45) compared to significant declines for STM access (from 51 to only 34) and CBD coverage (from 49 to less than 5). (Policies to prevent discrimination had no 2017 rating.)



Implications

The UN World Population Prospects 2019 Revision estimated Moldova's current population at about 3.5 million of which 21% are below 20 years of age. Induced abortion persists as a major factor affecting reproductive health (RH) in Moldova. While abortion rates declined after the Soviet Union fell and more women used modern contraception, the trend stagnated since 2000 due mainly to older women still relying on abortion to limit childbearing. While 37% of women age 15-49 have had at least one abortion, the figure is 61% among women age 35 and over.ⁱⁱⁱ Official government statistics showed that 34% of pregnancies in 2002-2005 ended in abortion and even as maternal mortality declines, abortion is among the three main causes of maternal deaths.^{iv} An estimated 32% of all women 15-49 use modern FP, with IUD use dominating method mix. Unmet need for FP is 17% among all women aged 15-49 but 40% among those aged 15-19. Those aged 15-24 also deal with rising HIV incidence and persisting gender-based violence.

The UNFPA Country Programme Document 2018-2022 cited Moldova as having in place various RH policies and plans, as well as a public network of youth-friendly integrated health clinics. In 2015, the Government procured contraceptives for vulnerable groups such as the youth. Despite such progress, young people especially in rural areas have poor access to RH/FP information and services due to inadequate policy implementation and funding. The quality of services especially at the primary care level is affected by the lack of rights-based protocols, inadequate supply chain management, limited provider capabilities (especially for the youth) and the absence of community support. There is also the lack of disaggregated data on young people and limited policymaker capacity to utilize data. Moldova's NCIFP results confirm progress related to its RH/FP strategy, as well as inadequacies that UNFPA identified, particularly funding issues, data availability and utilization regarding vulnerable groups, and quality issues such as rights-based protocols and logistics. The NCIFP also provides information on FP program activities that in Moldova's case are non-existing or very weak: strategy concerns particularly high-level leadership and regulations facilitating contraceptive importation; data on private sector commodities and quality control of service statistics; quality issues involving supervision, tasksharing guidelines, clinic/community structures to monitor QOC, the use of QOC indicators in public and private facilities; accountability mechanisms for client-provider dialogue, voluntarism monitoring and violations review; and access to LAPMs and STMs and CBDs to ensure coverage of vulnerable groups. These issues are for discussion and appropriate action among Moldova's stakeholders as they work to strengthen, ensure implementation, and build support for the national FP program.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): MOLDOVA 2017 Scores and 2014-2017 Trends". 2017 NCIFP Policy Brief Series (2019).

ⁱⁱ FP2020 is a global initiative involving governments, civil society, local, and international organizations work together to enable more women and girls to use contraceptives by 2020. See <http://www.familyplanning2020.org/>

ⁱⁱⁱ <https://dhsprogram.com/pubs/pdf/FR178/FR178.pdf>

^{iv} <https://www.unfpa.org/data/transparency-portal/unfpa-moldova>. 2012 FP estimates are from the Multi Indicator Cluster Survey.