

The National Composite Index for Family Planning (NCIFP)

MALI 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 on 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.

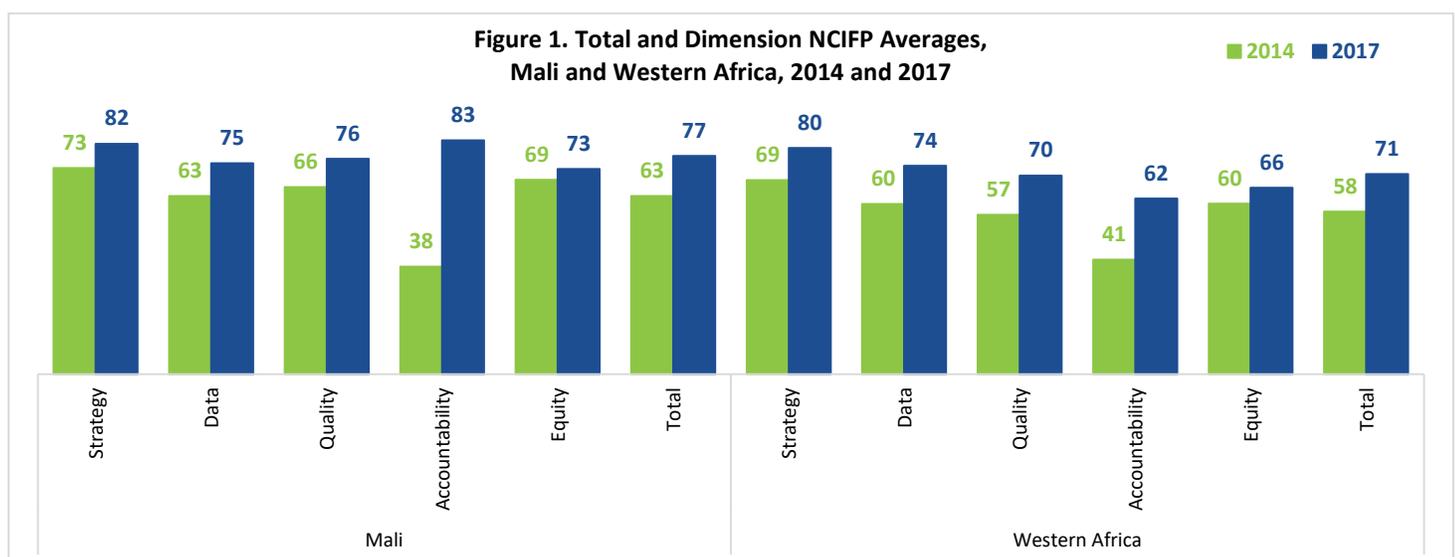
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Mali vs Western Africa Results

Figure 1 shows improving NCIFP total scores for Mali and Western Africa, with Mali exceeding the region's total score in both years. Both areas similarly averaged higher for all five dimensions.

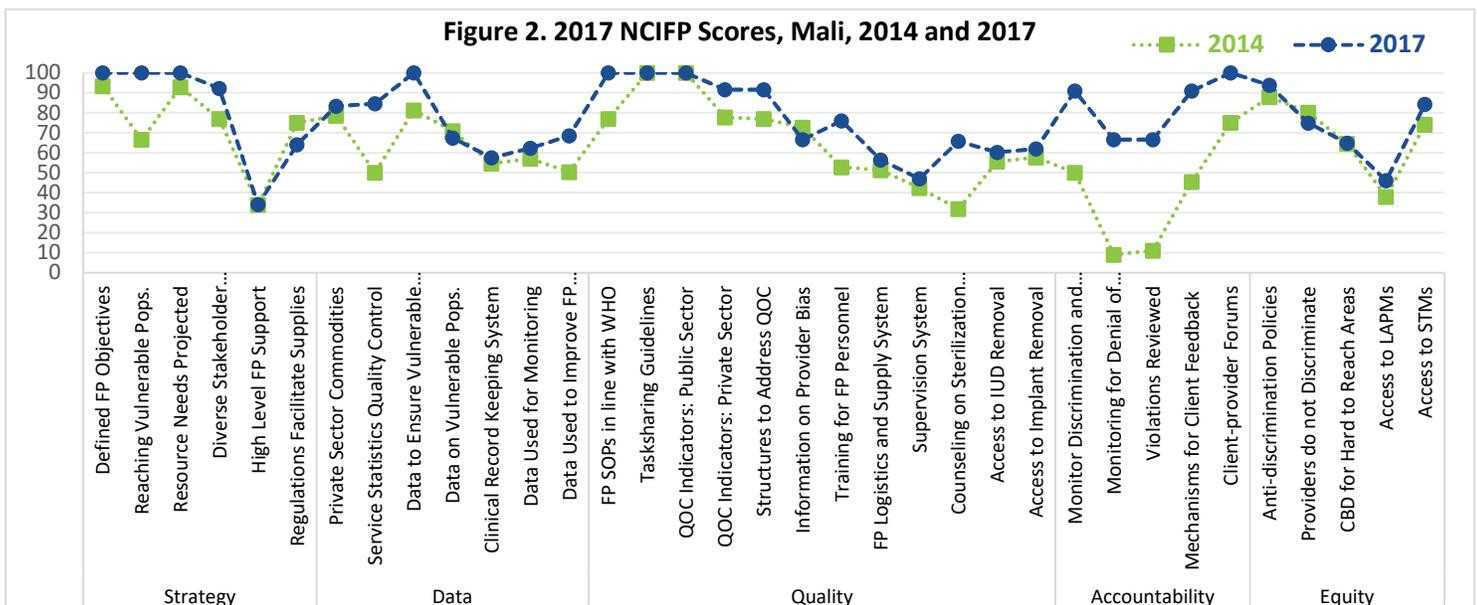
- Strategy was the highest rated dimension in both areas in 2014. This was also the case in 2017, although in Mali's case, Strategy was joined by Accountability as its highest rated dimension, with its average soaring from 38 in 2014 to 83 in 2017. By contrast, Accountability was the region's lowest ranked dimension in 2017.
- Both areas had averages for Data and Quality increasing by at least 10 points in 2017 compared to 5 points increase for Equity.



Individual 2014 and 2017 NCIFP Scores

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows Mali's 2017 scores for about 20 individual NCIFP items were higher than levels in 2014.

- **Strategy** – Higher marks in 2017 included 100 for the strategy’s objectives, focus on vulnerable groups, and estimated resource needs; 92 for stakeholder participation. The score for regulations that facilitate FP products declined to 64 (from 75 in 2014) while high-level support stagnated in the mid-30s.
- **Data** – 2017 scores rose to 100 for the use of data to ensure the most vulnerable have access, to the mid-80s for data on private sector commodities and quality control of service statistics; and to the 60s for research-based program improvement. Ratings stayed in the 60s for population sub-groups data, clinic recordkeeping/feedback, and data-based monitoring.
- **Quality** – The highest 2017 marks were 100 for the use of WHO SOPs, tasksharing, and QOC indicators in public facilities and 90s for private sector QOC indicators and clinic/community monitoring structures, and 76 for the training system. Scores in the 60s went to sterilization counseling (from 32 in 2014), provider bias monitoring (down from 73 in 2014), and access to implant and IUD removal (the marks for both items minimally increased). The rating for logistics was 56 and 47 for supervision.
- **Accountability** – All items were rated higher in 2017: client-provider dialogue (100), discrimination and free choice monitoring and soliciting feedback from clients (90s); and mechanisms to review violations and report denial of services (67 each).
- **Equity** – Ratings by item hardly changed in the two years studied: anti-discrimination policies scored in the 90s; STM access in the 80s; mid-70s for non-discrimination by providers; mid-60s for CBD coverage; and LAPM access in the 40s (the lowest).



Implications

A member of the Ouagadougou Partnership and SWEDD (Sahel Women’s Empowerment and Demographic Dividend project), Mali committed to the Global FP2020 Initiative in 2015ⁱⁱⁱ by pledging to reach a modern contraceptive prevalence rate (mCPR) of 20% by 2020. Mali’s mCPR has grown from 10% in 2012-13 to 15% at present, although FP use remains very low among residents in rural and remote regions, the poor, and those with limited access to education.^{iv} The National Action Plan and FP budget aim to improve financing by increasing at 10% annually the state budget for contraceptives and mobilizing the private sector. Mali’s efforts also include scaling up innovative approaches such as task-delegation; improving access among adolescents, rural, and vulnerable populations; continuing dissemination of the 2002 Reproductive Health Law; involving the highest levels of the State in advocating for FP as a development strategy; and improving the supply chain despite conflicts in the north that has resulted in population mobility.

Mali’s high marks for many NCIFP items in 2017 attest to the country’s progress in strengthening the national FP program through strategic planning; data collection and utilization particularly about vulnerable groups; the use of quality-oriented policies, indicators, and structures; accountability mechanisms for monitoring discrimination and free choice and communication with clients; and anti-discrimination initiatives. The NCIFP results also specify low-scoring items that include high-level support (arguing for more efforts to involve more government leaders and managers considering the Action Plan’s emphasis on State-led advocacy for FP), the supervision system, and LAPM access. The challenges identified by NCIFP data are for the country’s stakeholders to discuss, identify underlying causes, and agree on appropriate action to widen support for the national program and ensure achievement of Mali’s FP, health, and development goals.

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

ⁱⁱ Family Planning 2020 is a global initiative through which governments, civil society, multilateral organizations, donors, the private sector, and the research community work together to enable more women and girls to use contraceptives by 2020. Visit <http://www.familyplanning2020.org/>

ⁱⁱⁱ <https://www.familyplanning2020.org/mali>

^{iv} <https://www.statcompiler.com/en/> and Track20 estimate in <http://www.familyplanning2020.org/mali>