



# National Composite Index on Family Planning

# Outline

- Developing the NCIFP
- Overview of results for 2014
- Making use of the 2014 results in country

# History of the NCIFP

- FP2020 developed set of ‘Core Indicators’
- Some areas not well covered by existing data sources
- Recommended to develop new ‘composite index’ to cover strategy, data use, quality, equity and accountability.

*“a comprehensive measurement tool to monitor the enabling environment in a manner that takes into account not merely the existence of policies and guidelines but also the extent to which family planning program implementation includes measurable dimensions of quality service provision.”*

# What is the NCIFP?

- Initial questionnaire developed with inputs from FP2020 Working Groups (PME and R&E), analysis led by Track20
- Based on Family Planning Effort (FPE) methodology, using **key informant interviews**
- Conducted in 90 countries in conjunction with FPE in 2014 with funding from USAID and Bill and Melinda Gates Foundation
- Questionnaire included 69 individual questions before revision
- Final NCIFP includes 35 individual scores across 5 dimensions:
  - Strategy
  - Data
  - Quality
  - Equity
  - Accountability

# Unpicking the dimensions

- **Strategy:** what plans are in place, do they include important elements (e.g. quantified objectives), is there Government support for FP
- **Data:** focus on both data collection (service statistics, monitoring sub-groups, etc), and data use to inform decisions
- **Quality:** do services meet WHO standards, quality of care indicators are monitored, structures are in place to support quality services
- **Equity:** focus on issues related to both policies and programmatic issues related to discrimination, efforts to reach under-served groups, and wide-spread access to methods
- **Accountability:** monitoring and addressing issues related to ensuring informed choice, voluntariness, coercion and denial of services

# Why the NCIFP is important

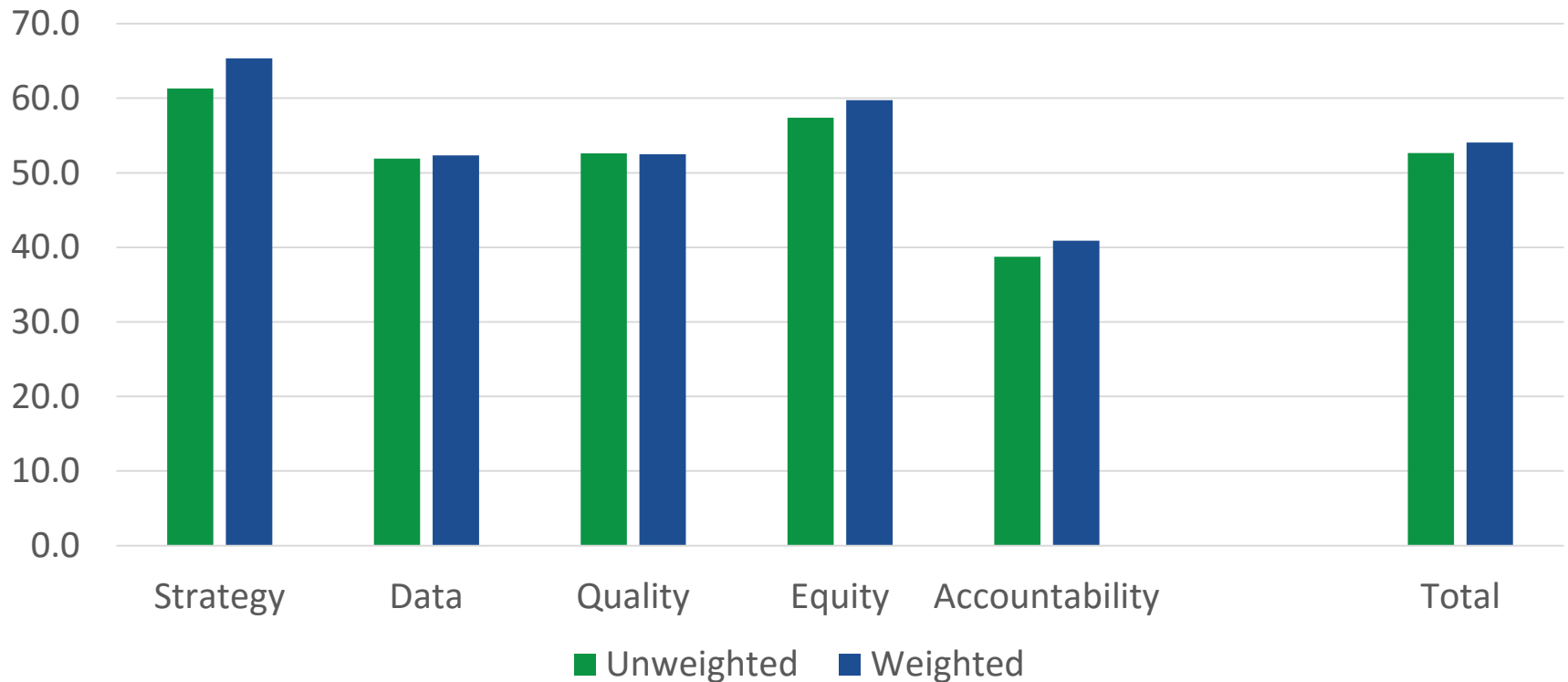
- New data source → opportunity to show data for the first time
- Covers areas that are seen as *important* but have lacked data in the past
- Clear link between data + decision making– e.g. “how does our country score, and what does that tell us”
- Can be linked to National Strategies and FP2020 Pledges, looking beyond just mCPR (e.g. many pledges cover issues related to equity and quality)



# 2014 Results

# Global results

NCIFP Global: weighted and unweighted



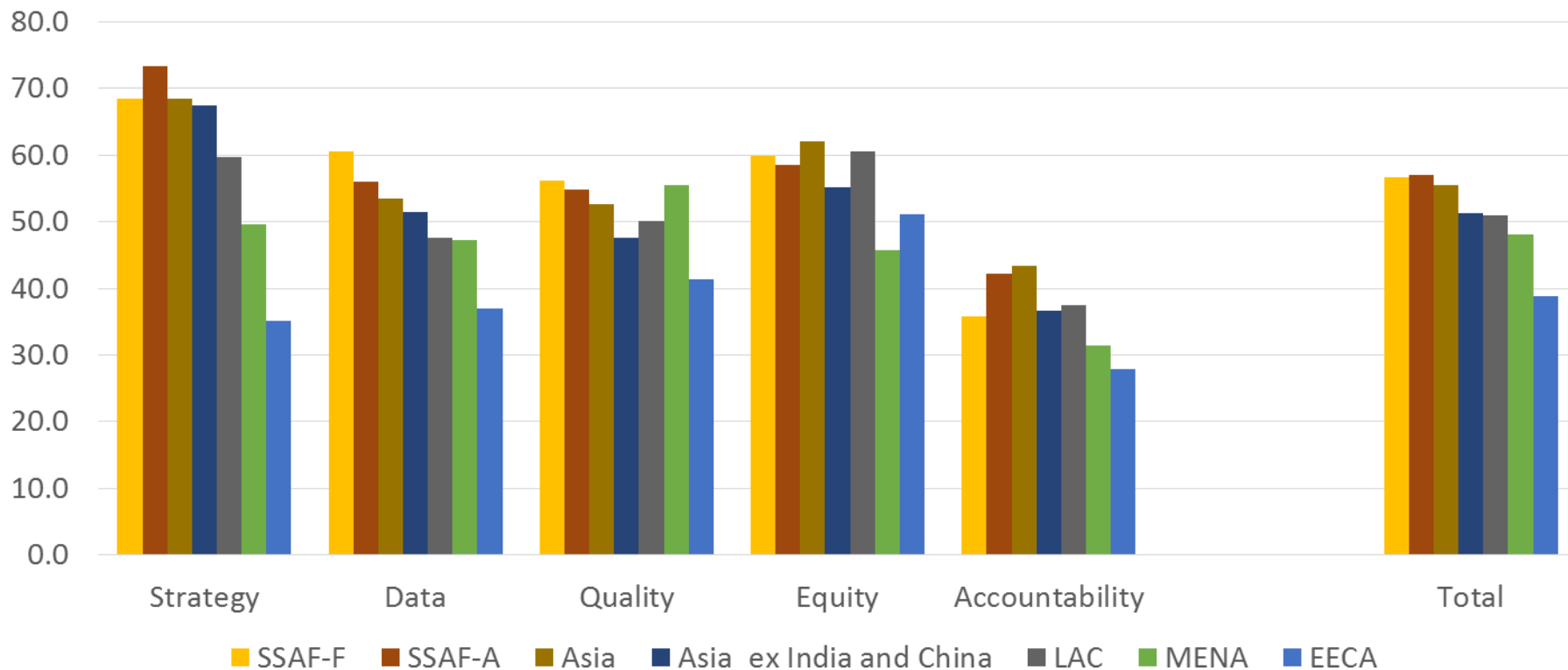
*Overall Score just over 50, with Strategy highest and Accountability lowest*

*\*weighted by women of reproductive age (WRA)*



# Regional results

NCIFP by Region and Dimension (weighted)



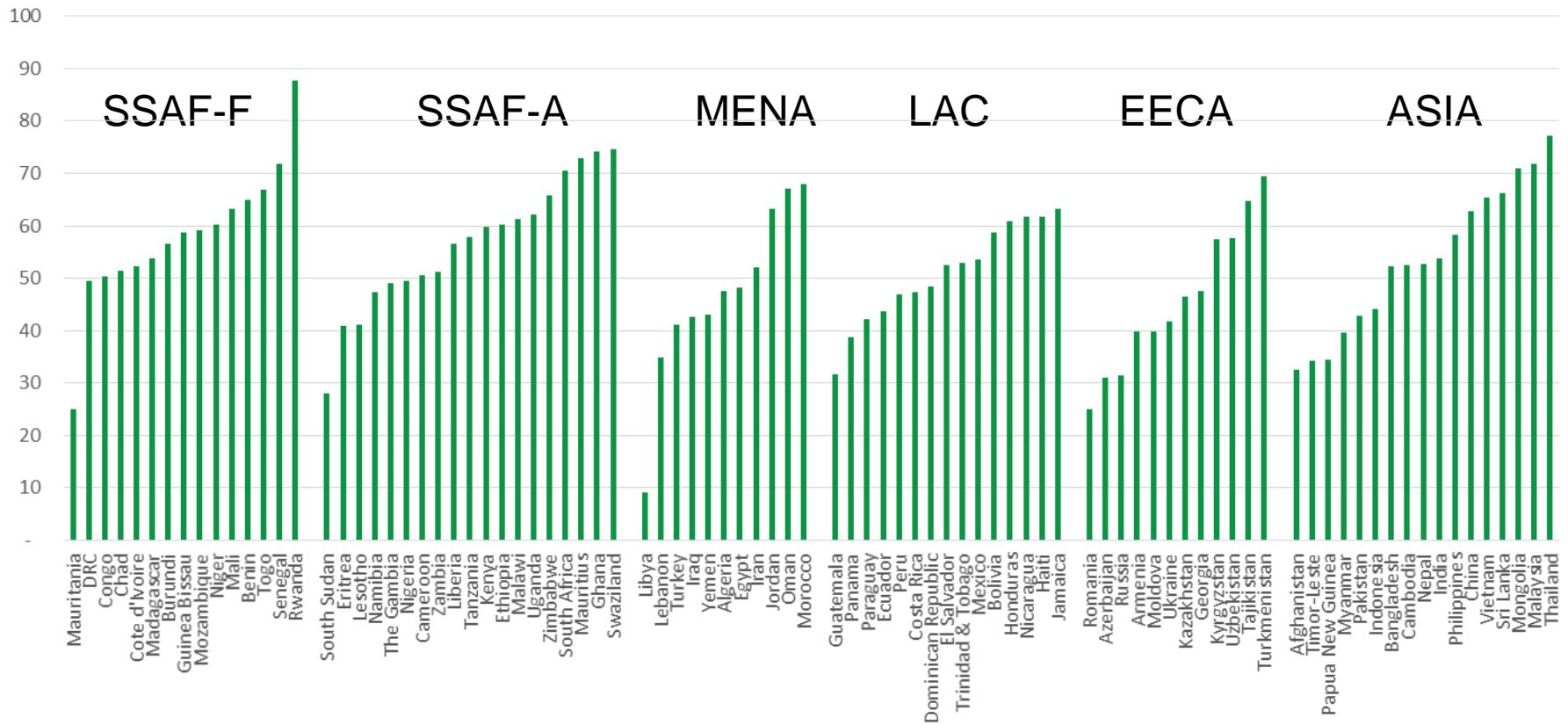
*Large regional differences, Sub-Saharan Africa scores highest*

# Regional results: what to we learn?

- Highest scores for “Strategy”
  - Reflects work in this area: Costed Implementation Plans, etc
  
- Lowest scores for “Accountability”
  - Less socialized concepts: ‘non-discriminatory’, reporting on coercion and denial of services, etc.
  - Some of low scores could reflect less familiarity with the concepts, rather than actual issues on the ground

# Variation by country

Total NCIFP Score By Region and Country



*Large variation across countries within each region*

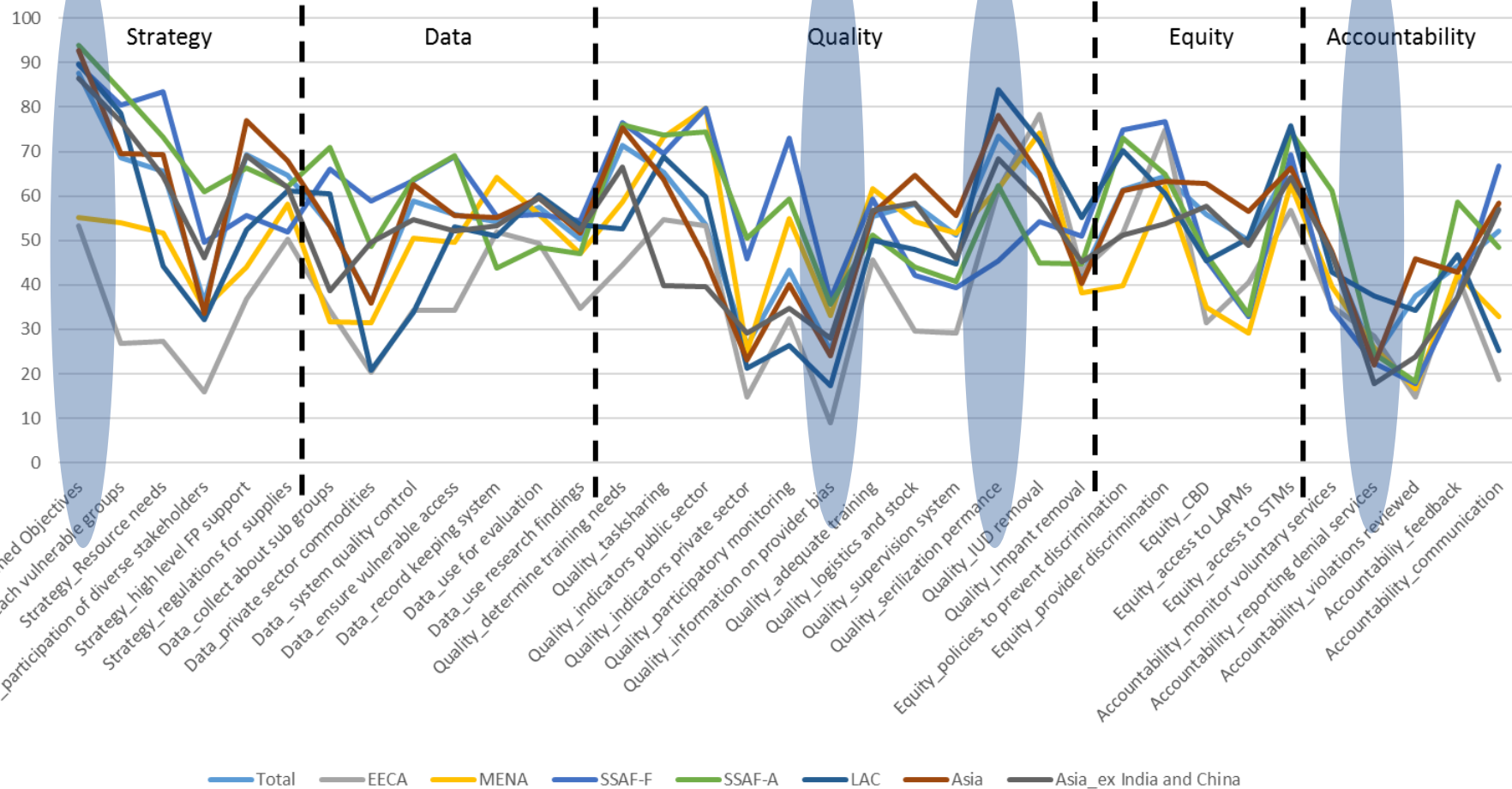
# Variation by question

Does the National Family Planning Action plan include defined objectives over a 5–10–year period, including quantitative targets?

Does government collect information related to informed choice and provider bias?

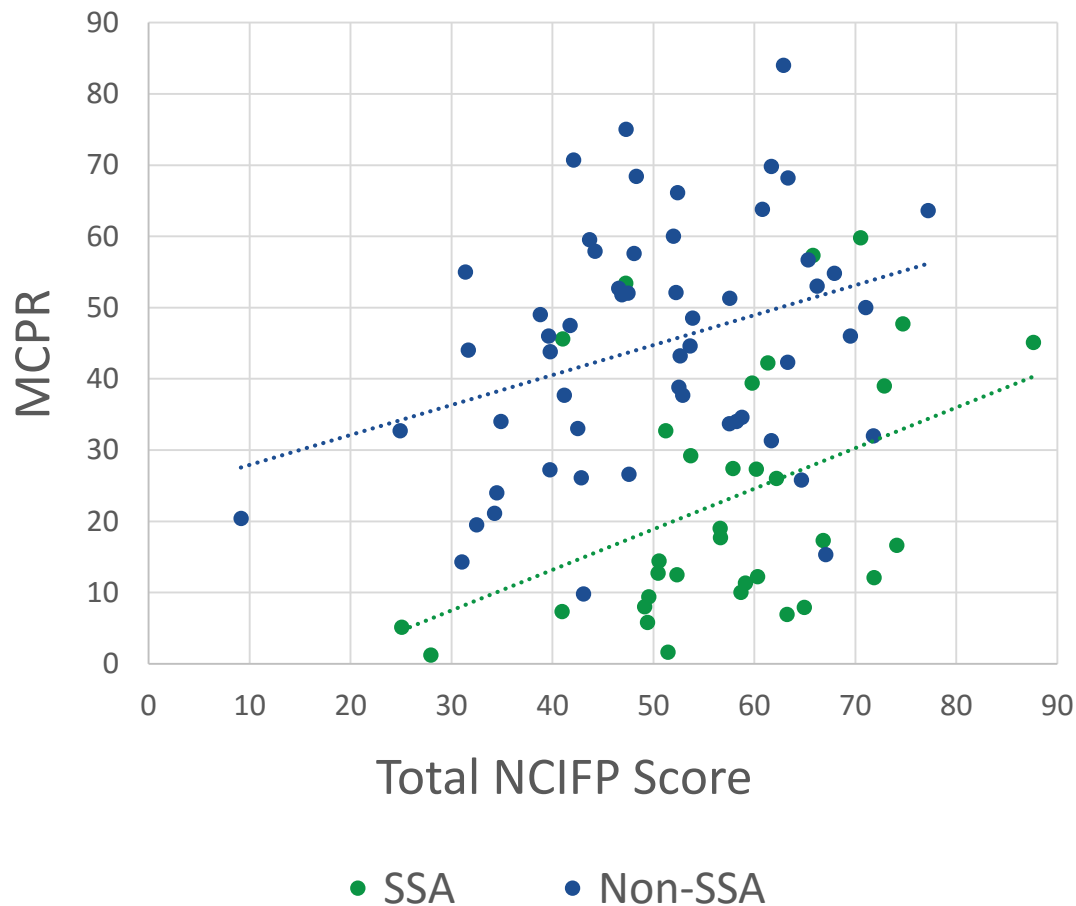
Extent to which clients adopting sterilization are routinely informed that it is permanent?

Does the government have mechanisms in place to report instances of denial of services on non-medical grounds (age, marital status, ability to pay), or coercion (including inappropriate use of incentives to clients or providers)?



# How does the NCIFP track with mCPR?

Total NCIFP score and mCPR by region

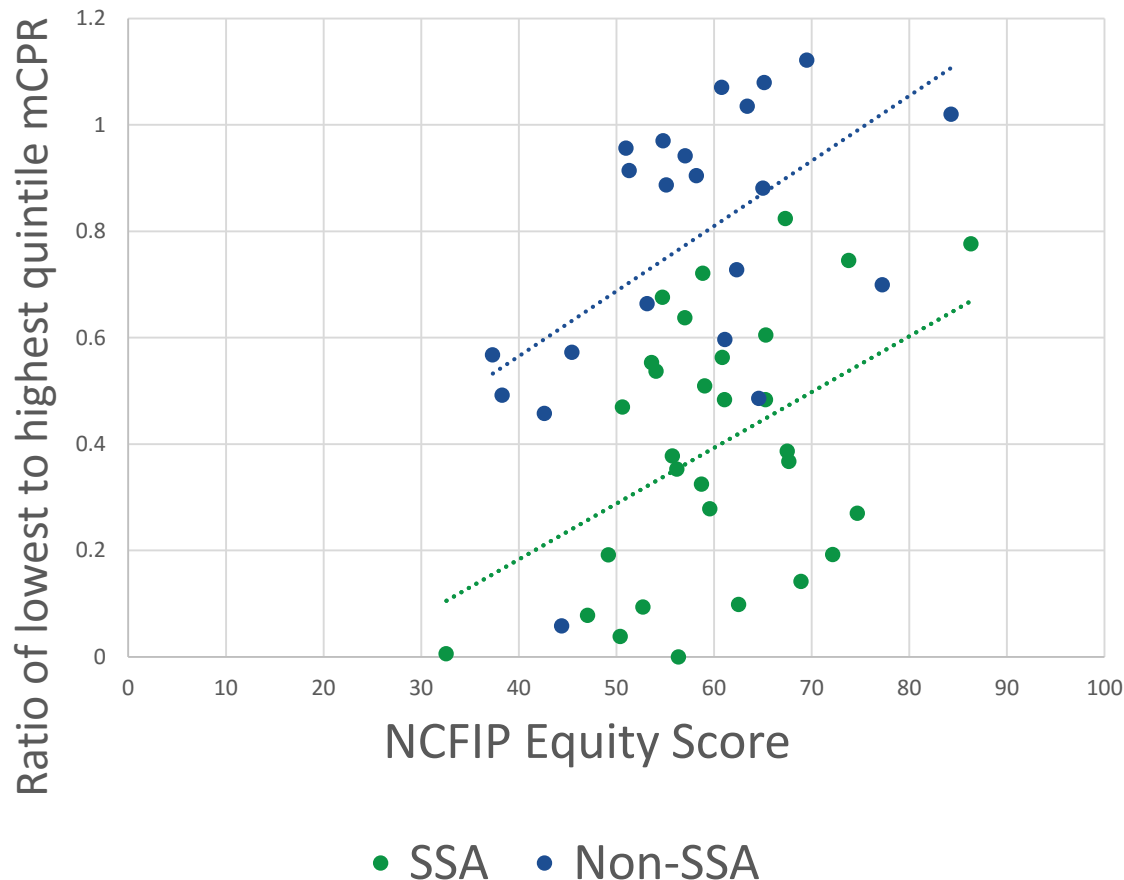


*Positive (but weak) relationship **between** NCIFP and mCPR (latest survey).*

*SSA shows similar slope, but, lower line suggesting similar relationship, but, with lower mCPR achievement.*

# How does the NCIFP track with equity?

Equity Score (NCIFP) v ratio of mCPR in lowest and highest quintiles



*Similar pattern to mCPR with non-SSA sitting above SSA.*

*Higher score on NCIFP equity dimension associated with more even mCPR between highest and lowest quintiles.*



# Using results in country

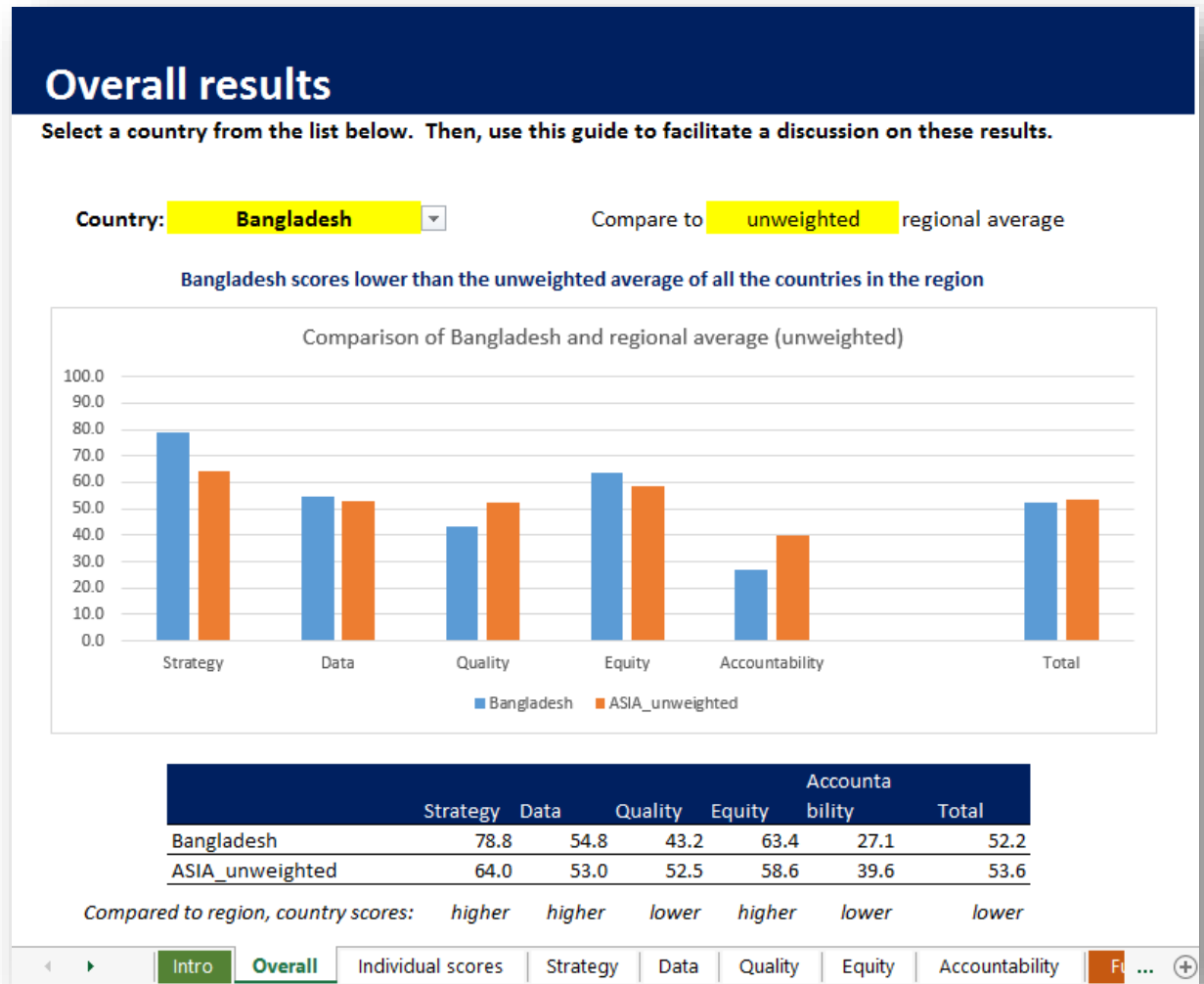
# Using results in country

- Compare a country to the region, or other similar countries
- Benchmark performance, highlight areas for further investigation
- Starting point for discussions with policy makers and advocates
- Interactive Discussion Guide (Excel) makes it easy to facilitate discussions



# Using the Interactive Discussion Guide

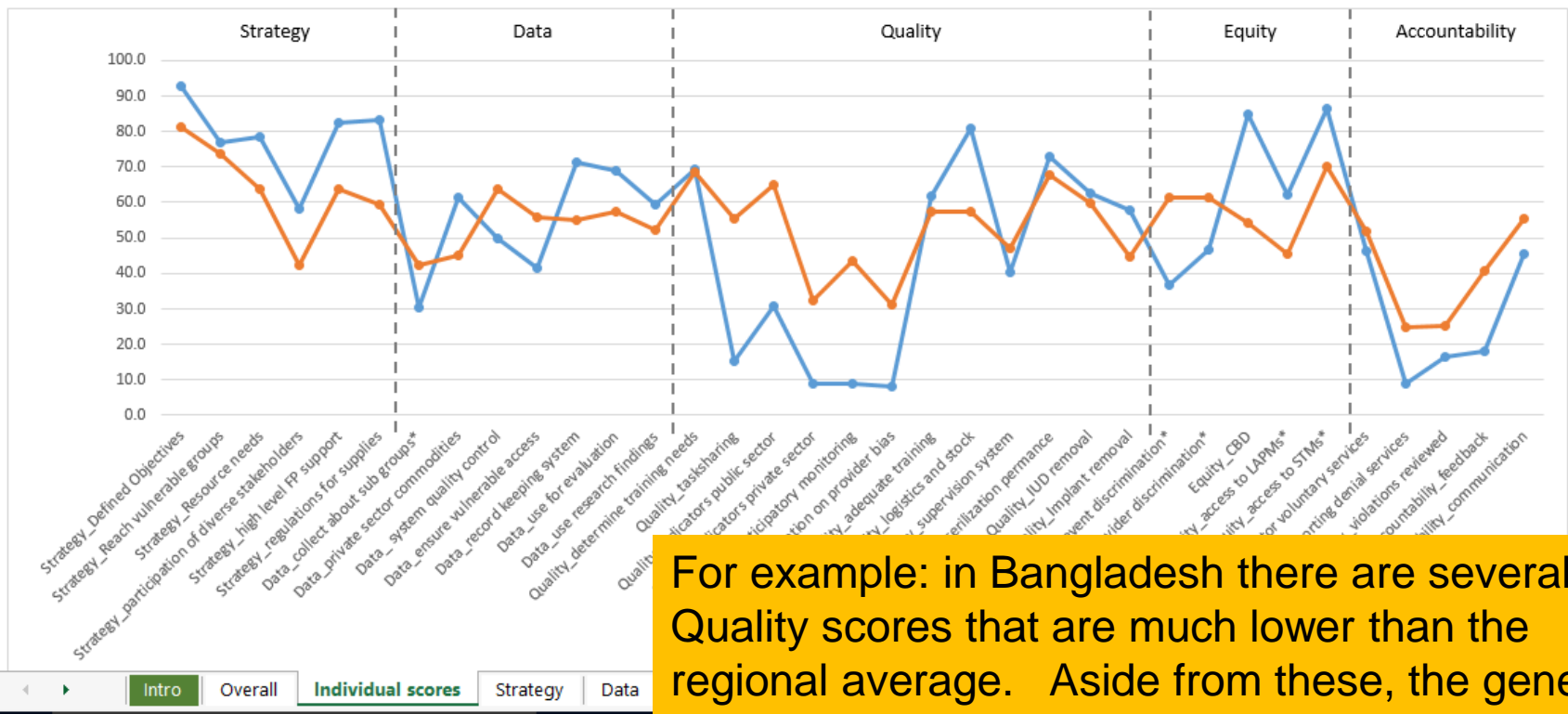
- Review of overall results
- Detailed results and discussion questions for each dimension



# Focusing discussion on key areas

## Results by individual score

scroll down for table with scores and full questions



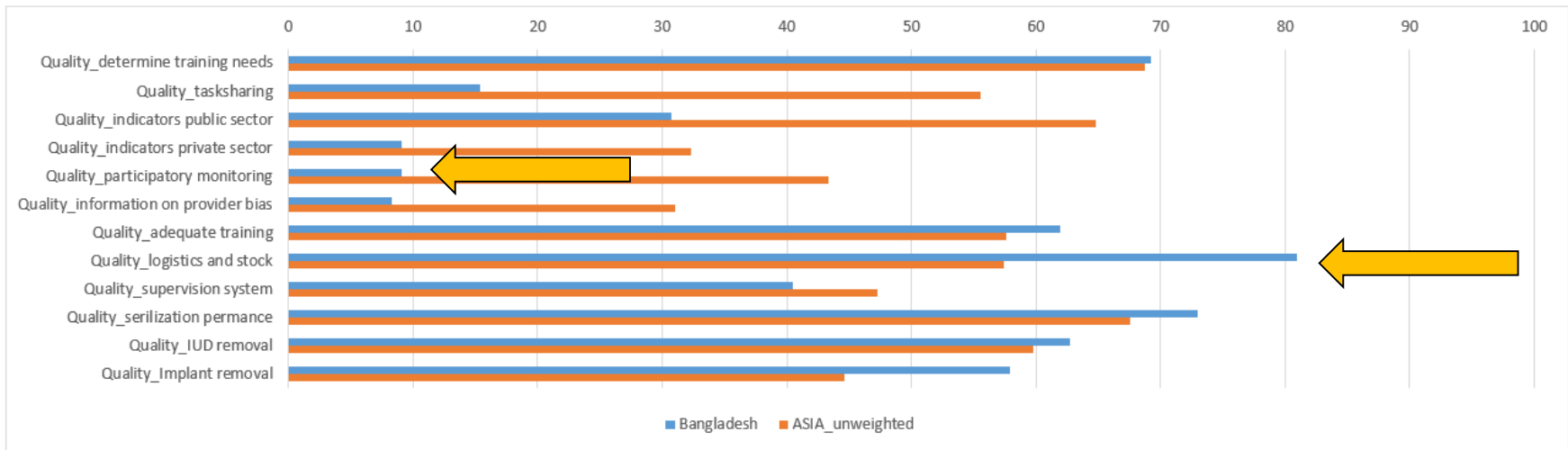
For example: in Bangladesh there are several Quality scores that are much lower than the regional average. Aside from these, the general pattern for Bangladesh and the region are similar.

# Zooming in to highlight potential issues

For example: in Bangladesh there is one score that is very high (and much higher than the regional average), but then several low outliers.

## Quality

Review overall scores on Quality relative to the regional average:



1. Where do we score the highest?
2. Where do we score the lowest?
3. Where are the biggest differences between our score and the regional score?

Use the guiding questions below to discuss individual scores, you can discuss all scores or focus on selected ones:

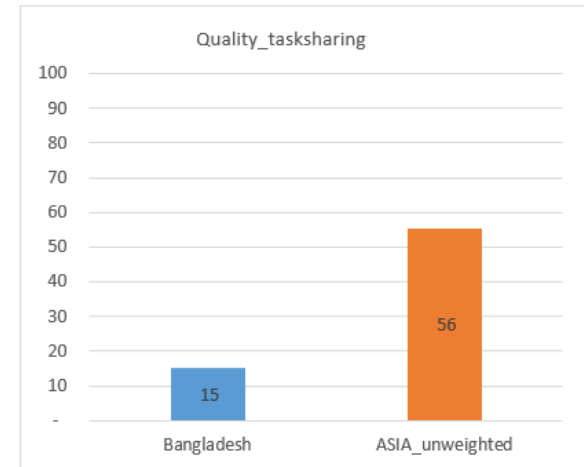
# Guiding discussion questions

## 2. Are there guidelines on task sharing of family planning services?

*This is a yes/no question; the score shows the % of respondents who said yes*

*Does the score reflect what the group thinks? Specifically, discuss:*

1. Do the standard operating procedures (SOP) have formal guidelines regarding task sharing of services? *If guidelines exist, but the country did not score 100, some respondents said 'no' to this question- consider need for further dissemination of guidelines.*
2. Discuss meaning of "task sharing" and what types are helpful to the program. Does this vary by method and level e.g. no sterilization at local levels so no task sharing involved.)
3. Discuss if task-sharing should be key strategy to improve FP access in the country. If so, what needs to be done to promote task sharing, and who can best advocate for needed changes?



## 3. Are indicators for quality of care collected and used for public sector family planning services?

This results means 15% of respondents said 'yes' task-sharing is part of the national guidelines. Does this mean there is confusion about the guidelines? Confusion about the meaning of task-sharing in the country context?

A low score may not be 'bad'--- for example, if task-sharing is not part of the national strategy (and access is otherwise not limited), then, it is okay if it is not part of the national guidelines.

# Conclusions

- Innovative new measurement, building on success of FPE
- Covers important under-measured concepts- such as quality, equity, accountability
- Country discussion guide supports in-country use of the data
- Overtime, will develop a time series and be able to understand how changes in NCIFP related to changes in contraceptive use

