

The National Composite Index for Family Planning (NCIFP) Indonesia 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.

In 2014, questionnaires for the FPE and the NCIFP were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium with funding from USAID), and Avenir Health (with funding from the Bill and Melinda Gates Foundation). The NCIFP allows qualitative assessments of FP programs and can stimulate discussions among stakeholders about the state of FP programs in relation to the five dimensions outlined above.

What do the Indonesia results look like?

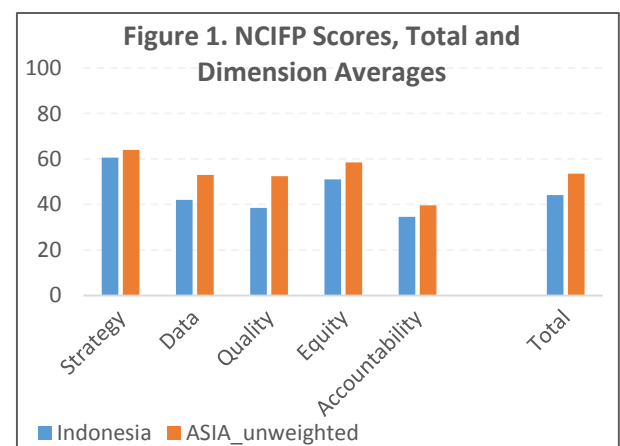
Indonesia's total NCIFP score was lower than the average for Asia (44 vis-a-vis 54- see Fig. 1), and also lower than the region for all five NCIFP dimensions.

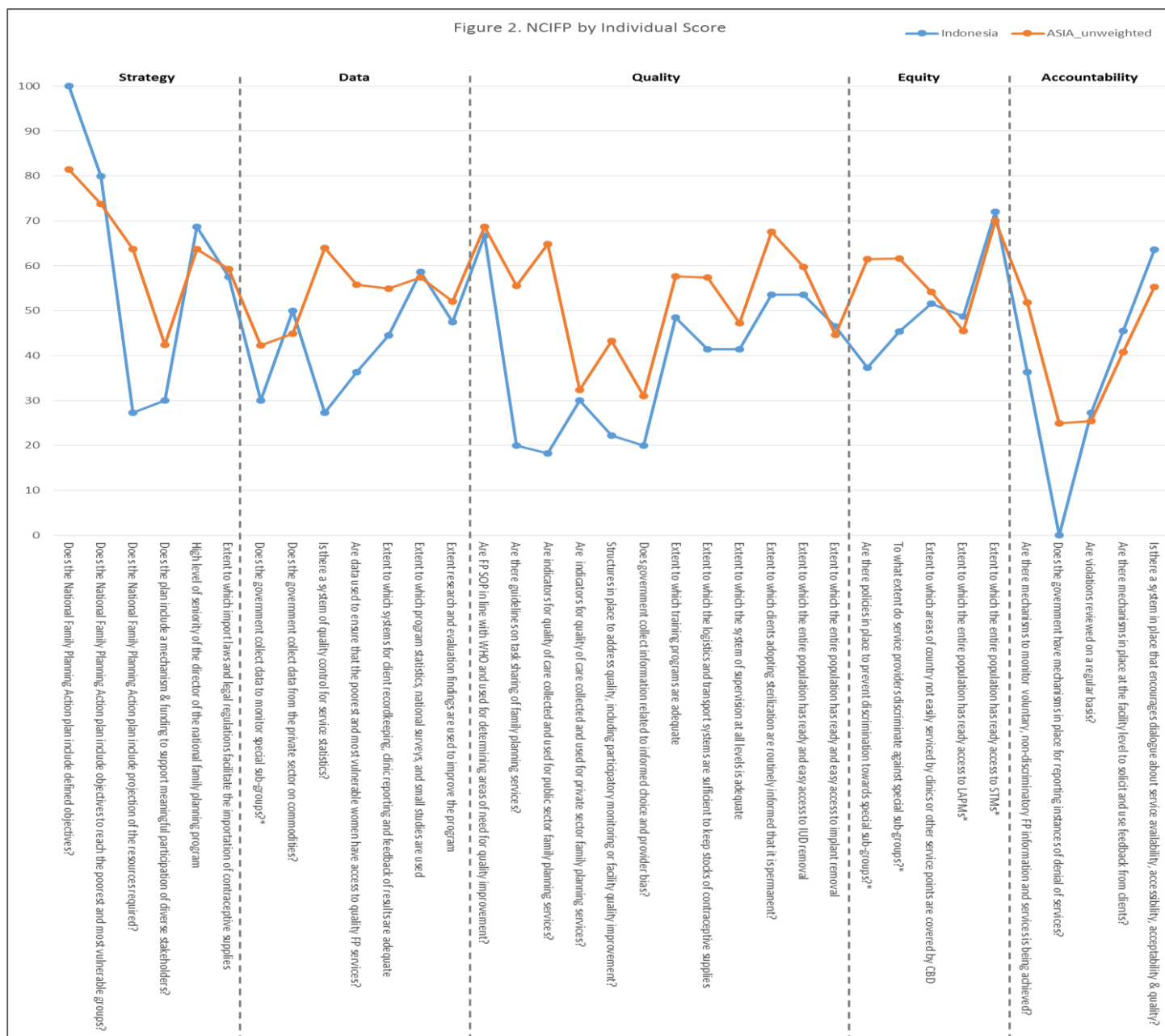
The pattern of individual NCIFP ratings (Figure 2) is somewhat similar for both Indonesia and Asia, indicating similar items rated strongly or less well. Indonesia scored notably higher than the region in a few items, including Strategy items rated 100 for the national FP action plan having defined objectives over a 5 to 10-year period and 80 for objectives to reach the poorest. However, most of Indonesia's ratings for individual items fell below corresponding Asia averages, with Indonesia scoring in the 30s or lower for: Strategy - whether the FP action plan includes funding to support meaningful stakeholder participation and seniority level of the national FP program director;

Quality – the existence or use of task-sharing guidelines, indicators on public as well as private sector quality of services, structures to address quality of care issues, and collection of information related to informed choice and provider bias;

Data - whether the government collects data to monitor special subgroups and has a quality control system for service statistics;

Accountability – whether mechanisms exist for reporting denial of services on non-medical grounds and whether violations are viewed regularly.





Implications

During the FP 2020 Summit, Indonesia cited its high contraceptive prevalence rate - achieved through strong political leadership and the support of religious leaders, private sector participation, and high quality of care – and its contributions to the country's economic growth and poverty reduction. Indonesia pledged to the Global FP2020 Partnership to broaden access and choice by making postpartum FP services part of the national childbirth insurance scheme; strengthening public and private clinic services and provision of LAPMs; sustaining increased financing for FP programs; giving priority to densely populated, high TFR area and hard-to-reach populations; developing a national strategy to improve human resources and increase demand for FP; making FP services and supplies free of charge throughout the country as part of universal health coverage; and supporting South-South exchanges to share experiences. Indonesia's NCIFP results appear to reflect the concerns of national FP experts that Indonesia's global leadership in FP program successes is not just of the past but also for the present and the future, and that key stakeholders should respond appropriately to specific challenges in order that a strong program become even stronger.

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

Suggested citation: Avenir Health. 2016. The National Composite Index for Family Planning (NCIFP): Indonesia 2014 Results. Track20 NCIFP Policy Brief Series.

