

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

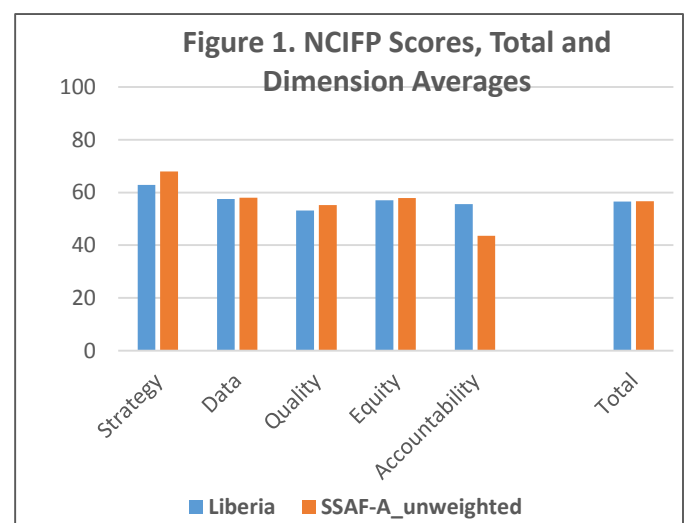
Accountability – whether there are 31) national, sub-national and facility-level mechanisms in place to monitor voluntary, non-discriminatory FP provision; 32-33) mechanisms to report denial of services in place and reviewed; 34) client feedback solicited, and 35) system in place to encourage dialogue 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 Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation). NCIFP data allow assessments of FP programs and can help stimulate discussions among stakeholders about factors that help make FP programs effective, widely supported and sustainable.

What do the Liberia results look like?

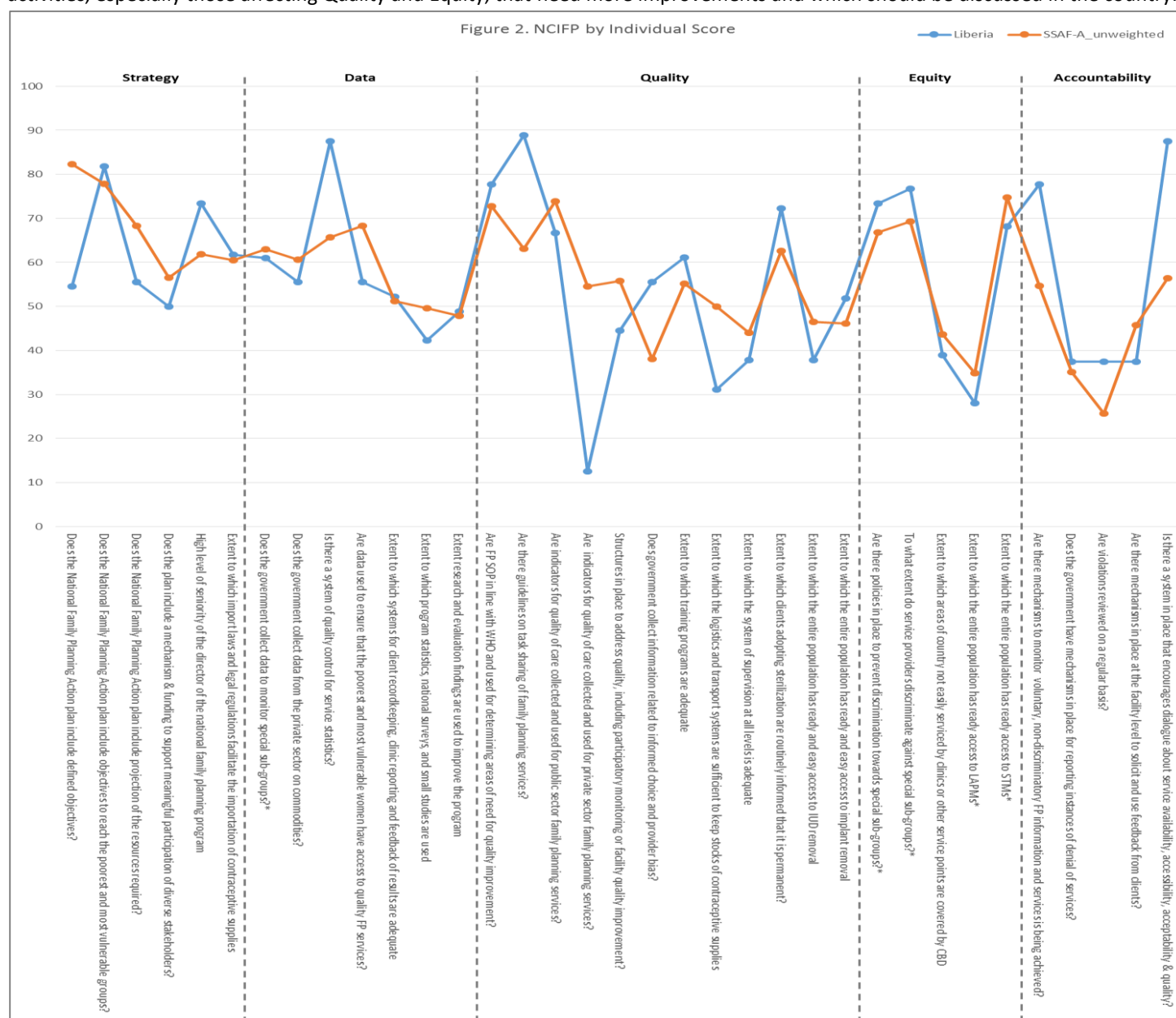
Overall, Liberia's total score was the same as the average for the Anglophone SSAF region (57 percent, as shown in Figure 1). Compared to the region, the country averaged lower for Strategy, higher for Accountability, but practically equaled regional averages for Data, Quality and Equity.

Liberia's 2014 scores for individual NCIFP items (Figure 2) follow the regional pattern for Equity and Accountability, indicating similarities in FP activities that both geographic areas are achieving more strongly, and, less well. Liberia's scores for items under Strategy, Data and Quality, however, differed from the region in pattern and level. The country's highest scores (between 80 to 90% which were far above corresponding regional figures) were for having a system for dialogue about service access and quality (under Accountability), task-sharing guidelines (under Quality), a quality control system for service statistics (under Data), and national action plan objectives to reach the poorest (under Strategy). The country's lowest scores can be found in various Quality items: collection/use of quality indicators for private sector FP services, the contraceptive logistics system, supervision, and ready access to IUD removal; as well as the population's ready access to LAPM (under Equity).



Implications

The NCIFP provides qualitative information on how a country stands regarding factors that help make FP programs effective and widely supported: Strategy, Equity, Quality, Data and Accountability systems. During the FP2020 Summit in 2012, Liberia pledged to increase CPR to 20 percent by 2021 by keeping FP services free of charge to improve access. FP is included in national health policies and plans such as the Road Map for maternal and newborn survival, national RH strategy, 10-year National Health Plan, and Essential Package of Health Services. The Roadmap aims to increase the FP budget annually. The national RH strategy aims to expand access and choice through integrated approaches at the facility and community levels; increase the number and capacity of facility and community health workers to deliver safe, effective, and acceptable FP services; improve the supply chain; strengthen support systems and infrastructure including evaluation, and supervision; expand FP services through the private commercial sector, NGOs, faith-based organizations, and social marketing; engage in advocacy and increase demand for FP/RH services; improve access underserved and vulnerable populations, including adolescents, victims of sexual exploitation, refugees, and men; continue to develop policies as needed and integrate FP concerns into the Health Information System (HIS). NCIFP results point to FP program activities, especially those affecting Quality and Equity, that need more improvements and which should be discussed in the country.



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

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