

The National Composite Index for Family Planning (NCIFP)

MOROCCO 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.

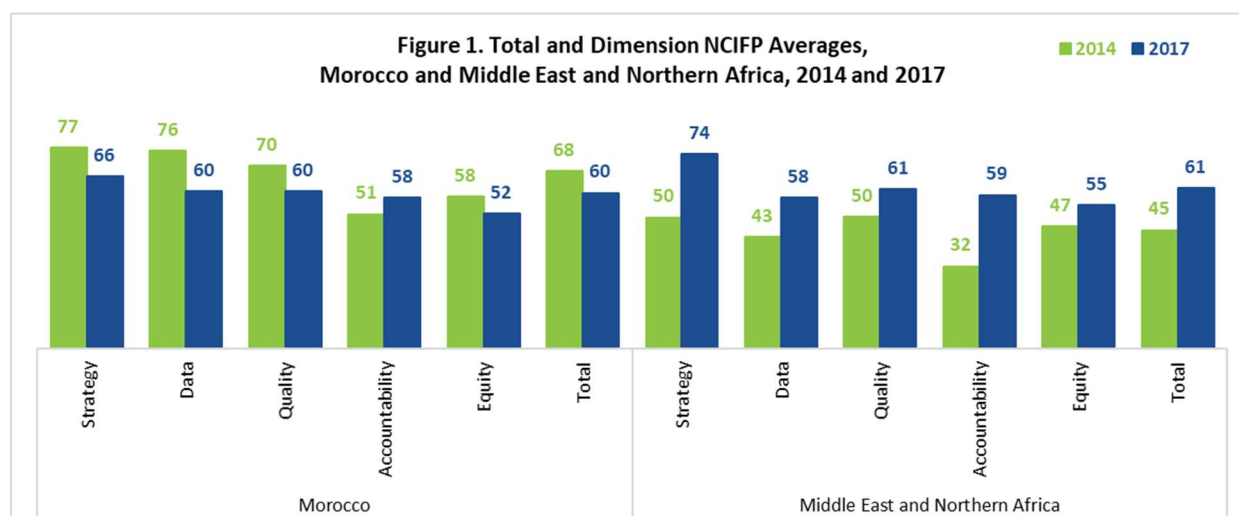
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Morocco vs Middle East and North Africa (MENA) Results

Figure 1 shows that Morocco's total score of 68 in 2014 declined to 60 in 2017 while the region's total score rose from 45 to 61 during the years studied. Morocco's averages for all dimensions except Accountability declined in 2017 compared to the region rated higher for all five dimensions.

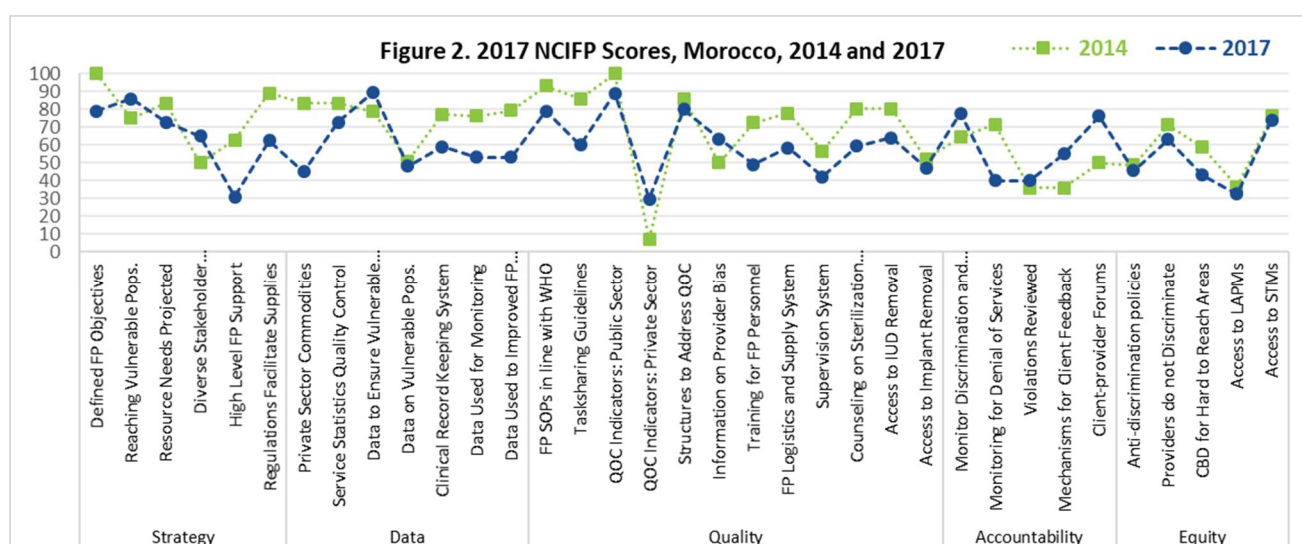
- In 2014, Strategy and Data averaged the highest for Morocco. Despite a ratings decline from 77 to 66, Strategy was the country's highest rated dimension in 2017. Strategy persisted as the region's highest ranked in both years.
- Accountability ranked the lowest for Morocco and the MENA in 2014 but the dimension's average improved in each area by 2017 and Equity became the lowest ranked in the two areas.



Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows Morocco's score levels widely diverged in both years. 2017 ratings, however, were lower than 2014 levels for about 20 items while the remaining were almost equally divided into those with improving scores and items with hardly changed ratings.

- **Strategy** – 2017 scores that were higher than 2014 levels involved the strategy’s focus on vulnerable groups (86) and support for diverse participation (65). Most items had significant ratings decline, with 2017 ratings that included 79 (from 100 in 2014) regarding the strategy’s objectives, 73 (from 83) for estimated resource needs, 62 (from 89) for regulations that facilitate contraceptive importation, and only 31 (from 63) for high-level program leadership.
- **Data** – Only the use of data to ensure access among the most vulnerable groups scored higher in 2017 (89). The mark for data on population subgroups stayed around 50. Ratings fell from 83 to 45 regarding data collection on private sector commodities and from the 70s to the 50s for clinic record-keeping and the use of data to monitor and improve the program.
- **Quality** - Scores improved for provider bias monitoring (from 50 to 63) and the use of QOC indicators in private facilities (from 7 to 29, the lowest rated among all Quality items in 2017). Although their scores declined, the following items still ranked among the highest in 2017 (just as they did in 2014): the use of QOC indicators in public facilities (89), clinic/community monitoring structures (80), and WHO SOPs (79). The ratings of all remaining items declined to the 60s for the use of tasksharing guidelines (its score fell 26 pts) and access to IUD removal; to the 50s for sterilization counseling and logistics; and to the 40s for the training and supervision systems and access to implant removal.
- **Accountability** – The score for mechanisms to report denial of services declined to 40 while ratings rose for all other items: discrimination and free choice (78), client-provider dialogue (76), facility-level client feedback (55), and violations review (40).
- **Equity** – Scores declined regarding providers not discriminating against certain population groups (63) and CBD coverage (43) but minimally changed for access to STMs (70s), anti-discrimination policies (upper 40s), and access to LAPMs (30s).



Implications

Morocco’s 2014 and 2017 NCIFP results point to wide-ranging declines regarding various activities of the national FP program. These may reflect to some extent waning priority given to the FP program considering that the country’s total fertility rate has declined to near replacement level (UN Population Division estimate). In 2012, as the FP2020 Summit took place, Morocco stood out among Arab countries for its rapid increase in modern contraceptive use through efforts that included household-based delivery of FP services that made modern contraceptives available to low-income and rural women who would otherwise not have access to private-sector services.ⁱⁱⁱ The 2011 Pan Arab Project for Family Health (PAPFAM) survey showed that 57% of Moroccan married women age 15-49 used modern contraceptives in 2011 compared to 10% using traditional FP methods. FP in Morocco is dominated by pill use, with 72% of FP users relying on the pill. Moreover, FP and maternal health services tend to focus on the needs of married women due to social, policy, or provider barriers, putting the health and well-being especially of the youth at risk.

The foregoing argues for revitalizing support for the country’s national FP program to ensure continued access for various sectors of the population. The NCIFP results point to problems across the five dimensions: high-level program leadership; data collection and use especially regarding private sector commodities; a number of quality concerns that include the use of QOC indicators in private facilities, support systems especially training and supervision; accountability mechanisms to review violations; and equity measures such as anti-discrimination policies, CBD coverage of underserved groups and areas, and wider contraceptive choice including LAPMs as well as access to implant removal. These FP program challenges are for Morocco’s key stakeholders to discuss and develop appropriate responses in the country’s efforts to sustain the gains of the country’s FP program and ensure that services are accessible among especially among the most vulnerable sectors of the population, including the youth.

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

ⁱⁱ FP2020 is a global initiative through which governments, civil society, multilateral organizations, donors, the private sector, and the research and development community work together to enable more women and girls to use contraceptives by 2020. See <http://www.familyplanning2020.org/>

ⁱⁱⁱ The FP2020 note and PAPFAM results for Morocco are from <https://www.prb.org/morocco-maternal-deaths/>.