

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

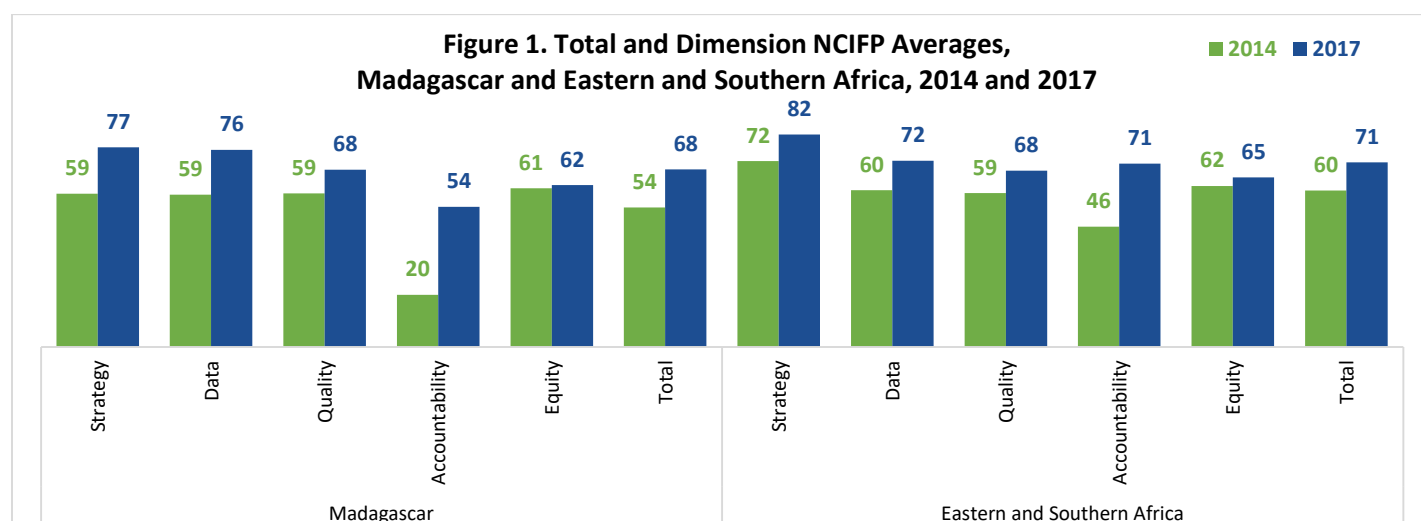
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Madagascar vs Eastern and Southern Africa Results

Figure 1 shows that total NCIFP ratings for Madagascar and the region improved from 2014 to 2017, although the country's total scores were lower than those of the region in both years. Dimension averages also increased in both areas but rankings varied.

- Strategy was the region's highest rated dimension for both years. For Madagascar, it was Equity (61) in 2014 (followed by Strategy, Data and Quality with 59 each). By 2017, Strategy became Madagascar's highest rated with Data a close second.
- Accountability averaged the lowest for both areas in 2014 and for Madagascar in 2017 (compared to Equity for the region).

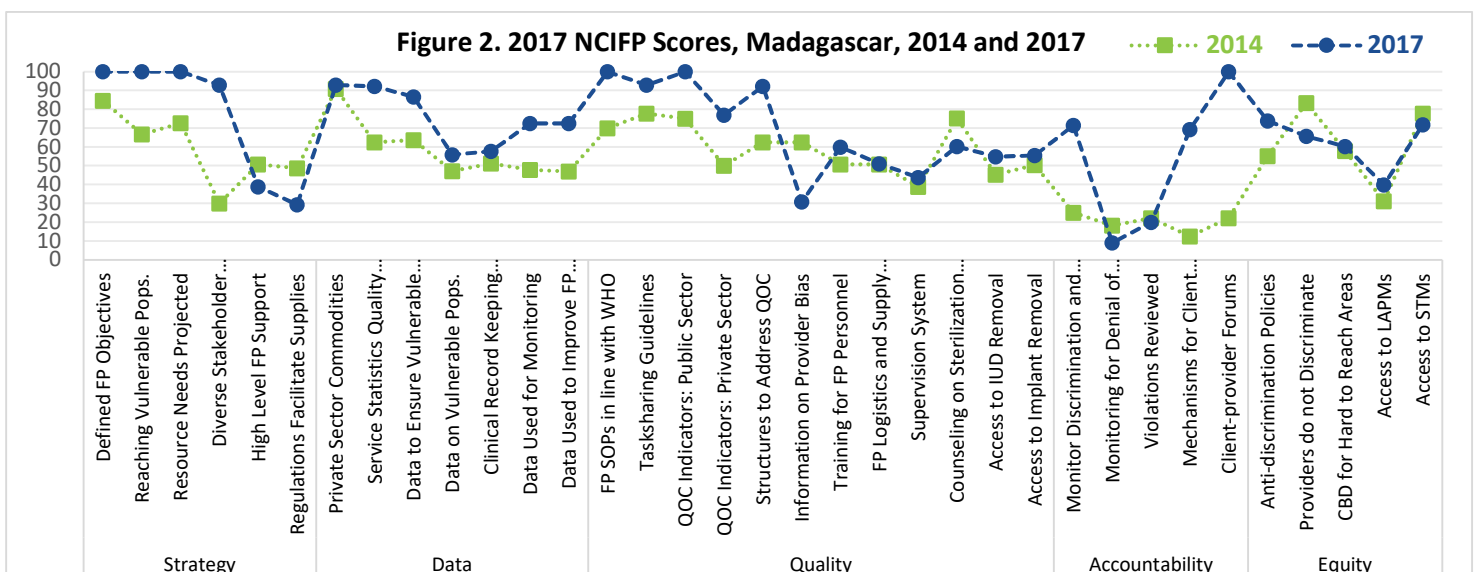


Individual 2014 and 2017 NCIFP Scores

Scores of individual NCIFP items over time indicate which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows the results for Madagascar for the two years studied, with around 20 items receiving higher scores in 2017.

- **Strategy** – 2017 ratings were perfect for the national FP strategy's defined objectives, target groups, and resource needs, and 93 for its support for diverse participation. Scores however dropped below 40 for high-level program leadership and regulations that facilitate contraceptive importation.

- **Data** – Scores improved for all Data items in 2017, with ratings around 90 for government collection of data on private sector commodities, service statistics quality control and the use of data to ensure the most vulnerable have access; and 73 each for data-based monitoring and management use of research findings to improve the program. Although improving, 2017 ratings were still in the 50s for the collection of data on vulnerable groups and clinical recordkeeping/feedback of results to clients.
- **Quality** – The highest 2017 ratings involved 100 for the use of WHO SOPs and QOC indicators in public facilities and in the 90s for the use of tasksharing guidelines and clinic/community structures to monitor QOC. The score for QOC indicators in private facilities (77) increased over 25 points compared to increments less than 10 points for training (60), access to the removal of IUDs (55) or implants (56), and supervision (44). The rating for logistics was constant at 51 but much lower for information on provider bias (from 63 in 2014 to 31 in 2017) and sterilization counseling (from 75 down to 60).
- **Accountability** – Three items with scores less than 25 in 2014 soared upward in 2017: 100 for client-provider dialogue and around 70 for mechanisms to solicit facility-level client feedback and monitor discrimination and free choice. Ratings for two mechanisms fell to even lower levels: only 20 for violations review and 9 for denial of services, the lowest of all 35 items in 2017.
- **Equity** – The rating for policies to prevent discrimination improved to 74 in 2017 while that of LAPM access increased from 31 to 40. The score for STM access declined slightly to 72 in 2017 while that of provider discrimination against vulnerable groups fell sizably from 83 to 66. CBD coverage retained its score of about 60 in both years.



Implications

In 2015, Madagascar committed to the global FP2020 initiative by pledging to achieve a modern contraceptive prevalence rate (mCPR) of 50% by 2020. Since then, the country has made several key improvements involving its FP program, particularly the launching of the country's first costed implementation plan for FP in 2017 and renewal of the RH/FP Law in January 2018. In 2017, Madagascar updated its FP2020 commitment by pledging to have a strong focus on the youth, through efforts that include supportive policy implementation; increasing by at least 5% annually the state budget allocated to FP services and contraceptive procurement; community-based distribution that prioritizes inaccessible area; contraceptive security measures; strengthening the capabilities of health facilities to provide LAPMs as well as post abortion/post-partum FP; and public-private multi-sectoral engagement and cooperation with all ministries. The country's MCPR was estimated at 40.9% in 2018, the highest among francophone countries.ⁱⁱⁱ

Madagascar's improved total NCIFP rating in 2017 propelled by its very high scores for most elements of its FP strategy, various QOC efforts, and data collection and utilization attest to the country's progress in improving the FP program. The NCIFP results also point out FP program activities that posted large ratings declines or continued to have very low scores: program leadership, regulations affecting contraceptive importation, supervision, monitoring provider bias, violations review, and reporting denial of services. These issues are for the country's stakeholders to discuss and agree on appropriate action to strengthen the FP program and achieve its key objectives.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): MADAGASCAR 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 <http://www.familyplanning2020.org/Madagascar>