

# The National Composite Index for Family Planning (NCIFP)

## MALAWI 2017 Scores and 2014-2017 Trends<sup>i</sup>

### What is the NCIFP?

A tool that supports FP2020's<sup>ii</sup> 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 family planning (FP) policies and program implementation based on 35 items that are 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.

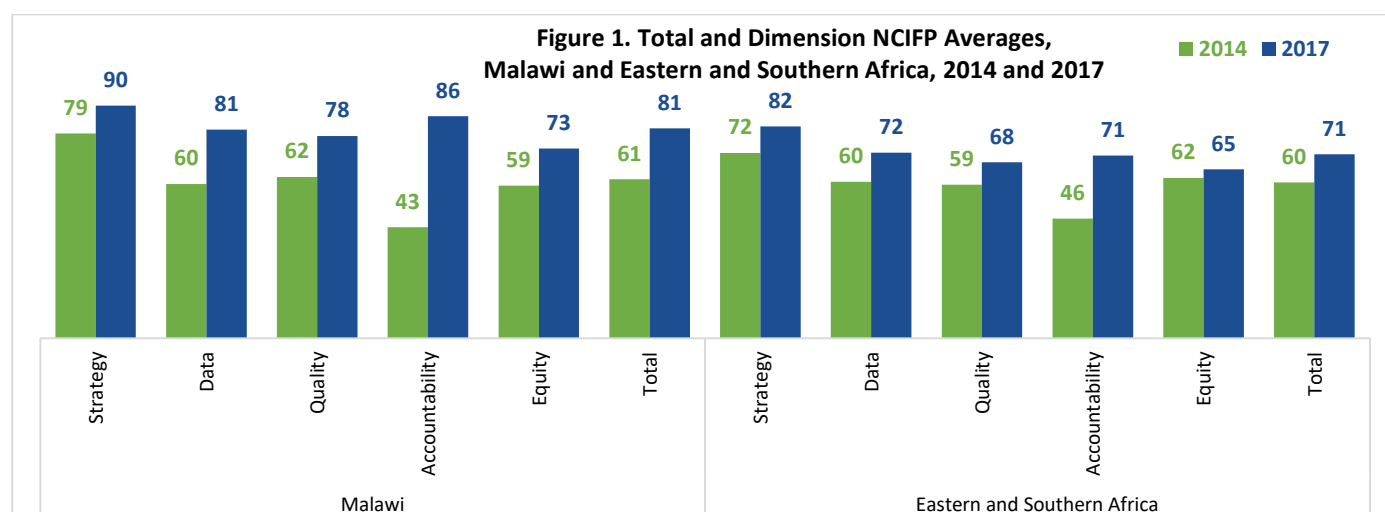
**Equity** - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation to assist countries participating in the FP2020 Global Initiative) collected NCIFPs in 2017 to assess national FP program status in 2017 and changes since 2014.

### Malawi vs Eastern and Southern Africa (E&SA) Results

Figure 1 shows that both Malawi and the region received total NCIFP marks of about 60 in 2014 and much higher scores in 2017, particularly for the country. Dimension averages of both areas also rose in 2017, but even more so for Malawi.

- Strategy was the highest rated dimension in both areas and years.
- Averages for Accountability, the lowest rated dimension in both areas in 2014, rose in 2017. Malawi's average for the dimension doubled, making the dimension rank second to Strategy.
- Despite improving scores, Equity became the lowest rated dimension for both areas in 2017.

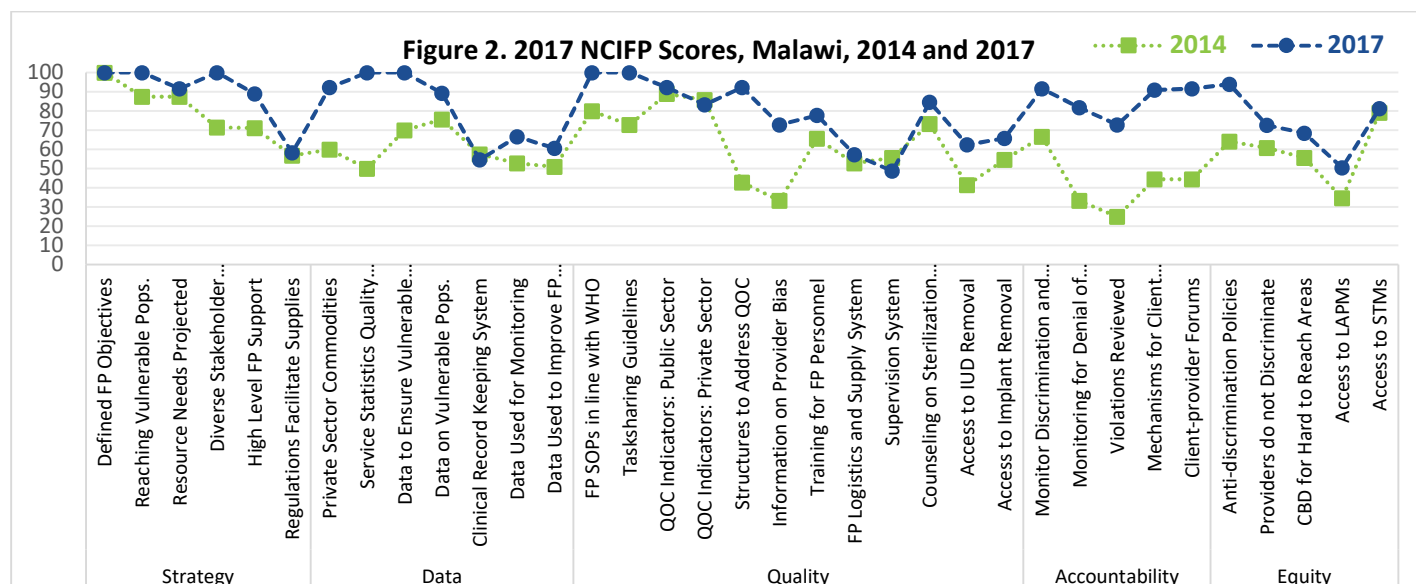


### Individual NCIFP Trends, Malawi 2014 and 2017

Ratings of NCIFP items across the years specify which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows that Malawi's scores for nearly all NCIFP items in 2017 surpassed 2014 levels.

- **Strategy** – While regulations facilitating contraceptive importation persisted with a rating near 60, all other items improved to 2017 scores around 90 (for estimated resource needs and high-level program leadership) or perfect (for the strategy's defined objectives, prioritization of vulnerable groups, and support for diverse participation)

- **Data** – The rating for clinical recordkeeping and feedback of results to clients stayed in the mid-50s while scores increased for all other items in 2017: perfect marks for quality control of service statistics and management use of data to ensure the most vulnerable have access; around 90 for the collection of data on population subgroups and private sector commodities; and in the 60s for data-based monitoring and management use of research findings to improve the program.
- **Quality** – The use of WHO SOPs and task-sharing had perfect marks in 2017. Ratings in the 90s went to community or clinic monitoring structures and the use of QOC indicators in public facilities; in the 80s for QOC indicators in private facilities and sterilization counseling; in the 70s for the training system and provider bias monitoring; and in the 60s for access to IUD and implant removal. The lowest rated involved the systems for logistics (57) and supervision (49).
- **Accountability** – The ratings of all items, especially violations review and reporting denial of services, significantly rose in 2017. Accountability was the only dimension where no item scored below 70.
- **Equity** – All items were rated higher in 2017: anti-discrimination policies (94); CBD efforts and provider non-discrimination (around 70). Although improving, the score for LAPM access (50) was way below that of access to STMs (81).



## Implications

A member of the Global FP2020 Initiative since 2012, Malawi is committed to achieving a contraceptive prevalence rate of 60% in 2020 by expanding choice and enabling individuals and groups, especially the youth and other underserved populations, to achieve their fertility desires<sup>iii</sup>. Emphasizing public-private-civil society collaboration and youth participation to harness the demographic dividend, Malawi is undertaking a wide range of activities that includes increased financing of the FP program; improving the logistics system; using national and WHO guidelines and standards; training new and existing health care workers on a full range of FP methods; empowering community and frontline workers to provide counselling, referral services, and STMs; strengthening local structures and community participation; integrating FP policy, information, and services across sectors; adopting supervision standards that include service providers' accountability and quality of care measures; and lobbying with the National Statistics Office for age-disaggregated FP data to track adolescent FP/RH indicators for 2020.

Malawi's 2015-16 Demographic and Health Survey<sup>iv</sup> shows increasing modern contraceptive use while lifetime births per woman declined from 5.7 to 4.4 between 2010 and 2015-16. However, high birth rates persist in rural areas and among the poorest. Moreover, teenage childbearing slightly increased in the recent years. Malawi's very high ratings for most NCIFP items attest to its progress in strategy development, the collection of key FP-related data, the use of QOC policies and structures, accountability mechanisms, and wide access to STMs. The NCIFP results also point out activities that did not score as high as other program activities: regulations that facilitate contraceptive importation or production, the logistics and supervision systems considering their key roles in ensuring access to high-quality services, client recordkeeping and feedback, and access to LAPMs as well as IUD and implant removal. These are issues for discussion among Malawi's key stakeholders to decide on appropriate action.

<sup>i</sup> Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): MALAWI 2017 Scores and 2014-2017 Trends". 2017 NCIFP Policy Brief Series (revised August 2019)

<sup>iii</sup> Family Planning 2020 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 120 million more women and girls to use contraceptives by 2020. See <http://www.familyplanning2020.org/>

<sup>iv</sup> <http://www.familyplanning2020.org/malawi>

<sup>v</sup> <https://dhsprogram.com/publications/publication-fr319-dhs-final-reports.cfm#2015-16>