

The National Composite Index for Family Planning (NCIFP)

Madagascar 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.

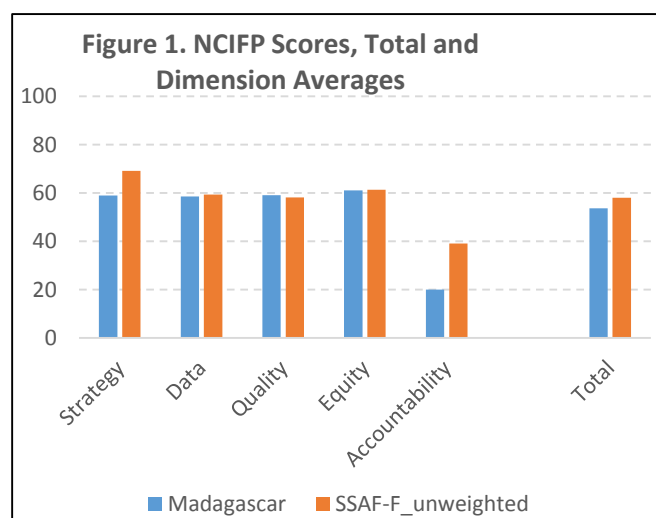
The NCIFP builds on the long-standing *National Family Planning Effort Index* (FPE). In 2014, questionnaires of the two indices were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium with USAID funding) and Avenir Health's Track20 project (funded by the Bill and Melinda 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 Madagascar results look like?

Madagascar's total score was lower than the regional average for Francophone SSAF (54 vs 58, in Figure 1). Dimension averages show Madagascar's scores for Data, Quality and Equity on par with those of the region but lower than the SSAF for Strategy and Accountability.

In terms of individual items (Figure 2), the general patterns in scores are similar for Madagascar and Francophone SSAF, indicating similarities in what areas are achieving more strongly, and, less well.

Madagascar's highest scores – which also exceeded corresponding SSAF averages- were for government collection of Data on private sector FP commodities, the Quality item on acceptors routinely informed about sterilization being permanent, and the Equity item on discrimination against sub-groups. Madagascar's lowest scores, however, were under Accountability (all items but especially whether government mechanisms exist for reporting denial of services on non-medical grounds, for soliciting and using client feedback, and for encouraging dialogue about service accessibility and quality); under Strategy (whether mechanisms exist to support meaningful stakeholder participation, and the extent laws support contraceptive production/importation); under Data (data collection to monitor special sub-groups, adequacy of systems for client record-keeping and feedback, and the use of data such as program statistics, surveys, and studies in evaluation to improve the program).



Implications

In 2015, the government of Madagascar committed to support FP2020 global efforts by increasing the country's contraceptive prevalence rate to 50% by 2020. Interventions include increasing the state budget for FP, including contraceptive purchasing and delivery, by at least 5% annually to ensure contraceptive security including products for emergency contraception; revising policies to support an enabling environment for FP; enforcing marriage-related laws; strengthening public-private partnerships and multi-sectoral engagement; strengthening community mobilization and contraceptive distribution; giving priority to women and girls living in difficult-to-reach areas; institutionalizing the annual national FP campaign; strengthening health-FP training particularly for long-acting and permanent methods and post-abortion/post-partum FP.

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. Madagascar's NCIFP scores point to various FP policy, planning, and program challenges and gaps for discussion and appropriate action by Madagascar's key stakeholders.



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