

# The National Composite Index for Family Planning (NCIFP)

## MOZAMBIQUE 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 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.

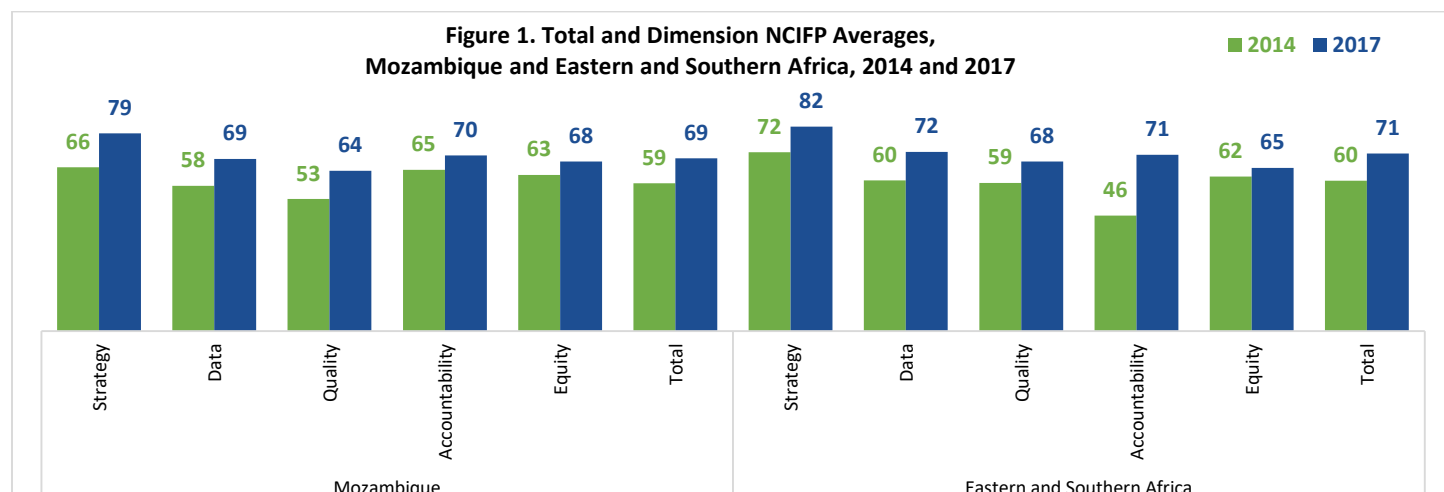
**Equity** - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

### Mozambique vs Eastern and Southern Africa (ESA) Results

Figure 1 shows Mozambique and the ESA region with almost equal total NCIFP scores in both years. Both areas also averaged higher for all five dimensions in 2017, with dimension averages similarly ranging from the mid-60s to around 80.

- Strategy was the highest ranked dimension in both areas during the years studied.
- Despite an improving average in 2017, Quality persisted as Mozambique's lowest rated in both years. Accountability was the ESA's lowest rated in 2014 but the dimension's scored improved in 2017 and Equity became the region's lowest ranked.



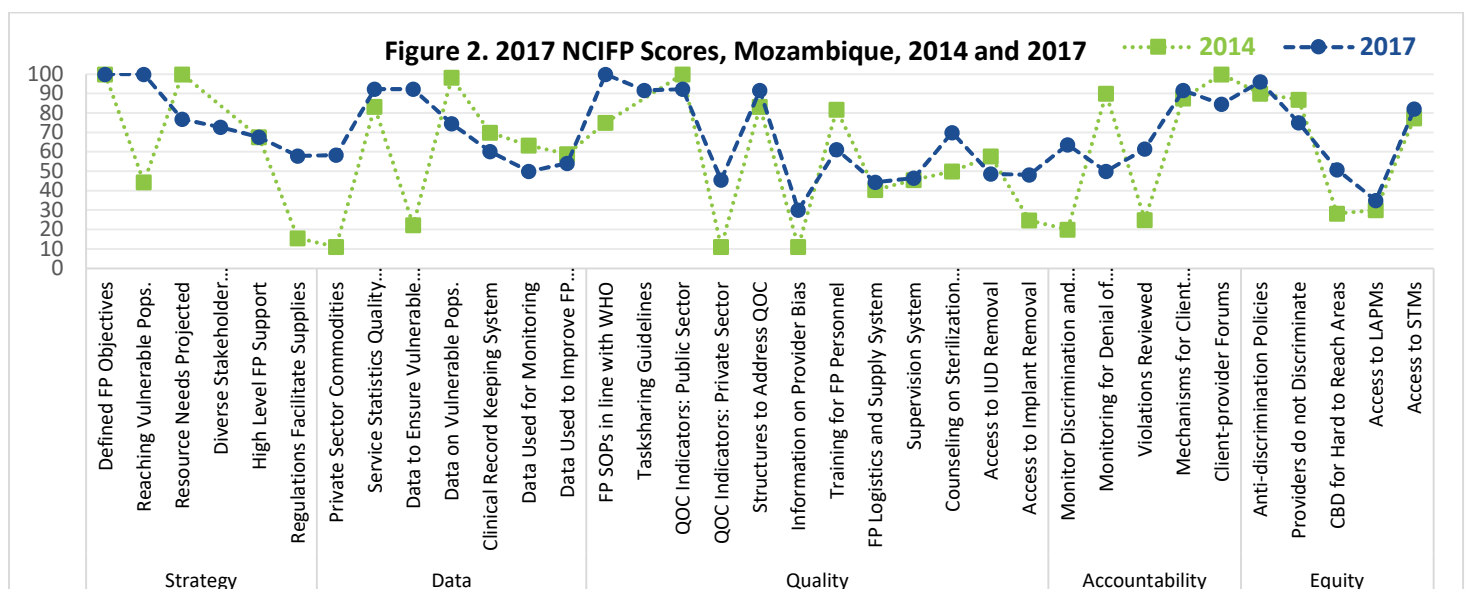
### Individual 2014 and 2017 NCIFP Scores

Ratings of individual NCIFP items over time specify which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows Mozambique's widely diverging scores. 2017 scores were higher for about 17 items but declining for 10 other items.

- **Strategy** – 2017 ratings included 100 for the strategy's defined objectives and focus on vulnerable groups (the latter scored only 44 in 2014); between 68 to 77 for estimating resource needs, supporting diverse participation, and having high-level program leadership; and 58 for regulations facilitating contraceptive importation (from less than 20 in 2014).
- **Data** – Higher 2017 scores included 92 each for service statistics quality control and the use of data to reach vulnerable groups; and 58 for data on private sector commodities (from about 10 in 2014). Items with lower scores in 2017 included data

collection on population sub-groups (75 from 98 in 2014) and clinic recordkeeping/results feedback to clients (from 70 to 60). Scores declined into the 50s for data-based monitoring, and management use of research findings to improve the program.

- **Quality** – 2017 ratings over 90 went to the use of WHO SOPs, tasksharing guidelines, QOC indicators in public facilities and community/ clinic structures to monitor QOC. Sterilization counseling improved to a 70 mark. Scores declined to 61 for training and to 49 regarding access to IUD removal. Although improving, 2017 scores were still in the 40s for QOC indicators in private facilities, logistics and supervision, and access to implant removal. The lowest rated involved monitoring of provider bias (30).
- **Accountability** – 2017 scores were: 92 for mechanisms to solicit facility-level client feedback, 85 for client-provider dialogue, 60s for monitoring discrimination and free choice and violations review and 50 for mechanisms to report denial of services (down from 90).
- **Equity** – 2017 ratings exceeded 80 for anti-discrimination policies and STM access. Non-discrimination by providers scored 75 (down from 87 in 2014). The 2017 score for CBD was 51 (compared to 28 in 2014) while LAPM access stayed in the 30s.



## Implications

Mozambique joined the Global FP2020 Partnership in 2012 and pledged to increase the contraceptive prevalence rate (CPR) from 12% in 2008 to 34% in 2020 through various efforts: government purchase of contraceptive supplies and securing additional funding through partnerships with the private sector and donors; improving the logistics system; increasing to 50% the number of health facilities offering at least three FP methods; training health providers to provide post-partum and post-abortion counseling on FP; intensifying demand through information and FP services in rural and peri-urban communities; and increasing modern FP use among adolescents. Since 2012, the number of FP users nearly doubled and modern contraceptive use among all women increased from 16% to 32%. In 2017, the country updated its FP2020 commitment by pledging to increase modern FP use among adolescents to 20% in 2020. Fostering a rights-based approach in FP programming and achieving universal health care, the government is reaching out to remote and rural communities through a community health worker program; rolling out school-based FP services; adding FP to its mobile maternal-child health brigade services; and providing FP resources through digital health platforms.<sup>iii</sup>

Mozambique continues to have high marks for several NCIFP items involving its FP strategy; the use of QOC policies and indicators; using data to ensure the most vulnerable have access to FP services; anti-discrimination policies in place; STM access, and accountability mechanisms such as participatory monitoring of QOC along with client feedback at the facility level and client-provider dialogue. These confirm Mozambique's continued commitment to improving its FP program and respect rights as well. The NCIFP results also specify items with declining or relatively low scores: clinical recordkeeping/feedback of results to clients; data-based monitoring/evaluation and program improvement efforts; quality issues particularly the use of QOC indicators in private facilities, provider bias monitoring, the logistics, training, and supervision systems; mechanisms for reporting denial of services based on non-medical grounds; and access to LAPMs as well as IUD and implant removal services. The challenges identified by the NCIFP data are for the country's stakeholders to discuss, identify underlying causes, and agree on appropriate action to ensure achievement of the country's FP, health, and development goals.

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

<sup>ii</sup> 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 modern contraceptives by 2020. <http://www.familyplanning2020.org/>

<sup>iii</sup> <http://www.familyplanning2020.org/Mozambique>