

The National Composite Index for Family Planning (NCIFP)

MYANMAR 2017 Scores and 2014-2017 Trends

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, clinic/community monitoring for QOC, 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.

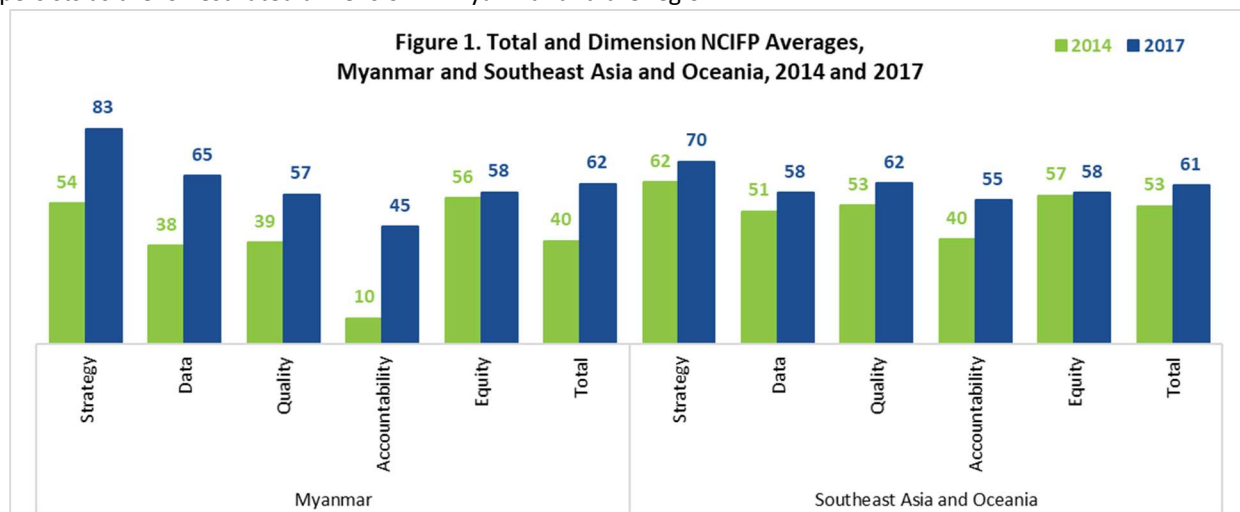
Equity – whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Myanmar vs Southeast Asia and Oceania Results

Figure 1 shows that Myanmar and the region's total and dimension scores increased between 2014 to 2017. Both areas had nearly equal total NCIFP scores in 2017. With the exception of Equity (which was fairly stagnant for the country and the region), Myanmar's dimension averages rose by about 30 points to emerge much higher than corresponding regional averages.

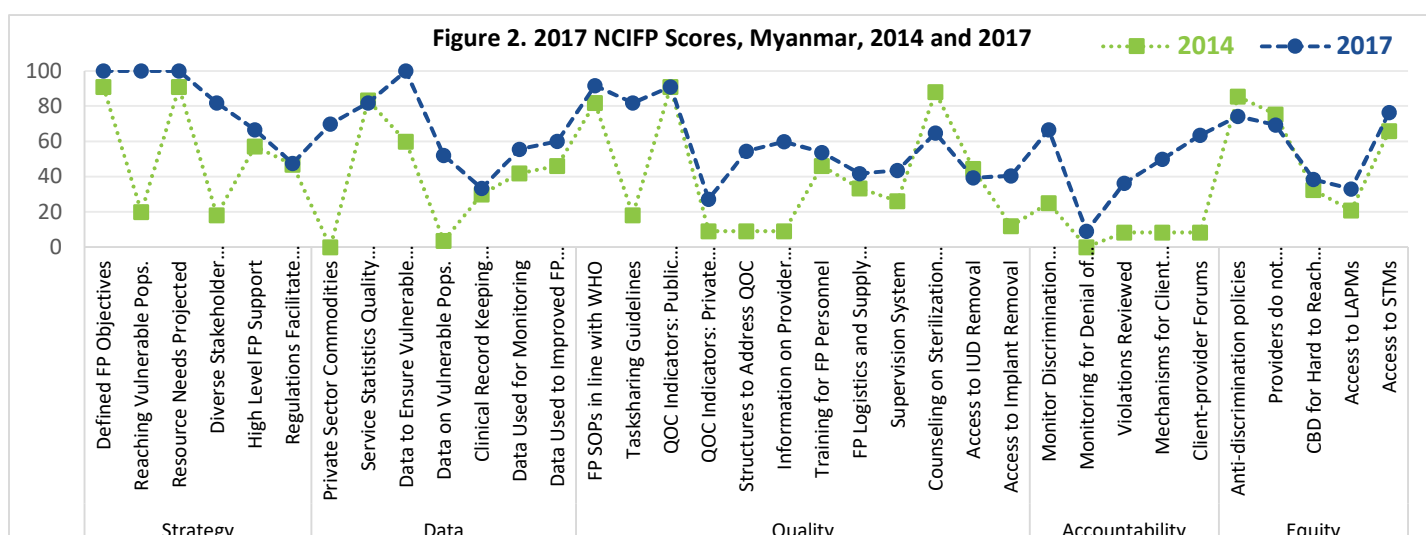
- Strategy was the highest rated dimension for both the country and the region and despite improving scores, Accountability persists as the lowest rated dimension in Myanmar and the region.



Individual NCIFP Trends, Myanmar 2014 and 2017

Ratings of individual NCIFP items specify which FP program activities are progressing well, stagnating, or deteriorating. Figure 2 shows Myanmar's with mostly improved scores in 2017, involving gains of at least +5 points for several NCIFP items. Nevertheless, 2017 score levels still varied widely: six items were rated 90 or higher while the marks of over 10 items were only in the 40s or lower.

- **Strategy** –2017 scores were 100 for the strategy’s quantifiable objectives, estimated resource needs, and focus on vulnerable groups, and 82 for diverse participation (the last two scored only about 20 in 2014). The score for high-level leadership grew slightly to 67 but remained stagnant below 50 for regulations facilitating contraceptive importation.
- **Data** – Data use to ensure access of the most vulnerable had a perfect mark in 2017. The scores for data on private sector supplies (rated 0 in 2014) rose to 70 in 2017 while ratings were in the 50s for data on vulnerable subgroups , and data-based monitoring. Service statistics quality control (82) and clinical recordkeeping (33) stayed relatively stagnant. Data use for program improvement increased to 60.
- **Quality** – The score for tasksharing guidelines jumped from 18 in 2014 to 82 in 2017 while the use of WHO standards and public sector quality indicators retained their 90s ratings. By contrast, private sector quality indicators scored only 27 in 2017 (from 9 in 2014). From only about 10 in 2014, the score rose to 60 for provider bias information and to 55 for clinic/community monitoring of QOC. Training increased to 54 and although also improving, 2017 ratings were only in the 40s for the logistics and supervision systems and access to implant removal. Ratings declined for sterilization counseling (65) and access to IUD removal (39).
- **Accountability** – The highest scores in 2017 were in the 60s for discrimination and free choice monitoring and client-provider dialogue. The score for client feedback at the facility level was 50 but only 36 for violations review and 9 for reporting denial of services.
- **Equity** - The score for STM access grew to 77. Although improving, 2017 ratings were still in the 30s for LAPM access and CBD coverage. The marks regarding anti-discrimination policies and provider non-discrimination fell slightly to around 70.



Implications

In 2017, the Government of Myanmar renewed its 2016 commitmentⁱⁱⁱ to FP2020 to increase FP use from 41 to above 60 percent by 2020. Efforts include innovative financing solutions, strengthening supply chains, reaching the hardest to reach, and improving method mix by increasing the use of LAPMs. Myanmar also aims to strengthen modern contraceptive provision by trained nurses, midwives and volunteers through better coordination and collaboration among multi-stakeholders, and implementing people-centered policies to address regional, urban-rural, and rich-poor disparities. Myanmar also pledged to increase the health budget to cover nearly 30 million couples by 2020; boosting partnerships with the private sector, civil society organizations, and other development partners for expanded service delivery; strengthening the logistics management information system and implementing the monitoring system to ensure quality of care and provide more contraceptive options.

The 2014-2017 NCIFP results confirm Myanmar’s significant progress in improving a number of FP program activities particularly regarding the country’s FP strategy, the collection and utilization of various FP-related data, the use of quality of care standards and structures especially in the public sector. However, the NCIFP results also identify various program challenges including regulations affecting contraceptive supplies, quality issues (particularly quality of care in private facilities, the logistics and supervision systems access to implant and IUD removal), various accountability items but most particularly violations review and denial of services, and equity concerns especially CBD outreach and LAPM access. These challenges are for the country’s FP stakeholders to discuss, identify underlying causes, and agree how best to address them to ensure achievement of national FP objectives.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): MYANMAR 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/myanmar>