

The National Composite Index for Family Planning (NCIFP)

Kenya 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.

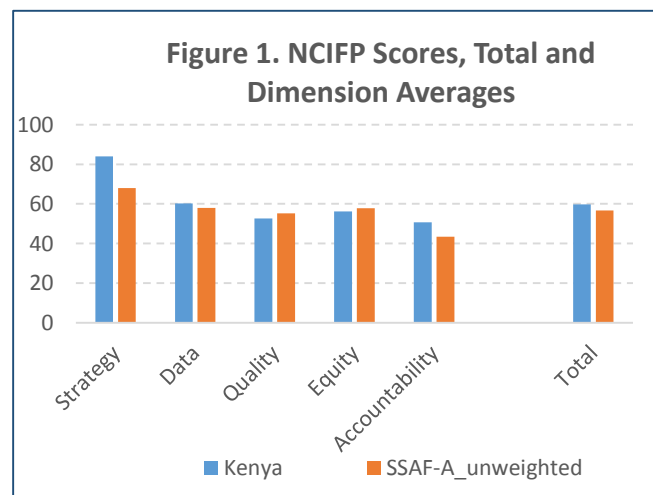
The NCIFP builds on the long-standing *National Family Planning Effort Index* (FPE). In 2014, questionnaires for the FPE and the NCIFP were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium with funding from USAID), and Avenir Health (with funding from the Bill and Melinda Gates Foundation). The NCIFP allows qualitative assessments of FP programs and can stimulate discussions among stakeholders about factors that help make FP programs effective, widely supported, and sustainable considering that needed policies, equity and quality interventions, data and accountability systems are in place.

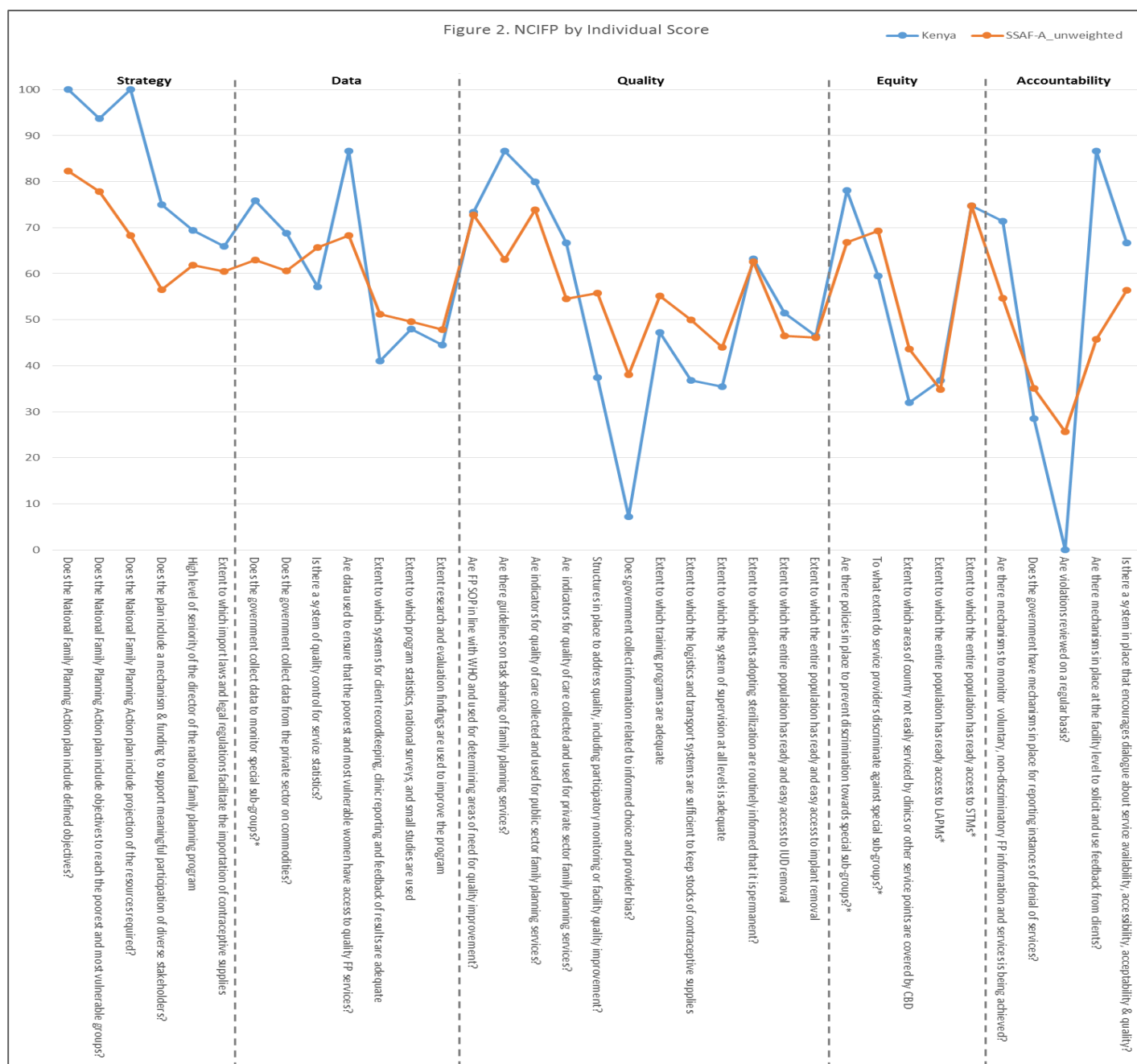
What do the Kenya results look like?

Kenya's total NCIFP score was higher than the average for the Anglophone SSAF region (60 vis-a-vis 57 percent, in Figure 1). Kenya also scored higher than the region in three NCIFP dimensions (Strategy, Data, and Accountability) but slightly lower for Equity and Quality.

Kenya's individual item scores varied very widely (Figure 2). The country earned a perfect 100 on two Strategy items- a) having defined objectives over a 5 to 10-year period (including quantitative targets), and b) action plans with projected resource requirements. The country, however, scored 0 on the Accountability question about whether service delivery violations were reviewed on a regular basis.

Figure 2 also shows that Kenya's individual item scores somewhat follow the pattern of regional scores, with the country and the region scoring high on the same items and low on other items, indicating similarities in what each area is achieving more strongly or less well. In terms of the Data dimension, for example, the country and region had their highest scores for a) use of data to ensure that the poorest and most vulnerable have access to quality FP services, and b) collection of data to monitor special sub-groups. Both areas also scored high for the Equity item regarding the population's ready access to short-acting methods. Similarly, both the region and Kenya scored very low on whether the government collects information regarding informed choice and provider bias (under Quality) and whether service delivery violations are reviewed regularly (under Accountability). What is noteworthy is that for certain items, Kenya scored much higher (see Strategy and Data items) or much lower (see Quality items) than the region.





Implications

The NCIFP provides qualitative information on how a country stands re factors that help make FP programs effective and widely supported: Strategy, Equity, Quality, Data and Accountability systems. Kenya's commitments to FP2020 (London Summit 2012), include Strategy, Equity and Quality dimensions. High Strategy scores give credit to Kenya's current policies and plans which have defined FP objectives and interventions. Although these policies and plans also emphasize Equity, Kenya received mixed scores for this NCIFP dimension: scoring high for having anti-discrimination policies and ready access to short-term methods, but scoring very low for CBD coverage of areas not served by clinics. Kenya's FP2020 commitments focus on quality of services. Its NCIFP results, however, point out key Quality gaps: data collection on informed choice and provider bias, quality assurance structures such as participatory monitoring, functioning logistics systems, and supervision. These gaps help explain the 0 score for regular review of violations under Accountability. The challenges raised by the NCIFP are topics for further research and discussion within the country.

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