

# The National Composite Index for Family Planning (NCIFP)

## Burundi 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.

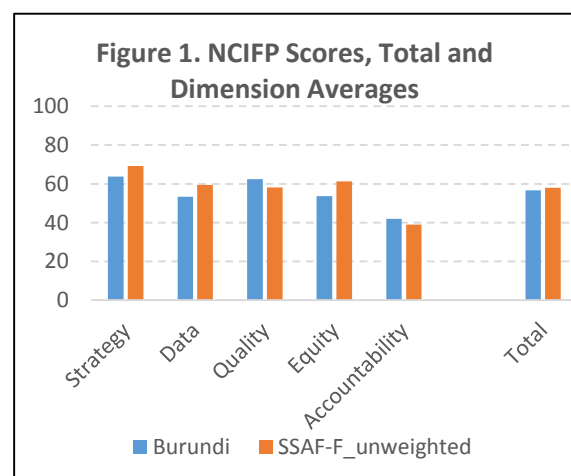
**Accountability** – whether there are 31) national, sub-national and facility-level mechanisms in place to monitor voluntary, non-discriminatory FP provision; 32-33) mechanisms to report denial of services in place and reviewed; 34) client feedback solicited, and 35) system in place to encourage dialogue between clients and providers.

The NCIFP builds on the long-standing *National Family Planning Effort Index* (FPE). In 2014, the two questionnaires were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium, with USAID funding) and Avenir Health (with funding from 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 Burundi results look like?

Overall, Burundi scored one point lower than the regional average for Francophone SSAF (57 v 58, as shown in Figure 1). Burundi also averaged lower than the region for three NCIFP dimensions (Strategy, Data and Equity) but slightly higher for Quality and Accountability.

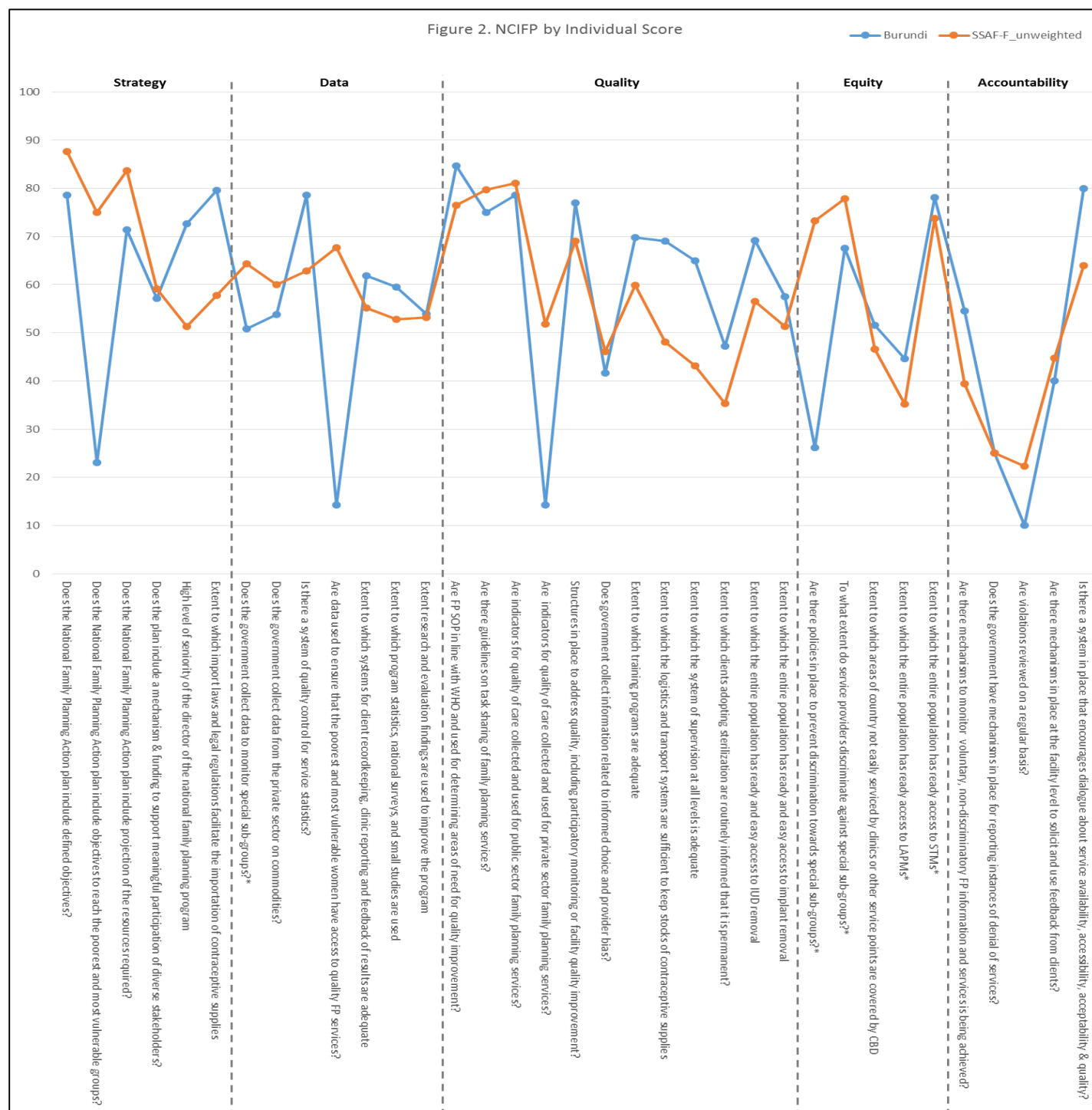
Patterns of individual item scores are similar for Burundi and the region (Figure 2), indicating similarities in what program areas are achieving more strongly, and, less well. Moreover, the levels of scores that the country and region obtained for several individual items were often not too far apart. While Burundi scored much higher than SSA-F on most Quality items, the country scored 30 or lower on certain FP issues: under Accountability, on whether service violations are reviewed regularly; under Quality, on collection and use of indicators on private sector quality of services; under Data on use of information to ensure that the poorest and most vulnerable have access to quality service; and under Equity on whether policies exist to prevent discrimination against special sub-groups.



### Implications

In 2014, the government of Burundi articulated as its FP2020 commitments the following: improve the quality of FP services by training health workers at all public health facilities; establishing health posts for FP in inaccessible areas; integrating FP with other health programs; scaling up community-based services through community mobilization and task shifting; improving LAMP services; generating demand through various communication approaches; improving FP information and services for young people; and

supporting performance-based financing even at the community level. To undertake these interventions, the government pledged to increase budget line allocations for reproductive health and FP and raise the outlay for contraceptive procurement by 10% each year from 2015 to 2020. The government also pledged to increase donor-private sector financing for FP, establish coordination mechanisms, optimize fund allocation, and improve the regulatory framework for public-private partnerships to expand FP service points. The government also committed to exploring the integration of population, health, and environment objectives to improve FP and create a national population board to coordinate all FP, population, and development activities. The foregoing commitments and plans are commendable but also challenging. The 2014 NCIFP results for Burundi provide key information on FP program issues for FP stakeholders to discuss and decide how best to address to achieve the country's population, health and development goals.



Want to know more: Read the full NCIFP report and use the interactive data tool available at [track20.org](http://track20.org)