

The National Composite Index for Family Planning (NCIFP)

UZBEKISTAN 2017 Scores and 2014-2017 Trendsⁱ

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, 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.

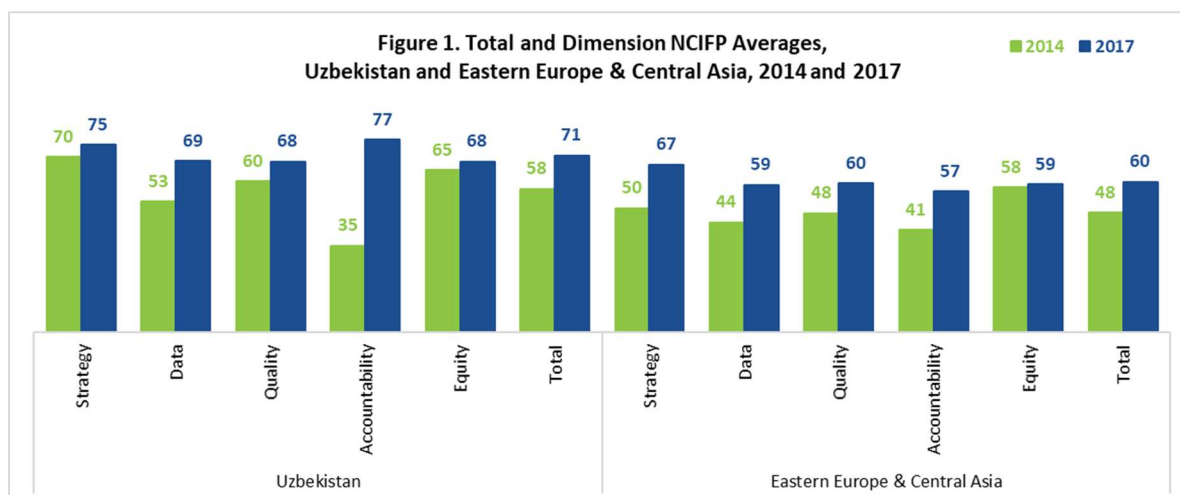
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Uzbekistan vs Eastern Europe and Central Asia Results

Figure 1 shows that the total NCIFP scores for Uzbekistan and the region rose between 2014 and 2017, with Uzbekistan's total scores (58 and 71 respectively) outscoring the region in both years (48 and 60 respectively). All five dimensions also averaged higher in both areas by 2017, with Uzbekistan's averages higher than corresponding regional levels.

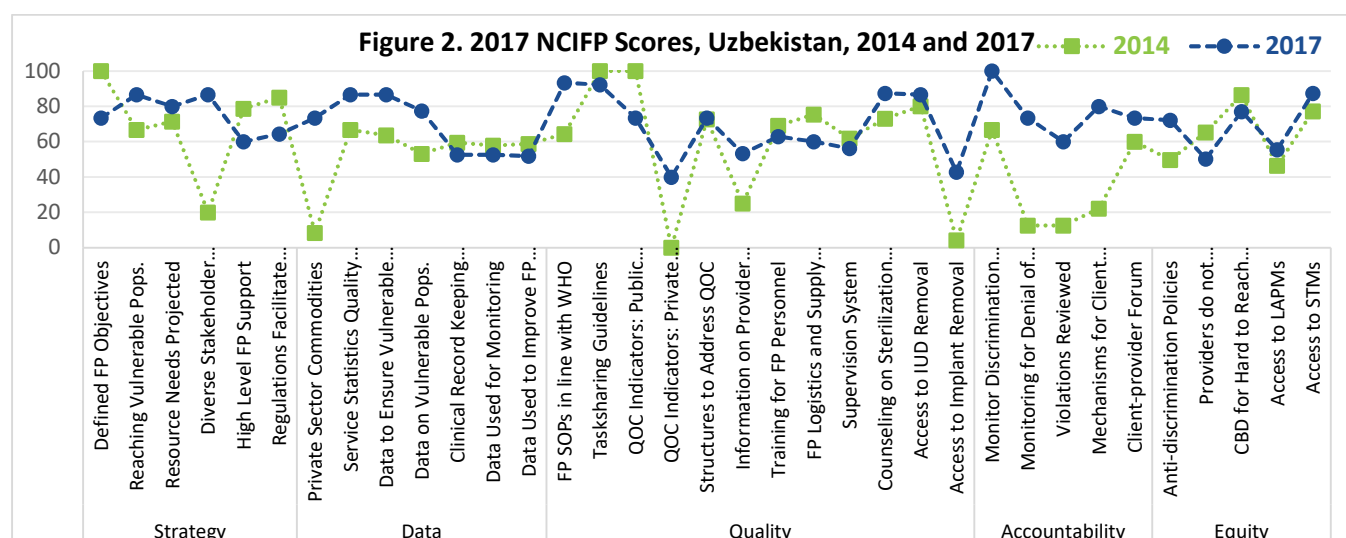
- Uzbekistan's lowest rated dimension was Accountability (35) in 2014 and Quality and Equity (68) in 2017. Strategy was the country's highest rated in 2014 but Accountability became its highest ranked in 2017, with Strategy close behind.
- Accountability was the region's lowest rated in both years despite the dimension's score improving in 2017. The region's highest rated dimension was Equity in 2014 and Strategy in 2017.



Individual NCIFP Trends, 2014 and 2017

Scores of individual NCIFP items over time indicate which specific FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows that the majority of Uzbekistan's 2017 ratings were at least in the 60s. The scores of around 20 items improved in 2017; over 10 items had lower marks, and the rest with hardly changed ratings.

- **Strategy** – 2017 ratings improved to the 80s for the FP strategy prioritizing vulnerable groups, estimating resource needs, and supporting diverse participations. However, the score fell to 73 regarding the strategy’s objectives (from 100 in 2014) and to the 60s for high-level program support and regulations that facilitate contraceptive importation/production.
- **Data** – 2017 scores rose to 87 for service statistics quality control and the use of data to ensure the most vulnerable have access; and to the 70s regarding data on private sector commodities and population sub-groups. Ratings declined to the low 50s for clinic recordkeeping/reporting results to clients and the use of data to monitor and improve the program.
- **Quality** – Scores in 2017 were in the 90s for the use of WHO SOPs and tasksharing guidelines (the latter scored 100 in 2014) and in the upper 80s for sterilization counseling and access to IUD removal (compared to 43 for access to implant removal). The mark was 73 each for clinic/community structures to monitor QOC and the use of QOC indicators in public facilities. The score for QOC indicators in private facilities improved from 0 (no effort) in 2014 to 40 in 2017 while that of provider bias monitoring increased to 53. Ratings for three support systems - training, logistics, and supervision- declined to the low 60s and upper 50s.
- **Accountability** – Higher ratings were given to all five items: 100 for discrimination and free choice monitoring; 80 for facility-level client feedback; 73 each for mechanisms to report denial of services and for client-provider dialogue; and 60 for violations review.
- **Equity** – 2017 scores increased for three items: STM access (87), anti-discrimination policies in place (72), and LAPM access (56) while ratings declined for CBD coverage (77) and provider non-discrimination against certain population groups (50).



Implications

Uzbekistan is Central Asia’s most populous country, with a total population of about 33 million, of which 36% are less than 20 years of age. The UNFPA Country Programme Document 2016-2020 cited the Government for making major efforts to improve reproductive health (RH) but emphasized that challenges remain. Reproductive rights need to be fully upheld through supportive regulatory frameworks and service standards. Although the government provides free FP services through an extensive network of primary health care facilities, the quality of services especially in rural areas needs enhancement. The country has significantly progressed in funding contraceptive procurement from the national budget but the logistics system needs further strengthening to ensure access to all sectors of the population.ⁱⁱⁱ Modern contraceptive use is 66% among married women but only 47% among all women.^{iv}

Uzbekistan’s NCIFP results point to a large number of FP program activities that were rated higher in 2017. The NCIFP study also specifies certain items with scores that significantly declined, particularly regarding the strategy’s objectives, high-level leadership of the program, regulations affecting FP commodities, and the use of QOC indicators in public facilities. Moreover, several NCIFP items continue to be rated in the 50s or even lower, including various data items (clinic recordkeeping and feedback of results to clients, data-based monitoring, and the use of research findings to improve the program), quality of care concerns that involve the use of QOC indicators in private facilities, monitoring of provider bias and informed choice, access to implant removal; and equity items related to LAPM access and providers not discriminating against certain population groups. These challenges are for the country stakeholders to consider in their efforts to plan and implement rights-based, high-quality FP services to all sectors of the population.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): UZBEKISTAN 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. For more on FP2020, visit <http://www.familyplanning2020.org/>

ⁱⁱⁱ <https://www.unfpa.org/data/transparency-portal/unfpa-uzbekistan>

^{iv} <https://www.familyplanning2020.org/uzbekistan>