

The National Composite Index for Family Planning (NCIFP)

BURUNDI 2017 Scores and 2014-2017 Trendsⁱ

What is the NCIFP?

A tool that supports FP2020's^[i] 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 monitoring and research to improve the program.

Quality – whether the government uses WHO standards of practice (SOPs), task-sharing guidelines, and quality of care (QOC) indicators in public and private facilities. Quality also considers the adequacy of structures for training, logistics, supervision, clinical/community monitoring, 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.

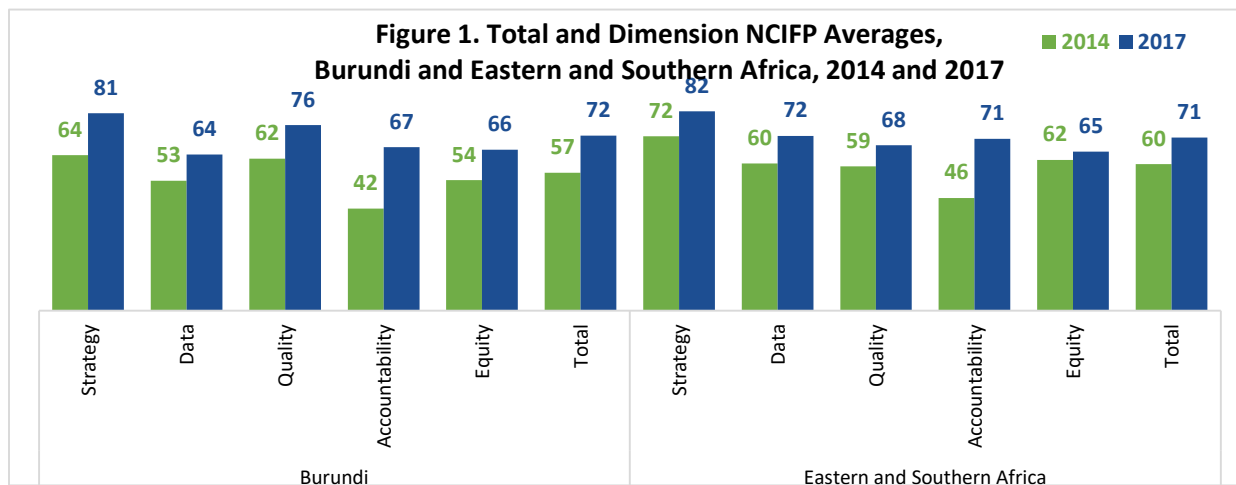
Equity - whether anti-discrimination policies exist, providers discriminate against vulnerable groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Burundi vs Eastern and Southern Africa Results

Figure 1 shows Burundi and the region with nearly similar total NCIFP scores in both years, but with Burundi rated slightly lower than the region in 2014 then minimally exceeding the region's total in 2017. Dimension averages of both areas also improved in 2017.

- Strategy was the highest rated dimension for Burundi and the region in both years. Quality ranked second for Burundi in 2014 and 2017, with the dimension averaging higher than the region.
- Accountability was the lowest rated dimension in 2014 for both the country and the region. Equity was the region's lowest rated dimension in 2014. Burundi's Accountability rating vastly improved and the lowest rated dimension shifted to Data.

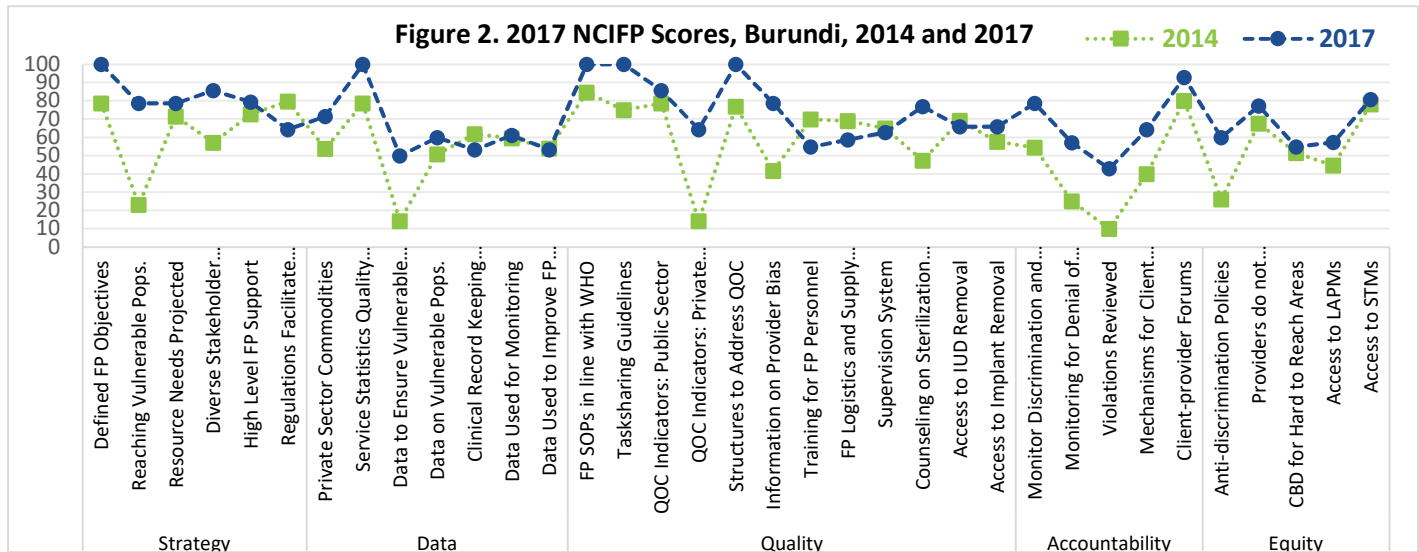


Individual 2014 and 2017 NCIFP Scores

The ratings of individual NCIFP items over time indicate specific FP program activities that are progressing, stagnating, or deteriorating. Figure 2 shows Burundi with around 20 items scoring higher in 2017 by at least five points.

- **Strategy** –All items scored higher except regulations facilitating contraceptive importation (from 80 to 64). Scores included 100 for the strategy's defined objectives; 86 for diverse participation, and 79 for the other items.

- **Data** – Quality control of service statistics had a perfect mark in 2017. Other scores included: data on private sector supplies (71); ratings in the 60s for data on vulnerable groups and data-based monitoring; and scores in the 50s for client recordkeeping/feedback, the use of data to improve the program and for the most vulnerable to have access.
- **Quality** – Perfect 2017 scores were given to the use of WHO SOPs, task-sharing, and clinic/community structures to address OQC. The use of QOC indicators in the public sector scored 86 compared to 64 for their use in private facilities. Ratings in the 70s went to information on provider bias and sterilization. Access to IUD and implant removal both scored 66. 2017 scores were around 60 for three support systems -training, logistics, and supervision- the dimension's lowest rated.
- **Accountability** – All items scored higher in 2017. The highest rated was client-provider dialogue (93); monitoring discrimination and free choice followed (79). Three Accountability mechanisms had 2017 scores that were more than 20 points above 2014 levels: client feedback (64), reporting denial of services (57), and violations review (43).
- **Equity** – All items had improved ratings in 2017: STM access (81), providers not discriminating against vulnerable groups (77); anti-discrimination policies (60), and 50s for LAPM access and CBD coverage.



Implications

Burundi joined the Global FP2020 Partnership in 2014 and pledged to achieve a contraceptive prevalence rate (CPR) of 50% by 2020. The country focuses on improving the quality of FP services at all levels. An estimated 62% of health centers are providing a full range of FP methods and integrating FP into HIV, immunization, and postpartum services. Like many countries in the region, financing is a major challenge. Burundi is working to boost domestic financing of commodities by increasing the government budget for contraceptives and enhancing private-sector financing. The country is also working to improve the regulatory framework for public-private partnerships and expand FP service delivery points; train health workers at all public health facilities; include LAPM provision in training efforts; improve access by establishing health posts for FP in geographically inaccessible areas; scale up community-based services and task shifting; increase demand by raising awareness about the benefits of FP; and reaching out to adolescents and young people through information technologies and in-school sexuality educationⁱⁱ.

Burundi's high and mostly improved marks for several NCIFP items attest to the country's significant progress in improving the national FP program. The NCIFP results also point out items with scores that largely declined or continue to have very low scores: regulations affecting contraceptive importation; using data to ensure access among the most vulnerable; client record-keeping and results feedback; management use of research findings to improve the program; systems that support service delivery, particularly training, logistics, and supervision; mechanisms to review violations; CBD coverage of underserved communities and groups; and access to LAPMs. It is noteworthy that most of the challenges that the NCIFP identified are important components of FP activities that Burundi is working on as part of its FP2020 activities: policies affecting contraceptive products and private sector involvement, a host of training activities, a wide range of FP services that include LAPMs, reaching the most vulnerable, and community outreach. These challenges are for the country's stakeholders to discuss, identify underlying causes, and agree on how best to address these challenges and ensure that efforts to strengthen the FP program continue well into the future.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): BURUNDI 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 (<http://www.familyplanning2020.org/>)

ⁱⁱⁱ <http://www.familyplanning2020.org/Burundi>