

The National Composite Index for Family Planning (NCIFP)

BURKINA FASO 2017 Scoresⁱ

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-based standards of practice (SOPs), task-sharing guidelines, and quality of care (QOC) indicators in public and private facilities. Quality of services also considers the adequacy of structures for training, logistics, supervision, IUD and implant removal, clinic/community QOC monitoring, 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 dialogue between clients and providers.

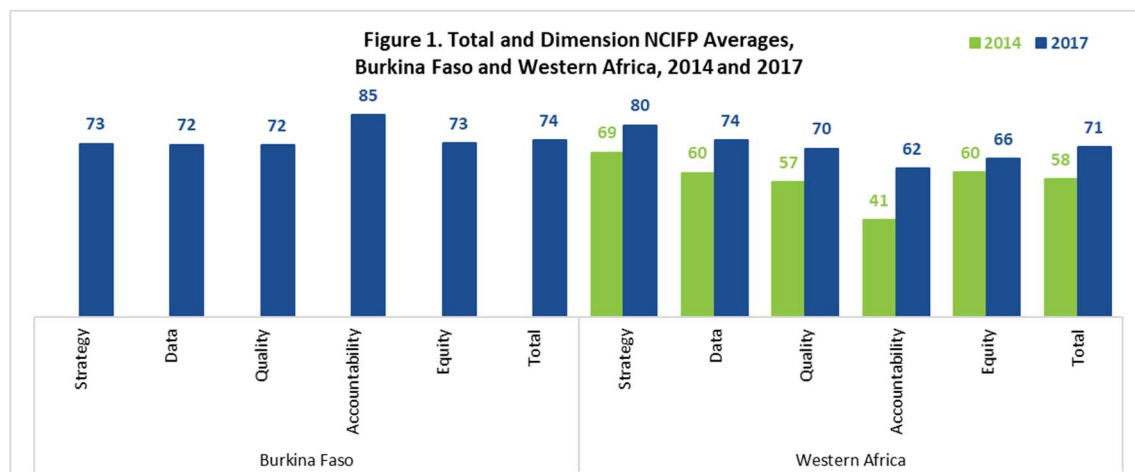
Equity - whether anti-discrimination policies exist, providers do not discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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. Burkina Faso did not participate in the 2014 study. This brief presents Burkina Faso results for 2017. To facilitate comparison with other countries that have both 2014 and 2017 NCIFP data, the analysis in this brief uses the 2014 approach which involved primarily yes/no questions. NCIFP results are intended for use by each country's stakeholders in FP policy and planning efforts.

Burkina Faso vs Western Africa Results

Figure 1 shows Burkina Faso's total NCIFP score (74) was slightly higher than the region's total score (71). Both total scores are higher than the global average of 64 in 2017. In terms of dimension averages:

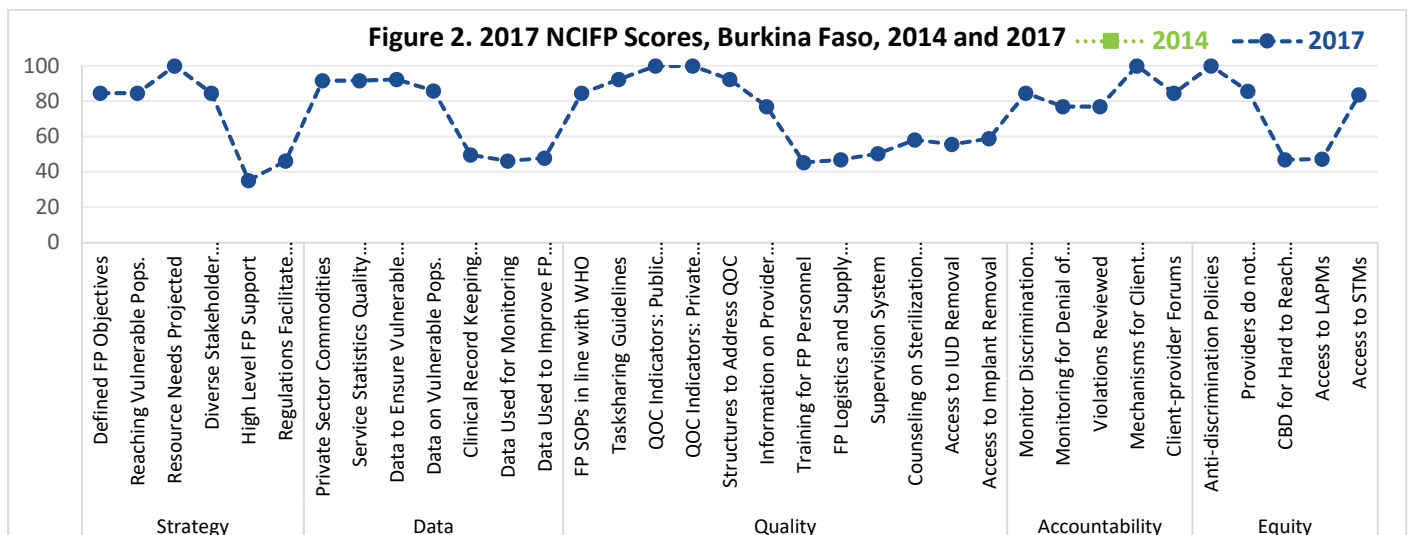
- Accountability ranks low in many countries, but the dimension was Burkina Faso's highest rated (85) compared to Strategy for the region (80). Accountability was the region's lowest ranked; its average was 23 points lower than Burkina Faso's.
- The country averaged around 72 in the other four dimensions.



Individual 2017 NCIFP Scores

The scores of individual NCIFP items over time specify which FP program activities are doing well, stagnating, or deteriorating. Burkina Faso does not have 2014 NCIFP data but its 2017 scores (Fig. 2) vary widely and are revealing. Several items scored in the 90s or higher; others had 50s or lower ratings, calling for attention today and in efforts to assess future progress.

- **Strategy** – Burkina Faso got perfect marks for its FP strategy specifying resource needs, followed by ratings in the 80s for the strategy specifying its objectives, priority subgroups, and diverse participation. Regulations facilitating contraceptive products scored only 46 but program leadership level, scoring only 35, was the lowest rated among all NCIFP items.
- **Data** – Scores ranging from 86 to the 90s went to the use of data to reach and serve vulnerable groups, data collection on private sector commodities, and information system quality control. Ratings were only in the high 40s to low 50s for clinic record-keeping and results feedback, data-based evaluation, and use of research findings to improve the program.
- **Quality** - Perfect marks were given to the use of quality indicators in public and private sector facilities. Other high scores included 90s for the use of task-sharing guidelines and clinic/community QOC monitoring, 85 for WHO SOPs, and 77 for information on provider bias. All other items scored in the 50s (access to implant or IUD removal, information about sterilization, and the supervision system) or 40s (adequacy of the training and logistics systems).
- **Accountability** – The scores of items under this highest rated dimension were in the high 70s to 100, with the highest going to mechanisms for facility-level feedback. Review of violations and denial of services were at the lower end of the range.
- **Equity** – Individual scores varied widely. Anti-discrimination policies had a perfect mark; non-discrimination by providers and STM access scored in the 80s; but ratings for CBD coverage of underserved areas and LAPM access were only in the 40s.



Implications

A member of the Ouagadougou Partnership and SWEDD (Sahel Women's Empowerment and Demographic Dividend project), Burkina Faso joined the Global FP2020 Initiative in 2012.ⁱⁱⁱ The country is committed to achieving a modern contraceptive prevalence rate (mCPR) of 32% and a total fertility rate (TFR) of 4.7 in 2020. The latest data^{iv} show that the TFR is declining but levels remain very high among the poorest and rural populations. The mCPR also continues to increase but at a slightly slower pace than in previous years. The 2010 Demographic and Health Survey showed that 25% of married women had an unmet need for FP and the median age at first marriage has not changed much over the years. Despite many challenges, the country has moved forward in implementing its 2017-2020 RH/FP strategy. Efforts include resource mobilization at the national and municipal levels; integrating adolescent health in all FP activities; monitoring contraceptive supplies at all levels; evaluating action plan implementation to ensure targets are met; service provision partnerships with the private sector and civil society groups; aiming to provide free FP services and products to all clients; and establishing a demographic dividend coordinating body.

Burkina Faso's high marks for several NCIFP items in 2017 allude to the Government's significant progress involving its FP strategy, monitoring private sector commodities along with data collection and use to ensure access among the most vulnerable, quality of care protocols and structures, various accountability mechanisms, and equity initiatives. The NCIFP results also pointed out several low-scoring program activities: regulations that facilitate contraceptive importation, high-level leadership of the program, clinic record-keeping and results feedback to clients, data-based monitoring and program improvement efforts, access to LAPM services that also includes implant or IUD removal, sterilization counseling, systems that support quality of care (logistics, training and supervision), and CBD outreach to underserved groups and areas. The challenges just mentioned are for the country's stakeholders to discuss, identify underlying causes, and agree on how best to address these challenges and ensure achievement of FP objectives.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): BURKINA FASO 2017 Scores and 2014-2017 Trends". 2017 NCIFP Policy Brief Series (2019)

ⁱⁱ Family Planning 2020 is a global initiative through which governments, civil society, multilateral organizations, donors, the private sector, and the research community work together to enable more women and girls to use contraceptives by 2020. (<http://www.familyplanning2020.org/>)

ⁱⁱⁱ <http://www.familyplanning2020.org/burkina-faso>

^{iv} <https://dhsprogram.com/pubs/pdf/FR256/FR256.pdf>