

The National Composite Index for Family Planning (NCIFP)

UKRAINE 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.

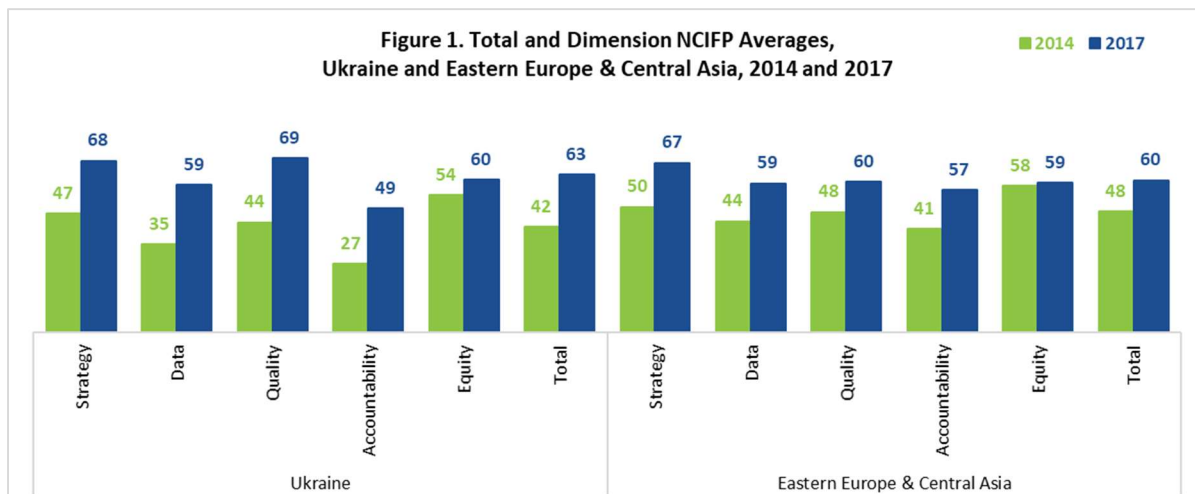
Accountability – whether mechanisms exist to monitor discrimination and free choice, review violations, report denial of services, enable facility-level feedback, and encourage communication between clients and providers.

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 populations 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.

Ukraine vs Eastern Europe and Central Asia Results

Figure 1 shows Ukraine's total NCIFP score of 42 in 2014 soared to 63 by 2017 while those of the region increased from 48 to 60. Ukraine's averages for all five dimensions also increased sizably in 2017. Ukraine's highest rated dimension was Equity in 2014; Quality and Strategy ranked the highest in 2017. Equity was also the region's highest rated in 2014 then Strategy became its highest ranked in 2017. Despite improving scores, Accountability was the lowest ranked in both areas and years.

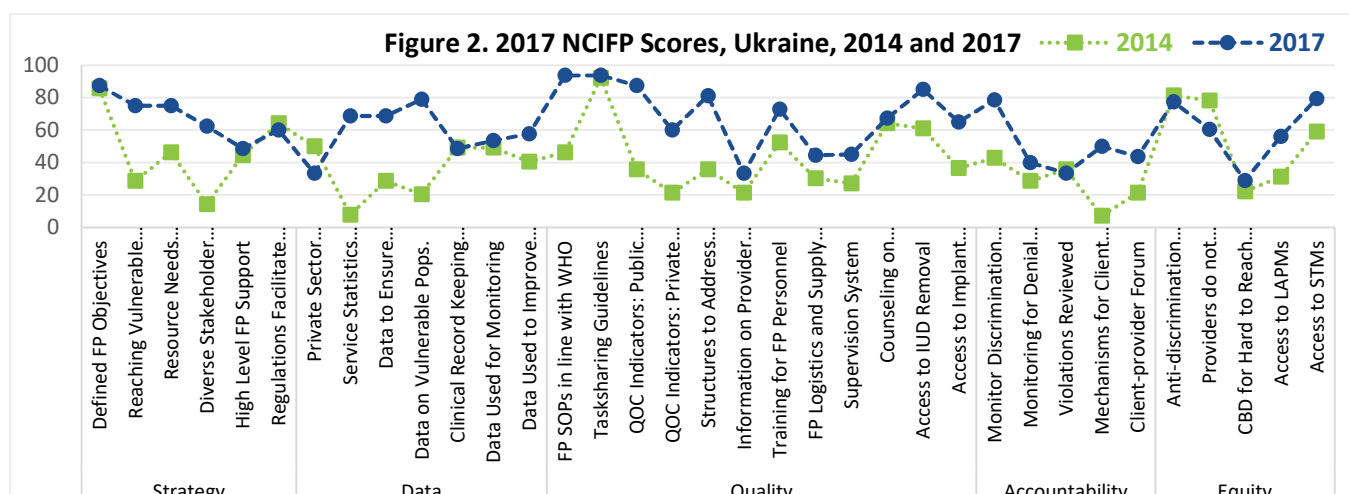


Individual NCIFP Trends, 2014 and 2017

Assessments of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows Ukraine's ratings for individual items generally improved, including 15 items with 2017 scores ranging from 60 to 95, which were at least 20 pts higher than their respective 2014 scores. Only two items had significantly declining scores in 2017. Several items, however, continued to have scores only in the 40s or even lower.

- **Strategy** – Ratings minimally changed for the strategy's objectives (88), high-level support (49), and regulations for contraceptive importation (60) but soared to 75 each for the focus on vulnerable groups and estimated resource needs and to 63 for participation of diverse stakeholders.

- **Data** – The score for data on private sector supplies fell to 33 in 2017 but hardly changed for clinic recordkeeping/feedback to clients (49) and the use of data in evaluation (53) and to improve the program (58). Ratings rose from less than 30 in 2014 to almost 70 or higher in 2017 for data on vulnerable groups and their access, and for quality control of service statistics.
- **Quality** –Higher 2017 ratings included 94 for the use of WHO SOPs and tasksharing guidelines; 80s for QOC indicators in public facilities, clinic/community structures to monitor QOC, and access to IUD removal; 73 for the training system; and 60s for sterilization counseling, access to implant removal, and QOC indicators in private facilities. Although improved, 2017 ratings ranged only in the 30s to the 40s for logistics, supervision, and information on provider bias/informed choice.
- **Accountability** – Improved scores included: discrimination and free choice monitoring (79), efforts to solicit client feedback (50), client-provider forums (44) and mechanisms for reporting denial of services (40). Violations review dropped to 33.
- **Equity** –2017 marks were near 80 for anti-discrimination policies and STM access compared to 56 for access to LAPMs. The score for provider non-discrimination against certain groups fell from 78 to 60 while that of CBD coverage stayed in the 20s.



Implications

Ukraine's total population in 2019 is about 44 million of which a quarter is less than 25 years of ageⁱⁱⁱ. According to the 2012 Ukraine Multiple Indicator Cluster Survey (MICS)^{iv}, the total fertility rate (TFR) was 1.5 lifetime births per woman. Available data indicate that induced abortion persists as a family planning method in the country. The mean lifetime abortions per woman was 1.57 based on the 1999 Ukraine Reproductive Health Survey, 0.4 according to the 2007 Demographic and Health Survey^v; and 1.6 per woman from the 2012 MICS. A 2015 study of women who had an abortion or a birth in Kiev showed that most women wanted to postpone or end childbearing but had limited knowledge and experience regarding IUDs and implants. Barrier methods and oral contraceptives were the most commonly used methods. Assisted by the WHO and other international agencies, the Comprehensive Care for Unwanted Pregnancies project led by Ukraine's MOH initiated activities in 2010 that included provider capacity-building, a client-oriented approach, monitoring and evaluation, policy reform, and post-abortion contraception.^{vi}

Ukraine's NCIFP results attest to the country's progress in strengthening the FP program, as a large number of NCIFP items had 2017 scores around 80 or even higher, including activities related to the MOH's CCUP project: the FP strategy's objectives and focus on vulnerable groups, along with data on population subgroups and using such data to ensure access among the most vulnerable, quality of care initiatives (particularly the use of WHO SOPs, tasksharing guidelines, public sector QOC indicators, clinic/community monitoring structures, and IUD removal services), discrimination and free choice monitoring, and STM access. Nevertheless, certain FP activities had declining scores in 2017 or continued to be rated only in the 40s or much less: data collection on private sector commodities; the logistics and supervision systems as well as provider bias monitoring which are important factors that affect the quality of services; three accountability mechanisms (client-provider dialogue, reporting the denial of services based on non-medical grounds, and violations review), and CBD coverage of underserved populations. These challenges are for the country's FP stakeholders to discuss and address in their efforts to strengthen the FP program and improve the health of women and families.

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

ⁱⁱ FP2020 is a global initiative involving governments, civil society, local, and international organizations work together to enable more women and girls to use contraceptives by 2020. See <http://www.familyplanning2020.org/>

ⁱⁱⁱ UN World Population Prospects, 2019 Revision. <https://population.un.org/wpp/DataQuery/>

^{iv} https://mics-surveys-prod.s3.amazonaws.com/MICS4/Europe%20and%20Central%20Asia/Ukraine/2012/Final/Ukraine%202012%20MICS_English.pdf. See also <https://dhsprogram.com/pubs/pdf/FR210/FR210.pdf>

^v Ukraine Demographic and Health Survey <https://dhsprogram.com/pubs/pdf/FR210/FR210.pdf>

^{vi} <http://www.euro.who.int/en/health-topics/Life-stages/sexual-and-reproductive-health/news/news/2011/06/ukraine-scales-up-services-for-women-with-unwanted-pregnancies>