

# The National Composite Index for Family Planning (NCIFP)

## KENYA 2017 Scores and 2014-2017 Trends<sup>i</sup>

### What is the NCIFP?

A tool that supports FP2020's<sup>ii</sup> 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 family planning (FP) policies and program implementation based on 35 items that are 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 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.

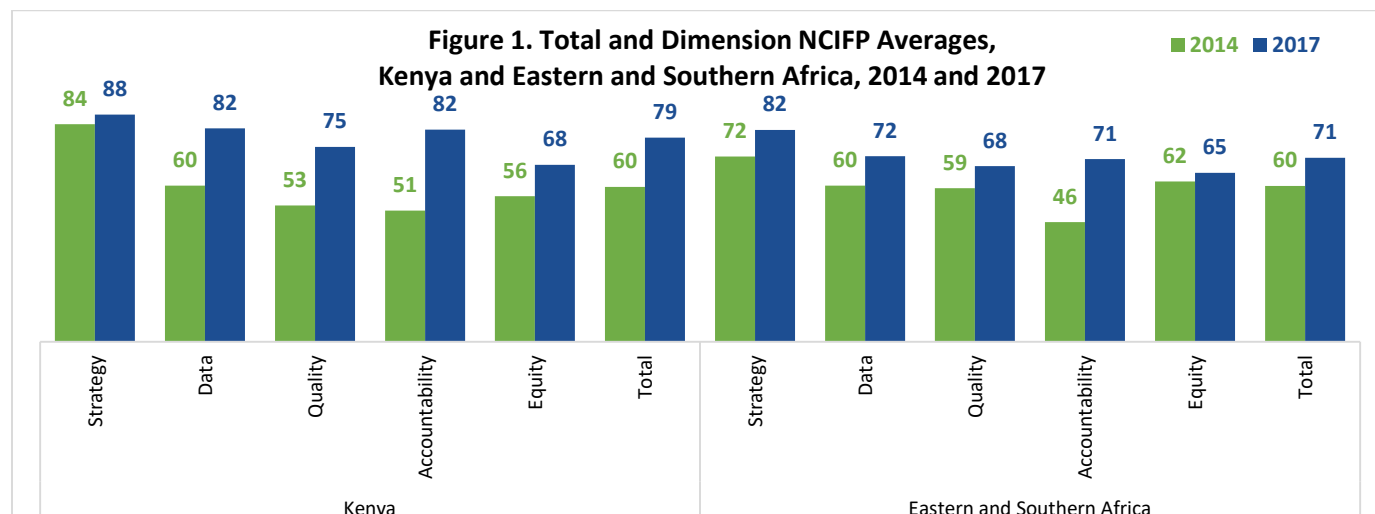
**Equity** - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

First undertaken in 2014, the NCIFP builds on the long-standing National Family Planning Effort Index (FPE). Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation to assist countries participating in the FP2020 Global Initiative) collected NCIFPs in 2017 to assess national FP program status in 2017 and changes since 2014. The data are intended for policy and planning use by each country's FP stakeholders.

### Kenya vs Eastern and Southern Africa (E&SA) Results

Figure 1 shows Kenya and the region having equal total NCIFPs (60) in 2014 and much higher total scores in 2017, more particularly for Kenya. Both areas also averaged higher in all five dimensions, and even more so for Kenya.

- Strategy was the highest rated dimension in both areas and years.
- Accountability was the lowest rated dimension in both areas in 2014, but this shifted to Equity in 2017. Accountability was most improved: Kenya's average rose to 82 (a gain of +31 pts); the region's average increased to 71 (a gain of +25 pts).

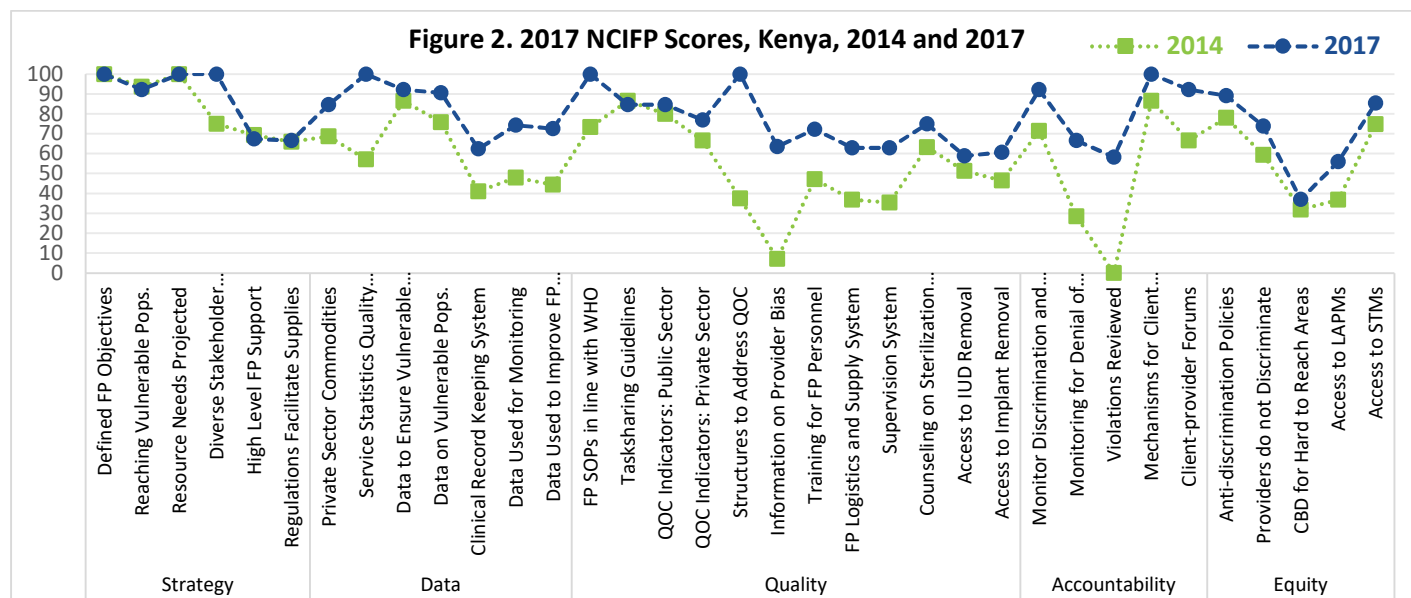


### Individual NCIFP Trends, Kenya 2014 and 2017

Detailed NCIFP ratings over time specify which FP program activities are progressing, stagnating, or deteriorating. Figure 2 shows Kenya with higher scores in 2017, including about 20 items rated 70 or higher.

- **Strategy** – 2017 marks included 100 for the strategy's defined objectives, resource needs, and support for participation; 92 for prioritizing vulnerable groups; but still in the 60s for high-level support and regulations facilitating contraceptive products.

- **Data** – All data items scored higher in 2017. The highest marks went to quality control of service statistics (100), the collection and use of data on vulnerable groups (90s), and private sector commodities (85). Data-based monitoring and program improvement efforts scored in the 70s. The lowest rating (62) involved clinic record-keeping/feedback of results to clients.
- **Quality** – Practically all items had higher 2017 scores. The use of WHO SOPs and clinic/community structures to monitor QOC had perfect marks; tasksharing and QOC indicators in public facilities scored in the 80s compared to ratings in the 70s for private sector QOC indicators, the training system, and sterilization counseling. Scores ranged from 59 to 64 for the remaining items: information on provider bias, logistics, supervision, and, the lowest rated, access to IUD and implant removal.
- **Accountability** – All items scored much higher in 2017. The highest ratings went to mechanisms to solicit client feedback (100), to monitor discrimination and free choice, and for client-provider dialogue (92); lower scores were given to mechanisms to report denial of services (67) and review of violations (58).
- **Equity** – Although all items had improved ratings in 2017, score levels varied widely: anti-discrimination policies (89), STM access (85), non-discrimination by providers (74), LAPM access (56), and CBD coverage of underserved areas (37).



## Implications

Kenya joined the Global FP2020 Partnership in 2012 and has made great progress in fulfilling its commitments. Having exceeded its 2020 target of 58% modern contraceptive prevalence (mCPR) among married women, the country plans to achieve an mCPR of 66% by the year 2030. The country aims to reduce an estimated 60% funding gap by increasing domestic financing for FP through an FP budget line, advocate for increased FP funding at the county level, strengthen partnerships with the private for-profit sector, work for the inclusion of contraceptives in existing health insurance schemes, and include post-partum FP services as part of the government-funded Free Maternity Policy for mothers' access to free care at the point of delivery. Health systems strengthening is a major initiative, with emphasis on training, communication, logistics and data systems. To address disparities in family size and FP use, Kenya is scaling up the voucher system which includes reproductive health and FP services and focusing on poorer regions by increasing LAPM availability, scaling up training efforts to include LAPM provision, and working with private providers. Kenya is also prioritizing efforts to reduce teen-age pregnancy by reaching out to adolescents, especially the poor and hard-to reach, to ensure access to skilled care during pregnancy, delivery and postpartum period, including FP information and services.<sup>iii</sup>

Kenya's improved and high ratings for most NCIFP items attest to the country's progress in various FP-related initiatives: strategy development, data collection and use especially in monitoring/evaluation and to improve the program; the use of QOC policies, indicators, and structures to ensure high quality care; accountability mechanisms; and equity efforts. The NCIFP results also point to activities that improved slightly or stagnated: high-level program leadership, regulations facilitating contraceptive products, client record-keeping and clinical feedback of results, the logistics and supervision systems, information on provider bias, access to LAPMs along with access to IUD and implant removal, and most particularly, CBD coverage in remote areas or among priority groups. As the previous paragraph showed, most of the issues just mentioned are key activities in the county's action plans or affect these priority activities. These challenges are for Kenya's key stakeholders to discuss and decide on appropriate action.

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

<sup>ii</sup> Family Planning 2020 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 120 million more women and girls to use contraceptives by 2020. See: <http://www.familyplanning2020.org/>

<sup>iii</sup> <http://www.familyplanning2020.org/Kenya>