

The National Composite Index for Family Planning (NCIFP)

KAZAKHSTAN 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, supervision, logistics, 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.

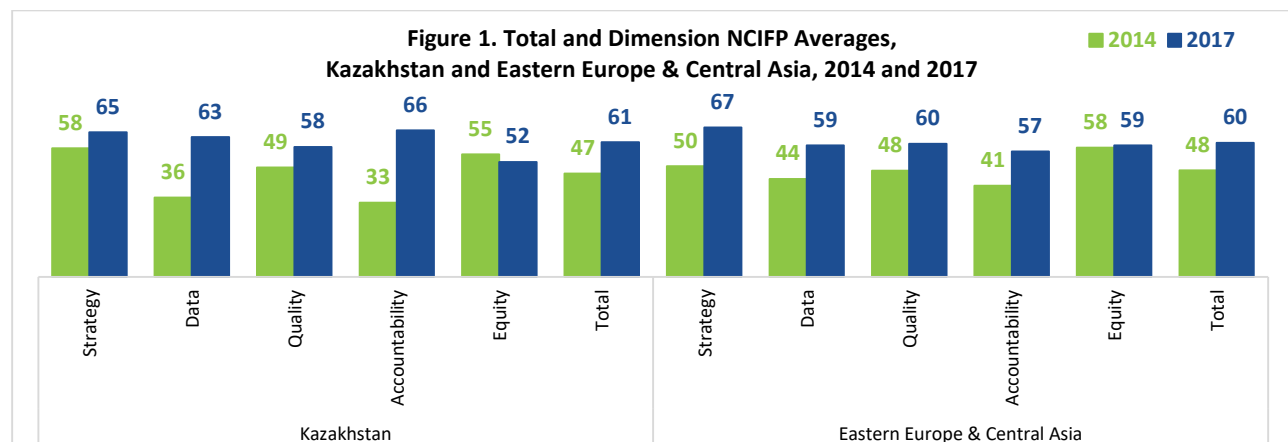
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Kazakhstan vs Eastern Europe and Central Asia Results

Figure 1 shows that Kazakhstan's total NCIFP score of 47 in 2014 rose to 61 by 2017. These scores practically equal the region's total scores for both years. Kazakhstan averaged higher in 2017 for four dimensions except Equity which was rated lower in 2017.

- The country's lowest rated dimension was Accountability in 2014 and Equity in 2017. Strategy was Kazakhstan's highest rated dimension in 2014. Accountability scored much higher in 2017 and became the country's highest ranked.
- The region's lowest ranked in both years was Accountability; its highest rated was Equity in 2014 and Strategy in 2017.

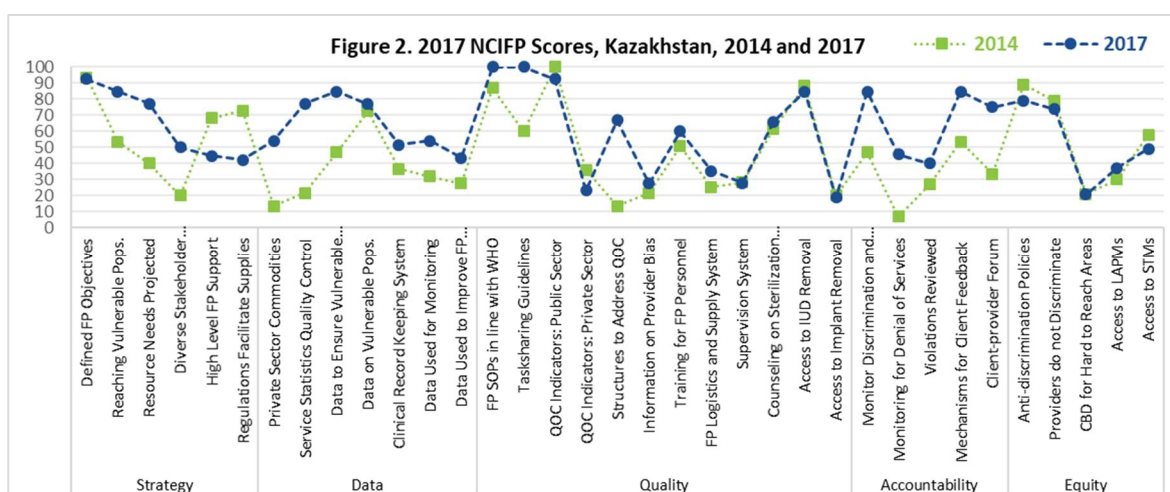


Individual NCIFP Trends, 2014 and 2017

Assessments of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows that Kazakhstan's scores rose in 2017 for about 18 NCIFP items, hardly changed for seven items, and declined for the remaining items. Nearly 10 items were rated at 90 or higher in 2017 while 10 other items scored only in the 40s or even lower.

- **Strategy** – 2017 ratings were 85 or higher for the FP strategy's objectives and focus on vulnerable groups, 77 for estimated resource needs, and 50 for supporting wide participation. However, scores for high-level program leadership and regulations facilitating contraceptive importation or production fell from around 70 in 2014 to the low 40s in 2017.

- **Data** – The marks for all data items improved in 2017: 85 for using data to ensure the most vulnerable have access; 77 each for service statistics quality control and data on population sub-groups; 50s for data collection on private sector commodities, clinic recordkeeping/feedback, and data-based monitoring; but only 43 for using research findings to improve the program.
- **Quality** – 2017 ratings that were higher included 100 for the use of WHO SOPs and task-sharing guidelines, and 60s for clinic or community monitoring structures, sterilization counseling, and training. Although also improving, the 2017 rating for logistics was only 35 and 27 for monitoring provider bias. Access to IUD removal stayed in the 80s; low marks persisted for supervision (28) and access to implant removal (19); scores fell for the use of QOC indicators in public (92) and private (23) facilities.
- **Accountability** – All items scored higher in 2017: 85 each for monitoring discrimination and free choice and client feedback mechanisms; 75 for client-provider forums; but 40s for mechanisms to review violations and report denial of services.
- **Equity** – Only LAPM access scored higher in 2017. Scores fell for anti-discrimination policies in place (79), provider non-discrimination against certain groups (74), and STM access (49) but was relatively unchanged for CBD coverage (20).



Implications

A resource-rich, upper-middle income country, Kazakhstan is the world's ninth largest in land area. The country's total population is close to 18 million. Its age structure is young, as 41% of the population are less than 25 years of ageⁱⁱⁱ. The UNFPA Country Programme Document 2015-2020 cited Kazakhstan's impressive economic growth and success in achieving most MDGs, but many health and social challenges persist. Public expenditure on health care (2.4% of GDP) and social services (4.1%) remains relatively low. Significant disparities persist in access to services, especially in rural and remote areas. Official government data reported 84,300 induced abortions in 2013 (18.4 per 1,000 women age 15-49 years). Unsafe and unregistered abortions continue to take place; abortion continues to be used as one of the main FP methods and many barriers limit access to reproductive health (RH) services. One-third of adolescents have had sex before age 18, but only 10% of adolescents are aware of HIV risks. 44% of new HIV cases include people aged 15-29 years. Only 10% of adolescents are aware of methods to prevent unwanted pregnancies. Access to RH services for those under 18 is limited, as national legislation requires parental consent. The existing RH policy in Kazakhstan does not make specific provision for vulnerable populations with special needs and HIV-related risks. The Government promotes a pro-natalist approach but has not addressed RH, rights and support to vulnerable groups at the policy level. A register-based statistics system is planned but registers exist under different ministries and information is incomplete, not linked, and contradictory. Thus, an integrated data system is needed to effectively plan and monitor social programmes.^{iv}

Kazakhstan's national FP program remains relevant to ensure reproductive choice, reduce the reliance on induced abortion as a means of controlling fertility, and promote the health of the country's girls and women, especially the most vulnerable. The country's much higher scores for many NCIFP items point to various program improvement efforts that have taken place. However, Kazakhstan's ratings declined or remained very low for some FP program components, particularly regarding high-level leadership of the strategy and regulations facilitating contraceptive importation or production; data-based monitoring and program improvement; quality of care issues involving private facilities, provider bias and informed choice, and access to implant removal; mechanisms for reporting denial of services and reviewing violations; and equity concerns especially CBD outreach to underserved groups, and access to both LAPMs and STMs. These challenges are for the country's stakeholders to discuss and address in their efforts to improve the reproductive health of the country's youth, women, and families.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): KAZAKHSTAN 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://www.unfpa.org/data/transparency-portal/unfpa-kazakhstan>