The National Composite Index for Family Planning (NCIFP)

Uganda 2014 Results

What is the NCIFP?

The NCIFP is a new tool developed to support FP2020's efforts to improve the enabling and policy environment for family planning. The NCIFP measures both the existence of policies and program implementation, using 35 individual scores organized under five dimensions: ***strategy***, ***data***, ***quality***, ***equity***, and ***accountability***.

Strategy – whether the 1) national FP strategy/plan includes objectives that are quantified and 2) targets to reach the poorest and most vulnerable; 3) resource requirements are projected;4) means to broaden participation among diverse stakeholders are supported; 5) seniority of FP program director; and 6) policies that facilitate contraceptive importation or local manufacturing.

Data - whether the government 7) collects data to monitor special sub-groups (e.g. the poor) and 8) availability data on private sector commodities; 9) quality control of service statistic in place; and 10) data used to ensure access by vulnerable groups; 11) adequate client record keeping in place; and 12-13) uses various data sources for program operations, monitoring and evaluation.

Quality – whether the 14) government uses WHO-based FP procedures; 15) has FP task-sharing guidelines; 16-17) has and uses quality of care indicators in public and private facilities, 18) has adequate structures in place to address quality, 19) collects information on informed choice and provider bias, 20) has adequate training programs in place, 21) logistics and transport systems insure sufficient stock, 22) adequate supervision system in place, 23) informed choice on sterilization, 24-25) access to IUD and implant removal

Equity - whether 26) policies are in place to prevent discrimination; 27) extent to which service providers discriminate against special groups; 28) underserved areas are served by CBDs; and 29-30) the entire population has access to modern methods.

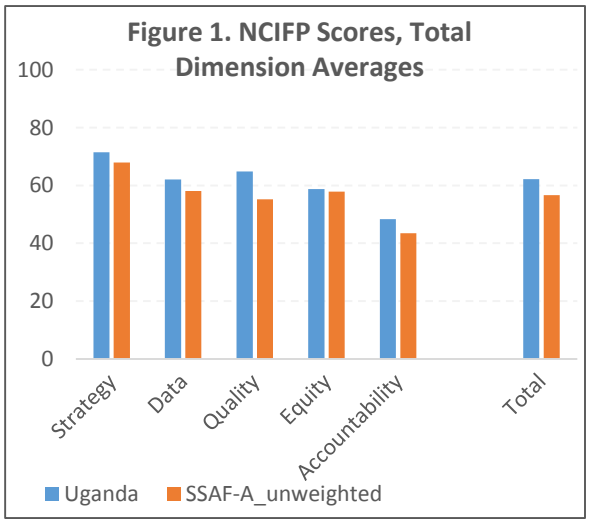
Accountability – whether there are 31) national, sub-national and facility-level mechanisms in place to monitor voluntary, non-discriminatory FP provision; 32-33) mechanisms to report denial of services in place and reviewed; 34) client feedback solicited, and 35) system in place to encourage dialogue between clients and providers.

The NCIFP builds on the long-standing National Family Planning Effort Index (FPE). In 2014, FPE and NCIFP questionnaires were fielded jointly in 90 countries by the Health Policy Project (implemented by Palladium with USAID funding) and Avenir Health's Track20 project (funded by the Bill and Melinda Gates Foundation). NCIFP data allow assessments of FP programs and can help stimulate discussions among stakeholders about factors that help make FP programs effective, widely supported and sustainable.

What do the Uganda results look like?

Uganda's total NCIFP score was higher than that of the Anglophone SSAF region (62% vis-a-vis 57% as shown in Figure 1). The country also averaged higher than the region across all five NCFIP dimensions.

Uganda's scores for individual NCIFP items (Figure 2) follow to some extent the regional pattern, although Uganda obtained much higher ratings for various items under Strategy, Data and Quality. Under Quality, the highly rated items were Uganda's use of quality of care indicators for public and private sector FP services, WHO-based procedures, task-shifting guidelines, and structures to address quality issues; low scores were given to adequacy of the supervision, logistics and training systems. Uganda scored high for having a national FP Strategy plan with defined and quantifiable objectives and data collection on private sector commodities.

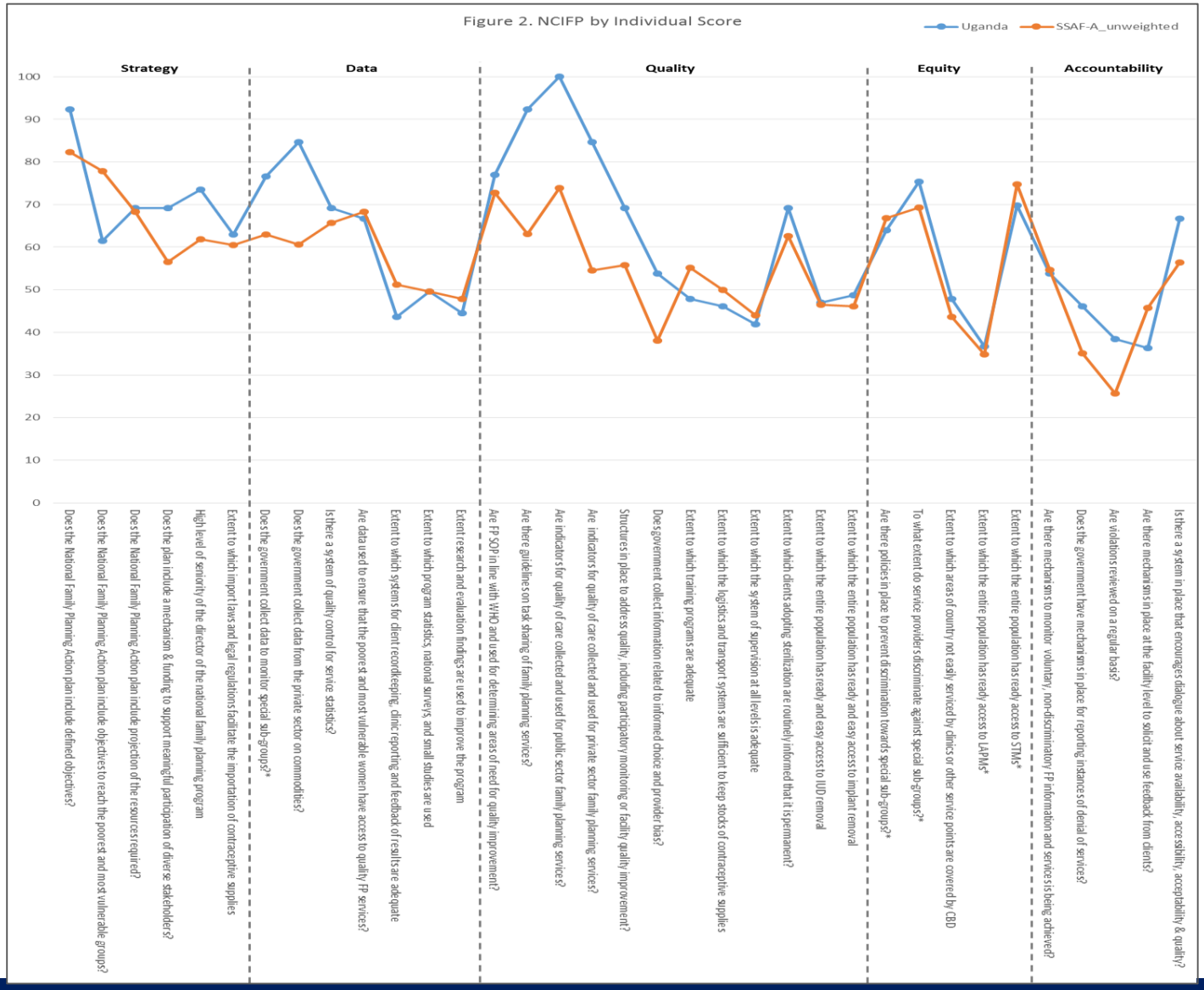


The scores Uganda obtained under Equity and Accountability were very similar in pattern and levels to those of the region, indicating similarities in what FP activities the country and region are achieving more strongly, and, less well. Uganda obtained particularly low scores under Equity for the items on access to LAPMs and CBD coverage of underserved areas. Under Accountability, the country

had ratings in the 40s for two items - whether violations such as denial of services are reviewed regularly, and if facility-level mechanisms for client feedback exist.

Implications

The NCIFP provides qualitative information on how a country stands regarding factors that help make FP programs effective and widely supported: Strategy, Equity, Quality, Data and Accountability systems. During the FP2020 Summit in 2012, the Government of Uganda pledged to a) execute an FP2020 Action Plan to address regional inequalities through capacity-building, community-based services, and interventions targeting young people and post-partum women; b) create an enabling policy environment for FP through initiatives that include passage of the National Population Council Bill, FP/RH resource mobilization by increasing the annual budget allocation for supplies, developing a national health insurance plan and voucher system to increase FP/RH demand and use among the poor, investing in social marketing and social franchising, passing the National Population Council Bill to strengthen the inter-ministerial body; c) strengthen government partnerships with the private sector to improve FP/RH services and logistics systems, and with CSOs and private groups for FP outreach and community-based services in hard-to-reach communities; d) improve FP evaluation through semi-annual FP/RH reviews and timely completion of the Annual Household Panel Surveys to assess health (including FP) outcomes and services. Uganda's 2014 NCIFP results confirm that the country has made strides towards fulfilling these commitments especially in various Strategy, Data and Quality activities. The NCIFP results also point to certain issues and concerns that Uganda's stakeholders should discuss and address to consolidate gains and achieve FP, health, and development objectives.



Want to know more: Read the full NCIFP report and use the interactive data tool available at track20.org

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