

# The National Composite Index for Family Planning (NCIFP)

## GUATEMALA 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 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.

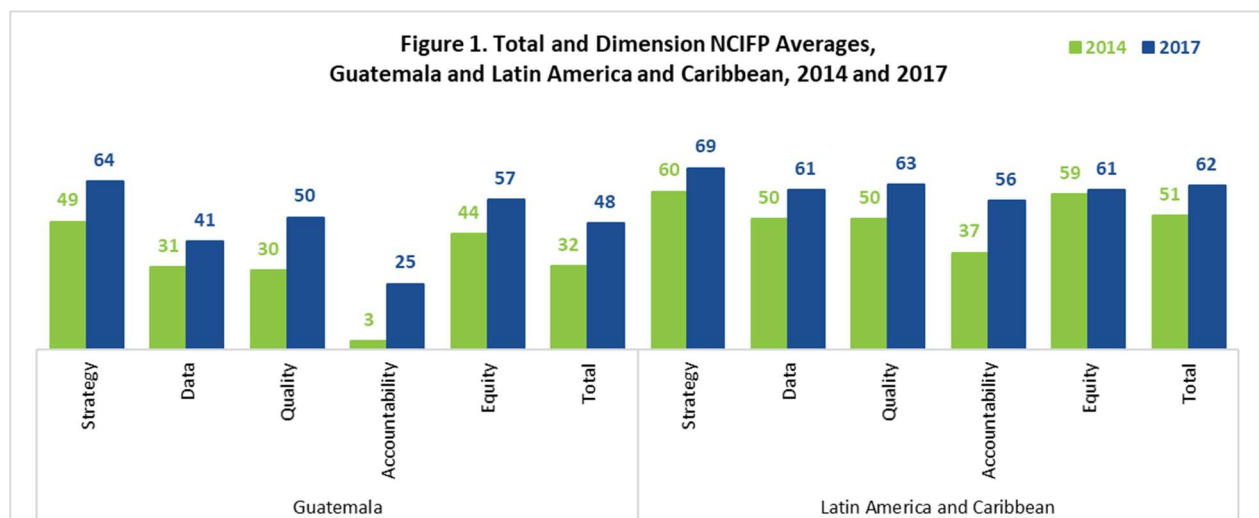
**Accountability** – whether mechanisms exist to monitor discrimination and free choice, review violations, report denial of services, enable facility-level feedback, and encourage communication between clients and providers.

**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 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. NCIFP data are intended for policy and planning use by each country's FP stakeholders.

### Guatemala vs Latin America and Caribbean (LAC) Results

Figure 1 shows total NCIFP scores of Guatemala and the region increasing sizably between 2014 and 2017. Averages of the five dimensions also rose for both areas during the years studied, although Guatemala's scores were lower than the region's.



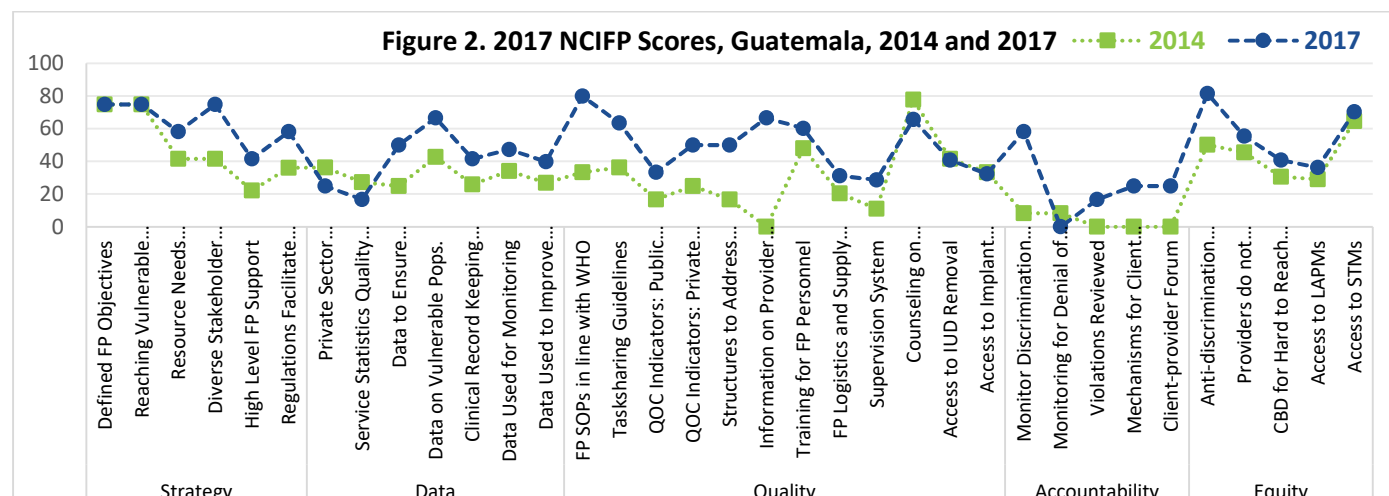
### Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows Guatemala's scores improving for almost all NCIFP items, with the highest in the low 80s.

- **Strategy** – 2017 scores included 75 for the strategy's objectives, focus on vulnerable groups, and diverse stakeholder participation, 58 for estimated resource requirements and regulations for contraceptive imports, but only 42 for high-level support for the FP program.
- **Data** – The scores of five items improved in 2017: data on population sub-groups (67), around 50 for the use of data to ensure access among the most vulnerable and for management use of research to improve the program, and around 40 for clinic

recordkeeping and feedback to clients and data-based monitoring. However, ratings fell around 10 points for government collection of data on private sector commodities (from 36 to 25) and quality control of service statistics (from 27 to 17).

- **Quality** – Only one item - sterilization counseling - scored substantially lower in 2017 (66 from 78 in 2014). Ratings in 2017 rose at least 25 points regarding the use of WHO SOPs (80), information on provider bias (67 from a not existing mark in 2014), tasksharing guidelines (64), and QOC indicators in private facilities (50). By contrast, the score for QOC indicators in the public sector was only 33. The remaining items had widely ranging 2017 scores: training (60), clinic/community structures to monitor QOC (50), access to IUD removal (41) and about 30 each for access to implant removal and the logistics and supervision systems.
- **Accountability** – Accountability items were among the lowest rated. Although discrimination and free choice monitoring scored 58, all remaining items had much lower marks: facility-level client feedback and client-provider dialogue (each with only 25 although were assessed at 0 in 2014), violations review (17), and mechanisms to report denial of services (from 8 to 0).
- **Equity** – Anti-discrimination policies scored 82, the highest among all 35 NCIFP items. The scores of the other Equity items were 70 for STM access, 56 for provider discrimination against population sub-groups, 41 for CBD coverage, and 36 for LAPM access.



## Implications

Guatemala has a total population exceeding 17 million at present, with 45% below 20 years of age<sup>iii</sup>. Annual economic growth has been around 3% since 2000 but the poverty rate remained over 50% in 2000 and 2010.<sup>iv</sup> Poverty has been much higher among indigenous groups which comprise about 40% of the population. The UNFPA Country Programme Document cited increased government investment on the youth and the demographic dividend potential to help reduce poverty and inequality but major problems persist, including violence against women, the lack of youth-specific legislation, and limited availability of disaggregated socio-demographic data that can be used for public policy formulation, planning and monitoring.<sup>v</sup> The 2014-2015 Demographic and Health Survey estimated Guatemala's fertility rate at 3 lifetime births per woman, but levels are much higher among those with no education or in the lowest wealth quintile. An estimated 49% of married women use modern contraception, but rates are much lower among the most vulnerable groups, including the poorest and adolescents. Fertility rates among girls less than 15 years of age remain around 3 births per 1000 women but even more elevated in remote regions. Over 20% of Guatemalan teenagers are already mothers or pregnant. Modern FP use among all women age 15-49 was 32% in 2014-15, but only 8% among those age 15-19.

Although Guatemala's NCIFP scores generally improved in 2017, the NCIFP results showed that a number of FP program activities had declining or stagnating scores. Problematic program concerns include high-level leadership for the strategy; various data issues including government collection of information on private sector commodities, clinic recordkeeping and ensuring that results are fed back to clients, data-based monitoring, and management use of research findings to improve the program; quality of care concerns especially quality indicators in the public sector, and the logistics and supervision systems; accountability mechanisms to ensure client feedback, review violations, report denial of services and encourage client-provider dialogue; access issues particularly CBD coverage and access to LAPMs that also includes IUD and implant removal. These FP program challenges are for Guatemala's stakeholders to consider as they plan and implement efforts to ensure accessible, high-quality services and reach the most vulnerable sectors of the population, especially the youth.

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

<sup>ii</sup> FP2020 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 more women and girls to use contraceptives by 2020. (See: <https://www.familyplanning2020.org/>)

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

<sup>iv</sup> Guatemala country profile from <https://data.worldbank.org/country/guatemala?view=chart>

<sup>v</sup> UNFPA Country Programme Document (<https://www.unfpa.org/data/transparency-portal/unfpa-guatemala>)