

The National Composite Index for Family Planning (NCIFP)

BOLIVIA 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.

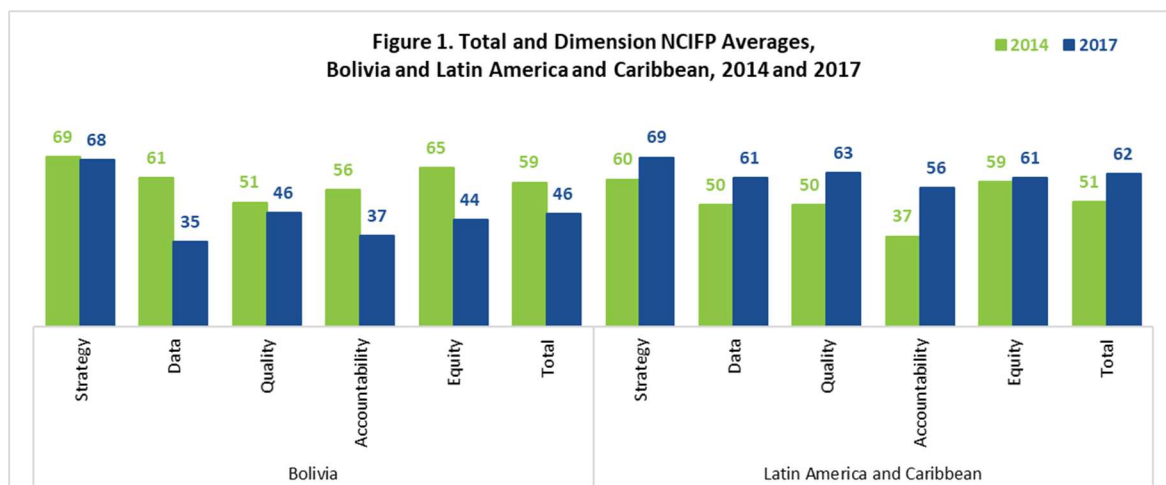
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Bolivia vs Latin America and Caribbean (LAC) Results

Figure 1 shows that Bolivia's total NCIFP score declined between 2014 and 2017 while that of the region increased. The same pattern prevailed regarding the five dimensions: Bolivia's dimension averages fell in 2017 while regional scores improved.

- Strategy was Bolivia's highest rated dimension in both years. Two dimensions -Strategy and Equity- practically tied as the region's highest rated in 2014; in 2017, Strategy stood out as the LAC's highest ranked.
- Quality was Bolivia's lowest scored dimension in 2014; Data and Accountability became the country's lowest ranked in 2017. Accountability was the region's lowest rated in both years despite the dimension's improved rating in 2017.

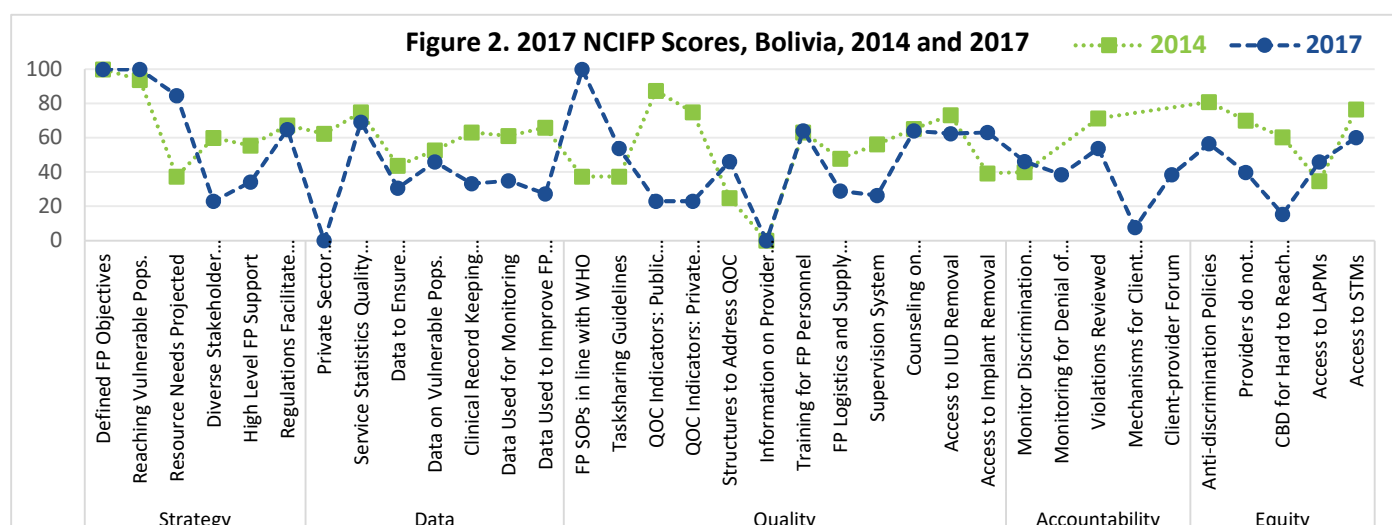


Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing well, stagnant, or deteriorating. Figure 2 shows that in 2017 Bolivia's scores improved for 8 items, hardly changed for 7 items but declined for 20 items.

- **Strategy** – 2017 scores included 100 for the strategy's well-defined objectives and prioritizing vulnerable groups; 85 for estimating resource needs; and 65 for regulations that facilitate contraceptive importation. Ratings declined for high-level program leadership (34) and support for diverse participation (23).

- **Data** – All items had declining ratings in 2017. Quality control of service statistics scored slightly lower (69 from 75 in 2014). The largest drop involved collection of data on private sector commodities (from 63 to 0). The remaining items had scores ranging from the mid-40s to the 60s in 2014 but ranged only between the 20s to the mid-40s in 2017.
- **Quality** – Four items scored higher in 2017: the use of WHO SOPs (100 from only 38 in 2014); training (64); access to implant removal (63); tasksharing (54); and community/clinic structures to monitor QOC (46). Ratings for training and sterilization counseling stayed around 65. Items with declining scores included 62 for access to IUD removal and 20s for QOC indicators in public and private facilities (these two QOC items were rated at least 50 pts lower than their respective 2014 ratings), and the logistics and supervision systems. Information on provider bias was rated as not existing in both years.
- **Accountability** – The score for violations review largely fell from 71 to 54 while that of discrimination and free choice monitoring increased although very slightly (from 40 to 46). The remaining items had scores below 40: mechanisms to report denial of services due to non-medical grounds (38), client-provider dialogue (38), and client feedback at the facility level (8). These three items were not rated in 2014 due to lack of information about their status.
- **Equity** – Only the score for LAPM access improved, although slightly (from 35 to 46). 2017 ratings declined for the remaining items: access to STMs (60), anti-discrimination policies in place (57), whether providers discriminate against certain population groups (40), and CBD coverage (15).



Implications

Bolivia has a population of over 10 million, of which 50% are below 25 years old, and around 40% identify themselves as indigenous. It remains one of the poorest and most unequal countries in the region despite poverty falling from 60% to 39% between 2006 and 2015. The country's 2025 Patriotic Agenda aims to reduce extreme poverty and inequalities and foster rapid economic growth. High maternal mortality rates, adolescent pregnancy and gender-based violence are major challenges. Almost 20% of female adolescents are already mothers or pregnant. Over two-thirds of maternal deaths occur among young, poor, indigenous women, mainly in rural and peri-urban areas.ⁱⁱⁱ Modern FP use is estimated at 48% among married women and 33% among all women.^{iv}

The country's high NCIFP scores in 2017 were for its strategy's objectives, focus on vulnerable groups, and estimates of resource requirements, as well as its use of WHO-based standards. The NCIFP results however pointed out several FP program activities with scores that significantly declined or continued to have be very low: high-level leadership of the FP program and support for diverse participation; various data issues, including government collection of data on private sector commodities, data on vulnerable groups and their access, clinical recordkeeping and feedback of results to clients, data-based monitoring and program improvement efforts; quality concerns especially the use of QOC indicators in public and private facilities, the logistics and supervision systems, monitoring of provider bias and informed choice, and access to IUD removal; accountability mechanisms for reporting denial of services, soliciting client feedback at the facility level, and enabling client-provider dialogue; equity concerns related to LAPM access, providers not discriminating of certain population groups; and CBD coverage of the underserved. These FP program challenges are for the country's stakeholders to consider as they plan and implement efforts to ensure accessible, high-quality services, reach the most vulnerable sectors of the population, and improve the health of women and adolescents.

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

ⁱⁱ 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/>)

ⁱⁱⁱ <https://www.unfpa.org/data/transparency-portal/unfpa-bolivia>

^{iv} Track20 estimate prepared for FP2020.