

The National Composite Index for Family Planning (NCIFP)

COLOMBIA 2017 Scoresⁱ

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.

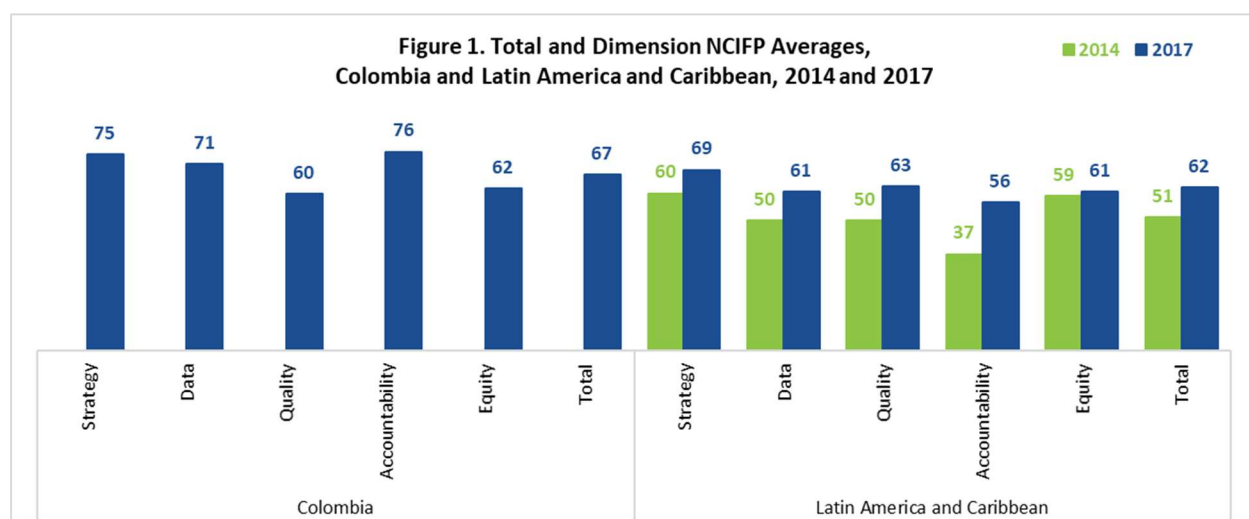
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved 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. Colombia did not participate in the 2014 study and this brief focuses on the country's results for 2017 although regional 2014 and 2017 results are provided for comparison purposes. NCIFP data are intended for policy and planning use by each country's FP stakeholders.

Colombia vs Latin America and Caribbean (LAC) Results

Figure 1 shows total NCIFP scores for Colombia and the region in 2017, with Colombia's score slightly higher than the region's. The country also averaged much higher than the region for Strategy, Data and Accountability but nearly matched the region's averages for Quality and Equity in 2017. It should be noted that in terms of trends, the region's total and dimension scores rose in 2017.

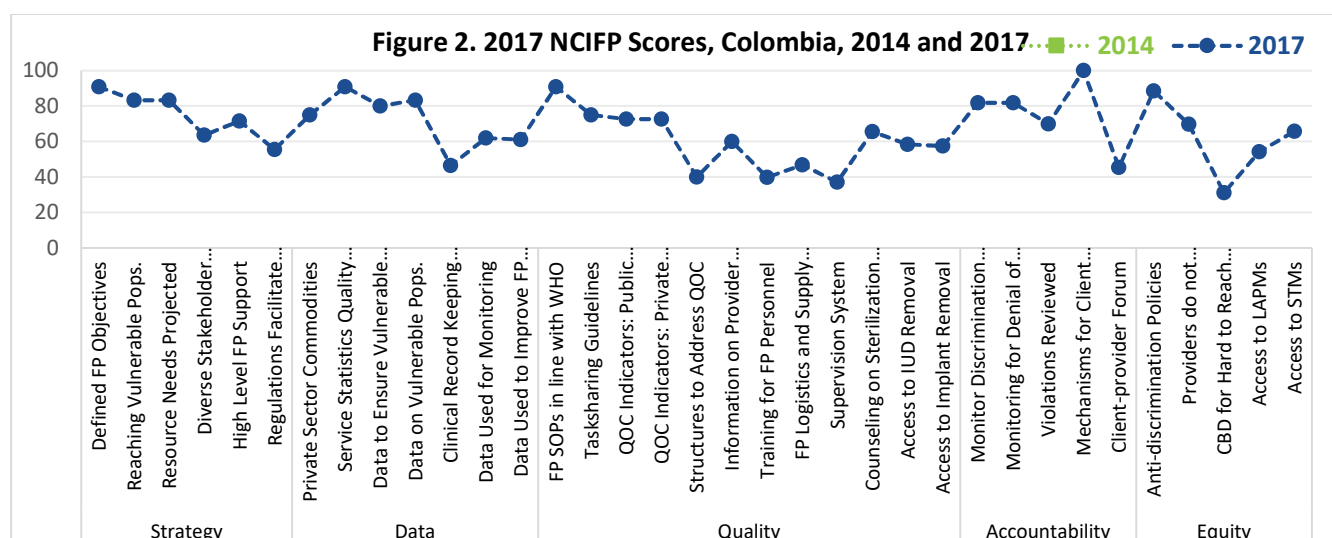
- Accountability and Strategy were the country's highest ranked in 2017 while Colombia's lowest rated dimension in 2017 was Quality, followed by Equity.
- Strategy was the region's highest rated dimension in 2017 while Accountability averaged the lowest.



Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Colombia does not have 2014 NCIFP data but its scores in 2017 are revealing (Figure 2). Ratings ranged widely, from a high of 100 to a low of 31.

- **Strategy** – The highest rating was 91 for well-defined objectives. Other scores included 80s for the strategy’s prioritization of vulnerable groups and estimate of resource needs, 72 for high-level leadership, and 64 for diverse participation. The lowest score was 56 for regulations that facilitate contraceptive importation or production.
- **Data** – Scores included 91 for quality control of service statistics; 80s for data on vulnerable groups and their access; 75 for government collection of data on private sector commodities; 60s for data-based monitoring and management use of research findings to improve the program; but only 46 for clinic recordkeeping and feeding back results to clients.
- **Quality** – Scores varied widely: 91 for the use of WHO SOPs; 70s for tasksharing guidelines and QOC indicators in public and private facilities; 60s for sterilization counseling and provider bias monitoring; upper 50s for access to IUD and implant removal; but no higher than the 40s for the training, logistics and supervision systems and clinic/community monitoring structures.
- **Accountability** – Four items were highly rated: mechanisms to solicit client feedback (100), monitor discrimination and free choice and report denial of services (each scored 82), and review violations (70). However, the score for client-provider dialogue was only 45.
- **Equity** –The rating in 2017 for anti-discrimination policies was 89, 70 for providers not discriminating against certain population groups, 66 for STM access, and 54 for access to LAPMs. CBD coverage scored only 31, the lowest of all 35 NCIFP items.



Implications

Colombia’s total population is over 50 million at present, of which 39% are less than 25 years of age.ⁱⁱⁱ Its GDP growth in 2018 was 2.7% compared to 4.3% in 2010. The poverty headcount based on the national poverty line was 27% in 2018.^{iv} The UNFPA Country Programme Document 2015-2019 draws attention to the socio-demographic disparities that severely affect some rural areas and populations affected by conflict that has lasted for over 50 years. The country’s total fertility rate (TFR) is already below replacement level, but birth rates remain high among adolescents, the poor, and those with limited education. Maternal mortality levels have also fallen but certain groups lag behind, particularly the most excluded and marginalized populations, including those affected by armed conflict, rural dwellers, indigenous, and Afro-descendant populations. Gender-based violence affects especially girls; genital mutilation is practiced in some indigenous communities. Local governments, especially those affected by conflict, have limited capacities to provide services. Capabilities to access and use data in local planning and governance are uneven.^v

Colombia’s mostly high NCIFP scores attest to the country’s well-renown FP program and fertility decline. However, the scores of certain NCIFP items in 2017 were only in the 40s or even less, particularly quality of care issues such as clinic/community structures to monitor QOC, clinical recordkeeping and results feedback to clients, the training and supervision systems; mechanisms to encourage client-provider dialogue, and CBD coverage of underserved areas and populations. These challenges are for Colombia’s stakeholders to consider in their efforts to ensure accessible, high-quality FP services and reach the most vulnerable sectors of the population, especially the youth, the poor, indigenous and marginalized groups, and those affected by conflict.

ⁱ Suggested citation: Avenir Health Track20. “The National Composite Index for Family Planning (NCIFP): COLOMBIA 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 UN World Population Prospects, 2019 Revision. <https://population.un.org/wpp/DataQuery/>

^{iv} Colombia country profile from <https://data.worldbank.org/country/Colombia?view=chart>

^v <https://www.unfpa.org/sites/default/files/portal-document/Colombia%20CPD%20-%20ODS.pdf>