

The National Composite Index for Family Planning (NCIFP)

PERU 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.

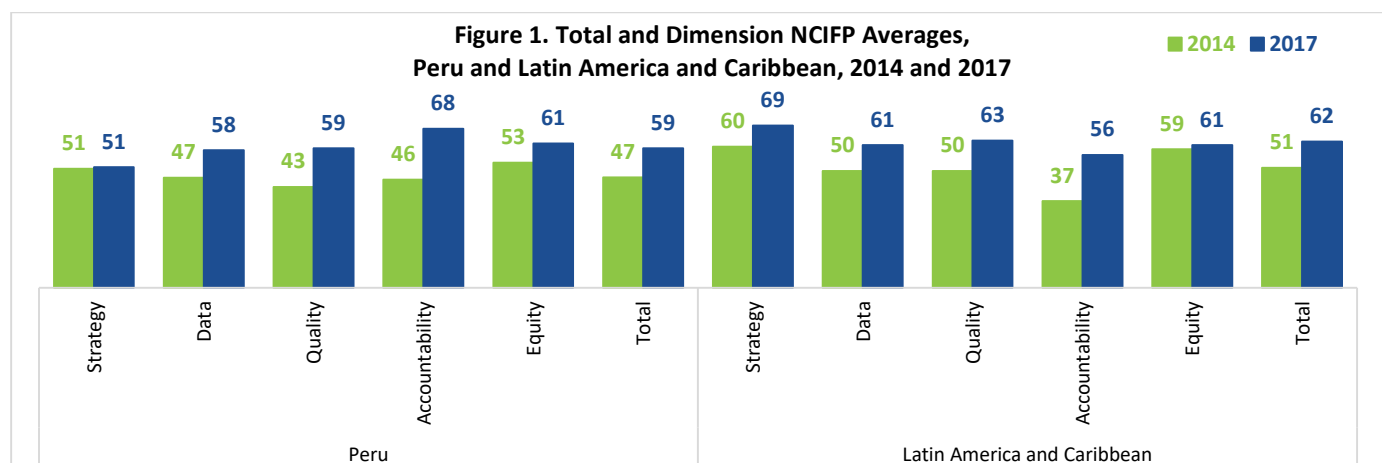
Equity - whether anti-discrimination policies exist, providers discriminate against special groups, the population has easy access to modern contraceptive methods (referring to STMs meaning short-term methods, or LAPMs meaning long-acting and permanent methods), and services are provided to underserved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

Peru vs Latin America and Caribbean (LAC) Results

Figure 1 shows that the total NCIFP scores of Peru and the region increased between 2014 and 2017, although Peru's total ratings were a little below those of the region in both years. Peru's averages rose sizably for four dimensions but was constant for Strategy.

- In 2014, Peru's highest rated dimension was Equity followed by Strategy, while its lowest rated dimension was Quality. Dimension rankings notably changed in 2017: Accountability was the highest rated while Strategy averaged the lowest.
- The region's highest rated dimensions were Strategy and Equity in 2014, but in 2017, Strategy was the LAC's sole highest ranked. Just like Peru, Accountability was the LAC's lowest ranked in both years.

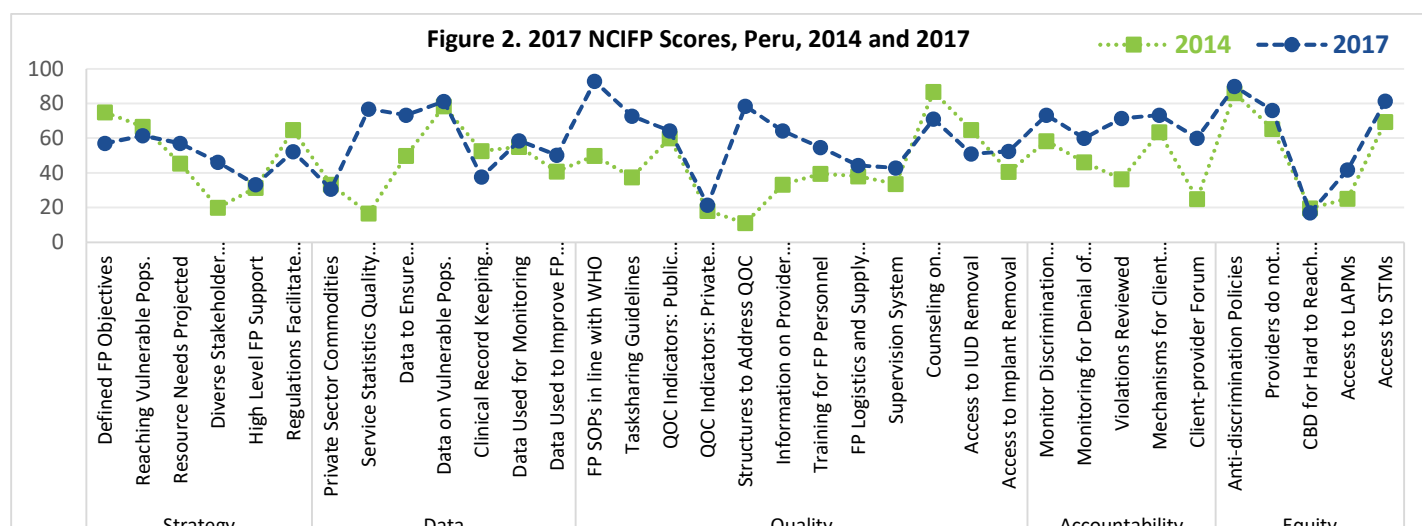


Individual NCIFP Trends, 2014 and 2017

Ratings of individual NCIFP items over time indicate which FP program activities are progressing, stagnant, or deteriorating. Figure 2 shows that the majority of Peru's NCIFP scores were below 60 in 2014 but 2017 marks improved for over 20 items.

- **Strategy** – 2017 scores fell regarding the FP strategy's objectives, focus on vulnerable groups, and regulations that facilitate contraceptive importation. Ratings rose for the strategy's estimate of resource needs (57) and support for diverse stakeholder participation (46) but was relatively unchanged at 33 for high-level support.

- **Data** – 2017 marks stayed around 2014 levels for data on population subgroups (80), government collection of data on private sector commodities (31); rose for service statistics quality control (77), use of data to ensure the most vulnerable have access (73), data-based evaluation (59) and program improvement efforts (50); and declined for clinic recordkeeping (38).
- **Quality** – 2017 scores increased for the use of WHO SOPs (93), clinic/community monitoring structures (79), tasksharing guidelines (73), provider bias monitoring (64), QOC indicators in public facilities (64), training (55), access to implant removal (53), logistics (44) and supervision (43); declined for sterilization counseling (71) and access to IUD removal (51); and stayed around 20 for QOC indicators in private facilities.
- **Accountability** – All items had higher ratings: 70s for discrimination and free choice monitoring, mechanisms for client feedback and to review violations; and 60 each for mechanisms to report denial of services and support client-provider dialogue.
- **Equity** – 2017 scores improved for anti-discrimination policies (90), STM access (81), and provider non-discrimination against population sub-groups (76) and access to LAPMs (42); but hardly changed for CBD coverage (17).



Implications

South America's third largest country, Peru has a total population of over 32 million at present, of which nearly one-third are less than 20 years of age.ⁱⁱⁱ Its economy has been growing around 4% annually. The poverty headcount based on the national poverty line has declined to 20.5% in 2018.^{iv} The UNFPA Country Programme Document 2017-2021 emphasizes the persistence of significant income, gender, generational, ethnic, and areal disparities. Nearly a quarter of the population are indigenous peoples while 3% are Afro-descendants. An estimated 27% of indigenous peoples are poor. Since 2002, the Government worked to improve local management to ensure effective service delivery and accountability through transparency mechanisms, participatory processes, and health sector reform through comprehensive health insurance and expanded access to health services, including reproductive health services that led to significant maternal mortality decline. Despite progress, challenges persist in coverage, access and quality of care. These challenges reflect deep-rooted inequalities; the most affected are young people (adolescent fertility rate remains high), low-income indigenous and Afro-descendant women, particularly in the highlands and rainforest. Demographic and Health Surveys showed that modern contraceptive use has stagnated at 50% since 2000. Reasons cited include a weak program that has affected providers' training, legal barriers that continue to limit access, poor quality of services, and lack of cultural sensitivity among health providers. Peru has an advanced National Statistical System with regular surveys and periodic censuses, but data use in policymaking is limited, particularly at subnational levels. Administrative, vital statistics, and health records need improvement.^v

Peru's NCIFP results for 2014 and 2017 indicate that the country has endeavored to strengthen the national FP program in various ways but some NCIFP items have ratings that are declining or continue to be very low. These results mirror many of what the UNFPA cited above and also point to problems regarding the FP strategy's objectives, high-level support, and regulations affecting contraceptive supplies; data on private sector commodities, data systems particularly service statistics, and clinic recordkeeping and feedback to clients; support systems that affect the quality of services, particularly the use of QOC indicators in private facilities, the logistics and supervision systems; and equity concerns especially LAPM access and CBD coverage. These FP challenges are for Peru's stakeholders to consider in their efforts to improve access among the most vulnerable population sectors.

ⁱ Suggested citation: Avenir Health Track20. "The National Composite Index for Family Planning (NCIFP): PERU 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} Peru country profile from <https://data.worldbank.org/country/Peru?view=chart>

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