

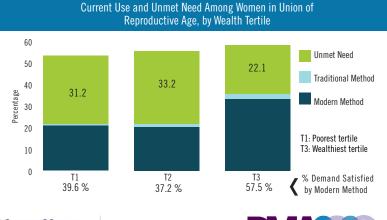
KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys (Women in Union and All Women, Ages 15-49)

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	PMA2014 - R1		PMA20)15 - R2	PMA2016 - R3	
	All Women	Women in union	All Women	Women in union	All Women	Women in union
Contraceptive Prevalence Rate (CPR) (%)						
All Methods CPR	15.8	18.1	19.5	20.9	22.8	25.5
Modern Method Use (mCPR)	15.7	18.0	18.6	20.1	21.5	24.2
Long Acting CPR	7.2	8.5	7.6	8.9	9.6	11.5
Total Unmet Need	31.5	38.1	26.8	33.0	24.2	29.3
For Limiting	4.7	5.7	5.2	6.5	4.3	5.5
For Spacing	26.8	32.4	21.6	26.5	19.8	23.8
Total Demand	47.2	56.1	46.2	53.8	47.0	54.8
Demand Satisfied by Modern Method (%)	33.3	32.1	40.1	37.4	45.8	44.2

Fertility Indicators (All Women, Ages 15-49)						
	BF DHS 2010	PMA2015-16 R2-R3				
Total Fertility Rate (TFR)	6.0	5.7				
Adolescent Birth Rate (per 1000, age 15-19)	130	122				
	BF DHS 2010	PMA2016 R2				
Recents Births Unintended (%)*	10.1	32.5				
Wanted Later	8.1	28.5				
Wanted No More	2.0	4.1				

 * Indicator measurement based on different questions posed in the DHS and PMA2020



JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

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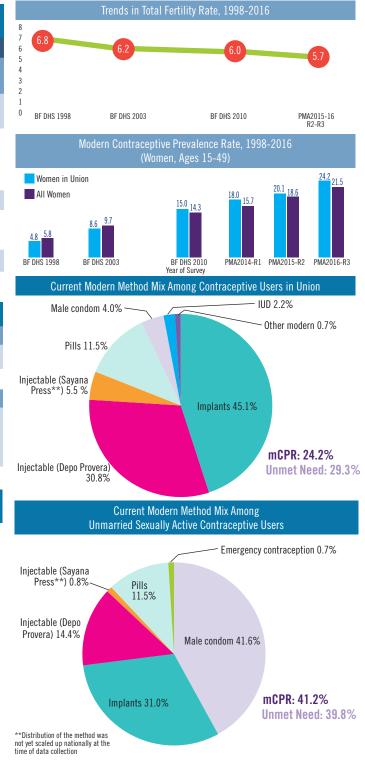


PMA2016/BURKINA FASO-R3

PERFORMANCE MONITORING AND ACCOUNTABILITY 2020

PMA2020 uses innovative mobile technology to support lowcost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in 11 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Burkina Faso is led by l'Institut Supérieur des Sciences de la Population (ISSP) at the University of Ouagadougou. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health though a grant from the Bill & Melinda Gates Foundation.

For more information on PMA2020 please visit http://www.pma2020.org



PMA2016/BURKINA FASO-ROUND 3 INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users(%), Indicators by Wealth Tertiles (%) (n=844)											
Method chosen by self or jointly (91.3%)	0	10	20	30	40	50	60	70	80	90	100
Obtained method of choice (92.6%)										-() -
Told of other methods (61.9%)							-0)-			
Counseled on side effects (56.6%)						52	- 59)-			
Paid for family planning services (66.4%)							-)		
Would return to provider and refer a friend or family member (77.0%)											
Received method from public service delivery point (85.1%)								_7	2	_	97 -
D' U											

Births in the Past Five Years, or Current Pregnanc Last birth unintended 37 (31.3%) Indicator (average %) Ó 10 20 30 40 50 70 80 90 100 60 T1: Poorest tertile T1 T2 T3 T3: Wealthiest tertile

Reasons Mentioned For Non-Use Among All Women Wanting Or More Years (%) (n= 1,423)	To Delay The Next Birth 2
Not married	24.4
Perceived not-at-risk / lack of need	39.5
Method or health-related concerns	21.0
Opposition to use	13.6
Lack of access/knowledge	14.6
Other	14.4
Perceived not-at-risk / lack of need Method or health-related concerns Opposition to use Lack of access/knowledge	39.5 21.0 13.6 14.6

Reproductive Health and Contraceptive Indicators						
	Total	Rural	Urban			
Median age at first marriage (25 to 49 years)	18.9	18.4	20.9			
Median age at first sex (25 to 49 years)	17.3	17.1	18.1			
Median age at first contraceptive use (15-49 years)	23.6	24.9	22.0			
Median age at first birth (25 to 49 years)	20.3	20.2	21.0			
Mean no. of living children at first contraceptive use (ages 15-49)	2.6	3.1	1.7			
Women having first birth by age 18 (ages 18-24, %)	15.2	19.4	3.9			
Received family planning information from provider in last 12 months (15-49 years, $\%$)	29.7	31.7	23.5			
Exposed to family planning media in last few months (15-49 years, %)	61.5	57.5	74.1			

SAMPLE DESIGN

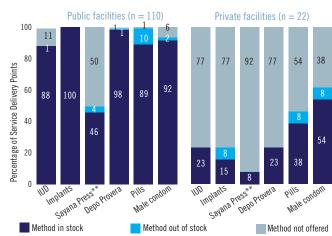
PMA2016/Burkina Faso used a two-stage cluster design with urban-rural strata. The sample, which was increased to 83 enumeration areas (EAs) for this round, was drawn from the *l'Institut National de la Statistique et de la Démographie* (INSD) master sampling frame. Thirty new EAs were added to the 53 EAs from the previous rounds to reach the 83 EAs. In each EA, 35 households and up to three private service delivery points (SDPs) were selected. Three public SDPs were also selected. Households were systematically selected using the "Random Number Generator" application. Occupants in selected households were enumerated, and eligible women, that is, women of reproductve age (15-49), were contacted and consented for interviews. Data collection was conducted between March and May of 2016. A total of 2,803 households (97.9% response rate), 3,261 females (96.6% response rate) and 132 SDPs (98.5% response rate).







Percent of Facilities Offering and Currently In/Out of Stock, by Method



**Distribution of the method was not yet scaled up nationally at the time of data collection.

Percent of Public Facilities Offering at Least 3 or 5 Modern Contraceptive <u>Methods, by Facility</u> Type

Facility Type	3 or more methods	5 or more methods
Hospital (n=11)	100.0	100.0
Surgery center (n=36)	100.0	97.2
Health center (n=62)	98.4	95.2
Total	99.1	96.3

Service Delivery Points (n = 132; 110 public, 22 private)

Service Derivery Forms ($n = 152$; 110 public, 22 private)					
	Public	Private	Total		
Among All Service Delivery Points:					
Offering family planning (%)	99.1	59.1	92.4		
With mobile teams visiting facility in last 12 months (%)	44.5	0.0	37.1		
Supporting community health workers from this service delivery point (%)	42.6	7.7	38.8		
Among service delivery points offering family planning services:					
Average number of days per week family planning is offered	6.8	5.4	6.7		
Offering female sterilization (%)	19.3	15.4	18.9		
Offering family planning counseling/services to adolescents (%)	89.9	46.2	85.2		
Charging fees for family planning services (%)	41.3	61.5	43.4		
Percent integrating family planning into their:					
Maternal health services (among all offering maternal health services)	98.2	42.9	94.8		
HIV services (among all offering HIV services)	99.1	62.5	96.6		
Post-abortion services (among all offering post-abortion services)	99.1	80.0	98.2		