PMA2020 uses innovative mobile technology to support low-cost, 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.

Current Modern Method Mix Among Contraceptive Users in Union

- Implants: 45.1%
- Injectable (Depo Provera): 30.8%
- Pills: 11.5%
- Male condom: 4.0%
- Other modern: 0.7%
- IUD: 2.2%
- Emergency contraception: 0.7%

Current Modern Method Mix Among Unmarried Sexually Active Contraceptive Users

- Implants: 31.0%
- Pills: 11.5%
- Male condom: 41.6%
- Emergency contraception: 0.7%
- Injectable (Depo Provera): 14.4%
- Injectable (Sayana Press)**: 0.8%

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

Unmet Need: 29.3%

mCPR: 24.2%

Unmet Need: 39.8%
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%)
- Obtained method of choice (92.6%)
- Told of other methods (61.9%)
- Counseled on side effects (56.6%)
- 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%)

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

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Public facilities (n = 110)</th>
<th>Private facilities (n = 22)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Method in stock</td>
<td>Method out of stock</td>
<td>Method not offered</td>
</tr>
<tr>
<td>IUD</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Depo Provera</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Male condoms</td>
<td>85</td>
<td>92</td>
</tr>
<tr>
<td>Pills</td>
<td>89</td>
<td>92</td>
</tr>
<tr>
<td>Sayana Press**</td>
<td>97</td>
<td>38</td>
</tr>
</tbody>
</table>

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

INDICATORS FOR Reproductive Health and Contraceptive Indicators

- Last birth unintended (31.3%)
- Indicator (average %)
  - T1: Poorest tertile
  - T2: Wealthiest tertile

For Current Female Non-Users:

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

- Median age at first marriage (25 to 49 years)
- Median age at first sex (25 to 49 years)
- Median age at first contraceptive use (15-49 years)
- Median age at first birth (25 to 49 years)
- Mean no. of living children at first contraceptive use (ages 15-49)
- Women having first birth by age 18 (ages 18-24, %)
- Received family planning information from provider in last 12 months (15-49 years, %)
- Exposed to family planning media in last few months (15-49 years, %)

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

- Hospital (n=11)
- Surgery center (n=36)
- Health center (n=62)

Among service delivery points offering family planning services:

- Average number of days per week family planning is offered
- Offering female sterilization (%)
- Offering family planning counseling/services to adolescents (%)
- Charging fees for family planning services (%)

Percent integrating family planning into their:

- Maternal health services (among all offering maternal health services)
- HIV services (among all offering HIV services)
- Post-abortion services (among all offering post-abortion services)

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 reproductive 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).