

PMA2016/NIAMEY-R2

PERFORMANCE MONITORING & ACCOUNTABILITY 2020

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. The first round of data collection for PMA2020/Niger was conducted exclusively in Niamey in 33 enumeration areas (EAs). During this first round of data collection at national scale, 51 new EAs were added to obtain estimates at the national level, as well as for Niamey, urban areas outside Niamey, and rural areas. PMA2020/Niger is led by the Institut National de la Statistique (INS) in Niger. 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 through a grant from the Bill & Melinda Gates Foundation.

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



KEY FAMILY PLANNING INDICATORS

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

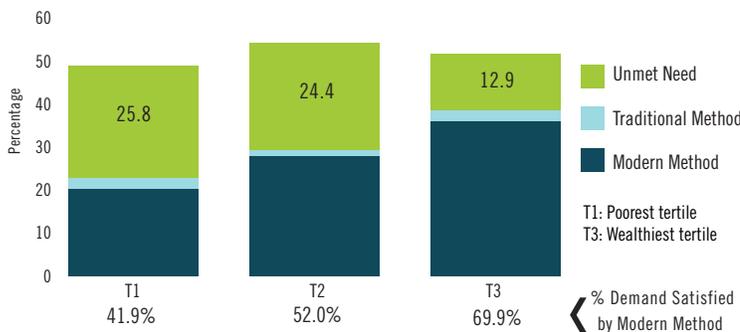
	Niger DHS 2012, Niamey		PMA2015/ Niamey R1		PMA2016/ Niamey R2	
	All Women	Married women	All Women	Married women	All Women	Married women
Contraceptive Prevalence Rate (CPR)						
All Methods CPR	22.6	33.9	21.4	31.0	20.1	29.8
Modern Method Use mCPR	21.3	31.8	19.7	28.6	18.8	27.8
Long Acting CPR	1.6	2.3	4.3	6.1	4.5	6.5
Total Unmet Need*	12.3	18.7	16.9	24.4	14.5	21.2
For Limiting	3.1	4.8	2.8	3.7	2.2	3.3
For Spacing	9.2	13.9	14.1	20.8	12.3	17.9
Total Demand	34.9	52.5	38.3	55.4	34.6	51.0
Demand Satisfied by Modern Method (%)	61.1	60.6	51.6	51.7	54.4	54.5

Fertility Indicators (All Women ages 15-49)

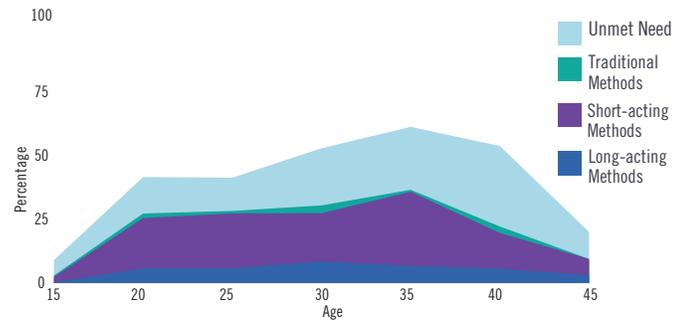
	NE DHS 2012, Niamey	PMA2015/ Niamey R1	PMA2016/ Niamey R2
Rechts Births Unintended (%)*	15.8	27.1	20.1
Wanted later	13.6	23.4	17.3
Wanted no more	2.2	3.7	2.8

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

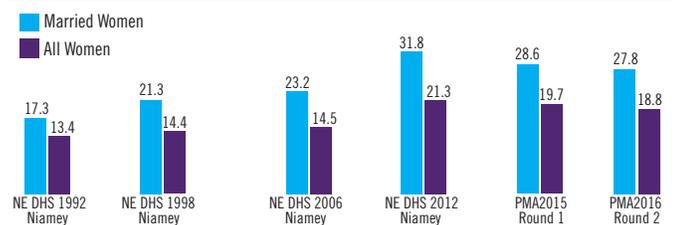
Current Use and Unmet Need Among Women in Union of Reproductive Age, by Wealth Tertile



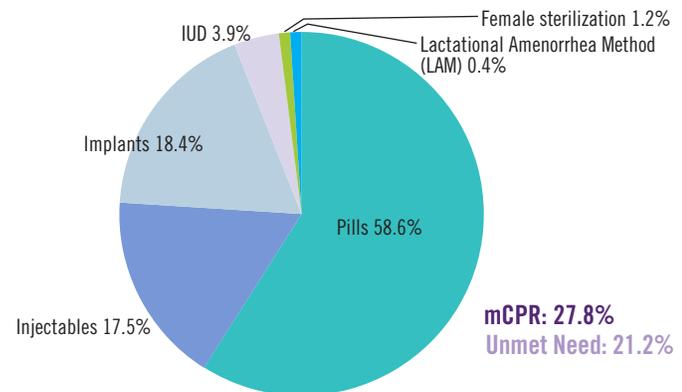
Unmet Need and Contraceptive Use, by Age (all Women)



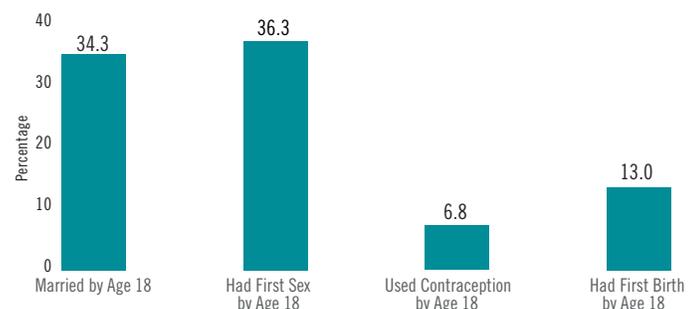
Modern Contraceptive Prevalence Rate (%), Women Ages 15-49, 1992-2016



Current Modern Method Mix Among Contraceptive Users in Union



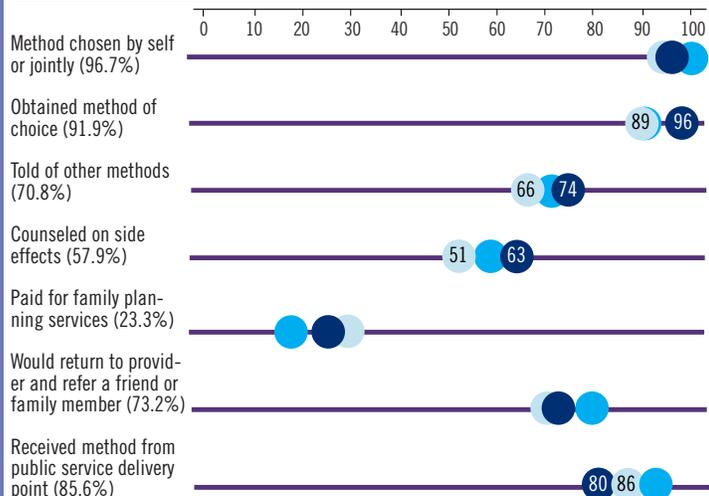
Percent of All Women Ages 18-24:



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INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users (%), Indicators by Wealth Tertiles (n=250):



Births in the Past Five Years, or Current Pregnancies:



For Current Female Non-Users:

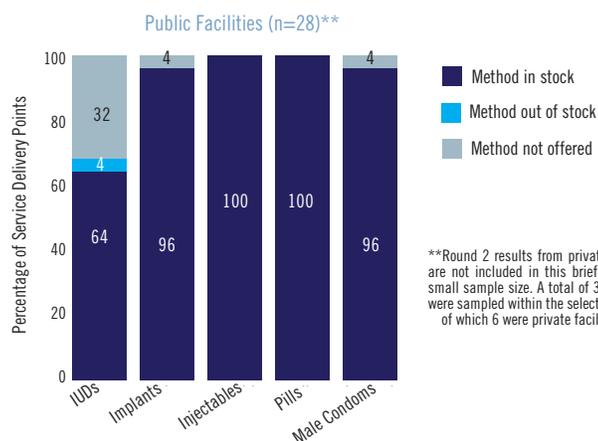
Reasons Mentioned for Non-Use Among All Women Wanting to Delay the Next Birth 2 or More Years (%) (n=403)

Not married	46.3
Perceived not-at-risk / lack of need	35.7
Method or health-related concerns	11.5
Opposition to use	15.4
Lack of access/knowledge	2.3
Other	10.5

Reproductive Health and Contraceptive Indicators

Indicator	Total
Median age at first marriage (25-49 years)	20.6
Median age at first sex (25-49 years)	18.3
Median age at first contraceptive use (15-49 years)	22.7
Median age at first birth (25-49 years)	21.5
Mean no. of living children at first contraceptive use (15-49 years)	2.1
Women having first birth by age 18 (18-24 years, %)	13.0
Received family planning information from provider in last 12 months (15-49 years, %)	22.5
Exposed to family planning media in last few months (15-49 years, %)	68.4

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



**Round 2 results from private SDPs are not included in this brief due to small sample size. A total of 34 SDPs were sampled within the selected EAs, of which 6 were private facilities.

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

Facility Type (n=27)	3 or more methods	5 or more methods
Hospital (n=3)	33.3	33.3
Integrated Health Center (n=22)	100.0	77.3
Maternity Center (n=2)	100.0	100.0
Total	89.3	71.4

Service Delivery Points (n = 28 public)

Indicator	Public (%)
Among All Service Delivery Points:	
Offering family planning (%)	89.3
With mobile teams visiting facility in last 12 months (%)	46.4
Supporting community health workers from this service delivery point (%)	21.4
Among service delivery points offering family planning services:	
Average number of days per week family planning is offered	5.3
Offering female sterilization (%)	8.0
Offering family planning counseling/services to adolescents (%)	92.0
Charging fees for family planning services (%)	0.0
Percent integrating family planning into their:	
Maternal health services (among all offering maternal health services)	91.3
HIV services (among all offering HIV services)	96.2
Post-abortion services (among all offering post-abortion services)	100.0

SAMPLE DESIGN

During the first round of data collection exclusively in Niamey, PMA2016/Niger used a sampling strategy stratified by Niamey's 5 communes to select a total of 33 enumeration areas (EA) drawn from the sampling frame provided by the fourth General Census of Population and Housing (RGPH) conducted by Niger's National Statistics Institute (INS) in 2012. The sampling frame is made up of primary sampling units (PSU), which themselves are made up of 3 to 5 enumeration areas (EA). These PSUs are divided up among Niamey's 5 communes according to size. 33 PSUs were selected using probability proportional to size among these strata. Once the PSUs were selected, EAs within each PSU that were too small (<150 households) were regrouped with contiguous EAs, and EAs too large (≥ 600 households) were divided further as needed before selecting an EA (or cluster/segment of EAs) from each selected PSU using the probability proportional to size of that EA. This same process was followed in this first round at national scale to select 51 additional EAs in order to have estimates at the national level, as well as for Niamey, urban areas outside Niamey, and rural areas. Within each selected EA, 35 households and up to 3 private SDPs were selected. A census of the private SDPs was conducted if there were less than 3 private SDPs in an EA. Three public SDPs per EA were also selected. Households were randomly selected using the "Random Number Generator" application after the listing phase. Selected households were contacted in order to obtain consent for the household as well as from eligible women, i.e. women of reproductive age (15-49 years). Data collection took place February 22 - April 29 2016. For this two-page brief for the results for Niamey exclusively, the analysis was conducted from the sample of 1,083 households (97.6% response rate), 1,276 women (97.2% response rate) and 24 service delivery points (of which 28 are public).