PMA2016/NIGER-R1

PERFORMANCE MONITORING AND 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 though 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)

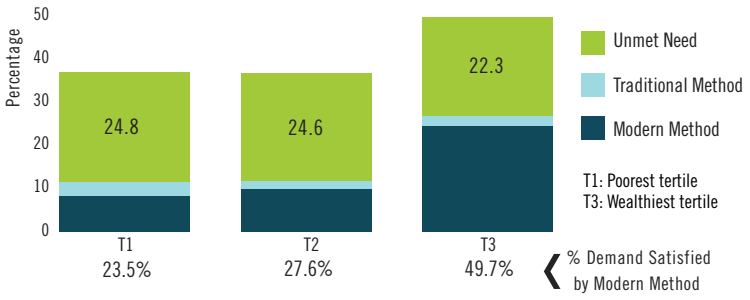
	Niger DHS 2012		PMA2016/Niger	
	All Women	Women in Union	All Women	Women in Union
Contraceptive Prevalence Rate (CPR) (%)				
All Methods CPR	12.5	13.9	**14.7**	**16.9**
Modern Method Use mCPR	11.0	12.2	**12.6**	**14.4**
Long Acting CPR	0.5	0.5	**2.0**	**2.4**
Total Unmet Need*	14.3	16.0	**20.0**	**23.9**
For Limiting	2.4	2.7	**2.9**	**3.5**
For Spacing	12.0	13.3	**17.1**	**20.4**
Total Demand	26.8	29.9	**34.7**	**40.8**
Demand Satisfied by Modern Method (%)	41.0	40.8	**36.4**	**35.3**

Fertility Indicators (All Women, ages 15-49)

	Niger DHS 2012	PMA2016/Niger
Total Fertility Rate*	7.6	**6.5**
Adolescent Birth Rate (per 1000, age 15-19)	206	**168**
Recents Births Unintended (%)*	8.2	**20.7**
Wanted Later	7.6	**18.8**
Wanted No More	0.6	**1.9**

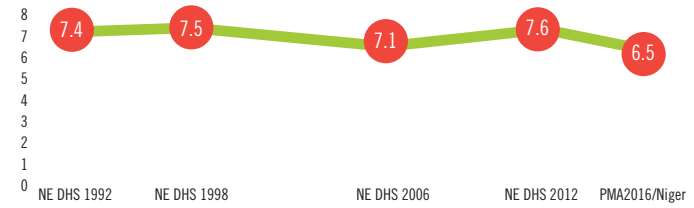
** Indicator measurement based on different questions posed in the DHS and PMA2020*

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



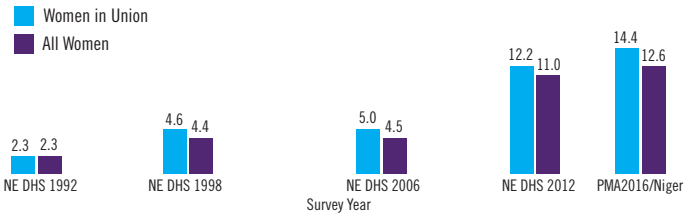
Trends in TFR and mCPR, 1992-2016

Total Fertility Rate (TFR)* - Number of births per woman, 1992-2016

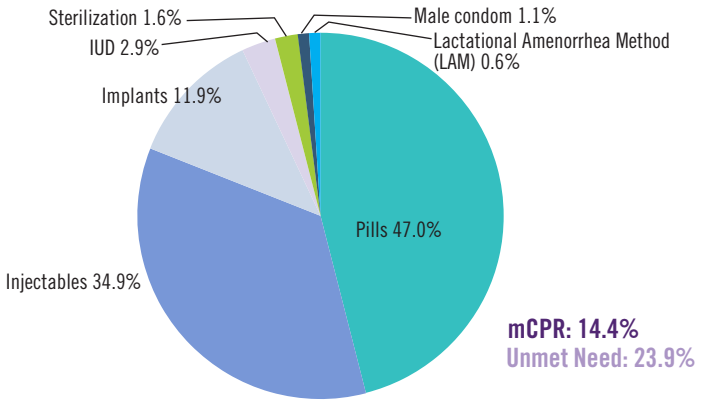


** Indicator measurement based on different questions posed in the DHS and PMA2020*

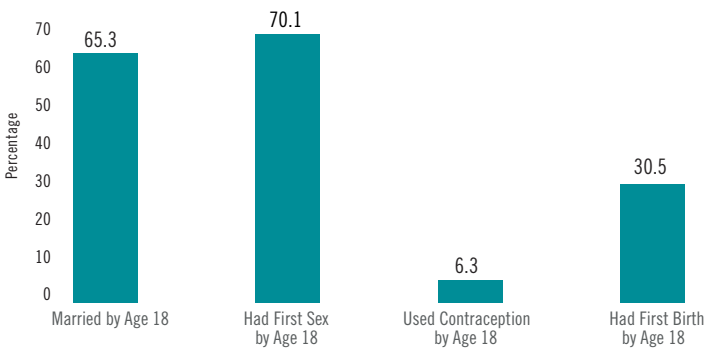
Modern Contraceptive Prevalence Rate (%, Women Ages 15-49)



Current Modern Method Mix Among Contraceptive Users in Union



Percent of All Women Ages 18-24:



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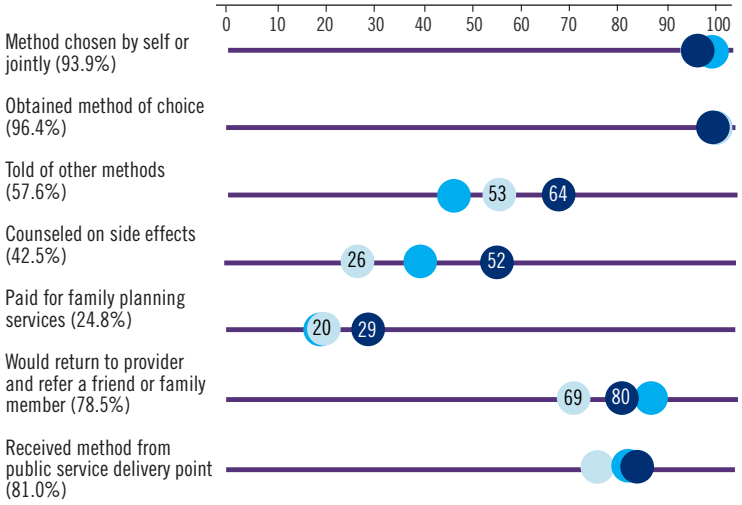
Bill & Melinda Gates Institute for Population and Reproductive Health

PMA2020

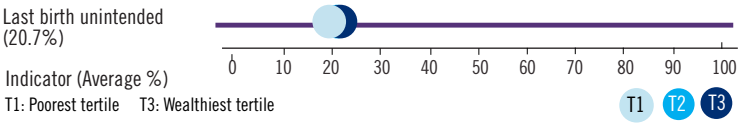
PMA2016/NIGER-ROUND 1

INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users (%), Indicators by Wealth Tertiles (n=510)



Births in the Past Five Years, or Current Pregnancies:



For Current Female Non-Users:

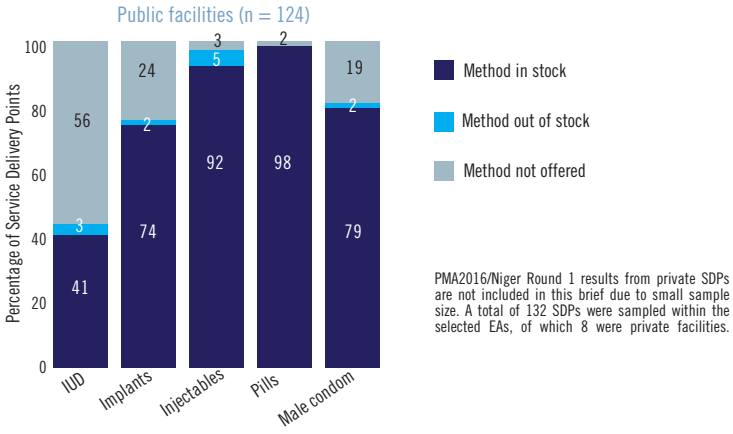
Reasons Mentioned for Non-Use Among All Women Wanting to Delay the Next Birth 2 or More Years (%) (n=1,017)

Not married	18.3
Perceived not-at-risk / lack of need	55.8
Method or health-related concerns	7.6
Opposition to use	13.9
Lack of access/knowledge	4.3
Other	15.0

Reproductive Health and Contraceptive Indicators

	Total	Rural	Urban
Median age at first marriage (25-49 years)	17.6	17.0	19.3
Median age at first sex (25-49 years)	15.7	15.5	17.6
Median age at first contraceptive use (15-49 years)	22.6	22.4	22.9
Median age at first birth (25-49 years)	20.7	20.4	21.0
Mean no. of living children at first contraceptive use (15-49 years)	2.6	2.8	2.2
Women having first birth by age 18 (18-24 years, %)	30.5	35.0	14.2
Received family planning information from provider in last 12 months (15-49 years, %)	24.4	25.3	20.9
Exposed to family planning media in last few months (15-49 years, %)	45.2	39.6	66.4

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



PMA2016/Niger Round 1 results from private SDPs are not included in this brief due to small sample size. A total of 132 SDPs were sampled within the selected EAs, of which 8 were private facilities.

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

Facility type (public) (n=123)	3 or more methods	5 or more methods
Hospital (n=23)	69.6	65.2
Health center (n=75)	97.3	68.0
Health hut (n=25)	40.0	0.0
Total	79.8	53.2

Service Delivery Points (n = 132; 124 public)

	Public
Among All Service Delivery Points:	
Offering family planning (%)	93.5
With mobile teams visiting facility in last 12 months (%)	25.0
Supporting community health workers from this service delivery point (%)	34.7
Among service delivery points offering family planning services:	
Average number of days per week family planning is offered	6.1
Offering female sterilization (%)	6.0
Offering family planning counseling/services to adolescents (%)	76.7
Charging fees for family planning services (%)	0.0
Percent integrating family planning into their:	
Maternal health services *(among all offering maternal health services)*	94.6
HIV services *(among all offering HIV services)*	91.8
Post-abortion services *(among all offering post-abortion services)*	98.9

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. Analyses were conducted using a database of 2,787 households (98.4% response rate), 3,031 women (96.8% response rate) and 132 service delivery points (95.7% response rate), of which 124 are public.

-- June 30, 2016 --