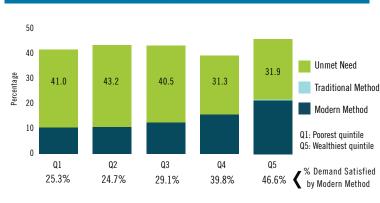


KEY FAMILY PLANNING INDICATORS

| Select Family Planning Indicators Across Recent Surveys (Women in Union and All Women, Ages 15-49) | | | | |
|---|--------------|-------------------|--------------|-------------------|
| | BF DHS 2010 | | PMA2014/BF | |
| | All Women | Women in Union | All Women | Women in Union |
| Contraceptive Prevalence Rate (CPR) | | | | |
| All Methods CPR | 15.3 | 16.2 | 15.8 | 18.1 |
| Modern Method Use mCPR | 14.3 | 15.0 | 15.7 | 18.0 |
| Long Acting CPR | 3.2 | 3.9 | 7.2 | 8.5 |
| Total Unmet Need* | 19.6 | 23.8 | 31.5 | 38.1 |
| For Limiting | 5.2 | 6.5 | 4.7 | 5.7 |
| For Spacing | 14.4 | 17.3 | 26.8 | 32.4 |
| Total Demand | 34.9 | 40.0 | 47.2 | 56.1 |
| Demand Satisfied by Modern Method (%) | 41.0 | 37.5 | 33.3 | 32.1 |

| Fertility Indicators (All | Women) | |
|---|---------------------|------------|
| | BF DHS 2010 | PMA2014/BF |
| Total Fertility Rate | 6.0 | 5.6 |
| Recent Births Unintended* (%) | 10.1 | 39.6 |
| Wanted Later | 8.1 | 33.6 |
| Wanted No More | 2.0 | 6.0 |
| * Indicator measurement based on different questions posed in | the DHS and PMA2020 | |

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 Quintile

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

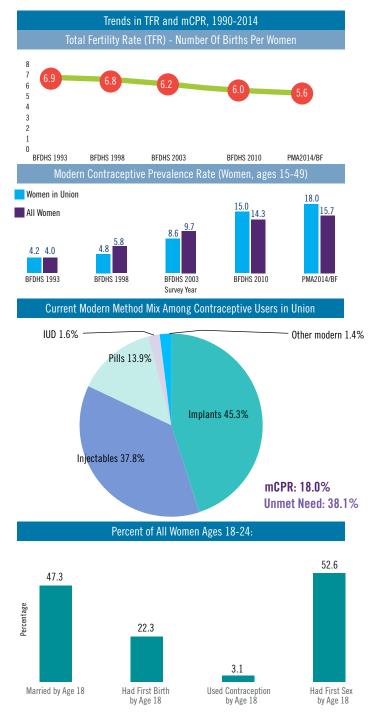
Bill & Melinda Gates Institute for Population and Reproductive Health



PMA2014/BURKINA FASO PERFORMANCE, MONITORING & ACCOUNTABILITY 2020

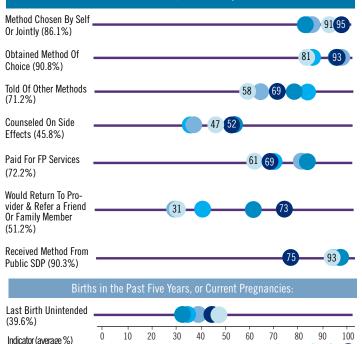
PMA2020 is a five-year project that uses innovative mobile technology to support low-cost, rapid-turnaround, nationally-representative surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in ten countries, deploying a cadre of 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



PMA2014/BURKINA FASO INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users(%), Indicators by Wealth Quintile:



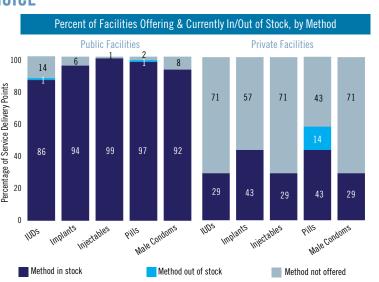
Q1 Q2

Q3 Q4 Q5

For Current Female Non-Users:Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth 2 Or More Years (%)Not Married14.7Perceived Not-At-Risk/Lack of Need37.5Method or Health-related Concerns19.4Opposition to Use14.3Lack of Access/Knowledge22.0Other12.4

For All Women of Reproductive Age, 15-49:

| | Total | Rural | Urban | |
|--|-------|-------|-------|--|
| Median Age at First Marriage (25 to 49 years) | 18.9 | 18.3 | 21.0 | |
| Median Age at First Sex (25 to 49 years) | 17.3 | 17.1 | 18.7 | |
| Median Age at First Contraceptive Use | 25.6 | 26.6 | 23.6 | |
| Median Age at First Birth (25 to 49 years) | 20.1 | 20.0 | 21.2 | |
| Mean No. Of Living Children At First Contraceptive Use | 3.2 | 3.6 | 2.0 | |
| Women Having First Birth by Age 18 (ages 18-24, %) | 22.3 | 26.7 | 8.4 | |
| Received FP Info. From Provider In Last 12 Months (%) | 36.4 | 38.6 | 28.1 | |
| Exposed to FP Media in Last Few Months (%) | 58.0 | 53.5 | 75.5 | |



| Percent of Public Facilities Offering at Least 3 or 5 Modern Contraceptive Methods, by Facility Type | | | |
|---|-------------------|-------------------|--|
| Facility Type | 3 or more methods | 5 or more methods | |
| Hospital (n=11) | 100.0 | 81.8 | |
| Surgery Center (n=32) | 96.9 | 96.9 | |
| Health Center (n=47) | 100.0 | 95.7 | |
| Total | 98.9 | 94.4 | |

| Service Delivery Points (n= 106 ; 89 public, 17 private) | | | |
|--|--------|---------|-------|
| | Public | Private | Total |
| Among All Service Delivery Points: | | | |
| Offering Family Planning (%) | 100.0 | 41.2 | 90.7 |
| With Mobile Teams Visiting Facility In Last 12 Months (%) | 44.4 | 0.0 | 37.4 |
| Supporting CHWs From This Service Delivery Point (%) | 36.7 | 11.8 | 32.7 |
| Among Service Delivery Points Offering Family Planning Services: | | | |
| Average Number Of Days Per Week Family Planning Is Offered | 6.7 | 6.0 | 6.7 |
| Offering Female Sterilization (%) | 17.8 | 28.6 | 18.6 |
| Offering Family Planning Counseling/Services To Adolescents (%) | 95.5 | 57.1 | 92.8 |
| Charging Fees For Family Planning Services (%) | 37.8 | 85.7 | 41.2 |
| Percent Integrating Family Planning Into Their: | | | |
| Maternal Health Services (among all offering maternal health services) | 100.0 | 75.0 | 98.9 |
| HIV Services (among all offering HIV services) | 98.9 | 62.5 | 95.8 |
| Post-Abortion Services (among all offering post-abortion services) | 100.0 | 100.0 | 100.0 |

SAMPLE DESIGN

Q1: Poorest quintile Q5: Wealthiest quintile

PMA2020/Burkina Faso used a two-stage cluster design with urban-rural strata. A sample of 53 enumeration areas (EAs) was drawn from the INSD master sampling frame. Each EA was listed and mapped; 35 households were systematically selected with a random start; and up to 3 health service delivery points (SDP) were selected in each EA. Occupants in selected households were enumerated and eligible females of reproductve age (15-49) were contacted and consented for interviews. Data collection was conducted between November and December, 2014. The completed sample included 1,760 households, 2,067 females age 15 to 49 and 107 SDPs.







