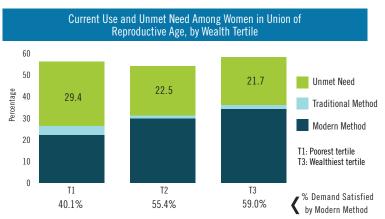


KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys (Married/In Union and All Women, Ages 15-49)					
	NE DHS 2012, Niamey		PMA2015/ Niamey		
	All Women	Married women	AII Women	Married women	
Contraceptive Prevalence Rate (CPR)					
All Methods CPR	22.6	33.9	21.4	31.0	
Modern Method Use mCPR	21.3	31.8	19.7	28.6	
Long Acting CPR	1.6	2.3	4.3	6.1	
Total Unmet Need*	12.3	18.7	16.9	24.4	
For Limiting	3.1	4.8	2.8	3.7	
For Spacing	9.2	13.9	14.1	20.8	
Total Demand	34.9	52.5	38.3	55.4	
Demand Satisfied by Modern Method (%)	61.1	60.6	51.6	51.7	

Fertility Indicators (All Women)					
	NE DHS 2012, Niamey	PMA2015/ Niamey			
Total Fertility Rate	5.3	4.7			
Adolescent Birth Rate (per 1000, age 15-19)	101.0	79.6			
Recents Births Unintended (%)*	15.8	27.1			
Wanted Later	13.6	23.4			
Wanted no More	2.2	3.7			

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





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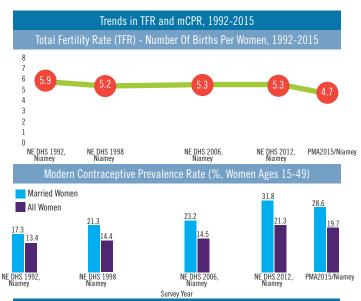


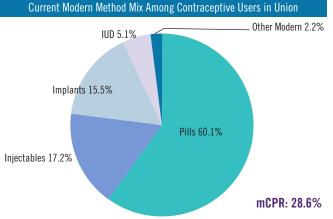
PMA2015/NIAMEY-R1

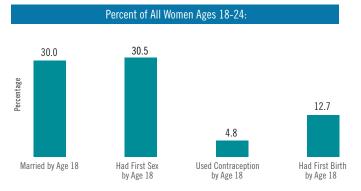
PERFORMANCE MONITORING & ACCOUNTABILITY 2020

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. PMA2020/Niger, which was conducted only in Niamey for the first round of data collection, 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

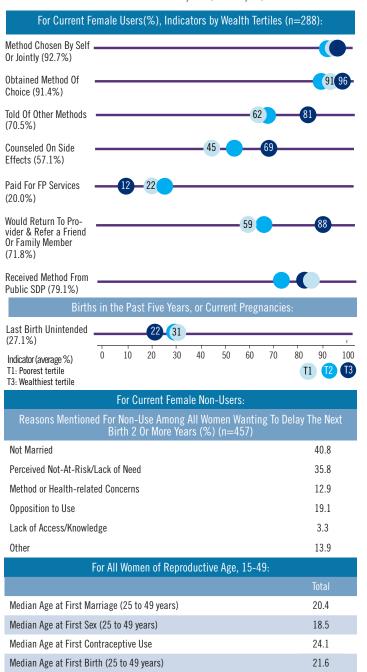




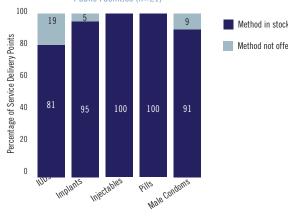


PMA2015/NIAMEY-R1

INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE



Percent of Facilities Offering & Currently In/Out of Stock, by Method Public Facilities (n=21)* 100 Method in stock 80 Method not offered



Round 1 results from private SDPs are not included in this brief due to small sample size. A total of 31 SDPs were sampled within the selected EAs, of which 6 were private facilities. None of the 21 public facilities offering family planning had stock-outs for any method at the time of the survey.

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=4)	50.0	50.0		
Integrated Health Center (n=21)	95.2	66.7		
Total	88.0	64.4		

Service Delivery Points (n= 25 public)				
	Public			
Among All Service Delivery Points:				
Offering Family Planning (%)	84.0			
With Mobile Teams Visiting Facility In Last 12 Months (%)	8.0			
Supporting CHWs From This Service Delivery Point (%)	24.0			
Among Service Delivery Points Offering Family Planning Services (n=21):				
Average Number Of Days Per Week Family Planning Is Offered	5.2			
Offering Female Sterilization (%)	0.0			
Offering Family Planning Counseling/Services To Adolescents (%)	95.2			
Charging Fees For Family Planning Services (%)	4.8			
Percent Integrating Family Planning Into Their:				
Maternal Health Services (among all offering maternal health services)	90.5			
HIV Services (among all offering HIV services)	100.0			
Post-Abortion Services (among all offering post-abortion services)	90.0			

SAMPLE DESIGN

Exposed to FP Media in Last Few Months (%)

Mean No. Of Living Children At First Contraceptive Use

Women Having First Birth by Age 18 (ages 18-24, %)

Received FP Info. From Provider In Last 12 Months (%)

PMA2015/Niamey-R1 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. 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 July 10 through August 24, 2015. Analyses were conducted using a database of 1,129 households (98.8% response rate), 1,336 women (97.6% response rate) and 31 service delivery points (of which 25 are public).

2.3

12.7

23.4

66 1