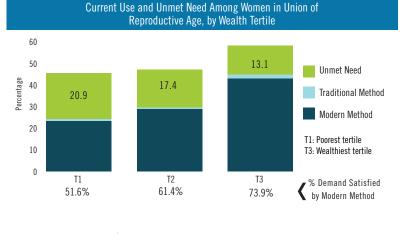
KEY FAMILY PLANNING INDICATORS

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

(Marrieu/In Union and All Women, Ages 15-49)						
	PMA2015/ Niamey R1		PMA2016/ Niamey R2		PMA2016/ Niamey R3	
	All Women	Married women	All Women	Married women	All Women	Married women
Contraceptive Prevalence Rate (CPR)						
All Methods CPR	21.4	31.0	20.1	29.8	22.0	32.7
Modern Method Use (mCPR)	19.7	28.6	18.8	27.8	21.1	31.5
Long Acting CPR	4.3	6.1	4.5	6.5	7.0	10.6
Total Unmet Need	16.9	24.4	14.5	21.2	12.3	17.2
For Limiting	2.8	3.7	2.2	3.3	2.7	3.4
For Spacing	14.1	20.8	12.3	17.9	9.6	13.8
Total Demand	38.3	55.4	34.6	51.0	34.3	49.9
Demand Satisfied by Modern Method (%)	51.6	51.7	54.4	54.5	61.6	63.1

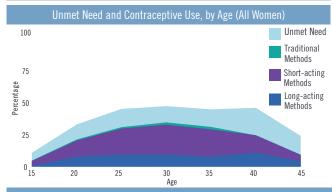
Fertility Indicators (All Women, Ages 15-49)					
	PMA2015/ Niamey R1	PMA2016/ Niamey R2	PMA2016/ Niamey R3		
Recents Births Unintended (%)	27.1	20.1	24.5		
Wanted Later	23.4	17.3	21.2		
Wanted No More	3.7	2.8	3.3		



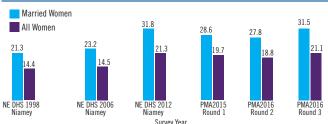
PMA2016/NIAMEY-R3 PERFORMANCE MONITORING & ACCOUNTABILITY 2020

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 in Niger was conducted exclusively in Niamey in 33 enumeration areas (EAs). In early 2016, 51 new EAs were added to obtain estimates at the national level, as well as for Niamey, urban areas outside Niamey, and rural areas. This third round of data collection was again conducted exclusively in Niamey. 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 Blomberg School of Public Health though a grant from the Bill & Melinda Gates Foundation.

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



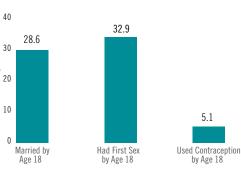
Modern Contraceptive Prevalence Rate (%, Women Ages 15-49), 1998-2016



Current Modern Method Mix Among Contraceptive Users in Union

Injectables 16.6% Injectables 16.6% Pills 48.3% Implants 25.5% MCPR: 31.5% Unmet Need: 17.2%

Percent of All Women Ages 18-24:



Percentage

Had First Birth

by Age 18

11.6

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH BIII & Melinda Gates Institute for Population and Reproductive Health

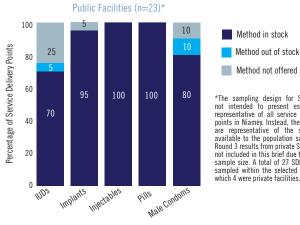


PMA2016/NIAMEY-ROUND 3

INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

INDICATORS	FOR	AC		.00,			- 7				AI		1
For Current F	emale U	sers	(%),	Indic	ators	by We	alth	Tertil	es (n=24	19):		
Method Chosen by Self or Jointly (94.7%)	0 10	0 2	20	30	40	50	60	70		80	90	100	
Obtained Method of Choice (94.5%)											89	98	
Told of Other Methods (66.3%)							6	2 7	1)-				
Counseled on Side Effects (44.3%)					41 -	50							
Paid for Family Plan- ning Services (26.4%)		_											
Would Return to Provid- er and Refer a Friend or Family Member (69.4%)	r							66 7	2				
Received Method from Public Service Delivery Point (79.3%)									75)—	89		
Birth	s in the l	Past	Five	Years	, or C	urrent	Pre	gnano	cies	:			
Descut Disthe Hain		_		0-									
Recent Births Unin- tended (24.5%)										_			
	0 1	10	20	30	40	50	60	70		80	90 2 1	100 3	
tended (24.5%) Indicator (average %) T1: Poorest tertile					40 le Nor			70					
tended (24.5%) Indicator (average %) T1: Poorest tertile	Fo led for No	or Cur on-U:	rrent se Ai	Fema nong	le Nor	n-Use	rs: Wan ⁻		1	1	2 (3	
tended (24.5%) Indicator (average %) T1: Poorest tertile T3: Wealthiest tertile	Fo led for No	or Cur on-U:	rrent se Ai	Fema nong	le Nor All Wo	n-Use	rs: Wan ⁻		1	1	2 (3 ext	
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tended (24.5%) Indicator (average %) T1: Poorest tertile T3: Wealthiest tertile Reasons Mention Not Married	Fo led for No Birtl /Lack of N	or Cur on-U: h 2 of Need	rrent se Ai	Fema nong	le Nor All Wo	n-Use	rs: Wan ⁻		1	1	2 T he Ne 45.2	3 ext	
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Percent of Facilities Offering & Currently In/Out of Stock, by Method



*The sampling design for SDPs is not intended to present estimates representative of all service delivery points in Niamey. Instead, the results are representative of the services available to the population sampled. Round 3 results from private SDPs are not included in this brief due to small sample size. A total of 27 SDPs were sampled within the selected EAs, of

Percent of Public Facilities Offering At Least 3 or At Least 5 Modern Contraceptive Methods, by Facility Type					
Facility Type	3 or more methods	5 or more methods			
Integrated Health Center (n=21)	90.5	81.0			
Total	82.6	73.9			

Service Delivery Points ($n = 23$ public)				
	Public			
Among All Service Delivery Points:				
Offering Family Planning (%)	87.0			
With Mobile Teams Visiting Facility In Last 6 Months (%)	47.8			
Supporting CHWs From This Service Delivery Point (%)	43.5			
Among Service Delivery Points Offering Family Planning Services:				
Average Number Of Days Per Week Family Planning Is Offered	5.9			
Offering Female Sterilization (%)	13.0			
Offering Family Planning Counseling/Services To Adolescents (%)	95.0			
Charging Fees For Family Planning Services (%)	5.0			
Percent Integrating Family Planning Into Their:				
Maternal Health Services (among all offering maternal health services)	95.0			
HIV Services (among all offering HIV services)	90.0			
Post-Abortion Services (among all offering post-abortion services)	94.7			

SAMPLE DESIGN

The third round of data collection in Niamey (PMA2016/Niamey-R3), PMA2020 used a sampling strategy stratified by Niamey's 5 communes to select a total of 33 enumeration areas (EA). The EAs were drawn from the sampling frame provided by the 2012 General Census of Population and Housing (RGPH) conducted by Niger's National Statistics Institute (INS). The sampling frame is made up of primary sampling units (PSU), which themselves are made up of 3 to 5 enumeration areas (EA). Within each selected EA, 35 households and up to 3 private SDPs were randomly selected. Public SDPs that serve the identified EAs were also surveyed. 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 November to December 2016. A total of 1,099 households (97.5% response rate) and 1,398 women (98.4% response rate) were interviewed, along with 27 service delivery points, of which 23 are public (90% response rate).



