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 universities and research organizations in 11 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. The first and third rounds of data collection in Niger were conducted exclusively in Niamey. The second and current (fourth) round of data collection were conducted at the national level. 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, please visit http://www.pma2020.org

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**FERTILITY INDICATORS (ALL WOMEN)**

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>Recents Births Unintended (%)</th>
<th>Wanted Later</th>
<th>Wanted No More</th>
</tr>
</thead>
<tbody>
<tr>
<td>NE DHS 2006</td>
<td>4.3</td>
<td>17.4</td>
<td>2.2</td>
</tr>
<tr>
<td>NE DHS 2012</td>
<td>4.3</td>
<td>17.4</td>
<td>2.2</td>
</tr>
<tr>
<td>PMA2015</td>
<td>4.3</td>
<td>17.4</td>
<td>2.2</td>
</tr>
<tr>
<td>PMA2016</td>
<td>4.3</td>
<td>17.4</td>
<td>2.2</td>
</tr>
<tr>
<td>PMA2017</td>
<td>4.3</td>
<td>17.4</td>
<td>2.2</td>
</tr>
</tbody>
</table>

*Other modern methods include: Male condoms, beads, and emergency contraception*

---

**CURRENT USE AND UNMET NEED AMONG WOMEN IN UNION OF REPRODUCTIVE AGE, BY WEALTH TERTILE**

<table>
<thead>
<tr>
<th>Wealth Tertile</th>
<th>Unmet Need</th>
<th>Traditional Method</th>
<th>Modern Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest tertile</td>
<td>20.8</td>
<td>19.6</td>
<td>15.6</td>
</tr>
<tr>
<td>Middle tertile (Wealthy)</td>
<td>26.7</td>
<td>28.6</td>
<td>41.7</td>
</tr>
<tr>
<td>Wealthiest tertile</td>
<td></td>
<td></td>
<td>53.7</td>
</tr>
</tbody>
</table>

*Unmet Need* *Traditional Method* *Modern Method*

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**CURRENT MODERN METHOD MIX AMONG CONTRACEPTIVE USERS IN UNION (n=236)**

- **PMA2020/Niamey, Niger**
  - May-Sept 2017 (Round 4)
  - Uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning.
  - 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.

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**KEY FAMILY PLANNING INDICATORS**

Select Family Planning Indicators Across Recent Surveys

<table>
<thead>
<tr>
<th>Survey Year</th>
<th>All</th>
<th>Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>尼日耳拉姆尼（合众国）</td>
<td></td>
<td></td>
</tr>
<tr>
<td>尼日耳拉姆尼</td>
<td></td>
<td></td>
</tr>
<tr>
<td>尼日耳拉姆尼</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Contraceptive Prevalence Rate (CPR)**
  - All Methods CPR
  - Modern Methods Use (mCPR)
  - Long Acting/Permanent CPR
  - Total Unmet Need
  - For Limiting
  - For Spacing

---

**PERCENT OF ALL WOMEN AGED 18-24 (n=327)**

- **Recents Births Unintended (%)**
  - 20.1
  - 24.5
  - 17.5

- **Wanted Later**
  - 17.3
  - 21.2
  - 15.4

- **Wanted No More**
  - 2.8
  - 3.3
  - 2.2

---

**LIFE EVENTS BY AGE 18**

- **Married**
  - 29.2
  - 30.1
  - 2.4
  - 12.0

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**CURRENT MODERN METHOD MIX AMONG CONTRACEPTIVE USERS IN UNION (n=236)**

- **PMA2020/Niamey, Niger**
  - May-Sept 2017 (Round 4)

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**FAMILY PLANNING BRIEF**

**INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE**

For Current Modern Users (%), Indicators by Wealth Tertiles (n=245)

<table>
<thead>
<tr>
<th>Method Chosen by Self or Jointly (95.7%)</th>
<th>Obtained Method of Choice (93.1%)</th>
<th>Told of Other Methods (72.4%)</th>
<th>Couseling on Side Effects (58.1%)</th>
<th>Paid for Family Planning Services (19.9%)</th>
<th>Would Return to Provider and Refer a Friend or Family Member (72.1%)</th>
<th>Received Method from Public Service Delivery Point (85.4%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>94</td>
<td>95</td>
<td>92</td>
<td>67</td>
<td>84</td>
<td>86</td>
<td>95.5</td>
</tr>
<tr>
<td>3 or more methods</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>95.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Percentage**

<table>
<thead>
<tr>
<th>Indicator (average %)</th>
<th>T1: Poorest tertile</th>
<th>T2</th>
<th>T3: Wealthiest tertile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent Births Unintended (17.5%)</td>
<td>14</td>
<td>19</td>
<td>1</td>
</tr>
</tbody>
</table>

**For Current Female Non-Users (n=398)**

Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth Two Or More Years (%)

- Not Married 46.3%
- Perceived Not-At-Risk/Lack of Need 44.3%
- Method or Health-related Concerns 11.9%
- Opposition to Use 12.3%
- Lack of Access/Knowledge 6.7%
- Other 0.6%

*Respondents were able to select more than one answer

**Reproductive Health and Contraceptive Indicators**

<table>
<thead>
<tr>
<th>Median Age</th>
<th>First Sex</th>
<th>First Marriage</th>
<th>First Birth</th>
<th>First Contraceptive Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.2 yrs</td>
<td>20.2 yrs</td>
<td>22.3 yrs</td>
<td>23.7 yrs</td>
<td></td>
</tr>
<tr>
<td>(15-49 yrs)</td>
<td>(25-49 yrs)</td>
<td>(23-49 yrs)</td>
<td>(15 yrs)</td>
<td></td>
</tr>
</tbody>
</table>

Mean No. of Living Children at First Contraceptive Use (15-49 years) 2
Women Having First Birth by Age 18 (%) (18-24 years) 12.0
Received FP Info. From Provider in Last 12 Months (%) (15-49 years) 21.3
Exposed to FP Media in Last Few Months (%) (15-49 years) 62.2

**SAMPLE DESIGN**

PMA2017/Niger data provides national estimates, as well as for Niamey, urban areas outside of Niamey, and rural areas. A total of 33 enumeration areas (EAs) were selected using probability promotional to size, from a sampling frame provide by the Fourth General Census of Population and Housing, conducted by Niger’s National Statistics Institute in 2012. Structures, households, and service delivery points (SDPs) were enumerated in each selected EA. Thirty-five households were selected randomly from each EA. All eligible women, aged 15 to 49, in the sampled households were interviewed. SDP sample included three public SDPs that serve an EA and up to three private SDPs within the EA. Data collection occurred from May-September 2017. In Niamey, a total of 1,005 households (96.7% response rate) and 1,269 women (96.8% response rate) were interviewed, along with 32 service delivery points, of which 25 are public (100% response rate).

**Percent of Public Facilities Offering Family Planning with Methods in Stock on Day of Interview (n=23)**

- Not offered
- Current stockout
- Currently in stock, but history of stockout in the past 3 months
- Currently in stock, and no history of stockout in the past 3 months

**Percent of All Public Facilities With At Least 3 or 5 Modern Contraceptive Methods, by Facility type (n=25)**

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>3 or more methods</th>
<th>5 or more methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated Health Center</td>
<td>95.5</td>
<td>86.4</td>
</tr>
<tr>
<td>Total</td>
<td>92.0</td>
<td>84.0</td>
</tr>
</tbody>
</table>

**Public Service Delivery Points (n=25)**

Among All Service Delivery Points:

- Offering Family Planning (%) 92.0
- With Mobile Teams Visiting Facility In Last 6 Months (%) 52.0
- Supporting Community Health Workers From This Service Delivery Point (%) 20.0

Among Service Delivery Points Offering Family Planning Services:

- Average Number Of Days Per Week Family Planning Is Offered 5.7
- Offering Female Sterilization (%) 8.7
- Offering Family Planning Counseling/Services To Adolescents (%) 95.7
- Charging General User Fees For Family Planning Services (%) 26.1
- Availability of Instruments or Supplies for Implant Insertion/Removal* 52.2
- Availability of Instruments or Supplies for IUDs** 36.8

*Among SDPs that provide implants, includes: Clean Gloves, Antiseptic, Sterile Gauze Pad or Cotton Wool, Local Anesthetic, Sealed Implant Pack, Surgical Blade
**Among SDPs that provide IUDs, includes: Sponge-holding forceps, Speculums (large and medium), and Tenaculum

-- January, 2018 --