Increasing contraceptive use in Niger

Final Report

December, 2015
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Project Overview and Key Findings

General Supply and Demand Findings

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Project Overview and Key Findings

General Supply and Demand Findings

Segmentation

Greatest Opportunities + Next Steps
Why we are here: Fertility in Niger has remained high despite overall decreases across Sub-Saharan Africa

Niger has the highest fertility rate in the world, and this has risen since 2006. Both men and women still want more children than they are currently having.

**Total Fertility Rate**

- **Other Key Metrics**
  - Niger’s fertility rate is the highest in the world and has increased since 2006, from 7.1 to 7.6 children per woman in 2012.
  - Men and women want more children than they are currently having, at 11.5 for men and 9.2 for women.
  - Maternal mortality rate: 600 per 100k in 2010 versus 500 in Sub-Saharan Africa on average.
  - Infant mortality rate: 96 per 1000 live births in 2010 versus 77 in Sub-Saharan Africa on average.

Sources: World Bank, MeasureDHS, Demographic and Health Survey data. Chart: Word Bank Development Indicators, DHS and MICS data.
Objectives of the family planning research & strategy project

**Key Objectives**

1. Provide a baseline understanding of family planning dynamics in Niger that can be used by any family planning partner (government, donor, or NGO) to inform its strategy and programming.

2. Identify the most significant opportunities—related to demand and supply of contraceptives—to drive an increase in women’s modern contraceptive use in Niger.

3. Describe how the stakeholders to this project and their partners might adjust their grant-making and programming in Niger to address these opportunities.
# Project partners

<table>
<thead>
<tr>
<th>Primary Partners</th>
<th>Implementing Partners</th>
<th>Other Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hewlett Foundation</td>
<td>PSI</td>
<td>UNFPA</td>
</tr>
<tr>
<td>USAID</td>
<td>Anmas-Suara</td>
<td>THE WORLD BANK</td>
</tr>
<tr>
<td>Gates Foundation</td>
<td>Pathfinder International</td>
<td></td>
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<tr>
<td></td>
<td>Marie Stopes International</td>
<td></td>
</tr>
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<td></td>
<td>EngenderHealth</td>
<td></td>
</tr>
</tbody>
</table>

DEC 2015 | Final Report
Recap of project approach

<table>
<thead>
<tr>
<th>Objective</th>
<th>Key Elements</th>
<th>Duration</th>
</tr>
</thead>
</table>
| Identify insights about reproductive choice in Niger, and develop a set of hypotheses to test in a nationwide survey | Stakeholder consultation  
Background research  
Expert commentator interviews  
Focus groups w/ women & men  
Healthcare provider observation & interviews | 3 months                       |
| Establish which women are most likely to increase their contraceptive use and what they require to do so | Nationwide survey of 2,000 women age 15-49  
Identify target segments and segment requirements  
Model expected increase in contraceptive use | 4 months (overlapping with Phase III) |
| Develop integrated recommendations to increase contraceptive use, based on supply and demand analyses | Supply side assessment (policy, procurement, distribution)  
Opportunity identification  
Strategy development | 5 months (overlapping with Phase II) |

**PHASE I**
QUALITATIVE CUSTOMER RESEARCH

**PHASE II**
QUANTITATIVE CUSTOMER RESEARCH

**PHASE III**
OTHER STRATEGIC CONSIDERATIONS & STRATEGY DEVELOPMENT
## Research methodology

### Qualitative Research

**Data collection:**
November 2013
Urban, peri-urban, rural areas

- Focus group discussions with married/unmarried men and women, aged 15-24 and 25+ (N=18 FGDs; N=108 participants)
- In-depth interviews with FP providers (N=21)
- Observations of family planning consultations (N=84)

**Data analysis:**
Iterative thematic analysis via memoing / discussion

### Quantitative Research

**Data collection:**
April – May 2014 Nationwide
N=2,004 women of reproductive age (15-49)

- Sampling methodology consistent with 2012 DHS to ensure representativeness and comparability
- Strict consent policy, with additional safeguards for minor participants

**Data analysis:**
Latent class analysis

### Supply Side Analysis

**Data collection:**
February – May 2014
Niamey

- Document review of previous and ongoing FP initiatives
- Interviews and fact-finding on contraceptive distribution networks (public, pharmaceutical, CPG, social marketing), procurement, and policy design and implementation

**Data analysis:**
Mapping procurement & distribution networks, order ranking of barriers

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* All research was approved by the Nigerien national ethical review board
Overall findings I/III (General research findings)

Our research found that demand issues were the leading driver in low use of contraceptives

Demand

- There is still broad enthusiasm for large family size. Although men and women were beginning to cite the benefits of smaller family size, they would choose large family size if pushed. *Men and women cited averaged ~10 for ideal family size, higher even than the current rate.*

- Traditional contraceptive methods were the most prevalent form, though women expressed dissatisfaction with these methods

- Modern contraceptives were not a perfect substitute, however: women were dissatisfied with these methods’ efficacy, perceived side effects (e.g., impact on fertility), and its perceived conflict with Islam

- Some women have very low knowledge of the fertility and contraceptives. I.e., only 22% of women know when they are fertile, and only 66% know of the Pill—the most known method

- The acceptance of contraceptive use by husbands, friends/family, and imams had high importance despite women not directly citing them as key factors

Supply

- Neither stock-outs nor distance from a health care facility were leading factors’ in women’s modern contraceptive use despite occurring in some areas or for specific products

- As needed, the public and private distribution networks in Niger could be leveraged to distribute product widely—beyond the existing health center (CSI) footprint

- However, addressing access in health centers appears to be more important than expanding the health system’s footprint: while stockouts have improved in recent years, over 40% of CSIs have had stockouts of a LARC method in the last 6 months
Overall findings II/III

Segments were based on key behaviors and attitudes that would indicate potential to increase contraceptive use and objectives formed based on different segment needs

<table>
<thead>
<tr>
<th>Segments</th>
<th>% of Pop.</th>
<th>% MM Use</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Proactives</td>
<td>28%</td>
<td>23%</td>
<td>- Large segment, high potential due to proactivity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Opportunity to increase spacing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Large segment open to MM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Open dialog with HCW on LT MM</td>
</tr>
<tr>
<td>Traditional Autonomists</td>
<td>10%</td>
<td>5%</td>
<td>- Potential to convert some TM users to MM use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Encourage autonomy</td>
</tr>
<tr>
<td>Sheltered Skeptics</td>
<td>28%</td>
<td>2%</td>
<td>- Large segment, potentially large opportunity for growth if educated</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Very accepting of spacing and most accepting of limiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Highest use of MM</td>
</tr>
<tr>
<td>Modern Elites</td>
<td>16%</td>
<td>43%</td>
<td>- Deprioritize this segment</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Not engaged / interested or autonomous</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Thinks contraception is a sin, would be most difficult segment to change mindset</td>
</tr>
<tr>
<td>Conservative Passives</td>
<td>18%</td>
<td>4%</td>
<td>- *Increase MM Use</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- *Transition to more efficient MM</td>
</tr>
</tbody>
</table>

*Increase MM Use | *Transition to more efficient MM
Overall findings III/III

Overall recommendations coming from the effort

- Comparing the needs of target segments to Niger’s health system and contraceptive supply, we believe 4 interventions are most likely to increase CPR:
  - i. Tailoring programming and communications to priority segment
  - ii. Improving the quality of healthcare worker counseling
  - iii. Improving consistency of contraceptive supply to health centers—not ‘health huts’
  - iv. Strengthening data coordination and sharing, to track progress by segment

- If delivered at scale and focused on target segments, we forecast that these interventions could increase Niger’s contraceptives prevalence rate to 25% – 30% by 2020

- This increase is lower than the Government’s current target of 50% CPR by 2020. However, it provides a more achievable target, grounded in concrete programmatic interventions that map to women’s family planning needs today

- These interventions map to initiatives with Niger’s 2013 – 2020 Family Planning Action Plan. We recommend that these initiatives be prioritized by Government and donors to Niger for further funding and support
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Project Overview and Key Findings

General Supply and Demand Findings

Segmentation

Greatest Opportunities + Next Steps
General background research findings leading into qualitative research

- Very little information on modern or traditional method use exists, in Niger or in West Africa more broadly

- We do know that women are regulating their fertility: Niger’s TFR of 7.6 is roughly half the theoretical maximum of 15 children per woman

- Modern contraceptive use does not appear to have an impact on fertility: a TFR of more than 7.3 appears to be inconsistent with modern method use

- There is some belief that contraceptive use would be increased if direct barriers to use (i.e., access to points of care) were addressed

- Emerging literature that indirect influences on use, such as religion, have an equal or greater impact on use than direct barriers

Summary of key qualitative research findings

- Contraceptive use can be increased to some degree by lowering key barriers to use, but lowering barriers alone will not do enough to increase use.

- Religion is a major influence on use, and addressing it is critical. Many research participants reported that modern contraceptive use was against Islam.

- While participants used contraceptives, they consistently tried to reconcile that use with Islam and ask for Allah’s pardon – creating a ‘country full of sinners asking for forgiveness’.

- Contraceptive use will need to be positioned within Nigeriens’ existing value systems around religion and family, to decrease desired family size and increase CPR.

- In good news, there is significant ‘narrative instability’ around important, woman- and family-related themes in Niger today. This creates a window of opportunity in which to drive change.

Please refer to the full file on the qualitative research for an in-depth review of our findings.
Initial segment hypotheses based on early qualitative research

We believed that several factors were likely to be associated with willingness to use contraceptives (or resistance thereto) which led to our initial hypothesis segmentation on the right:

- Religion
- Desire to resist state/third power
- Husband’s approval of contraceptive use
- Sense of agency

These hypotheses helped direct our quantitative research.

- Would use contraceptives today if she had access
- Will use contraceptives if reconciled with Islam
- Will not use contraceptives, because she and/or her husband believe that it takes away their reproductive freedom
- Would never use contraceptives, because Islam forbids it
Summary of general supply findings

- The CPG network distributes the most product by volume, but the public health system distributes the most oral contraceptives—the product used by the most women.

- Currently, the public health system provides the greatest breadth of contraceptive product, while the public health and CPG networks have the greatest reach into rural areas.

- With some strengthening, Niger’s public and private distribution systems can be leveraged to provide comprehensive contraceptive access nationwide.

- Stockouts have improved in recent years. However, according to 2013 UNFPA analysis, over 40% CSIs have had stock outs of a LARC method in the last 6 months.

- Survey data suggests that access to HC structures is not a major barrier; we recommend expanding the range of methods available at CSIs, as opposed to adding access points.
Summary of general demand findings

- A more critical barrier to use is lack of fertility and contraception awareness. Aside from the pill and injectable, other methods do not come to mind for most women.

- Across all conversion points, fear of side effects and loss of fertility are primary reasons women report not considering or using modern methods.

- Fear of counterfeit products and injections are secondary reasons that are often cited.
Background on the contraceptive distribution by network

The CPG network distributes the most product by volume, but the public health system distributes the most oral contraceptives—the product used by the most women.

Note: PH volume is average of last 5 years of imports, Social Marketing relais Animas only.
Geographical access doesn’t seem to be a major issue

Because our survey data suggests that access to HC structures is not a major barrier, we recommend prioritizing expansion of the range of methods available at CdSs, as opposed to adding access points.
Stock outs at CSIs in past 6 months are relatively high…

Stockouts have improved in recent years, however according to the 2013 UNFPA report, over 40% CSIs have had stock outs of a long acting reversible contraceptive method in the last 6 months.

### Stock outs (in past 6 months) at CSIs by Method

<table>
<thead>
<tr>
<th>Method</th>
<th>Stock out</th>
<th>No stock out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Condom</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Female Condom</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Pill</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>Injectable</td>
<td>9%</td>
<td>91%</td>
</tr>
<tr>
<td>MA Pill</td>
<td>11%</td>
<td>89%</td>
</tr>
<tr>
<td>IUD</td>
<td>57%</td>
<td>43%</td>
</tr>
<tr>
<td>Implant</td>
<td>43%</td>
<td>57%</td>
</tr>
</tbody>
</table>
...And although more than 2/3 of the sample believe that lack of stock outs is important, it is not cited as a barrier to consideration or use.

**Importance of Stock Outs as a Factor for Choosing Contraception**

- **67%** believe lack of stock outs is important.
- **33%** do not believe lack of stock outs is important.

**Stock Outs Cited as a Barrier**

- **2%** cite stock outs as a reason for not considering MM.
- **98%** do not cite stock outs as a reason for not considering MM.

- **5%** cite stock outs as a reason for not trying MM.
- **95%** do not cite stock outs as a reason for not trying MM.

- **4%** cite stock outs as a reason for not continuing to use MM.
- **96%** do not cite stock outs as a reason for not continuing to use MM.
The family planning flowchart helped identify key areas of concern for increasing use of MMs.

The largest drop off point is between consideration and trial of a modern method.
Women with decision rights tend to accept and use MM more…

<table>
<thead>
<tr>
<th>Spontaneous Awareness of MM</th>
<th>Acceptance of MM</th>
<th>Considered Using MM</th>
<th>Ever tried MM</th>
<th>Use MM in Last 30 Days</th>
<th>Plans to Continue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Involved</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>84%</td>
<td>62%</td>
<td>64%</td>
<td>29%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td><strong>Not involved</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51%</td>
<td>31%</td>
<td>23%</td>
<td>6%</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

N=1589

Women who are not
Women who are involved in HH decision making
...and this effect is even more pronounced when couples make FP decisions together

<table>
<thead>
<tr>
<th></th>
<th>Women who don’t</th>
<th>Women who make contraception decisions with their husband</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=1589</td>
<td>56%</td>
<td>44%</td>
</tr>
</tbody>
</table>

Spontaneous Awareness of MM
- Decide with husband: 63%
- Don’t: 94%

Acceptance of MM
- Decide with husband: 39%
- Don’t: 39%

Considered Using MM
- Decide with husband: 75%
- Don’t: 75%

Ever tried MM
- Decide with husband: 38%
- Don’t: 13%

Use MM in Last 30 Days
- Decide with husband: 25%
- Don’t: 7%

Plans to Continue
- Decide with husband: 23%
- Don’t: 6%
Women who think that use of MM is a practiced social norm are much more likely to accept, consider, and use MM themselves

N=1589

<table>
<thead>
<tr>
<th>Spontaneous Awareness of MM</th>
<th>Acceptance of MM</th>
<th>Considered Using MM</th>
<th>Ever tried MM</th>
<th>Use MM in Last 30 Days</th>
<th>Plans to Continue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think many women in community Use MM</td>
<td>95%</td>
<td>73%</td>
<td>71%</td>
<td>34%</td>
<td>23%</td>
</tr>
<tr>
<td>Don’t</td>
<td>54%</td>
<td>33%</td>
<td>36%</td>
<td>11%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Women who don’t
Women who think that many women in their community use MM
Women who are very religious may be less likely to consider MM, but this factor doesn’t appear to be correlated with MM use.

N=1589

<table>
<thead>
<tr>
<th></th>
<th>Women who don’t</th>
<th>Women who consider themselves very religious</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Religious</td>
<td>69%</td>
<td>48%</td>
</tr>
<tr>
<td>Not</td>
<td>80%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Spontaneous Awareness of MM: 69% vs. 80%
Acceptance of MM: 54% vs. 56%
Considered Using MM: 48% vs. 57%
Ever tried MM: 25% vs. 24%
Use MM in Last 30 Days: 16% vs. 15%
Plans to Continue: 14% vs. 14%

Note: Only awareness and consideration are statistically significant.
However, a large portion of women consider contraception to be a sin. This impacts use to a slightly greater extent.

<table>
<thead>
<tr>
<th></th>
<th>Women who don’t</th>
<th>Women who think contraception is a sin</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=1589</td>
<td>58%</td>
<td>42%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Thinks it’s a sin</th>
<th>Doesn’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spontaneous Awareness of MM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acceptance of MM</td>
<td>71%</td>
<td>82%</td>
</tr>
<tr>
<td>Considered Using MM</td>
<td>47%</td>
<td>61%</td>
</tr>
<tr>
<td>Ever tried MM</td>
<td>49%</td>
<td>60%</td>
</tr>
<tr>
<td>Use MM in Last 30 Days</td>
<td>21%</td>
<td>26%</td>
</tr>
<tr>
<td>Plans to Continue</td>
<td>13%</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>12%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Note: Only plans to continue is NOT statistically significant.
We also compared stated versus derived importance of factors that influence contraceptive decision making.

- **Stated Importance**: % of women who said this factor is important.
- **Derived Importance**: Difference in MM use behavior between women for whom this factor was important vs those for whom it is not important.

**Factors**:
- **Table-Stakes**: Necessary factors for use.
- **Underperforming Factors**: May influence behavior if more satisfactory.
- **Non Priority Factors**: May influence behavior if more satisfactory.
- **Unspoken Influencers**: Influences that women don’t recognize.

**Classification**:
- **High**: Necessary factors for use.
- **Low**: Factors not necessary for use.
A few key items women didn’t view were important tended to show otherwise when comparing their behavior.

**Stated Importance**

- **High**: Percentage of women who said this factor is important.
- **Low**: Percentage of women who said this factor is not important.

**Derived Importance**

Difference in MM use behavior between women for whom this factor was important vs those for whom it is not important.

**Table-Stakes**
- Simple to use
- Free / affordable
- No stock out
- Have enough info
- Access to FP facility
- Won’t impact fertility
- Transport costs are affordable
- Husband not opposed
- Can obtain discreetly
- Imams are not opposed
- Friends / family not opposed

**Underperforming Factors**
- Few side effects
- HCW gave good advice

**Non Priority Factors**
- Don’t need husband’s permission
- Don’t need husband’s permission

**Unspoken Influencers**
- Simple to use
- Free / affordable
- No stock out
- Have enough info
- Access to FP facility
- Won’t impact fertility
- Transport costs are affordable
- Husband not opposed
- Can obtain discreetly
- Imams are not opposed
- Friends / family not opposed
In review, some of our initial hypotheses were confirmed and a couple were clearly refuted.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Influence on Women to Use MM</th>
<th>Consistent with Hypothesis?</th>
</tr>
</thead>
<tbody>
<tr>
<td>WOMEN’S AGENCY &amp; DECISION MAKING</td>
<td>Women who have some HH decision rights, and women who make contraceptive decisions with their husbands</td>
<td>✓</td>
</tr>
<tr>
<td>SOCIAL NORMS</td>
<td>Women who think that use of MM is practiced by other women their community</td>
<td>✓</td>
</tr>
<tr>
<td>ACCESS</td>
<td>Distance from health centers does not appear to have a strong relationship with MM acceptance and use</td>
<td>✗</td>
</tr>
<tr>
<td>SUPPLY</td>
<td>Although more than 2/3 of the sample believe that lack of stock outs is important, it is not cited as a barrier to consideration or use</td>
<td>✗</td>
</tr>
<tr>
<td>RELIGION</td>
<td>Being ‘very religious’ does not correlate with MM use, but believing that contraception is a sin does. The net influence of religion on family planning is not known, as 95%+ of Nigeriens are Muslim</td>
<td>?</td>
</tr>
<tr>
<td>UNDERLYING FACTORS</td>
<td>Access and information appear to be table-stakes, but permission of others is often an unspoken influence on MM use</td>
<td>✓</td>
</tr>
</tbody>
</table>
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Project Overview and Key Findings

General Supply and Demand Findings

Segmentation

Greatest Opportunities + Next Steps
Benefits of segmentation

Customer segmentation is used to identify homogenous groups within a given population that have common needs, attitudes, and behaviors around a common topic.

It is an invaluable tool in resource-constrained settings, by focusing programming and communications on the population segments most willing to change their behavior.
Of the range of options for segmenting, attitudinal + behavioral is best in this context, given the need for behavior change.

<table>
<thead>
<tr>
<th></th>
<th>DEMOGRAPHIC</th>
<th>PSYCHOGRAPHIC</th>
<th>ATTITUDINAL</th>
<th>BEHAVIORAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Segments people based on demographics (age, income, gender, geography, etc)</td>
<td>Segments people based on general attitudes, interests, and opinions</td>
<td>Segments people based on stated and revealed attitudes about the issue of interest</td>
<td>Segments people based on behaviors and, in some cases, stated intent to behave in x way</td>
</tr>
<tr>
<td></td>
<td>Ads: Easy to understand</td>
<td>Ads: Intuitively appealing</td>
<td>Ads: Identifies underlying drivers and beliefs</td>
<td>Ads: Highly predictive of consumer behavior</td>
</tr>
<tr>
<td></td>
<td>Disads: Not predictive of behavior</td>
<td>Disads: Not predictive of behavior</td>
<td>Disads: Hard to target, may not predict behavior</td>
<td>Disads: May not provide insight for messaging</td>
</tr>
</tbody>
</table>
Respondent observations were filtered by key variables to yield 5 distinct segments of women.

**Key Variables Used to Segment**

- **USE BEHAVIORS**
  - Consideration of traditional and modern methods
  - Trial of traditional and modern methods

- **PROACTIVITY**
  - Been to a HC for a consultation
  - Tried to obtain methods
  - Tried to obtain FP information
  - Attended information session on FP

- **SOCIAL NORMS**
  - Perception of number of women in community using MM

- **CONTRACEPTIVE SPECIFIC FACTORS**
  - Contraceptive attributes that are important (i.e. fertile immediately after discontinuation, ability to stop at any moment, method is natural)

- **ATTITUDES AND BELIEFS**
  - FP Attitudes (i.e. health, spacing, timing, discretion, role of husband, religious beliefs)
  - Acceptance of spacing, limiting, use of MM
  - Factors that are important when deciding to use MM (i.e. access, permission of others, simplicity of use, availability of information, side effects)
Overview of the final segmentation

- **Modern Elites (16%)**
  “I want a good life for myself and my children, and that starts with good family planning”

- **Healthy Proactives (28%)**
  “My health is important, so I try to learn as much as I can, and reduce my burden by spacing”

- **Traditional Autonomists (10%)**
  “What my husband and I decide is our business, and for now we think traditional methods are better”

- **Conservative Passives (19%)**
  “It's important to me that others do not oppose my FP choices”

- **Sheltered Skeptics (28%)**
  “I'm not too familiar with Family Planning methods, but I don’t trust them”
Comparison of segments across 4 key axes

- **Acceptance**
  - Acceptance of spacing and MM Use
  - Level of MM use
- **Proactivity**
  - Goes to health centers
  - Discusses contraception with HCW often
- **Husband’s Influence**
  - FP decisions decided by husband
  - Husband’s permission is important
- **FP Need**
  - Would be a problem if she became pregnant today

**Healthy Proactives**
- Acceptance
- Husband’s Approval
- Proactivity
- FP Need

**Sheltered Skeptics**
- Acceptance
- Husband’s Approval
- Proactivity
- FP Need

**Conservative Passives**
- Acceptance
- Husband’s Approval
- Proactivity
- FP Need

**Modern Elites**
- Acceptance
- Husband’s Approval
- Proactivity
- FP Need

**Traditional Autonomists**
- Acceptance
- Husband’s Approval
- Proactivity
- FP Need
Overview: Healthy Proactives (28%)

- Women in this segment are slightly more affluent than average (46% in the top 2 quintiles). They are the most likely to be married (95% vs. 90% overall).
- She is very proactive with regards to her health and seeking out information on contraception (54% have been to a HC in the last 3 months, 93% would like to learn more about FP).
- She is a big supporter of spacing (94%) and uses both MM (27%) and TM (23%).
- In fact, Healthy Proactives use the widest range of methods, including LAMA, abstinence, the pill, and injectables.
- She is the least likely to agree that contraception is a sin (51% disagree vs. 42% overall).
- She trusts the HCW more than anyone else to give her good advice on FP (46%) and discusses contraception with them often.

Key Needs / Preferences:
- This segment values a discreet methods with quick return to fertility.
- She prefers to discuss FP with her HCW.
Overview: Sheltered Skeptics (28%)

OVERVIEW

- These women have less control over HC (including FP) due to younger age (20% are age 17 or younger), lack of education (69% have no education), and lower social status (60% are in the lowest 2 quintiles of wealth).
- They tend to be younger at the age of their first sexual encounter (86% were younger than age 18 vs. 77% overall) and younger at age of marriage (33% before age 15 vs. 28% overall).
- They are less likely to have children (22% have no children, versus 14% overall) or be married (12% are single, versus 7% avg.).
- They are the least likely to be able to refuse sex with their husbands (97% cannot refuse, versus 88% overall).
- They have very low levels of knowledge about FP, and are the least accepting of spacing (26%) and MM use (18%).
- Their husbands or their parents make decisions for them (60% for HC decisions, and 67% for HH purchase decisions), and they have few outlets for discussion on FP.
- Interestingly, these women are having sex more frequently than other segments (66% have had sex in the last month vs. 61% avg.) and are most likely to agree that sex is better when you don’t have to worry about getting pregnant (35% vs 29% avg.).

DESCRIPTION

- They are using TM 19% and MM 36% consistently.

USE BEHAVIOR

- They tend not to trust anyone for FP advice, and are very passive in their info seeking.

KEY NEEDS / PREFERENCES

DEC 2015 | Final Report
Overview: Conservative Passives (18%)

**OVERVIEW**

- This segment is more likely to live in rural areas (83%) and to be older (18% age 36-49)
- They are more likely to have a husband with no education (71%)
- These women adhere to traditional values, with the majority of them believing that contraception is a sin (53%), and Islamic teachings are not open to interpretation (no room for a variety of opinion (93%) and clerics have full authority (68%)
- They are the least accepting of girls wanting to wait until age 18 to get married (26% do not find it acceptable, vs. 19% overall)
- They are the least likely to agree that sex is better when you don’t have to worry about getting pregnant (18% vs. 29% overall)
- They are highly passive, not having consultations (7%), or obtaining info regarding FP (12%)
- They are the most likely never to have spoken to a HCW about contraception (53% vs. 39% overall)
- These women seek the permission of others when it comes to FP decisions (72% prefer that their husbands are not opposed, 57% imams and 56% friends / family)
- Interestingly, they are the most likely to say that becoming pregnant today would be a problem for them (46%)

**DESCRIPTION**

- They tend to trust friends and family most for discussing FP (36%)

**USE BEHAVIOR**

<table>
<thead>
<tr>
<th>TM</th>
<th>Aware</th>
<th>Considered</th>
<th>Tried</th>
<th>Still Using</th>
<th>Using Consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>64%</td>
<td>41%</td>
<td>31%</td>
<td>18%</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MM</th>
<th>Aware</th>
<th>Considered</th>
<th>Tried</th>
<th>Still Using</th>
<th>Using Consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90%</td>
<td>38%</td>
<td>9%</td>
<td>4%</td>
<td>4%</td>
</tr>
</tbody>
</table>

---

This segment values permission of husband, other women (friends / family), imams
Overview: Modern Elites (16%)

**OVERVIEW**

<table>
<thead>
<tr>
<th>Proactivity</th>
<th>Acceptance</th>
<th>Husband’s Approval</th>
</tr>
</thead>
<tbody>
<tr>
<td>FP Need</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DESCRIPTION**

- A woman in this segment is **well-educated** (23% with secondary education or higher), **wealthier** (52% in upper 2 quintiles), and **more urban** (34%) than women in the sample overall.
- She is much more likely to have **waited to get married** until after age 18 (34% versus 22% overall) and to have **earned money outside the home** in the past year (27% vs 19% avg.).
- While she considers herself to be **very religious**, she believes that **she has the last word in deciding how to apply Islam** to her life (55% vs 43% avg.).
- She is much more **accepting of using MM** for spacing (94%) and, unlike other segments, the majority **accepts limiting** (52%).
- This may be because of her own **agency**, the relationship she has with her husband (63% making contraceptive decisions together), and her belief that **others use contraceptives** and/or are relatively accepting of use.
- A woman in this segment believes that **others support FP**, and she’s still **willing to seek out contraceptives when others don’t** support use—for example, 52% of women in this segment don’t believe that you need others’ permission to use contraceptives.

**USE BEHAVIOR**

<table>
<thead>
<tr>
<th></th>
<th>TM</th>
<th>MM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>54%</td>
<td>95%</td>
</tr>
<tr>
<td></td>
<td>22%</td>
<td>85%</td>
</tr>
<tr>
<td></td>
<td>15%</td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td>9%</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>6%</td>
<td>27%</td>
</tr>
</tbody>
</table>

**KEY NEEDS / PREFERENCES**

- This segment values a **quick return to fertility, easy to use, and few side effects**.
- She prefers to receive **FP information from radio and peer education sessions**.
Overview: Traditional Autonomists (10%)

**OVERVIEW**

- **Acceptance**
  - Largely rural (89%) and uneducated (52%)
  - This segment accepts spacing (88%) and tends to agree that you should not get pregnant if you have a baby on your back (95%) and that your husband will hate you if you have a child every year (84%)
  - There may be an opportunity to address limiting, as the majority also agree that if their oldest daughter is pregnant, they should not be (68%)

- **Proactivity**
  - With regards to religion, this segment believes that they will be judged at the gates of heaven on how well they took care of their children (84%); they also believe that in Islam, there is no room for a variety of opinions (92%) and that clerics and leaders have full authority in how to apply Islam in everyday life (66%)

- **Husband’s Approval**
  - The opinion of their husbands is very important, and they tend to make FP decisions with him (63%)

**DESCRIPTION**

- **FP Need**
  - These women also value autonomy; they don’t want to be told when to have their first child, and believe that when it comes to decisions about their health, it’s their choice (77%)

**USE BEHAVIOR**

<table>
<thead>
<tr>
<th>TM</th>
<th>Aware</th>
<th>Considered</th>
<th>Tried</th>
<th>Still Using</th>
<th>Using Consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62%</td>
<td>56%</td>
<td>48%</td>
<td>32%</td>
<td>29%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MM</th>
<th>Aware</th>
<th>Considered</th>
<th>Tried</th>
<th>Still Using</th>
<th>Using Consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>96%</td>
<td>60%</td>
<td>16%</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

**KEY NEEDS / PREFERENCES**

- This segment values methods with no side effects, are free and easy to access, and are approved by their husbands
- This segment should be educated on the effectiveness of different traditional methods, before introducing the idea of modern methods that may also fit their criteria
Comparing the potential increase in uptake with the segment size identified the largest opportunities…

Focusing on these segments, by 2020, we would expect to see the following increases in use across the segments, with large increases coming from Healthy Proactives, Traditional Autonomists, and Sheltered Skeptics.
Leading to the prioritization of segments

Healthy Proactives, Traditional Autonomists, and Sheltered Skeptics represent the largest opportunities to increase MM use.

<table>
<thead>
<tr>
<th>Primary Objective: Increase MM Use</th>
<th>Other Objective: Shift to More Effective MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Proactives (28%)</td>
<td>Healthy Proactives (28%)</td>
</tr>
<tr>
<td>● Large segment, high potential due to proactivity</td>
<td></td>
</tr>
<tr>
<td>● Opportunity to increase spacing</td>
<td></td>
</tr>
<tr>
<td>Traditional Autonomists (10%)</td>
<td>Modern Elites (16%)</td>
</tr>
<tr>
<td>● Potential to convert some TM users to MM use</td>
<td></td>
</tr>
<tr>
<td>● Encourage autonomy</td>
<td></td>
</tr>
<tr>
<td>Sheltered Skeptics (28%)</td>
<td></td>
</tr>
<tr>
<td>● Large segment, potentially large opportunity for growth if educated</td>
<td></td>
</tr>
</tbody>
</table>

Deprioritized Segment

Conservative Passives (18%)

- Not engaged / interested
- Not autonomous
- Thinks contraception is a sin, would be most difficult segment to change mindset

- Large segment open to MM
- Open dialog with HCW, could be interested in LT MM as she ages
- Very accepting of spacing and most accepting of limiting
- Highest use of MM
Examples of implications for Healthy Proactives (I/II)

Innovative approaches can be tried with Healthy Proactives to secure greater and more consistent use of MM

**Services**
- High info seeker: consider discreet and ideally innovative ways to allow her to access info
- Service quality and method availability should be reinforced, potentially via mobile clinics
- Could test loyalty program to incentivize consistent use

**Influencers**
- HCW is most trusted source of contraception information
- Leverage privileged relationship with HCW, perhaps outside of FP such as pre- or post-natal care

**Potential Methods**
- Discretion of use is important
- She already believes in spacing, and accepts limiting: could introduce her to LT methods, especially as she ages

**Traditional Methods**

**ST Modern Methods**

**LT Modern Methods**
- Currently using ST MM
- Introduce IUD and / or implant as these are discreet, and offer a quick return to fertility
Examples of implications for Healthy Proactives (II/II)

Most Relevant Existing Programs

- **Mobile Clinics**: Healthy Proactives living in rural areas would be a key segment, as they:
  - Trust HCWs to provide them with good advice
  - Are open to MM and accept spacing and limiting to some extent
  - Value methods that are discreet

- **CBD**: Healthy Proactives would be a key segment, as they accept MM use and tend to be more rural compared to Modern Elites
  - We could imagine a referral program where Healthy Proactives shift from short term MM obtained from CDB, towards longer term methods at CSI and mobile clinics

- **Youth Outreach**: Young Healthy Proactives should be supported in their search for info, and educated on appropriate methods for different life stages, transitioning to longer acting methods as they get older
  - They are also the ideal segment to set a positive example for other youth, and should be engaged to develop youth programming and advocacy
Document contents

Project Overview and Key Findings

General Supply and Demand Findings

Segmentation

Greatest Opportunities + Next Steps
Forecast impact findings: Summary

- Niger currently has very ambitious goals (4.3-5% p.a.) for CPR increases by 2015 and 2020

- Rates of CPR increase across the Ouagadougou Partnership countries indicate that increases of more than 1% per year could be difficult to achieve

- We developed a new projection of expected CPR increase, based on the following assumptions about the % of women who could be convinced to change behavior at each MM drop off point, calculated by segment

- Based on our analysis, a more grounded forecast would be a projected increase of ~2% points CPR per year, reaching a total of ~1M women by 2020

- Focusing on these segments, by 2020, we would expect to see the following increases in use across the segments, with large increases coming from Healthy Proactives, Traditional Autonomists, and Sheltered Skeptics
Current national FP goals

Niger currently has very ambitious goals for CPR increases by 2015 and 2020.

<table>
<thead>
<tr>
<th>Year</th>
<th>Women age 15-49 in union, not using MM</th>
<th>Women age 15-49 in union, using MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>2,729</td>
<td>379</td>
</tr>
<tr>
<td>2013</td>
<td>3,207</td>
<td>852</td>
</tr>
<tr>
<td>2014</td>
<td>3,307</td>
<td>2,555</td>
</tr>
<tr>
<td>2015</td>
<td>3,407</td>
<td>~470,000 women</td>
</tr>
<tr>
<td>2016</td>
<td>3,507</td>
<td>3,607</td>
</tr>
<tr>
<td>2017</td>
<td>3,708</td>
<td>~1,1 M women</td>
</tr>
<tr>
<td>2018</td>
<td>3,808</td>
<td>1,954</td>
</tr>
<tr>
<td>2019</td>
<td>3,908</td>
<td>1,954</td>
</tr>
<tr>
<td>2020</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Increase of 4.3% pts per year needed**
- **Increase of 5% pts per year needed**
- **Increase of 50%**

Forecasts of 1-3% pts per year would result in 1.1M women (28% of the population) using MM in 2020.
Recap of Nigeria’s critical national plan critical activities

The National Plan identifies 49 activities to be conducted, 11 of which are labeled as critical.

<table>
<thead>
<tr>
<th>DEMAND</th>
<th>ACCESS</th>
<th>SUPPLY</th>
<th>COORDINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>D.1.7  Scale up a FP social marketing campaign</td>
<td>A.2.1 Add a minimum of 1000 new CBD sites for each year of the National Plan</td>
<td>O.1.1 Ensure availability at each level of the PH system by improving transport + warehousing</td>
<td>C.1.1 Organize technical committee meetings to ensure roll out of National Plan</td>
</tr>
<tr>
<td>D.2.1  Scale programs which address husband knowledge and acceptance of FP</td>
<td>A.2.3 Increase the number of mobile clinics, ensuring their ability to provide LT methods</td>
<td>O.1.2 Ensure the availability of IUDs and implants at HCs</td>
<td>C.1.2 Organize a platform for collaboration including external coaching session</td>
</tr>
<tr>
<td>D.3.1  Work with religious leaders to advocate FP, run an awareness campaign on FP benefits</td>
<td>A.3.2 Train HCW in CSI to administer injectables, IUDs and implants</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Identification of greatest opportunities for increasing CPR

Using the following criteria, we identified a set of activities as the greatest opportunities for increasing CPR

**Decision Criteria**

- Effectiveness In Driving Behavior Change
- Large Number Of Target Segments Reached
- Ability To Track Effectiveness As Proof Of Concept To Scale
- Addressing One Or More Key Issues Identified

**Key Issues To Address**

- Family planning not yet widely accepted, communication not tailored to women’s needs
- Significant variation in demand for FP across the population
- Low knowledge of methods and fertility
- Lack of consistent access to FP in all CSI and for range of methods that may meet women’s needs
- Lack of coordination and access to data for programming and tracking progress
Greatest opportunities for increasing CPR

We believe the following areas of focus represent the greatest opportunities for increasing CPR in Niger, and should be the focus of future funding.

- **Targeted communication will be much more effective in encouraging behavior change.**
- **The channels and messages will likely differ by target segment: Healthy Proactives and Traditional Autonomists need to be supported and further educated, while building trust and broadening the mindset should be the starting point for Sheltered Skeptics.**

- **Improve quality of HCW counseling**
  - As the vast majority of methods are procured at the HC, better counseling is needed to help educate and guide women in their selection.
  - Pilots should test the effectiveness of providing HCW with better coaching, adapted materials, and incentives (financial or non-financial) on FP outcomes.
  - Pilots could also explore couples counseling, and/or counseling women to engage their husbands on FP.

- **Improve choice of methods available in rural CSIs**
  - Broadening the range of methods available in rural areas is very important for increasing access to all methods and providing choice.
  - The minimum number of methods offered to women during FP counseling* in CSI should systematically include injectables, IUDs, implants, as well as traditional methods such as cycle beads and LAMA counseling.

- **Support coordination and use of data to drive decisions across actors**
  - To make the most of limited resources, actors in Niger need to coordinate to avoid duplicate efforts and leverage information and data across programs.
  - Coordination efforts should be focused on use of the segmentation, with tracking and reporting out successes to the larger group.

Note: *As described in the “Normes et Procédures en Santé de la Reproduction”
Greatest opportunities for increasing CPR: Relevant segments and projects

The opportunities relate to target segments, and specific projects and tools

<table>
<thead>
<tr>
<th>Tailor communication and programming to address segment needs and barriers</th>
<th>Most Relevant Segments</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Healthy Proactives</td>
<td></td>
</tr>
<tr>
<td>▪ Traditional Autonomists</td>
<td></td>
</tr>
<tr>
<td>▪ Sheltered Skeptics</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improve quality of HCW counseling</th>
<th>Examples of Relevant Projects / Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Healthy Proactives</td>
<td></td>
</tr>
<tr>
<td>▪ Traditional Autonomists</td>
<td></td>
</tr>
<tr>
<td>▪ Animas “Quality Assurance” pilot</td>
<td></td>
</tr>
<tr>
<td>▪ WB RBF project</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Improve choice of methods available in rural CSIs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Healthy Proactives</td>
<td></td>
</tr>
<tr>
<td>▪ Traditional Autonomists</td>
<td></td>
</tr>
<tr>
<td>▪ Sheltered Skeptics</td>
<td></td>
</tr>
<tr>
<td>▪ Sayana / Sutura press pilot</td>
<td></td>
</tr>
<tr>
<td>▪ Training of CSI HCW in a variety of methods</td>
<td></td>
</tr>
<tr>
<td>▪ Private sector CSI operational support</td>
<td></td>
</tr>
<tr>
<td>▪ Mobile clinics working with CSIs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support coordination and use of data to drive decisions across actors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Healthy Proactives</td>
<td></td>
</tr>
<tr>
<td>▪ Traditional Autonomists</td>
<td></td>
</tr>
<tr>
<td>▪ Sheltered Skeptics</td>
<td></td>
</tr>
<tr>
<td>▪ Track20</td>
<td></td>
</tr>
<tr>
<td>▪ Potential future NGO cohort</td>
<td></td>
</tr>
<tr>
<td>▪ Data tracking / M+E programs</td>
<td></td>
</tr>
<tr>
<td>▪ Programming implications toolkit</td>
<td></td>
</tr>
</tbody>
</table>
Greatest opportunities: Comparison with National Plan

These recommendations map to eight of the critical activities identified in the National Plan

Identified as Critical Activity in National Plan

- **Tailor communication and programming to address segment needs and barriers**
  - Activity D1.7: Scale up social marketing communication program
  - Activity D1.8: Design national FP campaign

- **Improve quality of HCW counseling**
  - Activity A4.1: Test incentive based program to improve HCW counseling and stock management

- **Improve choice of methods available in rural CSIs**
  - Activity A2.3: Increase the number of mobile clinics, ensuring their ability to provide LT methods
  - Activity A3.2: Train HCW in CSI to administer injectables, IUDs and implants
  - Activity O.2: Ensure the availability of IUDs and implants at HCs
  - Activity O1.1: Ensure the distribution of contraceptives at each level of the public health system by addressing regional transport and warehousing needs

- **Support coordination and use of data to drive decisions across actors**
  - Activity C1.2: Organize a platform for collaboration including external coaching session
Project stakeholders: MoH recommendations

With a view to emphasizing the plan’s eight critical activities, we recommend the following to the MoH

Activities to Prioritize

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Use dissemination workshop as a platform to raise awareness of FP efforts and increase high level government commitment (communication)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Design and launch national FP communications plan (communication)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coordinate efforts to improve HCW experience (Animas pilot, WB RBF program, others) to draw conclusions for scaling up successful approach (counseling)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implement and evaluate sayana press pilot (choice)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to train rural HCW to deliver LT MM (choice)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan and put in place a flexible public data tracking plan (coordination)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scale sayana press initiative (choice)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scale improved HCW counseling initiative (counseling)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct large scale training on LT methods for CSI HCW (choice)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refresh national FP communications plan (communications)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure all CSIs have availability of all methods (choice)</td>
<td></td>
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</tr>
</tbody>
</table>

We recommend holding annual planning sessions to review priorities and allocate resources.

A more complete plan evaluation and refresh should be conducted every 5 years.
Appendix
Consistent with other FP research, the following demographic variables have a clear impact on MM use:

- **Type of Residence**
  - Urban: 20%
  - Rural: 80%

- **Social Class**
  - Upper: 36%
  - Middle + Lower: 64%

- **Age at Marriage**
  - 18+: 80%
  - >18: 20%

- **Number of Children**
  - 0-2: 42%
  - 3+: 58%

- **Ever tried MM**
  - **Avg**
    - Urban: 32%
    - Rural: 22%
  - **Upper**
    - 29%
    - 21%
  - **Middle + Lower**
    - 30%
    - 22%
  - **18+**
    - 18%
    - >18
  - **0-2**
    - 28%
    - 3+
Impact of polygamy on family size and MMC use

There is not a statistically significant difference in number of children by maternal age group or in modern method use for women in polygamous and non-polygamous relationships.

<table>
<thead>
<tr>
<th>Maternal Age</th>
<th>Average Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>under 20</td>
<td>0.85</td>
</tr>
<tr>
<td>21-25</td>
<td>1.12</td>
</tr>
<tr>
<td>26-30</td>
<td>2.59</td>
</tr>
<tr>
<td>31-39</td>
<td>3.92</td>
</tr>
<tr>
<td>40-49</td>
<td>4.89</td>
</tr>
</tbody>
</table>

In polygamous relationship: N= 681

NOT in polygamous relationship: N= 1040

Observations

• There is not a statistically significant difference in family size between women in polygamous and non-polygamous relationships.

• Similarly, there is not a statistically significant difference in rates of modern method use.

• Use rates in both groups are 13%.
Review of previous FP segmentations

In our secondary research, we did not find any examples of robust segmentations in reproductive health.

<table>
<thead>
<tr>
<th>Examples of FP Segmentations</th>
<th>Description / Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria, 1999</td>
<td>FP Attitudes and Use in Nigeria (IFPP)</td>
</tr>
<tr>
<td></td>
<td>- Single factor analysis of correlation with contraceptive use; analysis does not provide segments</td>
</tr>
<tr>
<td>Azerbaijan, 2009</td>
<td>When one size doesn’t fit all: Segmenting the Family Planning Market (ABT)</td>
</tr>
<tr>
<td></td>
<td>- Combination of Qualitative and Quantitative research</td>
</tr>
<tr>
<td></td>
<td>- Developed four men’s and six women’s archetypes based on demographics, behaviors, and attitudes</td>
</tr>
<tr>
<td>South Africa, 2009</td>
<td>Segmentation and Total Market Approach (PSI)</td>
</tr>
<tr>
<td></td>
<td>- Questionnaire from 3k+ men, does not provide clear consumer segments</td>
</tr>
<tr>
<td>Ghana, 2011</td>
<td>Market Segmentation Analysis (USAID)</td>
</tr>
<tr>
<td></td>
<td>- Secondary analysis of DHS data primarily across demographic dimensions</td>
</tr>
<tr>
<td>Madagascar, 2011</td>
<td>Understanding Motivators and Barriers towards MM Use (PSI)</td>
</tr>
<tr>
<td></td>
<td>- Single factor analysis of correlation with contraceptive use; analysis does not provide segments</td>
</tr>
<tr>
<td>Sierra Leone, 2013</td>
<td>Segmentation (MSI)</td>
</tr>
<tr>
<td></td>
<td>- Utilize five segments to target services</td>
</tr>
<tr>
<td></td>
<td>- Segmentation methodology not disclosed on website</td>
</tr>
<tr>
<td>Ethiopia, 2013</td>
<td>Using Evidence on Demand + Use to Plan for a TMA (USAID)</td>
</tr>
<tr>
<td></td>
<td>- Secondary analysis of DHS data primarily across demographic dimensions</td>
</tr>
</tbody>
</table>
Historic rates of CPR increase: Ouagadougou countries

Rates of CPR increase across the Ouagadougou Partnership countries indicate that increases of more than 1% per year could be difficult to achieve.

### Average CPR % pts Annual Increase 2005 - 2010

<table>
<thead>
<tr>
<th>Country</th>
<th>CPR 2005*</th>
<th>CPR 2010*</th>
<th>Annual Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENIN</td>
<td>6.3%</td>
<td>7.5%</td>
<td>0.2</td>
</tr>
<tr>
<td>BURKINA FASO</td>
<td>10.6%</td>
<td>15.0%</td>
<td>0.9</td>
</tr>
<tr>
<td>COTE D’LVOIRE</td>
<td>10.1%</td>
<td>12.1%</td>
<td>0.4</td>
</tr>
<tr>
<td>GUINEA</td>
<td>5.7%</td>
<td>4.9%</td>
<td>-0.2</td>
</tr>
<tr>
<td>NIGER</td>
<td>5.0%</td>
<td>9.8%</td>
<td>1.0</td>
</tr>
<tr>
<td>SENEGAL</td>
<td>10.3%</td>
<td>12.1%</td>
<td>0.4</td>
</tr>
<tr>
<td>MALI</td>
<td>6.7%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

It is important to note that there are some outliers, countries such as Rwanda, Senegal, and Malawi where CPR increase has exceeded 2% pts. per year in recent years.

These successes should be shared, with these countries serving as a positive example for Niger.

Note: *linear CPR increase assumed, data extrapolated where no DHS available for that year; data n/a for Togo and Mauritania; Source: DHS data.
Uptake model: Assumptions

We developed a new projection of expected CPR increase, based on the following assumptions about the % of women who could be convinced to change behavior at each MM drop off point, calculated by segment.

**Total Sample**
- 100% of women who could become aware and start using at the rate of other women who are aware; Assumption is consistent across segments

**Spont. aware of a MM**
- 77% of women who could become aware and start using
- 23% of women who are aware, but have never tried, who will start to use MM; Assumption based on reasons for not using by segment
- 69% of women (who are aware, but have never tried), who will start to use MM; Assumption based on reasons for not using by segment

**Ever tried a MM**
- 24% of women who could become aware and start using
- 48% of women (who discontinued) who will use MM again in the future; Assumption based on reasons for discontinuing by segment

**Consistently used MM in last 30 days**
- 13% of women who could become aware and start using
- 25% of women (who are currently using MM), who will continue in the future; Assumption based on satisfaction and stated intent to continue by segment

**Plans to continue using MM**
- 9% of women who could become aware and start using

---

Note: *Based on population size of women 15-19 = 3.9M; **average MM use for women who are aware = 18%
Forecast based on output model

Based on our analysis, a more grounded forecast would be a projected increase of ~2% points CPR per year, reaching a total of ~1M women by 2020.
Structure of Segment Review

This section will cover our recommendations for improvements to programming and messaging, based upon the segmentation analysis.

The following slides cover the following four topics per segment:

- **Guiding Principles**: Considerations and recommendations on programming and messaging to this segment.
- **Strategic Concept**: Overall strategic concept for messaging to this segment.
- **Messages for Further Testing**: Continuum of messages of increasing specificity, to gently push segment towards positive behavior change, for further testing.
- **Programming Considerations**: Activities that are likely to be effective for programming to this segment.
The following objective and considerations should be taken into account when targeting the Modern Elite segment

Behavioral Objective:
• Encourage consistent use of modern methods, and discuss / encourage longer term methods where possible

Approach / Considerations:
• This is a highly educated segment, they can understand and should be engaged in discussions on the specific benefits of different methods
• The importance of consistency of use for optimal effectiveness should be addressed with this segment
• Limiting is a topic that can also be covered with this segment, discussing appropriate longer term options as the woman ages
• This segment might be willing to pay for products and services, if they are more convenient or judged to be of superior quality
• They can be reached through the widest range of media, including TV, newspapers, and magazines
“Living Well”

Life isn’t always easy. And if you’ve worked hard and been blessed with a good husband, a good education, or good skills and a job, it’s important to ensure that you and your family enjoy these good living conditions as much as possible. Helping your family to thrive and have good opportunities is a priority for you. Good information, modern attitudes, reasonable thinking, and good decisions help with this. You want to have children at the time that you have the necessary resources, time, and health to help them and yourself to live well. You like modern methods of family planning because they are effective, safe, convenient, and offer a quick return to fertility when you are ready to have your next child. And with the expanding and improving range of choices, you can pick what helps you best to live well.
Modern Elites: Messages for Further Testing

The following continuum of messages are for future testing, and are meant to be of increasing specificity, to gently push segment towards positive behavior change.

<table>
<thead>
<tr>
<th>LEVEL 1 MESSAGE</th>
<th>With short term and long term modern methods, you can be confident that you have an approach to family planning that is effective, safe, convenient and best for your needs. Once you know which works best, it makes no sense to use older and less satisfying methods.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL 2 MESSAGE</td>
<td>Modern methods of family planning are improving and more options are becoming available. After learning about the full range of available methods, including IUD and implants, you can decide which methods to use.</td>
</tr>
<tr>
<td>LEVEL 3 MESSAGE</td>
<td>When it comes to family planning and other important decisions, knowing the best thing to do as a religious person requires thought, information, and reflection. And you use these to make choices about how to apply Islam in your own life.</td>
</tr>
<tr>
<td>LEVEL 4 MESSAGE</td>
<td>Modern methods of family planning are great way to ensure that you enjoy the good living conditions you work for, and to be sure that you have the resources, skills, husband, education, and living conditions you strive for, for yourself and your family.</td>
</tr>
</tbody>
</table>
Modern Elites: Programming Recommendations

**Most Relevant Existing Programs**
- Mobile Clinics
- CBD and Education
- Youth Outreach
- Husband Outreach
- Other

**Potential New Programs**
- New branded line of contraception, as this segment may be willing to pay for products
- TV programs, potentially soap opera style catered to younger Modern Elites, as this segment has the highest access to television

- **Mobile Clinics**: Modern Elites living in rural areas would be an attractive segment as they:
  - Are very open towards MM in general
  - Accept limiting more than any other segment
  - Could potentially pay for services if needed
  - Are educated enough to understand the benefits of such methods, potential side effect, etc.
Healthy Proactives: Guiding Principles

The following objective and considerations should be taken into account when targeting the Healthy Proactive segment

Behavioral Objective:
• Encourage proactivity and modern method use

Approach / Considerations:
• This segment should be congratulated for her efforts to manage her health, and encouraged in her information seeking behavior
• She should be told about various ways for her to stay up to date on information, choosing the ones that are most convenient for her
• HCW are the most important source of information, and benefit from a privileged relationship
• Build off of overwhelming acceptance of spacing, and openness to limiting
Healthy Proactives: Strategic Concept

“Getting it right”

When taking care of your and your family’s health, you care about getting it right, and do the things necessary to make sure you do. And to do this, health care workers have been a good resource to you. So when it comes to family planning, it’s important to have good information, reliability, and safe options. It’s about learning about your fertility and obtaining the best information about contraceptives from the people you trust. You can choose the methods that suit you best, whether these are traditional or modern, long or short term. And it’s interesting these days that better, more reliable modern methods are available. So take the time, learn what you can, talk with people you trust, and make the choices that work best for you and your family.
Healthy Proactives: Messages for Further Testing

The following continuum of messages are for future testing, and are meant to be of increasing specificity, to gently push segment towards positive behavior change.

**LEVEL 1 MESSAGE**

It’s good that you take care do the right things for your family’s health care well being. There are many choices and decisions you will make, so getting it right really matters.

**LEVEL 2 MESSAGE**

Your health care worker is a great source for learning what is best for you and your family’s important healthcare decisions, including family planning. Partnering with your health care worker on these decisions can be very useful.

**LEVEL 3 MESSAGE**

There is a broad range of traditional and modern methods to choose from, so be sure to keep looking for the best information so you can make the best choices regarding safety, effectiveness, and a quick return to fertility.

**LEVEL 4 MESSAGE**

You’re in charge of your healthcare decisions. Health care workers, family, friends, radio, and others can provide information, some very good, some not so good, but you make the decisions - it’s your choice.
Healthy Proactives: Programming Recommendations (1/2)

**MOST RELEVANT EXISTING PROGRAMS**

- **Mobile Clinics**: Healthy Proactives living in rural areas would be a key segment to target, as they:
  - Trust HCWs to provide them with good FP advice, and may be seeking more effective options
  - Are open to MM and accept spacing and limiting to some extent
  - Represent a large segment (28% of population) of which 78% are rural
  - Value methods that are discreet

- **CBD**: Healthy Proactives would be a key segment, as they accept MM use and tend to be more rural compared to Modern Elites
  - We could imagine a referral program where Healthy Proactives shift from short term MM obtained from CDB, towards longer term methods at CSI and mobile clinics

- **Youth Outreach**: Young Healthy Proactives should be supported in their search for info, and educated on appropriate methods for different life stages (transitioning to longer acting methods as they get older)
  - They are also the ideal segment to set a positive example for other youth, and should be engaged to develop youth programming and advocacy
POTENTIAL NEW PROGRAMS

- Loyalty programs: she trusts HCW and is proactive on health, this program would reinforce that behavior
- SMS messages regarding FP health: these women are high info seekers and value discretion
- Youth led advocacy initiatives: segment could set an example for others, particularly Sheltered Youth
- Take advantage of other health activities to discuss FP: pre and Post natal care FP information sessions, and even immunization services as segment would be most open and already trusts HCW
Traditional Autonomists: Guiding Principles

The following objective and considerations should be taken into account when targeting the Traditional Autonomist segment

Behavioral Objective:
- Ensure consistent and effective use of traditional methods, encourage transition to modern methods that are appropriate

Approach / Considerations:
- This segment’s autonomy needs to be respected, she should not feel that ideas are being pushed on her
- The role of the husband and his opinion is very important, he should be involved in the process of contraceptive selection if possible
- This segment prefers traditional methods, and mainly breastfeeding; this choice should be supported and information provided on how to ensure effectiveness of these methods
Traditional Autonomists: Strategic Concept

“YOUR FAMILY, YOUR CHOICE”

When it comes to family planning, it’s a decision that you and your husband make together, and that’s the way it should be. There are many family planning methods that help you create the rest you need between each of your children’s births. Health care workers can help you use your current approach better, or propose other approaches that you might prefer. Some methods allow you to be fertile again immediately, for others it may take a bit of time, but none will have a permanent effect. It’s your choice, for methods which will help you manage your health and that of your family.
The following continuum of messages are for future testing, and are meant to be of increasing specificity, to gently push segment towards positive behavior change

**LEVEL 1 MESSAGE**
You yourself make the decisions that determine your family’s healthcare, including which family planning method you will use, when you want to. You will listen to others, but ultimately it’s your choice.

**LEVEL 2 MESSAGE**
Family planning and healthcare choices impact your entire family, and are best made together by you and your husband. Your relationship with your husband is very important to you, so deciding together is also important.

**LEVEL 3 MESSAGE**
Many traditional methods can be very effective and reliable, so you make sure you get all the information you can about how to use them most effectively when you need them.

**LEVEL 4 MESSAGE**
Spacing children can be a good choice and a good reason to use family planning. And sometimes it can make good sense to try to limit the number of children you have, especially as you get older. After all, it’s not good to have a baby in your lap when you are pregnant, or when your older daughter is.
Traditional Autonomists: Programming Recommendations

### Most Relevant Existing Programs

- **MOBILE CLINICS**
- **CBD AND EDUCATION**
- **YOUTH OUTREACH**
- **HUSBAND OUTREACH**
- **OTHER**

### Potential New Programs

- Informal "chit chat" sessions on how to use TM effectively (LAMA, cycle beads, temperature taking, etc.)
- "Ecole de femmes" which would mirror the "Ecole de maris" initiative and reinforce to this segment that they are partners in these decisions
- Imam outreach to address this segments perception on lack of flexibility for religious interpretation
- Pilot self retractable IUDs: if these women could be convinced that IUD has a very low impact on fertility, they might be open if they are able to remain in control of the process

- **Husband Outreach:** This initiative is most important for the Traditional Autonomists, who tend to decide on contraception with their husband, and trust him most for advice on FP
  - Ecole de Mari recruitment could be adapted to target husbands of traditional autonomists
Conservative Passives: Guiding Principles

The following objective and considerations should be taken into account when targeting the Conservative Passive segment

Behavioral Objective:
• Gently encourage this segment to question some of their entrenched beliefs about contraception

Approach / Considerations:
• Friends and family / peer sessions might be a good approach to build trust with this segment
• Social norms play an important role, she should be shown that other women are accepting of contraceptive use
• This segment will not actively seek information, reaching them would most likely happen only through targeted efforts or mass communication
• Blunt honesty or humor is not likely to work with this segment, messages should be rooted in tradition and respecting her conservative nature
• A point of entry for discussion could be this segment’s high unmet need; she is most likely to view a current pregnancy as a problem, yet does nothing to prevent it
Conservative Passives: Strategic Concept

“Living Responsibly”

Our lives are filled with responsibilities, expectations, and familiar activities. You know, and even embrace what is expected of you, what you believe, and how you must live. Day to day life is clearly structured by your family, husband, work, and Islam. But sometimes it’s hard. And while clerics have the authority and say contraception is a sin, you know that sometimes getting pregnant unexpectedly can be a problem. In this case, it can make good sense to consider using traditional methods of family planning that you know can work for you, so you don’t create the greater sin of not caring well for your child, your other family, yourself, and the community that relies on you.
It’s important to find wise people you can trust to provide useful and reliable wisdom, ideas, and discernment among your friends and family, and even occasionally among outsiders. Life lessons can help you be useful in your life and keep your burden reasonable. And while the old proven ways are valuable, sometimes a new idea is too.

Clerics have authority to say what is acceptable and what is a sin. But did you know that many imams of great learning, in Niger and around the Islamic world, after a lifetime of studying the Koran and the hadith, believe that contraception is actually not a sin when used properly? In fact these same great imams believe that instead it is a sin to fail to raise children who thrive, to keep your burden reasonable, to use your mind to pursue learning and discern well, and to build a strong community. In this way, the proper use of family planning methods is not only acceptable, but often a good idea.

For many women, getting pregnant unexpectedly can create a problem, because you don’t always have the resources or adequate health to provide well for your children. For this reason, knowing how to use effective traditional methods of family planning can help you ensure that when you have children, you are ready to provide well for them.
Conservative Passives: Programming Recommendations

### Most Relevant Existing Programs

<table>
<thead>
<tr>
<th>Mobile Clinics</th>
<th>CBD and Education</th>
<th>Youth Outreach</th>
<th>Husband Outreach</th>
<th>Other</th>
</tr>
</thead>
</table>

- **CBD**: These women should not be a specific target of CBD, but educational materials and outreach should take them into consideration
  - As the segment is highly passive, this may be one of the only effective channels for reaching these women

### Potential New Programs

- Outreach via imams could target this segment, to help them reconcile their belief that contraception is a sin, and lack of flexibility in religious interpretation
  - This could take the form of informational sessions, social events, and/or imam “sponsored” health centers
Sheltered Skeptics: Guiding Principles

The following objective and considerations should be taken into account when targeting the Sheltered Skeptic segment

Behavioral Objective:
• Open dialog with segment to broaden mindset, starting to build relationships of trust

Approach / Considerations:
• Building trust is a pre-requisite for sharing any information or advice to this segment, and it should be built ideally by someone in their community whom they will have continued access to
• Other young women, ideally Healthy Proactives, should be engaged to develop programming for this segment, to ensure adapted activities that this segment will appreciate
• Family Planning should not be the main focus of any activity targeted at this segment, but rather a component of a broader activity
“HELP AND LEARNING”

The world is a big place, and so is Niger. Niger is a special place where the family, children, and being a good Muslim are valued everywhere. And as you grow up, you can learn about traditional and new ways to help yourself and your family to be healthy and well. It’s both possible and important to find someone you can trust to be of help to you. There’s so much to learn about! The most important thing will be that you and your family are happy, healthy, and unburdened. So learn as much as you can, look as far as you can, and learn to make a good life for you and your family.
Sheltered Skeptics: Messages for Further Testing

The following continuum of messages are for future testing, and are meant to be of increasing specificity, to gently push segment towards positive behavior change.

**LEVEL 1 MESSAGE**

Everybody needs someone they can trust to help them learn about the wider world. You can’t learn it all on your own, so it’s important to find a trusted source of good information and support.

**LEVEL 2 MESSAGE**

Because it’s hard work to manage a family and a household, it’s important not to be too shy to talk to your friends, other women, and others who can help you obtain the information, skills, and confidence you need to take on adult responsibilities.

**LEVEL 3 MESSAGE**

There are people inside and even outside your community who can help you get the knowledge and develop the skills you need for adult life, managing a family and a household.

**LEVEL 4 MESSAGE**

In order to see your family thrive, you might be interested in learning about the effective methods of family planning that are available to you, both traditional and modern, and the benefits that it may have for your health, and that of your husband and children.
Sheltered Skeptics: Programming Recommendations (1/2)

**Most Relevant Existing Programs**

- **CBD:** For education, Sheltered Skeptics living in rural areas (83%) would be an ideal target as:
  - On average they live far from health centers (CdS) ~5 km
  - Have very low awareness of contraception and knowledge of fertility awareness
  - Are skeptical / not trusting of sources of info on FP - and could benefit from learning in an environment with their peers and older, more experienced women

- **Youth Outreach:** The focus on Sheltered Skeptics should be on broadening their mindset and motivating them to be more proactive in their info seeking and management of health - we want these young women to migrate towards becoming Healthy Proactives (specific ideas on following slide)
  - More testing is likely needed to understand this segment’s interests and hobbies, to be used to design relevant outreach activities and communications on topics that interest them
  - In communication, use “I” and / or “you” statements for better resonance, test with young Healthy Proactives
  - Consider breaching topics of FP beyond needs and responsibilities; intimacy and planning can be addressed and in line with religious teachings
**Sheltered Skeptics: Programming Recommendations (2/2)**

**Potential New Programs**

- Youth social activities these women have less access to interesting social events and need a safe space to learn about FP
  - Mobile hair salons, crafts
  - Team sports are good activities that teach young girls leadership and how to rely on others
- School curriculum on household management, including info on FP: motivate segment to learn more
  - In line with “life skills” training for young women
  - Could also be linked to mosques, as this would create trusted links with those in their community
- Economic stimulus activities, with an education component: to help this segment out of poverty and increase awareness
  - Skills taught should be carefully selected for broad relevance (e.g. how to make things but also how to negotiate and manage finances)
- "Big sister" program: pair older Healthy Proactives with younger Sheltered Skeptics to teach them about marriage and family life, and how important her health is while doing fun activities
- Awareness campaign for "ligne vert" anonymous hotline, with specific training to hotline phone operators to identify and address this segment's concerns
  - Alternatively, a push messaging system that invites this segment to activities as this segment is not highly proactive
  - A referral system (potentially with vouchers) could be set up to link these women back to someone in their community if desired