

User Notes for PMA Niger Phase 1 Client Exit Interview Baseline Survey Dataset, Version 1.0

Disclaimer: PMA cannot provide in-depth support for data analysis or data related questions, however, to assist the end-user, explanation of some variables is provided below.

PMA Survey Design

Performance Monitoring for Action (PMA), formerly PMA2020, builds on the previous success of PMA2020 surveys in Niger and focused on collecting routine data on key global indicators in family planning and reproductive health, while expanding content area to address questions of contraceptive decision-making and autonomy in order to better understand the determinants and consequences of unique contraceptive use and patterns of use in Niger. These are measured through three-related data collection activities: Household and Female surveys (HQFQ) producing both cross-sectional and longitudinal data, Service Delivery Point panel surveys (SQ), and a Service Delivery Point Client Exit Interview surveys (CQ).

In Niger, a cross-sectional and panel Household and Female surveys (HQFQ) are conducted annually, with follow-up for the panel occurring at Year 2 and 3. The Service Delivery Point Survey (SQ) panel baseline data is collected at Year 1 and follow-up data will be collected annually. The Service Delivery Point Client Exit Survey (CQ) is conducted biannually with a baseline and a follow-up occurring 6 months after the baseline enrollment each year.

PMA survey uses a multi-stage cluster design, with stratification at the urban and rural level and/or by sub-region. The enumeration area (EA) is the primary sampling unit, obtained from the national statistics agency of the respective geography. Within each urban/rural or sub regional stratum, EAs are selected using probability proportional to size (PPS) method. In each of the EAs, all households and private health facilities are listed and mapped prior to baseline data collection. Listings of public health facilities that serve the selected EAs at all three levels are obtained from the Ministry of Health.

For client exit interviews, the sample consist of women who visited selected SDPs for family planning purposes. Based on the facility's average monthly client volume from information gathered in the SDP survey, a daily client volume is computed and SDPs are sorted into three categories: low-volume - those serving fewer than 3 clients per day; moderate-volume - those that serve between 3-7 clients per day; and high-volume - those that serve 8 or more clients per day.

Among moderate- and high-volume facilities, women are selected from the family planning section of the facility over the course of two days in which family planning services are provided. Female clients age 15-49 who visited a selected SDP for family planning services are eligible participate in the survey. A client phone follow-up interviews will be conducted after 4-6 months with clients who consented to phone follow-up and who provide contact phone numbers at baseline.

Sampling

Niger Phase 1 (NEP1) Client Exit Interview Baseline Survey includes 103 enumeration areas (EAs) selected using a multi-stage stratified cluster design with urban-rural strata. The results representative at the national and regional level. The final sample included 684 clients which completed the interview. Data collection was conducted between December 2020 and April 2021.

Materials included in this Data Zipped File

This data zipped file includes:

1. Client exit Interview questionnaire pdf file
2. User notes pdf file
3. Dataset in 3 file formats: .csv, .xlsx and Stata .dta

Codebook

The latest version of the PMA Client Exit Interview master codebook can be downloaded from the <https://www.pmadata.org/data-codebooks>.

PMA GitHub Repository

The PMA GitHub Repository https://github.com/PMA-DM/PMA_Analyses_Public has Stata .do files which could be used to generate indicators in the briefs, using the Household and Female, and Service Delivery Point Datasets that are publicly available.

Note: Data presented in the online briefs represent preliminary results. Therefore, there may be slight differences between the .do file results and those in the brief. Please access the PMA DataLab <https://datalab.pmadata.org/> to cross check any discrepancies and get the final estimates.

General Variables

SIF variables: Date and time variables are provided in both string format and as Stata Internal Format (SIF) values. The variable name of any variable that has been changed into SIF is appended with SIF (e.g. **year_open** and **year_openSIF**).

Select multiple variables: Some questions allow for the selection of multiple answers. These variables are in string format and the values are the concatenation of answer choices (e.g. if a service delivery point respondent said that the facility offers female sterilization counseling, provision, and charges for the provision, the response for the variable `offered_female_ster` would read "counseled provided charge"). Multi-select options are generally, though not always, transformed into binary variables for analysis.

Variable Response Options

Select one: Most select one numeric variables have consistent values for option choices across all PMA countries (e.g. `fees ==1` is equivalent to charging contraceptive fees in all PMA countries). Exceptions include the variables which have country-specific options and numbering. For examples:

- Geographic variable (e.g. **region, county**): geographic variable names and response options vary across countries

Select multiple: Similarly, most select multiple variables have the same response options across all PMA countries, with exceptions for variables with choices that are country specific.

See the PMA Client Exit Interview Master Codebook for complete details on variables and answer choices for each survey.

Specific Variables

metainstanceID: A unique ID generated by ODK for each form submitted to the central server. This variable is unique for each client within a survey.

facility_ID: Facility names are masked with randomly assigned unique ID numbers. This is a unique ID of the facilities across different PMA surveys. This variable, hence, serves as a panel merge key variable and can be used to combine different phases of the datasets for panel analysis.

PMA2020_facility_ID: Facilities that were included in the previous PMA2020 (2014-2018) surveys also has PMA2020 IDs. This ID is unique across all survey rounds of PMA2020 cross-sectional surveys.

EA_ID: The primary sampling unit masked with a random number for anonymity. The same random number is applied to the same EA across multiple survey phases.

E_ID: Identification number of the resident enumerator (RE), or interviewer. RE names are masked with the PMA random numbers. The same random number is applied to the same REs across different phases of the PMA survey.

PMA2020_RE_ID: The resident enumerators (REs), or interviewers, who were involved in the previous PMA2020 surveys (2014-2018), also had PMA2020 IDs. This ID is unique for all survey rounds of the PMA2020 grant.

Panel Merge Key Variable

An instruction to combine CQ datasets to perform panel analyses can be found in the user notes of the follow-up dataset when it becomes available.

GPS Variables

GPS coordinates are not released in this dataset.

Notes for Missing Data

In Stata, Missing data is expressed as “.” in the cell. Generally, Stata commands perform computations of any type handle missing data by omitting the row with the missing values. However, this may vary across commands. PMA does not impute missing values. Missing data in datasets should be studied and/or treated before proceeding to analysis.

Reasons for missing data:

Normal situations:

1. Incomplete forms: If a household, female, or SDP form is not marked as completed (HHQ_result, FRS_result, SDP_result not equal to 1), the observation is likely to miss most of the information. Incomplete forms should not be included in the analysis.
2. Observations that are ineligible for subsequent forms: Only eligible respondents will receive subsequent forms. For example, males and ineligible females will not receive female questionnaires in family planning surveys, hence their observations will have all missing values in female forms.
3. Question not administered due to skip logic: PMA surveys use ODK's skip logic function. The subsequent questions are administered selectively based on the respondent's previous answers. Irrelevant or inapplicable questions are skipped. For example, a woman who is not a contraceptive user will not be asked questions about contraceptive usage subsequently.

Uncommon situations:

1. Lost forms: Due to technical constraints in some challenging data collection areas, forms can be lost in the process of data submission. Although most forms were recoverable, there are occasionally a few that cannot be found. For example, an observation from an eligible woman with completed female form information but missing household form information, or vice versa. These observations may be dropped based on analysis needs.
2. Missing due to incorrect skip logic: PMA surveys were conducted under rigorous quality control. However, in rare cases, there can be incorrect skip logic, which skipped a question that was supposed to be administered, resulting in missing values. These errors are documented in the PMA codebook, which can be downloaded from PMA website. It's not necessary to drop the entire observation since this will likely affect only a few questions.

Distinguish missing data from negative values:

1. -99: No response. The respondent was administered with the question but did not provide an answer. PMA survey requires consent from the respondent and the respondent has the right to refuse to answer any questions at any point. -99 is recorded to reflect that the respondent did not provide an answer to a certain question.
2. -88: Did not know. The respondent consented to answer a specific question but without knowing the answer.
3. -77: Not applicable. The question is administered to the respondent but not applicable to the respondent's situation.

Dataset Version Updates

Any updates made to datasets after their initial release will be documented here. PMA releases new versions on as needed basis and users who have been approved previously to get access to the datasets will be notified via email upon the release of the new versions.

Users can then log onto the PMA website and re-download the datasets without having to submit a new request.

Users should always be using the latest version of the datasets available on the PMA website. However, if users need an access to the old versions of the datasets for any reasons, users can contact datamanagement@pmadata.org directly with an explanation for why the access to the old version was needed.

Dataset Citations

Suggested citation: Institut National de la Statistique (INS) du Niger; the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health; and Jhpiego. *Performance Monitoring for Action (PMA) Niger Phase 1: Client Exit Interview Baseline Survey (version 1.0), PMA2021/NEPI-CQ-BL*. 2021. Niamey, Niger and Baltimore, Maryland, USA. <https://doi.org/10.34976/nxsw-cn54>

To report errors or inconsistencies:

Please email datamanagement@pmadata.org