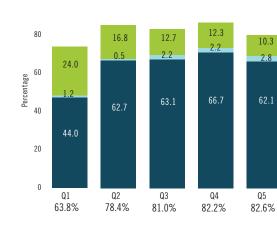


KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys (Married and All Women, Age 15-49)							
	PMA2	015 - R3	PMA2	PMA2015 - R4		2016 - R5	
	All	Married	All	Married	All	Married	
Contraceptive Prevalence Rate (CPR)							
All Methods CPR	48.1	61.1	47.7	64.5	45.6	61.6	
Modern Methods mCPR	46.5	58.8	46.0	62.3	44.2	59.9	
Long Acting CPR	14.5	19.9	16.2	24.3	17.0	24.6	
Total Unmet Need	15.3	17.1	13.6	16.9	12.9	15.2	
For Limiting	5.2	6.9	5.1	7.5	5.0	6.8	
For Spacing	10.1	10.2	8.5	9.4	7.9	8.4	
Total Demand	63.3	78.2	61.3	81.4	58.5	76.8	
Demand Satisfied by Mod- ern Method (%)	73.5	75.3	75.0	76.5	75.6	77.9	

Fertility Indicators (All Women, Age 15-49)							
	PMA2015 Round 3	PMA2015 Round 4	PMA2016 Round 5				
Recent Births Unintended (%)	42.3	43.0	43.1				
Wanted Later	30.8	29.2	27.2				
Wanted No More	11.6	13.8	15.9				
Current Use and Unmet Need Among Married Women of Reproductive Age, by Wealth Quintile							



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Unmet Need

Traditional Method

Modern Method

Q1: Poorest quintile

Q5: Wealthiest quintile

% Demand Satisfied

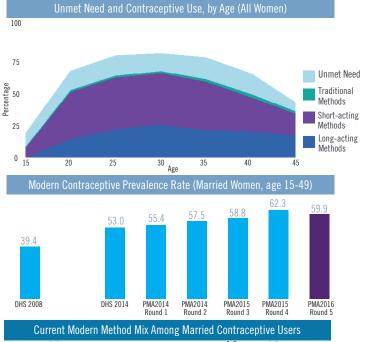
by Modern Method

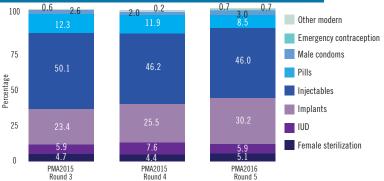
Percentage

PMA2016/KENYA-R5 PERFORMANCE MONITORING & ACCOUNTABILITY 2020

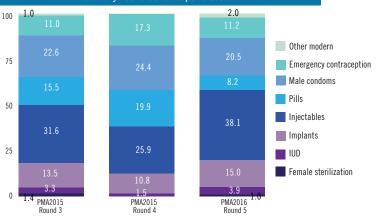
PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local universities and research organizations in eleven countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Kenya was carried out in nine counties in 2014 to 2015 and in eleven counties in 2016 for round 5. PMA2020/Kenya is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRHK), National Council for Population and Development, and Kenya National Bureau of Statistics. 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. PMA2020 is funded by the Bill & Melinda Gates Foundation

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

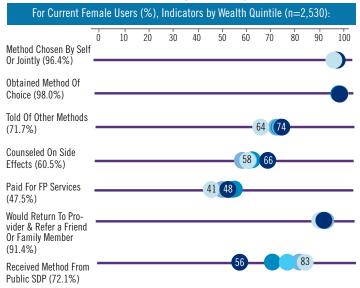




Current Modern Method Mix Among Unmarried Sexually Active Contraceptive Users



PMA2016/KENYA-R5 INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE



Births in the Past Five Years, or Current Pregnancies:											
Last Birth Unintended (43.1%)				31		• 51					
Indicator (average %) Q1: Poorest quintile Q5: Wealthiest quintile	0	10	20	30	40	50	60	70 Q1	80	90 Q3 Q	100 4 Q5

For Current Female Non-Users Wanting To Delay The Next Birth 2 Or More Years:

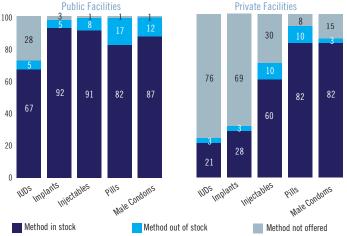
Reasons Mentioned For Non-Use (n=2,393)				
Not Married	51.2			
Perceived Not-At-Risk/Lack of Need	55.8			
Method or Health-related Concerns	27.3			
Opposition to Use	11.7			
Lack of Access/Knowledge	4.7			
Other	6.0			

Reproductive and Contraceptive Indicators

	Total	Rural	Urban
Median Age at First Marriage (25 to 49 years)	20.8	20.2	21.9
Median Age at First Sex (15 to 49 years)	17.4	16.8	18.4
Median Age at First Contraceptive Use (15 to 49 years)	22.4	22.8	22.1
Median Age at First Birth (25 to 49 years)	20.6	20.2	21.5
Mean No. Of Living Children At First Contraceptive Use (Ages 15 to 49)	1.7	2.1	1.1
Women Having First Birth by Age 18 (Ages 18 to 24, %)	15.8	20.0	8.5
Received FP Info. From Provider In Last 12 Months (15 to 49 years, %)	32.1	33.0	30.1
Exposed to FP Media in Last Few Months (15 to 49 years, %)	87.7	85.4	87.7

SAMPLE DESIGN

Percent of Facilities Offering & Currently In/Out of Stock, by method (n= 410; 339 public, 71 private) Public Facilities Private Facilities



Percent of Public Facilities Offering At Least 3 or At Least 5 Modern Contraceptive Methods, by Facility Type

Facility Type	3 or more methods	5 or more methods						
Hospital	100.0	95.8						
Health Centre	97.6	84.1						
Health Clinic	100.0	50.0						
Dispensary	90.6	71.8						
Total	94.1	79.6						

Select Indicators among Service Delivery Points						
	Public	Private	Total			
Among All Service Delivery Points:						
Percent Offering Family Planning	100.0	94.4	99.0			
With Mobile Teams Visiting Facility In Last 12 Months (%)	72.0	9.9	61.2			
Supporting CHWs From This Service Delivery Point (%)	67.3	8.5	57.1			
Among Service Delivery Points Offering Family Planning Services:						
Average Number Of Days Per Week Family Planning Is Offered	5.2	5.9	5.4			
Offering Female Sterilization (%)	17.7	4.5	15.5			
Offering Family Planning Counseling/Services To Adolescents (%)	98.2	49.3	90.1			
Charging Fees For Family Planning Services (%)	4.1	72.6	19.6			
Percent Integrating Family Planning Into Their:						
Maternal Health Services (among all offering maternal health services)	100.0	89.5	99.4			
HIV Services (among all offering HIV services)	100.0	79.2	98.6			
Post-Abortion Services (among all offering post-abortion services)	100.0	90.0	99.6			

The PMA2016/Kenya-R5, the fifth round of data collection in Kenya survey used a multi-stage stratified cluster design with urban-rural and selected 11 counties as strata. A sample of 151 enumeration areas (EAs) was drawn by the Kenya National Bureau of Statistics from its master sampling frame. The round 5 sample included the addition of two new counties, Kakamega and West Pokot. In addition, for this survey round, a new set of enumeration areas were selected, adjacent to the areas enumerated in the first four survey rounds. In each EA households and private health facilities were listed and mapped, with 42 households randomly selected. Households were surveyed and occupants enumerated. All eligible females age 15 to 49 were contacted and consented for interviews. The final sample included 6,067 households, 5,885 females and 410 health facilities (97.3%, 98.7% and 95.6% response rates respectively). Data collection was conducted between November and December 2016.

Percentage









