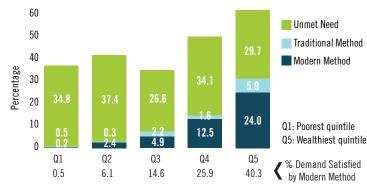


#### PLANNING INDICATORS KEY FAMILY

Select Family Planning Indicators Across Recent Surveys (All and Married Women, Age 15-49)								
	Round 1 May-July 2016		Round 2 Mar-April 2017		Round 3 Apr-May 2018			
	All	Married	All	Married	All	Married		
Contraceptive Prevalence R	ate							
All Methods	5.6	7.1	6.2	8.0	7.0	9.7		
Modern Methods	4.9	6.1	4.4	5.9	5.7	7.8		
Long Acting/Permanent	1.1	1.5	1.4	2.0	1.8	2.6		
Total Unmet Need	30.2	38.2	24.6	31.9	24.0	32.6		
For Limiting	4.7	6.0	4.7	6.2	5.6	7.5		
For Spacing	25.5	32.2	19.9	25.7	18.4	25.2		
Total Demand	35.8	45.2	30.8	39.9	31.0	42.3		
Demand Satisfied by Modern Method (%)	13.5	13.4	14.4	14.9	18.2	18.4		

Fertility Indicators (All Women)						
	Round 1 May-July 2016	Round 2 Mar-April 2017	Round 3 April-May 2018			
Last Birth Unintended (%)	45.2	32.2	24.1			
Wanted Later	39.4	28.1	20.5			
Wanted No More	5.8	4.1	3.6			

Current Use and Unmet Need Among Married Women of Reproductive Age, by Wealth Quintile

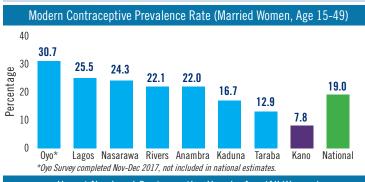


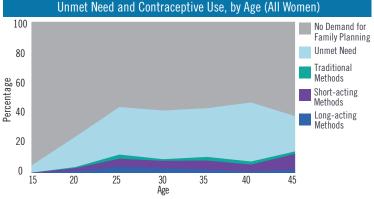
# PMA2020/KANO, NIGERIA

APRIL-MAY 2018 (ROUND 3)

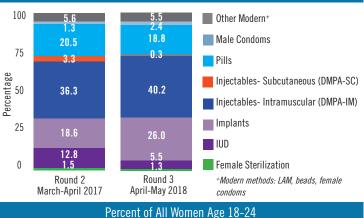
Performance Monitoring and Accountability 2020 (PMA2020) uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local universities and research organizations in 11 countries, deploying a cadre of female resident interviewers trained in mobile-assisted data collection. PMA2020/Nigeria is led by the Centre for Research, Evaluation Resources and Development (CRERD) and Bayero University Kano (BUK). Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health through a grant by the Bill & Melinda Gates Foundation.

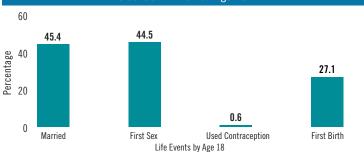
For more information please visit http://www.pma2020.org





### Current Modern Method Mix Among Married Contraceptive Users



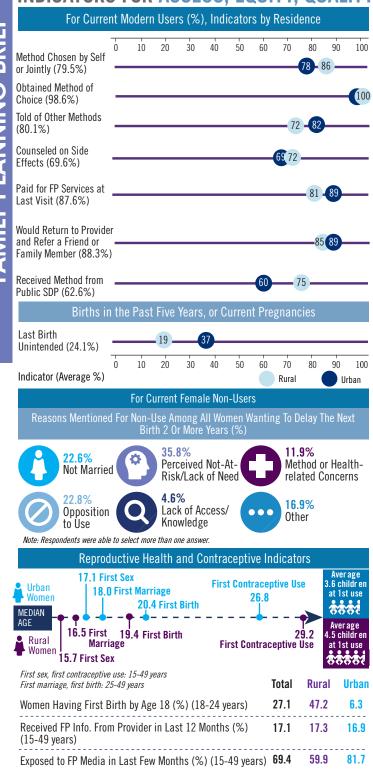


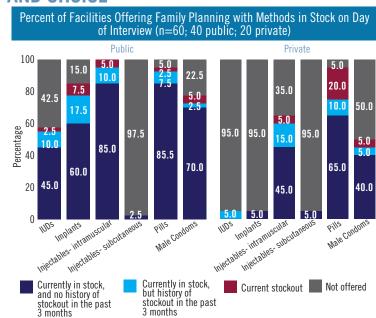
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## PMA2020/KANO, NIGERIA (APRIL-MAY 2018) INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE





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

Facility Type	3 or more methods	5 or more methods
Hospital	87.5	81.3
Health Center	94.7	57.9
Total	77.8	55.6

Data from facility types with sample size less than 10 were calculated, but are not presented in this brief.

Select Indicators Among Service Delivery Points

	Public	Private	Total	
Among All Service Delivery Points:				
Offering Family Planning (%)	88.9	80.0	85.7	
With Mobile Teams Visiting Facility In Last 6 Months (%)	33.3	4.0	22.9	
Supporting CHWs From This Service Delivery Point (%)	35.6	0.0	22.9	
Among Service Delivery Points Offering Family Planning Services:				
Average Number Of Days Per Week FP Is Offered	5.2	5.9	5.5	
Offering Female Sterilization (%)	7.5	5.0	6.7	
Offering FP Counseling/Services To Adolescents (%)	32.5	25.0	30.0	
Charging General User Fees For FP Services (%)	20.0	20.0	20.0	
Availability of Instruments or Supplies for Implant Insertion/Removal+	64.7			
Availability of Instruments or Supplies for IUDs**	60.9			

\*Among SDPs that provide implants (n=35, 34 public, 1 private). Instruments/supplies include: Clean Gloves, Antiseptic, Sterile Gauze Pad or Cotton Wool, Local Anesthetic, Sealed Implant Pack, Surgical Blade

\*\*Among SDPs that provide IUDs (n=24, 23 public, 1 private). Instruments/supplies include: Sponge-holding forceps, Speculums (large and medium), uterine sound, and Tenaculum

### SAMPLE DESIGN

The PMA2018/Kano survey used a two-stage cluster design with urban-rural as strata. The same sample from the previous round was used, 36 clusters of enumeration areas (EAs) drawn from the National Population Commission's master sampling frame. In each cluster of EAs, households and private health facilities were listed and mapped, with 35 households randomly selected per cluster of EAs. Households were surveyed and occupants enumerated. All eligible females age 15 to 49 were contacted and consented for interviews. The final sample included 1,222 households (99.0% response rate), 1,751 de facto females (98.3% response rate) and 70 health facilities (95.9% response rate). Data collection was conducted between April and May 2018.





