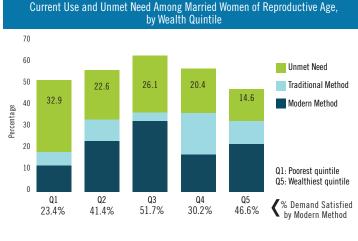


KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys (Married and All Women, Age 15-49)						
		5 2013, vers	PMA2016/ Rivers			
	All Women	Married Women	All Women	Married Women		
Contraceptive Prevalence Rate (CPR) (%)						
All Methods CPR	33.1	34.5	27.5	31.8		
Modern Method Use mCPR	18.8	17.5	19.4	21.6		
Long Acting CPR	1.4	2.6	2.8	4.7		
Total Unmet Need*	12.6	17.5	16.4	22.4		
For Limiting	4.4	7.6	7.1	11.2		
For Spacing	8.2	9.9	9.2	11.2		
Total Demand	45.7	52.1	43.8	54.2		
Demand Satisfied by Modern Method (%)	41.1	33.5	44.2	40.0		

Fertility Indicators (All Women)NDHS 2013
RiversPMA2016/
RiversRecent Births Unintended* (%)30.336.5Wanted Later26.019.3Wanted No More4.317.2

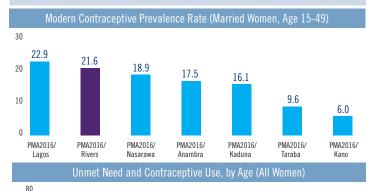
* Indicator measurement based on different questions posed in the DHS and PMA2020

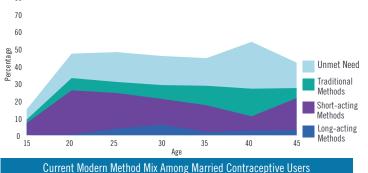


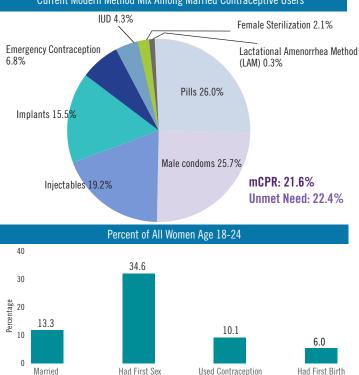
PMA2016/RIVERS-R1 PERFORMANCE MONITORING & ACCOUNTABILITY 2020

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 university and research organizations in 10 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Nigeria was carried out in Lagos and Kaduna states in 2014 and 2015, and in seven states in 2016 for round 3 (Anambra, Kaduna, Kano, Lagos, Nasarawa, Rivers and Taraba). PMA2020/Nigeria is led by the Centre for Research, Evaluation Resources and Development (CRERD) and Bayero University Kano (BUK). The survey is endorsed and supported by the Federal Ministry of Health, the National Population Commission, the National Bureau of Statistics, and the State Ministries of Health. 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 on PMA2020 please visit http://www.pma2020.org







by Age 18

by Age 18

by Age 18

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

BILL & MELINDA GATES INSTITUTE for POPULATION and REPRODUCTIVE HEALTH

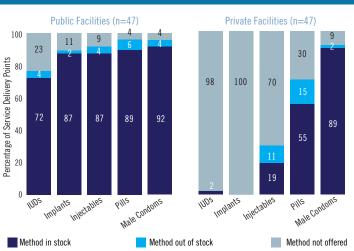


by Age 18

PMA2016/RIVERS-R1 INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

INDICATORS					-					
For Current Female	e Use	rs in I	Rivers	(%), I	ndicat	tors by	Weal	th Qu	intile (ı	n=33
	0	10	20	30	40	50	60	70	80	90
Method Chosen by Self or Jointly (90.0%)									-8	4 9
Obtained Method of Choice (78.8%)								68	-(87-
Told of Other Methods (42.3%)	_			-•	- 38	51)—			
Counseled on Side Effects (28.5%)		-•		31	-42	-				
Paid for Family Planning Services (36.7%)					36 - 42	2)-				
Would Return to Provider & Refer a Friend or Family Member (57.7%)						- 50		67	-	
Received Method from Public SDP (26.6%)			_20)	33	-					
Births in	the P	ast 5	Years	, or Cı	ırrent	Pregn	ancie	s in R	ivers	
Last Birth Unintended (36.5%)			-21			- 50 -				
Indicator (average %) Q1: Poorest quintile	0	10	20	30	40	50	60	70	80	
Q5: Wealthiest quintile								Q1		90 3 Q4
Q5: Wealthiest quintile For			emale					Q1 =450)	02 0	3 Q4
Q5: Wealthiest quintile		· Non-		mong	All Wa	omen \		Q1 =450)	02 0	3 Q4
Q5: Wealthiest quintile For		· Non-	-Use A	mong	All Wa	omen \		Q1 =450)	02 0	3 Q4
Q5: Wealthiest quintile For Reasons Mentione	ed for	^r Non- Bi	-Use A rth 2 c	mong	All Wa	omen \		Q1 =450)	02 0	13 Q4 he Ne 43.6
Q5: Wealthiest quintile For Reasons Mentione Not Married	ed for /Lack	r Non- Bi of Nee	-Use A rth 2 c ed	mong	All Wa	omen \		Q1 =450)	02 0	3 Q ² he Ne
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risk	ed for /Lack	r Non- Bi of Nee	-Use A rth 2 c ed	mong	All Wa	omen \		Q1 =450)	02 0	3 Q4 he Ne 43.6 49.9
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risk/ Method or Health-Rela	ed for /Lack ted C	r Non- Bi of Nee	-Use A rth 2 c ed	mong	All Wa	omen \		Q1 =450)	02 0	3 Q4 he Ne 43.6 49.9 25.2
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risk/ Method or Health-Rela Opposition to Use Lack of Access/Knowle Other	ed for /Lack ted C edge	r Non- Bi of Nee oncern	-Use A rth 2 c ed 1s	mong or More	All Wo e Years	omen \ s (%)	Wantii	Q1 =450) ng to	Q2 Q	 A A<
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risk/ Method or Health-Rela Opposition to Use Lack of Access/Knowle Other	ed for /Lack ted C edge	r Non- Bi of Nee oncern	-Use A rth 2 c ed	mong or More	All Wo e Years	omen \ s (%)	Vantii e Indi	Q1 =450) ng to	Q2 Delay t	3 Q4 he Ne 43.6 49.9 25.2 13.8 11.2 15.1
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risk/ Method or Health-Rela Opposition to Use Lack of Access/Knowle Other Repu	ed for /Lack ted C dge	of Nee oncern	-Use A rth 2 o ed ns Health	mong or More and C	All Wo e Years	omen \ s (%)	Vantii e Indi To	Q1 =450) ng to cator tal	Q2 Delay t S Rural	 A (4) <
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risky Method or Health-Rela Opposition to Use Lack of Access/Knowle Other Rep Median Age at First M	ed for /Lack ted C ddge roduc	r Non-Bi of Nee oncern	-Use A rth 2 c ed ns Health -49 yea	mong or More and C	All Wo e Years	omen \ s (%)	Vantii e Indi To 2:	Q1 =450) ng to cator tal 3.4	Q2 Delay t Belay t 22.8	 A (4) <
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risk Method or Health-Rela Opposition to Use Lack of Access/Knowle Other Repu Median Age at First M Median Age at First Se	ed for /Lack tted C ddge arriag arriag	r Non- Bi of Nee oncern ctive I	-Use A rth 2 c ed ns -49 yea ears)	mong r More and C	All Wo	omen \ s (%)	e Indi Ta 23 18	Q1 =450) ng to tal 3.4 3.9	C C C C C C C C C C C C C C C C C C C	 A (1) <
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risk Method or Health-Rela Opposition to Use Lack of Access/Knowle Other Repu Median Age at First M Median Age at First Se Median Age at First Se	ed for /Lack tted C ddge arriag arriag (15	r Non-Bi of Nee oncern ctive I ge (25: -49 ye ceptive	-Use A rth 2 c ed ns -49 yea ears) e b Use (1	mong r More and C	All Wo	omen \ s (%)	e Indi To 23 18 23	Q1 =450) ng to tal 3.4 3.9 3.0	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	 A A
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risk Method or Health-Rela Opposition to Use Lack of Access/Knowle Other Repu Median Age at First M Median Age at First Se	ed for /Lack tted C ddge arriag arriag arriag (15 ontrac	r Non- Bi of Nee oncern ctive I ge (25- -49 ye ceptive (25-49	-Use A rth 2 c ed is -49 yea ears) e Use (1 years)	mong r More rs) 15-49 y	All Wo e Years	omen \ s (%)	e Indi Ta 23 111 22 23	Q1 =450) ng to tal 3.4 3.9	C C C C C C C C C C C C C C C C C C C	3 Q4 he Ne 43.6 49.9 25.2 13.8 11.2 15.1
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risky Method or Health-Rela Opposition to Use Lack of Access/Knowle Other Repu Median Age at First M Median Age at First Se Median Age at First Se Median Age at First Bi Mean No. of Living Ch	ed for /Lack tted C ddge arriag arriag ex (15 ontrac irth (2 ildren	r Non- Bi of Nee oncern ctive I ge (25 -49 ye ceptive 25-49 a at Fin	Huse A rth 2 c ed ns Health -49 yea ears) e Use (1 years) stst Coni	mong or More and C rs) 15-49 y tracept	All Wo e Years Contra years) ive Use	omen V s (%) ceptiv	e Indi Ta 23 23 23 2	Q1 =450) ng to tal 3.4 3.9 3.0 3.0	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	 A (2) A (2) A (3) A (4)
Q5: Wealthiest quintile For Reasons Mentione Not Married Perceived Not-at-Risk/ Method or Health-Rela Opposition to Use Lack of Access/Knowle Other Repu Median Age at First M Median Age at First Se Median Age at First Se Median Age at First Bi Mean No. of Living Ch (15-49 years)	ed for /Lack ted C dge arriag arriag ex (15 ontrac inth (2 ildren irth b	r Non- Bi of Nee oncern ge (25: -49 ye ceptive (5-49 s at Fir y Age	-Use A rth 2 c ed ns -49 yea ears) e Use (1 e Use (1 years) 18 (18-	and C rs) 15-49 y rtracept	All Wo e Years Contra years) ive Uso	e e e e e	e Indi To 23 11 22 23 23 23 23 24 23 24 24 24 25 25 26 6	Q1 =450) ng to tal 3.4 3.9 3.0 3.0 (.0	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	3 Q he Na 43.6 49.9 25.2 13.8 11.2 15.1 U : :

Percent of Facilities Offering & Currently In/Out of Stock, by Method



Percent of Public Facilities in Rivers 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 (n=16)	68.8	62.5				
Health Center (n=35)	88.6	80.0				
Total	82.4	74.5				

Service Delivery Points in Rivers (n= 111 ; 51 Public, 60 Private)							
	Public	Private	Total				
Among All Service Delivery Points:							
Offering Family Planning (%)	92.2	78.3	84.7				
With Mobile Teams Visiting Facility in Last 12 Months (%)	39.2	0.0	18.0				
Supporting Community Health Workers (CHWs) From This Service Delivery Point (%)	13.7	0.0	6.3				
Among Service Delivery Points Offering Family Planning Services:							
Average Number of Days Per Week Family Planning is Offered	4.3	5.8	5.1				
Offering Female Sterilization (%)	14.9	2.1	8.5				
Offering Family Planning Counseling/Services to Adolescents (%)	80.9	46.8	63.8				
Charging Fees for Family Planning Services (%)	34.0	51.1	42.6				
Percent Integrating Family Planning into Their:							
Maternal Health Services (among all offering maternal health services)	95.7	100.0	95.9				
HIV Services (among all offering HIV services)	95.8	93.3	95.2				
Post-Abortion Services (among all offering post-abortion services)	93.8	100.0	93.9				

SAMPLE DESIGN

Exposed to FP Media in Last Few Months (15-49 years) (%)

The PMA2016/Rivers survey used a two-stage cluster design. A sample of 47 enumeration areas (EAs) was drawn from the National Population Commission's master sampling frame. In each EA households and private health facilities were listed and mapped, with 35 households randomly selected. Households were surveyed and occupants enumerated. All eligible females age 15 to 49 were contacted and consented for interviews. The final completed sample included 1,504 households (97.0% response rate), 1,250 females (97.8% response rate) and 111 health facilities (97.4% response rate). Data collection was conducted between May and June 2016.





72.7

69.3

74.4

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