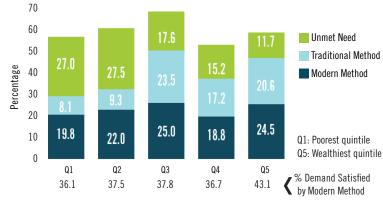


KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys (All and Married Women, Age 15-49)								
	Round 1 May-July 2016		Round 2 Mar-Apr 2017		Round 3 Apr-May 2018			
	All	Married	AII	Married	All	Married		
Contraceptive Prevalence Ra	ate							
All Methods	27.5	31.8	29.0	31.1	32.9	38.5		
Modern Methods	19.4	21.6	17.7	18.0	21.5	22.1		
Long Acting/Permanent	2.8	4.7	2.2	3.1	3.4	5.4		
Total Unmet Need	16.4	22.4	17.2	25.0	12.4	18.7		
For Limiting	7.1	11.2	6.3	9.9	3.9	6.6		
For Spacing	9.2	11.2	11.0	15.1	8.5	12.2		
Total Demand	43.8	54.2	46.2	56.1	45.3	57.3		
Demand Satisfied by Modern Method (%)	44.2	40.0	38.2	32.1	47.4	38.6		

Fertility Indicators (All Women)								
	Round 1 May-July 2016	Round 2 Mar-Apr 2017	Round 3 Apr-May 2018					
Last Birth Unintended (%)	36.5	34.9	32.1					
Wanted Later	19.3	21.7	22.9					
Wanted No More	17.2	13.2	9.2					

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

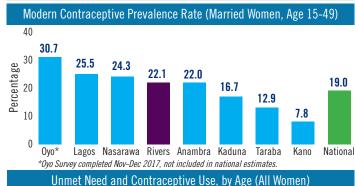


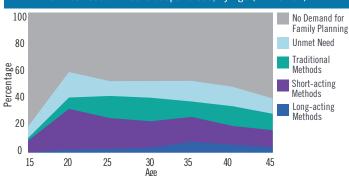
PMA2020/RIVERS, NIGERIA

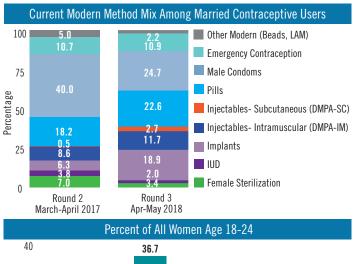
APRIL-MAY 2018 (ROUND 3)

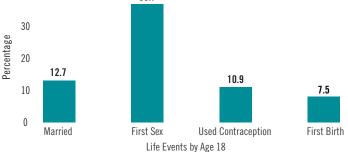
Performance Monitoring and Accountability 2020 (PMA2020) uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local universities and research organizations in 11 countries, deploying a cadre of female resident enumerators 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







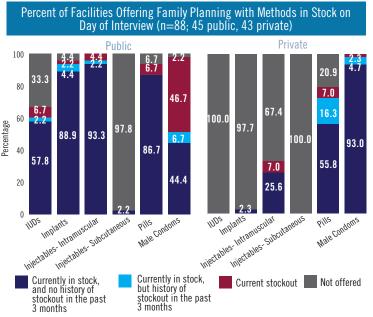


JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH POPULATION and REPRODUCTIVE HEALTH



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

For Current Modern Users, Indicators by Wealth Quintile (%) (n=283) Ó 10 20 30 40 50 60 70 80 90 100 Method Chosen by 88 70 Self or Jointly (77.1%) Obtained Method of 96 Choice (97.0%) Told of Other Methods (33 3%) Counseled on Side Effects (27.5%) Paid for FP Services at Last Visit (87.6%) 87 92 Would Return to Provider and Refer a Friend or Family Member (76.5%) Received Method from 18 2 Public SDP (23.0%) Births in the Past Five Years, or Current Pregnancies Last Birth Unintended 39 (32.1%)Ó 10 20 30 4Ò 50 60 70 80 9Ò 100 Indicator (average %) Q1: Poorest quintile Q1 Q2 Q3 Q4 Q5 Q5: Wealthiest quintile For Current Female Non-Users Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth Two Or More Years (%) 20.3% 50 4% 37 69 Perceived Not-At-Method or Health-Not Married **Risk/Lack of Need** related Concerns 6.7% 8.1% 137% Lack of Access/ Opposition Other Knowledge to Use Note: Respondents were able to select more than one answer **Reproductive Health and Contraceptive Indicators** First Marriage Average **First Sex** Urban at 1st use 18.8 First Birth First Contraceptive Use 23.6 Womer 25.1 $\overline{\mathbf{a}}$ MEDIAN Average AGE First Contraceptive Use 23.0 18.1 Rural 1st use at First First Marriag e 23.1 Women Sex 23.5 First Birth First sex first contracentive use: 15-49 years First marriage, first birth: 25-49 years Total Rural Urban Women Having First Birth by Age 18 (%) (18-24 years) 7.5 14.6 3.4 Received FP Info. From Provider in Last 12 Months (%) 24.1 20.9 25.8 (15-49 years) 60.3 66.6 Exposed to FP Media in Last Few Months (%) (15-49 years) 64.4



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

r more methods	5 or more methods							
61.5		53.8						
94.4		69.4						
85.7	65.3							
Service Delivery Points								
	Public	Private	Total					
Offering Family Planning (%)		82.7	87.1					
With Mobile Teams Visiting Facility In Last 6 Months (%)		0.0	15.8					
Supporting CHWs From This Service Delivery Point (%)		0.0	15.8					
Among Service Delivery Points Offering FP Services:								
Average Number Of Days Per Week FP Is Offered		5.9	5.5					
Offering Female Sterilization (%)		0.0	6.8					
Offering FP Counseling/Services To Adolescents (%)		44.2	65.9					
Charging Fees For FP Services (%)		0.0	20.5					
Availability of Instruments or Supplies for Implant Insertion/Removal+								
Ds++	80.0							
	94.4 85.7 Elivery Points t 6 Months (%) ery Point (%) Services: ffered scents (%)	61.5 94.4 85.7 • livery Points • Public • 91.8 32.7 91.8 32.7 • 91.8 32.7 • 91.8 32.7 • 91.8 32.7 • 91.8 32.7 • 91.8 32.7 • 91.8 32.7 • 91.8 32.7 • 91.8 32.7 • 91.8 • 91.9 • 91.9 • 91.8 • 91.8 • 91.8 • 91.8 • 91.8 • 91.8 • 91.9 • 9	61.5 53.8 94.4 69.4 85.7 65.3 Public Private Public Private Public Private 91.8 82.7 100 32.7 0.0 ery Point (%) 32.7 0.0 Services: 13.3 0.0 Services: 13.3 0.0 scents (%) 86.7 44.2 40.0 0.0 0.0 Implant 79.1					

*Among SDPs that provide implants (n=44, 43 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=30, 30 public). Instruments/supplies include: Sponge-holding forceps, Speculums (large and medium), uterine sound, and Tenaculum

SAMPLE DESIGN

The PMA2018/Rivers survey used a two-stage cluster design with urban-rural as strata. The same sample from the previous round was used, 47 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 (and completion rates) included 1,413 households (97.0%), 1,223 de facto females (96.8%) and 101 health facilities (85.6%). Data collection was conducted between April and May 2018.



BRIE

C



BAYERO UNIVERSITY KANO

