



Photo: Bill & Melinda Gates Foundation (2017)

KEY FAMILY PLANNING INDICATORS

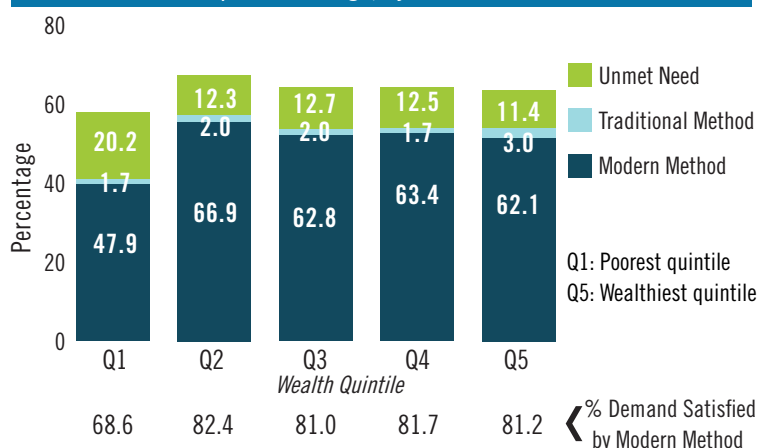
Select Family Planning Indicators Across Recent Surveys
All Women (n= 5,671) and Married Women (n= 3,337), Age 15-49

	Round 5 Nov-Dec 2016		Round 6 Nov-Dec 2017		Round 7 Nov-Dec 2018	
	All	In Union	All	In Union	All	In Union
Contraceptive Prevalence Rate (%)						
All Methods	45.6	61.6	45.0	60.5	46.1	62.8
Modern Methods	44.2	59.9	43.7	59.0	44.6	60.7
Long Acting/Permanent	16.9	24.6	17.4	25.0	19.3	28.5
Total Unmet Need (%)	12.9	15.2	12.5	14.9	11.5	13.8
For Limiting	5.0	6.8	4.7	6.7	4.2	5.9
For Spacing	7.9	8.4	7.8	8.1	7.4	7.9
Total Demand (%)	58.5	76.8	57.5	75.4	57.6	76.6
Demand Satisfied by Modern Method	75.6	77.9	76.0	78.2	77.4	79.2

Fertility Indicators (All Women, Age 15-49)

	Round 5 Nov-Dec 2016	Round 6 Nov-Dec 2017	Round 7 Nov-Dec 2018
Last Birth Unintended (%)	42.9	43.2	41.9
Wanted Later	27.1	28.7	30.6
Wanted No More	15.8	14.5	11.2

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



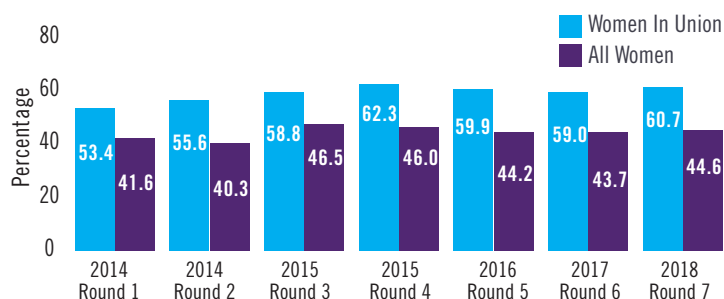
PMA2020/KENYA

NOVEMBER-DECEMBER 2018 (ROUND 7)

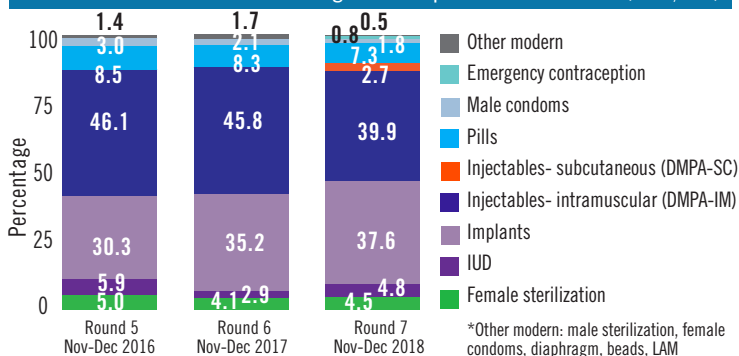
Performance Monitoring and Accountability 2020 (PMA2020) uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local universities and research organizations in 11 countries, deploying a cadre of female resident interviewers trained in mobile-assisted data collection. PMA2020/Kenya was carried out in nine counties in 2014 and 2015 and in 11 counties since 2016. 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, please visit <http://www.pma2020.org>

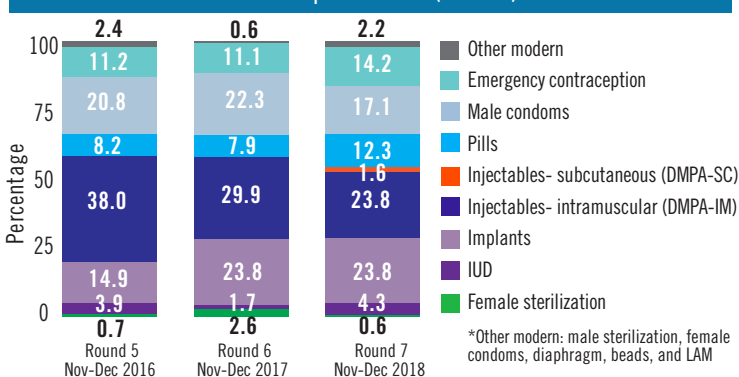
Modern Contraceptive Prevalence Rate (Women Age 15-49)



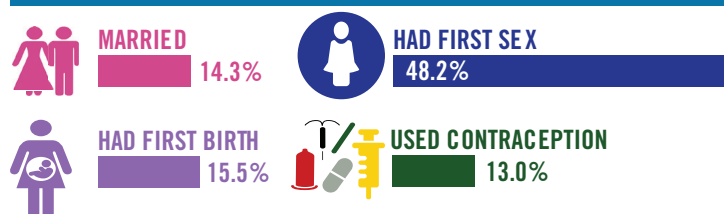
Current Modern Method Mix Among Contraceptive Users In Union (n=1,919)



Current Modern Method Mix Among Unmarried Sexually Active Contraceptive Users (n=282)



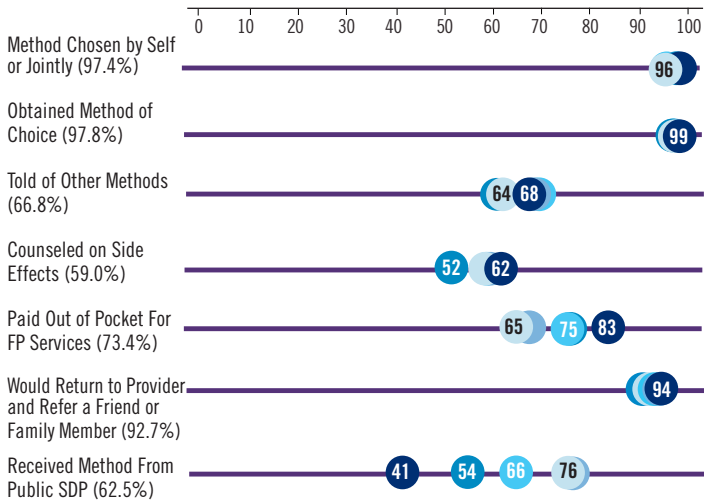
Life Events by Age 18 (Percent of All Women Age 18-24)



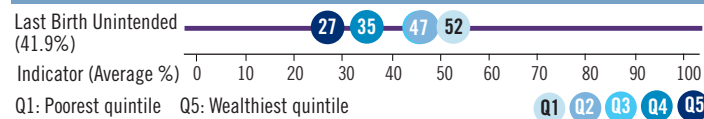
PMA2020/KENYA (NOVEMBER-DECEMBER 2018)

INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Modern Users (%), Indicators by Wealth Quintile

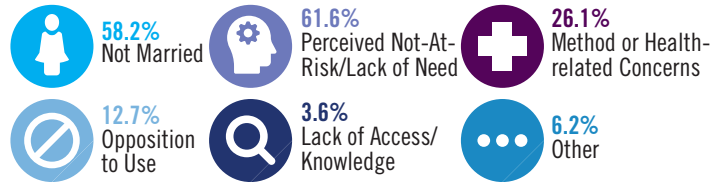


Births in the Past Five Years, or Current Pregnancies



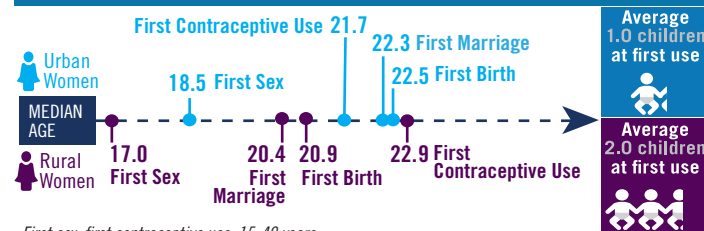
For Current Female Non-Users

Reasons Mentioned for Non-Use Among All Women Wanting to Delay the Next Birth Two or More Years (%)



* Respondents were able to select more than one answer

Reproductive Health and Contraceptive Indicators



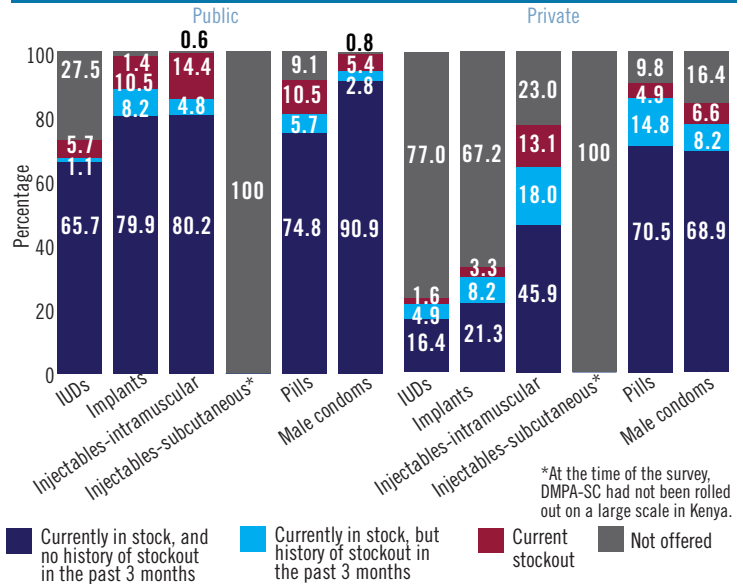
First sex, first contraceptive use: 15-49 years
First marriage, first birth: 25-49 years

	Total	Rural	Urban
Women Having First Birth by Age 18 (%) (18-24 years)	15.5	18.7	9.2
Received FP Info. From Provider in Last 12 Months (%) (15-49 years)	31.2	32.2	28.9
Exposed to FP Media in Last Few Months (%) (15-49 years)	86.7	85.7	88.8

SAMPLE DESIGN

PMA2018/Kenya-R7, the seventh round of data collection in Kenya, 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 sample included the two new counties, Kakamega and West Pokot, which were added in 2016, round 5. The same set of enumeration areas used from round 5 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 6,097 households, 5,671 females and 420 health facilities (97.9%, 99.1% and 97.9% response rates respectively). Data collection was conducted between November and December 2018.

Percent of Facilities Offering Family Planning with Methods in Stock on Day of Interview (n=414, 353 Public, 61 Private)



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

Facility Type	3 or more methods	5 or more methods
Hospital	97.0	92.5
Health Center	94.9	85.7
Dispensary	89.3	61.5
Total	92.4	74.0

Select Indicators Among Service Delivery Points

	Public	Private	Total
Among All Service Delivery Points:			
Percent Offering Family Planning	99.7	92.4	98.6
With Mobile Teams Visiting Facility In Last 12 Months (%)	67.2	12.1	58.6
Supporting CHWs From This Service Delivery Point (%)	67.5	7.6	58.1
Among Service Delivery Points Offering Family Planning Services:			
Average Number Of Days Per Week FP Is Offered	5.2	6.3	5.4
Offering Female Sterilization (%)	12.2	1.6	10.6
Offering FP Counseling/Services To Adolescents (%)	87.0	67.2	84.1
Charging General User Fees For FP Services (%)	5.1	11.5	6.0
Availability of Instruments or Supplies for Implant Insertion/Removal*	89.4	90.0	89.4
Availability of Instruments or Supplies for IUDs**	94.5	85.7	94.1

*Among SDPs that provide implants (n=368, 348 public, 20 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=270, 256 public, 14 private). Instruments/supplies include: Sponge-holding forceps, Speculums (large and medium), Tenaculum, and Uterine Sound