

## KEY FAMILY PLANNING INDICATORS

| Select Family Planning Indicators Across Recent Surveys (All and Married Women, Age 15-49) |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Round 3 May-July 2016 |  | Round 4 Mar-Apr 2017 |  | Round 5 Apr-May 2018 |  |
|  |  | Married |  | Married | All | Married |
| Contraceptive Prevalence Rate |  |  |  |  |  |  |
| All Methods | 26.4 | 32.5 | 29.7 | 35.9 | 33.1 | 40.3 |
| Modern Methods | 19.7 | 22.9 | 20.6 | 23.3 | 22.7 | 25.5 |
| Long Acting/Permanent | 2.6 | 3.9 | 4.2 | 6.3 | 4.0 | 6.1 |
| Total Unmet Need | 15.6 | 21.5 | 15.2 | 20.9 | 12.3 | 17.7 |
| For Limiting | 5.6 | 8.8 | 5.7 | 8.6 | 4.4 | 7.1 |
| For Spacing | 10.0 | 12.7 | 9.5 | 12.3 | 7.9 | 10.6 |
| Total Demand | 42.0 | 54.0 | 44.9 | 56.7 | 45.5 | 58.0 |
| Demand Satisfied by Modern Method | 46.8 | 42.5 | 45.8 | 41.1 | 49.8 | 44.0 |


| Fertility Indicators (All Women) |  |  |  |
| :---: | :---: | :---: | :---: |
|  | Round 3 May-July 2016 | Round 4 Mar-Apr 2017 | Round 5 Apr-May 2018 |
| Last Birth Unintended (\%) | 23.3 | 18.3 | 20.7 |
| Wanted Later | 15.9 | 12.4 | 14.5 |
| Wanted No More | 7.4 | 5.9 | 6.1 |


| Current Use and Unmet Need Among Married Women of Reproductive Age, by Wealth Quintile |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 80 |  |  |  |  |  |  |
|  | 20.9 | 17.3 | 21.1 | 14.6 | 15.3 | $\square$ Unmet Need |
|  |  |  | 16.2 | 18.3 | 15.3 | - Modern Method |
| 20 |  | 12.7 | 27.6 |  | 33.7 | Q1: Poorest quintile Q5: Wealthiest quintile |
|  |  | 22.7 |  | 23.6 |  |  |
|  | 18.1 |  |  |  |  |  |
| 0 | Q1 | Q2 | Q3 | Q4 | Q5 | \% Demand Satisfied by Modern Method |
|  | 37.1 | 43.1 | 42.6 | 41.8 | 52.4 |  |

PMA2020/LAGOS, NIGERIA
APRIL-MAY 2018 (ROUND 5)
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://wwww.pma2020.org
Modern Contraceptive Prevalence Rate (Married Women, Age 15-49) 40



Current Modern Method Mix Among Married Contraceptive Users



# PMA2020/LAGOS, NIGERIA (APRIL-MAY 2018) <br> INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE 


43.2\%

64.5\%

21.8\%

Method or Healthrelated Concerns

8.4\%

Opposition to Use
 Perceived Not-At-
Risk/Lack of Need 1.9\% Lack of Access/ Knowledge


Note: Respondents were able to select more than one answer.

| Reproductive Health and Contraceptive Indicators |  |  |
| :---: | :---: | :---: |
| 4-Urban 20.3 First Sex | First Contraceptive Use 25.4 | Average |
|  |  |  |
| First Marriage 25.4 |  |  |
| First sex, first contraceeptive use: 15 -49 years $\quad$ First Birth 25.7first marriage, first bitt: $25-49$ years |  |  |
|  |  |  |  |  |
| Women Having First Birth by Age 18 (\%) (18-24 years) |  | 3.0 |
| Received PP Info. From Provider in Last 12 Months (\%) (15-49 years) |  | 28.8 |
| Exposed to FP Media in Last Few Months (\%) (15-49 years) |  | 80.8 |

## SAMPLE DESIGN

Percent of Facilities Offering Family Planning with Methods in Stock on Day of Interview ( $\mathrm{n}=105$; 71 public, 38 private)


| Percent of Public Facilities Offering At Least 3 or 5 <br> Methods, by Facility Type | Modern Contraceptive |  |
| :--- | :---: | :---: |
| Facility Type | 3 or more methods | 5 or more methods |
| Hospital $(n=16)$ | 100.0 | 100.0 |
| Health Center $(n=52)$ | 100.0 | 96.2 |
| Total | 97.3 | 93.2 |

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 | Privat | Total |
| Among All Service Delivery Points: |  |  |  |
| Percent Offering Family Planning | 97.3 | 82.6 | 91.6 |
| With Mobile Teams Visiting Facility In Last 6 Months (\%) | 34.2 | 0.0 | 21.0 |
| Supporting CHWs From This Service Delivery Point (\%) | 21.9 | 0.0 | 13.4 |
| 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 (\%) | 12.7 | 13.2 | 12.8 |
| Offering FP Counseling/Services To Adolescents (\%) | 91.5 | 36.8 | 72.5 |
| Charging General User Fees For FP Services (\%) | 14.1 | 15.8 | 14.7 |
| Availability of Instruments or Supplies for Implant Insertion/Removal ${ }^{+}$ | 89.6 | -- | -- |
| Availability of Instruments or Supplies for IUDs ${ }^{++}$ | 97.0 | -- | -- |
| +Among SDPs that provide implants ( $n=73,67$ public, 6 private). Instruments/supplies include: Clean Gloves, Antiseptic, Sterile Gauze Pad or Cotton Wool, Local Anesthetic, Sealed Implant Pack, Surgical Blade <br> ${ }^{++A m o n g ~ S D P s ~ t h a t ~ p r o v i d e ~ I U D s ~(~} n=73,66$ public, 7 private). Instruments/supplies include: <br> Sponge-holding forceps, Speculums (large and medium), and Tenaculum |  |  |  |

The PMA2018/Lagos-R5 survey used a two-stage cluster design. A sample of 52 clusters of enumeration areas (EAs) was 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 40 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 completed sample included 1,875 households ( $92.9 \%$ response rate), 1,590 de facto females ( $95.3 \%$ response rate) and 119 health facilities ( $97.5 \%$ response rate). Data collection was conducted between April and May 2018.


