



# PERFORMANCE MONITORING & ACCOUNTABILITY 2020

# KENYA

DETAILED INDICATOR REPORT: KENYA 2014



BILL & MELINDA GATES INSTITUTE *for*  
POPULATION *and* REPRODUCTIVE HEALTH

Performance Monitoring and Accountability 2020 (PMA2020) is a five-year project that uses innovative mobile technology to support low-cost, rapid-turnaround, nationally representative surveys to monitor key indicators for family planning and water and sanitation. Local university and research organizations implement the project in 10 countries and deploy a cadre of female resident enumerators trained in mobile-assisted data collection. The Ministry of Health, National Council for Population and Development and International Centre for Reproductive Health Kenya (ICRHK), in collaboration with Kenya National Bureau of Statistics, University of Nairobi, Moi University, Technical University of Mombasa and Jaramogi Oginga Odinga University of Science and Technology, lead PMA2020 in Kenya. The Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health provides overall direction and support and the Bill & Melinda Gates Foundation provides financial support.

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# List of Indicators

<b>FAMILY PLANNING INDICATORS MEASURED BY PMA2020</b>		FP2020 Core Indicator Number
<b>Utilization Indicators:</b>		
F1:	Contraceptive use Total contraceptive prevalence rate (CPR) Modern contraceptive prevalence (mCPR) Traditional contraceptive prevalence	Core 1
F2:	Contraceptive method mix (Composition of methods currently used among married/in-union and sexually active unmarried women)	Core 1b
F3:	Total number of modern contraceptive users	
<b>Demand Indicators:</b>		
F4:	Unmet need for family planning (for spacing, limiting and in total) Total contraceptive demand (contraceptive prevalence rate and unmet need)	Core 3
F5:	Percent of users whose demand is satisfied by modern contraception	Core 4
F6:	Percent of non-users who intend to adopt a contraceptive method in the future	
F7:	Percent of unintended recent births (wanted later/wanted no more) Ratio of unintended births in lowest and highest wealth quintiles	Core 7
<b>Indicators for Access, Equity, Quality and Choice:</b>		
F8:	Percent of users who chose their current contraceptive method by themselves or jointly with a provider/partner	Core 13
F9:	Percent of users who paid for family planning services	

F10:	Method information index	Core 12
	<ul style="list-style-type: none"> <li>• Percent of users who were informed about other methods</li> <li>• Percent of users who were informed about side effects</li> <li>• Percent of users who were told what to do if they experienced side effects</li> </ul>	
F11:	Percent of sterilization users told the method was permanent*	Core 15
F12:	Percent who would return and/or refer others to their provider	
F13:	Percent who received family planning information in the past 12 months (all women ages 15 to 49)	Core 11

*\*This measure is not included in this report, as the number of sterilized users captured in the PMA2014/Kenya survey data was very small.*

#### **Duration of Use and Non-Use Indicators:**

F14:	Median duration of contraceptive use by main method	
F15:	Reasons for non-use among married women wanting to delay next birth two or more years	

#### **Fertility Indicators:**

F16:	Total fertility rate	
	Adolescent fertility rate	Core 14

#### **Reproductive History Indicators:**

F17:	Age at marriage (median, women ages 25 to 49)	
F18:	Age at first sex (median, women ages 25 to 49)	
F19:	Age at first contraceptive use (median and mean)	
F20:	Number of living children at first contraceptive use (mean)	

#### **Exposure to Family Planning Messaging:**

F21:	Percent of all women with a recent exposure to family planning messages via mass media (all women ages 15 to 49)	
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## **Based on Service Delivery Point/Health Facility Survey**

### **Indicators for Access, Equity, Quality and Choice at the Health Facility:**

- S1: Percent of service delivery points offering family planning counseling and services to adolescents (ages 10 to 19)
- S2: Percent of service delivery points with a client feedback system
- S3: Percent of service delivery points offering family planning methods, by type
- S4: Percent of service delivery points with mobile outreach teams that worked from/in facility in the past 12 months
- S5: Percent of service delivery points that experienced contraceptive stockouts in the past 12 months, by method
- S6: Average number of days per week family planning was offered at the service delivery points
- S7: Percent of service delivery points that supported community health workers
- S8: Number of family planning visits (new and continuing) in previous month, by method
- S9: Percent of service delivery points that charged fees for family planning services

### **Indicators for Integration of Services:**

- S10: Percent of service delivery points that integrated family planning into maternal health services, HIV services and postabortion services

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The project was made possible by generous support from the Bill & Melinda Gates Foundation. Local support was provided by the Kenya Ministry of Health, National Council for Population and Development and ICRHK in collaboration with Kenya National Bureau of Statistics, University of Nairobi, Moi University, Technical University of Mombasa, Jaramogi Oginga Odinga University of Science and Technology and the participating county governments.

We would like to recognize all the field staff, including the field supervisors, resident enumerators, rapid response team and other personnel of ICRHK for their dedicated effort. Lastly, we would like to thank all the survey respondents for their cooperation and help to make PMA2020's first round of data collection in Kenya (referred to as PMA2014/Kenya) a success.

# Acronyms

ASFR	Age-specific fertility rate
CDC	US Centers for Disease Control and Prevention
CHW	Community health worker
COIA	Commission on Information and Accountability
CPR	Contraceptive prevalence rate
DHS	Demographic and Health Survey
EA	Enumeration area
EC	Emergency contraception
FP	Family Planning
FP2020	Family Planning 2020
FQ	Female Questionnaire
GPS	Global Positioning System
HHs	Households
HIV	Human immunodeficiency virus
HQ	Household questionnaire
ICRHK	International Centre for Reproductive Health Kenya
IUD	intrauterine device
JHU	Johns Hopkins University
KDHS	Kenya Demographic and Health Survey
mCPR	modern contraceptive prevalence rate
MCH	Maternal and Child Health
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
NIDI	Netherlands Interdisciplinary Demographic Institute
ODK	Open Data Kit
OS	Operating System

PMA2014/Kenya	Performance Monitoring and Accountability 2020 survey carried out in Kenya in 2014
PMA2020	Performance Monitoring and Accountability 2020
PMA2020/Kenya	Performance Monitoring and Accountability 2020 program in Kenya
PPS	Probability of Proportional Size
RE	Resident enumerator
RHS	Reproductive Health Survey
SDP	Service delivery point
SEE	Standard Errors Estimate
SRH	Sexual & Reproductive Health
TFR	Total fertility rate
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WHO	World Health Organization

# Preface by the Principal Investigator

Peter Gichangi, BSC, MBCHB, MMED (O/G), PhD, Principal Investigator  
PMA2020/Kenya, International Centre for Reproductive Health Kenya (ICRHK)

Kenya has made great strides in mobile phone technology with about 20 million subscribers with a mobile penetration of nearly 80.0% with phone ownership of about 60.0%. This high mobile phone penetration has enabled the successful introduction of various mobile phone applications in the field of public health (mHealth), which have contributed to enhanced malaria prevention and treatment and improved HIV treatment adherence. Family planning programs in Kenya had not previously benefited from mHealth initiatives. PMA2020/Kenya deployed a cadre of resident enumerators who collected surveys on mobile phones in the survey sample areas to obtain national-level estimates for households and facilities in nine selected counties. PMA2020/Kenya successfully trained 118 women from the sample enumeration areas (51 urban and 49 rural) to collect data from a probability sample of households and service delivery points. PMA2020/Kenya demonstrated the utility of the PMA2020 approach by providing rapid and accurate data collection, which in turn allowed for quick turnaround and dissemination of results. Summarized in the following section are some of the key lessons learned from this first round of data collection in Kenya.

**“PMA2020/Kenya demonstrated the utility of the PMA2020 approach by providing rapid and accurate data collection.”**

## **Learned:**

- Resident enumerators can be trained to conduct mobile-assisted surveys with central support.
- Survey rounds can be completed in four to six weeks.
- The Open Data Kit software performs well for large data sets and enables aggregation of data from multiple mobile phones into one data set.
- Monitoring data as it comes in is important for identifying problems early.
- Indicator values were in line with those of recent surveys.

## **Surprises:**

- A greater number of supervisors/support team was required.
- An elevated level of effort was needed for the mapping and listing phase.
- Few smartphones met project requirements.

## **Yet to Learn:**

- Resilience of resident enumerator network.
- Feasibility of using this network for community feedback.
- Feasibility of integrating the PMA2020 platform with health management information systems or district health information systems.

# Preface by the Program Director

Scott Radloff, PhD

Director, PMA2020

Bill & Melinda Gates Institute for Population and Reproductive Health

Johns Hopkins University Bloomberg School of Public Health

I am pleased to present the Detailed Indicator Report for the PMA2014/Kenya survey, which is the fourth survey to be launched under the PMA2020 project, following successful implementations in Ghana, the Democratic Republic of Congo, and Ethiopia. It provides further evidence of the effectiveness and efficiency of this innovative approach to data collection, most notable for its (a) use of smartphones to gather real-time, sentinel household and facility data and (b) establishing a new cadre of female resident enumerators who can be trained in this technology and deployed for repeated survey rounds.

The Kenya survey is also notable for two particular features. First, it was designed to generate a representative national sample, as well as county-specific estimations for 9 of the 47 counties of Kenya. This required increasing the number of enumeration areas from 100 to 120. Second, this was the first PMA2020 survey to make use of “mobile money” as a way of paying resident enumerators for their work, allowing them to receive payment through their phones using M-PESA -- speeding the turnaround time and efficiency of compensation.

Successful implementation was made possible through strong support from the government of Kenya’s Ministry of Health and National Bureau of Statistics, as well as the county governments in Bungoma, Kericho, Kiambu, Kilifi, Nairobi, Nandi, Nyamira and Siaya.

The Bill & Melinda Gates Institute for Population and Reproductive Health is grateful to the International Center for Reproductive Health/Kenya and the leadership provided by Dr. Peter Gichangi and his team in guiding this groundbreaking work, and for the lessons that have been generated for other countries where PMA2020 surveys have since been launched. We look forward to a continuing successful partnership with ICRH/K and the government of Kenya as we undertake new survey rounds in the coming years.

# About PMA2020/Kenya

The Performance Monitoring and Accountability 2020 project in Kenya (PMA2020/Kenya) is implemented in a nationally representative sample of 120 enumeration areas selected from nine counties throughout Kenya. The project is led by the Ministry of Health, the National Council for Population and Development (NCPD) and the International Centre for Reproductive Health Kenya, (ICRHK) in collaboration with the Kenya National Bureau of Statistics (KNBS), University of Nairobi, Moi University, Technical University of Mombasa and Jaramogi Oginga Odinga University of Science and Technology (JOOUST).

For the first round of data collection in Kenya (referred to as PMA2014/Kenya), the program employed a cadre of 118 female resident enumerators (REs) and 9 supervisors to collect data. Each RE was expected to interview up to 42 households, approximately 40 females of reproductive age and up to three health service delivery points. The survey aimed for an overall sample size of 5,040 households, 4,320 women and 720 service delivery points.

The counties selected include nine counties of Kenya: Nairobi, Kiambu, Kericho, Kitui, Kilifi, Bungoma, Siaya, Nyamira and Nandi. Data collection was conducted between May and July 2014. In the first two years of the PMA2020 project, data collection is conducted twice a year and then annually for each additional year.

# PMA2020 Survey

## Objectives

The principal goal of PMA2020 is to support the monitoring efforts of a number of countries by conducting rapid, smartphone-based national surveys with a multistage cluster sample of enumeration areas (EAs). A cluster-based network of female resident enumerators (REs) and field supervisors conduct interviews at the level of the household, with eligible females, and at health facilities. Data generated by PMA2020 surveys provide rich information that is useful for reporting, planning, making operational decisions and for advocacy at the community, country and global levels.

The focus of PMA2020/Kenya is to monitor Kenya's contribution to the Family Planning 2020 (FP2020) goal of adding 120 million new contraceptive users globally by 2020.

Current Demographic and Health Survey (DHS) data are reported in five-year intervals—a lengthy gap that restricts the ability of stakeholders to make timely adjustments to policies and programs based on these data. PMA2020 data are intended to fill gaps in the availability of current and reliable information on population dynamics; family planning; reproductive health service delivery; and water, sanitation and hygiene (WASH). This nationally representative survey provides updates twice a year on key FP2020 indicators of contraceptive need, use, quality, choice, and access as well as a battery of questions on WASH in households and health facilities.

**The goal of PMA2020 is to contribute to a global monitoring and evaluation system for family planning.**

In partnering with the International Centre for Reproductive Health Kenya (ICRHK), the long-term goal of PMA2020/Kenya is to strengthen the capacity of local public health institutions and large government agencies, such as the Kenya National Bureau of Statistics, Ministry of Health and the National Council for Population and Development, to efficiently monitor health needs and track progress toward meeting health goals. In addition, ICRHK works with the four universities—University of Nairobi, Technical University of Mombasa, Jaramogi Oginga Odinga University of Science and Technology and Moi University—to explore the use of technology in addressing water and sanitation issues.

The project deployed a cadre of 118 female REs trained in mobile-assisted data collection. While the PMA2020 project has an initial focus on performance monitoring and accountability in family planning, an additional goal is to establish a sentinel data collection platform that transforms the way all health survey data are collected—a sustainable platform that can be used for other health program areas.

## Sample Design

The PMA2020 survey collects annual data at the national (urban and rural) and regional levels to allow for the estimation of key indicators to monitor progress in family planning. The RE model enables replication of the surveys twice a year for the first two years, and annually each year after that, to track progress.

For the first round of data collection (PMA2014/Kenya), survey resources allowed targeting a sample size of 120 EAs to be selected from the Kenya National Bureau of Statistics' master sampling frame and representative at the national and county levels for both urban and rural areas. Government interest in sub-national estimates made it possible to obtain county-level estimates in nine out of 47 counties. Thus at the first stage, the KNBS selected 9 counties using probability proportional to size: Nairobi, Kilifi, Nandi, Nyamira, Kiambu, Bungoma, Siaya, Kericho and Kitui. Thirteen EAs were sampled in each of 6 counties and 14 EAs were sampled in each of the remaining 3 counties (Kiambu, Bungoma and Nairobi). The primary sampling units for the survey were the EAs, created during the 2009 Kenya Population and Housing Census. The EAs were selected systematically with probability proportional to size with urban/rural stratification in the nine counties. The rationale was for PMA2020 estimates to be comparable to the most recent national survey and county-level estimates. The Kenya National Bureau of Statistics provided the selection probabilities for the PMA2020 sampled clusters for constructing weights.

Before data collection, all households, health service delivery points (SDPs) and key landmarks in each EA were listed and mapped by the REs to create a sampling frame for the second stage of the sampling process. The mapping and listing process took place between May and June 2014 with each EA taking an average of five days to be completed. Once listed, field supervisors systematically selected 42 households using a random number-generating mobile-phone application. All eligible women in selected households were approached and asked to provide informed consent to participate in the study.

A total of three private SDPs within each EA's boundary were randomly selected from the EA listing. Three public health SDPs that serve the EA population were selected—a dispensary, health center and referral hospital, either at the sub-county or county level. Using this multistage sampling procedure and anticipated non-response rates, PMA2014/Kenya had a final sample size of 4,530 households, 3,807 females and 263 SDPs.

Weights were adjusted for non-response at the household and individual levels and applied to appropriate estimates in this report.

## Questionnaires

PMA2020 uses standardized questionnaires for households and SDPs to gather data that are comparable across program countries and consistent with existing national surveys. Prior to launching the survey in each country, local experts review and modify these questionnaires to ensure all questions are appropriate to each setting (see Appendix C).

Household questionnaire, the female questionnaire and the service delivery point questionnaire. These questionnaires were based on model surveys designed by PMA2020 staff at the Bill & Melinda Gates Institute for Population and Reproductive Health, ICRHK, and fieldwork materials of the Kenya DHS.

All PMA2020 questionnaires are administered using Open Data Kit (ODK) software and Alcatel Android smartphones. The PMA2014/Kenya questionnaires were in English and could be switched into Swahili language on the phone. The questionnaires were translated using available translations from similar population surveys and experts in translation. The interviewers conducted the interviews in English or Swahili.

Female REs in each EA administered the household questionnaire and female questionnaire in selected households and administered the service delivery point questionnaire in private SDPs while the county field supervisors administered in the public SDPs questionnaire.

The household questionnaire gathers basic information about the household, such as ownership of livestock and durable goods, as well as characteristics of the dwelling unit, including wall, floor and roof material, water sources, and sanitation facilities. This information is used to construct a wealth quintile index. Using PMA2020's innovative mobile technology, the household questionnaire is linked with the female questionnaire, enabling disaggregation of the indicators generated by female data into household wealth quintiles.

The first section of the household questionnaire, the household roster, lists basic demographic information about all usual members of the household and visitors who stayed with the household the night before the interview. This roster is used to identify eligible respondents for the female questionnaire. In addition to the roster, the household questionnaire also gathers data that are used to measure key WASH indicators, including regular sources and uses of water, sanitation facilities used and prevalence of open defecation by household members.

The female questionnaire is used to collect information from all women ages 15 to 49 who were listed on the household roster at selected households. The female questionnaire gathers specific information on education; fertility and fertility preferences; family planning access, choice and use; quality of family planning services; exposure to family planning messaging in the media; and the burden of collecting water on women.

**PMA2020 provides consistency with DHS measures and introduces new indicators of family planning quality, choice and access.**

The service delivery point questionnaire collects information about the provision and quality of reproductive health services and products, integration of health services, and water and sanitation within the health facility.

## Training

The PMA2014/Kenya fieldwork trainings started on March 3, 2014. In preparation for data collection, project staff conducted a two-week training for the field supervisors and the rapid response team, who subsequently conducted three two-week training sessions for REs. A total of nine field supervisors and three members of the rapid response team were trained in this first training. The training took place between March 3 and March 13, 2014, in Mombasa, Kenya, and was led by PMA2020 staff from the Bill & Melinda Gates Institute for Population and Reproductive Health and ICRHK central staff who were trained in Kampala, Uganda. The field supervisors and members of the rapid response team then became the trainers for three subsequent RE trainings.

The RE training sessions began on March 24 and ended on May 1, 2014. The first RE training was held in Bungoma and included REs from Bungoma, Siaya and Nyamira counties. This training ended on April 3, 2014. The next training was held in Kericho with REs from Kericho, Nandi and Kiambu counties. This training occurred from April 7 to 17, 2014. The final RE training was conducted in Mombasa and included REs from Kilifi, Kitui and Nairobi counties. This training started on April 21 and ended on May 1, 2014.

All training participants received comprehensive instructions on how to complete the household, female and service delivery point questionnaires. In addition to PMA2020 survey training, all participants received training on contraceptive methods by Dr. Peter Gichangi, the principal investigator for PMA2020/Kenya who is also a practicing obstetrician/gynecologist.

Throughout the trainings, REs and supervisors were evaluated based on their performance on several written and phone-based assessments, mock field exercises and class participation. As all questionnaires were completed on project smartphones, the training also familiarized participants with Open Data Kit and smartphone use in general. All trainings included three days of field exercises, during which participants entered a mock EA to practice listing, mapping and conducting household, female and SDP interviews; recording all responses on their project phones; and submitting to a practice cloud server—a centralized data storage system. The RE trainings were conducted primarily in English, whereas some small group sessions were conducted in Swahili.

Supervisors received additional training on how to oversee fieldwork and complete household re-interviews used to carry out random spot checks in 10 percent of the households interviewed by REs. Data collection was conducted between May 27 and July 23, 2014.

## Data Processing

Unlike traditional paper-and-pencil surveys, PMA2020 collects data on smartphones using Open Data Kit (ODK) Collect, an open-source software application. All questionnaires were programmed using this software and installed onto project smartphones. The ODK questionnaire forms were programmed with automatic skip-patterns and built-in response constraints to prevent data entry errors.

The ODK Collect application enabled REs and supervisors to collect and transfer survey data, via the General Packet Radio Service (GPRS) network, to a central ODK Aggregate cloud server in real time. This instantaneous aggregation of data also allowed for real-time monitoring of data collection progress and concurrent data processing while PMA2020 was still active in the field and course corrections could be made. Throughout data collection, a local data manager and a central data manager in Baltimore routinely monitored the incoming data and notified field staff of any potential errors, missing data or problems found with form submissions on the central server.

The use of mobile phones combined data collection and data entry into one step. Data entry was therefore completed when the last interview form was uploaded at the end of data collection in July 2014.

Once all data were on the server, data analysts cleaned and de-identified the data, applied survey weights and prepared the final data set for analysis using Stata® version 12 Software. Final data analysis was conducted between August and November 2014 and the national dissemination workshop of preliminary results was held on October 7, 2014 in Nairobi, Kenya.

## Response Rates

The response rates at the household and female respondent levels are shown in Table 1 for PMA2014/Kenya and compared with the 2008–2009 Kenya DHS (KDHS 2008–09). A total of 5,040 households were selected to be contacted. Of these, 4,859 households were successfully identified, and from these a total of 4,530 consented to the household interview. This translated to a total response rate of 93.2 percent. Comparing the urban and rural response rate for the household questionnaire, there was a higher response rate in the rural regions (96.4 percent) as compared to the urban areas (88.8 percent). This finding is consistent with the KDHS 2008–2009.

In all households that completed the interview, all eligible women ages 15 to 49 were contacted for interviews. A total of 3,969 eligible women were identified from the completed household interviews. Out of the 3,969 eligible women, 3,807 were consented. The female interviews achieved a total response rate of 95.9 percent. The response rate among the eligible women was higher in the rural regions at 96.5% compared to the urban response rate of 95.1%. Comparing the total response rates, the female questionnaire had a higher response rate than the household questionnaire.

The response rates in the PMA2014/Kenya survey were lower than those in the KDHS 2008–09. One reason for these slightly low response rates was the unavailability of the respondents in the selected households, despite two callbacks in addition to the first visit. The unavailability and inaccessibility of respondents was higher in urban areas where most of the respondents left their households early in the morning and returned late in the evening. As shown in Table 1, both the household and female questionnaire non-response rates were higher in urban areas. Another reason to explain these would be failure of the REs to strategize on the timing of ca. However,

the PMA2014/Kenya response rates are sufficient to provide reliable information on the indicators for PMA2020.

Tabulations in this report, with the exception of Tables 1–7 and Figure 1, were weighted for the probability of selecting the EA and adjusted to reflect non-response at the household and female respondent levels.

*Table 1. Response rates of households and individuals, by residence: KDHS 2008–09 and PMA2014/Kenya*

Result	KDHS 2008–09			PMA2014/Kenya		
	Urban	Rural	Total	Urban	Rural	Total
<b>Household interviews</b>						
Households selected	3,286	6,650	9,936	2,100	2,940	5,040
Households occupied	3,015	6,253	9,268	2,031	2,828	5,040
Households interviewed	2,910	6,147	9,057	1,803	2,727	4,530
Household response rate*	96.5%	98.3%	97.7%	88.8%	96.4%	93.2%
<b>Interviews with women ages 15 to 49</b>						
Number of eligible women**	2,735	6,032	8,767	1,573	2,396	3,969
Number of eligible women interviewed	2,615	5,829	8,444	1,496	2,311	3,807

\*Household response rate = households interviewed/households selected

\*\*Eligible women response rates include only women identified in completed household interviews

†Eligible response rate = eligible women interviewed/eligible women

Sources: Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro; and the Performance Monitoring and Accountability 2020 survey carried out in Kenya in 2014

# Background Characteristics

## Households

Selected social, economic and demographic characteristics of the households sampled for the survey are shown in Tables 2–4. The PMA2020 surveys follow the DHS definition of a household: a person or a group of persons, related or unrelated, who live together in the same house or compound and share a common source of food. The household survey obtained the age, sex, marital status and *de jure* (usual) or *de facto* (visitor) residential status of each member in the household. Visitors were individuals who spent the night preceding the interview in the household. This method of data collection enabled analysis of the results for either the *de jure* (usual residents) or *de facto* (those present at the time of the survey) populations. The household information identified all eligible female respondents in the household, ages 15 to 49, irrespective of marital status or *de jure* or *de facto* status. Those women were then contacted and asked to give informed consent for interviews.

Table 2 presents the weighted distribution of all household residents (*de jure* and *de facto*) by sex, five-year age groups and urban or rural residence. A total of 18,298 residents were enumerated, with males and females split by approximately (50%). There were more persons in the younger age groups for both sexes, with those ages 0 to 19 accounting for (46.3%) compared with KDHS 2008–2009 (42.3%) respectively. The ongoing fertility decline of the past decade is visible in the population age-sex pyramid in Figure 1. The highest numbers of females enumerated were between ages 0 and 14 in rural areas (45.3%) compared with urban (34.1%) respectively. There are approximately (101 males per 100 females) with the sex ratio being higher in urban areas (104 males per 100 females) than in rural areas (99 males per 100 females). The longevity of older females compared to males was reflected in the proportions age 70 and older, (2.7 percent) and (2.1 percent), respectively.

Table 3 provides the distribution of households by sex of head of household and by household size, based on the number of usual members. Seventy-six percent of households are headed by males across rural and urban areas. In PMA2014/Kenya, households averaged 3.6 persons in size—3.1 in urban areas and 4.4 in rural areas. In the KDHS 2008–2009, household sizes averaged 3.1 in urban areas and 4.6 in rural areas.

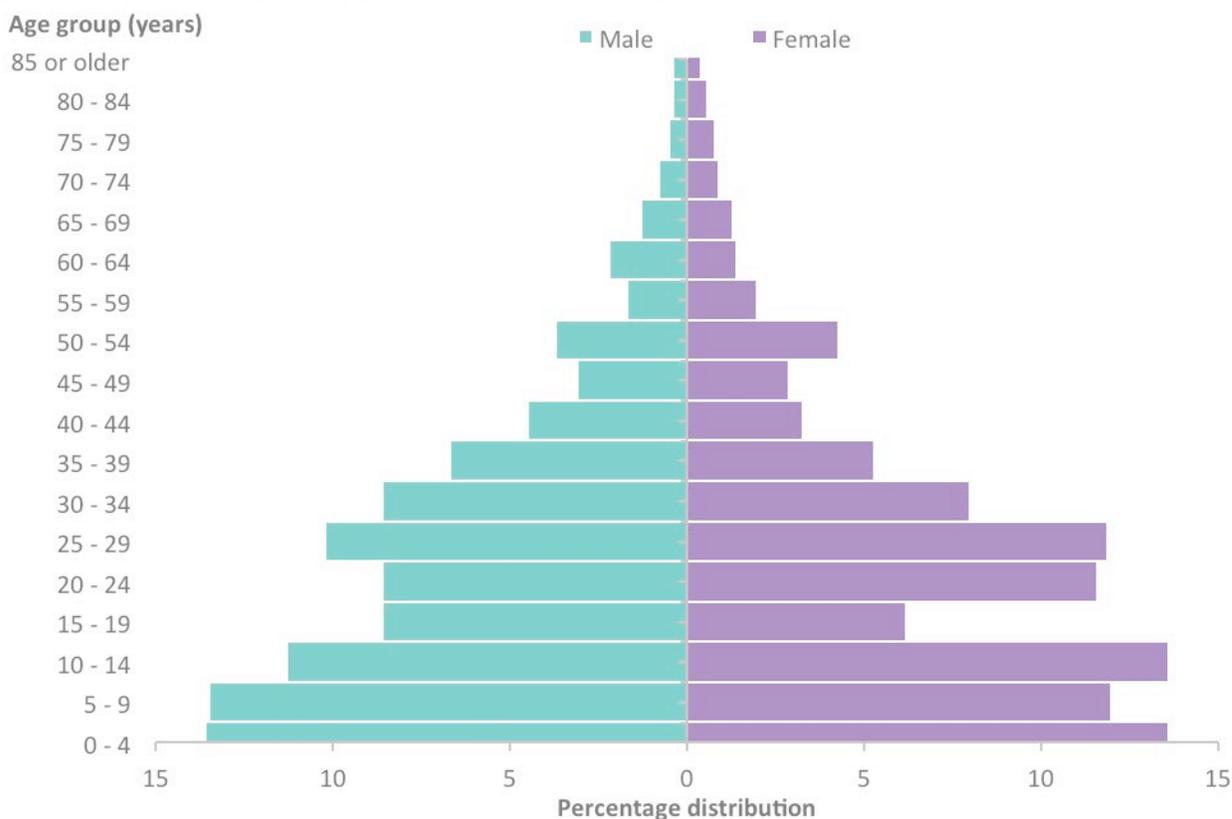
Household assets and amenities, including construction materials and sanitation and water facilities, were measured using questions adopted from the DHS. These data enabled the creation of the wealth asset index using the principal components analysis method. With the asset scores, households were allocated to wealth quintiles. Although a direct comparison with the KDHS 2008–2009 distribution of wealth was not possible, the PMA2014/Kenya survey does provide a sense of measurement reliability, especially in relation to other household or individual characteristics. Table 4 shows the distribution of the *de jure* (usual) population, classified by their household wealth and disaggregated by rural and urban residence and region. Among the population residing in households in the lowest wealth quintile, only 8.0 percent are in urban areas and (92.0 percent) are in rural areas. For the highest wealth quintile, 96.1 percent are in

urban areas and (3.9 percent) are in rural areas. By county, the poorest residents are found in Bungoma followed by Kilifi. The wealthiest members are found in Nairobi, followed by Kiambu.

*Table 2. Percentage distribution of household population by age, sex and residence*

Age group	Total population			Urban population			Rural population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0–4	13.9	13.6	13.7	14.3	14.1	14.2	13.4	13.1	13.2
5–9	13.5	12.1	12.8	11.9	9.9	11.0	15.3	14.4	14.7
10–14	11.3	13.6	12.4	8.3	10.1	9.2	14.7	17.8	15.8
15–19	8.6	6.2	7.4	7.0	6.0	6.4	10.4	6.6	8.1
20–24	8.6	11.6	10.1	10.2	15.6	12.9	6.8	7.2	7.2
25–29	10.2	11.9	11.0	13.2	15.8	14.5	6.7	7.5	7.7
30–34	8.6	8.0	8.3	10.6	10.1	10.3	6.4	5.7	6.4
35–39	6.7	5.3	6.0	8.3	5.1	6.8	4.9	5.5	5.3
40–44	4.5	3.3	3.9	4.5	3.1	3.8	4.5	3.5	4.1
45–49	3.1	2.9	3.0	3.0	2.8	2.9	3.3	3.0	3.2
50–54	3.7	4.3	4.0	3.8	3.5	3.7	3.6	5.3	4.3
55–59	1.7	2.1	1.9	1.0	1.2	1.1	2.6	3.0	2.6
60–64	2.2	1.4	1.8	1.8	0.8	1.3	2.8	2.2	2.3
65–69	1.3	1.3	1.3	1.1	0.6	0.9	1.5	2.0	1.7
70–74	0.8	0.9	0.8	0.3	0.5	0.4	1.3	1.2	1.2
75–79	0.5	0.8	0.7	0.1	0.6	0.4	1.0	1.0	0.9
80–84	0.4	0.6	0.5	0.4	0.2	0.3	0.4	0.9	0.6
85 or older	0.4	0.4	0.4	0.2	0.1	0.2	0.6	0.7	0.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Weighted N</b>	<b>9,213</b>	<b>9,084</b>	<b>18,298</b>	<b>3,135</b>	<b>3,025</b>	<b>6,160</b>	<b>6,039</b>	<b>6,099</b>	<b>12,138</b>

Figure 1. Population age-sex pyramid: PMA2014/Kenya\*



\*The population pyramid shows a rather sharp drop in population between females ages 10 to 14 and ages 15 to 19. This was probably due to age heaping, in which eligible females may have been included in age categories for which they were not eligible. For example, girls who were 15 years old may have been lumped into the 10 to 14 age category, and 49-year-old women may have been included in the 50 to 54 age category.

Table 3. Household composition: Percentage distribution of households, by sex of head of household and by household size

Household characteristics	Residence		
	Urban	Rural	Total
<b>Household headship</b>			
Male	76.7	75.7	76.3
Female	23.3	24.3	23.7
<b>Number of usual members</b>			
1-4	79.1	55.3	69.7
5-9	20.1	41.4	28.5
10 or more	0.8	3.3	1.8
<b>Total</b>	100.0	100.0	100.0
<b>Mean size of households</b>	3.1	4.4	3.6
<b>Weighted N</b>	2,742	1,767	4,509
<b>Unweighted N</b>	1,798	2,711	4,509

Table 4. Household composition: Percentage distribution of the *de jure* population, by wealth quintile, residence and county

Residence/ County	Wealth quintiles					Total	Weighted N	Unweighted N
	Lowest	Lower	Middle	Higher	Highest			
<b>Residence</b>								
Urban	8.0	30.6	61.7	86.2	96.1	52.4	9,548	6,127
Rural	92.0	69.4	38.3	13.8	3.9	47.5	98,676	12,097
<b>County</b>								
Bungoma	24.7	9.0	5.7	3.0	1.1	9.9	1,804	2,534
Kericho	12.7	10.3	3.7	3.4	1.8	7.0	1,267	2,205
Kiambu	1.9	13.3	23.1	24.8	10.9	13.6	2,471	1,462
Kilifi	19.2	12.8	6.8	5.6	2.4	10.1	1,848	2,541
Kitui	7.4	18.2	11.7	2.3	1.0	8.3	1,506	2,023
Nairobi	0.0	10.6	35.2	56.7	81.3	33.7	6,144	1,341
Nandi	11.2	8.6	4.9	1.4	0.7	5.8	1,065	2,180
Nyamira	10.9	5.1	2.8	1.4	0.3	4.6	839	1,999
Siaya	12.0	12.3	6.2	1.4	0.5	7.0	1,281	1,939

## Female Respondents

A total of 3,760 women ages 15 to 49 years were interviewed in the PMA2014/Kenya survey.<sup>1</sup> Table 5 shows their background characteristics by residence. Only *de facto* eligible women are included in PMA2020 female-specific analyses. The age group that accounted for the highest percentage of the sample was 25 to 29 years old (25.3 percent) compared to the age group 45 to 49 years old with the lowest percentage (5.8 percent). Twenty-seven percent of the sample have never married, with 8.6 percent either divorced or widowed. About (23.0 percent) are childless, 44.8 percent had one to two births, 21.0 percent had three to four births and 11.2 percent had five or more. Three quarters of female respondents who had five or more births were in rural areas, whereas the majority of females with no births or one to two births reside in urban areas. Residents in Nairobi (41.9 percent), Kiambu (14.5 percent) and Kilifi (8.3 percent) account for almost two-thirds of the female sample. Three-quarters of the respondents have attained either primary or secondary education and only 4.0 percent had no education. Schooling achievement among females made clear gains in the past five years.

<sup>1</sup> The sample totals in ensuing tables occasionally do not match the 3,760 figure due to missing values.

Table 5. Percentage distribution of background characteristics of women ages 15 to 49

Background characteristics	Urban	Rural	Total	Percentage of sample	Weighted N	Unweighted N
<b>Age group</b>						
15–19	47.8	52.2	100.0	11.7	441	541
20–24	71.2	28.9	100.0	24.1	904	770
25–29	70.4	29.6	100.0	25.3	951	824
30–34	65.0	35.0	100.0	15.7	589	557
35–39	50.3	49.7	100.0	10.9	408	490
40–44	45.7	54.3	100.0	6.6	249	328
45–49	48.4	51.7	100.0	5.8	218	250
<b>Marital status</b>						
Never married	67.4	32.6	100.0	27.1	1,016	933
Married	52.1	47.9	100.0	47.4	1,779	2,096
Living together	81.1	18.9	100.0	17.0	640	406
Divorced	80.0	29.0	100.0	5.8	217	192
Widowed	37.6	62.5	100.0	2.8	104	129
<b>Parity</b>						
None	67.7	32.3	100.0	23.0	860	776
1–2	73.7	26.3	100.0	44.8	1,679	1,388
3–4	50.7	49.3	100.0	21.0	789	936
5 or more	25.3	74.7	100.0	11.2	421	649
<b>Education</b>						
Never attended	49.8	50.2	100.0	3.8	143	142
Primary	42.3	57.7	100.0	40.8	1,533	2,016
Post-primary/vocational	67.2	32.8	100.0	2.7	100	95
Secondary	72.4	27.7	100.0	34.1	1,282	1,074
College	85.5	14.5	100.0	12.7	477	328
University	93.1	7.0	100.0	6.0	224	104
<b>Wealth quintile</b>						
Lowest	8.6	91.4	100.0	20.0	752	1,343
Lower	35.7	64.3	100.0	17.4	656	949
Middle	69.3	30.7	100.0	18.3	687	653
Higher	89.3	10.7	100.0	20.0	750	477
Highest	96.8	3.2	100.0	24.3	914	338
<b>County</b>						
Bungoma	16.5	83.5	100.0	7.7	287	467
Kericho	30.4	69.7	100.0	5.8	219	446
Kiambu	76.7	23.3	100.0	14.5	543	336
Kilifi	25.9	74.1	100.0	8.3	312	513
Kitui	26.7	73.3	100.0	6.8	256	390
Nairobi	100.0	0.0	100.0	41.9	1,575	359
Nandi	15.6	85.6	100.0	5.0	188	446
Nyamira	14.4	85.6	100.0	4.3	162	432
Siaya	10.3	89.7	100.0	5.7	214	371
<b>Total</b>	<b>61.9</b>	<b>38.0</b>	<b>100.0</b>	<b>100.0</b>	<b>3,760</b>	<b>3,760</b>

There was a higher percentage of women ages 20 to 34 residing in urban than rural areas. Among those living together with a partner, (81.1%) resided in urban areas. More women in rural areas had no education or attained primary education, whereas more women in urban areas had attained Post-primary/vocational or higher education (Table 5).

A more detailed examination of women’s education level by age group, residence and household wealth is provided in Table 6. The improving education level among females is visible by age, with only 0.2% of those ages 15 to 19 never having attended school, compared to 11.3% of women ages 45 to 49. Similarly, the percentage with no education is lower at 6.7% among women living in the lowest wealth quintile of households compared to 1.5% in the highest wealth quintile. In the highest quintile, the majority of females (84.0%) had secondary education and beyond. Educational achievement generally was higher among urban females as compared with rural females.

*Table 6. Percentage distribution of the women ages 15 to 49 by education level, age, residence and household wealth quintile*

Background characteristics	Education level						Total	Weighted N	Unweighted N
	Never attended	Primary	Post-primary/vocational	Secondary	College	University			
<b>Age group</b>									
15–19	0.2	42.8	3.1	52.1	1.4	0.5	100.0	440	541
20–24	0.6	33.7	2.4	35.0	18.1	10.3	100.0	904	770
25–29	5.1	37.6	3.3	36.2	10.2	7.7	100.0	950	824
30–34	6.1	41.2	2.2	28.9	20.1	1.6	100.0	589	557
35–39	4.5	52.6	3.2	24.3	11.8	3.6	100.0	408	490
40–44	3.9	54.7	1.5	26.9	9.7	3.4	100.0	249	328
45–49	11.3	41.2	2.1	26.0	9.0	10.5	100.0	218	250
<b>Residence</b>									
Urban	3.1	27.8	2.9	39.8	17.5	8.9	100.0	2,330	1,474
Rural	5.0	61.9	2.3	24.8	4.8	1.1	100.0	1,429	2,286
<b>Wealth quintile</b>									
Lowest	6.7	68.7	2.7	20.5	1.3	0.1	100.0	752	1343
Lower	3.6	61.8	3.3	26.5	4.1	0.7	100.0	656	949
Middle	3.9	41.3	2.1	42.5	8.7	1.5	100.0	687	653
Higher	3.7	28.0	3.6	41.8	17.6	5.3	100.0	750	477
Highest	1.5	12.9	1.8	38.3	27.2	18.4	100.0	914	338
<b>Total</b>	<b>3.8</b>	<b>40.8</b>	<b>2.7</b>	<b>34.1</b>	<b>12.7</b>	<b>6.0</b>	<b>100.0</b>	<b>3,759</b>	<b>3,760</b>

## Service Delivery Points

The sample of 120 EAs generated a sample of 263 health facilities with the composition shown in Table 7. Tabulation of background characteristics for the key indicators are provided for facility type, location (urban or rural) and size, measured by the number of beds. Due to respondents' lack of knowledge, some responses (e.g., other characteristics, such as number of years the facility has been operating or catchment population size) were not recorded for every health facility. This information will be incorporated in future PMA2020 survey rounds. Table 7 shows that about half of the facilities were hospitals or health centers or health clinics, 34.0 percent were dispensaries and 17.0 percent were pharmacies. 74.0 percent of facilities belong to the public sector and 57.0 percent were located in rural areas. About 16 percent were in Siaya, 14.0 percent in Kiambu and 7.0 percent (the lowest percentage) in Kilifi. The number of beds indicator was used to measure facility size; most are small (50 beds or fewer) and 9.1 percent have more than 100 beds

*Table 7. Characteristics of the service delivery points*

	Number	Percentage of sample
<b>Total</b>	<b>263</b>	<b>100.0</b>
<b>Type</b>		
Dispensary	90	34.2
Health center	69	26.2
Health clinic	18	6.8
Hospital	42	16.0
Pharmacy	44	16.7
<b>Authority</b>		
Public	194	73.8
Private	69	26.2
<b>Residence</b>		
Rural	150	57.0
Urban	113	43.0
<b>Number of inpatient beds</b>		
0–50	199	90.9
51–100	7	3.2
101 or more	13	5.9
<b>County</b>		
Bungoma	27	10.3
Kericho	23	8.8
Kiambu	37	14.1
Kilifi	19	7.2
Kitui	31	11.8
Nairobi	33	12.5
Nandi	24	9.13
Nyamira	26	9.9
Siaya	43	16.4

# Findings for Family Planning Indicators

PMA2020 is focused on generating, analyzing and disseminating data on an array of indicators for tracking family planning program performance across dimensions of access, quality, choice, equity, and utilization.

This section presents PMA2014/Kenya data on these various indicators, all of which are disaggregated by various sociodemographic characteristics of survey respondents, including rural and urban residence, wealth quintile, marital status, age, parity and education (see Appendix A for definitions).

## Contraceptive Prevalence Rate

The contraceptive prevalence rate (CPR) is defined as the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at the time of the survey. This indicator is also a tracking indicator for Millennium Development Goal (MDG) 5 target 5B, to achieve universal access to reproductive health by 2015. It is also included on the World Health Organization’s (WHO) list of indicators on health and rights.

The CPR is further grouped into *modern* methods and *traditional* methods. Modern methods include female and male sterilization, intrauterine devices (IUDs), injectables, implants, pills, male and female condoms, emergency contraception, diaphragms, foam/jelly, Standard Days Method (SDM), and Lactational Amenorrhea Method (LAM). Traditional methods include rhythm (also called periodic abstinence), withdrawal, folk, and herbs.

PMA2014/Kenya found that 42.7 percent of all women and 55.7 percent of married women use modern methods of contraception. Among married women ages 15 to 9, 46.8 percent use modern contraception. This percentage increases to a peak of 64.0 percent among women ages 35 to 39; women ages 45 to 49 have the lowest level of use at 32.5 percent (Table F1). Notable is the finding that a very small percent of all or married women (0.2 percent) reported using traditional methods of family planning. Therefore, total CPR and modern CPR are quite similar (Table F1 and Figure F1).

Figure F1. Percentage of women ages 15 to 49, married or in union, currently using a contraceptive method, by type

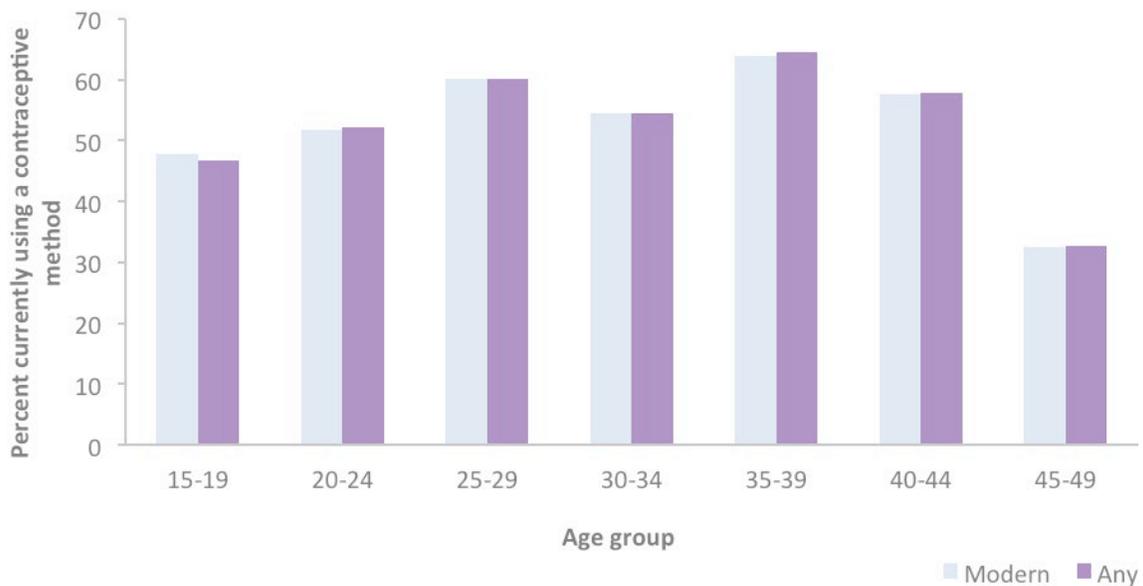


Table F1. Percentage of women ages 15 to 49 currently using a contraceptive method, by type

Background characteristic	Total CPR		Modern CPR		Traditional CPR	
	All women (n=3,760)	Married women (n = 2,502)	All women (n = 3,760)	Married women (n = 2,502)	All women (n = 3,760)	Married women (n = 2,502)
<b>Total</b>	<b>42.7</b>	<b>55.7</b>	<b>42.5</b>	<b>55.4</b>	<b>0.2</b>	<b>0.2</b>
<b>Age group</b>						
15–19	11.5	46.8	11.5	46.8	0.0	0.0
20–24	37.0	52.2	36.6	51.6	0.3	0.5
25–29	55.0	60.1	54.9	60.1	0.0	0.0
30–34	49.2	54.6	49.1	54.4	0.1	0.1
35–39	56.4	64.6	55.9	64.0	0.3	0.4
40–44	49.0	57.9	48.8	57.6	0.0	0.2
45–49	25.4	32.8	25.2	32.5	0.3	0.3
<b>Marital status</b>						
Married or in union	55.7	--	55.4	--	0.2	--
Not married	19.4	--	19.4	--	0.0	--
Unmarried, sexually active	48.6	--	48.5	--	0.1	--
<b>Parity</b>						
0–1	29.2	46.8	29.1	46.4	0.1	0.2
2–3	58.5	65.2	58.4	65.1	0.1	0.1
4 or more	49.5	52.5	49.1	52.0	0.3	0.4
<b>Residence</b>						
Urban	44.4	58.7	44.3	58.5	0.1	0.2
Rural	39.9	51.1	39.6	50.8	0.2	0.2
<b>Education</b>						
Never attended	19.1	23.4	19.1	23.4	0.0	0.0
Primary	45.4	56.2	45.2	55.9	0.2	0.3
Post-primary/ vocational	47.9	50.3	47.9	50.3	0.0	0.0
Secondary	42.7	60.7	42.4	60.3	0.2	0.3
College	41.1	55.2	41.1	55.2	0.0	0.0
University	40.1	49.1	40.1	49.1	0.0	0.0
<b>Wealth quintile</b>						
Lowest	37.8	48.3	37.7	48.1	0.2	0.3
Lower	44.9	56.2	44.3	55.4	0.6	0.9
Middle	46.8	60.8	46.5	60.4	0.0	0.1
Higher	42.3	56.8	42.3	56.8	0.0	0.0
Highest	42.3	56.8	42.3	56.8	0.0	0.0
<b>County</b>						
Bungoma	44.2	56.8	44.0	56.6	0.2	0.2
Kericho	40.8	52.1	40.5	51.7	0.3	0.4
Kiambu	44.6	67.1	44.1	66.2	0.4	0.6
Kilifi	28.4	32.7	28.3	32.7	0.1	0.0
Kitui	40.9	52.6	40.7	52.3	0.2	0.3
Nairobi	44.3	57.4	44.3	57.4	0.0	0.0
Nandi	45.1	57.7	44.4	56.7	0.3	0.4
Nyamira	50.3	62.8	49.4	61.5	0.9	1.2
Siaya	41.2	49.7	41.2	49.7	0.0	0.0

## Contraceptive Method Mix

The contraceptive method mix is the composition of methods used by women ages 15 to 49 who report using contraception.

The most frequently reported methods among all current users are injectables (50.2 percent), implants (18.3 percent), and pills (12.2 percent) Among married or in-union current users, the most frequently reported methods are also injectables (52.6 percent), implants (19.6 percent) and pills (13.1 percent) (Figures F2a and F2b).

Figure F2a. Contraceptive method mix among all contraceptive users ages 15 to 49

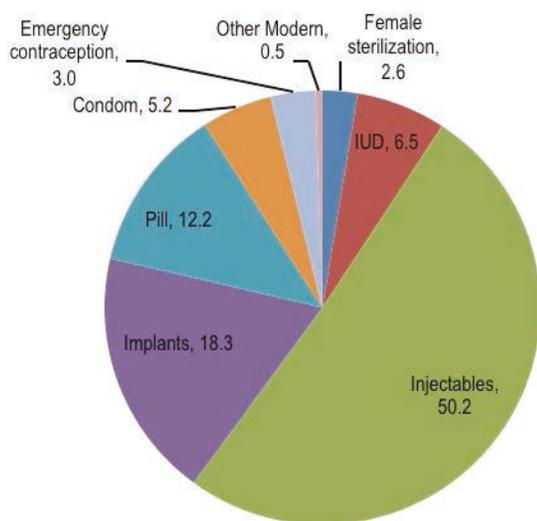
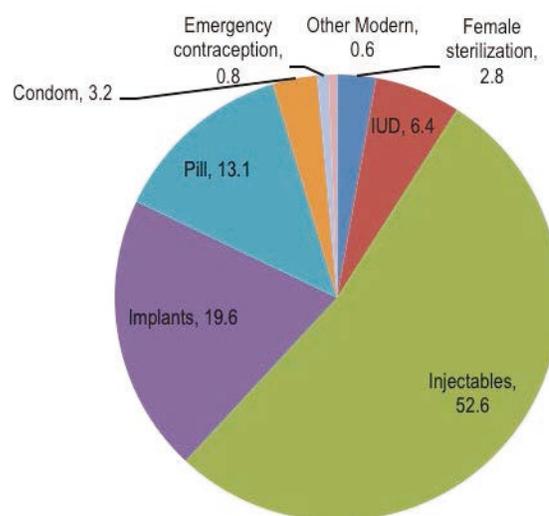


Figure F2b. Contraceptive method mix among married or in-union contraceptive users ages 15 to 49



The method mix can be used to calculate an overall level of contraceptive use-effectiveness by applying use-effectiveness weights (Table F2a). A higher percent of women report using long-acting methods (IUD and implants) and a lower percent report using traditional methods in 2014 compared to 2008/9, the use-effectiveness score rose to 40.7% in 2014 from 29.6% in 2008/9.

Table F2a. Percentage distribution of all contraceptive users ages 15 to 49, by method type

Year	Sterilization	IUD	Injectables	Implants	Pill	Condom	Other modern methods	Traditional methods	Use-effectiveness
PMA2014/ Kenya	1.1	2.8	21.4	7.8	5.2	2.3	2.0	0.2	40.7
2008/9 KDHS	3.2	1.0	14.8	1.3	4.7	2.6	0.4	4.1	29.6
Weight	0.995	0.995	0.97	0.9995	0.92	0.85	0.75	0.73	

Sources: Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro; and the Performance Monitoring and Accountability 2020 survey carried out in Kenya in 2014

Table F2b. Contraceptive users ages 15 to 49, by method type, marital status, and background characteristics

	All users (n = 1,590)													
	Female sterilization	Implants	IUD	Injectables	Pill	EC	Male condom	Female condom	Diaphragm	Cycle beads	LAM	Rhythm	Other traditional	Total
<b>Total</b>	<b>2.6</b>	<b>18.3</b>	<b>6.5</b>	<b>50.2</b>	<b>12.2</b>	<b>3.2</b>	<b>5.2</b>	<b>0.1</b>	<b>0.1</b>	<b>0.7</b>	<b>0.5</b>	<b>0.2</b>	<b>0.1</b>	<b>100.0</b>
<b>Age group</b>														
15–19	0.0	8.4	9.3	70.2	6.9	0.0	5.3	0.0	0.0	0.0	0.0	0.0	0.0	100.0
20–24	0.0	15.5	0.4	55.2	13.2	7.8	7.0	0.1	0.0	0.0	0.1	0.7	0.0	100.0
25–29	0.8	18.0	5.0	52.4	14.6	3.4	4.7	0.1	0.1	0.7	0.2	0.0	0.0	100.0
30–34	1.4	24.8	6.8	43.8	11.3	2.2	5.0	0.2	0.0	2.3	2.1	0.2	0.0	100.0
35–39	7.3	19.1	6.3	53.5	8.5	0.5	3.8	0.0	0.3	0.3	0.0	0.3	0.3	100.0
40–44	8.0	21.9	15.3	35.9	10.5	0.5	6.5	0.0	0.7	0.4	0.0	0.0	0.3	100.0
45–49	12.4	2.1	35.5	33.8	11.6	0.0	2.5	0.0	0.0	0.0	1.1	0.0	1.0	100.0
<b>Marital status</b>														
Married or in union	2.8	19.6	6.4	52.6	13.1	0.8	3.2	0.0	0.2	0.4	0.6	0.3	0.1	100.0
Not married	1.5	11.5	7.5	38.2	7.4	15.7	15.5	0.2	0.0	2.3	0.0	0.1	0.0	100.0
Unmarried sexually active	0.5	7.0	6.4	32.3	12.7	23.0	18.0	0.0	0.0	0.0	0.0	0.3	0.0	100.0
<b>Parity</b>														
0–1	0.0	12.9	3.8	47.0	14.7	9.8	10.6	0.0	0.0	0.8	0.2	0.4	0.0	100.0
2–3	0.9	21.8	8.1	53.3	12.0	0.1	2.4	0.1	0.1	0.9	0.1	0.1	0.1	100.0
4 or more	10.0	19.0	7.4	48.6	8.9	0.2	3.1	0.0	0.3	0.2	1.8	0.3	0.3	100.0
<b>Residence</b>														
Urban	1.4	18.1	8.5	44.8	14.3	4.7	6.4	0.1	0.0	1.0	0.6	0.2	0.1	100.0
Rural	4.8	18.7	3.1	60.1	8.4	0.7	3.0	0.4	0.4	0.2	0.3	0.2	0.2	100.0
<b>Education</b>														
Never attended	1.8	21.3	28.1	32.3	5.5	0.0	0.0	0.0	0.0	10.9	0.0	0.0	0.0	100.0
Primary	3.5	22.9	3.7	54.8	11.1	0.1	2.9	0.0	0.1	0.4	0.0	0.2	0.2	100.0
Post-primary/vocational	2.5	11.5	1.0	76.7	8.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
Secondary	2.0	14.9	7.5	51.6	12.0	3.2	6.2	0.1	0.3	0.7	1.1	0.4	0.1	100.0
College	0.2	16.1	11.3	41.1	14.7	8.5	6.5	0.1	0.0	0.9	0.8	0.0	0.0	100.0
University	4.7	10.8	9.0	17.1	20.1	19.4	18.9	0.0	0.0	0.0	0.0	0.0	0.0	100.0
<b>Wealth quintile</b>														
Lowest	4.9	16.9	3.7	65.9	4.7	0.2	2.7	0.1	0.2	0.2	0.0	0.2	0.3	100.0
Lower	4.0	20.7	4.1	54.4	9.9	1.4	3.6	0.0	0.3	0.2	0.1	1.1	0.3	100.0
Middle	2.7	14.7	7.5	53.1	12.6	4.5	4.5	0.1	0.0	0.2	0.2	0.0	0.1	100.0
Higher	0.6	16.9	6.4	44.4	20.2	4.6	1.8	0.0	0.0	2.8	2.2	0.0	0.0	100.0
Highest	1.4	21.6	9.9	37.9	12.6	4.7	11.6	0.2	0.1	0.2	0.0	0.0	0.0	100.0
<b>County</b>														
Bungoma	6.6	17.4	4.1	56.3	10.5	0.5	3.1	0.0	0.4	0.9	0.0	0.0	3.3	100.0
Kericho	6.6	17.7	3.6	64.2	5.4	1.5	0.4	0.0	0.0	0.0	0.0	0.7	0.0	100.0
Kiambu	3.0	15.4	10.7	34.3	24.9	3.8	5.6	0.0	0.0	1.3	0.4	0.8	0.0	100.0
Kilifi	0.9	26.5	2.8	54.2	8.7	1.2	4.9	0.0	0.0	0.7	0.0	0.3	0.0	100.0
Kitui	6.0	21.9	2.1	55.1	9.1	1.6	3.8	0.0	0.0	0.0	0.0	0.4	0.0	100.0
Nairobi	0.4	19.2	8.8	45.0	12.5	5.5	6.9	0.0	0.0	0.9	0.9	0.0	0.0	100.0
Nandi	3.6	10.0	1.0	74.8	8.3	0.0	1.1	0.0	0.7	0.0	0.0	0.6	0.0	100.0
Nyamira	4.8	12.0	2.6	70.9	3.9	0.0	3.4	0.3	0.5	0.0	0.0	0.0	1.7	100.0
Siaya	3.8	22.1	1.9	59.9	3.1	0.0	5.9	1.0	0.7	0.7	1.1	0.0	0.0	100.0

Table F2c. Percentage distribution of contraceptive users among married women ages 15 to 49, by method type and background characteristics

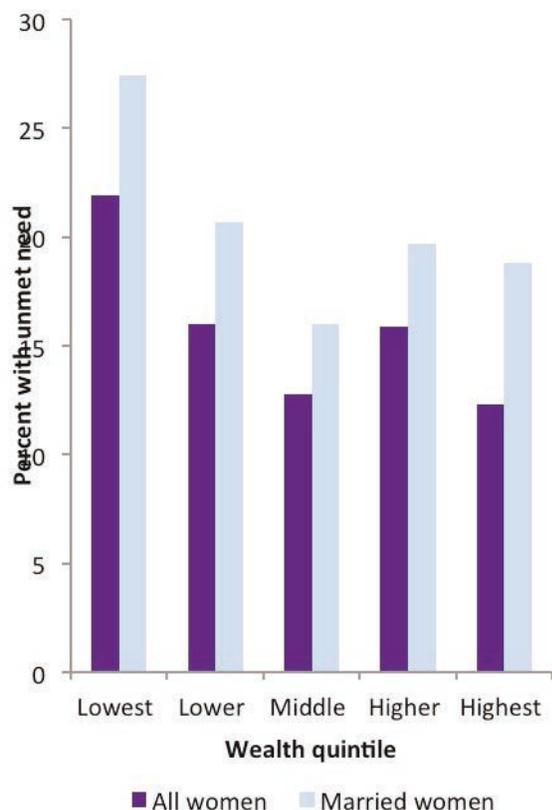
	Married users (n = 1,353)													Total
	Female sterilization	Implants	IUD	Injectables	Pill	EC	Male condom	Female condom	Diaphragm	Cycle beads	LAM	Rhythm	Other traditional	
<b>Total</b>	<b>2.8</b>	<b>19.6</b>	<b>6.5</b>	<b>52.6</b>	<b>13.1</b>	<b>0.8</b>	<b>3.2</b>	<b>0.0</b>	<b>0.2</b>	<b>0.4</b>	<b>0.6</b>	<b>0.3</b>	<b>0.1</b>	<b>100.0</b>
<b>Age group</b>														
15–19	0.0	5.6	12.1	75.1	6.4	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	100.0
20–24	0.0	18.7	0.3	63.3	11.7	1.6	3.4	0.0	0.0	0.0	0.1	1.0	0.0	100.0
25–29	1.0	19.2	3.9	54.1	16.4	1.4	3.5	0.0	0.1	0.1	0.2	0.0	0.1	100.0
30–34	1.6	25.9	7.9	46.0	12.7	0.0	1.5	0.2	0.0	1.5	2.5	0.2	0.0	100.0
35–39	7.3	20.4	5.6	53.0	9.7	0.0	3.0	0.0	0.3	0.3	0.0	0.2	0.3	100.0
40–44	8.4	20.9	11.9	36.3	12.9	0.6	7.2	0.0	0.9	0.5	0.0	0.0	0.4	100.0
45–49	12.1	2.2	37.6	30.9	12.3	0.0	2.7	0.0	0.0	0.0	1.2	0.0	1.0	100.0
<b>Parity</b>														
0–1	0.0	15.3	3.6	57.1	15.3	2.8	4.9	0.0	0.0	0.3	0.2	0.5	0.0	100.0
2–3	1.0	22.2	7.1	52.7	13.6	0.0	2.3	0.1	0.1	0.5	0.2	0.1	0.1	100.0
4 or more	9.6	19.4	8.0	47.0	9.7	0.2	2.9	0.0	0.4	0.2	1.9	0.3	0.4	100.0
<b>Residence</b>														
Urban	1.6	20.3	8.0	47.9	15.7	1.1	3.7	0.0	0.0	0.5	0.8	0.3	0.1	100.0
Rural	4.8	18.4	3.5	60.5	8.6	0.4	2.4	0.1	0.4	0.2	0.3	0.2	0.2	100.0
<b>Education</b>														
Never attended	0.0	15.8	32.6	32.6	6.4	0.0	0.0	0.0	0.0	12.7	0.0	0.0	0.0	100.0
Primary	3.6	23.3	3.6	53.8	12.4	0.0	2.5	0.0	0.1	0.0	0.1	0.3	0.2	100.0
Post-primary/vocational	1.6	13.5	1.2	73.0	10.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
Secondary	2.2	15.9	5.4	56.2	12.6	1.5	4.0	0.1	0.3	0.1	1.3	0.4	0.1	100.0
College	0.3	19.4	14.9	44.3	17.6	0.0	1.3	0.0	0.0	1.1	1.0	0.0	0.0	100.0
University	7.4	16.9	14.1	25.0	17.4	7.1	12.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0
<b>Wealth quintile</b>														
Lowest	5.0	17.2	4.3	65.6	4.6	0.0	2.2	0.0	0.3	0.3	0.0	0.2	0.3	100.0
Lower	4.0	21.0	2.3	55.2	10.8	1.5	3.1	0.0	0.4	0.2	0.1	1.2	0.3	100.0
Middle	3.1	15.0	6.6	56.5	14.6	0.4	3.3	0.0	0.0	0.2	0.2	0.0	0.1	100.0
Higher	0.8	18.6	5.1	47.5	23.9	0.0	0.4	0.0	0.0	1.1	2.7	0.0	0.0	100.0
Highest	1.7	25.0	11.9	41.6	11.3	1.9	6.2	0.2	0.2	0.2	0.0	0.0	0.0	100.0
<b>County</b>														
Bungoma	6.4	18.0	3.9	55.5	11.2	0.0	3.3	0.0	0.4	0.9	0.0	0.0	0.4	100.0
Kericho	6.7	18.0	4.1	64.1	5.1	0.8	0.5	0.0	0.0	0.0	0.0	0.8	0.0	100.0
Kiambu	3.5	17.6	11.3	33.9	28.9	0.0	3.5	0.0	0.0	0.0	0.4	0.9	0.0	100.0
Kilifi	0.4	27.6	3.3	54.9	10.6	0.0	2.4	0.0	0.0	0.9	0.0	0.0	0.0	100.0
Kitui	6.0	17.8	2.6	58.0	9.1	1.3	4.7	0.0	0.0	0.0	0.0	0.5	0.0	100.0
Nairobi	0.5	22.0	8.0	49.7	13.1	1.6	3.6	0.0	0.0	0.5	1.1	0.0	0.0	100.0
Nandi	3.8	9.2	1.2	76.5	6.4	0.0	1.4	0.0	0.9	0.0	0.0	0.7	0.0	100.0
Nyamira	4.6	12.7	2.6	70.6	3.4	0.0	3.7	0.0	0.5	0.0	0.0	0.0	1.9	100.0
Siaya	4.7	22.8	1.9	61.0	3.8	0.0	2.1	0.8	0.8	0.8	1.3	0.0	0.0	100.0

## Unmet Need for Family Planning

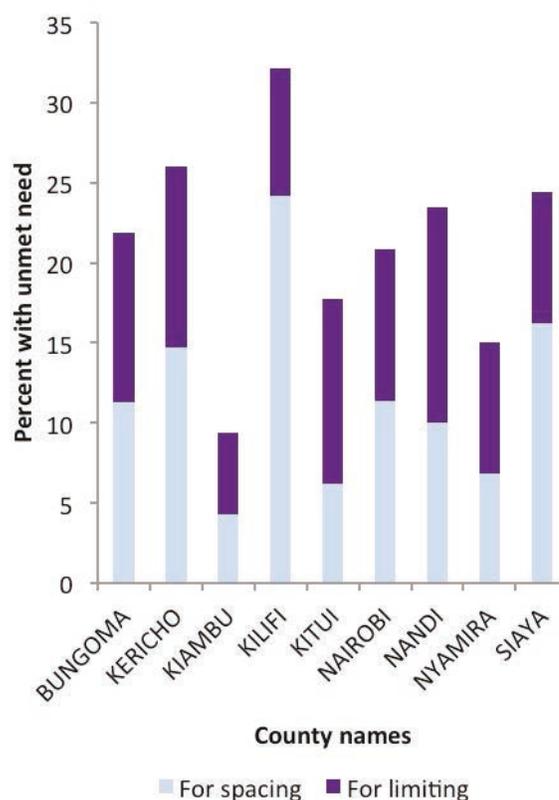
Unmet need for family planning is defined as the percentage of fecund, sexually active women who do not want to become pregnant but are not using contraception and are therefore exposed to unintended pregnancies. Total unmet need is disaggregated by women who wish to space births and those who wish to limit births. PMA2020 follows the revised definition adopted by the DHS. It is a frequently used indicator of contraceptive demand and used for monitoring progress in increasing access to contraceptive services and advocating increased resources toward family planning programs.

The PMA2014/Kenya survey found that (15.7 percent) of all women ages 15 to 49 and (20.6 percent) of married or in-union women had an unmet need for family planning (Table F4). In the 2008/9 KDHS, total unmet need was (25.7 percent) among married women. The 2014 level of unmet need for spacing births was greater than that for limiting, at 11.4 percent and 9.2 percent, respectively, for married women and 9.3 percent and 6.4 percent, respectively, for all women (Table F4). Unmet need was highest among married women in the poorest households (27.4 percent) and lowest for those in the middle wealth quintile (16.0 percent), as seen in Figure F4a.

*Figure F4a. Percentage of all and currently married women ages 15 to 49 with unmet contraceptive need, by household wealth quintile*



*Figure F4b. Percentage of all and currently married women ages 15 to 49 with unmet contraceptive need for spacing or limiting childbearing, by county*



For married women, Kilifi County has the highest unmet need for spacing (24.2 percent) and Nandi County has the highest unmet need for limiting (13.5 percent). Kiambu County has the lowest unmet need for spacing and limiting (Figure F4b and Table F4). Among all women in both rural and urban settings, unmet need for spacing was higher than for limiting. Unmet need was higher in rural areas than urban areas.

*Table F4. Percent of women ages 15 to 49 with unmet need for family planning, by marital status and other background characteristics*

	All women (n = 3,760)			Married women (n = 2,502)		
	For spacing	For limiting	Total	For spacing	For limiting	Total
<b>Total</b>	<b>9.3</b>	<b>6.4</b>	<b>15.7</b>	<b>11.4</b>	<b>9.2</b>	<b>20.6</b>
<b>Age group</b>						
15–19	8.9	0.6	9.5	16.6	1.1	17.7
20–24	12.9	2.7	15.6	18.5	4.4	22.9
25–29	12.3	4.1	16.4	13.7	5.1	18.8
30–34	8.3	9.9	18.2	10.7	12.2	22.9
35–39	5.6	14.5	20.1	5.5	17.8	23.2
40–44	1.5	13.6	15.1	1.9	16.4	18.3
45–49	0.4	10.3	10.7	0.6	13.7	14.3
<b>Marital status</b>						
Married or in union	11.4	9.2	20.6	--	--	--
Not married	5.5	1.4	6.9	--	--	--
<b>Parity</b>						
0–1	11.1	1.3	12.4	16.9	2.1	19.0
2–3	8.8	8.1	16.9	10.0	9.3	19.2
4 or more	5.9	16.3	22.2	6.8	18.2	25.0
<b>Residence</b>						
Urban	8.5	5.8	14.2	10.3	8.7	19.0
Rural	10.6	7.4	18.0	13.0	9.9	23.0
<b>Education</b>						
Never attended	17.0	11.8	28.7	19.8	16.1	35.9
Primary	9.4	7.7	17.1	11.7	9.7	21.4
Post-primary/vocational	15.5	12.5	28.0	15.4	16.9	32.3
Secondary	8.1	5.4	13.5	9.8	8.5	18.2
College	8.4	3.8	12.2	9.9	6.5	16.4
University	9.6	2.4	12.0	13.9	4.6	18.5
<b>Wealth quintile</b>						
Lowest	12.6	9.4	21.9	14.8	12.6	27.4
Lower	10.0	6.1	16.0	12.8	7.9	20.7
Middle	6.9	5.9	12.8	7.5	8.5	16.0
Higher	10.8	5.1	15.9	11.8	7.9	19.7
Highest	6.7	5.6	12.3	10.0	8.7	18.8
<b>County</b>						
Bungoma	10.0	8.3	18.3	11.3	10.6	21.9
Kericho	11.8	8.9	20.7	14.7	11.3	26.0
Kiambu	4.1	3.6	7.7	4.3	5.1	9.4
Kilifi	16.9	6.4	23.3	24.2	7.9	32.1
Kitui	6.3	8.1	14.4	6.2	11.6	17.8
Nairobi	9.3	6.0	15.3	11.4	9.4	20.8
Nandi	9.4	9.8	19.2	9.9	13.5	23.4
Nyamira	6.3	6.8	13.1	6.8	8.2	15.0
Siaya	13.4	6.4	19.8	16.2	8.2	24.4

## Demand Satisfied by Modern Contraception

This indicator measures the percentage of women ages 15 to 49 who do not want to get pregnant and are using modern contraception. It is defined as the ratio of modern contraceptive prevalence to total contraceptive demand, where the latter is the sum of contraceptive prevalence and unmet need. It is expressed as a percentage of all or married women.

$$\text{Demand satisfied} = \frac{\text{Contraceptive prevalence}}{\text{Total demand}} \times 100$$

$$\text{Total demand} = \text{Contraceptive prevalence} + \text{Unmet need}$$

The maximum value for this indicator is 100.0 percent, which indicates that there is no unmet need and all contraceptive use is with modern methods. Because there are high levels of unmet need in low-resource settings and low levels of modern contraceptive use, the proportion of demand satisfied is suboptimal.

Total contraceptive demand is 58.4 percent among all women and 76.3 percent among married women. The percent of demand satisfied is about the same for married women compared to all women (72.6% versus 72.8%, respectively) (Table F5). Among married women, satisfied demand is highest for women ages 25 to 29 (76.1%). For all women, the highest satisfied demand is among those in the middle wealth quintile (78.1%), which is comparable to those in the highest wealth quintile (77.5%), and lowest in the poorest households (63.0%) (Figure F5). This implies that there is inequity in meeting contraceptive needs.

Figure F5. Percent of women ages 15 to 49 whose demand for modern contraception is satisfied, by household wealth quintile and marital status.

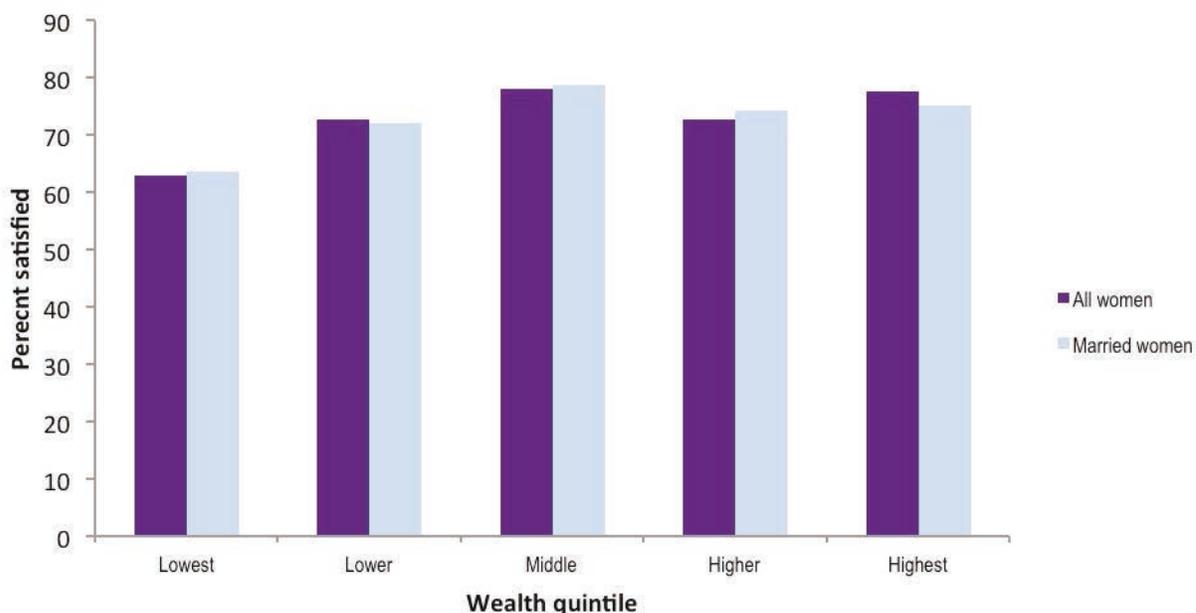


Table F5. Percent of demand satisfied among women ages 15 to 49, by marital status and background characteristics

Background characteristic	All women (n = 3,760)					Married women (n = 2,502)				
	mCPR	Any method	Unmet need	Total demand	Demand satisfied	mCPR	Any method	Unmet need	Total demand	Demand satisfied
<b>Total</b>	42.5	42.7	15.7	58.4	72.8	55.4	55.7	20.6	76.3	72.6
<b>Age group</b>										
15–19	11.5	11.5	9.5	21.0	54.6	46.8	46.8	17.7	64.5	72.6
20–24	36.6	37.0	15.6	52.6	69.7	51.6	52.2	22.9	75.2	68.6
25–29	54.9	55.0	16.4	71.4	77.0	60.1	60.1	18.9	79.0	76.1
30–34	49.1	49.2	18.2	67.4	72.9	54.4	54.6	22.9	77.4	70.3
35–39	55.9	56.4	20.2	76.6	73.0	64.0	64.6	23.2	87.8	72.9
40–44	48.8	49.0	15.1	64.1	76.2	57.6	57.9	18.3	76.1	75.7
45–49	25.2	25.4	10.8	36.2	69.6	32.5	32.8	14.3	47.1	68.9
<b>Marital status</b>										
Married/in union	55.4	55.7	20.6	76.3	72.6	--	--	--	--	--
Not married	19.4	19.4	6.9	26.3	73.8	--	--	--	--	--
<b>Parity</b>										
0–1	29.1	29.2	12.3	41.6	70.0	46.4	46.8	19.0	65.8	70.6
2–3	58.4	58.5	16.9	75.4	77.4	65.1	65.2	19.2	84.4	77.1
4 or more	49.1	49.5	22.2	71.6	68.5	52.0	52.5	25.0	77.4	67.1
<b>Residence</b>										
Urban	44.3	44.4	14.2	58.6	75.5	58.5	58.7	19.0	77.7	75.3
Rural	39.6	39.9	18.0	57.9	68.4	50.8	51.1	23.0	74.1	68.5
<b>Education</b>										
Never attended	19.1	19.1	28.7	47.8	39.9	23.4	23.4	36.0	59.3	39.4
Primary	45.2	45.4	17.1	62.6	72.2	55.9	56.2	21.4	77.5	72.0
Post-primary/ vocational	47.9	47.9	28.0	75.9	63.1	50.3	50.3	32.3	82.6	60.9
Secondary	42.4	42.7	13.5	56.2	75.5	60.3	60.7	18.2	78.9	76.4
College	41.1	41.1	12.2	53.3	77.2	55.2	55.2	16.4	71.6	77.1
University	40.1	40.1	12.0	52.1	76.9	49.1	49.1	18.5	67.6	72.6
<b>Wealth quintile</b>										
Lowest	37.7	37.8	21.9	59.8	63.0	48.1	48.3	27.4	75.8	63.5
Lower	44.3	44.9	16.0	60.9	72.7	55.4	56.2	20.7	76.9	72.0
Middle	46.5	46.8	12.8	59.6	78.1	60.4	60.8	16.0	76.8	78.7
Higher	42.3	42.3	15.9	58.2	72.7	56.8	56.8	19.7	76.5	74.3
Highest	42.3	42.3	12.3	54.6	77.5	56.8	56.8	18.8	75.6	75.2
<b>County</b>										
Bungoma	44.0	44.2	18.3	62.5	70.4	56.6	56.8	21.9	78.7	71.9
Kericho	40.5	40.8	20.7	61.5	66.0	51.7	52.1	26.0	78.1	66.2
Kiambu	44.1	44.6	7.7	52.2	84.4	66.2	67.1	9.4	76.5	86.6
Kilifi	28.3	28.4	23.2	51.6	54.9	32.7	32.7	32.1	64.8	50.4
Kitui	40.7	40.9	14.4	55.3	73.7	52.3	52.6	17.7	70.3	74.4
Nairobi	44.3	44.3	15.3	59.6	74.3	57.4	57.4	20.8	78.3	73.4
Nandi	44.4	45.1	19.2	64.3	69.1	56.7	57.6	23.4	81.1	69.9
Nyamira	49.4	50.3	13.0	63.3	78.1	61.5	62.8	15.0	77.7	79.2
Siaya	41.2	41.2	19.8	61.0	67.5	49.7	49.7	24.4	74.2	67.1

## Intention to Use Contraception

This indicator applies to women not using any type of contraception. Non-users were asked, "Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?" The indicator is based on the proportion of non-users who answered yes.

About two-thirds of women ages 15 to 49 not currently using a method of contraception intend to adopt a contraceptive method in the future. Among married women, intention to use contraception is 77.0 percent for those with no children or one child. Levels of intention are higher among women living in urban areas (69.3 percent), and lowest among those living in the poorest households (54.6 percent), as seen in Table F6. Intention to use among all women is highest in Nairobi and lowest in Kilifi (Figure 6).

*Figure F6. Percentage of all female non-users ages 15 to 49 intending to use a contraceptive method in the future, by marital status and county*

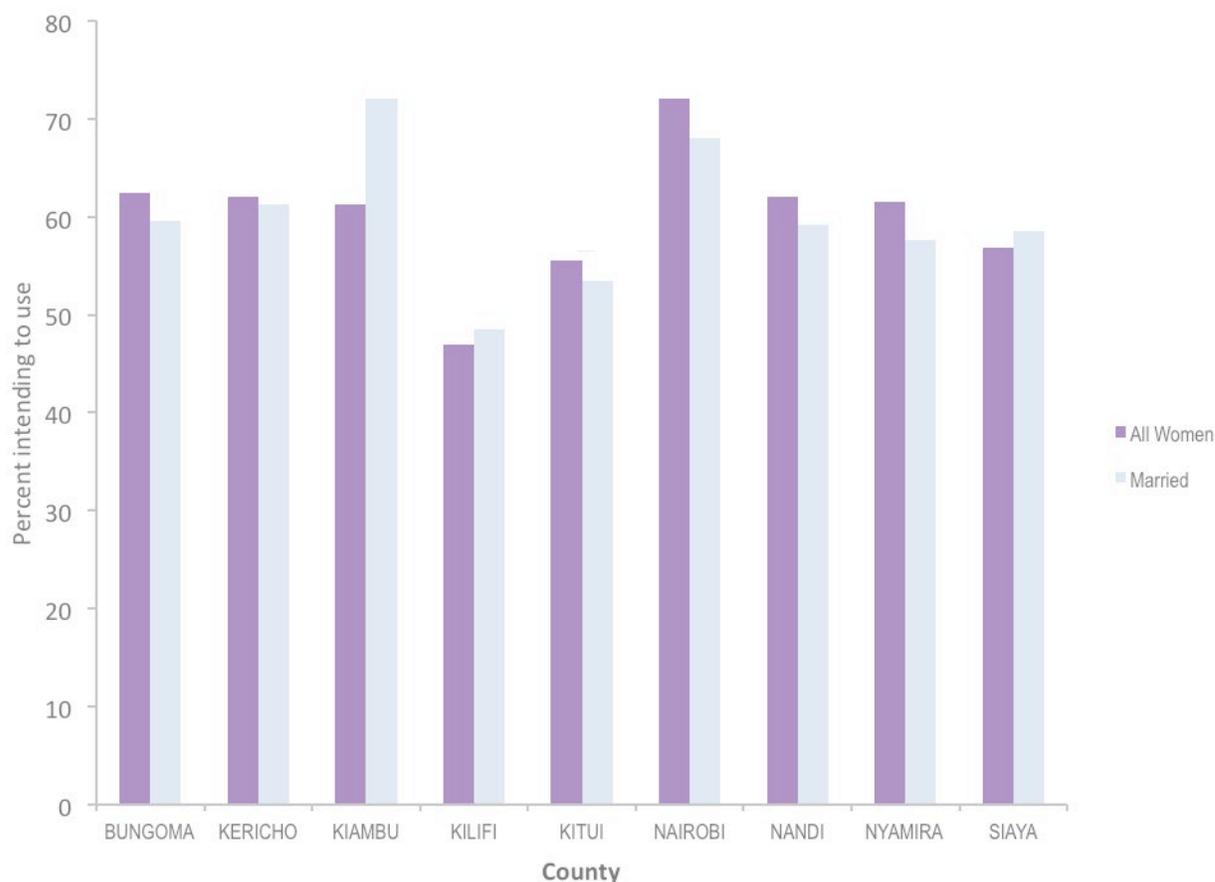


Table F6. Percentage of women ages 15 to 49 not currently using contraception who intend to adopt a contraceptive method in the future, by marital status and background characteristics

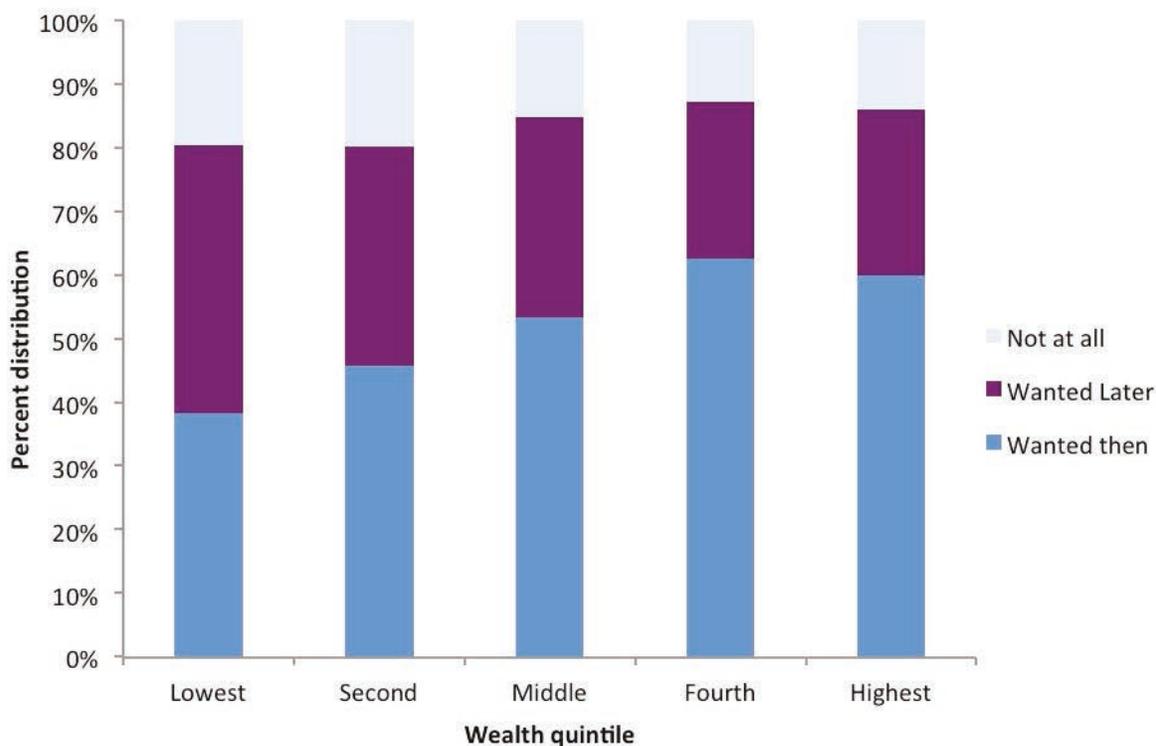
<b>Background characteristics</b>	<b>All women</b>	<b>Married women</b>
<b>Total</b>	<b>63.5</b>	<b>62.2</b>
<b>Age group</b>		
15–19	75.8	86.5
20–24	78.5	82.1
25–29	75.2	73.8
30–34	64.7	66.4
35–39	33.7	36.0
40–44	21.1	29.0
45–49	14.3	18.3
<b>Marital status</b>		
Married or in union	62.2	--
Not married	64.8	--
Unmarried sexually active	57.2	--
<b>Parity</b>		
0–1	74.8	77.0
2–3	57.3	64.9
4 or more	34.6	39.0
<b>Residence</b>		
Urban	69.3	69.0
Rural	54.8	53.6
<b>Education</b>		
Never attended	35.3	43.1
Primary	56.6	62.1
Post-primary/vocational	46.7	38.8
Secondary	74.6	69.2
College	69.9	61.0
University	63.3	68.0
<b>Wealth quintile</b>		
Lowest	54.6	54.5
Lower	60.0	59.2
Middle	59.5	59.6
Higher	71.3	74.3
Highest	70.1	64.6
<b>County</b>		
Bungoma	62.4	59.6
Kericho	62.1	61.3
Kiambu	61.2	72.0
Kilifi	46.9	48.5
Kitui	55.5	53.5
Nairobi	71.6	68.0
Nandi	61.8	59.2
Nyamira	61.5	57.6
Siaya	56.8	58.5

## Unintended Births

Unintended pregnancies may occur when women and their partners either do not want (additional) children or want to delay the next birth. This indicator is based on responses to the question, "At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any/any more children at all?" It is measured as the percent of women of childbearing age reporting their most recent or current pregnancy was wanted then, wanted later, or not wanted at all.

Among all women with at least one birth, (51.9%) report that their last or current pregnancy was wanted then; another 31.8% wanted their pregnancy to be later; and (16.3%) did not want any additional children. Mistimed and unwanted pregnancies were highest among women ages 15-19 years. For women from the poorest households, (61.8%) report that their last pregnancy was unintended (mistimed or unwanted), as compared to (40.1%) of women from the wealthiest households (Figure F7 and Table F7). The inequity in a woman's ability to achieve her reproductive intentions can be measured by the ratio of the percent of unintended births among the poorest women versus the richest. For all women, the ratio is 1.54, and for married women, it is 1.50; that is, women in the poorest households are (50.0%) more likely to have unintended pregnancies compared to women in the wealthiest households.

*Figure F7. Percentage distribution of women who reported last or current pregnancy was wanted then, wanted later or not wanted at all, by wealth quintile*



*Table F7. Unintended births among women ages 15 to 49 with one or more births: Percent distribution reporting last or current pregnancy was wanted then, wanted later or not wanted at all, by marital status and background characteristic*

	All women with 1 or more births (n = 1,919)				Married women with 1 or more births (n = 1,582)			
	Wanted then	Wanted later	Not at all	Total	Wanted then	Wanted later	Not at all	Total
<b>Total</b>	<b>51.9</b>	<b>31.8</b>	<b>16.3</b>	<b>100.0</b>	<b>54.3</b>	<b>30.9</b>	<b>14.8</b>	<b>100.0</b>
<b>Age group</b>								
15–19	25.3	54.5	20.2	100.0	31.6	49.2	19.2	100.0
20–24	47.1	36.7	16.2	100.0	51.4	35.0	13.6	100.0
25–29	56.3	34.2	9.5	100.0	56.1	34.9	9.1	100.0
30–34	64.9	19.9	15.1	100.0	65.2	20.2	14.6	100.0
35–39	42.2	20.0	37.8	100.0	45.7	19.1	35.2	100.0
40–44	37.7	35.0	27.4	100.0	42.1	33.1	24.9	100.0
45–49	30.8	23.6	45.6	100.0	34.0	23.0	43.0	100.0
<b>Marital status</b>								
Married or in union	54.3	30.9	14.8	100.0	--	--	--	--
Not married, sexually active	41.6	35.7	22.8	100.0	--	--	--	--
Unmarried	48.6	29.0	22.5	100.0	--	--	--	--
<b>Parity</b>								
0–1	54.2	31.3	14.6	100.0	58.7	30.2	11.1	100.0
2–3	56.5	32.1	11.4	100.0	58.6	30.8	10.6	100.0
4 or more	38.2	32.0	29.8	100.0	39.0	32.2	28.8	100.0
<b>Residence</b>								
Urban	56.7	27.9	15.5	100.0	58.4	27.0	14.6	100.0
Rural	44.5	37.9	17.6	100.0	48.0	36.7	15.3	100.0
<b>Education</b>								
Never attended	58.9	21.4	19.7	100.0	55.3	22.9	21.7	100.0
Primary	44.6	33.7	21.8	100.0	49.0	32.8	18.3	100.0
Post-primary/vocational	55.4	41.5	3.2	100.0	48.6	48.9	2.5	100.0
Secondary	54.6	32.9	12.5	100.0	55.8	31.8	12.4	100.0
College	65.2	22.9	11.9	100.0	68.2	20.3	11.5	100.0
University	64.2	28.9	6.9	100.0	67.4	23.4	9.2	100.0
<b>Wealth quintile</b>								
Lowest	38.3	42.1	19.7	100.0	41.8	41.1	17.1	100.0
Lower	45.7	34.5	19.9	100.0	47.7	32.8	19.5	100.0
Middle	53.3	31.4	15.3	100.0	55.7	32.0	12.3	100.0
Higher	62.5	24.7	12.8	100.0	65.2	23.8	11.0	100.0
Highest	59.9	26.0	14.1	100.0	61.3	24.4	14.3	100.0
<b>County</b>								
Bungoma	27.3	51.5	21.1	100.0	29.0	51.3	19.7	100.0
Kericho	40.4	43.0	16.6	100.0	43.7	41.0	15.4	100.0
Kiambu	70.7	21.6	7.8	100.0	75.4	17.8	6.8	100.0
Kilifi	55.5	38.7	5.8	100.0	58.9	36.9	4.3	100.0
Kitui	62.2	16.9	21.0	100.0	69.3	14.6	16.1	100.0
Nairobi	53.7	28.2	18.1	100.0	54.3	28.2	17.4	100.0
Nandi	44.3	30.4	25.4	100.0	50.1	28.0	21.9	100.0
Nyamira	58.3	23.8	17.9	100.0	65.0	21.0	14.0	100.0
Siaya	35.1	48.3	16.5	100.0	36.4	48.9	14.8	100.0

## Method Chosen by Self or Jointly

Contraceptive users should be able to decide on the type of method they will use, following quality counseling by the provider. This indicator is based on responses by recent users (women who had used contraceptives in the past 12 months). Women were asked who made the final decision about the method she obtained at her last visit to a family planning provider—she herself, the provider, her partner, she and the provider, or she and her partner. Final decisions made by her alone or jointly with her provider or partner indicates good quality of service.

About two-thirds of recent users (67.1%) decide on their contraceptive method themselves, and 28.8% decide with their partner or provider (Figure F8). Women ages 25 to 29 are the most likely to decide themselves (72.2%) and women with four or more children are most likely to decide together with their partner or provider (37.0%). 37.5% percent of the women in rural areas as compared to 24.3% in urban areas made the decision together with their partner or provider. 82.9% of women with university education compared to 72.5% of women with no education made the decision to use family planning themselves. Women living in the two lowest wealth quintiles were the least likely to decide on their own (54.5% and 60.6%) compared to 74.4% of women in the highest wealth quintile. More than 40.0% of women in Nyamira (42.1%), Kericho (48.5%) and Bungoma (48.1%) made the decision to use family planning jointly with their partner or provider. The provider alone/partner alone/other made the decision to use family planning for less than 10% of women in each age group except women ages 15 to 19 (Table F8). These data show that a significant proportion of women make decisions about the use of family planning. The data also show the importance of partners and providers in making decisions.

Figure F8. Who decided method obtained among all users in the past 12 months (n = 1,798)

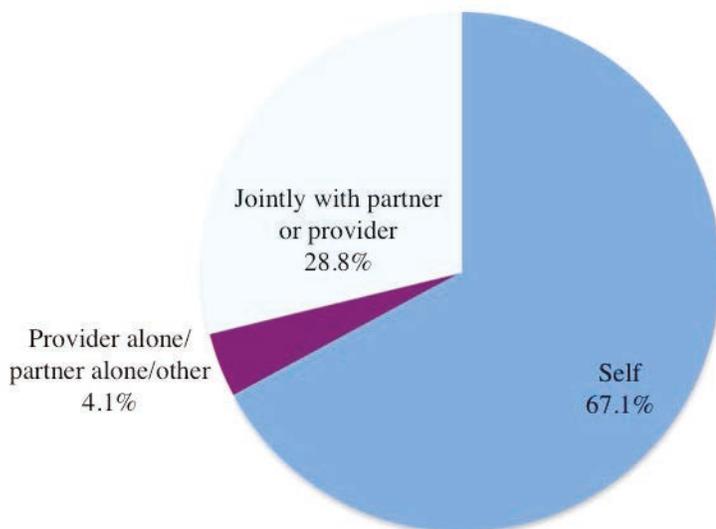


Table F8. Percentage distribution of women ages 15 to 49 who used contraception in the past 12 months reporting on who decided on the contraceptive method, by background characteristic

Background characteristics	Self	Jointly with partner or provider	Provider alone/partner alone/other	Total
<b>Total (n = 1,798)</b>	<b>67.1</b>	<b>28.8</b>	<b>4.1</b>	<b>100.0</b>
<b>Age group</b>				
15–19	47.8	41.1	11.1	100.0
20–24	66.7	29.8	3.5	100.0
25–29	72.2	25.0	2.8	100.0
30–34	61.1	34.1	4.8	100.0
35–39	69.2	26.1	4.7	100.0
40–44	65.6	28.3	6.1	100.0
45–49	65.2	30.7	4.0	100.0
<b>Marital status</b>				
Married	63.2	32.6	4.2	100.0
Not married	83.7	12.4	3.9	100.0
Unmarried sexually active	75.8	17.0	7.2	100.0
<b>Parity</b>				
0–1	70.9	26.3	2.8	100.0
2–3	67.9	27.1	5.1	100.0
4 or more	58.5	37.0	4.5	100.0
<b>Residence</b>				
Urban	72.6	24.3	3.2	100.0
Rural	56.5	37.5	6.0	100.0
<b>Education</b>				
Never attended	72.5	25.5	2.0	100.0
Primary	62.4	31.8	5.8	100.0
Post-primary/vocational	69.0	24.8	6.3	100.0
Secondary	67.2	29.2	3.6	100.0
College	74.2	24.0	1.8	100.0
University	82.9	17.1	0.0	100.0
<b>Wealth quintile</b>				
Lowest	54.5	37.8	7.7	100.0
Lower	60.6	35.2	4.3	100.0
Middle	65.8	30.4	3.8	100.0
Higher	75.7	23.1	1.2	100.0
Highest	74.4	21.3	4.3	100.0
<b>County</b>				
Bungoma	47.2	48.1	4.7	100.0
Kericho	50.4	48.5	1.1	100.0
Kiambu	64.6	33.1	2.3	100.0
Kilifi	57.9	32.2	9.8	100.0
Kitui	66.2	30.1	3.8	100.0
Nairobi	76.5	20.1	3.4	100.0
Nandi	63.5	29.8	6.8	100.0
Nyamira	50.9	42.1	7.0	100.0
Siaya	68.9	23.9	7.2	100.0

## Paid for Family Planning Services

Contraceptive services are often highly subsidized by the government or other sources of financing, but clients may still pay significant amounts out of pocket. Monitoring the costs incurred by women, particularly by wealth quintile, shows the inequity of access to contraception. Similarly, monitoring costs for particular groups—young women, higher parity women, less educated women or rural women—may also inform decisions about extending subsidies to enable better contraceptive access. The PMA2014/Kenya survey asked women who were recent or current users, "In the last 12 months have you paid any fees for family planning services (including the most recent/current method)?"

Overall, slightly more than half of recent users reported paying fees for family planning services in the past 12 months. More unmarried sexually active women paid fees (61.1 percent) than women of other marital status. Nearly the same proportion of recent users in urban (56.9 percent) and rural (58.7 percent) areas paid for services. More women with secondary or higher education reported paying for family planning services (62.9 percent) as compared to other levels of education. About 58.0 percent of women in the lowest wealth quintile reported paying for services, as compared to 54.0 percent of those in the highest quintile. As shown in Figure F9, there were minor differences among married women in reporting payment for family planning services. About 70.0 percent of women from Nandi reported paying fees, compared to only 47.0% of women in Kilifi (Table F9b).

Figure F9. Paid for family planning services among women ages 15 to 49 who used contraception in past 12 months: Percent who paid for services, by wealth quintile

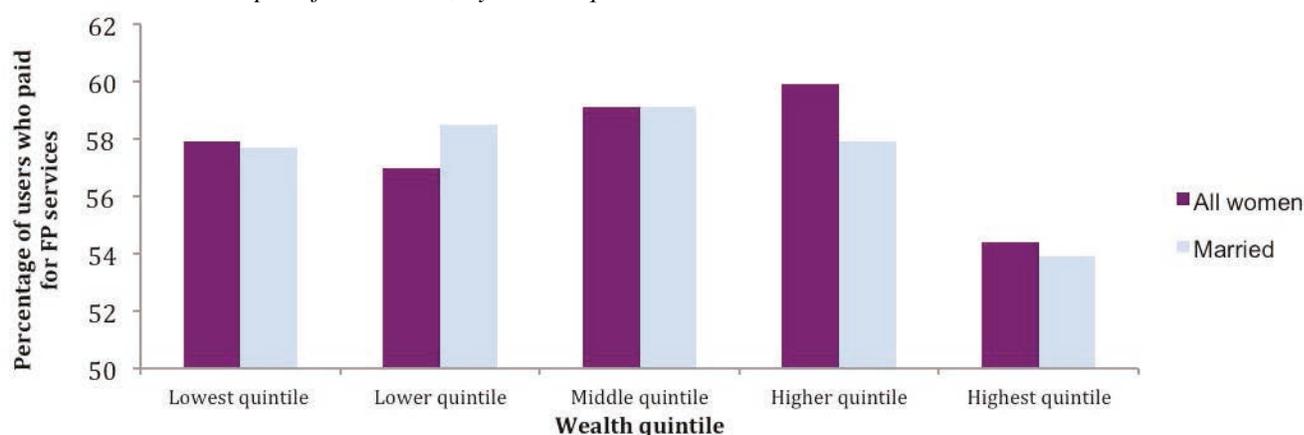


Table F9a. Number of users who paid for services, by average price and method

Recent Method	Number of users	Mean fees paid (value in Kshs)	Standard Deviation (value in Kshs)	Median fees paid (value in Kshs)
Female sterilization	3	288.63	63.82	184.79
Implants	69	462.12	56.96	236.46
IUD	28	739.52	166.02	283.04
Injectables	577	197.69	8.50	99.06
Pills	154	246.53	25.49	91.37
Emergency pill	52	244.16	118.30	128.62
Male condom	35	258.34	54.03	76.49
Diaphragm	2	480.42	215.10	221.86

Table F9b. Percentage of women ages 15 to 49 who used a modern contraceptive method in the past 12 months and paid fees for services, by background characteristics

Background characteristics	All women who used in past 12 months (n = 1,036)	All married women who used in past 12 months (n = 862)
<b>Total</b>	<b>57.5</b>	<b>57.3</b>
<b>Age group</b>		
15–19	57.3	55.2
20–24	54.1	53.7
25–29	64.0	64.4
30–34	53.3	53.8
35–39	61.5	61.0
40–44	47.5	42.8
45–49	42.3	41.2
<b>Marital status</b>		
Married or in union	57.3	--
Not married	58.8	--
Unmarried sexually active	61.1	--
<b>Parity</b>		
0–1	55.5	54.5
2–3	62.1	62.3
4 or more	51.1	50.6
<b>Residence</b>		
Urban	56.9	56.5
Rural	58.7	58.5
<b>Education</b>		
Never attended	40.6	40.7
Primary	56.0	56.2
Post-primary/vocational	36.6	40.8
Secondary	62.9	63.1
College	51.5	49.8
University	66.2	56.6
<b>Wealth quintile</b>		
Lowest	57.9	57.7
Lower	57.0	58.5
Middle	59.1	59.1
Higher	59.9	57.9
Highest	54.4	53.9
<b>County</b>		
Bungoma	60.2	59.2
Kericho	66.8	66.5
Kiambu	66.5	63.6
Kilifi	47.4	43.5
Kitui	60.1	62.8
Nairobi	52.9	53.3
Nandi	69.5	70.7
Nyamira	52.2	51.8
Siaya	57.0	55.1

## Method Information Index

Whether a provider offers counseling on family planning is an important indicator of quality of services. In the PMA2014/Kenya survey, recent contraceptive users (past 12 months) were asked about the information they received at their last family planning visit. They responded yes or no to the following three questions:

- Were you told by the family planning provider about methods of family planning other than the most recent/current method that you could use?
- When you obtained your most recent/current method, were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?
- If yes, were you told what to do if you experienced side effects or problems?

The first two indicators are measured as the proportion of recent users responding yes, and the third is the proportion of only those told about side effects, which is a smaller share of all recent users.

Approximately 70.0% of recent contraceptive users report that their provider told them about other methods of family planning (70.1%), and about half of those users were told of side effects (55.8%). Of those who received information about side effects, (86.0%) reported that providers told them what to do if they experienced side effects. Results were similar for married recent users. Women ages 15 to 19 were the least likely to be informed about other methods (46.6%). Among women in urban areas, (73.3%) were informed of other methods, (56.1%) about side effects and (85.2%) about what to do, as compared to (63.9%), (55.2%) and (87.6%) among those in rural areas, respectively. Among women from the lowest wealth quintile, 66.8 percent were informed of other methods, (54.6%) about side effects and (88.7%) about what to do compared to (78.6%), (63.8%) and (89.8%) among those in highest wealth quintile, respectively. Considering that only about (50%) of women who were informed of other methods also received information about side effects, the quality of counseling on side effects could be improved. However, a high percentage of women are told what to do if they experience side effects (86.0 %), which shows that there is a window of opportunity to improve quality of family planning counseling (Figure F10 and Table F10).

Figure F10. Percentage of recent/current users who received information about other methods, side effects and, if informed about side effects, what to do, by age

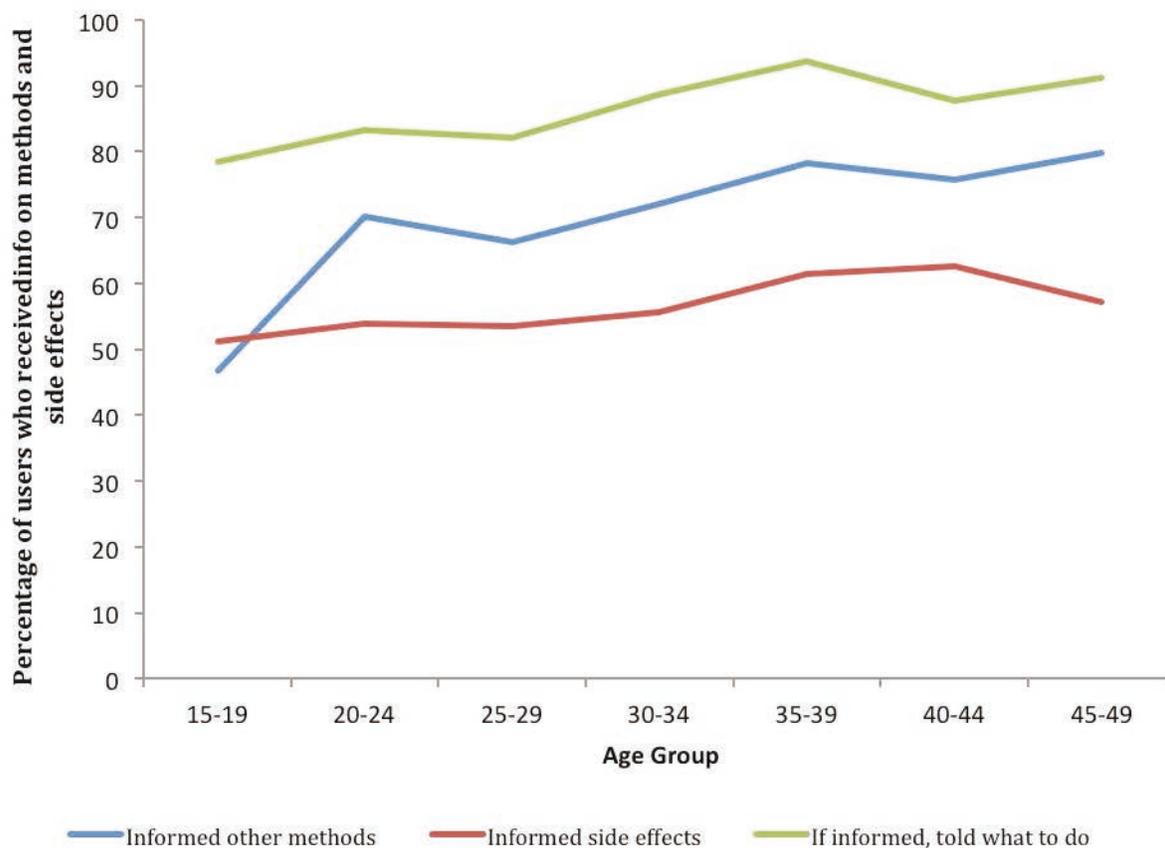


Table F10. Percentage of recent/current users who reported whether provider informed them about other methods, side effects and, if informed of side effects, what to do, by marital status and

Background characteristics	Informed about other methods		Informed about side effects		Told what to do if experienced side effects	
	All users (n = 1,800)	Married users (n = 1,506)	All users (n = 1,785)	Married users (n = 1,493)	All users (n = 977)	Married users (n = 843)
<b>Total</b>	<b>70.1</b>	<b>72.4</b>	<b>55.8</b>	<b>58.1</b>	<b>86.0</b>	<b>87.6</b>
<b>Age group</b>						
15–19	46.6	45.3	51.2	52.9	78.5	94.8
20–24	70.0	71.9	54.0	54.9	83.4	82.1
25–29	66.2	70.0	53.5	56.4	82.3	86.9
30–34	72.0	75.4	55.7	57.5	88.7	88.0
35–39	78.1	78.4	61.4	64.5	93.9	93.1
40–44	75.6	74.5	62.7	66.9	87.9	86.1
45–49	79.8	78.7	57.1	54.7	91.2	92.8
<b>Marital status</b>						
Married or in union	72.4	--	58.1	--	87.6	--
Not married, Unmarried, sexually active	60.1	--	46.0	--	77.7	--
	51.6	--	48.7	--	72.9	--
<b>Parity</b>						
0–1	69.1	75.8	57.2	64.0	85.0	87.3
2–3	72.3	73.0	54.2	54.9	86.1	88.0
4 or more	67.0	66.8	56.7	56.9	87.6	87.1
<b>Residence</b>						
Urban	73.3	77.1	56.1	58.5	85.2	87.1
Rural	63.9	64.2	55.2	57.2	87.6	88.5
<b>Education</b>						
Never attended	54.1	46.8	40.9	33.9	90.0	86.1
Primary	65.3	66.1	53.4	54.8	83.2	84.8
Post-primary/vocational	76.7	84.5	68.3	73.0	81.3	98.6
Secondary	71.9	74.4	53.7	55.2	86.7	89.5
College	81.0	90.9	67.9	78.5	90.1	88.0
University	71.0	76.8	56.0	62.6	92.9	89.9
<b>Wealth quintile</b>						
Lowest	66.8	67.0	54.6	56.1	88.7	90.3
Lower	61.0	60.3	54.0	56.2	85.3	86.7
Middle	69.4	70.7	55.9	53.5	78.8	84.9
Higher	71.4	75.1	48.5	54.3	86.5	87.1
Highest	78.6	84.5	63.8	67.7	89.8	88.4
<b>County</b>						
Bungoma	71.4	72.4	63.4	64.2	84.5	86.1
Kericho	72.9	72.1	56.7	58.4	84.2	84.2
Kiambu	79.6	83.6	65.5	68.2	87.0	90.0
Kilifi	66.3	65.9	60.8	65.1	95.8	94.9
Kitui	60.1	58.9	52.1	53.0	91.1	90.1
Nairobi	71.5	75.1	53.4	56.0	83.9	86.0
Nandi	59.4	58.8	51.0	53.3	93.2	95.1
Nyamira	65.0	67.2	40.8	42.3	83.8	85.7
Siaya	57.0	58.8	52.7	52.7	82.4	82.2

background characteristics in the past 12 months

## Satisfaction with Provider

Provider performance, from the client's perspective, is an important indicator of quality of care. Although clients are often subjective in their assessments, reported satisfaction with their providers can reveal their expectations for standards of care. The PMA2014/Kenya survey gauged provider satisfaction using two questions, the combination of which was used to gauge overall satisfaction:

- Would you return to this provider?
- Would you refer your relative or friend to this provider/facility?

*Figure F12. Percentage distribution of satisfaction with provider among recent/current users who would return, would refer or would return and refer friend/relative to provider (n = 1,773)*

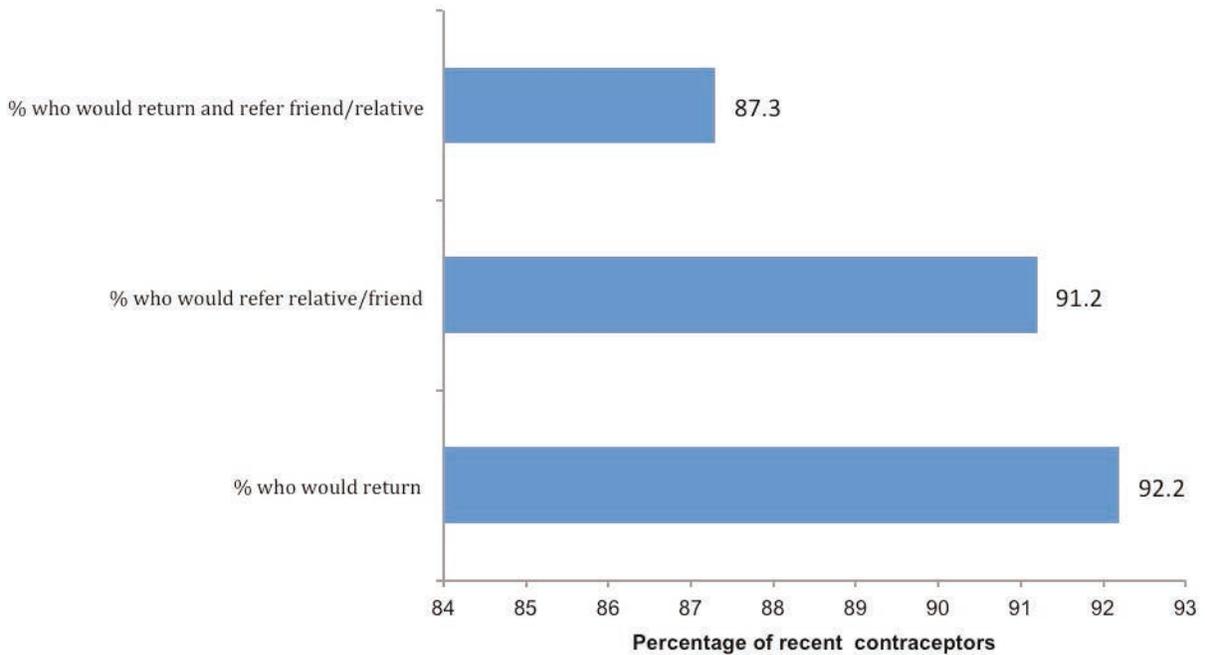


Table F12. Percentage of recent/current users who would return, would refer or would return and refer friend/relative to provider, by background characteristics

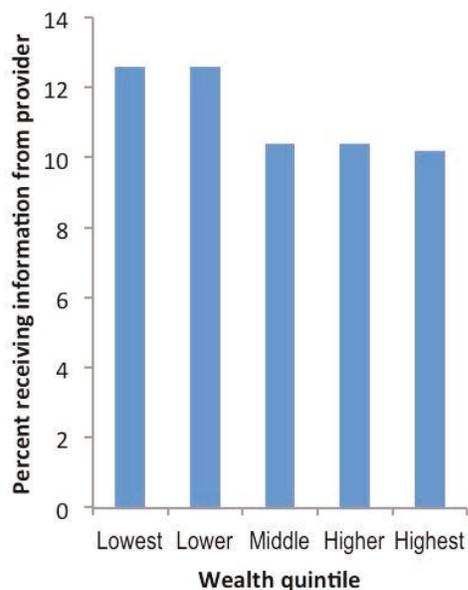
Background characteristics	Percent who would return to provider	Percent who would refer relative/friend	Percent who would return and refer friend/relative
<b>Total (n = 1,773)</b>	<b>92.2</b>	<b>91.2</b>	<b>87.3</b>
<b>Age group</b>			
15–19	79.8	82.2	76.7
20–24	88.8	91.0	84.7
25–29	93.4	91.0	89.2
30–34	93.7	91.5	86.9
35–39	94.6	92.0	88.2
40–44	95.4	93.0	91.6
45–49	92.1	96.0	85.8
<b>Marital status</b>			
Married or in union	92.8	91.9	88.1
Not married	89.8	88.5	84.0
Unmarried sexually active	83.0	84.6	79.5
<b>Parity</b>			
0–1	91.0	89.7	86.0
2–3	92.6	92.4	88.9
4 or more	93.6	91.5	86.1
<b>Residence</b>			
Urban	92.5	93.1	89.4
Rural	91.8	87.7	83.2
<b>Education</b>			
Never attended	98.5	96.4	96.4
Primary	91.9	91.4	86.9
Post-primary/vocational	97.7	97.9	95.5
Secondary	90.7	89.7	85.5
College	92.6	90.6	87.8
University	98.5	96.2	93.3
<b>Wealth quintile</b>			
Lowest	93.7	91.1	87.9
Lower	91.7	89.0	84.3
Middle	89.6	89.0	85.1
Higher	93.8	92.4	87.3
Highest	92.5	93.9	90.9
<b>County</b>			
Bungoma	93.2	93.5	89.0
Kericho	93.1	89.6	84.1
Kiambu	93.3	90.6	88.1
Kilifi	93.8	91.9	89.6
Kitui	91.5	87.8	81.0
Nairobi	91.7	92.5	88.9
Nandi	92.4	83.9	78.6
Nyamira	95.3	93.1	89.0
Siaya	88.6	89.6	84.3

## Visited by a Health Worker Who Talked About Family Planning

A key indicator of access is the extent to which the eligible population is reached by the program. PMA2014/Kenya measured the proportion of women ages 15 to 49 who reported receiving family planning information from a health worker in the past 12 months. Specifically, women responded to the question, "In the last 12 months, were you visited by a health worker who talked to you about family planning?" In Kenya, women may receive family planning outreach visits from community health workers, health facilities outreach programs or targeted programs run by nongovernmental organizations in rural or urban settings.

Overall, about (11.0percent) of women ages 15 to 49 report receiving family planning information from a health worker in the past 12 months (11.2percent of all women and (12.3percent) of married women). Women ages 35 to 39 reported the highest percent of visits from a health worker (15.0percent) whereas only (6.5percent) of women ages 15 to 19 reported visits. There were no major differences between rural and urban women. Only (5.5 percent) of those with university-level education reported the experience, as compared to (16.2 percent)of those with post-primary/vocational training (Table F13). No larger difference were observed among women in the lowest wealth quintile (12.6%) compared to those in the highest quintile (10.2%) (Figure 13a). Siaya recorded the highest number of health workers' visits (25.0%), and Bungoma and Kericho reported the lowest number (6.5% in each), (Figure 13b).

*Figure 13a. Percentage of all women ages 15 to 49 who reported receiving family planning information during a visit from a health worker in the past 12 months, by wealth quintile*



*Figure F13b. Percentage of all women ages 15 to 49 who received family planning information during a visit from a health worker in the past 12 months, by county*

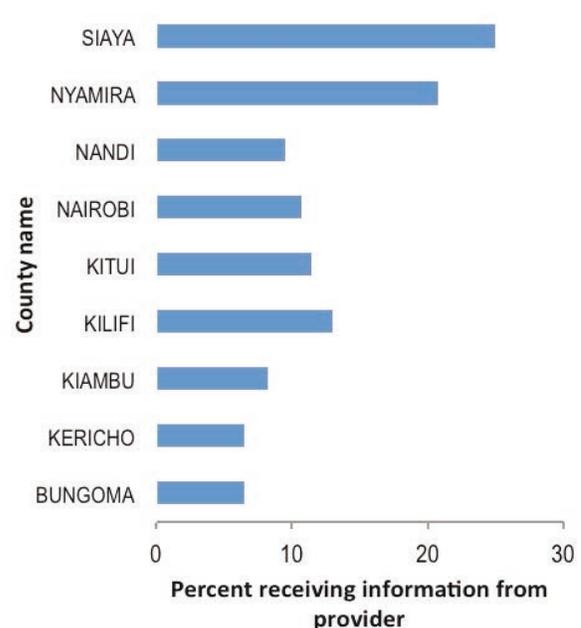


Table F13. Percentage of women ages 15 to 49 who reported receiving family planning information from a health worker in the past 12 months, by marital status and background characteristics

Background characteristics	All women (n = 3,760 )	Married women (n = 2,502 )
<b>Total</b>	<b>11.2</b>	<b>12.3</b>
<b>Age group</b>		
15–19	6.5	5.7
20–24	14.2	16.2
25–29	10.0	11.3
30–34	9.3	10.8
35–39	15.0	13.8
40–44	11.7	11.7
45–49	10.4	10.5
<b>Marital status</b>		
Married or in union	12.3	--
Not married	9.2	--
Unmarried sexually active	15.9	--
<b>Parity</b>		
0–1	10.0	12.4
2–3	12.2	12.2
4 or more	12.6	12.4
<b>Residence</b>		
Urban	10.1	10.7
Rural	13.0	14.7
<b>Education</b>		
Never attended	8.8	8.1
Primary	12.8	13.8
Post-primary/vocational	16.2	20.1
Secondary	9.3	11.5
College	13.3	11.9
University	5.5	3.4
<b>Wealth quintile</b>		
Lowest	12.6	14.0
Lower	12.6	14.7
Middle	10.4	11.9
Higher	10.4	12.5
Highest	10.2	9.1
<b>County</b>		
Bungoma	6.5	7.2
Kericho	6.5	8.1
Kiambu	8.2	10.8
Kilifi	13.0	13.0
Kitui	11.4	13.2
Nairobi	10.7	10.8
Nandi	9.5	10.1
Nyamira	20.8	22.9
Siaya	25.0	28.6

## Median Duration of Contraceptive Use, by Method

The duration of contraceptive use is indicative of how long contraceptive protection is experienced by users. The contraceptive discontinuation rate for reasons other than seeking to become pregnant or no longer needing protection suggests dissatisfactory experience. Calculated with life table methods, the contraceptive discontinuation rate is the preferred measure but requires extensive calendar. The duration of use (in months) among women who reported using contraception in the past 12 months but who were not using at the time of the survey (referred to as recent users) is adopted as a substitute measure. The median value is the number of months at which half of the recent users stopped using a method for any reason. It is lower than the median for all users since the durations originate from those who have stopped.

The overall median duration of contraceptive use among recent users of any method was 22.1 months. Median duration of use was longest among recent users of implants (29.6 months) (Table F14).

*Table F14. Median duration of contraceptive use among women ages 15 to 49, by main method*

<b>Method</b>	<b>Months</b>
Pills	25.4
Injectables	22.1
Implants	29.6
Total	21.7

## Reasons for Non-Use

Understanding reasons for non-use of contraception among women who express a desire to postpone their next birth by two or more years is important for assessing gaps between family planning program performance and reported need. Women not who were not using contraception at the time of the PMA2014/Kenya survey but wanted to space future births were asked, "You say that you do not want any/any more children and that you are not using a method to avoid pregnancy. Can you tell me the main reason why you are not using a method to prevent pregnancy?"

The indicator is the proportion of non-users, irrespective of marital status, who identified any of the following as the main reason for non-use:

- No need (includes infrequent sex, husband away)
- Menopausal/hysterectomy/subfecund
- Fear of side effects
- Health concerns
- Health concerns
- Opposed (self, husband, others opposed, religious prohibition, fatalism)

Other reasons assessed but not tabulated in detail were lactating (9.0percent lack of knowledge—did not know method or source (2.2percent unavailable—lack of access, too far, costs too much, preferred method not available, no method available, inconvenient to use (1.2percent and other or no response (5.1percent).

Among non-users of contraception, the three main reasons reported were “not married” (40.1percent “no need” (26.8percent) and “fear of side effects” (20.0percent). An additional (12.0percent) voiced health concerns. Fear of side effects and health concern combined were voiced by about one-third of non-users, signifying a major gap in knowledge about contraceptive methods and lack of adequate counseling. Fear of side effects and health concerns together were particularly problematic for non-users in Nyamira (Table F15).

Figure F15a. Percentage of all women ages 15 to 49 who reported seeking to delay their next birth and not using contraception, by main reason for non-use and age

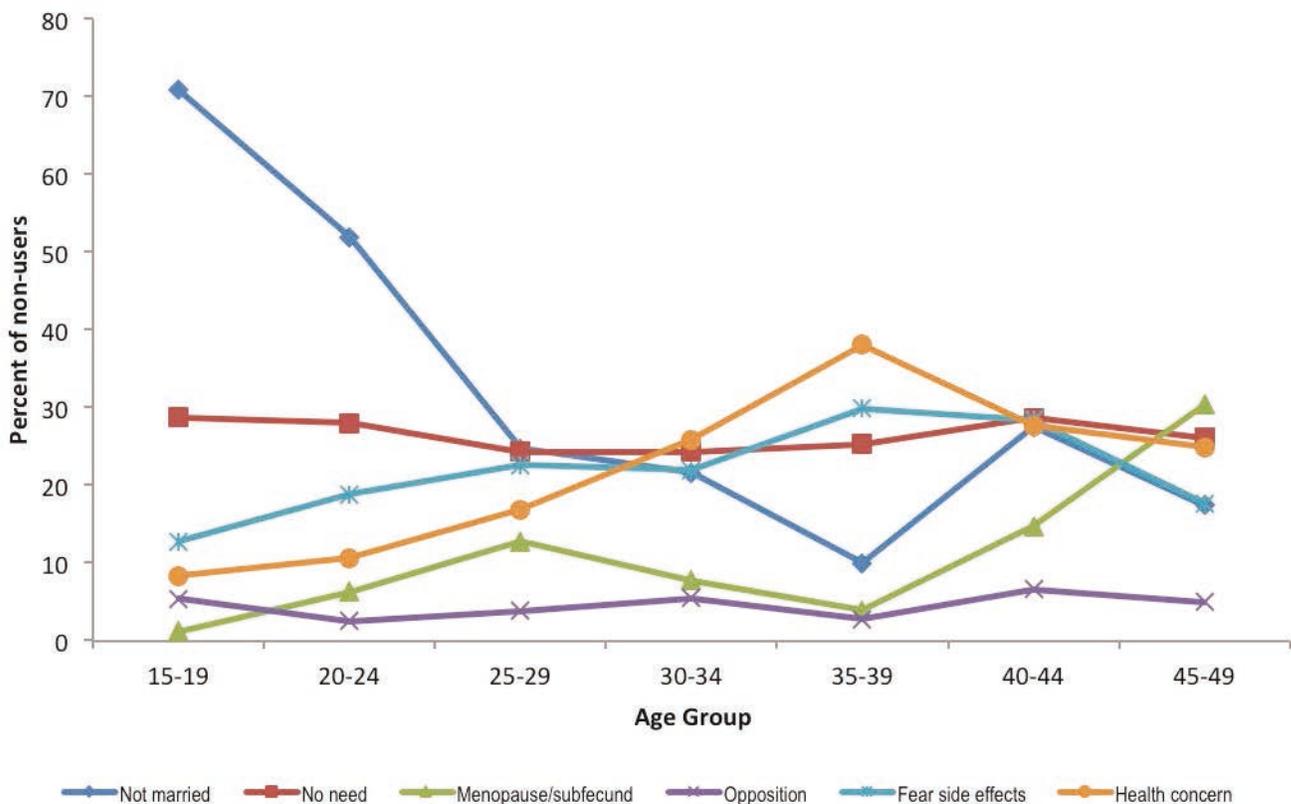


Figure F15b. Percentage of married women ages 15 to 49 seeking to delay their next birth and not using contraception and who reported side effects and health concerns as the main reasons for non-use, by county

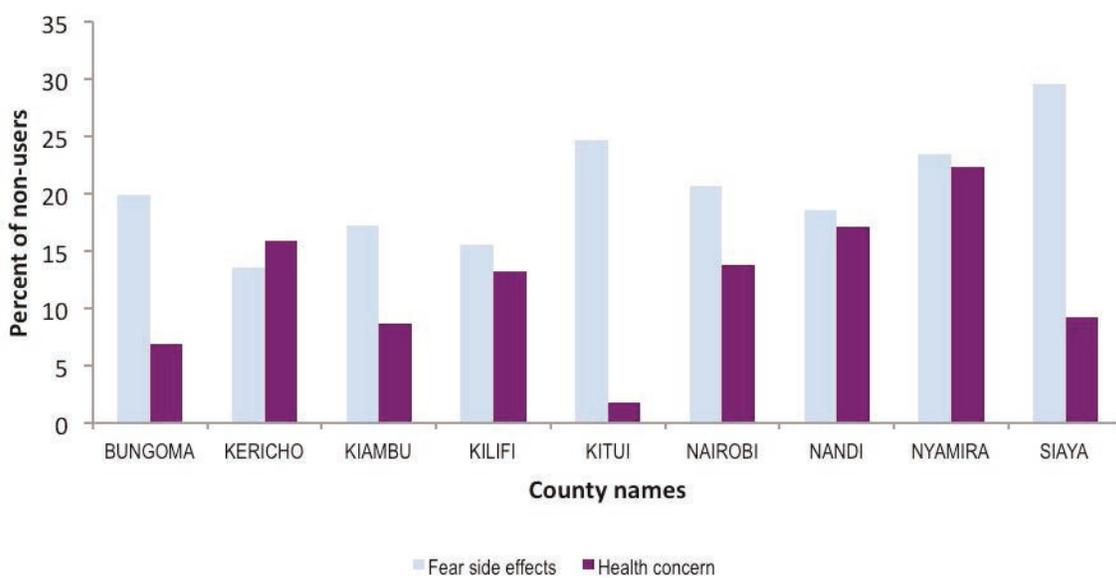


Table F15. Percentage of women ages 15 to 49 seeking to delay their next birth and not using contraception and who reported one of six main reasons, by background characteristic

Background characteristics	Not married	No need	Menopausal /subfecund	Opposed by self, husband, other, religion	Fear side effects	Health concern
<b>Total (n = 1,679)</b>	<b>40.1</b>	<b>26.8</b>	<b>8.7</b>	<b>9.5</b>	<b>20.0</b>	<b>12.0</b>
<b>Age group</b>						
15–19	70.8	28.7	1.2	7.2	12.8	4.5
20–24	51.9	28.0	6.2	4.9	18.8	7.2
25–29	24.7	24.3	12.7	12.6	22.5	11.5
30–34	21.6	24.3	7.7	19.2	21.9	22.7
35–39	10.0	25.3	3.9	8.3	29.9	19.4
40–44	27.5	28.6	14.7	15.9	28.4	21.4
45–49	17.4	26.1	30.4	8.9	17.7	20.7
<b>Marital status</b>						
Married or in union	0.6	13.8	17.6	14.3	27.6	18.6
Not married	69.0	36.3	2.2	6.0	14.4	7.1
Unmarried sexually active	67.8	29.4	0.8	10.1	19.5	5.3
<b>Parity</b>						
0–1	59.5	28.9	3.3	6.4	16.6	6.4
2–3	19.6	25.9	15.2	11.9	21.8	16.5
4 or more	6.8	20.5	17.1	15.8	28.2	23.2
<b>Residence</b>						
Urban	45.0	29.0	6.1	7.3	20.9	12.6
Rural	33.2	23.7	12.3	12.7	18.8	11.1
<b>Education</b>						
Never attended	14.2	22.7	9.0	34.0	31.4	19.5
Primary	31.5	19.5	10.8	12.2	23.0	12.5
Post-primary/vocational	31.1	22.4	4.8	6.2	34.1	22.5
Secondary	49.0	32.7	6.5	6.4	17.9	11.4
College	55.6	25.3	8.9	3.3	14.4	9.5
University	39.5	42.5	8.5	3.2	10.4	6.9
<b>Wealth quintile</b>						
Lowest	33.8	23.2	13.4	13.8	20.8	10.4
Lower	37.3	24.7	9.9	12.7	19.3	9.5
Middle	41.2	29.0	4.9	10.7	26.0	11.9
Higher	44.5	25.4	7.0	6.9	19.2	10.5
Highest	44.1	31.3	7.2	4.1	15.9	16.7
<b>County</b>						
Bungoma	41.1	23.1	14.3	9.1	19.9	6.9
Kericho	29.8	20.3	9.5	13.1	13.6	15.9
Kiambu	56.6	24.5	4.3	8.1	17.2	8.7
Kilifi	29.5	13.3	12.0	17.8	15.6	13.2
Kitui	42.7	36.2	8.7	18.6	24.7	1.8
Nairobi	40.8	31.3	6.3	5.9	20.7	13.8
Nandi	41.1	20.1	7.0	8.4	18.6	17.1
Nyamira	38.9	23.1	20.0	3.2	23.5	22.3
Siaya	21.1	33.3	13.9	13.7	29.6	9.2

## Total Fertility Rate and Adolescent Fertility Rate

The total fertility rate (TFR) is the number of children who would be born to a woman if she were to pass through reproductive years bearing children according to the current schedule of age-specific fertility rates (ASFR). It is sometimes referred to as a synthetic rate since it does not represent the actual experience of a cohort of women. It is calculated as follows:

$$\text{TFR} = 5 \sum \text{ASFR}_a$$

Where  $\text{ASFR}_a$  is the age-specific fertility rate for women in age group a. The ASFR for group a is the number of live births to women in age group a, divided by the total number of women in age group a.

The adolescent fertility rate is the ASFR for women ages 15 to 19 year old women, which is a core FP2020 indicator and also a tracking indicator for MDG 5 target 5B. Too early childbearing carries the risk of adverse health and social outcomes for the young mother and newborn. From a public health standpoint, low or near-zero adolescent fertility rates are protective for young females.

The PMA2014/Kenya estimates were based on a two-year period before the survey, whereas the KDHS 2008–2009 fertility rates were based on a three-year period before the survey. The 2014 ASFRs were adjusted using the age-specific and area-specific multiple birth percentages for the five-year period before the KDHS 2008–2009.

*Table F16. Age-specific and total fertility rates among women ages 15 to 49, by residence: KDHS 2008–2009 and PMA2014/Kenya*

Age group ASFR	KDHS 2008–2009			PMA2014/Kenya		
	Urban	Rural	Total	Urban	Rural	Total
<b>15–19</b>	0.092	0.107	0.103	0.119	0.125	0.121
<b>20–24</b>	0.146	0.28	0.238	0.165	0.242	0.187
<b>25–29</b>	0.147	0.248	0.216	0.143	0.214	0.164
<b>30–34</b>	0.104	0.197	0.175	0.104	0.130	0.114
<b>35–39</b>	0.06	0.135	0.118	0.068	0.074	0.071
<b>40–44</b>	0.028	0.056	0.05	0.013	0.035	0.025
<b>45–49</b>	0.007	0.013	0.012	0.003	0.016	0.010
<b>TFR</b>	2.9	5.2	4.6	3.079	4.182	3.464

Sources: Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro; and the Performance Monitoring and Accountability 2020 survey carried out in Kenya in 2014

The PMA2014/Kenya survey estimated the total fertility rate to be 3.5 at the national level, 3.1 in urban areas and 4.2 in rural areas. At the national level, there was a decline (4.6 to 3.5) since the KDHS 2008–2009. The adolescent fertility rate in 2008–2009 was 103/1,000 births, which increased to 119/1,000 births in 2014 (Table F16).

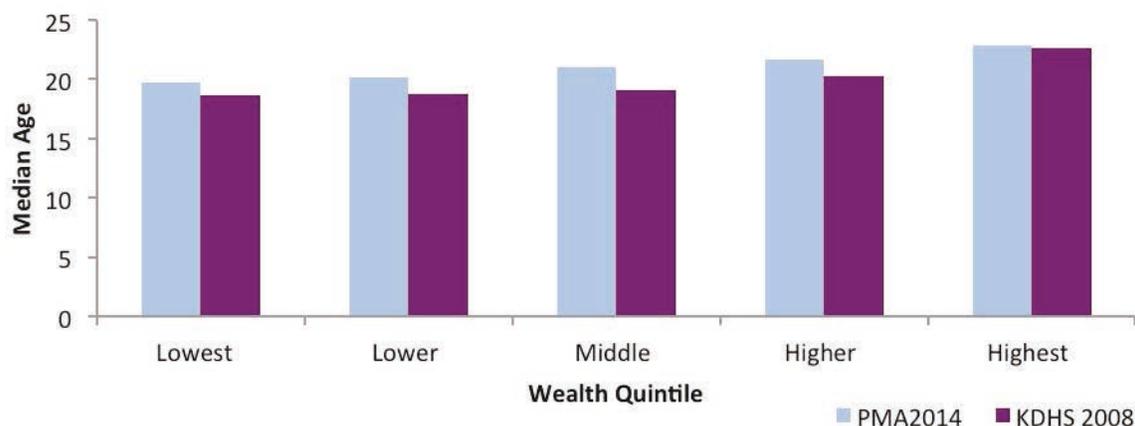
## Age at Marriage

Age at marriage is one measure of exposure to more frequent sexual intercourse and the potential need for contraception to avoid unintended pregnancy. The median age at marriage is calculated for women ages 25 to 49 to reduce bias from young women ages 15 to 24 who have not yet married. The median age is the age at which half of the sample population is estimated to have married and half have not.

The missing values for age at marriage were obtained by using linear interpolation to derive an approximate value. Also, in PMA2014/Kenya, the marriage age is defined as age at the first or current marriage, which biases the estimate upward due to women who remarried and reported their age at the time of their most recent marriage.

The median age at marriage is 20.5 years in the PMA2014/Kenya survey among women ages 25 to 49 (Table F17). The KDHS 2008–2009 estimated the median age at 20.0 years for all first marriages. Age at first marriage is expectedly lower for women with more children (19.0 years at parity four or more), who live in rural areas (20.0 years), have no education (18.2 years), and who live in the lowest wealth quintile (19.7 years). Women from Kiambu have the highest median age at first marriage (22.6 years) whereas women from Siaya have the lowest median age at first marriage (19.1 years).

Figure F17. Median age at marriage among women ages 25 to 49, by wealth quintile: PMA2014/Kenya and KDHS 2008–2009\*



\*Wealth asset index may not be directly comparable for 2008–2009 and 2014.

Sources: Kenya National Bureau of Statistics (KNBS) and ICF Macro. 2010. *Kenya Demographic and Health Survey 2008-09*. Calverton, Maryland: KNBS and ICF Macro; and the Performance Monitoring and Accountability 2020 survey carried out in Kenya in 2014.

Table F17. Median age at marriage among women ages 25 to 49, by marital status and background characteristic

Background characteristic	All women	Married women
<b>Total (n)</b>	2,135	1,875
<b>Median age (Total)</b>	<b>20.5</b>	<b>20.5</b>
<b>Age group</b>		
25–29	20.7	20.8
30–34	20.2	20.3
35–39	20.5	20.6
40–44	20.3	20.3
45–49	20.6	20.6
<b>Marital status</b>		
Married or in union	20.6	
Not married	20.1	
<b>Parity</b>		
0–1	24.1	24.4
2–3	21.0	21.2
4 or more	19.0	19.0
<b>Residence</b>		
Urban	21.4	20.0
Rural	20.0	21.5
<b>Education</b>		
Never attended	18.2	17.6
Primary	19.5	19.5
Post-primary/vocational	20.8	20.6
Secondary	21.6	21.6
College	23.9	23.8
University	25.3	25.3
<b>Wealth quintile</b>		
Lowest	19.7	19.7
Lower	20.1	20.0
Middle	21.0	20.9
Higher	21.7	22.0
Highest	22.8	22.8
<b>County</b>		
Bungoma	20.4	20.4
Kericho	19.7	19.8
Kiambu	22.6	22.5
Kilifi	19.9	20.0
Kitui	20.9	20.8
Nairobi	22.3	22.3
Nandi	20.3	21.0
Nyamira	20.1	20.0
Siaya	19.1	19.2

## Age at First Sex

Median age at first sex is calculated based on the age at which women ages 25 to 49 reported they first had sexual intercourse. The sample respondents' age at first sex is constrained to ages 25 to 49 to reduce bias from young women ages 15 to 24 who had not yet experienced sexual intercourse. The median age is the age at which half of the sample population is estimated to have had first sex and half have not.

The missing values for the age at first sex were obtained by using linear interpolation to derive an approximate value.

The median age at first sex in PMA2014/Kenya was 18.0 years. The KDHS 2008–2009 reported 18.1 years for women ages 25 to 49. Women who had parity of zero or one initiated sex about one year earlier (16.6 years) than women with parity of four or more (17.4 years). The lowest median age at first sex is observed in women with no education (15.7 years) and those from Siaya (16.0 years) (Figure F18 and Table F18).

Figure F18. Median age at first sex among women ages 25 to 49, by county

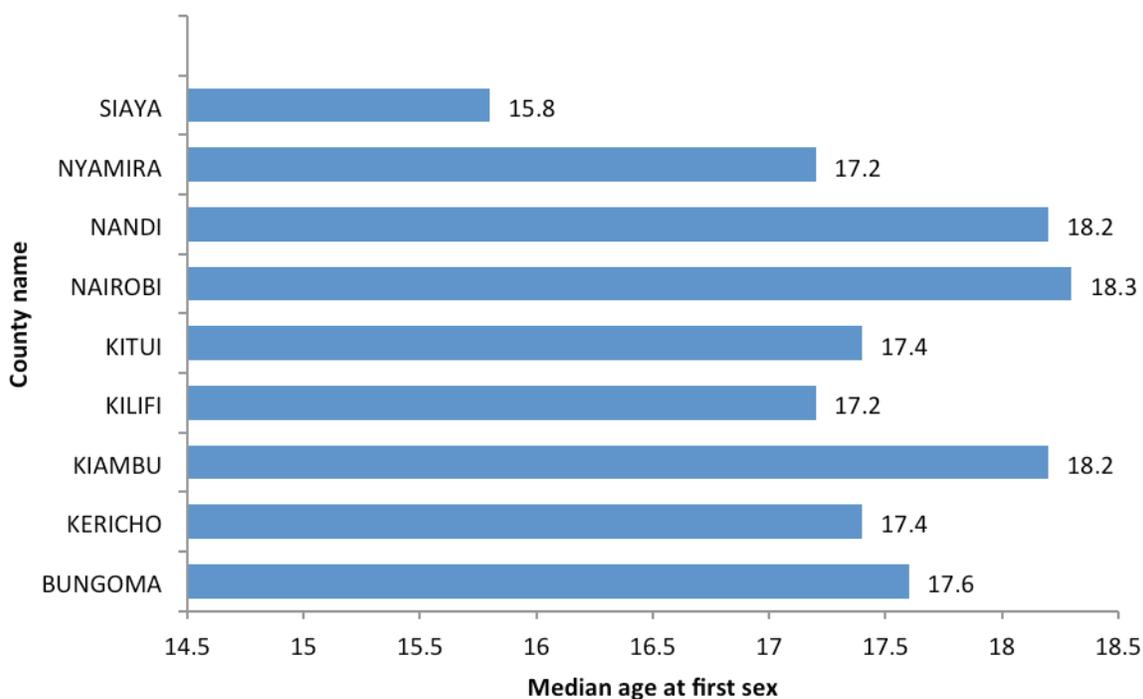


Table F18. Median age at first sex among women ages 25 to 49, by marital status and background characteristic

Background characteristic	All women	Married women
Total (n)	3,090	2,278
<b>Total</b>	<b>18.0</b>	<b>18.0</b>
<b>Age group</b>		
15–20	15.5	15.9
21–24	17.6	17.9
25–29	18.1	18.1
30–34	18.5	18.6
35–39	18.2	18.2
40–44	18.3	18.3
45–49	18.2	18.3
<b>Marital status</b>		
Married or in union	18.1	--
Not married	15.6	--
<b>Parity</b>		
0–1	16.6	18.7
2–3	18.1	18.3
4 or more	17.4	17.4
<b>Residence</b>		
Urban	18.0	18.5
Rural	17.0	17.8
<b>Education</b>		
Never attended	15.7	15.6
Primary	16.6	17.1
Post-primary/vocational	18.0	18.4
Secondary	18.0	18.9
College	20.4	20.9
University	20.3	20.7
<b>Wealth quintile</b>		
Lowest	16.5	17.4
Lower	17.4	18.0
Middle	17.9	18.3
Higher	18.4	19.1
Highest	18.7	19.8
<b>County</b>		
Bungoma	17.6	18.2
Kericho	17.4	17.8
Kiambu	18.2	19.2
Kilifi	17.2	18.4
Kitui	17.4	17.7
Nairobi	18.3	18.3
Nandi	18.2	18.7
Nyamira	17.2	17.9
Siaya	15.8	16.0

## Age at First Contraceptive Use

The age at first contraceptive use is indicative of an individual’s decision to take action to prevent an unplanned pregnancy. This indicator is reported first as the median age and then as the mean age reported by women ages 15 to 49 who have ever used a contraceptive method. The median age is the age at which half of the sample population of ever users is estimated to have begun and half have not.

The values for the age at first use are obtained by finding the median (integer) values and then interpolating linearly in between the integer values where the 50th percentile falls.

The mean or average age at first contraceptive use is more easily interpreted, especially when comparing across subgroups. Table F19a shows median and mean age at first contraceptive use among those who had ever used contraception (ever users) by age group, and Table F19b shows median age at first contraceptive use for female ever users ages 15 to 49 by marital status and background characteristic.

The median age at first use among ever users is 22.7 years (Table F19b), approximately 4.7 years later than the median age at first sex (Table F18) and 2.2 years after the median age at marriage (Table F17). The age at which half of those who had ever used contraception first used a method increased to 23.0 years for those ages 25 to 29, and to 28.2 years for those ages 45 to 49 (Figure F19). Similarly, women with four or more children first used a contraceptive method at later ages (median age 25.8) compared to those with zero or one child (21.2 years). No major differences exist between urban and rural residence, wealth quintile or county. Those with no education started using contraception the latest (median age 25.5), compared to those with university education (22.8).

*Table F19a. Median and mean age at first contraceptive use among users ages 15 to 49, by age group*

Age group	15–19	20–24	25–29	30–34	35–39	40–44	45–49
Median age	17.8	20.3	23.0	24.0	25.5	28.1	28.2
Mean age	17.2	19.9	22.0	23.5	24.6	26.6	27.3

Figure F19. Median age at first contraceptive use among ever users ages 15 to 49, by age group

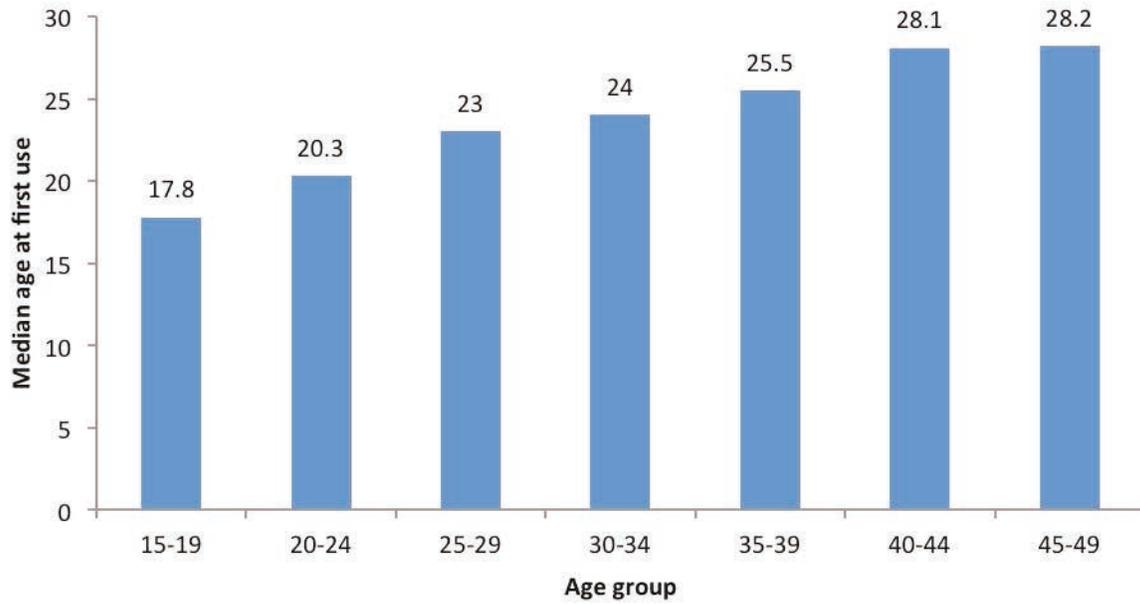


Table F19b. Mean and median age at first contraceptive use for ever users ages 15 to 49 by marital status and background characteristic

Background characteristics	All women (n = 2,367)		Married women (n = 1,912)	
	Mean (SD)	Median	Mean (SD)	Median
<b>Mean age (total)</b>	22.0	22.7	22.0	22.8
<b>Range (Min, Max)</b>				
<b>Age</b>				
15–19	17.2 (0.2)	17.8	17.7 (0.2)	18.1
20–24	19.9 (0.1)	20.3	20.1 (0.1)	20.4
25–29	22.0 (0.1)	23.0	22.0 (0.1)	23.0
30–34	23.5 (0.2)	24.0	23.6 (0.2)	24.2
35–39	24.6 (0.3)	25.5	24.8 (0.3)	25.6
40–44	26.6 (0.4)	28.1	26.2 (0.5)	27.9
45–49	27.2 (0.6)	28.2	27.7 (0.6)	28.4
<b>Marital status</b>				
Married or in union	22.1	21.6	--	--
Not married	22.8	22.9	--	--
<b>Parity</b>				
0–1	21.5 (0.2)	21.2	21.8 (0.2)	21.8
2–3	22.1 (0.1)	22.2	21.9 (0.1)	22.1
4 or more	25.7 (0.2)	25.8	25.7 (0.2)	25.8
<b>Residence</b>				
Urban	22.1 (0.1)	22.3	22.2 (0.1)	22.5
Rural	23.8 (0.2)	23.0	23.9(0.2)	23.3
<b>Education</b>				
Never attended	26.4 (1.0)	25.5	26.1 (1.2)	25.3
Primary	22.6 (0.1)	22.3	22.7 (0.2)	22.4
Post-primary vocational	22.7 (0.7)	24.7	23.4 (0.8)	24.7
Secondary	22.2 (0.2)	22.3	22.5 (0.2)	22.6
College	23.2 (0.3)	24.0	24.1 (0.3)	24.5
University	23.0 (0.5)	22.8	22.6 (0.5)	24.3
<b>Wealth quintile</b>				
Lowest	23.4 (0.2)	22.3	23.7 (0.2)	22.7
Lower	23.5 (0.2)	23.5	23.5 (0.2)	23.7
Middle	22.2 (0.2)	22.7	22.2 (0.3)	22.8
Higher	22.1 (0.2)	22.4	22.4 (0.3)	22.5
Highest	22.5 (0.3)	22.8	22.7 (0.3)	23.0
<b>County</b>				
Bungoma	23.9 (0.3)	23.1	24.1 (0.3)	23.4
Kericho	23.3 (0.3)	22.6	23.4 (0.4)	22.8
Kiambu	22.7 (0.3)	22.4	22.6 (0.3)	22.5
Kilifi	24.1 (0.4)	23.5	24.2 (0.4)	23.8
Kitui	25.5 (0.4)	25.0	25.5 (0.4)	25.2
Nairobi	21.7 (0.2)	22.1	21.9 (0.3)	22.3
Nandi	23.9 (0.3)	23.0	24.2 (0.4)	23.4
Nyamira	21.3 (0.3)	21.0	21.5 (0.3)	21.3
Siaya	23.9 (0.4)	22.5	24.0 (0.4)	22.0

## Number of Living Children at First Contraceptive Use

Monitoring the number of living children a couple has when they begin to use contraception for the first time is informative of birth spacing motivations, as well as awareness of contraceptive options early in the family formation process. This indicator is calculated as the average number of living children at the time of first use of contraception based on a direct question with this wording. Figures F20a, b and c show percent distributions of parity at the time of first contraceptive use among female ever users ages 15 to 49, by age group, wealth quintile and education level.

More than (70.0 %) of women who had ever used contraception began using when they had no children or one child. Older women began when they had more births than younger women. Among those ages 40 and older, slightly more than a third began when they had three or more children (Table F20). Not unexpectedly, urban women (82.3 percent) began using at low parities. Parity at adoption of contraception varies in interesting ways by the woman's education level, with the most educated women most likely to start using family planning early in their family formation (Figure F20c). Women with university-level education are most likely to have zero or one child when they begin using contraception (83.9 percent). Women living in the wealthiest households are more likely to begin using contraception with parity zero or one (90.0 percent), and those in the poorest households are more likely to have four or more children (22.5 percent) when they begin using contraception.

Figure F20a. Parity at first contraceptive use among women ages 15 to 49 ever users: Percentage distribution, by parity at first use and age group

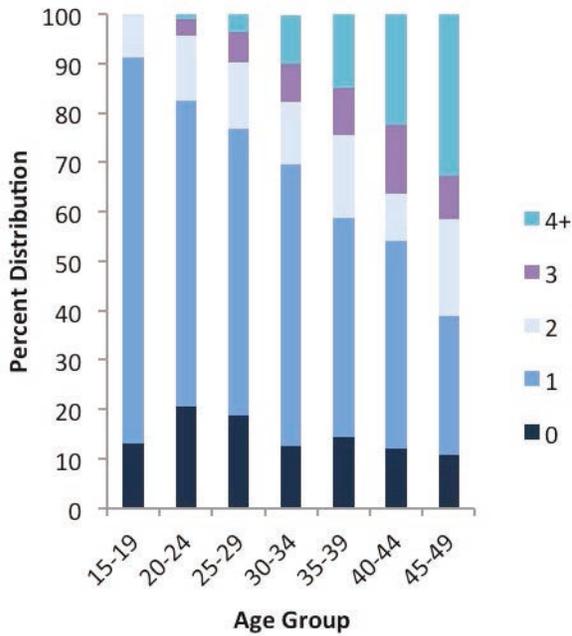


Figure F20b. Parity at first contraceptive use among women ages 15 to 49 ever users: Percentage distribution, by parity at first use and wealth quintile

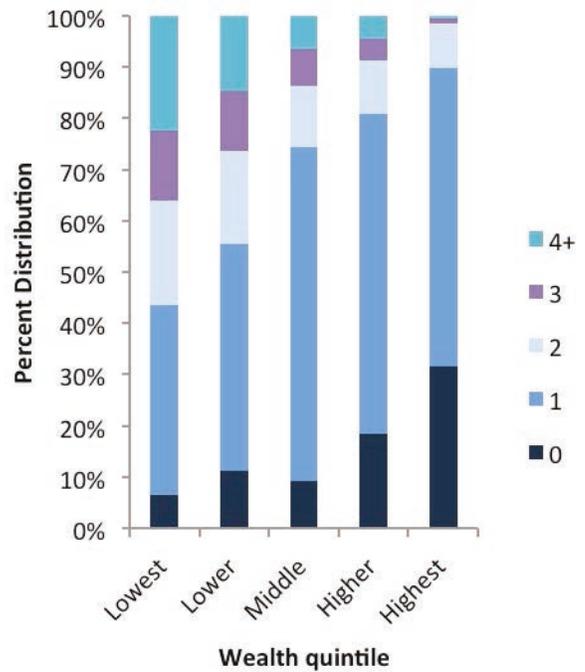


Figure F20c. Parity at first contraceptive use among women ages 15 to 49 who had ever used contraception: Percentage distribution, by parity at first use and educational attainment

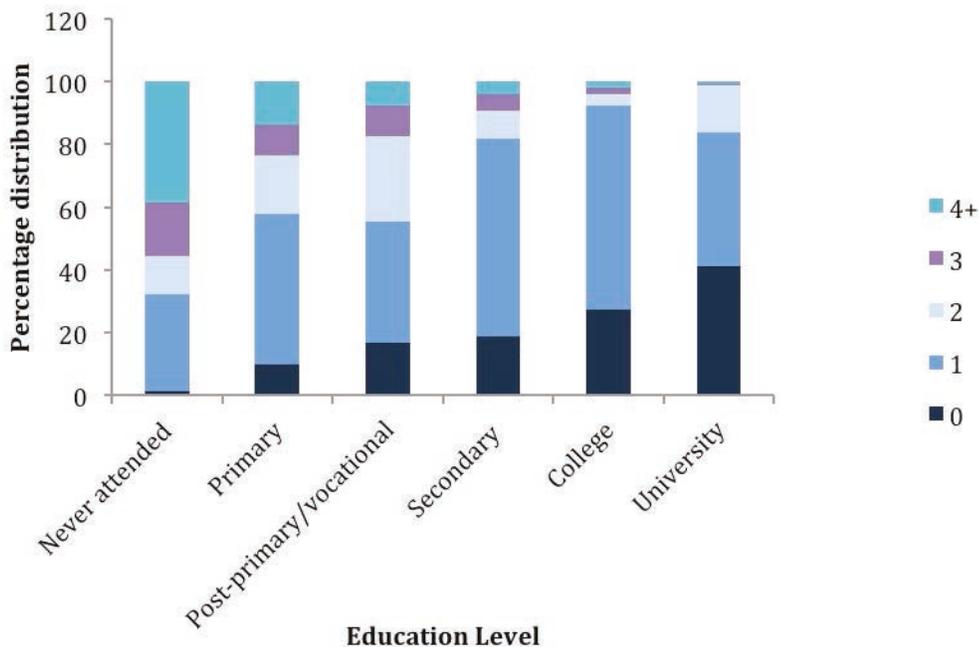


Table F20. Parity at first contraceptive use among women ages 15 to 49 who had ever used contraception: Percentage distribution, by parity at first use and selected background characteristics

Background characteristics	Number of living children at time of first use of contraception						Number of women who had ever used
	0	1	2	3	4+	Total	
<b>Total</b>	<b>16.0</b>	<b>54.1</b>	<b>13.6</b>	<b>7.2</b>	<b>9.1</b>	<b>100.0</b>	<b>2,239</b>
<b>Age group</b>							
15–19	13.0	78.3	8.7	0.0	0.0	100.0	58
20–24	20.6	61.8	13.2	3.5	0.9	100.0	403
25–29	18.8	58.1	13.3	6.2	3.6	100.0	696
30–34	12.5	57.0	12.8	7.7	9.9	100.0	433
35–39	14.3	44.5	16.6	9.8	14.9	100.0	337
40–44	12.0	42.2	9.4	14.0	22.5	100.0	192
45–49	10.7	28.3	19.6	8.7	32.8	100.0	120
<b>Residence</b>							
Urban	20.9	61.4	10.5	4.0	3.3	100.0	1,438
Rural	7.4	40.4	19.6	12.9	19.7	100.0	801
<b>Education</b>							
Never attended	1.3	30.9	12.1	17.1	38.5	100.0	53
Primary	9.9	47.9	18.6	9.8	13.7	100.0	1,028
Post-primary/vocational	16.6	38.8	27.3	9.8	7.5	100.0	62
Secondary	18.9	62.9	8.9	5.2	4.1	100.0	761
College	27.4	64.9	3.7	2.0	2.0	100.0	255
University	41.0	42.9	15.1	0.3	0.7	100.0	79
<b>Wealth quintile</b>							
Lowest	6.5	37.2	20.2	13.7	22.5	100.0	399
Lower	11.2	44.0	18.3	11.8	14.6	100.0	425
Middle	9.2	65.2	12.0	7.2	6.5	100.0	459
Higher	18.5	62.4	10.3	4.2	4.6	100.0	449
Highest	31.7	58.3	8.6	1.1	0.4	100.0	507
<b>County</b>							
Bungoma	5.6	40.1	18.8	13.3	22.1	100.0	182
Kericho	5.8	42.2	22.7	9.7	19.7	100.0	133
Kiambu	19.9	59.8	8.9	8.1	3.3	100.0	329
Kilifi	6.1	44.9	22.1	11.5	15.4	100.0	135
Kitui	5.1	37.1	19.4	13.0	25.4	100.0	130
Nairobi	23.0	64.9	9.1	2.0	1.1	100.0	976
Nandi	12.7	38.8	16.4	13.5	18.6	100.0	114
Nyamira	14.0	51.2	17.9	7.0	9.8	100.0	114
Siaya	4.6	28.1	25.3	17.7	24.3	100.0	126

\*Due to small sample size and relevance, co-variation by marital status was not tabulated.

## Recent Exposure to Mass Media Family Planning Messages

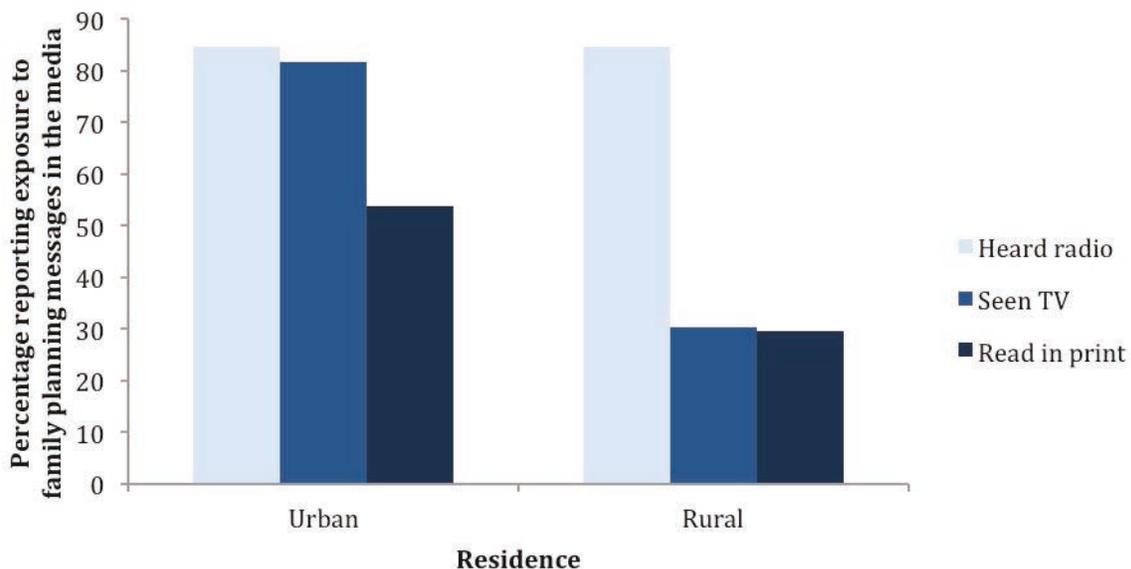
Raising the public’s knowledge and level of awareness of contraceptive methods and sources of services is frequently accomplished by disseminating messages through mass media channels such as radio, television, or print. Public messaging can also increase the acceptability of change in healthy behaviors, such as contraceptive adoption, spacing births, girls schooling, or delayed marriage.

In the PMA2014/Kenya survey, all women ages 15 to 49 were asked if they had:

- Heard about family planning on the radio.
- Seen anything about family planning on the television.
- Read about family planning in a newspaper or magazine.

More than three-quarters (82.8 percent) of all women reported hearing about family planning on the radio, and more than half (62.2 percent) saw a family planning message on television. More than a third of the women (44.5 percent) read about family planning in a newspaper or magazine. Women ages 20 to 24 reported higher levels of media exposure than other age groups (Figure F21). Women of lower parity who lived in urban areas, had high levels of education, and lived in wealthier households also reported more exposure to family planning messages (Figure F21 and Table F21). Women from Kilifi had the lowest exposure to radio.

*Figure F21. Mass media exposure to family planning messages among women ages 15 to 49: Percentage who reported exposure to family planning messages on radio, television or read in print, by residence*



*Table F21. Mass media exposure to family planning messages among women ages 15 to 49: Percentage who reported exposure to family planning messages on radio, television or read in print, by marital status and background characteristic*

Background characteristics	Heard family planning messages on radio		Saw family planning messages on TV		Read about family planning in newspaper/magazine	
	All women (n = 3,760)	Married women (n = 2,502)	All women (n = 3,720)	Married women (n = 2,502)	All women (n = 3,760)	Married women (n = 2,502)
<b>Total</b>	<b>82.8</b>	<b>84.2</b>	<b>62.2</b>	<b>60.1</b>	<b>44.5</b>	<b>41.9</b>
<b>Age group</b>						
15–19	81.1	76.1	55.6	45.0	43.0	36.2
20–24	84.7	85.2	67.8	60.5	51.9	40.7
25–29	81.8	83.7	69.5	69.0	42.4	42.2
30–34	83.4	84.2	62.3	60.8	43.6	42.2
35–39	83.0	84.3	51.8	51.4	39.3	40.6
40–44	81.8	81.5	51.1	47.2	35.8	37.8
45–49	81.6	90.0	51.8	54.1	47.3	52.8
<b>Marital status</b>						
Married or in union	84.2	--	60.1	--	41.9	--
Not married	80.3	--	65.8	--	49.1	--
Unmarried sexually active	78.9	--	69.8	--	54.1	--
<b>Parity</b>						
0–1	84.3	86.6	72.6	73.3	53.8	52.1
2–3	82.7	84.3	62.7	64.1	40.5	41.7
4 or more	80.1	81.8	36.2	37.3	28.4	29.5
<b>Residence</b>						
Urban	84.0	84.7	81.7	80.0	53.7	51.3
Rural	84.5	83.5	30.3	30.6	29.5	27.8
<b>Education</b>						
Never attended	60.1	64.6	35.1	34.5	8.4	9.5
Primary	79.0	81.1	42.9	43.1	27.1	26.4
Post-primary/vocational	91.9	92.9	58.6	57.2	44.6	53.0
Secondary	87.9	87.3	74.2	73.8	52.3	50.0
College	85.4	88.6	88.3	85.6	74.0	71.9
University	83.9	93.3	88.9	92.0	78.7	82.9
<b>Wealth quintile</b>						
Lowest	76.8	79.8	18.8	17.5	20.4	17.2
Lower	83.7	85.9	37.9	36.8	34.9	31.9
Middle	85.5	87.5	65.9	65.7	41.9	42.5
Higher	82.7	81.5	85.7	84.7	53.9	47.9
Highest	85.1	86.4	93.2	91.6	65.3	66.2
<b>County</b>						
Bungoma	86.7	87.3	28.9	25.9	26.0	22.6
Kericho	86.8	88.4	37.3	35.2	38.7	36.2
Kiambu	85.3	88.2	78.9	80.2	54.4	52.7
Kilifi	66.5	70.2	34.0	38.6	26.5	26.4
Kitui	80.0	82.6	34.7	35.8	37.1	35.2
Nairobi	84.0	84.0	86.8	84.4	55.0	52.9
Nandi	77.5	79.4	37.3	36.6	35.9	33.8
Nyamira	85.5	89.1	30.9	29.3	25.1	22.8
Siaya	87.8	89.6	28.8	28.7	29.7	27.7

# Findings for Service Delivery Point Indicators

Monitoring the availability and quality of family planning services in health facilities nationally is an important objective of the PMA2020 surveys. The PMA2014/Kenya survey interviewed both public and private health facilities. Health facilities were sampled as follows:

- All public health facilities serving each enumeration area (EA) were contacted for interviews, including higher level public facilities that had PMA2014/Kenya EAs in their catchment population. Most of these public health facilities were outside the PMA2020-elected EAs but were included in the survey because they served households from the selected EA. Categories of the public health facilities selected and interviewed included county referral hospitals, sub-county hospitals, health centers, and dispensaries. Supervisors conducted the interviews with letters of introduction and authorization provided by the Ministry of Health at national and county levels.
- All private health facilities located within the boundary of the selected EA were identified and listed as part of the enumeration procedures within the EA. Up to three private health facilities were randomly selected for interview. These were primarily pharmacies and chemist shops.

The SDP indicators in this report were selected to inform family planning program performance and, along with other information, were measured through the facility survey. Because SDPs are not transient entities, like people, monitoring these indicators over time through PMA2020 is likely to be based on largely the same group of facilities accessible to the sample clusters. This confers statistical advantages in assessing the significance of change from one time to the next. Please see Appendix E for definitions.

See Table 7 for a description of characteristics of health facilities included in the survey. In many EAs, there were fewer than three public SDPs within the boundaries, in which case only one (rather than three) public SDP were selected. This resulted in fewer SDPs captured in this survey round than expected.

## Offers Family Planning Counseling and Services to Adolescents

This indicator is defined as the percentage of health facilities that offered unmarried adolescents any family planning counseling and provision and/or prescription for methods.

Among the 263 facilities surveyed, 96.0 percent reported offering adolescents family planning counseling or method services. Eighty two point four percent of government facilities and 42.3 percent of private facilities reported that they served adolescents. Fifty-six percent of health facilities in Kiambu and 23.0 percent in Nairobi reported not offering adolescent family planning services. More than 79.0 percent of health centers provided family planning services to adolescents but only 35.0 percent of pharmacies provided family planning services to adolescents (Figure S1 and Table S1). All facilities with more than 50 beds reported providing adolescent family planning services.

Figure S1. Percentage of health facilities that provide family planning care to adolescents, by facility type

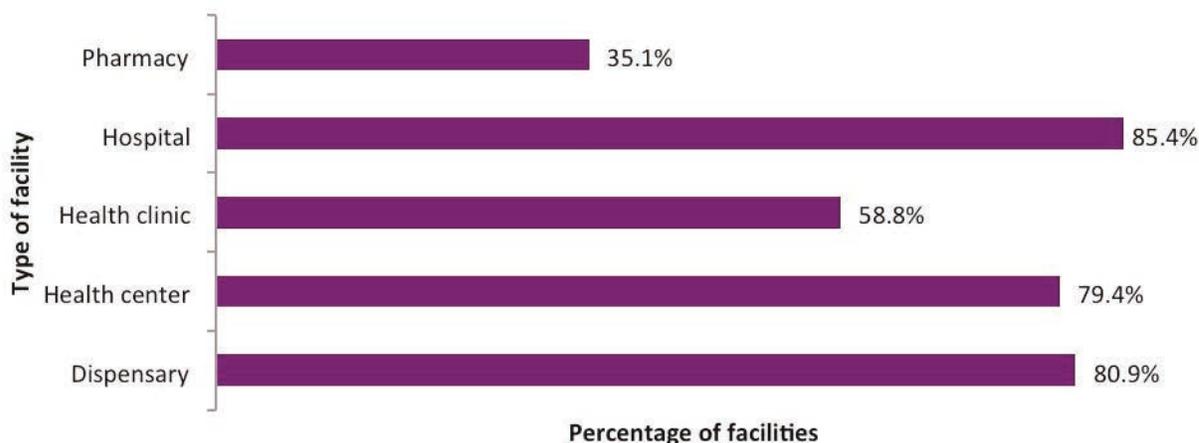


Table S1. Percent of health facilities that provide family planning services to adolescents, by facility characteristics

	Type of facility (n = 184)					Residence (n = 184)		Number of beds (n = 171)			Total
	Dispensary	Health clinic	Health center	Hospital	Pharmacy	Rural	Urban	0–50	51–100	101 or more	
<b>Offering family planning counseling and services to adolescents</b>	80.9	58.8	79.1	85.4	35.1	76.6	68.2	77.6	100.0	100.0	73.0

## Has Client Feedback System

Seeking feedback on facility performance from clients is seen as an important measure of quality of care. This indicator is defined as the percentage of health facilities that report collecting client information using any of the following modes: a suggestion box, client survey forms, official meetings with community leaders, informal discussions with clients or communities, direct client feedback to staff, or other means.

Among the 263 health facilities surveyed, 94.3 percent report having some type of client feedback system. All hospitals and facilities with 51 or more beds reported having a system (100.0 percent). Pharmacies had the lowest level (79.6 percent) of client feedback systems (Figure S2 and Table S2).

Figure S2. Percent of health facilities with a client feedback system, by facility type

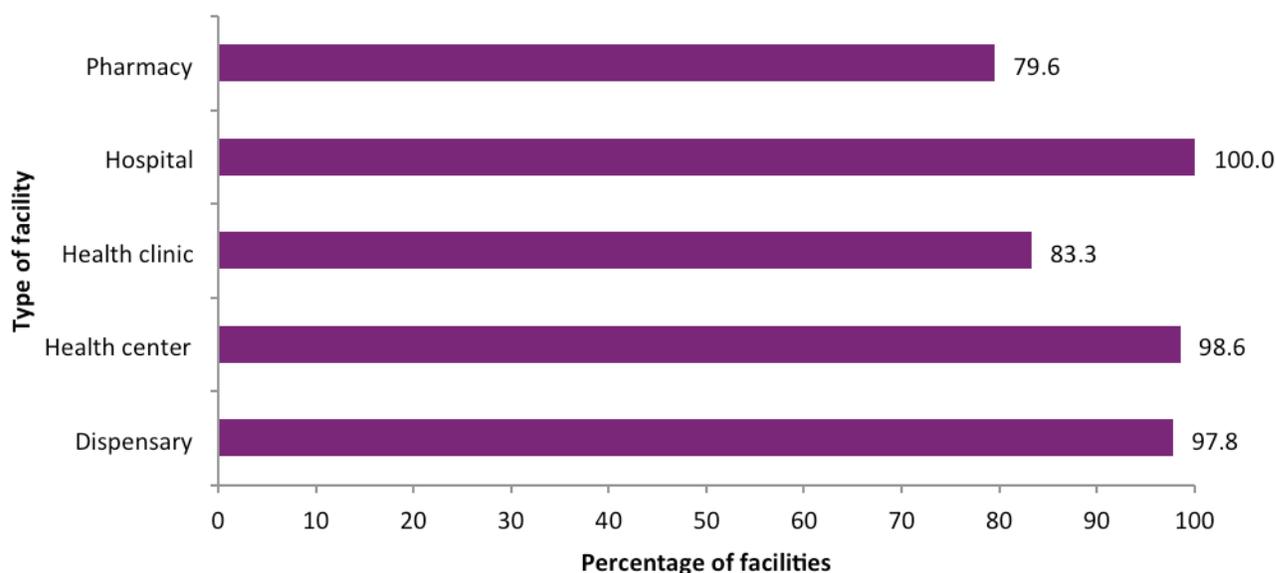


Table S2. Percentage of health facilities with a client feedback system, by facility characteristics

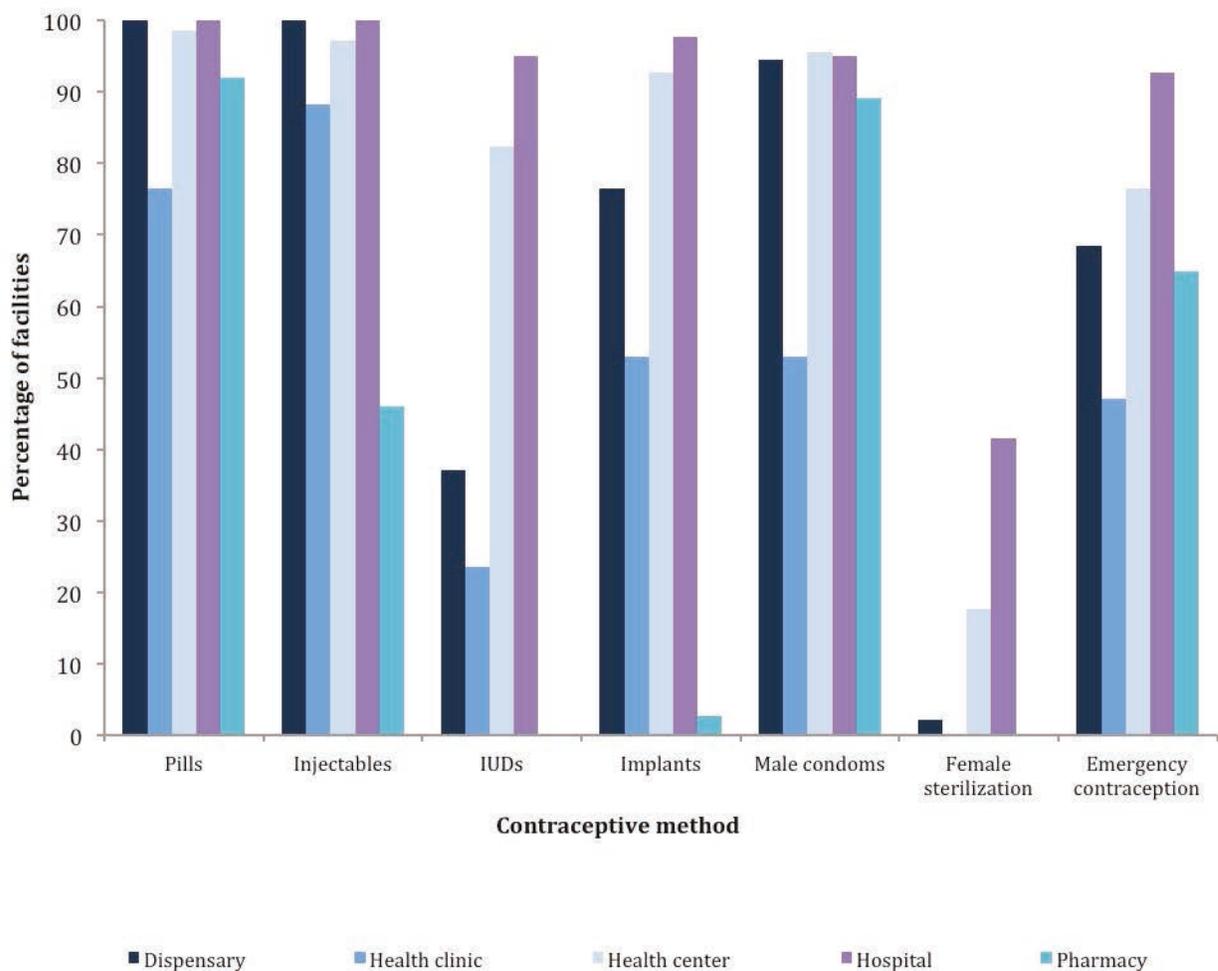
	Type of facility					Residence		Number of beds			Total
	Dispensary	Health clinic	Health center	Hospital	Pharmacy	Rural	Urban	0–50	51–100	101 or more	
<b>Percentage with client feedback (n = 263)</b>	97.8	83.3	98.6	100.0	79.6	95.3	93.0	97.0	100.0	100.0	94.3

## Offers Different Types of Contraceptive Methods

This indicator is defined as the percentage of health facilities offering different types of contraceptive methods. Based on the facility respondents' report, six main methods were assessed: pills, injectables, IUDs, implants, emergency contraceptives and condoms.

Of all the 263 facilities, nearly 97.0 percent offer pills and more than 90.0 percent offer injectables and male condoms. More than 90.0 percent of the interviewed facilities that offer family planning offer injectables, 72.0 percent offer implants and just over 12.0 percent offered female sterilization (Table S3).

*Figure S3. Percentage of health facilities that offer different contraceptive methods, by type of contraceptive method*



*Table S3. Percentage of health facilities that offer different types of contraceptive methods, by facility characteristics*

Facility type	Contraceptive methods						
	Pill (n = 244)	Injectables (n = 228)	IUD (n = 132)	Implants (n = 181)	Male Condom (n = 230)	Female sterilization (n = 31)	Emergency contraception (n = 183)
Dispensary	100.0	100.0	37.1	76.4	94.4	2.3	68.5
Health clinic	76.5	88.2	23.5	52.9	52.9	0.0	47.1
Health center	98.5	97.1	82.4	92.7	95.6	17.7	76.5
Hospital	100.0	100.0	95.1	97.6	95.1	41.5	92.7
Pharmacy	91.9	46.0	0.0	2.7	89.2	0.0	64.9
<b>Residence</b>							
Rural	97.2	92.4	49.7	73.8	90.3	8.3	71.0
Urban	96.3	87.9	56.1	69.2	92.5	17.8	74.8
<b>Number of beds</b>							
0–50	97.5	98.0	57.7	82.1	91.3	9.7	71.4
51–100	100.0	100.0	100.0	100.0	100.0	33.3	100.0
100 or more	100.0	100.0	100.0	100.0	100.0	76.9	100.0
<b>Total</b>	<b>96.8</b>	<b>90.5</b>	<b>90.5</b>	<b>71.9</b>	<b>91.3</b>	<b>12.3</b>	<b>72.7</b>

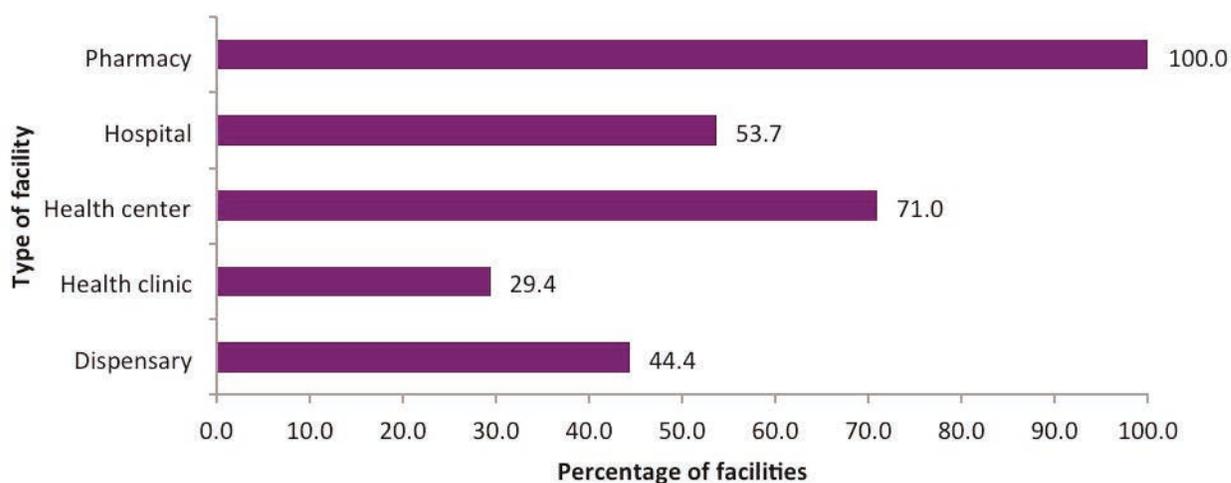
## Visited by Mobile Outreach Team in the Past 12 Months

Mobile outreach teams can extend the service reach of a program. Trained staff who provide a range of contraceptives not usually available at the facility, such as long-acting methods, routinely visit health facilities and offer family planning services from outlying health clinics.

This indicator is defined as the percentage of health facilities reporting a mobile outreach team visited to deliver supplementary family planning services in the past 12 months.

Of all health facilities, (61.2 percent) reported that a mobile team worked on-site in the past 12 months, the highest percent of which were health centers (71.0 percent). The facilities that reported fewer visits were health clinics (29.4 percent) and facilities with more than 100 beds (38.5 percent) (Figure S4 and Table S4).

*Figure S4. Percentage of health facilities visited by mobile outreach team in past 12 months, by facility type*



*Table S4. Percent of health facilities visited by mobile outreach team in past 12 months, by facility characteristics*

	Type of facility					Residence		Number of beds			Total
	Dispensary	Health clinic	Health center	Hospital	Pharmacy	Rural	Urban	0–50	51–100	101 or more	
<b>Percentage with mobile outreach team working in/from facility in past 12 months (n = 161)</b>	44.4	29.4	71.0	53.7	100.0	59.1	64.3	53.3	85.7	38.5	61.2

## Experienced Contraceptive Stockouts in the Past 12 Months

This indicator is defined as the percentage of health facilities reporting that a method was out of stock in the past 12 months. Five main methods were tracked: pills, injectables, IUDs, implants, and male condoms. Note that not all facilities offered each type of method (Table S5). The percentages were then based on those that reported routinely providing the method.

Among the facilities providing implants, (25.4 percent) of public facilities, compared to (31.3 percent) of private facilities, reported stockouts (Figure S5 and Table S5). The pattern of stockouts by facilities was mixed, with 22.5 percent and 20.0 percent of public hospitals reporting stockouts of pills and implants, respectively. About 26.5 percent of the private pharmacies reported stockouts of pills (Table S5).

*Figure S5. Percentage of service delivery points reporting method-specific stockout of contraceptives in past 12 months, by sector*

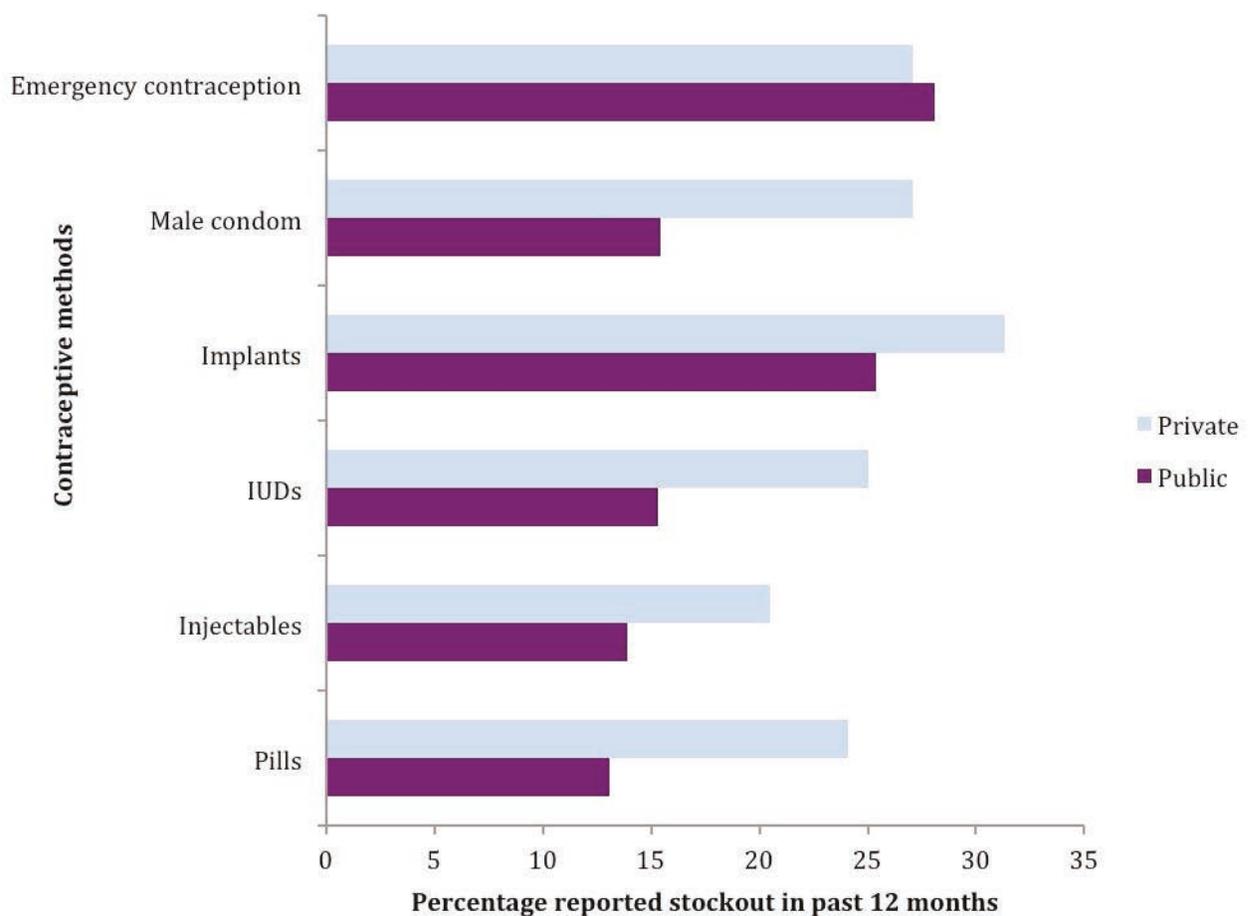


Table S5. Percentage of service delivery points stocked out of modern contraceptives in the past 12 months, by sector and method

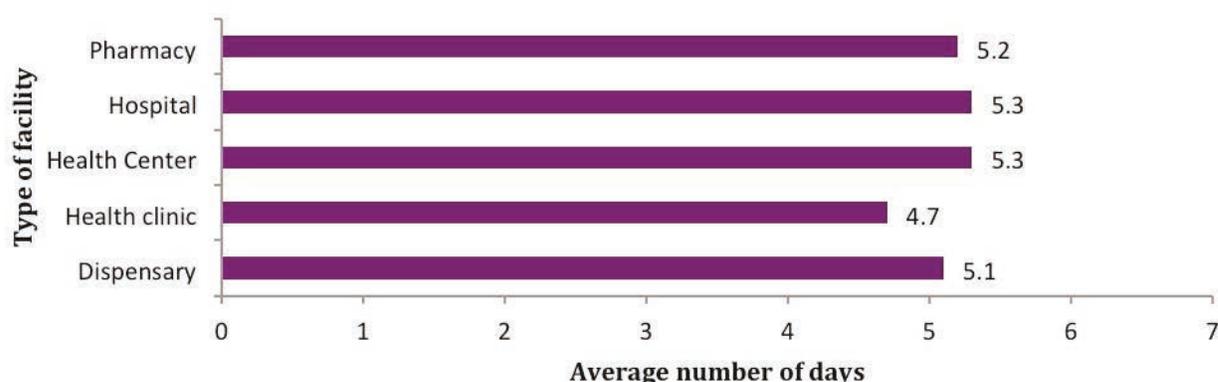
Facility characteristics	Public						Private					
	Pill (n=188)	Injectables (n=188)	IUD (n=124)	Implants (n=165)	Male condom (n=182)	Emergency contraception (n=185)	Pill (n=54)	Injectables (n=39)	IUD (n=8)	Implants (n=16)	Male condom (n=48)	Emergency contraception (n=48)
<b>Total</b>	<b>13.1</b>	<b>13.9</b>	<b>15.3</b>	<b>25.4</b>	<b>15.4</b>	<b>28.1</b>	<b>24.1</b>	<b>20.5</b>	<b>25.0</b>	<b>31.3</b>	<b>27.1</b>	<b>27.1</b>
<b>Years of operation</b>												
Less than 5 years	10.3	13.8	37.5	31.8	14.8	25.9	32.1	18.8	100.0	40.0	18.5	22.2
5–10 years	8.1	10.8	22.3	25.0	17.1	22.2	9.1	20.0	0.0	0.0	37.5	37.5
11 or more years	10.9	13.2	8.7	21.7	12.5	28.9	18.2	11.1	25.0	33.3	33.3	44.4
<b>Facility type</b>												
Dispensary	9.2	16.1	30.3	25.8	12.2	30.5	0.0	0.0	0.0	50.0	0.0	0.0
Health center	12.7	16.3	9.6	28.8	16.1	20.6	25.0	25.0	25.0	25.0	66.8	33.3
Health clinic	0.0	0.0	0.0	0.0	0.0	0.0	23.1	6.7	25.0	22.2	33.3	22.2
Hospital	22.5	5.0	10.3	20.0	21.1	35.0	0.0	0.0	0.0	100.0	0.0	0.0
Pharmacy	0.0	0.0	0.0	0.0	0.0	0.0	26.5	35.3	0.0	0.0	24.2	30.3
<b>Residence</b>												
Rural	9.4	12.8	15.7	28.7	13.8	37.5	33.3	23.5	0.0	33.3	27.3	22.7
Urban	19.2	15.3	14.8	20.3	17.8	13.7	16.7	18.2	33.3	30.0	26.9	30.7
<b>Years family planning services offered</b>												
Less than 10 years	8.7	14.5	23.3	26.8	15.4	24.2	26.8	18.5	33.3	25.0	21.6	27.0
11 or more years	9.3	14.1	6.3	22.4	6.5	23.8	16.7	20.0	50.0	33.3	60.0	60.0
<b>Charges fees</b>												
Yes	13.0	13.0	15.8	21.7	17.4	26.1	22.5	20.0	33.3	35.7	31.3	28.1
No	13.2	13.9	15.2	26.1	15.1	28.4	28.5	22.2	0.0	0.0	18.8	25.0

## Average Number of Days Family Planning Services Are Offered

This indicator helps measure availability and access to services. It is defined as the average number of days per week family planning services are offered (or products are sold) at the health facility.

On average, the 253 health facilities that offer family planning services offer the services 5.2 days per week. Hospital providers reported offering family planning for an average of 5.3 days per week. Health clinics recorded the lowest, at 4.7 days (Figure S6). The average number of days family planning services are offered does not differ substantially by number of beds, ranging from 5.2 to 5.3 days per week (0 to 100 or more beds, respectively). Urban facilities offer family planning services 5.4 days a week compared to 5.1 days for rural providers (Table S6).

Figure S6. Average number of days per week that family planning services were offered, by facility type



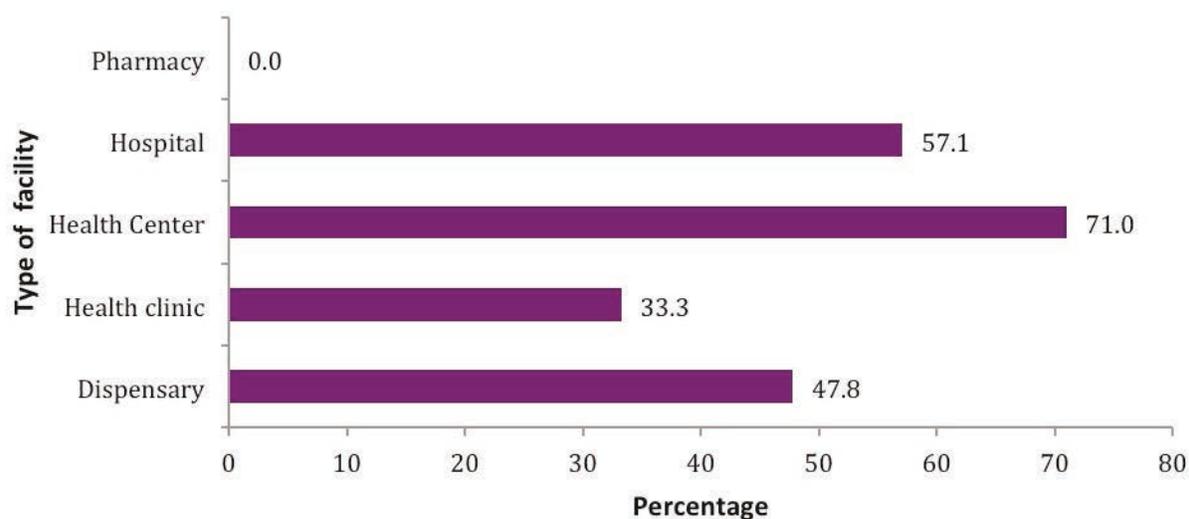
	Type of facility (n = 253)					Residence (n=248)		Number of beds (n = 220)			
	Dispensary	Health clinic	Health center	Hospital	Pharmacy	Rural	Urban	0–50	51–100	101 or more	Total
<b>Average number of days per week family planning is offered</b>	5.1	4.7	5.3	5.3	5.2	5.1	5.4	5.2	5.3	5.2	5.2

## Supports Community Health Workers From the Facility

In Kenya, community health workers (CHWs) are the frontline resource persons for community-based health services. CHWs play a critical role in the overstressed health care system, filling the information and distribution gap between people wanting health options and the clinics that provide a range of health services to huge populations, particularly in poor urban communities. CHWs may be volunteers or paid staff. With sufficient training, they administer several family planning methods like injectables and implants. Health facilities assist CHWs by providing supervision, clinical support and supplies. Thus, this indicator is defined as the percentage of health facilities reporting providing supervision, support or supplies to CHWs.

More than half of the health facilities (55.7%) reported that they supported community health workers, the highest percentage of which were health centers (71.0%). About 57.1% of the hospitals worked with community health workers. Pharmacy outlets did not work with community health workers (Table S7 and Figure S7).

*Figure S7. Percentage of health facilities that supported community health workers from or in the facility, by facility type*



*Table S7. Percentage of health facilities that supported community health workers from or in the facility, by facility characteristic*

	Type of facility					Residence		Number of beds			
	Dispensary	Health clinic	Health center	Hospital	Pharmacy	Rural	Urban	0–50	51–100	101 or more	Total
<b>Supporting CHWs from this facility (n=252)</b>	47.8	33.3	71.0	57.1	0.0	54.3	57.6	55.8	57.1	53.9	55.7

## Number of Family Planning Visits in the Past Month

The caseload volume for family planning services reveals both demand for contraception and quality in choice of methods. Observing patterns by the type of facility informs where clients obtain their methods. This indicator is defined as both the total number of visits by new or continuing users and the number of new clients presenting at the facility in the past complete month. Data came from the client register in the facility. In the case of pharmacists or chemist shops, numbers were based on estimated sales of contraceptive methods in that period. Table S8 shows the total counts by type of method.

The number of health facilities with registers from which total family planning visits and new clients could be recorded is shown in Table S8. The largest number of visits in one complete month was for male condoms (22,988 followed by injectables (17,783), pills (7,591), implants (4,258) and female condoms (1,177). Visits for intrauterine devices (IUDs) and emergency contraception were also significant, numbering in the hundreds. The number of monthly new clients was highest for male condoms (5,730), injectables (4,387), pills (3,147), implants (2,729) and IUDs (407). Sterilization cases were also measured. Hospitals and health centers accounted for most of the servicing of new clients. Total visits were higher in urban than in rural facilities and in smaller compared to larger facilities (Table S8).

Table S8. Number of client visits and number of new clients for contraceptive services, by method type and facility characteristics

Facility characteristic	Contraceptive methods																	
	Sterilization		Implants		IUD		Injectables		Pill		Male condom		Female condom		Emergency contraception		Cycle Beads	
	Total female	Total male	Total	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total	New
<b>Sample size</b>	31	15	180	180	132	132	211	211	210	210	197	1197	130	130	159	159	28	28
<b>Total</b>	102	2	4,258	2,729	806	407	17,783	4,387	7,591	3,147	22,988	5,730	1,177	237	383	275	29	19
<b>Facility type</b>																		
Dispensary	5	0	976	696	68	44	4,408	1,025	856	304	7,950	2,045	110	104	253	193	3	1
Health center	24	0	1,842	876	475	191	7,052	1,746	4,772	1,997	7,860	1,406	880	83	93	61	25	17
Health clinic	0	0	21	76	10	9	289	101	109	77	256	110	6	6	23	13	0	0
Hospital	73	2	1,419	1,081	253	163	6,034	1,465	1,854	769	6,922	2,169	181	44	14	8	1	1
Pharmacy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Residence</b>																		
Rural	52	0	1,930	1,544	214	152	7,942	2,009	1,191	454	11,717	2,265	183	114	135	120	5	0
Urban	50	2	2,328	1,185	592	255	9,961	2,328	6,400	2,693	11,271	3,465	994	123	248	155	24	19
<b>Number of beds</b>																		
0–50	43	0	3,405	2,070	643	304	14,231	3,577	6,099	2,537	19,781	3,898	1,056	196	381	274	28	18
51–100	5	2	91	54	39	12	753	193	399	131	159	83	6	2	0	0	0	0
101 or more	54	0	762	605	124	91	2,799	567	1,093	479	3,048	1749	115	39	2	1	1	1

## Charge Fees for Family Planning Services

This indicator is defined as the percentage of health facilities that charge routine user fees or charge for family planning services.

Data indicate that (25.8) percent of the health facilities charge fees to clients for family planning services. The highest percentage is among health clinics (70.6 percent), followed by pharmacies (62.2 percent). Health centers and dispensaries reported the lowest percentage (10.3 and 9.0 percent, respectively). Sixty-one point five percent of facilities with 101 or more beds reported charging fees (Figure S9 and Table S9).

Figure S9. Percentage of health facilities that charge fees for family planning services, by facility type

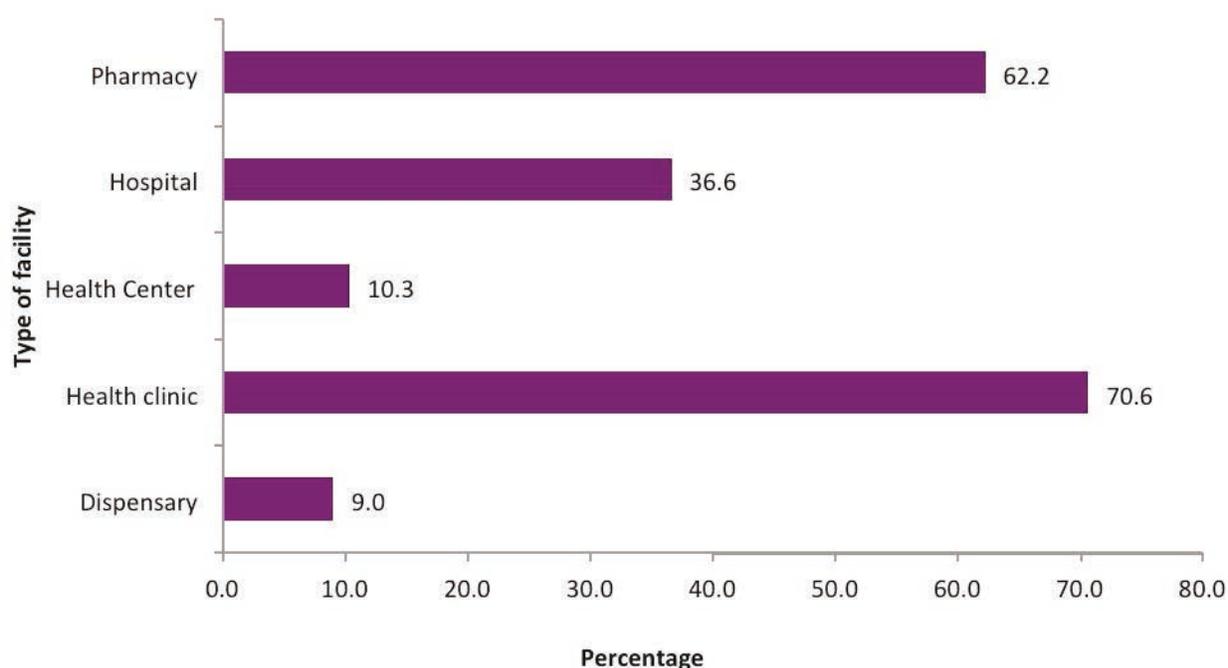


Table S9. Percentage of health facilities that charge fees for family planning services, by facility characteristics

	Type of facility					Residence		Number of beds			
	Dispensary	Health clinic	Health center	Hospital	Pharmacy	Rural	Urban	0–50	51–100	101 or more	Total
<b>Charge fees for family planning services (n=252)</b>	9.0	70.6	10.3	36.6	62.2	20.7	32.7	16.3	33.3	61.5	25.8

## Indicators for Integration of Services

These indicators can be used to compare and track trends in the level of integration of FP with MCH services and can serve as a proxy for women's access to postpartum FP services. When subset by type of service, the indicator can help policy and program planners identify where scaling up of integrated FP and MCH services is taking place and where there are gaps.

Optimally, MCH programs and services can provide a range of methods to meet the needs of postpartum woman for limiting and spacing pregnancies. FP use during the first year postpartum has the potential to significantly reduce the number of unplanned pregnancies leading to fewer closely spaced pregnancy intervals and decreases in maternal and child morbidity and mortality. The integration of the range of contraceptive methods for postpartum women within MCH programs and services provides opportunities to streamline and improve care at the most favorable and critical times for maximizing women's reproductive health and the health of their children. Multiple contacts with MCH services during the antenatal and the postpartum periods have been shown to increase women's use of FP methods by six months postpartum and decrease unmet need for FP. Integration can also further connect individuals seeking HIV services with FP services when there is need.

The integration indicators in Table S10 are defined as follows:

S10a	Integrating FP into maternal health services	Percent of health facilities that offer advice, or provide contraceptive methods, or prescription (referral) to mothers before post-delivery discharge
S10b	Integrating FP into HIV services	Percent of health facilities that offer advice, or provide contraceptive methods, or prescription (referral) to clients coming for HIV services (related to diagnosis, treatment or supportive services for HIV).
S10c	Integrating FP into postabortion services	Percent of health facilities that offer advice on, or provide contraceptive methods during the postabortion visit.

Among the 212 facilities, 96-99% reported integrating family planning services into all three related sexual and reproductive health services—maternal health, HIV and post-abortion. Hospitals and health centers reported the highest integration levels (97-100%). As expected, pharmacies reported the lowest levels of integration, although two-thirds reported integrating family planning and HIV services. Integration was also highest among facilities with more than 100 beds (Figure S10 and Table S10).

Figure S10. Percentage of health facilities that reported integration of family planning services with other sexual and reproductive health services, by facility type

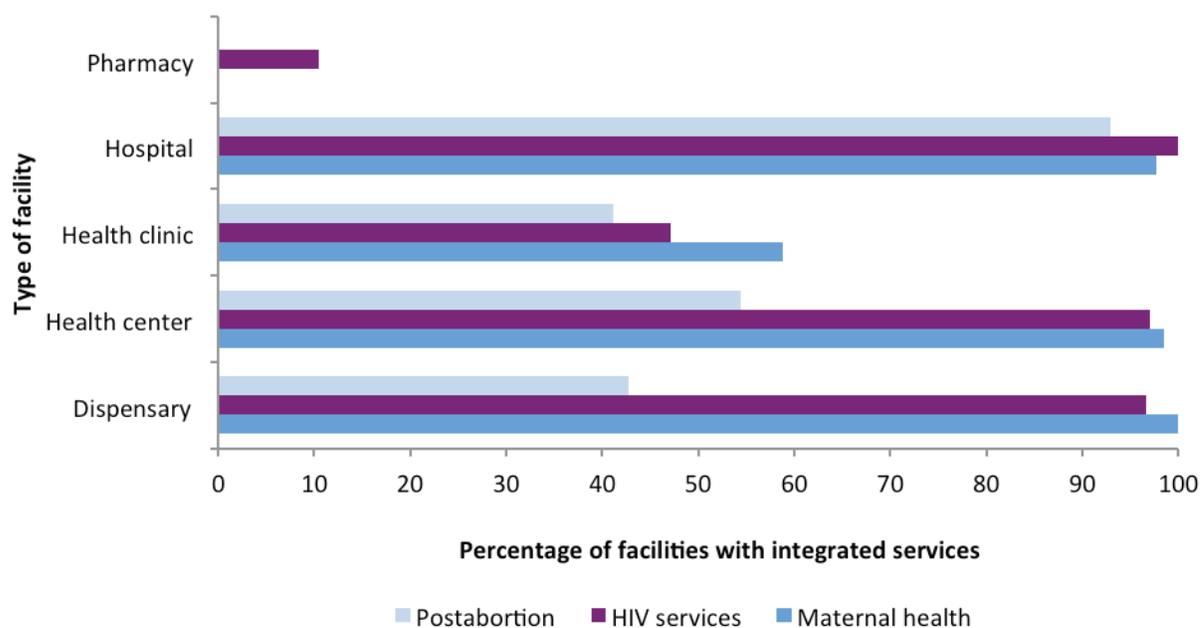


Table S10. Percent of health facilities that reported integration of family planning services with other sexual and reproductive health services, by facility characteristic

<b>Integrated family planning services into:</b>			
<b>Facility characteristics</b>	<b>Maternal health services (n = 206)</b>	<b>HIV services (n = 212)</b>	<b>Postabortion services (n = 122)</b>
<b>Facility type</b>			
Dispensary	95.5	100.0	100.0
Health center	97.0	98.5	100.0
Health clinic	87.5	88.9	100.0
Hospital	97.6	100.0	97.4
Pharmacy	0.0	66.7	0.0
<b>Residence</b>			
Rural	100.0	99.2	100.0
Urban	90.2	96.6	97.9
<b>Number of beds</b>			
0–50	96.2	98.9	98.9
51–100	85.7	100.0	83.3
100 or more	100.0	100.0	100.0
<b>Total</b>	<b>96.1</b>	<b>98.1</b>	<b>99.2</b>

# Appendix

## Appendix A. Persons Involved in the PMA2014/Kenya Survey

### Resident Enumerators

Magdaline	Makokha	Laurencia	Awuor	Ruth	Kemuma
Joyce	Juma	Anne	Olola	Everline	Gesare
Fanice	Wekhuye	Goretty	Achieng	Edna bwari	Ayiera
Agnes	Kakai	Jenviv Mary	Akoth	Esther	Kwamboka
Phylis	Nafula	Benta	Atieno	Mokeira helymer	Mamboreo
Susan	Wawire	Rose Awino	Yogo	Bethsheba	Kemunto
	Nafula	Lillian	Osedo		Omwenga
Christine		Achieng		Esther	
Elizabeth	Nyakuri	Rebecca	Atieno	Naomi	Omboito
Metrine	Nafula	Milka	Ooyi	Lydia	Nyaega
	Joanne	Mary	Akinyi		Nyaboke
Zelpher		Josephine		Susan	
Carofine	Nafula	Movine	Achieng	Mobegi	Christine
Ann	Nyongesa	Pamela	Akinyi	Husnah	Chepkirui
Eva	Wanyonyi	Dorothy	Akinyi	Linner	Chepkirui
Elvystene	Okutima	Edina	Segeta	Rose	Chemutai
Nancy	Chelangat	Margaret	Muthoni	Faith	Njeri
Macvivan	Chelangat	Regina	Wanjiru	Reginah	Wanjiru
Caroline	Cherono	Maryann	Wanjiru	Viola	Jelimo
Jackline	Cheruto	Fidelis	Wambui	Emily	Chebet
Scandy	Chemutai	Grace	Gathoni	Naomy	Jemeli
Beatrice	Cherotich	Alice	Mwangi	Priscillah	Cheruto
Magdaline	Chepkorir	Lilian	Njeri	Emily	Jepkurui
Sitenei	Cherotich	Purity	Wanjiku	Lucy	Too
Beatrice	Chebet	Irene	Ngina	Lilian	Chepkurui
Jane	Chepkoech	Hannah	Njeri	Brigid	Chepkoech
Wambui	Kagiri	Elizabeth	Njeri	Mildred	Ludedwa
Hellen	Chesang	Christine	Wangeci	Zipporah	Sakhasia
Sarah	Jeptanui	Esther	Atellah	Zilper	Owuor
Magdaline	Jeruto	Laureen	Ngoya	Joy zion	Omuka
Hellen	Jeptanui	Lilian	Ongech	Susan	Owano
Mercy	Nafula	Ruth	Wangeci	Eunice	Munywoki
Siamia	Yusuf	Catherine	Nzioki	Eunice	Kamanyo
Everline	Kawili	Harriet	Murugi	Mary	Mitau

Zipporah	Ikovo	Sabina	Kongo	Rechael	Mbaru
Catherine	Nzambi	Esther	Mwakale	Teresia	Bwire
Veronica	Munyiva	Esther	Masha	Grace	Bahati
Damaris	Mwanzia	Clara	Mbigu	Nelly	Mwaka
Jedidah	Muteti	Irene	Chengo	Rose	Ngala
Ednah	Kambua	Pendo	Zuma	Grace	Santa
Eunice	Mutethya	Elinnah	Thoya		
Dorothy	Mwandikwa	Regina	Masha		

### **Field Supervisors**

Ruth Sada	Andrew Busienei	Joseph Okore
Margaret Waitherero	Leonard Bett	Wellington Nyarango
Nancy Kakoma	Charles Juma	Benedict Mwinga

### **Ministry of Health**

Bartilol Kigen

### **Kenya National Bureau of Statistics**

Macdonald Obudho

### **Rapid Response Team**

Collins Odera  
David Mwinzila  
Nzioki Kingola  
Mary Thiongo

### **Central Staff**

Prof Peter Gichangi  
Joseph Kiseli  
Joseph Murage  
Michael Mugo  
Jennifer Mwange  
Principal Investigator  
Training Coordinator  
Senior Technical Advisor  
Driver  
Administrative Assistant

## Appendix B. Sample Error Estimates Table

**Table A.1. List of indicators for sampling errors, PMA2014/Kenya**

<b>Variable</b>	<b>Estimate</b>	<b>Base population</b>
ASFR for ages 15 to 19	Rate	All adolescents ages 15–19
Currently using a modern method	Proportion	All women ages 15–49 Married women ages 15–49
Currently using a traditional method	Proportion	All women ages 15–49 Married women ages 15–49
Currently using any contraceptive method	Proportion	All women ages 15–49 Married women ages 15–49
Currently using injectables	Proportion	All women ages 15–49 Married women ages 15–49
Currently using condoms	Proportion	All women ages 15–49 Married women ages 15–49
Currently using implants	Proportion	All women ages 15–49 Married women ages 15–49
Intending to adopt a contraceptive method in future	Proportion	All women ages 15–49 Married women ages 15–49
Chose method by self or jointly in past 12 months	Proportion	All women ages 15–49 Married women ages 15–49
Paid fees for family planning services in past 12 months	Proportion	All women ages 15–49 Married women ages 15–49
Informed by provider about other methods	Proportion	All women ages 15–49 Married women ages 15–49
Informed by provider about side effects	Proportion	All women ages 15–49 Married women ages 15–49
Satisfied with provider: Would return and refer friend/relative to provider	Proportion	All women ages 15–49 Married women ages 15–49
Visited by health worker who talked about family planning information in past 12 months	Proportion	All women ages 15–49 Married women ages 15–49
Reported hearing about family planning on radio in past 12 months	Proportion	All women ages 15–49 Married women ages 15–49
Reported seeing family planning message on TV in past 12 months	Proportion	All women ages 15–49 Married women ages 15–49
Reported reading about family planning in print media in past 12 months	Proportion	All women ages 15–49 Married women ages 15–49

Table A.2a. Sampling errors, PMA2014/Kenya

Variable	Value[R]	Standard error	Confidence interval	
			R-2SE	R+2SE
ASFR for ages 15 to 19	0.121	0.02	0.081	0.161
<b>All women ages 15 to 49</b>				
Currently using a modern method	0.426	0.018	0.390	0.462
Currently using a traditional method	0.001	0.000	0.001	0.001
Currently using any contraceptive method	0.428	0.018	0.392	0.464
Currently using injectables	0.216	0.017	0.182	0.250
Currently using condoms	0.000	0.000	0.000	0.000
Currently using implants	0.079	0.007	0.065	0.093
Intending to adopt a contraceptive method in future	0.633	0.015	0.603	0.663
Chose method by self or jointly in past 12 months	0.817	0.026	0.765	0.869
Paid fees for family planning services in past 12 months	0.576	0.027	0.522	0.630
Informed by provider about other methods	0.704	0.023	0.658	0.750
Informed by provider about side effects	0.555	0.011	0.517	0.593
Satisfied with provider: Would return and refer friend/relative to provider	0.877	0.014	0.849	0.905
Visited by health worker who talked about family planning information in past 12 months	0.111	0.012	0.087	0.135
Reported hearing about family planning on radio in past 12 months	0.828	0.017	0.794	0.862
Reported seeing family planning message on TV in past 12 months	0.619	0.024	0.571	0.667
Reported reading about family planning in print media in past 12 months	0.443	0.025	0.393	0.493

Table A.2b. Sampling errors, PMA2014/Kenya

Variable	Value[R]	Standard error	Confidence interval	
			R-2SE	R+2SE
<b>Married women ages 15 to 49</b>				
Currently using a modern method	0.554	0.022	0.510	0.598
Currently using a traditional method	0.002	0.001	0.000	0.004
Currently using any contraceptive method	0.557	0.022	0.513	0.601
Currently using injectables	0.294	0.024	0.246	0.342
Currently using condoms	0.000	0.000	0.000	0.000
Currently using implants	0.110	0.011	0.088	0.132
Intending to adopt a contraceptive method in future	0.622	0.022	0.578	0.666
Chose method by self or jointly in past 12 months	0.861	0.026	0.809	0.913
Paid fees for family planning services in past 12 months	0.574	0.028	0.518	0.630
Informed by provider about other methods	0.723	0.023	0.677	0.769
Informed by provider about side effects	0.580	0.023	0.534	0.626
Satisfied with provider: Would return and refer friend/relative to provider	0.880	0.017	0.846	0.914
Visited by health worker who talked about family planning information in past 12 months	0.123	0.014	0.095	0.151
Reported hearing about family planning on radio in past 12 months	0.841	0.016	0.809	0.873
Reported seeing family planning message on TV in past 12 months	0.600	0.026	0.548	0.652
Reported reading about family planning in print media in past 12 months	0.418	0.028	0.362	0.474

# Appendix C: PMA2014/Kenya Questionnaires:

## Household Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
<b>IDENTIFICATION</b>						
<b>Please record the following identifying information prior to beginning the interview.</b>						
A	How many times have you visited this household?	1 <sup>st</sup> time .....	1			
		2 <sup>nd</sup> time .....	2			
		3 <sup>rd</sup> time .....	3			
B	Your name: Is this your name?	Yes .....	1			
		No.....	0			
	<p><b>CHECK THE BUTTON NEXT TO THE NAME IF THAT IS YOUR NAME AND SELECT 'YES' HERE. DO NOT CHECK THE BUTTON IF THAT IS NOT YOUR NAME AND SELECT 'NO' HERE (LONG PRESS TO REMOVE RESPONSE NEXT TO THE NAME IF NEEDED).</b></p> <p>Enter your name below.  <b>PLEASE RECORD YOUR NAME:</b></p> <p><i>ODK will display the name associated with the phone's serial number.</i></p>	Interviewer's Name				
C	<p><b>CURRENT DATE AND TIME DISPLAYED ON SCREEN</b></p> <p>Is this date and time correct?</p>	Yes .....	1			Skip to E if Yes
		No.....	0			
D	Record the correct date and time	Date	Month	Day	Year	
		Time	Hour	Minutes	AM/PM	
E	COUNTY	Bungoma .....	1			
		Kericho.....	2			
		Kiambu.....	3			
		Kilifi .....	4			
		Kitui .....	5			
		Nairobi .....	6			
		Nandi.....	7			
		Nyamira.....	8			
		Siaya.....	9			
F	DISTRICT (SUB-COUNTY)	<i>ODK will populate a list of appropriate districts based on the County selected for HQ E.</i>				
G	DIVISION	<i>ODK will populate a list of appropriate divisions based on the district (sub-county) selected for HQ F.</i>				

H	LOCATION	<i>ODK will populate a list of appropriate locations based on the division selected for HQ G.</i>	
I	ENUMERATION AREA	<i>ODK will populate a list of appropriate enumeration areas based on the location selected for HQ H.</i>	
J	STRUCTURE NUMBER <b>PLEASE RECORD THE NUMBER OF THE STRUCTURE FROM THE HOUSEHOLD LISTING FORM.</b>		
K	HOUSEHOLD NUMBER <b>PLEASE RECORD THE NUMBER OF THE HOUSEHOLD FROM THE HOUSEHOLD LISTING FORM.</b>		
	Check: Have you already sent a form for this structure and household? <b>DO NOT DUPLICATE ANY FORM UNLESS YOU ARE CORRECTING A MISTAKE IN AN EARLIER FORM.</b>	Yes ..... 1 No..... 0	
L	Is a member of the household and competent respondent present and available to be interviewed today?	Yes ..... 1 No..... 0	Skip to P if No
<b>INFORMED CONSENT</b>			
<b>Find the competent member of the household. Read the following greeting:</b>			
<p>Hello. My name is _____ and I am working for the International Center for Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National Bureau of Statistics. We are conducting a local survey about various health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>I am going to ask you questions about your family and other household members. We would then like to ask a different set of questions to female members of this household who are between the ages of 15 and 49 years.</p> <p>At this time, do you want to ask me anything about the survey?</p>			
M	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes ..... 1 No..... 0	Skip to P if No
	Respondent's signature <b>PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION.</b>	GATHER SIGNATURE:  Check box: <input type="checkbox"/>	
O	Interviewer's name <b>PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.</b>		
P	Respondent's first name <b>PLEASE RECORD THE FIRST NAME OF THE RESPONDENT.</b>		

**SECTION 1 – Household Roster**

**I am now going to ask you questions about each usual members of the household or anyone who slept in the house last night.**

No	1	2	3	4	5	6	7	8
No	First name	Sex	Age (years)	Marital Status	Relationship to head of household	Family ID	Is this person a usual member of the household or has he/she slept in the house last night?	Eligible female respondent
		Male ..... 1 Female..... 2		Married..... 1 Living with a partner..... 2 Divorced / separated ..... 3 Widow / widower..... 4 Never Married..... 5 No response..... -99	Head ..... 1 Wife/Husband ..... 2 Son/Daughter ..... 3 Son/Daughter-in-law..... 4 Grandchild ..... 5 Parent ..... 6 Parent in law ..... 7 Brother/Sister ..... 8 Other ..... 9 Don't know ..... -88 No response..... -99		Usual member of the household who slept in the house last night ..... 1 Usual member of the household who did not sleep in the house last night ..... 2 Visitor who slept in the house last night ..... 3 No response..... -99	Yes..... 1 No..... 0  <i>ODK will determine and display eligibility</i>
1								
2								
3								
4								
5								
6								
<i>After recording information for one household member, the following prompt is asked to activate a looping script to record information for another member</i>								
7	Are there any other usual members of your household or persons who slept in the house last night?			Yes..... 1 No..... 0			Skip to 10 if No	

**Section 2 – Household Characteristics**

**Now I would like to ask you a few questions about the characteristics of your household.**

		<u>Yes</u>	<u>No</u>
10	Please tell me about items that your household owns. Does your household have:		
	Electricity? .....	1	0
	A wall clock? .....	1	0
	A radio? .....	1	0
	A black/white television?.....	1	0
	A color television? .....	1	0
	A mobile phone?.....	1	0
	A landline telephone? .....	1	0
	A refrigerator? .....	1	0
	A freezer?.....	1	0
	Electric generator/invertor(s)? .....	1	0
	A washing machine?.....	1	0
	A computer?.....	1	0
	A digital photo camera?.....	1	0
	A non digital photo camera?.....	1	0
	A video deck? .....	1	0
	A DVD/CD? .....	1	0
	A sewing machine?.....	1	0
	A bed?.....	1	0
	A table?.....	1	0
	A cabinet/cupboard? .....	1	0
	A bicycle? .....	1	0
A motorcycle or motor scooter? .....	1	0	
A car or truck? .....	-77		
A boat with a motor? .....	-99		
A boat without a motor? .....			
None of the above .....			
No response .....			
<b>READ OUT ALL TYPES AND SELECT ALL THAT APPLY. SCROLL TO BOTTOM TO SEE ALL CHOICES.</b>			
<b>IF AN ITEM IS REPORTED BROKEN BUT SAID TO BE OUT OF USE ONLY TEMPORARILY, SELECT THE ITEM. OTHERWISE DO NOT SELECT THE ITEM.</b>			

11a	<p>Does this household own any livestock, herds, other farm animals, or poultry?</p> <p><b>THESE LIVESTOCK CAN BE KEPT ANYWHERE, NOT NECESSARILY ON THE HOMESTEAD.</b></p>	<p>Yes.....1</p> <p>No.....0</p>	<p>Skip to 12a if No</p>
11b	<p>How many of the following animals does this household own?</p> <p>Cattle (Indigenous) .....</p> <p>Cows/Bulls.....</p> <p>Horses, Donkeys, Mules .....</p> <p>Goats .....</p> <p>Sheep.....</p> <p>Chickens .....</p> <p><b>ZERO IS A POSSIBLE ANSWER. ENTER -88 FOR DO NOT KNOW. ENTER -99 FOR NO RESPONSE.</b></p> <p><b>THE HOUSEHOLD CAN KEEP THE LIVESTOCK ANYWHERE, BUT MUST OWN THE LIVESTOCK RECORDED HERE.</b></p>		
12a	<p>Does this household keep any livestock, herds, other farm animals, or poultry ON THE HOMESTEAD, regardless of who owns these livestock?</p>	<p>Yes.....1</p> <p>No.....0</p>	<p>Skip to 13 if No</p>
12b	<p>How many of the following animals does this household keep ON THE HOMESTEAD?</p> <p>The household does not need to own the livestock recorded here.</p> <p>Cattle (Indigenous) .....</p> <p>Cows/Bulls.....</p> <p>Horses/Donkeys/Mules .....</p> <p>Goats .....</p> <p>Sheep.....</p> <p>Chicken .....</p> <p><b>THE HOUSEHOLD DOES NOT NEED TO OWN THE LIVESTOCK RECORDED HERE.</b></p> <p><b>ZERO IS A POSSIBLE ANSWER. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.</b></p>		

**Section 3 – Household Observation**

Please observe the floors, roof and exterior walls

13	Main material of the floor  <b>OBSERVE</b>	Natural Floor Earth/Sand ..... 1 Dung ..... 2 Rudimentary Floor Wood Planks ..... 3 Palm/Bamboo ..... 4 Finished Floor Parquet or polished wood ..... 5 Vinyl or Asphalt strips ..... 6 Ceramic Tiles ..... 7 Cement ..... 8 Carpet ..... 9 Other ..... 10 No response ..... 99	
14	Main material of the roof  <b>OBSERVE</b>	No Roof ..... 10 Natural Roofing Grass/Thatch/Makuti ..... 11 Dung/Mud ..... 12 Rudimentary Roofing Corrugated Iron (Mabati) ..... 21 Tin Cans ..... 22 Finished Roofing Asbestos Sheet ..... 31 Cement ..... 32 Tiles ..... 33 Other ..... 96 No response ..... 99	
15	Main material of the exterior walls  <b>OBSERVE</b>	No Walls ..... 11 Natural Walls Cane/Palm/Trunks ..... 12 Dirt ..... 13 Rudimentary Walls Bamboo with Mud ..... 21 Stone with Mud ..... 22 Uncovered Adobe ..... 23 Plywood ..... 24 Cardboard ..... 25 Reused Wood ..... 26 Finished Walls Cement ..... 31 Stone with Lime/Cement ..... 32 Bricks ..... 33 Cement Blocks ..... 34 Covered Adobe ..... 35 Wood Planks/Shingles ..... 36 Other ..... 96 No response ..... 99	



20	<p>What is the main source of drinking water for members of your household?</p> <p>Piped Water ..... 1  Piped into dwelling/indoor ..... 2  Pipe to yard/plot ..... 3  Public tap/standpipe ..... 4  Tube well or borehole ..... 5  Dug Well ..... 6  Protected Well ..... 7  Unprotected Well ..... 8  Water from Spring ..... 9  Protected Spring ..... 10  Unprotected Spring ..... 11  Rainwater ..... 12  Tanker Truck ..... 13  Cart with Small Tank ..... 14  Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) ..... 14  Bottled Water ..... 99  Sachet Water ..... 99  No response ..... 99</p> <p><b>READ OUT HQ19 SELECTIONS ONLY.</b></p>		
21	<p>What is the main source of water used by your household for other purposes such as cooking and handwashing?</p> <p>Piped Water ..... 1  Piped into dwelling/indoor ..... 2  Pipe to yard/plot ..... 3  Public tap/standpipe ..... 4  Tube well or borehole ..... 5  Dug Well ..... 6  Protected Well ..... 7  Unprotected Well ..... 8  Water from Spring ..... 9  Protected Spring ..... 10  Rainwater ..... 11  Tanker Truck ..... 12  Cart with Small Tank ..... 13  Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) ..... 14  Bottled Water ..... 14  Sachet Water ..... 14  No response ..... 99</p> <p><b>READ OUT HQ19 SELECTIONS ONLY.</b></p>		

22	<p><b>QUESTIONS HQ 22 TO HQ 25 WILL REPEAT X TIMES, ONCE FOR EACH WATER SOURCE SELECTED IN HQ 19. THESE SOURCES INCLUDE:</b></p> <p><i>The ODK software will list all sources selected in HQ 19.</i></p> <p>You mentioned that you use [WATER SOURCE]. At any time of the year, does your family use water from this source for:</p> <p>Drinking ..... 1</p> <p>Cooking..... 1</p> <p>Livestock..... 1</p> <p>Gardening / agriculture ..... 1</p> <p>Business venture ..... 1</p> <p>Washing ..... 1</p> <p>No response ..... -99</p> <p><i>The same question will be generated by the ODK software for all water sources selected in HQ19</i></p>		Yes	No	
23	<p>Is [WATER SOURCE] typically available:</p> <p>All of the year ..... 1</p> <p>Some of the year ..... 2</p> <p>Small part of the year ..... 3</p> <p><b>READ ALL CHOICES OUT LOUD.</b></p> <p><i>The same question will be generated by the ODK software for all water sources selected in HQ19</i></p>				
24	<p>At a time when you expect to have water from [WATER SOURCE], is it usually available?</p> <p>Yes, always ..... 1</p> <p>No, intermittent and predictable ..... 2</p> <p>No, intermittent and unpredictable ..... 3</p> <p><i>The same question will be generated by the ODK software for all water sources selected in HQ19</i></p>				

25	<p>How long does it take to go to [WATER SOURCE], get water, and come back?</p> <p><b>ZERO IS A POSSIBLE ANSWER. CONVERT ANSWER TO MINUTES INCLUDES WAITING TIME IN LINE. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.</b></p> <p><i>The same question will be generated by the ODK software for all water sources selected in HQ19.</i></p>	Minutes			
26	Does your household have a garden?	Yes..... 1 No ..... 0 No response.....-99			
27	<p>Do members of your household use any of the following toilet facilities?</p> <p>Flush/pour flush toilets connected to:</p> <p>    Piped sewer system.....</p> <p>    Septic tank .....</p> <p>    Elsewhere.....</p> <p>    Unknown / Not sure / Don't know.....</p> <p>Ventilated improved pit latrine .....</p> <p>Pit latrine with slab .....</p> <p>Pit latrine without slab .....</p> <p>Composting toilet.....</p> <p>Bucket toilet.....</p> <p>Hanging toilet /Hanging latrine .....</p> <p>Other (please explain):.....</p> <p>No facility / bush / field .....</p> <p>No response .....</p> <p><b>READ OUT ALL TYPES AND CHECK ALL THAT ARE USED. SCROLL TO THE BOTTOM TO SEE ALL CHOICES.</b></p>		<u>Yes</u>  1 1 1 1 1 1 1 1 1 1 -99	<u>No</u>  0 0 0 0 0 0 0 0 0 0 0	
28	<p>What is the main toilet facility used by members of your household?</p> <p>Flush/pour flush toilets connected to:</p> <p>    Piped sewer system.....</p> <p>    Septic tank .....</p> <p>    Elsewhere.....</p> <p>    Unknown / Not sure / Don't know.....</p> <p>Ventilated improved pit latrine .....</p> <p>Pit latrine with slab .....</p> <p>Pit latrine without slab .....</p> <p>Composting toilet.....</p> <p>Bucket toilet.....</p> <p>Hanging toilet /Hanging latrine .....</p> <p>Other: .....</p> <p>No facility / bush / field .....</p> <p>No response .....</p> <p><b>THE MAIN FACILITY MUST BE SELECTED IN HQ 27.</b></p>		..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10 ..... 11 ..... 12 .....-99		
	<b>QUESTIONS HQ 29-29b WILL REPEAT X TIMES, ONCE FOR EACH SANITATION</b>				

	<b>FACILITY SELECTED IN HQ 27. THESE FACILITIES INCLUDE:</b>  <i>The ODK software will list all sources selected in HQ 27.</i>			
29	How often does your household typically use [TOILET FACILITY TYPE]?  <b>REGULAR PRACTICES AT THE HOUSEHOLD ONLY.</b>	Always..... 1 Most of the time .....2 Occasionally .....3 Rarely .....4 No response .....-99		
29b	Do you share this toilet facility with other households or the public? [Select one]	Not shared ..... 1 Shared with less than ten households .....2 Shared with ten or more households .....3 Shared with the public .....4 No response .....-99		Skip to HQ30 if not 2
29c	Enter the number of households that share this facility (including your own).  [TOILET FACILITY TYPE]  <b>MUST BE BETWEEN 2 AND 10.</b>  <b>IF 10 OR GREATER, SWIPE BACK TO HQ29b AND CHOOSE “SHARED WITH TEN OR MORE HOUSEHOLDS.”</b>  <b>ENTER -99 FOR NO RESPONSE.</b>			
30	How many people within your household regularly use the bush / field at home or at work?  <b>THERE ARE X PEOPLE IN THIS HOUSEHOLD. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.</b>	Number of people		
<b>CHECK HQ 3:</b> Are there any household members aged 5 years or under?				Skip to HQ 32 if NO
31	For all children under age five: what methods, if any, does your household use to dispose of children's fecal waste? Children use a latrine / toilet..... Leave waste where it is ..... Bury waste in field / yard..... Dispose of waste in latrine / toilet ..... Dispose of waste with rubbish / garbage ..... Dispose of waste with waste water ..... Use it as manure..... Burn it ..... Don't know ..... No response .....		<u>Yes</u> 1 1 1 1 1 1 1 -88 -99	<u>No</u> 0 0 0 0 0 0 0
<b>DO NOT READ THE POSSIBLE ANSWERS OUT LOUD.</b>				

32	Ask permission to take a photo of the entrance of the house. Did you get consent to take the photo?	Yes.....1 No.....0	Skip to R if No
Thank the respondent for his/her time. <b>THE RESPONDENT IS FINISHED, BUT THERE ARE STILL TWO MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOUSE.</b>			
<b>LOCATION AND QUESTIONNAIRE RESULT</b>			
Q	Take a GPS point outside near the entrance to the household. Record location when the accuracy is smaller than 6m. <b>GPS COORDINATES CAN ONLY BE COLLECTED WHEN OUTSIDE.</b>	<i>Instructions are given directly by the ODK software</i> RECORD LOCATION	
R	Ensure that no people are in the photo	<i>Instructions are given directly by the ODK software</i> TAKE PICTURE CHOOSE IMAGE	
S	Record the result of the Household Questionnaire	Completed ..... 1 No household member at home or no competent respondent at home at time of visit .....2 Postponed .....3 Refused.....4 Partly completed.....5 Dwelling vacant or address not a dwelling .....6 Dwelling destroyed .....7 Dwelling not found .....8 Entire household absent for extended period ....9	

## Female Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
<b>IDENTIFICATION</b>						
<b>Please record the following identifying information prior to beginning the interview.</b>						
A	Are you in the correct household? This is the picture of the front of the home taken during the Household Questionnaire. <i>ODK will display the photo taken as part of the Household Questionnaire linked to this Female Questionnaire.</i>	Yes .....1 No.....0				
B	How many times have you visited this household to interview this female respondent?	1 <sup>st</sup> time .....1 2 <sup>nd</sup> time .....2 3 <sup>rd</sup> time .....3				
C	Your name: Is this your name?	Yes .....1 No.....0				
	If not, please record your name: <i>ODK will display the name associated with the phone's serial number</i>					
D	<b>CURRENT DATE AND TIME..</b> Is this date and time correct?	Yes .....1 No.....0				Skip to F if Yes
E	Record the correct date and time.	Date	Day	Month	Year	
		Time	Hours	Minutes	AM/PM	
F	The following information is from the Household Questionnaire. Please review to make sure you are interviewing the correct respondent. <i>ODK will display the County, District (Sub-County), Division, Location, Sub-location, Enumeration Area, Structure Number, and Household Number entered into the Household Questionnaire linked to this Female Questionnaire.</i>					
G	How well acquainted are you with the respondent?	Very well acquainted .....1 Well acquainted .....2 Not well acquainted .....3 Not acquainted .....4				
H	Is the respondent present and available to be interviewed today?	Yes .....1 No.....0				Skip to M if No

<b>INFORMED CONSENT</b>			
<b>Find the woman between the ages of 15-49 associated with this Female Respondent Questionnaire. The interview must have auditory privacy. Read the following greeting:</b>			
<p>Hello. My name is _____ and I am working for the International Center for Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National Bureau of Statistics. We are conducting a local survey that asks women about various reproductive health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. At this time, do you want to ask me anything about the survey?</p>			
I	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?  <b>WARNING: TO CONDUCT THE SURVEY, THE RESPONDENT MUST SIGN OR TOUCH THE CHECKBOX.</b>	Yes .....1 No.....0	Skip to M if No
K	Interviewer's name  <b>PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.</b>		
L	Respondent's first name  <b>YOU MAY CORRECT THE SPELLING HERE IF IT IS NOT CORRECT, BUT YOU MUST BE INTERVIEWING THE PERSON WHOSE NAME APPEARS IN ODK.</b>		
NO	<b>QUESTIONS AND FILTERS</b>	<b>CODING CATEGORIES</b>	<b>SKIP</b>
<b>Section 1 – Respondent's Background, Marital Status, HH characteristics</b>			
<b>Now I would like to ask about your background and socioeconomic conditions.</b>			
0	In what month and year were you born?	Month:  Year:	
1	How old were you at your last birthday?  <b>MUST BE LESS THAN 130. MUST AGREE WITH FQ0.</b>	Year:	
2	What is the highest level of school you attended?	Never Attended .....0 Primary .....1 Post-Primary/Vocational .....2 Secondary/'A' Level .....3 College (Middle Level) .....4 University .....5 No response ..... -99	
3	Are you currently married or living together with a	Yes, currently married..... 1	Skip

	man as if married?  <b>IF NO, ASK WHETHER THE RESPONDENT IS DIVORCED, SEPARATED, OR WIDOWED.</b>	Yes, living with a man ..... 2 Not currently in union: Divorced / separated ..... 3 Not currently in union: Widow ..... 4 No, never in union ..... 5  No response ..... -99	to 8 if No, never in union
4	Have you been married or lived with a man only once or more than once?	Only once ..... 1 More than once ..... 2 No response ..... -99	Skip to 5b if Only once
5a	In what month and year did you start living with your FIRST husband / partner? <b>ENTER JAN 2020 FOR NO RESPONSE.</b>	Month: _____ Year: _____	
5b	Now I would like to ask about when you started living with your CURRENT OR MOST RECENT husband / partner. In what month and year was that? <b>ENTER JAN 2020 FOR NO RESPONSE.</b>	Month: _____ Year: _____	
	<b>CHECK 3:</b> Currently married/cohabitating?	Yes ..... 1 No ..... 0	Skip to 8 if No
6	Does your husband / partner have other wives or does he live with other women as if married?	Yes ..... 1 No ..... 0 Don't know ..... -88 No response ..... -99	
7	Is your husband / partner living with you now or is he staying elsewhere?	Living with respondent ..... 1 Staying elsewhere ..... 2 No response ..... -99	
<b>Section 2 – Reproduction, Pregnancy &amp; Fertility Preferences</b>			
<b>Now I would like to ask about all the births you have had during your life.</b>			
8	How many times have you given live birth? <b>ENTER -88 FOR DO NOT KNOW AND -99 FOR NO RESPONSE. 0 IS A POSSIBLE ANSWER.</b>	Number of live births	Skip to 13 if 0
	Were all of those live births?  <b>IF NO, GO BACK AND CHANGE FQ8 TO RECORD ONLY LIVE BIRTH EVENTS</b>	Yes ..... 1 No ..... 0	
8a	When was your FIRST live birth?  <b>PLEASE RECORD THE DATE OF THE FIRST BIRTH. THE DATE SHOULD BE FOUND BY CALCULATING FORWARD OR BACKWARD FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.</b>	Month _____ Year _____	

9	When was your MOST RECENT live birth? <b>PLEASE RECORD THE DATE OF THE LAST BIRTH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.</b>	Month	Year	Skip to 11 if not in last year and/or FQ8 is 1
10	When did you give birth before the most recent one? <b>PLEASE RECORD THE DATE OF THE BIRTH BEFORE THE LAST. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.</b>	Month	Year	
11	Is your last baby / child still alive?	Yes..... 1 No..... 0 Don't know..... -88		Skip to 13 if Yes
12	When did your last baby / child die? <b>PLEASE RECORD THE DATE OF THE CHILD'S DEATH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. ENTER JAN 2020 FOR NO RESPONSE.</b>	Month	Year	
13	When did your last menstrual period start? <b>IF YOU SELECT DAYS, WEEKS, MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.</b>	Days ago: _____ Weeks ago: _____ Months ago: _____ Years ago: _____ Menopausal / Hysterectomy ..... 5 Before last birth ..... 6 Never menstruated ..... 7		
14	Are you pregnant now?	Yes..... 1 No..... 0 Unsure.....-88 No response.....-99		Skip to 16 if No
15	How many months pregnant are you? <b>PLEASE RECORD THE NUMBER OF COMPLETED MONTHS. ENTER -88 FOR DO NOT KNOW AND -99 FOR NO RESPONSE.</b>	Number of months		

	<b>CHECK 14:</b> Currently pregnant?	Yes..... 1 No..... 0 Unsure.....-88 No response.....-99	16a if no 16b if yes
16a	<b>Now I have some questions about the future.</b> Would you like to have a/another child or would you prefer not to have any / any more children?	Have a/another child ..... 1 No more/prefer no children ..... 2 Says she can't get pregnant ..... 3 Undecided / Don't know .....-88 No response.....-99	Skip to 17a if 1 and 18 for all other

16b	<b>Now I have some questions about the future.</b> After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have a/another child ..... 1 No more/prefer no children ..... 2 Says she can't get pregnant ..... 3 Undecided / Don't know .....-88 No response.....-99	Skip to 17b if 1 and 18 for all other
17a	How long would you like to wait from now before the birth of a/another child? <b>IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN. PLEASE CHECK THAT YOU CORRECTLY ENTERED THE VALUE FOR MONTHS/YEARS.</b>	Months: Years: Soon / now ..... 3 Says she can't get pregnant ..... 4 Other ..... 5 Don't know.....-88 No response .....-99	
17b	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? <b>IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN. PLEASE CHECK THAT YOU CORRECTLY ENTERED THE VALUE FOR MONTHS/YEARS.</b>	Months: Years: Soon / now ..... 3 Other ..... 4 Says she can't get pregnant ..... 5 Don't know.....-88 No response .....-99	
	<b>CHECK 8:</b> Number of births <b>CHECK 14:</b> Currently pregnant?	Number of births Yes.....1 No.....0 Unsure.....-88 No response.....-99	Skip to 19 if 0 births and 14: No. Skip to 18a if 14: no and 18b if 14: yes
18a	<b>Now I would like to ask a question about your last live birth.</b> At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any / any more children at all?	Then..... 1 Later ..... 2 Not at all..... 3 No response .....-99	
18b	<b>Now I would like to ask a question about your current pregnancy.</b> At the time you became pregnant, did you want to become pregnant then, did you want to wait until	Then..... 1 Later ..... 2 Not at all..... 3 No response .....-99	

	later, or did you not want to have any / any more children at all?		
<b>Section 3 – Contraception</b>			
<b>Now I would like to talk about family planning – the various ways or methods that a couple can use to delay or avoid a pregnancy.</b>			
19	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes .....1 No .....0 No response.....-99	Skip to 25 if No
20	How old were you when you first used a method to delay or avoid getting pregnant? <b>ENTER THE AGE IN YEARS. ENTER -88 IF RESPONDENT DOES NOT KNOW, ENTER -99 IF THERE IS NO RESPONSE. CANNOT BE YOUNGER THAN 9.</b>	Age	
20a	How many living children did you have at that time, if any? <b>ENTER -99 FOR NO RESPONSE.</b>	Number	
21	Which method did you first use to delay or avoid getting pregnant? <b>DO NOT READ THE METHOD CHOICES. BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES.</b>	Female sterilization .....1 Male sterilization .....2 Implant .....3 IUD .....4 Injectables .....5 Pill .....7 Emergency Contraception.....8 Male condom.....9 Female condom.....10 Diaphragm.....11 Foam/Jelly .....12 Standard Days/Cycle beads.....13 LAM .....14Rhythm method .....15 Withdrawal.....16 Other traditional method .....17 No response..... -99	
	<b>CHECK 14:</b> Currently pregnant?	Yes .....1 No .....0 Unsure.....-88 No response..... -99	Skip to 25 if yes
22	Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes .....1 No .....0 No response..... -99	Skip to 25 if No

23	<p>What are you doing to delay or avoid a pregnancy?</p> <p><b>PROBE: ANYTHING ELSE?</b></p> <p><b>SELECT ALL METHODS MENTIONED. BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES.</b></p>	Female Sterilization .....	<u>Y</u>	<u>N</u>	<p>Skip based on most effective method only</p> <p>Skip to 25 if main method is not Male Sterilization or Female sterilization</p>
		Male Sterilization .....	1	0	
		Implant .....	1	0	
		IUD .....	1	0	
		Injectables .....	1	0	
		Pill .....	1	0	
		Emergency Contraception ...	1	0	
		Male Condom .....	1	0	
		Female Condom .....	1	0	
		Diaphragm .....	1	0	
		Foam/Jelly .....	1	0	
		Std. Days/Cycle beads .....	1	0	
		LAM.....	1	0	
		Rhythm method .....	1	0	
Withdrawal .....	1	0			
Other traditional methods ...	1	0			
No response.....	-99				
24	Did the provider tell you or your partner that this method was permanent?	Yes .....	1		Skip to 29
		No.....	0		
25	Do you know of a place where you can obtain a method of family planning?	Yes .....	1		
		No.....	0		
		No response.....	-99		
	<b>CHECK 14:</b> Currently pregnant?	Yes .....	1		26a if no
		No.....	0		26b if yes
		Unsure.....	-88		
		No response.....	-99		
26a	You said that you are not currently using a contraceptive method. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes .....	1		
		No.....	0		
		No response.....	-99		
26b	Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes .....	1		
		No.....	0		
		No response.....	-99		
	<b>CHECK 19:</b> Ever used contraceptives?	Yes .....	1		Skip to 43 if No
		No.....	0		
27	In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?	Yes .....	1		Skip to 43 if No
		No.....	0		
		No response.....	-99		

28	<p>Which method did you use most recently?</p> <p><b>PROBE: ANYTHING ELSE?</b></p> <p><b>SELECT MOST EFFECTIVE METHOD (HIGHEST METHOD IN LIST).</b></p> <p><b>BE SURE TO SCROLL TO BOTTOM TO SEE ALL CHOICES</b></p>	Implant .....3 IUD .....4 Injectables .....5 Pill .....7 Emergency Contraception.....8 Male condom .....9 Female condom.....10 Diaphragm.....11 Foam/Jelly .....12 Standard Days/Cycle beads.....13 LAM.....14 Rhythm method.....15 Withdrawal.....16 Other traditional method .....17 No response..... -99		
29	<p>When did you begin using your (MOST RECENT / CURRENT METHOD)?</p> <p><b>PLEASE RECORD THE DATE. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. MUST BE AFTER FQ29. ENTER JAN 2020 FOR NO RESPONSE.</b></p>	Month	Year	
	<p><b>CHECK 22:</b> Currently using contraceptives?</p>	Yes .....1 No.....0	Skip to 32 if Yes	
30	<p>When did you stop using your (MOST RECENT METHOD)?</p> <p><b>PLEASE RECORD THE DATE. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED. MUST BE AFTER FQ29. ENTER JAN 2020 FOR NO RESPONSE.</b></p>	Month	Year	
31	<p>Why did you stop using your (MOST RECENT METHOD)?</p>	Infrequent sex / husband away .....1 Became pregnant while using .....2 Wanted to become pregnant .....3 Husband / partner disapproved .....4 Wanted a more effective method .....5 No method available .....6 Health concerns .....7 Fear of side effects .....8 Lack of access / too far .....9 Costs too much.....10 Inconvenient to use .....11 Fatalistic .....12 Difficult to get pregnant / menopausal.13 Interferes with body’s processes .....14 Other .....15 Don’t know .....-88 No response.....-99		

32	<p>Where did you obtain your (MOST RECENT / CURRENT METHOD) when you started using it?</p> <p><b>SCROLL TO BOTTOM TO SEE ALL CHOICES</b></p>	<p><b>PUBLIC SECTOR:</b>  GOVT HOSPITAL .....1  GOVT HEALTH CENTER .....2  GOVERNMENT DISPENSARY .....3  OTHER PUBLIC .....4</p> <p><b>PRIVATE MEDICAL SECTOR:</b>  FAITH-BASED, CHURCH, MISSION  HOSPITAL/CLINIC .....5  FHOK/FPAK HEALTH CENTER/CLINIC 6  PRIVATE HOSPITAL/CLINIC .....7  PHARMACY/CHEMIST .....8  NURSING/MATERNITY HOME .....9</p> <p><b>OTHER SOURCE:</b>  MOBILE CLINIC .....10  COMMUNITY-BASED DISTRIBUTOR .11  SHOP .....12  FRIEND/RELATIVE .....13  OTHER.....14  DON'T KNOW ..... -88  NO RESPONSE ..... -99</p>	
33	<p>In the last 12 months, have you paid any fees for family planning services (including the most recent/current method)?</p>	<p>Yes .....1  No.....0</p>	<p>Skip to 35 if No</p>
34	<p>How much did you pay?</p> <p><b>ENTER ALL PRICES IN KENYAN SHILLINGS. ENTER -88 IF RESPONDENT DOES NOT KNOW, -99 FOR NO RESPONSE.</b></p>	<p>Fee: _____</p>	
35	<p>When you obtained your (MOST RECENT / CURRENT METHOD), were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?</p>	<p>Yes .....1  No.....0  No response.....-99</p>	<p>Skip to 37 if No</p>
36	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>Yes .....1  No.....0</p>	
37	<p>At that time, were you told by the family planning provider about methods of family planning other than the (MOST RECENT/CURRENT METHOD) that you could use?</p>	<p>Yes .....1  No.....0  No response.....-99</p>	
38	<p>During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?</p>	<p>Yes .....1  No.....0  No response.....-99</p>	<p>Skip to 40 if yes</p>
39	<p>Why didn't you obtain the method you wanted?</p>	<p>Method out of stock that day .....1  Method not available at all.....2  Provider not trained to provide the method .....3  Provider recommended a different method .....4  Not eligible for method .....5  Decided not to adopt a method .....6</p>	

		Too costly.....7 Other .....8 No response.....-99	
40	During that visit, who made the final decision about what method you got?	You alone .....1 Provider .....2 Partner .....3 You and provider .....4 You and partner .....5 Other .....6 No response.....-99	
	<b>CHECK 32:</b> Where did you obtain your (MOST RECENT / CURRENT METHOD)?	<b>PUBLIC SECTOR:</b> GOVT HOSPITAL .....1 GOVT HEALTH CENTER .....2 GOVERNMENT DISPENSARY .....3 OTHER PUBLIC .....4  <b>PRIVATE MEDICAL SECTOR:</b> FAITH-BASED, CHURCH, MISSION HOSPITAL/CLINIC .....5 FHOK/FPAK HEALTH CENTER/CLINIC .....6 PRIVATE HOSPITAL/CLINIC .....7 PHARMACY/CHEMIST .....8 NURSING/MATERNITY HOME .....9  <b>OTHER SOURCE:</b> MOBILE CLINIC .....10 COMMUNITY-BASED DISTRIBUTOR .....11 SHOP .....12 FRIEND/RELATIVE .....13 OTHER .....14 DO NOT KNOW .....-88 NO RESPONSE .....-99	Ski P to 44 if 32 is 13 or -88
41	Would you return to this provider?	Yes .....1 No.....0 No response.....-99	
42	Would you refer your relative or friend to this provider / facility?	Yes .....1 No.....0 No response.....-99	
	<b>CHECK 16:</b> Desire for future child?  <b>CHECK 17:</b> 2 or more years before next child?  <b>CHECK 22:</b> Currently using contraceptive method?  <b>CHECK 19:</b> Ever use a method?	Have a/another child .....1 No more/none .....2 Says she can't get pregnant .....3 Undecided / Do not know .....-88 No response .....-99  No more/none .....1 Less than 2 years .....2 2 or more years .....3  Yes, using contraceptive .....1 No, not using contraceptive .....0  Yes .....1 No .....0	Ask 43 to non users (current or ever) who do not want a/another child or not before 2 years

43	<p><b>You said that you do not want any / anymore children and that you are not using a method to avoid pregnancy.</b></p> <p>Can you tell me the main reason why you are not using a method to prevent pregnancy?</p> <p><b>CANNOT SELECT “DO NOT KNOW” OR “NO RESPONSE” WITH OTHER OPTIONS. CANNOT SELECT “NOT MARRIED’ IF FQ3 IS “YES, CURRENTLY MARRIED.” SCROLL TO BOTTOM TO SEE ALL CHOICES.</b></p>	Not married .....1 Infrequent sex / not having sex .....2 Menopausal / hysterectomy .....3 Subfecund / infecund .....4 Not menstruated since last birth .....5 Breastfeeding .....6 Husband away for multiple days .....7 Up to God / fatalistic .....8 Respondent opposed .....9 Husband / partner opposed .....9 Others opposed .....10 Religious prohibition .....11 Knows no method .....12 Knows no source .....13 Fear of side effects .....14 Health concerns .....15 Lack of access / too far .....16 Costs too much .....17 Preferred method not available .....18 No method available .....19 Inconvenient to use .....20 Interferes with body’s processes .....21 Other .....22 Don’t know .....88 No response .....99													
44	In the last 12 months, were you visited by a health worker who talked to you about family planning?	Yes .....1 No .....0 No response .....99													
45	In the last 6 months, have you visited a health facility for care for yourself? <b>FOR ANY HEALTH SERVICES.</b>	Yes .....1 No .....0 No response .....99	Ski P to 47 if no												
46	Did any staff member at the health facility speak to you about family planning methods?	Yes .....1 No .....0 No response .....99													
47	In the last few months have you: Heard about family planning on the radio?..... Seen anything about family planning on the television? .. Read about family planning in a newspaper or magazine? <b>ENTER -99 FOR NO RESPONSE.</b>	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> <tr> <td>.....</td> <td>1</td> <td>0</td> </tr> </tbody> </table>		Yes	No	.....	1	0	.....	1	0	.....	1	0	
	Yes	No													
.....	1	0													
.....	1	0													
.....	1	0													
48	How old were you when you first had sexual intercourse? <b>ANSWER MUST AGREE WITH THE CURRENT AGE, PREGNANCY STATUS, AND NUMBER OF BIRTHS. ENTER 0 IF SHE HAS NEVER HAD SEX. -88 IF DOES NOT KNOW.</b>	Age	Ski P to 50 if 0												
	<b>If age at first sex &lt;10 years:</b> <b>CHECK:</b> You have entered that the respondent was X years old when she first had sexual intercourse. Is this what she said? <b>IF NO, GO BACK AND CORRECT FQ48</b>	Yes .....1 No .....0													

49	When was the <u>last</u> time you had sexual intercourse?  <b>IF 12 MONTHS (ONE YEAR) OR MORE AGO, ANSWER MUST BE RECORDED IN YEARS. IF LESS THAN 12 MONTHS AGO, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. ENTER 0 DAYS FOR TODAY. YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.</b>	DAYS AGO	WEEKS AGO	MONTHS AGO	YEARS AGO	
<b>Section 4 – Water</b>						
<b>Now I would like to ask you a couple of questions about your water practices.</b>						
50	On a typical day in the DRY season, how much time each day do you spend collecting water?  <b>ONLY RECORD RESPONDENT’S TIME; NOT ANYONE ELSE’S TIME. IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN</b>	X Minutes per day .....	_____			
		X Hours per day .....	_____			
		No time, someone else collects water.....	3			
		No time, no one collects water.....	4			
		Don’t know.....	-88			
		No response.....	-99			
51	On a typical day in the WET season, how much time each day do you spend collecting water?  <b>ONLY RECORD RESPONDENT’S TIME; NOT ANYONE ELSE’S TIME. IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.</b>	X Minutes per day .....	_____			
		X Hours per day .....	_____			
		No time, someone else collects water.....	3			
		No time, no one collects water.....	4			
		Don’t know.....	-88			
		No response.....	-99			
<b>Thank the respondent for her time THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 2 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOME</b>						
<b>LOCATION</b>						
M	<b>TAKE A GPS POINT NEAR THE ENTRANCE TO THE HOUSEHOLD.  RECORD LOCATION WHEN THE ACCURACY IS SMALLER THAN 6 M.</b>	<i>Instructions are given directly by the ODK software</i>				
		RECORD LOCATION				
<b>QUESTIONNAIRE RESULT</b>						
N	<b>RECORD THE RESULT OF THE FEMALE RESPONDENT SURVEY</b>	Completed .....	1			
		Not at home .....	2			
		Postponed .....	3			
		Refused .....	4			
		Partly completed .....	5			
		Incapacitated .....	6			

## Service Delivery Point (SDP) Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
<b>IDENTIFICATION</b>			
<b>Please record the following identifying information prior to beginning the interview.</b>			
A	How many times have you visited this service delivery point for this interview?	1 <sup>st</sup> time .....1 2 <sup>nd</sup> time .....2 3 <sup>rd</sup> time .....3	

B	Interviewer's name: Is this your name? <i>ODK will display the name associated with the phone's serial number.</i> If not, please record your name:	Yes .....1 No .....0	
C	<b>CURRENT DATE AND TIME DISPLAYED ON SCREEN.</b> Is this date and time correct?	Yes .....1 No .....0	Skip to E if Yes
D	Record the correct date and time.	Date Time	Day Hour
		Month Min	Year AM/PM
E	COUNTY <b>PLEASE SELECT THE NAME OF THE REGION WHERE THE FACILITY IS LOCATED.</b>	BUNGOMA .....1 KERICHO .....2 KIAMBU .....3 KILIFI .....4 KITUI .....5 NAIROBI .....6 NANDI .....7 NYAMIRA .....8 SIAYA .....9	
F	DISTRICT (SUB-COUNTY) <b>PLEASE RECORD THE NAME OF THE DISTRICT WHERE THE HOUSEHOLD IS LOCATED.</b>	<i>ODK will populate a list of appropriate district based on the County selected for HQ E</i>	
G	DIVISION <b>PLEASE RECORD THE NAME OF THE DIVISION WHERE THE HOUSEHOLD IS LOCATED.</b>	<i>ODK will populate a list of appropriate Divisions based on the district (sub-county) selected for HQ F.</i>	
H	LOCATION	<i>ODK will populate a list of appropriate locations based on the division selected for HQ G.</i>	
I	Enumeration area		
J	Facility number <b>PLEASE RECORD THE NUMBER OF THE FACILITY FROM THE LISTING FORM.</b>		
K	Type of facility <b>PLEASE SELECT THE TYPE OF FACILITY.</b>	Hospital .....1 Health Center .....2 Health Clinic .....3 Dispensary .....4 Pharmacy/Clinic .....5 Nursing/Maternity Homes .....6	
L	Managing authority <b>PLEASE SELECT THE MANAGING AUTHORITY FOR THE FACILITY.</b>	Government .....1 NGO .....2 Faith-based organization .....3 Private .....4 Other .....5	
M	Is a competent respondent present and available to be interviewed today?	Yes .....1 No .....0	Skip to S if No
<b>INFORMED CONSENT</b>			
<b>Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Read the following greeting:</b>			
Hello. My name is _____ and I am working for the International Center for			

Reproductive Health in Kenya, in collaboration with the Ministry of Health and the Kenya National Bureau of Statistics to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about family planning and other reproductive health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded or shared. The information about your facility may be used by health organizations for planning service improvements or further studies of health services. The data collected from your facility will also be used by researchers for analyses. However, the name of your facility will not be provided, and any reports by researchers who use your facility data will only present information in aggregate form so that your facility cannot be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?

N	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes .....1 No .....0	Skip to S if No
	Respondent's signature <b>PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION.</b> <b>WARNING: To conduct the survey, the respondent must sign or touch the checkbox.</b>	GATHER SIGNATURE:  Checkbox: <input type="checkbox"/>	
O/P	Interviewer's name <b>PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.</b>		
Q	Name of the facility <b>PLEASE RECORD THE NAME OF THE FACILITY.</b>		
Q2	MFL number of the facility <b>ENTER -88 FOR DO NOT KNOW, -77 FOR NOT APPLICABLE (MFL NUMBER DOES NOT EXIST)</b>		
R	What is your position in this facility? <b>SELECT THE HIGHEST MANAGERIAL QUALIFICATION OF THE RESPONDENT.</b>	Owner .....1 In-charge / manager .....2 Staff .....3	

### Section 1 – Information about services

**Now I would like to ask about the services provided at this facility**

1	What year did this facility first begin offering health services / products? <b>ENTER JAN 2020 FOR DO NOT KNOW.</b>	Year		
---	--	------	--	--

2	How many days each week is the facility routinely open? <b>NUMBER MUST BE BETWEEN 1 AND 7. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.</b>	Number of days		
3	<b>Now I have some questions about staffing for this facility.</b> For the following questions, please tell me how many staff with this qualification are currently assigned to this facility. Finally, tell me the total number present at any time today. We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies. <b>ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE. 0 IS A POSSIBLE ANSWER.</b>	Doctor ..... — Clinical Officer..... — Nurse/midwife ..... — Medical Assistants/ Nurse Aids..... — Pharmacist..... — Pharmaceutical Technologist..... — Other Medical Staff ..... —	<u>Total number</u>	<u>Present today</u>
	<b>CHECK K:</b> type of facility?	Hospital ..... 1 Health Center ..... 2 Health Clinic ..... 3 Dispensary ..... 4 Pharmacy/Clinic.....5 Nursing/Maternity Homes.....6		Skip to 8 if K is 5
4	Is there a healthcare worker present at the facility at all times or officially on call for the facility at all times (24 hours a day) for emergencies?	Yes, 24-hr staff ..... 1 No, no 24-hr staff..... 0 No response ..... -99		
5	Do you have an estimate of the size of the catchment population that this facility serves that is, the target, or total population living in the area served by this facility?	No catchment area ..... 1 Yes, knows size of catchment area ..... 2 Doesn't know size of catchment area ..... -88 No response ..... -99		Skip to 7 if No or DK
6	What is the size of the catchment population? <b>RECORD THE NUMBER OF PEOPLE LIVING IN THE AREA SERVED BY THIS FACILITY.</b>	Number of people		
7	How many beds does the facility have? <b>0 IS A POSSIBLE ANSWER. ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.</b>	Number of beds		
8	When was the last time an owner / supervisor from outside this facility came here to visit?	Never external supervision ..... 0 Within the past 6 months ..... 1 More than 6 months ago ..... 2 Don't know ..... -88 No response ..... -99		
9	Does this facility have electricity today? <b>SELECT FOR RUNNING ELECTRICITY ONLY. IF ELECTRICITY WAS OFF FOR MORE THAN TWO HOURS TODAY, MARK NO.</b>	Yes ..... 1 No ..... 0		

10	Does this facility have running water today? <b>SELECT FOR RUNNING WATER ONLY. IF WATER WAS OFF FOR MORE THAN TWO HOURS TODAY, MARK NO.</b>	Yes ..... 1 No ..... 0		
	<b>CHECK K:</b> type of facility?	Hospital ..... 1 Health Center ..... 2 Health Clinic ..... 3 Dispensary ..... 4 Pharmacy/Clinic.....5 Nursing/Maternity Homes.....6		Skip to 13 if K: 5
11	How many hand-washing facilities are available on site for staff to use? <b>ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.</b>	Number of facilities		Skip to 13 if 0
12	Ask to see the nearest hand washing facility. At the hand washing facility OBSERVE: Soap is present..... Water source is present: stored water..... Water source is present: running water ..... Hand washing area is near a sanitation facility..... None of the above..... Did not see the facility..... <b>SELECT ALL THAT APPLY</b>		Yes 1 1 1 1 -77 -99	No 0 0 0 0
13	Does the facility have a functioning computer? <b>NO NEED TO OBSERVE</b>	Yes ..... 1 No ..... 0		
	<b>CHECK K:</b> type of facility?	Hospital ..... 1 Health Center ..... 2 Health Clinic ..... 3 Dispensary ..... 4 Pharmacy/Clinic.....5 Nursing/Maternity Homes.....6		Skip to 15 if K: 5
14	How does this facility finally dispose of sharp items or filled sharps boxes?	Never have sharps waste ..... 0 Burn in incinerator ..... 1 Open Burning..... 2 Dump without burning ..... 3 Remove offsite ..... 4 Other ..... 5 No response ..... -99		
<b>Section 2 – Family Planning Services</b>				
<b>Now I would like to ask about family planning services provided at this facility.</b>				
15	Do you usually offer family planning services / products?	Yes ..... 1 No ..... 0		Skip to 19 if No
16	What year did this facility first begin offering family planning services / products? <b>ENTER JAN 2020 FOR DO NOT KNOW.</b>	Year		

17	How many days in a week are family planning services / products offered / sold here? <b>MUST BE BETWEEN 0 AND 7, OR EQUAL -88 OR -99. CANNOT EXCEED THE NUMBER OF DAYS THE FACILITY IS OPEN.</b>	Number of days		
18	Are family planning services / products offered here today?	Yes ..... 1 No ..... 0		
	<b>CHECK K:</b> type of facility?	Hospital ..... 1 Health Center ..... 2 Health Clinic ..... 3 Dispensary ..... 4 Pharmacy/Clinic ..... 5 Nursing/Maternity Homes ..... 6		Skip to 23 if K: 5
19	Does this facility provide family planning supervision, support, or supplies to community health workers?	Yes ..... 1 No ..... 0		Skip to 22 if No
20	How many community health workers are supported by this facility? <b>ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.</b>	Number of CHWs		
21	Do the community health workers provide any of the following contraceptives: Condoms ..... Pills ..... Injectables ..... None of the above.....		<u>Yes</u> 1 1 1 -77	<u>No</u> 0 0 0
22	How many times in the last 12 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services? <b>ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE. 0 IS A POSSIBLE ANSWER.</b>	Number of times:		
	<b>CHECK 15:</b> Offer FP services/products?	Yes ..... 1 No ..... 0		Skip to 25 if No
23	Does this facility have any routine user-fees or charges for any services related to family planning? <b>THIS INCLUDES ANY FEES, INCLUDING THOSE FOR REGISTRATION OR FOR CLIENT HEALTH RECORDS.</b>	Yes ..... 1 No ..... 0		Skip to 25 if No
24	Are the official fees posted so that the client can easily see them? <b>IF YES, POSTED FEES MUST BE OBSERVED.</b>	Yes, all fees are posted ..... 1 Yes, some, not all fees posted ..... 2 No posted fees ..... 0 No response ..... -99		

25	Do you collect information about clients' opinion in any of the following ways?		<u>Yes</u>	<u>No</u>	Skip to 29 if "None of the above" is selected
	Suggestion box .....		1	0	
	Client survey form .....		1	0	
	Client interview form .....		1	0	
	Official meeting with community leaders .....		1	0	
	Informal discussion with client or community .....		1	0	
	Direct client feedback to staff .....		1	0	
	Other .....		-77		
	None of the above.....		-88		
	Don't know .....		-99		
<b>SELECT ALL METHODS</b>					
26	Is there a procedure for reviewing or reporting on clients' opinions?	Yes .....	1		Skip to 28 if No
		No .....	0		
27	Ask to see a report or form on which data are compiled or discussion is reported	Report seen .....	1		
		Report not seen .....	2		
28	In the past 12 months, have any changes been made in the program as a result of client opinion? <b>IF YES, INDICATE IF THE CHANGE(S) ARE RELATED TO ANY OF THE LISTED TOPICS.</b>	No .....	<u>Yes</u>	<u>No</u>	
			1	0	
		Yes, change in services or times offered or way services are provided .....	1	0	
		Yes, change for client comfort .....	1	0	
		Other .....	1	0	
		Don't know .....	-88		
No response .....	-99				
	<b>CHECK 15: Offer FP services/products?</b>	Yes .....	1		Skip to 30 if No
		No .....	0		
29	In the past 12 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?	Yes .....	1		
		No .....	0		
30	Do you use any of the following to review service data for monitoring and evaluation? Wall chart / graph .....		<u>Yes</u>	<u>No</u>	
		Written report / minutes .....	1	0	
		Other .....	1	0	
		Nothing observed .....	1	0	
			1	0	
<b>ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. SELECT ALL RELEVANT TYPE OF DOCUMENTATION OBSERVED.</b>					
	<b>CHECK 15: Offer FP services/products?</b>	Yes .....	1		Skip to 40 if No
		No .....	0		

	Which of the following methods of contraception are counseled, provided, prescribed/referred and/or charged?	<u>Cou</u> <u>Yes</u>	<u>Cou</u> <u>No</u>	<u>Pro</u> <u>Yes</u>	<u>Pro</u> <u>No</u>	<u>Pre</u> <u>Yes</u>	<u>Pre</u> <u>No</u>	<u>Chg</u> <u>Yes</u>	<u>Chg</u> <u>No</u>					
31	Female Sterilization..... 1 0 1 0 1 0 1 0 Male Sterilization ..... 1 0 1 0 1 0 1 0 Implants ..... 1 0 1 0 1 0 1 0 IUD ..... 1 0 1 0 1 0 1 0 Injectables..... 1 0 1 0 1 0 1 0 Pill ..... 1 0 1 0 1 0 1 0 Male Condom ..... 1 0 1 0 1 0 1 0 Female Condom ..... 1 0 1 0 1 0 1 0 Emergency Contraception ..... 1 0 1 0 1 0 1 0 Diaphragm ..... 1 0 1 0 1 0 1 0 Foam/Jelly ..... 1 0 1 0 1 0 1 0 Std. Days/Cycle beads ..... 1 0 1 0 1 0 1 0 LAM ..... 1 0 Rhythm method ..... 1 0 Withdrawal ..... 1 0 Other Traditional Method..... 1 0  <b>Cou: Counseled; Pro: Provided; Pre: Prescribed / Referred; Chg: charge</b> <b>ALL OPTIONS SHOULD BE READ ALOUD</b>									Skip to 33 if no charges				
32	How much do you charge for one unit of each method that you provide? Female Sterilization..... Male Sterilization ..... Implants ..... IUD ..... Injectables..... Pill ..... Male Condom ..... Female Condom ..... Emergency Contraception ..... Diaphragm ..... Foam/Jelly ..... Std. Days/Cycle beads ..... <b>ALL PRICES SHOULD BE ENTERED IN KENYAN SHILLINGS.</b> <b>ENTER -88 FOR DO NOT KNOW, -99 FOR NO RESPONSE.</b> <i>ODK will only display the methods for which the facility charges from SQ 31</i>	Amount per unit					_____							
	<b>CHECK K:</b> type of facility?	Hospital.....	1	Health Center.....	2	Health Clinic.....	3	Dispensary.....	4	Pharmacy/Clinic.....	5	Nursing/Maternity Homes.....	6	Skip to 39b if 5
	<b>CHECK 31:</b> Are implants provided?	Yes.....	1	No.....	0						Skip to 35 if No			

33	On days when you offer family planning services, does this facility have trained personnel able to insert implants?	Yes ..... 1 No ..... 0	
34	On days when you offer family planning services, does this facility have trained personnel able to remove implants?	Yes ..... 1 No ..... 0	
	<b>CHECK 31:</b> Are IUDs provided?	Yes ..... 1 No ..... 0	Skip to 37 if No
35	On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?	Yes ..... 1 No ..... 0	
36	On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?	Yes ..... 1 No ..... 0	
	<b>CHECK 31:</b> Are implants provided?	Yes ..... 1 No ..... 0	Skip to 38 if No
37	Does this facility have the following supplies needed to insert and/or remove implants: Clean Gloves ..... Antiseptic ..... Sterile Gauze Pad or Cotton Wool ..... Local Anesthetic ..... Sealed Implant Pack ..... Blade..... No response..... <b>READ OUT ALL SUPPLIES AND SELECT ALL THAT APPLY. SUPPLIES DO NOT NEED TO BE OBSERVED.</b>	<u>Yes</u> 1 1 1 1 1 1 -99	<u>No</u> 0 0 0 0 0 0
	<b>CHECK 31:</b> Are IUDs provided?	Yes ..... 1 No ..... 0	Skip to 39 if No
38	Does this facility have the following supplies needed to insert and/or remove IUDs: Sponge-holding forceps..... Speculums (large and medium)..... Tenaculum ..... Clamp ..... No response..... <b>READ OUT ALL SUPPLIES AND SELECT ALL THAT APPLY. SUPPLIES DO NOT NEED TO BE OBSERVED.</b>	<u>Yes</u> 1 1 1 1 -99	<u>No</u> 0 0 0 0
	<b>CHECK K:</b> type of facility?	Hospital ..... 1 Health Center ..... 2 Health Clinic ..... 3 Dispensary ..... 4 Pharmacy/Clinic ..... 5 Nursing/Maternity Homes ..... 6	39a if K: 1-4, 6-7 39b if K: 5



42	Is the woman offered a method of family planning during the postnatal visit?	Yes ..... 1 No ..... 0		
	<b>CHECK 40:</b> Are post-abortion services offered?	Yes ..... 1 No ..... 0		Skip to 45 if No
43	During post-abortion visits, which of the following is discussed with the client: Post-abortion mental health ..... Return to fertility ..... Healthy timing and spacing of pregnancies... <u>Advice on:</u> Long-acting methods ..... FP methods for birth spacing ..... None of the above..... <b>READ ALL OPTIONS AND SELECT ALL THAT APPLY.</b>		<u>Yes</u> 1 1 1 1 1 -77	<u>No</u> 0 0 0 0 0
44	Is the woman offered a method of family planning during the post-abortion visit?	Yes ..... 1 No ..... 0		
45	Which of the following family planning services do you offer to unmarried adolescents? Counsel for contraceptive methods ..... Provide contraceptive methods ..... Prescribe / refer contraceptive methods..... None of the above..... <b>READ ALL OPTIONS AND SELECT ALL THAT APPLY</b>		<u>Yes</u> 1 1 1 -77	<u>No</u> 0 0 0
46	Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?	Yes ..... 1 No ..... 0		
47	Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs other than HIV?	Yes ..... 1 No ..... 0		
	<b>CHECK K:</b> type of facility?	Hospital ..... 1 Health Center ..... 2 Health Clinic ..... 3 Dispensary ..... 4 Pharmacy/Clinic ..... 5 Nursing/Maternity Homes ..... 6		Skip to 52 if K: 4
	<b>CHECK 46:</b> Offers HIV services?	Yes ..... 1 No ..... 0		Skip to 50 if No
48	Which of the following family planning services do you offer to clients who come in for HIV services: Counsel for contraceptive methods? ..... Provide contraceptive methods? ..... Prescribe / refer contraceptive methods?..... None of the above..... <b>SELECT ALL THAT APPLY</b>		<u>Yes</u> 1 1 1 -77	<u>No</u> 0 0 0

49	During an HIV consultation does the provider: ask the client about reproductive intentions? ..		<u>Yes</u>	<u>No</u>	<u>DK</u>	
	discuss the FP method preferred by the client? .....					
	discuss dual method use? .....		1	0	-88	
	provide condoms?.....		1	0	-88	
	discuss instructions and side effects of chosen FP method?.....		1	0	-88	
	offer an FP method other than a condom? .....		1	0	-88	
<b>CHECK 15:</b> Offer FP services/products?		Yes .....	1			Skip to 57 if No
		No .....	0			
50	<b>ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR FAMILY PLANNING ARE CONDUCTED</b>  <b>FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN ROOM WHERE EXAMINATIONS ARE CONDUCTED OR IN AN ADJACENT ROOM.</b>  O: Observed; RU: Reported, Unseen; NA: Not Available		<u>O</u>	<u>RU</u>	<u>NA</u>	
		Running water (pipel) .....	1	2	-77	
		Other running water (bucket with tap or pour pitcher) .....	1	2	-77	
		Water in bucket or basin (water reused) .....	1	2	-77	
		Hand-washing soap .....	1	2	-77	
		Single-use hand drying towels .....	1	2	-77	
		Waste receptacle with lid and plastic liner.....	1	2	-77	
		Sharps container .....	1	2	-77	
		Disposable latex gloves.....	1	2	-77	
		Disinfectant .....	1	2	-77	
		Disposable needles and syringes.....	1	2	-77	
		Auditory privacy .....	1	2	-77	
		Visual privacy .....	1	2	-77	
		Examination table .....	1	2	-77	
Client educational materials on FP .....	1	2	-77			
51	<b>ASSESS CONDITION OF FAMILY PLANNING SERVICE AREA</b>	<u>Floor:</u> swept, no obvious dirt or waste .....	<u>Yes</u> 1	<u>No</u> 0		
		<u>Counters/Tables/Chairs:</u> wiped clean, no obvious dirt or waste .....	1	0		
		Broken equipment, papers, boxes around making area cluttered and dirty .....	1	0		
		<u>Walls:</u> reasonably clean .....	1	0		
		<u>Doors:</u> no or minor damage .....	1	0		
		<u>Walls:</u> no or minor damage .....	1	0		
		<u>Roof:</u> no or minor damages.....	1	0		

52	<p>You said you provide the following methods. Can you show them to me? For all observed methods: have any been out of stock in the last 12 months?</p> <p>Implants.....</p> <p>IUD.....</p> <p>Injectables .....</p> <p>Pill .....</p> <p>Male condom.....</p> <p>Female condom .....</p> <p>Emergency contraception.....</p> <p>Diaphragm.....</p> <p>Foam/Jelly .....</p> <p>Standard Days/Cycle beads.....</p> <p>O: Observed; N.O.: Not Observed; OOS last 12 mo.: Out of stock in last 12 months  <b>SELECT OOS &lt;12 MO IF THE METHOD HAS EVER BEEN OUT OF STOCK IN THE PAST 12 MONTHS, EVEN IF IT IS IN STOCK ON THE DAY OF THE INTERVIEW.</b></p> <p><b>IF N.O. IS CHECKED, OOS ALSO NEEDS TO BE CHECKED; CANNOT CHECK BOTH O AND N.O.; EITHER O. OR N.O. MUST BE CHECKED.</b>  <i>ODK will only display the methods which are provided at the facility from SQ 31</i></p>				<p><u>OOS</u> <u>in last</u> <u>12</u> <u>mos</u></p>
			<u>O</u>	<u>N.O.</u>	
			1	0	
			1	0	1
			1	0	1
			1	0	1
			1	0	1
			1	0	1
			1	0	1
			1	0	1
			1	0	1
			1	0	1
			1	0	1
53	<p><b>FOR FQ53-56, OBSERVE THE PLACE WHERE CONTRACEPTIVE SUPPLIES ARE STORED AND REPORT ON THE FOLLOWING CONDITION:</b>  Are all the methods off the floor?</p>	<p>Yes ..... 1  No ..... 0</p>			
54	<p>Are all the methods protected from water?</p>	<p>Yes ..... 1  No ..... 0</p>			
55	<p>Are all the methods protected from the sun?</p>	<p>Yes ..... 1  No ..... 0</p>			
56	<p>Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?</p>	<p>Yes ..... 1  No ..... 0</p>			
57	<p>Ask permission to take a photo of the entrance of the facility  Did you get consent to take the photo?</p>	<p>Yes ..... 1  No ..... 0</p>			

Thank the respondent for his / her time.

**THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 3 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE FACILITY.**

**LOCATION AND QUESTIONNAIRE RESULT**

S	<p>Take a GPS point outside near the entrance to the facility.</p> <p>Record location when the accuracy is smaller than 6m.</p> <p><b>GPS COORDINATES CAN ONLY BE COLLECTED WHEN OUTSIDE.</b></p>	<p><i>Instructions are given directly by the ODK software:</i></p> <p>RECORD LOCATION</p>	
	<p><b>CHECK 57:</b> Permission to take photo?</p>		<p>Skip to U if No</p>
T	<p>Ensure that no people are in the photo</p>	<p><i>Instructions are given directly by the ODK software</i></p> <p>TAKE PICTURE</p> <p>CHOOSE IMAGE</p>	
U	<p>Record the result of the Service Delivery Point Survey</p>	<p>Completed ..... 1</p> <p>Not at facility ..... 2</p> <p>Postponed ..... 3</p> <p>Refused ..... 4</p> <p>Partly completed ..... 5</p> <p>Other ..... 6</p>	

## Appendix D. Family Planning 2020 Indicators

**Criteria used to identify indicators:** (1) Progress under each of the Family Planning Summit Monitoring & Accountability Conceptual Framework’s five domains is tracked by at least one indicator (the five domains are enabling environment, process, output, outcome, and impact); (2) Indicator is relevant to the domain and methodologically sound (i.e., based to the greatest extent possible on existing definitions and standards and with documentation readily available); and (3) Data are currently available for the indicator. Additionally, special consideration was given to (4) indicators proposed by the Rights and Empowerment Working Group (to ensure dimensions of availability, accessibility, quality and informed decision making were reflected) and (5) indicators already used by countries to monitor other initiatives or goals (e.g., the Global Strategy for Women’s and Children’s Health and MDGS).

The core Indicator table is separated into three categories:

- (1) Indicators that will be reported annually for all 69 FP2020 countries. Data sources and methodology will vary between pledging and non-pledging countries, based on presence of Track20 Project. The final two indicators (which are highlighted below) will not have data in year one. Mechanisms to collect this information will be established within the next year.
- (2) Indicators that are based on estimated impacts of family planning and therefore not directly collected.
- (3) Indicators that will be reported annually in a subset of countries and will be based on the PMA2020 survey. The total number countries that will have annual data on these indicators are 10, but full scale up will not occur for two years. In years when there is a DHS, data will be included for that country in annual reporting.

1. Indicators that will be reported annually for all 69 FP2020 countries					
Indicator Name	Definition	Data Source and Availability	Conceptual Framework Category	Disaggregation	Links to Other Initiatives
1. Contraceptive Prevalence Rate, Modern Methods (mCPR)	The proportion of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a particular point in time.	Surveys such as the Demographic and Health Surveys (DHS), the CDC-assisted Reproductive Health Surveys (RHS), MICS and other nationally sponsored surveys.  Service Statistics	Outcome	When possible (in years with a DHS) by:  wealth quintile, age, marital status, urban/rural, ethnicity, etc.	Contraceptive prevalence rate (any method) is a tracking indicator for MDG 5 target 5B: Achieve, by 2015, universal access to reproductive health.  Included in draft WHO indicator shortlist
1b. Percent distribution of users by method	The proportion of total family planning users using each method of family planning.	Surveys such as the Demographic and Health Surveys (DHS), the CDC-assisted Reproductive Health Surveys (RHS), MICS and other nationally sponsored surveys.  Service Statistics	Outcome		
2. Number of additional family planning users	The number of additional women (or their partners) of reproductive age currently using a contraceptive method compared to 2012.	Service Statistics	Output		
3. Percentage of women with an unmet need	The percentage of fecund women of reproductive age who want no more children or to postpone having the next	Surveys such as the DHS, RHS, MICS, and other nationally	Output	When possible (in years with a DHS) by:	The proportion of women (married/union) with an unmet

	child, but are not using a contraceptive method.	sponsored surveys.  Service Statistics		method, wealth quintile (comparing the lowest to the highest quintile), age, marital status, urban/rural, ethnicity, etc.	need for family planning is a tracking indicator for MDG 5 target 5B: Achieve, by 2015 universal access to reproductive health.  Included in draft WHO indicator shortlist
4. Percent of women whose demand for modern contraception is satisfied	The percent of women (or their partners) who desire either to have no further children or to postpone the next child who are currently using a modern contraceptive method.	Surveys such as the DHS, RHS, MICS, and other nationally sponsored surveys.  Service Statistics	Outcome	When possible (in years with a DHS) by:  wealth quintile (comparing the lowest to the highest quintile), age, marital status, urban/rural, ethnicity, etc.	The proportion of demand for family planning that is satisfied (any method) is a tracking indicator for the Global Strategy for Women's and Children's Health.
5. Annual expenditure on FP from government domestic budget	Total annual public sector recurrent expenditures on family planning. This includes expenditures by all levels of government.	COIA, NIDI, KFF  Country availability will depend on COIA and NIDI implementation. All 69 countries are expected to be available at some point.	Enabling Environment		
6. Couple-Year of Protection (CYP)	The estimated protection provided by family planning services during a one year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which yields an estimate of the duration of contraceptive protection provided per unit of that method.	Service Statistics	Output		USAID

<b>2. Indicators that model impact for all 69 FP2020 countries</b>					
<b>Indicator Name</b>	<b>Definition</b>	<b>Data Source and Availability</b>	<b>Conceptual Framework Category</b>	<b>Disaggregation</b>	<b>Links to Other Initiatives</b>
7. Number of unintended pregnancies	The number of pregnancies that occurred at a time when women (and their partners) either did not want additional children or wanted to delay the next birth. Usually measured with regard to last or recent pregnancies, including current pregnancies.	Estimated using modeling	Impact		
8. Number of unintended pregnancies averted due to contraceptive use	The number of unintended pregnancies that did not occur during a specified reference period as a result of the protection provided by contraceptive use during the reference period.	Estimated using modeling	Impact		
9. Number of maternal deaths averted due to contraceptive use	The number of maternal deaths that did not occur during a specified reference period as a result of the protection provided by contraceptive use during the reference period.	Estimated using modeling	Impact		
10. Number of unsafe abortions averted due to contraceptive use	The number of unsafe abortions that did not occur during a specified reference period as a result of the protection provided by contraceptive use during the reference period.	Estimated using modeling	Impact		

## Appendix E: Glossary of PMA2020 Indicators

Family Planning Indicators		
F1	Contraceptive Use by Modern/Traditional	Proportion of women ages 15 to 49 who are using (or whose partner is using) a contraceptive method at the time of the survey
F2	Method Mix	Composition of current methods used by women ages 15 to 49
F3	Total Number Of Modern Contraceptive Users	A count of the number of females age 15-49 who are current users of modern methods of contraception
F4	Unmet Need	Percentage of fecund, sexually active women ages 15 to 49 who do not want to become pregnant but are not using contraception
F5	Demand Satisfied By Modern Contraception	Percentage of women ages 15 to 49 who do not want to get pregnant who are using modern contraception
F6	Intention To Use Contraception	Percentage of women not currently using a method of contraception who intend to use a method in the future
F7	Unintended Births	Percentage of births in the past 5 years to females age 15-49 that are reported to be mistimed (wanted later) or unwanted
F8	Method Chosen By Self Or Jointly	Percentage of women ages 15 to 49 currently using a modern contraceptive method, or who used a modern method in past 12 months, reporting they decided on method themselves or jointly with a partner or provider
F9	Paid For Services	Percentage of women currently using a modern contraceptive method, or who used a modern method in past 12 months, who have paid any fees for family planning services in past 12 months
F10	Method Information Index	Percentage of recent/current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do
F11	Sterilized Users Told Method Was Permanent	Percentage of sterilized users counseled on method. This measure is not included in this report as the number of sterilized users captured in PMA2014 survey data was very small.
F12	Satisfaction With Provider	Percentage of women ages 15 to 49 using a modern contraceptive method, or who used a modern method in past 12 months, who would return to their provider and would refer a relative or friend to that provider

F13	Received FP information From Provider	Percentage of women ages 15 to 49 reporting they received family planning information from a provider who visited them in the last 12 months
F14	Median duration of contraceptive use, by main method	Among females who have used a modern contraceptive method in past 12 months, but who are not currently using, the number of months at which half of such women stopped using the method for any reason
F15	Reasons For Non-Use	Reasons for non-use of contraceptive methods among women who express a desire to postpone their next birth by two or more years
F16	Total Fertility Rate  Adolescent Fertility Rates	Number of children who would be born to a woman if she were to pass through her reproductive years bearing children according to the current schedule of age-specific fertility rates (ASFR) The adolescent fertility rate is the ASFR for 15 to 19 year old women
F17	Age At Marriage	Median age at marriage for women 25-49 years
F18	Age At First Sex	Median age at first sex for women 25-49 years
F19	Age At First Contraceptive Use	Median age at first contraceptive use for female ever users 15-49 years
F20	Number Of Living Children At First Contraceptive Use	Average number of living children at first contraceptive use among women ages 15 to 49 who have ever used
F21	Recent Exposure To Mass Media Family Planning Messages	Percentage of women ages 15 to 49 reporting exposure to family planning messages on radio, television or in print in past 12 months

#### **Service Delivery Point Indicators**

<b>Service Delivery Point Indicators</b>		
S1	Offers FP counseling and services to adolescents	Percentage of health facilities that offer unmarried adolescents any of the following contraceptive method services: counseling, provision, or prescription
S2	Has client feedback system	Percentage of health facilities reporting collecting client information using any of: suggestion box, client survey form, official meeting with community leaders, informal discussion with client/community, direct client feedback to staff, or other form
S3	Offers different types of FP methods :Pill, injectables, IUD, implant, male condom	Percentage of health facilities offering any services for different types of contraceptive methods: counseling, provision or prescription. Five main methods assessed here

S4	Has mobile outreach teams visiting facility in past 12 months	Percentage of health facilities reporting a mobile outreach team visited to deliver supplementary/additional family planning services in past 12 months
S5	Contraceptive stock out in past 12 months	Percentage of health facilities reporting an (observed) method has been out of stock in the past 12 months: pill, injectables, IUD, implants, male condoms
S6	Number of days per week FP is offered	Average number of days per week family planning services are offered (or products are sold) at facility
S7	Supports CHWs from this facility	Percentage of health facilities reporting providing supervision, support or supplies to community health volunteers/workers
S8	Number of FP visits (new and total) in last month by method	Based on the numbers recorded for the last complete month in the family planning/client register: Total and average number of FP visits (new and continuing) in last month by method
S9	Charges fees for FP services	Percentage of facilities with routine user fees or charges for family planning services
S10a	Integration of FP into maternal health services	Percentage of health facilities that discuss long-acting or spacing contraceptive methods to mothers before post-delivery discharge (with newborns)
S10b	Integration of FP into HIV services	Percentage of facilities with routine user fees or charges for family planning services
S10c	Integration of FP into post-abortion services	Percentage of health facilities that report discussing long-acting or spacing contraceptive methods with post-abortion clients



PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround, nationally representative surveys monitoring key indicators for family planning in support of FP2020 goals. The project is implemented by local university and research organizations in ten countries, deploying a cadre of resident enumerators trained in mobile-assisted data collection. PMA2020 establishes a sentinel data collection platform that can be utilized for other health program areas.

## PMA2020

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