

PMA2016/NASARAWA-R1

PERFORMANCE MONITORING & ACCOUNTABILITY 2020

PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in 10 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Nigeria was carried out in Lagos and Kaduna states in 2014 and 2015, and in seven states in 2016 for round 3 (Anambra, Kaduna, Kano, Lagos, Nasarawa, Rivers and Taraba). PMA2020/Nigeria is led by the Centre for Research, Evaluation Resources and Development (CERED) and Bayero University Kano (BUK). The survey is endorsed and supported by the Federal Ministry of Health, the National Population Commission, the National Bureau of Statistics, and State Ministries of Health. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health through a grant by the Bill & Melinda Gates Foundation.

For more information on PMA2020 please visit <http://www.pma2020.org>

KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys
(Married and All Women, Age 15-49)

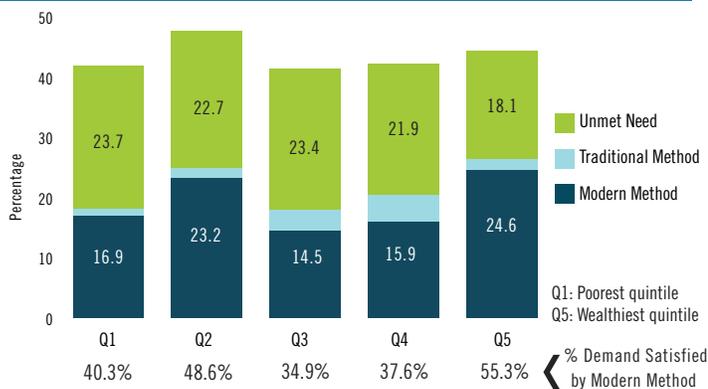
	NDHS 2013, Nasarawa		PMA2016/Nasarawa-R1	
	All Women	Married Women	All Women	Married Women
Contraceptive Prevalence Rate (CPR)				
All Methods CPR	13.9	18.1	18.9	21.5
Modern Method Use mCPR	12.4	16.3	16.6	18.9
Long Acting CPR	2.4	3.2	6.0	7.7
Total Unmet Need*				
For Limiting	4.4	6.2	6.0	8.1
For Spacing	12.9	14.6	11.9	13.9
Total Demand				
	31.2	38.9	36.9	43.5
Demand Satisfied by Modern Method				
	39.9	41.9	44.9	43.5

Fertility Indicators (All Women)

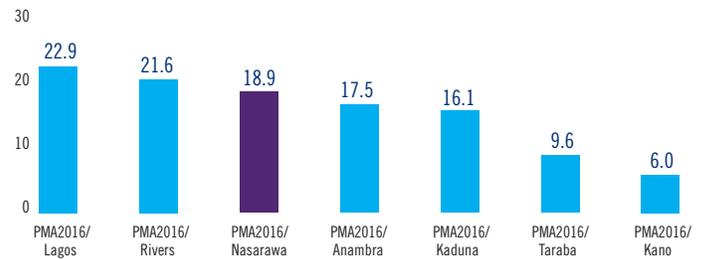
	NDHS 2013, Nasarawa	PMA2016/Nasarawa-R1
Recent Births Unintended* (%)	11.6	30.1
Wanted Later	7.9	22.1
Wanted No More	3.7	8.0

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

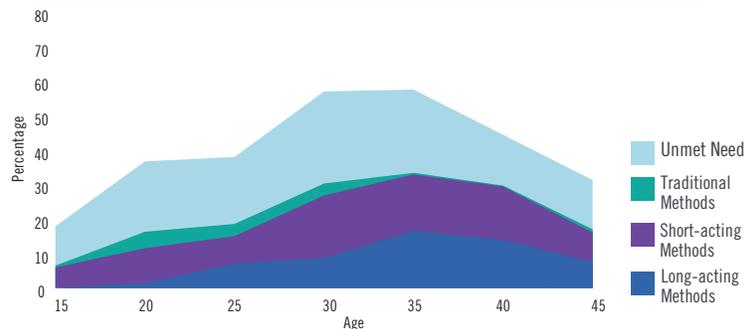
Current Use and Unmet Need Among Married Women of Reproductive Age, by Wealth Quintile, PMA2016/Nasarawa-R1



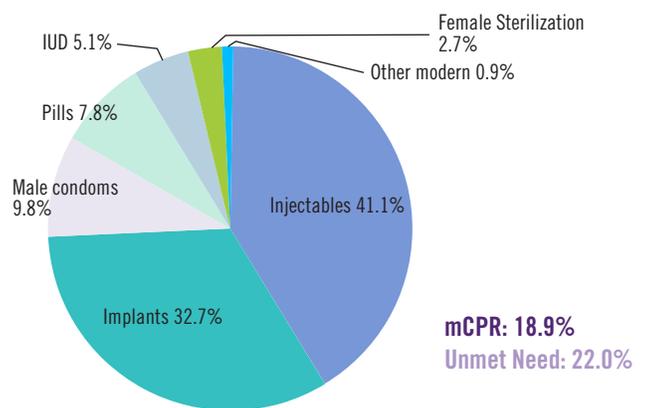
Modern Contraceptive Prevalence Rate (Married Women, Age 15-49)



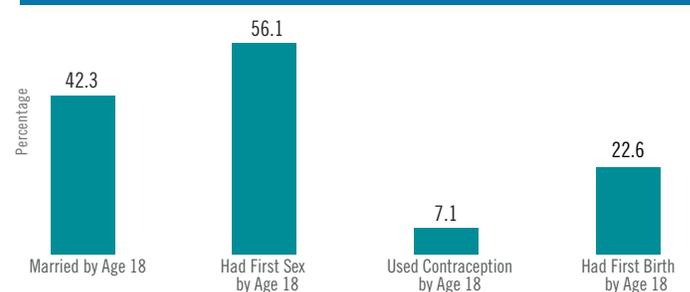
Unmet Need and Contraceptive Use, by Age (All Women)



Current Modern Method Mix Among Married Contraceptive Users PMA2016/Nasarawa



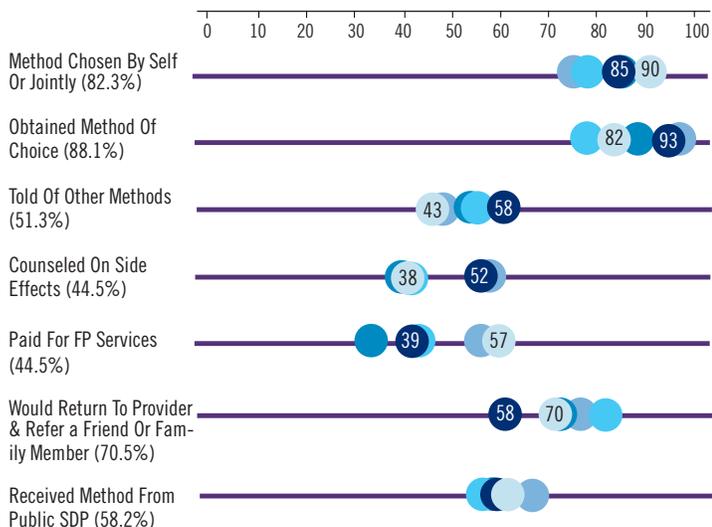
Percent of All Women Age 18-24, PMA2016/Nasarawa



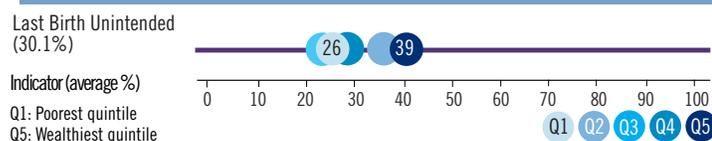
PMA2016/NASARAWA-R1

INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users in Nasarawa (%), Indicators by Wealth Quintile (n=275)



Births in the Past Five Years, or Current Pregnancies in Nasarawa



For Current Female Non-Users in Nasarawa (n=686)

Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth 2 Or More Years (%)

Not Married	31.7
Perceived Not-At-Risk/Lack of Need	38.8
Method or Health-related Concerns	25.0
Opposition to Use	13.1
Lack of Access/Knowledge	10.4
Other	11.2

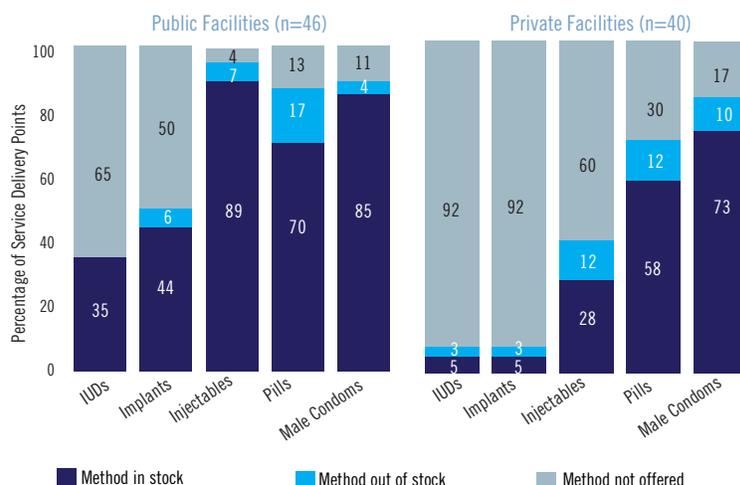
Reproductive Health and Contraceptive Indicators

	Total	Rural	Urban
Median Age at First Marriage (25 to 49 years)	19.1	19.0	19.5
Median Age at First Sex (15 to 49 years)	16.2	16.0	17.4
Median Age at First Contraceptive Use (15 to 49 years)	24.8	24.5	25.8
Median Age at First Birth (15 to 49 years)	20.4	20.3	20.4
Mean No. Of Living Children at First Contraceptive Use	3.1	3.1	3.1
Women Having First Birth by Age 18 (ages 18-24) (%)	22.6	24.1	16.5
Received FP Info From Provider in Last 12 Months (ages 15-49 years) (%)	25.0	23.2	31.8
Exposed to FP Media in Last Few Months (ages 15-49 years) (%)	54.5	50.3	70.7

SAMPLE DESIGN

The PMA2016/Nasarawa-R1 survey used a two-stage cluster design with urban-rural as strata. A sample of 40 enumeration areas (EAs) was drawn from the National Population Commission's master sampling frame. In each EA households and private health facilities were listed and mapped, with 35 households randomly selected. Households were surveyed and occupants enumerated. All eligible females age 15 to 49 were contacted and consented for interviews. The final sample (and completion rates) included 1,362 households (98.9%), 1,638 females (98.9%) and 86 health facilities (90.5%). Data collection was conducted between May and June 2016.

Percent of Facilities Offering & Currently In/Out of Stock on Day of the Interview, by Method



Percent of Public Facilities in Nasarawa Offering at Least 3 or at least 5 Modern Contraceptive Methods, by Facility Type

Facility Type	3 or more methods	5 or more methods
Hospital (n=6)	83.3	83.3
Health Center (n=40)	72.5	45.0
Total	74.5	51.1

Service Delivery Points in Nasarawa (n= 86; 46 public, 40 private)

	Public	Private	Total
Among All Service Delivery Points:			
Offering Family Planning (%)	97.9	83.3	90.5
With Mobile Teams Visiting Facility In Last 6 Months (%)	34.0	0.0	16.8
Supporting CHWs From This Service Delivery Point (%)	63.8	0.0	31.6
Among Service Delivery Points Offering Family Planning Services:			
Average Number Of Days Per Week Family Planning Is Offered	5.4	4.1	4.8
Offering Female Sterilization (%)	2.2	2.5	2.3
Offering Family Planning Counseling/Services To Adolescents (%)	67.4	25.0	47.7
Charging Fees For Family Planning Services (%)	26.1	82.5	52.3
Percent Integrating Family Planning Into Their:			
Maternal Health Services (among all offering maternal health services)	97.9	85.7	96.3
HIV Services (among all offering HIV services)	97.4	87.5	95.7
Post-Abortion Services (among all offering post-abortion services)	96.0	100.0	96.6