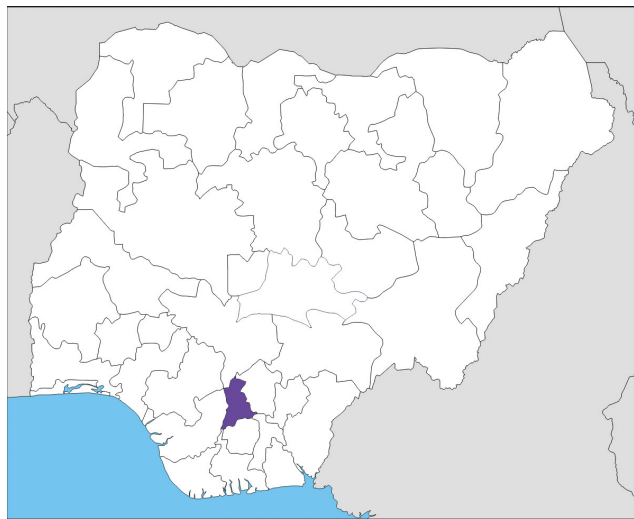


# PMA2017/ANAMBRA-R2

## PERFORMANCE MONITORING & ACCOUNTABILITY 2020



**PMA2020** uses innovative mobile technology to support low-cost, rapid-turn-around surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in 11 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 and 2017 for rounds 3 and 4 (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.

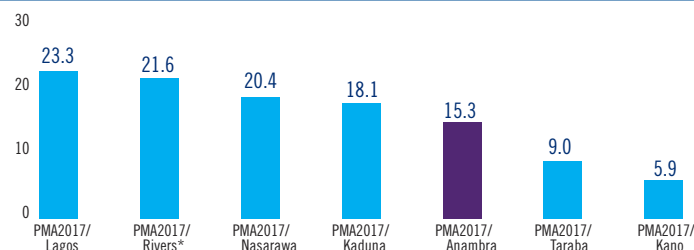
For more information on PMA2020 please visit <http://www.pma2020.org>

### KEY FAMILY PLANNING INDICATORS

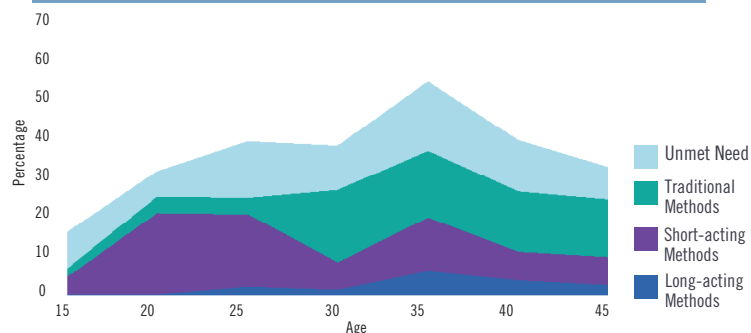
Select Family Planning Indicators Across Recent Surveys  
(Married and All Women, Age 15-49)

	NDHS 2013, Anambra		PMA2016/ Anambra-R1		PMA2017/ Anambra-R2	
	All	Married	All	Married	All	Married
<b>Contraceptive Prevalence Rate (CPR) (%)</b>						
All Methods CPR	30.5	35.0	25.1	33.5	<b>24.2</b>	<b>33.3</b>
Modern Methods Use	15.0	11.7	15.6	17.5	<b>13.9</b>	<b>15.3</b>
Long Acting/Permanent CPR	1.7	3.1	2.1	3.3	<b>1.9</b>	<b>3.9</b>
<b>Total Unmet Need</b>	<b>4.4</b>	<b>7.1</b>	<b>14.4</b>	<b>20.4</b>	<b>12.0</b>	<b>16.8</b>
For Limiting	1.1	2.0	4.6	8.3	<b>4.4</b>	<b>7.2</b>
For Spacing	3.2	5.1	9.8	12.1	<b>7.6</b>	<b>9.5</b>
<b>Total Demand</b>	<b>34.8</b>	<b>42.1</b>	<b>39.5</b>	<b>53.9</b>	<b>36.2</b>	<b>50.0</b>
<b>Demand Satisfied by Modern Method</b>	<b>27.9</b>	<b>43.2</b>	<b>39.6</b>	<b>32.6</b>	<b>38.3</b>	<b>30.6</b>

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



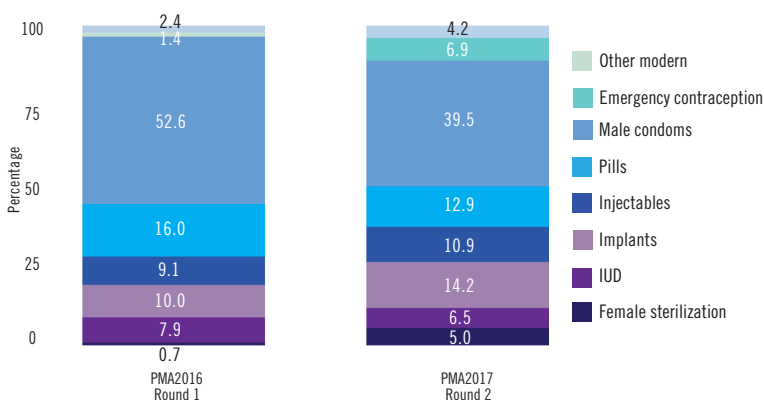
Unmet Need and Contraceptive Use, by Age (All Women)



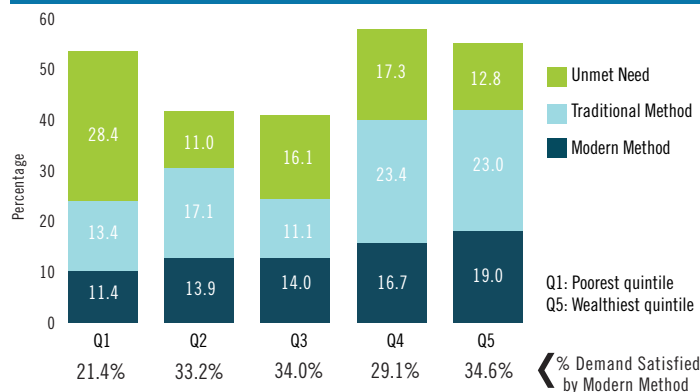
Fertility Indicators (All Women)

	NDHS 2013 Anambra	PMA2016/ Anambra-R1	PMA2017/ Anambra-R2
<b>Recent Births Unintended (%)</b>	11.2	28.5	<b>32.6</b>
Wanted Later	8.0	16.7	<b>19.9</b>
Wanted No More	3.2	11.8	<b>12.6</b>

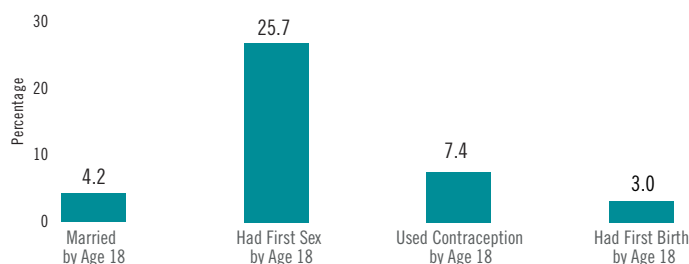
Current Modern Method Mix Among Married Contraceptive Users



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



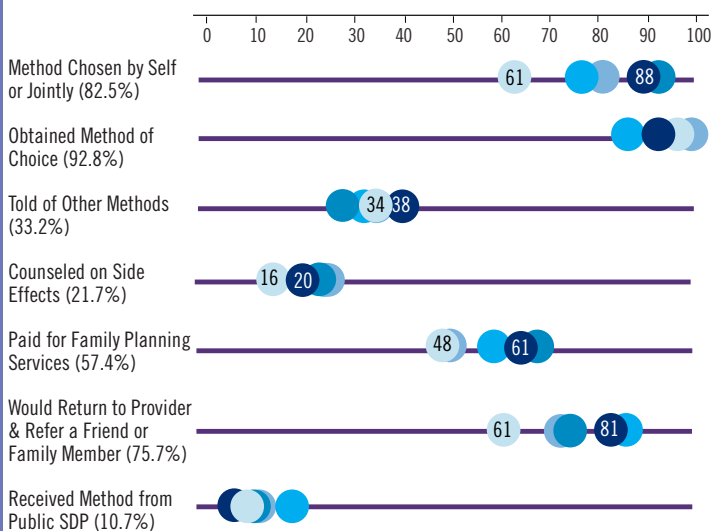
Percent of All Women Age 18-24



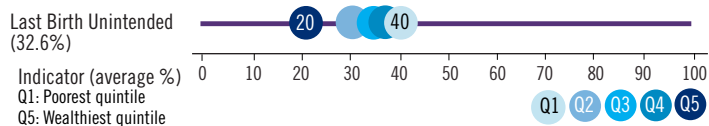
# PMA2017/ANAMBRA, NIGERIA-R2

## INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users in Anambra (%), Indicators by Wealth Quintile (n=170)



Births in the Past 5 Years, or Current Pregnancies in Anambra



For Current Female Non-Users in Anambra (n=543)

Reasons Mentioned for Non-Use Among All Women Wanting to Delay the Next Birth 2 or More Years (%)

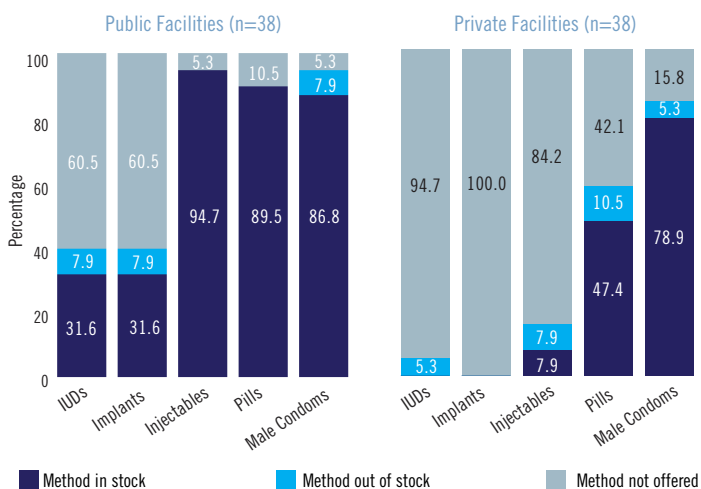
Not Married	50.7
Perceived Not-at-Risk/Lack of Need	39.8
Method or Health-Related Concerns	17.0
Opposition to Use	13.8
Lack of Access/Knowledge	4.7
Other	10.7

Reproductive Health and Contraceptive Indicators

	Total	Rural	Urban
Median Age at First Marriage (25-49 years)	24.3	24.2	24.3
Median Age at First Sex (15-49 years)	19.6	18.8	19.9
Median Age at First Contraceptive Use (15-49 years)	25.2	26.2	24.9
Median Age at First Birth (25-49 years)	25.0	24.6	25.3
Mean Number of Living Children at First Contraceptive Use (15-49 years)*	1.7	2.0	1.7
Women Having First Birth by Age 18 (18-24 years) (%)	3.0	7.2	1.8
Received FP Info. from Provider in Last 12 Months (15-49 years) (%)	23.6	20.7	24.7
Exposed to FP Media in Last Few Months (15-49 years) (%)	74.7	72.1	75.7

\* includes women age 15-49 who have never given birth

Percent of Facilities Offering & Currently In/Out of Stock on Day of the Interview, by Method (n=76; 38 public; 38 private)



Percent of Public Facilities in Anambra 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=9)	66.7	33.3
Health Center (n=29)	79.3	55.2
Health Post (n=13)	30.8	0.0
Total	64.7	37.3

Service Delivery Points in Anambra (n=106; 51 Public, 55 Private)

	Public	Private	Total
Among All Service Delivery Points:			
Offering Family Planning (%)	74.5	69.1	71.7
With Mobile Teams Visiting Facility in Last 6 Months (%)	19.6	0.0	9.4
Supporting Community Health Workers (CHWs) From This Service Delivery Point (%)	13.7	0.0	7.0
Among Service Delivery Points Offering Family Planning Services:			
Average Number of Days Per Week Family Planning is Offered	5.1	5.6	5.3
Offering Female Sterilization (%)	0.0	1.0	1.3
Offering Family Planning Counseling/Services to Adolescents (%)	78.9	18.4	48.7
Charging Fees for Family Planning Services (%)	15.8	7.9	11.8
Percent Integrating Family Planning into Their:			
Maternal Health Services (among all offering maternal health services)	100.0	--	100.0
HIV Services (among all offering HIV services)	94.1	70.0	88.6
Post-Abortion Services (among all offering post-abortion services)	100.0	--	100.0

## SAMPLE DESIGN

The PMA2017/Anambra survey used a two-stage cluster design. A sample of 41 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 completed sample included 1,321 households (97.2% response rate), 1,403 females (98.8% response rate) and 106 health facilities (93.0% response rate)\*. Data collection was conducted between April to May 2017.

\*data presented in this brief is generated from preliminary results and may vary from estimates derived using the final dataset.

