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PMA2020/OYO STATE, NIGERIA

NOVEMBER-DECEMBER 2017 (ROUND 1)

Performance Monitoring and Accountability 2020 (PMA2020) uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local 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). Oyo is the first state to complete data collection for round 5. This is the first round of data collection in this state. 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 the Lagos and Kaduna 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, please visit <http://www.pma2020.org>

KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys
All Women (n=1,842) and Women in Union (n=1,313), Age 15-49

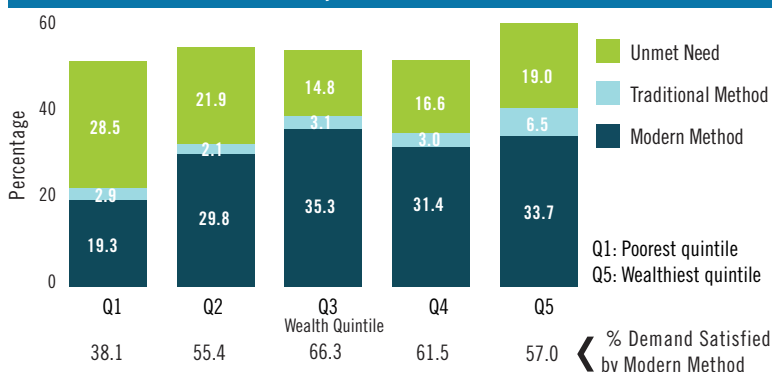
	Oyo State DHS 2013		PMA2020/Oyo Round 1 Nov-Dec 2017	
	All	In Union	All	In Union
Contraceptive Prevalence Rate (CPR)				
All Methods CPR	32.2	37.4	27.8	34.4
Modern Methods Use (mCPR)	21.9	24.4	24.5	30.7
Long Acting/Permanent CPR	5.0	6.8	8.0	10.8
Total Unmet Need				
For Limiting	5.3	7.4	5.3	7.1
For Spacing	4.9	5.8	9.9	12.3
Total Demand				
Demand Satisfied by Modern Method (%)	42.4	50.6	43.0	53.9
	51.8	48.2	57.0	57.1

Fertility Indicators (All Women, Age 15-49)

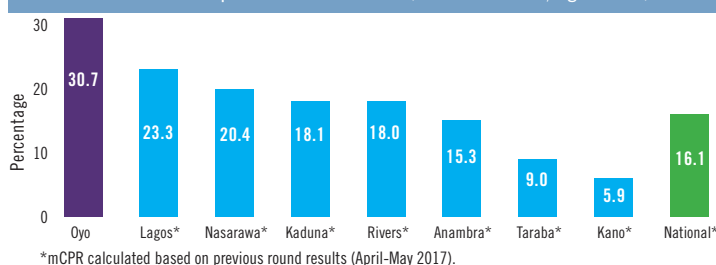
	Oyo State DHS 2013	PMA2020/Oyo Round 1 Nov-Dec 2017
Last Birth Unintended (%)*		
Wanted Later	11.5	12.9
Wanted No More	6.1	7.4

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

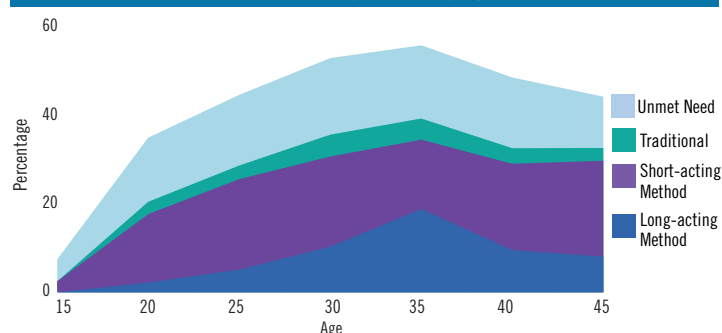
Current Use and Unmet Need Among Women in Union of Reproductive Age, by Wealth Quintile



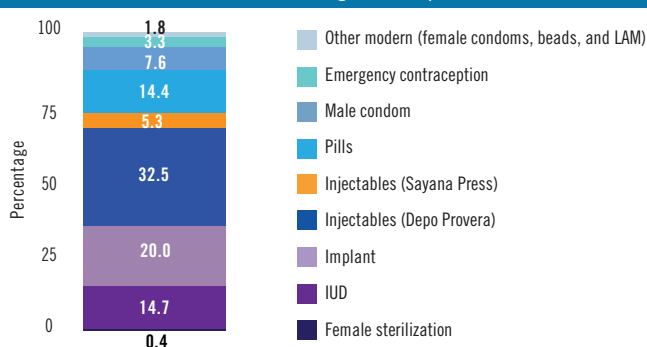
Modern Contraceptive Prevalence Rate (Married Women, Age 15-49)



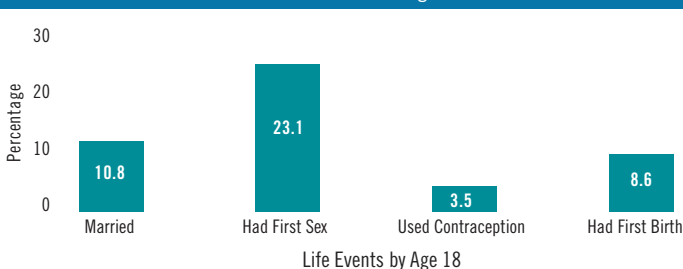
Unmet Need and Contraceptive Use, by Age (All Women)



Current Modern Method Mix Among Contraceptive Users in Union



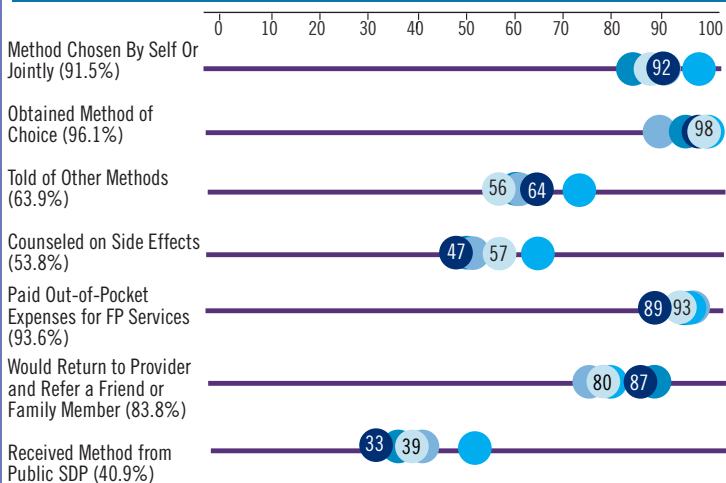
Percent of All Women Age 18-24



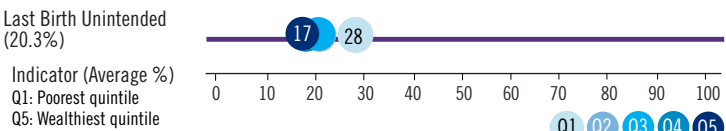
PMA2020/OYO STATE, NIGERIA

INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users (%), Indicators by Wealth Quintiles

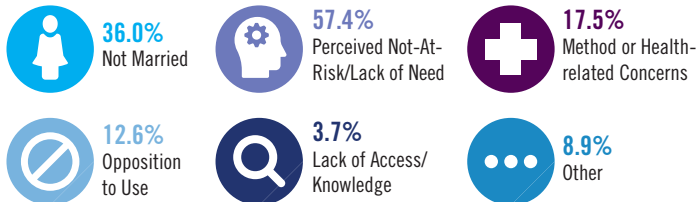


Births in the Past Five Years, or Current Pregnancies



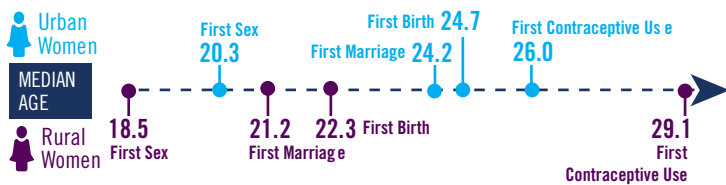
For Current Female Non-Users

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



*Respondents were able to select more than one answer

Reproductive Health and Contraceptive Indicators



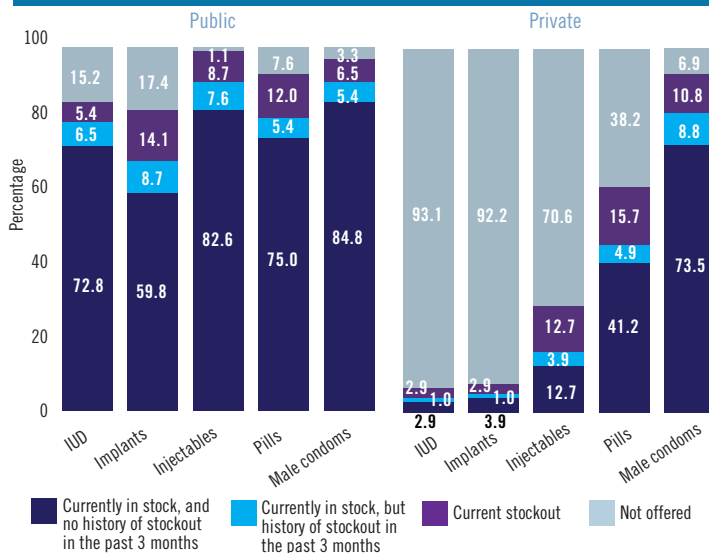
First sex, first contraceptive use: 15-49 years
First marriage, first birth: 25-49 years

	Total	Rural	Urban
Mean No. of Living Children at First Contraceptive Use (15-49 years)	1.8	2.6	1.7
Women Having First Birth by Age 18 (%) (18-24 years)	8.6	21.6	5.6
Received FP Info. From Provider in Last 12 Months (%) (15-49 years)	43.3	35.4	44.8
Exposed to FP Media in Last Few Months (%) (15-49 years)	83.7	63.5	87.6

SAMPLE DESIGN

The PMA2017/Oyo Round 1 survey used a two-stage cluster design with urban-rural as strata. A sample of 80 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 included 2,590 households (97.9% response rate), 1,842 de facto females (97.0% response rate), and 221 health facilities (96.5% response rate), of which 103 are public. Data collection was conducted between November and December 2017.

Percent of Facilities Offering Family Planning with Methods in Stock on Day of Interview (n=192, 92 Public, 102 Private)



Legend: Currently in stock, and no history of stockout in the past 3 months; Currently in stock, but history of stockout in the past 3 months; Current stockout; Not offered

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

Facility Type	3 or more methods	5 or more methods
Hospital	95.7	78.3
Health Center	80.8	64.4
Total	81.6	63.1

Service Delivery Points

Public Private Total

Among All Service Delivery Points:

Offering Family Planning (%)	89.3	86.4	87.8
With Mobile Teams Visiting Facility In Last 6 Months (%)	64.1	1.7	30.8
Supporting CHWs from this Service Delivery Point (%)	27.2	2.5	14.0

Among Service Delivery Points Offering Family Planning Services:

Average Number Of Days Per Week FP Is Offered	5.8	5.4	5.6
Offering Female Sterilization (%)	9.8	3.9	6.7
Offering FP Counseling/Services To Adolescents (%)	73.9	31.4	51.5
Charging General User Fees For FP Services (%)	8.7	12.7	10.8
Availability of Instruments or Supplies for Implant Insertion/Removal* (%)	51.3	--	54.8
Availability of Instruments or Supplies for IUDs**	87.2	--	84.7

*Among SDPs that provide implants, instruments or supplies include: Clean Gloves, Antiseptic, Sterile Gauze Pad or Cotton Wool, Local Anesthetic, Sealed Implant Pack, Surgical Blade

**Among SDPs that provide IUDs, instruments or supplies include: Sponge-holding forceps, Speculum (large and medium), and Tenaculum

--Data from facility types with sample size less than 10 are not presented in this brief

