

PERFORMANCE MONITORING FOR ACTION

PMA NIGERIA (KANO)

Results from Phase 4 Panel Survey

January 2024

OVERALL KEY FINDINGS

26% of panel women who were not using family planning but enjoyed their husband's partner's support for family planning in January 2022 have adopted a method by January 2024.

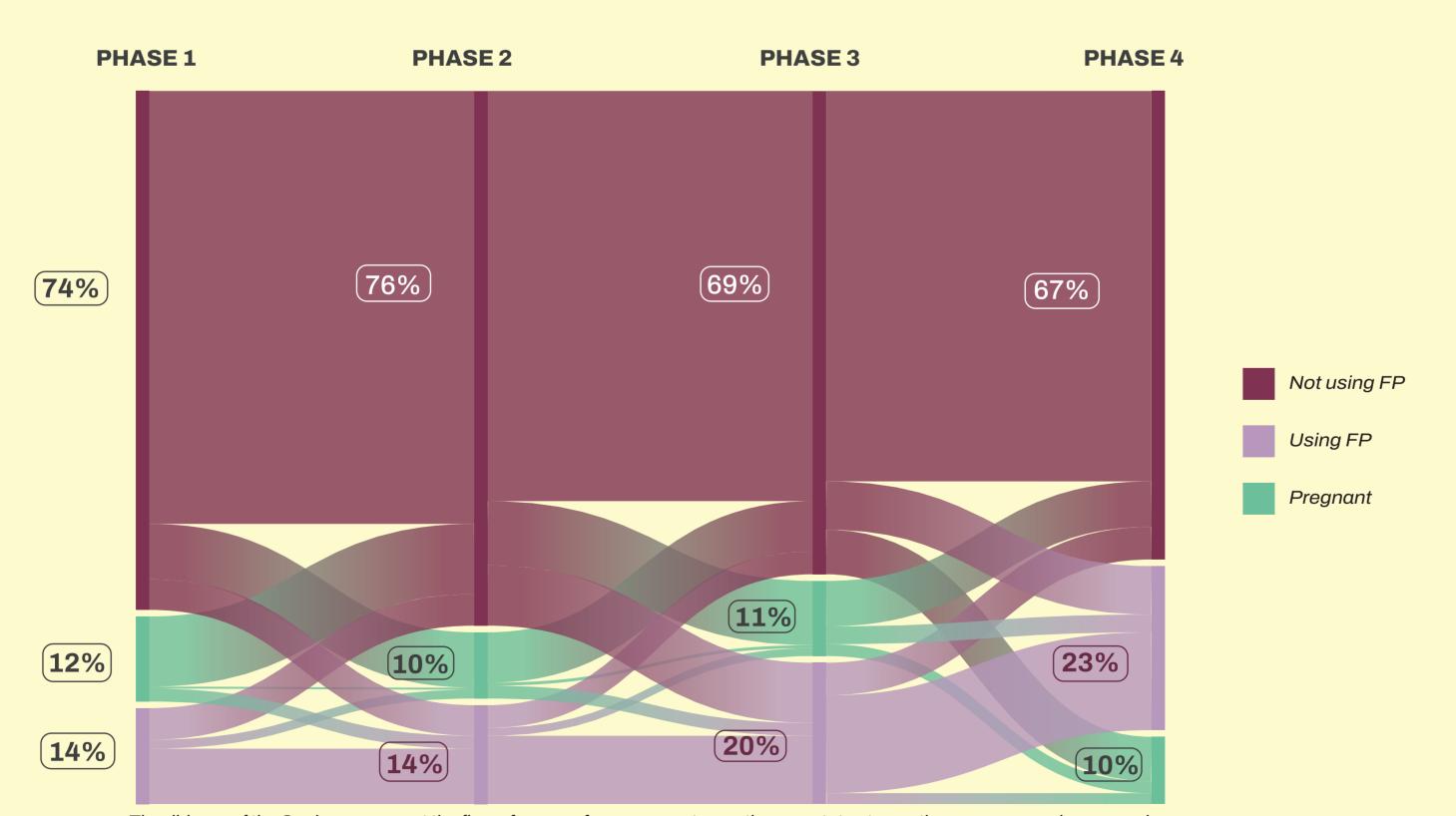
23% of panel women who were not using family planning in January 2022, but intended to use in the next year, adopted a method by January 2024.

17% of panel women with unmet need for family planning in January 2022 adopted a method by January 2024, compared to 8% of women with no unmet need.

SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

CHANGE IN CONTRACEPTIVE USE OR NON-USE

Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (January 2020), PMA Phase 2 (February 2021), PMA Phase 3 (January 2022) and PMA Phase 4 (January 2024) (n=708)



The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all four PMA Phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, the middle between Phase 2 and Phase 3 and the right side between Phase 3 and Phase 4. The color of each ribbon represents the contraceptive use status at the initial Phase of the two Phases (e.g., a green ribbon flowing from Phase 3 to Phase 4 represents women who were pregnant at Phase 3). The % on each node is the weighted proportion of women who went from the contraceptive use status at the initial Phase to the use status at the next Phase. The width of the ribbon is proportional to the number of women represented.



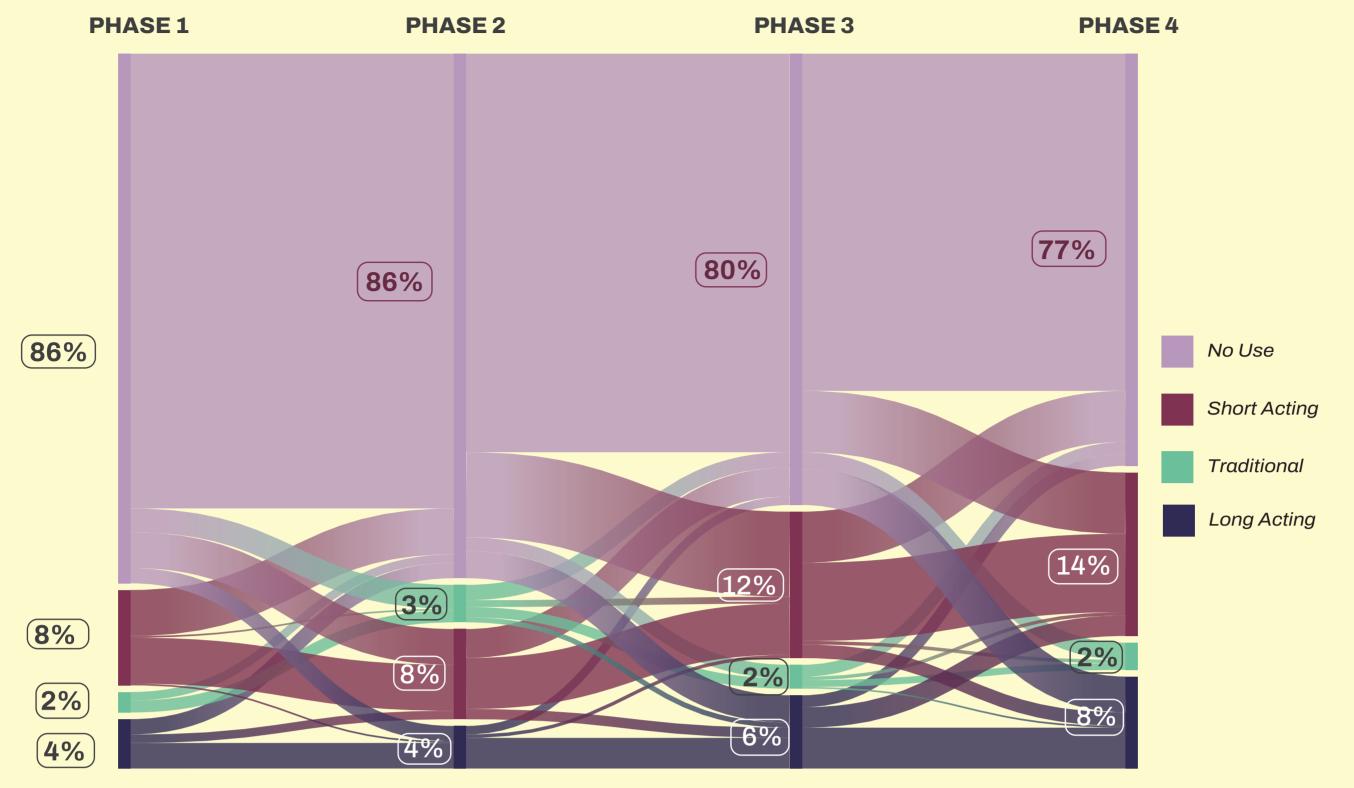






CHANGE IN CONTRACEPTIVE METHOD TYPE

Percent of women age 15-49 who changed contraceptive use status between PMA Phase 1 (January 2020), PMA Phase 2 (February 2021), PMA Phase 3 (January 2022) and PMA Phase 4 (January 2024) (n=708)

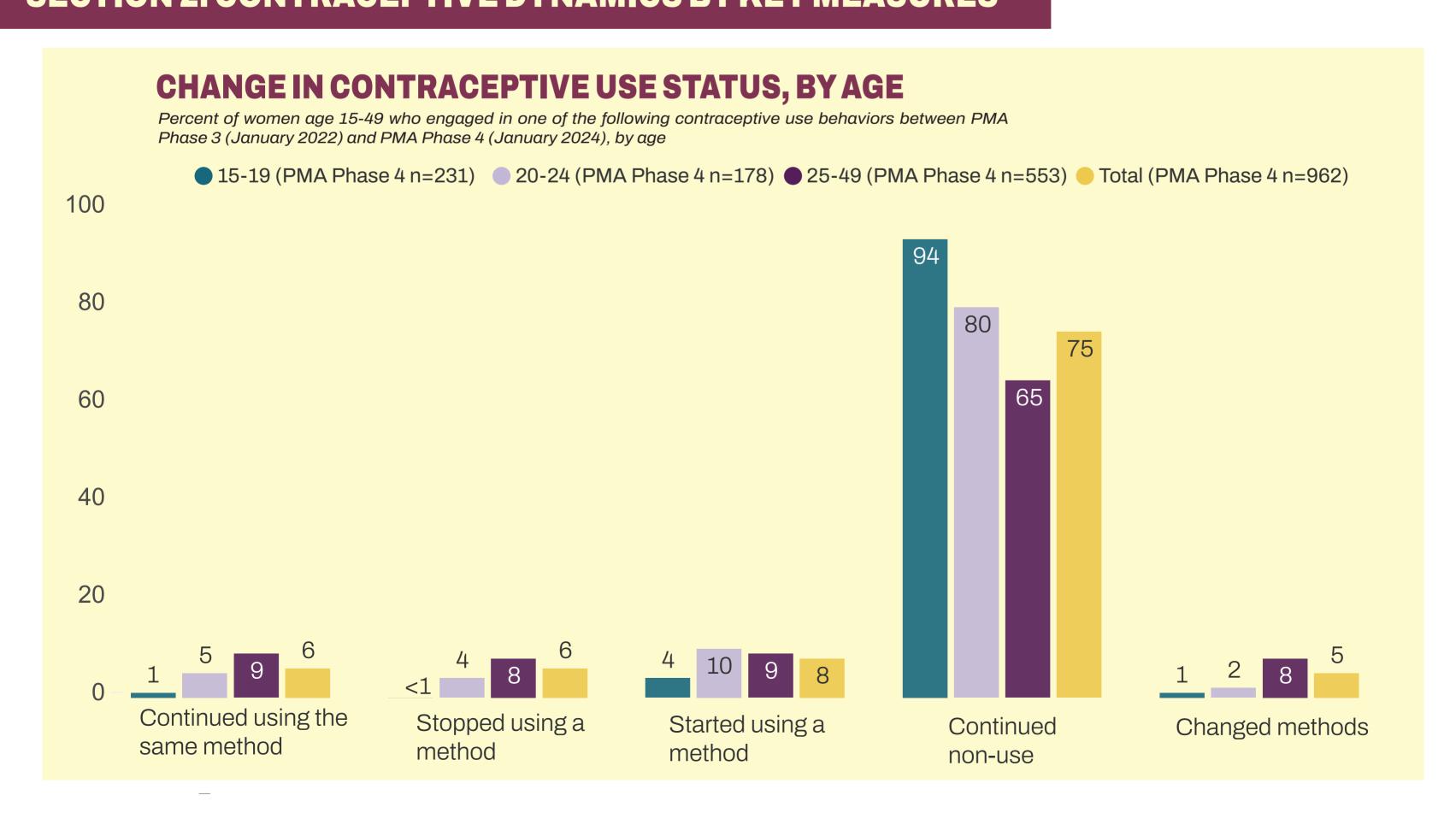


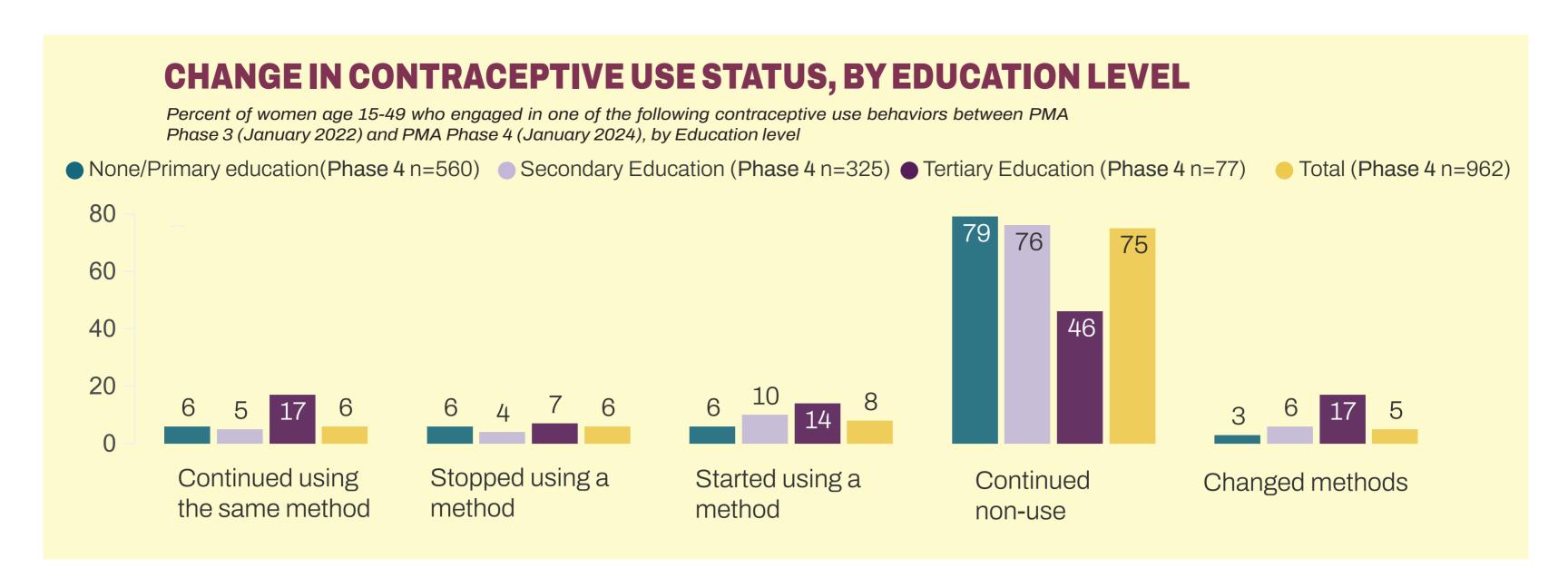
The ribbons of the Sankey represent the flow of women from one contraceptive use status to another among panel women who completed all four PMA phases. The left side of the Sankey shows the flow between Phase 1 and Phase 2, the middle Phase 2 and Phase 3 and the right side between Phase 3 and Phase 4. The color of each ribbon represents the contraceptive use status at the initial phase of the two phases (e.g., a blue ribbon flowing from Phase 2 to Phase 3 represents women who were using a long-acting method at Phase 2). The % on each node is the weighted proportion of women who went from the contraceptive use status at the initial phase to the use status at the next phase. The width of the ribbon is proportional to the number of women represented

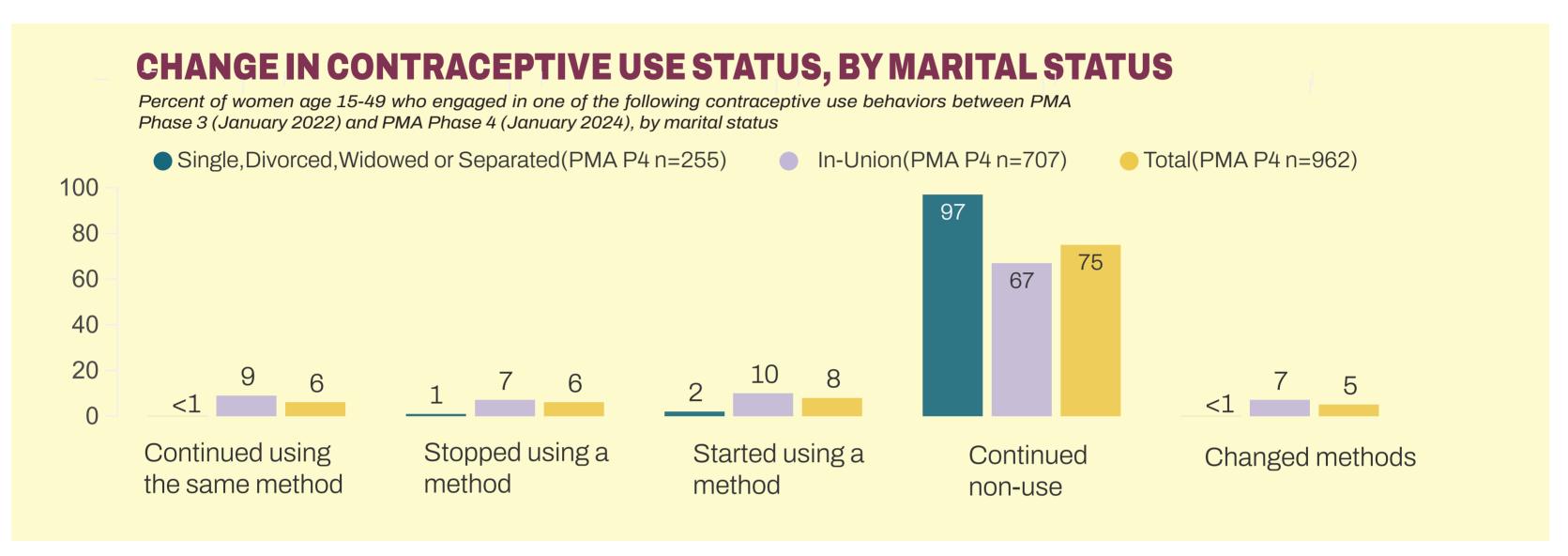
KEY FINDINGS FOR SECTION 1: OVERALL CONTRACEPTIVE DYNAMICS

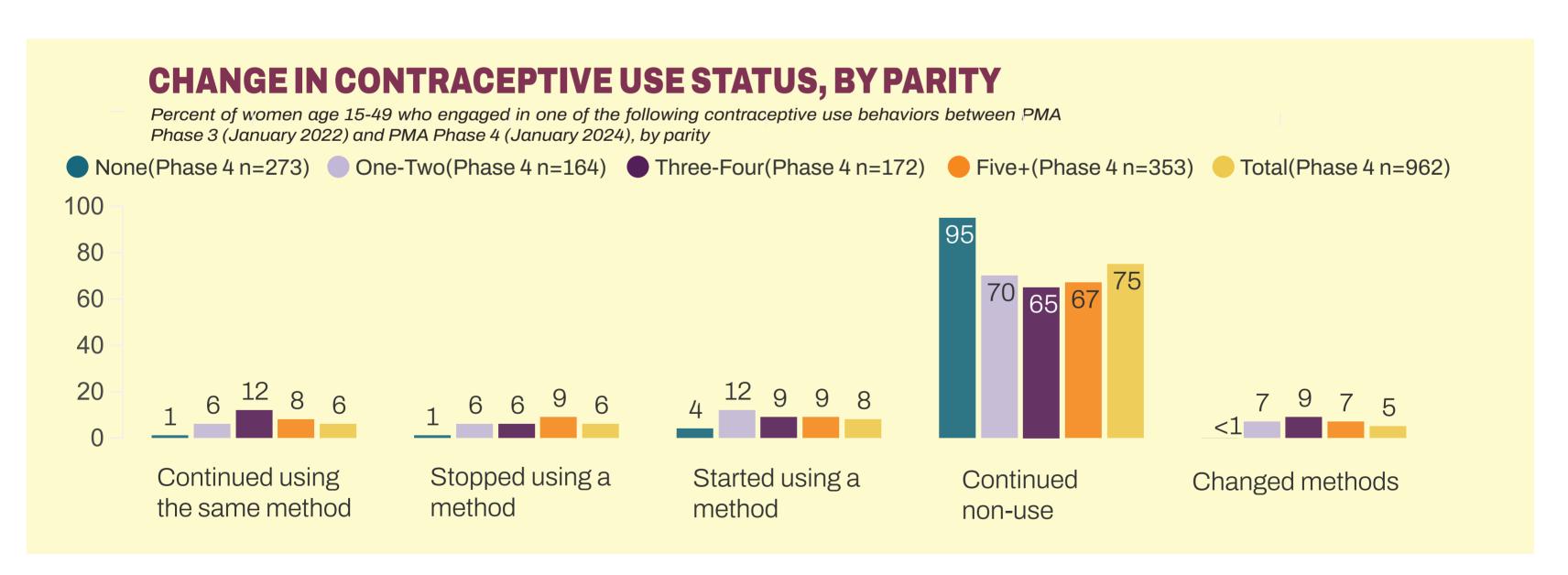
- The proportion of panel women who were not using a method of family planning declined from 74% in in January 2020 to 67% in in January 2024.
- There has been a decline in the proportion of panel women who were pregnant from 12% in January 2020 to 10% in January 2024.
- The proportion of panel women using a method of family planning increased from 14% in January 2020 to 23% in January 2022, while the use of long-acting methods of family planning increased from 4% in January 2020 to 8% in January 2024

SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES









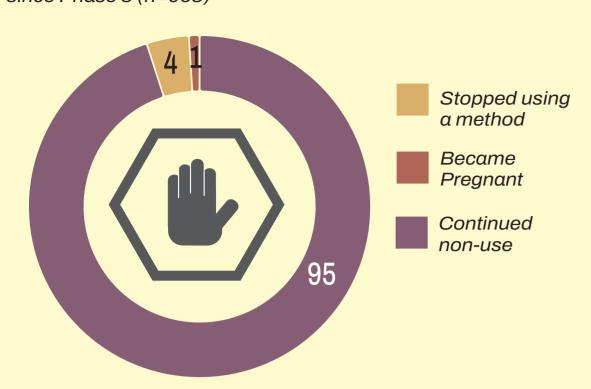
KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE DYNAMICS BY KEY MEASURES

- 8% of panel women interviewed in February 2022 and January 2024 were new users of family planning in 2024. Among women 20-24 years old, 10% were new users, while 9% and 4% of women 25-49 and 15-19 years old, respectively, started using a method.
- 17% of panel women with tertiary education who were using family planning in February 2022 changed methods by January 2024, compared to 6% and 3% among women with secondary education and primary/no education respectively.
- 12% of panel women with one or two children have started using family planning between January 2022 and January 2024.

SECTION 3: OTHER PANEL DYNAMICS

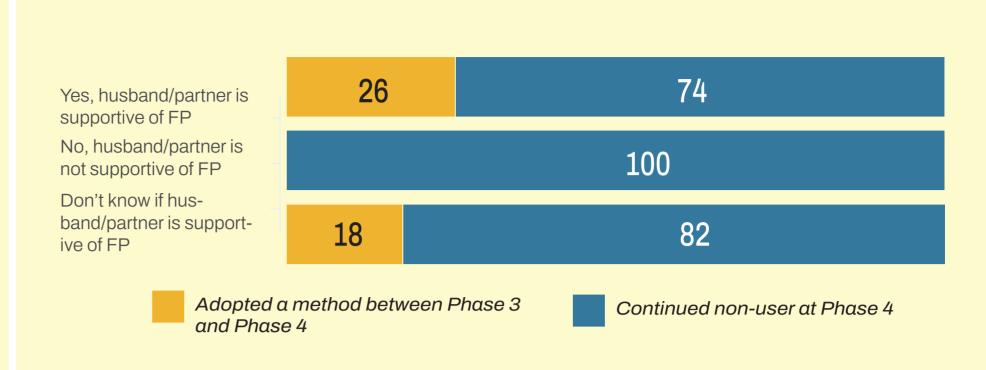
METHOD DISCONTINUATION

Among women 15-49 with unmet need at Phase 4, the percentage that stopped using a contraceptive method or became pregnant since Phase 3 (n=963)



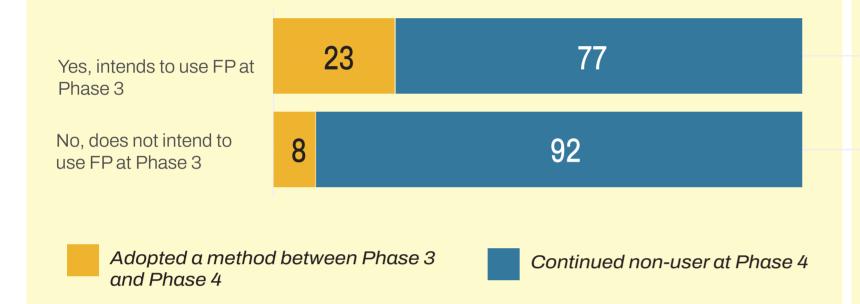
PARTNER SUPPORT FOR FAMILY PLANNING

Among women 15-49 with unmet need at Phase 4, the percentage that stopped using a contraceptive method or became pregnant since Phase 3 (n=189)



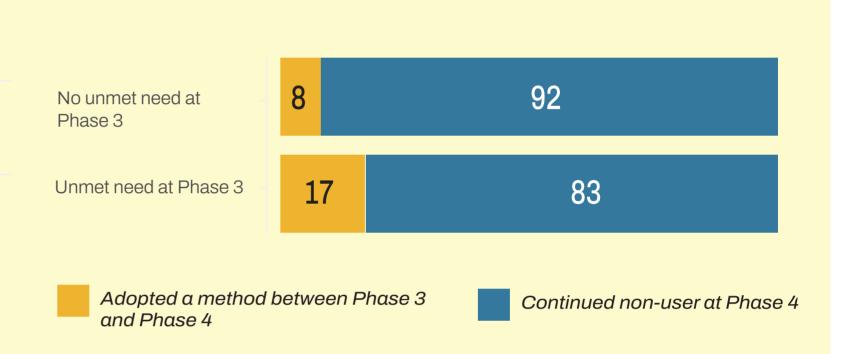
INTENTION TO USE FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 3 and who adopted an FP method between Phase 3 and Phase 4, by their Intention to use contraception in the future/in the next year at Phase 3 (n=798)



UNMET NEED FOR FAMILY PLANNING

Percent of women age 15-49 who were not using an FP method at Phase 3 and who adopted an FP method between Phase 3 and Phase 4, by their Total unmet need (spacing and limiting) at Phase 3 (n=515)



KEY FINDINGS FOR SECTION 3: OTHER PANEL DYNAMICS

- 26% of panel women who were not using family planning but enjoyed their husband's/partner's support for family planning in January 2022 have adopted a method by January 2024.
- 23% of panel women who were not using family planning in January 2022, but intended to use in the next year, adopted a method by January 2024.
- 17% of panel women with unmet need for family planning in January 2022 adopted a method by January 2024, compared to 8% of women with no unmet need.

SUMMARYTABLE	Total	Completed Phase 1	Completed Phase 2	Completed Phase 3	Completed Phase 4	Completed Phase 3 & Phase 4	Completed All Four PMA Phases
Enrolled at Phase 1	1085	1081	1000	861	734	722	709
Enrolled at Phase 2	143	N/A	142	113	87	82	N/A
Enrolled at Phase 3	200	N/A	N/A	200	159	159	N/A
Total Eligible Panel Women	1428	1081	1142	1174	980	963	709

Percentages presented in this brief have been rounded and may not add up to 100%.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Nigeria is led by the Centre for Research, Evaluation Resources and Development (CRERD). Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.

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