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MLE Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative

Measurement, Learning & Evaluation of the Urban Reproductive Health Initiative:

Nigeria 2014 Endline Survey

September 2015

DRMC

National Population Commission

NURHI Nigerian Urban Reproductive Health Initiative

This report presents the findings from an analysis of the longitudinal endline survey results from women and household samples as well as health service delivery points in six cities in Nigeria. The report was written by the Measurement, Learning & Evaluation (MLE) Project of the Urban Reproductive Health Initiative in collaboration with the National Population Commission of Nigeria. The MLE endline survey was implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill. The Nigerian Urban Reproductive Health Initiative (NURHI) is being implemented by a consortium led by the Johns Hopkins University Center for Communication Programs.

The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organization, the Bill & Melinda Gates Foundation. Additional information about this report may be obtained from:

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Cover photo: *A family planning mobilizer refers a client, Modinat Bamidele (L), during a visibility parade near Orolodo primary health centre in Omuaran township, Kwara state, Nigeria.*

Preface

Over the years, the National Population Commission as part of its statutory responsibility to generate data, has developed capacity to collect high quality data for planning and national development.

In that regard, it is gratifying to note that the 5-year project of the MLE/NURHI which started in 2010 with a baseline survey has successfully come to an end. The survey was in three phases; baseline, mid-term and endline. The data collection for the last phase (endline survey) was concluded in October, 2014 while the data processing was completed in January 2015.

The endline survey, conducted with financial support from Bill & Melinda Gates Foundation and technical support from the MLE Project, was to provide high quality data that will be compared to data collected in 2010, at baseline and in 2012 at midterm to monitor the progress of NURHI's interventions and to evaluate the impact that the interventions have had on the contraceptive prevalence rates of Abuja, Benin, Ibadan, Ilorin, Kaduna and Zaria as well as other key reproductive health indicators.

On behalf of the Commission, I wish to express our gratitude to the Bill & Melinda Gates Foundation for sponsoring this laudable project. Our gratitude also extends to our partners, MLE and University of North Carolina in Chapel Hill for their technical support. I acknowledge the contributions of the MLE Country Manager Mr. Osifo T. Ojogun and the QAS. It has been a worthwhile experience working with you all.

I wish to thank the Federal Commissioners especially those in the states where the survey took place for the support they offered during the implementation period by providing the required leadership and advocacy. The support of the Chairman and members of the Planning and Research Committee as well as those of the Director-General, Dr. Ghaji I. Bello and Director, Planning and Research, Dr. Samson Olanipekun is hereby acknowledged.

May I appreciate the hard work and untiring efforts of the technical team from the Commission led by the Project Director, Mr. Bolaji B. Akinsulie and the Project Coordinator, Mr. Chike Moronu in the successful implementation of the endline survey. Their dedication and commitment to duty is commendable. Data Research and Mapping Consult (DRMC) tracked the women respondents; its professional competence is hereby acknowledged.

Finally, I wish to appreciate the collaboration of the Federal Ministry of Health in the execution of the survey. We also recognize and appreciate the important role played by the field functionaries in the data collection.

Chief Eze Duruihioma (SAN)
Chairman
National Population Commission

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CHAPTER 8

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List of Acronyms

ANC	antenatal care
CBD	community-based distributors of contraceptives
CHW	community health worker
CPR	contraceptive prevalence rate
CRUFFY	Cleaning-Repair-Use & Functionality-Fairy
CsPro	Census and Survey Processing System
DRMC	Data Research and Mapping Consult, Ltd.
DHS	Demographic and Health Survey
EC	emergency contraception
FP	family planning
FPPN	Family Planning Provider Network
GDP	gross domestic product
GPS	global positioning system
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IEC	Information, Education, and Communication
ISS	integrated supportive supervision
IUD	intrauterine device
LAM	lactational amenorrhea method
LGA	local government areas
MCH	maternal and child health
mCPR	Modern CPR
MLE	Measurement, Learning & Evaluation
MNCH	maternal newborn and child health
NPC	National Population Commission
NURHI	Nigerian Urban Reproductive Health Initiative
OJT	on-job-training
PP	postpartum
SDM	Standard Days Method (Standard Days/CycleBeads)
SDP	service delivery point
STI	sexually transmitted infections
TBA	traditional birth attendant
TOT	training of trainers
PMS	patent medicine stores
PMTCT	prevention of mother to child transmission
PP CPR	postpartum contraceptive prevalence rate
RH	reproductive health
TFR	total fertility rate
UNC-CH	University of North Carolina at Chapel Hill
VCT	voluntary counseling and testing

Acknowledgements

The Urban Reproductive Health Initiative (URHI) is one component of the Bill & Melinda Gates Foundation that targets the expansion of quality family planning services in selected areas of Nigeria. The Nigerian Urban Reproductive Health Initiative (NURHI) is led by the Johns Hopkins Center for Communications Programs. The Measurement, Learning & Evaluation (MLE) Project has conducted an impact evaluation of the NURHI program to build scientific evidence for future urban FP efforts.

First and foremost, we acknowledge the Bill & Melinda Gates Foundation for its financial support for the success of the survey. We would like to thank our partners, the Carolina Population Center at UNC-CH and the Johns Hopkins Center for Communication Programs, for their support and immense contributions. We acknowledge the hard work and commitment of Mr. Bolaji B. Akinsulie (NURHI Project Director), Mr. Chike Moronu (NURHI Coordinator), and the other core team members for the successful management of the survey process.

Our gratitude goes to the MLE Project country manager, Mr. Osifo Telson, and MLE Nigeria staff members Mr. Ken Atagame and Mr. Patrick Iyiwose, as well as the supervisors, interviewers, coordinators, MLE quality assurance supervisors, drivers, and data processing team for their efforts toward the success of the survey and to all the respondents for their patience and cooperation in providing the required survey responses.

Last but not least, we also wish to thank the untiring administrative and technical support of the MLE team, David Guilkey, Ilene Speizer, Meghan Corroon, Essete Kebede, Aimee Benson, Rick O'Hara, Peter Lance, Chinelo Okigbo, and Jennifer Winston, as well as Jeniece Alvey, Rayan Joneydi, and Gean Spektor.

Executive Summary

Background

Family planning (FP) is crucial for preventing unintended pregnancies and improving maternal and child health and well-being, and its benefits also extend to poverty alleviation, women's empowerment, and environmental sustainability. The Bill & Melinda Gates Foundation is committed to improving access to quality contraceptive information and services, especially among the poorest populations, through its Urban Reproductive Health Initiative (UHRI). URHI aims to increase the use of modern contraceptive methods and services in select urban areas in Kenya, Nigeria, and Senegal, and in Uttar Pradesh, India.

The Nigerian Urban Reproductive Health Initiative (NURHI), led by the Johns Hopkins University Center for Communication Programs, is a five-year FP program implemented in six cities in Nigeria: Abuja, Benin City, Ibadan, Ilorin, Kaduna, and Zaria. NURHI aims to increase the use of contraceptive methods by increasing demand for and sustaining the use of different types of contraceptive methods. The Measurement, Learning & Evaluation (MLE) Project, implemented by the Carolina Population Center, at the University of North Carolina at Chapel Hill (UNC-CH), evaluates the NURHI program to assess its impact on FP use in urban Nigeria. The baseline household and service delivery point surveys (SDP) were conducted 2010–2011 and focused on collecting data on key demographic characteristics and reproductive health (RH) and service provision indicators; the midterm survey was conducted in 2012 to inform NURHI of the status of its program indicators. The endline household and SDP surveys were conducted in 2014 and collected information on key RH indicators as well as program exposure to specific indicators to determine the impact of the program on FP use in urban Nigeria.

Methodology

The endline survey included the longitudinal women's and household surveys and the health service delivery point (SDP) survey, which included facility audits and provider and RH client questionnaires. The household survey was designed to follow-up with those women surveyed at baseline and, if found, to administer household and individual-level endline questionnaires to them and their household heads. The SDP survey was a follow-up survey to those conducted at baseline and included all NURHI program facilities. The endline survey was conducted in the six cities from June to October of 2014. The survey received both international and local ethical approvals from the Institutional Review Board at UNC and the National Health Research Ethics Committee of Nigeria.

Results

Response Rates

Endline follow-up was conducted with all eligible female respondents, those who completed baseline interviews and were not visitors to the household at the time of baseline interview. Of the 16,118 women interviewed at baseline and eligible for interview at endline, 10,672 women completed interviews at endline (66 percent). The percentage of women interviewed varied by city, with the highest response rate in Zaria (80 percent) and the lowest in Benin City (53 percent).

Background Characteristics

Given that the baseline survey eligible ages were 15–49 four years ago, smaller numbers of women ages 15–19 were expected at endline. The most populous age range among respondents in Kaduna and Zaria was 20–24, in Benin City 25–29, in Abuja and Ilorin 30–34, and in Ibadan 35–39. More than 90 percent of respondents in each city had some schooling. Benin City and Ibadan had the highest percentages of women with secondary schooling

(49 and 53 percent, respectively), and Abuja had the highest percentage of women with higher education (50 percent), while Zaria had the smallest percentage of women with higher education (17 percent).

The wealth index was created on the basis of the women's household wealth value. The percentage of women in the poorest wealth quintile was lowest in Abuja (9 percent) and highest in Zaria (34 percent); conversely, the richest wealth quintile ranged from 11 percent in Zaria to 44 percent in Abuja. The majority of respondents (60 percent) were married or living with a male partner at the time of the survey, and only 4 to 6 percent across all cities were separated, divorced, or widowed. Christianity was the predominant religion reported in Abuja, Benin City, and Ibadan; elsewhere, Islam predominated. Respondents across the cities reported speaking various languages, though more diversity in language was prevalent in Abuja and Benin City. The Yoruba language was mostly reported spoken in Ibadan (91 percent) and Ilorin (93 percent); Hausa was largely found to be spoken in Zaria (89 percent) and Kaduna (65 percent).

Family Planning

Disparities exist within countries in the percentage of women using contraceptive methods, especially among vulnerable populations such as the poor and less educated. Increases in contraceptive method knowledge and use were evident throughout the six cities between baseline and endline. At endline the top two most commonly known contraceptive methods for all cities were injectables and male condoms. Large increases in knowledge of implants were observed in Abuja, Ibadan, Ilorin, and Kaduna, while knowledge of intrauterine devices (IUD) and injectables increased in Benin City and Zaria, respectively.

In all cities, modern contraceptive method use increased among all women; the largest increase was observed in Zaria, from 5 percent at baseline to 20 percent at endline, and the smallest increase was noted in Benin City, from 25 percent at baseline to 30 percent at endline. These increases, however, varied across cities according to household wealth status. In Abuja and Zaria, the largest increases in modern method use occurred in the households classified as "poorest," while the largest increases for each city were among the households classified as "poor" in Benin City and Ibadan, among the households classified as "rich" in Kaduna, and among the households classified as "richest" in Ilorin. Likewise, traditional method use increased between baseline and endline in all cities; however, rates of traditional use were higher among women married or in union (in a nonmarital cohabiting relationship) as compared to all women. Public facilities remained the primary source of IUDs and injectables in all cities, while there were city-level variations in the source of pills, emergency contraception (EC), and male condoms.

Women's RH needs change over time, as do their contraceptive choices. We were able to examine these changes in contraceptive use among women by comparing their current use at baseline and current use at endline by baseline background characteristics. While contraceptive switching varied by background characteristics and baseline city, about 20 percent of women overall had adopted a modern method and 11 percent had continued a modern method, while 58 percent had continued traditional or nonuse, and only 10 percent had discontinued a modern method.

Unmet needs for FP among all women remained low in the six study cities. Unmet needs for spacing pregnancies decreased in all six cities between baseline and endline, ranging from 5 percent in Abuja and Ilorin to 13 percent in Zaria at endline. Unmet needs for limiting births also decreased between surveys in Ibadan and Ilorin; however, a slight increase was observed in the rest of the cities. Unmet needs for spacing pregnancies and limiting births varied by wealth quintile in all cities. Women's most commonly cited reason for nonuse—fertility-related reasons, infrequent or no sex, and not being married or in union—did not change between surveys. The least commonly reported reason was lack of knowledge. Overall, misconceptions and negative perceptions about FP use declined over the four years.

Spousal communication about fertility desires and FP may improve the probability of women using FP methods. Whether and how often women reported such discussions with their partners varied across cities at endline. Increases in how often women discussed FP use with their partner were observed in Ibadan, Ilorin, Kaduna, and Zaria, while slight decreases in discussion frequency were noted in Abuja and Benin City.

To measure the diffusion of FP messages to other areas of Nigeria, women were asked whether they had visited other urban or rural areas in the past year and, if so, whether they had discussed or sought FP during their out-of-city visit. There were increases between midterm and endline in the percentage of women who reported having discussed FP while visiting another urban area in Abuja, Ibadan, and Kaduna; women who reported having visited a rural area in the past year less often reported having discussed FP during these visits, signifying a missed opportunity.

Maternal and Child Health

One of the objectives of the NURHI program was to integrate FP services with maternal newborn and child health (MNCH) services, such as antenatal care, childhood immunization services, labor and delivery, postabortion care services, and HIV/AIDS services. Institutional deliveries are important not only for improving maternal and newborn health outcomes but also for the integration of FP services. Among women who had given birth in the previous two years, the percentage of those who had delivered in public facilities increased slightly in Abuja, Ilorin, Kaduna, and Zaria at endline. In Benin City and Ibadan, public facility deliveries decreased, although private facility deliveries increased during the same time. The percentage of home births, however, remained fairly unchanged for all six cities. Among women who had had a facility delivery in the previous two years, exposure to FP information and counseling both before and after delivery increased in all cities, ranging from 24 percent in Zaria to 56 percent in Abuja.

Exposure to FP/childbirth spacing information and counseling during child health visits increased in all cities, except Zaria, between baseline and endline. Endline values ranged from 23 percent in Zaria to 61 percent in Ibadan. Among women who had received information and counseling during the child health visit, only about 25 percent reported having received a method, prescription, or referral during the same visit in all cities except Ilorin, with 50 percent.

At endline, postpartum (PP) FP use was common in all cities, ranging from 41 percent in Kaduna to 57 percent in Benin City. The most commonly reported PP contraceptive method was the lactational amenorrhea method (LAM), ranging from 5 percent in Ibadan to 35 percent in Zaria, followed by condoms and injectables.

Exposure to the Nigerian Urban Reproductive Health Initiative (NURHI)

NURHI's demand generation activities included local language FP messages, entertainment education, social mobilization, and mass media advertising. In most cities, over 50 percent of women had heard or seen the phrase "Get it Together" in the previous year, ranging from 18 percent in Zaria to 95 percent in Ilorin. The percentage of women who belonged to any groups, clubs, or organizations and had heard or seen any FP information at these associations' meetings substantially increased between baseline and endline. Social events such as naming ceremonies and weddings were the most frequently reported events at which women reported having been exposed to FP information at midterm and endline. The percentage of women who reported having received FP messages through mobile phone or internet remained fairly low between baseline and endline.

Exposure to NURHI mass media messages via radio or TV varied across cities and was dictated by radio listenership and TV viewing habits. For example, the percent of women who reported listening to the radio was lowest in Benin City (63 percent) and highest in Ilorin (97 percent), as was their exposure to FP/childbirth spacing information on the radio: 41 percent in Benin City and 91 percent in Ilorin. More women reported watching TV,

ranging from 75 percent in Zaria to 96 percent in Benin City. Between 50 and 76 percent of women reported having seen any FP/childbirth spacing information on TV in the past three months, except in Zaria, where this type of exposure was reported by less than 10 percent of women.

Service Delivery

In total, 132 NURHI facilities, 253 non-NURHI facilities, 433 pharmacies, and 540 patent medicine stores were audited, and 1,431 service providers and 5,391 RH clients were interviewed at endline. In all cities, a majority of the health facilities audited were either hospitals or health centers. At endline, most facilities provided services for FP counseling, antenatal care, prevention of mother-to-child transmission (PMTCT), sexually transmitted infections (STI), maternity care/delivery, and child health. Less commonly offered services included postabortion care, HIV/AIDS management, and voluntary counseling and testing (VCT) services.

Access to FP services is enhanced by the diversity of contraceptive methods available. In NURHI facilities, the number and types of methods provided at health facilities increased between baseline and endline. The percentage of facilities providing IUDs, implants, and injectables varied across cities but was substantially higher at endline than at baseline for each city. Most NURHI facilities offered seven or more methods at endline, ranging from 74 percent in Benin City to 91 percent in Ilorin; only in Zaria did less than half of facilities (44 percent) offer seven or more methods. Contraceptive method stock-outs are another measure of access to FP methods. Stock-outs of FP methods in the 30 days prior to the facility audit decreased between baseline and endline and were rare across all cities in NURHI facilities; stock-outs in non-NURHI facilities in the previous 30 days, however, varied greatly by method and were commonly reported in each city.

The RH client exit interviews revealed that most current users, new adopters, and renewed users received FP information from their service providers, were asked about any current problems, and were counseled on managing possible side effects associated with the method. The most notable increase between baseline and endline in clients who reported receiving information from their service provider on FP methods occurred in Zaria, while a slight decrease among current users was observed in Ibadan. For new acceptors and renewed users, the largest increase was reported from clients in Ibadan, while decreases were observed among clients in Benin City, Ilorin, Kaduna, and Zaria.

Improving the quality of RH and FP services was a key objective of the NURHI program. The quality of the services was measured by the perceptions of clients regarding the wait time for services, privacy of the visit, and overall satisfaction. In most cities, clients reported shorter wait times, most notably in Ibadan, where half the clients waited less than 16 minutes for a visit. Quality was also measured by measured by provider reports of the visits, which varied by city considerably. An increase in the percentage of providers explaining side effects, however, was evident across cities at endline, ranging from 55 percent in Ibadan, Ilorin, and Kaduna to 69 percent in Zaria.

NURHI program activities in the facilities include facility infrastructure improvements, NURHI job aids, provider training, integrated supportive supervision (ISS), and information, education, and communication (IEC) materials. The NURHI 72-hour makeover was most common in NURHI facilities in Ilorin and Kaduna, and Cleaning-Repair-Use and Functionality Fairy (CRUFFY) renovation was most common in NURHI facilities in Benin City and Ilorin. Non-NURHI facilities also benefited from these infrastructure improvements, especially in Ilorin, Zaria, and Benin City. The percentage of providers that reported having received ISS in the previous three months was greater in NURHI facilities, ranging from 48 percent in Abuja to 75 percent in Zaria, than in non-NURHI facilities, which ranged from 15 percent in Kaduna to 63 percent in Ibadan. Involvement in the Family Planning Provider Network (FFPN) at endline remained very low (less than 15 percent) in all cities. RH clients' exposure

to NURHI program messages varied across cities, though the majority of clients (between 61 and 98 percent) reported that they had seen at least one of the three NURHI program logos in the previous year.

Executive Summary table of key indicators at baseline and endline

Percent distribution of women for select key indicators, Nigeria 2010/2011, 2014

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Knowledge of FP (spontaneous)												
Any method	66.9	95.0	83.6	89.3	87.0	95.3	77.1	97.6	63.7	96.5	62.0	95.0
Modern method	65.4	94.5	82.6	88.1	86.4	94.6	76.6	97.3	63.3	96.0	61.6	94.2
No knowledge of modern method	34.6	5.5	17.4	11.9	13.6	5.4	23.4	2.7	36.7	4.0	38.4	5.8
Number	2126	1338	2512	1321	2928	1714	2449	1702	2850	1995	3279	2602
CPR among all women in union												
Modern method	32.2	40.4	23.3	32.7	33.5	45.9	27.0	34.5	19.9	30.5	5.9	24.0
Traditional method	11.7	11.4	17.4	19.8	13.3	15.5	8.9	19.9	6.6	10.4	2.5	8.2
No use	56.1	48.4	59.3	47.5	53.3	38.6	64.1	45.6	73.5	59.1	91.5	67.8
Number	1347	873	1293	762	1979	1229	1563	1217	1583	1302	2284	1981
Contraceptive method switching between baseline and endline												
	Baseline→Endline		Baseline→Endline		Baseline→Endline		Baseline→Endline		Baseline→Endline		Baseline→Endline	
Adopted modern method	21.4		19.3		23.4		22.8		19.5		18.0	
Continued modern method	17.0		10.0		16.1		9.8		9.4		1.9	
Continued trad/nonuse	48.5		55.4		47.0		56.1		64.2		77.2	
Discontinued modern method	13.1		15.3		13.5		11.4		6.9		2.9	

CHAPTER 1: INTRODUCTION

1.1 Background

1.1.1 History

The modern-day country of Nigeria formed when the British colonies known as the Northern and Southern Protectorates were amalgamated in 1914 under the leadership of Sir Lord Lugard. Nigeria gained independence in 1960 and became a republic in 1963. Originally comprised of four regions, it has undergone a number of restructurings and has consisted of 36 states since 1997. There are three tiers of governance: the federal, state, and local government councils. Each of these levels of governance is tasked with some form of health service provision to the population. The federal government represents the highest level of administration, while the lowest and most "grassroots" has been the Local Government Areas (LGA), of which there are currently 774 in the country.

Nigeria has more than 300 ethnic groups, but Hausa, Ibo, and Yoruba remain the three dominant ones, and their languages are those most commonly spoken in the country, while the official language is English. "Pidgin English" also transcends ethnic groupings and is commonly spoken in many areas of Nigeria.

1.1.2 Economy

The Nigerian economy is one of the most developed in Africa. The UN classifies Nigeria as a middle-income nation with developed financial, communication, and transport sectors. It has the second-largest stock exchange on the continent. After a recent rebasing of its Gross Domestic Product (GDP), Nigeria has emerged as the largest economy on the African continent, with its 2013 GDP estimated at US$502 billion (Economy Watch, 2015). The petroleum industry is central to Nigeria's economic profile, making it the 12th largest producer of petroleum products in the world. This industry accounts for almost 80 percent of the GDP share and over 90 percent of the country's total exports (Economy Watch, 2010). Outside the petroleum sector, the Nigerian economy is mostly agrarian.

1.1.3 Demographics

The 2006 Population and Housing Census estimated the population of the country to be 140 million people (NPC, 2010). With a high annual growth rate of 3.3 percent, the current population is estimated to be about 191 million people (NPC, 2010). The country is facing high levels of fertility and mortality, though these vary by state and by geopolitical and health administrative zone. The northern health zones, designated North West, North East, and North Central, have relatively worse health and development indicators compared with the southern zones, designated South South, South East, and South West. The 2013 Nigeria Demographic and Health Survey (DHS) estimated the national total fertility rate (TFR) at 5.5 children, with the northern health zone falling between 5.3 and 6.7 and the southern health zone between 4.3 and 4.7; urban areas have a TFR of 4.7, while in rural areas it is 6.2 children (NPC & ICF International, 2014). The poorest segment of the population was found to have the highest TFR of 7.0, while the richest segment had a TFR of 3.9 children (NPC & ICF International, 2014). The high TFR may be attributed to high teenage pregnancy (23 percent), early marriage, low modern contraceptive prevalence (10 percent), high levels of unmet family planning needs (16 percent), and low literacy levels, especially for women (NPC & ICF International, 2014). Like fertility, mortality indicators are high. For example, the Nigeria DHS estimated maternal mortality to be 576 per 100,000 live births and infant mortality to be 69 per 1,000 live births, while child mortality is 64 per 1,000 live births (NPC & ICF International, 2014).

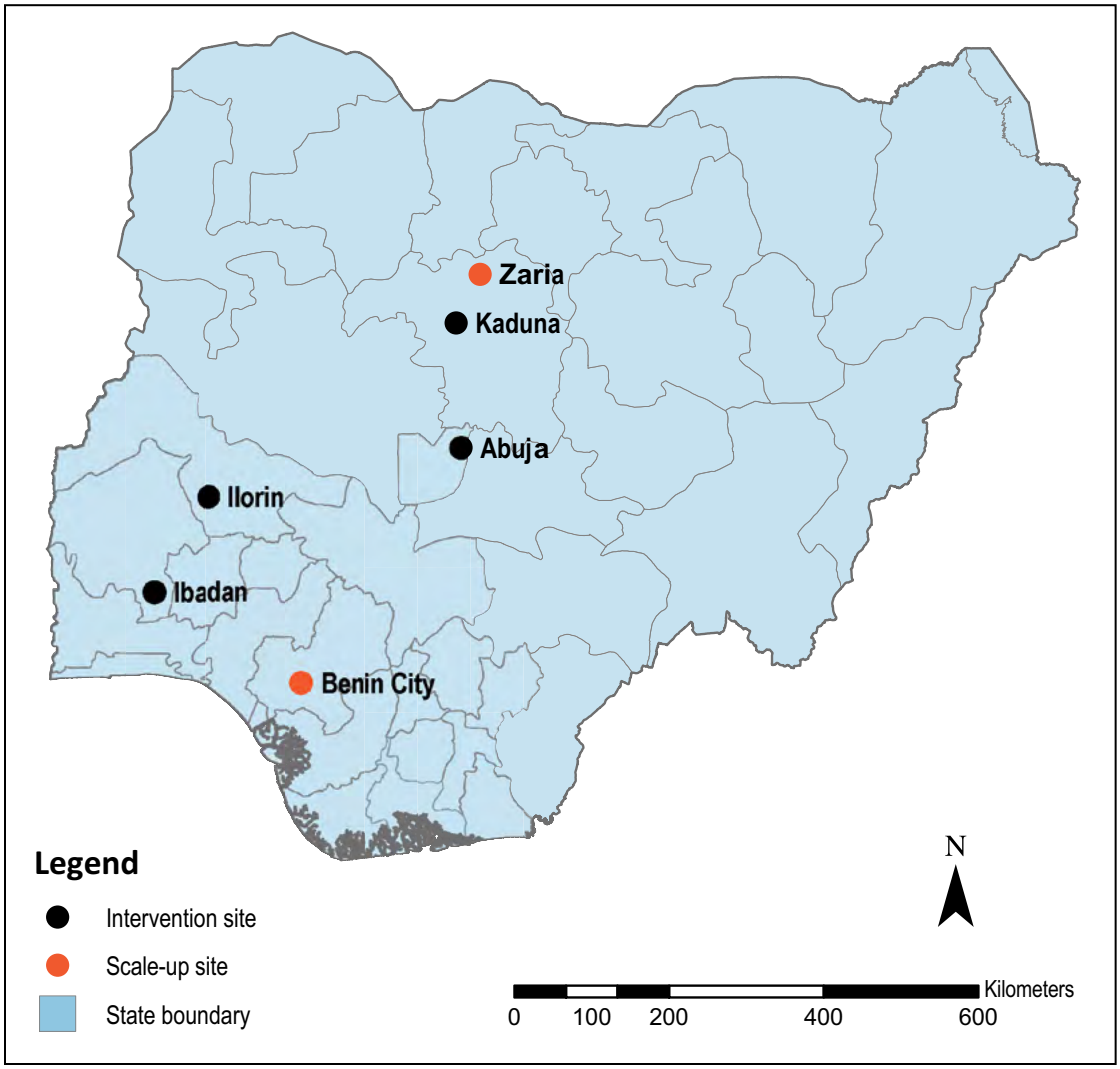
1.1.4 Background to the evaluation

The Nigerian Urban Reproductive Health Initiative (NURHI), a multi-year family planning (FP) program implemented in six cities in Nigeria, aims to increase the use of contraceptive methods by increasing demand for and sustaining the use of different types of contraceptive methods (http://www.urbanreproductivehealth.org). The Measurement, Learning & Evaluation (MLE) Project, implemented by the Carolina Population Center housed at the University of North Carolina at Chapel Hill (UNC-CH), is evaluating the NURHI program to assess its impact on FP use in urban Nigeria. MLE uses rigorous, state-of-the-art methods to evaluate the impact of NURHI on modern contraceptive use in diverse population groups. More specifically, MLE addresses the paucity of evidence for urban FP initiatives by:

1) explicitly examining intraurban differences in program impacts through comparison of slum and nonslum populations and of the wealthy and the poor,
2) using a strong program-monitoring framework to examine steps along the causal pathway and assess the plausibility of program effects on outcomes,
3) using a longitudinal design to ensure the highest possible standard of evidence with minimal disruption to program implementation, and
4) developing and using study tools and methods that permit generalization beyond the particular intervention areas and countries under study.

MLE used a longitudinal design with baseline, midterm, and endline surveys at two-year intervals of the same cohort of women of reproductive age (15–49 years) at baseline and a cross-sectional study design at each survey wave of a representative sample of men and households. In Nigeria, MLE data were collected in six cities (Abuja, Benin City, Ibadan, Ilorin, Kaduna, and Zaria) representing both initial program cities and the delayed program cities of Benin City and Zaria. MLE also collected health service delivery point (SDP) data, including public and private health facilities, providers, pharmacies, and patent medicine stores (PMS) at baseline and endline survey waves.

Figure 1.1 Map of NUHRI/MLE study sites in Nigeria



1.2 Overview of Previous Survey Waves

1.2.1 Overview of the baseline survey

The baseline survey in Nigeria was conducted in six cities from October 2010 through April 2011. The survey consisted of individual-level surveys of women and men of reproductive age and surveys of health facilities, health service providers, pharmacies, and PMSs, as well as reproductive health (RH) client exit interviews in the four initial intervention cities (Abuja, Ibadan, Ilorin, and Kaduna) and the two delayed intervention cities (Benin City and Zaria). A representative sample of households, made up of women between the ages of 15 and 49 years and men between the ages of 15 and 59 years, were included in the baseline survey. A total of 16,144 women participated across the six cities, while a total of 5,547 men were included in the four initial intervention cities. Contact information was collected during the baseline interviews to help find households and women at midterm (2012) and at endline (2014). The men's sample was cross-sectional, and thus the follow-up contact information was not necessary (MLE, NURHI, & NPC, 2013). At baseline, facility audits and provider interviews were conducted at 400 public and private health facilities across the six cities. Exit interviews were conducted among 5,444 women receiving RH services, including FP services, from 96 NURHI project facilities (MLE, NURHI, & NPC, 2011).

1.2.2 Overview of the midterm survey

The midterm women's survey was conducted from September through November 2012 in the four intervention cities: Abuja, Ibadan, Ilorin, and Kaduna. Given the longitudinal nature of the survey and to minimize loss to follow-up, all women in the six study cities who were interviewed at baseline and were regular members of the selected households were eligible to be tracked to confirm their current places of residence and to update their follow-up contact information for future survey waves. An estimated 65 percent of the baseline enumeration areas (a total of 225 clusters) were selected in the four intervention cities. Women were successfully tracked, and their midterm households in these selected clusters were then eligible for interview (MLE, NURHI, & NPC, 2013). The baseline questionnaires given to households and individual women were adapted to include additional specific program exposure measures to provide relevant data to NURHI to allow for midcourse program corrections and adjustments. During the same period, the midterm survey of women was supplemented by a cross-sectional survey of men in two of the four intervention cities (Kaduna and Ibadan). Overall, a total of 4,331 women and 3,451 men ages 15 to 59 years were interviewed during the midterm survey.

CHAPTER 2: METHODOLOGY

The endline evaluation involved tracking all women successfully surveyed at baseline who were regular members of selected households and, for those found, administering questionnaires to to household heads and individual women. The evaluation also included a survey of health SDPs surveyed at baseline, any new facilities included in the NURHI program, and any new public health facility offering RH services.

2.1 Household Survey

2.1.1 Survey organization

The tracking procedure consisted of local and long distance tracking. The local tracking teams first searched for target respondents at the household locations where they were interviewed in the previous survey rounds. If a respondent was not found in the immediate or nearby area of her last known location, the search was transferred to a long distance tracking team, who attempted to find survey respondents who had moved beyond roughly half a kilometer. The long distance tracking was carried out primarily by telephone. The long distance trackers used the completed relocation form from the local tracking team, triangulated it with the information that was collected from the respondent at baseline and midterm, and used telephone scripts to standardize phone contact. Upon verifying a respondent's new residence, if it was in any of the study cities, the long distance tracker traveled to the location to confirm the address, complete the woman's follow-up contact form, and take global positioning system (GPS) coordinates of the respondent's new household location. The longitudinal tracking for the endline interviews was conducted by Data Research and Mapping Consult, Ltd. (DRMC). Local and long distance tracking teams worked together closely to enhance efficiency of information sharing and to maximize how much location information could be updated. At endline, a long distance tracker was "embedded" within each local tracking team to further improve on midterm tracking results.

The endline survey was implemented by the National Population Commission (NPC) in collaboration with other organizations such as the National Bureau of Statistics and the Federal Ministry of Health. The NPC provided the sample frame, conducted the questionnaire pretest, trained field-workers, collected data from the field, and entered the data. The MLE Project provided technical assistance and supervisory support throughout all stages of the survey. The MLE Quality Assurance Supervisors (QAS), led by the MLE Country Manager, monitored the trainings and field activities.

2.1.2 Survey design

The endline survey was designed to track and interview all eligible women who were interviewed at baseline in all six study cities and their respective households. A woman was eligible for the endline interview if she had completed the baseline interview and was a regular member of the household selected at baseline (not a visitor). All eligible women were administered the questionnaire for individual women, and the heads of their endline households (as determined by household members) were administered the household questionnaire.

For additional details on the baseline Nigeria household and individual survey, see the full report on the MLE Project website at: https://www.urbanreproductivehealth.org/sites/mle/files/nurhi_baseline_household_survey.pdf.

2.1.3 Tools

The household questionnaire was used to collect information on the regular members of and visitors to the selected households. Other information collected in the household questionnaire included demographic characteristics of household members, basic characteristics of family background, housing materials, sanitation, and household assets.

The women's questionnaire was used to elicit information on the respondents' background characteristics, reproductive history, maternal and child health (MCH), sexual activity and marriage, current and future fertility preferences, spousal and interpersonal communication on FP issues, gender inequity measures, media exposure to FP topics and NURHI program messages, migration history, and contraceptive method knowledge, usage, beliefs, and practices.

2.1.4 Field procedures: Recruitment, training, and fieldwork

Recruitment of field personnel was conducted in the six cities where the survey was implemented. Qualified candidates were required to have a tertiary education and to receive a passing score on an entrance exam, which tested general knowledge and ability to read and speak in the main language spoken in each of the cities. In all, a total of 132 field functionaries were recruited for the fieldwork, excluding the six city coordinators, who were recruited separately.

The training of trainers (TOT) was combined with the pretest of all survey questionnaires. The objectives of the nine-day TOT were to standardize the concepts and methodology of the main training of field staff (interviewers, supervisors, and field editors, as well as key data entry staff) and to field test and finalize survey instruments. The TOT covered such topics as how to locate and map the selected clusters, the role of the interviewer, identifying eligible respondents, consenting and ethical procedures, and standard administration of questionnaires.

The main training of field staff was conducted by NPC with technical support from MLE officers and a representative from the Federal Ministry of Health. The training modules covered identifying selected clusters, identifying eligible respondents, consenting and ethical procedures, and administration of questionnaires, including role plays, group work, and a field-based practical exercise in the three most common languages spoken in the study cities (pidgin English, Hausa, and Yoruba). A final exam was administered to training participants, and the lowest scoring were not recruited to work on the endline survey.

The data collection began in June and was carried out through October 2014. A total of 126 functionaries, consisting of 80 interviewers, six city coordinators, 20 supervisors, 20 editors, and 20 drivers carried out the field interviews. In addition to the city-based MLE QAS, the NPC core technical team monitored fieldwork to ensure quality of the data collection and to attend to any operational problems.

2.1.5 Data entry and processing

Data processing for the endline household survey was carried out by a team of trained staff, which included two archivists, six office editors, about 35 data entry operators, two supervisors, and a data manager. Census and Survey Processing System (CsPro) software was employed to develop the data entry screens and cleaning/editing programs and to track individual questionnaires.

2.2 SDP Survey

2.2.1 Survey components

The endline SDP survey was a follow-up survey of the SDPs covered at baseline, along with additional facilities where NURHI was working and any new public facility that offered at least one RH service. The SDP survey was also conducted by DRMC.

2.2.2 Design and sampling

A physical verification and update of the full SDP sampling frame from the baseline survey was conducted before the start of survey fieldwork in the six study cities. Additional or new facilities not included in the baseline frame but found in the verification process were included. A separate questionnaire was designed to canvass facility name, type, ownership, community, address, and location of facility (GPS reading inclusive).

The sample of health facilities included public and private health facilities, pharmacies, and PMSs. Health facilities included both NURHI-enrolled facilities and other facilities that offered at least one RH service but where NURHI was not working. At baseline and endline, the NURHI program provided the list of facilities where they were implementing interventions. In cities with 100 pharmacies or 100 PMSs or fewer, a census of SDPs was conducted. In cities with more than 100 pharmacies or PMSs, a random sample of 100 of each SDP type was selected for audit.

Random selection of the service providers (from the selected facilities) for the administration of the provider questionnaire was carried out jointly by the supervisors

and interviewers assigned to the selected facilities in each city. A complete roster of full-time providers working in each facility who provided at least one RH service to clients was collected in the facility audits for the purpose of selecting a random sample of up to four providers eligible for interview. In the case of facilities with fewer than four providers, all providers were interviewed.

Fifty RH clients (women only) were targeted for exit interviews in each of the NURHI-enrolled facilities included in the endline survey. The exit interviews were administered by a group of interviewers who visited each facility until the required number of interviews had been successfully completed (for up to five days in each facility). Women were approached for interview upon exit from the health facility and were only eligible if they had received a RH service.

For additional details on the baseline Nigeria SDP survey, see the full report on the MLE Project website at: https://www.urbanreproductivehealth.org/sites/mle/files/nurhi_baseline_facility_report_23feb12_final.pdf.

2.2.3 Tools

The SDP survey consisted of five different questionnaires, including the health facility audit, provider questionnaire, RH client exit questionnaire, pharmacy audit, and PMS audit. The client exit questionnaire was translated into Hausa and Yoruba languages, the main spoken languages in the survey cities. The questionnaires were pretested to improve the quality and flow of the questions.

The facility audit collected general characteristics of the facility, including provision of RH services, quality assurance/standard operating procedures, and physical infrastructure and equipment. The service provider questionnaire elicited information on background characteristics of respondents training on FP, knowledge and provision of FP, integration of FP with other services, integrated supportive supervision (ISS) visits, and membership in the Family Planning Provider Network (FPPN).

The client exit questionnaire was used to collect information from women visiting NURHI facilities for FP, child health, postpartum (PP) care, PMTCT, or postabortion care. The women were asked about the nature of the visit and services sought, use of FP methods, satisfaction with the visit, choice of and access to the facility, exposure to media, and personal characteristics.

PMSs are primary sources of contraceptive distribution for consumers. The PMS audit was designed to ask questions on provision of methods and services, stock of methods, vendor training, and involvement in provider networking. The pharmacy audit elicited information similar to that collected in the PMS audit.

2.2.4 Field procedures: Recruitment, training, and fieldwork

Interviewers were selected from all six cities to benefit from their familiarity with the terrain, language, and culture of the study areas.

A TOT took place in July 2014 to examine every segment of the health facility audit, pharmacy audit, PMS audit, health service provider questionnaire, and RH client exit questionnaire. All the observations made during the training were reflected in the questionnaires for the pilot test. The TOT resulted in minor changes or suggestions to the questionnaires, particularly the PMS audit. The RH client exit questionnaire was also translated into the Hausa and Yoruba languages during the TOT. Interviewers who did not speak Yoruba or Hausa were asked to practice the questionnaires in pidgin English as well.

The actual interviewer training for the endline facility survey took place in August 2014. During the training, all the survey procedures, the research methodology, the questionnaires, and the fieldwork procedures were discussed in detail. A special class session was also devoted to a simulation of research procedures. All trainees participated in day-long pretest activities in selected facilities. The training resulted in minor changes to the questionnaires, particularly the health facility audit and health service provider questionnaire.

The endline SDP survey fieldwork was conducted over a six-week period, from September through October 2014. The fieldwork was originally scheduled to last for one month; however, difficulty in gaining access to some of the facilities and inability to achieve

the required number of exit questionnaires in some facilities in all cities led to a delay in the completion of the fieldwork.

Extra care was taken to monitor and ensure the quality of data collection during the endline survey. The city coordinator and field supervisors in each city were responsible for reviewing all questionnaires for quality and consistency of data. DRMC visited each team to check on progress and quality of work, clarify questions in the questionnaires, collect completed questionnaires, and advise on how to solve logistical problems. They also observed some interviews and provided feedback before leaving the field. The efforts of the quality assurance staff recruited by MLE complemented DRMC's effort toward ensuring that good quality data were obtained.

2.2.5 Data entry and processing

The processing of the 2014 facility survey returns began shortly after the fieldwork commenced. Completed audits and questionnaires were periodically returned in batches from the field to the research firm, where they were further edited and entered by specially trained data processing personnel, including one supervisor, an assistant supervisor, a questionnaire administrator (who ensured that the expected numbers of questionnaires for each facility from each city were received), four editors, and ten entry operators. CsPro was used for data entry, validation, and cleaning. Technical support for data entry and management was provided by MLE through a comprehensive hands-on training of all personnel involved in this task.

2.3 Ethical Review

The survey received both local and international ethical approval from the Institutional Review Board at UNC and the National Health Research Ethics Committee of Nigeria.

CHAPTER 3: RESPONSE RATES

This survey included a longitudinal sample of women selected at baseline in 2010/2011 with follow-up at midterm in 2012 and at endline in 2014. All women in selected households who were successfully interviewed at baseline and were not visitors at the time of the baseline interview were eligible for follow-up in subsequent survey waves.

Eligible women were first tracked to confirm their current places of residence and were then interviewed. Women were still eligible to be tracked even if they had moved from their original locations as long as they were still residing in any of the study cities. Women who moved to new residences outside of the six study cities were not tracked further and were considered lost to follow-up for a given survey wave.

The results of the longitudinal tracking and interviews with the women are presented in Table 3.1. Of the 16,118 eligible women for endline follow-up, 71 percent were found in a study city, 9 percent had moved outside of the study cities, 1 percent had died, and 19 percent could not be found during the tracking fieldwork period. The highest percentage of women found, either in their baseline location or in a new location, was in Zaria, at 83 percent, and the lowest percentage was in Benin City, at 58 percent.

At endline, of the women found within the study cities, 94 percent completed an interview, 4 percent refused, and 3 percent were not interviewed for other reasons. Women excluded from the interview data included those with an incomplete household interview, women who were not available at the time of the interview, and a small number of women who were interviewed but excluded because of inconsistencies in background characteristics between the baseline and endline surveys. The percentage of women who successfully completed their interviews ranged from 91 percent in Benin City to 96 percent in Zaria.

Table 3.1 Results of the longitudinal individual tracking and interviews at endline

Number of female longitudinal respondents, results of tracking, and results of interview. Nigeria 2014

	Tracking						Longitudinal survey					
	Number of eligible baseline women[1]	Percentage found within a study city	Percentage known to have moved outside of study cities	Percentage died	Percentage not found	Total	Number of women found within a study city during tracking	Percentage with completed interviews	Percentage refused	Percentage not interviewed[2]	Total	Number of women interviewed at endline
Abuja	2124	67.0	12.8	0.8	19.4	100	1424	94.0	3.2	2.8	100	1338
Benin City	2504	57.7	8.9	1.0	32.4	100	1445	91.4	4.4	4.2	100	1321
Ibadan	2926	63.0	9.4	1.1	26.6	100	1844	93.0	4.7	2.4	100	1714
Ilorin	2443	75.1	8.6	1.3	15.1	100	1834	92.8	5.8	1.4	100	1702
Kaduna	2849	74.6	9.3	1.7	14.5	100	2124	93.9	3.3	2.7	100	1995
Zaria	3272	83.2	6.4	1.6	8.8	100	2721	95.6	1.9	2.5	100	2602
Total	16118	70.7	9.0	1.3	19.0	100	11392	93.7	3.7	2.6	100	10672

[1] A woman was eligible for endline interview if she had a completed baseline woman's questionnaire and was not a visitor in the household at the time of baseline.

[2] Women not interviewed include those with an incomplete household interview, women who were not available at the time of interview, and a small number of women (n=267) who were interviewed but excluded because of inconsistencies in background characteristics between the baseline and endline surveys.

Of the 16,118 women interviewed at baseline who were eligible for the endline survey, 10,672 women were successfully interviewed at endline, resulting in an overall response rate of 66 percent. The highest percentage of women who completed endline interviews was in Zaria, at 80 percent, and the lowest percentage was in Benin City, at 53 percent. Table 3.2 provides the longitudinal response rate for respondents by city.

Table 3.2 Overall response rate for longitudinal respondents at endline

Percentage of eligible baseline women interviewed at endline by city. Nigeria 2014.

City	Number of eligible baseline women[1]	Number of women interviewed at endline	Percent with a completed endline interview
Abuja	2124	1338	63.0
Benin City	2504	1321	52.8
Ibadan	2926	1714	58.6
Ilorin	2443	1702	69.7
Kaduna	2849	1995	70.0
Zaria	3272	2602	79.5
Total	16118	10672	66.2

[1]A woman was eligible for endline interview if she had a completed baseline indivdual questionnaire and she was not a visitor at the household at baseline.

Nonresponse bias occurs when some respondents choose not to participate in a survey. Potential response bias is presented in Table 3.3. The table summarizes longitudinal respondents by their baseline background characteristics, with a comparison across women interviewed and those not interviewed, and shows more or less similar background characteristics between the two. However, women who have never been married and women who have never given birth were less likely to be interviewed. Endline women's individual survey weights were adjusted for selective attrition between baseline and endline with respect to key observed characteristics.

Table 3.3 Characteristics of longitudinal respondents by endline interview status

Percentage distribution of longitudinal respondents interviewed at baseline in 2010/2011, by selected background characteristics at baseline according to interview status at endline in 2014. Nigeria 2014.

Baseline characteristics	Longitudinal respondents		Number of eligible baseline women
	Interviewed at endline	Not interviewed at endline[1]	
City			
Abuja	12.5	14.4	2124
Benin City	12.4	21.7	2504
Ibadan	16.1	22.3	2926
Ilorin	15.9	13.6	2443
Kaduna	18.7	15.7	2849
Zaria	24.4	12.3	3272
Age			
15–19	17.9	19.4	2962
20–24	15.9	19.6	2766
25–29	17.9	22.0	3106
30–34	16.1	15.9	2586
35–39	13.9	11.7	2124
40–44	10.6	6.8	1499
45–49	7.7	4.6	1075
Marital status			
Never married	30.1	40.1	5397
Married/living together	65.7	55.5	10029
Separated/divorced	1.5	2.3	288
Widowed	1.7	1.3	252
No data	1.0	0.8	152
Literacy			
Cannot read	18.7	15.8	2861
Able to read parts of sentence	5.2	3.9	762
Able to read whole sentence	73.9	78.3	12153
Blind/visually impaired	0.1	0.1	11
No data	2.1	1.9	331
Education			
No education	9.5	7.7	1436
Quranic only	4.6	2.4	621
Primary	15.5	13.3	2380
Junior secondary (JSS)	11.2	11.7	1832
Senior secondary (SSS)	36.3	39.3	6019
Higher	22.2	24.6	3706
No data	0.7	1.0	124
Number of live births			
No children	32.4	44.3	5878
1 child	10.0	11.9	1715
2 children	11.2	12.1	1857
3 children	12.1	9.9	1828
4 children	10.9	9.4	1672
5 children	8.0	5.5	1152
≥6 children	15.3	7.0	2016
Religion			
Catholic	3.5	4.5	620
Protestant/other Christian	38.6	50.4	6867
Muslim	57.0	44.0	8479
No religion/other	0.4	0.8	86
No data	0.5	0.3	66
Wealth index[2]			
Poorest	17.5	20.5	2987
Poor	19.5	20.3	3189
Middle	19.7	18.9	3135
Rich	21.7	18.4	3314
Richest	21.6	21.9	3493
Total percent	100	100	
Total number of women	10672	5446	16118

[1]Women who were not interviewed include those who moved to a non-study city, who died, who were not found during tracking, who refused, who had an incomplete household interview, who were unavailable at the time of interview, and who were excluded due to inconsistencies in background characteristics between their baseline and endline surveys.

[2]Calculated from household data.

Table 3.4 presents a summary of the SDP audits, provider interviews, and RH client exit interviews. In total, 385 health facilities were surveyed. The health facility sample included public and private facilities at various levels of service, all of which offer one or more RH services. These facilities included NURHI-enrolled facilities (132) and non-NURHI-enrolled facilities (253). In each facility, up to four providers were randomly selected; in facilities with four eligible providers or fewer, all eligible providers were interviewed. A total of 1,431 providers interviewed, ranging from 149 providers in Abuja to 299 providers in Benin City.

Fifty RH service clients were targeted to be interviewed in each NURHI facility, such that about half should have obtained FP services and about half other maternal newborn and child health (MNCH) services such as PP or postabortion care or PMTCT. A total of 5,391 women seeking care in NURHI-enrolled facilities were interviewed; the sample varied considerably between cities, ranging from 600 in Abuja to 1,339 in Ibadan.

At endline, a minimum of 100 pharmacies and 100 PMSs were selected for surveys in each city. In cities with 100 or fewer pharmacies or PMSs, all such locations were surveyed. The audit resulted in a total of 433 pharmacies and 540 PMSs. The number of pharmacies audited ranged from 38 in Zaria to 95 in Benin City. The number of audited PMSs ranged from 83 in Abuja to 99 in Ilorin.

Table 3.4 Number of service delivery point audits and interviews at endline

Number of SDP audits, provider interviews, and client exit interviews, by city. Nigeria 2014.

City	Audits of service delivery points (SDP)				Provider interviews	Client exit interviews
	NURHI facilities[1]	Non-NURHI facilities[2]	Pharmacies	PMSs[3]		
Abuja	12	26	75	83	149	600
Benin City	27	49	95	92	299	794
Ibadan	31	29	73	86	218	1339
Ilorin	22	49	71	99	265	977
Kaduna	22	61	81	90	287	959
Zaria	18	39	38	90	213	722
Total	132	253	433	540	1431	5391

[1]NURHI facilities are based on the list provided by the NURHI program.

[2]Non-NURHI facilities include those that were not on the NURHI list of facilities but were a public facility offering at least one reproductive health service or a private facility that was specifically mentioned by women surveyed at baseline as their most recent source of a RH service.

[3]PMSs refer to patent medicine stores (also known as patent medicine vendors/drug shops/chemists).

CHAPTER 4: BACKGROUND CHARACTERISTICS OF WOMEN

This chapter summarizes the background characteristics of the female respondents by age, education, wealth, number of live births, marital status, religion, language, and polygamy status. Table 4.1 provides the respondents' background characteristics by city.

At endline, there were smaller percentages of women ages 15–19, as expected given the baseline enrollment ages of 15–49 years four years prior. Kaduna and Zaria display a younger population compared to the other cities: over one-quarter of the women interviewed at endline were under the age of 25. The percentage of women in Kaduna and Zaria peaked at ages 20–24, in Benin City at ages 25–29 and 30–34, in Abuja and Ilorin at ages 30–34, and in Ibadan at ages 35–39.

More than 90 percent of the women in each city have some level of schooling. Benin City and Ibadan have the highest percentages of women with a secondary education level (including junior and senior secondary school), at 49 and 53 percent, respectively. Abuja has the largest percentage of women (50 percent) with higher education, and Zaria has the smallest (17 percent).

A wealth index was created during each survey round using household data on the ownership of durable goods and assets and the materials used in the construction of homes. The principal component analysis was undertaken, and a factor score was developed for each household based on the methods devised by Filmer and Pritchett (2001). The household sample was then divided into quintiles based on the assigned wealth score and ranked poorest, poor, middle, rich, or richest. Individual women were assigned a score based on the household in which they resided. As expected, in each city the percentage of women in each wealth quintile is approximately 20 percent.

On average, women have more children in Zaria and Kaduna compared to the other cities. For example, 44 percent of women in Zaria and 31 percent of women in Kaduna have five or more live births, compared to only 18 to 27 percent of women in the other cities. The percentage of women with only one live birth or fewer is particularly high in Benin City and Abuja (43 and 38 percent, respectively). Across all cities, more than 60 percent of the respondents were currently married or living with a male partner, and 4 to 6 percent were separated, divorced, or widowed. The percentage of women who had never been married ranged from a low of 15 percent in Zaria to a high of 34 percent in Benin City.

Christianity was the most prevalent religion in Abuja, Benin City, and Ibadan; elsewhere, Islam predominated. The percentage of Catholic, Protestant, and other Christian denominations ranged from 11 percent in Zaria to 96 percent in Benin City. Meanwhile, the percentage of self-identified Muslims ranged from 3 percent in Benin City to 89 percent in Zaria.

Even though various languages are spoken across cities, the diversity is most noticeable in Abuja and Benin City. The Yoruba language is largely spoken in Ibadan (91 percent) and Ilorin (93 percent), while Hausa is the most prevalent language spoken in Kaduna (65 percent) and Zaria (89 percent). Polygamy is practiced across all cities; however, women in Zaria were the most likely to be in a polygamous union (38 percent) as compared to those in other cities, such as in Benin City, where women were the least likely to be in a polygamous union (7 percent).

Table 4.1 Background characteristics of respondents at endline

Percentage distribution of women by age, education, household wealth, number of live births, marital status, religion, language spoken at home, and polygamy status. Nigeria 2014.

Background characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Age						
15–19	4.4	4.6	5.0	3.0	4.8	6.4
20–24	13.6	16.4	13.9	15.7	20.8	23.2
25–29	19.1	19.9	14.6	17.8	19.9	18.5
30–34	20.5	19.8	19.2	18.0	17.2	16.2
35–39	16.6	14.8	19.5	16.8	13.7	13.2
40–44	13.9	12.9	13.1	13.1	10.4	10.8
45–49	7.5	8.2	9.4	10.1	7.7	7.6
≥50	4.4	3.5	5.3	5.5	5.4	4.2
Number	1338	1321	1714	1702	1995	2602
Education						
No education	4.9	2.8	4.2	8.6	3.2	1.3
Quranic only	2.3	0.2	0.8	1.7	10.0	27.2
Primary	10.6	15.1	17.0	19.0	12.7	18.4
Junior secondary (JSS)	5.2	9.7	7.2	3.6	8.1	10.2
Senior secondary (SSS)	27.2	39.5	45.6	32.7	34.7	26.2
Higher	49.7	32.7	25.2	34.3	31.2	16.8
No data	0.1	0.0	0.0	0.1	0.0	0.0
Number	1338	1321	1714	1702	1995	2602
Wealth index[1]						
Poorest	18.8	21.1	20.4	20.5	18.9	18.6
Poor	19.7	19.2	19.5	19.7	19.8	18.7
Middle	21.5	20.6	20.1	21.1	21.7	19.9
Rich	21.3	19.4	20.1	19.3	19.9	20.8
Richest	18.8	19.7	20.0	19.5	19.7	22.0
Number	1338	1321	1714	1702	1995	2602
Number of live births						
No children	28.1	35.0	20.8	21.8	26.6	19.1
1 child	9.5	7.9	8.0	8.3	8.5	6.9
2 children	12.7	9.6	15.7	11.7	9.2	10.4
3 children	17.5	13.1	18.8	15.9	13.9	10.1
4 children	13.8	13.3	17.1	15.6	10.5	9.4
5 children	8.1	11.0	10.2	12.4	9.4	9.3
≥6 children	10.3	10.1	9.4	14.3	21.8	34.8
Number	1338	1321	1714	1702	1995	2602
Marital status						
Never married	25.8	34.2	19.5	19.8	24.4	15.3
Married/living together	68.9	60.3	75.8	76.2	69.7	79.6
Separated/divorced	1.8	2.0	2.1	1.2	2.0	1.6
Widowed	3.4	3.4	2.6	2.7	3.9	3.5
Number	1338	1321	1714	1702	1995	2602
Religion						
Catholic	11.9	8.6	1.3	1.5	8.2	3.2
Protestant/other Christian	65.3	87.5	50.6	23.8	34.1	8.2
Muslim	22.6	2.5	48.1	74.8	57.6	88.5
No religion/other[2]	0.2	1.5	0.0	0.0	0.1	0.1
No data	0.0	0.0	0.0	0.0	0.0	0.1
Number	1338	1321	1714	1702	1995	2602
Language spoken at home						
Hausa	21.3	0.2	1.8	0.7	64.5	89.1
Yoruba	10.2	2.2	91.4	92.8	7.3	3.6
Igbo	22.3	6.3	1.2	0.9	4.1	1.0
English	22.5	20.9	4.4	2.2	15.5	3.0
Pidgin English	2.7	31.3	0.8	0.8	2.6	0.1
Other	21.0	38.6	0.5	2.5	5.9	3.1
No data	0.0	0.5	0.0	0.0	0.1	0.0
Number	1338	1321	1714	1702	1995	2602
Polygamy—number of co-wives (among women cohabiting with partners)						
No other wives	89.5	92.4	81.7	73.6	79.0	62.1
One co-wife	8.8	6.2	14.4	20.9	15.4	26.9
Two co-wives	1.3	0.8	2.6	4.1	4.1	8.2
Three or more co-wives	0.4	0.4	1.0	1.5	1.3	2.7
Number	922	796	1299	1297	1391	2071

[1]Calculated from household data.

[2]"Other" includes traditional and other beliefs.

CHAPTER 5: FAMILY PLANNING

Evidence suggests that FP has a significant positive impact on national, regional, and global economic development and maternal and child health indices (Canning & Schultz, 2012; Cleland et al., 2012). However, in many developing countries like Nigeria, contraceptive prevalence rates (CPRs) remain low (Darroch & Singh, 2013). According to the most recent estimates, about 225 million reproductive-age women (ages 15–49) in the developing world who want to avoid a pregnancy are not using an effective contraceptive method (Singh et al., 2014). Even within a particular country, disparities exist in the proportion of women using contraceptive methods, as vulnerable populations such as the poor and the less educated have lower CPRs. Recent research points to lack of information about, access to, and social and political support for FP as drivers of low levels of contraceptive use. Nigeria, the most populous country in Africa, with high fertility rates and low CPR, is no different.

This chapter presents the results of the baseline and endline surveys conducted with a longitudinal sample of reproductive-age women in Abuja, Benin City, Ibadan, Ilorin, Kaduna, and Zaria. The information presented includes women's knowledge, use, and sources of contraceptive methods; unmet needs for FP; and reasons for nonuse of, perception of, and spousal communication about FP. In addition, information about women's mobility together with the diffusion of FP messages is presented.

5.1 Knowledge of Contraceptive Methods

The baseline and endline women's questionnaire measured both spontaneous and probed knowledge of several types of contraceptive methods, including male and female sterilization, daily pills, injections, implants, intrauterine devices (IUD), male condoms, female condoms, emergency contraception (EC), lactational amenorrhea method (LAM), Standard Days/CycleBeads (SDM), and traditional methods. Women were first asked to mention the methods by which a couple could delay or avoid getting pregnant. If the woman named a method on her own, she was said to have spontaneous knowledge of that method. But if she acknowledged that she knew a method after the method was described to her, then she was said to have probed knowledge of the method. The distribution of the women's knowledge of contraceptive methods at baseline and endline is presented in Table 5.1 by city and type of contraceptive method.

Though women's spontaneous or probed overall knowledge of any contraceptive method in all six cities was high at both time points, it had increased at endline in all cities (>99 percent). The largest increase was in Kaduna, from 76 percent at baseline to almost 100 percent at endline. Women's spontaneous and/or probed knowledge of any modern contraceptive method showed similar patterns as that of contraceptive methods overall, with over 99 percent of women knowing at least one modern method at endline. In all cities, the spontaneous knowledge of any contraceptive method (including modern methods) increased substantially between surveys by about 6 percentage points in Benin City to an increase of 33 percentage points in Zaria.

There are notable differences in respondents' spontaneous and/or probed knowledge of each contraceptive method. For all cities at endline, the top two commonly known methods (spontaneous/probed knowledge) were injections and male condoms, while the least commonly known methods at endline were male sterilization (in Abuja, Benin City, Ibadan, and Kaduna) and SDM (in Ilorin and Zaria). There are city-level variations in the level of increase between surveys for all methods. Notably, there are larger increases in the spontaneous knowledge of reversible compared to irreversible methods. The largest increase in respondents' spontaneous knowledge of a method between surveys concerned implants in Abuja, Ibadan, Ilorin, and Kaduna (about a 35- to 45-percentage-point increase), IUD in Benin City (20 percentage points), and injections in Zaria (35 percentage points). Interestingly, respondents' spontaneous knowledge of traditional methods decreased between surveys, by 17 percentage points in Abuja to about 47 percentage points in Benin City.

Table 5.1 Women's knowledge of contraceptive methods

Percentage distribution of women by knowledge of contraceptive method by type of method and city at baseline and endline. Nigeria 2010/2011, 2014

	Baseline		Endline	
	Spontaneous or probed knowledge	Spontaneous knowledge	Spontaneous or probed knowledge	Spontaneous knowledge
Abuja				
Any method	92.3	66.9	99.9	95.0
Any modern method	92.0	65.4	99.9	94.5
Female sterilization	34.8	13.2	63.6	25.2
Male sterilization	27.6	10.6	50.6	15.9
Daily pills	72.2	43.3	92.9	69.7
IUDs	58.6	31.5	85.7	59.8
Injectables	75.9	44.0	95.2	77.9
Implants	47.6	23.3	85.7	58.6
Male condoms	90.5	46.8	99.1	74.6
Female condoms	48.4	17.2	76.2	30.8
EC	37.8	10.1	73.0	32.7
LAM/breastfeeding	47.0	14.7	80.4	39.1
SDM/CycleBeads	n/a	n/a	63.9	27.6
Traditional methods[1]	92.4	67.9	91.5	50.8
Benin City				
Any method	94.8	83.6	99.9	89.3
Any modern method	94.5	82.6	99.9	88.1
Female sterilization	31.0	10.0	57.7	14.6
Male sterilization	17.7	7.6	19.3	6.3
Daily pills	69.1	38.1	82.8	55.1
IUDs	39.6	14.9	65.8	35.0
Injectables	70.8	46.6	84.2	55.1
Implants	20.0	6.9	38.3	19.5
Male condoms	93.7	70.3	99.0	57.6
Female condoms	44.2	20.0	70.9	25.8
EC	32.8	15.4	68.3	30.8
LAM/breastfeeding	47.2	15.6	78.7	34.7
SDM/CycleBeads	n/a	n/a	38.5	14.6
Traditional methods[1]	94.8	83.8	84.5	37.1
Ibadan				
Any method	97.7	87.0	99.3	95.3
Any modern method	97.7	86.4	99.2	94.6
Female sterilization	25.4	11.0	57.8	10.9
Male sterilization	13.6	5.5	34.4	7.1
Daily pills	83.1	59.4	86.5	59.1
IUDs	72.2	51.8	88.0	67.7
Injectables	86.7	69.9	94.1	81.8
Implants	32.5	18.3	81.6	53.5
Male condoms	96.2	63.7	98.5	56.7
Female condoms	45.3	19.8	69.0	21.9
EC	36.0	20.0	71.9	25.0
LAM/breastfeeding	34.2	12.3	53.2	16.6
SDM/CycleBeads	n/a	n/a	35.4	6.2
Traditional methods[1]	97.7	87.4	88.5	44.2
Ilorin				
Any method	94.7	77.1	99.8	97.6
Any modern method	94.6	76.6	99.8	97.3
Female sterilization	29.7	6.9	54.0	7.8
Male sterilization	17.6	4.7	37.8	6.7
Daily pills	79.9	56.0	96.6	81.2
IUDs	65.5	41.6	93.3	72.1
Injectables	83.1	59.7	97.9	85.7
Implants	26.5	12.2	87.4	57.0
Male condoms	92.3	47.8	99.5	71.4
Female condoms	31.5	9.2	77.7	25.7
EC	32.8	11.0	89.1	36.0
LAM/breastfeeding	29.5	9.3	62.0	21.0
SDM/CycleBeads	n/a	n/a	30.0	2.6
Traditional methods[1]	94.7	78.1	93.7	46.1
Kaduna				
Any method	75.5	63.7	99.9	96.5
Any modern method	75.4	63.3	99.9	96.0
Female sterilization	38.2	3.7	82.2	20.2
Male sterilization	9.7	1.2	28.1	5.7
Daily pills	63.9	50.8	96.4	81.6
IUDs	45.5	24.5	77.2	42.6
Injectables	65.6	52.1	97.5	84.3
Implants	32.1	13.2	80.7	54.2
Male condoms	70.9	24.5	99.2	59.1
Female condoms	28.7	3.4	62.0	14.7
EC	17.2	2.0	48.3	10.5
LAM/breastfeeding	43.0	3.7	74.7	20.5
SDM/CycleBeads	n/a	n/a	37.5	5.8
Traditional methods[1]	75.5	64.1	91.9	37.4
Zaria				
Any method	94.0	62.0	99.5	95.0
Any modern method	93.9	61.6	99.5	94.2
Female sterilization	57.7	6.7	83.3	21.7
Male sterilization	11.7	1.9	29.3	4.6
Daily pills	85.5	49.9	95.9	76.7
IUDs	50.1	15.4	62.0	23.7
Injectables	86.1	49.5	97.0	84.7
Implants	36.0	8.5	69.3	32.7
Male condoms	88.8	24.1	94.7	46.6
Female condoms	24.9	4.1	42.6	9.4
EC	8.0	1.2	31.5	5.3
LAM/breastfeeding	35.6	3.0	79.3	23.5
SDM/CycleBeads	n/a	n/a	23.0	4.7
Traditional methods[1]	94.0	65.6	84.1	46.9

[1]At baseline, Standard Days/CycleBeads were included with traditional methods.

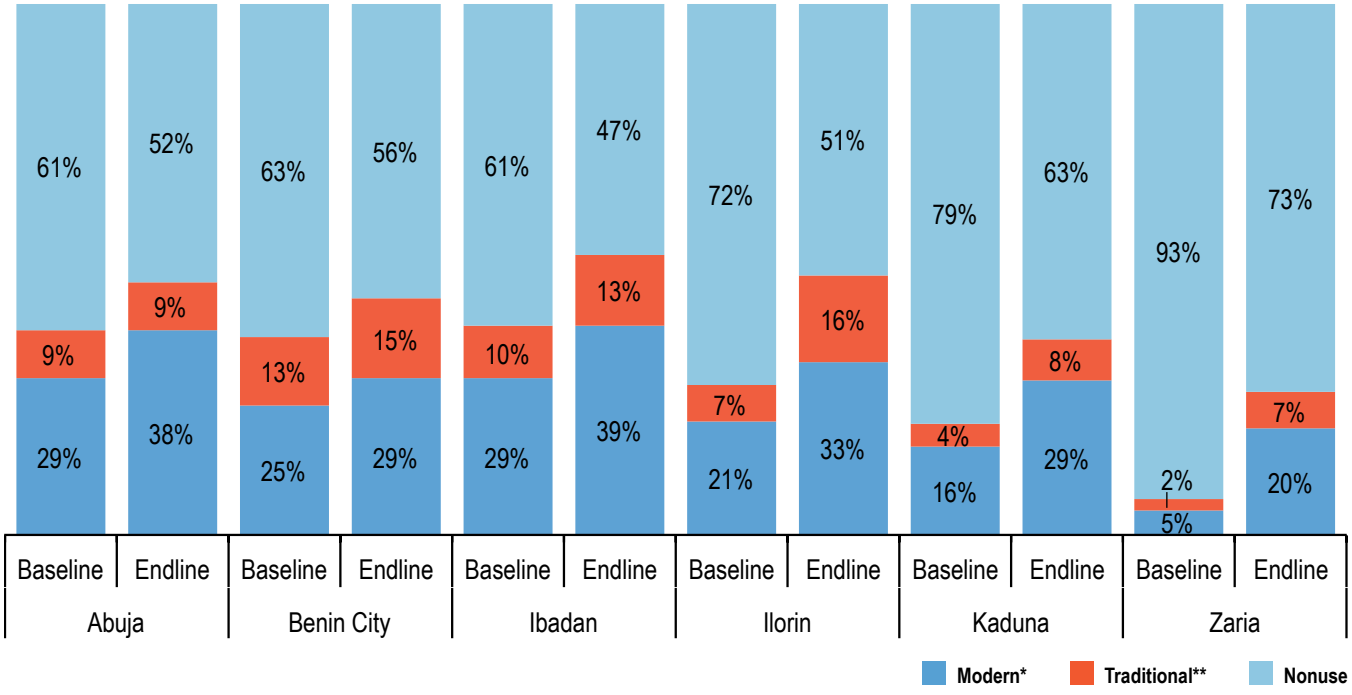
5.2 Use of Contraceptive Methods

CPR, the percentage of reproductive-age women using a method of contraception at a specific time, is one of the key indicators of FP use in a particular region. The MLE Project measures this indicator (among others) to assess the NURHI program. In all surveys, the women were asked whether they or their partners were using any contraceptive method at the time of survey. Those who reported use of any contraceptive method were asked to indicate the method they or their partners were using. Table 5.2 presents current contraceptive method use at baseline and endline surveys by city, wealth, and marital status.

In all cities, the current use of any modern contraceptive method across all women was higher at endline as compared to baseline. As seen in Figure 5.1, the increase in modern CPR between the two surveys, a four-year interval, ranged from a difference of 4 percentage points in Benin City (25 to 29 percent) to one of 15 percentage points in Zaria (5 to 20 percent). Slightly higher increases were noted among women who were married or in union (cohabiting with their male partners), as they were generally sexually active and would have a need for contraception compared to those who were not sexually active. The increases among the women married or in union ranged from an 8-percentage-point increase in Ilorin (27 to 35 percent) to an 18-percentage-point increase in Zaria (6 to 24 percent). There are disparities across cities in modern CPR associated with household wealth status. In Abuja and Zaria, we observed an approximately 18 percentage-point increase in modern CPR between the surveys among women in the poorest households (around 22 to 40 percent and 1 to 19 percent, respectively). The largest increases in Benin City and Ibadan were by approximately 9 to 12 percentage points and were observed among women in poor households (22 to 31 percent and 31 to 43 percent, respectively). Women in the richest households in Ilorin and in rich households in Kaduna also exhibited large 16 percentage-point increases (15 to 31 percent and 6 to 22 percent, respectively) in CPR between survey waves.

Figure 5.1 Current contraceptive use among all women at baseline and endline by city

Nigeria 2010/2011, 2014.



* Modern methods include male and female sterilization, daily pill, IUD, implant, injectables, condomes, EC, dermal patch, diagphragm, spermicide and LAM

** Traditional methods include rhythm method, withdrawal and SDM/cycle beads

Likewise, the rate of use of traditional methods increased between surveys across all women in all cities. At the city level, increases in use of traditional methods were observed across all wealth groups in Ibadan, Ilorin, Kaduna, and Zaria; however, in Abuja and Benin City, women in nonpoor households had slight decreases in their use of traditional methods. As expected, the rates of use of traditional methods were higher among women married or in union as compared to all women (including those who were not sexually active). The percentage of women who were not using any method of contraception declined during the four-year interval between the baseline and endline surveys in all cities, more so in Ilorin and Zaria (≥20 percentage points) than in Abuja and Benin City (≤9 percentage points).

Table 5.2 Current use of contraception by wealth quintile and city at baseline and endline

Percentage distribution of women 15–49 by type of contraceptive method currently used, wealth quintile, and city. Nigeria 2010/2011, 2014.

	Baseline contraception use				Endline contraception use			
	Modern[1]	Traditional[2]	Nonuse	Total	Modern[1]	Traditional[2]	Nonuse	Total
Abuja								
Poorest	22.1	5.3	72.6	100	39.5	7.6	52.9	100
Poor	29.6	11.2	59.3	100	33.9	12.1	54.0	100
Middle	30.6	11.1	58.4	100	32.5	10.0	57.6	100
Rich	32.8	7.9	59.3	100	40.9	7.8	51.3	100
Richest	31.8	10.5	57.7	100	46.0	8.7	45.3	100
Overall	29.5	9.2	61.3	100	38.4	9.3	52.4	100
Overall—in union	32.2	11.7	56.1	100	40.4	11.4	48.3	100
Benin City								
Poorest	26.3	12.2	61.5	100	31.9	14.8	53.3	100
Poor	22.1	11.6	66.3	100	30.5	20.0	49.4	100
Middle	23.6	14.1	62.3	100	30.2	12.6	57.2	100
Rich	24.6	11.4	64.0	100	30.6	15.9	53.4	100
Richest	26.2	13.4	60.4	100	23.3	12.0	64.7	100
Overall	24.5	12.5	62.9	100	29.3	15.1	55.6	100
Overall—in union	23.3	17.4	59.3	100	32.7	19.8	47.5	100
Ibadan								
Poorest	24.5	9.6	65.9	100	36.2	14.3	49.5	100
Poor	30.5	9.0	60.5	100	42.7	12.1	45.3	100
Middle	31.9	9.8	58.4	100	42.3	13.3	44.4	100
Rich	31.2	11.7	57.1	100	39.0	14.3	46.7	100
Richest	27.9	9.6	62.5	100	36.9	12.1	51.0	100
Overall	29.3	9.9	60.8	100	39.4	13.2	47.4	100
Overall—in union	33.5	13.3	53.3	100	45.9	15.5	38.6	100
Ilorin								
Poorest	16.6	6.2	77.2	100	27.7	15.2	57.0	100
Poor	21.8	5.0	73.2	100	32.2	16.1	51.7	100
Middle	22.2	6.6	71.3	100	32.7	20.7	46.6	100
Rich	25.3	9.0	65.7	100	34.5	14.3	51.3	100
Richest	20.3	7.2	72.5	100	35.9	14.6	49.5	100
Overall	21.3	6.9	71.9	100	32.5	16.3	51.2	100
Overall—in union	27.0	8.9	64.1	100	34.5	19.9	45.6	100
Kaduna								
Poorest	12.0	1.6	86.4	100	22.2	5.1	72.7	100
Poor	19.9	4.0	76.1	100	32.2	8.8	59.0	100
Middle	20.2	6.9	72.9	100	33.0	9.1	57.9	100
Rich	14.5	4.8	80.8	100	30.9	8.0	61.0	100
Richest	15.8	4.9	79.4	100	24.9	8.2	66.9	100
Overall	16.5	4.4	79.1	100	28.9	7.9	63.2	100
Overall—in union	19.9	6.6	73.5	100	30.5	10.4	59.1	100
Zaria								
Poorest	1.1	0.9	98.0	100	19.4	7.2	73.4	100
Poor	3.7	1.7	94.6	100	16.8	4.5	78.7	100
Middle	4.8	2.1	93.1	100	21.5	6.2	72.3	100
Rich	5.5	1.6	92.8	100	22.1	7.6	70.3	100
Richest	7.8	3.2	89.0	100	19.7	7.8	72.5	100
Overall	4.8	2.0	93.3	100	20.0	6.7	73.3	100
Overall—in union	5.9	2.5	91.5	100	24.0	8.2	67.8	100

[1]Modern methods include male and female sterilization, daily pill, IUD, implant, injectables, condoms, EC, dermal patch, diaphragm, spermicide, and LAM.

[2]Traditional methods include rhythm method, withdrawal, and SDM/CycleBeads.

Table 5.3 presents the percentage of women using the different types of contraceptive methods reported by city, marital status, and household wealth quintile. Across cities, the percentage of all women reporting use of any contraceptive method increased between surveys by 7–21 percentage points. There are city-level variations in the most prevalent contraceptive method used in correlation with marital status and household wealth index, however. In Abuja and Ilorin, although male condoms were the most prevalent modern method among all women and those married or in union both at baseline and endline, implants and injections were the methods with the largest increases between surveys in Abuja and Ilorin, respectively. At baseline in Benin City and Kaduna, male condoms and injections were the most prevalent modern methods among all women and among those married or in union. However, by endline in both cities, injections had the largest increase among all modern methods. As shown in Figure 5.2a, the most prevalent modern method at baseline for all women and women married or in union in Ibadan was male condoms, but as Figure 5.2b illustrates, it changed to injections by endline, with injections showing the largest increase between surveys. The situation in Zaria is different from that of other cities at baseline. Zaria had the lowest CPR, with the most prevalent modern method being injections for all women and those married or in union. By endline, however, LAM and other modern methods, such as dermal patch, diaphragm, and spermicides, became more prevalent, having the largest increase between surveys, by 12 to 15 percentage points for all women and those in union, respectively. This increase is mostly based on increases in LAM use as opposed to the other modern methods covered.

Figure 5.2a Contraceptive method use at baseline among all women aged 15–49

Ibadan, Nigeria 2010/2011

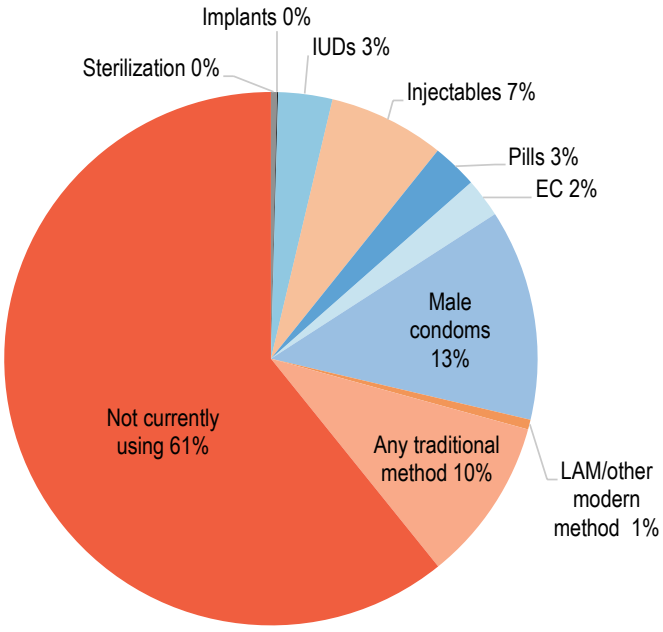
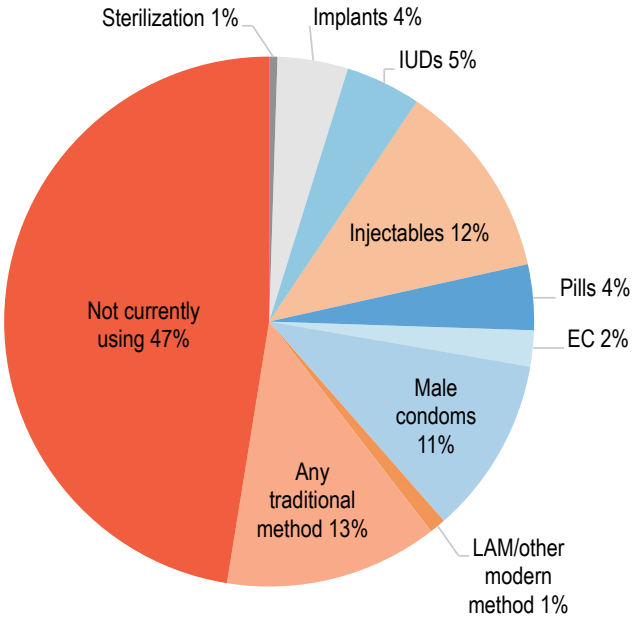


Figure 5.2b Contraceptive method use at endline among all women aged 15–49

Ibadan, Nigeria 2014



With respect to wealth disparities in modern method choice by city, among women in the poorest households, injections increased the most between surveys in Abuja, Ibadan, Ilorin, and Kaduna, while EC increased the most between surveys in Benin City. In Zaria, the modern method with the largest increase between surveys for women in the poorest households was LAM. On the other hand, implants and male condoms underwent the largest increase between surveys among women in the richest households in Abuja. In Ibadan and Kaduna the largest increase was in implant use, while in Benin City and Ilorin, it occurred in IUD and male condom use, respectively, for women in the richest households. The increase in LAM use between baseline and endline surveys in Zaria was common across all wealth groups.

Use of long-acting and permanent contraceptive methods (LAPMs), which include IUDs, implants, and male and female sterilization, was low across all cities included in this study. However, there are some slight variations in use of LAPM by wealth and city. The LAPM with the lowest prevalence rate reported by respondents at endline was sterilization, both male and female, in Abuja, Ibadan, Ilorin, and Kaduna; the least-reported LAPMs in Benin City and Zaria were implants and IUDs, respectively. The largest increases in IUD use between surveys were observed among women in poor households in Benin City and Kaduna, middle-wealth-index households in Ibadan, and rich and richest households in Abuja and Ilorin. The use of IUDs declined between surveys among all women in Zaria.

Table 5.3 Contraceptive method use by wealth quintile and city at baseline and endline

Percentage distribution of women 15–49 by contraceptive method currently used, by wealth quintile and city. Nigeria 2010/2011, 2014.

	Any method	Any modern method	Modern method									Any traditional method	Not currently using	Number of women
			Sterilization	Implant	IUDs	Injectables	Pills	EC	Male condoms	SDM[1]	LAM/other modern method[2]			
Abuja baseline														
Poorest	27.4	22.1	0.0	0.2	0.3	4.2	2.3	0.1	12.3	n/a	2.6	5.3	72.6	268
Poor	40.7	29.6	0.0	0.4	2.4	7.6	2.1	1.5	13.5	n/a	2.0	11.2	59.3	262
Middle	41.6	30.6	0.0	1.0	3.5	7.4	1.2	0.8	15.4	n/a	1.3	11.1	58.4	293
Rich	40.7	32.8	1.2	1.2	5.2	3.3	2.3	2.6	15.6	n/a	1.4	7.9	59.3	251
Richest	42.3	31.8	1.0	1.8	9.6	3.8	1.5	0.9	11.5	n/a	1.8	10.5	57.7	273
Overall—all	38.7	29.5	0.4	1.0	4.3	5.2	1.9	1.2	13.7	n/a	1.8	9.2	61.3	2126
Overall—in union	43.9	32.2	0.7	1.5	6.6	8.0	2.7	0.8	9.3	n/a	2.6	11.7	56.1	1347
Abuja endline														
Poorest	47.1	39.5	0.0	5.5	2.3	11.5	3.3	1.0	15.0	1.0	0.8	6.6	52.9	237
Poor	46.0	33.9	0.8	7.9	1.7	6.3	2.8	0.6	12.3	1.5	1.3	10.6	54.0	256
Middle	42.4	32.5	0.0	4.0	5.3	5.4	2.1	1.1	12.6	0.8	2.0	9.1	57.6	274
Rich	48.7	40.9	0.3	3.7	9.4	7.1	1.5	0.3	15.8	0.6	2.8	7.2	51.3	277
Richest	54.7	46.0	3.7	6.7	9.0	7.0	2.7	0.4	16.4	1.3	0.0	7.3	45.3	235
Overall—all	47.6	38.4	0.9	5.5	5.6	7.4	2.5	0.7	14.4	1.0	1.4	8.2	52.4	1279
Overall—in union	51.7	40.4	1.3	7.9	8.1	10.8	2.4	0.2	7.6	1.5	2.1	9.9	48.3	873
Benin City baseline														
Poorest	38.5	26.3	0.4	0.0	0.0	5.4	2.7	2.1	13.1	n/a	2.7	12.2	61.5	515
Poor	33.7	22.1	0.2	0.0	0.3	4.8	1.0	1.1	13.1	n/a	1.5	11.6	66.3	492
Middle	37.7	23.6	0.3	0.0	0.6	2.7	3.0	2.2	13.2	n/a	1.4	14.1	62.3	512
Rich	36.0	24.6	0.2	0.4	0.7	3.2	3.5	1.8	12.9	n/a	1.9	11.4	64.0	512
Richest	39.6	26.2	0.4	0.3	1.7	4.2	2.1	2.9	12.6	n/a	1.9	13.4	60.4	480
Overall—all	37.1	24.5	0.3	0.1	0.6	4.1	2.5	2.0	13.0	n/a	1.9	12.5	62.9	2512
Overall—in union	40.7	23.3	0.6	0.3	1.3	7.3	3.8	1.5	5.0	n/a	3.5	17.4	59.3	1293
Benin City endline														
Poorest	46.7	31.9	1.0	0.0	0.2	7.7	5.0	5.9	10.0	3.6	2.0	11.2	53.3	271
Poor	50.6	30.5	0.7	0.0	1.9	5.9	6.0	2.7	7.4	1.6	6.1	18.4	49.4	247
Middle	42.8	30.2	1.3	0.0	0.9	9.3	4.2	3.9	8.8	1.1	1.9	11.5	57.2	257
Rich	46.6	30.6	0.5	1.8	0.9	5.7	6.5	3.9	8.3	1.3	3.0	14.7	53.4	249
Richest	35.3	23.3	1.2	0.5	3.2	5.1	1.4	2.4	8.8	1.0	0.6	11.0	64.7	251
Overall—all	44.4	29.3	0.9	0.5	1.4	6.8	4.6	3.8	8.7	1.8	2.7	13.3	55.6	1275
Overall—in union	52.5	32.7	1.6	0.8	2.0	10.5	6.9	3.3	3.6	2.7	3.9	17.2	47.5	762

Table 5.3 continues on the next page.

Table 5.3 is continued from the previous page.

Ibadan baseline														
Poorest	34.1	24.5	0.0	0.0	2.1	7.7	2.0	3.0	9.7	n/a	0.0	9.6	65.9	319
Poor	39.5	30.5	0.5	0.0	2.9	7.6	3.8	2.7	12.2	n/a	0.8	9.0	60.5	436
Middle	41.6	31.9	0.2	0.2	3.3	7.9	3.1	2.4	14.0	n/a	0.7	9.8	58.4	416
Rich	42.9	31.2	0.4	0.0	4.2	7.6	2.2	1.9	14.0	n/a	0.8	11.7	57.1	434
Richest	37.5	27.9	0.7	0.1	3.8	4.5	2.6	2.0	13.8	n/a	0.5	9.6	62.5	374
Overall—all	39.2	29.3	0.4	0.1	3.3	7.0	2.8	2.4	12.8	n/a	0.6	9.9	60.8	2928
Overall—in union	46.7	33.5	0.6	0.1	4.6	9.7	3.6	2.0	12.1	n/a	0.8	13.3	53.3	1979
Ibadan endline														
Poorest	50.5	36.2	0.2	3.9	1.6	14.1	5.0	2.7	6.6	0.0	2.3	14.3	49.5	328
Poor	54.7	42.7	0.0	4.4	4.3	17.0	4.3	1.4	10.4	0.4	0.9	11.7	45.3	316
Middle	55.6	42.3	0.2	2.9	7.0	11.9	5.2	2.1	11.7	0.0	1.2	13.3	44.4	331
Rich	53.3	39.0	0.6	4.9	3.1	10.5	4.2	3.0	12.6	0.4	0.1	13.9	46.7	328
Richest	49.0	36.9	1.7	5.3	7.0	7.0	1.1	1.5	12.9	0.3	0.4	11.8	51.0	321
Overall—all	52.6	39.4	0.5	4.3	4.6	12.1	4.0	2.2	10.8	0.2	1.0	13.0	47.4	1623
Overall—in union	61.4	45.9	0.7	5.5	5.9	15.3	4.9	2.4	9.9	0.2	1.2	15.4	38.6	1229
Ilorin baseline														
Poorest	22.8	16.6	0.0	0.0	1.7	3.7	1.8	1.1	7.8	n/a	0.5	6.2	77.2	227
Poor	26.8	21.8	0.0	0.0	2.5	4.6	4.8	1.3	7.4	n/a	1.3	5.0	73.2	324
Middle	28.7	22.2	0.0	0.0	2.0	4.7	3.7	1.4	9.8	n/a	0.6	6.6	71.3	340
Rich	34.3	25.3	0.0	0.0	1.8	5.5	4.1	1.9	10.7	n/a	1.3	9.0	65.7	359
Richest	27.5	20.3	0.0	0.2	3.5	4.3	3.3	1.0	7.3	n/a	0.7	7.2	72.5	313
Overall—all	28.1	21.3	0.0	0.0	2.3	4.6	3.5	1.3	8.6	n/a	0.9	6.9	71.9	2449
Overall—in union	35.9	27.0	0.0	0.1	3.4	7.0	5.4	1.8	7.8	n/a	1.4	8.9	64.1	1563
Ilorin endline														
Poorest	43.0	27.7	0.4	2.4	1.9	6.8	1.8	3.6	10.4	0.0	0.7	15.2	57.0	326
Poor	48.3	32.2	0.0	2.4	1.7	8.0	5.0	2.8	11.0	0.0	1.2	16.1	51.7	320
Middle	53.4	32.7	0.0	3.7	1.0	8.8	4.1	3.1	9.9	0.5	2.0	20.2	46.6	344
Rich	48.7	34.5	0.0	2.4	2.8	6.1	5.0	2.0	15.7	0.0	0.5	14.3	51.3	308
Richest	50.5	35.9	0.0	1.3	4.5	6.4	4.0	1.4	17.4	0.2	1.0	14.4	49.5	311
Overall—all	48.8	32.5	0.1	2.5	2.4	7.2	4.0	2.6	12.8	0.1	1.1	16.1	51.2	1608
Overall—in union	54.4	34.5	0.1	3.3	2.9	9.4	5.1	2.4	9.9	0.2	1.4	19.7	45.6	1217
Kaduna baseline														
Poorest	13.6	12.0	0.4	0.0	1.3	1.9	0.9	0.5	3.6	n/a	3.3	1.6	86.4	301
Poor	23.9	19.9	0.3	0.0	0.7	2.8	2.9	1.0	8.2	n/a	4.2	4.0	76.1	347
Middle	27.1	20.2	0.4	0.0	1.5	6.1	2.9	1.1	6.2	n/a	2.0	6.9	72.9	352
Rich	19.2	14.5	0.3	0.3	0.5	4.5	1.3	1.2	4.8	n/a	1.6	4.8	80.8	305
Richest	20.7	15.8	0.7	0.6	2.7	2.9	2.2	0.7	4.8	n/a	1.2	4.9	79.4	278
Overall—all	20.9	16.5	0.4	0.2	1.3	3.6	2.1	0.9	5.5	n/a	2.4	4.4	79.1	2850
Overall—in union	26.5	19.9	0.7	0.3	2.1	5.9	3.0	0.4	3.7	n/a	3.8	6.6	73.5	1583
Kaduna endline														
Poorest	27.3	22.2	0.8	2.7	1.1	7.1	2.7	0.0	3.7	0.0	4.1	5.1	72.7	350
Poor	41.0	32.2	0.1	1.5	2.4	10.8	3.4	0.5	6.6	0.9	6.8	7.9	59.0	377
Middle	42.1	33.0	0.5	2.4	0.8	5.7	2.2	0.8	17.1	1.1	3.4	8.0	57.9	418
Rich	39.0	30.9	1.1	4.5	1.4	6.1	3.3	1.1	10.5	0.1	2.9	7.9	61.0	378
Richest	33.1	24.9	2.0	3.1	2.9	4.9	3.2	1.2	5.4	0.2	2.3	8.0	66.9	366
Overall—all	36.8	28.9	0.9	2.8	1.7	6.9	2.9	0.7	8.9	0.5	3.9	7.4	63.2	1888
Overall—in union	40.9	30.5	0.9	4.1	2.4	9.8	4.2	0.8	2.7	0.6	5.6	9.8	59.1	1302
Zaria baseline														
Poorest	2.0	1.1	0.4	0.0	0.2	0.3	0.0	0.0	0.0	n/a	0.2	0.9	98.0	582
Poor	5.4	3.7	0.0	0.0	0.5	1.4	0.2	0.0	1.2	n/a	0.4	1.7	94.6	614
Middle	6.9	4.8	0.2	0.0	0.0	1.9	1.4	0.0	1.1	n/a	0.2	2.1	93.1	650
Rich	7.2	5.5	0.0	0.0	0.0	2.0	1.1	0.0	1.9	n/a	0.5	1.6	92.8	689
Richest	11.1	7.8	0.0	0.3	0.5	3.1	1.4	0.1	1.8	n/a	0.5	3.2	89.0	743
Overall—all	6.7	4.8	0.1	0.1	0.2	1.8	0.9	0.0	1.2	n/a	0.4	2.0	93.3	3279
Overall—in union	8.5	5.9	0.2	0.1	0.3	2.6	1.2	0.0	0.9	n/a	0.5	2.5	91.5	2284
Zaria endline														
Poorest	26.6	19.4	0.0	0.2	0.0	1.5	1.2	0.0	0.5	0.0	16.0	7.2	73.4	458
Poor	21.3	16.8	0.3	0.0	0.0	3.9	0.9	0.0	1.1	0.0	10.7	4.5	78.7	466
Middle	27.7	21.5	0.2	1.2	0.0	2.8	1.3	0.0	2.9	0.0	13.0	6.2	72.3	497
Rich	29.7	22.1	0.1	0.3	0.0	3.7	1.9	0.6	1.4	0.0	14.0	7.6	70.3	518
Richest	27.5	19.7	0.9	1.5	0.2	3.8	1.7	0.1	4.0	0.0	7.4	7.8	72.5	554
Overall—all	26.7	20.0	0.3	0.7	0.1	3.2	1.4	0.1	2.1	0.0	12.1	6.7	73.3	2494
Overall—in union	32.2	24.0	0.4	0.8	0.1	4.0	1.8	0.1	1.7	0.0	15.1	8.2	67.8	1981

[1]At baseline, SDM was included with traditional methods.

[2]Other modern methods include dermal patch, diaphragm, and spermicide.

Table 5.4 shows results for testing observed changes in CPR for significance by method and by city. The increase in use of any contraceptive method from 28 percent at baseline to 43 percent by endline in all cities is statistically significant at $p<0.05$. This is a 15-percentage-point increase in a four-year interval. In all six cities, we observe a statistically significant increase in long-acting and permanent methods (LAPM) which include male and female sterilization, implants and IUD, from about 3 percent to more than 6 percent. There was an increase of approximately 11 percentage points in the use of any modern contraceptive method within the same time period. These increases, albeit with varying magnitudes, were observed at the city level and were all statistically significant at $p<0.05$. The use of traditional contraceptive methods also significantly increased over the four-year period from 7 percent at baseline to 11 percent at endline and was statistically significant at $p<0.05$ for all women. However, at the city level, the increases in use of traditional methods in Abuja and Benin City were minimal and therefore not statistically significant ($p>0.05$). The largest increase in the use of traditional methods between surveys was observed in Ilorin (9 percentage points), and the smallest observed increase was in Abuja (0.1 percentage point). As expected, the percentage of women who were not using any contraceptive method declined between surveys, from 72 percent at baseline to 57 percent at endline, and was statistically significant at $p<0.05$ for all women in all cities.

Table 5.4 Contraceptive use by method and city at baseline and endline among all women

Percent distribution of all women ages 15-49 years successfully interviewed at baseline and endline by contraceptive method currently used, by city. Nigeria 2010/2011, 2014.

	Abuja			Benin City			Ibadan			Ilorin			Kaduna			Zaria			Six City Overall		
Method	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference
Any method	38.7	47.6	0.000	37.1	44.4	0.000	39.2	52.6	0.000	28.1	48.8	0.000	20.9	36.8	0.000	6.7	26.7	0.000	28.3	43.0	0.000
Any modern method	29.5	38.4	0.000	24.5	29.3	0.007	29.3	39.4	0.000	21.2	32.5	0.000	16.5	28.9	0.000	4.8	20.0	0.000	21.0	31.8	0.000
LAPM[1]	5.7	12.0	0.000	[1.1]	[2.8]	0.002	3.7	9.4	0.000	2.3	4.9	0.001	1.9	5.4	0.002	[0.4]	[1.0]	0.034	2.5	6.1	0.000
Female/male sterilization	[0.4]	[0.9]	0.317	[0.3]	[0.9]	0.021	[0.4]	[0.5]	0.464	[0.0]	[0.1]	0.319	[0.4]	[0.9]	0.122	[0.1]	[0.3]	0.159	[0.3]	0.6	0.003
Implants	[1.0]	5.5	0.000	[0.1]	[0.5]	0.184	[0.1]	4.3	0.000	[0.0]	[2.5]	0.000	[0.2]	[2.8]	0.000	[0.1]	[0.7]	0.005	[0.2]	2.8	0.000
IUD	4.3	5.6	0.252	[0.6]	[1.4]	0.075	3.3	4.6	0.071	2.3	[2.4]	0.894	[1.3]	[1.7]	0.365	[0.2]	[0.1]	0.097	2.0	2.7	0.014
Injectables	5.2	7.4	0.125	4.1	6.8	0.010	7.0	12.1	0.000	4.6	7.2	0.003	3.6	6.9	0.000	1.8	3.2	0.010	4.5	7.6	0.000
Daily pills	[1.9]	[2.5]	0.404	2.5	4.6	0.009	2.8	4.0	0.045	3.5	4.0	0.531	2.1	2.9	0.105	[0.9]	[1.4]	0.074	2.3	3.3	0.000
Male condom	13.7	14.4	0.615	13.0	8.7	0.001	12.8	10.8	0.138	8.6	12.8	0.005	5.5	8.9	0.039	[1.2]	2.1	0.168	8.9	9.7	0.186
EC	[1.2]	[0.7]	0.196	[2.0]	[3.8]	0.016	2.4	[2.2]	0.691	[1.3]	[2.6]	0.021	[0.9]	[0.7]	0.593	[0.0]	[0.1]	0.163	1.3	1.6	0.139
Other modern method[2]	[1.8]	[1.4]	0.538	1.9	[2.7]	0.166	[0.6]	[1.0]	0.242	[0.9]	[1.1]	0.519	2.4	3.9	0.040	[0.4]	12.1	0.000	1.4	3.4	0.000
Any traditional method[3]	9.2	9.3	0.972	12.5	15.1	0.121	9.9	13.2	0.004	6.9	16.3	0.000	4.4	7.9	0.000	2.0	6.7	0.000	7.3	11.2	0.000
Nonuse	61.3	52.4	0.000	62.9	55.6	0.000	60.8	47.4	0.000	71.9	51.2	0.000	79.1	63.2	0.000	93.3	73.3	0.000	71.7	57.0	0.000
Number of women	2126	1279		2512	1275		2928	1623		2449	1608		2850	1888		3279	2494		16144	10153	

1 IUCD, implants, male & female sterilization
2 Other modern methods include dermal patch, diaphragm, spermicide and LAM
3 Traditional methods include periodic abstinance, rhythm method, withdrawal, local/natural methods and SDM/cycle beads.
Note: Numbers in brackets are based on less than 50 unweighted cases

Change in contraceptive method use among women who were married or in union was also included in the questionnaire and is shown in Table 5.5. The increase in use of any contraceptive method from 34 percent at baseline to 49 percent at endline in all six cities was statistically significant at $p<0.05$. Use of modern methods among women married or in union increased from 24 to 35 percent between baseline and endline, and use of traditional methods increased from 10 to 14 percent from baseline to endline. LAPM methods increased from about 4 percent to more than 8 percent overall in the six cities. The increase in use of modern methods, LAPM and traditional methods was statistically significant at $p<0.05$. Likewise, the increase in modern method use was statistically significant at the city level; however, the increase in traditional method use was not statistically significant ($p>0.05$) in Abuja, Benin City, and Ibadan. The percentage of women married or in union who were not using contraceptive methods declined from 66 percent at baseline to 51 percent at endline and was statistically significant at $p<0.05$ for women married or in union in all six cities overall and in each city individually.

Table 5.5 Contraceptive use by method and city at baseline and endline among women in union

Percent distribution of successfully interviewed women in union at both baseline and endline ages 15–49 years by contraceptive method currently used, by city. Nigeria 2010/2011, 2014.

	Abuja			Benin City			Ibadan			Ilorin			Kaduna			Zaria			Six City Overall		
Method	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference	Baseline	Endline	P Value of the Difference
Any method	43.9	51.7	0.010	40.7	52.5	0.000	46.7	61.4	0.000	35.9	54.4	0.000	26.5	40.9	0.000	8.5	32.2	0.000	33.8	48.9	0.000
Any modern method	32.2	40.4	0.004	23.3	32.7	0.001	33.5	45.9	0.000	27.0	34.5	0.001	19.9	30.5	0.000	5.9	24.0	0.000	24.1	35.0	0.000
LAPM[1]	8.8	17.4	0.000	[2.1]	[4.4]	0.012	5.2	12.2	0.000	3.5	6.3	0.013	3.1	7.4	0.010	[0.6]	[1.3]	0.063	3.9	8.3	0.000
Female/male sterilization	[0.7]	[1.3]	0.357	[0.6]	[1.6]	0.040	[0.6]	[0.7]	0.617	[0.0]	[0.1]	0.319	[0.7]	[0.9]	0.565	[0.2]	[0.4]	0.200	[0.5]	0.8	0.035
Implants	[1.5]	7.9	0.000	[0.3]	[0.8]	0.233	[0.1]	5.5	0.000	[0.1]	[3.3]	0.000	[0.3]	[4.1]	0.000	[0.1]	[0.8]	0.007	[0.3]	3.9	0.000
IUD	6.6	8.1	0.378	[1.3.0]	[2.0]	0.217	4.6	5.9	0.175	3.4	[2.9]	0.491	[2.1]	[2.4]	0.682	[0.3]	[0.1]	0.078	3.1	3.6	0.214
Injectables	8.0	10.8	0.160	7.3	10.5	0.054	9.7	15.3	0.000	7.0	9.4	0.043	5.9	9.8	0.004	2.6	4.0	0.052	6.9	10.3	0.000
Daily pills	[2.7]	[2.4]	0.684	[3.8]	[6.9]	0.021	3.6	4.9	0.071	5.4	5.1	0.731	[3.0]	4.2	0.154	[1.2]	[1.8]	0.150	3.3	4.2	0.014
Male condom	9.3	7.6	0.258	5.0	[3.6]	0.187	12.1	9.9	0.130	7.8	9.9	0.143	[3.7]	[2.7]	0.257	[0.9]	[1.7]	0.131	6.7	6.0	0.173
EC	[0.8]	[0.2]	0.086	[1.5]	[3.3]	0.041	[2.0]	[2.4]	0.477	[1.8]	[2.4]	0.350	[0.4]	[0.8]	0.258	[0.0]	[0.1]	0.383	1.1	1.5	0.072
Other modern method[2]	[2.6]	[2.1]	0.555	3.5	[3.9]	0.664	[0.8]	[1.2]	0.378	[1.4]	[1.4]	0.887	[3.8]	5.6	0.067	[0.5]	15.1	0.000	2.1	4.7	0.000
Any traditional method[3]	11.7	11.4	0.836	17.4	19.8	0.300	13.3	15.5	0.136	8.9	19.9	0.000	6.6	10.4	0.007	2.5	8.2	0.000	9.7	13.9	0.000
Nonuse	56.1	48.3	0.010	59.3	47.5	0.000	53.3	38.6	0.000	64.1	45.6	0.000	73.5	59.1	0.000	91.5	67.8	0.000	66.2	51.1	0.000
Number of women	1347	873		1293	762		1979	1229		1563	1217		1583	1302		2285	1981		9930	7247	

1 IUCD, implants, male & female sterilization
2 Other modern methods include dermal patch, diaphragm, spermicide and LAM
3 Traditional methods include periodic abstinance, rhythm method, withdrawal, local/natural methods and SDM/cycle beads.
Note: Numbers in brackets are based on less than 50 unweighted cases

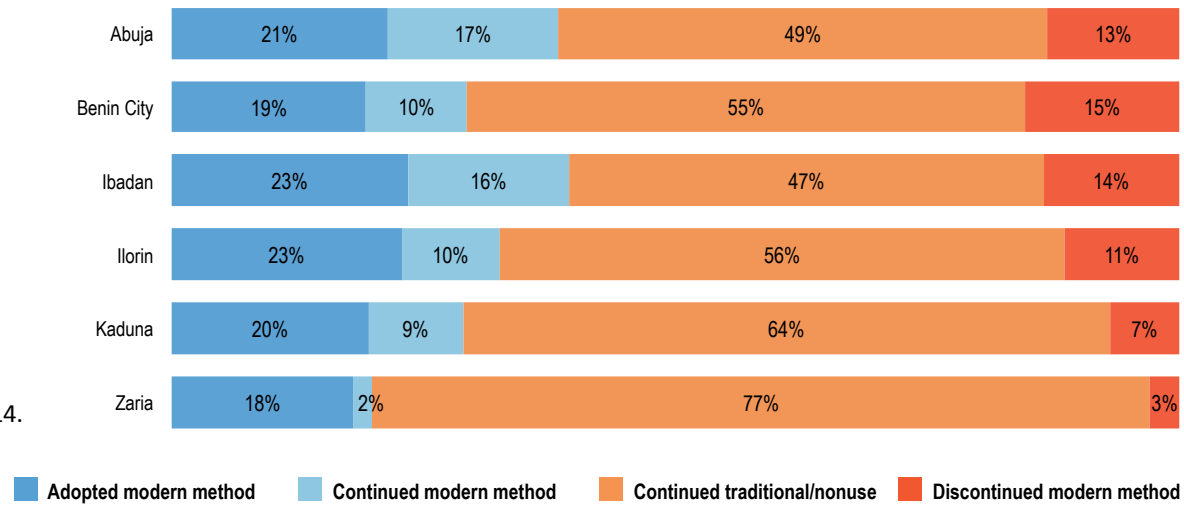
The use of contraceptive methods is dynamic over time and within the same individual. Women adopt, discontinue, or switch methods over time; it is important to understand this dynamic trend in order to better provide RH services tailored to women and their families. Table 5.6 presents the distribution of women who adopted, discontinued, or switched contraceptive methods between baseline and endline surveys based on their baseline background characteristics.

Overall, about 59 percent of women maintained their contraceptive-use status from baseline to endline: 46 percent remained nonusers, 2 percent remained traditional method users, and 11 percent remained modern method users between surveys. About a quarter of the women became contraceptive adopters between surveys: 18 percent adopted modern methods, while 7 percent adopted traditional methods. About 5 percent were switchers, with 3 percent switching from traditional to modern methods and 2 percent switching from modern to traditional methods between surveys. About 11 percent of the women discontinued use of contraceptive methods between surveys: 8 percent discontinued use of a modern method, while 3 percent discontinued use of a traditional method. In all, 32 percent of the women adopted, switched to, or maintained use of modern contraceptive methods; 11 percent adopted, switched to, or maintained use of traditional contraceptive methods; and 57 percent discontinued use of any method or remained nonusers between surveys.

With regard to the background characteristics of the different categories of contraceptive-use status between baseline and endline surveys, women who switched from nonuser status at baseline to modern method user status at endline were more likely to be under 35 years, have primary or secondary education, live in poorest or poor households, and reside in Ibadan or Ilorin. Women who switched from nonuser status at baseline to traditional method user status at endline were more likely to over 24, have at least primary education, live in poor or poorest households, and reside in Ilorin. Baseline traditional method users who switched to modern methods at endline were more likely to be over 24, have at least primary education, live in rich or richest households, and reside in Abuja, Benin City, or Ibadan. Baseline modern method users who switched to traditional methods were more likely to be over 24, have higher education, live in middle-wealth-index households, and reside in Abuja, Benin City, or Ibadan. Among women who discontinued their use of any contraceptive methods, those who were 30 or older, had higher education, lived in middle-wealth index households, and resided in Benin City were more likely to discontinue a traditional method, while those who were aged 25–29 or 40–49, had higher education, lived in poor and middle-wealth-index households, and resided in Abuja or Benin City were more likely to discontinue use of a modern method by endline. Figure 5.3 presents the distribution of contraceptive method switching between baseline and endline, by city.

Figure 5.3 Contraceptive method switching between baseline and endline, by baseline city among all women aged 15–49

Nigeria 2010/2011, 2014.



Women who remained nonusers at both time points were more likely to be aged 15–19, have no formal education, live in the poorest households, and reside in Zaria. Those who remained traditional method users at both surveys tended to be 30 or older, have formal education, live in nonpoor households, and reside in Benin City or Ilorin, while those who remained modern method users at both surveys tended to be 25 or older, have higher education, live in nonpoor households, and reside in Abuja, Benin City, or Ibadan.

Table 5.6 Contraceptive method switching by women's baseline characteristics between baseline and endline

Percentage distribution of contraceptive method switching by women 15–49 between baseline and endline surveys, by baseline background characteristics. Nigeria 2010/2011, 2014.

Baseline	Nonuser	Nonuser	Nonuser	Traditional method	Traditional method	Traditional method	Modern method	Modern method	Modern method	Total	Number of women
	↓	↓	↓	↓	↓	↓	↓	↓	↓		
Endline	Modern method	Traditional method	Nonuser	Modern method	Traditional method	Nonuser	Modern method	Traditional method	Nonuser		
Baseline age											
15–19	19.4	4.4	71.5	0.4	0.0	0.4	1.7	0.1	2.2	100	1921
20–24	20.2	6.6	47.7	2.4	0.9	1.7	8.8	2.1	9.6	100	1809
25–29	18.8	9.3	38.1	3.0	1.2	3.1	13.0	3.0	10.5	100	2088
30–34	19.6	8.4	33.5	3.7	3.4	4.8	14.4	3.2	9.0	100	1782
35–39	17.3	7.7	34.6	5.0	3.2	4.5	17.5	3.1	7.0	100	1357
40–44	10.9	6.2	44.9	2.5	2.9	5.5	14.1	3.1	10.0	100	875
45–49	6.9	5.7	51.9	3.0	2.5	6.2	10.2	1.9	11.6	100	322
Baseline education											
No education	16.8	7.1	60.1	0.4	0.8	2.0	4.7	1.6	6.5	100	777
Quranic only	15.7	4.5	71.2	0.9	0.3	1.6	1.5	1.2	3.0	100	271
Primary	20.7	7.2	42.5	2.5	2.2	3.2	12.1	2.4	7.2	100	1433
Junior secondary (JSS)	18.2	7.4	54.2	1.9	1.5	1.9	8.1	0.8	6.1	100	1123
Senior secondary (SSS)	18.5	6.9	46.3	3.1	1.5	3.1	11.1	2.3	7.1	100	4126
Higher	16.2	7.7	35.4	3.7	2.6	4.4	14.5	3.4	12.2	100	2340
No data	20.4	9.3	49.0	2.0	3.2	0.0	10.2	0.0	6.0	100	82
Baseline wealth index											
Poorest	18.8	8.2	52.5	2.2	0.5	2.1	6.5	1.8	7.3	100	1620
Poor	19.0	7.4	44.7	2.4	1.9	2.5	11.1	2.4	8.6	100	1930
Middle	18.3	7.2	41.2	2.8	2.5	4.8	11.5	3.2	8.5	100	2128
Rich	17.1	7.0	45.5	2.9	2.0	3.0	12.6	2.3	7.6	100	2296
Richest	17.4	6.2	46.9	3.3	1.6	2.9	11.9	1.8	8.0	100	2180
Baseline city											
Abuja	17.2	4.5	38.8	4.2	1.7	3.5	17.0	3.1	10.0	100	1343
Benin City	15.8	8.6	37.5	3.5	3.2	6.1	10.0	3.3	12.0	100	1330
Ibadan	19.0	7.5	33.3	4.4	1.9	4.3	16.1	3.7	9.8	100	2051
Ilorin	20.7	11.1	39.6	2.1	2.7	2.7	9.8	2.5	8.9	100	1559
Kaduna	17.7	5.7	55.4	1.8	1.1	2.0	9.4	1.1	5.8	100	2596
Zaria	17.4	5.9	70.4	0.6	0.3	0.6	1.9	0.5	2.4	100	1275
Total percent	18.1	7.1	45.9	2.7	1.8	3.1	11.0	2.3	8.0	100	
Total number of women	1833	725	4657	279	180	317	1112	236	815	10153.3	10153

Table 5.7 presents the distribution of women who switched their contraceptive use status between surveys by type of contraceptive method. Out of the 30 women who reported they or their partners were sterilized at baseline, 11 percent became nonusers at endline. This change is likely to be due to misreporting of sterilization at baseline or switching of male sterilized partners by endline. Among those who used implants at baseline, 56 percent remained implant users and 12 percent had become nonusers at endline. The rest had switched to other contraceptive methods. Among those who were IUD users at baseline, 38 percent remained IUD users and 28 percent had become nonusers at endline. Injection and pill users at baseline were more likely to remain injection and pill users or to have become nonusers at endline than to switch to other contraceptive methods, whereas EC users at baseline were more likely to have become nonusers or to have switched to male condoms at endline. Baseline male condom and LAM users were more likely to have become nonusers at endline. Slightly less than a quarter (23 percent) of baseline traditional method users had continued using traditional methods at endline, while about 40 percent had become nonusers at endline. Although a greater percentage (65 percent) of nonusers at baseline remained nonusers at endline, about 10 percent had switched to traditional methods, 8 percent had switched to male condoms, and 6 percent had switched to injections.

Table 5.7 Contraceptive method switching between baseline and endline

Percentage of women 15–49 who switched contraceptive methods between 2010/2011 and 2014 by method. Nigeria 2010/2011, 2014.

	Endline method											
Baseline method	Female/male sterilization	Implants	IUDs	Injectables	Daily Pills	EC	Male condoms	LAM/Other modern method[1]	Any traditional method[2]	Nonuse	Total	Number of women
Female/male sterilization	88.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.1	100	30
Implants	3.4	56.4	8.5	7.6	3.5	0.0	0.0	0.0	8.2	12.3	100	18
IUDs	0.9	4.2	37.5	11.3	4.2	0.6	4.0	0.2	9.6	27.6	100	204
Injectables	0.1	7.7	4.6	36.6	2.8	0.8	2.6	3.1	8.5	33.1	100	481
Daily pills	0.1	6.5	1.0	8.7	26.6	1.1	10.7	2.2	7.8	35.3	100	238
EC	0.0	2.3	0.4	12.9	1.2	7.3	22.9	1.3	15.3	36.4	100	136
Male condoms	0.5	3.3	2.5	5.6	4.3	2.8	25.2	1.5	12.4	41.9	100	893
LAM/Other modern method[2]	0.0	4.5	4.2	11.2	1.2	2.2	6.4	3.1	14.3	53.0	100	163
Any traditional method	0.2	5.7	4.8	7.3	3.3	2.0	10.9	1.8	23.2	40.8	100	776
Nonuse	0.4	1.8	1.4	5.6	2.5	1.4	8.2	4.1	10.0	64.6	100	7214
Total	0.6	2.8	2.7	7.6	3.3	1.6	9.7	3.4	11.2	57.0	100	10153

[1]Other modern methods include lactational amenorrhea method (LAM), female condom, spermicide, and diaphragm.

[2]Traditional methods include periodic abstinence, withdrawal, and standard days method (SDM).

Note: Baseline estimates include all women successfully interviewed at endline.

5.3 Source of Contraceptive Methods

One of the objectives of the NURHI program is to reduce the supply barriers to FP access and to promote the supply environment for contraceptive commodities. Hence, at the time of the survey, women who were using a modern contraceptive method were asked to provide information on where they last obtained it. This information is presented in Table 5.8, comparing baseline to endline results by city and type of modern method.

In all cities, public facilities remained the primary sources of IUDs and injections, while private hospitals remained the secondary sources for both methods at baseline and endline surveys. There are city-level variations in the sources of pills, EC, and male condoms. In Abuja, pills, EC, and male condoms were primarily obtained from pharmacies at both baseline and endline, while in Ibadan and Ilorin, these methods were obtained from PMSs/chemist shops in both surveys. In Benin City, the primary sources of pills and male condoms were PMSs/chemists at baseline and endline. However, EC was primarily obtained from pharmacies at baseline but had changed to PMSs/chemists at endline. In Kaduna, pills were primarily obtained from PMSs/chemists at baseline, but the primary sources for pills had changed to public facilities at endline. In contrast, EC and male condoms were primarily obtained from PMSs/chemists at the times of both surveys in Kaduna. In Zaria, the primary sources of pills were public facilities at baseline but had changed to PMSs/chemists at endline. EC and male condoms were primarily obtained from pharmacies and PMSs/chemists, respectively, at both baseline and endline.

Table 5.8 Source of modern contraceptive method at baseline and endline

Percentage distribution of women using a modern method, by source of modern contraceptive method and city. Nigeria 2010/2011, 2014.

	Baseline method source					Endline method source				
Source	IUD	Injectables	Pill	EC	Male condom	IUD	Injectables	Pill	EC	Male condom
Abuja										
Public	83.9	81.2	32.7	10.1	10.4	89.2	86.0	30.4	0.0	10.4
Private medical	10.6	9.0	2.3	5.0	0.0	10.8	4.0	0.0	0.0	0.7
Pharmacy	1.3	3.4	37.3	48.5	50.1	0.0	6.6	58.8	65.8	54.9
PMS/chemist	0.0	5.1	13.9	21.6	22.0	0	2.2	2.7	34.2	16.3
Other[1]	3.1	0.4	0.0	0.0	6.7	0	0.0	1.4	0.0	9.4
Missing/don't know	1.1	0.9	13.8	14.9	10.9	0.0	1.2	6.8	0.0	8.2
Number	91	111	40	25	291	73	97	31	9	185
Benin City										
Public	79.9	46.9	18.3	4.7	2.2	78.0	49.5	15.0	6.4	0.4
Private medical	20.1	21.5	4.6	0.0	2.7	16.4	32.5	3.0	0.0	1.4
Pharmacy	0.0	12.0	26.3	43.0	27.5	0.0	6.7	28.9	28.0	32.3
PMS/chemist	0.0	14.0	47.5	41.5	40.2	0	7.7	51.0	65.6	41.2
Other[1]	0.0	2.1	0.0	4.3	6.4	5.6	3.7	2.2	0.0	15.2
Missing/don't know	0.0	3.5	3.4	6.6	20.9	0	0.0	0.0	0.0	9.6
Number	16	103	62	51	326	18	86	59	49	112
Ibadan										
Public	81.8	62.0	14.2	0.0	4.1	85.0	76.2	23.1	0.0	6.7
Private medical	9.5	24.1	0.0	0.0	0.5	12.0	17.2	1.5	3.9	4.0
Pharmacy	1.7	1.2	17.3	26.3	18.1	0.0	0.0	9.6	35.1	13.6
PMS/chemist	3.1	6.2	67.4	70.0	72.5	1.9	2.1	58.5	48.8	55.3
Other[1]	0.0	3.8	1.1	1.7	1.5	1.1	4.6	5.7	11.1	14.8
Missing/don't know	3.9	2.7	0.0	2.0	3.2	0	0.0	1.6	1.1	5.7
Number	95	205	81	70	373	84	197	67	36	176
Ilorin										
Public	75.4	58.3	10.9	5.2	1.7	72.4	67.1	22.3	0.0	1.7
Private medical	17.0	29.9	8.2	2.8	0.4	25.8	20.1	7.0	3.0	2.3
Pharmacy	5.0	0.0	30.7	23.0	10.3	0.0	3.9	27.0	19.8	21.2
PMS/chemist	2.6	11.0	49.5	56.3	42.7	0	2.9	38.1	72.5	44.4
Other[1]	0.0	0.0	0.0	2.2	30.5	0	6.0	3.4	2.1	15.9
Missing/don't know	0.0	0.8	0.7	10.5	14.5	1.8	0.0	2.2	2.7	14.5
Number	56	112	85	33	211	41	119	66	42	206
Kaduna										
Public	59.7	53.4	32.0	0.0	3.7	68.2	69.7	42.1	0.0	3.0
Private medical	37.2	20.4	3.7	7.1	5.5	31.8	13.2	7.8	0.0	0.4
Pharmacy	0.0	3.3	14.6	34.1	34.6	0.0	4.0	10.7	31.9	20.9
PMS/chemist	0.0	17.6	47.2	40.2	37.9	0	6.8	34.0	63.6	67.6
Other[1]	1.9	2.6	0.0	5.9	5.7	0	6.3	5.4	0.0	1.6
Missing/don't know	1.2	2.7	2.5	12.8	12.5	0	0.0	0.0	4.4	6.4
Number	38	104	59	26	157	34	133	57	14	169
Zaria										
Public	54.0	58.0	37.9	0.0	11.3	100.0	81.0	34.6	0.0	16.5
Private medical	25.0	18.8	7.3	0.0	7.1	0.0	6.9	13.4	0.0	2.9
Pharmacy	0.0	8.0	1.5	59.5	8.9	0.0	4.2	11.4	52.2	16.3
PMS/chemist	21.0	7.8	35.3	0.0	42.6	0	2.8	36.9	47.8	55.3
Other[1]	0.0	2.0	13.4	0.0	12.5	0	3.0	3.7	0.0	5.4
Missing/don't know	0.0	5.3	4.6	40.5	17.5	0	2.1	0.0	0.0	3.6
Number	8	59	29	1	41	1	81	35	4	51

[1]Other includes community health workers/traditional birth attendants (CHW/TBA), traditional healers, faith-based and NGO clinics, youth centers, vending machines, VCT, bars, and other shops.

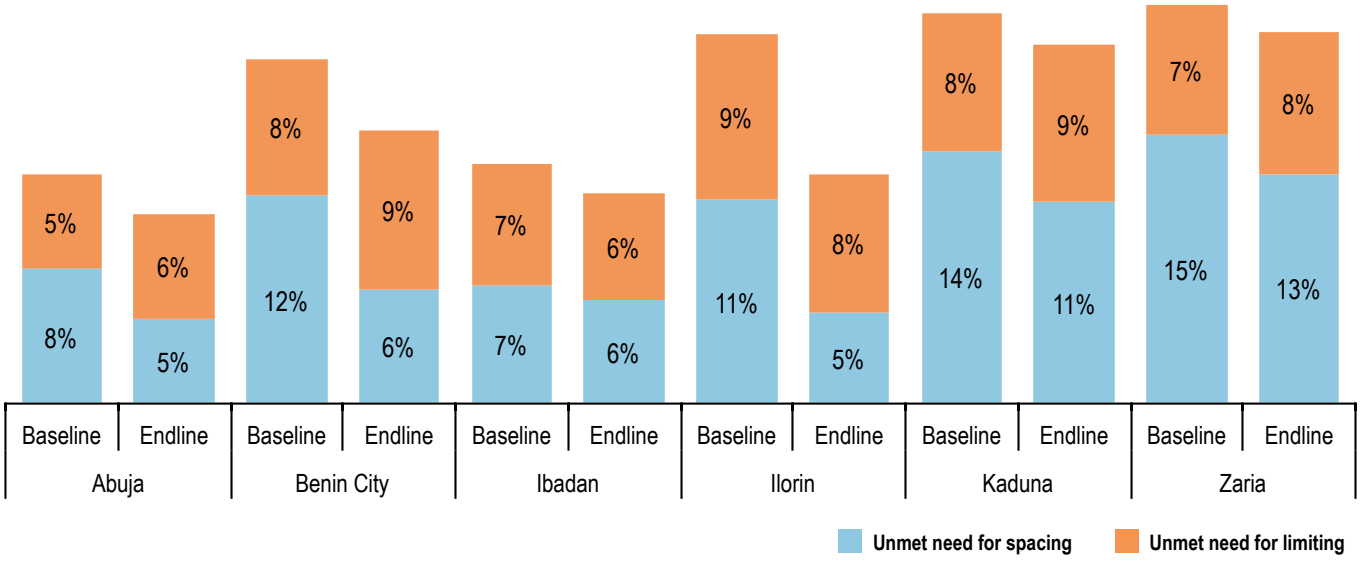
5.4 Unmet Need for Family Planning

Unmet need for FP is present when women do not want to become pregnant but are not using any method of contraception (Bradley et al., 2012); it is often measured to assess the gap between fertility desires and contraceptive behaviors. It is often assessed in terms of having an unmet need for spacing or limiting childbirths. Currently pregnant or PP women who reported that their last/current pregnancy was mistimed or unwanted were also included in the calculation of unmet need for spacing or limiting, respectively. Table 5.9 presents the unmet need for FP by household wealth and city at baseline and endline.

Figure 5.4 displays the percentage of respondents who indicated an unmet need for spacing and limiting among all women 15–49 at baseline and endline in all cities. Overall, unmet need for spacing decreased between surveys in all cities, with the largest decline observed in Ilorin (6 percentage points) and the smallest decline observed in Ibadan (1 percentage point). The unmet need for limiting decreased between surveys in Ibadan and Ilorin (1 and 2 percentage points, respectively) but increased by about 1 percentage point in Abuja, Benin City, Kaduna, and Zaria. The percentage of respondents for whom demand for FP was satisfied increased between surveys, with the largest increase in Ilorin (8 percentage points) and the smallest increase in Ibadan and Zaria (2 percentage points).

Figure 5.4 Unmet need for spacing and limiting births among all women aged 15–49 at baseline and endline

Nigeria 2010/2011, 2014



With respect to the household wealth quintiles, there are disparities in the distribution of unmet needs for both spacing and limiting and the percentage of FP needs that are satisfied. In Abuja, unmet need for spacing and limiting decreased among women in the richest households, who also had the highest percentage of demand for FP satisfied, but it was women in the poorest households who had the largest decline in unmet need for spacing between surveys. Similar trends were observed in Ilorin. In Benin City, the unmet need for spacing increased between surveys for women in the poorest and richest households and decreased for the other wealth categories, while the unmet need for limiting decreased for women in the poorest households and increased for women in the other wealth categories. In Ibadan, women in the richest households had the highest percentage of demand for FP satisfied, by a narrow margin over all other quintiles except poorest. In Kaduna, there was minimal change in the unmet need for spacing and limiting for women in the poorest households; however, women in the richest households had the highest percentage of their demand for FP satisfied. Similar results were observed in Zaria, though the women in poor and middle-wealth-index households had the highest percentage of demand for FP satisfied.

Table 5.9 Unmet need for FP by wealth quintile and city at baseline and endline

Percentage distribution of all women ages 15–49 years at baseline and endline with an unmet need or satisfied demand, by wealth quintile. Nigeria 2010/2011, 2014.

	Baseline					Endline				
	Unmet need for spacing	Unmet need for limiting	Percentage of demand satisfied	Missing	Total	Unmet need for spacing	Unmet need for limiting	Percentage of demand satisfied	Missing	Total
Abuja										
Poorest	11.3	4.3	82.5	99.9	100.0	5.3	5.2	89.6	0.0	100.0
Poor	10.4	6.3	83.0	99.9	100.0	7.8	7.8	84.3	0.0	100.0
Middle	6.8	4.7	86.9	63.6	100.0	4.2	6.7	88.9	0.2	100.0
Rich	4.9	8.0	87.0	50.6	100.0	3.8	5.7	90.5	0.0	100.0
Richest	4.2	3.5	92.0	92.9	100.0	2.8	3.2	94.0	0.0	100.0
Overall	7.5	5.3	86.3	85.7	100.0	4.8	5.8	89.3	0.0	100.0
Benin City				95.2						
Poorest	10.9	13.5	75.4	85.7	100.0	13.8	6.5	79.7	0.0	100.0
Poor	19.8	6.8	73.4	99.1	100.0	2.6	8.3	89.1	0.0	100.0
Middle	11.6	6.6	81.7	76.2	100.0	2.2	10.5	87.3	0.0	100.0
Rich	8.8	5.3	86.0	73.0	100.0	2.9	9.6	87.6	0.0	100.0
Richest	6.5	6.1	87.4	80.4	100.0	11.1	10.0	78.9	0.0	100.0
Overall	11.7	7.7	80.6	63.9	100.0	6.4	8.9	84.7	0.0	100.0
Ibadan				91.5						
Poorest	8.8	7.9	83.1	0.2	100.0	8.2	9.1	82.7	0.0	100.0
Poor	6.6	6.5	86.4	0.5	100.0	7.4	5.2	87.3	0.0	100.0
Middle	6.8	6.4	85.8	1.0	100.0	4.5	5.1	90.4	0.0	100.0
Rich	4.4	7.3	88.1	0.3	100.0	4.9	5.3	89.8	0.0	100.0
Richest	7.6	6.1	85.8	0.4	100.0	3.8	5.5	90.7	0.0	100.0
Overall	6.7	6.8	86.0	0.5	100.0	5.8	6.0	88.2	0.0	100.0
Ilorin										
Poorest	17.9	9.7	71.6	0.9	100.0	6.4	10.2	83.4	0.0	100.0
Poor	11.6	9.7	78.7	0.0	100.0	6.6	7.9	85.5	0.0	100.0
Middle	7.7	9.1	82.5	0.7	100.0	6.7	8.5	84.8	0.0	100.0
Rich	11.4	5.4	83.2	0.0	100.0	2.5	4.8	92.7	0.0	100.0
Richest	10.6	13.2	76.2	0.0	100.0	2.2	7.3	90.5	0.0	100.0
Overall	11.4	9.3	79.0	0.3	100.0	5.1	7.8	87.1	0.0	100.0
Kaduna										
Poorest	19.1	10.7	68.0	2.3	100.0	19.2	10.2	70.3	0.3	100.0
Poor	20.2	6.1	71.0	2.7	100.0	7.7	9.4	82.5	0.4	100.0
Middle	11.4	5.9	80.0	2.6	100.0	13.2	6.7	80.1	0.0	100.0
Rich	11.2	6.8	79.4	2.6	100.0	10.0	7.1	82.9	0.0	100.0
Richest	8.1	9.8	77.7	4.4	100.0	5.9	10.5	83.6	0.0	100.0
Overall	14.2	7.7	75.2	2.9	100.0	11.3	8.8	79.8	0.1	100.0
Zaria										
Poorest	14.9	7.2	77.4	0.5	100.0	13.7	7.6	78.4	0.3	100.0
Poor	13.3	9.2	76.7	0.8	100.0	12.8	7.0	80.2	0.0	100.0
Middle	15.0	4.2	80.1	0.7	100.0	12.3	7.3	80.3	0.2	100.0
Rich	17.1	7.5	73.8	1.6	100.0	14.1	7.8	77.3	0.8	100.0
Richest	15.1	8.5	75.7	0.7	100.0	11.6	9.9	77.8	0.6	100.0
Overall	15.1	7.3	76.8	0.8	100.0	12.9	7.9	78.8	0.4	100.0

Note: Unmet need for spacing includes pregnant or postpartum amenorrheic women whose pregnancy was mistimed, as well as fecund women who are not pregnant or using any method of family planning and say they want to wait two or more years for their next birth. Unmet need for limiting refers to pregnant or postpartum amenorrheic women whose pregnancy was unwanted, as well as fecund women who are not pregnant or using any method of family planning and who want no more children. The revised unmet need definition was used here (Bradley et al., 2012).

5.5 Nonuse of Contraceptive Methods

Understanding why women do not use contraceptive methods is relevant to improving CPR by identifying the barriers to use of or access to FP. Women who were not using any contraceptive method at the time of each survey wave were asked to share the reasons for not doing so. Table 5.10 presents the reasons given for not using FP at baseline and endline by city. The reasons for nonuse are classified into five main categories: fertility-related, opposition to use, lack of knowledge, method-related, and fatalistic. Overall, the most commonly cited reason for nonuse in all cities is fertility-related, with infrequent/no sex and not being married or in union as the most common fertility-related reasons at baseline and endline. The second-most cited reason for nonuse of contraceptive methods at the times of both survey waves in all cities is the need for more children, which is also a fertility-related reason. The percentage of women citing self-opposition to contraceptive use was higher than the percentage citing partner opposition at both time periods in Benin City, Ibadan, Ilorin, and Kaduna, though reports of self-opposition declined in these cities over time. In Abuja, partner opposition was slightly higher than self-opposition in both surveys, while in Zaria, partner opposition was higher than self-opposition at endline alone. The least-cited reason for nonuse of modern contraceptive methods for both surveys was lack of knowledge. In all cities except Abuja, the percentage of women citing fear of side effects as the reason for nonuse of contraceptive methods declined between surveys by a range of 2–9 percentage points depending on the city. Figure 5.5 demonstrates the changes in reasons for nonuse of contraception from baseline to endline in Zaria, with large decreases in citing method-related reasons (e.g., health concerns, fear of side effects) and opposition to use.

Table 5.10 Reasons for nonuse of contraception at baseline and endline

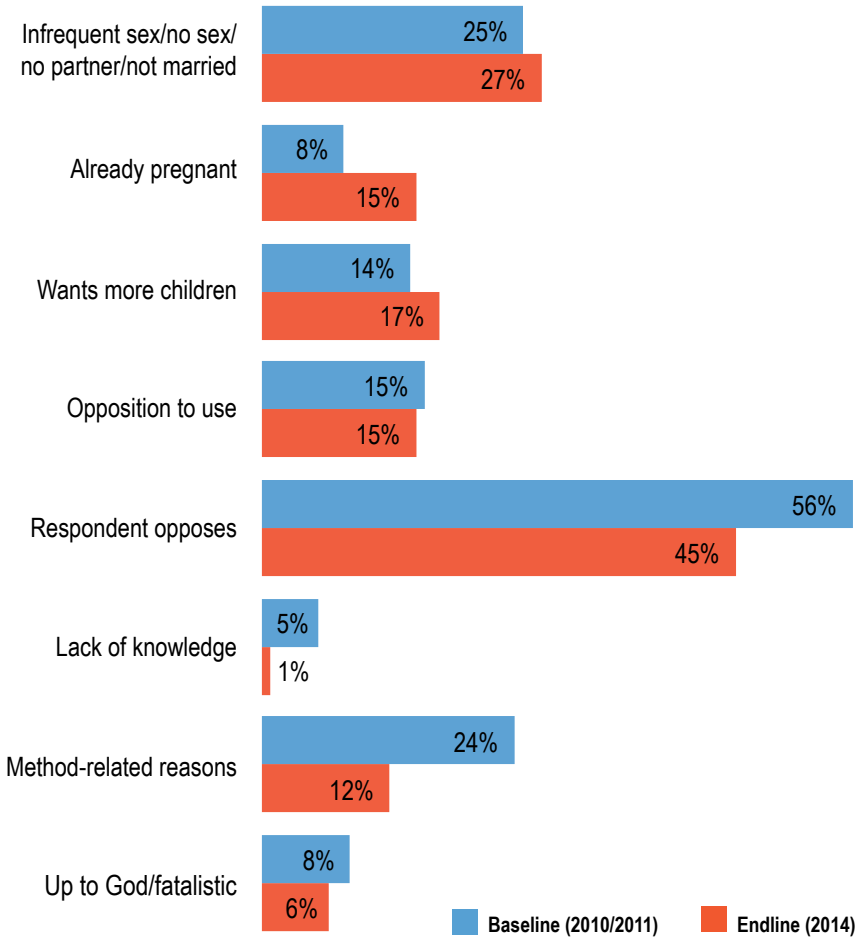
Percentage of women ages 15–49 not currently using contraception, by reason for not using a method and city. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Fertility-related reasons												
Infrequent sex/no sex/no partner/not married	36.2	40.6	43.2	52.0	44.0	42.6	43.8	47.1	35.8	36.3	24.8	26.5
Away from spouse	3.2	3.2	5.9	7.8	2.0	4.2	1.7	4.5	2.6	1.9	2.4	0.9
Already pregnant	10.1	9.8	6.0	6.9	8.1	11.2	8.3	12.6	5.7	10.1	7.8	14.6
Breastfeeding/recently had a child	9.4	9.3	8.9	6.1	10.0	9.9	13.3	12.9	7.5	6.6	10.5	9.0
Wants more children	26.6	23.0	26.5	18.3	23.8	19.0	18.4	22.5	21.7	16.9	14.1	16.9
Menopausal/hysterectomy	2.2	2.6	1.6	3.4	2.0	4.2	1.3	1.9	2.7	3.6	0.5	2.6
Can't have more children	1.8	3.1	1.7	2.3	0.7	1.4	1.0	1.0	1.9	2.8	2.1	2.1
Opposition to use												
Respondent opposes	1.7	2.6	21.7	2.1	8.1	2.4	4.8	1.6	18.1	6.9	20.0	17.9
Partner opposes	3.8	4.8	6.9	1.3	6.2	1.4	1.9	1.2	8.7	6.0	15.9	23.2
Others oppose	0.4	0.0	0.1	0.1	0.6	0.3	0.0	0.0	0.4	0.3	1.4	0.1
Religious prohibition	7.5	2.1	6.1	1.5	4.4	0.7	1.2	0.3	4.3	1.4	18.7	3.7
Lack of knowledge												
Doesn't know which method to use	1.7	0.4	2.7	1.6	1.0	0.3	0.6	0.7	3.2	0.4	2.5	0.6
Don't know how to use method	0.7	0.4	1.0	0.2	1.2	0.2	0.4	0.0	1.0	0.1	1.6	0.3
Knows no source	0.8	0.0	0.7	0.0	0.3	0.0	0.1	0.1	0.2	0.0	1.3	0.0
Method-related reasons												
Health concerns	3.5	7.6	5.9	2.7	7.0	2.0	2.0	4.1	3.4	5.6	7.1	4.5
Fear of side effects	4.4	8.9	11.6	6.5	13.2	4.5	6.9	3.3	13.8	12.1	11.1	5.7
Lack of access/too far	0.1	0.0	0.0	0.0	0.3	0.2	0.0	0.0	0.0	0.2	0.0	0.1
Costs too much	0.1	0.1	0.0	0.0	0.2	0.3	0.1	0.0	0.1	0.0	0.3	0.2
Inconvenient to use	1.1	1.4	0.8	0.7	0.3	0.2	0.1	0.5	0.2	2.0	2.0	0.4
Don't like existing methods	1.1	1.6	3.3	1.3	0.9	0.6	1.8	0.7	3.7	0.3	2.6	0.3
Bad experience with existing methods	1.0	0.7	0.3	1.6	1.0	1.5	1.4	1.5	1.2	1.4	0.7	0.9
Fatalistic												
Up to God	0.9	5.1	0.7	0.7	1.1	1.2	0.8	1.1	2.3	4.8	7.8	4.3
Other	1.0	1.3	0.0	1.5	0.7	2.4	1.8	1.3	1.2	1.7	0.5	1.8
Don't know	3.5	0.0	0.0	0.2	1.5	0.1	0.6	0.1	2.4	0.2	0.0	0.2

Note: Percentages may not add up to 100% because multiple responses could be given. The small number of women with missing responses are not included in the indicator calculation. Women who did not know any family planning method were not asked about reasons for nonuse at baseline.

Figure 5.5 Reasons for nonuse of contraception at baseline and endline among all women age 15–49

Zaria, Nigeria 2010/2011, 2014



5.6 Perception of Family Planning

In addition to reasons for nonuse of contraceptive methods, women were asked, irrespective of their contraceptive-use status, whether they agreed or disagreed with several statements that reflect common misconceptions about FP as a way to measure attitudes and perceptions toward FP use. Table 5.11 presents the distribution of women who agreed with such statements about FP use at baseline and endline surveys. Overall, misconceptions or negative perceptions about FP use declined within the four-year period between baseline and endline surveys in all cities. At baseline, Ibadan had the highest percentages of women who agreed with statements reflecting common misconceptions about FP use, followed by Zaria and Kaduna, with Abuja having the lowest, though still substantial, percentage of women who agreed with the myth statements reflecting FP use. However, the largest decline between surveys in the level of agreement with FP myth statements was observed in Ibadan, followed by Kaduna, and the smallest decline was observed in Zaria.

At baseline in Abuja, the most frequent misconception was that "contraceptives can harm your womb"; agreement with this statement showed the largest decline between surveys from 33 percent at baseline to 9 percent at endline. In Benin City, the statement that showed the largest decline between surveys was "contraceptives can give you deformed babies" — a 17-percentage-point decrease. The decline in the level of agreement with all the myth statements about FP use in Ibadan ranged from 23 to 35 percentage points, with "contraceptives are dangerous to your health" declining the most. In Ilorin, the most frequent myth statement at baseline was "people who use family planning end

up with health problems"; this statement also had the largest decline by endline—a 27-percentage-point decrease between baseline and endline surveys. In Kaduna, it was the statement "use of a contraceptive injection can make a woman permanently infertile" that declined most between surveys, by 30 percentage points. The decline between surveys in Zaria was minimal, ranging from 1 to 12 percentage points, with one of the more general statements, "contraceptives are dangerous to your health," increasing by 5 percentage points between surveys, from 54 percent at baseline to 59 percent at endline. In general, the two most prevalent myth statements about FP use among women in all cities at endline were that "people who use family planning end up with health problems" and that "contraceptives are dangerous to your health," indicating that women may still be concerned about the health consequences of using contraceptive methods.

Also included in Table 5.11 is a statement that assesses women's perceptions of male involvement in FP: "a man should accompany his wife to the health facility for family planning." This statement was only included in the endline survey, so no change between surveys could be evaluated. Nonetheless, 63–96 percent of women agreed with this statement, with the highest percentage observed in Benin City, followed by Ilorin, and the lowest percentage observed in Abuja, indicating that women have a positive disposition toward their male partners' involvement in FP.

Table 5.11 Women's perceptions about FP at baseline and endline

Percentage distribution of women who strongly agreed or agreed with the following statements about FP, by city. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Use of a contraceptive injection can make a woman permanently infertile	26.1	7.9	37.6	23.7	43.8	14.4	37.6	13.9	49.9	20.2	39.3	34.4
People who use family planning end up with health problems	32.2	16.6	41.1	31.6	53.6	23.2	42.2	15.1	55.4	38.9	57.2	56.4
Contraceptives can harm your womb	33.4	9.2	41.9	25.8	49.8	20.7	33.6	12.8	47.5	22.9	49.2	44.4
Contraceptives reduce women's sexual urge	14.5	4.4	16.1	8.8	30.5	7.4	13.3	7.9	27.2	4.3	23.8	12.3
Contraceptives can cause cancer	17.5	9.9	24.5	12.6	36.4	10.4	15.6	6.7	26.3	13.0	30.3	28.9
Contraceptives can give you deformed babies	17.5	4.0	35.6	18.9	37.1	14.4	15.8	7.2	28.4	11.7	29.9	18.3
Contraceptives are dangerous to your health	32.6	20.1	42.0	32.8	57.1	22.4	37.4	16.3	51.9	36.8	54.0	59.1
Women who use family planning/child birth spacing may become promiscuous	13.6	4.2	10.2	7.9	37.9	15.2	23.1	10.6	13.9	3.9	22.6	17.7
A man should accompany his wife to the health facility for FP	NA	62.9	NA	95.7	NA	75.9	NA	94	NA	88.4	NA	87.1
Number of women	2126	1338	2512	1321	2928	1714	2449	1702	2850	1995	3279	2602

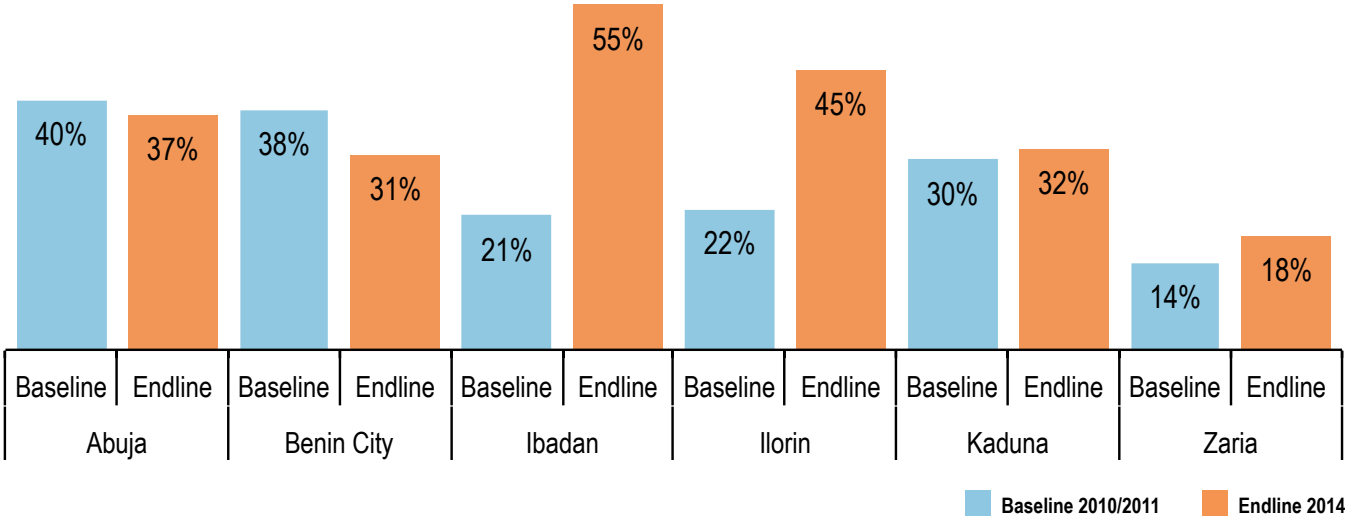
5.7 Spousal Communication about Family Planning

Spousal communication regarding a couple's fertility desires is one way to gauge male involvement in decision making on FP use. Evidence also suggests that spousal communication about fertility intentions improves the likelihood of women using FP (Feyisetan, 2000; Shattuck et al., 2011; Tilahun et al., 2014; Tumlinson et al., 2013). Women who reported having a partner were asked questions about spousal communication concerning fertility and FP use at baseline and endline, and the results are presented in Table 5.12 by city.

Specifically, respondents were asked whether and how often they had had discussions with their partners within the six months preceding the surveys about their desired number of children. There are city-level variations in their responses. In Ibadan, Ilorin, and Zaria, the percentage of women who had any discussion about the desired number of children with their partners increased between surveys, while the percentage decreased in Abuja and Benin City. In Kaduna, although there was a 10-percentage-point increase in the percentage of women who had had one or two discussions about their desired number of children with their partners in the six months preceding the endline survey, the percentage that had had more than two discussions decreased, and those who had not had any such discussion increased by endline. Respondents were also asked whether and how frequently they had discussed FP use with their partners in the six months prior to the surveys. As shown in Figure 5.6, the percentage of women in Ibadan, Ilorin, Kaduna, and Zaria who had had such discussions increased within the four-year period, while in Abuja and Benin City, the percentage decreased between surveys. The percentage of women who reported not having had any discussion about the desired number of children and FP use with their partners in Abuja and Benin City increased between baseline and endline surveys.

Figure 5.6 Frequency of discussion of FP at least once in the previous six months among women married or in union

Nigeria 2010/2011, 2014



Women who reported having discussed FP with their partners in the six months preceding the surveys were asked who initiated the discussion. At baseline, the women interviewed in Benin City, Ibadan, and Zaria were more likely to report having initiated the FP discussion with their partners, while the most common response among women in Abuja, Ilorin, and Kaduna was that either the respondents themselves or their partners had initiated the FP discussion. Only about 11–30 percent of the women in all cities reported that their partners initiated the discussion at baseline. At endline, most women reported having initiated the FP discussions with their partners themselves in all cities except Ilorin, where it was mainly the partners that had initiated discussions. The percentage of women who reported that their partners had initiated the FP discussions at endline ranged from 13 percent in Ilorin to 32 percent in Ibadan, while those who reported having initiated the discussions themselves ranged from 36 percent in Ilorin to 61 percent in Kaduna. In addition, the percentage of women who reported that either they or their partners initiated the FP discussion at endline ranged from 15 percent in Kaduna to 51 percent in Ilorin.

Understanding who initiates the discussion about FP within couples may give insight into women's self-efficacy toward FP use. In addition, assessing whether a woman requires permission from someone else, such as her partner or mother-in-law, to use a contraceptive method can provide further insight into some of the barriers some women face in seeking and using FP. At both baseline and endline, women were asked, regardless of their marital status, if they required permission to use a method of FP. Across cities, the percentage of women who reported needing permission from someone else to use FP increased from baseline to endline, with the difference ranging from 5 percentage points in Ibadan to 27 percentage points in Kaduna. The percentage reporting that they did not require permission from anyone to use FP declined in all locations, the smallest degree of change being 2 percentage points in Benin City and Ibadan and the largest being 13 percentage points in Kaduna. Requiring permission from someone else may serve as an additional barrier to access and use of contraceptive methods.

Table 5.12 Between-partner communication among women married or in union at baseline and endline

Percentage distribution of between-partner communication on topics of FP and fertility by city. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Frequency of discussions in the previous six months about the number of children respondent would like to have (among women married or in union)												
Not discussed	52.5	68.1	35.9	64.1	71.9	43.9	74.7	55.8	66.8	72.0	87.5	83.9
Once or twice	16.9	17.0	17.3	12.3	15.4	20.8	8.0	18.8	5.3	15.4	4.2	7.9
More than twice	30.4	14.8	46.1	23.6	12.1	35.1	16.9	25.3	27.5	12.6	8.1	8.2
No data	0.3	0.1	0.7	0.1	0.6	0.2	0.3	0.0	0.4	0.0	0.2	0.0
Number	1360	922	1297	796	1981	1299	1564	1297	1671	1391	2296	2071
Frequency of discussions about family planning in the previous six months (among women married or in union)												
Not discussed	60.0	62.3	61.0	68.9	78.5	44.7	77.2	55.4	69.5	68.1	86.1	81.9
Once or twice	13.6	20.8	11.1	12.1	11.5	32.0	8.1	17.2	5.7	17.3	5.2	9.3
More than twice	26.1	16.6	27.1	18.9	9.8	23.0	14.3	27.4	24.6	14.6	8.6	8.8
No data	0.3	0.3	0.8	0.1	0.2	0.3	0.4	0.0	0.2	0.0	0.2	0.0
Number	1360	922	1297	796	1981	1299	1564	1297	1671	1391	2296	2071
Among those who have discussed family planning, person who usually initiates the discussions												
Self	35.1	41.7	56.4	57.7	61.0	44.1	31.6	36.1	32.9	61.4	49.1	38.4
Spouse/partner	22.7	18.1	11.2	19.7	22.1	31.9	23.8	12.9	14.9	23.2	29.5	28.3
Either	41.7	39.8	32.5	21.9	16.8	24.0	43.9	50.8	51.5	15.4	20.8	33.3
No data	0.5	0.4	0.0	0.8	0.1	0.0	0.6	0.2	0.7	0.0	0.5	0.0
Number	742	346	605	248	994	716	643	579	633	443	432	375
Need to obtain someone else's permission to use a method of family planning (among all women)												
Yes	60.4	74.3	54.7	62.9	77.8	82.6	77.1	91.2	60.3	87.4	73.6	86.8
No	33.0	24.3	38.2	36.7	16.3	14.7	14.0	8.4	24.3	11.6	16.0	12.2
Don't know	6.5	1.3	7.1	0.4	5.6	2.7	8.1	0.4	15.2	1.1	10.2	1.0
No data	0.1	0.1	0.0	0.0	0.3	0.0	0.8	0.0	0.2	0.0	0.1	0.0
Number	2127	346	2511	248	2928	716	2449	579	2850	443	3279	375

5.8 Mobility, Migration, and Diffusion of Family Planning Messages

In order to measure the diffusion of FP messages to other areas in Nigeria, in light of the high rates of mobility and internal migration that occur in urban areas, women were asked if they had visited other urban or rural areas in the past year and, if so, whether they had discussed or sought FP during their out-of-city visits. These questions were asked during the midterm and endline surveys. As stated earlier in Chapter 1, midterm surveys were conducted only in the four initial intervention cities (Abuja, Ibadan, Ilorin, and Kaduna) two years after baseline surveys; hence, Benin City and Zaria only have endline results. The results are presented in Table 5.13 by city. Across cities at endline, 40–68 percent of women reported having visited another urban area, while 16–44 percent reported having visited a rural area. The percentage of women who reported talking about FP when visiting another urban area increased from midterm to endline in Abuja, Ibadan, and Kaduna but declined in Ilorin, while the percentage who reported seeking FP services while visiting another urban area decreased in Abuja, Ibadan, and Ilorin but increased in Kaduna. In Abuja, Ibadan, Ilorin, and Kaduna, there were increases between midterm and endline in how many women reported discussing FP with their friends when visiting another urban area. The percentage that reported that their friends in another urban area had sought FP services while they were visiting increased in Abuja, Ibadan, and Kaduna but decreased in Ilorin.

Approximately 6–20 percent of women who visited a rural area 12 months prior to the endline survey reported having talked about FP during their visit. Many women (45–91 percent) in all cities at endline reported having been visited by their friends while they were in the rural area; however, only a small percentage discussed FP with those friends. For example, in Zaria, although 91 percent of the women who visited a rural area 12 months prior to the endline survey reported having been visited by their friends, only 6 percent reported having discussed FP with them. This signifies a missed opportunity for their friends in rural areas to hear about FP. At endline, only a small percentage (1–3 percent) of them had sought FP services in the rural area they visited; however, about 2–24 percent reported that their friends in the rural areas they visited had sought FP services during their visit.

Table 5.13 Mobility, migration, and diffusion at midterm and endline

Percentage of women reporting mobility and discussing FP with people in other urban and rural areas by city. Nigeria 2012, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline
Urban mobility, migration, and diffusion												
Visited an urban area in previous 12 months	51.4	54.0	NA	39.5	57.4	50.2	41.0	36.9	49.6	47.3	NA	67.5
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Talked about FP when visiting an urban area	11.4	20.6	NA	12.1	10.5	18.8	9.3	7.6	10.8	15.2	NA	9.0
Sought FP when visiting an urban area	4.0	2.4	NA	2.1	2.9	2.0	3.2	2.4	2.1	4.9	NA	2.0
Friends from an urban area visited you	59.1	62.5	NA	56.4	74.6	71.8	48.1	51.3	68.5	83.6	NA	88.1
Friends talked about FP when visiting	15.3	23.1	NA	13.8	19.8	29.9	13.3	14.9	14.3	32.5	NA	10.8
Friends sought FP when visiting	4.4	5.7	NA	6.1	5.6	18.5	7.0	5.1	5.5	21.1	NA	3.5
Rural mobility, migration, and diffusion												
Visited a rural area in previous 12 months	27.4	18.1	NA	41.9	20.6	17.5	15.3	15.6	28.5	25.5	NA	44.2
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Talked about FP when visiting a rural area	15.1	19.1	NA	8.1	12.6	19.8	9.2	6.2	6.9	15.1	NA	5.8
Sought FP when visiting a rural area	2.6	2.6	NA	0.7	1.9	3.0	3.6	1.5	4.5	3.2	NA	1.0
Friends from a rural area visited you	65.7	81.6	NA	57.3	57.3	58.4	45.9	45.2	67.0	77.2	NA	90.6
Friends talked about FP when visiting	26.4	21.0	NA	9.3	13.6	29.2	17.8	10.1	7.2	21.2	NA	5.7
Friends sought FP when visiting	7.9	7.6	NA	3.4	4.8	23.7	7.7	5.3	5.5	7.3	NA	2.0

CHAPTER 6: MATERNAL AND CHILD HEALTH

The integration of FP and MNCH services provides multiple opportunities to increase access to FP services and improve the RH of the mother and the health of the child. One of NURHI's key strategies was integrating FP services with MNCH services, such as antenatal care, childhood immunization services, labor and delivery, postabortion care services, and human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) services. In both the baseline and endline surveys, women who had given birth in the two years prior to the date of their interviews (i.e., since 2008 or 2012, respectively) were asked questions about the place of delivery of their last birth, exposure to FP services at the times of delivery and other health visits, and PP contraceptive use. Additionally, women were asked a series of questions to determine the prevalence of miscarriages, abortions, and stillbirths in the previous two years. This chapter presents the findings from the 2014 endline survey alongside results from the baseline survey from 2010–2011.

6.1 Exposure to FP Information and Services at Time of Delivery

Table 6.1 presents information on delivery locations at baseline and endline for all six cities. Since baseline, public facility deliveries increased marginally in Abuja, Ilorin, Kaduna, and Zaria, all by less than 10 percentage points. Similar to baseline, most women in Abuja delivered in a public facility at endline (71 percent), and Zaria had the lowest percentage of women who delivered in a public facility (27 percent). In Benin City and Ibadan, public facility deliveries decreased slightly from baseline to endline; however, private facility deliveries increased in these cities during this time, from 49 to 59 percent in Benin City and from 20 to 26 percent in Ibadan. Private facility deliveries also increased slightly in Ilorin and Zaria but decreased in Abuja and Kaduna. The percentage of home births remained fairly unchanged for all six cities between survey periods, around 10 percent in Abuja, Benin City, Ibadan, and Ilorin, nearly 34 percent in Kaduna, and around 63 percent in Zaria. Deliveries at faith-based facilities were uncommon in most cities—around 3 percent or less—except in Ibadan, where these types of deliveries increased from 16 to 24 percent at endline.

Table 6.1 Place of delivery at baseline and endline

Percentage distribution of the last live births since 2008 for the baseline survey and since 2012 for the endline survey by place of delivery and city. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
Facility type	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Public facility	62.0	70.5	38.8	27.2	49.7	37.2	44.1	45.1	39.7	40.5	22.4	26.7
Private facility	19.9	16.2	49.1	58.7	20.0	26.4	38.1	41.0	21.4	20.5	6.2	8.4
Home	11.6	10.5	5.0	7.3	9.1	10.9	10.2	8.1	32.2	34.4	68.6	63.4
Faith-based	1.2	1.8	2.3	3.4	16.4	24.0	1.9	2.6	1.9	3.4	1.4	0.9
Other[1]	2.3	0.0	3.9	2.8	4.3	1.5	4.2	2.8	1.6	0.4	0.5	0.6
No data	3.1	1.1	0.8	0.6	0.6	0.0	1.4	0.4	3.3	0.8	0.9	0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	660	399	657	345	954	513	833	591	942	697	1493	1287

[1]Other facilities include work sites, NGO facilities, mosques, and posts of individuals (e.g., TBA, CHW).

Table 6.2 presents information on women's exposure to FP programs and services at the time of delivery at baseline and endline. Women were asked whether they received FP information or counseling before delivery, after delivery, or both when they were at the health facility for delivery. The percentage of women who reported receiving FP information or counseling only before delivery slightly decreased at endline in all cities except Kaduna, in which the percentage increased from around 44 to nearly 54 percent between baseline and endline. In other cities, reports of receiving FP information/counseling before delivery at endline ranged from 30 percent in Zaria to about 60 percent in Abuja. Among women who reported receiving information and counseling on FP only after delivery, the largest increases were seen in Abuja, from nearly 40 to about 84 percent from baseline to endline, and Kaduna, from about 23 to nearly 65 percent between the two surveys. Figure 6.1 shows the percentage of women who received FP information and counseling both before and after delivery, which more than doubled between baseline and endline in Abuja, Benin City, Kaduna, and Zaria; smaller increases were seen in Ibadan and Ilorin for these PP women.

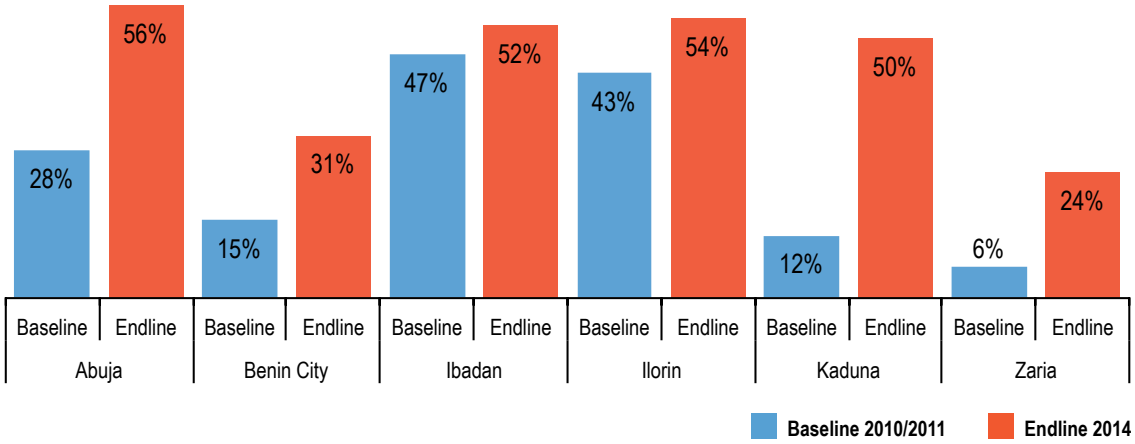
Table 6.2 Exposure to FP programs and services at time of delivery at baseline and endline

Percentage distribution of women who were exposed to programs at the time of delivery since January 2012 among women who delivered at a health facility, by city. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Received information or counseling on FP before delivery (when at the facility for delivery)												
Yes	63.6	61.4	58.1	35.4	69.3	53.8	63.1	53.5	44.8	53.4	40.9	30.1
No	26.0	38.2	31.1	64.6	26.5	46.2	29.3	46.3	27.0	46.3	44.7	69.7
Don't know	6.1	NA	5.6	NA	1.9	NA	3.3	NA	13.0	NA	8.4	NA
No data	4.3	0.3	5.1	0.0	2.2	0.0	4.3	0.1	15.1	0.4	6.1	0.3
Number	584	358	625	309	866	450	748	526	639	454	469	463
Received information or counseling on FP after delivery (when at the facility for delivery)												
Yes	39.7	84.3	33.8	53.3	61.4	72.6	53.7	76.3	23.1	64.6	23.4	47.3
No	49.9	15.4	55.4	46.5	34.5	27.4	38.7	23.5	48.7	35.1	62.2	52.4
Don't know	6.1	NA	5.6	NA	1.9	NA	3.3	NA	13.0	NA	8.4	NA
No data	4.3	0.3	5.1	0.2	2.2	0.0	4.3	0.1	15.1	0.4	6.1	0.3
Number	584	358	625	309	866	450	748	526	639	454	469	463
Received information or counseling on FP before *and* after delivery (when at the facility for delivery)												
Yes	28.3	55.9	14.8	31.0	46.6	52.1	43.0	53.5	12.0	49.6	5.9	24.0
No	61.3	43.7	74.4	69.0	49.3	47.9	49.4	46.3	59.9	50.0	79.6	75.7
Don't know	6.1	NA	5.6	NA	1.9	NA	3.3	NA	13.0	NA	8.4	NA
No data	4.3	0.3	5.1	0.2	2.2	0.0	4.3	0.1	15.1	0.4	6.1	0.3
Number	584	358	625	309	866	450	748	526	639	454	469	463

Figure 6.1 Exposure to FP programs or services before and after delivery at a health facility at baseline and endline

Nigeria 2010/2011, 2014



6.2 Exposure to Program Intervention during Postnatal Period

Women who had made a child health visit during the three months prior to the baseline and endline surveys were asked if they had received any information or counseling on FP/childbirth spacing; women who reported having received such information or counseling were also asked if they had received a method or a referral for a method while at their child health visit. As seen in Table 6.3, the percentage of women who received FP information or counseling during child health visits increased in all cities, except Zaria, ranging from 23 percent in Zaria to 61 percent in Ibadan at endline. In Abuja, Benin City, Ilorin, and Kaduna, there was a 10- to 15-percentage-point increase but only a 2-percentage-point increase in Ibadan and no change in Zaria. Among women who received FP information or counseling, the percentage who reported having received a method, referral, or prescription decreased from baseline to endline. Only about 25–30 percent of women in most cities received a method, prescription, or referral at a child health visit at endline; in Ilorin, however, the percentage was 50 percent at endline, though this still reflects a 25-percentage-point decrease since baseline. At endline, of the three types of services mentioned, women most frequently reported receiving a method, ranging from about 9 percent in Zaria to nearly 19 percent in Abuja, or a referral, ranging from about 3 percent in Kaduna to around 12 percent in Ibadan. Prescriptions were not as commonly reported, except in Ilorin, where around 27 percent of women reported having received a prescription at the child health visit, up from 1 percent since baseline.

Table 6.3 Exposure to FP information/counseling and methods during a child health visit at baseline and endline

Percentage distribution of women's exposure to FP information/counseling and methods among women who had gone to a health facility for a child health visit in the previous three months, by city. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Received information or counseling on FP/childbirth spacing at a child health visit												
Yes	33.7	50.9	36.5	55.3	58.3	60.7	34.0	56.9	33.7	43.4	23.1	22.5
No	65.3	49.1	61.5	44.7	41.3	38.7	65.3	41.6	65.3	56.0	76.8	77.3
No data	1.1	0.0	1.9	0.0	0.5	0.6	0.7	1.5	1.1	0.6	0.1	0.1
Number	482	330	395	225	565	412	493	406	482	540	883	873
Among women who received information or counseling, those who received an FP method or referral during a child health visit												
Received method	18.2	19.2	50.7	14.3	23.8	13.3	13.2	9.9	18.2	16.7	14.7	9.3
Received prescription	2.7	1.9	4.6	3.9	10.5	2.7	1.1	27.1	2.7	2.5	14.9	10.0
Received referral	1.9	4.2	2.0	5.5	10.9	12.4	10.6	10.5	1.9	3.4	3.2	4.5
Did not receive any of the above	76.6	74.7	42.7	76.3	54.5	70.6	74.6	49.7	76.6	76.0	66.5	75.6
No data	0.6	0.0	0.0	0.0	0.4	1.0	0.6	2.8	0.6	1.4	0.7	0.6
Number	162	168	144	125	329	253	167	237	162	238	204	198

Postpartum FP refers to the use of a contraceptive method during the first 12 months following childbirth and is essential for preventing unintended and closely spaced pregnancies. At endline, postpartum (PP) contraceptive use within the first 12 months after delivery was common. As displayed in Table 6.4, total PP contraceptive use ranged from 50 percent in Kaduna to 69 percent in Benin City. In Abuja, Benin City, and Ibadan, modern PP contraceptive use was over 50 percent, and in Ilorin, Kaduna, and Zaria, modern PP contraceptive use was around 40 percent. Reported use of traditional methods in the PP period ranged from 8 percent in Abuja, Kaduna, and Zaria to 20 percent in Ilorin. The method that was reported least during the PP period in all cities was sterilization. Nonuse of a PP contraceptive method ranged from nearly 30 percent in Benin City to just under 50 percent in Kaduna. As seen in Figure 6.2, across the six cities, the three most frequently reported PP modern methods included LAM, condoms, and injectables. The use of LAM within 12 months of delivery was most prevalent in Zaria (35 percent) and was least reported in Ibadan (5 percent). Condoms were reported least in Zaria (2 percent) and more frequently reported as a PP method in Ilorin (16 percent). The use of injectables was reported by nearly 4 percent of women in Zaria and about 13 percent of women in Ibadan.

Table 6.4 Contraceptive use during PP period at endline

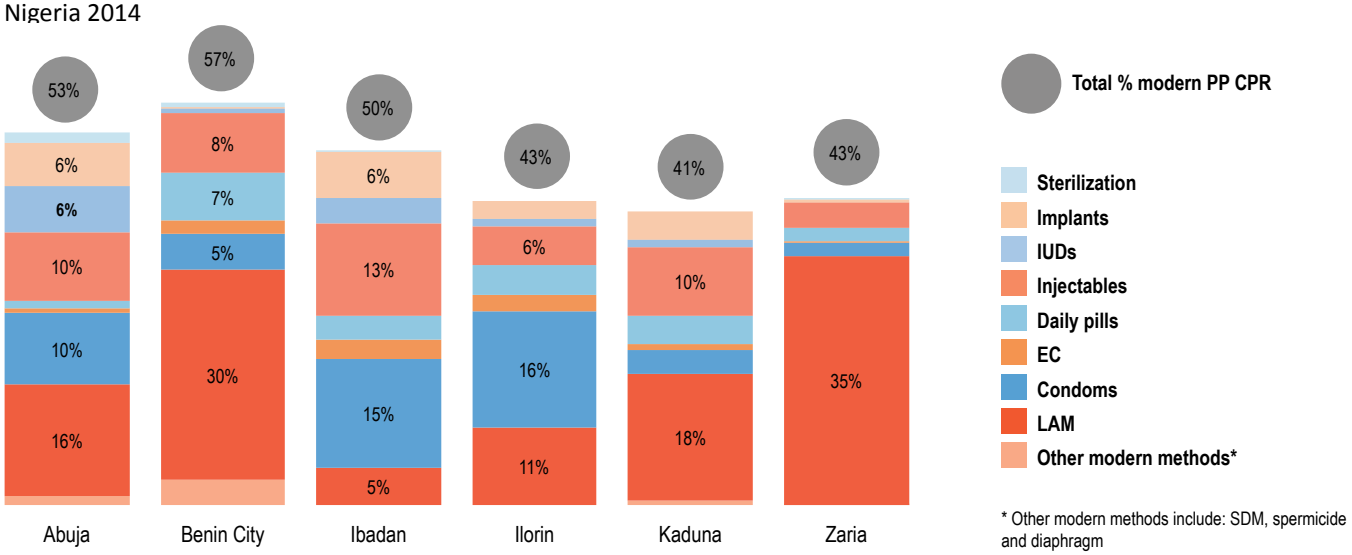
Percentage of distribution of women who had given live birth since January 2012 and their PP contraceptive use within 12 months of delivery. Nigeria 2014.

	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Contraceptive method used within 12 months of delivery						
Sterilization	1.3	0.7	0.2	0.0	0.0	0.2
Implants	6.2	0.2	6.4	2.6	4.0	0.4
IUDs	6.4	0.7	3.7	0.9	1.0	0.0
Injectables	9.7	8.3	12.9	5.6	9.6	3.6
Daily pills	1.0	6.8	3.5	4.1	4.0	1.8
EC	0.8	1.8	2.7	2.3	0.8	0.2
Condoms	10.1	5.1	15.2	16.3	3.4	1.9
LAM	15.6	29.6	5.4	11.1	17.8	35.1
Other modern methods[1]	1.4	3.6	0.0	0.0	0.8	0.1
Total modern PP CPR	52.5	56.9	50.1	43.0	41.2	43.2
Traditional methods PP	8.2	12.4	18.8	20.3	8.8	8.1
Total PP CPR	60.6	69.2	68.8	63.4	50.0	51.3
Nonuse PP	39.3	30.8	31.2	36.6	49.9	48.7
Number of women	399	345	513	591	697	1287

[1]Other modern methods include SDM, spermicide, and diaphragms.

Figure 6.2 PP CPR and method mix among women with a birth in the previous two years at endline

Nigeria 2014



6.3 Abortions, Stillbirths, and Miscarriages

A pregnancy ending in miscarriage, stillbirth, or abortion can pose risks to future pregnancies. According to the World Health Organization, after a miscarriage or induced abortion, an interval of less than six months before the next pregnancy increases the risk of adverse maternal and perinatal outcomes (WHO, 2006). Sexually active women who have experienced a miscarriage, stillbirth, or abortion are at risk of having such an adverse pregnancy if they are not using a contraceptive method. As demonstrated in Table 6.5, the percentage of women who reported ever having experienced a miscarriage, stillbirth, or abortion ranged from 20 percent in Ilorin to nearly 35 percent in Benin City. Among women who had ever experienced a miscarriage, stillbirth, or abortion, the percentage of women who had experienced a miscarriage in the previous two years ranged from 23 percent in Ibadan to nearly 35 percent in Kaduna. The city with the lowest percentage of women who had experienced a stillbirth in the previous two years was Ilorin (2 percent), and the greatest percentage was reported by women in Zaria, at just below 10 percent. Lastly, abortions experienced in the previous two years were reported least in Zaria (1 percent) and reported most in Benin City (nearly 24 percent). Due to the sensitive nature of these questions, it is likely that this information was underreported; therefore, the results should be interpreted with caution.

Table 6.5 Miscarriages, abortions, and stillbirths at endline

Percentage distribution of women who have experienced a miscarriage, abortion, or stillbirth. Nigeria 2014.

	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Contraceptive method used within 12 months of delivery						
Sterilization	1.3	0.7	0.2	0.0	0.0	0.2
Implants	6.2	0.2	6.4	2.6	4.0	0.4
IUDs	6.4	0.7	3.7	0.9	1.0	0.0
Injectables	9.7	8.3	12.9	5.6	9.6	3.6
Daily pills	1.0	6.8	3.5	4.1	4.0	1.8
EC	0.8	1.8	2.7	2.3	0.8	0.2
Condoms	10.1	5.1	15.2	16.3	3.4	1.9
LAM	15.6	29.6	5.4	11.1	17.8	35.1
Other modern methods[1]	1.4	3.6	0.0	0.0	0.8	0.1
Total modern PP CPR	52.5	56.9	50.1	43.0	41.2	43.2
Traditional methods PP	8.2	12.4	18.8	20.3	8.8	8.1
Total PP CPR	60.6	69.2	68.8	63.4	50.0	51.3
Nonuse PP	39.3	30.8	31.2	36.6	49.9	48.7
Number of women	399	345	513	591	697	1287

[1]Other modern methods include SDM, spermicide, and diaphragms.

CHAPTER 7: EXPOSURE TO THE NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE

The Nigerian Urban Reproductive Health Initiative (NURHI) developed key themes for local language messages, entertainment education, social mobilization, and mass media advertising as its demand generation activities (MLE, 2013). The NURHI "Know. Talk. Go" and "Get it Together" slogans were developed as a sign of encouraging discussion, use, and access to FP across all cities. Overarching and specific message themes that promote smaller family size, child spacing, and FP methods were developed for individual cities, including the six study cities, and for various language/ethnic groups. This chapter presents the findings on women's recall of exposure to NURHI program activities and messages from the 2014 endline survey alongside results from the midterm survey conducted in 2012.

7.1 Exposure to Program Messages

Exposure to FP messages through mobile phone, internet, and participation in clubs or groups is presented in Table 7.1. Even though the percentage of women who accessed the internet, including the web, Facebook, or email, increased from midterm to endline across all cities, the percentage remained well below 50 percent. The percentage of women who reported having seen FP messages through these media outlets three months prior to the survey increased across the cities, from 9 to 27 percent in Abuja, from 3 to 20 percent in Ibadan, and from 3 to 18 percent in Kaduna. Most women own a mobile phone, but the percentage of women who had received an FP message on their phone still remained low at endline, ranging from 4 percent in Zaria to 13 percent in Ilorin.

Across cities, up to one-third of the women reported belonging to any groups, clubs, or organizations at both midterm and endline. Among women who belonged to any such associations, the percentage of women who had heard or seen any FP information at these association meetings had substantially increased by endline. For example, the percentage increased from 17 to 62 percent in Abuja, from 9 to 51 percent in Ibadan, and from 6 to 58 percent in Kaduna.

NURHI uses community life events such as weddings, graduations, naming ceremonies for babies, major religious holidays, and freedom ceremonies for apprentices to engage women in discussions and increased awareness of availability of FP services. All women, at midterm and endline, were asked if they had heard FP information at any life events during the year prior to the survey. In Zaria, more than half of the women reported having heard FP information at life events at endline. The most frequently mentioned life events at which FP messages were promoted were naming ceremonies and weddings, at the time of both the midterm and endline survey waves.

Table 7.1 Exposure to FP messages at midterm and endline

Percentage distribution of women's exposure to FP messages by city. Nigeria 2012, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline
Accessed the internet, web, Facebook, or email at least once in the past three months												
Yes	32.1	42.8	NA	36.3	16.0	29.5	11.3	34.4	19.0	32.1	NA	13.3
No	67.0	48.3	NA	36.3	82.1	43.9	86.6	54.6	80.6	56.5	NA	65.8
Don't know internet/don't know	0.9	8.9	NA	27.4	1.3	26.6	1.9	11.0	0.3	11.3	NA	20.8
No data	0.0	0.0	NA	0.0	0.6	0.0	0.1	0.0	0.2	0.1	NA	0.0
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Seen any family planning messages on the internet, web, or email at least once in the past three months (among women who accessed)												
Yes	8.5	26.7	NA	11.6	3.3	20.2	2.9	12.2	3.1	18.2	NA	10.3
No	91.1	70.8	NA	87.4	96.7	76.9	96.9	85.7	96.5	79.5	NA	88.6
Don't know	0.3	1.7	NA	0.9	0.0	2.4	0.2	1.7	0.3	0.6	NA	0.2
No data	0.1	0.8	NA	0.1	0.0	0.5	0.0	0.4	0.0	1.7	NA	1.0
Number	243	573	NA	479	192	506	127	586	236	641	NA	347
Own a mobile phone mainly for own use (among women who have access to a phone)												
Yes	92.8	98.8	NA	98.0	88.1	97.0	91.9	97.9	85.7	96.6	NA	91.9
No	6.8	1.2	NA	2.0	11.1	3.0	7.9	2.1	13.8	3.3	NA	8.1
No data	0.5	0.0	NA	0.0	0.8	0.0	0.1	0.0	0.5	0.0	NA	0.0
Number	759	1314	NA	1290	1202	1666	1127	1654	1243	1869	NA	2159
Received a FP message on mobile phone in the past six months												
Yes	3.7	7.7	NA	7.2	6.4	12.5	4.5	13.4	3.0	10.2	NA	4.1
No	96.0	91.1	NA	88.6	90.9	86.2	94.7	85.1	96.5	86.8	NA	93.9
Don't know	0.3	1.2	NA	4.0	2.0	1.3	0.6	1.4	0.5	2.9	NA	2.0
No data	0.0	0.0	NA	0.3	0.7	0.0	0.1	0.1	0.0	0.0	NA	0.1
Number	708	1298	NA	1264	1069	1616	1038	1619	1072	1806	NA	1983
Belongs to any groups, clubs, or organizations												
Yes	32.1	29.5	NA	20.9	30.5	33.7	27.4	34.4	18.2	18.7	NA	10.1
No	67.8	70.4	NA	79.1	68.7	66.3	72.5	65.6	81.2	81.2	NA	89.8
No data	0.1	0.1	NA	0.0	0.8	0.0	0.1	0.0	0.6	0.1	NA	0.0
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Heard or seen any FP information at these meetings (among women who belong to any groups, clubs, or organizations)												
Yes	16.7	61.6	NA	30.6	9.1	50.5	8.1	19.9	5.5	57.6	NA	41.1
No	82.2	37.0	NA	69.0	88.5	49.2	91.3	79.0	94.0	42.2	NA	57.8
Don't know	0.7	1.4	NA	0.0	1.6	0.2	0.3	0.9	0.1	0.1	NA	1.2
No data	0.4	0.0	NA	0.4	0.9	0.0	0.3	0.3	0.5	0.0	NA	0.0
Number	244	394	NA	276	366	577	309	585	226	374	NA	263
Heard any information about FP at any events in the past year												
Naming ceremony	2.1	25.4	NA	8.0	18.7	27.3	9.5	15.1	12.9	23.1	NA	43.3
Freedom ceremony	0.1	0.4	NA	0.7	2.4	6.7	2.3	4.8	1.1	0.3	NA	0.4
Graduation	1.0	0.5	NA	0.1	0.7	3.9	1.6	1.8	0.7	0.8	NA	0.2
Christmas/Eid	0.8	6.9	NA	0.2	0.5	4.1	1.1	0.3	0.4	0.4	NA	0.5
Wedding	2.2	14.4	NA	1.3	8.6	15.6	6.2	5.0	5.6	8.1	NA	32.4
None	93.7	67.5	NA	90.5	74.8	66.6	87.7	81.4	85.1	73.4	NA	48.4
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602

NA=not applicable because no data collected

Table 7.2 presents women's exposure to NURHI phrases and logos at midterm and endline. Across cities at midterm, fewer than one-third of the women recalled having heard or seen the word "NURHI"; however, by endline, the percentage had improved, ranging from 10 to 80 percent depending on the city. Respondents were asked if they had heard or seen NURHI phrases about FP in the previous year. Overall recall of exposure to these NURHI phrases showed considerable increases since midterm. This is especially apparent for the phrases "Know. Talk. Go" and "Get it Together", as seen in Figure 7.1. At endline, women were more likely to remember having heard or seen the phrase "Get it Together" than other phrases across all cities except Zaria. In Zaria, women were more likely to recall having been exposed to the phrase "Ko ku gane, tazaran haihuwa," which is in Hausa, the city's dominant local language. Interestingly, more women at endline remembered having heard or seen the "Get it Together" phrase than the word "NURHI" across all cities except Abuja. As compared to other cities, it is not surprising to see a high percentage of women in Ibadan and Ilorin having been exposed to the Yoruba language phrases, given that more than 90 percent of the women in these cities speak that language. Between 50 and 80 percent of the women in Ibadan and Ilorin remembered having heard the phrases "Se o Jasi," "Mo ti feto si-iwo nko," or "Ki la siri ewa re" at endline, while only between 6 and 47 percent recalled having heard these phrases in the other cities.

At endline, respondents were shown a card with three NURHI logos and asked if they had seen the logos anywhere in the past year. The percentages of women who remembered having seen the "Be Successful" FP card (targeted to men) ranged from 8 percent in Benin City to 58 percent in Ilorin. A similar pattern appeared in the percentages of women who recalled having seen the "Be Beautiful" FP cards (targeted to women), ranging from 9 percent in Benin City to 65 percent in Ilorin.

Figure 7.1 Exposure to NURHI program messages in the previous year at midterm and endline among all women

Nigeria 2012, 2014

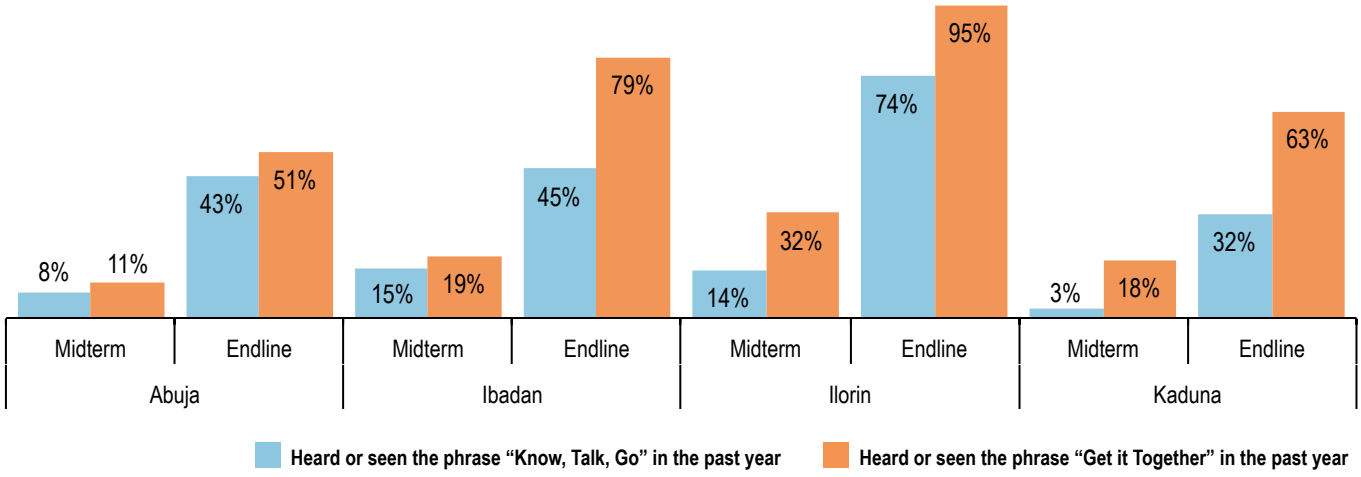


Table 7.2 Exposure to NURHI program messages at midterm and endline

Percentage distribution of women's exposure to the NURHI program by city. Nigeria 2012, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline
Heard or seen the word "NURHI" in the past year												
Yes	26.0	59.0	NA	11.3	17.0	43.9	31.0	80.1	21.2	35.7	NA	10.4
No	68.1	35.7	NA	86.8	75.4	54.6	65.3	19.6	76.0	61.8	NA	87.5
Don't know	5.7	5.2	NA	1.8	7.0	1.5	3.4	0.3	2.4	2.3	NA	2.0
No data	0.2	0.0	NA	0.1	0.6	0.1	0.3	0.0	0.4	0.3	NA	0.1
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Heard or seen the phrase "Get it Together" in the past year												
Yes	10.8	50.6	NA	63.2	19.0	79.4	32.2	95.3	17.7	62.9	NA	17.7
No	86.9	47.7	NA	36.1	78.0	19.9	66.0	4.5	82.2	36	NA	80.7
Don't know	2.3	1.6	NA	0.6	2.7	0.7	1.8	0.1	0.2	1.1	NA	1.5
No data	0.0	0.1	NA	0.1	0.3	0.0	0.1	0.0	0.0	0.0	NA	0.0
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Attended any meetings in past year about FP/childbirth spacing that were led by someone wearing a T-shirt with the phrase "Get it Together"												
Yes	1.0	16.5	NA	4.3	2.3	16.8	4.4	26.4	1.8	8.9	NA	0.9
No	99.0	82.9	NA	94.6	97.3	82.5	95.4	73.5	98.2	90.8	NA	99
Don't know	0.0	0.5	NA	0.1	0.3	0.7	0.1	0.1	0.0	0.3	NA	0.1
No data	0.0	0.0	NA	1.0	0.2	0.0	0.0	0.0	0.1	0.0	NA	0.0
Number	759	677	NA	835	1202	1361	1127	1623	1243	1254	NA	462
Heard or seen the phrase "Know. Talk. Go" in the past year												
Yes	7.8	43.4	NA	22.6	15.0	45.4	14.3	73.6	2.6	31.6	NA	12.4
No	88.6	53.1	NA	76.3	81.1	54.1	82.4	25.9	97.4	67.1	NA	86.4
Don't know	3.5	3.2	NA	1.0	3.6	0.6	3.1	0.5	0.1	1.3	NA	1.1
No data	0.1	0.2	NA	0.1	0.3	0.0	0.2	0.0	0.0	0.0	NA	0.0
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Heard or seen the phrase "No dulling" in the past one year												
Yes	6.6	24.7	NA	3.7	19.0	34.6	33.6	52.4	4.5	14.9	NA	1.3
No	89.2	70.4	NA	95.8	76.9	64.7	64.3	47.3	94.6	83.7	NA	97.5
Don't know	4.1	4.9	NA	0.4	3.7	0.8	2.0	0.3	0.8	1.3	NA	1.1
No data	0.0	0.0	NA	0.1	0.4	0.0	0.1	0.0	0.1	0.1	NA	0.1
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Heard the phrase "Se o Jasi" in the past one year (Yoruba)												
Yes	36.3	45.3	NA	28.8	30.2	50.6	33.8	73.1	45.7	40.1	NA	24.8
No	62.0	52.2	NA	70.1	65.1	48.6	62.6	26.3	49.5	57.7	NA	74.0
Don't know	1.7	2.5	NA	1.1	3.6	0.6	3.1	0.4	0.4	1.8	NA	0.6
No data	0.0	0.0	NA	0.0	1.1	0.3	0.5	0.2	4.4	0.4	NA	0.6
Number	151	247	NA	114	1168	1680	1102	1675	199	263	NA	156

Table 7.2 continues on the next page.

Table 7.2 is continued from the previous page.

Heard the phrase "Mo ti feto si-iwo nko" in the past one year (Yoruba)												
Yes	33.1	46.7	NA	28.0	64.3	72.6	61.6	87.4	38.0	30.9	NA	16.9
No	62.0	52.0	NA	71.6	32.6	26.4	36.8	12.1	55.6	68.3	NA	82.1
Don't know	4.9	1.3	NA	0.4	2.2	0.7	1.2	0.3	0.9	0.5	NA	0.0
No data	0.0	0.0	NA	0.0	1.0	0.3	0.5	0.2	5.5	0.4	NA	1.0
Number	151	247	NA	114	1168	1680	1102	1675	199	263	NA	156
Heard the phrase "Ki la siri ewa re" in the past one year (Yoruba)												
Yes	26.1	28.3	NA	11.8	63.6	64.3	53.0	77.9	29.7	24.0	NA	6.6
No	69.1	70.5	NA	87.1	33.3	34.9	45.2	21.4	62.9	73.9	NA	91.6
Don't know	4.3	1.3	NA	1.2	2.2	0.5	1.4	0.4	1.5	1.7	NA	0.0
No data	0.5	0.0	NA	0.0	1.0	0.3	0.5	0.2	5.9	0.4	NA	1.8
Number	151	247	NA	114	1168	1680	1102	1675	199	263	NA	156
Heard the phrase "Ko ku gane, tazaran haihuwa" in the past one year (Hausa)												
Yes	48.5	53.3	NA	16.0	32.9	61.6	43.1	45.9	47.4	76.8	NA	56.1
No	48.8	46.0	NA	84.0	40.2	32.8	46.5	50.6	51.6	22.2	NA	43.2
Don't know	2.2	0.4	NA	0.0	5.4	5.5	0.8	1.9	0.5	0.6	NA	0.4
No data	0.6	0.4	NA	0.0	21.6	0.0	9.5	1.6	0.5	0.3	NA	0.3
Number	319	601	NA	34	73	76	143	154	1113	1848	NA	2573
Seen at least one NURHI program logo in the past year												
Yes	31.4	57.1	NA	62.4	31.4	84.6	43.3	94.8	37.5	59.4	NA	38.6
No	68.6	42.8	NA	37.6	68.6	15.4	56.7	5.2	62.5	40.5	NA	61.4
Don't know/missing	NA	0.1	NA	0.0	NA	0.0	NA	0.0	NA	0.1	NA	0.0
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Seen a card with the phrase "Be successful" and a picture of three men in the past year												
Yes	NA	34.9	NA	7.8	NA	25.0	NA	57.5	NA	18.2	NA	15.5
No	NA	62.9	NA	91.6	NA	74.6	NA	42.3	NA	81.0	NA	84.0
Don't know	NA	2.2	NA	0.6	NA	0.4	NA	0.1	NA	0.8	NA	0.4
No data	NA	0.0	NA	0.0	NA	0.0	NA	0.0	NA	0.0	NA	0.0
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602
Seen a card with the phrase "Be Beautiful" and a picture of three women in the past year												
Yes	NA	25.7	NA	8.7	NA	33.0	NA	65.2	NA	15.8	NA	17.7
No	NA	72.6	NA	90.8	NA	66.5	NA	34.6	NA	83.2	NA	81.8
Don't know	NA	1.7	NA	0.5	NA	0.5	NA	0.1	NA	0.9	NA	0.4
No data	NA	0.0	NA	0.0	NA	0.0	NA	0.0	NA	0.0	NA	0.0
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602
Seen a health provider wearing a badge/button that said "Ask me about FP" in the past year												
Yes	19.2	30.7	NA	7.4	11.9	41.6	17.5	41.2	10.3	23.4	NA	3.4
No	76.7	66.8	NA	91.5	84.6	57.2	80.0	58.4	89.3	74.9	NA	93.8
Don't know	4.1	2.4	NA	0.4	2.9	1.0	2.3	0.4	0.4	1.3	NA	2.7
No data	0.0	0.1	NA	0.6	0.6	0.1	0.1	0.0	0.0	0.4	NA	0.1
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602

NA=not applicable because no data collected

7.2 Exposure to NURHI Media Messages

Radio listenership is high in the study cities, with at least two-thirds of women reporting across all cities that they listen to the radio. Exposure to FP information on the radio is dictated to some degree by the level of radio listenership (Table 7.3). For instance, radio listenership is higher in Ibadan (93 percent) and Ilorin (97 percent); likewise, exposure to FP information in the three months prior to the survey was higher in these two cities, at 84 and 91 percent, respectively. By endline, the percentage of women who had heard about the NURHI radio programs showed substantial variation among cities: 17 percent in Benin City, 37 percent in Kaduna and 78 percent in Ilorin. In comparison, between 4 and 50 percent of the women reported having listened to the NURHI radio programs every week or almost every week at endline. In all cities but Ilorin, fewer than 5 percent had attended a meeting where the NURHI radio program was played or discussed. In Ilorin, more than 12 percent of the women had attended a meeting where the NURHI radio program was played or discussed.

Table 7.3 Exposure to NURHI radio programs at midterm and endline

Percentage distribution of women's exposure to NURHI radio programs by city. Nigeria 2012, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline
Listens to the radio												
Yes	79.3	80.3	NA	63.4	95.1	92.9	83.9	96.6	81.7	82.4	NA	84.6
No	20.7	19.7	NA	36.6	4.2	7.1	16.0	3.4	18.1	17.6	NA	15.4
No data	0.0	0.0	NA	0.0	0.7	0.0	0.1	0.0	0.2	0.0	NA	0.0
Heard any family planning/childbirth spacing information on the radio in the past three months												
Yes	55.9	65.8	NA	40.5	70.0	84.0	71.5	91.2	57.1	65.6	NA	58.7
No	40.3	34.2	NA	59.5	24.5	16.0	25.4	8.8	39.9	34.4	NA	41.3
Don't know	1.7	0.0	NA	0.0	1.3	0.0	0.5	0.0	0.6	0.0	NA	0.0
No data	2.1	0.0	NA	0.0	4.3	0.0	2.5	0.0	2.4	0.0	NA	0.0
Heard about the NURHI radio programs (Second Chance, Life Don Beta [pidgin English], Ireti Eda [Yoruba], Komai Nisan Jifa [Hausa])												
Yes	24.9	31.8	NA	16.9	18.8	21.3	36.2	78.1	34.5	37.4	NA	31.3
No	72.1	66.0	NA	81.7	76.7	77.2	56.5	19.8	64.9	60.5	NA	67.9
Don't know	3.0	2.2	NA	1.4	4.0	1.5	7.2	2.0	0.6	2.0	NA	0.7
No data	0.0	0.0	NA	0.0	0.5	0.0	0.1	0.0	0.0	0.1	NA	0.0
Ever listened to this radio program?												
Yes	20.9	30.7	NA	11.6	17.1	21.0	34.7	77.5	25.2	33.1	NA	25.5
No	76.1	66.9	NA	86.9	78.1	77.3	57.7	20.3	74.0	64.7	NA	73.6
Don't know	3.1	0.1	NA	0.1	4.3	0.1	7.5	0.0	0.9	0.1	NA	0.3
No data	0.0	2.3	NA	1.4	0.5	1.5	0.1	2.1	0.0	2.1	NA	0.7
How often do you listen to this program?												
Every week	7.3	9.5	NA	3.1	9.1	11.0	16.1	24.3	11.2	1.6	NA	2.7
Almost every week	2.6	12.0	NA	0.8	1.3	2.3	7.3	25.1	5.0	4.6	NA	3.3
Once or twice a month	5.4	6.5	NA	3.5	3.8	4.4	6.5	19.2	5.0	8.7	NA	6.7
Less than once a month	1.6	1.0	NA	1.4	0.5	0.6	1.7	4.5	1.0	3.6	NA	2.5
Used to listen but don't anymore	2.5	1.0	NA	1.4	0.9	1.3	1.7	2.4	0.4	5.5	NA	4.5
Only listened once	1.1	0.8	NA	1.5	1.5	1.6	1.3	2.1	2.5	9.1	NA	5.7
Have not heard program	79.1	66.9	NA	86.9	82.9	77.3	65.3	20.3	74.8	64.7	NA	73.6
No data	0.4	2.4	NA	1.5	0.0	1.6	0.1	2.1	0.2	2.3	NA	1.0
Attended a meeting where this program was played or discussed?												
Yes	2.7	3.4	NA	1.9	2.4	4.0	3.7	12.6	1.3	2.2	NA	1.4
No	96.9	92.9	NA	96.5	96.2	94.3	96.2	83.9	98.6	95.2	NA	97.4
Don't know	0.1	0.4	NA	0.0	0.1	0.1	0.0	0.0	0.1	0.2	NA	0.1
No data	0.2	3.3	NA	1.6	1.2	1.7	0.1	3.5	0.1	2.4	NA	1.0
Number of women	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602

NA=not applicable because no data collected

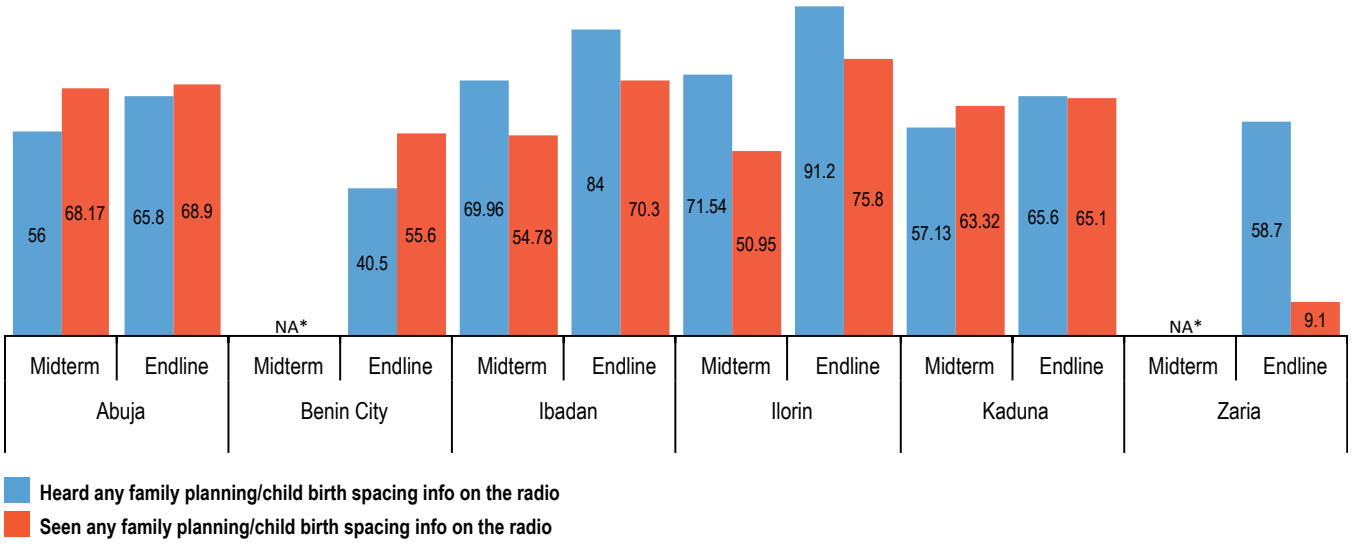
More than three-quarters of the women reportedly watch television (Table 7.4). At endline, women who had seen any FP or child spacing information on television in the three months prior to the survey ranged from 9 percent in Zaria to 76 percent in Ilorin. Women who reported having seen FP information on television were asked what the television spots were about; the responses were grouped into categories of FP methods and FP issues. At endline, the most common messages respondents had seen relating to FP issues were "Go for family planning" and "Spacing between births." In Benin City, Ibadan, and in Kaduna, 54 percent of the women mentioned "Go for family planning," and in Zaria, 60 percent mentioned "Spacing between births." In Abuja, both "Go for family planning" and "Spacing between births" were mentioned most frequently at 37 percent each.

NURHI produces radio and television programs to increase awareness of FP services. Women in Zaria, followed by women in Ibadan and Ilorin, were more likely to have been exposed to NURHI spots through radio than to the same messages through television. For instance, in Zaria, 6 percent of women reported having seen the NURHI spot regarding people talking about FP during a naming ceremony for a baby on television, and 23 percent reported having heard it on the radio. In Ilorin, 58 percent of women had seen the NURHI spot regarding a FP service provider answering questions about FP on television and 72 percent had been exposed to the message on the radio.

Substantial variation is noted among cities in terms of recall of NURHI radio and television spots. Figure 7.2 displays the percentage of women who had heard or seen FP/childbirth spacing information on the radio or TV in the three months prior to the survey, among women who reported listening to the radio or TV. Women from Ilorin, Ibadan, and Abuja, followed by those from Kaduna, reported higher exposure to NURHI radio and television spots than women in other cities. About 67 percent of women in Ilorin, 45 percent in Ibadan, 42 percent in Abuja, and 33 percent in Kaduna had reportedly seen a television spot that showed people talking about FP during a naming ceremony; in the other two cities, fewer than 15 percent had seen this spot.

Figure 7.2 Percent distribution of exposure to NURHI radio and TV programs in the previous three months at midterm and endline, among all women

Nigeria 2012, 2014



*NA: not applicable because no data collected

On average across all cities, there was greater recognition for two radio spots in particular, one regarding a couple talking about FP and the other involving a service provider answering questions about FP or talking to a couple, than for other television and radio spots. On average, 49 percent of the women had reportedly heard the former radio spot, while 46 percent had heard the later radio spot.

Table 7.4 Exposure to NURHI TV and radio programs at midterm and endline

Percentage distribution of women's exposure to NURHI television and radio programs by city. Nigeria 2012, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline	Midterm	Endline
Watches television												
Yes	97.1	96.4	NA	95.8	92.8	90.4	75.8	89.9	92.5	92.6	NA	75.4
No	2.9	3.6	NA	4.2	6.9	9.6	24.1	10.1	7.3	7.4	NA	24.6
No data	0.0	0.0	NA	0.0	0.4	0.0	0.1	0.0	0.2	0.0	NA	0.0
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Seen any family planning/childbirth spacing information on the TV in the past three months												
Yes	68.2	68.9	NA	55.6	54.8	70.3	51.0	75.8	63.3	65.1	NA	9.1
No	31.7	31.1	NA	44.4	44.6	29.6	48.8	24.2	36.4	34.9	NA	90.9
No data	0.1	0.0	NA	0.0	0.6	0.1	0.3	0	0.3	0	NA	0
Number	759	1338	NA	1321	1202	1714	1127	1702	1243	1995	NA	2602
Among those who had seen FP information on TV, the TV spots were about[1]:												
Methods												
Daily pills	9.1	25.5	NA	10.2	8.2	44.9	13.4	38.3	26.3	25.9	NA	26.9
IUDs	5.7	24.2	NA	6.8	16.5	38.6	8.3	26.1	14.3	2.9	NA	6.1
Condoms	47.5	52.3	NA	21.7	52.5	77.4	50.1	53.9	56.4	44.7	NA	42.2
Injectables	15.4	22.7	NA	9.8	23.9	39.4	25.8	28.2	25.0	25.1	NA	31.2
Other methods[2]	5.9	15.1	NA	3.1	1.8	19.5	2.8	21.5	6.8	3.8	NA	16.0
Issue												
Age at marriage/Delaying first birth	3.2	7.6	NA	2.9	8.9	0.5	3.0	10.8	12.6	7.7	NA	4.4
Delaying age at first sex	2.1	2.4	NA	1.6	4.7	0.4	2.7	4.9	0.7	3.0	NA	1.6
Abstinence[3]	8.1	NA	NA	NA	2.1	NA	2.8	NA	8.2	NA	NA	
Spacing between births	25.7	37.2	NA	25.6	28.2	23.4	55.3	52.1	46.2	48.3	NA	60.4
Limiting family size	22.7	21.4	NA	24.4	25.3	15.4	32.2	23.6	23.0	38.1	NA	13.7
Gov't statements regarding FP	14.2	11.7	NA	4.5	10.8	1.7	7.3	15.2	10.3	8.4	NA	4.4
Talk to spouse about FP	13.9	11.3	NA	5.4	5.3	4.2	21.2	15.0	15.4	13.4	NA	10.9
Go for family planning[4]	NA	37.1	NA	53.9	NA	53.2	NA	74.5	NA	53.6	NA	31.4
Promoting benefits of FP[4]	NA	3.6	NA	16.1	NA	3.8	NA	12.2	NA	11.2	NA	8.0
Providers' statements regarding FP[4]	NA	3.7	NA	1.7	NA	2.3	NA	2.6	NA	6.1	NA	4.5
Religious leaders' statements regarding FP[4]	NA	5.1	NA	2.1	NA	3.2	NA	7.9	NA	3.4	NA	2.9
Talk to health provider about FP	12.7	31.8	NA	40.4	15.8	38.5	8.0	31.1	15.0	38.0	NA	13.1
Other reproductive health topics	1.1	0.0	NA	0.1	1.0	6.4	0.5	0.1	0.2	0.0	NA	2.4
Don't remember	12.8	0.6	NA	1.0	9.6	0.5	1.8	0.1	6.5	0.7	NA	1.2
Number	517	922	NA	734	658	1205	574	1291	787	1299	NA	235
Seen a television spot or jingle that shows people talking about family planning during a naming ceremony												
Yes	NA	41.8	NA	14.4	NA	45.3	NA	67.0	NA	32.7	NA	6.3
No	NA	57.2	NA	85.1	NA	54.1	NA	32.9	NA	66.6	NA	93.4
Don't know	NA	1.0	NA	0.5	NA	0.5	NA	0.2	NA	0.6	NA	0.3
No data	NA	0.0	NA	0.0	NA	0.1	NA	0.0	NA	0.1	NA	0.0
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602
Heard about a radio spot or jingle with people talking about family planning during a naming ceremony												
Yes	NA	37.0	NA	10.7	NA	55.7	NA	79.1	NA	32.4	NA	23.4
No	NA	60.8	NA	88.9	NA	43.8	NA	20.6	NA	66.7	NA	76.1
Don't know	NA	2.2	NA	0.4	NA	0.5	NA	0.4	NA	0.8	NA	0.3
No data	NA	0.0	NA	0.0	NA	0.0	NA	0.0	NA	0.1	NA	0.1
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602

Table 7.4 continues on the next page.

Table 7.4 is continued from the previous page.

Seen a television spot or jingle that show people talking about family planning in a hair dressing salon/barbing salon												
Yes	NA	37.0	NA	12.3	NA	45.3	NA	67.4	NA	32.9	NA	3.3
No	NA	62.1	NA	87.1	NA	53.8	NA	32.5	NA	66.5	NA	96.4
Don't know	NA	0.9	NA	0.6	NA	0.7	NA	0.1	NA	0.4	NA	0.2
No data	NA	0.0	NA	0.0	NA	0.1	NA	0.0	NA	0.1	NA	0.0
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	
Heard about a radio spot or jingle with people talking about family planning in a hair dressing salon/barbing salon												
Yes	NA	35.1	NA	8.7	NA	48.2	NA	78.5	NA	31.0	NA	10.8
No	NA	63.1	NA	90.9	NA	51.2	NA	21.3	NA	68.0	NA	88.8
Don't know	NA	1.8	NA	0.3	NA	0.6	NA	0.2	NA	0.9	NA	0.4
No data	NA	0.0	NA	0.0	NA	0.1	NA	0.0	NA	0.1	NA	0.0
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602
Seen a television spot or jingle that show a FP service provider answering questions about FP or talking to a couple												
Yes	NA	48.2	NA	31.3	NA	60.4	NA	57.8	NA	36.9	NA	7.4
No	NA	50.9	NA	68.2	NA	39.1	NA	42.0	NA	62.5	NA	92.4
Don't know	NA	0.9	NA	0.5	NA	0.3	NA	0.2	NA	0.5	NA	0.1
No data	NA	0.0	NA	0.0	NA	0.1	NA	0.0	NA	0.2	NA	0.0
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602
Heard about a radio spot or jingle with a FP service provider answering questions about FP or talking to a couple												
Yes	NA	43.5	NA	20.0	NA	68.3	NA	72.3	NA	34.0	NA	37.3
No	NA	54.2	NA	79.7	NA	31.2	NA	27.7	NA	65.0	NA	62.4
Don't know	NA	2.4	NA	0.3	NA	0.5	NA	0.0	NA	0.8	NA	0.3
No data	NA	0.0	NA	0.0	NA	0.0	NA	0.0	NA	0.1	NA	0.1
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602
Seen a television spot or jingle that show a couple talking about family planning												
Yes	NA	59.0	NA	27.8	NA	57.8	NA	64.6	NA	36.6	NA	8.2
No	NA	40.5	NA	72.0	NA	41.8	NA	35.2	NA	62.6	NA	91.5
Don't know	NA	0.5	NA	0.3	NA	0.3	NA	0.1	NA	0.7	NA	0.2
No data	NA	0.0	NA	0.0	NA	0.1	NA	0.1	NA	0.1	NA	0.0
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602
Heard about a radio spot or jingle with a couple talking about family planning												
Yes	NA	53.5	NA	21.6	NA	66.3	NA	79.8	NA	37.0	NA	35.8
No	NA	45.1	NA	77.8	NA	33.0	NA	20.2	NA	62.0	NA	63.8
Don't know	NA	1.4	NA	0.5	NA	0.6	NA	0.0	NA	0.9	NA	0.3
No data	NA	0.0	NA	0.0	NA	0.0	NA	0.0	NA	0.1	NA	0.1
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602
Seen a television spot or jingle that show a woman sharing her experience supporting the use of FP (testimonial)												
Yes	NA	55.0	NA	33.0	NA	53.7	NA	60.6	NA	25.4	NA	9.9
No	NA	44.0	NA	66.7	NA	45.7	NA	39.4	NA	73.8	NA	90.0
Don't know	NA	0.9	NA	0.3	NA	0.5	NA	0.1	NA	0.6	NA	0.0
No data	NA	0.0	NA	0.0	NA	0.1	NA	0.0	NA	0.1	NA	0.0
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602
Heard about a radio spot or jingle with a woman sharing her experience supporting the use of FP (testimonial)												
Yes	NA	49.8	NA	20.7	NA	61.0	NA	71.4	NA	25.5	NA	33.0
No	NA	47.9	NA	79.0	NA	38.3	NA	28.4	NA	73.5	NA	66.5
Don't know	NA	2.1	NA	0.4	NA	0.7	NA	0.3	NA	0.9	NA	0.4
No data	NA	0.2	NA	0.0	NA	0.0	NA	0.0	NA	0.1	NA	0.1
Number	NA	1338	NA	1321	NA	1714	NA	1702	NA	1995	NA	2602

[1]Percentages may not add up to 100% because multiple responses could be given.
[2]Other methods include implants, emergency contraceptive pills, female and male sterilization, and SDM/CycleBeads.
[3]Abstinence was combined with delaying age of first sex at endline.
[4]Topics added at endline based on NURHI messaging.

NA=not applicable because no data collected

CHAPTER 8: SERVICE DELIVERY

8.1 Background Characteristics of Service Delivery Points (SDP), Providers, and Reproductive Health (RH) Services Clients

The availability of a basic package of health services, the frequency with which these services are offered, the presence of qualified staff for their delivery, and the overall ease of access to the health care system all contribute to client utilization of services in a health facility (NCAPD, 2011). Table 8.1 presents the percentage distribution of facilities audited at baseline and endline by facility characteristics. At endline, hospitals made up the majority of audited facilities in Abuja (58 percent), Benin City (45 percent), Ilorin (76 percent), and Kaduna (70 percent), while health centers were more frequent in Ibadan (53 percent) and Zaria (54 percent).

The majority of health facilities in Ibadan and Zaria (67 percent) were managed by the public sector, whereas in Abuja, Benin City, Ilorin, and Kaduna, over half of the facilities were managed by the private sector, with Benin City having the highest percentage of private sector health facilities (68 percent). Across cities, less than 10 percent of audited health facilities were run by nongovernmental organizations or faith-based organizations. Most of the audited facilities in Abuja (68 percent), Benin City (65 percent), Ilorin (69 percent), Kaduna (74 percent), and Zaria (68 percent) were non-NURHI-enrolled facilities. On the other hand, in Ibadan, the percentage of NURHI facilities (52 percent) was slightly higher than non-NURHI facilities (48 percent).

Table 8.1 Characteristics of health facilities at baseline and endline

Percentage distribution of health facilities audited by background characteristics, according to city. Nigeria 2010/2011, 2014.

Characteristic	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Type of facility												
Hospital	64.6	57.9	47.9	44.7	46.8	41.7	77.8	76.1	73.9	69.9	29.1	26.3
Health center	16.7	23.7	11.3	19.7	50.0	53.3	13.9	15.5	22.8	26.5	50.9	54.4
Maternity home	2.1	2.6	25.4	18.4	0.0	0.0	2.8	2.8	1.1	1.2	5.5	7.0
Clinic	16.7	15.8	15.5	17.1	1.6	3.3	5.6	5.6	2.2	2.4	14.5	10.5
Health post/ dispensary/other	0.0	0.0	0.0	0.0	1.6	1.7	0.0	0.0	0.0	0.0	0.0	1.8
Total	100	100	100	100	100	100	100	100	100	100	100	100
Managing authority												
Public	39.6	44.7	18.3	25.0	62.9	66.7	40.3	42.3	31.5	37.3	63.6	66.7
NGO/FBO[1]	2.1	2.6	5.6	6.6	8.1	8.3	0.0	0.0	9.8	8.4	5.5	5.3
Other private	58.3	52.6	76.1	68.4	29.0	25.0	59.7	57.7	58.7	54.2	30.9	28.1
Total	100	100	100	100	100	100	100	100	100	100	100	100
Volume												
NURHI facilities	22.9	31.6	23.9	35.5	48.4	51.7	29.2	31.0	21.7	26.5	23.6	31.6
Non-NURHI facilities	77.1	68.4	76.1	64.5	51.6	48.3	70.8	69.0	78.3	73.5	76.4	68.4
Total	100	100	100	100	100	100	100	100	100	100	100	100
Number of facilities	48	38	71	76	62	60	72	71	92	83	55	57

[1]NGO=nongovernmental organization; FBO=faith-based organization.

The mean age of health service providers in each city was in the mid-30s or older, and the mean number of years working as a health provider ranged from nine years in Benin City to 18 years in Ibadan (Table 8.2). Over 50 percent of the providers in Abuja, Benin City, Ibadan, and Kaduna were Protestants or other Christians, with the largest percentage in Benin City at 86 percent. Catholics represented less than 15 percent of health service providers across all cities. In Ilorin and Zaria, Muslims dominated at 57 and 70 percent, respectively. This reflects the demographic profile of the cities as a whole.

Nurses and midwives constituted the largest percentage of providers working full-time in facilities, ranging from 40 percent in Abuja to 71 percent in Benin City, followed by community health workers/officers, ranging from 20 percent in Benin City to 46 percent in Zaria. Specialists and general physicians made up fewer than 10 percent of providers across the cities, and more than 70 percent of the providers were female. Between 29 and 56 percent of the providers interviewed were working in NURHI facilities, while between 45 and 68 percent of those interviewed were from non-NURHI facilities. The majority of the providers were from hospitals, followed by health centers. The percentage of providers from maternity homes and clinics was less than 10 percent in Ibadan, Ilorin, and Kaduna, about 17 percent in Abuja and Zaria, and over 34 percent in Benin City.

Table 8.2 Demographic characteristics of health care providers at endline

Mean age, mean years of service, and percentage distribution of providers by religion, gender, qualification, facility volume status, and type, by city. Nigeria 2014.

Characteristic	Providers					
	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Mean age	34.9	35.4	43.7	39.5	36.3	39.4
Mean number of years working as a health care provider	10.4	9.2	18.3	14.1	11.4	12.8
Religion						
Catholic	14.8	13.8	12.8	0.4	4.9	7.5
Protestant/other Christian	66.4	85.6	68.8	43.0	50.2	22.1
Muslim	18.8	0.3	18.3	56.6	44.9	70.0
Traditional/other	0.0	0.3	0.0	0.0	0.0	0.0
No religion	0.0	0.0	0.0	0.0	0.0	0.5
Gender						
Male	24.2	10.7	11.0	12.1	7.3	28.2
Female	75.8	89.3	89.0	87.9	92.7	71.8
Qualification						
Specialist	2.0	1.0	2.3	1.5	0.3	1.4
General physician	5.4	7.7	3.2	7.2	2.4	2.8
Nurse/midwife	24.8	26.4	35.8	34.3	22.6	21.6
Nurse	11.4	36.8	13.3	12.5	32.1	18.3
Midwife	3.4	7.7	0.9	0.8	4.5	0.9
Community health workers/officers	36.2	19.7	44.5	43.4	32.4	46.0
Other	16.8	0.7	0.0	0.4	5.6	8.9
Volume						
NURHI facilities	32.2	35.8	55.5	33.2	28.6	33.8
Non-NURHI facilities	67.8	64.2	44.5	66.8	71.4	66.2
Type of facility						
Hospital	59.1	45.2	41.7	77.4	69.7	27.7
Health center	24.2	20.1	54.1	16.6	27.2	54.0
Maternity home	2.7	17.7	0.0	1.5	1.4	6.6
Clinic	14.1	17.1	3.2	4.5	1.7	9.9
Health post/dispensary/other[1]	0.0	0.0	0.9	0.0	0.0	1.9
Total number of provider interviews	149	299	218	265	287	213

[1]Other includes government health, post/dispensary, and private doctor's office.

Table 8.3 presents the demographic characteristics of the women who participated in the RH services client exit interviews. Between 600 and 1,339 clients were interviewed upon exiting facilities and receiving one or more RH services in each city. Most of the women were between ages 25 and 29 across cities except in Benin City and in Zaria, where most women were 30–34 and 20–24, respectively. The majority of women (above 97 percent) in all cities were either married or living with a male partner, and between 87 and 95 percent of the women reported having at least one child. Less than one-third of the women across cities had two children (13 to 30 percent) or three children (14 to 22 percent); the percentage of women who had six or more children ranged between 2 percent in Ibadan and 18 percent in Zaria.

More than half of the women in Abuja (81 percent), Benin City (96 percent), and Ibadan (52 percent) were Catholic, Protestant, or other Christian, whereas the majority of women were Muslim in Ilorin (69 percent), Kaduna (57 percent), and Zaria (84 percent). The majority of the women in every city had received some schooling; between 35 and 56 percent had attended secondary school (junior and senior), and between 22 and 46 percent had some higher education.

Table 8.3 Demographic characteristics for RH services clients at endline

Percentage distribution of RH services clients by age, marital status, number of children, religion, and education, by city. Nigeria 2014.

Characteristic	Clients					
	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Age						
15–19	0.2	1.8	2.0	2.7	2.8	10.1
20–24	12.0	12.8	13.4	15.5	23.7	24.9
25–29	37.8	30.6	31.1	29.6	30.8	23.8
30–34	28.8	35.5	27.2	24.7	24.0	19.9
35–39	13.3	14.5	17.2	18.1	11.4	14.3
40–44	5.3	3.8	6.5	7.3	5.8	5.0
45–49	2.5	1.0	2.6	2.3	1.6	1.9
Marital status						
Never married	0.3	2.1	2.0	2.8	1.5	0.6
Married/living together	99.7	97.4	96.8	97.1	97.6	98.9
Separated/divorced	0.0	0.4	0.9	0.0	0.7	0.4
Widowed	0.0	0.1	0.3	0.1	0.2	0.1
Number of living children						
No children	4.0	11.1	10.1	12.1	11.5	13.0
1 child	21.2	20.0	22.3	18.3	17.8	18.7
2 children	29.5	23.3	24.5	19.9	20.0	12.6
3 children	21.7	20.4	20.5	21.0	17.2	14.3
4 children	14.2	14.4	16.2	15.8	13.9	12.9
5 children	5.7	6.5	4.2	8.9	7.9	10.2
≥6 children	3.0	4.3	2.2	4.1	11.5	18.1
No data	0.8	0.0	0.1	0.0	0.2	0.1
Religion						
Catholic	29.8	7.2	1.1	2.6	10.9	5.7
Protestant/other Christian	50.8	89.2	51.7	28.8	31.1	9.3
Muslim	18.3	3.4	47.1	68.6	57.2	83.9
Traditional/other	0.3	0.1	0.1	0.1	0.4	0.8
No religion	0.0	0.0	0.0	0.0	0.1	0.0
No data	0.7	0.1	0.0	0.0	0.2	0.3
Education						
No education	2.3	1.1	1.6	3.6	1.8	5.5
Quranic only	1.0	0.5	0.1	0.8	7.1	21.5
Primary	8.5	7.7	13.5	14.5	11.7	16.2
Junior secondary (JSS)	6.0	8.6	7.5	5.7	12.4	9.1
Senior secondary (SSS)	35.8	43.3	43.3	35.0	43.8	25.6
Higher	46.2	38.7	33.9	40.1	23.0	21.7
No data	0.2	0.1	0.0	0.2	0.2	0.3
Number of exit interview clients	600	794	1339	977	959	722

The majority (over 70 percent) of the pharmacies across survey cities reported being open for business 11–15 hours daily (Table 8.4). A higher percentage of pharmacies in Benin City and Zaria, compared to other cities, were open less than 11 hours per day (22 and 21 percent, respectively). Conversely, 12 percent of the pharmacies in Abuja were open for more than 15 hours. Almost all of the pharmacies were open at least six days per week. On average, roughly one-third of the pharmacies operated with one to two staff members, another third with three to four staff members, and the remaining third operated with more than five people on staff. The percentage of pharmacies that operated with trained or registered pharmacists ranged from 61 percent in Zaria to 94 percent in Benin City.

Up to one-third of the pharmacies surveyed had been in operation for less than five years, ranging from 14 percent in Kaduna to 33 percent in Benin City; between 16 and 35 percent had been operational for five to ten years. Across all cities, 4 to 27 percent had been operational for more than 15 years. However, quite a number of respondents of the pharmacy audit did not know how long the pharmacy had been operational, ranging from 14 percent in Ilorin to 32 percent in Ibadan.

Table 8.4 Characteristics of pharmacies at endline

Percentage distribution of pharmacies audited, by background characteristics and by city. Nigeria 2014.

Characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Number of years in operation						
<5 years	22.7	32.6	16.4	23.9	13.6	21.1
5–10 years	20.0	15.8	21.9	22.5	34.6	23.7
11–15 years	12.0	8.4	5.5	16.9	18.5	7.9
>15 years	4.0	27.4	15.1	22.5	14.8	18.4
Don't know	29.3	14.7	31.5	14.1	18.5	28.9
No data	12.0	1.1	9.6	0.0	0.0	0.0
Number of hours open per day						
<11 hours	4.0	22.1	12.3	4.2	14.8	21.1
11–15 hours	84.0	76.8	86.3	93.0	82.7	71.1
>15 hours	12.0	1.1	1.4	2.8	2.5	7.9
Number of days open per week						
<5 days	1.3	1.1	2.7	0.0	1.2	0.0
6 days	41.3	68.4	47.9	38.0	45.7	18.4
7 days	57.3	30.5	49.3	62.0	53.1	81.6
Number of regular permanent staff members						
1–2 staff	33.3	28.4	20.5	26.8	33.3	47.4
3–4 staff	33.3	41.1	35.6	42.3	46.9	15.8
>5 staff	32.0	30.5	43.8	31.0	17.3	34.2
No data	1.3	0.0	0.0	0.0	2.5	2.6
Trained/registered pharmacist on duty at least part-time						
Yes	86.7	93.7	83.6	90.1	90.1	60.5
No	13.3	6.3	16.4	9.9	9.9	39.5
Number of pharmacies	75	95	73	71	81	38

As Table 8.5 shows, the percentage of PMSs that had been operating for less than five years ranged from 15 percent in Ibadan to 41 percent in Zaria. Those that had been operating five to ten years ranged from 23 percent in Zaria to 48 percent in Abuja. Across cities, between 1 and 14 percent did not know how long the PMS had been operational. Most of the PMSs, ranging from 60 percent in Zaria to 87 percent in Ibadan, stayed open for 11 to 15 hours each day. Regardless of city, more than 94 percent of the PMSs were open at least six days a week, and up to 6 percent were open fewer than five days a week. Across cities, three-quarters of the PMSs operated with one to two regular permanent staff members. The percentage of PMSs that operated an official training program for PMS trainees varied by city, ranging from 4 percent in Kaduna to 22 percent in Benin City and 50 percent in Ilorin.

Table 8.5 Characteristics of PMSs at endline

Percentage distribution of PMSs audited, by background characteristics and by city. Nigeria 2014.

Characteristic	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Number of years in operation						
<5 years	28.9	25.0	15.1	18.2	33.3	41.1
5–10 years	48.2	30.4	37.2	42.4	35.6	23.3
11–15 years	10.8	16.3	18.6	20.2	13.3	10.0
>15 years	7.2	27.2	18.6	17.2	11.1	11.1
Don't know	4.8	1.1	10.5	2.0	6.7	14.4
Number of hours open per day						
<11 hours	3.6	18.5	11.6	13.1	17.8	33.3
11–15 hours	80.7	80.4	87.2	84.8	73.3	60.0
>15 hours	15.7	1.1	1.2	2.0	8.9	6.7
Number of days open per week						
<5 days	2.4	1.1	0.0	1.0	1.1	5.6
6 days	54.2	62.0	34.9	27.3	28.9	20.0
7 days	42.2	34.8	65.1	71.7	68.9	74.4
No data	1.2	2.2	0.0	0.0	1.1	0.0
Number of regular permanent staff members						
1–2 staff	83.1	72.8	74.4	79.8	85.6	75.6
3–4 staff	13.3	12.0	14.0	10.1	13.3	23.3
>5 staff	2.4	2.2	5.8	10.1	0.0	1.1
No data	1.2	13.0	5.8	0.0	1.1	0.0
Operates an official training program for PMS trainees						
Yes	37.3	21.7	46.5	49.5	4.4	27.8
No	62.7	78.3	53.5	50.5	95.6	72.2
Number of PMSs	83	92	86	99	90	90

8.2 Provision of Reproductive Health Services and Availability of Family Planning Methods

A key component of access to FP is the diversity of contraceptive methods available at health facilities, which determines the ability of providers to address specific FP needs and preferences. Table 8.6 shows the percentage of facilities that reported offering different contraceptive methods at baseline and endline. The availability of long-acting methods (IUDs, implants) increased between baseline and endline, except in Abuja. In particular, the availability of implants substantially increased in the other cities, more so in NURHI-enrolled facilities (between 45 and 77 percentage points) than in non-NURHI facilities (between 15 and 49 percentage points). Injectables, one of the most popular contraceptive methods in Nigeria, were already highly available at baseline in NURHI facilities (100 percent in most cities). In comparison, a smaller share of non-NURHI facilities provided injectables at baseline, with a notable increase at endline in Benin City (from 76 to 92 percent), Zaria (from 83 to 92 percent), and Ilorin (from 92 to 98 percent). Except in Abuja, the provision of short-term methods (pills, condoms) increased overall, with a notable increase in male condoms in NURHI facilities (between 10 to 50 percent). In contrast, the provision of EC generally decreased, aside from a few exceptions (Benin City, as well as non-NURHI facilities in Ibadan and Kaduna). Finally, the availability of permanent methods (male and female sterilization) increased in Ibadan and Ilorin but decreased markedly in Abuja and Zaria.

Table 8.6 Provision of FP methods at baseline and endline

Percentage of health facilities providing FP methods, by city and facility type. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
NURHI facilities												
IUDs	100.0	91.7	47.1	74.1	96.7	100.0	90.5	100.0	60.0	81.8	53.8	77.8
Implants	72.7	91.7	29.4	74.1	20.0	96.8	23.8	95.5	30.0	90.9	23.1	83.3
Injectables	100.0	100.0	94.1	92.6	100.0	100.0	100.0	100.0	100.0	100.0	92.3	94.4
Combined oral pills	100.0	91.7	82.4	88.9	93.3	93.5	100.0	100.0	95.0	100.0	84.6	88.9
Progestin-only pills	90.9	83.3	64.7	85.2	73.3	77.4	71.4	95.5	60.0	86.4	30.8	55.6
EC	36.4	33.3	35.3	48.1	43.3	22.6	61.9	18.2	30.0	22.7	23.1	11.1
Male condoms	90.9	91.7	70.6	88.9	90.0	100.0	85.7	95.5	75.0	100.0	38.5	88.9
Female condoms	90.9	66.7	41.2	88.9	66.7	87.1	52.4	86.4	35.0	95.5	23.1	88.9
Female sterilization	45.5	8.3	41.2	25.9	6.7	19.4	19.0	31.8	25.0	22.7	23.1	22.2
Male sterilization	36.4	0.0	11.8	14.8	3.3	9.7	4.8	22.7	0.0	13.6	15.4	0.0
SDM	NA	50.0	NA	51.9	NA	29.0	NA	22.7	NA	45.5	NA	44.4
Breastfeeding/LAM	NA	58.3	NA	77.8	NA	87.1	NA	86.4	NA	77.3	NA	77.8
Any LAPM[1]	100.0	91.7	58.8	81.5	96.7	100.0	90.5	100.0	60.0	95.5	53.8	83.3
Number of NURHI facilities	11	12	17	27	30	31	21	22	20	22	13	18
Non-NURHI facilities												
IUDs	70.3	61.5	40.7	71.4	71.9	75.9	86.3	87.8	54.2	68.9	33.3	33.3
Implants	48.6	42.3	24.1	57.1	9.4	58.6	19.6	34.7	18.1	55.7	11.9	33.3
Injectables	89.2	84.6	75.9	91.8	84.4	86.2	92.2	98.0	90.3	83.6	83.3	92.3
Combined oral pills	83.8	76.9	59.3	87.8	68.8	89.7	90.2	91.8	79.2	83.6	64.3	87.2
Progestin-only pills	62.2	42.3	44.4	61.2	40.6	58.6	60.8	51.0	44.4	52.5	19.0	33.3
EC	64.9	42.3	33.3	57.1	25.0	37.9	60.8	36.7	23.6	54.1	23.8	23.1
Male condoms	62.2	61.5	63.0	63.3	68.8	75.9	84.3	75.5	38.9	39.3	33.3	61.5
Female condoms	29.7	46.2	42.6	46.9	50.0	62.1	43.1	30.6	4.2	19.7	0.0	38.5
Female sterilization	40.5	26.9	29.6	38.8	0.0	10.3	25.5	30.6	22.2	39.3	16.7	7.7
Male sterilization	16.2	15.4	11.1	18.4	0.0	0.0	9.8	18.4	8.3	6.6	7.1	0.0
SDM	NA	34.6	NA	34.7	NA	13.8	NA	4.1	NA	11.5	NA	12.8
Breastfeeding/LAM	NA	46.2	NA	73.5	NA	69	NA	71.4	NA	55.7	NA	43.6
Any LAMP[1]	73.0	61.5	50	75.5	75	75.9	90.2	87.8	58.3	77	33.3	43.6
Number of non-NURHI facilities	37	26	54	49	32	29	51	49	72	61	42	39

[1]LAPM includes IUDs, Implants, female sterilization, and male sterilization.

NA=not applicable because no data collected

Table 8.7 presents the number of modern contraceptive methods offered by health facilities. Most NURHI facilities offered seven or more methods at endline (74 to 91 percent), except in Zaria, where half of the NURHI facilities offered four to six methods and only 44 percent offered seven or more. Non-NURHI facilities typically have a lower number of methods available: the number that offer seven or more methods ranges from 10 percent in Zaria to 51 percent in Benin City. The largest increases between baseline and endline occurred within NURHI facilities, with the percentage of facilities offering seven or more methods increasing by 21 to 52 percentage points (excluding Abuja). In contrast, the percentage of NURHI facilities offering seven or more methods in Abuja decreased from 82 to 75 percent.

Table 8.7 Facility provision of modern methods at baseline and endline[1]

Percentage distribution of facilities providing modern methods by number of methods, by city, and by facility type. Nigeria 2010/2011, 2014.

	No methods		1–3 methods		4–6 methods		≥7 methods		Number of facilities	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Abuja										
NURHI facilities	0.0	0.0	0.0	8.3	18.2	16.7	81.8	75.0	11	12
Non-NURHI facilities	10.8	7.7	13.5	19.2	29.7	38.5	45.9	34.6	37	26
Benin City										
NURHI facilities	0.0	7.4	29.4	3.7	41.2	14.8	29.4	74.1	17	27
Non-NURHI facilities	22.2	8.2	20.4	10.2	31.5	30.6	25.9	51.0	54	49
Ibadan										
NURHI facilities	0.0	0.0	6.7	0.0	53.3	19.4	40.0	80.6	30	31
Non-NURHI facilities	9.4	10.3	31.3	6.9	34.4	34.5	25.0	48.3	32	29
Ilorin										
NURHI facilities	0.0	0.0	9.5	0.0	47.6	9.1	42.9	90.9	21	22
Non-NURHI facilities	5.9	2.0	2.0	12.2	52.9	57.1	39.2	28.6	51	49
Kaduna										
NURHI facilities	0.0	0.0	25.0	0.0	50.0	22.7	25.0	77.3	20	22
Non-NURHI facilities	6.9	11.5	43.1	14.8	34.7	37.7	15.3	36.1	72	61
Zaria										
NURHI facilities	7.7	5.6	53.8	0.0	15.4	50.0	23.1	44.4	13	18
Non-NURHI facilities	16.7	7.7	47.6	23.1	26.2	59.0	9.5	10.3	42	39

[1]Modern methods include male and female sterilization, implants, combined and progestin-only pills, IUDs, injectables, condoms, EC.

The number of modern contraceptive methods provided by pharmacies and PMSs are presented in Table 8.8. Overall, the number of methods offered by pharmacies and PMSs increased between baseline and endline. Notably, the share of pharmacies offering five or more methods increased from 7 to 17 percent in Abuja, from 38 to 50 in Benin City, and from 8 to 21 percent in Ilorin. Although the percentage of pharmacies offering five or more methods decreased in Kaduna and Zaria, there was a smaller percentage of pharmacies at endline that offered no methods than there had been at baseline, and the percentage of pharmacies offering three to four methods increased by about 15 percentage points in both cities. Regarding PMSs, the percentage offering five or more methods increased in all cities except Zaria, with a notable increase in Benin City (from 0 to 21 percent) and Ibadan (from 0 to 12 percent). In Zaria, the share of pharmacies offering no methods went down from 25 to 8 percent, and 57 percent offered three to four methods at endline, compared to 34 percent at baseline.

Table 8.8 Provision of modern methods in pharmacies and PMSs at baseline and endline[1]

Percentage distribution of pharmacies and PMSs providing modern methods by number of methods and by city. Nigeria 2010/2011, 2014.

City	Number of modern FP methods usually sold					Number of outlets
	0	1–2	3–4	≥5	Total	
Pharmacies						
Abuja						
Baseline	0.0	21.9	70.8	7.3	100	96
Endline	1.3	14.7	66.7	17.3	100	75
Benin City						
Baseline	9.0	13.5	39.3	38.2	100	89
Endline	2.1	6.3	42.1	49.5	100	95
Ibadan						
Baseline	5.2	24.7	51.5	18.6	100	97
Endline	8.2	8.2	64.4	19.2	100	73
Ilorin						
Baseline	0.0	6.3	85.4	8.3	100	48
Endline	0.0	11.3	67.6	21.1	100	71
Kaduna						
Baseline	2.5	7.5	70.0	20.0	100	80
Endline	0.0	3.7	85.2	11.1	100	81
Zaria						
Baseline	13.0	26.1	47.8	13.0	100	23
Endline	5.3	28.9	63.2	2.6	100	38
PMSs						
Abuja						
Baseline	6.4	81.9	11.7	0.0	100	94
Endline	4.8	31.3	62.7	1.2	100	83
Benin City						
Baseline	2.1	64.2	33.7	0.0	100	95
Endline	1.1	34.8	43.5	20.7	100	92
Ibadan						
Baseline	7.8	54.4	37.8	0.0	100	90
Endline	5.8	55.8	26.7	11.6	100	86
Ilorin						
Baseline	26.7	40.0	33.3	0.0	100	90
Endline	0.0	44.4	51.5	4.0	100	99
Kaduna						
Baseline	12.2	25.6	60.0	2.2	100	90
Endline	2.2	17.8	73.3	6.7	100	90
Zaria						
Baseline	25.0	36.5	34.4	4.2	100	96
Endline	7.8	33.3	56.7	2.2	100	90

[1]Modern methods include male and female sterilization, implants, combined and progestin-only pills, IUDs, injectables, condoms, EC.

Table 8.9 shows the main service sought by eligible RH services clients (ages 15–49) who completed an exit interview at NURHI facilities. The majority of clients at baseline came to the health facility for antenatal or child health visits. Together, these services represented between 66 and 98 percent of visits at baseline, depending on the city. Only 2 to 17 percent of women sought FP services at baseline. In contrast, a much larger share of women sought FP services at endline (between 25 and 51 percent), while the percentage of women seeking antenatal care substantially decreased in all cities. Notably, the percentage of women coming for antenatal care decreased from 92 to 40 percent in Zaria and from 30 to 9 percent in Abuja. Finally, 1 to 13 percent of women came for curative services at endline and less than 3 percent of women came for delivery services, postnatal care, and postabortion care. The distribution of services sought by clients should be taken into consideration when examining trends in the client interview data.

Table 8.9 Services sought by RH services clients at baseline and endline

Percentage distribution of facilities providing modern methods by number of methods, by city, and by facility type. Nigeria 2010/2011, 2014.

Main RH service client was seeking	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Family planning	16.7	51.3	11.9	24.7	5.9	43.4	9.9	43.7	8.0	42.4	1.8	37.7
Antenatal care	30.4	8.7	30.9	27.1	38.8	18.1	39.2	25.0	48.4	34.7	91.8	40.3
Delivery services	0.5	0.2	0.2	0.0	0.6	0.6	0.7	1.6	2.6	0.0	0.0	0.4
Postnatal care	2.6	0.0	2.8	0.3	2.1	0.9	0.4	0.9	5.2	0.2	0.0	1.4
Postabortion care	0.6	0.0	0.1	0.0	0.1	0.1	0.4	0.1	0.5	0.1	0.0	0.3
Child health[1]	35.1	38.7	46.0	42.1	38.9	21.1	36.6	18.3	20.1	12.6	6.4	12.5
STI management, HIV/AIDS management, VCT	0.2	0.0	0.6	0.1	0.4	2.8	0.1	0.0	1.8	0.4	0.0	0.3
Curative services	13.5	0.5	7.0	5.7	12.9	12.9	10.6	10.2	13.4	9.4	0.0	7.2
Other	0.5	0.7	0.5	0.1	0.2	0.1	2.1	0.1	0.0	0.1	0.0	0.0
Number of clients	855	600	818	794	1362	1339	809	977	812	959	784	722

[1]Child health includes growth monitoring and child immunization.

The percentage of facilities offering specific RH services is presented in Table 8.10. FP counseling and services were offered in the large majority of facilities at endline (between 90 and 100 percent). Notably, the share of non-NURHI facilities that offered FP services had increased by endline in Abuja, Benin City, Ilorin, and Zaria, with 7-, 14-, 4-, and 12-percentage-point increases, respectively. The provision of PMTCT services had also increased in all facilities (between 10 and 55 percentage points), except in the NURHI facilities in Benin City, in which PMTCT provision had decreased by 28 percentage points. Antenatal and postnatal care and child health services were widely offered at endline among the surveyed facilities (by 84 to 100 percent of facilities), while postabortion care was less commonly offered (36 to 83 percent). Overall, the provision of sexually transmitted infection (STI) services, HIV/AIDS management, and voluntary counseling and testing (VCT) had considerably increased, with 77 to 100 percent of facilities offering STI or VCT services by endline. The share of facilities that offered HIV/AIDS management was smaller, with 24 to 62 percent of non-NURHI facilities and 41 to 92 percent of NURHI facilities offering this service at endline.

Table 8.10 RH services offered by facilities at baseline and endline

Percentage of facilities that offer specific RH services, by city and facility type. Nigeria 2010/2011, 2014.

	FP counseling & services		Antenatal care		PMTCT[1]		Postabortion care		Maternity care/ delivery services	
City and facility type	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Abuja										
NURHI facilities	100.0	100.0	90.9	91.7	81.8	91.7	90.9	83.3	90.9	91.7
Non-NURHI facilities	89.2	96.2	97.3	100.0	48.6	84.6	78.4	69.2	97.3	100.0
Benin City										
NURHI facilities	100.0	96.3	100.0	96.3	76.5	48.1	58.8	63.0	100.0	96.3
Non-NURHI facilities	77.8	91.8	96.3	98.0	31.5	46.9	44.4	81.6	96.3	98.0
Ibadan										
NURHI facilities	100.0	100.0	90.0	83.9	43.3	67.7	36.7	35.5	83.3	80.6
Non-NURHI facilities	90.6	89.7	84.4	89.7	28.1	37.9	18.8	55.2	87.5	86.2
Ilorin										
NURHI facilities	100.0	100.0	95.2	95.5	52.4	81.8	66.7	77.3	95.2	95.5
Non-NURHI facilities	94.1	98.0	96.1	95.9	41.2	51.0	76.5	75.5	96.1	95.9
Kaduna										
NURHI facilities	100.0	100.0	100.0	100.0	70.0	95.5	60.0	68.2	100.0	95.5
Non-NURHI facilities	93.1	91.8	95.8	98.4	34.7	65.6	76.4	78.7	94.4	95.1
Zaria										
NURHI facilities	92.3	100.0	100.0	100.0	69.2	100.0	61.5	50.0	92.3	100.0
Non-NURHI facilities	83.3	94.9	95.2	94.9	16.7	71.8	45.2	48.7	78.6	94.9

	Postnatal care		Child health		STI		HIV/AIDS management		VCT	
City and facility type	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Abuja										
NURHI facilities	90.9	91.7	100.0	91.7	100.0	83.3	63.6	91.7	81.8	91.7
Non-NURHI facilities	89.2	96.2	91.9	88.5	78.4	96.2	37.8	61.5	67.6	100.0
Benin City										
NURHI facilities	100.0	88.9	100.0	100.0	70.6	96.3	47.1	40.7	82.4	77.8
Non-NURHI facilities	94.4	89.8	81.5	93.9	79.6	81.6	20.4	30.6	64.8	77.6
Ibadan										
NURHI facilities	93.3	87.1	93.3	96.8	70.0	90.3	13.3	51.6	53.3	90.3
Non-NURHI facilities	81.3	93.1	100.0	89.7	43.8	86.2	0.0	24.1	53.1	86.2
Ilorin										
NURHI facilities	90.5	100.0	100.0	100.0	85.7	100.0	42.9	68.2	95.2	100.0
Non-NURHI facilities	98.0	98.0	98.0	89.8	88.2	91.8	33.3	26.5	86.3	81.6
Kaduna										
NURHI facilities	100.0	86.4	100.0	100.0	90.0	90.9	55.0	77.3	70.0	95.5
Non-NURHI facilities	94.4	95.1	77.8	91.8	97.2	90.2	18.1	57.4	45.8	78.7
Zaria										
NURHI facilities	76.9	94.4	92.3	100.0	92.3	77.8	61.5	61.1	92.3	94.4
Non-NURHI facilities	90.5	89.7	83.3	84.6	69.0	87.2	11.9	41.0	38.1	76.9

[1]PMTCT = Prevention of Mother-to-Child Transmission

For this study, a stock-out is defined as an absence or lack of availability of a particular method at a facility for 24 hours or longer. Table 8.11 shows the percentage of health facilities, among those that provided each contraceptive method, that had a method in stock at the time of survey and the percentage that had experienced a stock-out in the previous 30 days and in the previous year. NURHI facilities showed improvement between baseline and endline: all modern methods, excluding SDM, were in stock in 85 to 100 percent of providing facilities by endline (except for EC in Kaduna). In particular, NURHI facilities in Ilorin and Zaria displayed a remarkable improvement and, at endline, had the fewest stock-outs of modern methods across the six cities, both in the previous 30 days (0 to 5 percent) and in the previous year (0 to 7 percent).

Table 8.11 Facilities that had experienced stock-outs of FP methods at baseline and endline

Percentage of health facilities that had experienced at least one stock-out of FP methods in the previous 30 days and previous year, by city and facility type. Nigeria 2010/2011, 2014.

	NURHI facilities								Non-NURHI facilities							
	Number of facilities providing method		Percentage of facilities that have method currently in stock		Percentage of facilities with a stock-out in the previous 30 days		Percentage of facilities with a stock-out in the past year		Number of facilities providing method		Percentage of facilities that have method currently in stock		Percentage of facilities with a stock-out in the previous 30 days		Percentage of facilities with a stock-out in the past year	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Abuja																
IUDs	11	11	100.0	100.0	0.0	0.0	18.2	0.0	26	16	92.3	87.5	7.7	12.5	11.5	18.8
Implants	8	11	75.0	100.0	50.0	0.0	62.5	9.1	18	11	77.8	90.9	22.2	9.1	22.2	9.1
Injectables	11	12	100.0	91.7	0.0	8.3	36.4	16.7	33	22	90.9	100.0	9.1	9.1	21.2	9.1
Combined oral pills	11	11	100.0	90.9	9.1	9.1	27.3	9.1	31	20	93.5	95.0	9.7	5.0	16.1	10.0
Progestin-only pills	10	10	90.0	100.0	20.0	0.0	30.0	0.0	23	11	95.7	72.7	4.3	27.3	8.7	27.3
EC	4	4	50.0	100.0	50.0	0.0	50.0	0.0	24	11	87.5	72.7	12.5	18.2	12.5	27.3
Male condoms	10	11	100.0	90.9	20.0	9.1	30.0	9.1	23	16	95.7	100.0	8.7	6.3	8.7	6.3
Female condoms	10	8	90.0	100.0	20.0	0.0	30.0	0.0	11	12	90.9	83.3	9.1	16.7	18.2	25.0
SDM	NA	6	NA	100.0	NA	0.0	NA	16.7	NA	9	NA	55.6	NA	33.3	NA	33.3
Benin City																
IUDs	8	20	75.0	90.0	25.0	10.0	25.0	15.0	22	35	90.9	94.3	9.1	5.7	22.7	8.6
Implants	5	20	80.0	85.0	20.0	10.0	20.0	15.0	13	28	84.6	82.1	15.4	14.3	30.8	14.3
Injectables	16	25	93.8	100.0	6.3	0.0	12.5	12.0	41	45	97.6	95.6	2.4	8.9	9.8	13.3
Combined oral pills	14	24	78.6	100.0	21.4	0.0	21.4	16.7	32	43	84.4	97.7	25.0	2.3	37.5	20.9
Progestin-only pills	11	23	72.7	95.7	27.3	0.0	27.3	4.3	24	30	79.2	90.0	20.8	10.0	29.2	16.7
EC	6	13	66.7	92.3	33.3	0.0	50.0	0.0	18	28	88.9	96.4	11.1	14.3	16.7	17.9
Male condoms	12	24	58.3	100.0	41.7	4.2	41.7	12.5	34	31	76.5	93.5	14.7	9.7	20.6	12.9
Female condoms	7	24	57.1	95.8	42.9	8.3	42.9	16.7	23	23	78.3	91.3	21.7	13.0	26.1	13.0
SDM	NA	14	NA	100.0	NA	0.0	NA	0.0	NA	17	NA	76.5	NA	29.4	NA	29.4
Ibadan																
IUDs	29	31	93.1	96.8	13.8	3.2	20.7	3.2	23	22	100.0	95.5	0.0	13.6	0.0	18.2
Implants	6	30	100.0	96.7	16.7	3.3	33.3	3.3	3	17	100.0	82.4	0.0	17.6	0.0	17.6
Injectables	30	31	86.7	96.8	20.0	3.2	26.7	3.2	27	25	100.0	92.0	7.4	20.0	7.4	20.0
Combined oral pills	28	29	100.0	96.6	10.7	3.4	32.1	3.4	22	26	90.9	84.6	27.3	23.1	36.4	26.9
Progestin-only pills	22	24	90.9	100.0	27.3	0.0	40.9	0.0	13	17	92.3	82.4	15.4	23.5	30.8	29.4
EC	13	7	76.9	85.7	23.1	28.6	23.1	28.6	8	11	100.0	81.8	0.0	27.3	12.5	27.3
Male condoms	27	31	88.9	96.8	11.1	3.2	18.5	3.2	22	22	95.5	90.9	4.5	13.6	13.6	13.6
Female condoms	20	27	70.0	100.0	30.0	0.0	40.0	0.0	16	18	100.0	94.4	6.3	5.6	6.3	5.6
SDM	NA	9	NA	88.9	NA	0.0	NA	0.0	NA	4	NA	75.0	NA	25.0	NA	25.0
Ilorin																
IUDs	19	22	89.5	100.0	5.3	0.0	15.8	0.0	44	43	93.2	100.0	11.4	0.0	22.7	2.3
Implants	5	21	60.0	100.0	20.0	0.0	40.0	0.0	10	17	40.0	94.1	40.0	17.6	40.0	17.6
Injectables	21	22	90.5	100.0	4.8	0.0	38.1	0.0	47	48	95.7	100.0	8.5	4.2	23.4	8.3
Combined oral pills	21	22	85.7	100.0	19.0	0.0	28.6	0.0	46	45	87.0	95.6	15.2	8.9	28.3	11.1
Progestin-only pills	15	21	66.7	100.0	33.3	0.0	40.0	4.8	31	25	71.0	100.0	29.0	8.0	29.0	12.0
EC	13	4	76.9	100.0	23.1	0.0	30.8	0.0	31	18	77.4	94.4	19.4	16.7	19.4	16.7
Male condoms	18	21	88.9	95.2	11.1	4.8	11.1	4.8	43	37	90.7	91.9	9.3	10.8	14.0	13.5
Female condoms	11	19	90.9	94.7	9.1	5.3	27.3	5.3	22	15	72.7	93.3	18.2	13.3	27.3	13.3
SDM	NA	5	NA	80.0	NA	0.0	NA	0.0	NA	2	NA	50.0	NA	50.0	NA	50.0
Kaduna																
IUDs	12	18	100.0	100.0	0.0	5.6	0.0	5.6	39	42	87.2	97.6	12.8	0.0	20.5	0.0
Implants	6	20	66.7	100.0	33.3	5.0	33.3	5.0	13	34	84.6	97.1	23.1	2.9	30.8	2.9
Injectables	20	22	95.0	100.0	10.0	0.0	25.0	0.0	65	51	98.5	94.1	9.2	3.9	16.9	5.9
Combined oral pills	19	22	89.5	100.0	21.1	0.0	26.3	4.5	57	51	89.5	96.1	15.8	7.8	26.3	7.8
Progestin-only pills	12	19	91.7	94.7	16.7	10.5	16.7	15.8	32	32	90.6	100.0	15.6	0.0	21.9	0.0
EC	6	5	100.0	60.0	0.0	40.0	0.0	40.0	17	33	88.2	93.9	17.6	9.1	29.4	9.1
Male condoms	15	22	86.7	95.5	13.3	4.5	20.0	4.5	28	24	85.7	87.5	14.3	12.5	21.4	12.5
Female condoms	7	21	85.7	100.0	14.3	0.0	14.3	0.0	3	12	66.7	91.7	33.3	16.7	33.3	16.7
SDM	NA	10	NA	90.0	NA	10.0	NA	20.0	NA	7	NA	100.0	NA	0.0	NA	0.0
Zaria																
IUDs	7	14	85.7	100.0	14.3	0.0	28.6	7.1	14	13	85.7	76.9	14.3	23.1	14.3	23.1
Implants	3	15	33.3	100.0	66.7	0.0	100.0	0.0	5	13	80.0	92.3	20.0	15.4	20.0	15.4
Injectables	12	17	91.7	100.0	8.3	0.0	41.7	0.0	35	36	80.0	88.9	22.9	16.7	42.9	22.2
Combined oral pills	11	16	81.8	100.0	36.4	0.0	45.5	0.0	27	34	81.5	79.4	22.2	20.6	44.4	32.4
Progestin-only pills	4	10	50.0	100.0	50.0	0.0	50.0	0.0	8	13	100.0	84.6	0.0	23.1	25.0	23.1
EC	3	2	66.7	100.0	33.3	0.0	33.3	0.0	10	9	80.0	88.9	20.0	22.2	40.0	22.2
Male condoms	5	16	100.0	100.0	0.0	0.0	20.0	0.0	14	24	92.9	87.5	14.3	16.7	28.6	16.7
Female condoms	3	16	66.7	100.0	33.3	0.0	33.3	0.0	0	15	NA	93.3	NA	20.0	NA	20.0
SDM	NA	8	NA	87.5	NA	12.5	NA	12.5	NA	5	NA	80.0	NA	40.0	NA	40.0

NA=not applicable because no data collected

Table 8.12 reports the number of pharmacies and PMSs that provided each contraceptive method, the percentage that had the method in stock at the time of each survey, and those that had experienced a stock-out in the previous 30 days and in the previous year. Implants, injectables, combined oral pills, EC, and male condoms were in stock in 86 to 100 percent of the providing pharmacies in all six cities at endline (except for implants in Kaduna, which were in stock in only 50 percent of pharmacies). In most cities (Abuja, Benin City, Ilorin, and Zaria), a smaller percentage of pharmacies had progestin-only pills and female condoms in stock at endline compared to other modern contraceptive methods. The most notable improvement between baseline and endline was seen in Ibadan, where 92 to 100 percent of providing pharmacies had each modern method in stock at endline. Like in pharmacies, injectables, combined oral pills, EC, and male condoms were in stock in 85 to 100 percent of the providing PMSs in all cities at endline; implants were only in stock in PMSs in Ibadan at endline. In comparison, progestin-only pills and female condoms were in stock in a smaller share of PMSs in Benin City and Kaduna (between 60 to 89 percent).

Table 8.12 Pharmacies and PMSs that had experienced stock-outs of FP methods at baseline and endline

Percentage of pharmacies and PMSs that had experinced at least one stock-out of FP methods in the previous 30 days and previous year by city and outlet type. Nigeria 2010/2011, 2014.

	Pharmacies								Patent medicine stores (PMSs)							
	Number of pharmacies providing method		Percentage of pharmacies that have method currently in stock		Percent of pharmacies with a stock-out in the previous 30 days		Percentage of pharmacies with a stock-out in the previous year		Number of PMSs providing method		Percentage of PMSs that have method currently in stock		Percentage of PMSs with a stock-out in the previous 30 days		Percentage of PMSs with a stock-out in the previous year	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Abuja																
Implants	0	2	NA	100.0	NA	0.0	NA	50.0	0	0	NA	NA	NA	NA	NA	NA
Injectables	58	57	98.3	91.2	22.4	12.3	25.9	15.8	1	30	100.0	90.0	0.0	16.7	0.0	33.3
Combined oral pills	57	66	96.5	95.5	26.3	7.6	35.1	12.1	50	68	100.0	91.2	6.0	14.7	10.0	32.4
Progestin-only pills	0	6	NA	83.3	NA	16.7	NA	16.7	0	0	NA	NA	NA	NA	NA	NA
EC	50	55	100.0	85.5	0.0	23.6	2.0	27.3	22	51	95.5	88.2	4.5	23.5	4.5	31.4
Male condoms	95	73	98.9	97.3	4.2	2.7	5.3	4.1	88	77	98.9	100.0	6.8	2.6	9.1	6.5
Female condoms	39	11	92.3	72.7	15.4	27.3	23.1	27.3	12	2	100.0	100.0	0.0	0.0	25.0	0.0
Benin City																
Implants	0	1	NA	100.0	NA	100.0	NA	100.0	0	0	NA	NA	NA	NA	NA	NA
Injectables	58	72	93.1	98.6	13.8	1.4	17.2	8.3	2	23	50.0	87.0	50.0	43.5	50.0	43.5
Combined oral pills	66	86	93.9	95.3	28.8	9.3	37.9	14.0	47	70	95.7	92.9	4.3	15.7	6.4	22.9
Progestin-only pills	0	48	NA	81.3	NA	35.4	NA	41.7	1	56	100.0	66.1	0.0	58.9	0.0	62.5
EC	60	73	96.7	95.9	15.0	8.2	15.0	12.3	23	39	87.0	97.4	21.7	5.1	21.7	23.1
Male condoms	81	92	100.0	97.8	1.2	3.3	2.5	5.4	93	86	100.0	100.0	1.1	9.3	1.1	12.8
Female condoms	57	41	84.2	82.9	22.8	34.1	24.6	39.0	29	18	93.1	88.9	10.3	55.6	10.3	55.6
Ibadan																
Implants	0	5	NA	100.0	NA	20.0	NA	20.0	0	4	NA	100.0	NA	100.0	NA	100.0
Injectables	50	56	96.0	100.0	18.0	5.4	42.0	5.4	3	21	33.3	95.2	66.7	19.0	66.7	19.0
Combined oral pills	68	54	86.8	100.0	22.1	11.1	30.9	11.1	60	64	86.7	95.3	13.3	10.9	26.7	18.8
Progestin-only pills	10	10	90.0	100.0	30.0	40.0	40.0	40.0	0	6	NA	100.0	NA	66.7	NA	66.7
EC	72	53	84.7	96.2	23.6	15.1	36.1	17.0	39	33	92.3	97.0	10.3	24.2	20.5	24.2
Male condoms	92	67	93.5	100.0	13.0	0.0	18.5	0.0	83	78	97.6	98.7	2.4	2.6	6.0	3.8
Female condoms	18	12	83.3	91.7	38.9	16.7	50.0	16.7	12	9	66.7	100.0	33.3	0.0	33.3	0.0
Ilorin																
Implants	0	4	NA	100.0	NA	0.0	NA	0.0	0	1	NA	0.0	NA	100.0	NA	100.0
Injectables	36	48	97.2	97.9	2.8	16.7	8.3	25.0	11	9	63.6	88.9	54.5	22.2	63.6	33.3
Combined oral pills	45	66	100.0	98.5	0.0	16.7	4.4	25.8	44	83	95.5	89.2	18.2	48.2	31.8	61.4
Progestin-only pills	0	6	NA	83.3	NA	50.0	NA	50.0	4	1	75.0	100.0	25.0	0.0	25.0	100.0
EC	40	67	100.0	97.0	0.0	19.4	5.0	23.9	32	53	84.4	90.6	37.5	22.6	50.0	39.6
Male condoms	48	70	100.0	100.0	0.0	5.7	0.0	10.0	65	99	86.2	96.0	24.6	21.2	33.8	26.3
Female condoms	3	7	66.7	57.1	33.3	71.4	33.3	71.4	1	8	100.0	87.5	0.0	25.0	0.0	37.5
Kaduna																
Implants	0	2	NA	50.0	NA	50.0	NA	50.0	0	0	NA	NA	NA	NA	NA	NA
Injectables	71	69	100.0	92.8	7.0	10.1	21.1	15.9	49	58	93.9	89.7	16.3	19.0	22.4	24.1
Combined oral pills	70	77	92.9	93.5	12.9	9.1	25.7	16.9	62	80	85.5	85.0	22.6	22.5	32.3	35.0
Progestin-only pills	7	5	85.7	100.0	14.3	40.0	14.3	60.0	3	3	66.7	66.7	33.3	66.7	66.7	66.7
EC	57	78	91.2	93.6	14.0	11.5	28.1	19.2	42	71	92.9	90.1	11.9	19.7	28.6	32.4
Male condoms	75	80	100.0	97.5	2.7	2.5	8.0	2.5	78	83	97.4	96.4	3.8	4.8	9.0	8.4
Female condoms	13	4	92.3	75.0	15.4	50.0	30.8	50.0	6	5	50.0	60.0	50.0	60.0	66.7	80.0
Zaria																
Implants	0	1	N/A	100.0	NA	0.0	NA	0.0	0	0	NA	NA	NA	NA	NA	NA
Injectables	16	23	100.0	95.7	6.3	4.3	18.8	8.7	31	52	90.3	94.2	25.8	7.7	32.3	13.5
Combined oral pills	12	29	100.0	89.7	0.0	13.8	33.3	24.1	50	68	88.0	92.6	24.0	11.8	42.0	23.5
Progestin-only pills	1	2	100.0	50.0	0.0	50.0	0.0	50.0	1	2	100.0	100.0	100.0	0.0	100.0	0.0
EC	13	22	92.3	95.5	7.7	9.1	23.1	22.7	25	31	88.0	93.5	20.0	16.1	20.0	29.0
Male condoms	19	34	94.7	100.0	5.3	0.0	5.3	5.9	67	73	98.5	94.5	10.4	9.6	20.9	15.1
Female condoms	2	0	50.0	NA	50.0	NA	50.0	NA	8	4	87.5	100.0	12.5	25.0	12.5	25.0

NA=not applicable because no data collected

Table 8.13 shows the percentage of facilities with an information, education, and communication (IEC) health outreach program that discusses FP; that have ever given an FP-related health talk to the community; and that supervise community-based distributors of contraceptives (CBD). Health outreach activities are considerably more frequent in NURHI facilities than in non-NURHI facilities. At endline, the majority of NURHI facilities had an IEC health outreach program or had ever given an FP-related talk to the community (50 to 94 percent). Notably, nearly three-quarters of NURHI facilities in Ibadan, Kaduna, and Zaria had an IEC health outreach program at endline. In contrast, only 14 to 66 percent of non-NURHI facilities had an IEC health outreach program or had ever given an FP-related talk to the community. The percentage of health facilities that supervised community-based distributors was also higher for NURHI facilities at endline (between 15 and 50 percent of facilities) compared to non-NURHI facilities (between 6 and 14 percent). Overall, health outreach activities generally increased from baseline to endline in both NURHI and non-NURHI facilities, with a notable increase in Ibadan (between 14 and 44 percentage points) and Kaduna (between 9 and 35 percentage points).

Table 8.13 Facility health outreach programs

Percentage of facilities with health outreach activities, by city and facility type. Nigeria 2010/2011, 2014.

City and facility type	Percentage of facilities with an IEC health outreach program that discusses FP	Percentage of facilities that have ever given an FP-related health talk to the community	Percentage of facilities that supervise CBDs of contraceptives	Total number of facilities
Abuja baseline				
NURHI facilities	54.5	81.8	27.3	11
Non-NURHI facilities	16.2	24.3	5.4	37
Abuja endline				
NURHI facilities	50.0	58.3	41.7	12
Non-NURHI facilities	38.5	50.0	11.5	26
Benin City baseline				
NURHI facilities	47.1	64.7	5.9	17
Non-NURHI facilities	25.9	37.0	3.7	54
Benin City endline				
NURHI facilities	59.3	66.7	14.8	27
Non-NURHI facilities	14.3	14.3	6.1	49
Ibadan baseline				
NURHI facilities	36.7	46.7	3.3	30
Non-NURHI facilities	21.9	25.0	0.0	32
Ibadan endline				
NURHI facilities	74.2	90.3	25.8	31
Non-NURHI facilities	44.8	65.5	13.8	29
Ilorin baseline				
NURHI facilities	52.4	66.7	19.0	21
Non-NURHI facilities	25.5	54.9	5.9	51
Ilorin endline				
NURHI facilities	63.6	77.3	27.3	22
Non-NURHI facilities	34.7	40.8	6.1	49
Kaduna baseline				
NURHI facilities	40.0	50.0	15.0	20
Non-NURHI facilities	16.7	19.4	4.2	72
Kaduna endline				
NURHI facilities	72.7	77.3	50.0	22
Non-NURHI facilities	31.1	34.4	13.1	61
Zaria baseline				
NURHI facilities	38.5	69.2	23.1	13
Non-NURHI facilities	40.5	45.2	7.1	42
Zaria endline				
NURHI facilities	72.2	94.4	16.7	18
Non-NURHI facilities	38.5	51.3	7.7	39

8.3 Quality of Reproductive Health Services

While access to health services has expanded over time in developing countries, access to quality health remains a major challenge (Das et al., 2008). A critical goal of NURHI is to increase the quality of FP services in targeted cities. In addition to the surveys of facilities and providers, female clients (age 15–49) were interviewed and asked about the quality of the services they had received on that day.

Table 8.14 displays data concerning clients' perceptions of wait times and privacy when receiving RH services and their satisfaction with the visit. As the table shows, the average wait time had decreased in Ibadan, where half of the clients waited less than 16 minutes for a visit at endline, compared to 23.8 percent at baseline. Wait times also decreased in Ilorin (the percentage of clients waiting 30 minutes or less went up from 61 to 72) and in Zaria (notably, the percentage of clients waiting over two hours went down from 29.3 to 6 percent). In contrast, the situation did not change much in Benin City and Kaduna, where about one-quarter and one-third of clients waited over an hour at endline, respectively. In Abuja, the percentage of clients waiting over two hours decreased (from 12 to 1 percent), but very short waits were less common at endline (18 percent of clients waited less than 16 minutes versus 33 percent at baseline). Overall, a larger percentage of clients felt like the wait time was reasonable or reported at endline that there was no wait time (69 to 97 percent) compared to baseline (57 to 84 percent). Between 61 and 89 percent of clients reported having auditory privacy during consultations at endline, but visual privacy was less common (between 21 to 67 percent). At endline, less than 2 percent of clients felt like they were not treated well by the provider or by other staff, and over 95 percent of clients were satisfied or highly satisfied with their visit, which is a few percentage points higher than at baseline. Finally, over 89 percent of clients felt comfortable asking questions at endline, and over 94 percent would use the facility in the future and would recommend it to others.

Table 8.14 RH clients' perceptions of services received at baseline and endline

Percentage distribution of RH services clients' perceptions of quality of services received at the health facilities, by city. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Wait time to see a health staff member for a consultation												
<16 minutes	32.5	17.8	17.6	18.3	23.8	49.8	32.4	34.6	26.2	22.2	12.0	25.5
16–30 minutes	20.1	46.2	23.8	26.3	20.5	20.8	28.8	37.2	18.3	21.7	16.5	21.9
31–45 minutes	9.9	17.3	12.5	16.2	11.7	6.3	11.7	8.0	9.1	11.2	5.7	9.3
46–60 minutes	9.5	13.8	18.9	15.2	15.3	8.6	13.7	8.9	11.3	12.5	12.9	15.4
61–90 minutes	6.8	2.5	11.7	6.9	9.5	6.6	6.6	4.1	9.6	9.3	7.0	12.7
91–120 minutes	8.0	1.5	7.0	8.7	10.6	4.6	2.5	3.7	10.1	10.1	15.8	9.3
>120 minutes	12.3	0.8	7.3	8.1	8.1	3.1	3.2	3.3	13.8	11.9	29.3	6.0
Don't know/no data	0.9	0.0	1.1	0.3	0.4	0.1	1.1	0.3	1.5	1.1	0.8	0.0
Perceptions of wait time												
No waiting time, was seen immediately	10.6	5.7	8.4	21.4	16.2	36.9	12.5	20.9	11.3	23.9	5.9	38.6
Reasonable amount of time	62.8	81.2	62.8	58.1	51.9	55.3	71.9	75.9	55.3	57.2	50.8	30.5
Too long	25.5	12.5	27.9	20.4	31.6	7.6	13.6	3.1	32.9	18.8	42.1	30.6
Don't know/no data	1.1	0.7	0.9	0.1	0.2	0.1	2.0	0.1	0.5	0.1	1.3	0.3
Visual privacy during consultation												
Yes	55.2	67.3	33.9	65.6	67.0	58.0	46.4	21.0	35.7	43.9	41.5	58.9
No	42.9	31.5	65.4	34.0	30.1	41.7	50.8	78.7	62.4	55.2	58.0	40.2
No data	1.9	1.2	0.7	0.4	2.9	0.2	2.8	0.3	1.8	0.9	0.5	1.0
Auditory privacy during consultation												
Yes	79.1	62.2	73.1	69.3	49.6	61.4	65.8	88.8	71.9	77.7	62.9	62.0
No	18.4	37.2	25.4	30.5	47.9	38.3	26.3	10.6	27.1	21.3	33.2	37.7
Don't know/no data	2.6	0.7	1.5	0.3	2.4	0.3	7.9	0.5	1.0	1.0	4.0	0.3
Felt comfortable asking questions												
Yes	92.4	95.7	94.1	99.1	95.6	96.6	96.0	96.4	88.4	92.8	75.3	89.1
No	6.4	4.3	5.9	0.9	4.3	3.4	3.2	3.5	11.6	7.2	24.5	10.9
No data	1.2	0.0	0.0	0.0	0.1	0.0	0.7	0.1	0.0	0.0	0.3	0.0
How treated by provider												
Very well	46.1	42.3	74.6	69.4	76.6	87.3	77.0	88.0	61.7	61.9	73.6	75.2
Well	51.7	56.7	24.7	30.2	22.5	12.2	21.9	12.0	37.3	37.5	25.3	24.5
Not very well/poorly	1.3	0.8	0.7	0.4	0.7	0.4	0.6	0.0	0.9	0.5	0.6	0.3
No data	0.9	0.2	0.0	0.0	0.1	0.0	0.5	0.0	0.1	0.0	0.5	0.0
How treated by other staff												
Very well	38.5	31.2	64.8	64.6	74.9	83.0	70.6	80.9	56.5	52.9	63.1	62.9
Well	55.3	66.7	30.6	34.6	24.2	16.5	26.9	19.1	40.1	46.4	35.8	33.4
Not very well/poorly	3.6	1.7	0.9	0.8	0.7	0.4	2.0	0.0	3.2	0.6	0.4	0.8
There was no other staff	1.8	0.3	3.8	0.0	0.0	0.1	0.1	0.0	0.1	0.0	0.3	2.9
No data	0.8	0.2	0.0	0.0	0.1	0.0	0.4	0.0	0.0	0.1	0.4	0.0
Feelings about information given during visit												
Too little	12.9	3.5	6.5	3.7	7.6	7.1	13.2	0.7	16.0	5.4	12.2	6.9
About right	81.1	92.8	87.2	91.2	87.1	89.5	83.9	99.0	68.2	90.2	69.1	61.5
Too much	1.8	3.2	4.2	5.2	3.2	2.6	1.0	0.0	13.2	3.4	11.9	30.1
Don't know/no data	4.3	0.5	2.2	0.0	2.2	0.7	1.9	0.3	2.6	0.9	6.8	1.5
Satisfaction with visit												
Highly satisfied	30.1	21.8	42.7	35.9	54.5	54.0	57.1	50.9	43.2	28.5	54.1	37.3
Satisfied	64.7	74.2	54.8	62.3	43.0	44.8	40.9	48.3	51.5	70.7	36.5	60.2
Somewhat satisfied	3.4	3.2	2.2	1.6	1.8	1.2	1.2	0.7	5.0	0.8	8.3	1.8
Not at all satisfied	1.1	0.3	0.2	0.1	0.2	0.0	0.2	0.1	0.2	0.0	0.8	0.4
No data	0.8	0.5	0.1	0.0	0.4	0.0	0.5	0.0	0.0	0.0	0.4	0.3
Use facility for health care in future?												
Yes	88.1	94.5	94.3	97.9	96.8	94.8	92.6	98.3	95.6	98.9	98.3	97.9
No	4.0	4.3	1.0	1.3	1.8	1.1	3.8	1.0	1.6	0.4	0.5	1.4
Don't know/no data	8.0	1.2	4.8	0.9	1.5	4.1	3.6	0.7	2.8	0.7	1.1	0.7
Recommend the facility to family/friends/neighbors?												
Yes	95.9	95.7	95.2	99.0	96.1	98.7	86.4	94.3	96.2	97.3	96.9	98.2
No	2.2	3.2	1.2	0.5	1.0	0.5	4.3	1.1	1.2	0.9	0.5	0.8
Don't know/no data	1.9	1.2	3.5	0.5	2.9	0.8	9.3	4.6	2.6	1.8	2.6	1.0
Number of exit interview clients	855	600	818	794	1362	1339	809	977	812	959	784	722

Table 8.15 provides more detailed information regarding the quality of FP visits as perceived by new/renewed contraceptive users and current users. While 74 to 82 percent of the providers at endline in Benin City and Zaria offered information on different FP methods to current users or asked about any other FP method they would prefer, only 35 to 64 percent of providers did so in the other cities. Compared to current users, new or renewed users typically received more information from providers: 60 to 89 percent were provided information about different FP methods or were asked about their method of choice across all cities at endline. However, only 31 to 61 percent of them were helped to select a method. Providers talked about possible side effects with 65 to 88 percent of current users and with 45 to 85 of new/renewed users. Finally, most clients were told when to return for follow-up, with a large improvement between baseline and endline for current users in Benin City (from 4 to 97 percent) and Ibadan (from 7 to 96).

Table 8.15 RH clients' reports of selected aspects of FP service at baseline and endline

Percentage of RH clients reporting on selected aspects of FP service quality, by city. Nigeria 2010/2011, 2014.

Clients' reports	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Current users												
Provider provided information about different FP methods	37.2	58.2	24.1	74.4	49.2	35.3	67.4	51.4	52.1	64.3	12.5	73.8
Provider asked about any other FP method client would prefer	44.2	52.7	20.3	73.9	47.5	42.2	74.4	59.2	37.5	63.1	12.5	82.3
Provider asked specifically about any problems client had with method used prior to visit	65.5	82.8	82.3	80.1	78.0	75.8	86.0	94.2	79.2	68.8	87.5	80.6
Provider suggested action(s) to resolve any problems	43.4	76.6	44.3	72.2	39.0	48.8	79.1	83.3	52.1	54.5	62.5	69.2
Provider talked about side effects of method client was using prior to visit	46.9	69.9	53.2	72.7	79.7	71.5	74.4	87.8	52.1	65.2	25.0	80.2
Provider told client when to return for follow-up	95.6	96.9	3.8	96.6	6.8	96.4	51.2	97.0	87.5	98.2	75.0	97.9
Total number of current users	113	256	79	176	59	533	43	395	48	336	8	237
New acceptors and renewed users												
Provider provided information about different FP methods	66.7	84.6	72.2	60.0	50.0	75.0	78.4	71.9	88.2	70.4	100.0	88.6
Provider asked about client's method of choice	73.3	82.7	66.7	70.0	50.0	75.0	81.1	71.9	58.8	69.0	83.3	88.6
Provider helped client select a method	50.0	57.7	50.0	55.0	31.8	31.3	70.3	37.5	58.8	60.6	66.7	57.1
Provider explained how to use the method	70.0	84.6	77.8	80.0	40.9	64.6	83.8	68.8	82.4	80.3	83.3	82.9
Provider talked about possible side effects	63.3	84.6	72.2	45.0	40.9	64.6	81.1	68.8	58.8	76.1	83.3	57.1
Provider told client what to do if she had any problems	63.3	84.6	77.8	55.0	45.5	72.9	89.2	78.1	76.5	73.2	100.0	62.9
Provider told client when to return for follow-up	76.7	88.5	72.2	90.0	50.0	77.1	89.2	71.9	82.4	84.5	66.7	82.9
Total number of new acceptors and renewed users	30	52	18	20	22	48	37	32	17	71	6	35

In addition to the information reported by clients regarding FP visits, Table 8.16 shows what providers reported doing and saying during these visits. A larger percentage of providers reported offering information on different FP methods at endline in Ibadan, Ilorin, and Zaria (between 72 and 83 percent) compared to Abuja, Benin City, and Kaduna (between 42 and 54 percent). Moreover, the percentage of providers that reported having offered information on different FP methods decreased between baseline and endline in all cities except in Ilorin. The percentage of providers that reported having discussed the client's FP preferences was notably low at endline (between 19 and 34 percent), except in Zaria (69 percent). The share of providers that reported asking clients about their reproductive goals increased considerably in Kaduna and Zaria (from about one-third at baseline to over three-quarters at endline), whereas it decreased to less than one-third of providers in Abuja and Ilorin at endline. Finally, the percentage of providers that reported explaining side effects increased in all cities (by 8 to 30 percentage points).

Table 8.16 Provider reports of selected aspects of FP service quality at baseline and endline

Among providers who know at least one FP method well enough to provide and/or counsel, percentage reporting on selected aspects of FP service quality, by city. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Provider offered information about different FP methods	66.9	53.6	72.1	51.5	75.9	75.5	66.7	72.1	51.8	41.8	86.8	82.5
Provider discussed the client's FP preferences	32.6	29.3	46.4	25.8	34.6	33.8	22.8	19.2	20.2	26.1	31.9	68.9
Provider asked the client about her reproductive goals/plans	34.8	33.6	54.9	57.5	53.2	49.5	32.2	16.2	34.7	76.8	30.2	80.2
Provider explained side effects	42.0	57.9	44.6	58.5	25.7	55.6	47.2	55.5	30.3	54.6	57.1	69.3
Provider explained specific medical reasons for return	17.7	47.9	39.9	20.7	28.7	30.1	14.2	10.2	31.7	35.0	23.6	68.4
Number of providers who provide and/or counsel any FP method	181	140	233	299	237	216	267	265	357	280	182	212

The nonmedical restrictions imposed by certain providers, based on various criteria such as a person's age or marital status, create potential barriers to contraceptive method access. In order to evaluate the prevalence of such nonmedical restrictions in the six cities, providers were asked for the minimum and maximum ages they required clients to be before offering each contraceptive method, whether there were a minimum number of children a person must have, whether they required a partner's consent, and whether they would offer the methods to an unmarried person. The results, displayed in Table 8.17, show that restrictions were more frequent in non-NURHI facilities compared to NURHI facilities in all cities at endline. For instance, 41 percent of providers in non-NURHI facilities restricted provision of oral pills to only married women at endline, compared to 29.9 percent in NURHI facilities. Condoms were typically less subject to restrictions than other methods, although over half of the providers imposed a minimum age restriction (over 15 years old) on condoms at endline. Requiring the partner's consent and imposing a minimum age were the most common types of restrictions at endline: 55 to 76 percent of providers in NURHI facilities imposed such restrictions on contraceptives (excluding condoms). Certain restrictions (parity and marital restrictions) decreased overall in NURHI facilities between baseline and endline; however, a larger share of providers required partner consent in NURHI facilities at endline (25 to 75 percent) compared to baseline (11 to 67 percent).

Table 8.17 Provider restrictions on RH clients' eligibility to access a method/ service at endline

Among providers who reported that they know specific FP methods well enough to counsel and provide the method, percentage who restrict clients' eligibility to access a method/service, by type of restriction and facility. Nigeria 2010/2011, 2014.

Restriction	Male condom	Combined oral pill	Injectable	IUD	Implant	Female sterilization
BASELINE						
Percentage who restrict based on woman's parity						
NURHI facilities	4.5	32.8	62.3	48.6	33.9	52.4
Non-NURHI facilities	2.1	41.0	65.7	56.4	47.3	53.6
Percentage who restrict based on woman's marital status						
NURHI facilities	11.0	43.2	69.0	59.3	37.5	61.9
Non-NURHI facilities	10.0	55.2	75.3	72.4	68.9	67.9
Percentage who restrict based on other's consent						
NURHI facilities	11.0	44.3	63.5	60.2	46.4	66.7
Non-NURHI facilities	10.7	56.9	73.2	70.6	64.9	64.3
Percentage who restrict based on a minimum age requirement[1]						
NURHI facilities	43.6	76.0	83.7	87.5	64.3	57.1
Non-NURHI facilities	60.5	80.8	85.0	91.9	83.8	60.7
Percentage who report a maximum age to which they provide method[2]						
NURHI facilities	11.0	78.0	68.7	65.7	48.2	9.5
Non-NURHI facilities	9.1	77.0	74.8	78.2	67.6	39.3
Total number of providers who know method well enough to provide and counsel the method						
NURHI facilities	**264**	**296**	**326**	**216**	**56**	**21**
Non-NURHI facilities	**428**	**610**	**746**	**344**	**74**	**28**
ENDLINE						
Percentage who restrict based on woman's parity						
NURHI facilities	2.0	26.3	39.4	27.9	32.0	43.8
Non-NURHI facilities	6.3	40.4	56.7	55.0	51.8	73.9
Percentage who restrict based on woman's marital status						
NURHI facilities	8.8	29.9	46.6	41.9	43.0	46.9
Non-NURHI facilities	10.4	40.9	53.0	53.0	46.1	65.2
Percentage who restrict based on other's consent						
NURHI facilities	24.9	55.1	61.9	63.7	66.5	75.0
Non-NURHI facilities	22.7	63.9	72.8	72.8	78.8	78.3
Percentage who restrict based on a minimum age requirement[1]						
NURHI facilities	55.4	69.2	75.9	65.6	67.5	65.6
Non-NURHI facilities	61.6	87.0	90.3	88.7	85.0	87.0
Percentage who report a maximum age to which they provide method[2]						
NURHI facilities	7.6	63.2	56.3	43.7	45.5	18.8
Non-NURHI facilities	12.5	81.7	78.1	69.5	71.5	26.1
Total number of providers who know method well enough to provide and counsel the method						
NURHI facilities	354	334	378	215	200	32
Non-NURHI facilities	463	545	661	302	193	23

[1]Minimum age requirement defined as requiring that the woman be older than 15 years of age to receive the method.

[2]Maximum age was defined as a report of not providing the method to a woman aged 49 or older.

Table 8.18 indicates that over three-quarters of all health facilities had been renovated in the five years prior to the survey. The share of facilities that had been renovated is particularly high in Ilorin and Kaduna (around 95 percent of NURHI facilities and 87 percent of non-NURHI facilities). Except in Benin City, the share of NURHI facilities that had been renovated was larger than that of non-NURHI facilities. Cleaning-Repair-Use & Functionality-Fairy (CRUFFY) was the most common type of renovation carried out in NURHI facilities (57 percent of all renovations). CRUFFY renovations are slightly less comprehensive than the more intensive version called the NURHI 72 Hour Makeover. As seen in Figure 8.1a, Kaduna was an exception, with the NURHI 72-Hour Makeover accounting for 81 percent of the renovations in that city's NURHI facilities; on the other hand, CRUFFY renovations accounted for the majority (53 percent) of the renovations that occurred in non-NURHI facilities in Kaduna (Figure 8.1b).

Table 8.18 Exposure to NURHI facility infrastructure improvements at endline

Percentage of facilities that report infrastructure renovations and/or participation in NURHI facility infrastructure improvements, by city and facility type. Nigeria 2014.

	All facilities	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
		NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI
Percentage reporting facility renovation in the previous five years	76.1	75.0	57.7	70.4	77.6	87.1	48.3	95.5	87.8	95.5	86.9	77.8	48.7
Total number of facilities	385	12	26	27	49	31	29	22	49	22	61	18	39
Among those with renovations, type of infrastructure improvement[1]													
NURHI 72-hour makeover	21.5	44.4	6.7	0.0	0.0	48.1	21.4	71.4	4.7	81.0	7.5	28.6	0.0
CRUFFY	56.7	55.6	20.0	63.2	65.8	37.0	35.7	66.7	90.7	9.5	52.8	64.3	73.7
Other non-NURHI renovation	29.7	11.1	80.0	36.8	36.8	14.8	42.9	14.3	9.3	19.0	41.5	21.4	36.8
Total number of facilities with renovations in previous five years	293	9	15	19	38	27	14	21	43	21	53	14	19

[1]Percentages may not add up to 100% because multiple responses could be given.

Figure 8.1a Report of infrastructure renovations at endline among NURHI facilities

Kaduna, Nigeria 2014

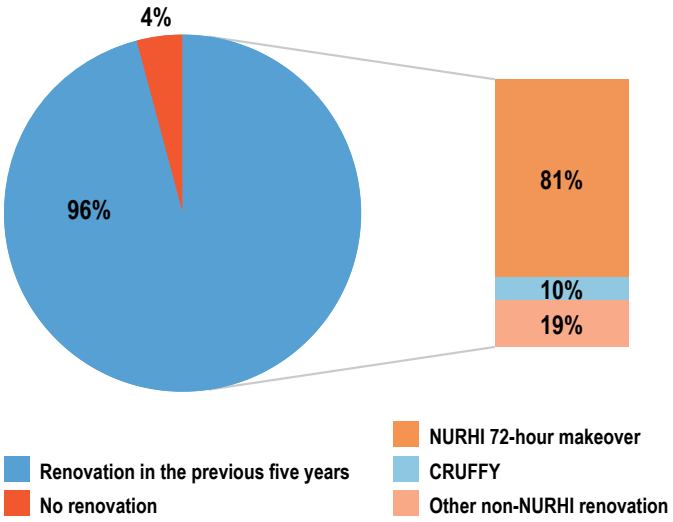


Figure 8.1b Report of infrastructure renovations at endline among non-NURHI facilities

Kaduna, Nigeria 2014

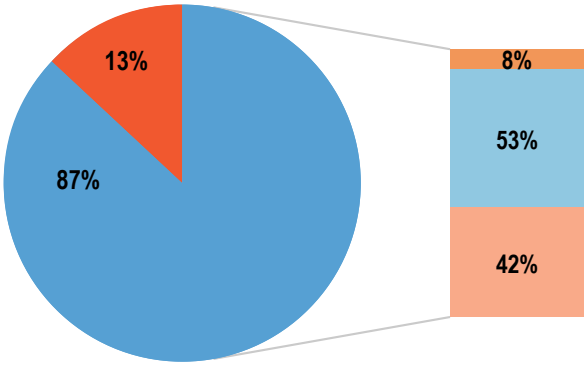


Table 8.19 shows the availability of IEC material in health facilities at endline. A larger share of NURHI facilities reported having IEC materials (58 to 100 percent) compared to non-NURHI facilities (25 to 82 percent). Between 74 and 100 percent of NURHI facilities had posters, informational flip charts, brochures /pamphlets, information sheets, job aids, counseling cards, and samples of FP methods (except for job aids in Benin City, which were available in only 67 percent of NURHI facilities). Demonstration models were available in a smaller percentage of NURHI facilities (between 58 to 86 percent) than were other IEC materials. Posters and samples of FP methods were the most commonly available types of IEC materials in non-NURHI facilities in all six cities; between 57 and 82 percent of non-NURHI facilities had them at endline.

Table 8.19 IEC materials in facilities at endline

Percentage of facilities with IEC materials at endline, by city and facility type. Nigeria 2014.

Types of IEC materials	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI
Posters	100.0	73.1	81.5	77.6	100.0	79.3	100.0	57.1	100.0	73.8	94.4	59.0
Informational flip chart	100.0	53.8	74.1	55.1	96.8	58.6	95.5	42.9	100.0	65.6	88.9	43.6
Brochures/pamphlets	83.3	50.0	77.8	57.1	93.5	58.6	90.9	44.9	100.0	68.9	94.4	43.6
Information sheets	83.3	50.0	85.2	63.3	96.8	48.3	90.9	44.9	95.5	60.7	94.4	59.0
Job aids	91.7	46.2	66.7	49.0	96.8	58.6	100.0	53.1	90.9	37.7	77.8	43.6
Demonstration model	83.3	38.5	74.1	57.1	58.1	34.5	59.1	24.5	86.4	65.6	72.2	41.0
Counseling cards	91.7	50.0	74.1	65.3	93.5	51.7	95.5	26.5	90.9	68.9	94.4	46.2
Samples of FP methods	100.0	65.4	88.9	81.6	100.0	75.9	100.0	69.4	100.0	75.4	94.4	71.8
Total number of facilities	12	26	27	49	31	29	22	49	22	61	18	39

8.4 Provider Trainings, Membership, and Supervision

The goal of provider training is to build the proficiency of providers to render higher quality health services. Table 8.20 presents providers' in-service (or on the job) training on FP service provision. At endline, the number of health care providers who had ever attended an in-service training on FP increased from 3 to 18 percentage points across cities, except in Ibadan where it decreased by 32 percentage points. Across the cities, the percentage of providers who had received in-service training in the past 12 months improved remarkably from baseline to endline. For example, in-service trainings increased from 6 to 29 percent in Ilorin and from 8 to 24 percent in Zaria. NURHI gives trainings to improve the quality of services to be provided; as seen in Figure 8.2, at endline, the percentage of health providers who had attended NURHI's in-service training ranged from 9 percent in Benin City to 32 percent in Ibadan.

Table 8.20 Provider reports of training at baseline and endline

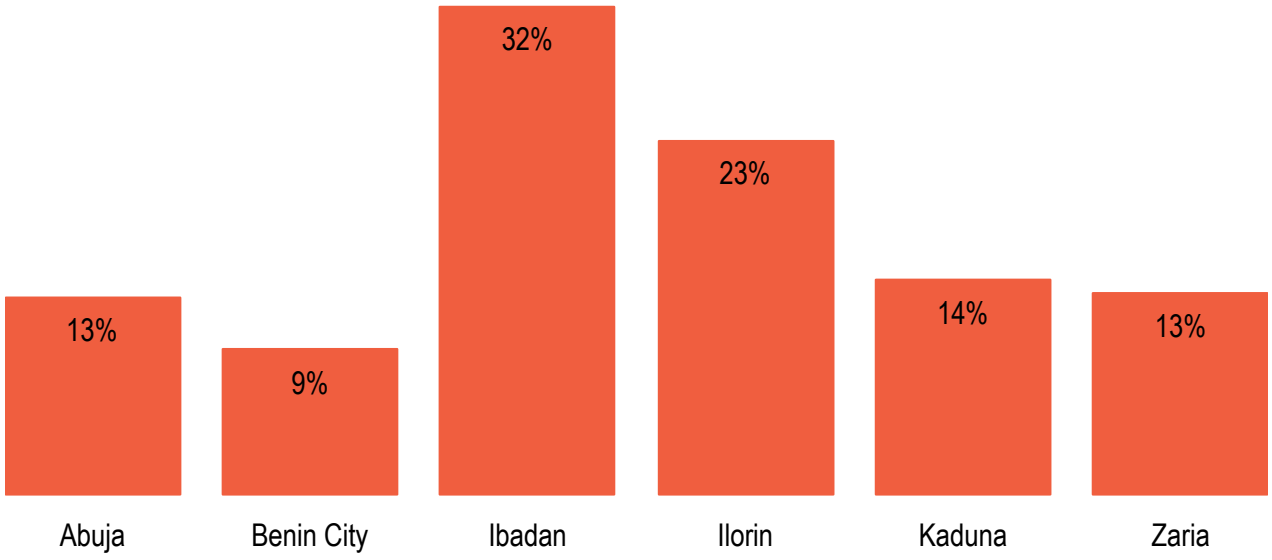
Percentage of health care providers reporting on FP trainings, by city. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Provider has ever attended an in-service training on FP	25.9	33.6	38.7	50.8	92.1	60.6	37.4	55.1	18.6	35.9	37.9	40.8
Provider has attended an in-service training on FP provided by NURHI/ FPPN	NA	12.8	NA	9.4	NA	31.7	NA	23.0	NA	13.9	NA	13.1
Provider has received in-service training on FP in past 12 months	11.1	14.1	11.1	30.8	25.8	31.7	5.5	29.1	5.8	16.4	7.7	23.5
Number of providers	189	149	235	299	240	218	273	265	360	287	182	213

NA=not applicable because no data collected

Figure 8.2 Percentage of providers who have attended an in-service training on FP provided by NURHI at endline

Nigeria 2014



The FPPN is one of NURHI's strategic supply-side program activities. FPPN is a core group of FP providers from both the nonclinical and clinical health sectors in the six NURHI cities from different types of facilities that come together to improve the quality of FP services through increased access and referrals (http://www.nurhitoolkit.org/). The health care providers were asked a series of questions related to their involvement in FPPN, and Table 8.21 presents the findings. As demonstrated in Figure 8.3, of the small number of FPPN members, most of them (80 to 97 percent) discussed FP with other FPPN members as well as with non-FPPN providers (72 to 95 percent). In contrast, among non-FPPN providers, 33 to 84 percent interacted either with FPPN members or non-FPPN providers.

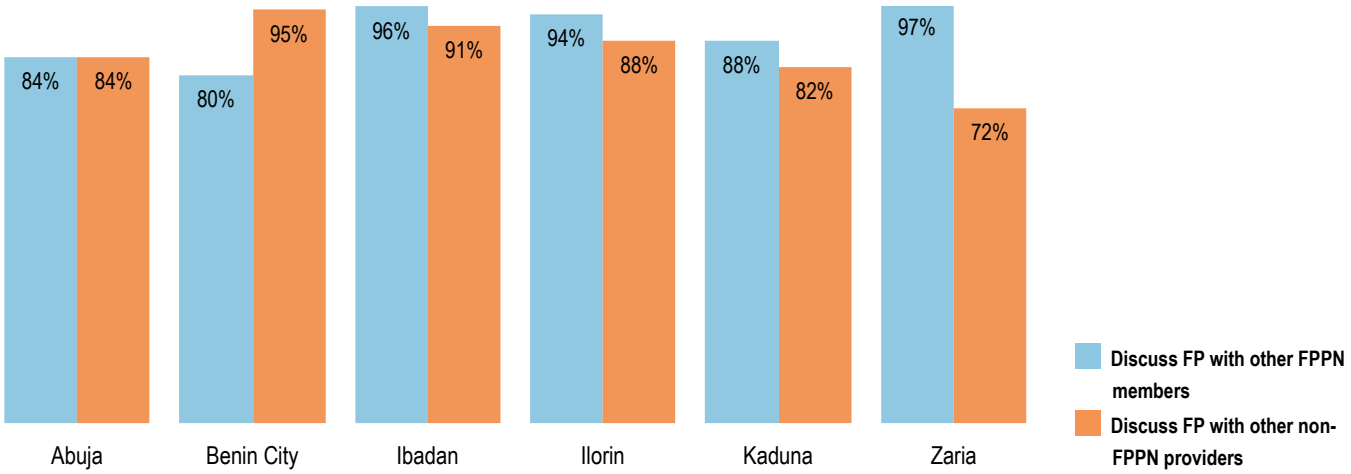
Table 8.21 Provider reports of FPPN at endline

Percentage of providers reporting involvement with FPPN, by city. Nigeria 2014.

Provider	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Member of FPPN						
Yes	12.8	6.7	21.1	12.5	11.5	13.6
No	87.2	93.3	78.9	87.5	88.5	86.4
Number of providers	149	299	218	265	287	213
Among FPPN members						
Attend any FPPN meetings	47.4	60	89.1	75.8	72.7	96.6
Discuss FP with other FPPN members	84.2	80	95.7	93.9	87.9	96.6
Discuss FP with other non-FPPN providers	84.2	95	91.3	87.9	81.8	72.4
Number of providers who are member of FPPN	19	20	46	33	33	29
Among non-FPPN providers						
Interact with FPPN members	33.8	32.6	77.9	57.3	35	41.3
Interact with non-FPPN providers	33.1	53.8	84.3	81.9	46.9	53.8
Number of providers who are not members of FPPN	130	279	172	232	254	184

Figure 8.3 Percent of FPPN members that report discussing FP with other members and non-members at endline

Nigeria 2014



Health care providers use job aids during FP counseling. Table 8.22 presents the reported use of FP counseling job aids by health providers during antenatal, postnatal, and postabortion care in NURHI and non-NURHI facilities. Providers in NURHI facilities were more likely to use counseling job aids than non-NURHI facilities across all services. When providers were asked for types of job aids they use during FP counseling, NURHI FP counseling flipchart, FP method wall chart, and gather charts were the most frequently reported counseling job aids. Regardless of service, use of on-the-job-training (OJT) manuals was minimal (less than 3 percent) compared to other FP counseling job aids.

Table 8.22 Provider use of FP counseling job aids at endline

Percentage of providers who use FP counseling job aids at endline, by service and facility type. Nigeria 2014.

	Antenatal care		Postnatal care		Postabortion care	
	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI
Percentage of providers who use counseling job aids	79.2	41.8	77.2	41.5	77.2	39.3
Total number of providers who provide the service	390	785	360	723	180	382
Among those who use counseling job aids, percentage who report using[1]						
National Standard of Practice for FP Services (SOP)	10.7	7.6	7.9	7.7	11.5	6.7
FMOH FP Services Performance Standards	11.0	18.9	12.9	22.3	19.4	33.3
WHO Medical Eligibility Criteria (MERC)	7.8	13.1	7.9	13.0	13.7	16.0
Gather chart	26.9	18.9	30.6	19.7	22.3	18.7
FP method chart (wall type)	43.0	41.2	45.3	41.7	39.6	40.7
OJT manuals (three courses)	1.9	2.7	0.7	1.7	0.7	1.3
Other job aid	5.2	11.0	4.0	10.3	7.2	8.0
NURHI Job Aids						
NURHI FP counseling flipchart	77.3	31.7	75.9	35.3	69.8	24.0
NURHI SMS FP commodity tracking job aid	15.5	6.7	14.7	5.3	22.3	5.3
Total number of providers of the service who use counseling job aids	309	328	278	300	139	150

[1]Percentages may not add up to 100% because multiple responses could be given.

Providers in health facilities receive integrated supportive supervision (ISS) visits from various organizations to ensure standardization of high quality FP service provision. Table 8.23 presents reports of ISS visits from providers at both NURHI and non-NURHI health facilities. According to reports, providers at NURHI facilities (42 to 84 percent) were more likely to receive ISS visits than those at non-NURHI facilities (15 to 63 percent) across all cities. Figure 8.4a and 8.4b display the percentage of providers who reported having received an ISS visit in the previous three months at NURHI and non-NURHI faciltiies in Kaduna at endline. NURHI provided a large percentage of the ISS visits received by health facilities, at both NURHI facilities (between 49 and 94 percent) and non-NURHI facilities (between 15 and 60 percent, except in Benin City, where no ISS visits were conducted by NURHI at non-NURHI facilities).

Table 8.23 ISS of providers

Percentage of providers reporting on ISS visits, by city and facility type. Nigeria 2010/2011, 2014.

	Abuja		Benin City		Ibadan		Ilorin		Kaduna		Zaria	
	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI	NURHI	Non-NURHI
Percentage of providers who had received an ISS visit in the previous three months	47.9	32.7	42.1	18.2	84.3	62.9	59.1	28.2	65.9	15.1	75.0	48.9
Total number of providers interviewed	48	101	107	192	121	97	88	177	82	205	72	141
Among those that received an ISS visit, who conducted the visit[1]												
NURHI	87.0	21.2	48.9	0.0	83.3	37.7	94.2	60.0	57.4	25.8	75.9	14.5
State government	4.3	15.2	20.0	14.3	24.5	47.5	25.0	34.0	31.5	16.1	14.8	59.4
Federal government	8.7	15.2	11.1	11.4	5.9	1.6	1.9	6.0	14.8	12.9	7.4	8.7
Other	21.7	57.6	31.1	68.6	2.9	29.5	11.5	18.0	31.5	61.3	16.7	29.0
Don't know/no data	0.0	6.1	0.0	5.7	1.0	0.0	3.8	0.0	3.7	0.0	1.9	0.0
Total number of providers who received an ISS visit	23	33	45	35	102	61	52	50	54	31	54	69

[1]Percentages may not add up to 100% because multiple responses could be given.

Figure 8.4a ISS visits to providers in NURHI facilities at endline

Kaduna, Nigeria 2014

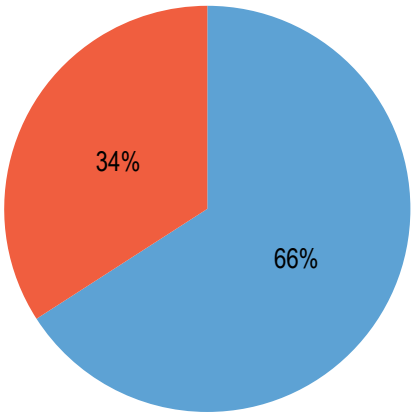
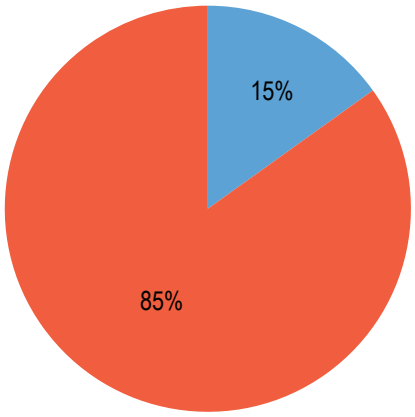


Figure 8.4b ISS visits to providers in non-NURHI facilities at endline

Kaduna, Nigeria 2014



Received an ISS visit Did not receive an ISS visit

8.5 Integration of Family Planning into Reproductive Health Services

The integration of FP and related RH services refers to the provision of both services at the same facility during the same operating hours. The provider of one service actively encourages clients to use the other service during the same visit. The goal is to make these services more convenient and efficient for the client to access and use. The integration of MNCH and FP is expected to create awareness and demand, thereby increasing CPR in the country.

Table 8.24 presents integration of FP services into child health and postnatal care at baseline and endline. Regardless of city and facility type, the percentage of facilities that reportedly provided FP information on the same day that clients come for postnatal care increased (by 1 to 58 percentage points) by endline, with the highest increase in non-NURHI facilities being in Ibadan, from 31 percent at baseline to 89 percent at endline. Similarly, the percentage of facilities that provided FP information during child care visits improved (by 1 to 40 percentage points) from baseline to endline, except in non-NURHI facilities in Benin City and NURHI facilities in Ilorin. At endline, 0 to 9 percent of NURHI facilities reported that they require clients of child health and postnatal care services to return for FP services, while the corresponding percentages were 4 to 18 percent in non-NURHI facilities across all cities. At endline, FP services had been integrated into postnatal care in some way in all facilities except for a small percentage of non-NURHI facilities in Ibadan (7 percent) and Kaduna (5 percent). Likewise, all facilities had integrated FP services into child health services except for NURHI facilities in Benin City (4 percent) and Kaduna (5 percent) and non-NURHI facilities in Abuja (4 percent) and Ibadan (4 percent).

Table 8.24 Facility integration of FP services during child health and postnatal care visits at baseline and endline

Percentage distribution of facilities that integrate FP services into child health and postnatal care visits, by type of FP service, city, and facility type. Nigeria 2010/2011, 2014.

City and facility type	During child health visits, percentage of facilities that							During postnatal care visits, percentage of facilities that						
	Provide FP information the same day	Require return visit for FP services	Provide FP referrals	No integra-tion	No data	Total	No. of facilities that provide child health services	Provide FP information the same day	Require return visit for FP services	Provide FP referrals	No integra-tion	No data	Total	No. of facilities that provide postnatal care
Abuja baseline														
NURHI facilities	81.8	18.2	0.0	0.0	0.0	100	11	70.0	30.0	0.0	0.0	0.0	100	10
Non-NURHI facilities	58.8	26.5	0.0	2.9	11.8	100	34	72.7	18.2	0.0	0.0	9.1	100	33
Abuja endline														
NURHI facilities	90.9	9.1	0.0	0.0	0.0	100	11	100.0	0.0	0.0	0.0	0.0	100	11
Non-NURHI facilities	82.6	13.0	0.0	4.3	0.0	100	23	88.0	12.0	0.0	0.0	0.0	100	25
Benin City baseline														
NURHI facilities	88.2	5.9	0.0	5.9	0.0	100	17	88.2	11.8	0.0	0.0	0.0	100	17
Non-NURHI facilities	84.1	4.5	6.8	4.5	0.0	100	44	74.5	7.8	11.8	5.9	0.0	100	51
Benin City endline														
NURHI facilities	88.9	7.4	0.0	3.7	0.0	100	27	91.7	8.3	0.0	0.0	0.0	100	24
Non-NURHI facilities	78.3	15.2	0.0	0.0	6.5	100	46	81.8	18.2	0.0	0.0	0.0	100	44
Ibadan baseline														
NURHI facilities	57.1	42.9	0.0	0.0	0.0	100	28	60.7	39.3	0.0	0.0	0.0	100	28
Non-NURHI facilities	31.3	53.1	6.3	6.3	3.1	100	32	30.8	57.7	3.8	3.8	3.8	100	26
Ibadan endline														
NURHI facilities	96.7	3.3	0.0	0.0	0.0	100	30	96.3	3.7	0.0	0.0	0.0	100	27
Non-NURHI facilities	92.3	3.8	0.0	3.8	0.0	100	26	88.9	3.7	0.0	7.4	0.0	100	27
Ilorin baseline														
NURHI facilities	100.0	0.0	0.0	0.0	0.0	100	21	89.5	5.3	0.0	5.3	0.0	100	19
Non-NURHI facilities	84.0	12.0	0.0	2.0	2.0	100	50	78.0	18.0	0.0	2.0	2.0	100	50
Ilorin endline														
NURHI facilities	90.9	9.1	0.0	0.0	0.0	100	22	90.9	9.1	0.0	0.0	0.0	100	22
Non-NURHI facilities	93.2	6.8	0.0	0.0	0.0	100	44	89.6	10.4	0.0	0.0	0.0	100	48
Kaduna baseline														
NURHI facilities	70.0	30.0	0.0	0.0	0.0	100	20	50.0	50.0	0.0	0.0	0.0	100	20
Non-NURHI facilities	50.0	44.6	1.8	0.0	3.6	100	56	52.9	45.6	1.5	0.0	0.0	100	68
Kaduna endline														
NURHI facilities	86.4	9.1	0.0	4.5	0.0	100	22	94.7	5.3	0.0	0.0	0.0	100	19
Non-NURHI facilities	87.5	5.4	0.0	7.1	0.0	100	56	89.7	5.2	0.0	5.2	0.0	100	58
Zaria baseline														
NURHI facilities	91.7	8.3	0.0	0.0	0.0	100	12	90.0	10.0	0.0	0.0	0.0	100	10
Non-NURHI facilities	71.4	8.6	2.9	0.0	17.1	100	35	78.9	15.8	5.3	0.0	0.0	100	38
Zaria endline														
NURHI facilities	94.4	5.6	0.0	0.0	0.0	100	18	94.1	5.9	0.0	0.0	0.0	100	17
Non-NURHI facilities	90.9	6.1	3.0	0.0	0.0	100	33	88.6	8.6	2.9	0.0	0.0	100	35

Table 8.25 shows the percentage distribution of facilities that reported having integrated FP services with postabortion care, STI, VCT, PMTCT, or HIV/AIDS testing or care visits at baseline and endline. The percentage of NURHI facilities that reportedly provided FP information on the same day for clients who had come for postabortion care increased by 20 percentage points in Abuja, 27 percentage points in Ibadan, and 22 percentage points in Kaduna. In non-NURHI facilities, the percentage increased since baseline across all cities, ranging from a 7-percentage-point increase in Benin City to an 88-percentage-point increase in Ibadan. In NURHI facilities, 9 to 24 percent of the facilities required a return visit for FP services during postabortion care at endline, whereas in non-NURHI facilities, 0 to 14 percent required a return visit for FP services. In both NURHI and non-NURHI facilities, between 0 and 6 percent of the facilities either provided FP referrals or did not integrate FP services with postabortion services.

Similar patterns of integration were noted during STI, VCT, PMTCT, or HIV/AIDS testing or care visits. The percentage of facilities that provided FP information on the same day for clients who had come for STI, VCT, PMTCT, or HIV/AIDS testing or care substantially increased across all cities except in NURHI facilities in Benin City. By endline, all NURHI and non-NURHI facilities had integrated FP services with STI, VCT, PMTCT, or HIV/AIDS testing or care at endline, except for a small percentage of facilities in Benin City (4 percent of NURHI and 2 percent of non-NURHI facilities) and a small percentage of non-NURHI facilities in Ibadan (4 percent) and Kaduna (9 percent).

Table 8.25 Faciity integration of FP services with postabortion care and STI/HIV testing or care visits at baseline and endline

Percentage distribution of facilities that integrate FP services with postabortion care and STI/HIV testing or care visits, by type of FP service, city, and facility type. Nigeria 2010/2011, 2014.

City and facility type	During postabortion care visits, percentage of facilities that							During STI, VCT, PMTCT, or HIV/AIDS testing or care visits, percentage of facilities that						
	Provide FP information the same day	Require return visit for FP services	Provide FP referrals	No integra-tion	No data	Total	No. of facilities that provide postabortion care	Provide FP information the same day	Require return visit for FP services	Provide FP referrals	No integra-tion	No data	Total	No. of facilities that provide STI, VCT, PMTCT, or HIV/AIDS testing or care
Abuja baseline														
NURHI facilities	60.0	40.0	0.0	0.0	0.0	100	10	90.9	9.1	0.0	0.0	0.0	100	11
Non-NURHI facilities	58.6	34.5	0.0	3.4	3.4	100	29	63.6	18.2	3.0	0.0	15.2	100	33
Abuja endline														
NURHI facilities	80.0	20.0	0.0	0.0	0.0	100	10	100.0	0.0	0.0	0.0	0.0	100	11
Non-NURHI facilities	100.0	0.0	0.0	0.0	0.0	100	18	96.2	3.8	0.0	0.0	0.0	100	26
Benin City baseline														
NURHI facilities	90.0	10.0	0.0	0.0	0.0	100	10	82.4	11.8	0.0	0.0	5.9	100	17
Non-NURHI facilities	83.3	8.3	0.0	0.0	8.3	100	24	74.4	11.6	7.0	0.0	7.0	100	43
Benin City endline														
NURHI facilities	82.4	11.8	0.0	5.9	0.0	100	17	66.7	25.9	0.0	3.7	3.7	100	27
Non-NURHI facilities	90.0	7.5	2.5	0.0	0.0	100	40	77.3	15.9	2.3	2.3	2.3	100	44
Ibadan baseline														
NURHI facilities	63.6	36.4	0.0	0.0	0.0	100	11	39.3	53.6	0.0	0.0	7.1	100	28
Non-NURHI facilities	0.0	83.3	0.0	0.0	16.7	100	6	21.7	65.2	0.0	0.0	13.0	100	23
Ibadan endline														
NURHI facilities	90.9	9.1	0.0	0.0	0.0	100	11	83.9	16.1	0.0	0.0	0.0	100	31
Non-NURHI facilities	87.5	6.3	0.0	6.3	0.0	100	16	92.9	3.6	0.0	3.6	0.0	100	28
Ilorin baseline														
NURHI facilities	78.6	14.3	0.0	0.0	7.1	100	14	85.7	4.8	0.0	0.0	9.5	100	21
Non-NURHI facilities	71.8	25.6	0.0	2.6	0.0	100	39	68.0	18.0	0.0	4.0	10.0	100	50
Ilorin endline														
NURHI facilities	76.5	23.5	0.0	0.0	0.0	100	17	90.9	9.1	0.0	0.0	0.0	100	22
Non-NURHI facilities	86.5	13.5	0.0	0.0	0.0	100	37	91.3	8.7	0.0	0.0	0.0	100	46
Kaduna baseline														
NURHI facilities	58.3	41.7	0.0	0.0	0.0	100	12	44.4	50.0	0.0	0.0	5.6	100	18
Non-NURHI facilities	54.5	43.6	1.8	0.0	0.0	100	55	52.1	45.1	1.4	0.0	1.4	100	71
Kaduna endline														
NURHI facilities	80.0	13.3	0.0	0.0	6.7	100	15	90.9	9.1	0.0	0.0	0.0	100	22
Non-NURHI facilities	85.4	10.4	0.0	4.2	0.0	100	48	82.5	7.0	1.8	8.8	0.0	100	57
Zaria baseline														
NURHI facilities	100.0	0.0	0.0	0.0	0.0	100	8	84.6	7.7	0.0	7.7	0.0	100	13
Non-NURHI facilities	63.2	31.6	0.0	0.0	5.3	100	19	62.5	21.9	6.3	0.0	9.4	100	32
Zaria endline														
NURHI facilities	88.9	11.1	0.0	0.0	0.0	100	9	100.0	0.0	0.0	0.0	0.0	100	18
Non-NURHI facilities	78.9	10.5	5.3	0.0	5.3	100	19	91.9	2.7	5.4	0.0	0.0	100	37

Clients seeking services other than FP were asked if they had received any FP information or services during their visit. Table 8.26 shows integration of FP services with other health services from the client perspective. The provision of FP information to clients who were seeking antenatal care, delivery services, postnatal care, and child health services improved from baseline to endline. The percentage improved most notably among clients of child health services, from 30 percent at baseline to 72 percent at endline. However, a missed opportunity was noted among postabortion care visitors at endline: of the small number of women who reported seeking this service, none of them had received any information about FP. About 79 to 100 percent of clients who were seeking services other than FP did not report having received any FP services at endline. Among clients who were not using FP and who had not received a method, referral, or prescription, 20 to 59 percent reported at endline that they would have been interested if the provider had offered FP services at the time of visit.

Table 8.26 Integration of FP services at baseline and endline according to client reports

Percentage of reproductive health services clients receiving FP information or services, by the main service the client was seeking. Nigeria 2010/2011, 2014.

	Main service client was seeking									
	Antenatal care		Delivery services		Postnatal care		Postabortion care		Child health	
	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Percentage of clients who received any information about FP										
Yes	40.8	53.1	19.5	46.4	26.1	37.1	50.0	0.0	30.3	72.1
No	58.8	46.9	80.5	53.6	73.1	62.9	50.0	100.0	69.6	27.9
No data	0.4	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.2	0.0
Percentage of clients who received FP services during visit										
Method	1.7	0.2	0.0	3.6	2.5	0.0	7.1	0.0	1.8	1.9
Referral or prescription	0.1	0.5	0.0	0.0	2.5	0.0	0.0	0.0	0.2	0.5
Received nothing	97.2	99.3	100.0	96.4	80.7	91.4	78.6	100.0	87.6	77.9
Already using FP	0.0	0.0	0.0	0.0	14.3	8.6	14.3	0.0	9.6	19.7
No data	0.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0
Number of clients who received the main service	2472	1377	41	28	119	35	14	5	1715	1239
Among clients who were not already using FP and who did not receive a method, referral, or prescription										
Percentage who would have been interested if the provider had offered FP counseling or services at time of visit	39.2	48.8	14.6	59.3	37.5	31.3	45.5	20.0	43.2	56.2
Number of clients who were not already using FP and who did not receive a method, referral, or prescription at time of visit	2404	1367	41	27	96	32	11	5	1502	965

Table 8.27 presents the integration of FP services with other non-FP services as reported by providers. Overall, the provision of FP information to clients who were seeking other non-FP services increased from baseline to endline in most cities and for most services, particularly among all facilities in Kaduna and NURHI facilities in Abuja. Over 80 percent of providers in both NURHI and non-NURHI facilities reported that they routinely offered FP information during other non-FP services at endline, with the exception of curative services in non-NURHI facilities in Abuja (70 percent), NURHI facilities in Ilorin (59 percent), and non-NURHI facilities in Ilorin (48 percent). Generally, regardless of the city or health service, NURHI facility providers were more likely to routinely provide FP information along with other services compared to non-NURHI facility providers at endline.

Table 8.27 Provider reports of provision of specific services at baseline and endline

Percentage of providers who offer a specific service and who say they routinely provide FP information to clients seeking that service, by city and facility type. Nigeria 2010/2011, 2014.

City and facility type	Antenatal care		Delivery care		Postnatal care		Postabortion care		Child health services		Curative services	
	Number of providers who offer antenatal care	Percentage who routinely provide FP info to antenatal care clients	Number of providers who offer delivery care	Percentage who routinely provide FP info to delivery care clients	Number of providers who offer postnatal care	Percentage who routinely provide FP info to postnatal care clients	Number of providers who offer postabortion care	Percentage who routinely provide FP info to postabortion care clients	Number of providers who offer child health services care	Percentage who routinely provide FP info to child health clients	Number of providers who offer curative services	Percentage who routinely provide FP info to curative services clients
Abuja baseline												
NURHI facilities	12	83.3	11	90.9	9	88.9	6	66.7	22	90.9	11	72.7
Non-NURHI facilities	117	80.3	120	74.2	70	90.0	40	87.5	81	77.8	88	59.1
Abuja endline												
NURHI facilities	18	100.0	21	95.2	17	94.1	4	100.0	22	90.9	17	94.1
Non-NURHI facilities	79	84.8	69	85.5	70	87.1	32	81.3	62	82.3	60	70.0
Benin City baseline												
NURHI facilities	53	98.1	47	100.0	47	97.9	16	81.3	52	90.4	37	78.4
Non-NURHI facilities	159	92.5	152	94.7	130	90.8	37	91.9	106	89.6	129	66.7
Benin City endline												
NURHI facilities	91	95.6	86	95.3	88	94.3	32	93.8	85	95.3	80	96.3
Non-NURHI facilities	183	92.9	181	91.7	171	94.2	104	86.5	136	92.6	151	90.1
Ibadan baseline												
NURHI facilities	100	99.0	72	98.6	63	98.4	6	83.3	92	92.4	52	98.1
Non-NURHI facilities	93	93.5	78	93.6	58	96.6	7	85.7	91	92.3	46	93.5
Ibadan endline												
NURHI facilities	92	100.0	85	100.0	86	100.0	39	97.4	101	100.0	104	92.3
Non-NURHI facilities	79	93.7	77	90.9	81	90.1	34	100.0	73	89.0	93	81.7
Ilorin baseline												
NURHI facilities	61	93.4	50	94.0	60	91.7	21	81.0	53	86.8	38	76.3
Non-NURHI facilities	157	96.8	159	95.0	150	97.3	103	92.2	140	98.6	137	83.9
Ilorin endline												
NURHI facilities	69	98.6	69	98.6	62	98.4	45	91.1	65	90.8	59	59.3
Non-NURHI facilities	161	93.8	162	90.7	157	93.6	100	81.0	140	93.6	157	48.4
Kaduna baseline												
NURHI facilities	58	93.1	53	92.5	48	97.9	24	95.8	52	84.6	47	74.5
Non-NURHI facilities	227	89.9	236	86.0	192	91.7	99	90.9	153	77.8	256	57.8
Kaduna endline												
NURHI facilities	69	100.0	60	100.0	59	100.0	32	100.0	63	96.8	63	96.8
Non-NURHI facilities	171	94.2	171	90.1	149	95.3	84	92.9	141	91.5	145	89.0
Zaria baseline												
NURHI facilities	38	94.7	30	90.0	28	100.0	10	90.0	35	91.4	23	78.3
Non-NURHI facilities	116	97.4	85	97.6	98	98.0	21	90.5	87	94.3	118	39.8
Zaria endline												
NURHI facilities	51	100.0	46	97.8	48	97.9	28	89.3	57	98.2	60	95.0
Non-NURHI facilities	112	98.2	93	93.5	95	98.9	36	88.9	100	93.0	110	94.5

8.6 Reproductive Health Clients' Exposure to NURHI Program Activities

As part of the RH client exit interview, women who had visited NURHI facilities for FP, MNCH, or other related RH services were asked about their exposure to NURHI and FP messages in the past year. These clients were asked the same questions on exposure to program activities as were included in the midterm and endline surveys, the results of which were discussed in Chapter 7.

Table 8.28a presents the clients' recall of exposure to NURHI program messages at endline. Among women interviewed, more remembered having heard or seen the phrase "Get it Together" in the previous year than the word "NURHI." Those who had heard or seen the word "NURHI" ranged from only 16 percent in Zaria to nearly 46 percent in Ilorin. Most clients in Ibadan and Ilorin, almost two-thirds in Abuja and Benin City, and about half in Kaduna and Zaria recalled hearing or seeing the phrase "Get it Together" in the previous year. The majority of the clients (between 61 and 98 percent) reported that they had seen at least one of the three NURHI program logos during that time. The percentage of clients who remembered having seen a card with the phrase "Be Successful" in the past year ranged from 13 percent in Kaduna to 43 percent in Ilorin, whereas those who reported having seen "Be Beautiful" ranged from 17 percent in Kaduna to 50 percent in Ilorin. The percentage of women who recalled seeing a health provider wearing a badge/button that said "Ask Me about FP" in the previous year varied across the cities and was highest in Ibadan (58 percent) and lowest in Benin City (9 percent).

Table 8.28a RH clients' exposure to NURHI program messages at endline

Percentage distribution of RH services clients' exposure to the NURHI program, by city. Nigeria 2014.

	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Heard or seen the word "NURHI" in the previous year						
Yes	26.2	20.3	42.0	45.8	40.5	16.2
No	73.7	79.5	57.8	51.9	58.1	83.8
Don't know	0.2	0.3	0.2	2.4	1.5	0.0
Heard or seen the phrase "Get it Together" in the previous year						
Yes	62.2	68.0	87.1	84.7	58.3	45.4
No	36.5	32.0	12.8	14.7	40.8	54.6
Don't know	1.3	0.0	0.1	0.5	0.9	0.0
Attended any meetings in previous year about FP/childbirth spacing that were led by someone wearing a T-shirt with the phrase "Get it Together"						
Yes	15.2	6.9	19.1	18.9	12.1	8.7
No	84.8	93.1	80.5	80.3	87.8	91.3
Don't know	0.0	0.0	0.4	0.7	0.1	0.0
Heard or seen the phrase "Know, Talk, Go" in the previous year						
Yes	44.2	35.3	53.4	44.6	16.4	39.2
No	53.8	64.6	46.2	55.0	83.2	60.7
Don't know	2.0	0.1	0.4	0.4	0.4	0.1
Heard or seen the phrase "No dulling" in the previous year						
Yes	10.3	15.6	30.7	48.5	6.3	3.2
No	89.0	84.3	69.0	51.1	93.2	96.8
Don't know	0.7	0.1	0.3	0.4	0.5	0.0
Seen at least one NURHI program logo in the previous year						
Yes	77.0	72.7	98.1	95.3	85.4	60.9
No	23.0	27.3	1.9	4.7	14.6	39.1
Seen a card with the phrase "Be Successful" and a picture of three men in the previous year						
Yes	20.5	17.3	27.8	43.0	13.0	18.0
No	78.7	82.7	71.8	56.9	86.1	81.9
Don't know	0.8	0.0	0.4	0.1	0.8	0.1
Seen a card with the phrase "Be Beautiful" and a picture of three women in the previous year						
Yes	28.8	28.3	46.8	50.4	16.5	19.7
No	70.7	71.7	52.9	49.3	82.7	80.3
Don't know	0.5	0.0	0.4	0.3	0.8	0.0
Seen a health provider wearing a badge/button that said "Ask me about FP" in the previous year						
Yes	41.3	8.9	58.0	51.7	25.1	14.3
No	58.0	90.7	41.2	46.0	73.3	85.7
Don't know	0.7	0.4	0.8	2.4	1.6	0.0
Number of clients	600	794	1339	977	959	722

NURHI program messages were also translated into local languages, including Yoruba and Hausa. As presented in Table 8.28b, the Yoruba language was understood by clients mostly in Ibadan (94 percent) and Ilorin (97 percent) and by few women in Benin City (7 percent) and Zaria (4 percent). Among the women who understood Yoruba in Ibadan and Ilorin, one-half to about three-quarters of the women could recall having heard the phrases "Se o Jasi," "Mo ti feto si-iwo nko," and "Ki la siri ewa re" in the previous year. The Hausa language was understood by most clients in Kaduna (89 percent) and Zaria (96 percent) and was least understood in Benin City (5 percent) and Ilorin (5 percent). Among women who understood Hausa in Kaduna and Zaria, most women remembered having heard the phrase "Ko ku gane, tazaran haihuwa" in the previous year (72 and 81 percent, respectively).

Table 8.28b RH clients' exposure to local language NURHI program messages at endline

Percentage distribution of RH services clients' exposure to NURHI media messages in targeted local languages, by city. Nigeria 2014.

	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Understand Yoruba language						
Yes	25.2	7.1	94.3	96.9	12.6	4.3
No	74.8	92.9	5.7	3.1	87.4	95.7
Total number of exit interview clients	600	794	1339	977	959	722
Among those who understand Yoruba						
Heard the phrase "Se o Jasi" in the previous year						
Yes	53.0	46.4	51.0	52.9	56.2	38.7
No	46.4	53.6	48.5	46.9	42.1	54.8
Don't know	0.7	0.0	0.5	0.2	1.7	6.5
Heard the phrase "Mo ti feto si-iwo nko" in the previous year						
Yes	47.0	44.6	69.5	83.8	42.1	41.9
No	51.7	55.4	30.1	15.5	55.4	54.8
Don't know	1.3	0.0	0.4	0.6	2.5	3.2
Heard the phrase "Ki la siri ewa re" in the previous year						
Yes	35.1	42.9	72.1	79.8	40.5	29.0
No	63.6	57.1	27.6	20.0	57.9	67.7
Don't know	1.3	0.0	0.2	0.2	1.7	3.2
Total number of exit interview clients who understand Yoruba	151	56	1263	947	121	31
Understand Hausa language						
Yes	35.7	5.0	7.1	5.1	89.4	96.4
No	64.3	95.0	92.9	94.9	10.6	3.6
Total number of exit interview clients	600	794	1339	977	959	722
Among those who understand Hausa						
Heard the phrase "Ko ku gane, tazaran haihuwa" in the previous year						
Yes	63.1	62.5	64.2	84.0	71.6	80.9
No	33.6	37.5	31.6	16.0	27.3	19.0
Don't know	3.3	0.0	4.2	0.0	1.1	0.1
Total number of exit interview clients who understand Hausa	214	40	95	50	857	696

FP messages were also delivered by NURHI via the internet (including Facebook and email), mobile phones, through groups (including clubs or organizations), and during life events, including naming ceremonies, freedom ceremonies, graduations, etc. Table 8.29 displays clients' recall of exposure to these FP messages by method of delivery. The percentage of clients who had accessed the internet in the previous three months was low and varied across the cities, ranging from 17 percent in Zaria to 39 percent in Benin City. Among women who had accessed the internet, those who remembered having seen any FP messages at least once in the previous three months ranged from about 28 percent in Zaria and Abuja to nearly 43 percent in Kaduna. Across the cities, most women owned a mobile phone for mainly personal use, ranging from 74 percent in Zaria to 96 percent in Ilorin. Among women who owned mobile phones, however, only about 10 percent of women from Abuja to around 27 percent of women in Ilorin reported having received FP messages on them. Membership in any group, club, or organization varied across cities and was most common in Benin City (43 percent) and least common in Zaria (6 percent). For those clients who belonged to any group, club, or organization, the percentage of women who reported having heard or seen FP messages at these meetings was fairly large in all cities, ranging from 37 percent in Zaria to 72 percent in Kaduna. Overall, having heard FP messages at any life events in the previous year was less commonly reported among clients; naming ceremonies and weddings were the two events that were reported most frequently.

Table 8.29 RH clients' exposure to FP messages at endline

Percentage distribution of RH services clients' exposure to FP messages, by city. Nigeria 2014.

	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Accessed the internet, web, Facebook, or email at least once in the previous three months						
Yes	36.7	38.7	28.0	24.2	18.6	17.0
No	60.0	54.7	68.6	54.9	62.9	79.6
Don't know internet/don't know	3.3	6.7	3.4	21.0	18.6	3.3
Number of exit interview clients	600	794	1339	977	959	722
Seen any FP messages among who accessed the internet, web, or email at least once in the previous three months (among those who accessed)						
Yes	27.7	36.8	33.6	36.4	42.7	27.6
No	71.8	63.2	66.4	63.6	57.3	72.4
Don't know	0.5	0.0	0.0	0.0	0.0	0.0
Number of exit interview clients who accessed internet, web, Facebook, or email in the previous three months	220	307	375	236	178	123
Own a mobile phone mainly for own use						
Yes	91.2	95.3	95.3	96.4	86.7	74.2
No	2.5	1.5	2.9	2.5	4.0	15.0
No access to mobile phone	6.3	3.1	1.8	1.0	9.3	10.8
Don't know mobile phone	0.0	0.0	0.0	0.1	0.1	0.0
Number of exit interview clients	600	794	1339	977	959	722
Received an FP message on mobile phone in the previous six months						
Yes	9.7	12.9	19.4	26.5	20.5	11.6
No	89.9	87.1	80.0	69.7	76.2	88.2
Don't know	0.4	0.0	0.5	3.7	3.4	0.2
Number of exit interview clients who own a mobile phone	547	757	1276	942	831	536
Belong to any groups, clubs, or organizations						
Yes	27.0	42.9	26.7	21.1	25.9	6.4
No	73.0	57.1	73.2	78.9	74.1	93.6
No data	0.0	0.0	0.1	0.0	0.0	0.0
Number of exit interview clients	600	794	1339	977	959	722
Heard or seen any FP information at these meetings (among those who belong to any groups, clubs, or organizations)						
Yes	47.5	42.2	55.3	44.2	71.8	37.0
No	52.5	57.2	44.4	55.3	27.4	58.7
Don't know	0.0	0.6	0.3	0.5	0.8	4.3
Number of exit interview clients who belong to any groups, clubs, or organization	162	341	358	206	248	46
Heard any information about FP at any events in the previous year						
Naming ceremony	11.2	0.9	35.4	30.7	34.3	41.3
Freedom ceremony	1.0	0.4	4.5	1.3	1.4	2.4
Graduation	0.8	0.3	0.7	2.1	1.8	1.1
Christmas/Eid	1.2	0.9	0.7	0.1	0.8	0.1
Wedding	6.5	9.2	15.5	5.3	14.0	37.1
None	84.5	88.8	60.0	65.3	60.1	48.3
Number of exit interview clients	600	794	1339	977	959	722

Table 8.30 displays clients' exposure to the NURHI radio programs at endline across the six cities. In all cities, most RH clients listened to the radio, ranging from 70 percent in Benin City to 99 percent in Ilorin. Among women who reported that they listened to the radio, a large percentage of the women in each city, ranging from 61 percent in Abuja to 97 percent in Ilorin, reported that they had heard FP/childbirth spacing information on the radio in the previous three months. A smaller percentage in each city reported they had heard about NURHI radio programs, ranging from nearly 16 percent in Abuja to only 36 percent in Ilorin. Among the clients who had heard about the NURHI radio programs, almost all women had listened to the NURHI radio program at some point, ranging from 85 percent in Kaduna to 100 percent in Ilorin. For those women who had ever listened to the NURHI radio programs, between 8 and 35 percent of women in all cities said they listened to the program frequently, either weekly or once or twice a month. The percentage of RH clients who reported listening to the radio program weekly was greatest in Benin City (35 percent), and the percentage of clients who reported listening to the radio program once or twice a month was greatest in Kaduna (34 percent). Women in Ilorin reported having heard a radio spot or jingle with people talking about FP during a naming ceremony more often (54 percent) than women in other cities, and those in in Ibadan were the women most likely to have heard such messages in a hair dressing salon or barbing salon (barber shop) (55 percent). More than 88 percent of clients in Ilorin reported they had heard a radio spot or jingle with a couple taking about FP, while only 28 percent of clients from Abuja reported having heard these radio spots or jingles. Nearly three-quarters of the clients in Ilorin reported they had heard a radio spot or jingle with a woman sharing her experience supporting the use of FP, and only about a quarter of the clients from Benin City reported having heard these radio spots or jingles.

Table 8.30 RH clients' exposure to NURHI radio programs at endline

Percentage distribution of RH services clients' exposure to NURHI radio programs, by city. Nigeria 2014.

	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Listens to the radio						
Yes	83.0	70.2	96.0	99.1	83.0	85.6
No	17.0	29.8	4.0	0.9	17.0	14.4
Number of exit interview clients	600	794	1339	977	959	722
Among those who listen to the radio, heard any family planning/childbirth spacing information on the radio in the previous three months						
Yes	60.6	84.0	91.6	97.4	70.2	79.6
No	39.4	16.0	8.4	2.6	29.8	20.4
Number of exit interview clients who listen to the radio	498	557	1285	968	796	618
Heard about the NURHI radio programs (Second Chance, Life Don Beta [pidgin English], Ireti Eda [Yoruba], Komai Nisan Jifa [Hausa])						
Yes	15.5	21.2	24.6	35.9	31.4	30.7
No	83.7	78.6	73.0	63.5	67.4	69.3
Don't know	0.8	0.3	2.3	0.6	1.3	0.0
Number of exit interview clients	600	794	1339	977	959	722
Among those who had heard about the NURHI radio program, have attended a meeting where this program was played or discussed?						
Yes	1.1	21.4	13.3	11.4	9.6	5.9
No	98.9	78.6	86.1	88.6	90.0	94.1
Don't know	0.0	0.0	0.6	0.0	0.3	0.0
Number of exit interview clients who had heard about the NURHI radio programs	93	168	330	351	301	222
Among those who had heard about the NURHI radio prgram, ever listened to this radio program?						
Yes	96.8	95.8	97.0	100.0	85.0	92.8
No	3.2	4.2	1.2	0.0	13.6	6.3
Don't know	0.0	0.0	1.8	0.0	1.3	0.9
Number of exit interview clients who had heard about the NURHI radio program	93	168	330	351	301	222
Among those who listened to the NURHI radio program, how often do you listen to it?						
Every week	15.6	34.8	29.4	31.9	10.9	19.9
Almost every week	7.8	15.5	12.8	15.7	12.5	19.4
Once or twice a month	31.1	26.7	23.4	33.0	34.0	14.1
Less than once a month	7.8	6.8	10.3	6.8	24.2	7.3
Used to listen but don't anymore	12.2	1.2	15.6	7.7	9.8	25.7
Only listened once	25.6	14.9	8.4	4.8	8.6	13.6
Number of exit interview clients who had listened to the NURHI radio program	90	161	320	351	256	206
Heard about a radio spot or jingle with people talking about FP during a naming ceremony						
Yes	25.8	13.9	40.9	53.5	40.1	34.3
No	74.0	86.1	58.6	46.3	59.0	65.5
Don't know	0.2	0.0	0.5	0.2	0.8	0.1
Number of exit interview clients	600	794	1339	977	959	722
Heard about a radio spot or jingle with people talking about FP in a hair dressing salon/barbing salon						
Yes	20.7	12.3	54.7	50.2	26.0	10.2
No	79.0	87.7	44.5	49.6	72.8	89.8
Don't know	0.3	0.0	0.8	0.2	1.3	0.0
Number of exit interview clients	600	794	1339	977	959	722
Heard about a radio spot or jingle with an FP service provider answering questions about FP or talking to a couple						
Yes	30.7	35.9	62.0	79.3	53.8	45.7
No	69.0	64.0	37.5	20.6	45.5	54.3
Don't know	0.3	0.1	0.5	0.1	0.7	0.0
Number of exit interview clients	600	794	1339	977	959	722
Heard about a radio spot or jingle with a couple talking about FP						
Yes	28.3	38.3	67.1	88.3	49.1	41.0
No	71.3	61.7	32.6	11.6	50.3	58.9
Don't know	0.3	0.0	0.3	0.1	0.6	0.1
Number of exit interview clients	600	794	1339	977	959	722
Heard about a radio spot or jingle with a woman sharing her experience supporting the use of FP (testimonial)						
Yes	38.2	26.2	44.1	72.8	47.3	42.1
No	61.3	73.6	55.6	27.1	51.6	57.9
Don't know	0.5	0.3	0.3	0.1	1.0	0.0
Number of exit interview clients	600	794	1339	977	959	722

NURHI also disseminated FP messages through TV programs. Table 8.31 shows clients' exposure to these programs by the content and type of messages heard. Almost all clients in each city reported watching television, though slightly fewer in Zaria (70 percent). Among women who do watch television, the percentage of those who had seen any FP/childbirth spacing information on TV in the previous three months varied across the cities, ranging from only 30 percent in Zaria to nearly 86 percent in Ibadan. For those women who had seen FP information on the TV, 50–70 percent of clients from Ilorin reported having seen TV spots on various contraceptive methods (including daily pills, IUDs, condoms, injectables, and other methods); fewer than 50 percent of RH clients from other cities reported having seen these methods in TV spots. Exposure to the TV spots or jingles at naming ceremonies varied greatly across the cities, ranging from 8 percent in Zaria to just over 50 percent in Ilorin. Likewise, exposure to the TV spot or jingle at a hair dressing or barbing salon was less common in Zaria (4 percent) and most common in Ibadan (58 percent). The percentage of clients who had seen a TV spot or jingle that showed an FP provider answering questions about FP or talking to a couple, a couple talking about FP, or a woman sharing her experience supporting the use of FP was similar within each individual city but varied across cities, ranging from around 15 percent of women in Zaria to nearly 80 percent of women in Ilorin who had seen each type of TV spot or jingle.

Table 8.31 RH clients' exposure to NURHI TV programs at endline

Percentage distribution of RH services clients' exposure to NURHI television messages, by city. Nigeria 2014.

	Abuja	Benin City	Ibadan	Ilorin	Kaduna	Zaria
Watches television						
Yes	94.0	96.9	97.5	95.8	92.1	69.5
No	6.0	3.1	2.5	4.2	7.9	30.5
Number of exit interview clients	600	794	1339	977	959	722
Among those who watch television, seen any FP/childbirth spacing information on the TV in the previous three months						
Yes	42.7	83.0	85.7	82.2	57.3	29.7
No	57.3	17.0	14.3	17.8	42.7	70.3
Number of exit interview clients who watch television	564	769	1306	936	883	502
Among those who had seen FP information on TV, the TV spots were about[1]						
Methods						
Daily pills	17.4	27.1	13.1	60.9	17.0	27.5
IUDs	22.4	13.0	19.0	57.5	6.3	8.1
Condoms	32.8	29.3	40.1	70.5	31.6	47.7
Injectables	26.1	42.5	21.6	69.3	21.1	27.5
Other methods[2]	22.0	12.5	13.4	52.1	10.7	18.1
Issue						
Age at marriage/delaying first birth	2.5	5.5	1.3	0.9	16.2	14.1
Delaying age at first sex/abstinence	0.8	1.1	1.2	0.5	2.2	1.3
Spacing between births	60.2	47.3	67.1	44.0	62.6	64.4
Limiting family size	22.4	23.2	43.3	25.5	20.6	12.8
Gov't statements regarding FP	0.4	0.9	1.3	1.8	1.6	6.0
Talk to spouse about FP	18.3	11.3	6.2	22.8	20.4	14.8
Go for family planning[3]	46.1	44.4	49.3	65.9	38.3	49.7
Promoting benefits of FP[3]	18.3	17.1	22.4	3.5	12.6	12.8
Providers' statements regarding FP[3]	0.8	1.3	1.9	2.2	0.4	0.7
Religious leaders' statements regarding FP[3]	0.0	2.2	1.1	0.4	1.6	0.0
Talk to health provider about FP	7.9	11.6	22.8	12.7	28.7	17.4
Other reproductive health topics	6.2	0.0	0.3	0.0	0.8	0.7
Don't remember	0.4	0.0	0.2	0.3	2.6	0.0
Number of exit interview clients who had seen FP information on TV	241	638	1119	769	506	149
Seen a television spot or jingle that shows people talking about FP during a naming ceremony						
Yes	23.0	18.6	34.4	53.0	29.4	7.6
No	76.7	81.4	65.2	46.9	69.3	92.4
Don't know	0.3	0.0	0.4	0.1	1.3	0.0
Number of exit interview clients	600	794	1339	977	959	722
Seen a television spot or jingle that shows people talking about FP in a hair dressing salon/barbing salon						
Yes	18.7	21.3	58.3	43.7	29.1	3.6
No	80.5	78.7	41.6	56.2	70.0	96.4
Don't know	0.8	0.0	0.1	0.1	0.9	0.0
Number of exit interview clients	600	794	1339	977	959	722
Seen a television spot or jingle that shows a FP service provider answering questions about FP or talking to a couple						
Yes	30.8	61.1	57.7	70.4	45.9	16.2
No	69.0	38.9	42.1	29.6	53.1	83.8
Don't know	0.2	0.0	0.1	0.0	1.0	0.0
Number of exit interview clients	600	794	1339	977	959	722
Seen a television spot or jingle that shows a couple talking about FP						
Yes	31.5	62.1	63.9	78.4	46.3	15.5
No	68.3	37.9	35.6	21.6	52.9	84.3
Don't know	0.2	0.0	0.4	0.0	0.8	0.1
Number of exit interview clients	600	794	1339	977	959	722
Seen a television spot or jingle that shows a woman sharing her experience supporting the use of FP (testimonial)						
Yes	34.0	42.8	43.2	77.5	43.6	15.2
No	65.5	57.2	56.3	22.4	55.7	84.8
Don't know	0.5	0.0	0.4	0.1	0.7	0.0
Number of exit interview clients	600	794	1339	977	959	722

[1]Percentages may not sum to 100% because multiple responses could be given.
[2]Other methods include implants, emergency contraceptive pills, female and male sterilization, and Standard Days Method.
[3]Topics based on NURHI messaging.

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