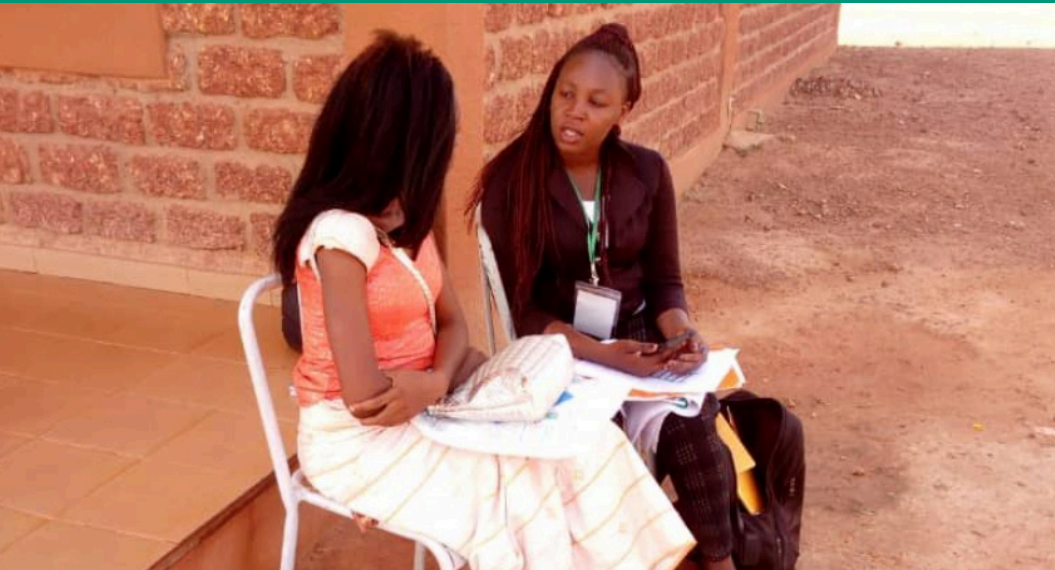


CLIENT BRIEF

PMA Agile/Ouagadougou, Burkina Faso



ABOUT PMA AGILE



PMA Agile is a component of the Performance Monitoring for Action project and aimed at the subnational level (state, county or city). It builds on the PMA monitoring and evaluation platform and conducts continuous tracking of family planning service delivery and consumption through quarterly public and private health facility surveys and semi-annual client exit interviews. A phone follow-up survey is conducted with consenting female clients four months after their interviews.

PMA Agile monitors two cities in Burkina Faso, Ouagadougou and Koudougou, and is conducted by the Institut Supérieur des Sciences de la Population (ISSP) at the Université Joseph Ki-Zerbo, in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers one survey round of the client exit survey (August-October 2018) and the subsequent round when the client follow-up survey was conducted (February-April 2019) in Ouagadougou. **The full results are accessible at site dashboards at pma2020.org/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.

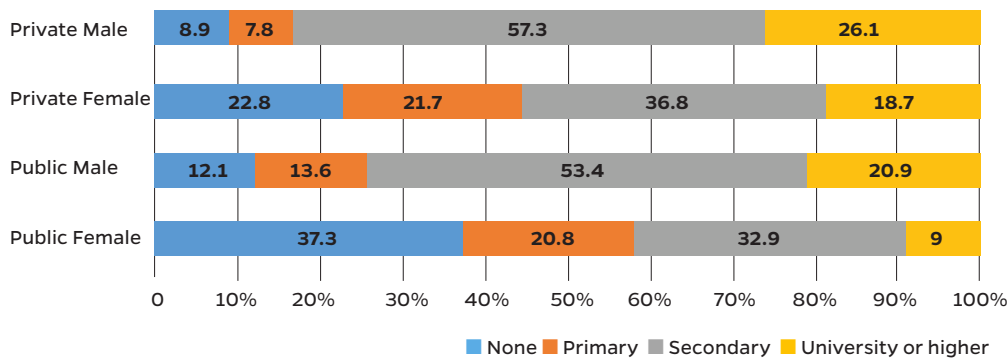


Key results

- **In Ouagadougou, 1776 clients** (60% female) were interviewed at 98 public and 114 private facilities.
- **Injectables and implants were the most common methods** used among clients interviewed at public facilities, and male condoms and implants were the most common methods used among clients surveyed at private facilities.
- **Female clients interviewed at private facilities were more likely to choose their contraceptive method themselves** (72%) than those seen at private facilities (37.6%), who often relied on a partner or provider to make their contraceptive decision.
- **Low proportions of young clients (18-24 years)** report receiving explanations about how to use different contraceptive methods, except for male condoms, at their health visits.
- **Female clients** overall report relatively high levels of satisfaction with services.
- **Less than 5% of male clients** report discussing family planning with their partner.
- **Among female clients interviewed in Ouagadougou, 79.2%** consented and completed a follow-up interview four months later.
- **At the follow-up interview, 27.2% of female clients** were still using the method reported at baseline, 7.8% had switched methods, and 17.3% had stopped; 13.8% began using a method and 34% remained non-users at the follow-up interview.

EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

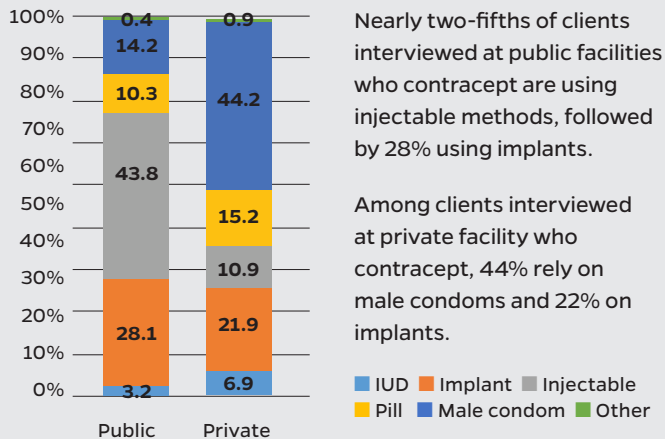
Percent distribution of education levels of clients interviewed



Female clients interviewed at public facilities tended to have less education than those interviewed at private facilities.

Male clients surveyed at private facilities were the most educated.

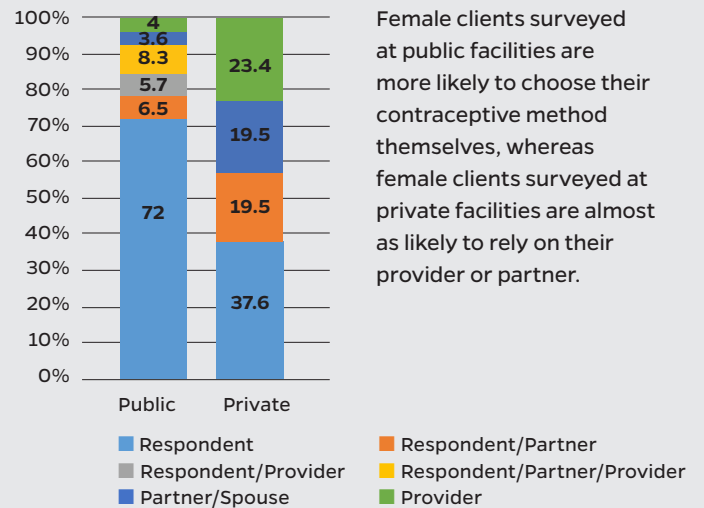
OUAGADOUGOU CLIENT METHOD USE COMPOSITION



Nearly two-fifths of clients interviewed at public facilities who contracept are using injectable methods, followed by 28% using implants.

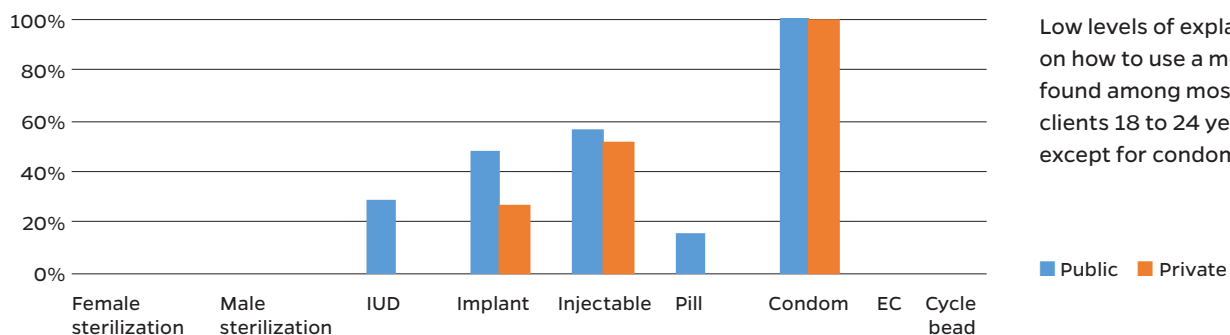
Among clients interviewed at private facility who contracept, 44% rely on male condoms and 22% on implants.

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



Female clients surveyed at public facilities are more likely to choose their contraceptive method themselves, whereas female clients surveyed at private facilities are almost as likely to rely on their provider or partner.

PERCENT OF YOUTH CLIENTS (AGE 18-24) REPORTING A PROVIDER EVER EXPLAINED HOW TO USE THE METHOD AT ANY VISIT



Low levels of explanation on how to use a method are found among most youth clients 18 to 24 years of age except for condom.

PERCENT OF FEMALE CLIENTS TOLD WHAT TO DO ABOUT SIDE EFFECTS AND WHEN TO RETURN FOR FOLLOW-UP VISIT, BY AGE

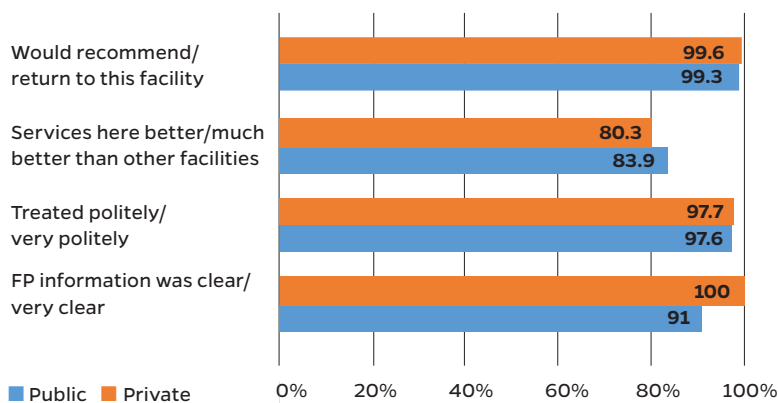
Age group	SIDE EFFECTS*		FOLLOW-UP**	
	Public	Private	Public	Private
18-24	59.7%	100%	76.1%	44.2%
25-34	73.1%	100%	83.7%	43.5%
35+	49.6%	100%	85.8%	74.4%

*Among female FP clients **Among all female clients

All female FP clients interviewed at private facilities report ever being told about side effects at their FP visit, while 73.1% of those aged 25-34 years interviewed at public facilities report ever being told.

Female clients age 35 or older were more likely to have been told when to return for follow up than younger clients, and more so if they were interviewed at private health facilities.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS



Female clients interviewed at both public or private facilities report relatively high levels of satisfaction with such services as clarity of FP information, polite treatment, range of services, as indicated by their willingness to return or refer the facility. The average wait time was considerably longer in public than private facilities.

AVERAGE WAIT TIME



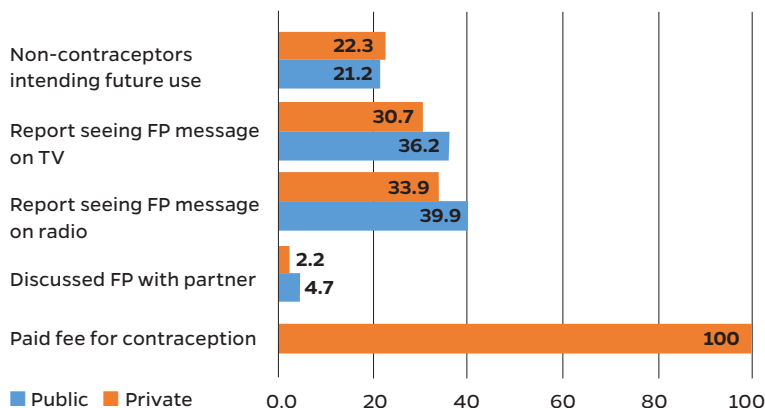
PUBLIC



PRIVATE

MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors



Male clients pay for contraception at private but not public facilities. Less than 5% discuss family planning with their partner and about one third report exposure to FP messages on radio or TV. One fifth who are not now using intend to use in the future.



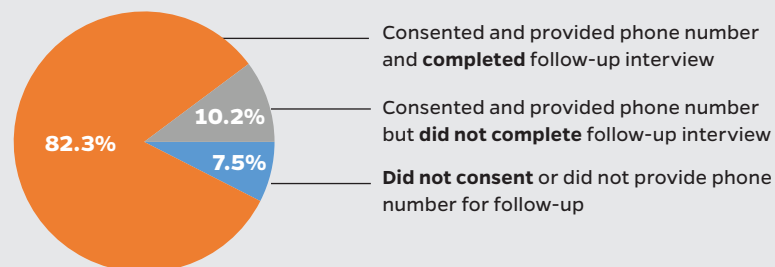
FAMILY PLANNING DISCUSSION



FAMILY PLANNING EXPOSURE ON TV/RADIO

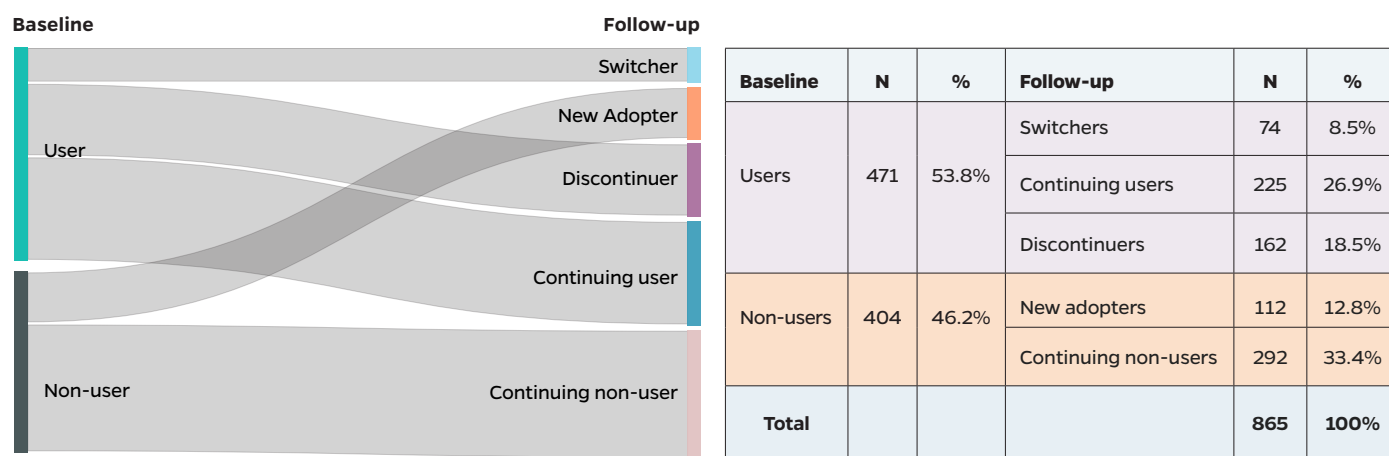
FEMALE CLIENT FOLLOW-UP

Client follow-up response rates in Ouagadougou (n=875)



Of the 1065 women who completed baseline interviews, 82.3% consented to and completed a phone follow-up interview 3-4 months later.

CHANGE IN CONTRACEPTIVE USE STATUS



At the follow-up interview, 26.9% of clients were still using the method reported at baseline, 8.5% had switched methods, and 18.5% had stopped using a method.

In addition, 12.8% began using a method and 33.4% remained non-users at the follow-up interview.

PMA AGILE SAMPLE

PMA Agile uses probability sampling methods to select public and private SDPs from master lists of registered health facilities, stratified by type of facility. For each geography, up to 220 SDPs are sampled. The target sample is 100 public and 100 private health facilities, allowing for 10% non-participation. The SDP data are weighted to be statistically representative of the geography. The same panel of SDPs is visited quarterly for a subsequent interview and the weights re-adjusted as needed.

Every other quarter, a client exit survey is conducted by systematically selecting 10 clients per facility. Eligible clients are males aged 18-59 years or females aged 18-49 years. The target sample is approximately 1500-2000 clients. The client data for a given SDP are weighted by the client's selection probability which is a function of the SDP's average daily volume of clients and the client sampling interval. The client data are then weighted by the SDP selection probability. Female clients are asked to consent to a phone follow-up approximately four months later when they are asked about continued contraceptive use, switching and satisfaction with services received.

Suggested citation: Institut Supérieur des Sciences de la Population (ISSP) du Burkina Faso, Université Joseph Ki-Zerbo, and The Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins Bloomberg School of Public Health. Performance Monitoring and Accountability Agile (PMA Agile) Quarterly Survey 2018-2019. Ouagadougou, Burkina Faso and Baltimore, Maryland, USA. www.pma2020.org/pma-agile.