

SERVICE DELIVERY POINT 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 three quarterly surveys conducted in Ouagadougou from March 2018 to April 2019 and **the full results are accessible at site dashboards at pma2020.org/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



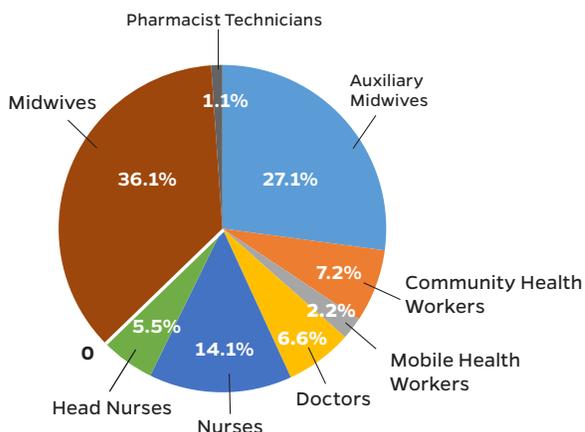
Key highlights from Q1-Q3 SDP surveys in Ouagadougou

- **The SDP sample in Ouagadougou is composed of 98 public and 114 private facilities in Q1.**
- **Most SDPs have staff trained to provide family planning**, primarily nurses and community health workers.
- **Public facilities provide the majority of family planning protection** although limited to four methods (implants, injectables, IUDs and pills).
- **Private SDPs offer protection through a wider range of methods** that includes condoms and emergency contraception.
- **At the baseline round, an average of 82 clients per month received injectables at public facilities**, followed by 44 for implants and 30 for pills. These figures have either declined slightly or remain unchanged through Q3.
- **Private SDPs sell on average 141-150 condoms per month**, followed by 35-54 EC kits and pill cycles.
- **Among public SDPs, injectables were most likely to be out of stock in Q1 and Q3 at the University hospital (CHU).** Injectables were in stock in most facilities but less so in Q3 than prior quarters.
- **The delivery of family planning services, while steady over the survey period, can capitalize on the capacity of the private sector health facilities.**

STAFF TRAINED IN FAMILY PLANNING AT FACILITIES

Among public (98) and private (114) facilities in Ouagadougou in Q1.

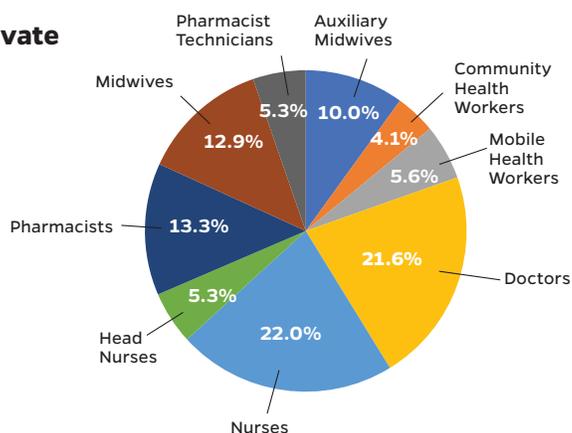
Public



Staff trained in family planning in **public** SDPs



Private



Staff trained in family planning in **private** SDPs



CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

Average number of client visits in past month

Among public facilities in Ouagadougou (n=98)

	Q1	Q2	Q3
Male and Female Condoms	19.8	2.1	1.5
Implant	44.1	29.1	29.1
Injectable	81.6	67.1	64.9
Female Sterilization	0.3	0.0	1.0
IUD	13.1	8.9	9.5
Pill	30.1	27.2	25.2

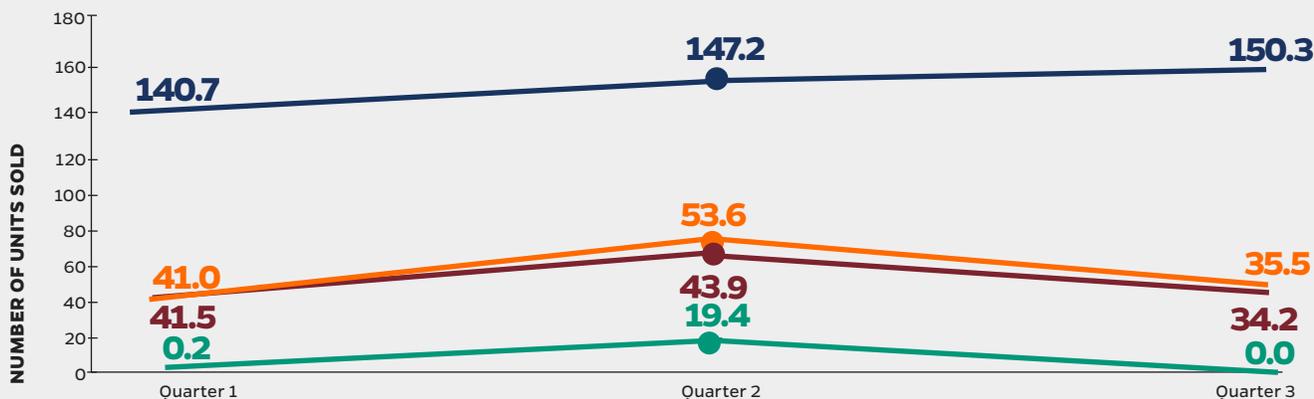
At the baseline round, an average of **82 clients per month** received injectables at public facilities, followed by 44 for implants and 30 for pills. These figures have either declined slightly or remain unchanged through Q3.



Private SDPs sell on average **141-150 condoms per month**, followed by 35-54 emergency contraceptive kits and pill cycles.

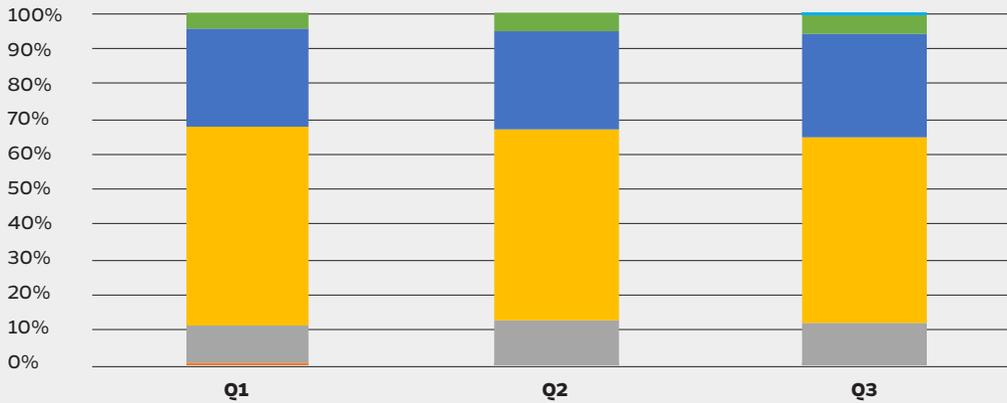


Average number of contraceptive commodities sold by private SDPs in past month (n=114)



COUPLE YEARS OF PROTECTION (CYP)

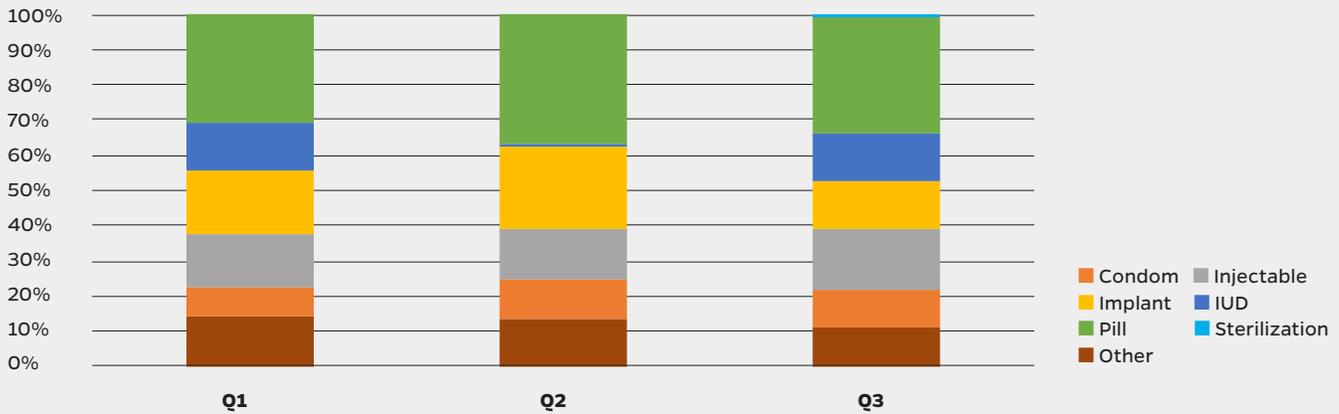
Percent distribution of CYPs at public facilities (n=98)



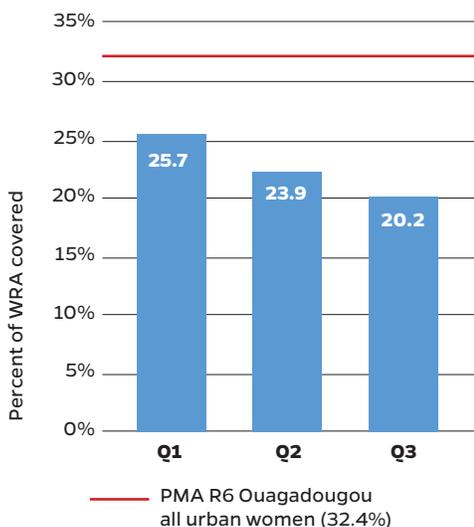
Although **public SDPs** account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to injectable, implant, IUD and pills.

Private SDPs provide CYPs through a wide range of methods that also include condoms and EC.

Percent distribution of CYPs at private facilities (n=114)



FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)

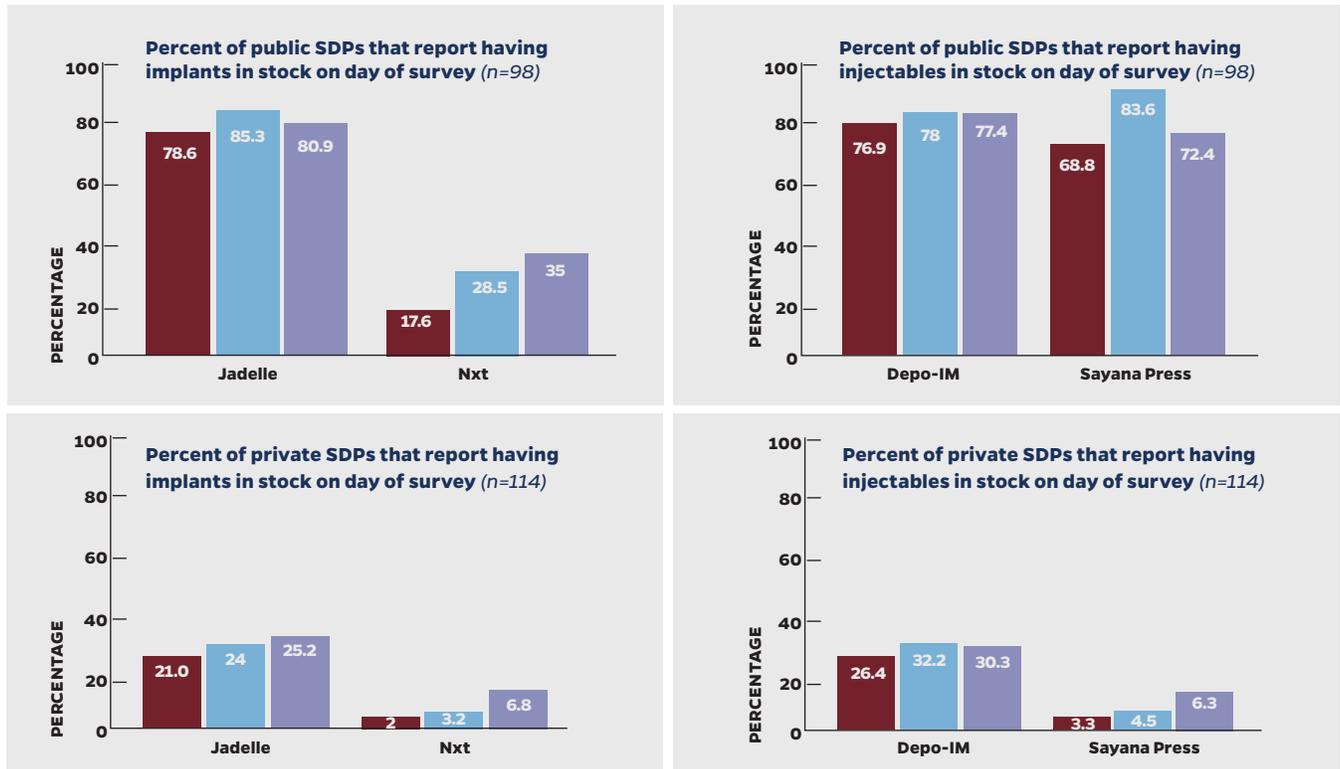


Using the past month's delivery of contraceptive services to clients and sales of contraceptive methods to clients, an estimate of the total number of clients served can be generated. This is annualized and ratioed over the eligible female population of reproductive age to assess coverage. This estimate will differ from a household sample survey as it will not capture contraceptive distributions by providers outside of facilities, such as community health workers, and is sensitive to the exact population served by facilities in the geographies.

Overall the CCR decreased slightly over the three quarters.

STOCK OUTS

METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

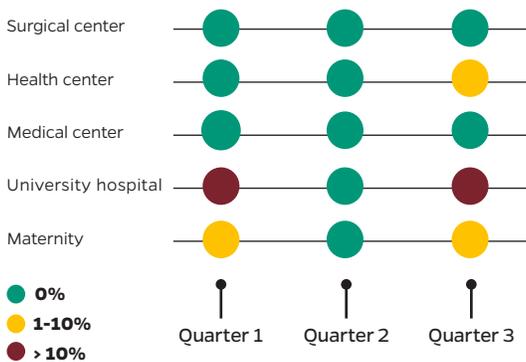


Public SDPs are more likely than private SDPs to have implants and injectables in stock.
 In-stock status at private facilities has risen slightly over the 3 quarterly rounds.

■ Q1 ■ Q2 ■ Q3

Percent out-of-stock of injectables by quarter and facility type

Among public facilities (n=98)



Among Ouagadougou public SDPs, **injectables were most likely to be out of stock in Q1 and Q3 at the University Hospital (CHU)**. Injectables were in stock in most facilities but less so in Q3 than in other survey quarters.

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.