

CLIENT BRIEF

PMA Agile/Kano, Nigeria



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.**

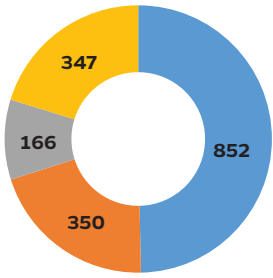
PMA Agile monitors three sites in Nigeria, Lagos, Kano and Ogun states, and is conducted by the Center for Research, Evaluation Resources and Development (CRERD), University of Ibadan, College of Medicine, in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. PMA Agile would also like to acknowledge the Africa Center of Excellence for Population Health and Policy, Bayero University, Kano for its support during data collection activities in Kano. This brief covers one survey round of the client exit survey (Quarter 2: April-August 2018), a subsequent round when the client follow-up survey was conducted (Quarter 3: October-December 2018), and a new round of baseline client exit survey conducted from March-May 2019 (Quarter 4) in Kano. **The full results are accessible at site dashboards at pmapdata.org/technical-areas/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



Key Results

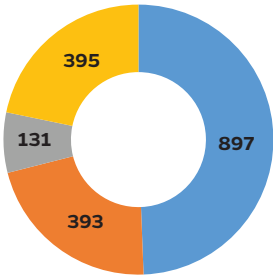
- **In Kano, 1816 clients (1290 females and 526 males) were interviewed** at the selected public and private facilities in Q4. The gender composition of the Q2 sample of 1715 clients was similarly balanced.
- **Most clients interviewed had a secondary/vocational level education.** Male and female clients interviewed at private facilities both quarters were the most educated.
- **Client method use composition remained fairly similar in Q2 and Q4.** Most contracepting clients interviewed were using injectables, followed by implants, and pills in both quarters.
- **Over half of the women interviewed report choosing their contraceptive method themselves,** with the exception of women interviewed at private facilities in Q2, where all female clients interviewed report their contraceptive method choice was a joint decision between themselves and their partner.
- **Among the small sample of youth clients, aged 18 to 24, over half of females** reported they were given an explanation on how to use their contraceptive method in Q2 and Q4. In Q2, 78% of male youth clients reported ever having a provider explain how to use their method of contraception, while none reported such in Q4.
- **About 51% of female clients age 25-34 years receiving FP services** on the day of interview report being told by the provider about side effects. This proportion in Q4 did not change considerably.
- **Female clients interviewed at both public or private facilities report high levels of satisfaction** with such services as clarity of FP information, polite treatment, range of services, as indicated by their willingness to return to the facility. The average wait time for FP services decreased slightly for public facilities from Q2 to Q4, but noticeably increased for private facilities.
- **All male clients interviewed at private facilities report that they paid a fee for contraception.** No male clients from public facilities report paying fees.
- **Of the 1,202 women who completed baseline interviews in Q2, 62% consented to** and completed a phone follow-up interview 4 months later in Q3.
- **At the follow-up interview, 19% of clients were still using the method reported four months ago,** while 5% had switched methods, and 11% had stopped using their method. In addition, 17% began using a method and 48% remained non-users by the follow-up interview.

SAMPLE SIZE OF CLIENTS INTERVIEWED IN KANO BY PUBLIC/PRIVATE FACILITY AND GENDER



Sample size of clients interviewed by facility type and gender, Q2

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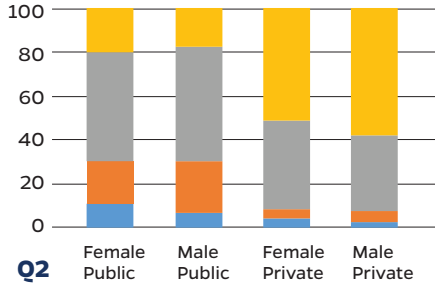


Sample size of clients interviewed by facility type and gender, Q4

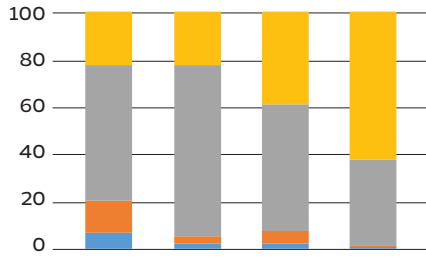
■ Female Public ■ Female Private
■ Male Public ■ Male Private

EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



Q2

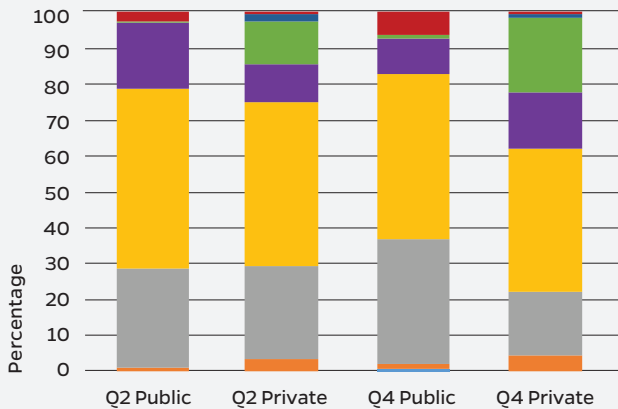


Q4

Most clients interviewed had a secondary/vocational level education. Male and female clients interviewed at private facilities both quarters were the most educated. The educational backgrounds of clients interviewed in Q4 were similar to those of Q2.

■ None
■ Primary
■ Secondary/vocational
■ University or higher

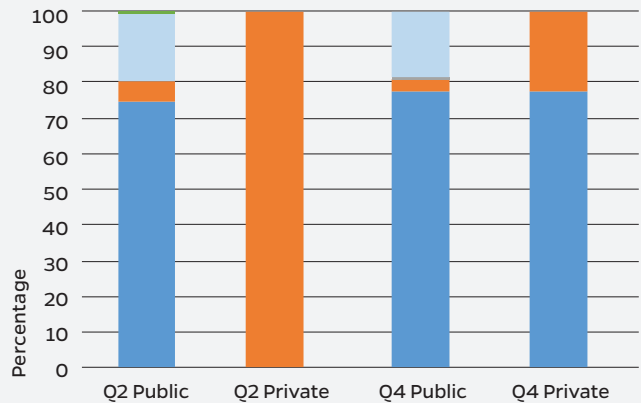
CLIENT METHOD USE COMPOSITION



Client method use composition remained fairly similar in Q2 and Q4. Most contracepting clients interviewed were using injectables, followed by implants, and pills in both quarters. Male condom use is primarily reported by clients of private facilities.

■ Sterilization ■ IUD ■ Implant ■ Injectable ■ Pills
■ Male condom ■ Emergency contraception ■ Other

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD

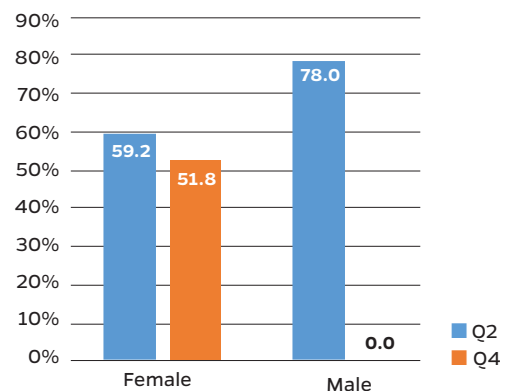


Over half of the women interviewed report choosing their contraceptive method themselves, with the exception of women interviewed at private facilities in Q2, where all female clients interviewed report their contraceptive method choice was a joint decision between themselves and their partner.

■ Respondent ■ Respondent/Partner ■ Respondent/Provider
■ Respondent/Partner/Provider ■ Partner/Spouse ■ Provider

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

Among the small sample of youth clients, aged 18 to 24, over half of females reported they were given an explanation on how to use their contraceptive method in Q2 and Q4. In Q2, 78% of male youth clients reported ever having a provider explain how to use their method of contraception, while none reported such in Q4.



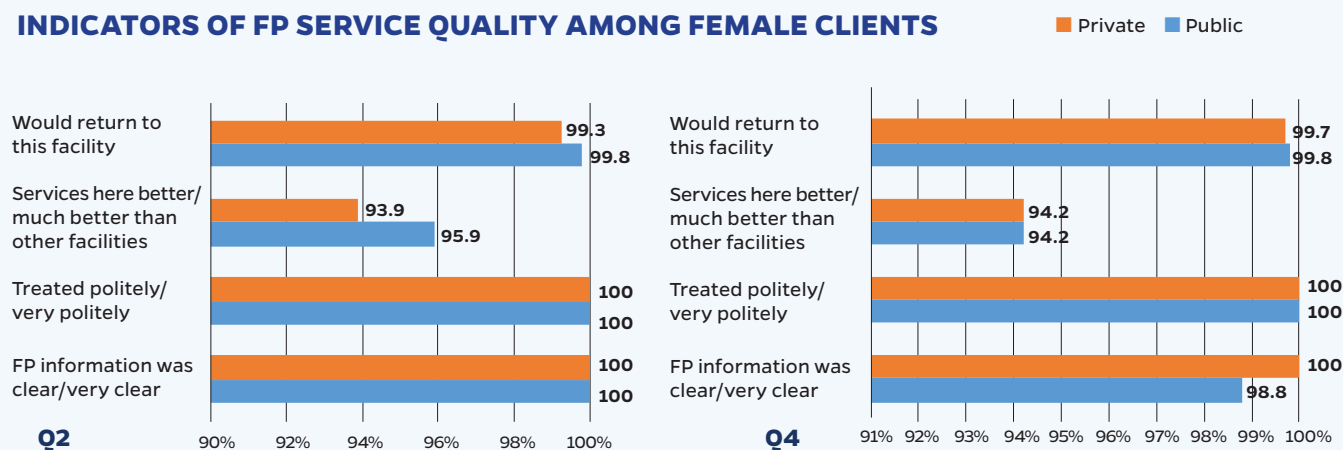
PERCENT OF FEMALE CLIENTS SEEN AT TODAY'S VISIT WHO WERE TOLD ABOUT SIDE EFFECTS AND WHEN TO RETURN FOR FOLLOW-UP VISIT, BY AGE AND QUARTER

Kano public and private

Age group	SIDE EFFECTS		FOLLOW-UP	
	Q2	Q4	Q2	Q4
18-24	53.9%	47.2%	95.0%	97.7%
25-34	50.6%	51.7%	98.9%	99.0%
35+	93.5%	82.8%	100.0%	95.1%

About 51% of female clients age 25-34 years receiving FP services on the day of interview report being told by the provider about side effects. This proportion in Q4 did not change considerably. About 95% of female clients age 18-24 years receiving FP services on the day of interview report being told by the provider about when to return for follow-up. This proportion slightly increased in Q4.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS

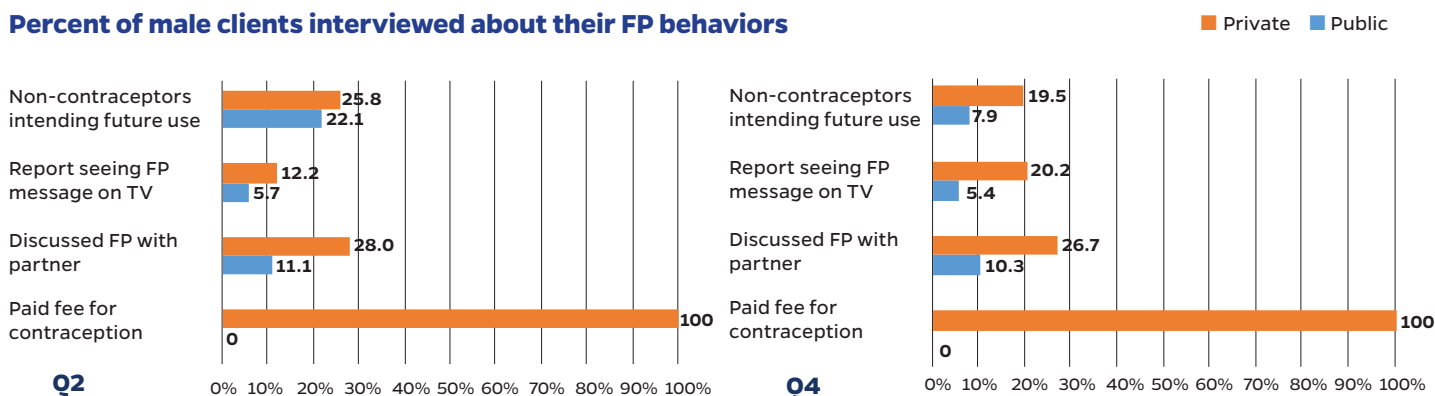


Female clients interviewed at both public and private facilities report high levels of satisfaction with such services as clarity of FP information, polite treatment, range of services, as indicated by their willingness to return to the facility. The average wait time for FP services decreased slightly for public facilities from Q2 to Q4 but noticeably increased for private facilities.

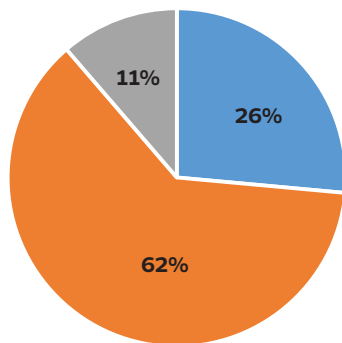


MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors



All male clients interviewed at private facilities report that they paid a fee for contraception. No male clients from public facilities report paying fees. In Q2 only 11% of male clients interviewed at public facilities and 28% of male clients interviewed at private facilities report discussing FP with their partners. These proportions remained the same among male clients interviewed in Q4. Less than 1/4 of all male clients report seeing FP messages on TV; the percentage was lowest among male clients interviewed at public SDPs (5-6%). In Q2, slightly over 20% of male clients not using family planning intend to use in the future, compared to about 8% and 20% of male clients interviewed at public and private facilities in Q4, respectively.



FEMALE CLIENT FOLLOW-UP

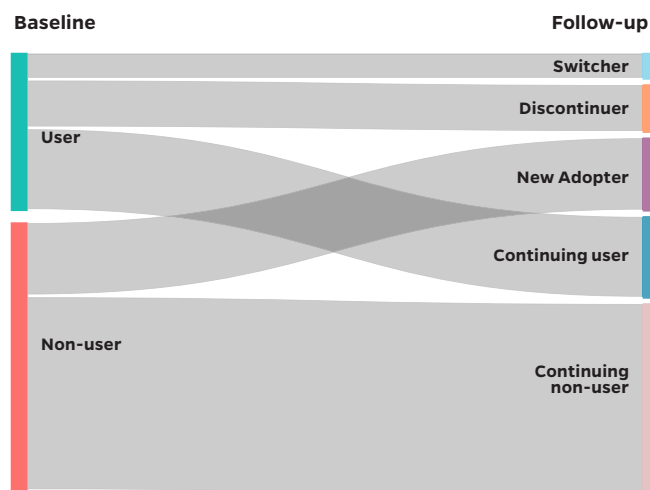
Client follow-up response rates in Kano (n=1202)

- Did not consent or did not provide phone number for follow-up
- Consented and provided phone number and completed follow-up interview
- Consented and provided phone number but did not complete follow-up interview

Of the 1,202 women who completed baseline interviews in Q2, 62% consented to and completed a phone follow-up interview 4 months later in Q3.

CHANGE IN CONTRACEPTIVE USE STATUS

Baseline	N	%	Follow-up	N	%
Users	263	35.2%	Switchers	39	5.2%
			Continuing users	144	19.3%
			Discontinuers	80	10.7%
Non-users	484	64.8%	New adopters	128	17.1%
			Continuing non-users	356	47.7%
Total	747				100%



At the follow-up interview, 19% of clients were still using the method reported four months ago, while 5% had switched methods, and 11% had stopped using their method. In addition, 17% began using a method and 48% remained non-users by 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: Center for Research, Evaluation Resources and Development (CRERD), University of Ibadan, College of Medicine, and The Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins Bloomberg School of Public Health. Performance Monitoring for Action Agile (PMA Agile) Quarterly Survey 2018-2019. Kano, Nigeria and Baltimore, Maryland, USA. pma-data.org/technical-areas/pma-agile.