

SERVICE DELIVERY POINT 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.**

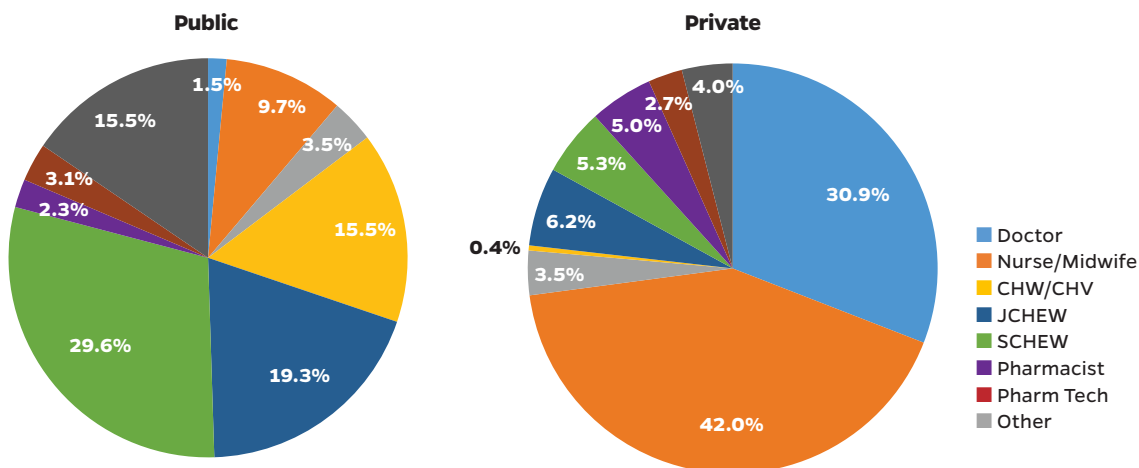
PMA Agile monitors the urban areas of three states in Nigeria, Lagos, Kano, and Ogun, and is conducted by the Center for Research, Evaluation Resources and Development (CRERD) and the University of Ibadan, College of Medicine, in collaboration with The Bill and Melinda Gates Institute for Population 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 four quarterly surveys conducted in Kano from December 2017 to May 2019. **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 highlights from Q1-Q4 SDP surveys in Kano

- **The SDP sample in Kano** is composed of 113 public and 102 private facilities in Q1.
- **In public facilities, staff trained to provide family planning (FP)** tend to be senior and junior community health extension workers. Staff trained to provide FP in private facilities tend to be nurses and doctors.
- **Although public SDPs account** for the majority of couple-years of FP protection (CYPs), the methods provided are largely implants and IUDs. Private SDPs provide CYPs through a wide range of methods that also include EC and pills.
- **Across all four quarters,** the average number of client visits for injectables and pills remained relatively the same.
- **The main contraceptive method** sold at private SDPs was male condoms, with an average of 177-307 units per month, followed by pills, with an average of 52-180 units per month.
- **Both public and private SDPs** are more likely to have injectables than implants in stock.
- **Public hospitals** in our sample experienced stock-out of injectables in Q4 only.

STAFF TRAINED IN FAMILY PLANNING AT FACILITIES, Q4



Staff trained in family planning in private SDPs tended to be nurses (42%) and doctors (31%).

Public SDPs are more diverse in staff trained in family planning, with the majority being either senior or junior community health extension worker—SCHEWs (30%) and JCHEWs (19%).

CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

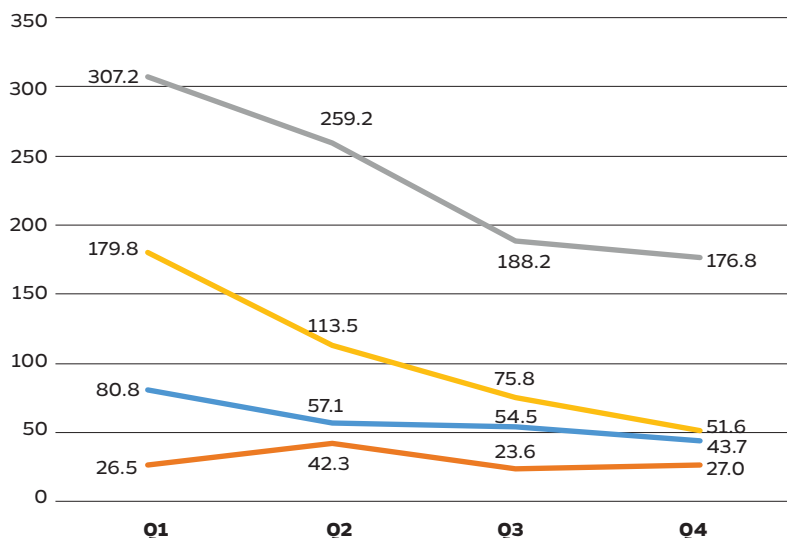
Average number of client visits in past month

Among public facilities in Kano (n=113)

	Q1	Q2	Q3	Q4
Emergency Contraception (EC)	0.2	1.0	24.7	7.2
Male and Female Condoms	34.9	21.8	18.4	36.0
Implant	71.4	31.5	45.9	36.4
Injectable	44.4	51.2	43.4	47.4
IUD	10.0	12.8	7.0	24.6
Pill	18.1	19.4	16.7	12.4

Across all four quarters, the average number of client visits for injectables and pills remained relatively the same. EC visits experienced a spike from Q2 (1) to Q3 (25), then a decrease by Q4 (7). Implant visits saw a decrease from Q1 to Q4, while IUD visits saw an increase.

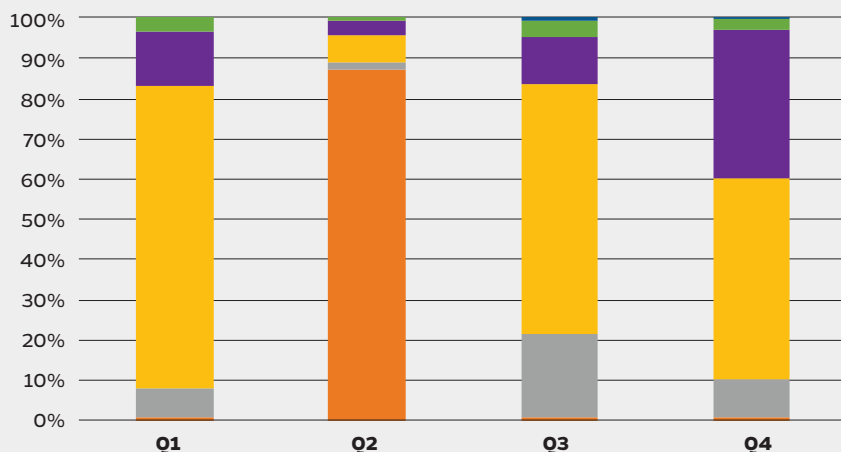
AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH (n=102)



The main contraceptive method sold at private SDPs was male condoms, with an average of 177-307 units per month, followed by pills, with an average of 52-180 units per month. Both condoms and pills show a decline in sales over the four quarters.

COUPLE YEARS OF PROTECTION (CYP)

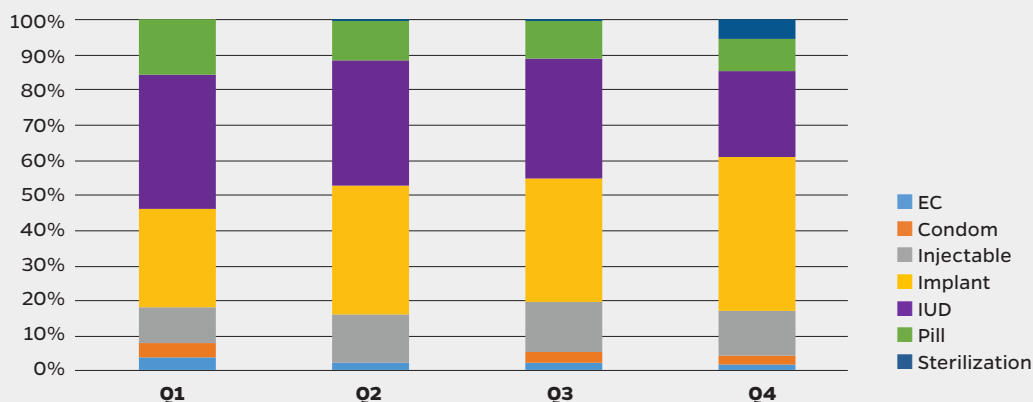
Percent distribution of CYPs at public facilities (n=113)



Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods provided are largely implants and IUDs. In Q2 there was a large distribution of condoms reported.

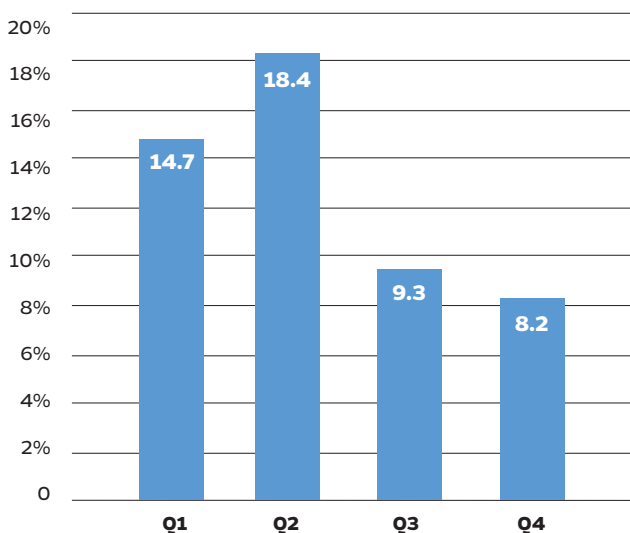
Private SDPs provide CYPs through a wide range of methods that also include EC and pills.

Percent distribution of CYPs at private facilities (n=102)



FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)

Estimated CCR for Kano



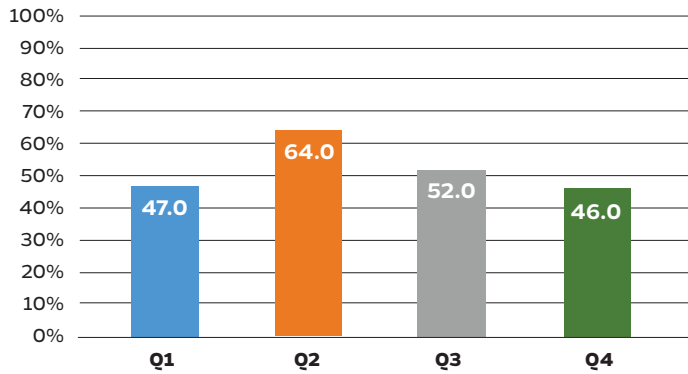
The estimated CCR ranged over the four quarters, from 14.7% in Q1 to 8.2% in Q4.

While not a direct counterpart, this can be compared to the PMA2020 2018 modern contraceptive prevalence rate of 7.8% among married women age 15-49.

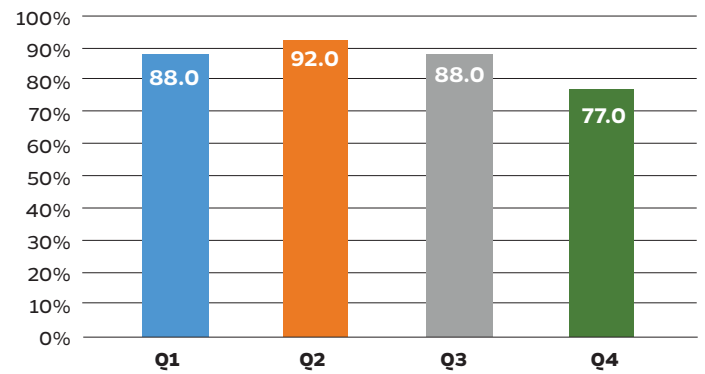
STOCK OUTS

METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

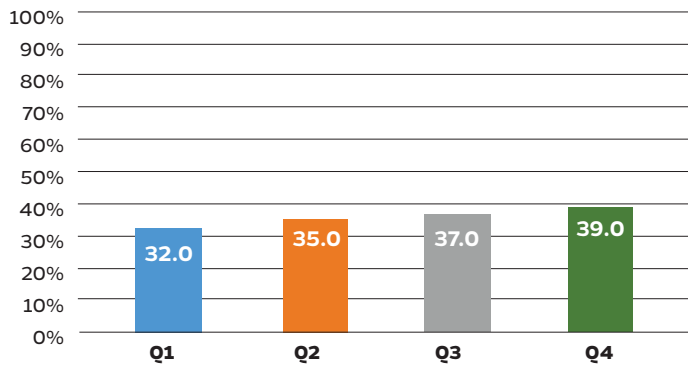
Percent of public SDPs that report having implants in stock on day of survey (n=112)



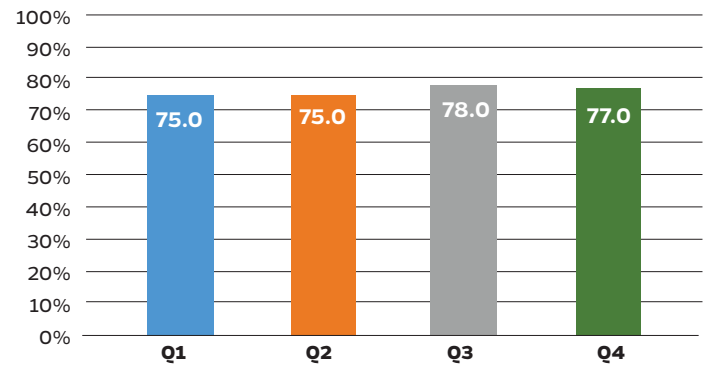
Percent of public SDPs that report having injectables in stock on day of survey (n=113)



Percent of private SDPs that report having implants in stock on day of survey (n=102)



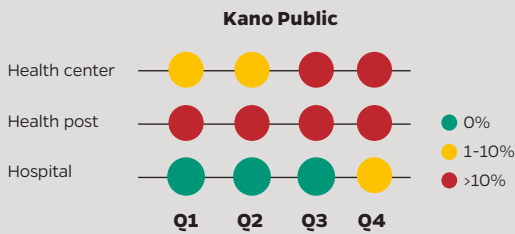
Percent of private SDPs that report having injectables in stock on day of survey (n=102)



Both public and private SDPs are more likely to have injectables than implants in stock. In-stock levels for both methods have not changed markedly over the quarters.

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

Among public facilities (n=113)



Public hospitals in our sample experienced stock-out of injectables in Q4 only. More than 10% of health posts were out-of-stock of injectables across all 4 quarters. More than 10% of health centers experienced stock-outs in Q3 and Q4.

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) and the 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 2017-2019. Kano, Nigeria and Baltimore, Maryland, USA. www.pmadata.org/technical-areas/pma-agile.



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