

CLIENT BRIEF

PMA Agile/Lagos, 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.**

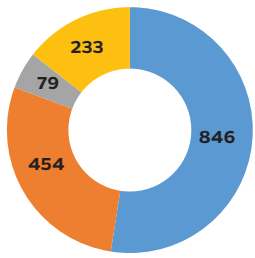
PMA Agile monitors three sites in Nigeria, Lagos, Kano, and Ogun states, and is conducted by the Center for Research, Evaluation Resources and Development (CRERD), University of Ibadan, College of Medicine, in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. 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 Lagos. **The full results are accessible at site dashboards at pmdatadata.org/technical-areas/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



Key Results

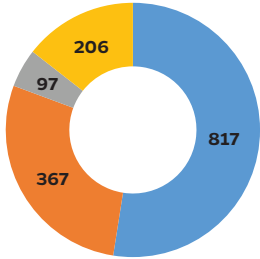
- **In Lagos, 1487 clients (1184 females and 303 males) were interviewed** at the selected public and private facilities in Q4. The gender composition of the Q2 sample of 1612 clients was similarly balanced.
- **Most clients interviewed at public and private facilities in Q2 were highly educated**, with majority of clients having a university level education.
- **Client method use composition remained fairly similar in Q2 and Q4.** Most clients interviewed who contraceptive were using male condoms, followed by injectables, and pills in both quarters.
- **Among female clients interviewed at public facilities, 71% report** choosing their contraceptive method themselves in Q4 compared to 49% in Q2.
- **Among the small sample of youth clients, aged 18 to 24**, about a quarter of females in Q2 and Q4 reported the provider explained how to use their contraceptive method. No male youth clients reported ever having a provider explain how to use their method of contraception, either in Q2 or Q4.
- **About 45% of female clients age 18-24 receiving FP services** on the day of interview report being told when to return for a follow-up in Q2. This percent increased to 100% among all clients 18 to 24 by Q4.
- **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 to or refer the facility. The average wait time for FP services was noticeably longer for public than private SDP clients in both Q2 and Q4.
- **All male clients interviewed at private facilities report that they paid a fee for contraception.** No male clients interviewed at private facilities report paying fees. A small proportion of male clients interviewed at public facilities in Q2 report discussing FP with their partners (4%). By Q4, this proportion increased to 16%.
- **Of the 1300 women who completed baseline interviews in Q2, 65% 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 earlier.** Almost 5% had switched methods, and 13% had stopped using a method. In addition, 12% began using a method and 52% remained non-users at the follow-up interview.

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



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

In Lagos, 1487 clients (1184 females and 303 males) were interviewed at the selected public and private facilities in Q4. The gender composition of the Q2 sample of 1612 clients was similarly balanced.

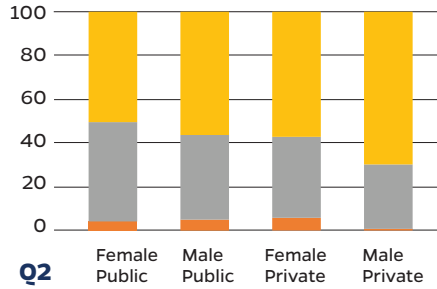


Sample size of clients interviewed by facility type and gender, Q4

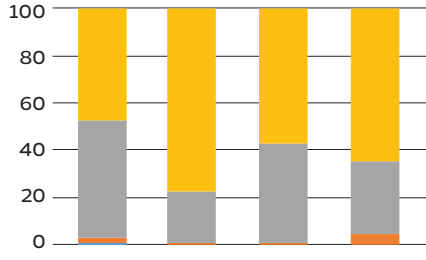
Female Public Female Private
Male Public Male Private

EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



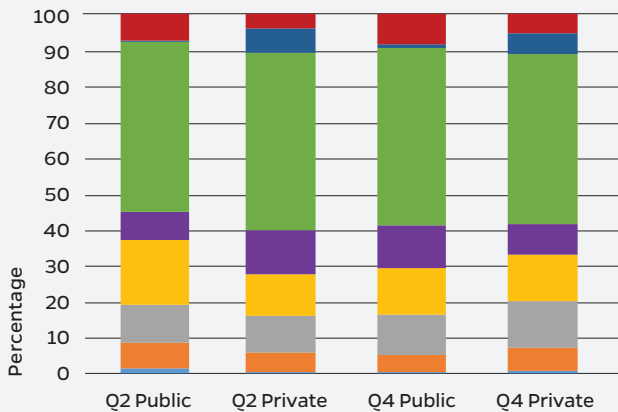
Q2



Q4

Most clients interviewed at public and private facilities in Q2 were highly educated, with majority of clients having a university level education. The educational backgrounds of clients interviewed in Q4 were similar to that of Q2.

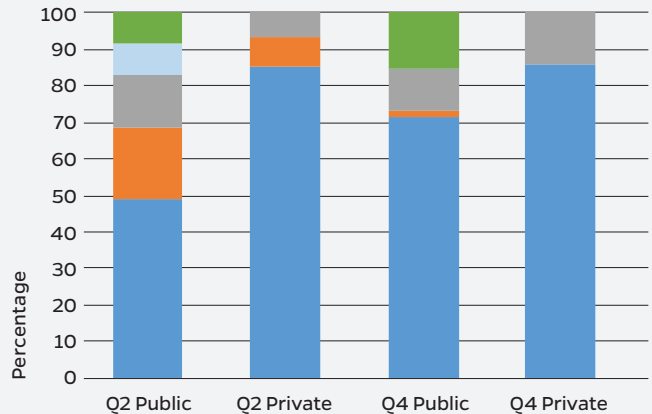
CLIENT METHOD USE COMPOSITION



Client method use composition remained fairly similar in Q2 and Q4. Most clients interviewed who contracept were using male condoms, followed by injectables, and pills in both quarters. EC 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

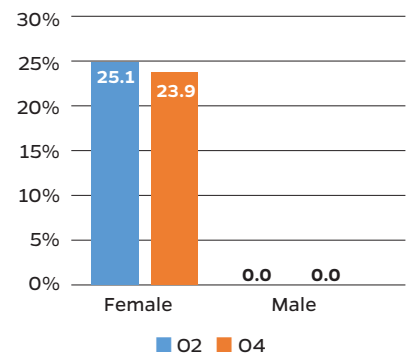


Among female clients interviewed at public facilities, 71% report choosing their contraceptive method themselves in Q4 compared to 49% in Q2. Of women interviewed at private facilities in Q2 and Q4, most also reported choosing their contraceptive method themselves, to a higher extent than women interviewed at public facilities. In Q2 8.5% of women and 15% in Q4 interviewed at public facilities report the method being chosen by the provider.

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, about a quarter of females in Q2 and Q4 reported the provider explained how to use their contraceptive method. No male youth clients reported ever having a provider explain how to use their method of contraception, either in Q2 or 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

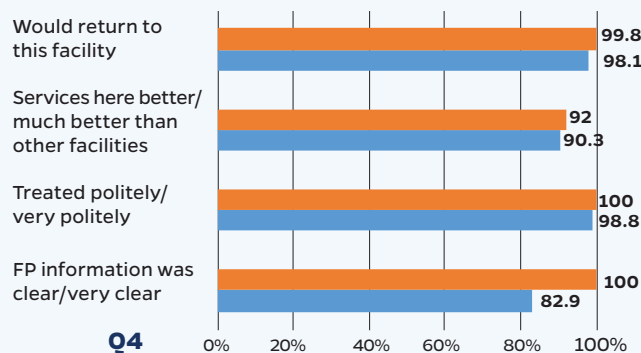
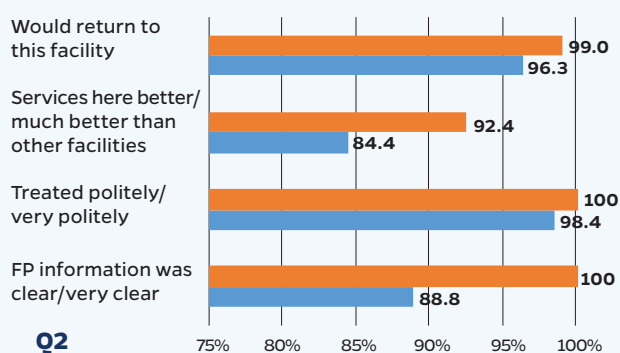
Lagos public and private

Age group	SIDE EFFECTS		FOLLOW-UP	
	Q2	Q4	Q2	Q4
18-24	4.3%	100.0%	45.3%	100.0%
25-34	59.5%	72.2%	91.6%	72.6%
35+	87.1%	76.9%	90.3%	72.8%

About 60% 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 increased to 72% in Q4. About 45% of female clients age 18-24 receiving FP services on the day of interview report been told when to return for a follow-up in Q2. This percent increased to 100% among all clients 18 to 24 by Q4.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS

Private Public



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 for FP services was noticeably longer for public than private SDP clients in both Q2 than Q4.

AVERAGE WAIT TIME

Q2 PUBLIC



Q2 PRIVATE



Q4 PUBLIC

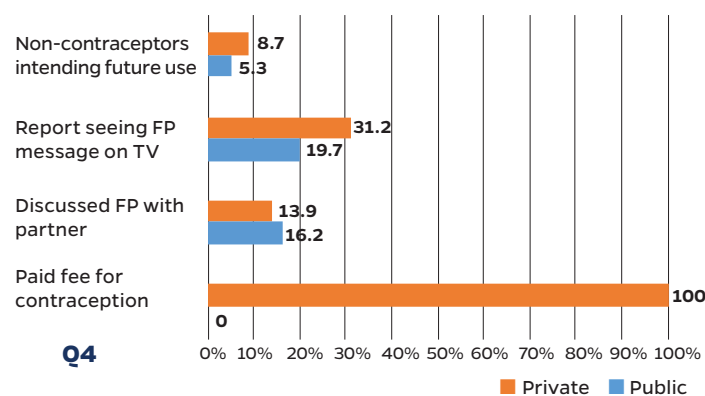
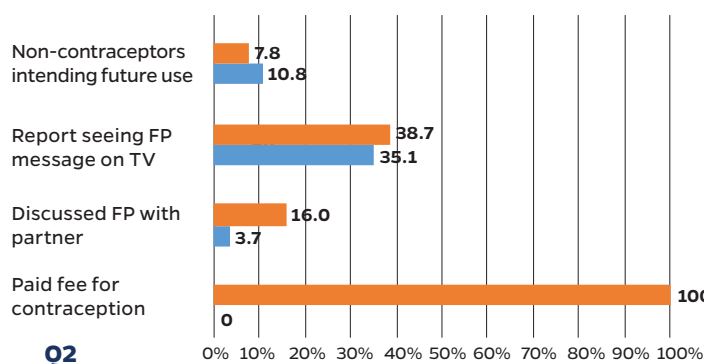


Q4 PRIVATE

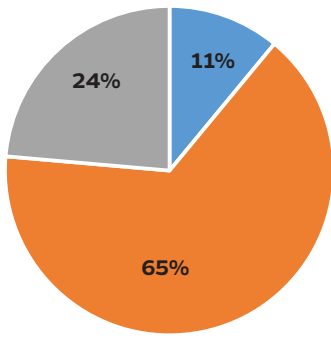


MALE FAMILY PLANNING

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 interviewed at public facilities report paying fees. A small proportion of male clients interviewed at public facilities in Q2 report discussing FP with their partners (4%). By Q4, this proportion increased to 16%. Less than 40% of all male clients report seeing FP messages on TV; the percentage was lowest among male clients interviewed at public SDPs in Q4 (20%). No more than 11% of male clients not using family planning across rounds intend to use in the future.



FEMALE CLIENT FOLLOW-UP

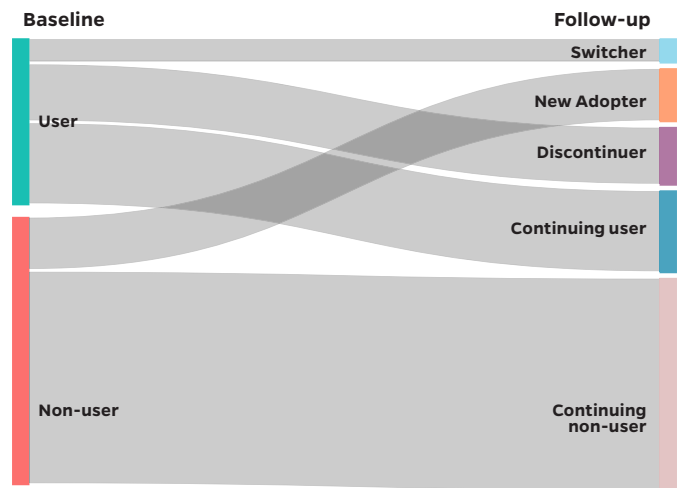
Client follow-up response rates in Lagos (n=1300)

- 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 1300 women who completed baseline interviews in Q2, 65% 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	310	36.5%	Switchers	39	4.6%
			Continuing users	161	19.0%
			Discontinuers	110	13.0%
Non-users	539	63.5%	New adopters	100	11.8%
			Continuing non-users	439	51.7%
Total	849				100%



At the follow-up interview, 19% of clients were still using the method reported four months earlier. Almost 5% had switched methods, and 13% had stopped using a method. In addition, 12% began using a method and 52% 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: 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. Lagos, Nigeria and Baltimore, Maryland, USA. padata.org/technical-areas/pma-agile.