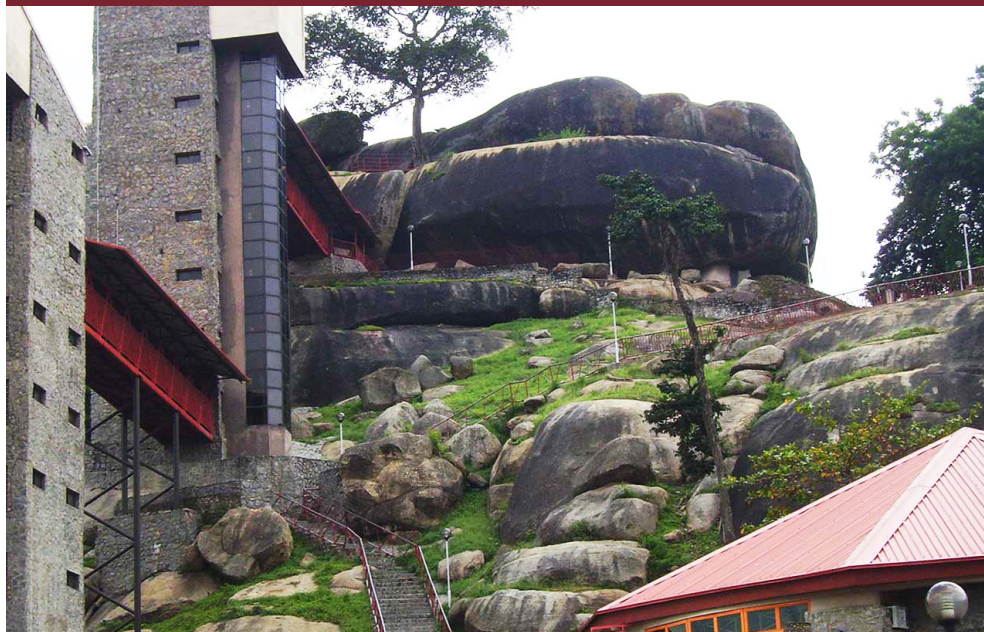


SERVICE DELIVERY POINT BRIEF

PMA Agile/Ogun, Nigeria



Key highlights from Q1-Q3 SDP surveys in Ogun

- The SDP sample in Ogun is composed of 112 public and 105 private facilities in Q1.
- In both Q1 and Q3, staff trained to provide family planning tend to be nurses/midwives and senior community health extension workers (SCEWs) at public facilities, and nurses/midwives and doctors at private facilities.
- At both public and private facilities, the implant and IUD are responsible for the majority of the couple-years of protection delivered.
- At the baseline round, an average of 28 clients per month received condoms at public facilities, followed by 12 for implants and 8 for injectables. These figures have either declined slightly or remain unchanged by Q3.
- Across the three rounds, private SDPs have sold on average 191-294 male condoms per month, followed by 56-77 pill cycles and 43-60 emergency contraceptive kits.
- Among public SDPs, high levels of stock outs for injectables were reported in Q2 and Q3 at all facility types.

ABOUT PMA AGILE



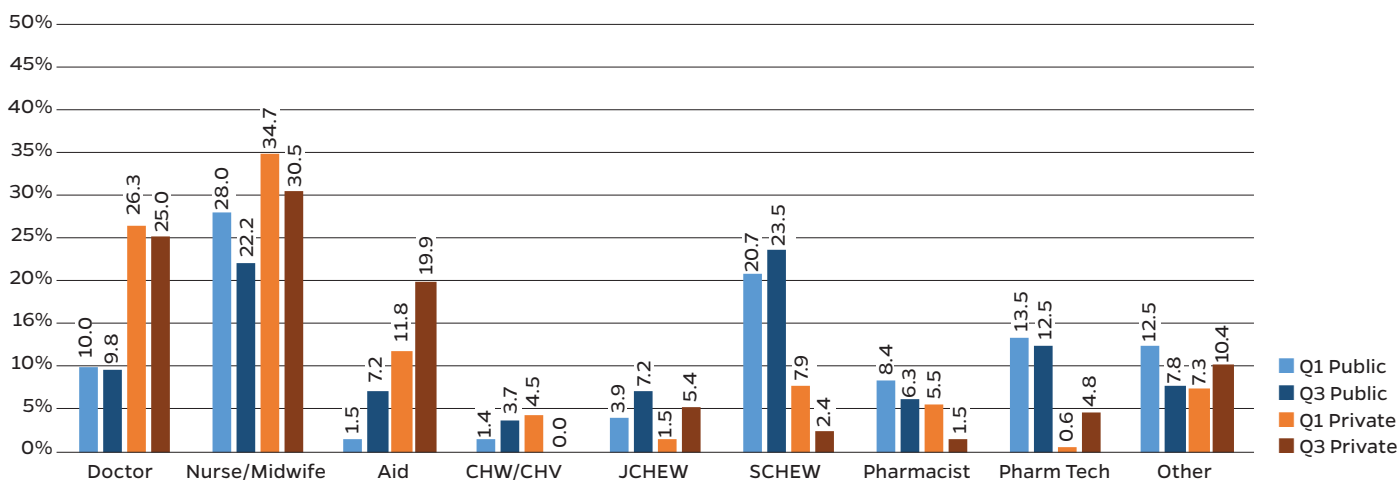
PMA Agile is a component of the Performance Monitoring for Action project and aimed at the subnational level (state, county or city). **It builds on the PMA monitoring and evaluation platform and conducts continuous tracking of family planning service delivery and consumption through quarterly public 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, Kano, Lagos 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. This brief covers three quarterly surveys conducted in Abeokuta and other central urban areas of Ogun state from January to November 2018. **The full results are accessible at site dashboards at pma2020.org/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



STAFF TRAINED IN FAMILY PLANNING AT FACILITIES

Among public (112) and private (105) facilities in Ogun



Staff trained in family planning (FP) in public SDPs tend to be nurses/midwives and SCHEWs. In private facilities, along with nurses/midwives, staff trained in FP also include doctors.

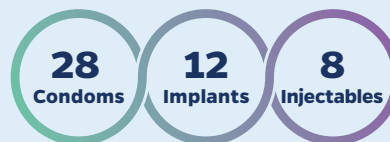
In Q3 there was not much change in FP trained staff in public facilities, except for slightly fewer nurses and midwives and more aides and community health extension workers (CHEWs). In private facilities the same pattern is largely observed.

CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

Average number of client visits in past month

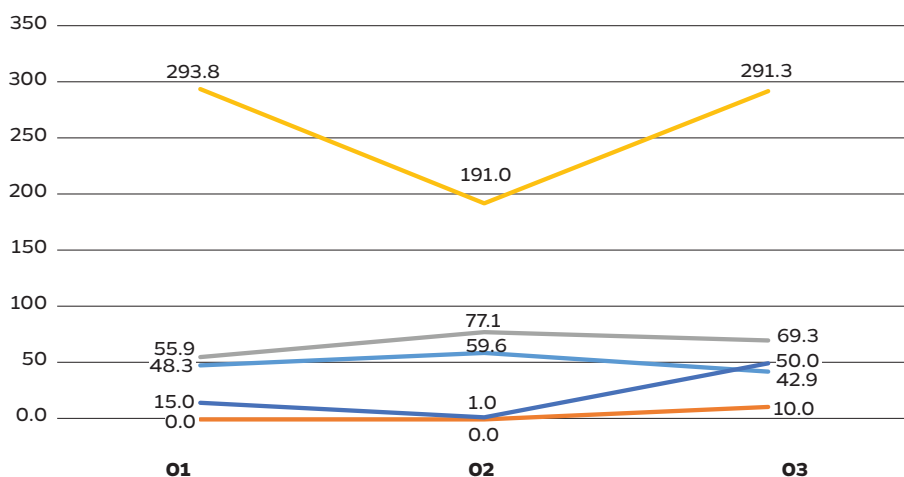
Among public facilities in Ogun (n=112)

	Q1	Q2	Q3
Emergency Contraception (EC)	0.5	3.0	0.0
Male and Female Condoms	27.9	33.8	22.7
Implant	12.0	19.0	9.2
Injectable	8.0	5.2	6.3
IUD	1.4	3.0	2.7
Pill	3.4	2.2	2.9

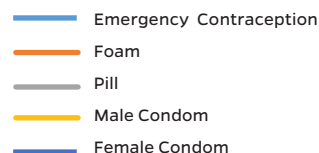


At the baseline round, an average of 28 clients per month received condoms at public facilities, followed by 12 for implants and 8 for injectables. These figures have either declined slightly or remain unchanged by Q3.

AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH (n=105)

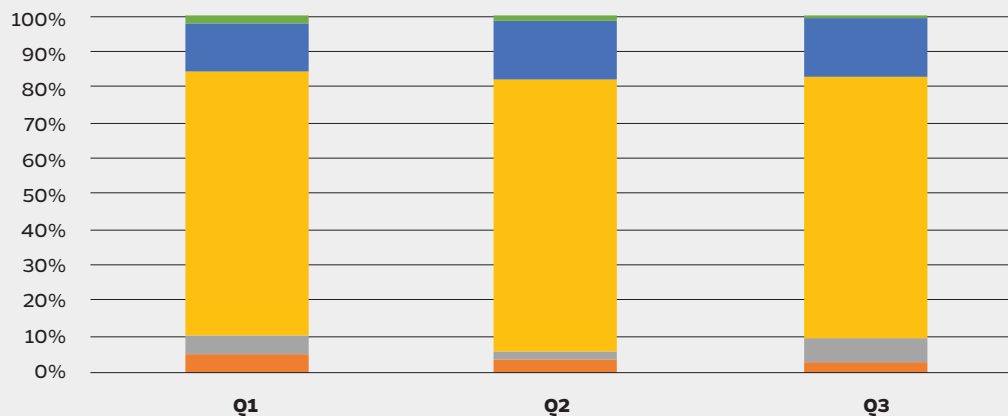


Private SDPs sell on average 191-294 male condoms per month, followed by 56-77 pill cycles and 43-60 emergency contraceptive kits.

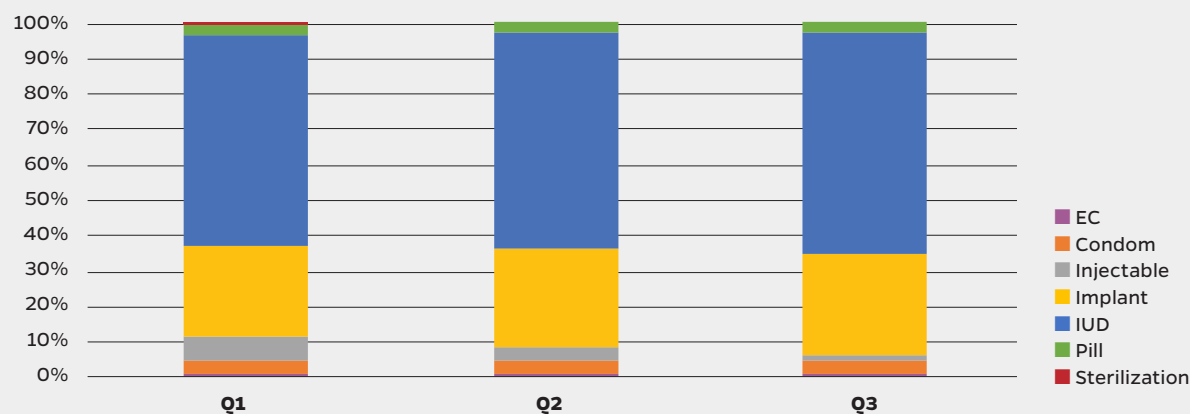


COUPLE YEARS OF PROTECTION (CYP)

Percent distribution of CYPs at public facilities (n=112)



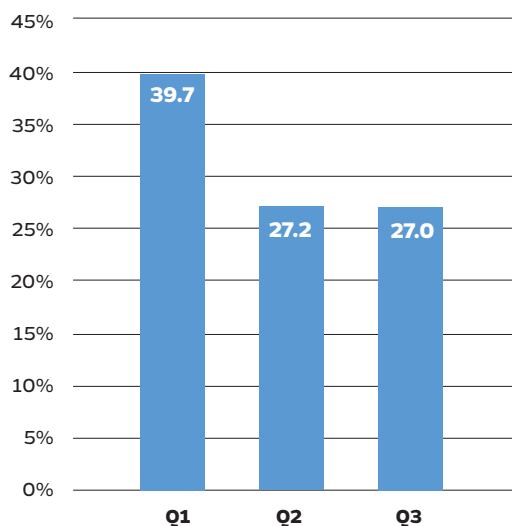
Percent distribution of CYPs at private facilities (n=105)



At both public and private facilities, CYPs are largely provided by two methods, implants and IUDs, which account for 85-93% of CYPs across all three quarters.

Implants constitute a larger share of CYPs at public facilities, while IUDs account for a larger share of CYPs at private facilities.

FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)



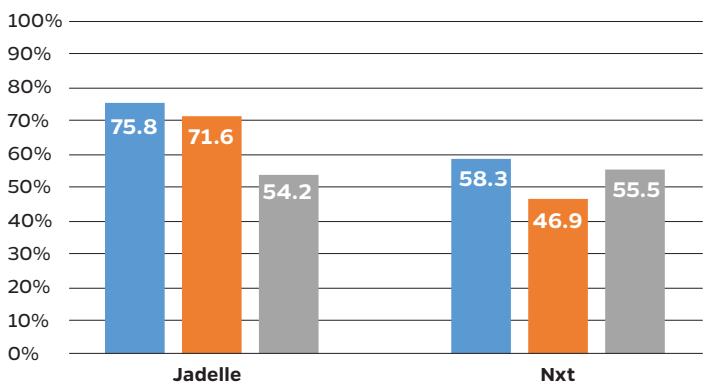
Using the past month's delivery of contraceptive services to clients and sales of contraceptive methods to clients, an estimate of the total number of clients served can be generated. This is annualized and ratioed over the eligible female population of reproductive age to assess coverage. This estimate 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 was higher in Q1 and leveled at about 27% in Q2 and Q3.

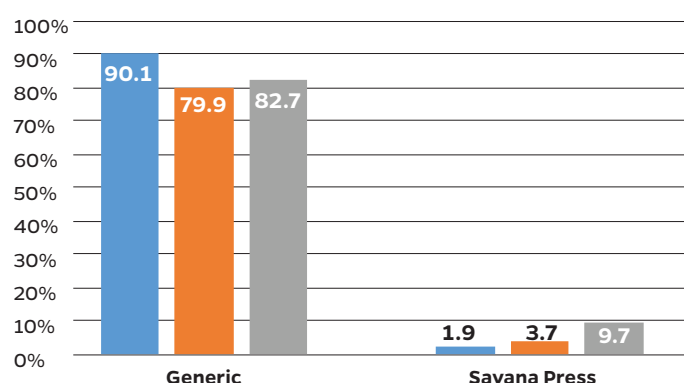
STOCK OUTS

METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

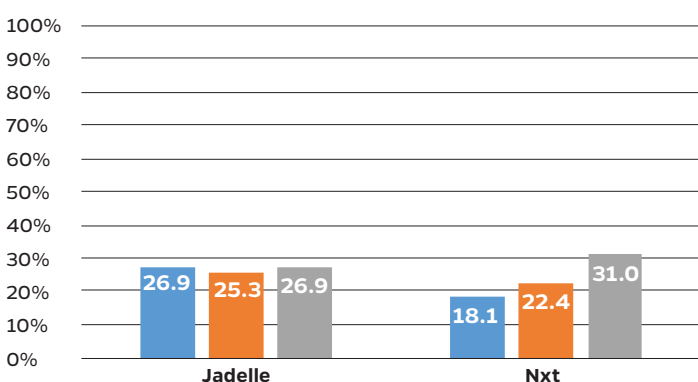
Percent of public SDPs that report having implants in stock on day of survey (n=112)



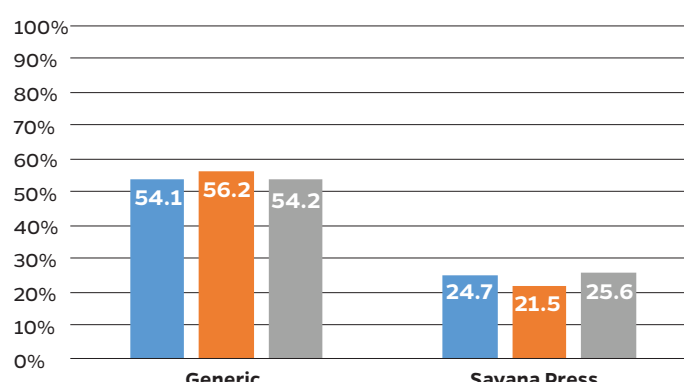
Percent of public SDPs that report having injectables in stock on day of survey (n=112)



Percent of private SDPs that report having implants in stock on day of survey (n=105)



Percent of private SDPs that report having injectables in stock on day of survey (n=105)

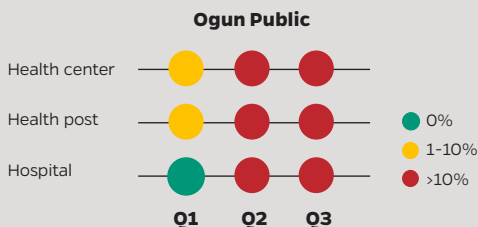


Public SDPs are more likely than private SDPs to have implants and injectables in-stock, except for Sayana Press. In-stock status fluctuated between quarter 1 and quarter 3 and differed by commodity and facility type.

■ Q1 ■ Q2 ■ Q3

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

Among public facilities (n=112)



Among public SDPs, injectables were most likely to be out of stock in quarters 2-3, when injectables were out of stock in over 10% of all public facility types.

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 and Accountability Agile (PMA Agile) Quarterly Survey 2018-2019. Ibadan, Nigeria and Baltimore, Maryland, USA. www.pma2020.org/pma-agile.



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