

SERVICE DELIVERY POINT BRIEF

PMA Agile/Niamey, Niger



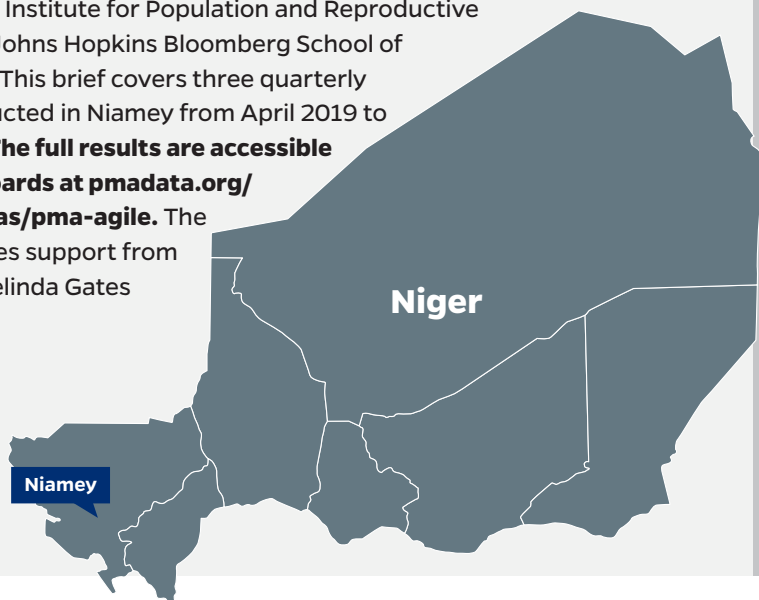
ABOUT PMA AGILE



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 one city Niger, Niamey, and is conducted by the Institut National de la Statistique, 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 Niamey from April 2019 to March 2020. **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.



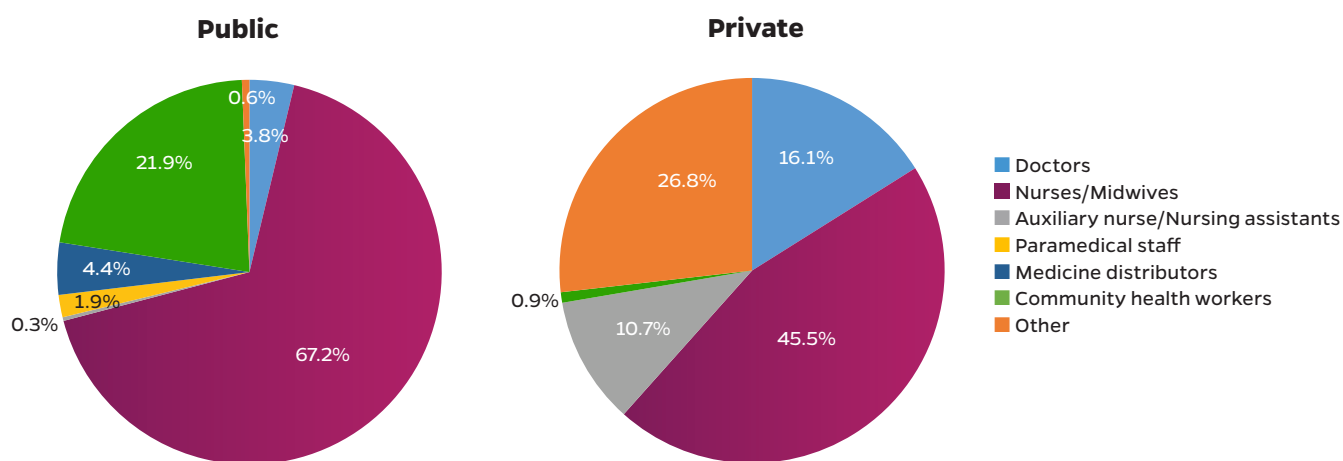
Key results

- The SDP sample in Niamey was composed of 74 public and 108 private facilities in Q1.
- In Q3, staff trained in family planning (FP) tended to be nurses/midwives (67%) and community health workers (22%) in public facilities and nurses/midwives (46%) in private facilities.
- From Q1 to Q3, the average number of client visits for pills and injectables experienced a steady increase, while client visits for other methods decreased or fluctuated across quarters.
- The main contraceptive method sold at private SDPs was pills, ranging from an average of 96 units sold per month in Q1 to a peak of 193 units sold per month in Q2.
- The majority of couple-years of FP protection (CYPs) provided by private facilities are from pills (over 60% each quarter). Public SDPs provide CYPs primarily through pills and implants.
- Public SDPs are more likely than private SDPs to have to offer implants and injectables and have the methods in stock. Stock status of both methods remained stable across all three quarters at both private and public facilities.
- More than 10% of public pharmacies were out-of-stock of injectables in Q1, but reported no stock-outs of the method in Q2 and Q3.

DATA COLLECTION DATES ACROSS QUARTERS



STAFF TRAINED IN FAMILY PLANNING AT FACILITIES, Q3



Staff trained in family planning in public SDPs tend to be nurses or midwives (67%) and community health workers (22%). In private SDPs, staff trained in FP tend to be nurses or midwives (46%).

CLIENT VISITS

Average number of client visits in past month

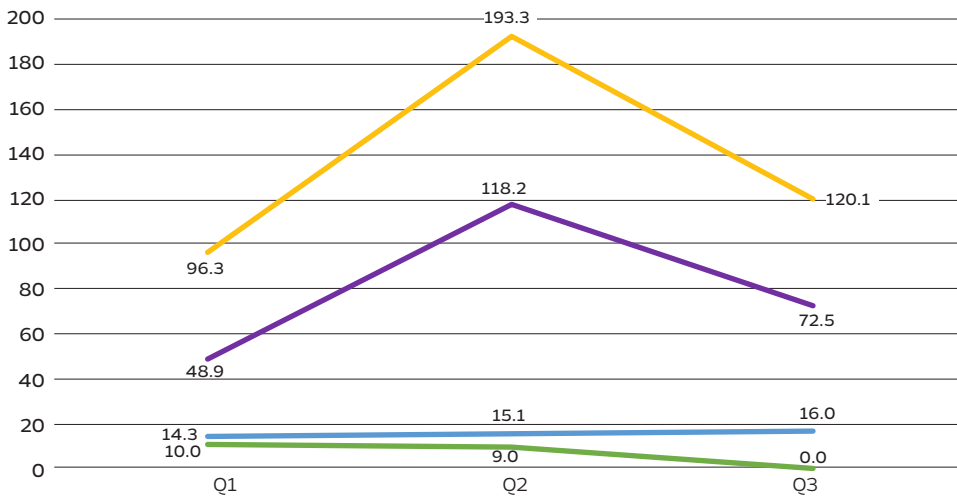
Among public facilities in Niamey (n=74)

	Q1	Q2	Q3
Male and Female Condoms	24.2	13.4	61.3
Implant	21.1	21.7	20.4
Injectable	57.1	59.7	65.6
IUD	3.9	3.4	2.0
Pill	138.9	157.8	177.4
Emergency contraception	4.6	14.0	0.0

From Q1 to Q3, the average number of client visits for pills and injectables experienced a steady increase across quarters. Client visits for condoms experienced a decrease from Q1 to Q2, followed by a sharp increase in Q3.

CONTRACEPTIVE UNITS SOLD

Average number of contraceptive commodities sold by private SDPs in past month (n=108)

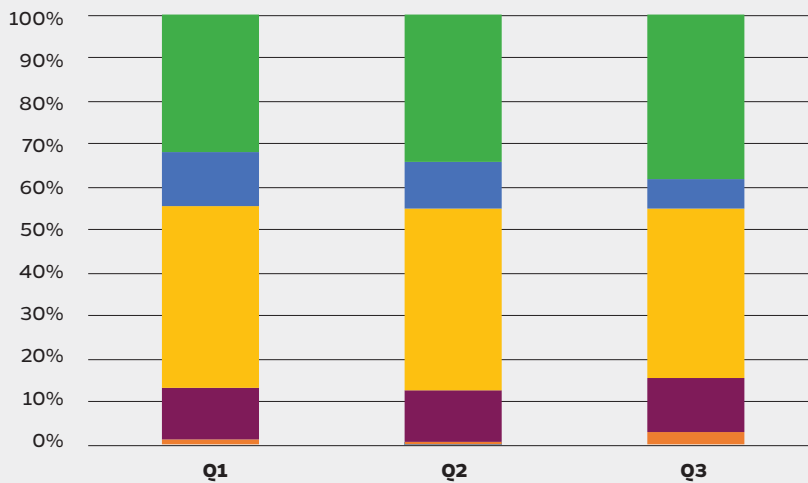


The main contraceptive method sold at private SDPs was pills, ranging from 96-193 units sold on average per month across quarters, followed by male condoms.

- Emergency Contraception
- Male Condom
- Female Condom
- Pill

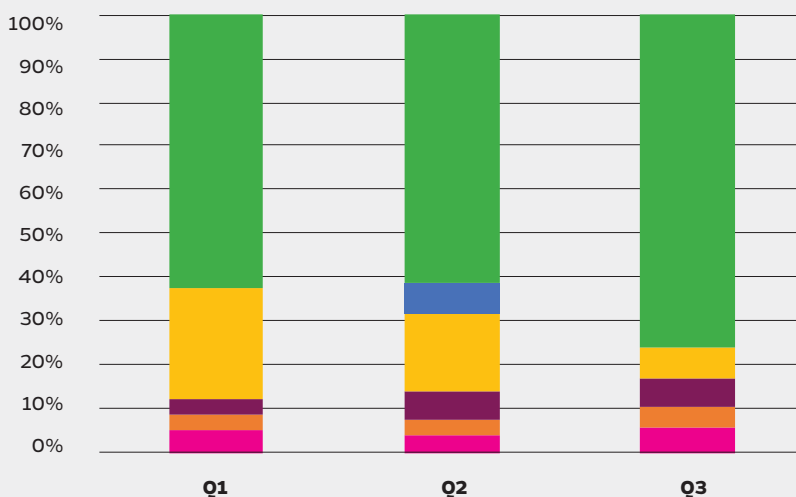
COUPLE YEARS OF PROTECTION (CYP) BY METHOD

Percent distribution of CYPs at public facilities (n=74)



Implants and pills account for the majority of couple-years of FP protection (CYPs) provided by public facilities. Private SDPs provide CYPs overwhelmingly though pills, accounting for more than 61%-76% of CYPs across quarters, followed by implants.

Percent distribution of CYPs at private facilities (n=108)

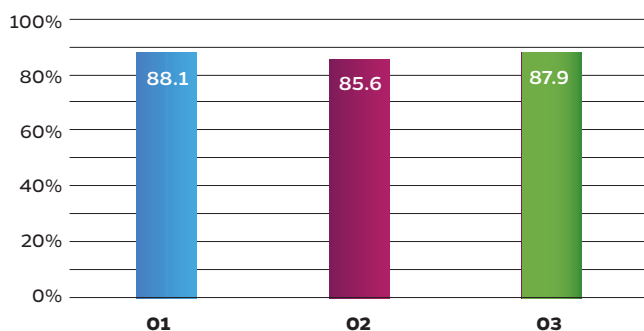


- Emergency contraception
- Condom
- Implant
- IUD
- Pill

STOCK OF CONTRACEPTIVE METHODS

METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

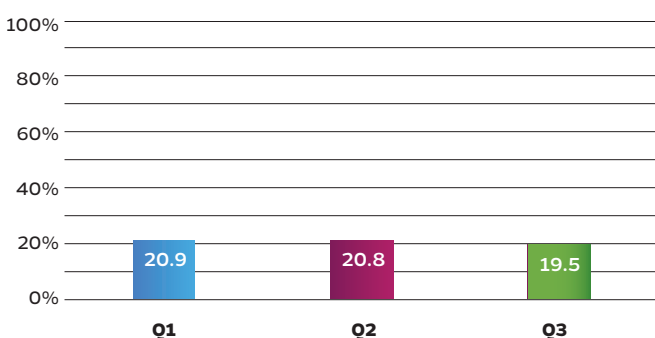
Percent of public SDPs that report having implants in stock on day of survey (n=74)



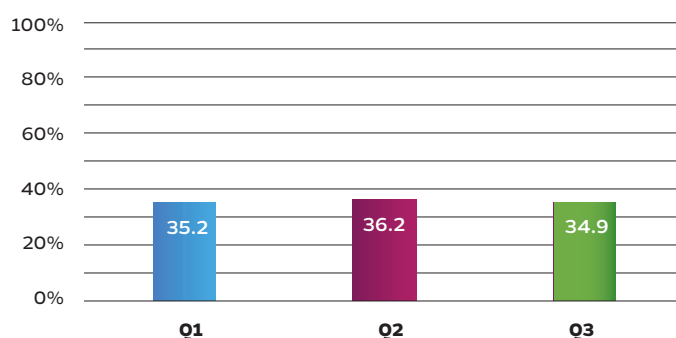
Percent of public SDPs that report having injectables in stock on day of survey (n=74)



Percent of private SDPs that report having implants in stock on day of survey (n=108)



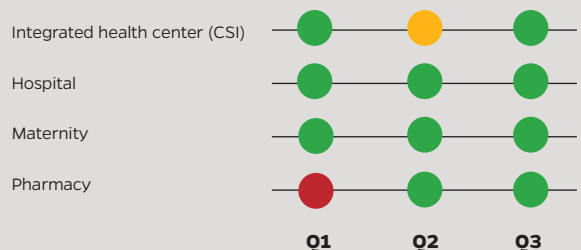
Percent of private SDPs that report having injectables in stock on day of survey (n=108)



Public SDPs are more likely than private SDPs to have to offer implants and injectables and have the methods in stock. Injectable and implant stock status remained fairly stable across all three quarters in public and private SDPs.

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

Among public facilities (n=74)



More than 10% of public pharmacies were out-of-stock of pills in Q1 of data collection. A small percentage of CSIs reported stock-outs of pills in Q2.



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 National de la Statistique du Niger, 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 2019-2020. Niamey, Niger and Baltimore, Maryland, USA. www.pmadata.org/technical-areas/pma-agile.