CLIENT BRIEFPMA Agile/Ogun, 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 three rounds of baseline client exit surveys (Q2, Q4, Q6), and subsequent rounds of the client follow-up survey conducted

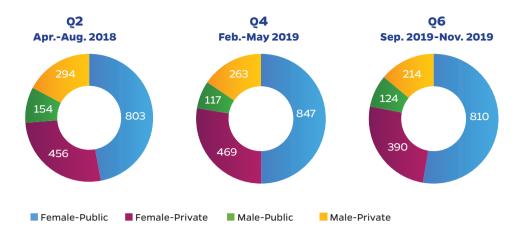
in Q3 and Q5. The full results are accessible at site dashboards at pmadata.org/ technical-areas/pmaagile. The project receives support from the Bill and Melinda Gates

Nigeria

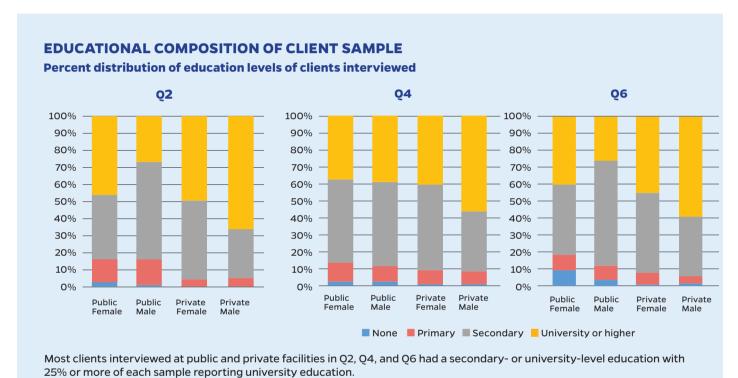
Key highlights from Q2-Q6 CEI surveys in Ogun

- In Ogun, 1538 clients (1200 females and 338 males)
 were interviewed at the selected public and private
 facilities in Q6. The gender composition of the Q2 and
 Q4 sample was similarly balanced, with more men being
 interviewed at private facilities.
- Most clients interviewed at public and private facilities in Q2, Q4, and Q6 had a secondary- or university-level education.
- The composition of methods used by family planning (FP) clients did not vary significantly across quarters by facility type. The largest proportion of contracepting clients interviewed used male condoms, except in Q6, where the largest proportion of clients interviewed at public facilities used implants.
- Across all client survey rounds, the majority of women interviewed at public facilities reported choosing their contraceptive method themselves. In Q4 and Q6, about one-third of women interviewed at private facilities reported that they chose their method with their partner.
- Among the small sample of youth clients, aged 18 to 24, between 14% and 29% of females across the three survey rounds reported that the provider explained how to use their contraceptive method. Less than 4% of male youth clients reported ever having a provider explain how to use their method of contraception in all three quarters.
- About 80% of female clients aged 25-34 years receiving FP services on the day of interview reported being told by the provider about side effects in Q2. This proportion decreased to 73% in Q4, and increased to 94% in Q6.
- 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. Wait times at facilities were low overall (< 15 minutes).
- No more than 36% of male clients not using family planning across rounds expressed intention to use a contraceptive method in the future.
- The contraceptive switching and continuation status among women followed up in Q3 (from Q2) and Q5 (from Q4) followed a similar pattern. About half of women interviewed were continuing non-users at follow-up, and slightly over 10% were previous non-users who reported using a method at follow-up.

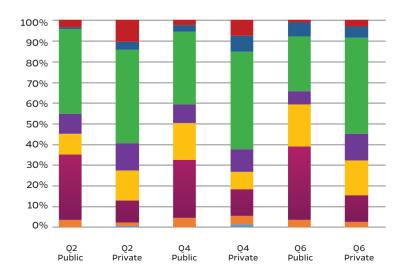
SAMPLE SIZE OF CLIENTS INTERVIEWED IN OGUN, BY PUBLIC/PRIVATE FACILITY AND GENDER



In Ogun, 1538 clients (1200 females and 338 males) were interviewed at the selected public and private facilities in Q6. The gender composition of the Q2 and Q4 sample was similarly balanced, with more men being interviewed at private facilities compared to public facilities across all quarters.



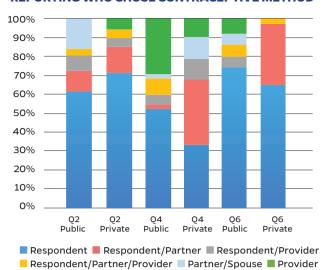
OGUN CLIENT METHOD USE COMPOSITION



Client method use composition remained fairly similar across quarters by facility type. Most clients interviewed who contracept were using male condoms. In public facilities, implants were also commonly reported.

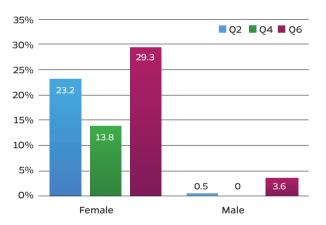
Sterilization
IUD
Implant
Injectable
Pill
Male condom
Emergency contraception
Other

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



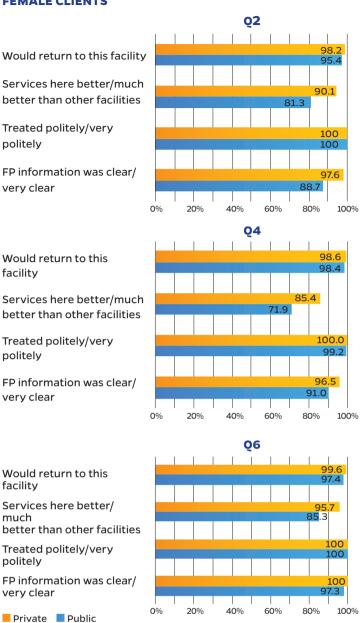
In Q4 and Q6, more female FP clients interviewed at public facilities reported choosing their contraceptive method themselves compared to female FP clients interviewed at private facilities. In Q6, 74% of female clients interviewed at public facilities and 65% interviewed at private facilities reported choosing their contraceptive method themselves.

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



Among the small sample of youth clients, aged 18 to 24, less than one-third of females in Q2, Q4, and Q6 reported the provider explained how to use their contraceptive method. A very small percentage of male youth clients reported that a provider ever explained how to use the method, with the highest percentage reported in Q6 (3.6%).

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS



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 relatively similar for public and private SDP clients across all three quarters, with a larger difference in Q4 (10.5 minutes in public facilities and 4.1 minutes in private facilities).

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

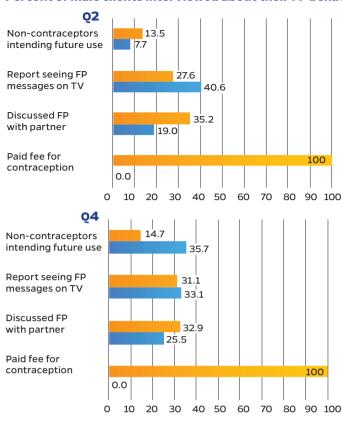
Ogun public and private

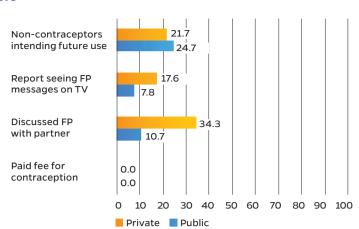
	Sic	de Effect	s	Follow-up		
Age	Q2	Q4	Q6	Q2	Q4	Q6
18-24	100%	16.5%	100%	100%	16.5%	100.0%
25-34	79.9%	72.9%	94.1%	88.2%	67.8%	97.6%
35+	52.5%	83.7%	97.1%	59.7%	100.0%	100.0%

About 80% of female clients aged 25-34 years receiving FP services on the day of interview reported being told by the provider about side effects in Q2. This proportion decreased to 73% in Q4, and increased to 94% in Q6. In Q6, over 97% of female clients of all age groups receiving FP services on the day of interview were told when to return for a follow-up visit.

MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors

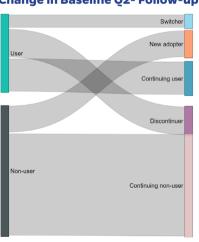




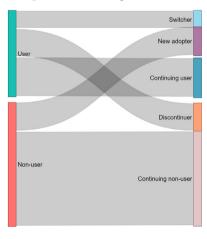
All male clients interviewed at private facilities in Q2 and Q4 reported that they paid a fee for contraception. About one-fifth of male clients interviewed at public facilities in Q2 reported discussing FP with their partners; by Q4, this proportion increased to 26%, but decreased to 11% in Q6. Exposure to FP messages on TV decreased from Q2 to Q6 among male clients interviewed at both public and private facilities (41% to 8% among those interviewed at public facilities, and 28% to 18% among those interviewed at private facilities). No more than 36% of male clients not using family planning across rounds expressed intention to use a method in the future.

CHANGE IN CONTRACEPTIVE USE STATUS

Change in Baseline Q2- Follow-up Q3



Change in Baseline Q4- Follow-up Q5



The contraceptive change status among women followed up in Q3 and Q5 followed a similar pattern. At the follow-up interviews, 16% of clients in Q3 and 19% of clients in Q5 were still using the method reported four months prior to the follow-up interview. Less than 10% had switched methods in Q3 and in Q5, and 13-14% had stopped using a method in Q3 and Q5. In addition, about half of women who participated in a follow-up interview remained non-users from baseline to follow-up in both quarters (52% of clients in O3 and 47% of clients in O5).

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. pmadata.org/technical-areas/pma-agile.







