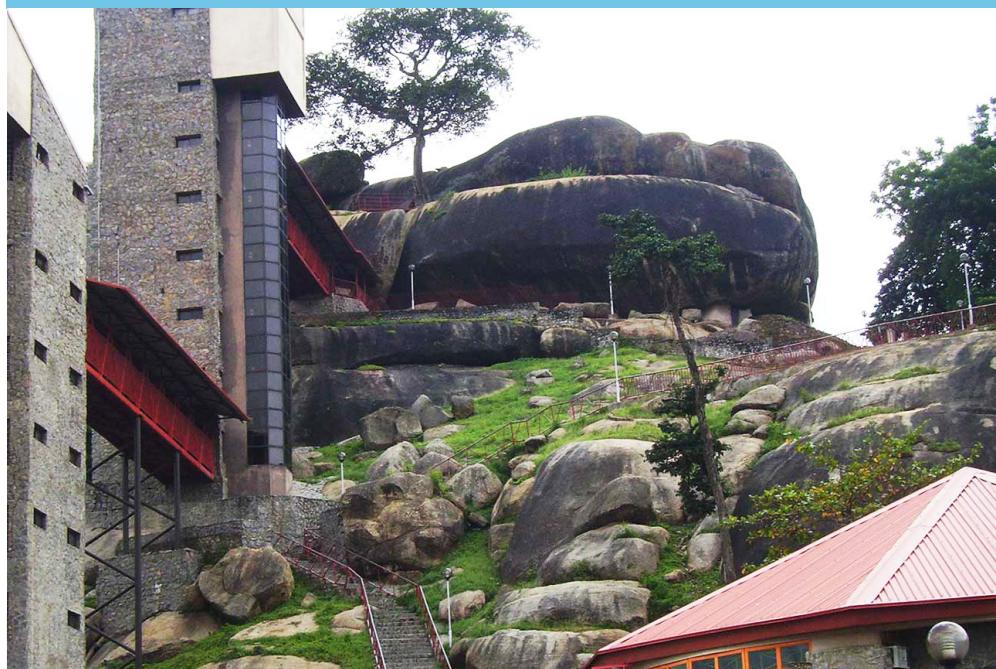


# SERVICE DELIVERY POINT BRIEF

## PMA 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 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. This brief covers six quarterly surveys conducted in service delivery points (SDPs) in Ogun from January 2018 to November 2019. **The full results are accessible at site dashboards at [pma-data.org/technical-areas/pma-agile](https://pma-data.org/technical-areas/pma-agile).** The project receives support from the Bill and Melinda Gates Foundation.



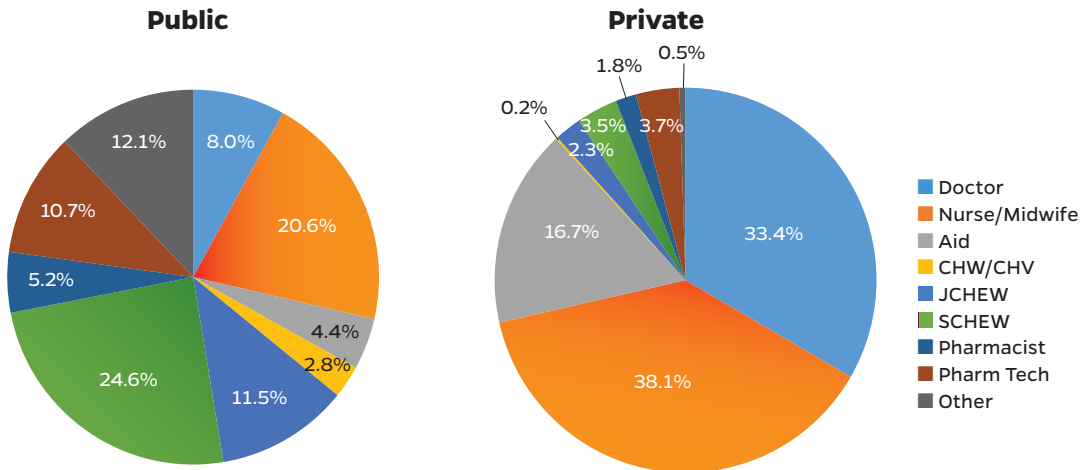
### Key highlights from Q1-Q6 SDP surveys in Ogun

- The SDP sample in Ogun is composed of 109 public and 91 private facilities in Q6.
- Staff trained in family planning tended to be SCHEWs and nurses/midwives (25% and 21%, respectively) in public SDPs and nurses/midwives and doctors (38% and 33%, respectively) in private SDPs.
- Across all six quarters, the average number of client visits for implants, injectables, pills, and IUDs experienced minor fluctuations. Out of all methods, client visits at public facilities were highest for male condoms each quarter, ranging from 19 to 37.
- The main contraceptive method sold at private SDPs was male condoms, with an average of 155-294 units per month.
- The majority of couple-years of FP protection (CYPs) are provided through implants and IUDs at both public and private SDPs across all six quarters. Implants account for a larger proportion of CYPs at public facilities and IUDs account for a large proportion of CYPs at private facilities.
- Public SDPs are more likely than private SDPs to have implants and IUDs in stock from Q1 to Q6.

## DATA COLLECTION DATES ACROSS QUARTERS



## STAFF TRAINED IN FAMILY PLANNING AT FACILITIES, Q6



In Q6, staff trained in family planning in public SDPs tended to be SCHEWs (25%) and nurses/midwives (21%). In private SDPs, staff trained in FP tended to be nurses/midwives (38%) and doctors (33%).

## CLIENT VISITS

### Average number of client visits in past month

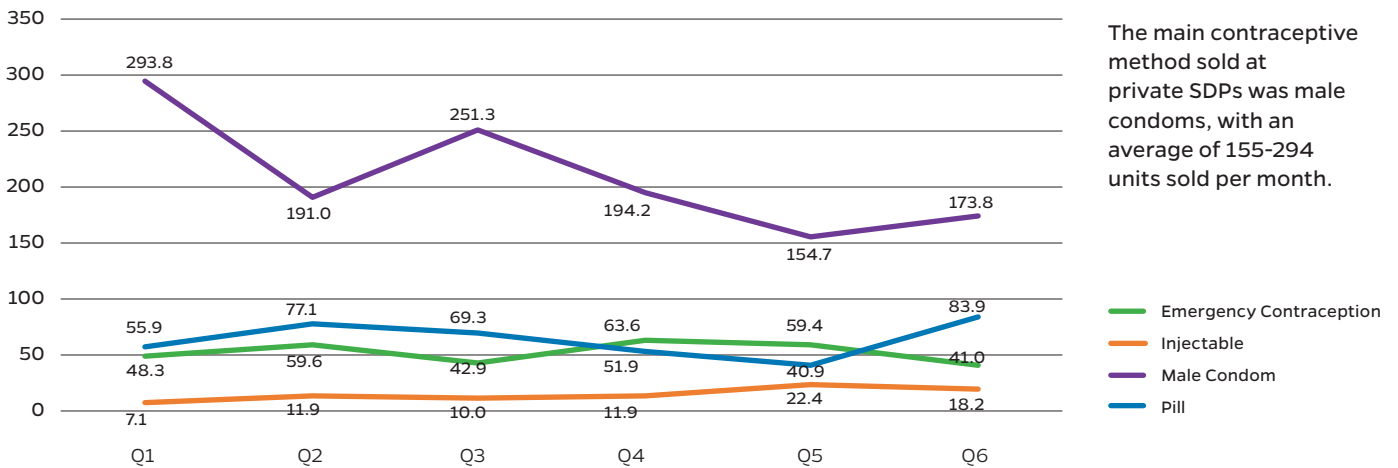
Among public facilities in Ogun (n=109)

	Q1	Q2	Q3	Q4	Q5	Q6
Emergency Contraception (EC)	0.5	3.0	0.0	0.8	0.1	14.0
Male Condoms	32.4	23.6	18.6	28.1	37.0	33.3
Implant	12.0	18.9	10.0	12.6	12.2	17.2
Injectable	8.0	5.2	6.5	8.8	8.6	10.7
IUD	1.4	3.0	2.9	2.0	5.8	3.2
Pill	3.4	2.2	2.9	3.2	3.1	2.7

Across all six quarters, the average number of client visits for all methods experienced minor fluctuations. Client visits for EC increased from 3 or less in Q1-Q5 to 14 in Q6. Client visits for male condoms ranged from 19 to 37 across quarters.

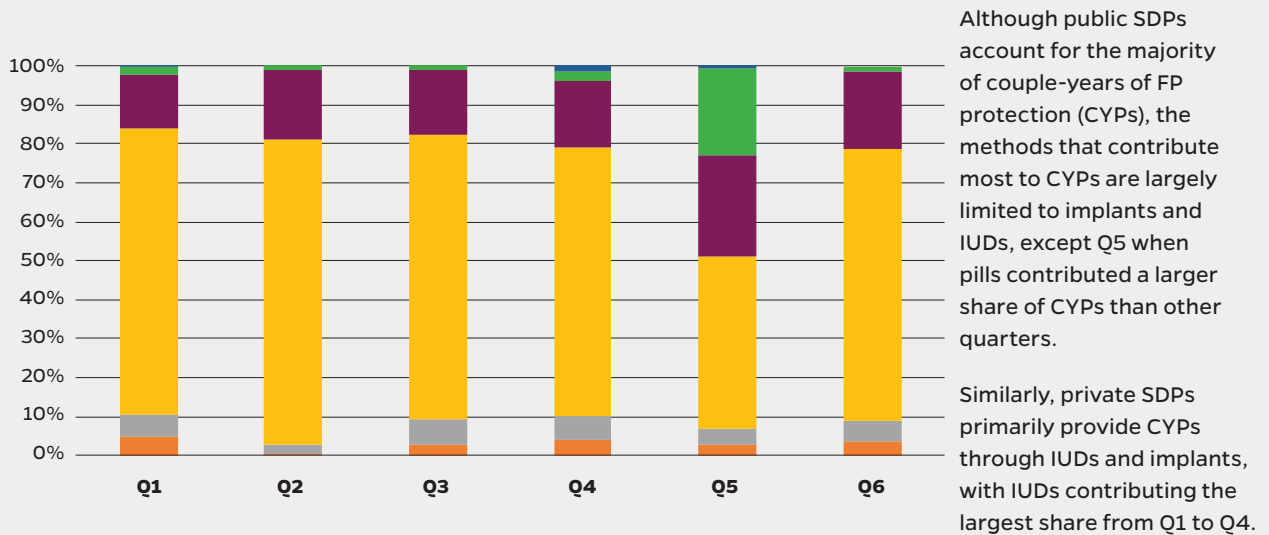
## AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD IN PAST MONTH

Among private facilities in Ogun (n=91)

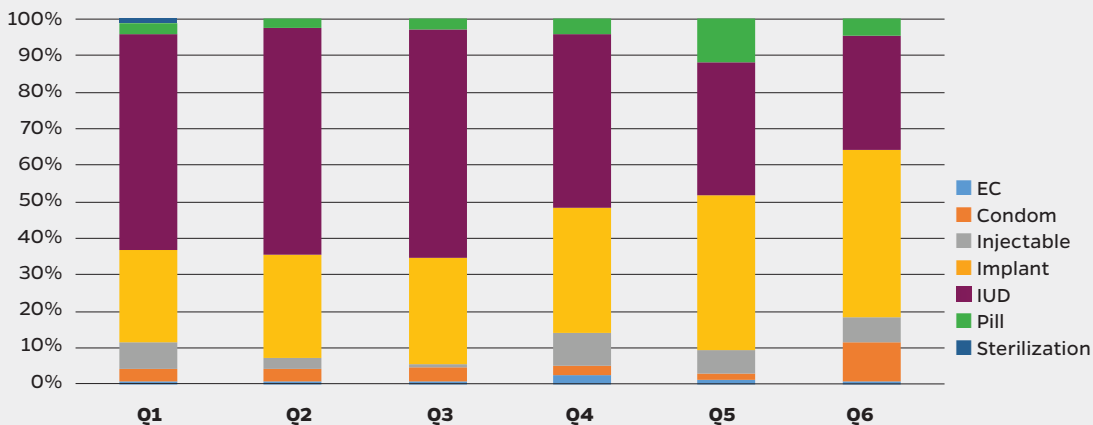


## COUPLE YEARS OF PROTECTION (CYP) BY TYPE OF CONTRACEPTIVE

Percent distribution of CYPs at public facilities (n=109)



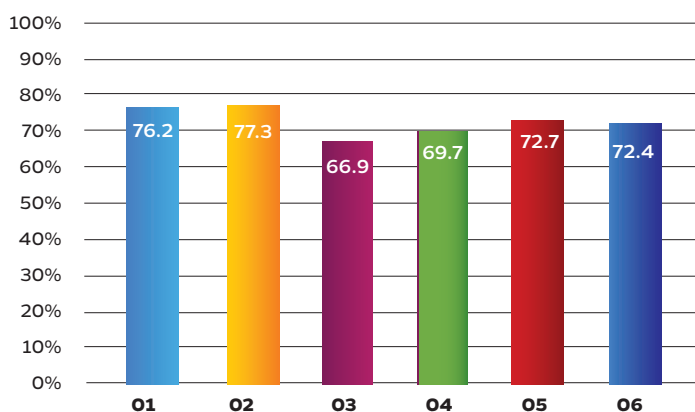
Percent distribution of CYPs at private facilities (n=91)



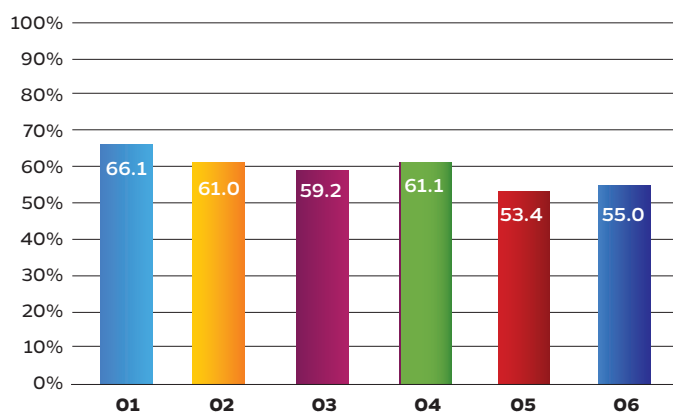
# STOCK OF CONTRACEPTIVE METHODS

## METHODS IN STOCK: FOCUS ON IMPLANTS AND IUDS

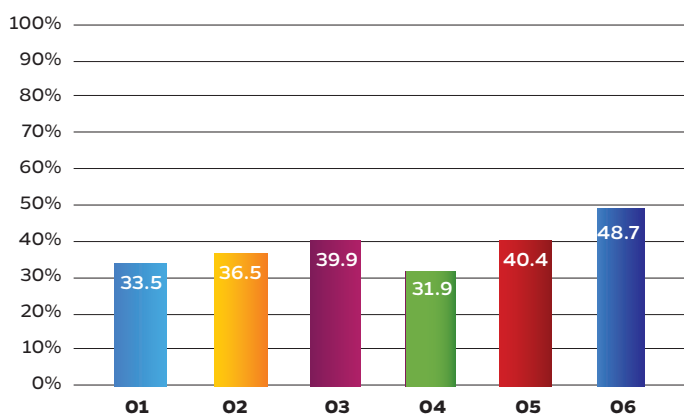
**Percent of public SDPs that report having implants in stock on day of survey (n=109)**



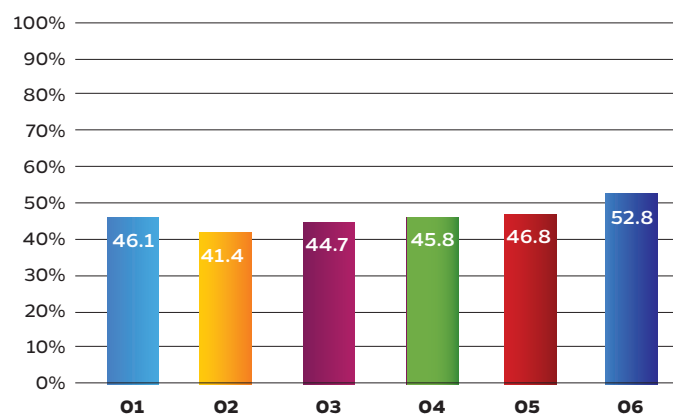
**Percent of public SDPs that report having IUDs in stock on day of survey (n=109)**



**Percent of private SDPs that report having implants in stock on day of survey (n=91)**



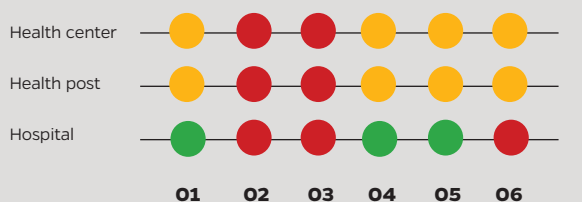
**Percent of private SDPs that report having IUDs in stock on day of survey (n=91)**



Public SDPs are more likely than private SDPs to have implants and IUDs in stock. Public SDPs experienced a drop in implant stock from Q2 to Q3, and experienced a decline in IUD stock across the survey quarters.

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

Among public facilities (n=109)



Public health centers, health posts, and hospitals in our sample reported high levels of stock-outs of injectables in Q2 and Q3. In Q1, Q4, Q5, and Q6, health centers and health posts reported lower levels of injectable stock-outs (between 1 and 10%).

### 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: Centre 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. Lagos, Nigeria and Baltimore, Maryland, USA. [www.pmadata.org/technical-areas/pma-agile](http://www.pmadata.org/technical-areas/pma-agile).