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 pmadata.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 SCHEs 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.
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%).

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)

The main contraceptive method sold at private SDPs was male condoms, with an average of 155-294 units sold per month.

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

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

Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods that contribute most to CYPs are largely limited to implants and IUDs, except Q5 when pills contributed a larger share of CYPs than other quarters.

Similarly, private SDPs primarily provide CYPs through IUDs and implants, with IUDs contributing the largest share from Q1 to Q4.

Percent distribution of CYPs at private facilities (n=91)
STOCK OF CONTRACEPTIVE METHODS
METHODS IN STOCK: FOCUS ON IMPLANTS AND IUDS

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.

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.