

SERVICE DELIVERY POINT BRIEF

PMA Agile/Ouagadougou, Burkina Faso



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 two cities in Burkina Faso, Ouagadougou and Koudougou, and is conducted by the Institut Supérieur des Sciences de la Population (ISSP) at the Université Joseph Ki-Zerbo, 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 five quarterly surveys conducted in Ouagadougou from March 2018 to November 2019. **The full results are accessible at site dashboards at pma-data.org/technical-areas/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



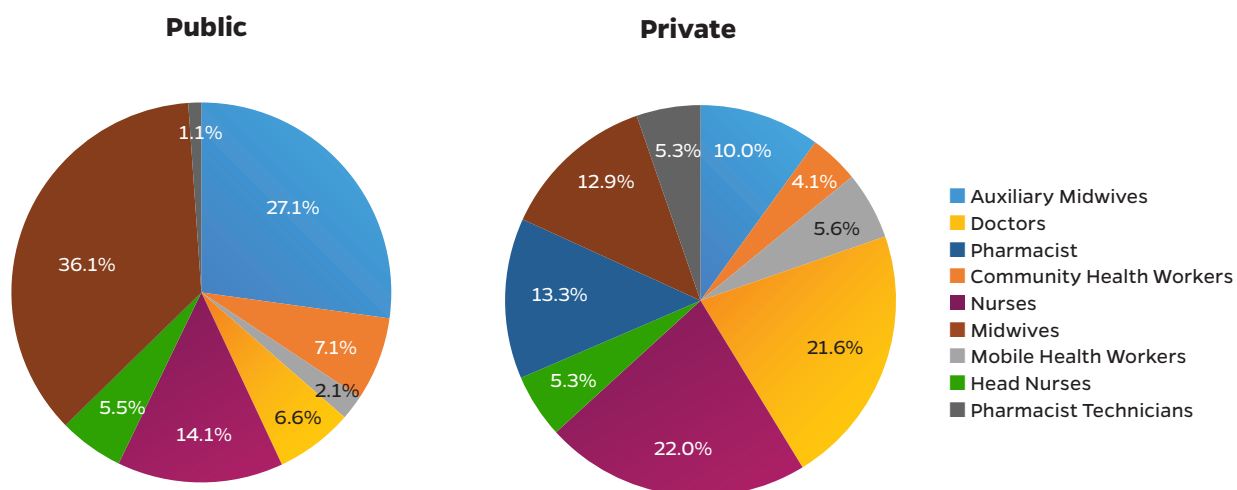
Key highlights from Q1-Q5 SDP surveys in Ouagadougou

- The SDP sample in Ouagadougou was composed of 99 public and 113 private facilities in Q5.
- For Q1, staff trained in family planning (FP) tended to be midwives (36%) and auxiliary midwives (27%) in public facilities and nurses (22%) and doctors (22%) in private facilities.
- From Q1 to Q5, the average number of client visits to public SDPs for implants, injectables, pills, and condoms decreased.
- The main contraceptive method sold at private SDPs was male condoms, ranging from an average of 128 units sold per month in Q4 to 184 units sold per month in Q5.
- Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods providing the most CYPs are largely limited to implants and IUDs. Private SDPs provide CYPs through a wide range of methods that also includes emergency contraception (EC), pills, and condoms.
- Injectable stock status remained fairly similar across all five quarters in public and private SDPs, although public facilities were more likely to have injectables in stock at the time of the surveys.

DATA COLLECTION DATES ACROSS QUARTERS



STAFF TRAINED IN FAMILY PLANNING AT FACILITIES, Q1



Data on staff composition were only collected in Q1. Staff trained in family planning in public SDPs tend to be midwives (36%) and auxiliary midwives (27%). In private SDPs, staff trained in FP tend to be nurses (22%) and doctors (22%).

CLIENT VISITS

Average number of client visits in past month

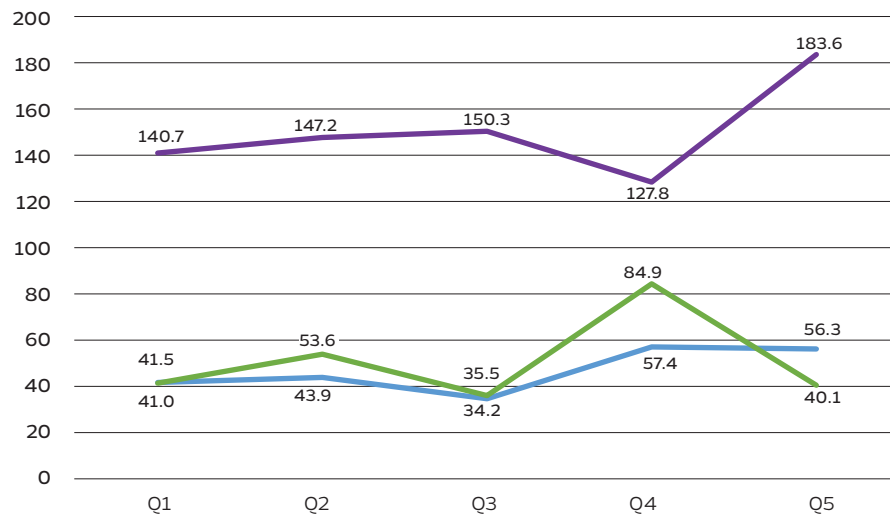
Among public facilities in Ouagadougou (n=99)

	Q1	Q2	Q3	Q4	Q5
Male and Female Condoms	19.8	2.1	1.5	3.9	0.1
Implant	44.1	29.1	29.1	18.6	17.8
Injectable	81.6	67.1	64.9	53.1	55.3
IUD	13.1	8.9	9.5	4.2	4.9
Pill	30.1	27.2	25.2	24.6	17.3
Female Sterilization	0.3	0.0	1.0	0.0	0.0

From Q1 to Q5, the average number of client visits for implants, injectables, and pills experienced a steady decrease. Client visits for condoms experienced a sharp decrease from Q1 to Q2 and remained low through Q5. Client visits for implants, injectables, and IUDs dropped significantly after Q3, and this decreased level continued through Q5.

CONTRACEPTIVE UNITS SOLD

Average number of contraceptive commodities sold by private SDPs in past month (n=113)

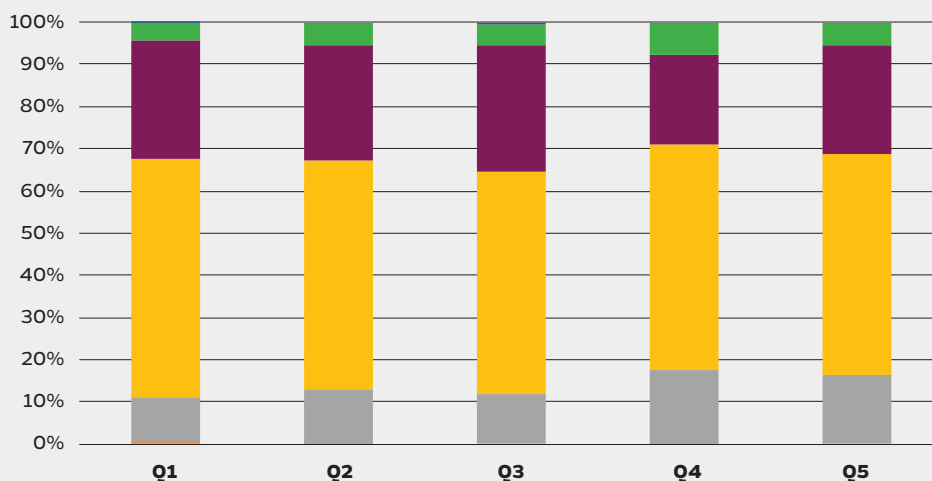


The main contraceptive method sold at private SDPs was male condoms, ranging from 128-184 units on average per month across quarters.

Emergency Contraception
Male Condom
Pill

COUPLE YEARS OF PROTECTION (CYP) BY METHOD

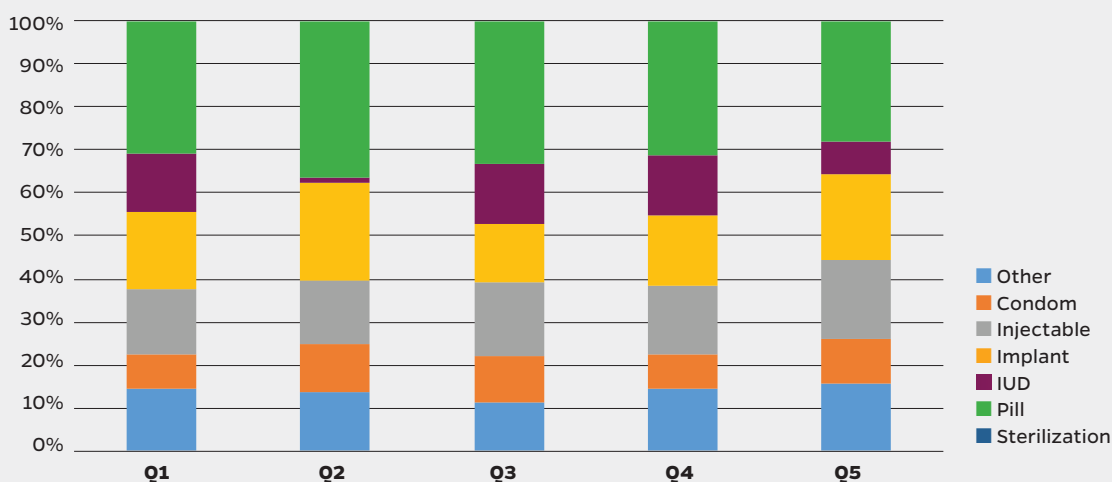
Percent distribution of CYPs at public facilities (n=99)



Although public SDPs account for the majority of CYPs (898.3 CYPs from public SDPs compared to 621.3 CYPs from private SDPs in Q5), the methods provided are largely limited to implants, IUDs, and injectables.

Private SDPs provide CYPs through a wide range of methods that also includes EC and condoms.

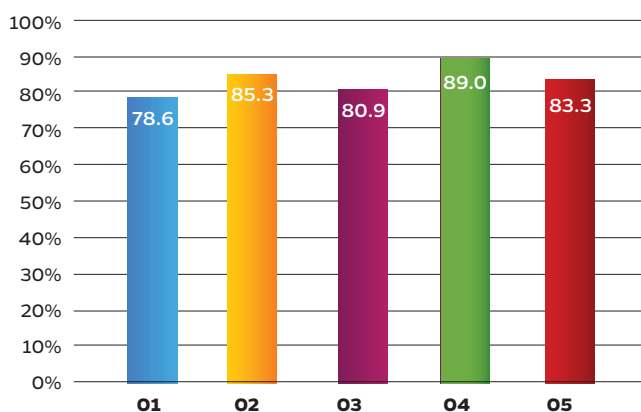
Percent distribution of CYPs at private facilities (n=113)



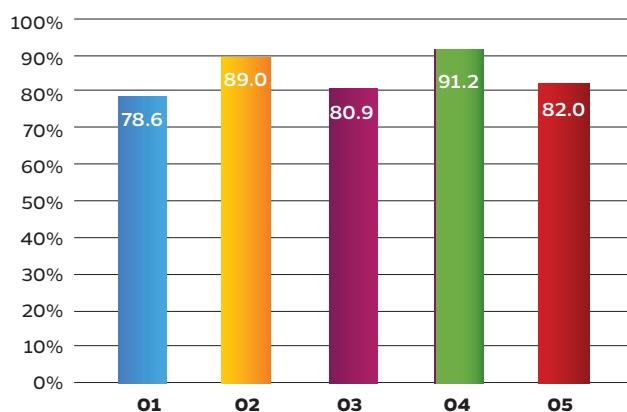
STOCK OF CONTRACEPTIVE METHODS

METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

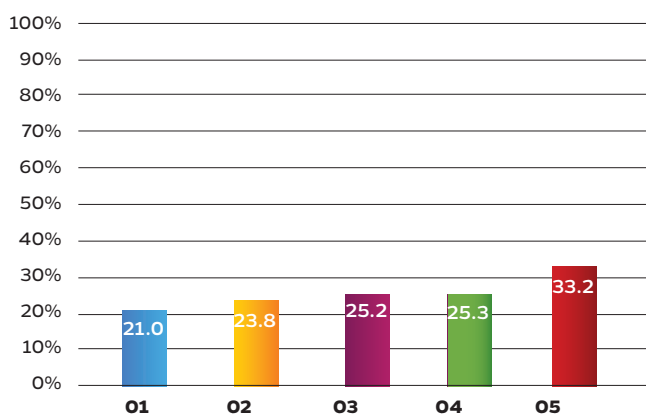
Percent of public SDPs that report having implants in stock on day of survey (n=99)



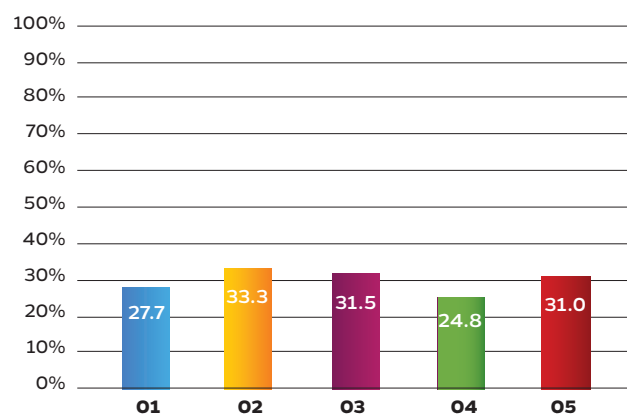
Percent of public SDPs that report having injectables in stock on day of survey (n=99)



Percent of private SDPs that report having implants in stock on day of survey (n=113)



Percent of private SDPs that report having injectables in stock on day of survey (n=113)



Public SDPs are more likely than private SDPs to have implants and injectables in stock. Injectable stock status remained fairly similar across all six quarters in public and private SDPs.

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

Among public facilities (n=99)



Health centers in Q3 and maternities in Q1 and Q3 experienced a drop in injectable stock status.

0%
1-10%
>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: Institut Supérieur des Sciences de la Population (ISSP) du Burkina Faso, Université Joseph Ki-Zerbo, 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 2018-2020. Ouagadougou, Burkina Faso and Baltimore, Maryland, USA. www.pmadata.org/technical-areas/pma-agile.