

CLIENT 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, Kano, Lagos 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 one survey round of the client exit survey (April-August 2018) and the subsequent round when the client follow-up survey was conducted (September-November 2018) in Abeokuta and other central urban areas of Ogun state. **The full results are accessible at site dashboards at pma2020.org/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.

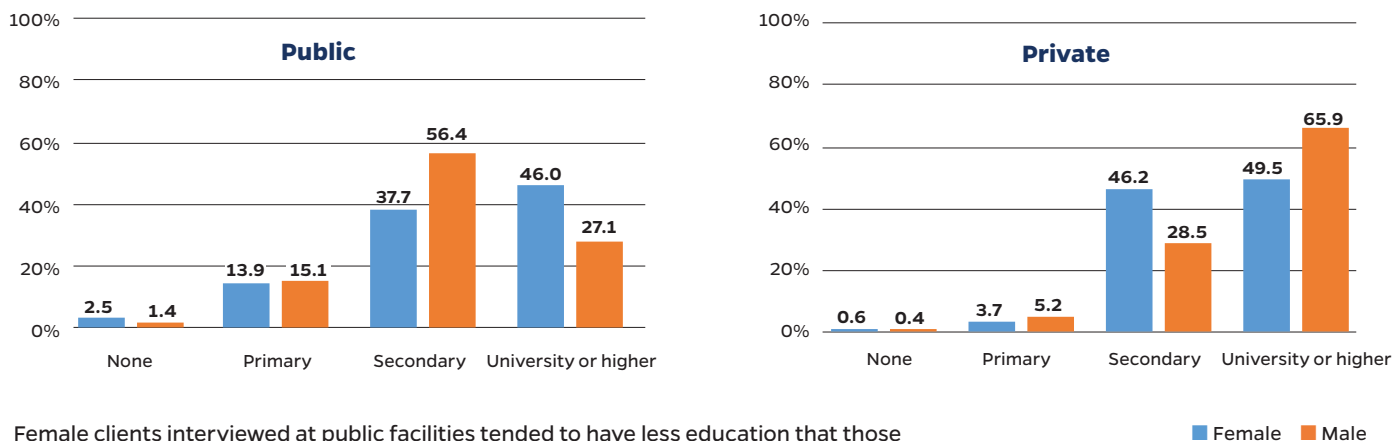


Key Results

- In Ogun, 1707 clients (74% female) were interviewed at the 112 public and 105 private facilities.
- Male condoms and implants were the most common methods used among clients interviewed at public facilities, and male condoms, injectables, and pills were the most common methods used among clients surveyed at private facilities.
- Female clients interviewed at public and private facilities were more likely to choose their contraceptive method themselves (62% and 71%, respectively), than with a partner or provider.
- A high percentage of young clients (18-24 years) report providers explaining how to use contraceptive methods at private hospitals (73%), but levels were low or nil at all other facility types.
- Female clients of all age groups, interviewed at public facilities, were more likely to be told when to come for a follow-up visit compared to those interviewed at private facilities. Clients aged 18-24 years were least likely to be provided with follow-up information.
- Female clients report relatively high levels of satisfaction with family planning services.
- Less than one-fifth of male clients who are not currently using a contraceptive method intend to use in the future.
- Among female clients interviewed at Ogun facilities, 57.8% consented and completed a follow-up interview four months later.
- At the follow-up interview, 16.1% of female clients were still using the method they reported at baseline, 5.8% had switched methods, and 13.6% had stopped using a method; 12.6% began using a method and 51.9% remained non-users.

EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



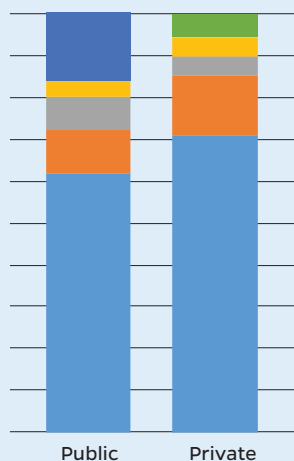
CLIENT METHOD COMPOSITION



Most clients interviewed at public facilities who contracept are using male condoms (41%) or implants (32%).

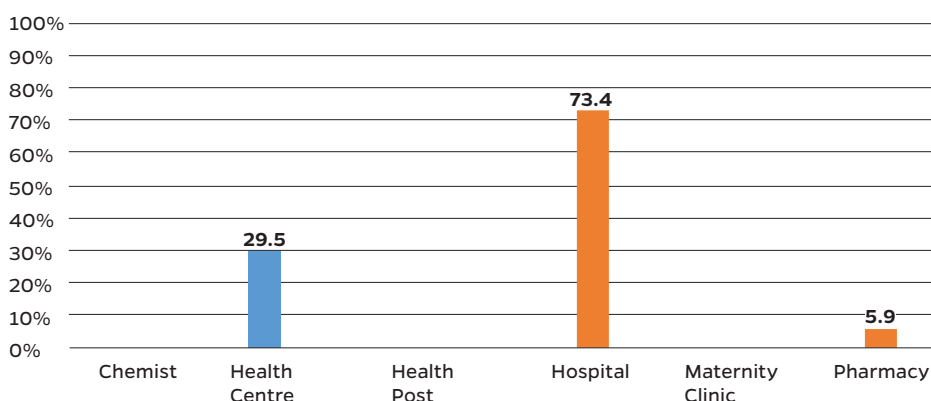
Among contracepting clients interviewed at private facilities, most are using male condoms (45%), followed by injectables (14%) and pills (13%).

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



Among public and private facilities, the majority of women report choosing their contraceptive method, 62% and 71% respectively. In private facilities, 6% of women report their method of contraception was chosen by the provider, while none report a provider-selected method in public facilities.

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



Youth clients reported high levels of explanation on how to use contraceptive methods from private hospitals (73%), followed by public health centers (30%), then pharmacies (6%). No youth clients reported receiving an explanation about methods from chemists, health posts, or maternity clinics.

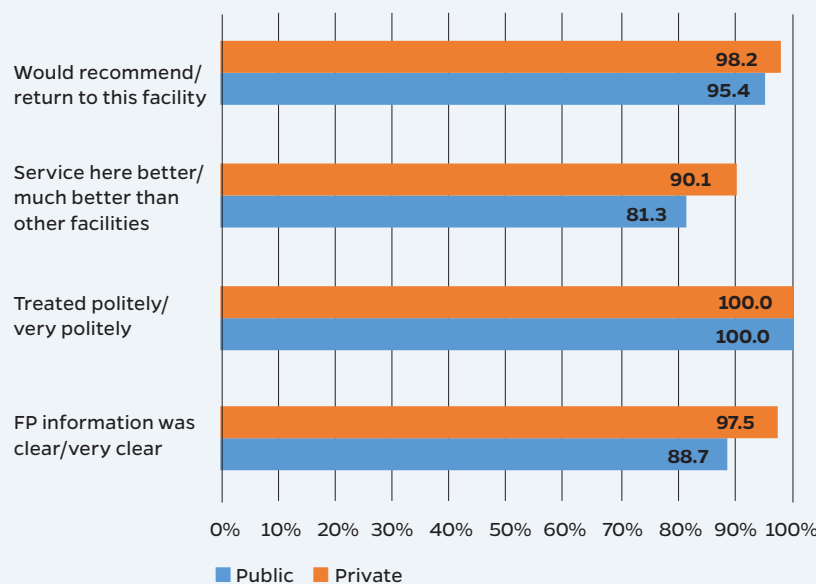
PERCENT OF FEMALE CLIENTS TOLD WHAT TO DO ABOUT SIDE EFFECTS AND WHEN TO RETURN FOR FOLLOW-UP VISIT, BY AGE

Age group	SIDE EFFECTS*		FOLLOW-UP**	
	Public	Private	Public	Private
18-24	66.7%	0.0%	31.1%	5.6%
25-34	62.3%	80.9%	49.4%	38.9%
35+	80.5%	33.0%	58.4%	37.3%

*Among female FP clients **Among all female clients

Over half of female FP clients interviewed at public facilities report ever being told what to do about side effects at their FP visit. Female clients of all age groups, interviewed at public facilities, were more likely to be told when to come for follow-up compared to those interviewed at private facilities. Clients aged 18-24 years were least likely to be provided with follow-up information.

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 was slightly longer in public than private facilities.

AVERAGE WAIT TIME



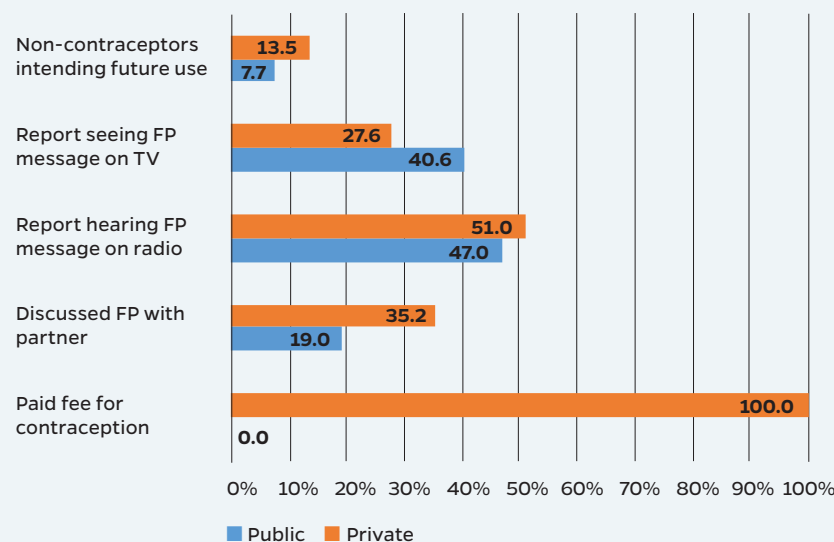
PUBLIC



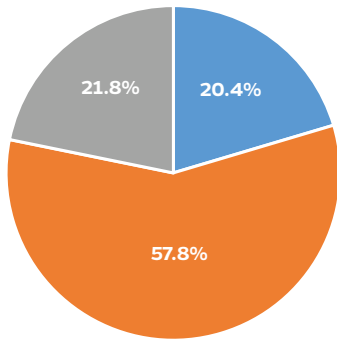
PRIVATE

MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors



All male clients interviewed at private facilities report that they paid for contraception. No male clients interviewed at public facilities reported paying. Only 20% of male clients interviewed at private facilities have discussed family planning with their partner, compared to 35% interviewed at private facility clients. Over half of male clients interviewed at private facilities report exposure to FP messages on radio; while 41% of male public facility clients report exposure to FP on television. Less than one-fifth of male clients not now using family planning intend to use in the future.



FEMALE CLIENT FOLLOW-UP

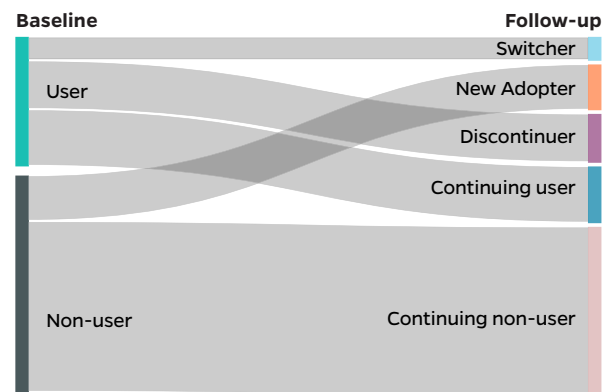
Client follow-up response rates in Ogun (n=1259)

- Did not consent or did not provide phone number for follow-up
- Consented and provided phone number and completed follow-up interview
- Consented and provided phone number but did not complete follow-up interview

Of the 1259 women who completed baseline interviews, 57.8% consented to and completed a phone follow-up interview 4 months later.

CHANGE IN CONTRACEPTIVE USE STATUS

Baseline	N	%	Follow-up	N	%
Users	258	35.4%	Switchers	42	5.8%
			Continuing users	117	16.1%
			Discontinuers	99	13.6%
Non-users	470	64.6%	New adopters	92	12.6%
			Continuing non-users	378	51.9%
Total				728	100%



At the follow-up interview, 16.1% of clients were still using the method reported at baseline, 5.8% had switched methods, and 13.6% had stopped using a method. In addition, 12.6% began using a method and 51.9% remained non-users.

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) 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 and Accountability Agile (PMA Agile) Quarterly Survey 2018-2019. Ibadan, Nigeria and Baltimore, Maryland, USA. www.pma2020.org/pma-agile.