

SERVICE DELIVERY POINT BRIEF

PMA Agile/Lagos, 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 Lagos from December 2017 to November 2019. **The full results are accessible at site dashboards at pma2020.org/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



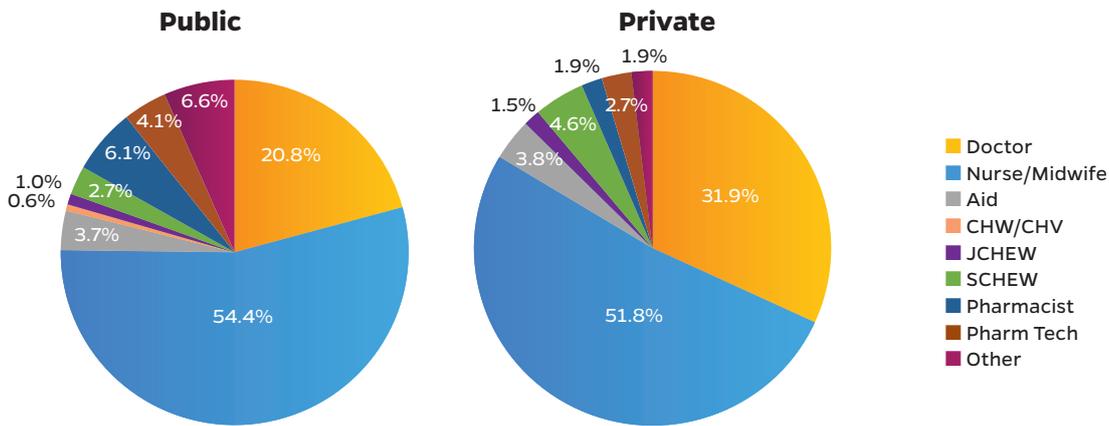
Key highlights from Q1-Q6 SDP surveys in Lagos

- The SDP sample in Lagos was composed of 102 public and 99 private facilities in Q1.
- Staff trained in family planning in both public and private SDPs tend to be nurses (54% and 52% respectively), followed by doctors, 21% in public facilities and 32% in private facilities.
- Across all six quarters, the average number of client visits for implants, injectables, pills, and IUDs experienced minor fluctuations. Client visits for condoms experienced more fluctuations across quarters, with an average of 97 visits in Q1 to an average of 65 visits in Q6.
- The main contraceptive method sold at private SDPs was male condoms, with an average of 77-231 units per month, followed by emergency contraception, with an average of 25-56 units per month.
- Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to implants and IUDs. Private SDPs provide CYPs through a wide range of methods that also includes EC, pills and sterilization.
- Public SDPs are more likely than private SDPs to have implants and IUDs in stock. Public SDPs experienced a drop in implant and IUD stock in Q5.
- Public hospitals in our sample reported no stock-out of injectables across all six quarters. Health centers did not experience injectable stock-out in Q2 and Q6. More than 10% of health posts were out-of-stock of injectables in four of the six quarters.

DATA COLLECTION DATES ACROSS QUARTERS



STAFF TRAINED IN FAMILY PLANNING AT FACILITIES, Q6



Staff trained in family planning in both public and private SDPs tend to be nurses (54% and 52% respectively), followed by doctors, 21% in public facilities and 32% in private facilities.

CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

Average number of client visits in past month

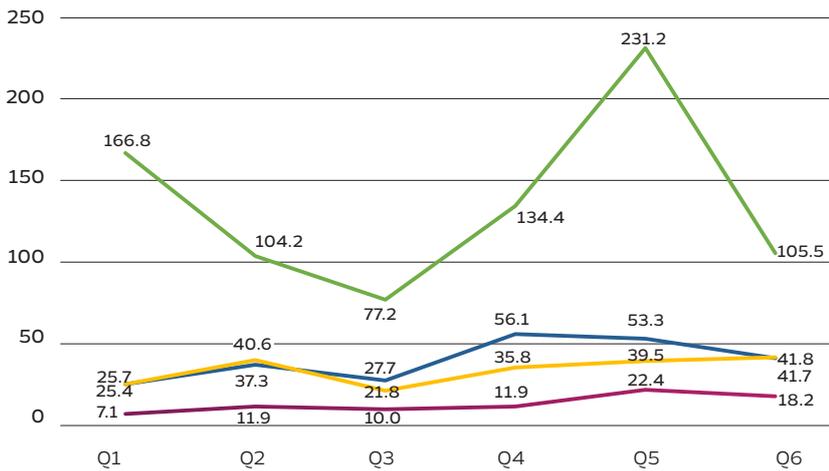
Among public facilities in Lagos (n=102)

	Q1	Q2	Q3	Q4	Q5	Q6
Emergency Contraception (EC)	0.0	0.0	0.0	0.0	0.0	0.0
Male and Female Condoms	96.8	69.0	46.5	66.0	54.9	65.3
Implant	13.4	11.8	11.3	11.3	9.9	9.6
Injectable	29.0	31.6	28.2	37.5	41.7	38.1
IUD	5.0	5.0	3.1	3.6	2.8	1.9
Pill	4.9	7.1	9.2	8.5	6.3	8.2

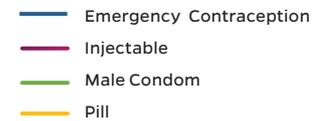
Across all six quarters, the average number of client visits for implants, injectables, pills, and IUDs experienced minor fluctuations.

Client visits for condoms experienced more fluctuations across quarters, with an average of 97 visits in Q1 to an average of 65 visits in Q6.

AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH (n=99)

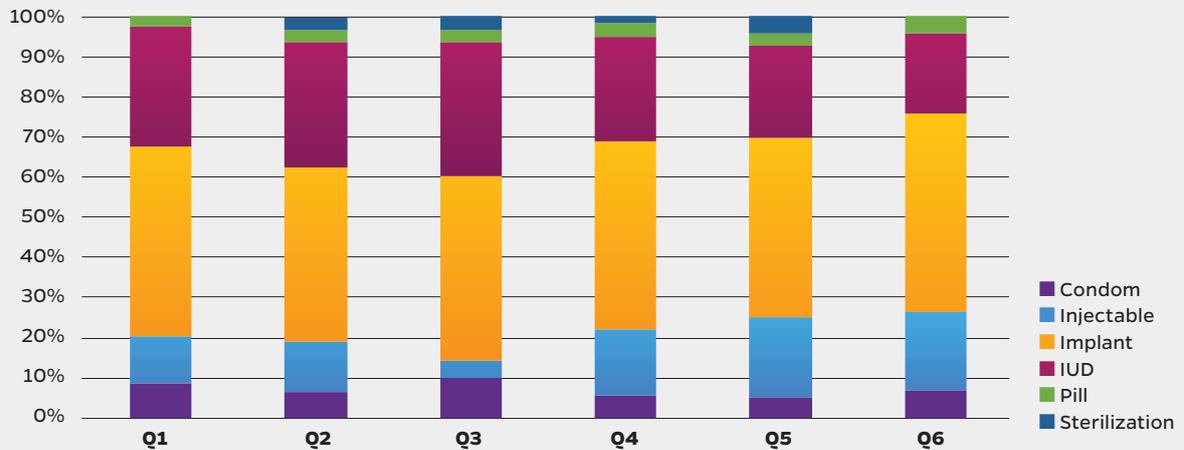


The main contraceptive method sold at private SDPs was male condoms, with an average of 77-231 units per month, followed by emergency contraception, with an average of 25-56 units per month.

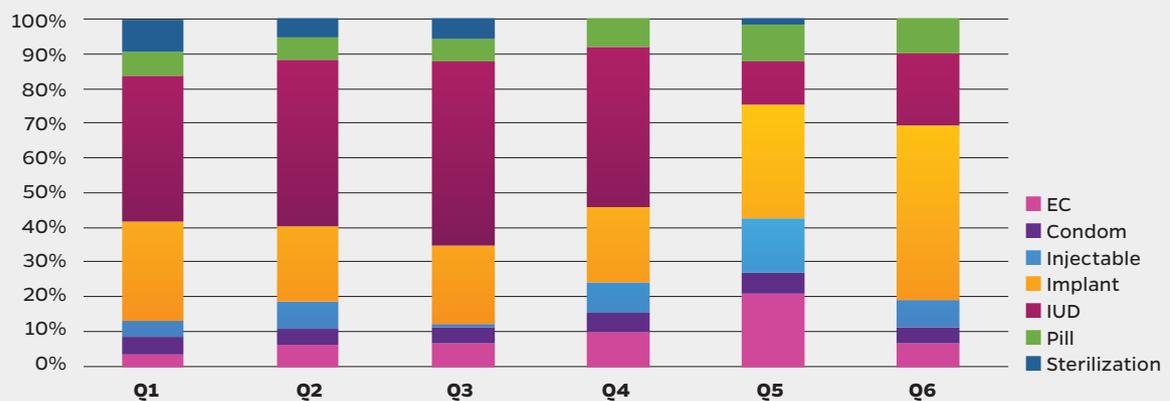


COUPLE YEARS OF PROTECTION (CYP)

Percent distribution of CYPs at public facilities (n=102)



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

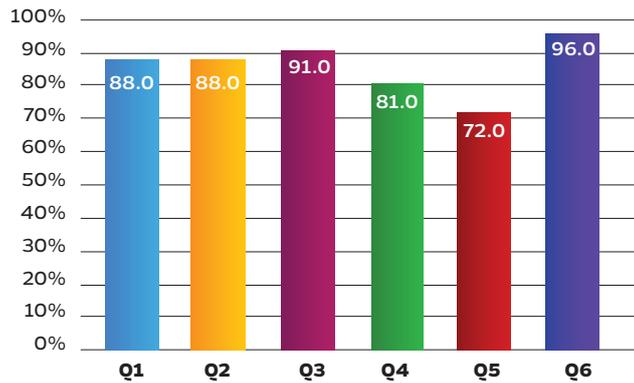


Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to implants and IUDs. Private SDPs provide CYPs through a wide range of methods that also includes EC, pills and sterilization.

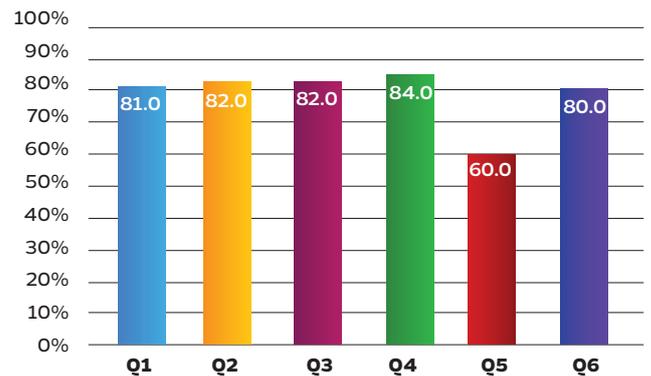
STOCK OUTS

METHODS IN STOCK: FOCUS ON IMPLANTS AND IUD

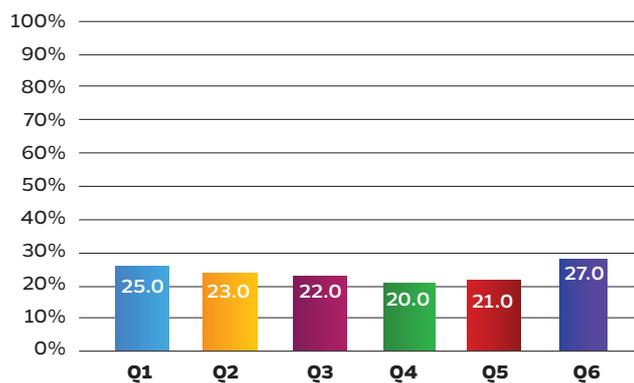
Percent of public SDPs that report having implants in stock on day of survey (n=102)



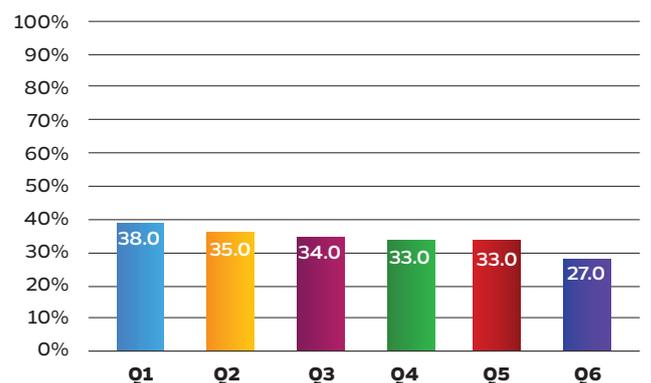
Percent of public SDPs that report having IUDs in stock on day of survey (n=102)



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



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



Public SDPs are more likely than private SDPs to have implants and IUDs in stock. Public SDPs experienced a drop in implant and IUD stock in Q5.

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

Among public facilities (n=102)

Lagos Public



Public hospitals in our sample reported no stock-out of injectables across all six quarters. Health centers did not experience injectable stock-out in Q2 and Q6. More than 10% of health posts were out-of-stock of injectables in four of the six 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.

Suggested citation: Center for Research, Evaluation Resources and Development (CERED) 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.