

# CLIENT BRIEF

## PMA Agile/Niamey, Niger



### ABOUT PMA AGILE

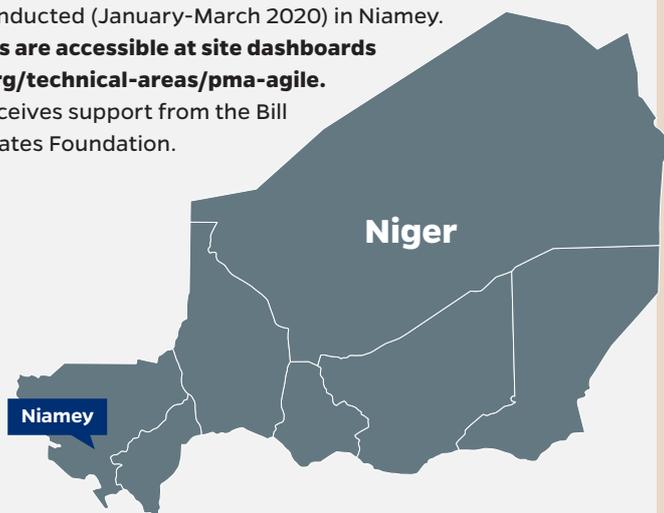


PMA Agile is a component of the Performance Monitoring for Action project and aimed at the subnational level (state, county or city). **It builds on the PMA monitoring and evaluation platform and conducts continuous tracking of family planning service delivery and consumption through quarterly public 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 one city in Niger, Niamey, and is conducted by the Institut National de la Statistique, 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 (August-October 2019) and the subsequent round when the client follow-up survey was conducted (January-March 2020) in Niamey.

**The full results are accessible at site dashboards at [padata.org/technical-areas/pma-agile](https://padata.org/technical-areas/pma-agile).**

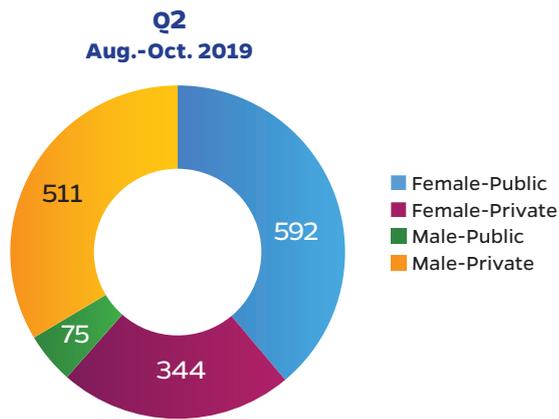
The project receives support from the Bill and Melinda Gates Foundation.



### Key results

- In Niamey, 1522 clients (936 females and 586 males) were interviewed at the **census** of public and private facilities in Q2.
- The largest proportion of contracepting clients were using pills (50% of those interviewed at public facilities and 54% of those interviewed at private facilities).
- Most female family planning (FP) clients surveyed at both public and private facilities reported that they chose their method themselves (71% of those surveyed at public facilities and 89% of those surveyed at private facilities).
- Young female clients (aged 18-24 years) were more likely to report that a provider had ever explained how to use the contraceptive method at any facility visit, compared to young male clients.
- Female FP clients aged 35 years or older were more likely to have been told when to return for their follow-up visit than younger clients, and more so if they were interviewed at public health facilities.
- Female clients interviewed at both public and private facilities report relatively high levels of satisfaction with services received at facilities, although indicators of satisfaction were slightly higher among clients interviewed at private facilities.
- One-fifth of male clients interviewed at public facilities and 8% of male clients interviewed at private facilities who were not using contraception intend to use a method in the future.
- Among female clients interviewed in Niamey, 51% consented and completed a follow-up interview four months later.
- At the follow-up interview, 29.9% of female clients were still using the method reported at baseline, 7.6% had switched methods, and 19.8% had stopped; 7.2% began using a method and 35.5% remained nonusers at the follow-up interview.

## SAMPLE SIZE OF CLIENTS INTERVIEWED IN NIAMEY, BY PUBLIC/PRIVATE FACILITY AND GENDER

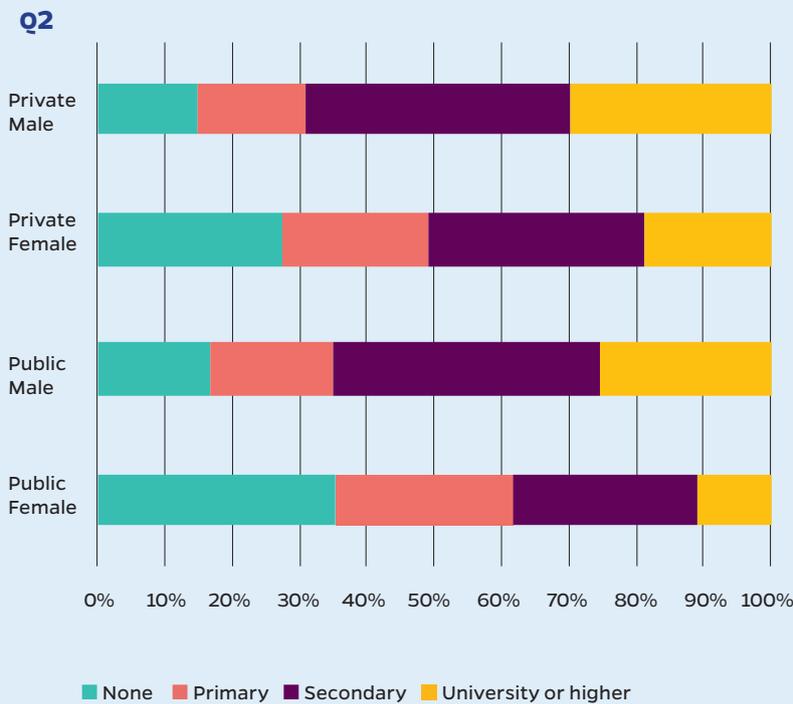


In Niamey, 1522 clients (936 females and 586 males) were interviewed at the selected public and private facilities in Q2.

More females were interviewed at public facilities (89% of clients interviewed) and more males were interviewed at private facilities (60% of clients interviewed).

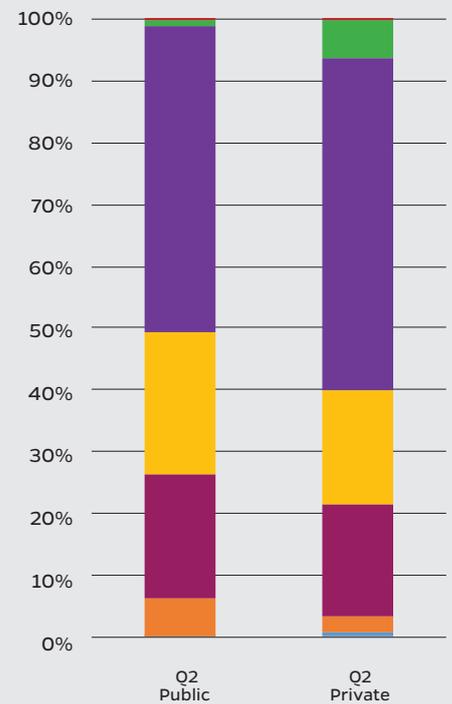
### EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



Female clients interviewed at public facilities tended to have lower levels of education than those accessing private facilities. Overall, male clients interviewed were more likely to have attended secondary school or university than female clients interviewed.

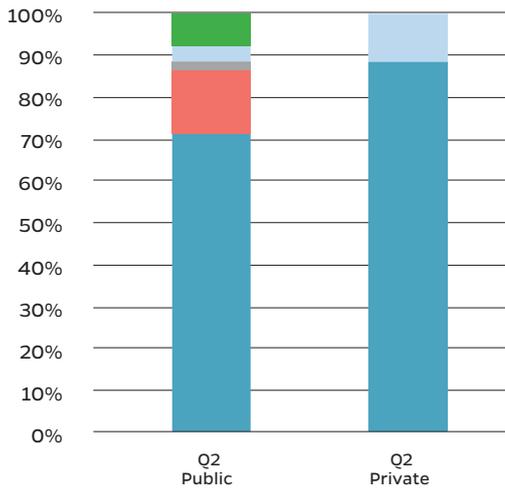
### CLIENT METHOD USE COMPOSITION



In Q2, the largest proportion of clients who contracepted were using pills (50% of those interviewed at public facilities; 54% of those interviewed at private facilities).

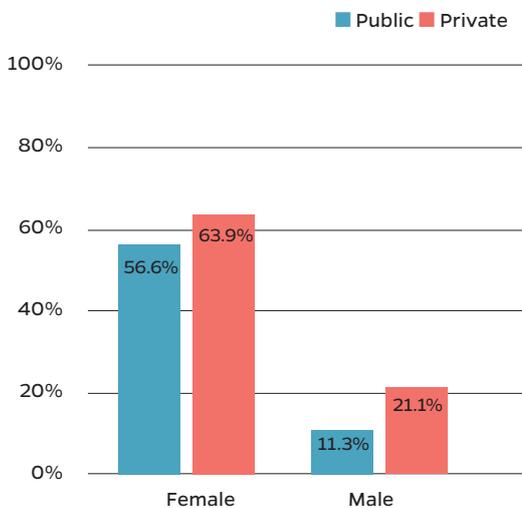
- Sterilization
- IUD
- Implant
- Injectable
- Pill
- Male condom
- Other

### PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



Most female FP clients surveyed at both public and private SDPs reported that they chose their method themselves. About 12% of female FP clients interviewed at private SDPs reported that their partner alone chose their contraceptive method; 15% of female FP clients interviewed at public SDPs said they make the decision in conjunction with their partner.

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



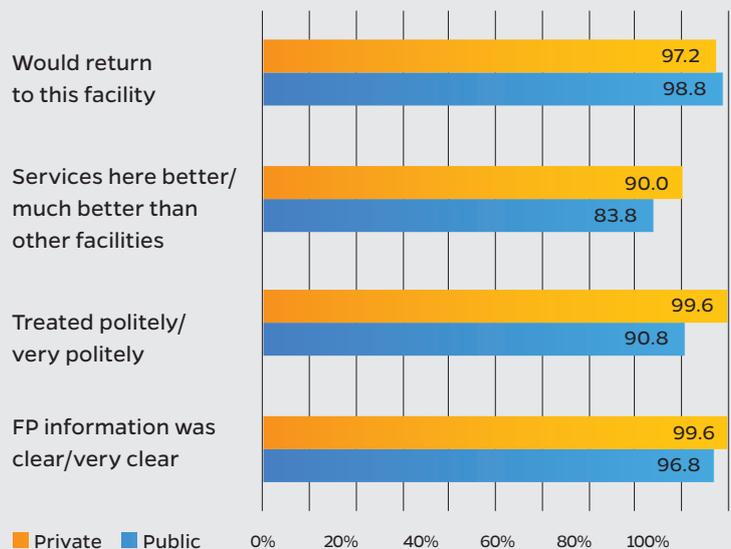
Young female clients interviewed at both public and private facilities were more likely to report that a provider had ever explained how to use a contraceptive method at any facility visit, compared to young male clients.

### PERCENT OF FEMALE FP CLIENTS SEEN AT TODAY'S VISIT WHO WERE TOLD ABOUT SIDE EFFECTS AND WHEN TO RETURN FOR FOLLOW-UP VISIT, BY AGE AND FACILITY TYPE

Age	Side Effects		Follow-up	
	Public	Private	Public	Private
18-24	62.5%	48.9%	91.2%	48.9%
25-34	84.5%	49.4%	91.3%	73.2%
35+	75.4%	97.2%	100.0%	99.6%

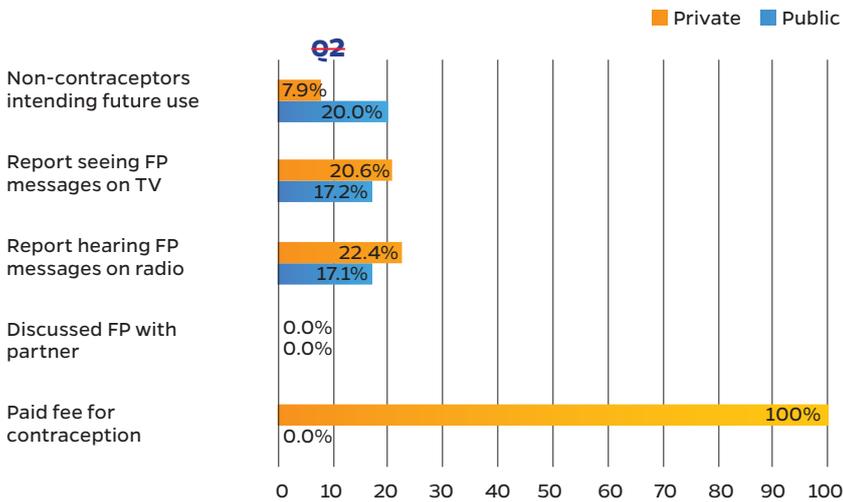
Over 75% of female FP clients aged 25 years or older who were interviewed at public facilities report ever being told about the side effects of their contraceptive method at their FP visit the day of the interview. Among those interviewed at private facilities, almost all female FP clients aged 35 years or older (97%) were told about side effects compared to less than half of female FP clients under 35 years. Female FP clients aged 35 years or older were more likely to have been told when to return for follow-up than younger clients, and more so if they were interviewed at public health facilities.

### INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS



Female clients interviewed at both public and private facilities reported 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, although indicators of satisfaction with services were generally higher among clients interviewed at private SDPs. The average wait time for FP services was higher for clients interviewed at public SDPs than private SDPs (36 vs. 15 minutes).

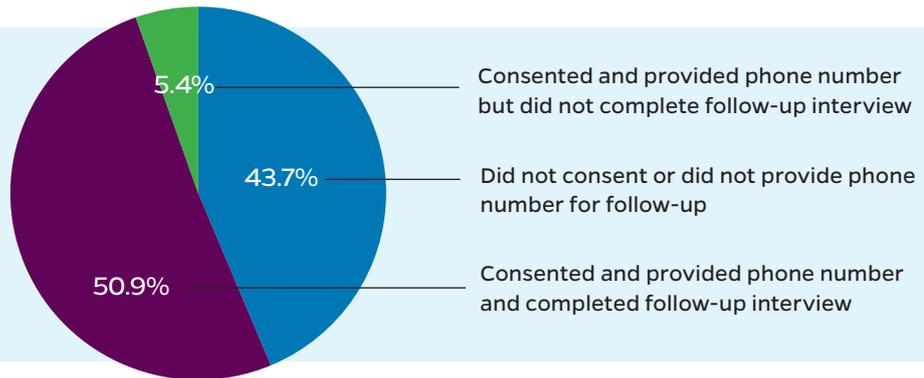
## PERCENT OF MALE CLIENTS INTERVIEWED ABOUT THEIR FP BEHAVIORS



No male clients interviewed at public SDPs reported that they a fee for contraception, while 100% of male clients interviewed at private SDPs reported that they paid a fee. About one-fifth of male clients interviewed reported that they heard FP messages on the radio or saw FP messages on television. No male clients reported that they had discussed family planning with their partner. Male clients surveyed at public SDPs who were not using contraception at the time of interview were more likely than those interviewed at private SDPs to report intending to use a method in the future (20% vs. 8%).

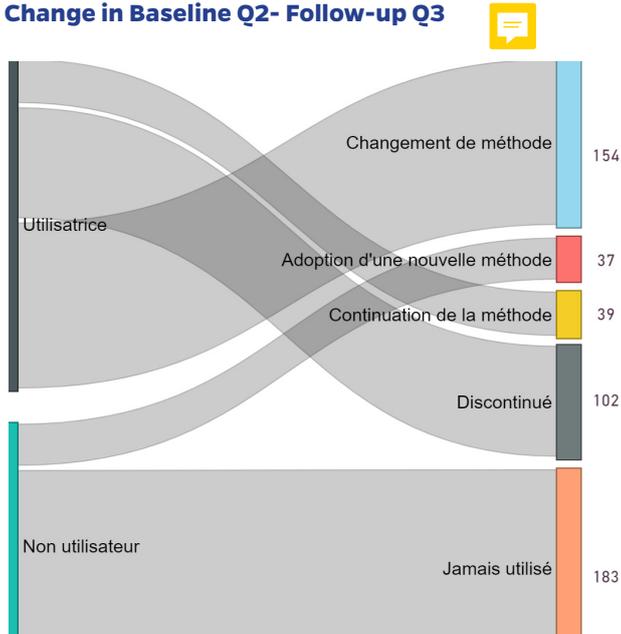
## FEMALE CLIENT FOLLOW-UP

Client follow-up response rates in Niamey (n=1012)



## CHANGE IN CONTRACEPTIVE USE STATUS

Change in Baseline Q2- Follow-up Q3



At the follow-up interview, 7.6% of clients were still using the method reported at baseline, 29.9% had switched methods, and 19.8% had stopped using a method. In addition, 7.2% began using a method and 35.5% remained non-users at the follow-up interview.

## 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 National de la Statistique du Niger 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. Niamey, Niger and Baltimore, Maryland, USA. [www.pmadata.org/technical-areas/pma-agile](http://www.pmadata.org/technical-areas/pma-agile).