

# CLIENT BRIEF

## PMA Agile/Koudougou, Burkina Faso

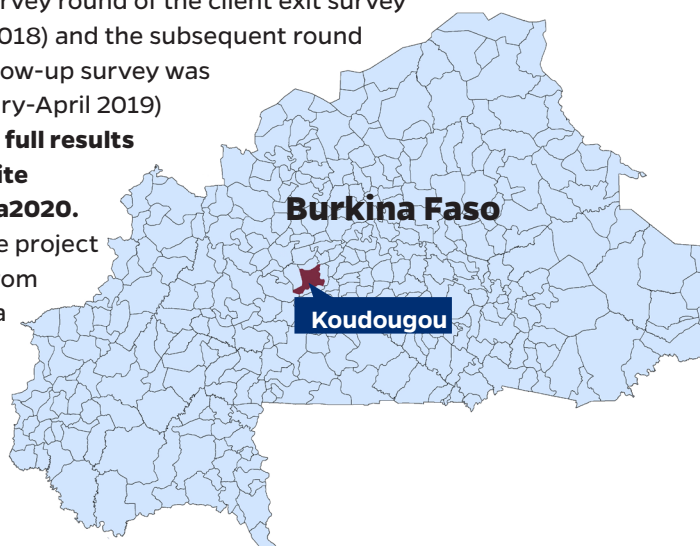


### ABOUT PMA AGILE



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 one survey round of the client exit survey (August-October 2018) and the subsequent round when the client follow-up survey was conducted (February-April 2019) in Koudougou. **The full results are accessible at site dashboards at [pma2020.org/pma-agile](https://pma2020.org/pma-agile).** The project receives support from the Bill and Melinda Gates Foundation.

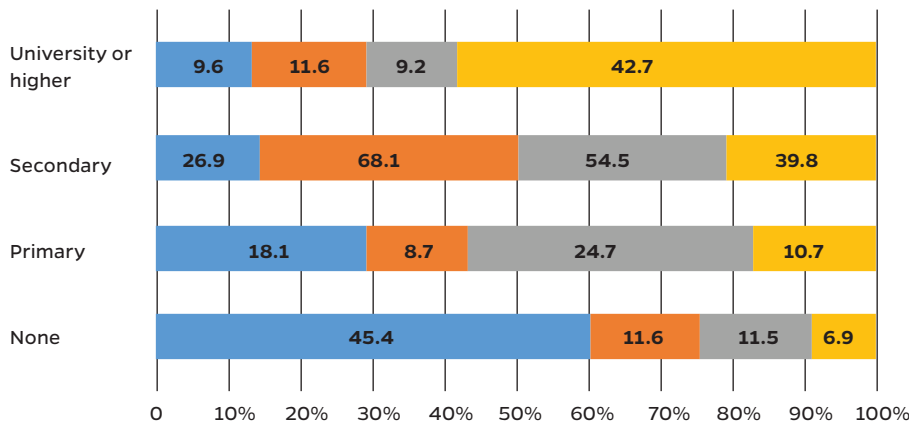


### Key Results

- **In Koudougou, 525 clients** (86% female) were interviewed at the census of public and private facilities.
- **Injectables and implants were the most common methods** used among clients interviewed at public facilities, and male condoms and implants were the most common methods used among clients surveyed at private facilities.
- **Female clients interviewed at private facilities** were more likely to choose their contraceptive method with their partner (67%) than those seen at public facilities (38%). Clients surveyed at public facilities were more likely to make the decision with their provider.
- **Nearly all young clients (18-24 years)** interviewed report receiving explanations about how to use implants, injectables, and condoms; however, none reported receiving explanations about how to use other methods, like IUDs, sterilization, or cycle beads.
- **Female clients overall report** relatively high levels of satisfaction with services.
- **No male clients reported paying a fee for contraception**, whether interviewed at a public or private facility.
- **Among female clients interviewed** in Koudougou, 71.9% consented and completed a follow-up interview four months later.
- **At the follow-up interview, 28.2% of female clients** were still using the method reported at baseline, 5.9% had switched methods, and 13.9% had stopped using a method; 16.4% began using a method and 35.6% remained non-users at the follow-up interview.

## EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

### Percent distribution of education levels of clients interviewed

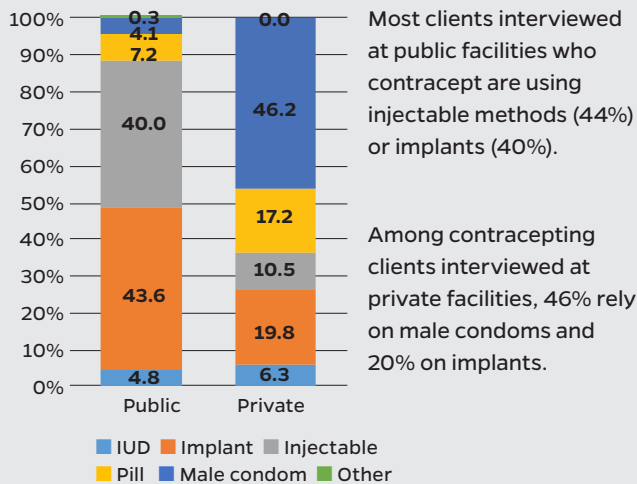


Female clients at public facilities tended to have less education than those accessing private facilities.

Male clients using private facilities were the most educated.

Public Female Public Male  
Private Female Private Male

## KOUDOUGOU CLIENT METHOD USE COMPOSITION

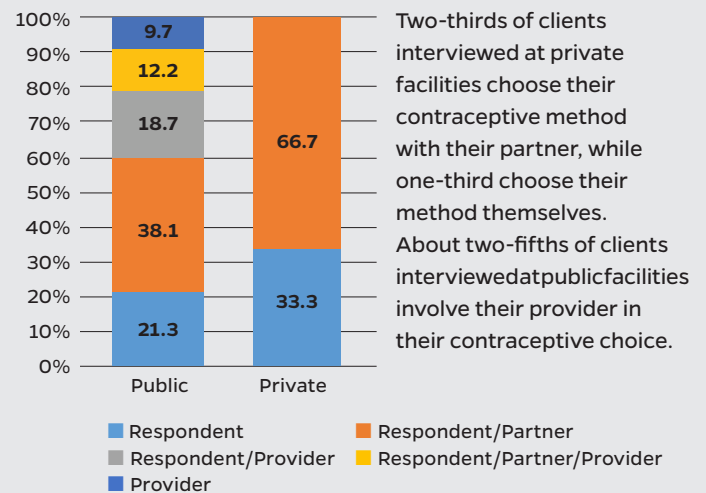


Most clients interviewed at public facilities who contracept are using injectable methods (44%) or implants (40%).

Among contracepting clients interviewed at private facilities, 46% rely on male condoms and 20% on implants.

IUD Implant Injectable  
Pill Male condom Other

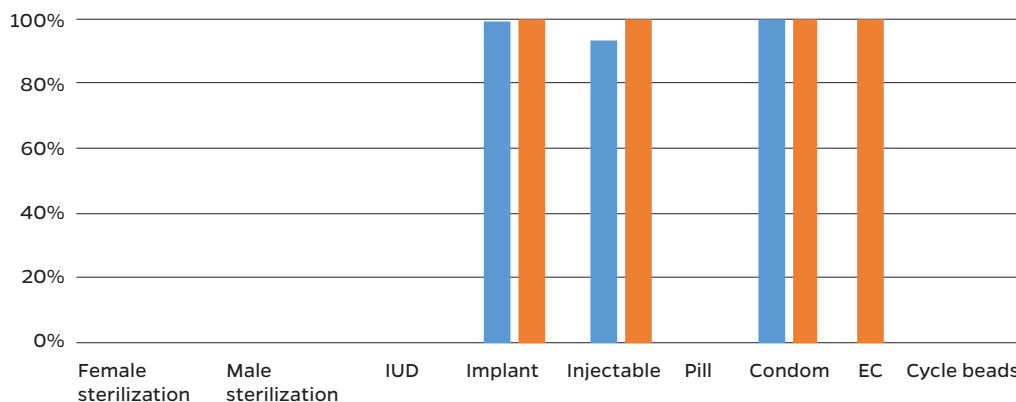
## PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



Two-thirds of clients interviewed at private facilities choose their contraceptive method with their partner, while one-third choose their method themselves. About two-fifths of clients interviewed at public facilities involve their provider in their contraceptive choice.

Respondent Respondent/Partner  
Respondent/Provider Respondent/Partner/Provider  
Provider

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



Youth clients reported high levels of explanation on how to use implants, injectables, and condoms. No youth clients reported receiving an explanation about sterilization, pills, IUD, or cycle beads at either facility type.

Public Private

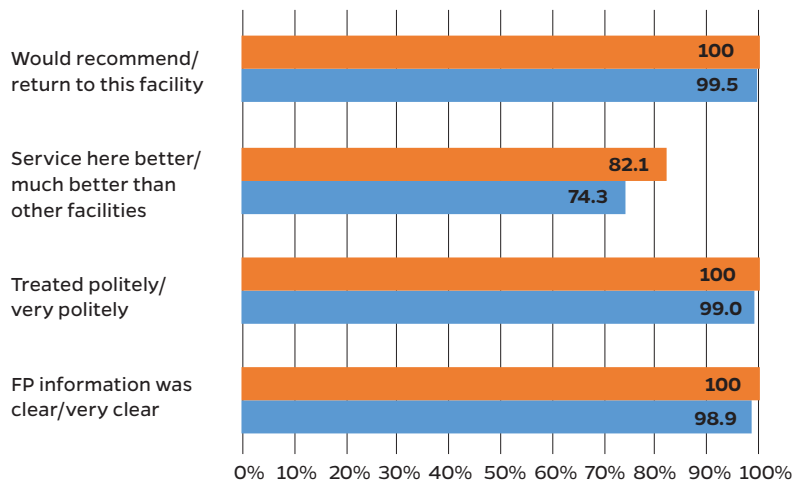
## PERCENT OF FEMALE CLIENTS TOLD WHAT TO DO ABOUT SIDE EFFECTS AND WHEN TO RETURN FOR FOLLOW-UP VISIT, BY AGE

Age group	SIDE EFFECTS*		FOLLOW-UP**	
	Public	Private	Public	Private
18-24	90.2%	66.7%	79.1%	48.9%
25-34	88.5%	100%	80.8%	79.6%
35+	67.9%	na	93.2%	29.0%

\*Among female FP clients \*\*Among all female clients

Over two-thirds of female FP clients interviewed at all facilities report ever being told what to do about side effects at their FP visit, although percentages differed by age group. 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 over 35 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

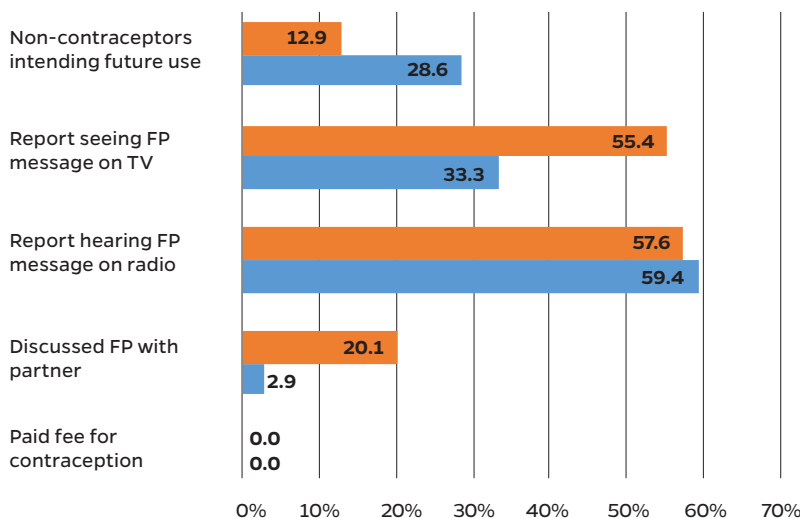


PRIVATE

Public Private

## MALE FAMILY PLANNING

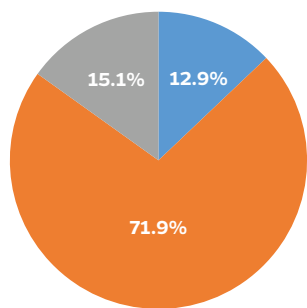
### Percent of male clients interviewed about their FP behaviors



Male clients report that they do not pay for contraception at either facility type.

Only 3% of public facility clients have discussed family planning with their partner, compared to 20% of private facility clients. Over half report exposure to FP messages on radio; more private facility clients report exposure to FP messages on TV than public facility clients. Less than one-third who are not now using intend to use in the future.

Public Private



## FEMALE CLIENT FOLLOW-UP

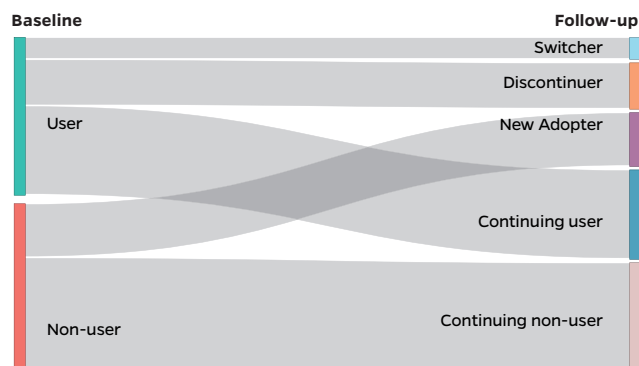
Client follow-up response rates in Koudougou (n=449)

- 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 449 women who completed baseline interviews, 71.9% consented to and completed a phone follow-up interview 3-4 months later.

## CHANGE IN CONTRACEPTIVE USE STATUS

Baseline	N	%	Follow-up	N	%
Users	155	48.0%	Switchers	19	5.9%
			Continuing users	91	28.2%
			Discontinuers	45	13.9%
Non-users	168	52.0%	New adopters	53	16.4%
			Continuing non-users	115	35.6%
<b>Total</b>				<b>323</b>	<b>100%</b>



At the follow-up interview, 28.2% of clients were still using the method reported at baseline, 5.9% had switched methods, and 13.9% had stopped using a method. In addition, 16.4% began using a method and 35.6% 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 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 and Accountability Agile (PMA Agile) Quarterly Survey 2018-2019. Ouagadougou, Burkina Faso and Baltimore, Maryland, USA. [www.pma2020.org/pma-agile](http://www.pma2020.org/pma-agile).