

# SERVICE DELIVERY POINT BRIEF

## PMA Agile/Koudougou, Burkina Faso

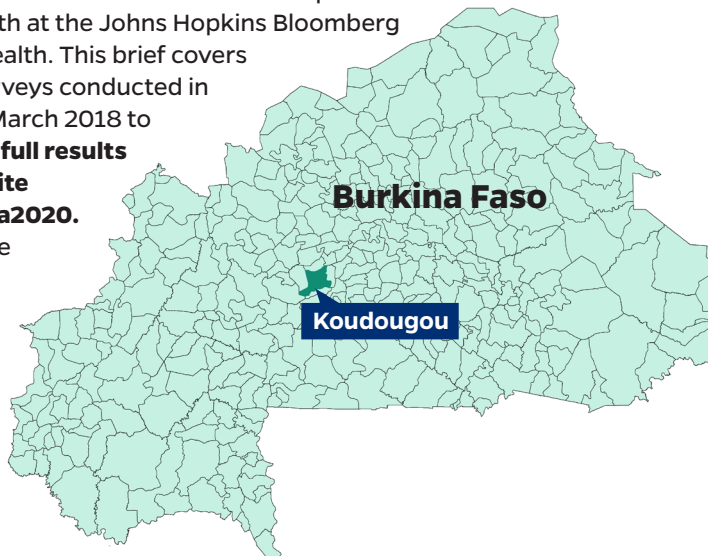


### ABOUT PMA AGILE



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 three quarterly surveys conducted in Koudougou from March 2018 to April 2019 and **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.

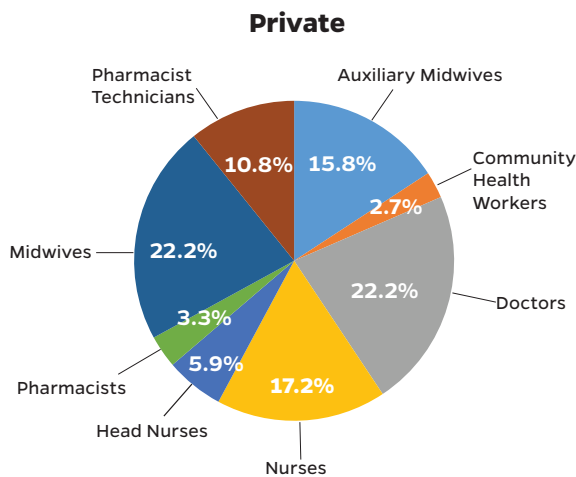
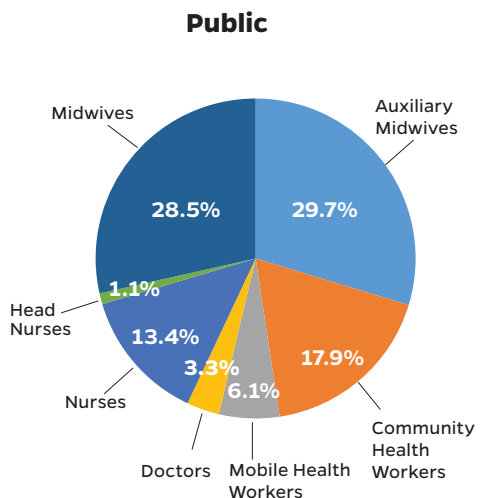


### Key highlights from Q1-Q3 SDP surveys in Koudougou

- **The SDP sample in Koudougou** is a census composed of 41 public and 16 private facilities in Q1.
- **Staff trained to provide family planning** tend to be midwives and community health workers at public facilities, and doctors, midwives, and nurses at private facilities.
- **Public facilities** provide the majority of family planning protection although limited primarily to three main methods (implants, injectables, and IUDs).
- **Private SDPs offer protection** through a wider range of methods that includes condoms, pills, and emergency contraception.
- **At the baseline round, an average of 28 clients per month** received injectables at public facilities, followed by 22 for condoms and 9 for implants. These figures declined by Q3 for injectables and condoms, and remained approximately the same for implants.
- **Private SDPs sell on average 87-346 pill cycles per month**, followed by 63-126 male condoms and 46-52 emergency contraceptive kits.
- **Among public SDPs, injectables were in-stock** through all three quarters except in health centers in Q3, which reported 4% stock-out.

## STAFF TRAINED IN FAMILY PLANNING AT FACILITIES

Among public (41) and private (16) facilities in Koudougou in Q1



Staff trained in family planning in public SDPs tend to be auxiliary midwives (30%), midwives (29%), and community health workers (18%).

In private SDPs, staff trained in FP tend to be doctors (22%), midwives (22%), and nurses (17%).

## CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

### Average number of client visits in past month

Among public facilities in Koudougou (n=41)

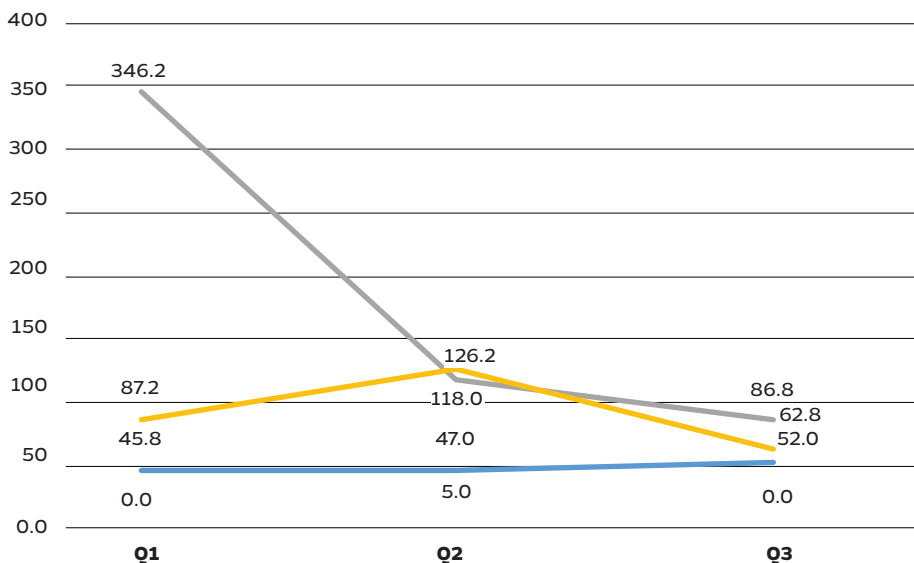
	Q1	Q2	Q3
Male and Female Condoms	21.6	1.4	1.1
Implant	9.2	5.3	9.8
Injectable	27.5	20.4	22.9
Female Sterilization	0.0	0.0	0.0
IUD	1.7	0.7	1.7
Pill	3.9	3.2	3.2

At the baseline round, an **average of 28 clients per month** received injectables at public facilities, followed by 22 for condoms and 9 for implants. All figures declined or remained relatively unchanged in Q2.

By Q3, average number of visits for implants, injectables, and IUDs increased slightly.



### AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH (n=16)

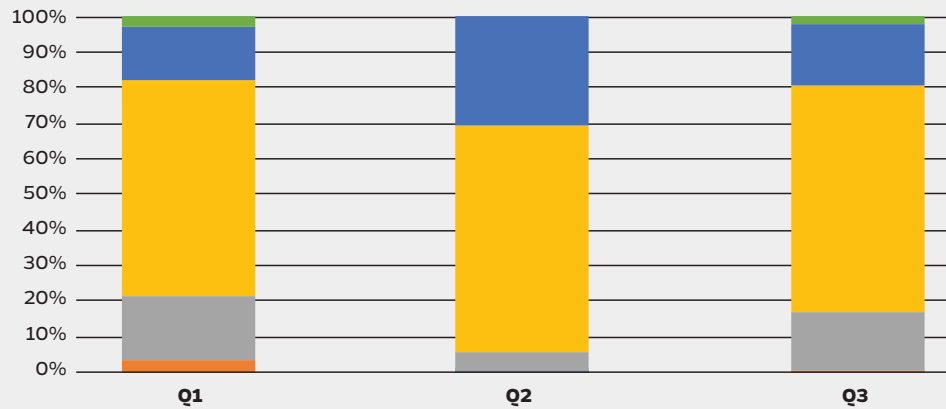


Private SDPs sell on average 87-346 pill cycles per month, followed by 63-126 male condoms and 46-52 emergency contraceptive kits.

- Emergency Contraception
- Foam/Jelly
- Pill
- Male Condom

## COUPLE YEARS OF PROTECTION (CYP)

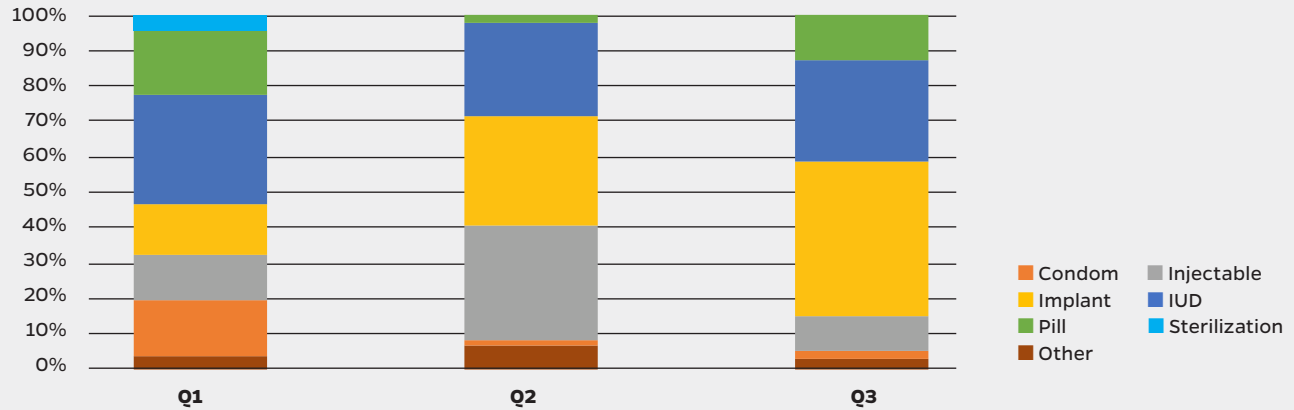
### Percent distribution of CYPs at public facilities (n=41)



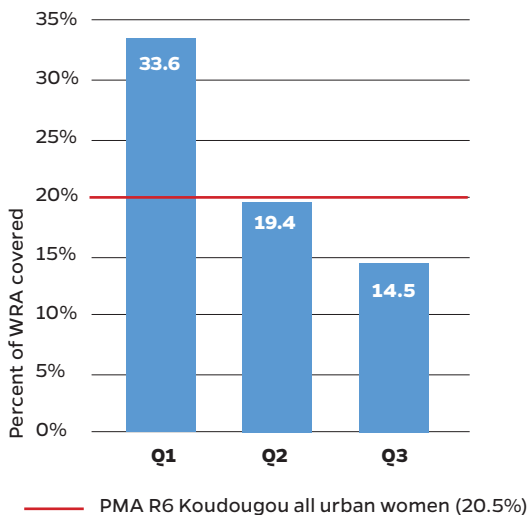
Although **public SDPs** account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to injectable, implant, and IUD.

**Private SDPs** provide CYPs through a wide range of methods that also include condoms, pills, and EC.

### Percent distribution of CYPs at private facilities (n=16)



## FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)



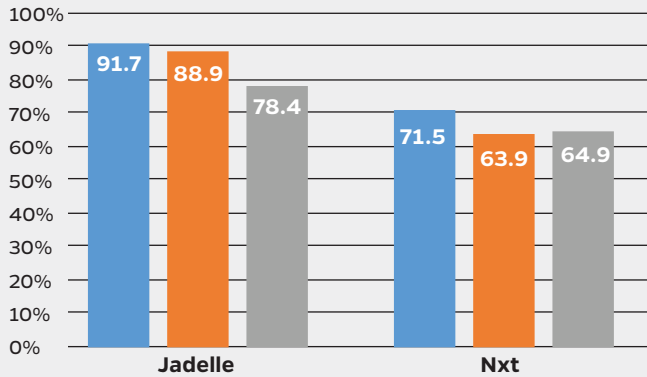
Using the past month's delivery of contraceptive services to clients and sales of contraceptive methods to clients, an estimate of the total number of clients served can be generated. This is annualized and ratioed over the eligible female population of reproductive age to assess coverage. This estimate will differ from a household sample survey as it will not capture contraceptive distributions by providers outside of facilities, such as community health workers, and is sensitive to the exact population served by facilities in the geographies.

Overall the CCR appears to have dropped from Q1 to Q2 and the Q2 estimate aligns with the PMA household survey estimate of 20.5% for all women 15-49 in Koudougou.

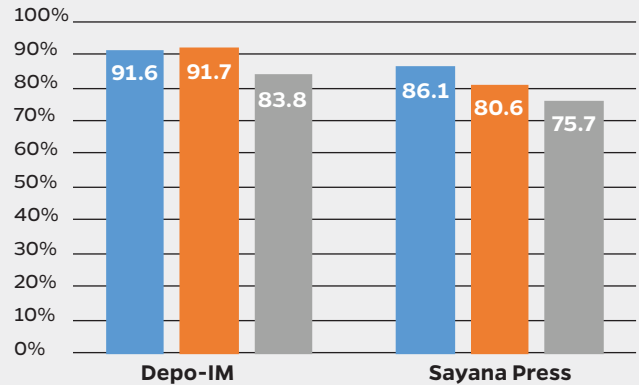
# STOCK OUTS

## METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

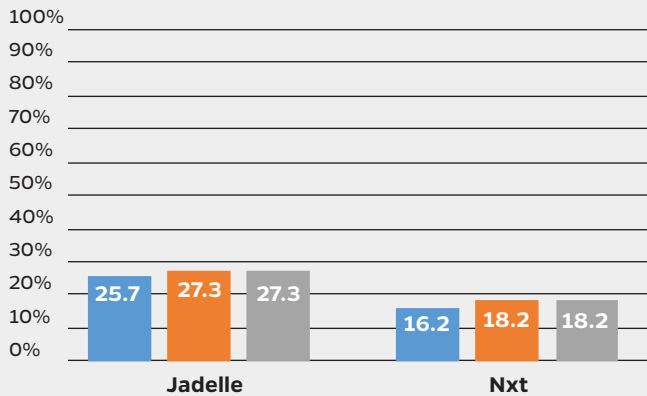
Percent of public SDPs that report having implants in stock on day of survey (n=41)



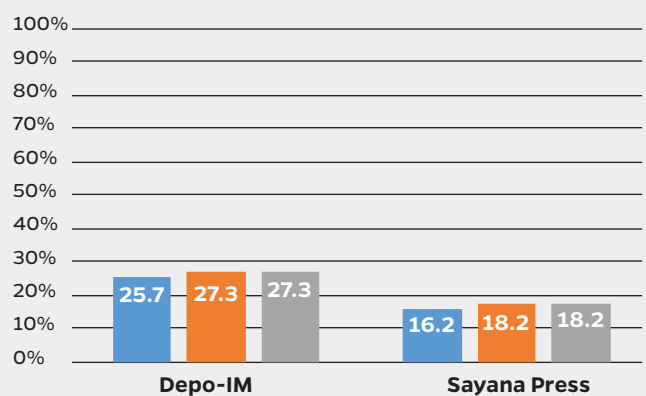
Percent of public SDPs that report having injectables in stock on day of survey (n=41)



Percent of private SDPs that report having implants in stock on day of survey (n=16)



Percent of private SDPs that report having injectables in stock on day of survey (n=16)

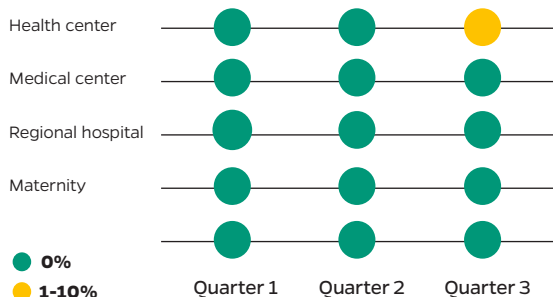


Public SDPs are more likely than private SDPs to have implants and injectables in-stock. In-stock status rose slightly from Q1 to Q3 in private facilities, and declined from Q1 to Q3 in public facilities.

■ Q1 ■ Q2 ■ Q3

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

Among public facilities (n=41)



Among Koudougou public SDPs, injectables were in stock in most facilities, except in health centers in Q3.

### 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).