

SERVICE DELIVERY POINT BRIEF

PMA Agile/Koudougou, Burkina Faso

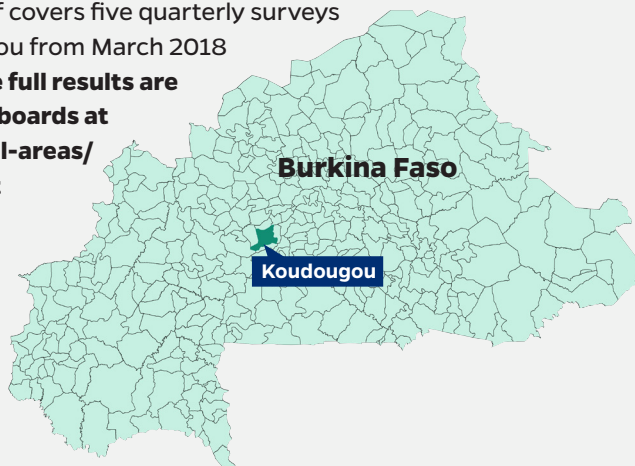


ABOUT PMA AGILE



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 five quarterly surveys conducted in Koudougou from March 2018 to November 2019. **The full results are accessible at site dashboards at pmapdata.org/technical-areas/pma-agile. The project receives support from the Bill and Melinda Gates Foundation.**



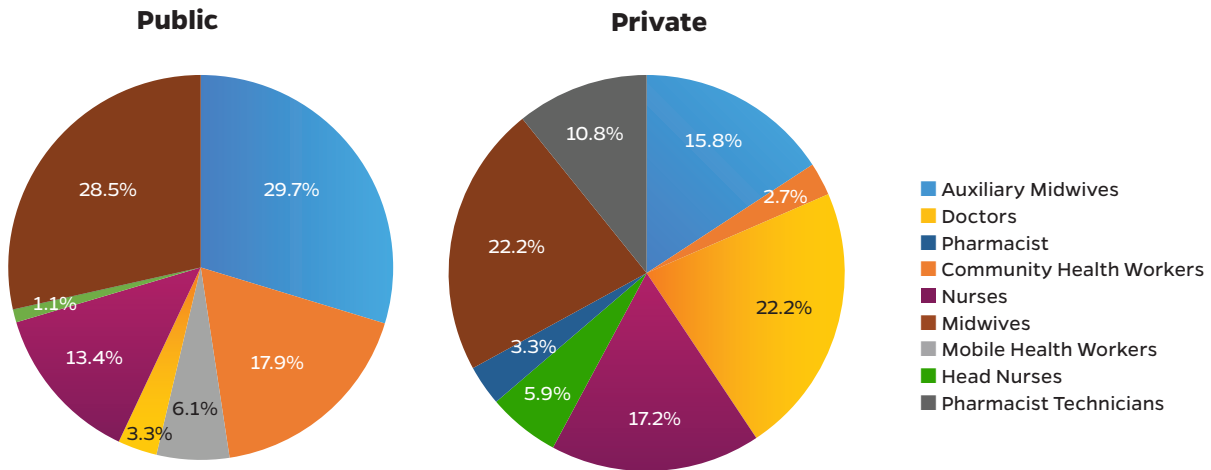
Key highlights from Q1-Q5 SDP surveys in Koudougou

- The SDP sample in Koudougou was composed of 41 public and 16 private facilities in Q1.
- For Q1, staff trained in family planning (FP) tended to be midwives (29%) and auxiliary midwives (30%) in public facilities and midwives (22%) and doctors (22%) in private facilities.
- From Q1 to Q5, the average number of client visits to public SDPs for implants, injectables, and pills experienced minor fluctuations, while visits for condoms experienced a sharp decrease from Q1 to Q2 (22 to 1 client visit per month).
- The main contraceptive method sold at private SDPs was pills in Q1, Q3, and Q4, and male condoms in Q2 and Q5.
- Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods providing most CYPs are largely implants across all five quarters, followed by IUDs and injectables.
- Public SDPs are more likely than private SDPs to have implants and injectables in stock from Q1 to Q5. Stock status of injectables dropped in public SDPs from Q1 to Q5, while stock status remained low private SDPs across all quarters.
- Excluding health centers in Q3, no public SDPs reported stock-outs of injectables in any survey quarter.

DATA COLLECTION DATES ACROSS QUARTERS



STAFF TRAINED IN FAMILY PLANNING AT FACILITIES, Q1



Data on staff composition were only collected in Q1. Staff trained in family planning in public SDPs tended to be midwives (29%) and auxiliary midwives (30%). In private SDPs, staff trained in FP tended to be midwives (22%) and doctors (22%).

CLIENT VISITS

Average number of client visits in past month

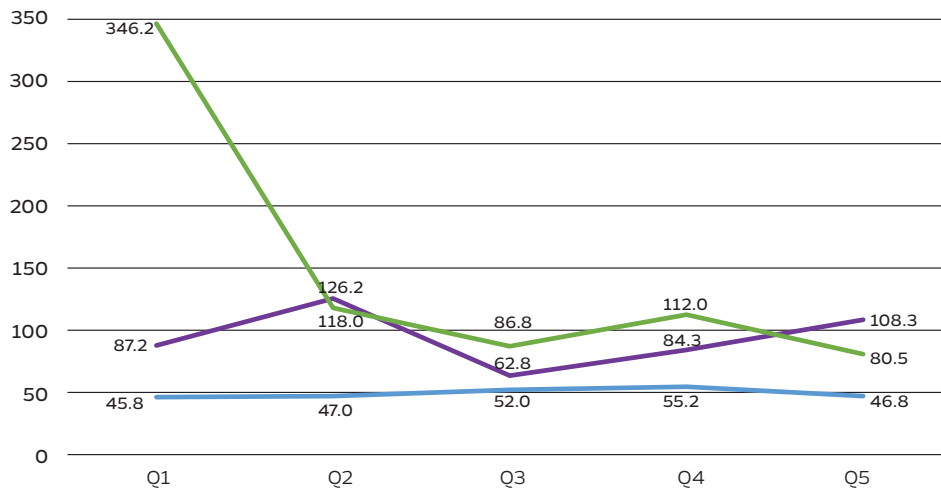
Among public facilities in Koudougou (n=41)

	Q1	Q2	Q3	Q4	Q5
Male and Female Condoms	21.6	1.4	1.1	1.7	4.1
Implant	9.2	5.3	9.8	6.3	10.1
Injectable	27.5	20.4	22.9	16.9	28.4
IUD	1.7	0.7	1.7	1.1	2.3
Pill	3.9	4.3	3.2	3.2	6.8

From Q1 to Q5, the average number of client visits to public facilities for implants, injectables, and pills experienced minor fluctuations. Client visits for condoms experienced a sharp decrease from Q1 to Q2 and remained low through Q5.

CONTRACEPTIVE UNITS SOLD

Average number of contraceptive commodities sold by private SDPs in past month (n=16)

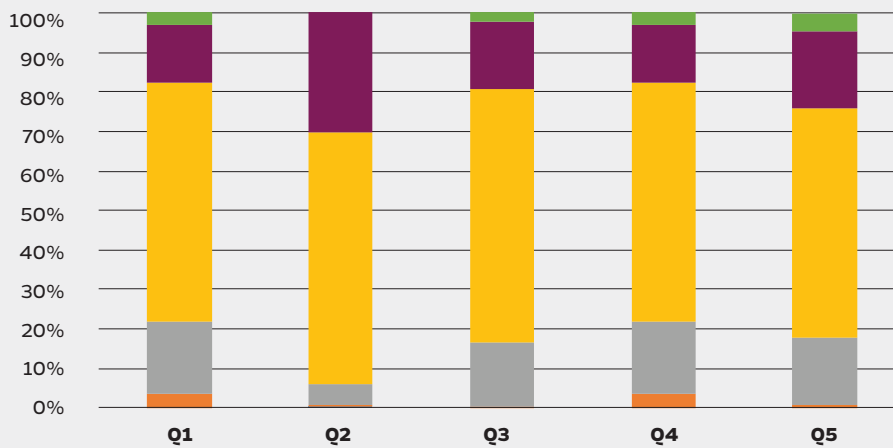


The main contraceptive method sold at private SDPs was pills in Q1, Q3, and Q4, with 346 units sold on average per month in Q1. Male condoms had the highest average number of units sold per month in Q2 and Q5.

- Emergency Contraception
- Male Condom
- Pill

COUPLE YEARS OF PROTECTION (CYP) BY METHOD

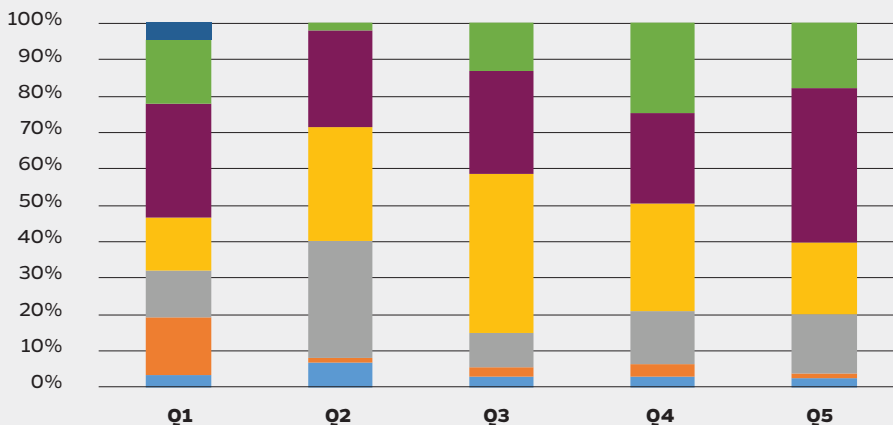
Percent distribution of CYPs at public facilities (n=41)



Although public SDPs account for the majority of CYPs (324.7 CYPs from public SDPs compared to 121.1 CYPs from private SDPs in Q5), the methods providing most CYPs are largely implants across all five quarters, followed by IUDs and injectables.

Private SDPs provide CYPs through a wider range of methods that includes a larger share from pills, condoms, and EC.

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

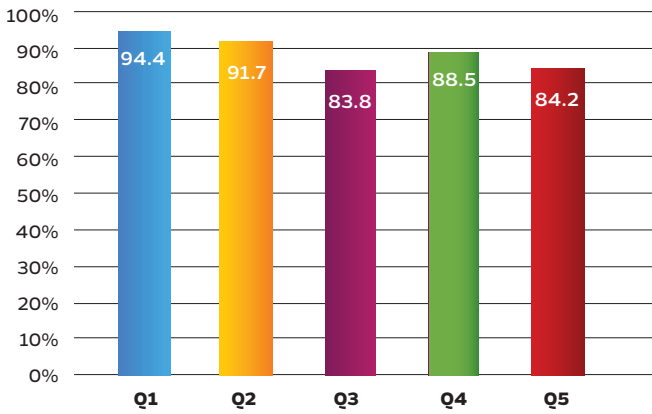


- Other
- Condom
- Injectable
- Implant
- IUD
- Pill
- Sterilization

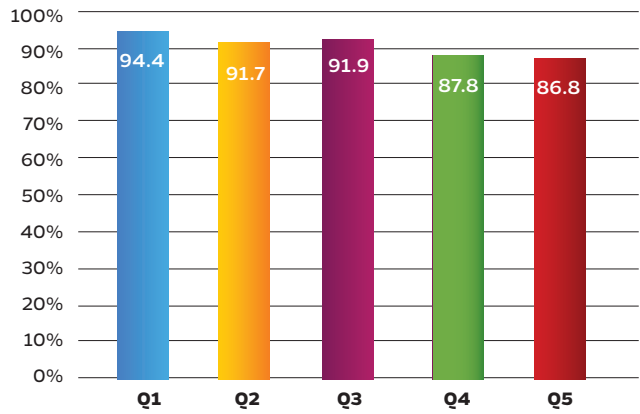
STOCK OF CONTRACEPTIVE METHODS

METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

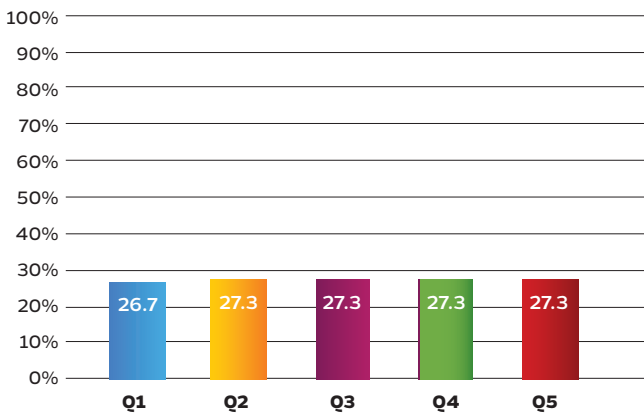
Percent of public SDPs that report having implants in stock on day of survey (n=41)



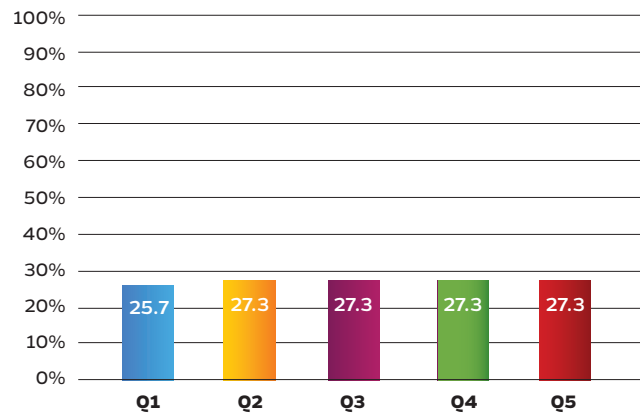
Percent of public SDPs that report having injectables in stock on day of survey (n=41)



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



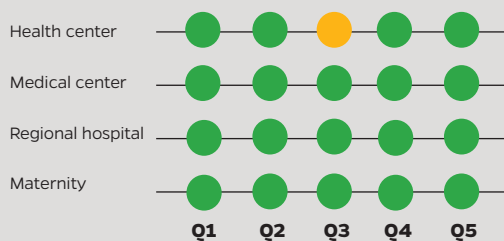
Percent of private SDPs that report having injectables in stock on day of survey (n=16)



Public SDPs are more likely than private SDPs to have implants and injectables in stock from Q1 to Q5. Injectable stock status decreased by about 10 percentage points in public facilities from Q1 to Q5 and remained steady at about 27% for both methods in all quarters in private facilities.

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

Among public facilities (n=41)



About 4% of public health centers reported stock-outs of injectables in Q3. All other public SDPs did not report stock-outs of injectables in any quarter of data collection.

● 0%
● 1-10%
● >10%

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 for Action Agile (PMA Agile) Quarterly Survey 2018-2020. Ouagadougou, Burkina Faso and Baltimore, Maryland, USA. www.pmadata.org/technical-areas/pma-agile.