

CLIENT 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 three sites in Nigeria, Lagos, Kano, and Ogun states, and is conducted by 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 three rounds of baseline client exit surveys (Q2, Q4, Q6), and subsequent rounds of the client follow-up survey conducted in Q3 and Q5.

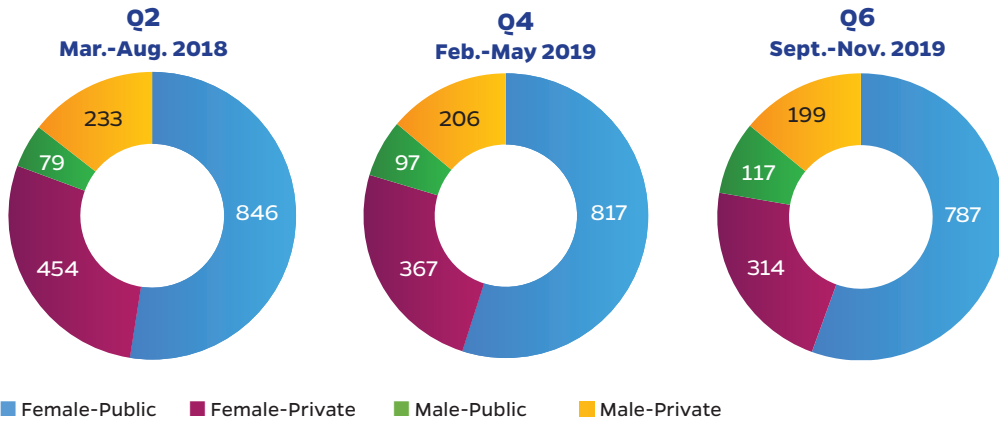
The full results are accessible at site dashboards at pmadata.org/technical-areas/pma-agile. The project receives support from the Bill and Melinda Gates Foundation.



Key highlights from Q2-Q6 CEI surveys in Lagos

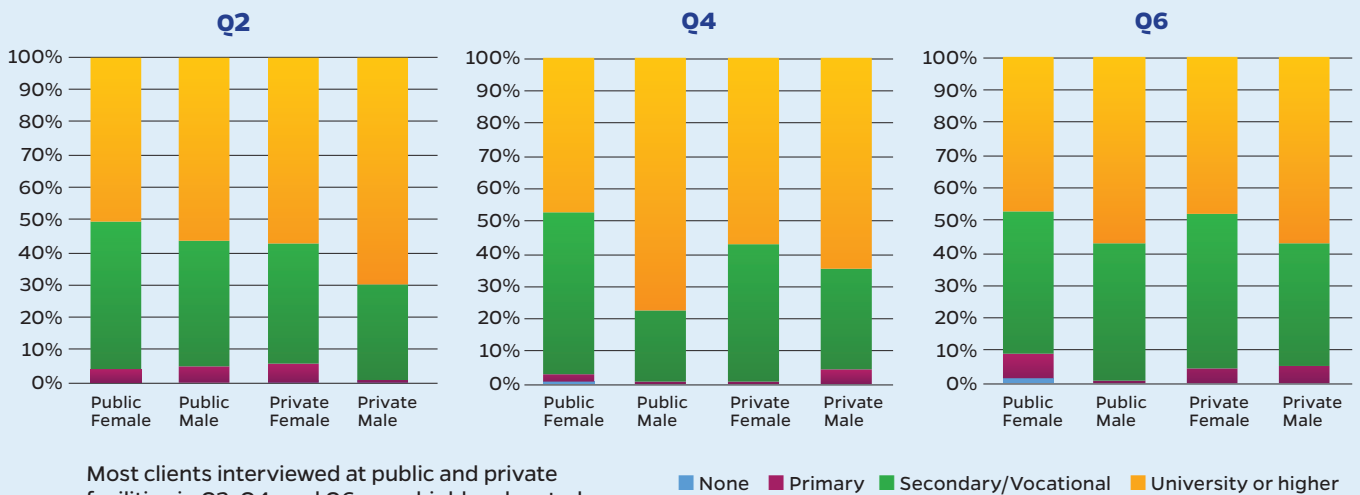
- In Lagos, 1417 clients (1101 females and 316 males) were interviewed at the selected public and private facilities in Q6. The gender composition of the Q2 and Q4 sample was similarly balanced, with more women being interviewed at public facilities.
- Most clients interviewed at public and private facilities in Q2, Q4, and Q6 were highly educated, with majority of clients having a university level education.
- Client method use composition remained fairly similar across quarters. Most clients interviewed who contracept were using male condoms, followed by injectables, pills, and implants. EC use is primarily reported by clients of private facilities.
- Across all client survey rounds, the women interviewed at private facilities report choosing their contraceptive method themselves, more than women interviewed at public facilities.
- Among the small sample of youth clients, aged 18 to 24, about a quarter of females in Q2, Q4, and Q6 reported the provider explained how to use their contraceptive method. No male youth clients reported ever having a provider explain how to use their method of contraception in all three quarters.
- About 60% of female clients age 25-34 years receiving FP services on the day of interview report being told by the provider about side effects in Q2. This proportion increased to 72% in Q4 and decreased to 45% in Q6.
- 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.
- All male clients interviewed at private facilities report that they paid a fee for contraception. No male clients interviewed at private facilities report paying fees. No more than 15% of male clients not using family planning across rounds intend to use in the future.
- The contraceptive change status among women followed-up in Q3 and Q5 followed a similar pattern.

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



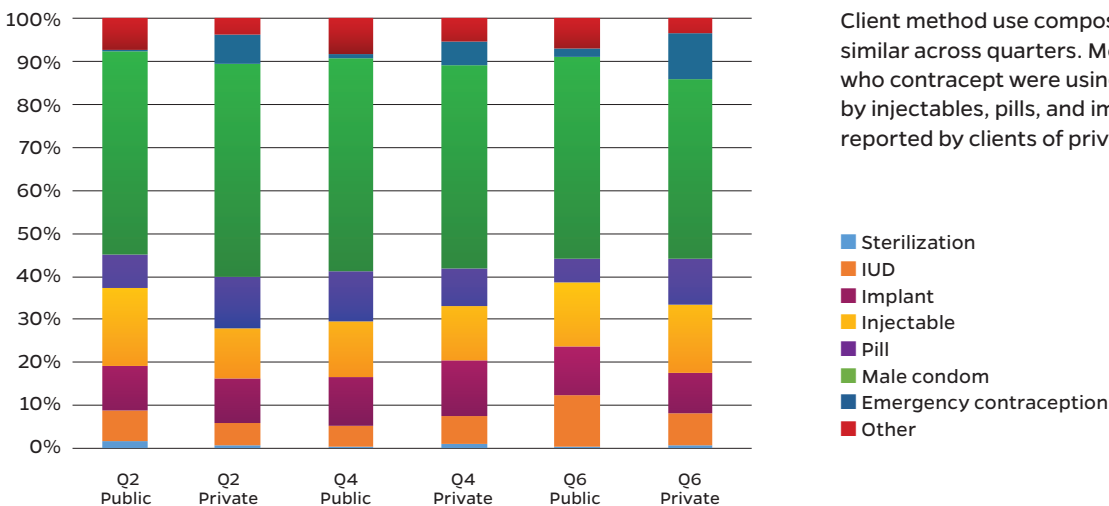
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EDUCATIONAL COMPOSITION OF CLIENT SAMPLE Percent distribution of education levels of clients interviewed



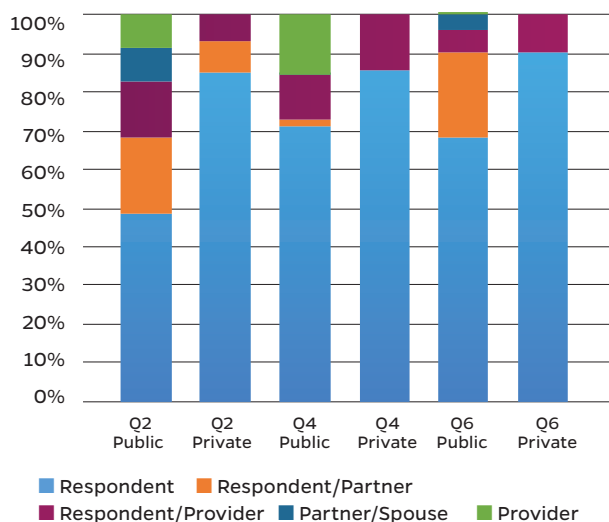
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LAGOS CLIENT METHOD USE COMPOSITION



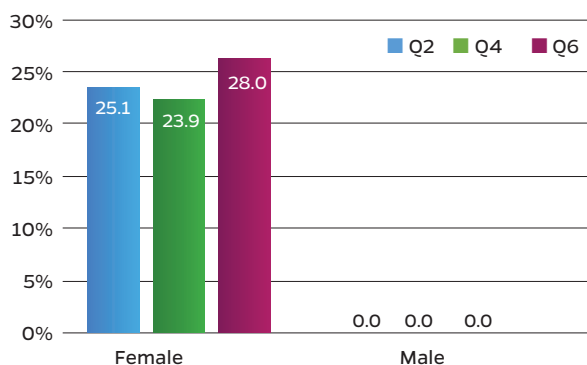
Client method use composition remained fairly similar across quarters. Most clients interviewed who contracept were using male condoms, followed by injectables, pills, and implants. EC use is primarily reported by clients of private facilities.

DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOOSES THE METHOD



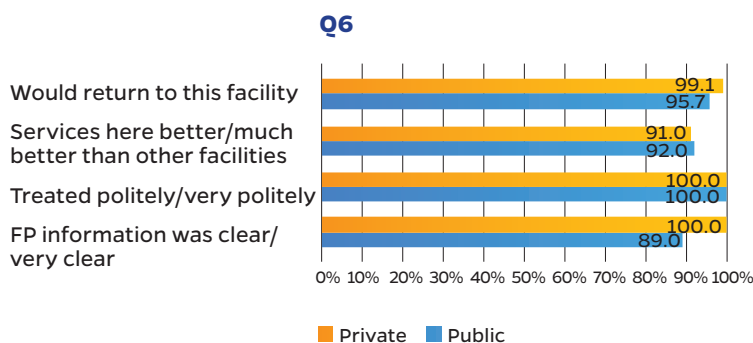
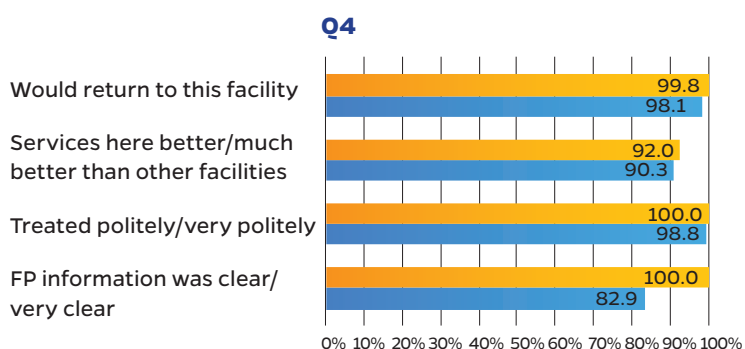
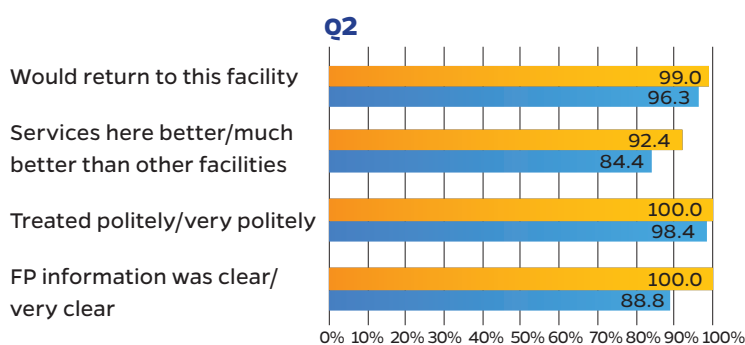
Across all three quarters, the women interviewed at private facilities report choosing their contraceptive method themselves, more than women interviewed at public facilities. In Q6, 90% of women interviewed report choosing their contraceptive method themselves.

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



Among the small sample of youth clients, aged 18 to 24, about a quarter of females in Q2, Q4, and Q6 reported the provider explained how to use their contraceptive method. No male youth clients reported ever having a provider explain how to use their method of contraception in all three quarters.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS



Female clients interviewed at both public or private facilities report relatively high levels of satisfaction with clarity of FP information, polite treatment, range of services, as indicated by their willingness to return or refer the facility.

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

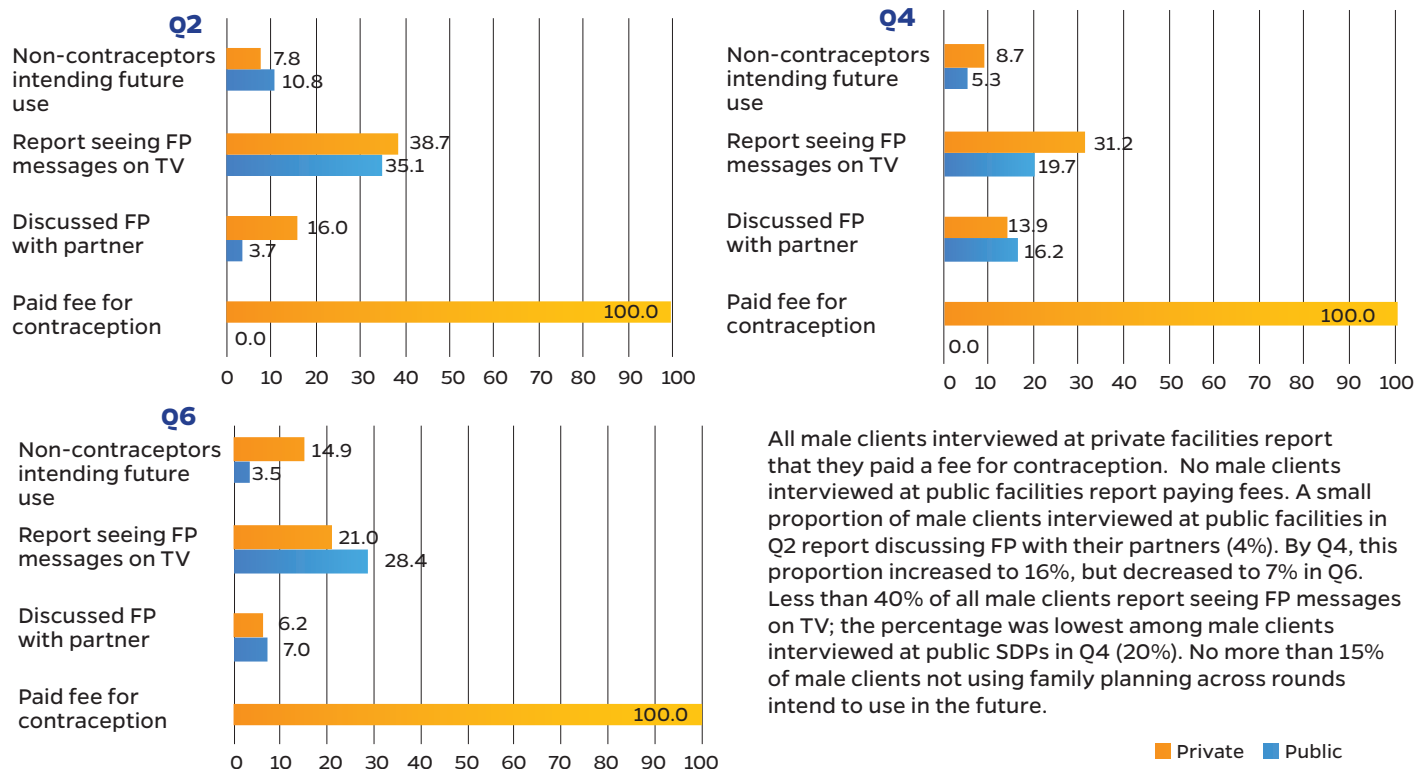
Lagos public and private

Age	Side Effects			Follow-up		
	Q2	Q4	Q6	Q2	Q4	Q6
18-24	4.3	100.0	100.0	45.3	100.0	100.0
25-34	59.5	72.2	45.0	91.6	72.6	47.0
35+	87.1	76.9	63.9	90.3	72.8	69.0

About 60% of female clients age 25-34 years receiving FP services on the day of interview report being told by the provider about side effects in Q2. This proportion increased to 72% in Q4, and decreased to 45% in Q6. About 45% of female clients age 18-24 receiving FP services on the day of interview report being told when to return for a follow-up in Q2. This percent increased to 100% among all clients 18 to 24 in Q4 and Q6.

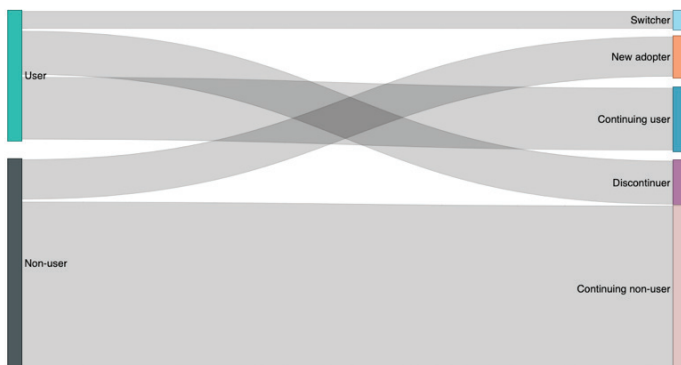
MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors

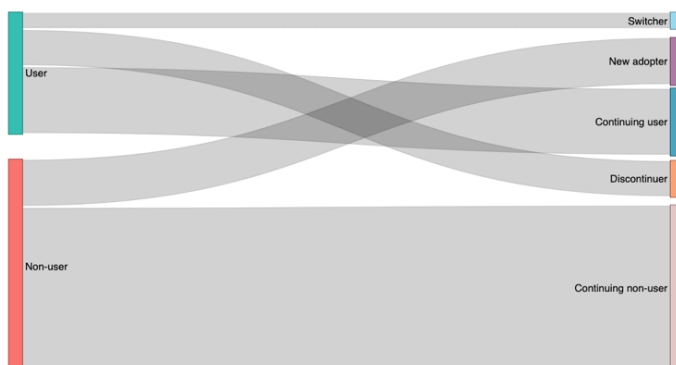


CHANGE IN CONTRACEPTIVE USE STATUS

Change in Baseline Q2- Follow-up Q3



Change in Baseline Q4- Follow-up Q5



The contraceptive change status among women followed-up in Q3 and Q5 followed a similar pattern. At the follow-up interviews in Q3 and Q5, about 20% of clients were still using the method reported four months earlier. Almost 5% had switched methods in Q3 and 4% in Q5, and 13% had stopped using a method in Q3 and 10% in Q5. In addition, 12% began using a method in Q3, while 14% began using a method in Q5 and 52% remained non-users at the follow-up interview in Q3 and Q5.

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 (CRERD) 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 and Accountability Agile (PMA Agile) Quarterly Survey 2018-2019. Ibadan, Nigeria and Baltimore, Maryland, USA. www.pmadata.org/technical-areas/pma-agile.