SERVICE DELIVERY POINT BRIEF

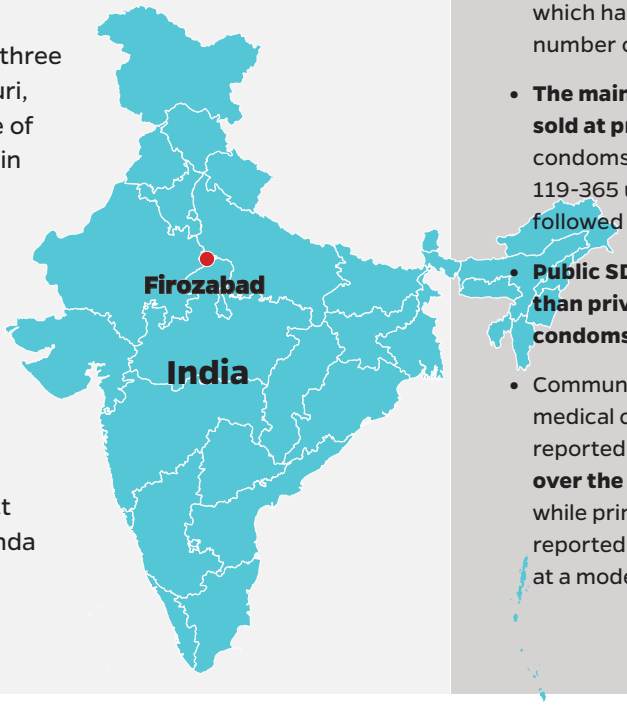
PMA Agile/Firozabad, India

ABOUT PMA AGILE

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 the urban areas of three cities in India, Firozabad, Indore, and Puri, and is conducted by the Indian Institute of Health Management Research (IIHMR), 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 four quarterly surveys conducted in Firozabad from February 2018 to May 2019. **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.

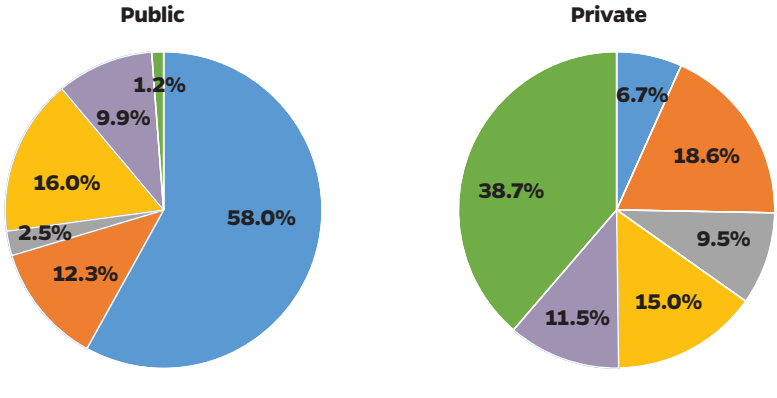


Key highlights from Q1-Q4 SDP surveys in Firozabad

- The SDP sample in Firozabad is composed of all **15 available public and 171 of 246 private facilities** in Q1.
- **Staff trained to provide family planning tend to be auxiliary nurse midwives, nurses, and doctors in public facilities.** In **private facilities**, staff trained in family planning tend to be **pharmacists, doctors, and nurses**.
- **Although public SDPs account for the majority of couple-years of protection, the methods provided are largely limited to IUDs and female sterilization**. Private SDPs provide CYPs through a wider range of methods that also include pills, condoms, and injectables.
- **The average number of client visits by method decreased slightly from Q1 to Q4** at public facilities, except for injectables, which had over double the number of client visits by Q4.
- **The main contraceptive method sold at private SDPs was male** condoms, with an average of 119-365 units sold per month, followed by injectables.
- **Public SDPs are more likely than private SDPs to have IUDs, condoms and pills in stock**.
- Community health centers, medical colleges and hospitals reported **no stockouts of IUDs over the four survey quarters**, while primary health centres reported stockouts in quarters 2-4 at a moderate level (under 10%).

STAFF TRAINED IN FAMILY PLANNING AT FACILITIES

Among public (15) and private (171) facilities in Firozabad in Q1



Staff trained in family planning in public facilities tend to be ANMs (58.0%), complemented by nurses and doctors (16.0% and 12.3% respectively). In private facilities, pharmacists are the primary staff with FP training, followed by doctors (18.6%) and nurses (15.0%).

CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

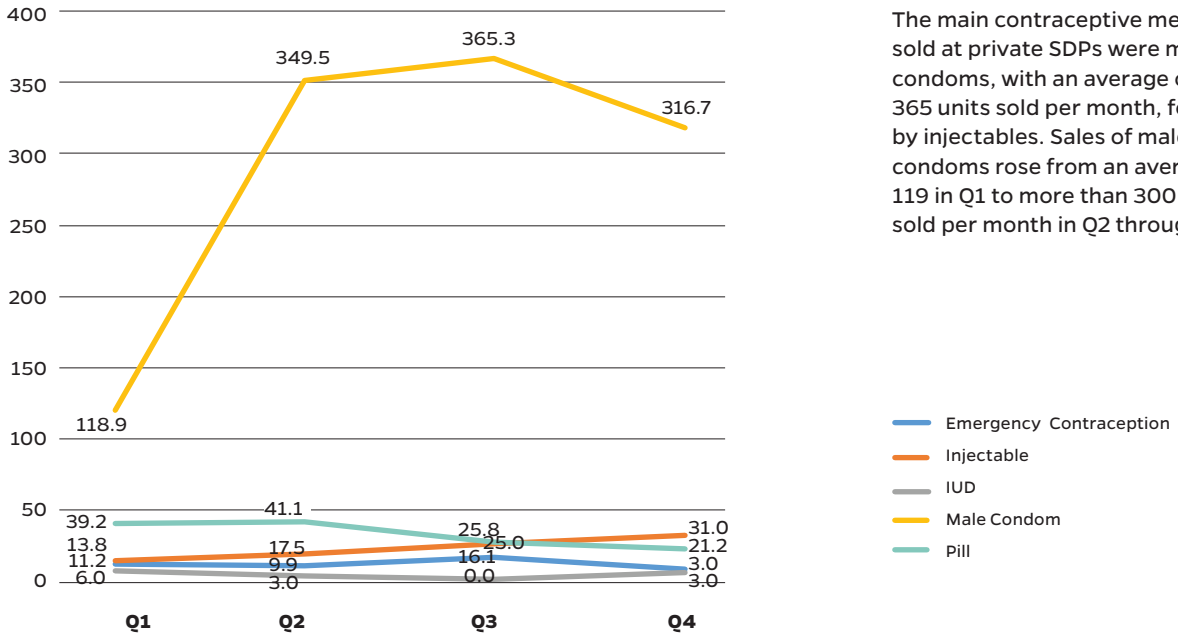
Average number of client visits in past month

Among public facilities in Firozabad (n=15)

	Q1	Q2	Q3	Q4
Emergency Contraception (EC)	5.4	7.3	2.3	4.1
Male and Female Condoms	100.4	157.0	33.7	58.4
Sterilization	8.3	3.8	4.5	3.8
Injectable	5.9	6.2	9.5	13.8
IUD	7.0	4.3	3.9	5.3
Pill	39.2	28.5	11.3	29.2

There was a rise in the average number of client visits for injectables, from 5.9 to 13.8 between Q1 and Q4. For the other methods, the average number of visits generally ended lower in Q4 than at the beginning.

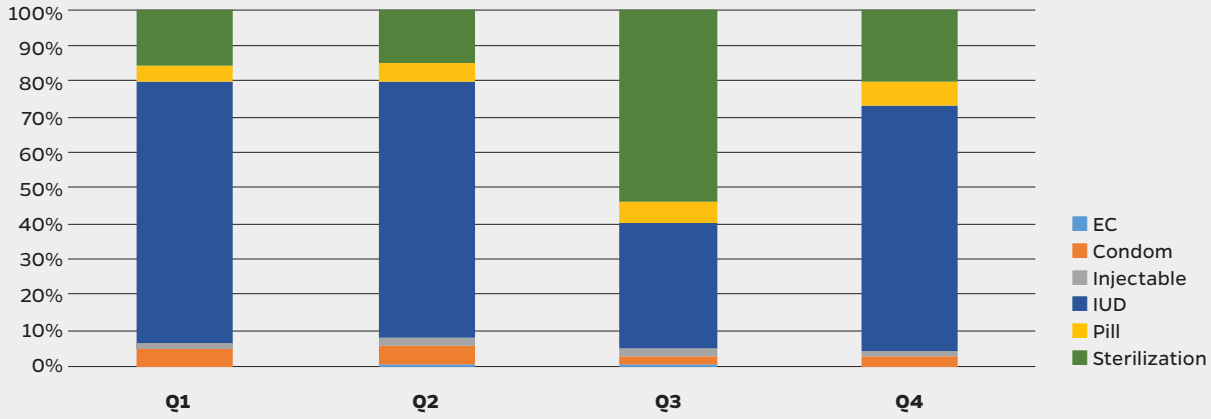
AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH *(n=171)*



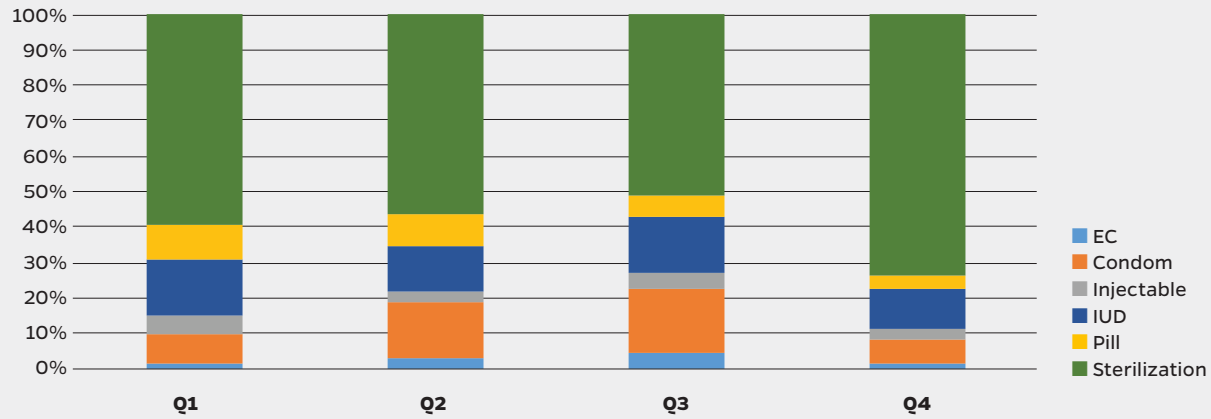
The main contraceptive method sold at private SDPs were male condoms, with an average of 119 to 365 units sold per month, followed by injectables. Sales of male condoms rose from an average of 119 in Q1 to more than 300 units sold per month in Q2 through Q4.

COUPLE YEARS OF PROTECTION (CYP)

Percent distribution of CYPs at public facilities *(n=15)*



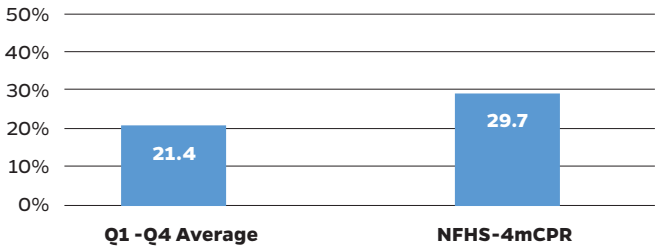
Percent distribution of CYPs at private facilities *(n=171)*



Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to IUDs and female sterilization. Private SDPs provide CYPs through a wide range of methods that also include condoms and pills.

FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)

Facility-based Contraceptive Coverage Rate (%) and NFHS-4 Modern Contraceptive Prevalence Rate among Married Women 15-49 Years

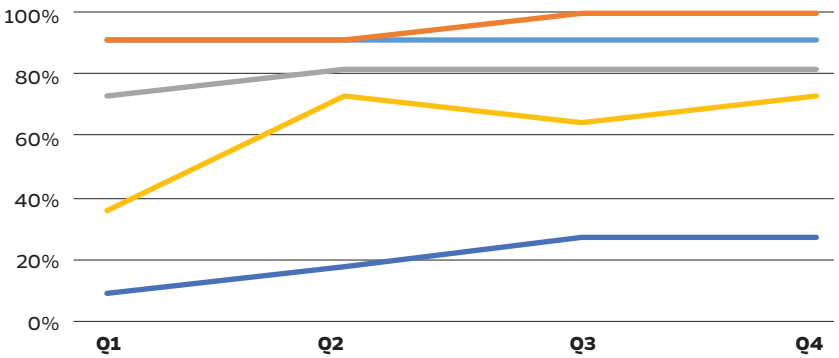


The average CCR across the four quarters was 21.4%, suggesting the Agile sample of facilities supplied approximately one fifth of eligible couples in Firozabad. Although not a direct counterpart, the 2015-2016 National Family Health Survey estimated modern contraceptive prevalence among married women in Firozabad district at 29.7%.

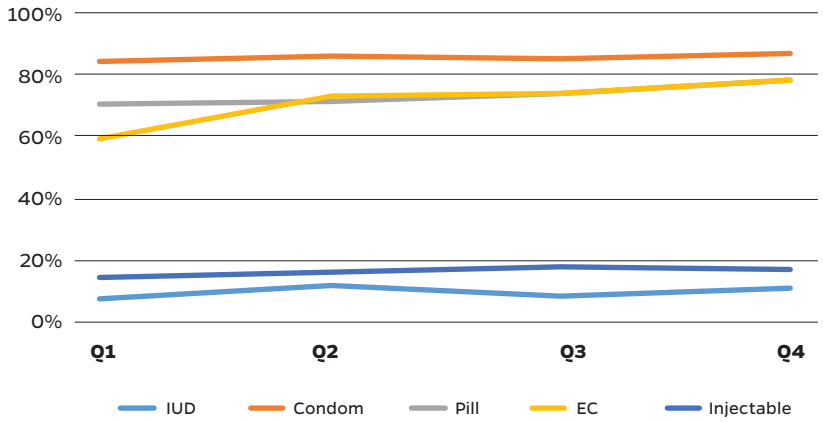
STOCK OUTS

METHODS IN STOCK: FOCUS ON IUD, PILL AND INJECTABLE

Percent of public SDPs that report having methods in stock on day of survey *(n=15)*

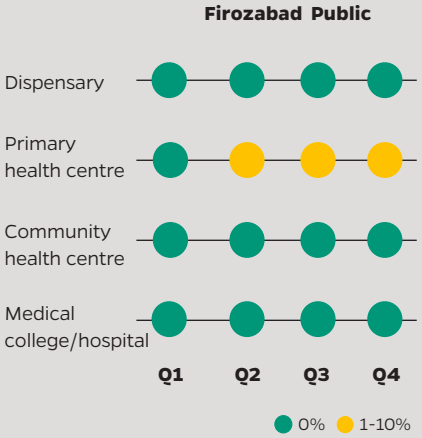


Percent of private SDPs that report having methods in stock on day of survey *(n=171)*



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

Among public facilities (n=15)



Primary health centres had stockout of IUDs in Q2-Q4 at a moderate level (under 10%). Dispensaries had a higher level of stockout (10%) in Q1 but none afterward. Community health centers, medical colleges and hospitals reported no stockouts of IUDs.

Public SDPs are more likely than private SDPs to have IUDs, condoms and pills in stock. Private SDPs are less likely to have IUDs and injectables in stock. Emergency contraception is becoming more available overall and over time.

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: Indian Institute of Health Management Research (IIHMR) 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 2017-2019. Jaipur, Rajasthan, India and Baltimore, Maryland, USA. www.pmadata.org/technical-areas/pma-agile.