

# SERVICE DELIVERY POINT BRIEF

## PMA Agile/Indore, India



### Key highlights from Q1-Q6 SDP surveys in Indore

- The SDP sample in Indore is composed of 28 public and 107 private facilities.
- Staff trained in family planning tended to be ANMs (45%) in public SDPs and nurses (33%) in private SDPs, in Q1.
- Across all six quarters, the average number of client visits for all methods experienced major fluctuations. Client visits for injectables increased steadily from Q1 to Q6, while visits for sterilization decreased from Q3 through Q6. Client visits for condoms decreased significantly from Q2 to Q3 and then increased slightly through Q6.
- The main contraceptive method sold at private SDPs was male condoms, ranging from an average of 302 units sold per month in Q4 to an average of 822 units sold per month in Q1.
- Both public and private SDPs provide the majority of couple-years of FP protection (CYPs) through IUDs and sterilization.
- Public SDPs are more likely than private SDPs to have injectables and IUDs in stock across all survey quarters.
- In Q1-Q3, public primary health centres reported moderate levels of stock-outs of pills.

### 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.**

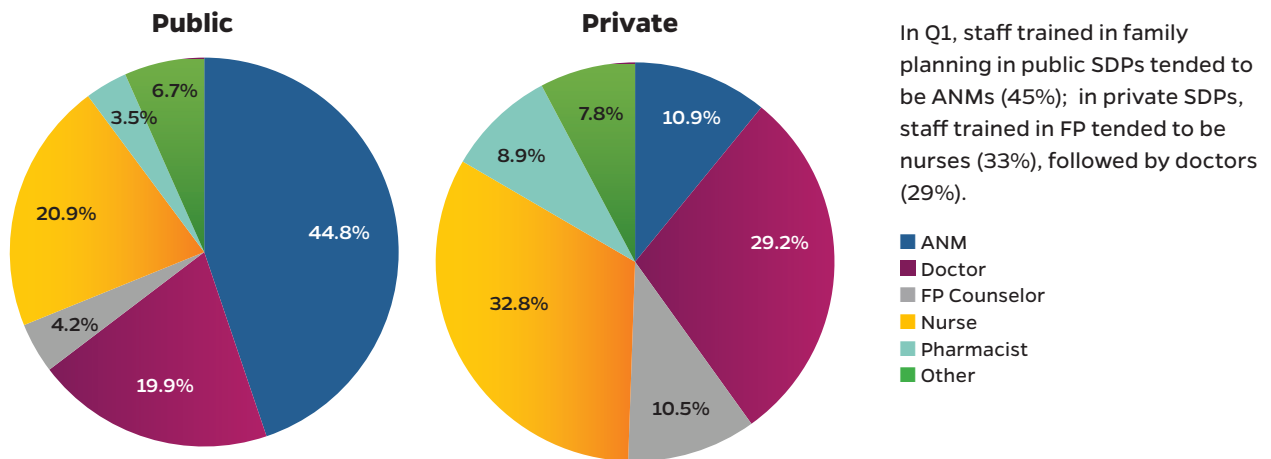
PMA Agile monitors the urban areas of three cities in India, Firozabad, Indore, and Puri, and is conducted by the Indian Institute of Health Management Research (IIHMR), in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers six quarterly surveys conducted in service delivery points (SDPs) in Indore from April 2018 to December 2019. **The full results are accessible at site dashboards at [pmdatadata.org/technical-areas/pma-agile](http://pmdatadata.org/technical-areas/pma-agile).** The project receives support from the Bill and Melinda Gates Foundation.



## DATA COLLECTION DATES ACROSS QUARTERS



## STAFF TRAINED IN FAMILY PLANNING AT FACILITIES, Q1



## CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

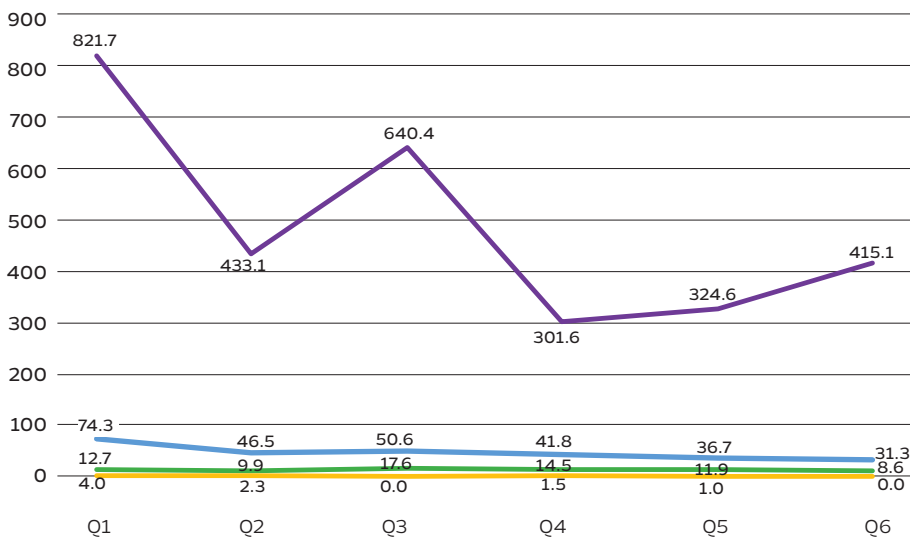
### Average number of client visits in past month

Among public facilities (n=28)

|                              | Q1    | Q2    | Q3   | Q4   | Q5   | Q6   |
|------------------------------|-------|-------|------|------|------|------|
| Emergency Contraception (EC) | 5.2   | 3.9   | 0.1  | 0.0  | 0.7  | 1.6  |
| Male and Female Condoms      | 111.3 | 204.9 | 18.7 | 25.1 | 23.7 | 45.9 |
| Sterilization                | 20.2  | 23.4  | 37.3 | 28.0 | 23.9 | 13.3 |
| Injectable                   | 13.7  | 21.5  | 25.5 | 38.0 | 41.4 | 47.3 |
| IUD                          | 20.0  | 9.8   | 11.7 | 7.7  | 14.3 | 15.2 |
| Pill                         | 60.0  | 20.4  | 8.1  | 26.8 | 13.0 | 40.8 |

Across all six quarters, the average number of client visits for all methods experienced major fluctuations. Client visits for condoms decreased significantly from Q2 to Q3 and then increased slightly through Q6. Client visits for injectables increased steadily from Q1 to Q6, while visits for sterilization decreased from Q3 through Q6.

## AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD IN PAST MONTH Among private facilities (n=107)

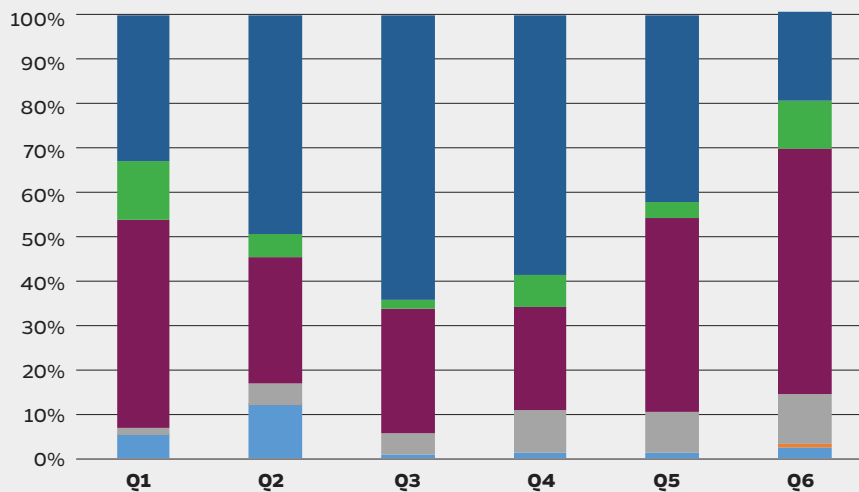


The main contraceptive method sold at private SDPs was male condoms, ranging from an average of 119 units sold per month in Q1 to an average of 1080 units sold per month in Q6.

- Emergency contraception
- Injectable
- Male condom
- Pill

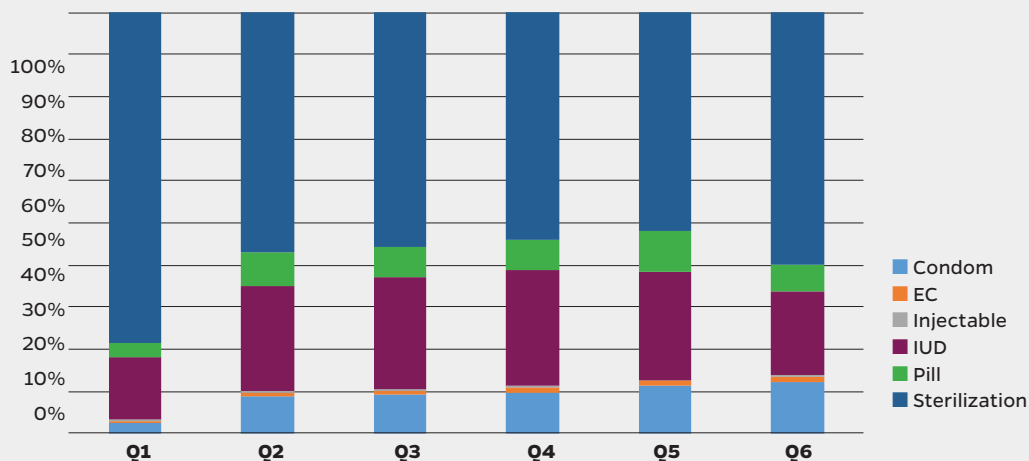
## COUPLE-YEARS OF PROTECTION (CYP), BY METHOD

Percent distribution of CYPs at public facilities (n=28)



Both public and private SDPs provide the majority of couple-years of FP protection (CYPs) through IUDs and sterilization.

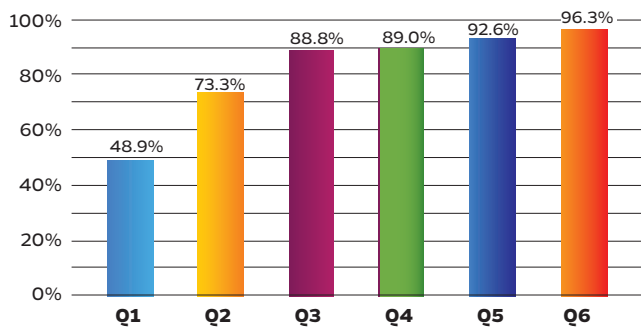
Percent distribution of CYPs at private facilities (n=107)



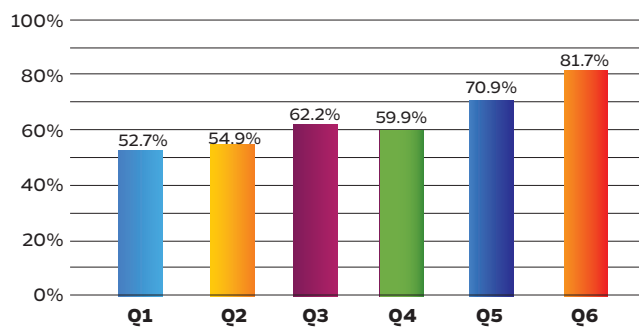
# STOCK OF CONTRACEPTIVE METHODS

## Methods in stock: Focus on injectables and IUDs

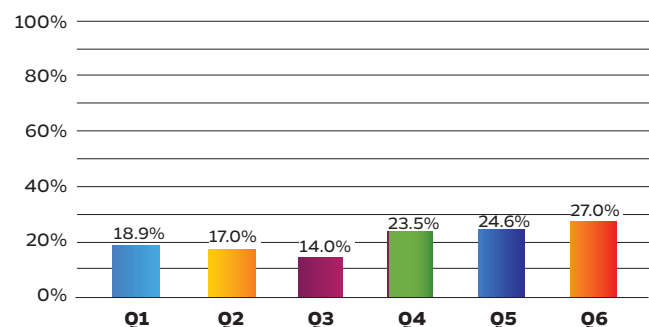
Percent of public SDPs that report having injectables in stock on day of survey (n=28)



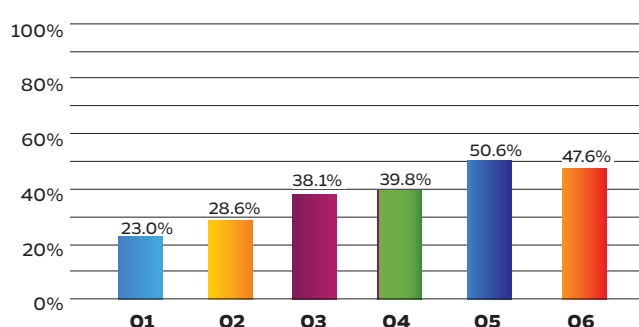
Percent of public SDPs that report having IUDs in stock on day of survey (n=28)



Percent of private SDPs that report having injectables in stock on day of survey (n=107)



Percent of private SDPs that report having IUDs in stock on day of survey (n=107)



Public SDPs are more likely than private SDPs to have injectables and IUDs in stock across all survey quarters. Both public and private SDPs experienced a steady increase in stocks of implants and injectables from Q1 to Q6.

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

Among public facilities (n=28)



In Q1-Q3, public primary health centres reported moderate levels of stock-outs of pills. Medical colleges and hospitals reported no stock-outs, while dispensaries reported high levels of stock-out in Q1 and moderate levels of stock-out in Q2.

● 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: 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](http://www.pmadata.org/technical-areas/pma-agile).