

CLIENT BRIEF

PMA Agile/Puri, India



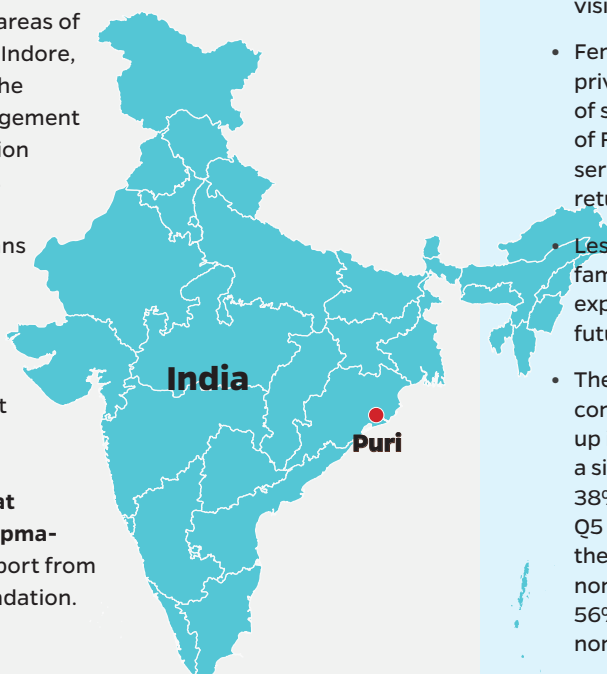
ABOUT PMA AGILE



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.

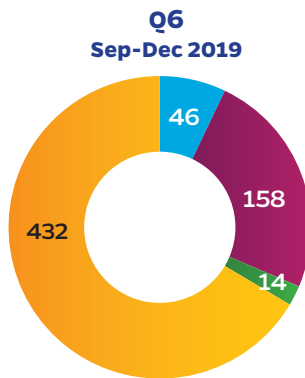
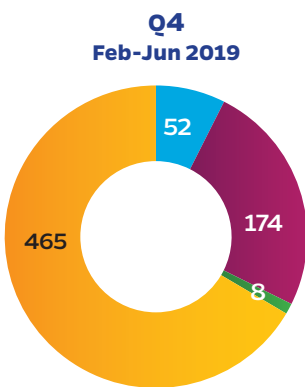
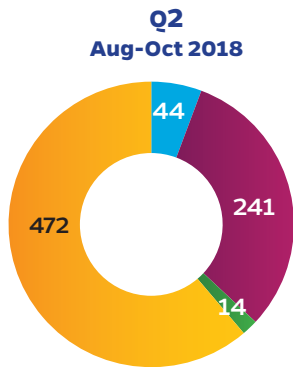
PMA Agile monitors the urban areas of three cities in India, Firozabad, Indore, and Puri, and is conducted by the Indian Institute of Health Management Research (IIHMR), in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers 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 pmdatadata.org/technical-areas/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



Key highlights from Q2-Q6 CEI surveys in Puri

- In Puri, 650 clients (31% female) were interviewed at the selected public and private facilities in Q6. In all three survey quarters, approximately one-third of clients surveyed were female.
- Client education levels varied by gender, facility type where the client was interviewed, and survey quarter. In general, female clients were more likely to report primary school-level or no education.
- Sterilization was the most common method reported among clients who were using contraception interviewed at private facilities in all survey quarters and among those interviewed at public facilities in Q2 and Q4. In Q4, pills were reported by a slightly larger share of clients interviewed at public facilities (38% for pills vs. 37% for sterilization).
- For female family planning (FP) clients interviewed at public facilities, their partner/spouse was most reported as the person who chose their method (67% in Q2 and 56% in Q4).
- In Q4, all female FP clients aged 18-34 years reported that they were informed by their provider about the side effects of their method and when to return for a follow-up visit.
- 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.
- Less than half of male clients not using family planning at the time of the interview expressed intention to use a method in the future in any survey quarter.
- The contraceptive switching and continuation status among women followed up in Q3 (from Q2) and Q5 (from Q4) followed a similar pattern. At the follow-up interviews, 38% of clients in Q3 and 43% of clients in Q5 were still using the method reported at the baseline interview. In addition, 6% were non-users who began using a method, and 56% in Q3 and 51% in Q5 of women remained non-users at the follow-up interview.

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

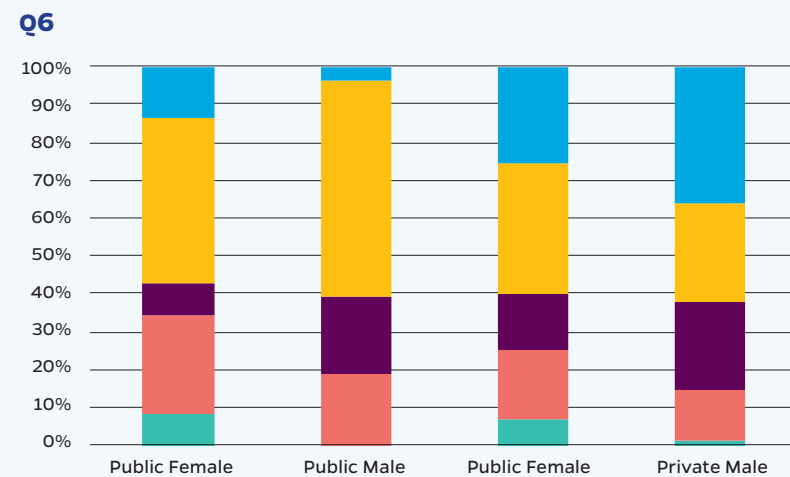
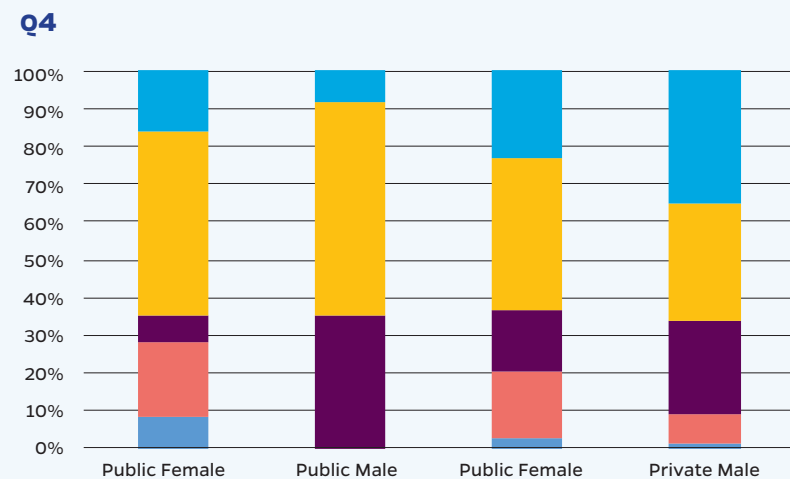
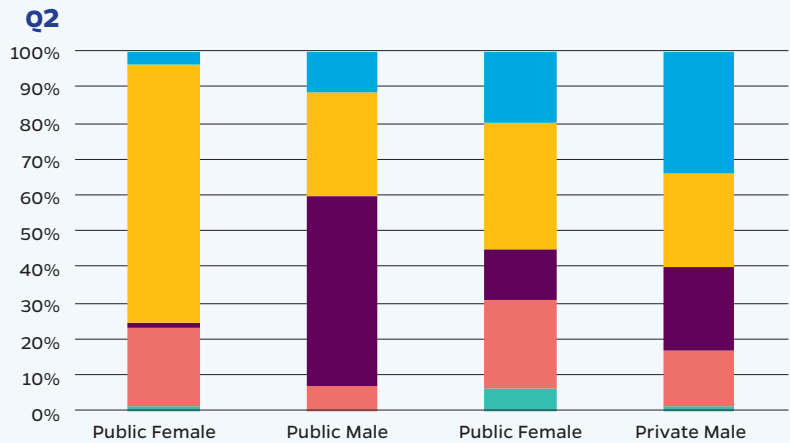


- Female-Public
- Female-Private
- Male-Public
- Male-Private

In Puri, 650 clients (204 females and 446 males) were interviewed at the selected public and private facilities in Q6. In all three quarters, more male clients were interviewed than female clients, and more clients were interviewed at private facilities compared to public facilities.

EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

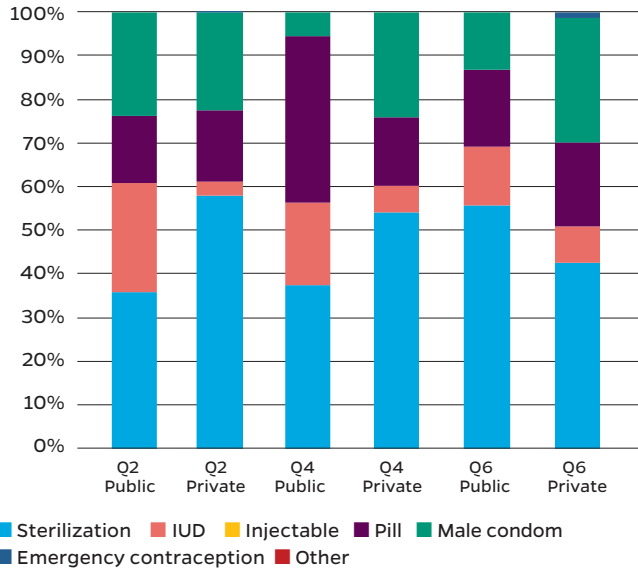
Percent distribution of education levels of clients interviewed



Client education levels varied by gender, facility type where the client was interviewed, and survey quarter. In general, female clients were more likely to report primary school-level or no education.

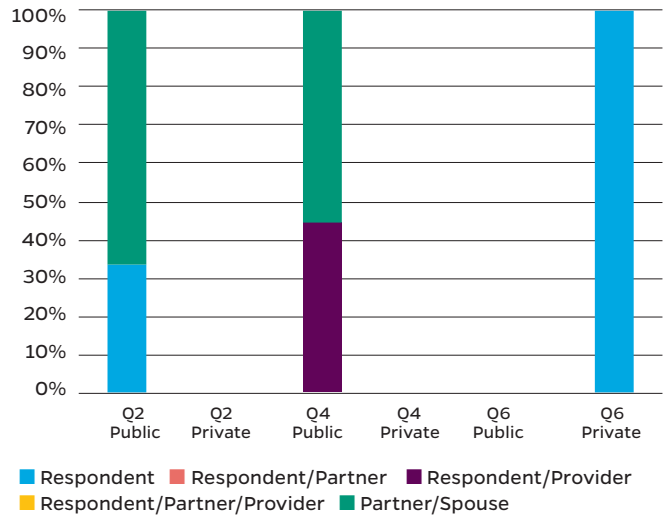
- None
- Primary
- Secondary
- Vocational
- University

CLIENT METHOD USE COMPOSITION



Among clients interviewed at private facilities, sterilization was the most commonly reported method (58% in Q2, 54% in Q4, and 42% in Q6). Male condoms contributed an increasingly larger share of method use composition among clients interviewed at private facilities each quarter. Among clients interviewed at private facilities, sterilization was the most commonly reported method in Q2 (36%) and Q6 (56%) and pills were the most commonly reported method in Q4 (38%).

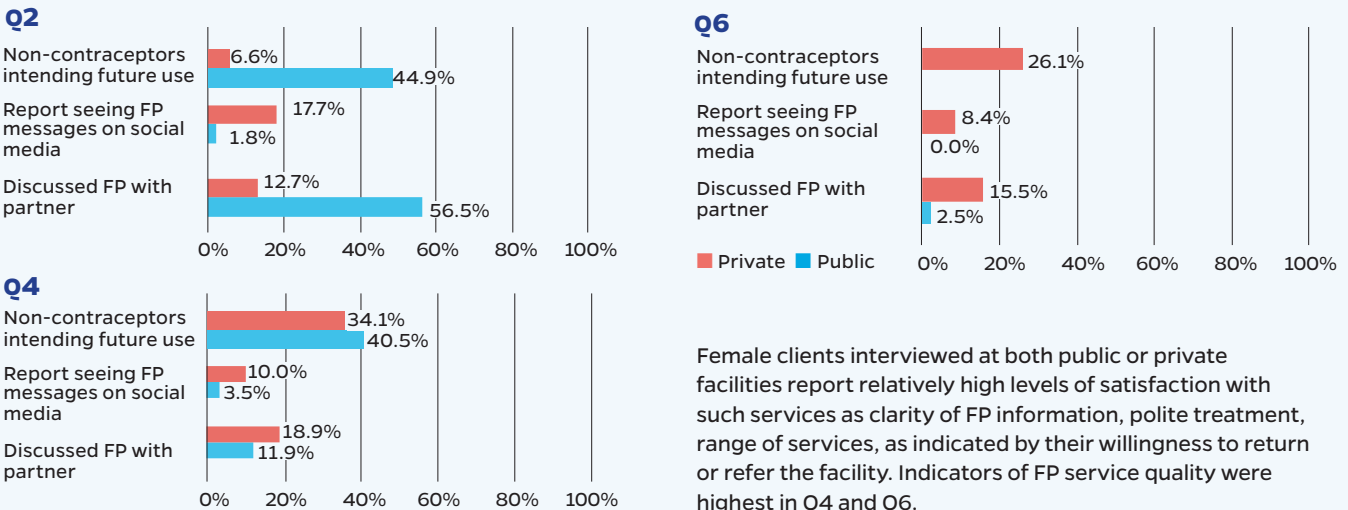
PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



In survey quarters for which data on this indicator is available, the person who chose the female FP client's contraceptive method varied. For female FP clients interviewed at public facilities, the partner or spouse was most commonly reported as the decision-maker (67% in Q2 and 56% in Q4). For female FP clients interviewed at private facilities in Q6, all reported that they chose their method themselves..

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS

Percent of male clients interviewed about their FP behaviors



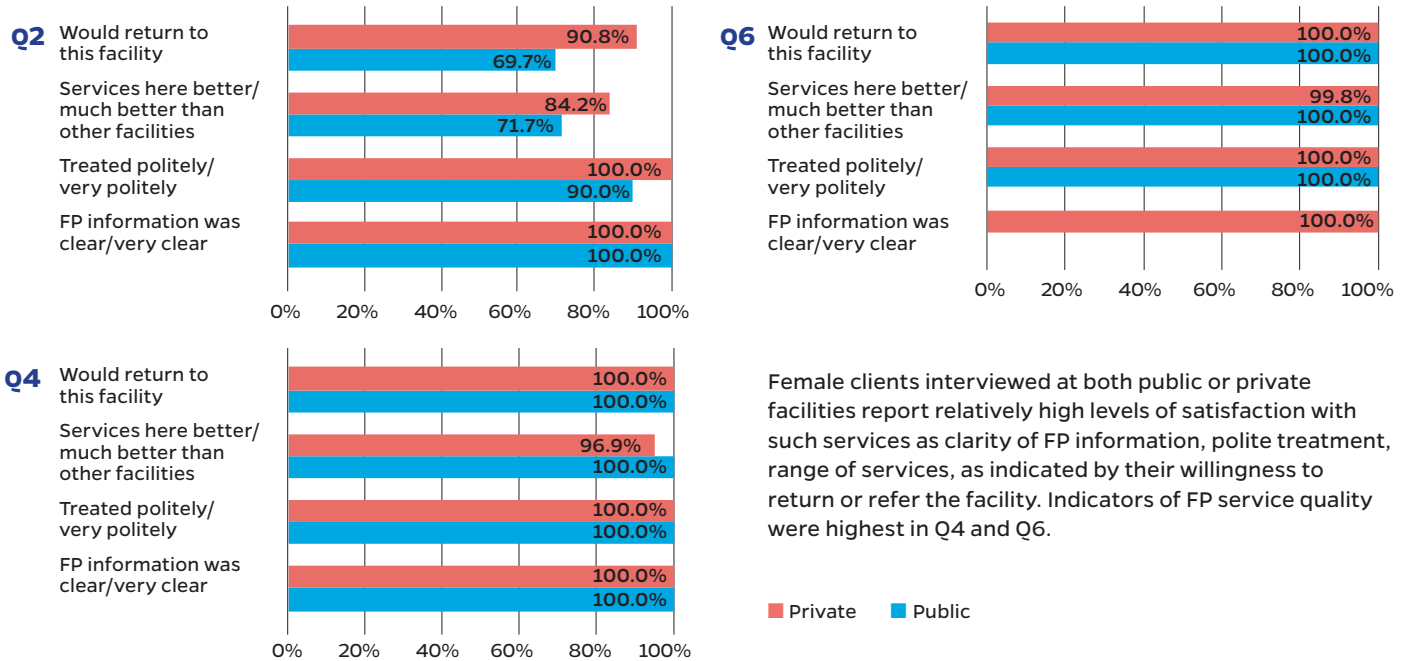
Female clients interviewed at both public or private facilities report relatively high levels of satisfaction with such services as clarity of FP information, polite treatment, range of services, as indicated by their willingness to return or refer the facility. Indicators of FP service quality were highest in Q4 and Q6.

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

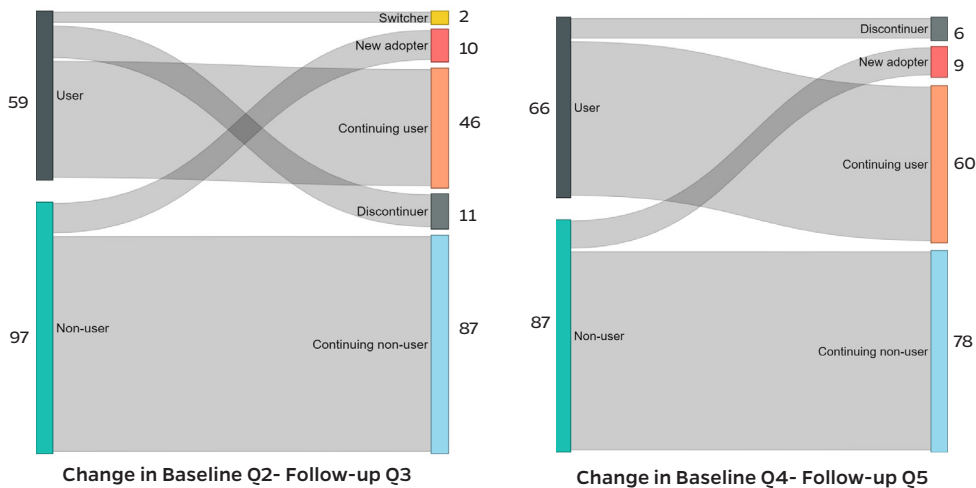
Age Group	Side Effects			Follow-up		
	Q2	Q4	Q6	Q2	Q4	Q6
18-24	100.0%	100.0%	na	0.0%	100.0%	na
25-34	84.6%	100.0%	0.0%	85.0%	100.0%	0.0%
35+	na	na	na	na	na	na

In Q4, all female FP clients aged 18-34 years reported that they were informed by their provider about the side effects of their contraceptive method and when to return for a follow-up visit. In Q2, 100% of clients in the youngest age group were told about side effects, while also reporting that none had been told when to return for follow-up.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS



CHANGE IN CONTRACEPTIVE USE STATUS



The contraceptive change status among women followed up in Q3 and Q5 followed a similar pattern. At follow-up, 38% of clients in Q3 and 43% of clients in Q5 were still using the method reported four months prior to the follow-up interview. Only 1% of clients in Q3 and no clients in Q5 had switched methods at follow-up; 7% in Q3 and 4% in Q5 had stopped using a method. In addition, 6% in Q3 and Q5 were non-users who began using a method at the follow-up interview, and 56% in Q3 and 51% in Q5 remained non-users.

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.