

CLIENT BRIEF

PMA Agile/Firozabad, 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.**

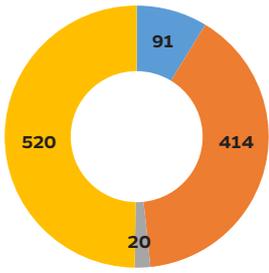
PMA Agile monitors the urban areas of three cities in India, Firozabad, Indore, and Puri, and is conducted by the Indian Institute of Health Management Research (IIHMR), in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers four quarterly surveys conducted in Firozabad from February 2018 to May 2019. **The full results are accessible at site dashboards at pma2020.org/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



Key Results

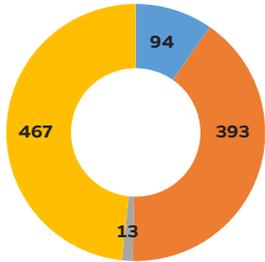
- **In Firozabad, 699 clients (226 females and 473 males) were interviewed** at the selected public and private facilities in Q4. The gender composition of the Q2 sample of 793 clients was similarly balanced.
- **Most clients were interviewed at private facilities** and the number of male clients interviewed at public facilities was small (14 in Q2 and 8 in Q4).
- **The educational backgrounds of clients** interviewed at private facilities were fairly similar in Q2 and Q4.
- **In both Q2 and Q4 most clients interviewed at public facilities who contracept are using sterilization**, male condoms, IUDs and pills. Among contracepting clients interviewed at private facilities, most are using sterilization, followed by male condoms and pills.
- **No female client age 18-24 years receiving FP services on the day of interview** reported being told by the provider about side effects in Q2 but all did in Q4.
- **Female clients interviewed at both public or private facilities report high levels of satisfaction** with such services as clarity of FP information, and polite treatment and also indicated a high willingness to return.
- The average wait time for FP services varied by sector and survey round, from 30.8 mins in Q2 to 1.0 min in Q4 for private clients and was 20.1 minutes for public clients in Q4.
- **Except for male clients interviewed in Q2 at public SDPs**, relatively few report discussing FP with their partners. Among those not contracepting, 40-45% of male clients indicate intention to use in the next 12 months
- **Of the 307 women who completed baseline interviews** in Q2, only 51% consented to and completed a phone follow-up interview 4 months later in Q3.
- **At the follow-up interview, 29.5% of clients were still using the method reported at baseline**, 1.3% had switched methods, and 7.1% had stopped using a method. In addition, 6.4% began using a method and 55.8% remained non-users at the follow-up interview.

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



Sample size of clients interviewed by facility type and gender, Q2

In Firozabad, 967 clients (487 females and 480 males) were interviewed at the selected public and private facilities in Q2. The gender composition of the Q2 sample of 1045 clients was similarly balanced.

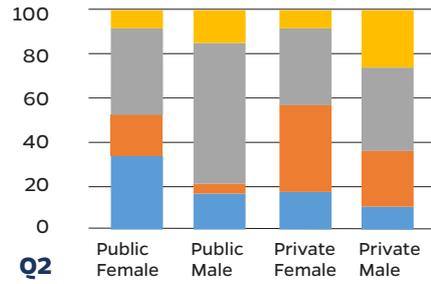


Sample size of clients interviewed by facility type and gender, Q4

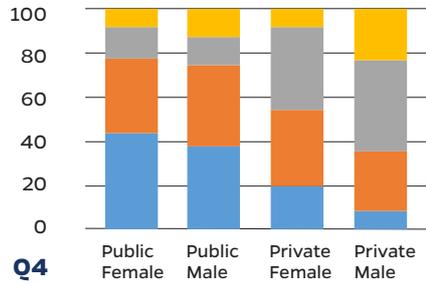
Female-Public Male-Private
Female-Private Male-Public

EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



Q2

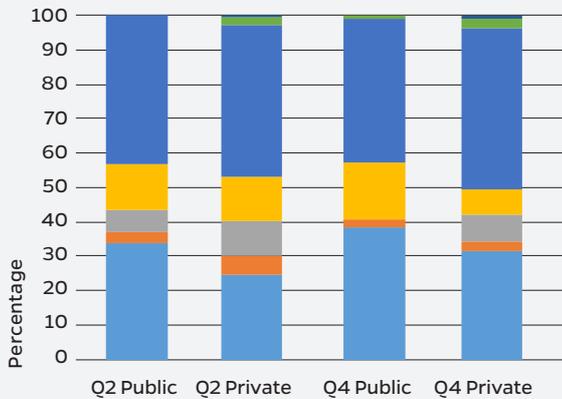


Q4

Most clients were interviewed at private facilities and the number of male clients interviewed at public facilities was small (20 in Q2 and 13 in Q4). Females clients are less educated than male clients. The educational backgrounds of clients interviewed at private facilities were similar in Q2 and Q4.

None
Primary
Secondary/Vocational
University or higher

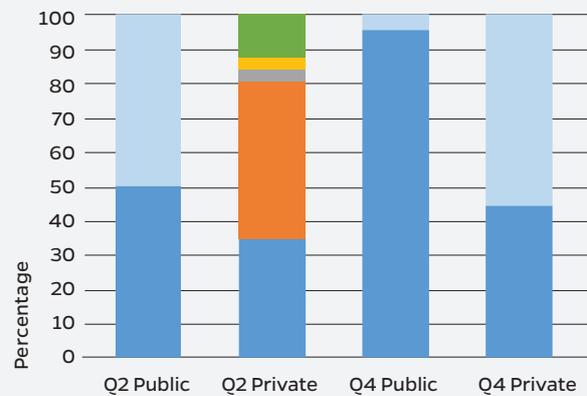
CLIENT METHOD USE COMPOSITION IN Q2 AND Q4



In both Q2 and Q4 most clients interviewed at public facilities who contracept are using either male condoms or sterilization. Among contracepting clients interviewed at private facilities, most are using male condoms, followed by sterilization, injectables, and the pill. EC use is reported by clients of private facilities.

Sterilization IUD Injectable Male condom
Emergency contraception Other

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD

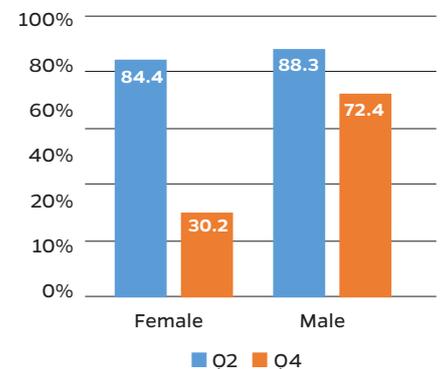


Among female clients interviewed at public facilities, more in Q4 report choosing their contraceptive method, 96% vs 50% in Q2. Of women interviewed at private facilities, in Q2 46% report they and their partner chose their method of contraception and 13% report the provider chose, while in Q4 56% report their method was chosen by their partner/spouse.

Respondent Respondent/Partner Respondent/Provider
Respondent/Partner/Provider Partner/Spouse Provider

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

Among the small sample of youth clients, aged 18 to 24, 84% of females reported high levels of explanation on how to use contraceptive methods in Q2 but only 30% in Q4. The percent of male youth clients reporting ever having a provider explain how to use contraception was similarly high 88% in Q2 and 72% in Q4.



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

Firozabad public and private

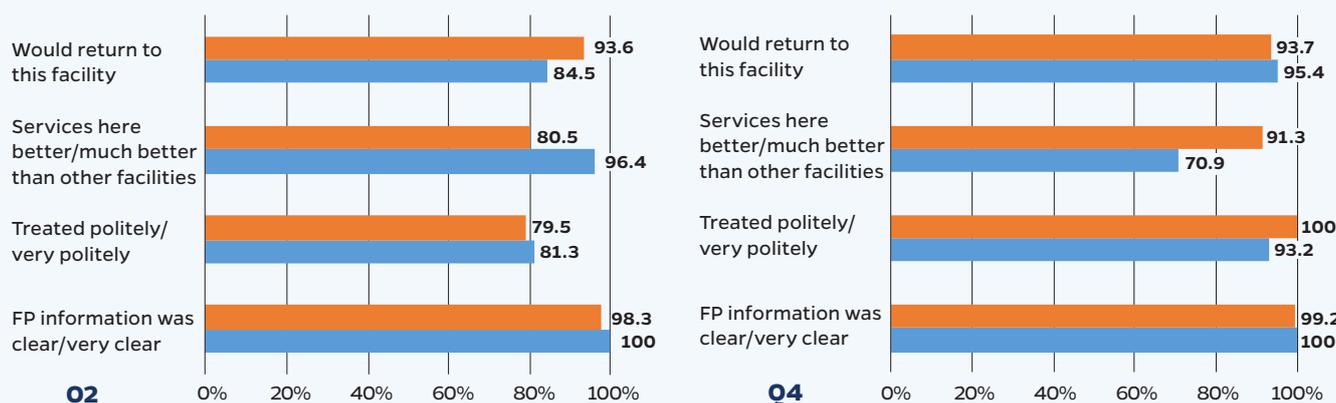
Age group	SIDE EFFECTS*		FOLLOW-UP**	
	Q2	Q4	Q2	Q4
18-24	32.7%	63.5%	32.7%	66.1%
25-34	37.8%	42.1%	37.8%	82.1%
35+	0.0%	0.0%	0.0%	0.0%

*Among female FP clients **Among all female clients

About one third of female clients age 18-24 years receiving FP services on the day of interview report being told by the provider about side effects. This proportion increased to 64% in Q4. No clients 35 years or older, while a small sample, report being told, either in Q2 or Q4. A similar pattern was observed for FP clients being told when to return for a follow up visit, and again no clients 35 or older report being told when to return. There was a large increase among clients 25-34 years from Q2 to Q4—38% to 82%.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS

Private Public



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. While most indicators improved from Q2 to Q4, the rating of services at public facilities declined (from 96.4 to 70.9%). The average wait time for FP services was noticeably longer for public than private SDP clients in Q4 than Q2 and somewhat longer for private SDP clients.

AVERAGE WAIT TIME

Q2 PUBLIC



Q2 PRIVATE



Q4 PUBLIC

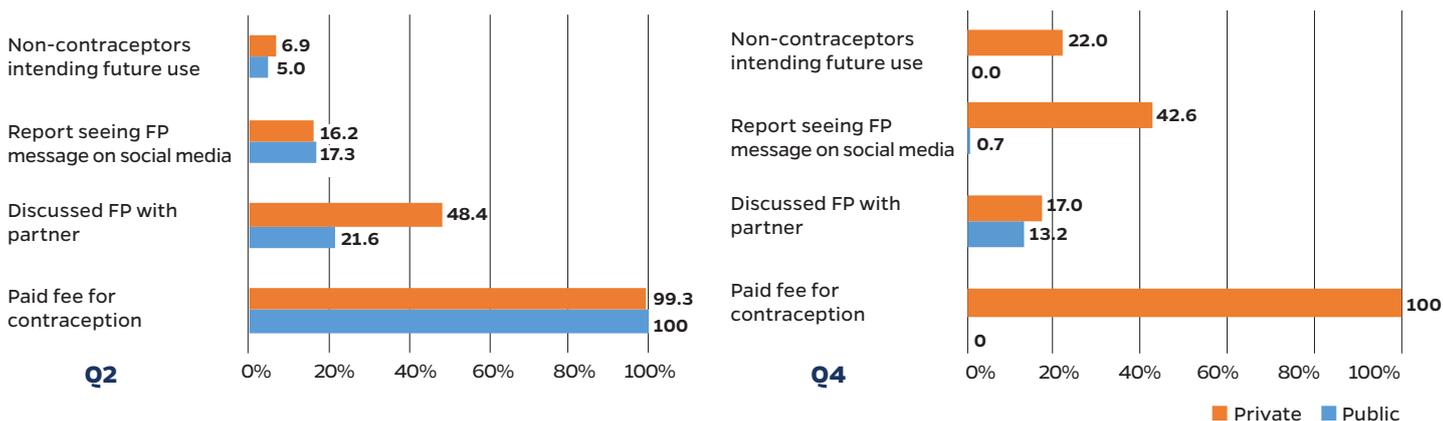


Q4 PRIVATE

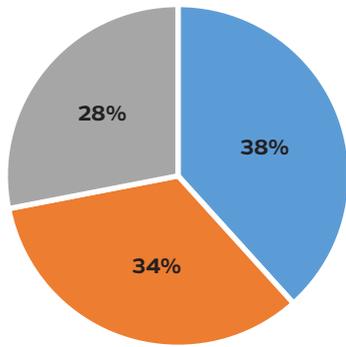


MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors



Nearly all male clients report that they paid for contraception. A small proportion of male clients interviewed report discussing FP with their partners, especially in Q4. Relative few male clients report seeing FP messages on social media; the percentage was greater among male clients interviewed at private SDPs in Q4 (43%). Less than 10% of male clients not using family planning in Q2 intend to use in the future, a level that rose only for those interviewed at private SDPs in Q4 (22%).



FEMALE CLIENT FOLLOW-UP

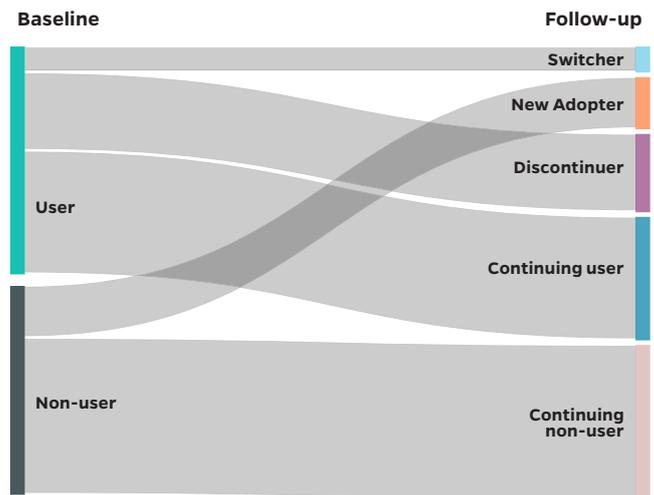
Client follow-up response rates in Firozabad (n=506)

- Did not consent or did not provide phone number for follow-up
- Consented and provided phone number and completed follow-up interview
- Consented and provided phone number but did not complete follow-up interview

Of the 506 women who completed baseline interviews in Q2, only 34% consented to and completed a phone follow-up interview 4 months later in Q3.

CHANGE IN CONTRACEPTIVE USE STATUS

Baseline	N	%	Follow-up	N	%
Users	87	51.5%	Switchers	8	4.7%
			Continuing users	49	29.0%
			Discontinuers	30	17.8%
Non-users	82	48.5%	New adopters	19	11.2%
			Continuing non-users	63	37.3%
Total				169	100%



At the follow-up interview, 29.0% of clients were still using the method reported at baseline, 4.7% had switched methods, and 17.8% had stopped using a method. In addition, 11.2% began using a method and 37.3% remained non-users at the follow-up interview.

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. pmdata.org/technical-areas/pma-agile.