

SERVICE DELIVERY POINT 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 four quarterly surveys conducted in Puri from May 2018 to June 2019. **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.

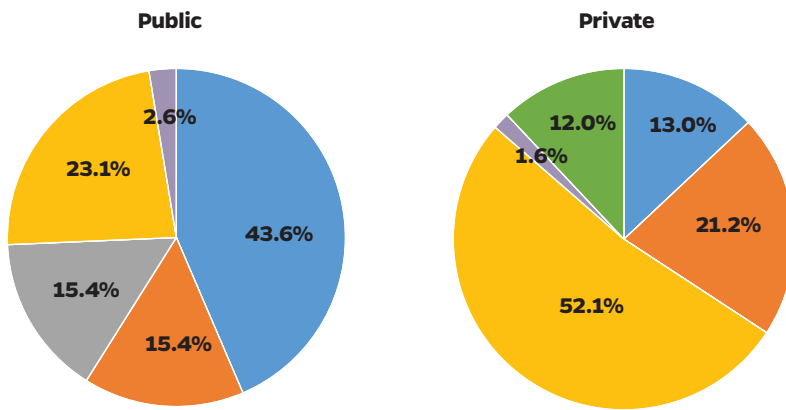


Key highlights from Q1-Q4 SDP surveys in Puri

- The SDP sample in Puri is composed of **all available public and private facilities in Q1: 6 public and 91 private.**
- **In public facilities, staff trained to provide family planning (FP) tend to be auxiliary nurse midwives and nurses. Staff trained to provide FP in private facilities tend to be nurses and doctors.**
- **Although public SDPs account for the majority of couple-years of protection, the methods provided are largely limited to female sterilization and IUDs.** Private SDPs provide CYPs through a wider range of methods that include pills, condoms, and emergency contraception (EC).
- **The average number of monthly FP client visits to public facilities generally peaked in Q2 or Q3 for all but declined in Q4.**
- **The main contraceptive method sold at private SDPs was male condoms, with an average of 148-289 units sold per month, followed by pills.**
- **In private SDPs, in-stock status of condoms, pills and EC was stable over the four quarters, while IUDs and injectables were largely unavailable.**
- **None of the 6 public facilities in Puri reported stock outs of IUDs over the four survey quarters.**

STAFF TRAINED IN FAMILY PLANNING AT FACILITIES

Among public (6) and private (91) facilities in Puri in Q1



Staff trained in family planning in public facilities tend to be ANMs (43.6%), complemented by nurses, doctors, and FP counselors (23.1%, 15.4%, and 15.4%, respectively). In private facilities, nurses (52.1%) and doctors (21.2%) are the primary staff trained in FP.

- Auxiliary Nurse Midwife
- FP Counselor
- Other
- Doctor
- Nurse
- Pharmacist

CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

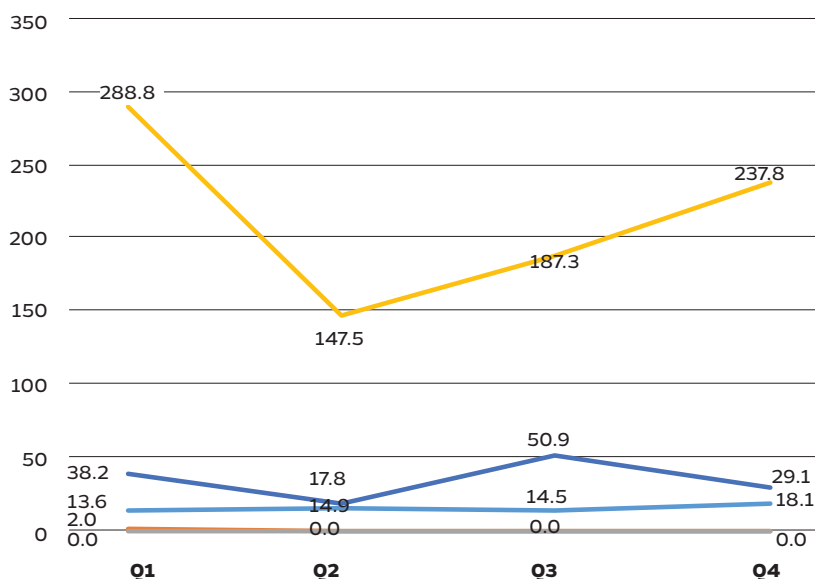
Average number of client visits in past month

Among public facilities in Puri (n=6)

	Q1	Q2	Q3	Q4
Emergency Contraception (EC)	10.5	12.0	3.7	1.2
Male and Female Condoms	132.2	276.2	22.2	53.3
Sterilization	32.5	37.0	45.0	0.0
Injectable	1.0	5.0	13.0	12.5
IUD	6.5	13.3	8.7	6.5
Pill	58.0	81.0	16.8	22.3

There was a rise in the average number of client visits for injectables, from 1.0 to 12.5 between Q1 and Q4. The average number of monthly FP client visits generally peaked in Q2 or Q3 but declined thereafter.

AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH (n=91)

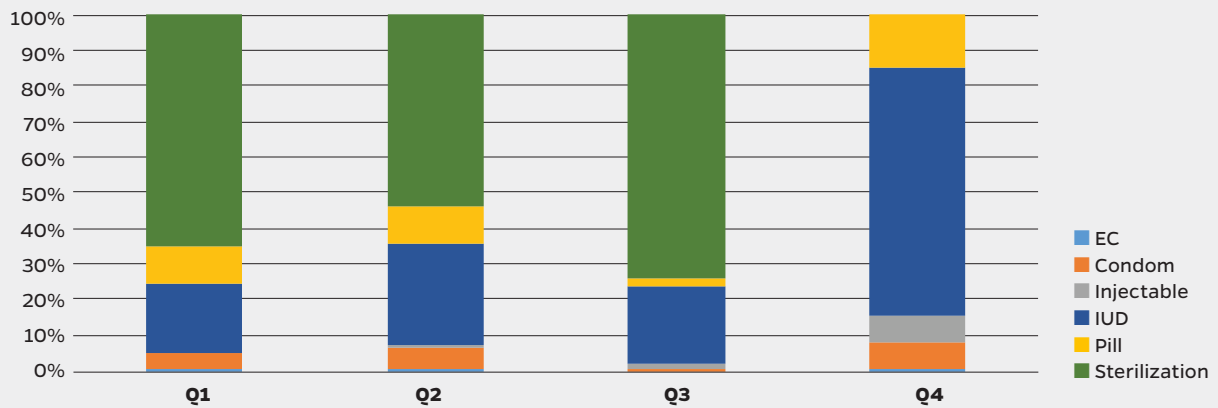


The main contraceptive method sold at private SDPs were male condoms, with an average of 148 to 289 units per month, followed by the pill, which ranged from 18 to 51 units sold per month. About 14 EC units on average are sold per month.

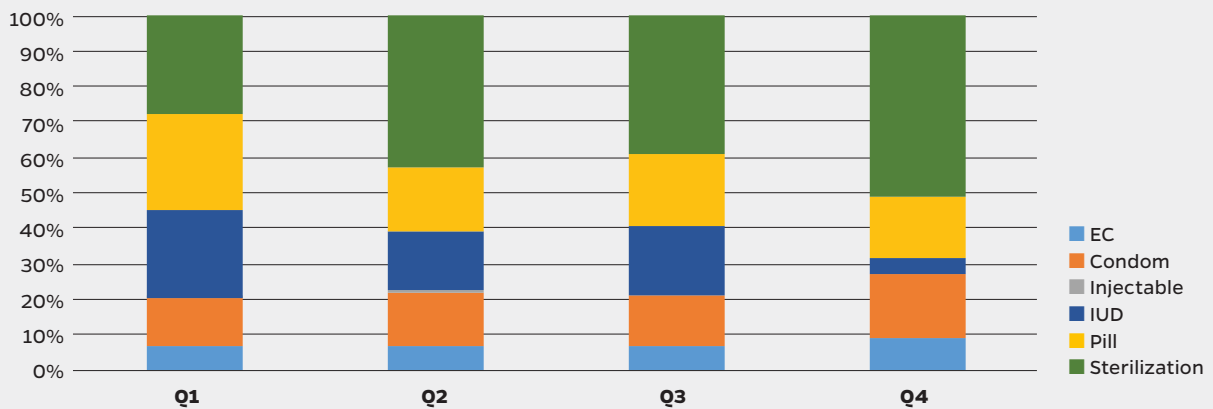
- Emergency Contraception
- Injectable
- IUD
- Male Condom
- Pill

COUPLE YEARS OF PROTECTION (CYP)

Percent distribution of CYPs at public facilities (n=6)



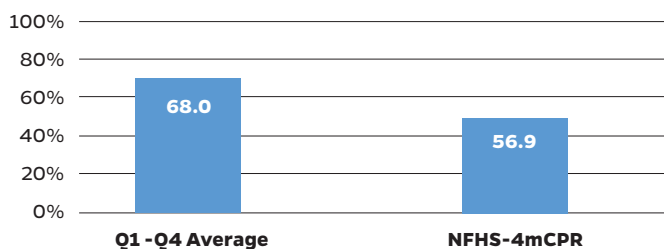
Percent distribution of CYPs at private facilities (n=91)



Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to female sterilization and IUDs. 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

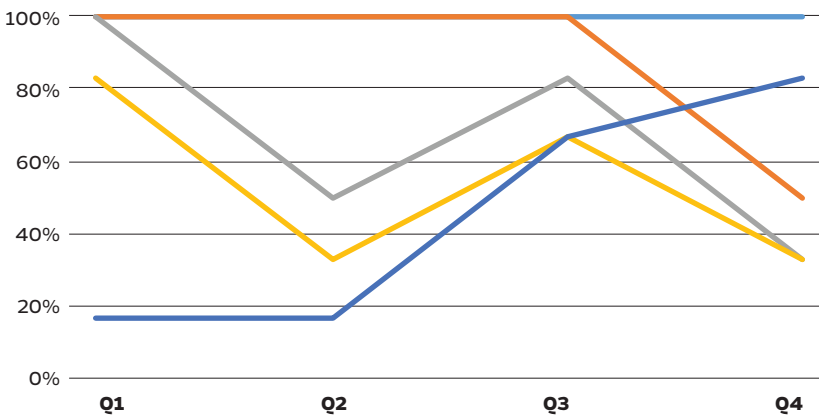


The average CCR across the four quarters was 68.0%, suggesting the Agile sample of facilities supplied just over two thirds of eligible couples in Puri. Although not a direct counterpart, the 2015-2016 National Family Health Survey estimated modern contraceptive prevalence among married women in Puri at 56.9%.

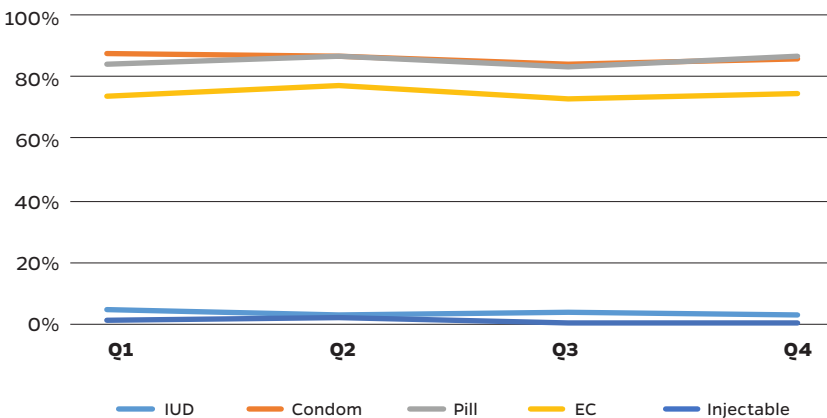
STOCK OUTS

METHODS IN STOCK: FOCUS ON IUD, PILL AND INJECTABLE

Percent of public SDPs that report having methods in stock on day of survey (n=6)

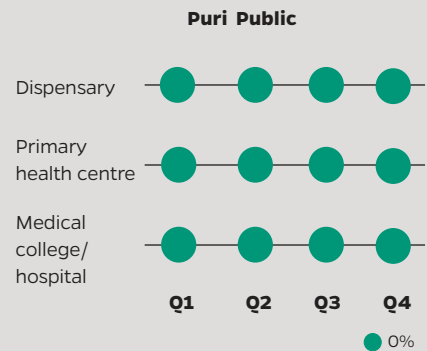


Percent of private SDPs that report having methods in stock on day of survey (n=91)



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

Among public facilities (n=6)



None of the 6 public facilities in Puri reported being stocked out of IUDs over the four quarters.

Only 6 public facilities are in Puri. Among those facilities, IUDs and condoms, followed by the pill, were largely in stock at the time of the survey. While EC had varying in-stock levels, in-stock status for injectables rose from Q1 to Q4 in public facilities. Condoms, pills and EC were in-stock in a more stable manner over the four quarters for private SDPs while IUDs and injectables were largely not available.

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.