

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.

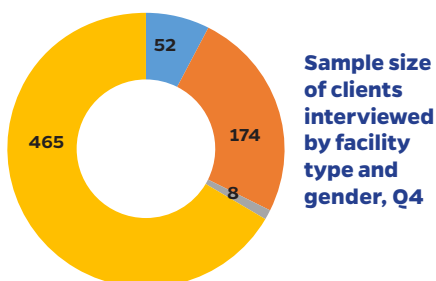
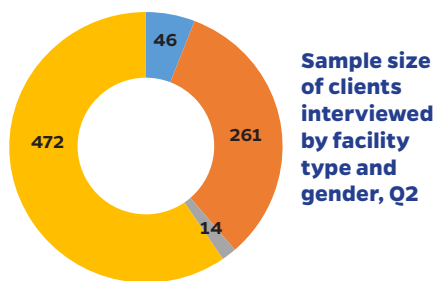
PMA Agile monitors the urban areas of three cities in India, Firozabad, Indore, and Puri, and is conducted by the Indian Institute of Health Management Research (IIHMR), in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers one survey round of the client exit survey (August-October 2018), a subsequent round when the client follow-up survey was conducted (December 2018-February 2019), and a new round of baseline client exit survey conducted from (March-June 2019) in Puri. **The full results are accessible at site dashboards at pmapdata.org/technical-areas/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



Key Results

- **In Puri, 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 PURI, BY PUBLIC/PRIVATE FACILITY AND GENDER

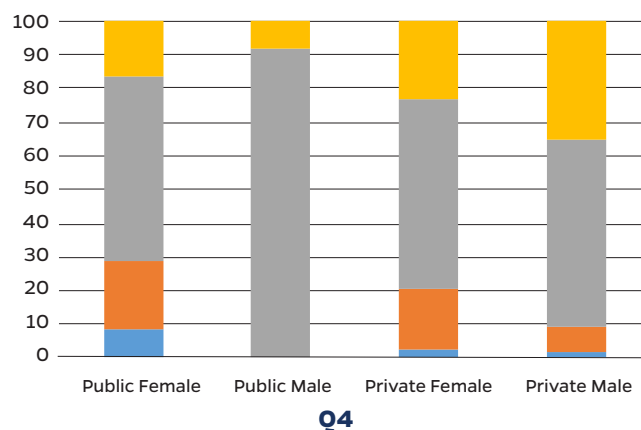
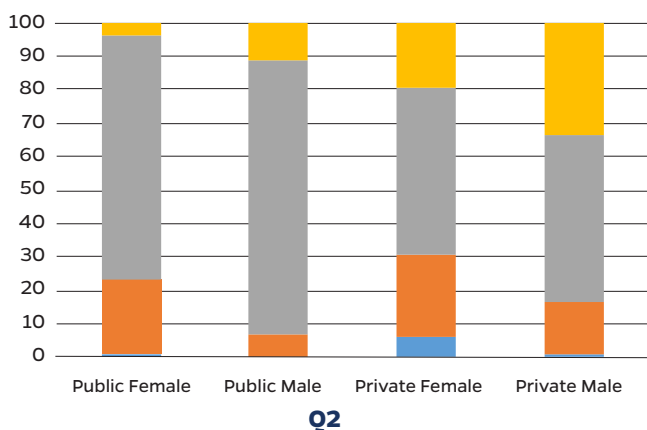


In Puri, 699 clients (226 females and 473 males) were interviewed at the selected public and private facilities in Q4. The gender composition of the Q2 sample of 793 clients was similarly balanced.

■ Female Public ■ Female Private
■ Male Public ■ Male Private

EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

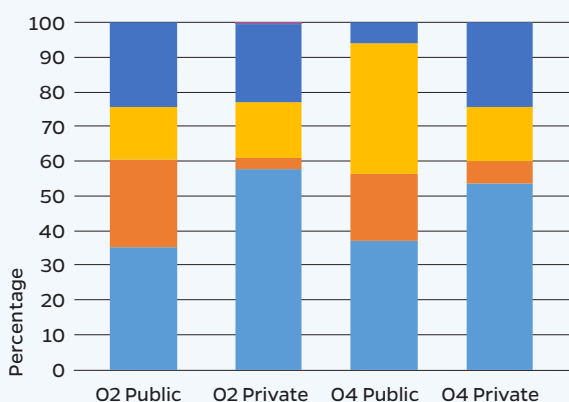
Percent distribution of education levels of clients interviewed



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). Females clients are slightly less educated than male clients. The educational backgrounds of clients interviewed at private facilities were fairly 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 sterilization, male condoms, IUDs and pills. Among contracepting clients interviewed at private facilities, most are using sterilization, followed by male condoms and pills.

■ Sterilization ■ IUD ■ Injectable
■ Pill ■ Male condom ■ Other

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

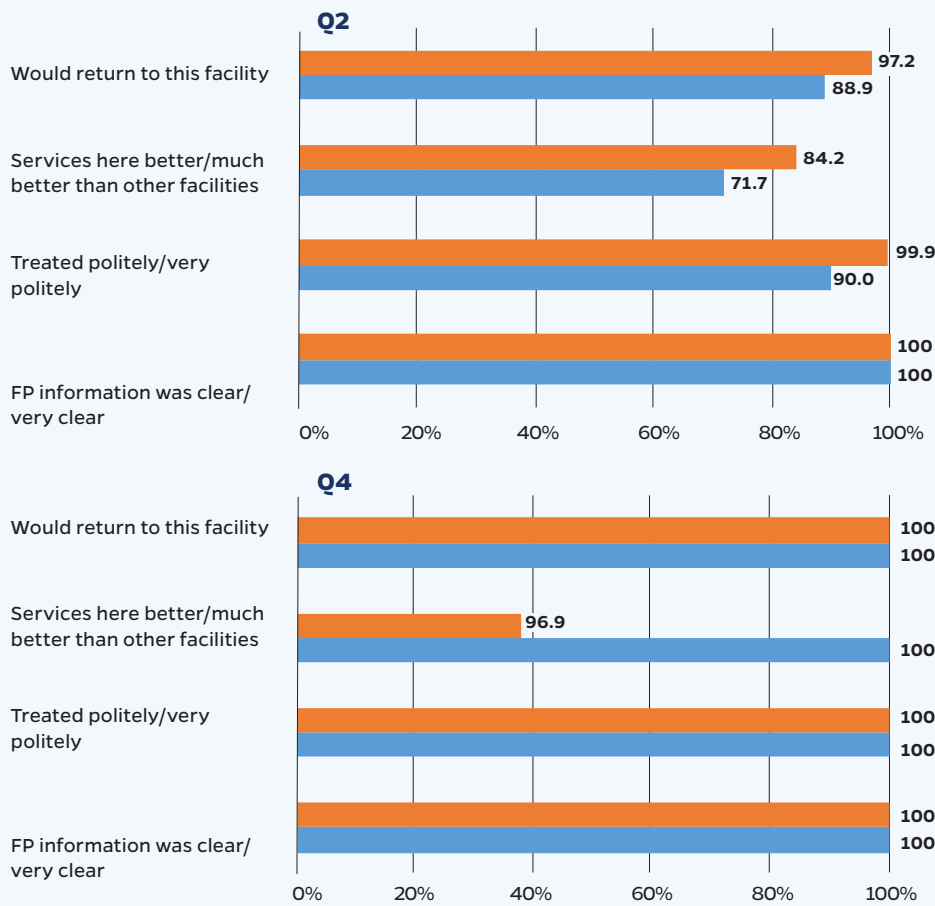
Puri public and private

Age group	SIDE EFFECTS*		FOLLOW-UP**	
	Q2	Q4	Q2	Q4
18-24	0.0%	100%	0.0%	100%
25-34	84.6%	100%	84.6%	100%
35+	0.0%	0.0%	0.0%	0.0%

*Among female FP clients **Among all female clients

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. Among clients 25-34, 85% were told about side effects in Q2 and 100% in Q4. No clients age 35 or older reported being told about side effects in either Q2 or Q4. The pattern for being told when to return for a follow-up visit was the same.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS



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. Only ratings of range of services were modest. 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.

Private Public

AVERAGE WAIT TIME

Q2 PUBLIC



Q2 PRIVATE



Q4 PUBLIC

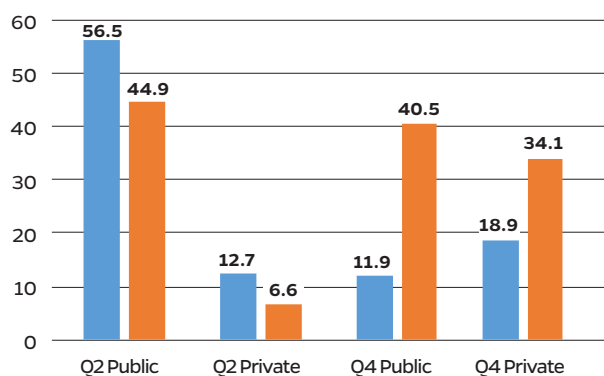


Q4 PRIVATE



MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors

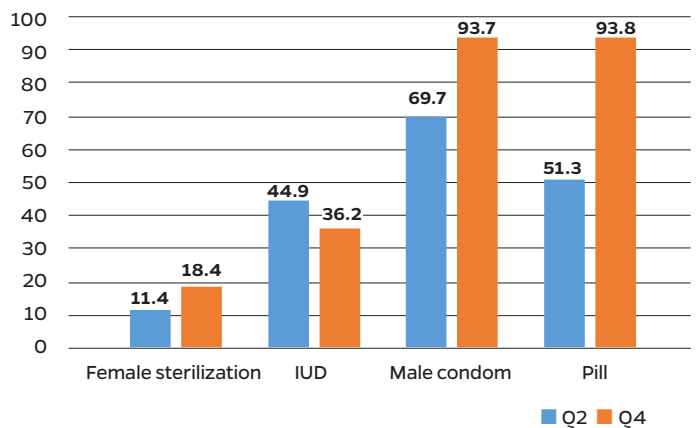


Discussed FP with partner

Non-contraceptors intending future use

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.

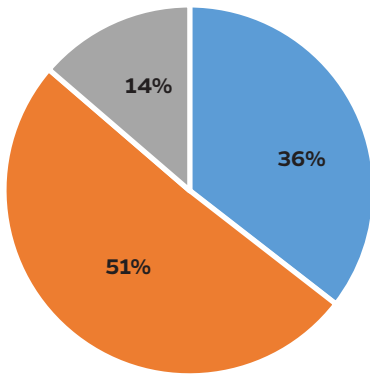
PERCENT OF MALE CLIENTS INTERVIEWED AT PRIVATE SDPS REPORTING PROVIDER HAS EVER EXPLAINED DIFFERENT CONTRACEPTIVE METHODS



A sizeable proportion of male clients interviewed at private facilities reported that providers have explained different contraceptive methods to them, primarily male condoms and the pill but the IUD and sterilization as well.

FEMALE CLIENT FOLLOW-UP

Client follow-up response rates in Puri (n=307)

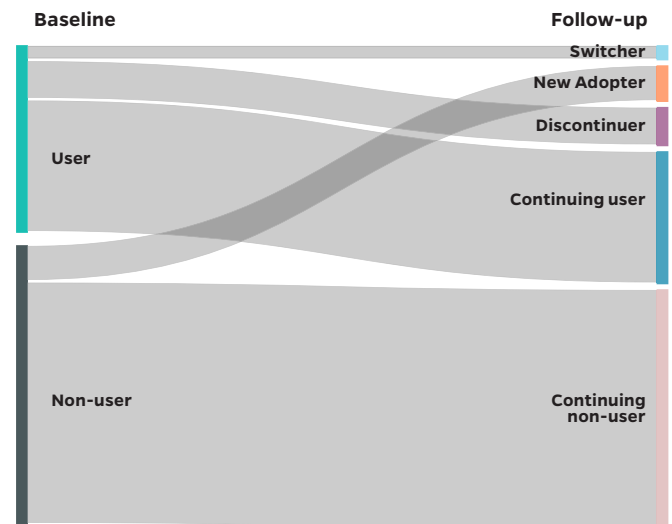


- Did not consent or did not provide phone number for follow-up
- Consented and provided phone number and completed follow-up interview
- Consented and provided phone number but did not complete follow-up interview

Of the 307 women who completed baseline interviews in Q2, only 51% 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	59	37.8%	Switchers	2	1.3%
			Continuing users	46	29.5%
			Discontinuers	11	7.1%
Non-users	97	62.2%	New adopters	10	6.4%
			Continuing non-users	87	55.8%
Total				156	100%



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.

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