

CLIENT BRIEF

PMA Agile/Indore, 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.

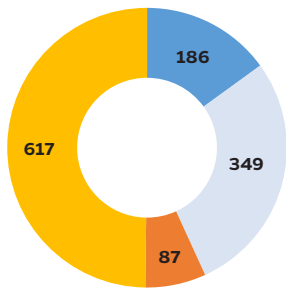
PMA Agile monitors the urban areas of three cities in India, Firozabad, Indore, and Puri, and is conducted by the Indian Institute of Health Management Research (IIHMR), in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers one survey round of the client exit survey (July-September 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 Indore. **The full results are accessible at site dashboards at pma-data.org/technical-areas/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



Key Results

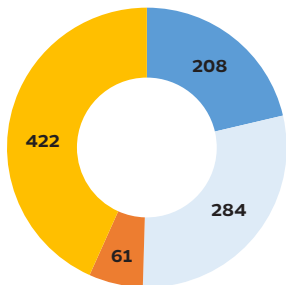
- **In Indore, 975 clients (492 females and 483 males) were interviewed** at the selected public and private facilities in Q4. The gender composition of the Q2 sample of 1239 clients slightly favored males (57%).
- **Most Q2 clients interviewed at public facilities are contracepting** with either sterilization or male condoms, with some injectable use in Q2 and IUD use in Q4.
- **Among the small sample of youth clients, aged 18 to 24, females** reported high levels of explanation on how to use contraceptive methods, 92% in Q2 but only 42% in Q4. The percent of male youth clients reporting ever having a provider explain how to use contraception was similarly high (90%) in Q2 but none so reported in Q4.
- **Counseling on side effects was relatively high for all female age groups in Q2.** Counseling on when to return for a follow-up visit was highest for 18-24 year old female clients while no client 35 years and up reported this in Q2, all reported it in Q4.
- **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 to the facility.
- **The average wait time for FP services was about the same between Q2 and Q4,** except for clients interviewed at public facilities, where the average was 38 mins in Q4 compared to 9.5 in Q2.
- **Less than 5% of male clients not using family planning in Q2 intend to use in the future,** a level that rose in Q4 to 14.1% and 19.8% for those interviewed at public and private SDPs respectively.
- **Of the 537 women who completed baseline interviews in Q2,** only 45% consented to and completed a phone follow-up interview 4 months later in Q3.
- **At the follow-up interview, 37.7% of clients were still using the method** reported at baseline, 3.3% had switched methods, and 7.1% had stopped using a method. In addition, 12.1% began using a method and 39.7% remained non-users at the follow-up interview.

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



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

In Indore, 975 clients (492 females and 483 males) were interviewed at the selected public and private facilities in Q4. The gender composition of the Q2 sample of 1239 clients slightly favored males (57%).

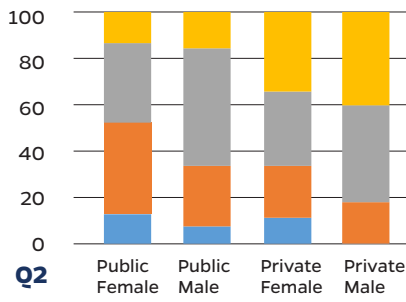


Sample size of clients interviewed by facility type and gender, Q4

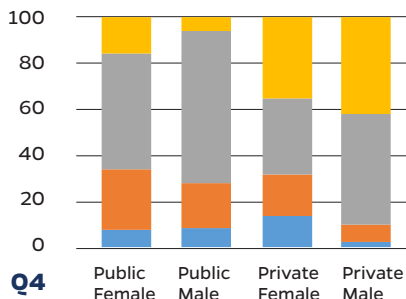
Female Public 208, Female Private 422, Male Public 61, Male Private 284

EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



Q2

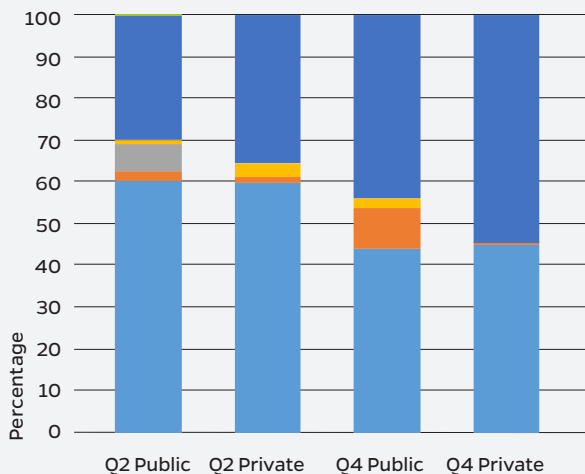


Q4

Most clients were interviewed at private facilities and the number of male clients interviewed at public facilities was small in Q4 (61). Females clients are less educated than male clients. Clients interviewed at public SDPs in Q4 had more secondary or vocational schooling than in Q2.

None, Primary, Secondary/Vocational, University or higher

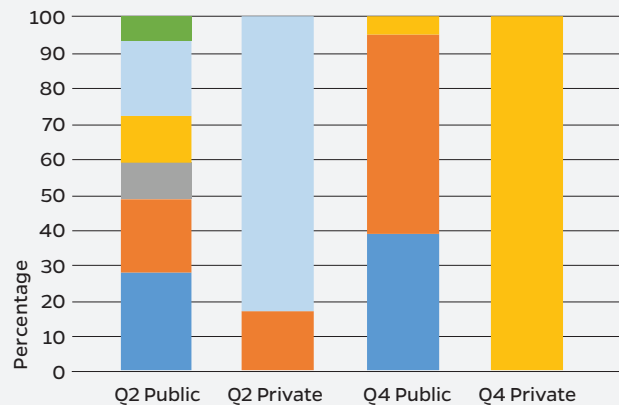
CLIENT METHOD USE COMPOSITION IN Q2 AND Q4



Most Q2 clients interviewed at public facilities are contracepting with either sterilization or male condoms, with some injectable use in Q2 and IUD use in Q4.

Sterilization, Male condom, IUD, injectable, Pill, Emergency contraception

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD

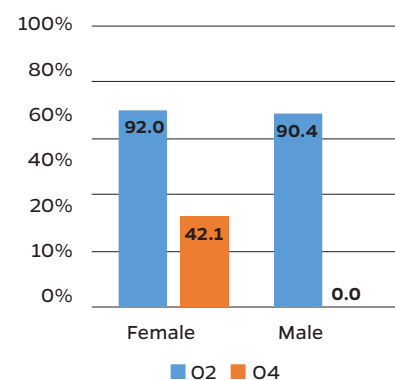


The nature of persons involved in female clients' choice of contraceptive methods varied considerably by round and where she was interviewed. For public SDP clients there was more diversity in decision support in Q2 than in Q4. Clients interviewed at private SDPs always cited involvement of the partner/spouse in both Q2 and Q4.

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, females reported high levels of explanation on how to use contraceptive methods, 92% in Q2 but only 42% in Q4. The percent of male youth clients reporting ever having a provider explain how to use contraception was similarly high (90%) in Q2 but none so reported 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

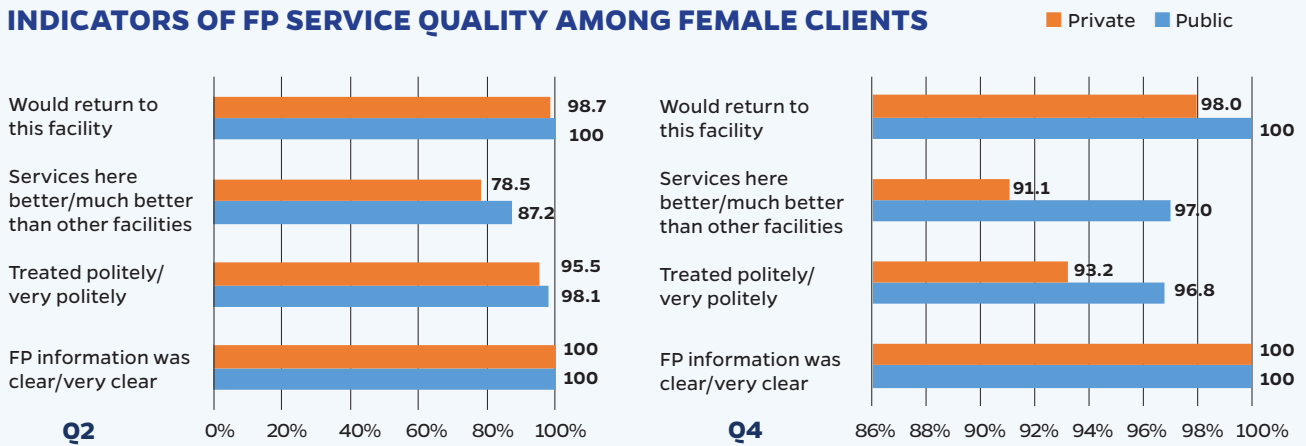
Indore public and private

| Age group | SIDE EFFECTS* | | FOLLOW-UP** | |
|-----------|---------------|-------|-------------|-------|
| | Q2 | Q4 | Q2 | Q4 |
| 18-24 | 95.5% | 0.0% | 100.0% | 0.0% |
| 25-34 | 89.2% | 75.9% | 63.4% | 47.1% |
| 35+ | 100% | 0.0% | 0.0% | 100% |

*Among female FP clients **Among all female clients

Counseling on side effects was relatively high for all female age groups in Q2 but more erratic in Q4. Counseling on when to return for a follow-up visit was highest for 18-24 year old female clients while no client 35 years and up reported this in Q2, all reported it in Q4.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS

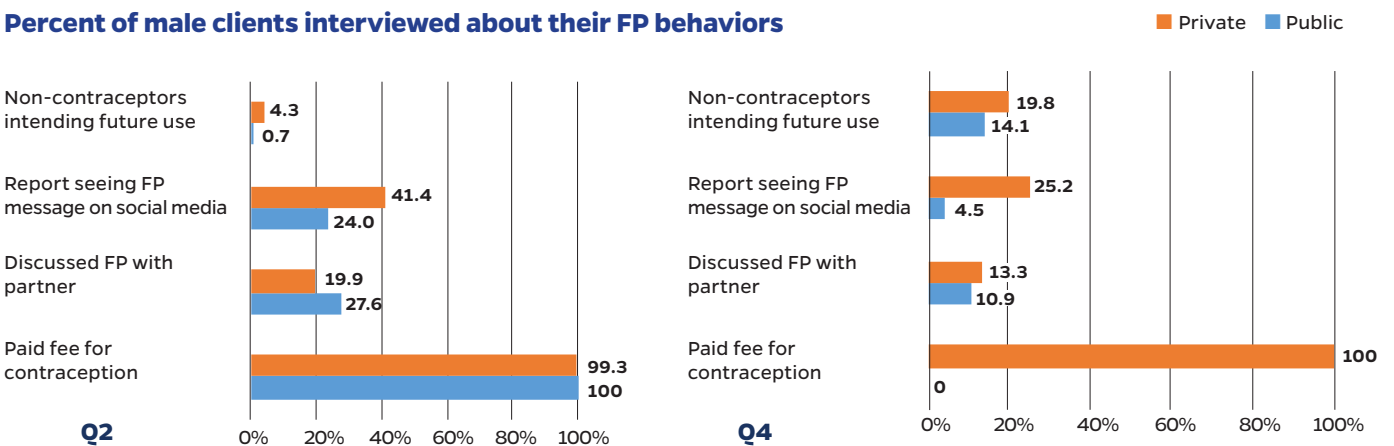


Female clients interviewed at both public or private facilities report relatively high levels of satisfaction with such services as clarity of FP information, polite treatment, range of services, as indicated by their willingness to return to the facility. While most indicators remained the same from Q2 to Q4, female clients gave the public and private facilities they visited that day higher ratings in Q4 than Q2. The average wait time for FP services was about the same between Q2 and Q4, except for clients interviewed at public facilities, where the average was 38 mins in Q4 compared to 9.5 in Q2.

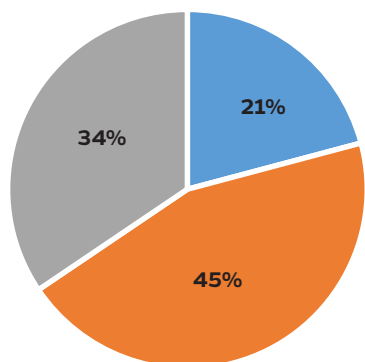


MALE FAMILY PLANNING

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. Relative few male clients report seeing FP messages on social media; the percentage was greater among those interviewed at private than public SDPs. Less than 5% of male clients not using family planning in Q2 intend to use in the future, a level that rose in Q4 to 14.1% and 19.8% for those interviewed at public and private SDPs respectively.



FEMALE CLIENT FOLLOW-UP

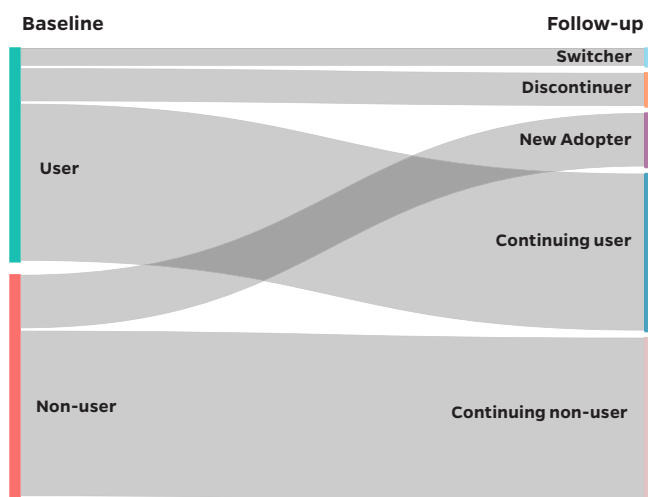
Client follow-up response rates in Indore (n=537)

- 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 537 women who completed baseline interviews in Q2, only 45% 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 | 115 | 48.1% | Switchers | 8 | 3.3% |
| | | | Continuing users | 90 | 37.7% |
| | | | Discontinuers | 17 | 7.1% |
| Non-users | 124 | 51.9% | New adopters | 29 | 12.1% |
| | | | Continuing non-users | 95 | 39.7% |
| Total | | | | 239 | 100% |



At the follow-up interview, 37.7% of clients were still using the method reported at baseline, 3.3% had switched methods, and 7.1% had stopped using a method. In addition, 12.1% began using a method and 39.7% 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.