

# CLIENT BRIEF

## PMA Agile/Firozabad, India



### Key highlights from Q2-Q6 CEI surveys in Firozabad

- In Firozabad, 948 clients (57% female) were interviewed at the selected public and private facilities in Q6. The gender composition of the Q6 sample had a higher percentage of females interviewed than in Q2 (48%) and Q4 (50%).
- In general, clients interviewed at private facilities had higher levels of education than clients interviewed at public facilities across survey quarters.
- Client method use composition remained fairly similar across quarters by facility type and most clients interviewed who contracept were using male condoms or sterilization.
- In Q2 and Q6, nearly all female family planning (FP) clients interviewed at private facilities reported choosing their contraceptive method themselves (96% and 100%, respectively); in Q4, 56% reported that a partner or spouse chose their method.
- Among female FP clients aged 25-34 years, the percentage of clients who were informed about method side effects and told when to return for their follow-up visit rose across survey quarters from 38% in Q2 to 86% in Q6.
- 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. Wait times at facilities were low overall (< 15 minutes), except in private facilities in Q4 (42 minutes on average).
- About half of male clients interviewed at private facilities in Q2 reported discussing FP with their partners; this proportion decreased to 17% in Q4 and 6% in Q6.
- The contraceptive switching and continuation status among women followed up in Q3 (from Q2) and Q5 (from Q4) followed a similar pattern. About one-third of female clients interviewed were using the same method at follow-up, and less than 5% had switched to a different method. In addition, 37% of women in Q3 and 45% of women in Q5 remained non-users at the follow-up interview.

### ABOUT PMA AGILE

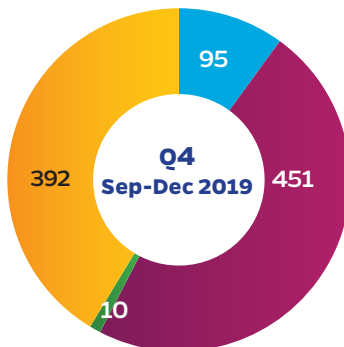
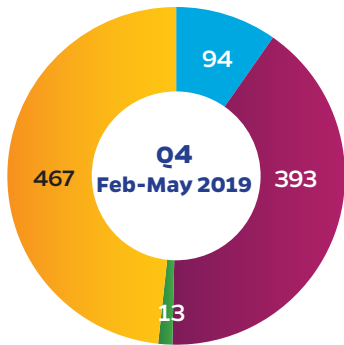
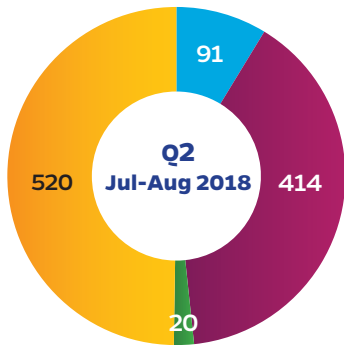


PMA Agile is a component of the Performance Monitoring for Action project and aimed at the subnational level (state, county or city). **It builds on the PMA monitoring and evaluation platform and conducts continuous tracking of family planning service delivery and consumption through quarterly public 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 [pmdatata.org/technical-areas/pma-agile](http://pmdatata.org/technical-areas/pma-agile).** The project receives support from the Bill and Melinda Gates Foundation.



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

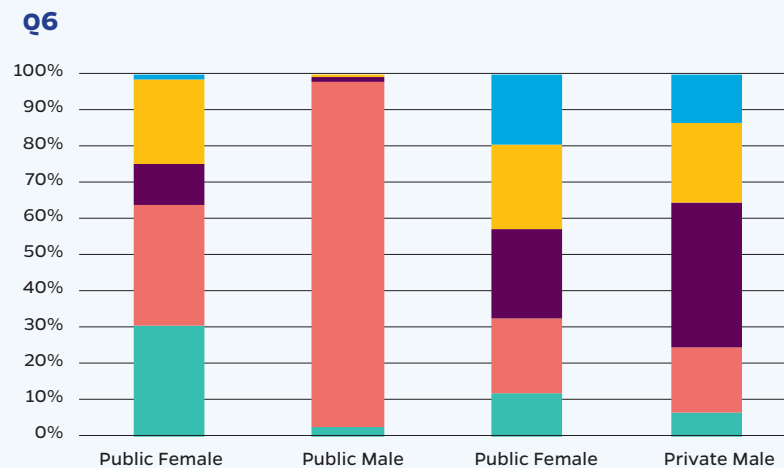
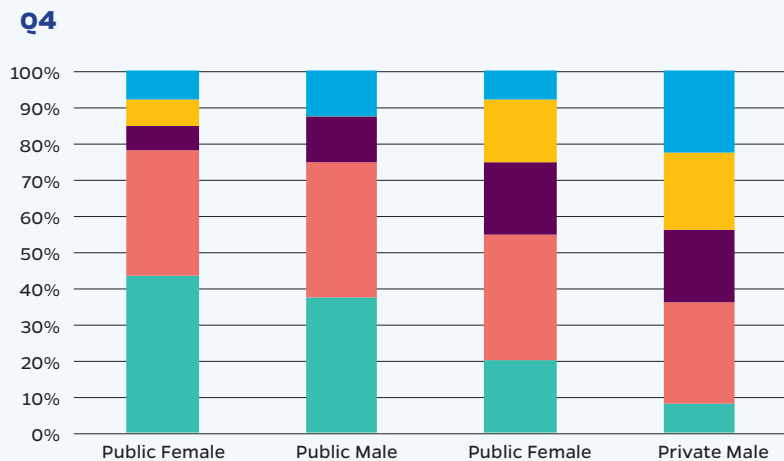
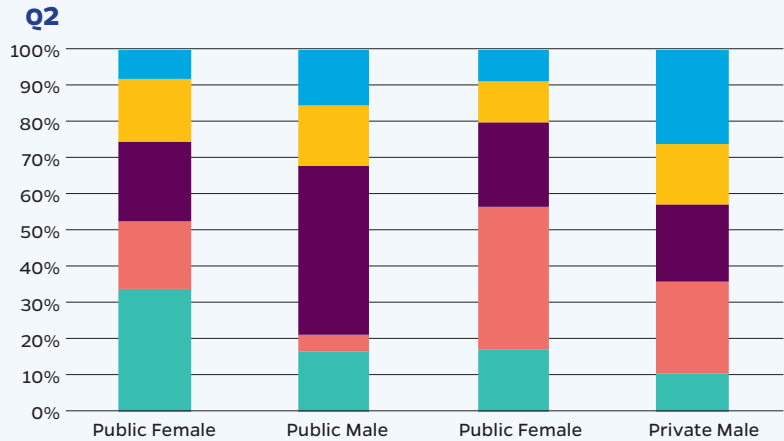


- Female-Public
- Female-Private
- Male-Public
- Male-Private

In Firozabad, 948 clients (546 females and 402 males) were interviewed at the selected public and private facilities in Q6. The gender composition of the Q6 sample had a higher percentage of females interviewed than in Q2 and Q4. In all three quarters, more men were interviewed at private facilities compared to public facilities.

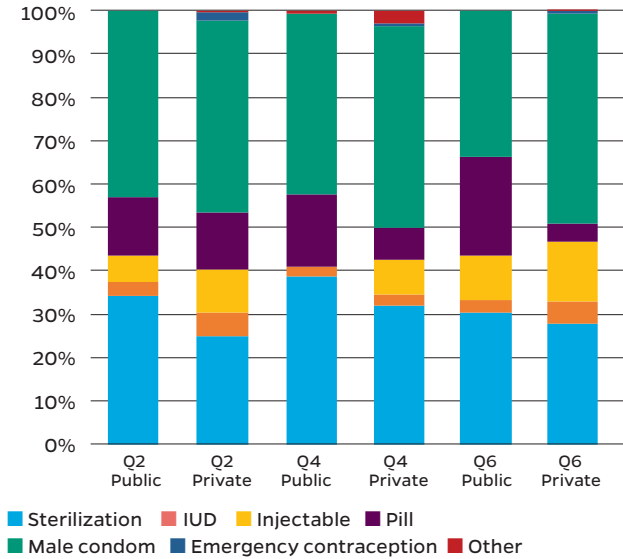
## EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



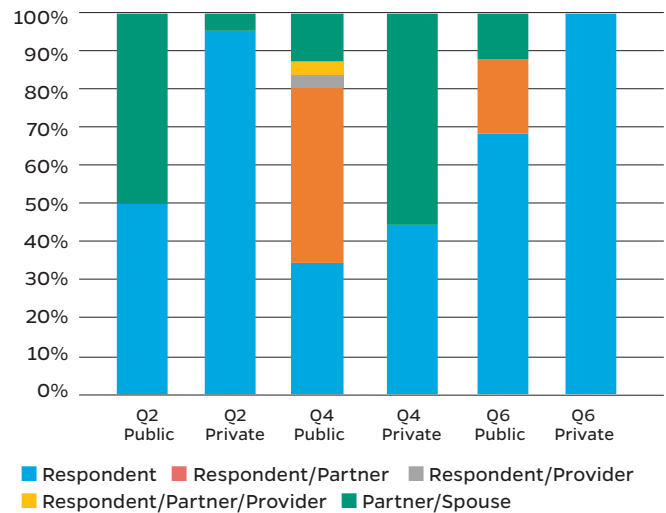
In general, clients interviewed at private facilities had higher levels of education than clients interviewed at public facilities across survey quarters.

## CLIENT METHOD USE COMPOSITION



Client method use composition remained fairly similar across quarters by facility type. Most clients interviewed who contracept were using male condoms or sterilization; however, over one-fifth of clients interviewed at public facilities reported using pills in Q6.

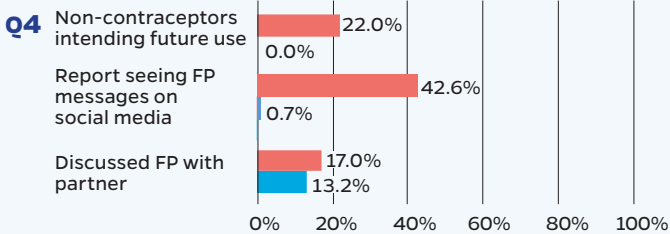
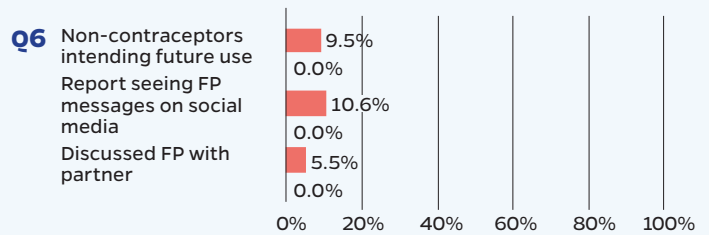
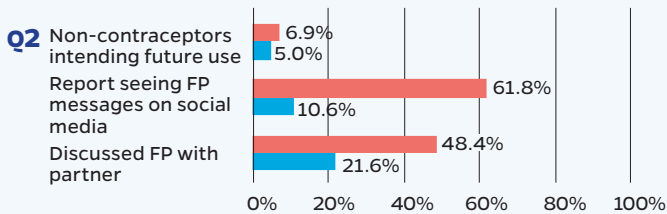
## PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



In Q2 and Q6, most female FP clients interviewed at private facilities reported choosing their contraceptive method themselves (96% and 100%, respectively), while 56% reported a partner or spouse chose their method in Q4. Among female FP clients interviewed at public facilities, half reported choosing their method themselves in Q2, 46% chose the method with their partner or spouse in Q4, and 68% chose the method themselves in Q6.

## MALE FAMILY PLANNING

### Percent of male clients interviewed about their FP behaviors



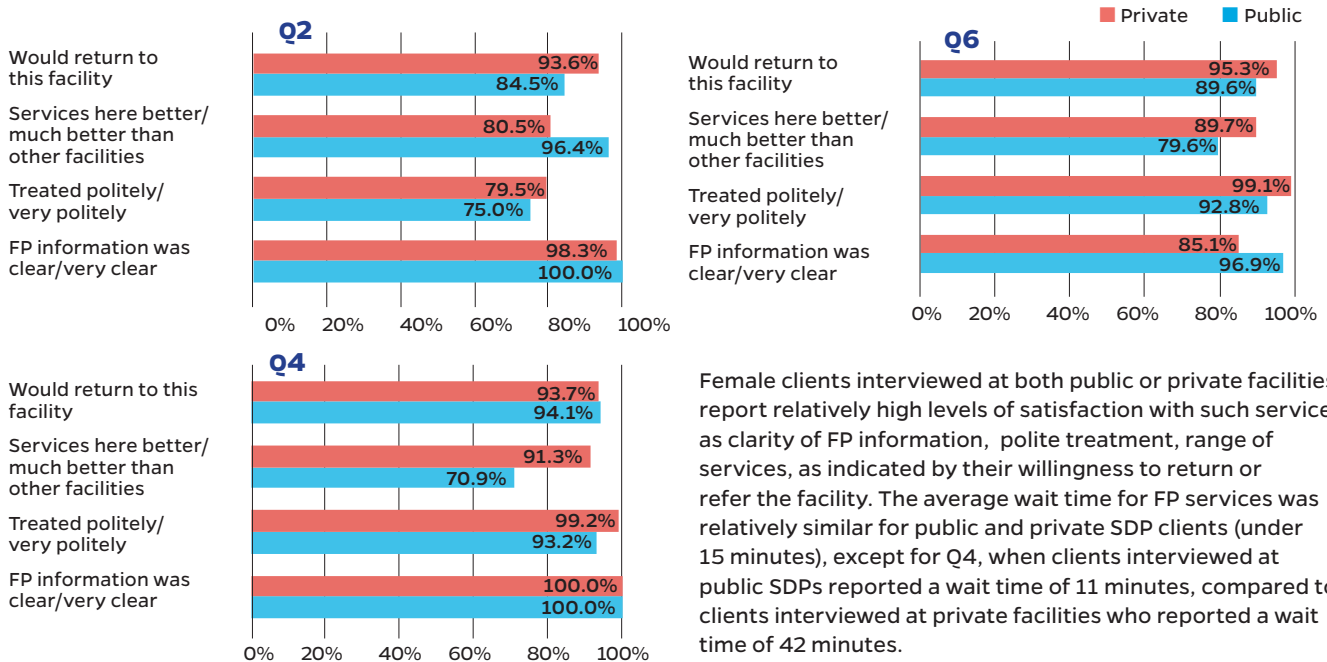
About half of male clients interviewed at private facilities in Q2 reported discussing FP with their partners; this proportion decreased to 17% in Q4 and 6% in Q6. Among male clients interviewed at public facilities, 22% reported discussing FP with their partners, which declined to 13% in Q4 and 0% in Q6. Exposure to FP messages on social media was highest among clients interviewed at private facilities in Q2 (62%), and declined in subsequent survey quarters. Less than one-quarter of male clients interviewed at private facilities and 0-5% of male clients interviewed at public facilities who were not using a contraceptive method at the time of the interview expressed intention to use a method in the future.

## PERCENT OF FEMALE FP CLIENTS VISIT WHO WERE TOLD ABOUT SIDE EFFECTS AND WHEN TO RETURN FOR FOLLOW-UP VISIT

Age Group	Side Effects			Follow-up		
	Q2	Q4	Q6	Q2	Q4	Q6
18-24	32.7%	63.3%	41.8%	32.7%	66.1%	41.8%
25-34	37.8%	42.1%	85.8%	32.8%	82.1%	85.8%
35+	0.0%	0.0%	100%	0.0%	0.0%	0.0%

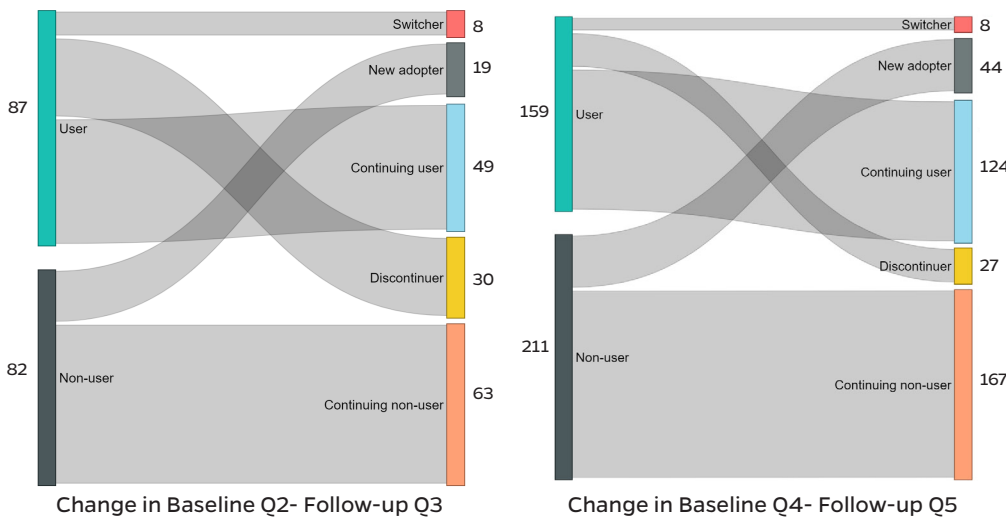
Among female FP clients aged 25-34 years, the percentage who were informed about method side effects and told when to return for follow-up rose across survey quarters from 38% in Q2 to 86% in Q6. Information about side effects and follow-up visit increased from Q2 to Q4 and then decreased to less than half of female FP clients aged 18-24 years. No clients 35 years or older were told when to return for follow-up and none were informed about side effects in Q2 or 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 or refer the facility. The average wait time for FP services was relatively similar for public and private SDP clients (under 15 minutes), except for Q4, when clients interviewed at public SDPs reported a wait time of 11 minutes, compared to clients interviewed at private facilities who reported a wait time of 42 minutes.

## CHANGE IN CONTRACEPTIVE USE STATUS



The contraceptive change status among women followed up in Q3 and Q5 followed a similar pattern. At follow-up, 29% of clients in Q3 and 34% of clients in Q5 were still using the method reported four months prior to the follow-up interview. Less than 5% of clients had switched methods in Q3 or in Q5; 18% had stopped using a method in Q3 and 7% had stopped using a method in Q5. In addition, 11-12% of clients began using a method in Q3 or in Q5, and 37% of clients Q3 and 45% in Q5 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. [www.pmadata.org/technical-areas/pma-agile](http://www.pmadata.org/technical-areas/pma-agile).