

# SERVICE DELIVERY POINT BRIEF

## PMA Agile/Firozabad, India



### Key highlights from Q1-Q6 SDP surveys in Firozabad

- The SDP sample in Firozabad is composed of 11 public and 98 private facilities.
- Staff trained in family planning tended to be ANMs (58%) in public SDPs and pharmacists (39%) in private SDPs, in Q1.
- Across all six quarters, the average number of client visits for all methods experienced major fluctuations. Client visits for condoms, IUDs, and injectables decreased steadily from Q1 to Q3, increased in Q4, and saw a decline from Q4 to Q6.
- The main contraceptive method sold at private SDPs was male condoms, ranging from an average of 119 units sold per month in Q1 to an average of 1080 units sold per month in Q6.
- The majority of couple-years of FP protection (CYPs) are provided through IUDs in public facilities, except in Q3 when sterilization accounted for the largest share of CYPs provided. Sterilization accounted for the largest share of CYPs provided by private facilities across all quarters.
- Public SDPs are more likely than private SDPs to have injectables and IUDs in stock across quarters. Over 90% of public SDPs reported having IUDs in stock in all survey quarters.
- In Q1, Q3, and Q4, public primary health centres reported high levels of stock-outs of pills (greater than 10%).

### 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.**

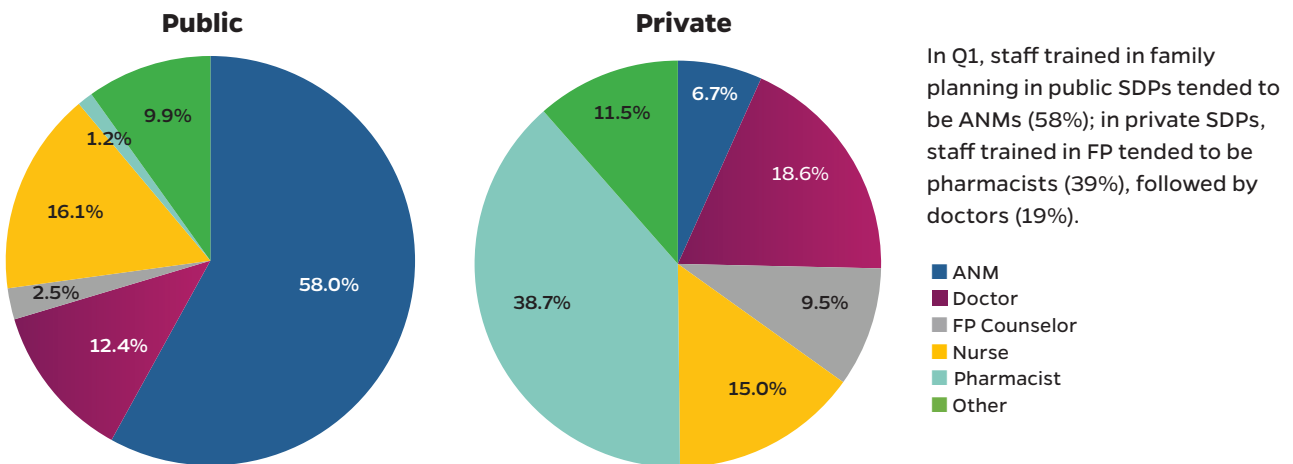
PMA Agile monitors the urban areas of three cities in India, Firozabad, Indore, and Puri, and is conducted by the Indian Institute of Health Management Research (IIHMR), in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers six quarterly surveys conducted in service delivery points (SDPs) in Firozabad from January 2018 to November 2019. **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.



## DATA COLLECTION DATES ACROSS QUARTERS



## STAFF TRAINED IN FAMILY PLANNING AT FACILITIES, Q1



## CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

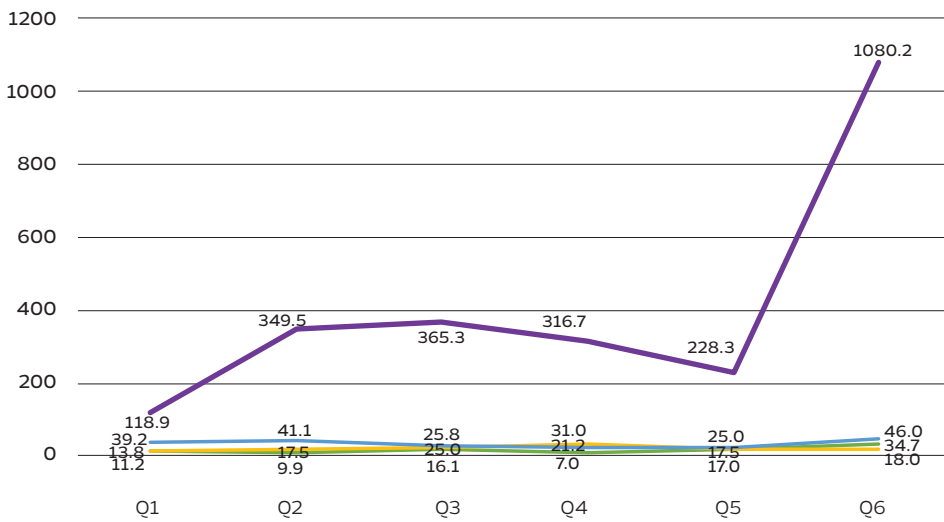
### Average number of client visits in past month

Among public facilities (n=11)

	Q1	Q2	Q3	Q4	Q5	Q6
Emergency Contraception (EC)	1.5	17.7	7.0	9.5	11.0	14.6
Male and Female Condoms	179.8	153.9	93.0	159.0	97.2	83.3
Sterilization	19.0	13.5	53.5	37.5	0.5	5.0
Injectable	118.0	74.0	46.7	77.0	20.5	22.2
IUD	35.2	25.9	14.1	52.2	23.5	28.9
Pill	32.7	32.7	37.8	88.9	73.0	75.2

Across all six quarters, the average number of client visits for all methods experienced major fluctuations. Client visits for condoms, IUDs, and injectables decreased steadily from Q1 to Q3, increased in Q4, and saw a decline from Q4 to Q6. Client visits for sterilization dropped significantly from Q4 to Q5 and remained low, while client visits for pills increased from Q3 to Q4 and remained at a similar level through Q6.

## AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD IN PAST MONTH Among private facilities (n=98)

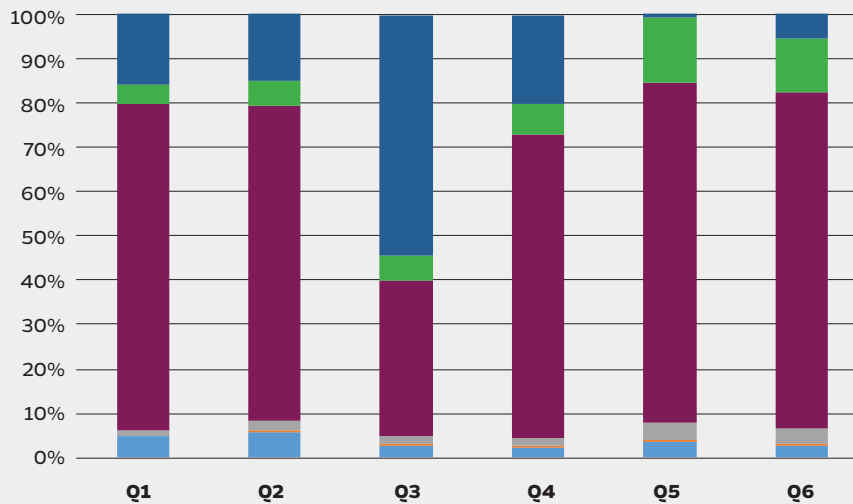


The main contraceptive method sold at private SDPs was male condoms, ranging from an average of 119 units sold per month in Q1 to an average of 1080 units sold per month in Q6.

- Emergency contraception
- Injectable
- Male condom
- Pill

## COUPLE-YEARS OF PROTECTION (CYP), BY METHOD

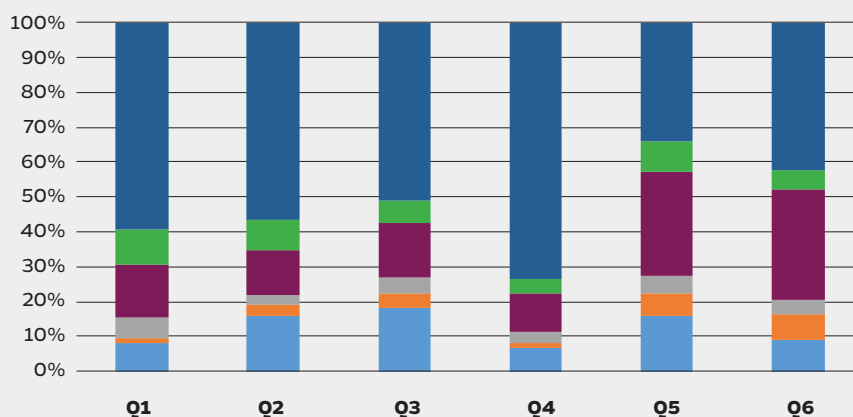
Percent distribution of CYPs at public facilities (n=11)



The contraceptive method that contributed most to CYPs provided by public facilities is IUDs, except Q3 when sterilization contributed a larger share of CYPs (54%).

Private SDPs provide CYPs through wider variety of methods, although sterilization accounted for over half of CYPs provided in Q1-Q4.

Percent distribution of CYPs at private facilities (n=98)

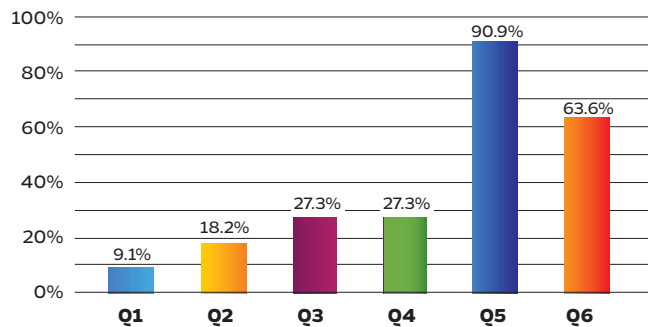


- Condom
- EC
- Injectable
- IUD
- Pill
- Sterilization

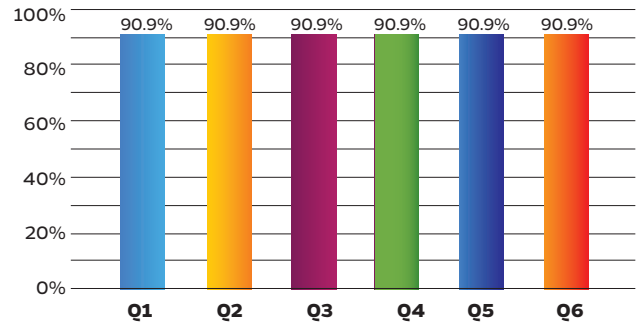
# STOCK OF CONTRACEPTIVE METHODS

## Methods in stock: focus on injectables and IUDs

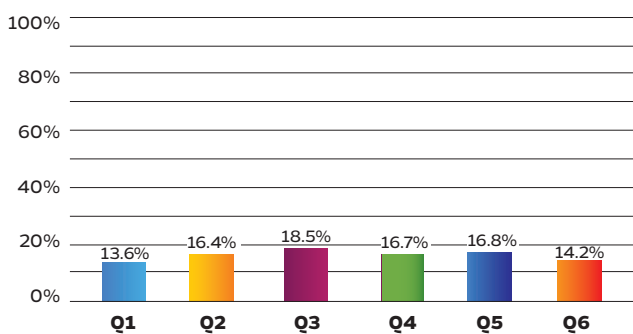
**Percent of public SDPs that report having injectables in stock on day of survey (n=11)**



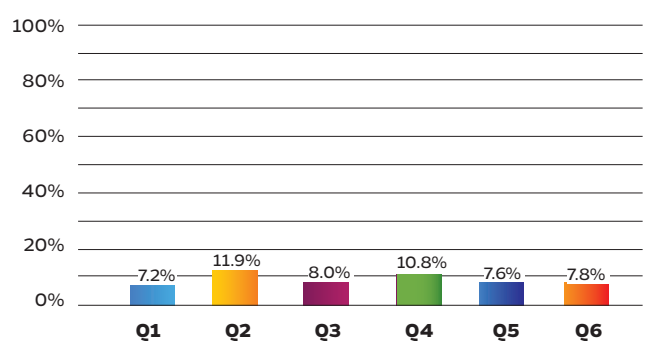
**Percent of public SDPs that report having IUDs in stock on day of survey (n=11)**



**Percent of private SDPs that report having injectables in stock on day of survey (n=98)**



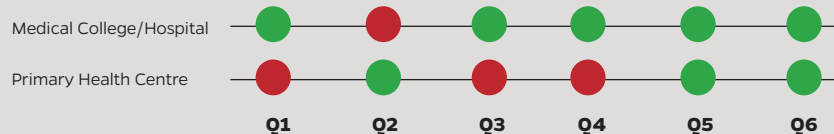
**Percent of private SDPs that report having IUDs in stock on day of survey (n=98)**



Public SDPs are more likely than private SDPs to have injectables and IUDs in stock. Public SDPs experienced a sharp increase in implant stock from Q4 to Q5, and experienced a steady level of IUD stock across the survey quarters.

### Percent out-of-stock of pills by quarter and facility type

Among public facilities (n=11)



In Q1, Q3, and Q4, public primary health centres reported high levels of stock-outs of pills (greater than 10%). Public hospitals and medical colleges reported no stock-outs of pills, except in Q2.

## 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).