

CLIENT BRIEF

PMA Agile/Indore, India



Key highlights from Q2-Q6 CEI surveys in Indore

- In Indore, 940 clients (49% female) were interviewed at the selected public and private facilities in Q6. In all three survey quarters, more clients were interviewed at private facilities than public facilities.
- Sterilization was the most common method reported among clients who were using contraception interviewed at public facilities in all survey quarters and among those interviewed at private facilities in Q2. In Q4 and Q6, male condom was the most common method among clients interviewed at private facilities.
- Most female family planning (FP) clients surveyed at public facilities reported that they chose their contraceptive method themselves or in conjunction with their partner and/or provider (>50% each quarter).
- The percentage of female FP clients aged 25-34 years who were informed about method side effects decreased across survey quarters (89% in Q2 to 46% in Q6); however, the percentage of clients in this age group who were told to return for follow-up increased to 100% 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 (< 12 minutes), except in public facilities in Q4 (38 minutes on average).
- 28% of male clients interviewed at public facilities in Q2 reported discussing FP with their partners; this percentage decreased to 11% in Q4 and increased to 24% in Q6. Among male clients interviewed at private facilities, less than one-fifth discussed FP with their partner in any survey quarter.
- The contraceptive switching and continuation status among women followed up in Q3 (from Q2) and Q5 (from Q4) followed a similar pattern. At the follow-up interviews, 38% of clients in Q3 and 46% of clients in Q5 were still using the method reported at the baseline interview. In addition, 12% in Q3 and 6% in Q5 were non-users who began using a method, and 38% in Q3 and 29% in Q5 of women 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**

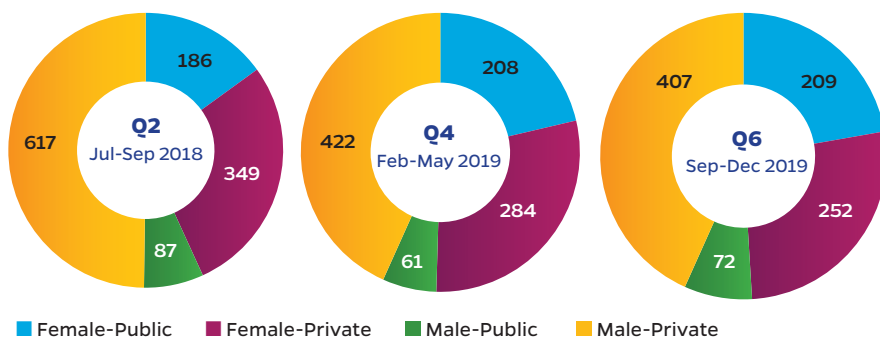
PMA monitoring and evaluation platform and conducts continuous tracking of family planning service delivery and consumption through quarterly public and private health facility surveys and semi-annual client exit interviews. A phone follow-up survey is conducted with consenting female clients four months 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 pmdatadata.org/technical-areas/pma-agile. The project receives support from the Bill and Melinda Gates Foundation.



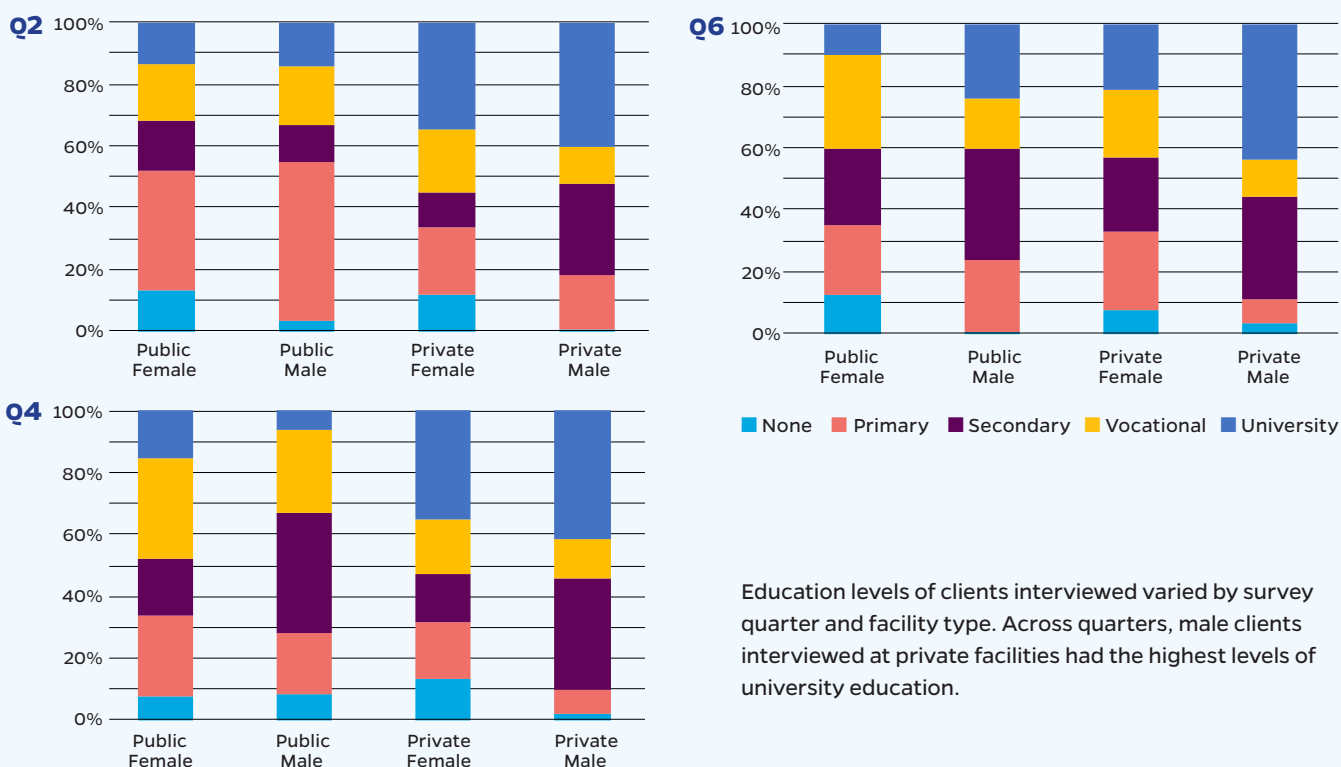
SAMPLE SIZE OF CLIENTS INTERVIEWED IN INDORE, BY PUBLIC/PRIVATE FACILITY AND GENDER



In Indore, 940 clients (461 females and 479 males) were interviewed at the selected public and private facilities in Q6. The gender composition of the Q4 and Q6 samples had roughly equal numbers of male and female clients interviewed, while a higher percentage of male clients were interviewed in Q2. In all three quarters, more participants were interviewed at private facilities compared to public facilities.

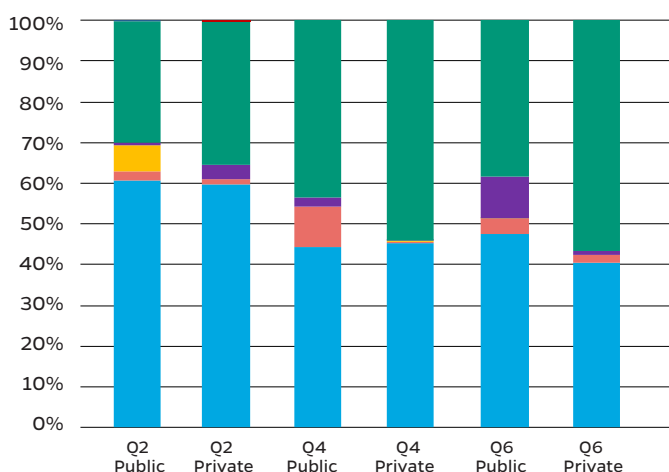
EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



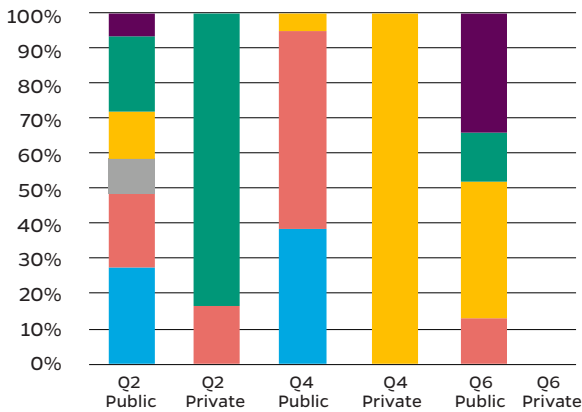
Education levels of clients interviewed varied by survey quarter and facility type. Across quarters, male clients interviewed at private facilities had the highest levels of university education.

CLIENT METHOD USE COMPOSITION



Most clients interviewed at public facilities who contracept were using sterilization (61% in Q2, 44% in Q4, and 47% in Q6). Among contracepting clients interviewed at private facilities, sterilization was used by 60% in Q2. In Q4 and Q6, male condom was the most commonly reported method, followed by sterilization.

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



Contraceptive decision makers varied by survey quarter. Most female FP clients surveyed at public facilities reported that they chose their contraceptive method themselves or in conjunction with their partner and/or provider. In Q2, 83% of female FP clients surveyed at private facilities reported that their partner or spouse made the decision and in Q4, 100% reported that they made the decision with their partner/spouse and their provider. No clients surveyed at private facilities reported on this indicator in Q6.

■ Respondent
 ■ Respondent/Partner
 ■ Respondent/Provider
 ■ Respondent/Partner/Provider
 ■ Partner/Spouse
 ■ Provider

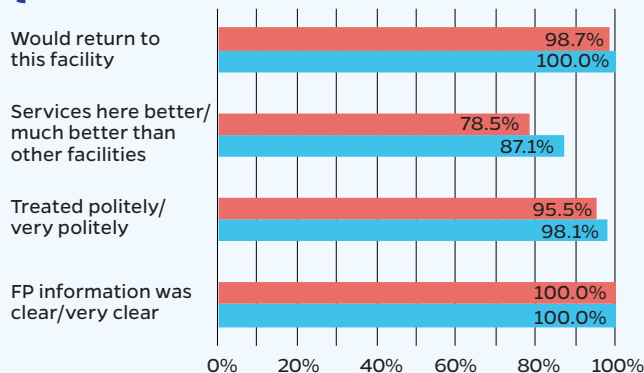
PERCENT OF FEMALE FP CLIENTS VISIT WHO WERE TOLD ABOUT SIDE EFFECTS AND WHEN TO RETURN FOR FOLLOW-UP VISIT

Age Group	Side Effects			Follow-up		
	Q2	Q4	Q6	Q2	Q4	Q6
18-24	95.5%	na	27.5%	100.0%	na	100.0%
25-34	89.2%	75.9%	45.9%	63.0%	47.0%	100.0%
35+	na	100.0%	100.0%	na	100.0%	100.0%

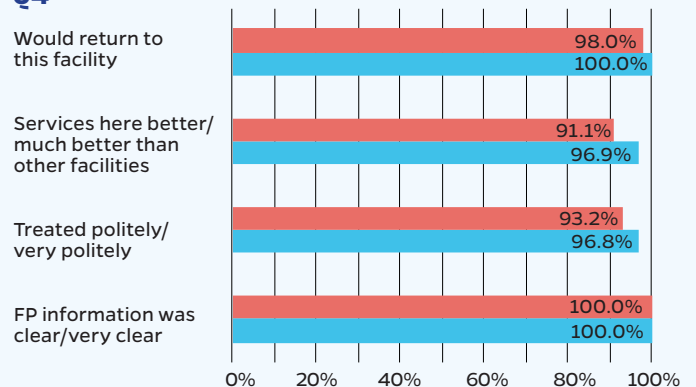
The percentage of female FP clients aged 25-34 years who were informed about method side effects decreased across survey quarters; however, the percentage of clients in this age group who were told to return for follow-up increased to 100% in Q6. In survey quarters with female FP clients aged 35 years or older, all reported that they were informed about side effects and when to return for follow-up. The youngest clients surveyed (18-24 years) all reported being told when to return for follow-up, but being informed about method side effects was reported by only 28% in Q6 from 96% in Q2.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS

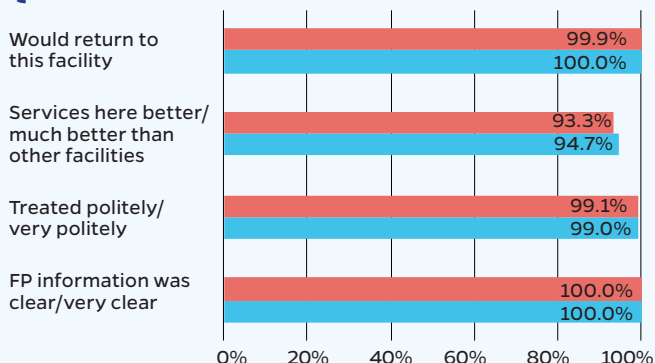
Q2



Q4



Q6

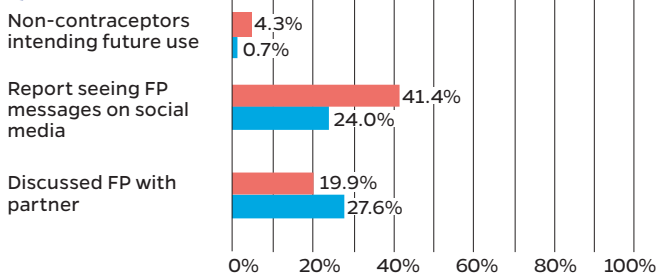


Female clients interviewed at both public or private facilities report relatively high levels of satisfaction with such services as clarity of FP information, polite treatment, range of services, as indicated by their willingness to return or refer the facility. The average wait time for FP services was relatively similar for public and private SDP clients across all three quarters, with a larger difference in Q4 (38 minutes in public facilities and 11.5 minutes in private facilities).

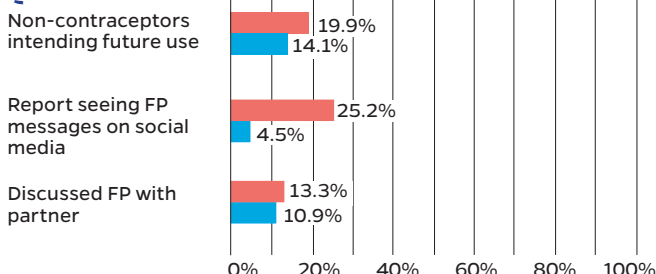
MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors

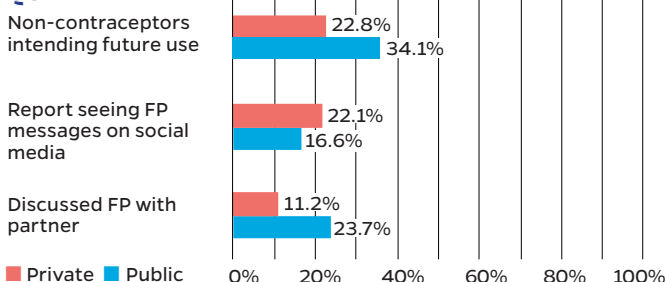
Q2



Q4



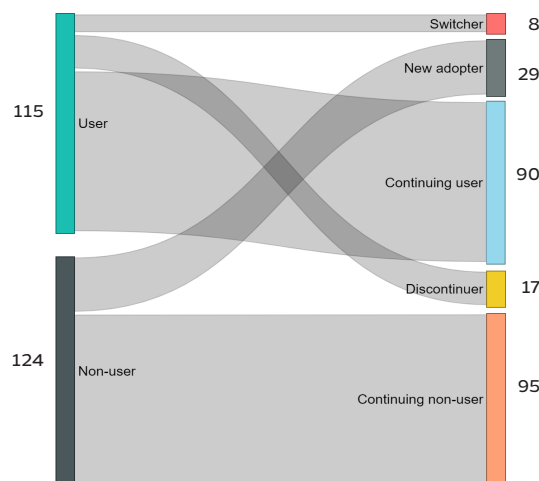
Q6



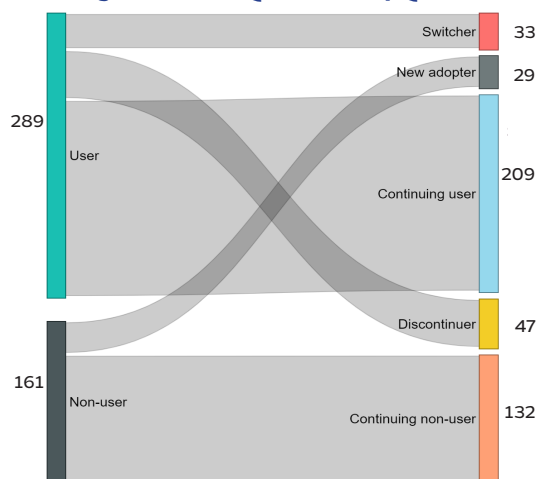
Slightly more than one-quarter of male clients interviewed at public facilities in Q2 reported discussing FP with their partners; this percentage decreased in Q4 and increased in Q6 to 24%. Among male clients interviewed at private facilities, less than one-fifth discussed FP with their partner in any survey quarter. Exposure to FP messages on social media was lower among male clients interviewed at public facilities than those interviewed at private facilities each quarter. In Q6, 34% of male clients interviewed at public facilities and 23% of male clients interviewed at private facilities who were not using a method expressed intention to use a method in the future, the highest percentages of any survey quarter.

CHANGE IN CONTRACEPTIVE USE STATUS

Change in Baseline Q4- Follow-up Q5



Change in Baseline Q4- Follow-up Q5



The contraceptive change status among women followed up in Q3 and Q5 followed a similar pattern. At follow-up, 38% of clients in Q3 and 46% of clients in Q5 were still using the method reported four months prior to the follow-up interview. Only 3% of clients in Q3 and 7% in Q5 had switched methods at follow-up, and 7% in Q3 and 10% in Q5 had stopped using a method. In addition, 12% in Q3 and 6% in Q5 were non-users who began using a method, and 38% in Q3 and 29% 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.