

SERVICE DELIVERY POINT BRIEF

PMA Agile/Puri, India



Key highlights from Q1-Q6 SDP surveys in Puri

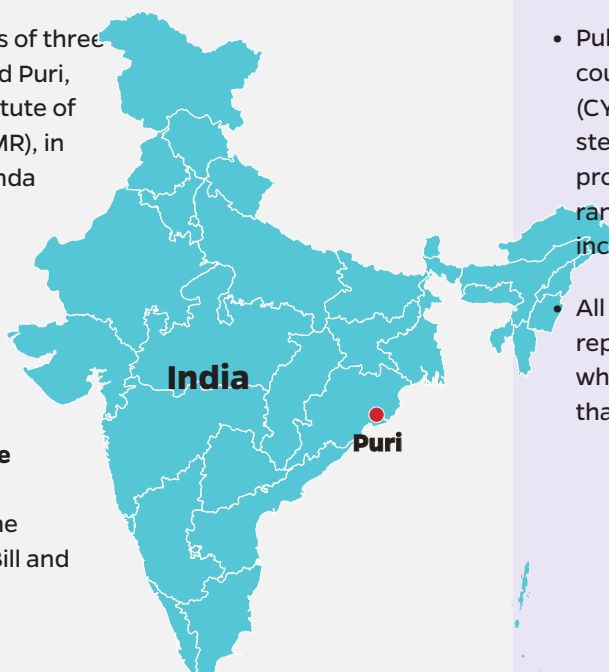
- The SDP sample in Puri is composed of 7 public and 95 private facilities.
- Staff trained in family planning tended to be ANMs (44%) in public SDPs and nurses (52%) in private SDPs, in Q1.
- Across all six quarters, the average number of client visits for all methods experienced major fluctuations, with a drop in visits in Q3 or Q4. Client visits for condoms, sterilization, and IUDs followed a similar pattern in which visits dropped in Q3 or Q4, increased in Q5, and then decreased slightly in Q6.
- The main contraceptive method sold at private SDPs was male condoms, ranging from an average of 148 units sold per month in Q2 to an average of 335 units sold per month in Q6.
- Public SDPs largely provide couple-years of FP protection (CYPs) through IUDs and sterilization, while private SDPs provide CYPs through a broader range of methods that also includes EC, condoms, and pills.
- All public SDPs from Q1-Q6 reported having IUDs in stock when surveyed, compared to less than 5% of private facilities.

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.**

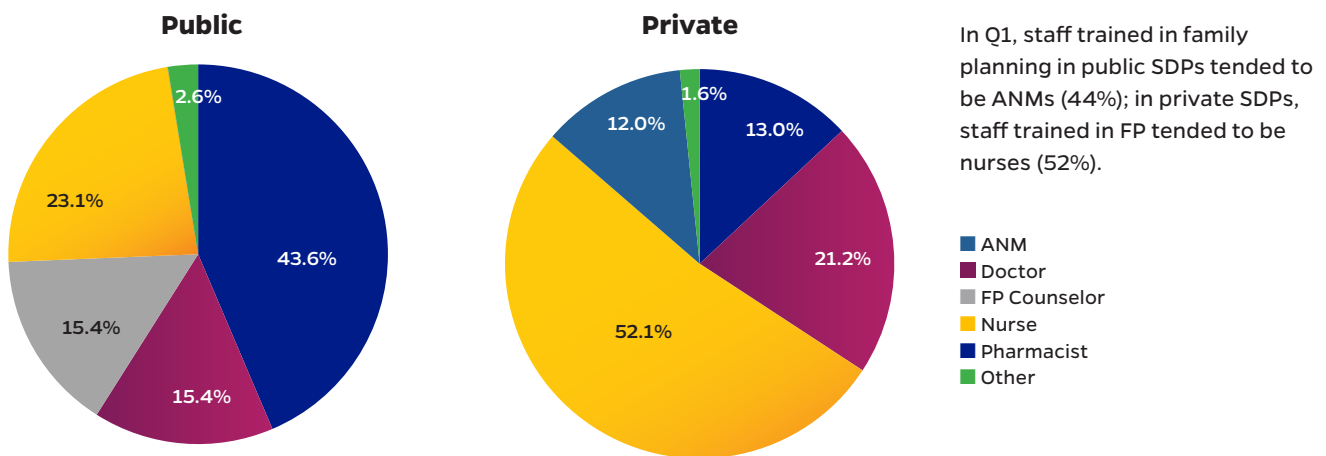
PMA Agile monitors the urban areas of three cities in India, Firozabad, Indore, and Puri, and is conducted by the Indian Institute of Health Management Research (IIHMR), in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School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



DATA COLLECTION DATES ACROSS QUARTERS



STAFF TRAINED IN FAMILY PLANNING AT FACILITIES, Q1



CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

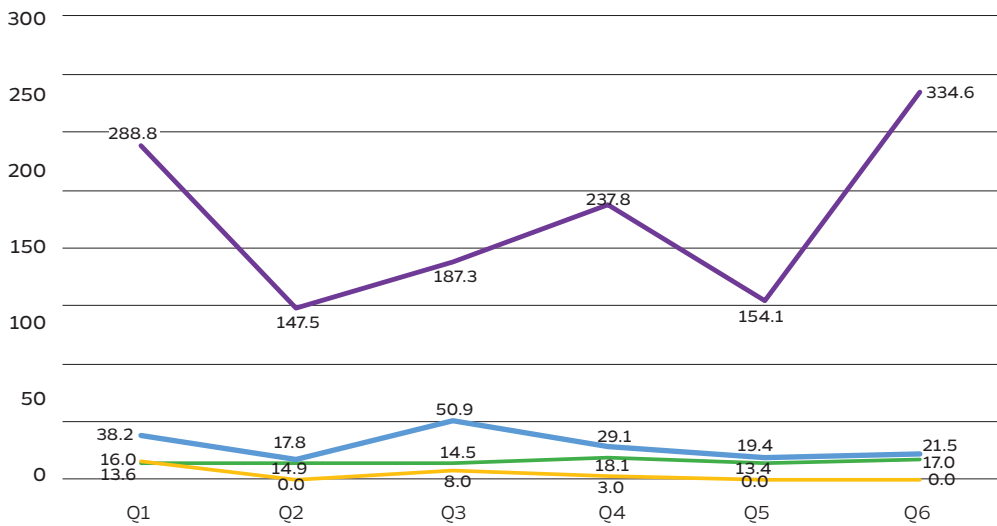
Average number of client visits in past month

Among public facilities (n=7)

	Q1	Q2	Q3	Q4	Q5	Q6
Emergency Contraception (EC)	10.5	12.0	3.7	1.2	1.2	3.2
Male and Female Condoms	132.2	276.2	22.2	53.3	106.3	92.8
Sterilization	32.5	37.0	45.0	0.0	11.5	2.5
Injectable	1.0	5.0	13.0	12.5	24.2	15.4
IUD	6.5	13.3	8.7	6.5	13.7	12.5
Pill	58.0	81.0	16.8	22.3	26.5	58.2

Across all six quarters, the average number of client visits for all methods experienced major fluctuations, with a drop in visits in Q3 or Q4. Client visits for condoms, sterilization, and IUDs followed a similar pattern in which visits dropped in Q3 or Q4, increased in Q5, and then decreased slightly in Q6. Client visits for pills and EC decreased in Q3, respectively, and then had increased by Q5-Q6.

AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD IN PAST MONTH Among private facilities (n=95)

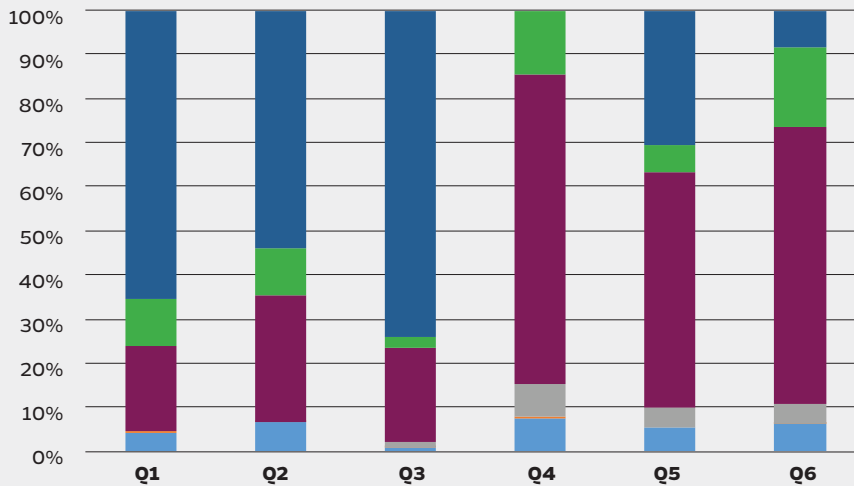


The main contraceptive method sold at private SDPs was male condoms, ranging from an average of 148 units sold per month in Q2 to an average of 335 units sold per month in Q6.

- Emergency contraception
- Injectable
- Male condom
- Pill

COUPLE-YEARS OF PROTECTION (CYP), BY METHOD

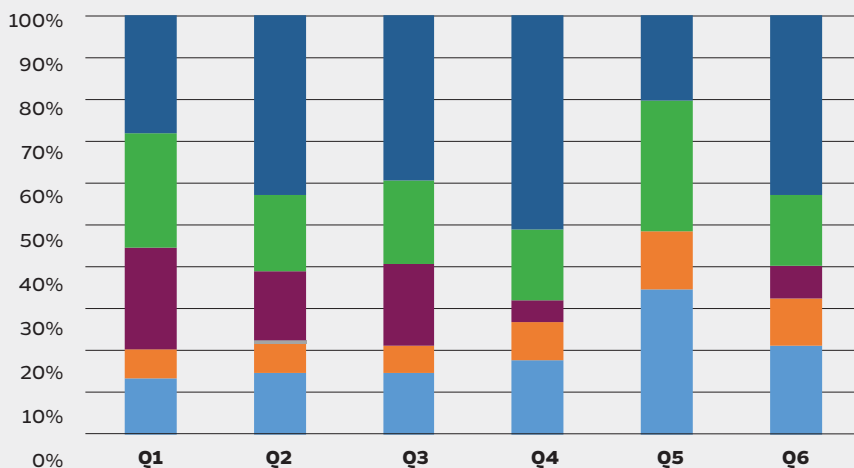
Percent distribution of CYPs at public facilities (n=7)



Public SDPs largely provide couple-years of FP protection (CYPs) through IUDs and sterilization.

Private SDPs provide CYPs through a wider range of methods that also includes EC, and with larger shares of CYPs coming from condoms and pills, as compared to public SDPs.

Percent distribution of CYPs at private facilities (n=95)

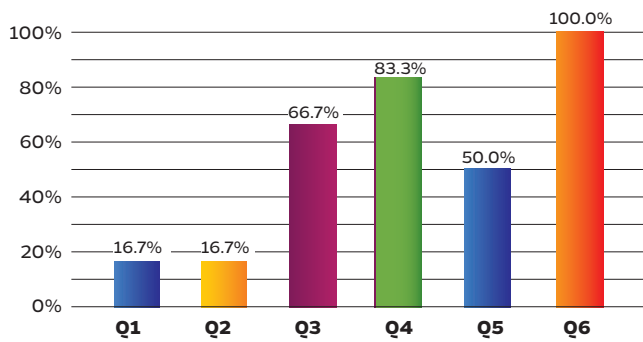


- Condom
- EC
- Injectable
- IUD
- Pill
- Sterilization

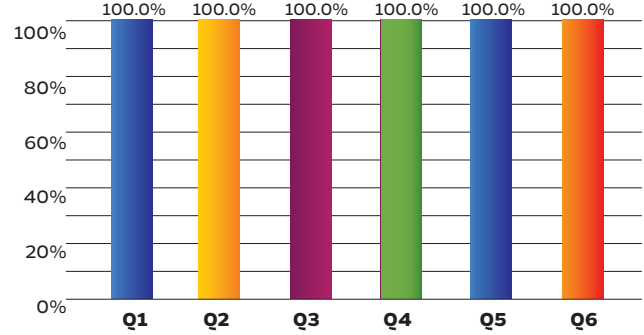
STOCK OF CONTRACEPTIVE METHODS

Methods in stock: Focus on injectables and IUDs

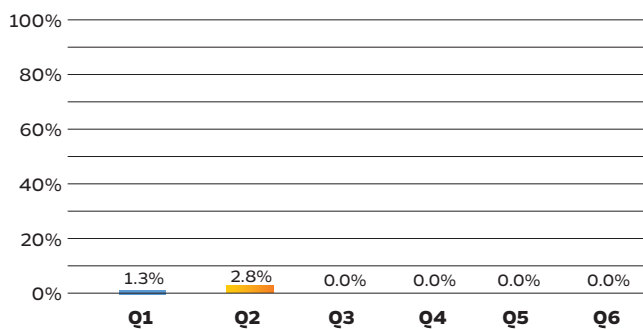
Percent of public SDPs that report having injectables in stock on day of survey (n=7)



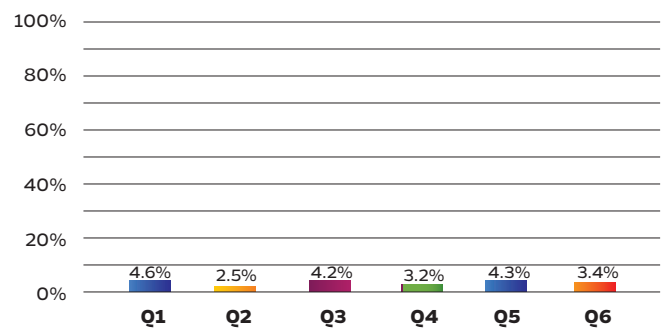
Percent of public SDPs that report having IUDs in stock on day of survey (n=7)



Percent of private SDPs that report having injectables in stock on day of survey (n=95)



Percent of private SDPs that report having IUDs in stock on day of survey (n=95)



Public SDPs are more likely than private SDPs to have injectables and IUDs in stock across all survey quarters. All public SDPs from Q1-Q6 reported having IUDs in stock when surveyed, compared to less than 5% of private facilities. No private SDPs reported having injectables in stock in Q3-Q6.

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

Among public facilities (n=28)



Across the six survey quarters, medical colleges and hospitals reported no stock-outs of pills. Primary health centres and community health centres oscillated between high levels of stock-outs and no stock-outs of pills from Q1 to Q6.

● 0% ● 1-10% ● >10%

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.