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Faculty Development Program for IIHMR Group of Institutions

Overview: Performance Monitoring for Action (PMA)

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Prof. Anoop Khanna has a background in social work. He has presented and published several research papers. He has contributed to several operations research projects on training interventions for health functionaries, population programme management and adolescent health. His areas of interest are population programme management, programme evaluation, HIV/AIDS, and reproductive health.

Overview: Performance Monitoring for Action (PMA)

PMA/Rajasthan, India, IIHMR University, Jaipur

PMA
PERFORMANCE MONITORING FOR ACTION

JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

BILL & MELINDA GATES INSTITUTE for
POPULATION and REPRODUCTIVE HEALTH

IIHMR UNIVERSITY

jhpiego
Saving lives. Improving health.
Transforming futures.

PMA Background

- Responds to: FP2020 Initiative
- Initiated as PMA2020, and later named PMA
- Supported by JHU, BMGF, Jhpiego
- Takes advantage of advances in mobile technology
- Builds an ongoing data collection platform, using resident enumerators
- Establishes 2 linked mobile-assisted, sentinel surveys
  - ❑ Household & Female Survey – measuring demand and use
  - ❑ Service Delivery Point Survey – measuring supply, access and client satisfaction
- Implemented in 11 countries through university/research network.

Where We Work

Countries/Partners	
DR Congo	University of Kinshasa
Uganda	Makerere University
Kenya	International Centre for Reproductive Health
Nigeria	CRERD
Burkina Faso	ISSP/University of Ouagadougou
Niger	National Statistical Institute (INS)
India	Indian Institute of Health Management Research
Côte d'Ivoire	ENSEA
Ethiopia*	Addis Ababa University School of Public Health

** Supported under a separate grant*

KEY ACHIEVEMENTS UNDER PMA AND PMA2020

2013

PLATFORM LAUNCHED

71

ROUNDS OF DATA COLLECTION COMPLETED

SURVEYS IN **11** COUNTRIES IN AFRICA AND ASIA

6 NEW SURVEY MODULES

2019

PHASE 2 LAUNCHED

3,000+ LOCAL DATA COLLECTORS TRAINED

750,000+ INTERVIEWS CONDUCTED

13,500+ DATASETS DOWNLOADED

PMA - Rajasthan

- PMA Started in Rajasthan in 2016 (PMA2020). Since then, four rounds have been completed.
- Dr. Dhirendra was the First PI
- PMA/Rajasthan surveys is conducted by Indian Institute of Health Management Research (IIHMR) University, Jaipur, Rajasthan.
- The project collected data across Rajasthan.
- With support from the
  - Bill & Melinda Gates Institute for Population and Reproductive Health (Johns Hopkins University)
  - Jhpiego
  - International Institute for Population Sciences (IIPS)
- Funding source: The Bill & Melinda Gates Foundation

Project Aim

- To conduct cross-sectional and panel surveys at the female, household, and service delivery levels with a focus on actionable programmatic data on contraceptive availability and use dynamics in targeted geographic areas in order to:
  - Measure and monitor key family planning indicators of programmatic relevance in given geographies cross-sectionally (on an annual basis); and
  - Support an improved understanding of the determinants and consequences of contraceptive availability and use dynamics and reproductive patterns.

PMA Survey Features

Highly-trained cadre of female resident enumerators.

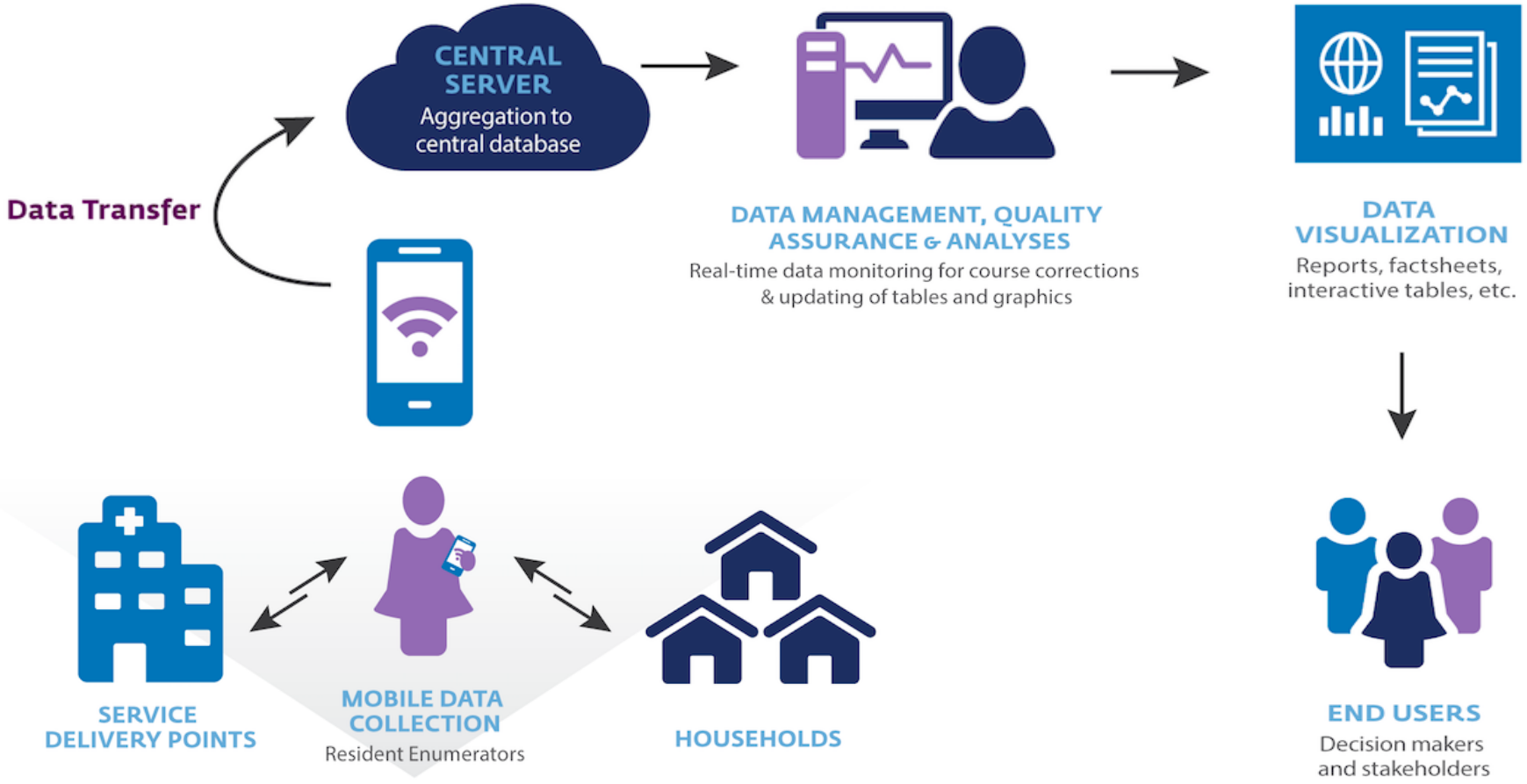
Rapid turnaround results enabled by smartphone technology and short interview time.

High-quality data collected at frequent (6-12 month) intervals.

Geographically-linked data collected from both households and service delivery points.

Flexibility : to add different modules

How it works


CENTRAL SERVER
Aggregation to central database
Data Transfer
DATA MANAGEMENT, QUALITY ASSURANCE & ANALYSES
Real-time data monitoring for course corrections & updating of tables and graphics
DATA VISUALIZATION
Reports, factsheets, interactive tables, etc.
SERVICE DELIVERY POINTS
MOBILE DATA COLLECTION
Resident Enumerators
HOUSEHOLDS
END USERS
Decision makers and stakeholders

Results for R4 PMA2018/Rajasthan: Key Family Planning Indicators

Survey Design –R4

- Objective: To monitor FP progress with a set of core indicators
- State-wide sample consisting of a total of 147 Enumeration Areas (EAs), of which 110 are rural and 37 are urban
- A total of 610 Service Delivery Points (SDPs) were surveyed, of which 249 are public and 361 private
- Data collection conducted from May - July, 2018

Survey Instruments

- Three (3) questionnaires used:
  - Household questionnaire
  - Female respondent questionnaire (15-49 years)
  - Service delivery point questionnaire (SDP)
- REs conducted household, female and private SDP interviews.
- Field supervisors conducted all SDP interviews at the three levels of public facilities that serve the EA
- National Family Health Survey (NFHS) question wording adopted

Survey Design

- REs mapped and listed households and service delivery points (SDPs) for each EA
- Random number generator app was used to select 35 HHs per EA in Rajasthan from the sampling frame generated by the EA listing exercise

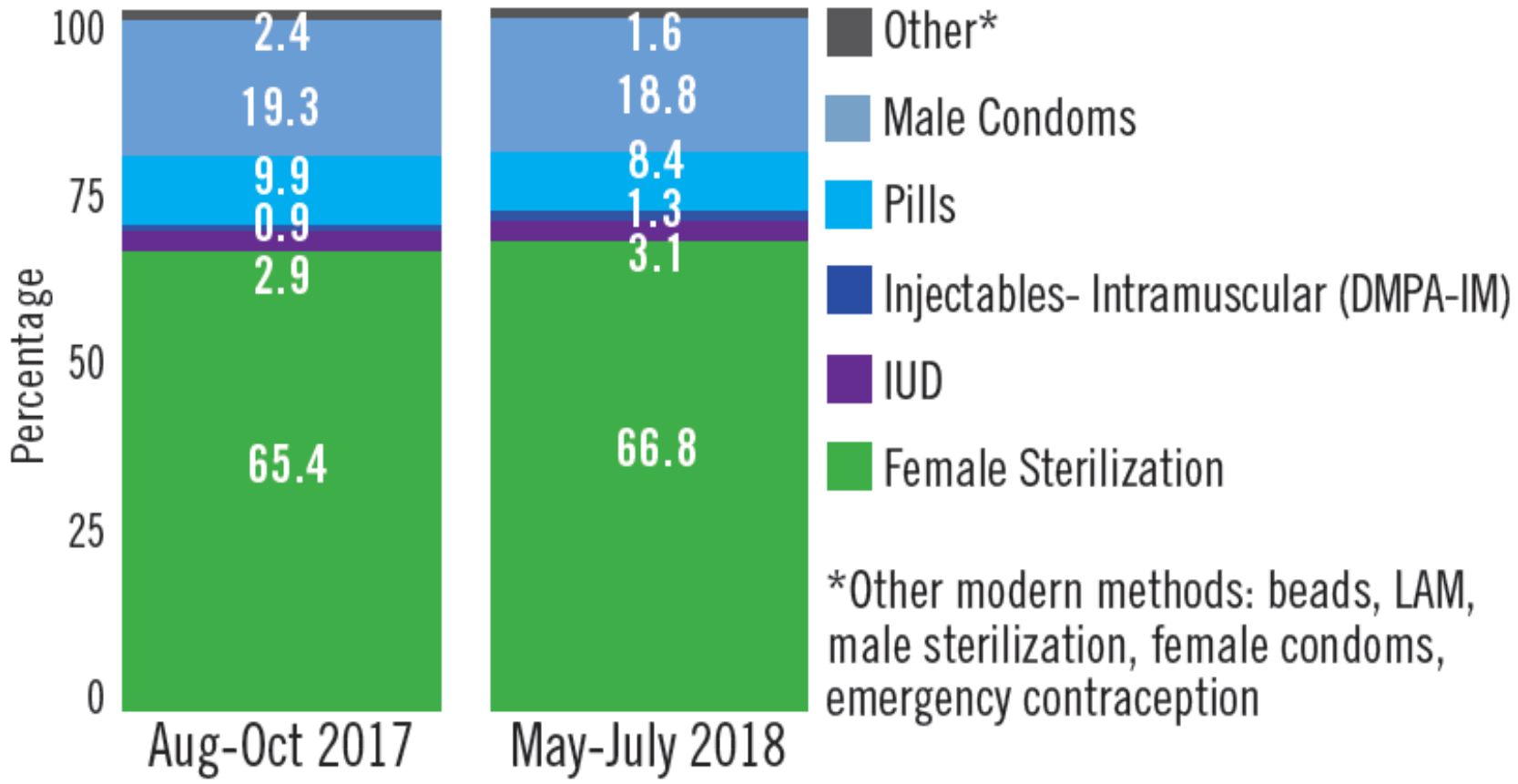
	Rajasthan 35 HHs selected per EA	
Unit	**Number**	**Completion rate**
Households	4933	98.3%
Eligible women 15-49	5832	98.4%
Health Facilities	610	97.6%

Contraceptive Prevalence Rate

(Married women, age 15-49)

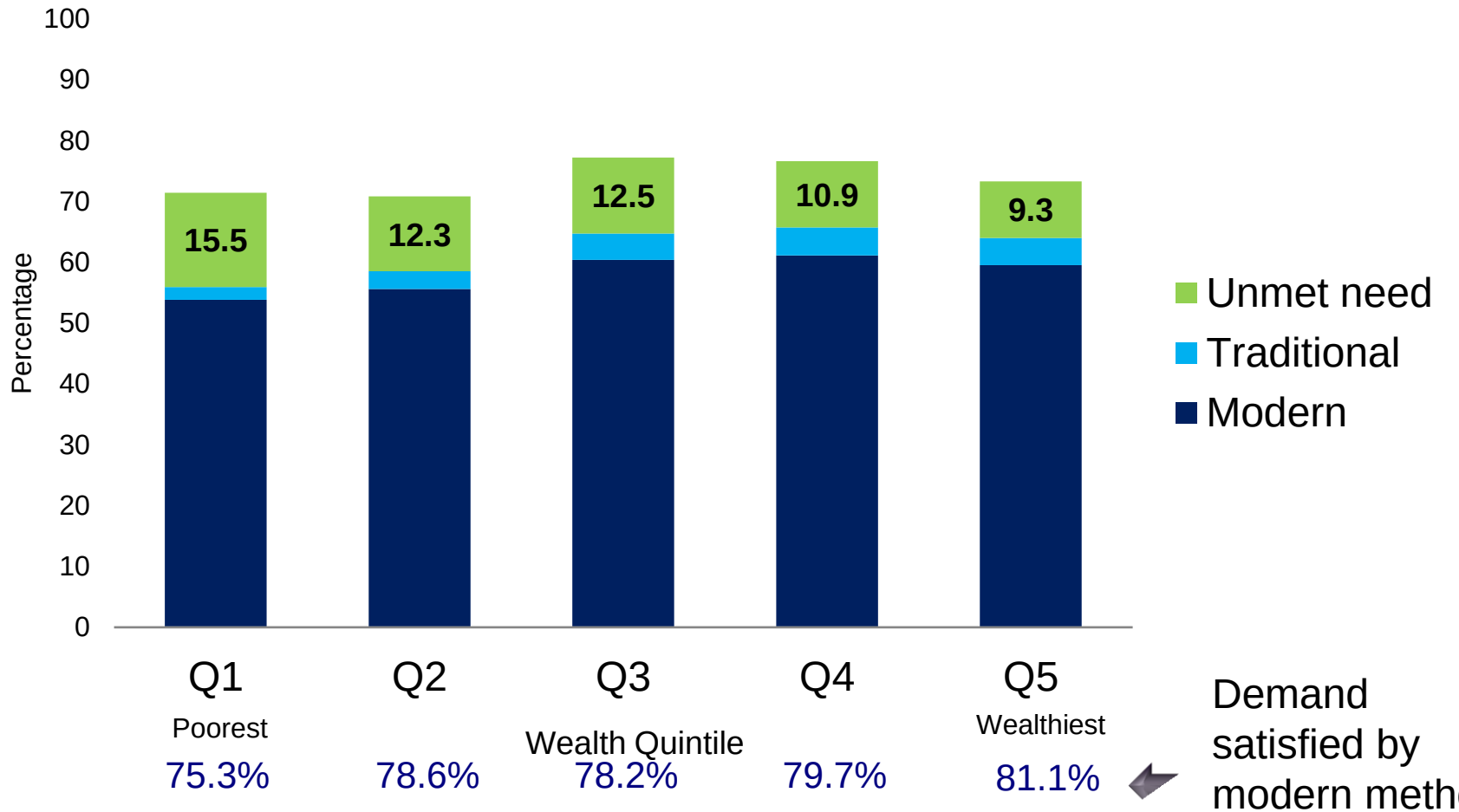
	NFHS-4 2015-16	PMA2017 (Feb-Apr) (R2)	PMA2017 (Aug-Oct) (R3)	PMA2018 (May-Jul) R4
All Methods CPR	59.7	59.0	60.7	**62.2**
Modern Method Use mCPR	53.5	55.4	56.2	**58.4**
Long Acting CPR (Sterilization and IUDs)	42.1	40.1	38.6	**41.1**

Current Modern Method Mix
(Current users, married women, age 15-49)



Current Use and Unmet Need, by Wealth Quintile

(Married women, age 15-49)



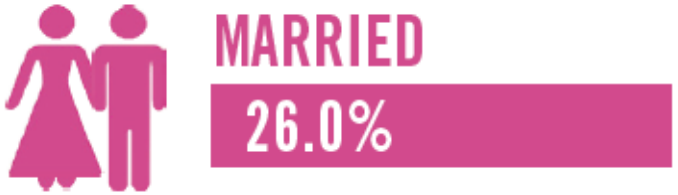
Unmet Need for Family Planning

(Married women, age 15-49)

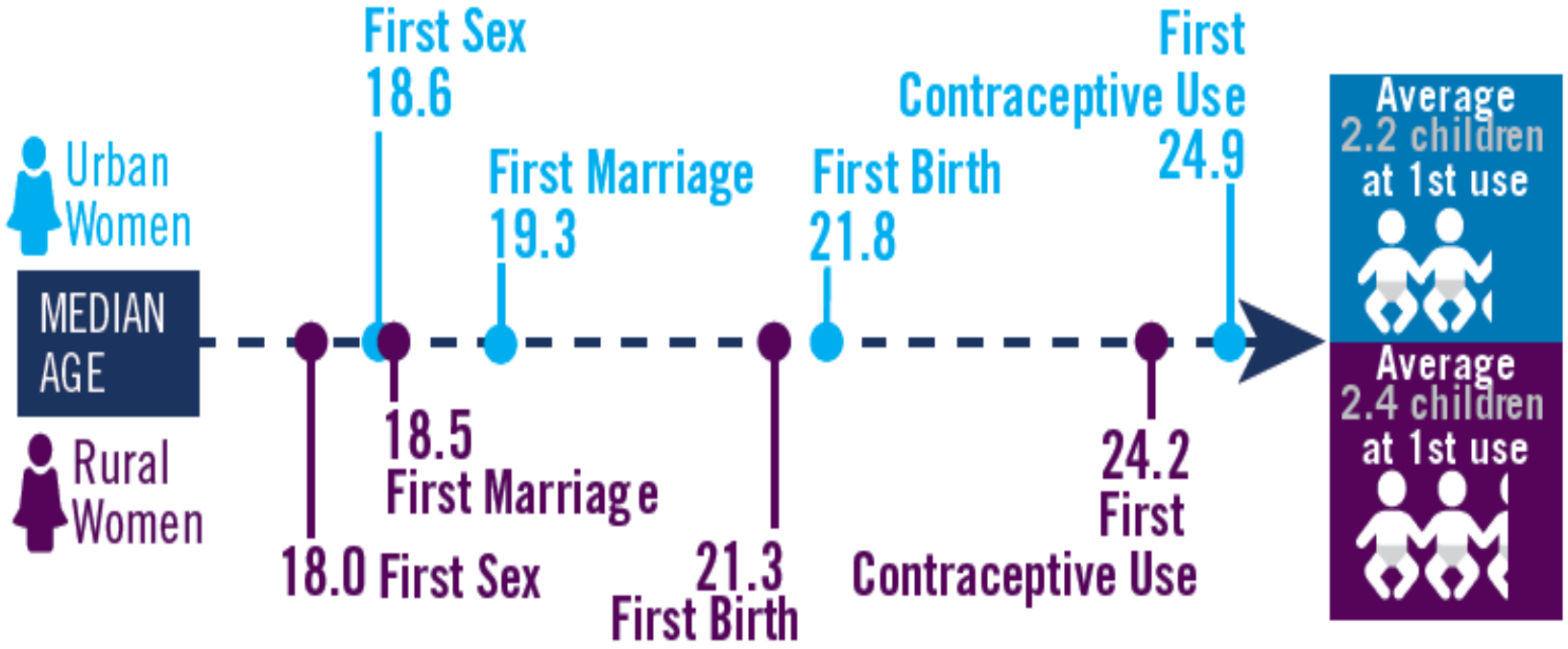
	NFHS-4 2015-16/ Rajasthan	PMA2017 (Feb-Apr) (R2)	PMA2017 (Aug-Oct) (R3)	PMA2018 (May-July) (R4)
Unmet Need (total)	12.3	13.2	12.8	**11.9**
For Limiting	6.6	6.4	5.9	**4.9**
For Spacing	5.7	6.8	7.0	**6.9**
Total Demand	72.0	72.3	73.5	**74.0**
Demand Satisfied by Modern Method	74.3	76.7	76.4	**78.9**

Major Life events by age 18

Percentage of All Women Age 18-24



Median Age at Reproductive Events



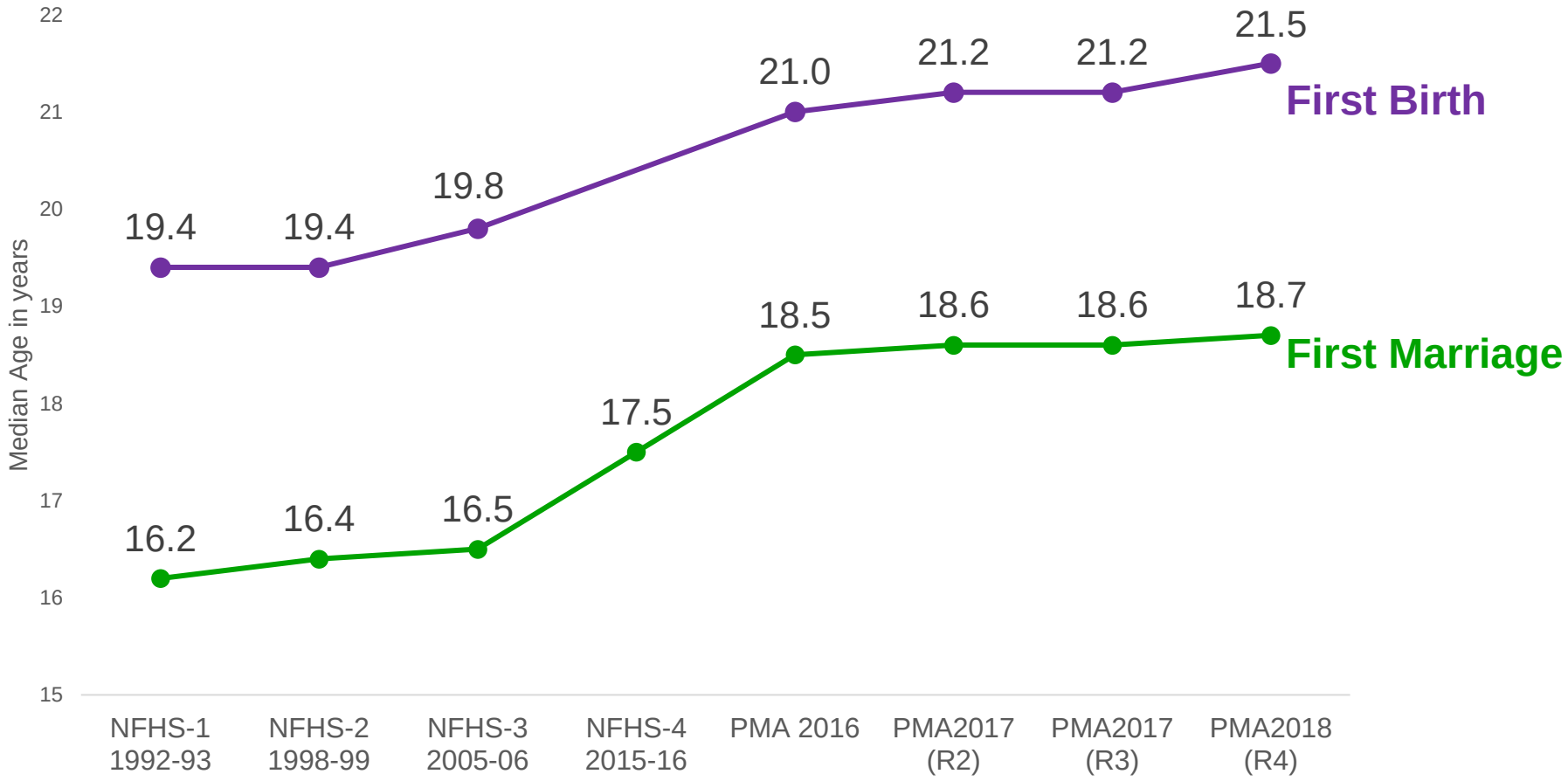
To avoid censoring, median ages are calculated among women age 15-49 for first sex and first contraceptive use and among women age 25-49 for first marriage and first birth.

Unintended Births

(All women, age 15-49)

	PMA2017 (Feb-Apr) (R2)	PMA2017 (Aug-Oct) (R3)	PMA2017 (May-July) (R4)
Recent Births Unintended (%)	12.2	14.0	**12.6**
Wanted Later	10.5	12.8	**11.2**
Wanted No More	1.7	1.2	**1.4**

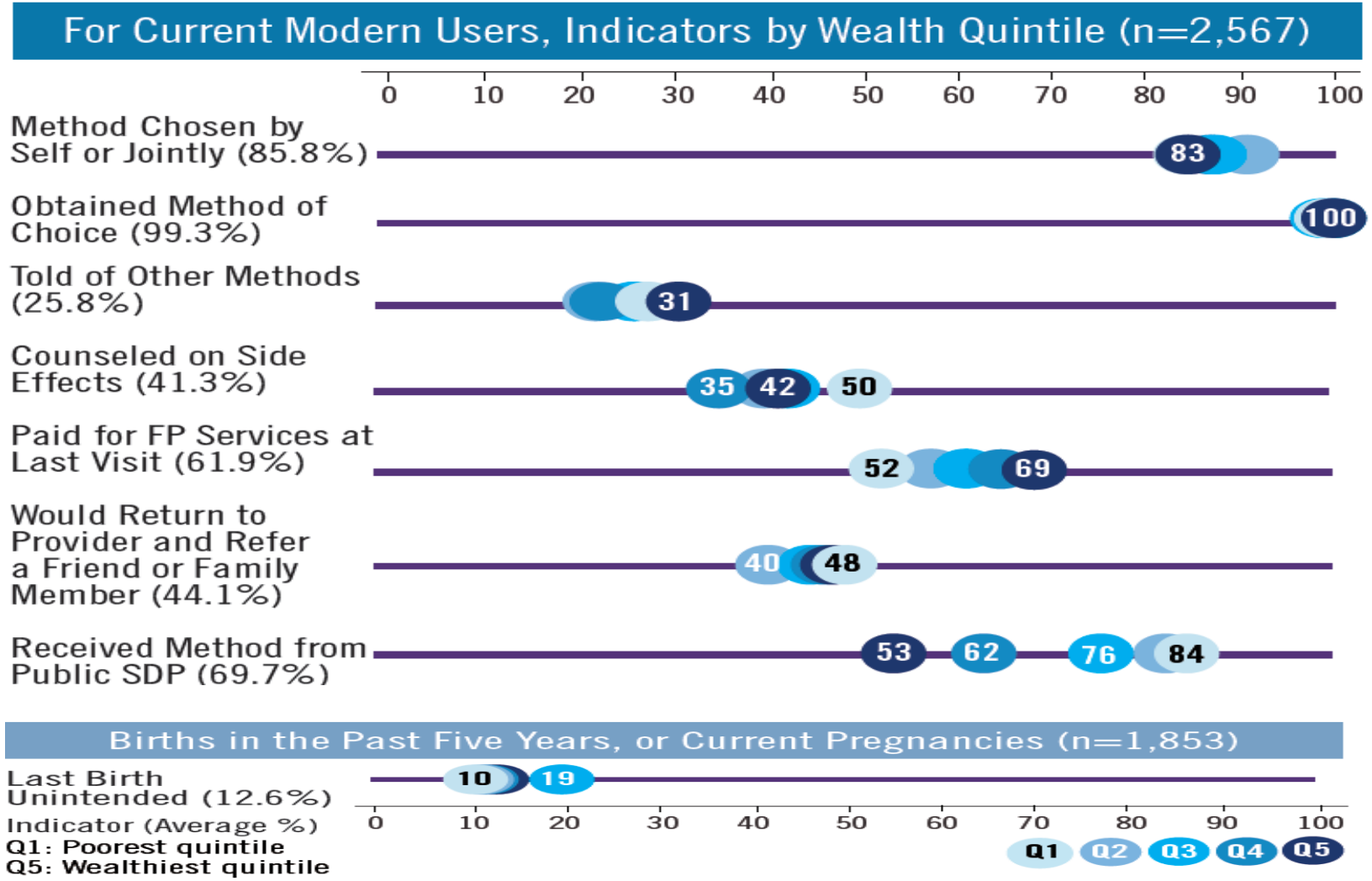
Upward Trend in Median Age at First Marriage and Birth (All women, age 25-49)



Other Family Planning Indicators

- Access
- Equity
- Quality
- Choice

Indicators on Access, Equity, Quality and Choice of Family Planning Services, PMA2018-Rajasthan



Service Delivery Point (SDP) Results

- Services Offered
- Method Availability
- Method Stock Outs
- Method Volumes

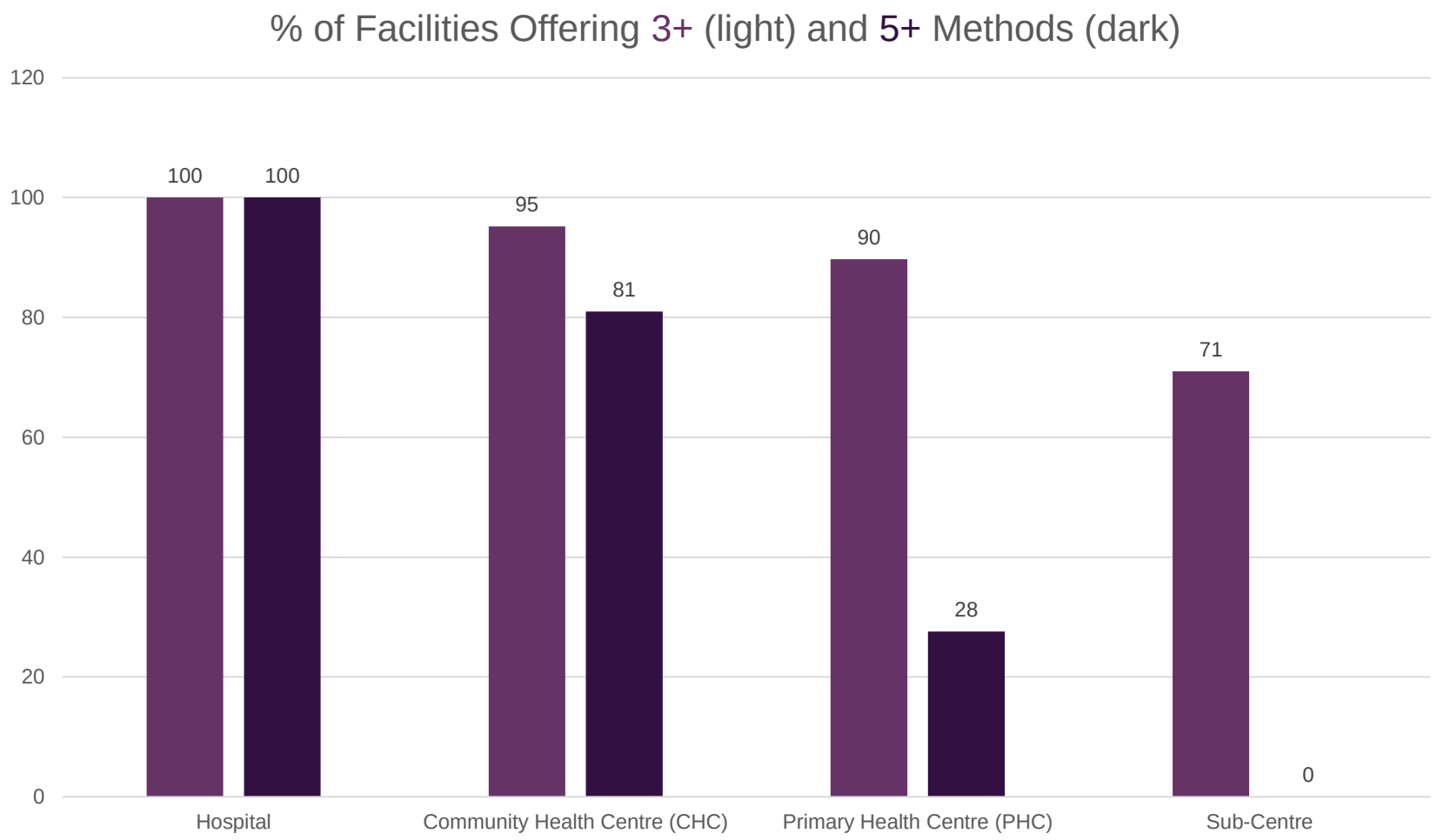
Provision of Services

	Public	Private	Total
Among all service delivery points:			
Percent SDPs offering family planning	98.8	75.3	87.3
Percent SDPs supporting CHWs	85.5	0.2	43.9
Percent SDPs with mobile teams visiting facility in last 6 months	24.1	1.9	13.3

Provision of Services

	Public	Private	Total
Among service delivery points offering family planning services:			
Average number of days per week family planning is offered	6.6	6.7	6.7
Offering family planning counseling/ services to adolescents (%)	47.6	19.2	35.6

Range of Methods Available at Public Facilities



Availability and Stockouts by Method and Sector

Stock-outs by Method*

	Among Facilities that Offer the Method, Percentage Out-of-Stock			
	Current		History of Stock-out in Past 3 Months	
Method	Public	Private	Public	Private
IUD	4.1%	--	4.5%	--
Injectables	0.4%	1.9%	2.8%	1.1%
Pills	7.7%	3.8%	6.5%	6.2%
Condoms	5.3%	3.8%	6.9%	9.6%

* among facilities that offer that method

PMA – Changed Design

(from 2019)

PMA new features to enhance data utilization and action

1. Implementing **a panel design** with embedded cross-sectional surveys, enabling improved measurement of changing **contraceptive use dynamics** and causal factors.

2. Generating a set of core questions that include contextual **community norms, empowerment** – **plus adolescent-specific** questions.

3. **Client Exit Interviews**: to capture quality of services and experiences.

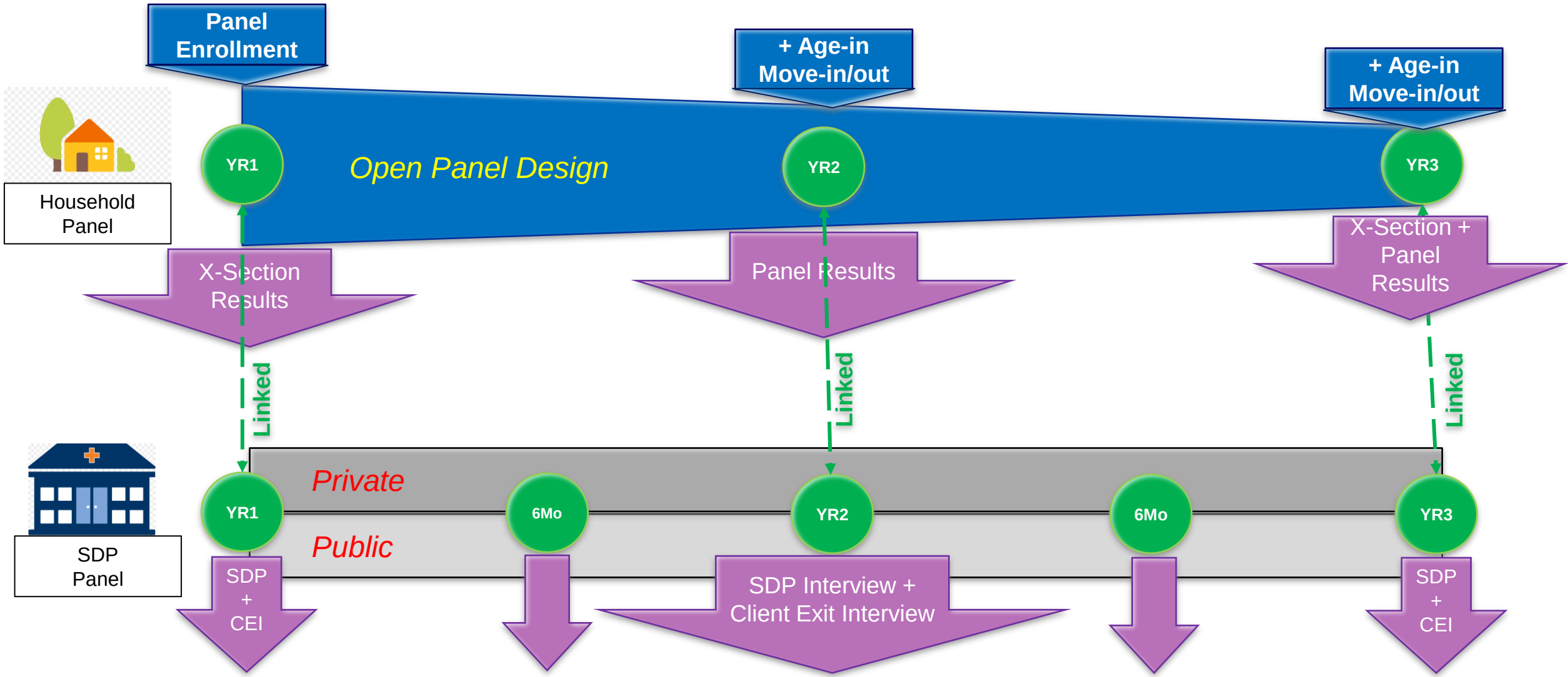
4. Customizing an added set of questions to meet the needs of country governments and stakeholders, including **intervention exposure**. We have added **a COVID-19** module.

5. **Engaging country TAGs** that can provide guidance on developing actionable questionnaire, advocate data use, and build ownership.

6. Developing enhanced data communication/translation approaches, including **customized data products** to better match the needs of data users.

PMA
PERFORMANCE MONITORING FOR ACTION

PMA Panel Design diagram



Linking Communities to SDPs to Client Experiences

Community

Household Panel

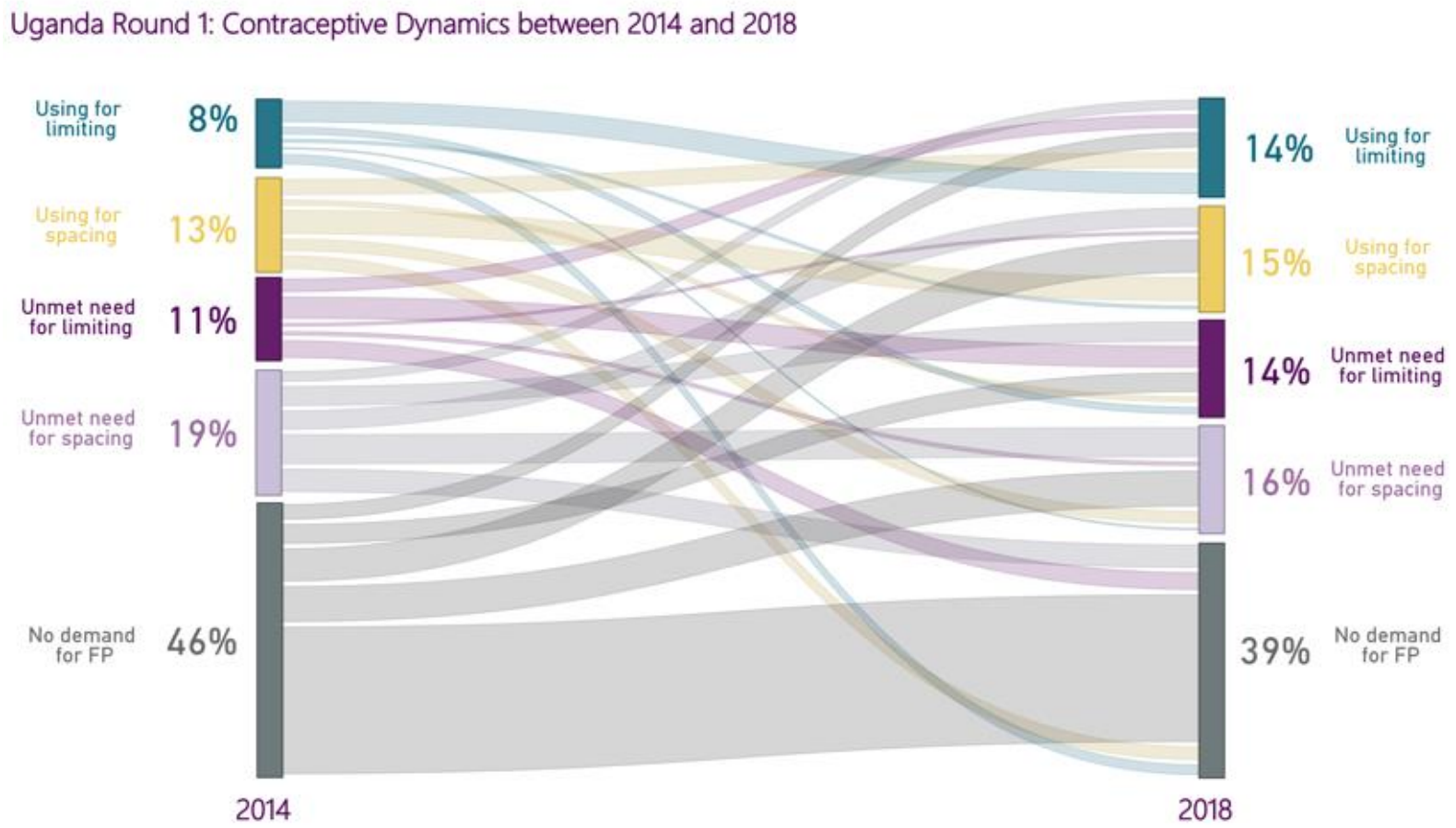
Female population

SDP Panel

Client Interview

Data Update

Panel data reveals dynamic change in contraceptive use/demand



- Two cross-sectional PMA2020 surveys would yield contraceptive use/demand status for two points in time -- as shown here for 2014 and 2018 in stacked bars.
- PMA Panel design reveals the change in contraceptive use/demand status experienced by individual women – as shown here in flows or "ribbons".
- Panel design allows a depiction of the "churn" in contraceptive use status and for understanding factors that drive change in status.

Survey Design

- State-wide sample consisting of a total of 134 Enumeration Areas (EAs), of which 89 are rural and 45 are urban
- REs mapped and listed households and service delivery points (SDPs) for each EA
- Random number generator app was used to select 35 HHs per EA in Rajasthan from the sampling frame generated by the EA listing exercise
- Total of household interviews completed- 4577
- Total number of female interviews completed - 5405
- A total of 563 Service Delivery Points (SDPs) were surveyed, of which 216 are public and 347 private
- Data collection conducted from August - October 2020

Survey Instruments

- Four (4) questionnaires used:
  - Household questionnaire
  - Female respondent questionnaire (15-49 years)
  - Service delivery point questionnaire (SDP)
  - Client Exit Interviews
- REs conducted household, female and private SDP interviews.
- Field supervisors conducted all SDP interviews at the three levels of public facilities that serve the EA
- National Family Health Survey (NFHS) question wording adopted

COVID-19 Training Sessions

COVID-19 Training Sessions

Data Collection

PMA Key Family Planning Indicators

Section 1: Contraceptive use, Dynamics, and Demand

- Modern Contraceptive Prevalence Rate
- Contraceptive Prevalence By Method Type
- Method Use, Unmet Need, and Demand Satisfied by a Modern Method

Section 2: Quality of FP Services and Counseling

- Method Information Index Plus (MMI+)
- Discussed FP in the past year with provider/CHW
- Client Exit Interviews

PMA Key Family Planning Indicators

Section 3: Partner Dynamics

- Partner involvement in FP decisions

Section 4: Women and Girls' Empowerment

- Agreement with contraceptive empowerment statements

Section 5: Attitudes Towards Contraception

- Personal attitude

PMA Key Family Planning Indicators

Section 6: Reproductive Timeline

- First contraceptive use
- First marriage
- First sex
- First birth
- Reproductive events by age 18

Section 7: Service Delivery Points

- Trends in method availability: condoms, IUDs, pills, injectables, etc

Covid-19 Specific Module

Section 1: Concern about COVID-19 and Prevention Measures

- Concern about COVID-19
- Left current community to avoid Covid-19

SECTION 2: Economic Impact of COVID-19

- Household income loss
- Personal income loss
- Food insecurity
- Change in economic reliance on partner
- Financial worry

Covid-19 Specific Module

Section 3: health service access barriers

- Difficulty accessing health facility
- Not using FP for COVID-related reasons

Section 4: COVID-19 impact on service delivery points

- Health facility closure during covid-19 restrictions
- Impact on FP services during covid-19 restrictions
- Supply of FP methods
- Reduction in FP clients

Current Status and Plan

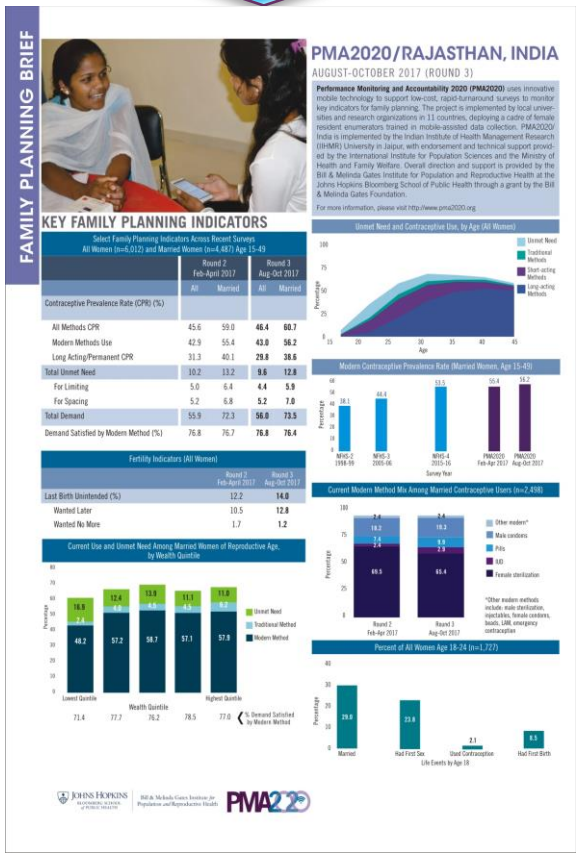
- Data collection completed (First phase of panel)
- Data analysis is in progress
- Dissemination Workshop is planned in 2nd week of March

Papers Published This Year (2020)

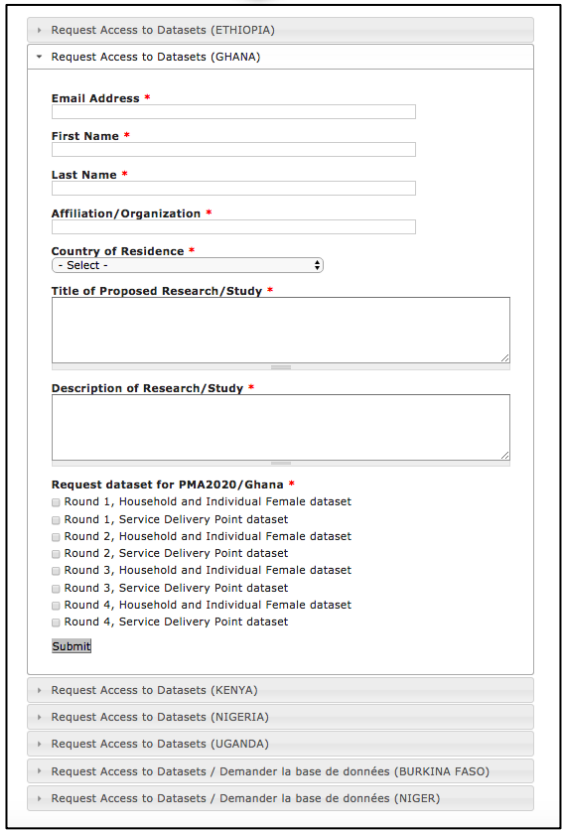
S. No.	Title of paper	Name of Journal	Year
1	Induced Abortion Incidence and Safety in Rajasthan, India: Evidence that Expansion of Services is Needed	Studies in family planning	2020
2	Social network-based measurement of abortion incidence: promising findings from population-based surveys in Nigeria, Cote d'Ivoire, and Rajasthan, India	Population Health Metric	2020
3	Menstrual regulation: Incidence, methods, and sources of this understudied reproductive practice in three countries (Abstract)	Contraception (Elsevier)	2020
4	Evaluating the declarations of open defecation free status under the Swachh Bharat ('Clean India') Mission: repeated cross-sectional surveys in Rajasthan, India	BMJ Specialist Journals	2020

Ways to Access PMA Data

Two-Pager



Raw Data



DataLab

Find out more at pmadata.org

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Thank you!

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