



Output Tracking Survey





Round One

BACKGROUND

Output Tracking Survey (OTS) aims to track and monitor performance and progress of The Challenge Initiative for Healthy Cities (TCIHC) toward project's intended results of increasing access and use of quality family planning, and Maternal and Neonatal Health (MNH) services.

OUTPUT TRACKING SURVEY (OTS)

OBJECTIVE- OTS IS DESIGNED TO:

	<i>Track progress against output and outcome indicators i.e. key performance indicators (KPIs).</i>
	<i>Describe contraceptive behaviour of married women of reproductive age</i>
	<i>Identify & prioritize determinants of contraceptive use</i>
	<i>Identify geographies with gaps for mid-course correction</i>

STUDY DESIGN

OTS is a population based cross-sectional survey designed to collect health facility, client and household-level data on an annual basis to measure performance indicators of TCIHC. OTS first round data collection was conducted between September 2018 to November 2018. Data collection for second round of OTS completed on 30Sep 2019, having only one component i.e. household survey. The results are expected by end baseJanuary2020. Findings from Round one and two will be compared and used to refine TCIHC's strategies in Phase 2.

- **Household Level Survey** –was conducted in both slum and non-slum areas using Lot Quality Assurance Sampling (LQAS) technique. *Currently married women (15-49 years)* were interviewed to measure contraceptive use, method-mix and several other output and outcome indicators.
- **Facility Level Survey and Client Exit Interviews** were conducted at service delivery points catering to slum population. This included public and private product and service delivery points to assess facility readiness to provide family planning (FP) and maternal and new-born health (MNH) services. At these facilities, FP and MNH clients were also interviewed to understand their experience of services, satisfaction level and exposure to TCIHC interventions.

GEOGRAPHY

Across 31 TCIHC cities in three states, OTS was conducted in 14 cities – 9 from Uttar Pradesh, 4 from Madhya Pradesh and 1 from Odisha. Cities were selected based on their implementing period, size of slum population, percentage modern contraceptive prevalence rate (mCPR) and system readiness.

SAMPLE SIZE

- The sample size estimation for the HH survey was based on the indicator of modern contraceptive prevalence rate (mCPR). A sample of 8000 was estimated to be sufficient to detect 3% increase in mCPR. This sample size was distributed equally in 14 OTS cities, with a plan to draw 570 sample from each city. In OTS round-1, 8030¹ mWRA including 4030 from slums and 4000 from non-slum areas were covered in the household survey. Additionally, 1154 currently married women in the age group of 15-24 years from 9 cities of Uttar Pradesh were interviewed for assessing AYSRH interventions.
- For facility level survey, 800 sample was determined to be sufficient for estimating the proportion of PSDPs providing 3 or more contraceptive methods. In OTS Round-1, 811 product and service delivery points covered in the survey.
- For client exit interviews, a sample of 2000 clients were estimated to study the change in outcome indicator on percent clients receiving quality services. In OTS round-1, a total of 4076 FP and MNH clients were interviewed.

OTS TOOLS

Three survey tools were used including-1) Questionnaire for mWRA, 2) Questionnaire for product and service delivery points and 3) Client exit interview Questionnaire

OTS FINDINGS

The key findings from survey are:

FINDINGS FROM HOUSEHOLD SURVEY

Across all 14 OTS cities, 51% of currently married women between 15-49 years and 36% between 15-24 years are using a modern family planning method.

Key findings - married 15-49 years

- In the age group of 15-49 years, mCPR is 51% and shows high dependence on two methods- female sterilizations (23%) and condom (19%)
- Use of female sterilization is higher among urban poor (poorest - 28% vs richest-19%), while condom among rich (poorest - 13% vs richest-25%)
- There is high dependence on public facilities for female sterilization (74%) and IUCD (72%), while private sector has high client load for for condom (88%) and OCP (80%)

¹ Sample is sufficient to measure 3% increase in mCPR

Key findings- young parents 15-25 years

- Around 71% first-time parents desire to delay or limit child birth
- Two third women in the age group 15-24 years who accepted female sterilization as a family planning method used public facilities to access the method. Similar finding was also revealed for women 15-24 years who accepted IUCD. Majority access pharmacy for OCP (90%) and condom (73%)
- In young cohort, use of female sterilization decreases and condom increases with increase in education and wealth.
- Modern contraceptive use increases with increase in parity, education and wealth.
- Attitude towards FP and spousal communication are important determinants of modern method use.
- High access to phone and increasing use of social media provides opportunity to engage young and low parity women and men.

Findings from Facility Survey

- 100% UPHCs/CDs reported integrating FP with MNH services.
- 83% UPHC/CDs reported conducting fixed day static service/family planning day.
- 77% facilities are having a trained provider
- 91% had no stock-out in last three months and 43% have at least two IUCD insertion kit.
- 40% maternal health clients and 68% child health client reported receiving FP counselling.

Findings from Client Exit Interview

- Out of total clients counselled on FP at UPHCs, nearly two-third (67%) of clients were told about three or more methods.
- Quality of counselling at UPHCs and CDs needs improvement particularly on providing basket of choices, side- effects and follow-up.
- Waiting time seems to be a major problem perceived by FP clients followed by quality of counselling. Nearly one-fifth of the clients suggested to reduce the waiting time.
- 51.2% respondents were treated politely merely 0.6% respondents were treated impolitely by providers.

RECOMMENDATIONS EMERGED FROM OTS FINDINGS

Findings from the OTS have reinforced relevance of some of the existing strategies, highlighted potential areas for intervention and informed communication content and strategy. Some of the recommendations are:

- Program must **continue to focus on slum areas** to strengthen family planning services quality at UPHCs and outreach sites.

- 
- Program to prioritise **targeting non-users and users of traditional methods**. Continuous follow up with users of short acting methods such as condom and pill to support them in continuing with their current method.
 - **Prioritize women under 30 years of age** for demand aggregation. They have higher unmet need but get limited attention. Reaching young women through coaching and mentoring of ASHAs and regular monitoring of quality of reach could be some of the approaches.
 - **Mid-media campaign can focus on spousal communication** and awareness of modern methods in slum areas. Men engagement strategy is another opportunity to talk about spousal communication.
 - There is huge opportunity to **use digital platforms** (mobile/smart phone) to increase access to information and services on contraceptive for young people.
-