PERFORMANCE MONITORING FOR ACTION

PMA KENYA

Results from Phase 1 baseline survey

November–December 2019

FAMILY PLANNING

OVERALL KEY FINDINGS

Since 2015, there has been a decline in mCPR, from 62% to 56% among married women.

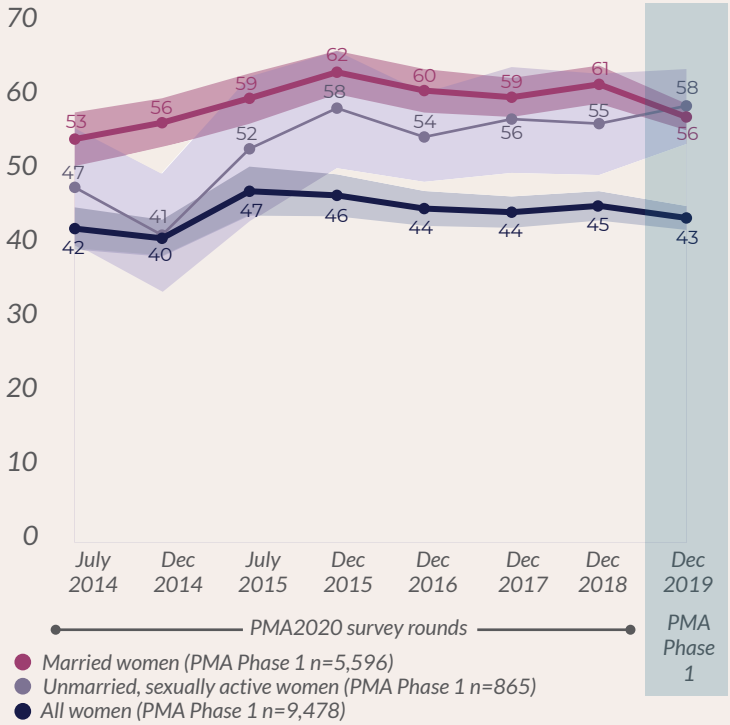
The shift toward long-acting family planning (FP) methods has continued, growing from 11 to 20% use among all women due mainly to increases in implant use.

Contraceptive stock-outs have increased since 2015, most notably for implants, injectables and pills.

SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

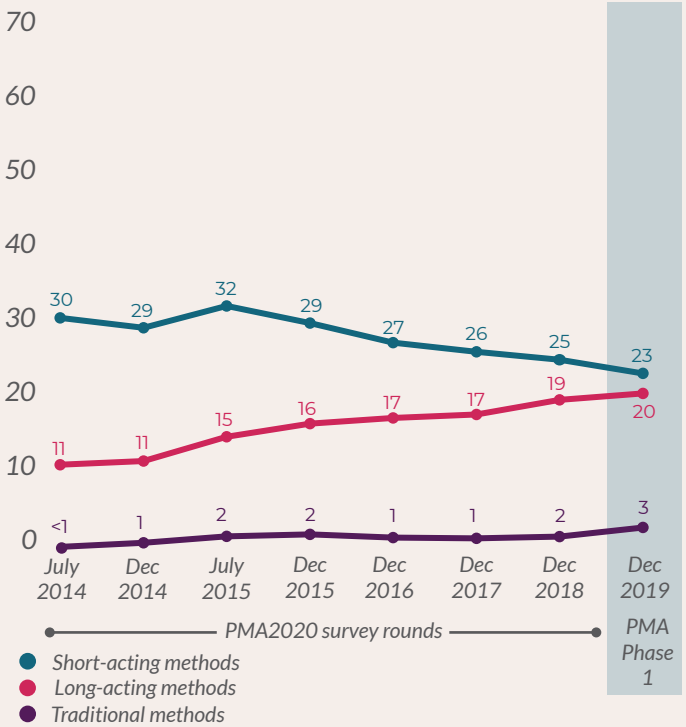
MODERN CONTRACEPTIVE PREVALENCE

Percent of women age 15-49 currently using modern contraception (mCPR) by marital status



CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (PMA Phase 1 n=9,477)



PMA|KENYA PERFORMANCE MONITORING FOR ACTION

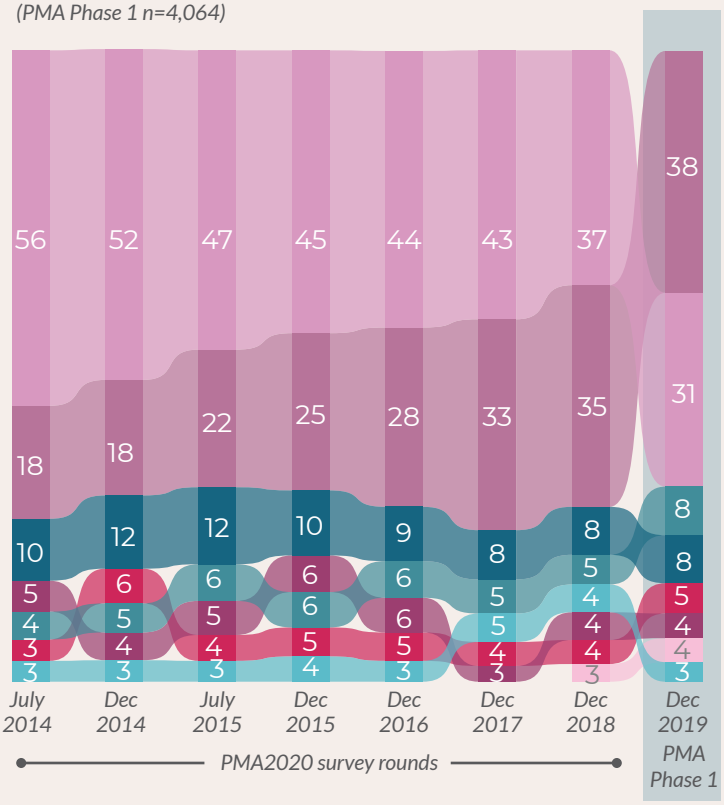
ICRH Kenya INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH | Bill & Melinda Gates Institute for Population and Reproductive Health

jhpiego Saving lives. Improving health. Transforming futures.

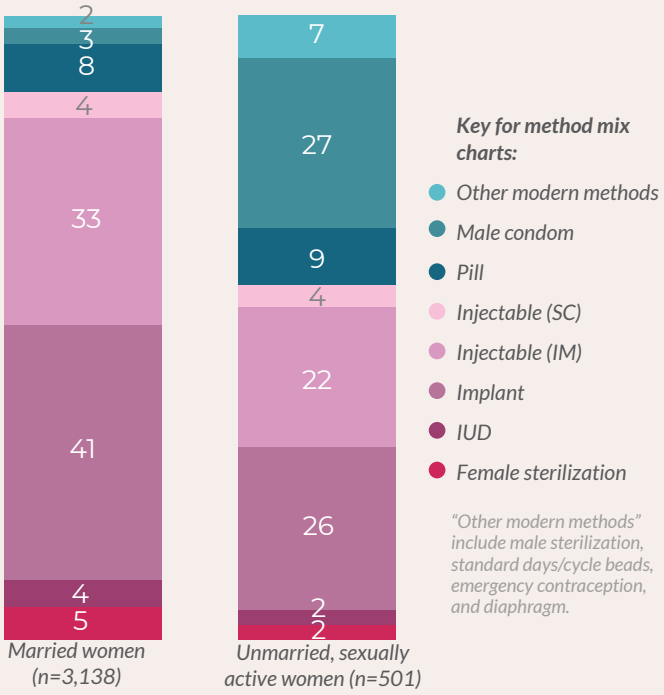
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (PMA Phase 1 n=4,064)



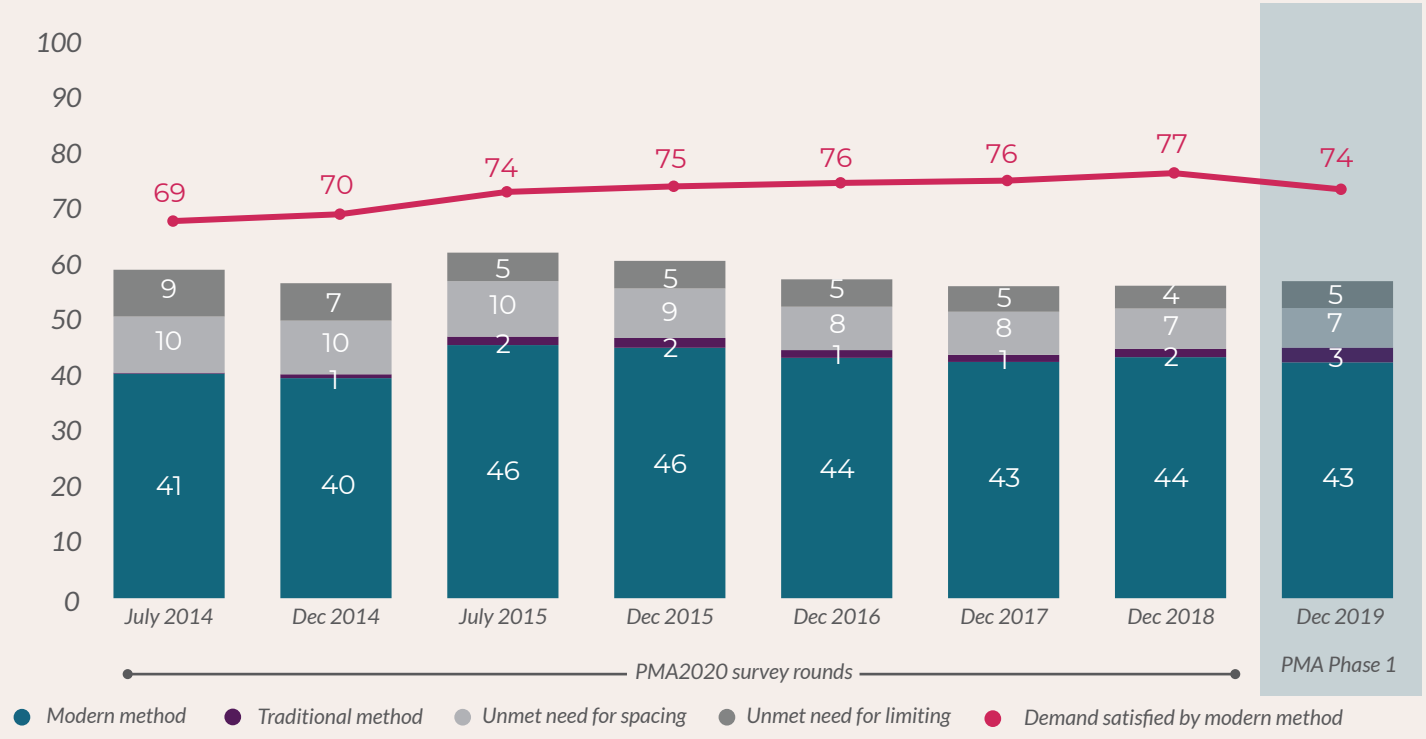
MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method and marital status



METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (PMA Phase 1 n=9,478)



Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

PMA|KENYA
PERFORMANCE MONITORING FOR ACTION

12-MONTH DISCONTINUATION RATE

Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=4,386 episodes)

4% *discontinued to become pregnant*

45% *discontinued for other reasons*

Reasons for discontinuation:

2% *experienced method failure*

8% *were concerned over side effects or health*

13% *had other fertility related reasons*

4% *other method-related reasons*

13% *wanted a more effective method*

4% *other/don't know*

Discontinued but switched methods:

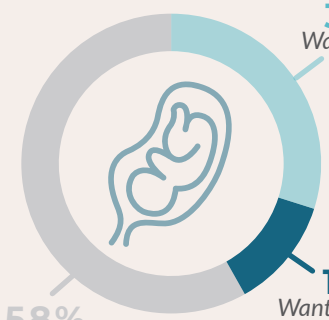
19% *Switched*

KEY FINDINGS FOR SECTION 1: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- *Overall mCPR has declined slightly in recent years, with a continuing shift away from short-acting towards long-acting methods.*
- *74% of demand among all women is being satisfied by a modern method, a slight decrease after consecutive years of increases.*
- *49% of the time, methods were discontinued within one year of starting. 4% did so to become pregnant, and 19% switched to another method.*
- *42% of pregnancies were unintended, with 30% mistimed and 12% not wanted.*

INTENTION OF MOST RECENT BIRTH/CURRENT PREGNANCY

Percent of women by intention of their most recent birth or current pregnancy (n=5,341)



30% *Wanted later*

42% *of pregnancies were unintended*

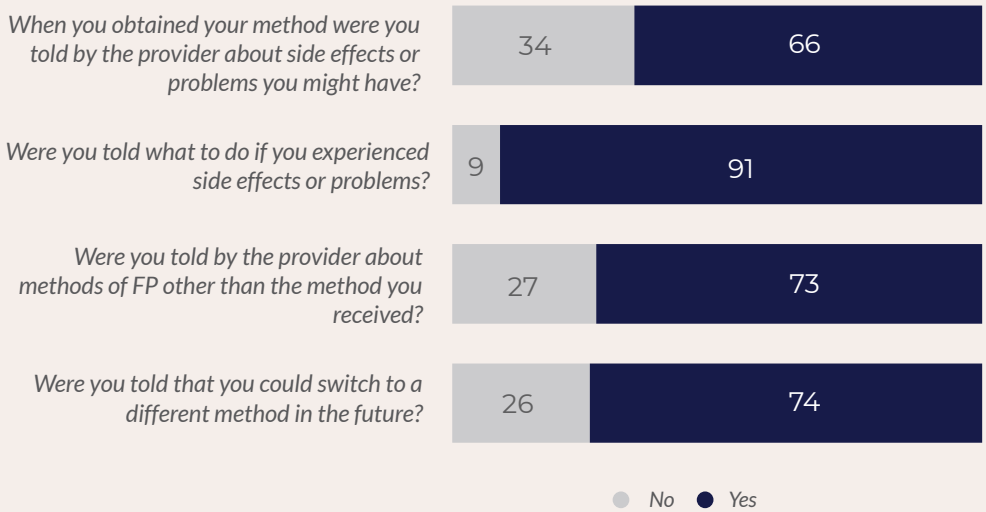
12% *Wanted no more children*

58% *Intended*

SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

METHOD INFORMATION INDEX PLUS (MII+)

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods (n=4,000)



Percent of women who responded "Yes" to all four MII+ questions

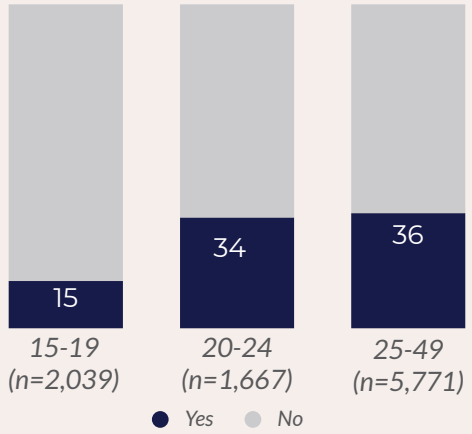
51% *answered **"No"** to at least one MII+ question*

49% *answered **"Yes"** to all four MII+ questions*

PMA|KENYA
PERFORMANCE MONITORING FOR ACTION

DISCUSSED FP IN THE PAST YEAR WITH PROVIDER/CHW

Percent of women who received FP information from a provider or community health worker (CHW), by age

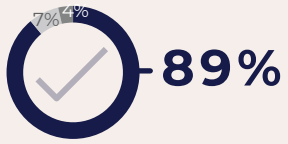


CLIENT EXIT INTERVIEWS

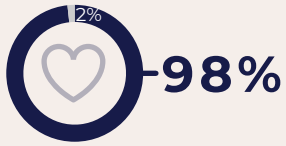
Percent of female clients age 15-49 who said yes to the following questions (n=3,901)

During today's visit, did the provider tell you the advantages/disadvantages of the FP method?

During today's visit, did you obtain the method of FP you wanted?



Were you satisfied with FP services you received today at this facility?



Yes *No* *Neither (follow-up visit)*

Clients were interviewed immediately following their health facility visit to obtain FP counseling or services.

KEY FINDINGS FOR SECTION 2: QUALITY OF FP SERVICES AND COUNSELING

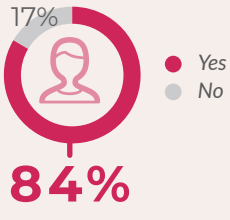
- *98% of clients report satisfaction with FP services they received, however only **60%** reported that the provider discussed the advantages and disadvantages of the chosen method.*
- *Adolescent girls are least likely to have discussed FP with their health provider/CHW in the past year.*

SECTION 3: PARTNER DYNAMICS

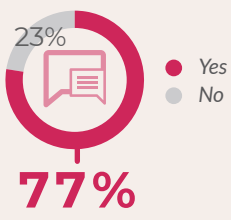
PARTNER INVOLVEMENT IN FP DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=4,007)

Does your partner know that you are using this method?

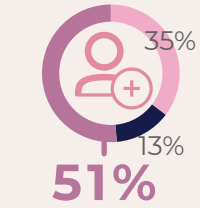


Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



Percent of women who are currently using FP and agree with the following statements (n=4,263)

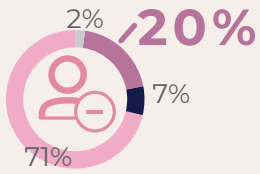
Would you say that using FP is mainly your decision?



Joint decision
Mainly respondent
Mainly partner

Percent of women who are not currently using FP and agree with the following statements (n=4,685)

Would you say that not using FP is mainly your decision?



Joint decision
Mainly respondent
Mainly partner
Other

KEY FINDINGS FOR SECTION 3: PARTNER DYNAMICS

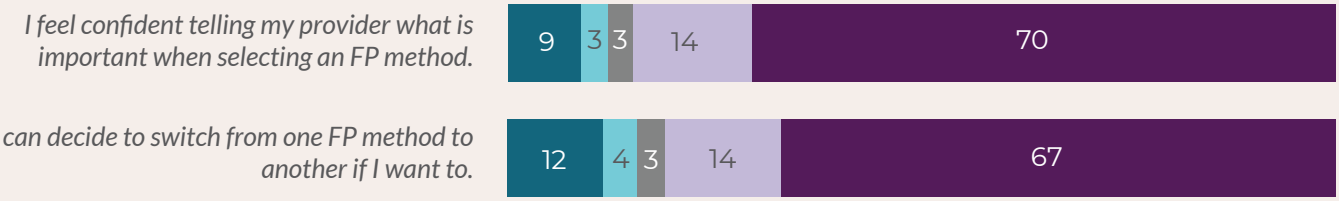
- *Among women using a modern method that can be concealed, **17%** report that their partner does not know that they are using contraception.*
- *13% of women who are using a contraceptive method report that it is mainly their partner's decision. 20% of the decisions not to use and 51% of the decisions to use FP are jointly made.*

PMA KENYA
PERFORMANCE MONITORING FOR ACTION

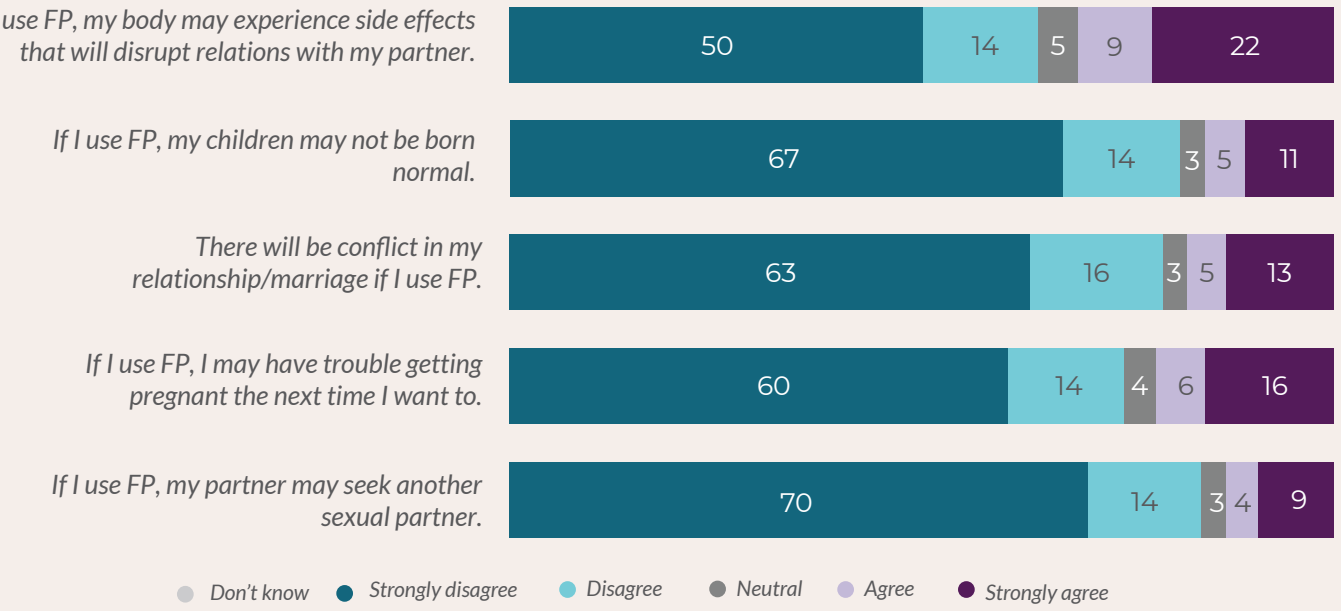
AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

Percent of all women who strongly agree to strongly disagree with each statement

Exercise of choice (self-efficacy, negotiation) for family planning (n=9,367)



Existence of choice (motivational autonomy) for family planning (n=9,279)



WOMEN'S AND GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

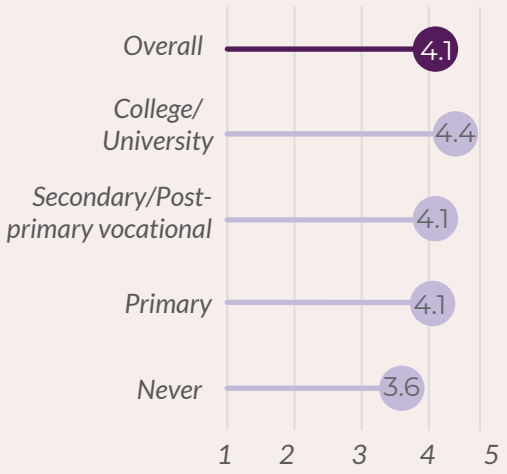
The Women's and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes.

Presented results are only for the existence of choice and exercise of choice domains for family planning.

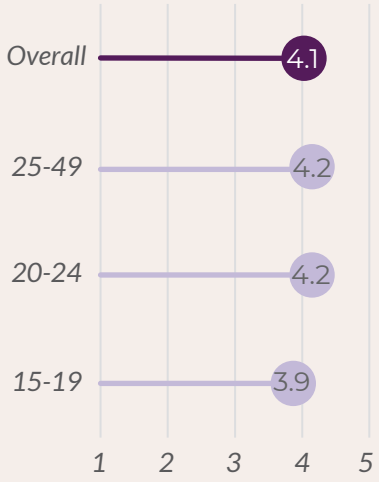
Scores from the above family planning empowerment statements were summed and divided by number of items (7) for average WGE family planning score across both domains .

Range for the combined WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE score, by education



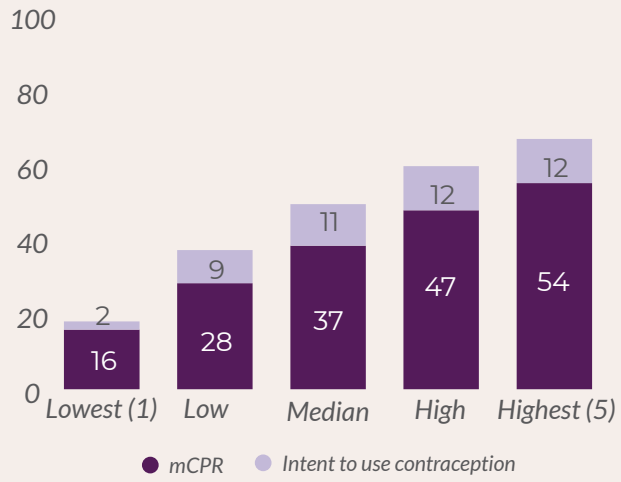
Mean WGE score, by age



PMA KENYA
PERFORMANCE MONITORING FOR ACTION

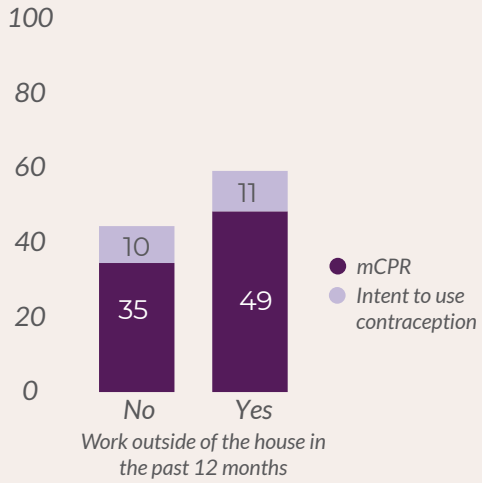
mCPR and intent to use contraception, by categorical WGE score

Percent of women using a modern method of contraception and percent of women who intend to use contraception in the next year by categorical WGE score (n=9,470)



mCPR and intent to use contraception, by employment

Percent of women using a modern method of contraception and percent of women who intend to use contraception in the next year by employment status (n=9,469)



KEY FINDINGS FOR SECTION 4: WOMEN AND GIRLS' EMPOWERMENT

- *Women who score higher on the empowerment scale are much more likely to be using a modern contraceptive method or to intend to use in the future.*
- *Women who are employed are more likely to be using or intending to use modern contraception.*

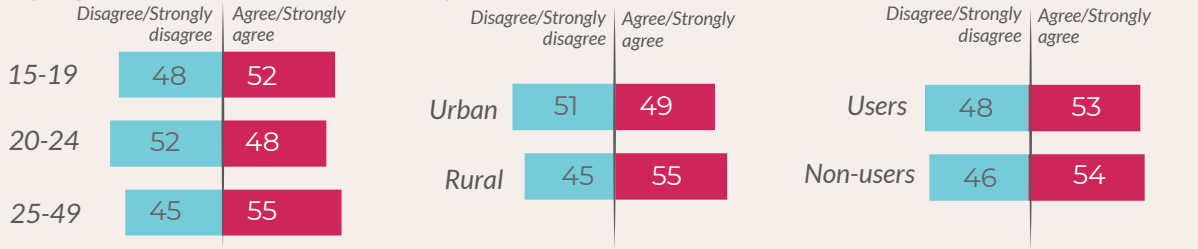
SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

PERSONAL ATTITUDES

Percent of women who personally agree with statements made about contraceptive use, by age, residence, and contraceptive use status

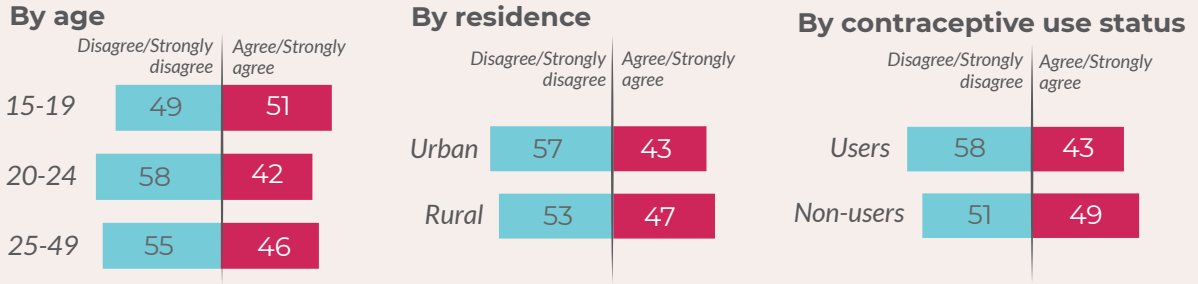
Adolescents who use FP are promiscuous.

(n=9,460)



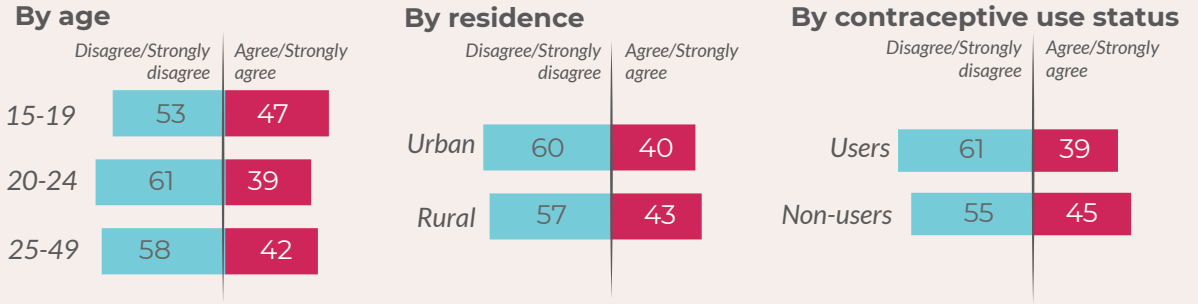
FP is only for married women.

(n=9,463)



FP is only for women who don't want any more children.

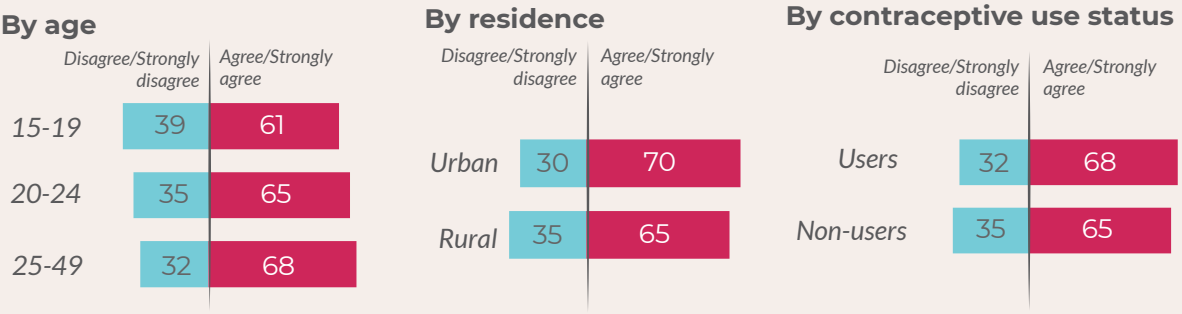
(n=9,460)



PMA KENYA
PERFORMANCE MONITORING FOR ACTION

People who use FP have a better quality of life.

(n=9,437)



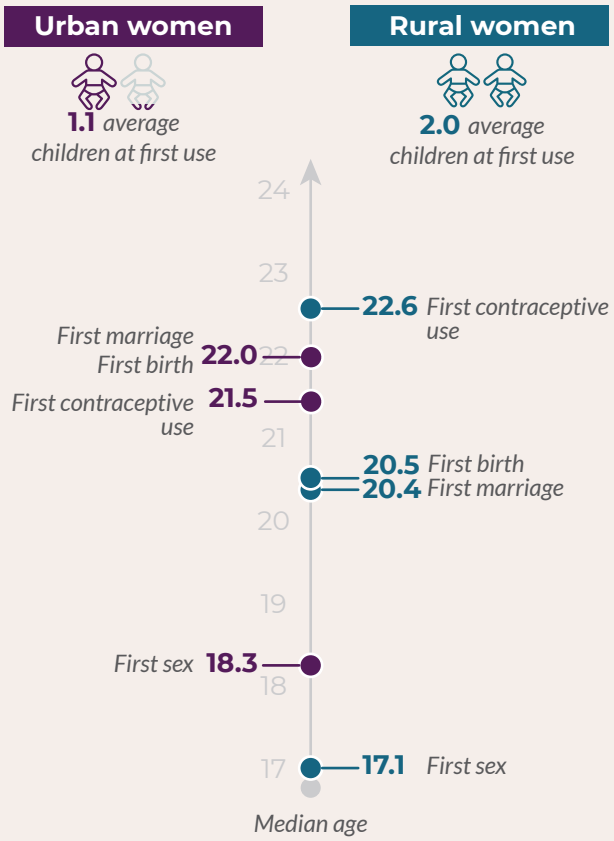
KEY FINDINGS FOR SECTION 5: ATTITUDES TOWARDS CONTRACEPTION

- *Over **61%** of the women agreed or strongly agreed that people who use FP have a better quality of life. There is no difference by age, residence or use of FP.*
- *Approximately half of respondents have misconceptions about family planning.*

SECTION 6: REPRODUCTIVE TIMELINE

REPRODUCTIVE TIMELINE

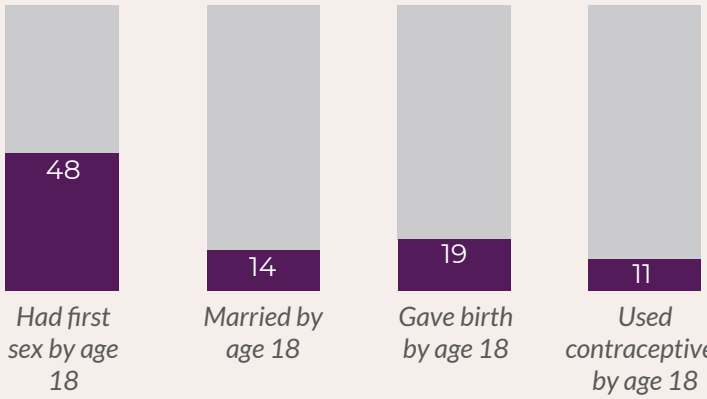
Median age at reproductive events, by urban vs. rural residence (n=5,911)



Note: median age at first sex and first contraceptive use calculated among women 15-49 years; median age at first marriage and first birth calculated among women 25-49 years.

REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=2,441)



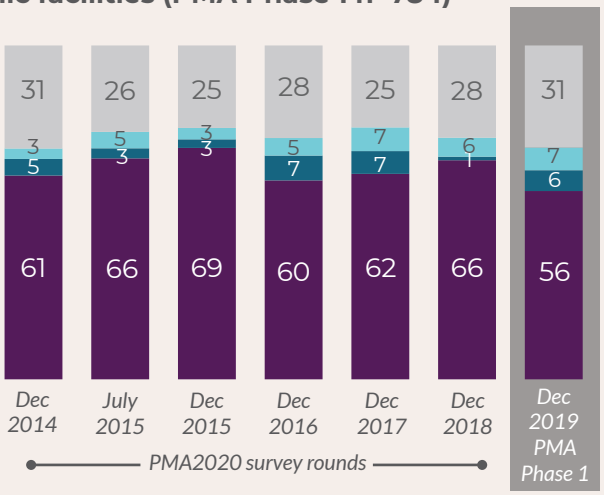
KEY FINDINGS FOR SECTION 6: REPRODUCTIVE TIMELINE

- *Rural women enter sexual activity earlier, marry earlier, give birth earlier, but initiate contraception later than urban women.*
- *While nearly half of young women have had first sex by age 18, only **14%** are married by that age and just **11%** have used a contraceptive.*

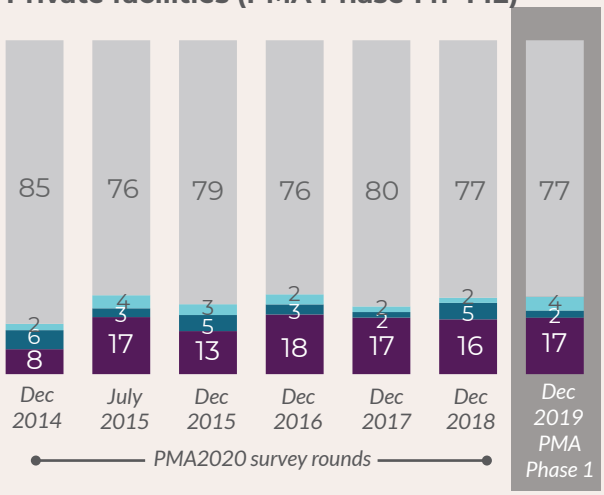
PMA KENYA
PERFORMANCE MONITORING FOR ACTION

TRENDS IN METHOD AVAILABILITY: IUD

Public facilities (PMA Phase 1 n=784)



Private facilities (PMA Phase 1 n=142)



Currently in stock and no stockout in last 3 months | Currently in stock but stockout in last 3 months | Currently out of stock | Not offered

Main reasons for stockout in public facilities:

66% *Ordered but did not receive shipment*

17% *Did not place order for shipment*

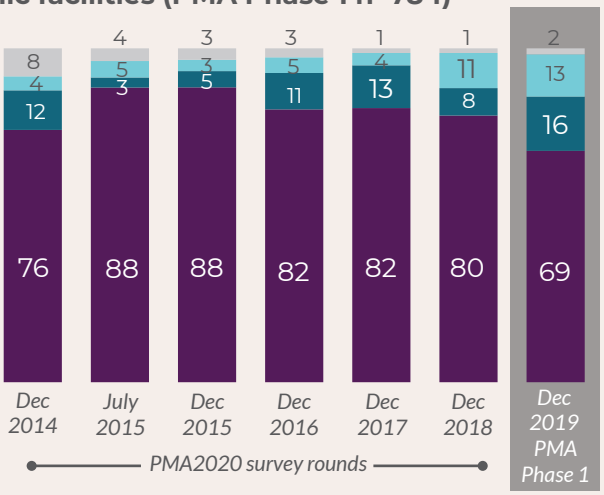
Main reasons for stockout in private facilities:

33% *Ordered but did not receive shipment*

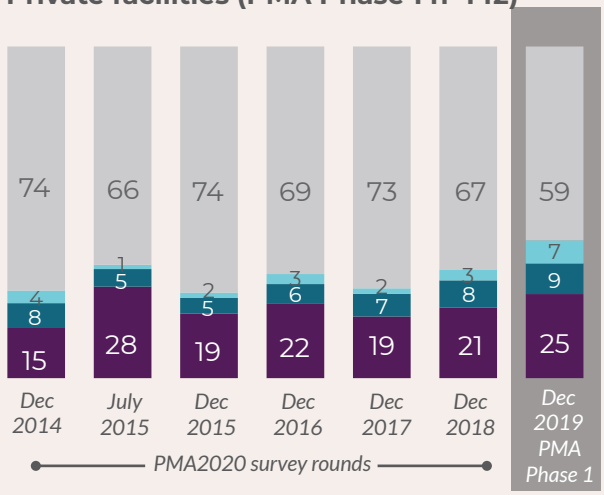
17% *Did not place order for shipment*

TRENDS IN METHOD AVAILABILITY: IMPLANT

Public facilities (PMA Phase 1 n=784)



Private facilities (PMA Phase 1 n=142)



Currently in stock and no stockout in last 3 months | Currently in stock but stockout in last 3 months | Currently out of stock | Not offered

Main reasons for stockout in public facilities:

86% *Ordered but did not receive shipment*

6% *Ordered but did not receive right quantities*

Main reasons for stockout in private facilities:

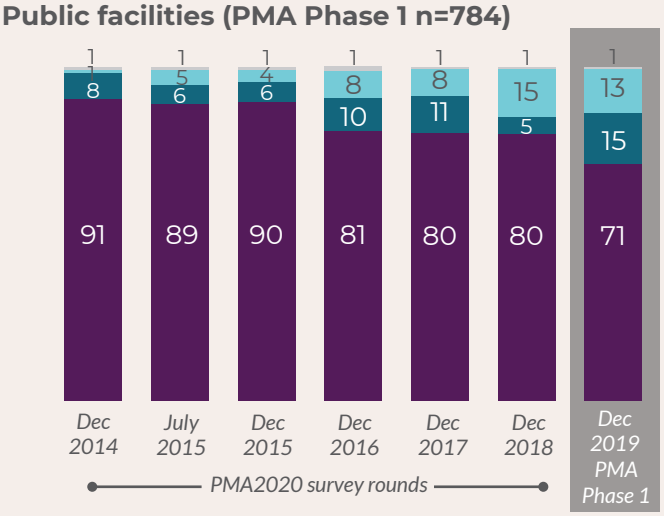
40% *Ordered but did not receive shipment*

20% *Did not place order for shipment*

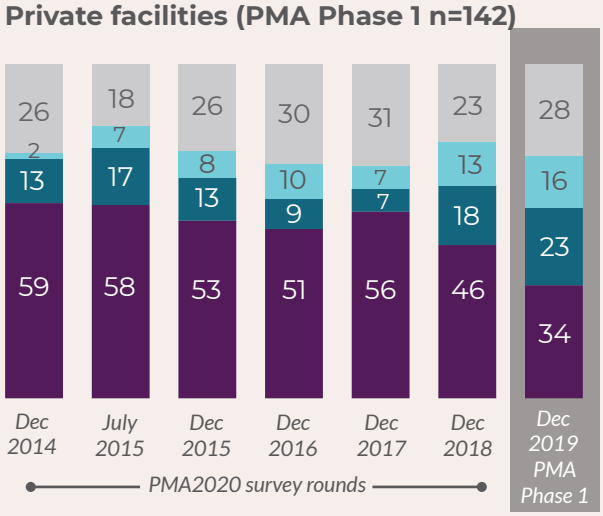
PMA KENYA
PERFORMANCE MONITORING FOR ACTION

TRENDS IN METHOD AVAILABILITY: INJECTABLES

Public facilities (PMA Phase 1 n=784)



Private facilities (PMA Phase 1 n=142)



Currently in stock and no stockout in last 3 months | Currently in stock but stockout in last 3 months | Currently out of stock | Not offered

Main reasons for stockout in public facilities:

86% *Ordered but did not receive shipment*

7% *Ordered but did not receive right quantities*

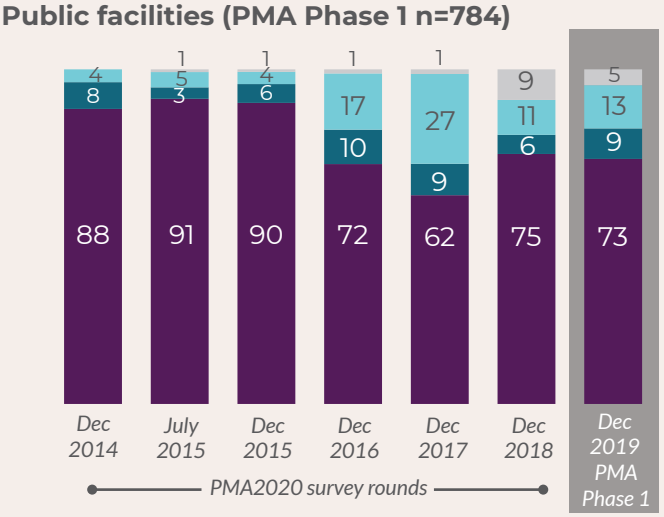
Main reasons for stockout in private facilities:

60% *Ordered but did not receive shipment*

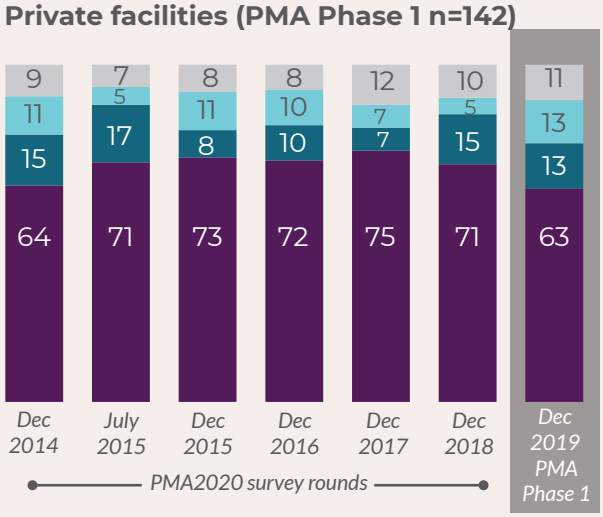
14% *Ordered but did not receive right quantities*

TRENDS IN METHOD AVAILABILITY: PILLS

Public facilities (PMA Phase 1 n=784)



Private facilities (PMA Phase 1 n=142)



Currently in stock and no stockout in last 3 months | Currently in stock but stockout in last 3 months | Currently out of stock | Not offered

Main reasons for stockout in public facilities:

80% *Ordered but did not receive shipment*

9% *Did not place order for shipment*

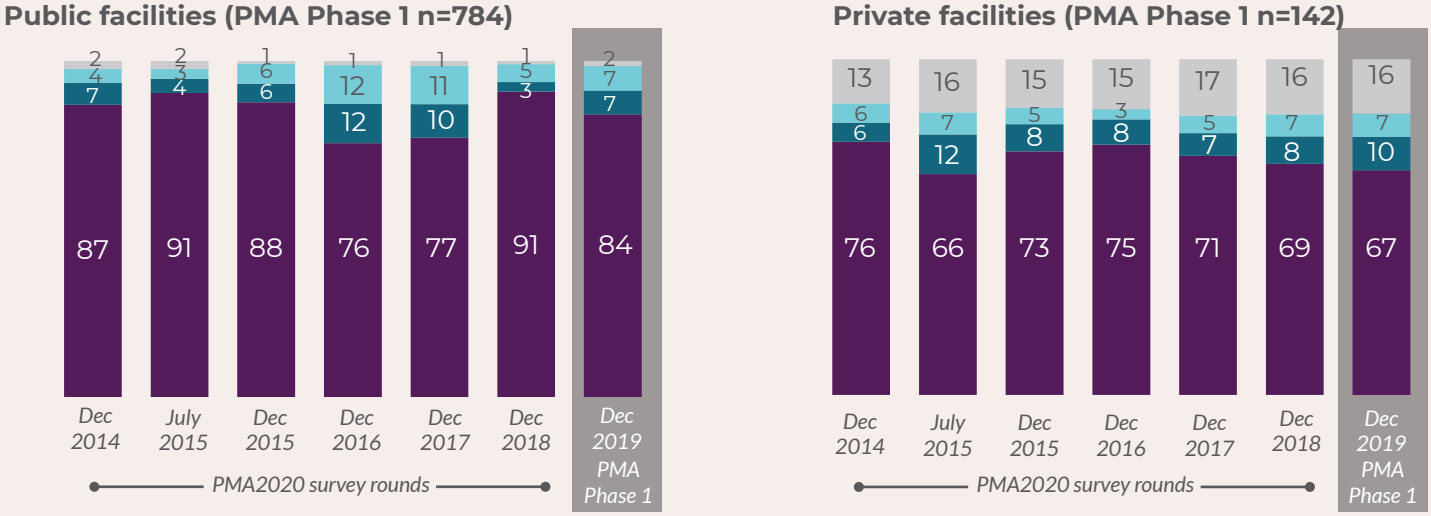
Main reasons for stockout in private facilities:

39% *Did not place order for shipment*

28% *Ordered but did not receive shipment*

PMA KENYA
PERFORMANCE MONITORING FOR ACTION

TRENDS IN METHOD AVAILABILITY: MALE CONDOMS



Main reasons for stockout in public facilities:

68% *Ordered but did not receive shipment*

12% *Unexpected increase in consumption*

Main reasons for stockout in private facilities:

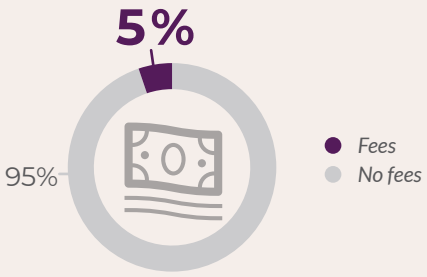
40% *Ordered but did not receive shipment*

20% *Unexpected increase in consumption*

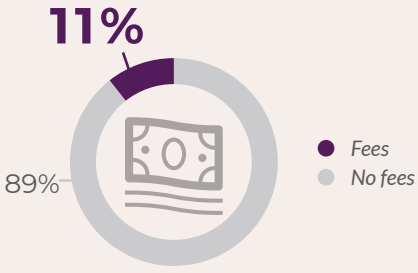
FEES FOR SERVICES

Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP

Public facilities (n=784)

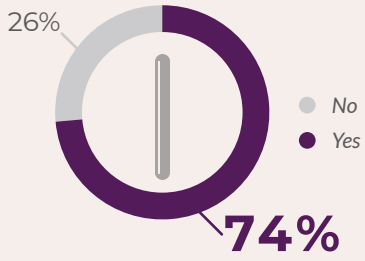


Private facilities (n=142)

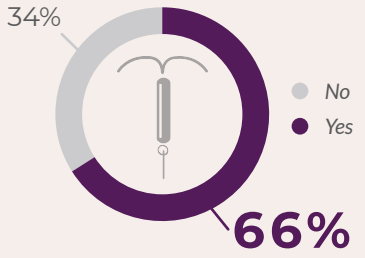


FACILITY READINESS

Percent of facilities that provide implants and have a trained provider and instruments/supplies needed for implant insertion/removal (n=829)



Percent of facilities that provide IUDs and have a trained provider and instruments/supplies needed for IUD insertion/removal (n=577)



72% *of women obtained their current modern method from a public health facility (n=4,007)*

KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- *Contraceptive stockouts have increased steadily in recent years for implants, injectables and pills – in both public and private facilities.*
- *Implants are the method most likely to be currently or recently out of stock in the public sector. In the private sector, the injectable is most likely to be currently or recently out of stock.*
- *The most common reason given for stock-outs is that they placed the order, but did not receive the shipment.*

PMA KENYA
PERFORMANCE MONITORING FOR ACTION

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

				CPR				mCPR				Unmet need for family planning			
Data source	Round/ Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	May-July 2014	3,754	41.76	1.41	38.99	44.58	41.58	1.41	38.82	44.39	18.74	0.78	17.24	20.33
PMA 2020	R2	Nov-Dec 2014	4,329	40.99	1.23	38.57	43.45	40.29	1.23	37.87	42.75	16.61	0.97	14.77	18.62
PMA 2020	R3	June-July 2015	4,396	48.09	1.64	44.86	51.33	46.53	1.64	43.30	49.79	15.25	1.03	13.32	17.40
PMA 2020	R4	Nov-Dec 2015	4,921	47.79	1.46	44.92	50.68	45.98	1.40	43.22	48.77	13.54	0.78	12.07	15.15
PMA 2020	R5	Nov-Dec 2016	5,894	45.63	1.18	43.31	47.97	44.24	1.17	41.94	46.56	12.89	0.80	11.39	14.56
PMA 2020	R6	Nov-Dec 2017	5,876	45.03	1.08	42.91	47.18	43.75	1.05	41.68	45.84	12.50	0.70	11.18	13.95
PMA 2020	R7	Nov-Dec 2018	5,671	46.11	1.00	44.14	48.09	44.60	0.99	42.65	46.55	11.52	0.57	10.44	12.70
PMA	Phase 1	Nov-Dec 2019	9,478	45.68	0.84	44.04	47.33	42.98	0.80	41.41	44.57	12.07	0.48	11.15	13.04

WOMEN IN UNION

				CPR				mCPR				Unmet need for family planning			
Data source	Round/ Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1	May-July 2014	2,498	53.70	1.81	50.09	57.26	53.44	1.80	49.86	56.98	24.81	1.06	22.78	26.96
PMA 2020	R2	Nov-Dec 2014	2,650	56.63	1.67	53.30	59.90	55.60	1.65	52.31	58.84	21.29	1.24	18.94	23.85
PMA 2020	R3	June-July 2015	2,744	61.08	1.66	57.76	64.31	58.84	1.69	55.46	62.13	17.07	1.07	15.05	19.30
PMA 2020	R4	Nov-Dec 2015	2,826	64.65	1.47	61.68	67.50	62.30	1.45	59.40	65.13	16.80	1.04	14.84	18.96
PMA 2020	R5	Nov-Dec 2016	3,501	61.62	1.45	58.72	64.44	59.87	1.46	56.96	62.72	15.24	1.11	13.18	17.56
PMA 2020	R6	Nov-Dec 2017	3,404	60.52	1.33	57.85	63.12	58.98	1.30	56.38	61.53	14.88	0.83	13.31	16.60
PMA 2020	R7	Nov-Dec 2018	3,337	62.77	1.30	60.17	65.30	60.69	1.28	58.13	63.18	13.82	0.85	12.22	15.60
PMA	Phase 1	Nov-Dec 2019	5,596	59.70	0.90	57.91	61.46	56.37	0.89	54.60	58.12	15.01	0.61	13.85	16.25

PMA Kenya collects information on knowledge, practice, and coverage of family planning services in 308 enumeration areas selected using a multi-stage stratified cluster design with urban-rural stata. The results are nationally and county-level representative. Data were collected in 9 counties in PMA2020 R1-4 and 11 counties in PMA2020 R5-7 and PMA Phase 1. Data were collected between November and December 2019 from 10,378 households (98.1% response rate), 9,478 females age 15-49 (98.7% response rate), 945 facilities (94.6% completion rate), and 3,901 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Kenya is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRHK), National Council for Population and Development, and Kenya National Bureau of Statistics. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.