

CLIENT BRIEF

PMA Agile/Migori, Kenya



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 counties in Kenya, Kericho, Migori and Uasin Gishu, and is conducted by the International Centre for Reproductive Health-Kenya (ICRHK), 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 one survey round of the client exit survey (March-August 2018) and the subsequent round when the client follow-up survey was conducted (September-December 2018) in Migori. **The full results are accessible at site dashboards at pma2020.org/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.

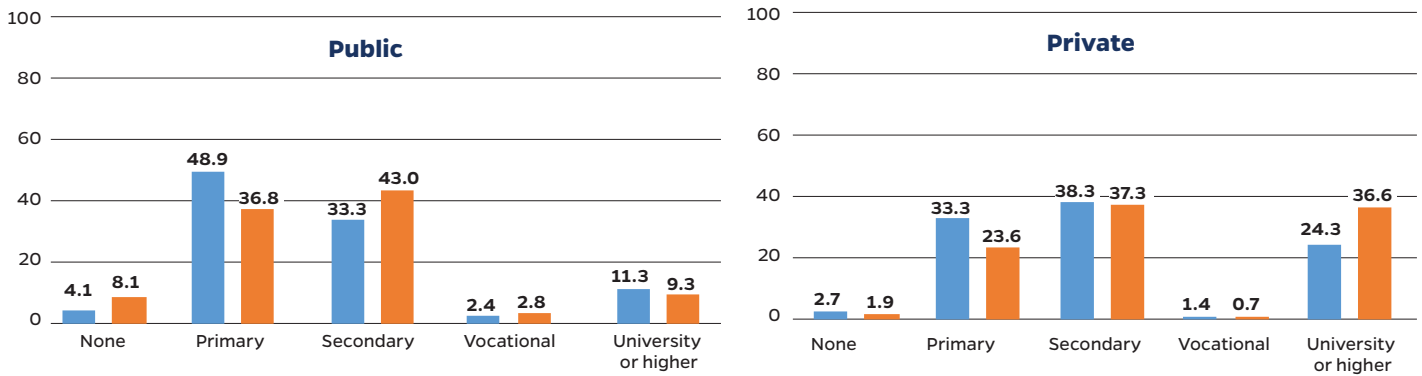


Key Results

- **In Migori, 2,011 clients (75% female)** were interviewed at the 101 public and 104 private facilities.
- **Injectables and implants were the most common methods** used among clients interviewed at both public and private facilities.
- **Female clients interviewed at public and private facilities were more likely to choose their contraceptive method** themselves (64% and 72%, respectively). A slightly higher percentages of female clients interviewed at public facilities made the decision with their partner (17%) compared to those interviewed at private facilities (12%).
- **Female clients between the ages of 25-34 years interviewed at both public and private facilities** were more likely to be told what to do about side effects at their FP visit compared to female clients of other age groups.
- **Over 80% of female clients interviewed** at public and private facilities report ever being told when to return for a follow-up visit.
- **Female clients interviewed at both public and private facilities report relatively high levels of satisfaction** with such services as clarity of FP information, polite treatment, and range of services compared to other facilities.
- **More non-contracepting male clients interviewed at private facilities (64%) intend to use family planning** in the future, compared to just 20% of those interviewed at private facilities.
- **Among female clients interviewed at Migori facilities, 97% consented** and completed a follow-up interview four months later.
- **At the follow-up interview, 28% of female clients were still using the method they reported at baseline**, 18% had switched methods, and 14% had stopped using a method; 17% began using a method and 23% remained non-users.

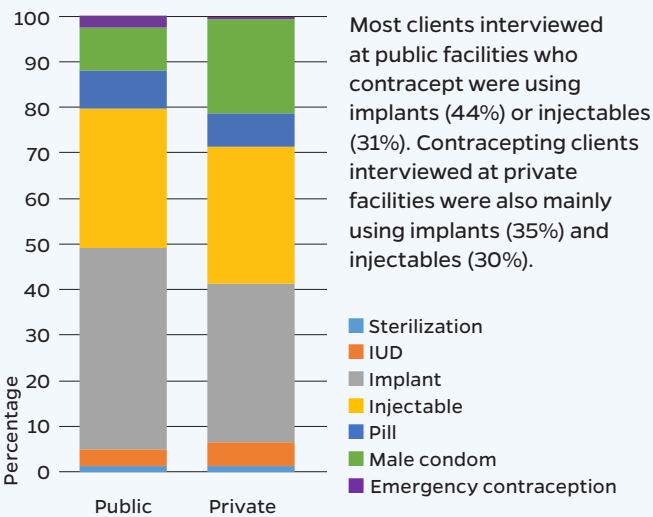
EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



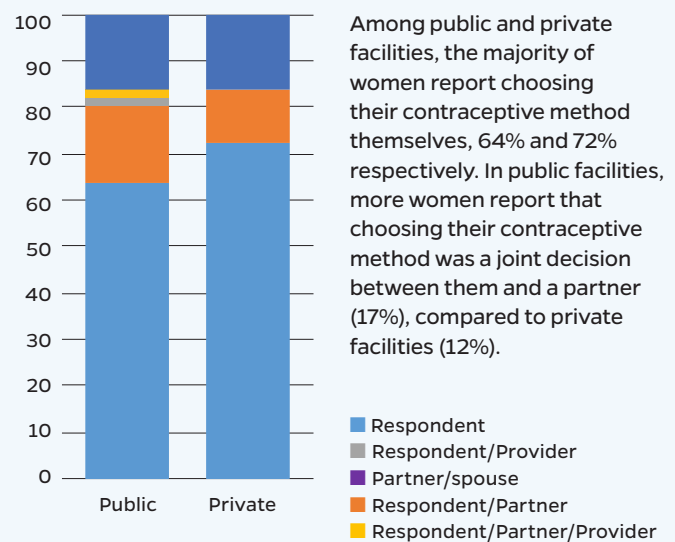
There was little variation in the highest level of education attained among clients interviewed at both public and private facilities. The majority of men and women interviewed in public facilities had a primary level education, while the majority interviewed in private facilities had a secondary level education.

CLIENT METHOD COMPOSITION



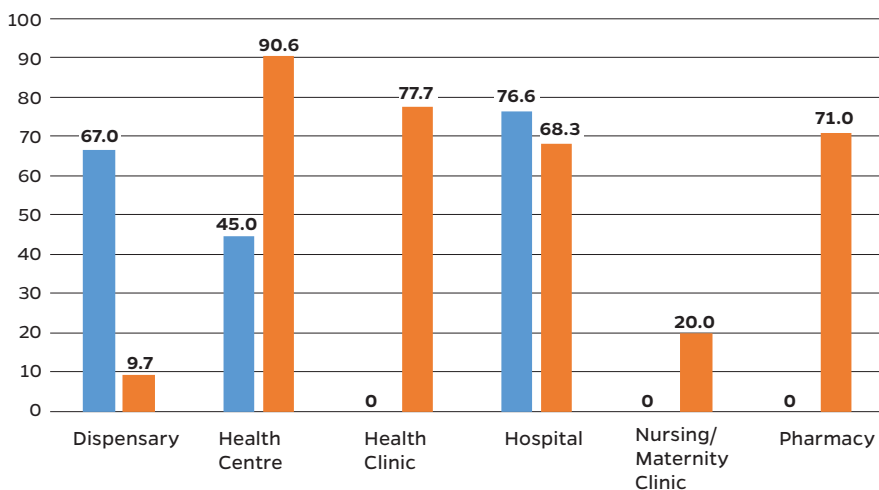
Most clients interviewed at public facilities who contracept were using implants (44%) or injectables (31%). Contracepting clients interviewed at private facilities were also mainly using implants (35%) and injectables (30%).

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



Among public and private facilities, the majority of women report choosing their contraceptive method themselves, 64% and 72% respectively. In public facilities, more women report that choosing their contraceptive method was a joint decision between them and a partner (17%), compared to private facilities (12%).

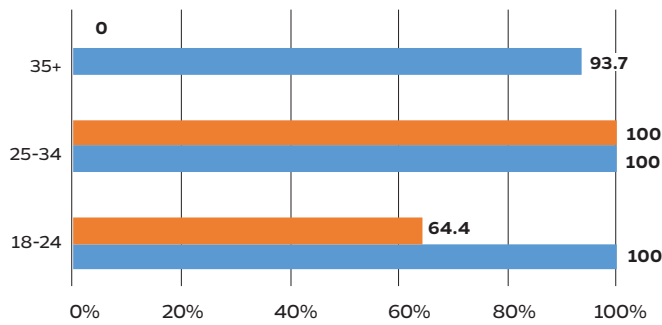
PERCENT OF YOUTH CLIENTS (AGE 18-24) REPORTING A PROVIDER EVER EXPLAINED HOW TO USE THE METHOD AT ANY VISIT, BY FACILITY TYPE



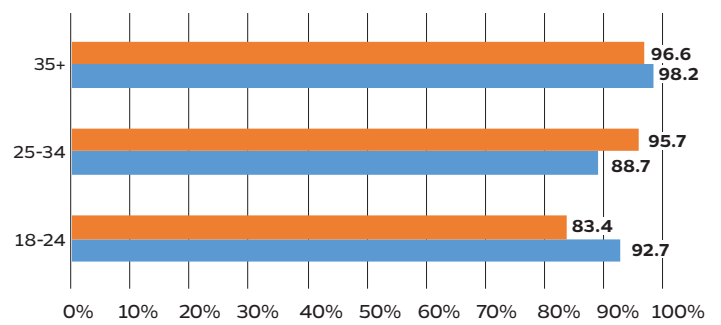
Youth clients reported receiving explanations on how to use contraceptive methods primarily from private facilities, ranging from 90% at health centers to 10% at dispensaries. Among public facilities, youth clients reported receiving an explanation about methods primarily from hospitals (77%).

PERCENT OF FEMALE CLIENTS COUNSELED ABOUT SIDE EFFECTS AND FOLLOW-UP VISITS, BY AGE

Told what to do about side effects



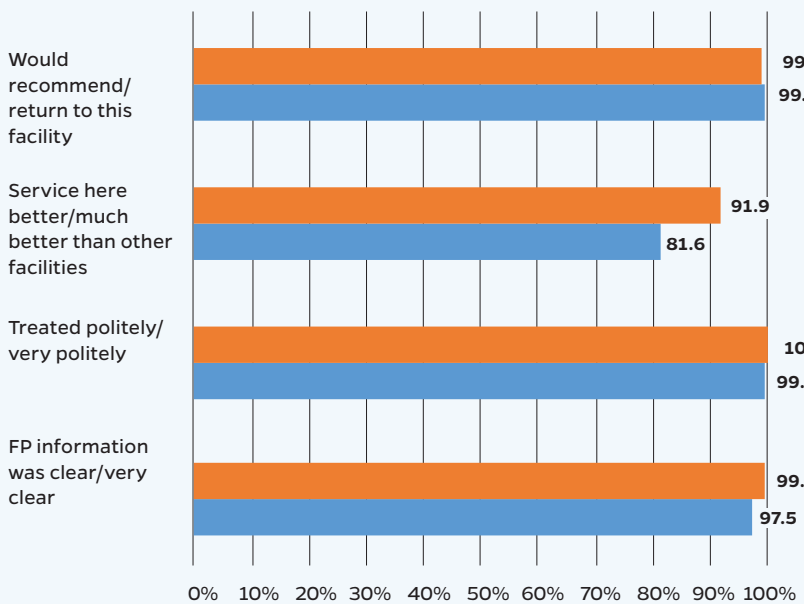
Told when to come for follow-up



Female clients between the ages of 25-34 interviewed at both public and private facilities were more likely to be told what to do about side effects at their FP visit. Over three-fourths of female clients interviewed at public and private facilities report ever being told when to return for a follow-up visit.

Public Private

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS



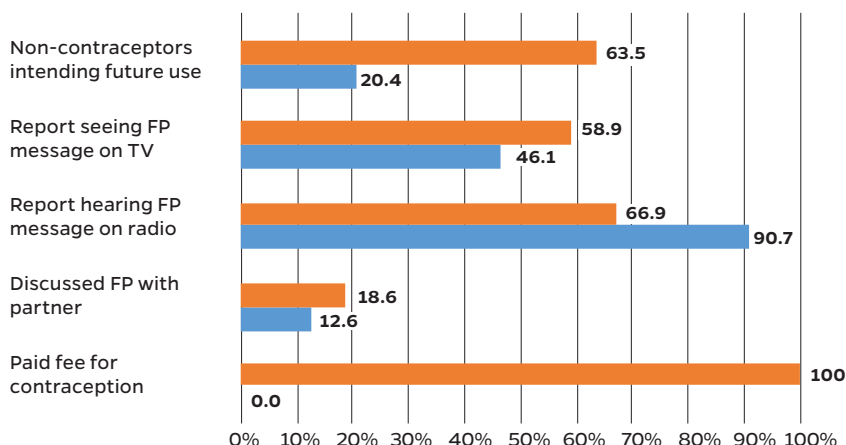
Female clients interviewed at both public and private facilities report relatively high levels of satisfaction with such services as clarity of FP information, polite treatment, and range of services, as indicated by their willingness to return to or refer the facility. The average wait time was slightly longer in public than private facilities.



Public Private

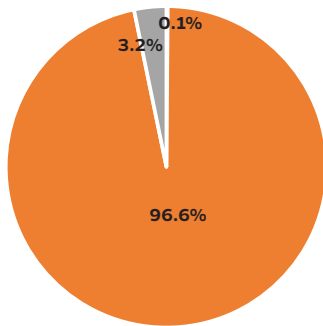
MALE FAMILY PLANNING

Percent of male clients interviewed about their FP behaviors



All male clients interviewed at private facilities report paying a fee for a contraceptive method. No male clients interviewed at public facilities report paying a fee. A similar proportion of men interviewed report having discussed family planning with their partner, 13% in public facilities and 19% in private facilities. Over two-thirds of male clients interviewed report exposure to FP messages on the radio. More non-contracepting male clients interviewed at private facilities (64%) intend to use family planning in the future, compared to just 20% of those interviewed at public facilities.

Public Private



FEMALE CLIENT FOLLOW-UP

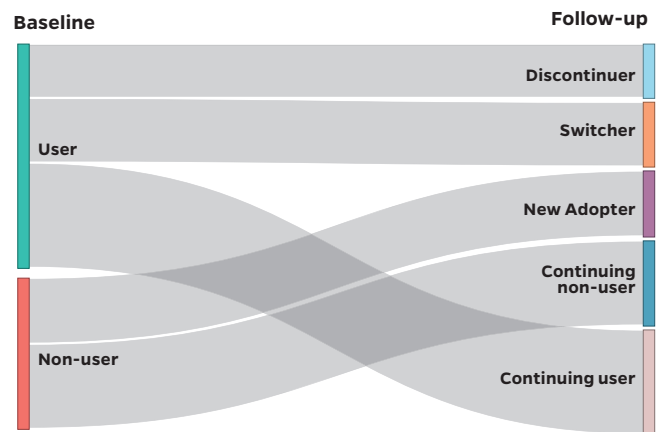
Client follow-up response rates in Migori (n=1511)

- Did not consent or did not provide phone number for follow-up
- Consented and provided phone number and completed follow-up interview
- Consented and provided phone number but did not complete follow-up interview

Of the 1511 women who completed baseline interviews, 97% consented to and completed a phone follow-up interview 4 months later.

CHANGE IN CONTRACEPTIVE USE STATUS

Baseline	N	%	Follow-up	N	%
Users	877	60.1%	Switchers	255	17.5%
			Continuing users	415	28.4%
			Discontinuers	207	14.2%
Non-users	583	39.9%	New adopters	250	17.1%
			Continuing non-users	333	22.8%
Total				1460	100%



At the follow-up interview, 28% of clients were still using the method reported at baseline, 18% had switched methods, and 14% had stopped using a method. In addition, 17% of clients began using a method and 23% remained non-users.

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: International Centre for Reproductive Health-Kenya and The Bill & Melinda Gates Institute for Population and Reproductive Health at The Johns Hopkins Bloomberg School of Public Health. Performance Monitoring and Accountability Agile (PMA Agile) Quarterly Survey 2017-2019. Mombasa, Kenya and Baltimore, Maryland, USA. www.pma2020.org/pma-agile.