SERVICE DELIVERY POINT BRIEF
PMA Agile/Kericho, Kenya

Key highlights from Q1-Q6 SDP surveys in Kericho

- Staff trained in family planning in both public and private SDPs in Q6 tended to be nurses.
- Across all six quarters, the average number of client visits for implants, IUDs, and pills experienced minor fluctuations. Client visits for condoms experienced more fluctuations across quarters.
- The main contraceptive method sold at private SDPs was male condoms, with an average of 205-432 units per month, followed by emergency contraception, with an average of 90-236 units per month.
- Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to implants and condoms. Private SDPs provide CYPs through a wide range of methods that also includes EC and pills.
- Public SDPs are more likely than private SDPs to have implants in stock.
- More than 10% of dispensaries and hospitals in our sample were out-of-stock of injectables through all six quarters. Health clinics in our sample experienced no stock outs in Q1, Q3, Q4, and Q6 only.

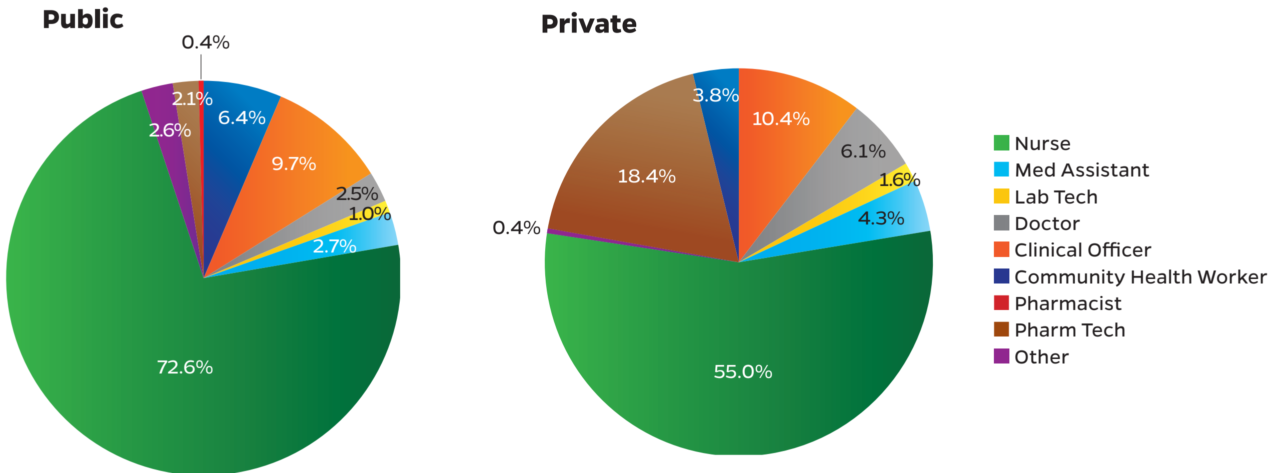
ABOUT PMA AGILE

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 six quarterly surveys conducted in Kericho from December 2017 to January 2020. **The full results are accessible at site dashboards at pmadata.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, Q6



Staff trained in family planning in both public and private SDPs in Q6 tended to be nurses (73% and 55% respectively), followed by clinical officers in public facilities and pharm techs in private facilities.

CLIENT VISITS

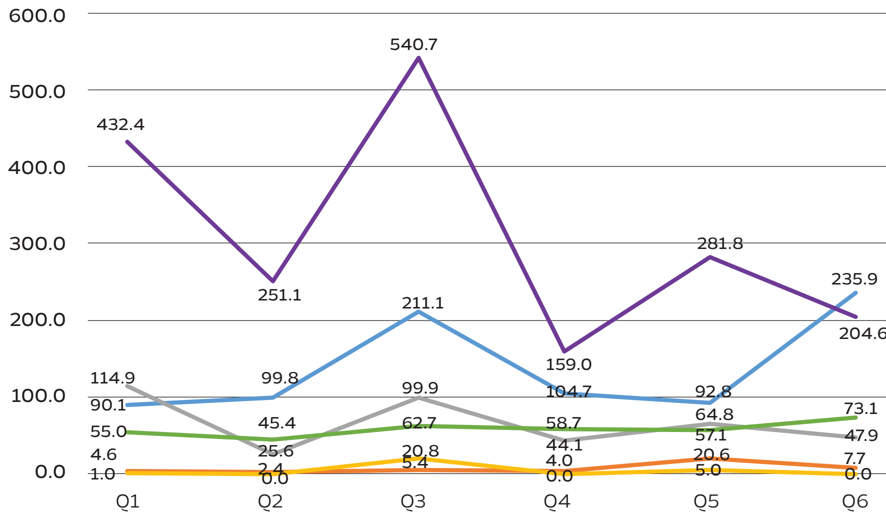
Average number of client visits in past month

Among public facilities in Kericho (n=106)

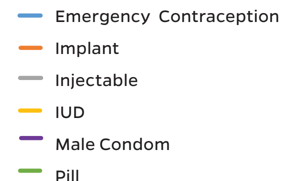
	Q1	Q2	Q3	Q4	Q5	Q6
Emergency Contraception (EC)	0.0	0.0	0.0	0.0	0.0	0.0
Male and Female Condoms	276.9	197.6	238.7	267.1	296.2	154.0
Implant	3.9	7.6	9.4	5.4	5.0	7.8
Injectable	10.6	20.2	18.0	18.6	19.5	22.6
IUD	1.1	1.4	2.5	1.1	1.9	2.0
Pill	0.2	0.2	0.9	0.4	2.2	1.3

Across all six quarters, the average number of client visits for implants, IUDs, and pills experienced minor fluctuations. Client visits for condoms experienced more fluctuations across quarters, with an average of 277 visits in Q1 to an average of 154 visits in Q6.

AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH *(N=98)*



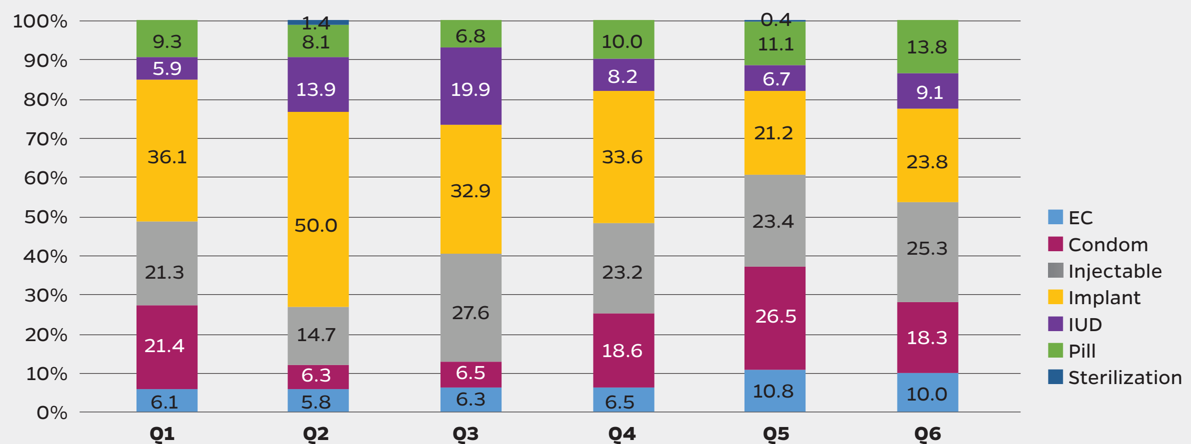
The main contraceptive method sold at private SDPs was male condoms, with an average of 205-432 units per month, followed by emergency contraception, with an average of 90-236 units per month.



COUPLE YEARS OF PROTECTION (CYP)

Percent distribution of CYPs at public facilities *(N=106)*

Percent distribution of CYPs at private facilities *(N=98)*

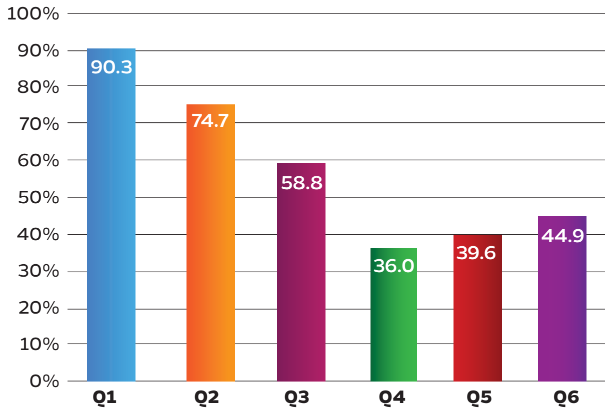


Although public SDPs account for the majority of couple-years of FP protection (CYPs), the methods provided are largely limited to implants and condoms. Private SDPs provide CYPs through a wide range of methods that also includes EC and pills.

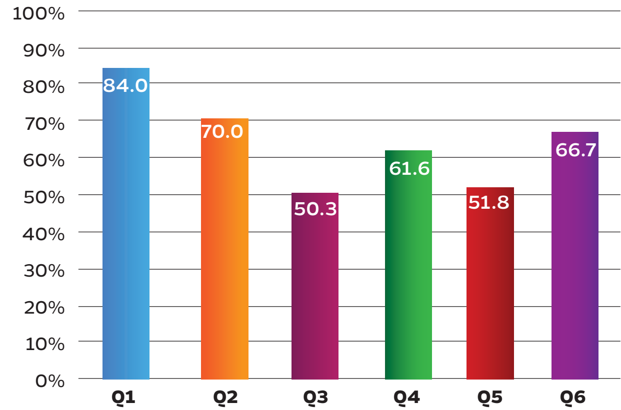
STOCK OUTS

METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

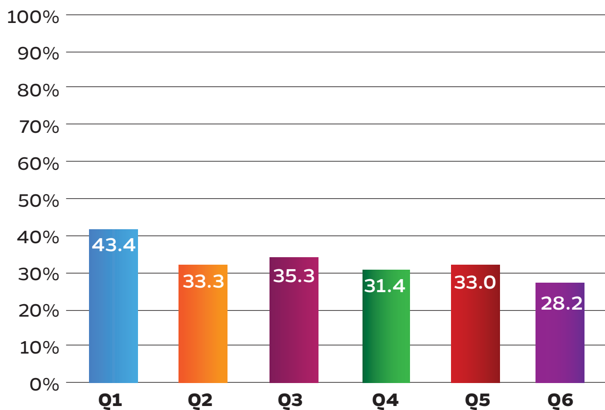
Percent of public SDPs that report having implants in stock on day of survey *(n=106)*



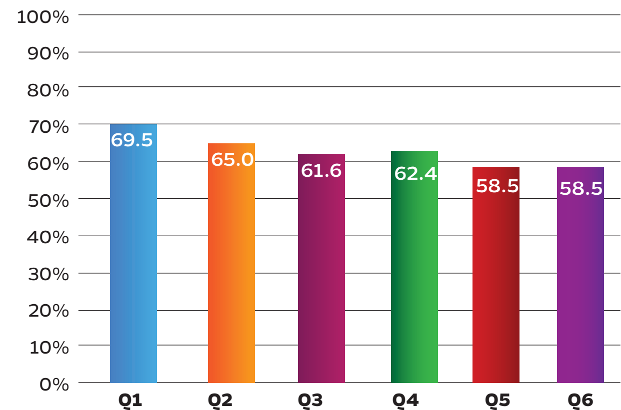
Percent of public SDPs that report having injectables in stock on day of survey *(n=106)*



Percent of private SDPs that report having implants in stock on day of survey *(n=98)*



Percent of private SDPs that report having injectables in stock on day of survey *(n=98)*

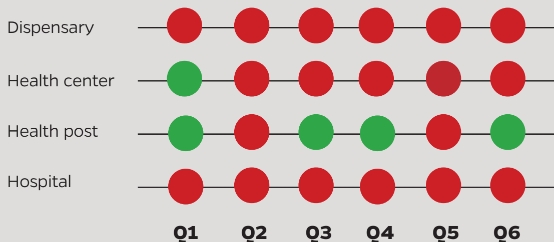


Both public and private SDPs are more likely to have injectables than implants in stock. In-stock levels for both methods have not changed markedly over the quarters.

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

Among public facilities (n=106)

Kericho Public



0%
1-10%
>10%

More than 10% of dispensaries and hospitals in our sample were out-of-stock of injectables through all six quarters. Health clinics experienced fluctuations in injectable stock status across quarters, with all health clinics in our sample experiencing no stock outs in Q1, Q3, Q4, and Q6 only.

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 for Action Agile (PMA Agile) Quarterly Survey 2017-2020. Mombasa, Kenya and Baltimore, Maryland, USA. www.pmadata.org/technical-areas/pma-agile.

PMA AGILE

ICRH Kenya INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

BILL & MELINDA GATES INSTITUTE for POPULATION and REPRODUCTIVE HEALTH