

CLIENT BRIEF

PMA Agile/Migori, Kenya



Key highlights from Q2-Q6 CEI surveys in Migori

- In Migori, 2,040 clients (1399 females and 641 males) were interviewed at the selected public and private facilities in Q6.
- Majority of clients interviewed at public and private facilities across all three survey quarters had a secondary level education, followed by primary level, and then university level.
- Most clients interviewed who contracept were using injectables, followed by male condoms and pills.
- Women interviewed at public facilities in Q4 reported more variation in method selection, with 32% reporting their choice of contraception was their partner/spouse's decision.
- At least 70% of women age 18-24 reported a provider ever explained how to use their method of contraception at any visit.
- All women age 35 and above reported a provider told them about side effects and when to return for follow-up during their FP visit in Q6.
- Female clients interviewed at both public and private facilities report high levels of satisfaction with services received at their select facility.
- More non-contracepting males interviewed at private facilities across survey rounds report intending to use family planning in the future when compared to males interviewed at public facilities.
- At the follow-up interviews in Q3, 28% of women were still using the method reported four months earlier, compared to 38% in Q5.
- About 17% had switched methods and adopted a method in Q3, while 6% switched a method and 16% adopted a method in Q5.

ABOUT PMA AGILE

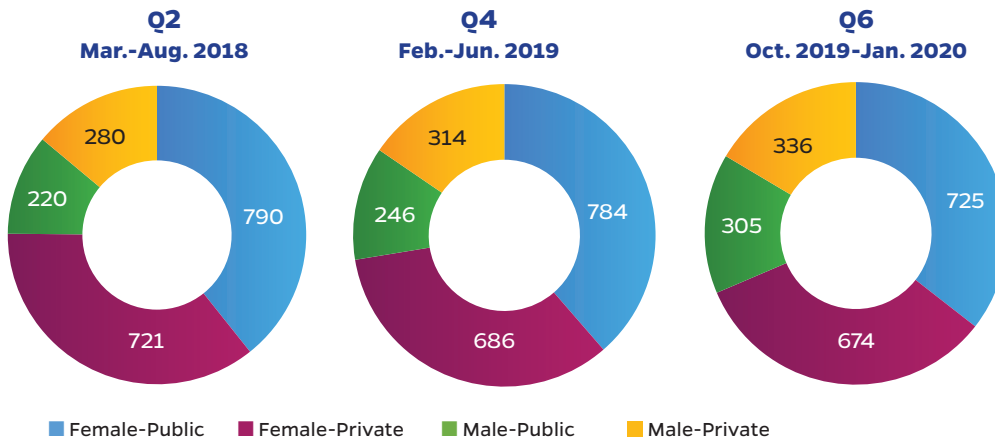


PMA Agile is a component of the Performance Monitoring for Action project and aimed at the subnational level (state, county or city). **It builds on the PMA monitoring and evaluation platform and conducts continuous tracking of family planning service delivery and consumption through quarterly public 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 three rounds of baseline client exit surveys (Q2, Q4, Q6), and subsequent rounds of the client follow-up survey conducted in Q3 and Q5. **The full results are accessible at site dashboards at pmdatadata.org/technical-areas/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



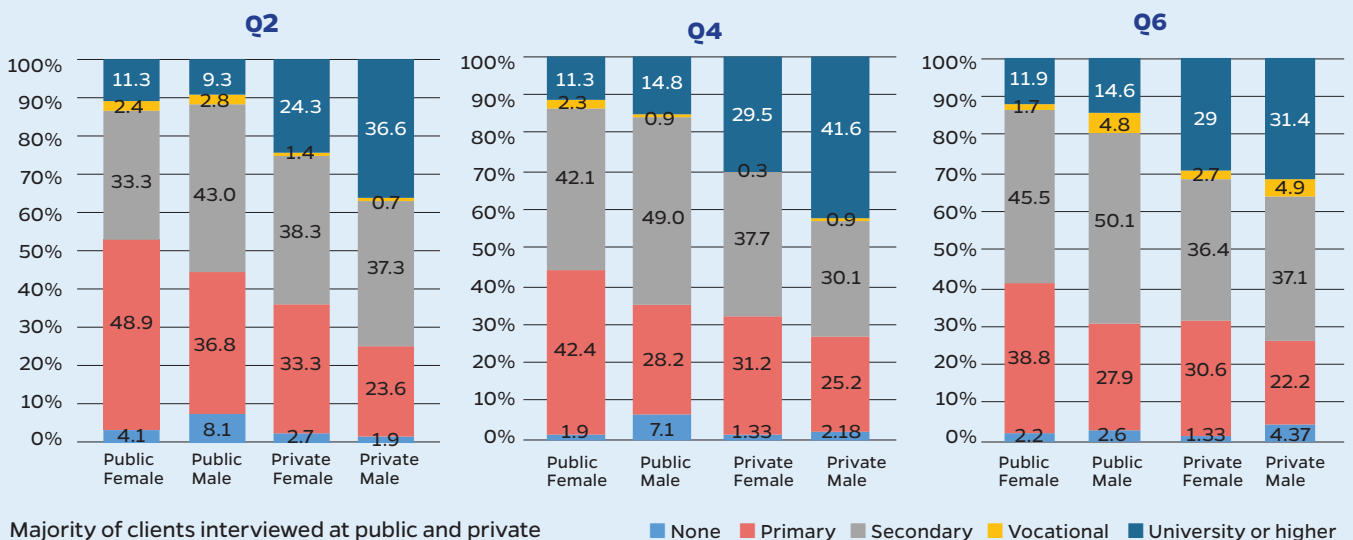
SAMPLE SIZE OF CLIENTS INTERVIEWED IN MIGORI, BY PUBLIC/PRIVATE FACILITY AND GENDER



In Migori, 2,040 clients (1399 females and 641 males) were interviewed at the selected public and private facilities in Q6. The gender composition of the Q2 and Q4 sample was similarly balanced, with more women being interviewed at public facilities.

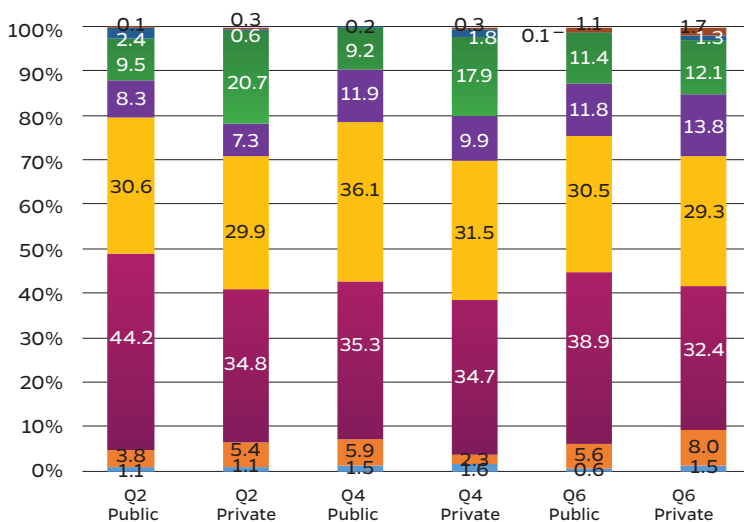
EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



Majority of clients interviewed at public and private facilities across all three survey quarters had a secondary level education, followed by primary level, and then university level.

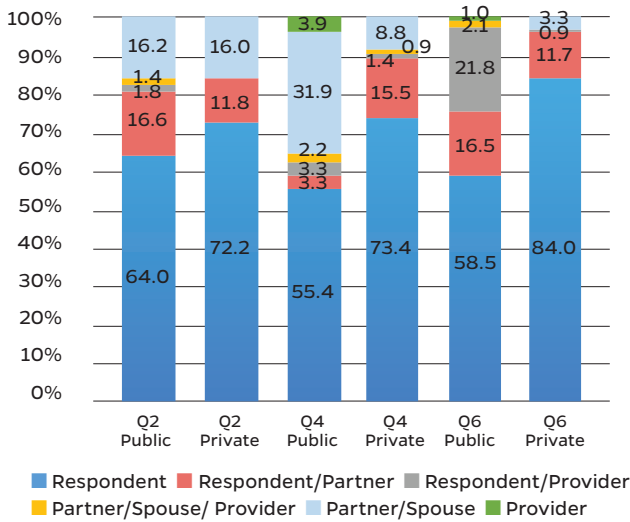
MIGORI CLIENT METHOD USE COMPOSITION



Most clients interviewed who contracept were using implants or injectables, followed by male condoms and pills. Client method use composition remained fairly similar across quarters.

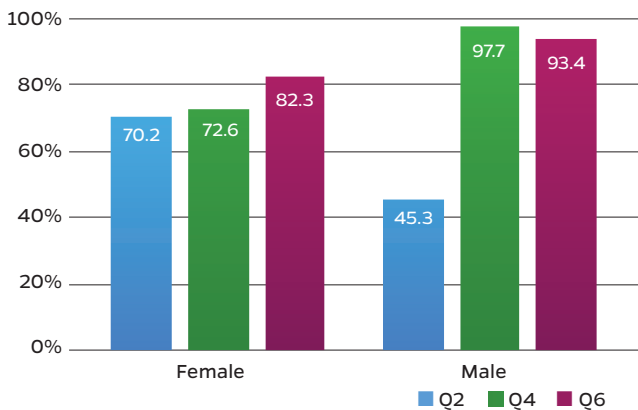
- Sterilization
- IUD
- Implant
- Injectable
- Pill
- Male condom
- Emergency contraception
- Other

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



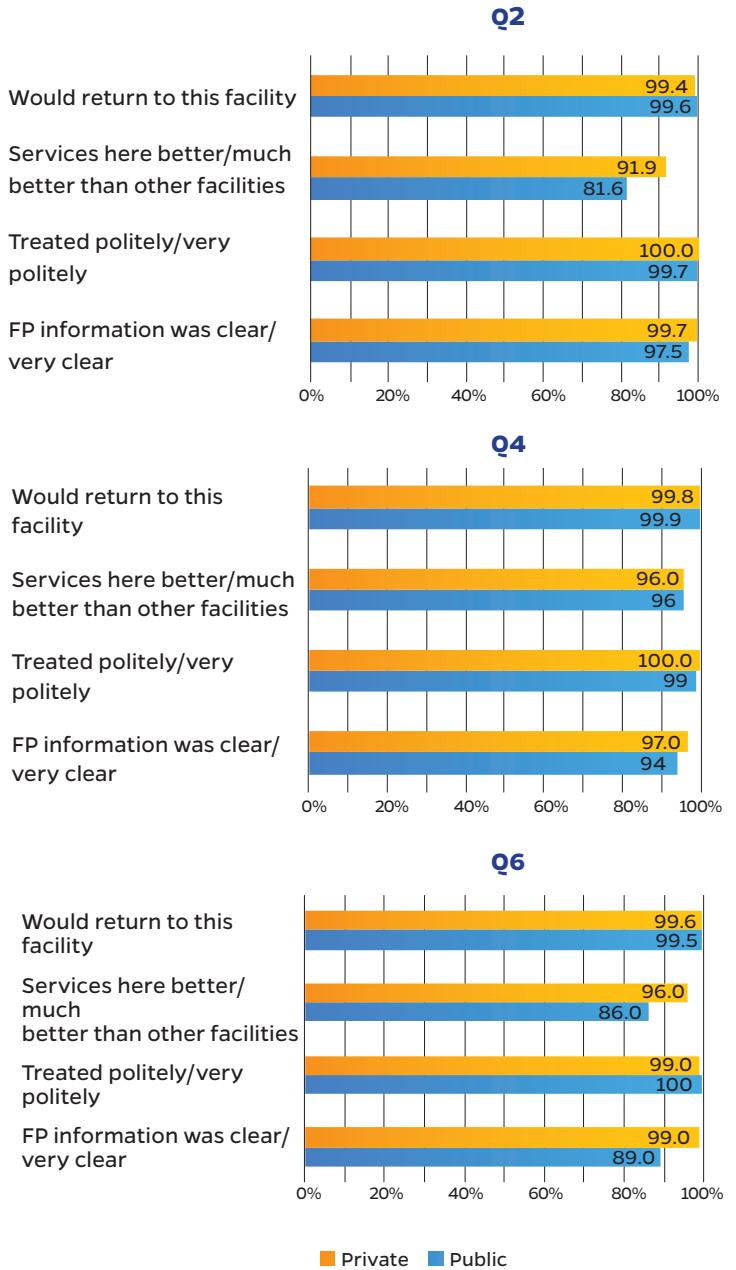
Over half of women interviewed at public and private facilities in Q2, Q4, and Q6 report choosing their contraceptive method themselves. Women interviewed at public facilities in Q4 reported more variation in method selection, with 32% reporting their choice of contraception was their partner/spouse's decision.

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



At least 70% of women age 18-24 reported a provider ever explained how to use their method of contraception at any visit. The proportion of men age 18-24 reporting a provider ever explained how to use their method of contraception at any visit showed a great increase from Q2 to Q4.

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, range of services, as indicated by their willingness to return or refer the facility.

PERCENT OF FEMALE CLIENTS SEEN AT TODAY'S VISIT WHO WERE TOLD ABOUT SIDE EFFECTS AND WHEN TO RETURN FOR FOLLOW-UP VISIT, BY AGE AND QUARTER

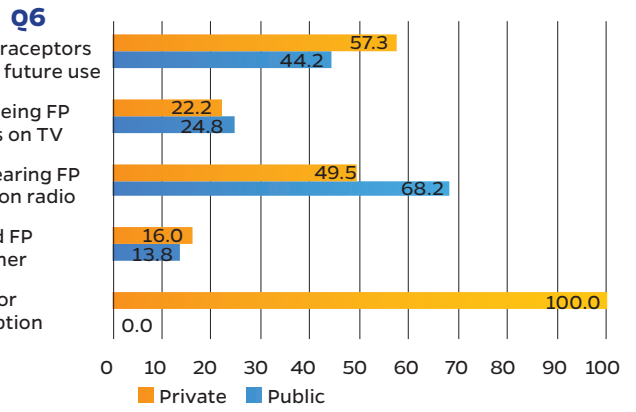
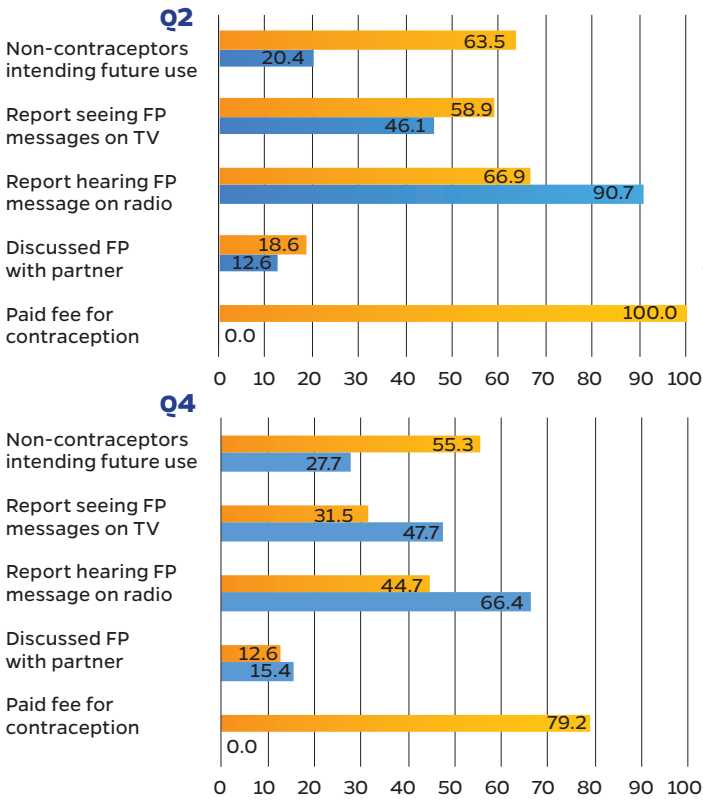
Migori public and private

Age	Side Effects			Follow-up		
	Q2	Q4	Q6	Q2	Q4	Q6
18-24	91.2%	42.5%	74.4%	92.7%	79.6%	75.1%
25-34	95.3%	71.7%	85.4%	95.3%	88.3%	88.8%
35+	78.3%	57.5%	100.0%	93.8%	65.5%	100.0%

The percentage of women age 18-24 reporting a provider told them about side effects during their FP visit experienced major fluctuations across survey rounds. All women age 35 and above reported a provider told them about side effects and when to return for follow-up during their FP visit in Q6.

MALE FAMILY PLANNING

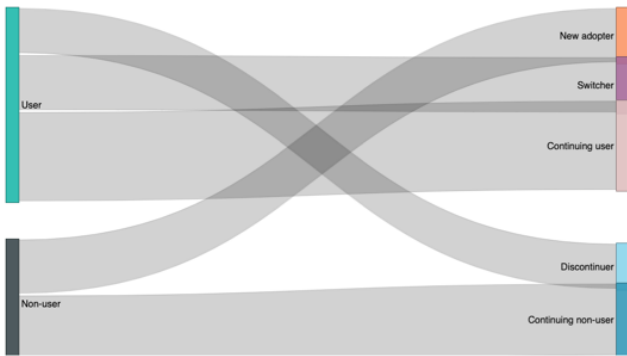
Percent of male clients interviewed about their FP behaviors



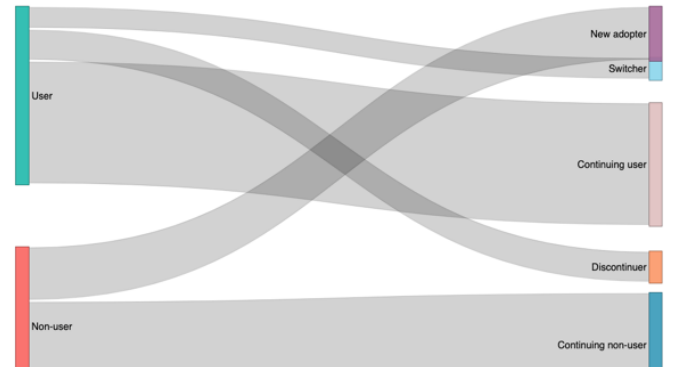
No male clients interviewed at public facilities report that they paid a fee for contraception. More non-contracepting males interviewed at private facilities across survey rounds report intending to use family planning in the future when compared to males interviewed at public facilities.

CHANGE IN CONTRACEPTIVE USE STATUS

Change in Baseline Q2- Follow-up Q3



Change in Baseline Q4- Follow-up Q5



At the follow-up interviews in Q3, 28% of women were still using the method reported four months earlier, compared to 38% in Q5. About 17% had switched methods and adopted a method in Q3, while 6% switched a method and 16% adopted a method in Q5. In addition, 14% discontinued a method in Q3, while 9% discontinued a method in Q5. Lastly, 23% remained non-users at the follow-up interview in Q3 and 32% in Q5.

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 2018-2020. Mombasa, Kenya and Baltimore, Maryland, USA. www.pmadata.org/technical-areas/pma-agile.