

CLIENT BRIEF

PMA Agile/Uasin Gishu, Kenya

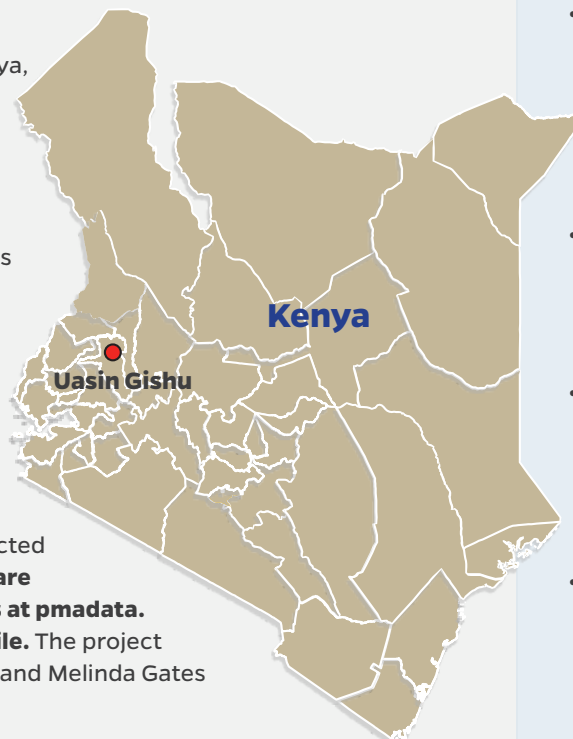


ABOUT PMA AGILE



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.**

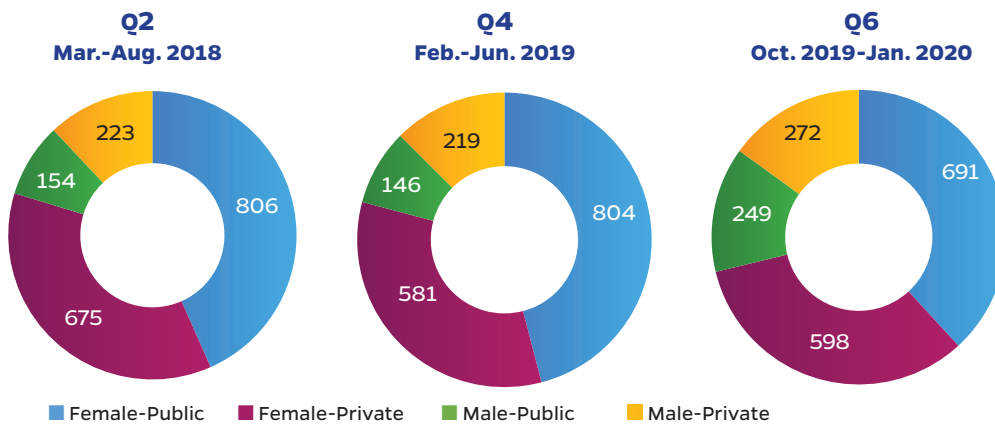
PMA Agile monitors the urban areas of three counties in Kenya, Kericho, Migori and Uasin Gishu, and is conducted by the International Centre for Reproductive Health-Kenya (ICRHK), in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers 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 pmadata.org/technical-areas/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.



Key highlights from Q2-Q6 CEI surveys in Uasin Gishu

- In Uasin Gishu, 1,810 clients (1289 females and 521 males) were interviewed at the selected public and private facilities in Q6.
- The highest level of education for female and male clients interviewed at public facilities
- tended to be primary and secondary. Private facilities saw a different distribution in highest level of education, between male and female clients, with secondary and university being the most prominent.
- Most clients interviewed at public and private facilities who contraceptive were mainly using injectables.
- About 75% of women interviewed at public and private facilities in Q2, Q4, and Q6 report choosing their contraceptive method themselves.
- Over the three survey rounds, the proportion of male and female clients that reported a provider ever explained how to use their method of contraception at any visit saw an increase.
- Female clients age 18-24 were more likely to be told about side effects at their FP visit when compared to the other age groups.
- More males interviewed at public facilities report discussing FP with their partner when compared to males interviewed at private facilities across all three survey rounds.
- At the follow-up interviews in Q3 and Q5, 50% of women were still using the method reported four months earlier. About 8% had switched methods in Q3 and Q5.

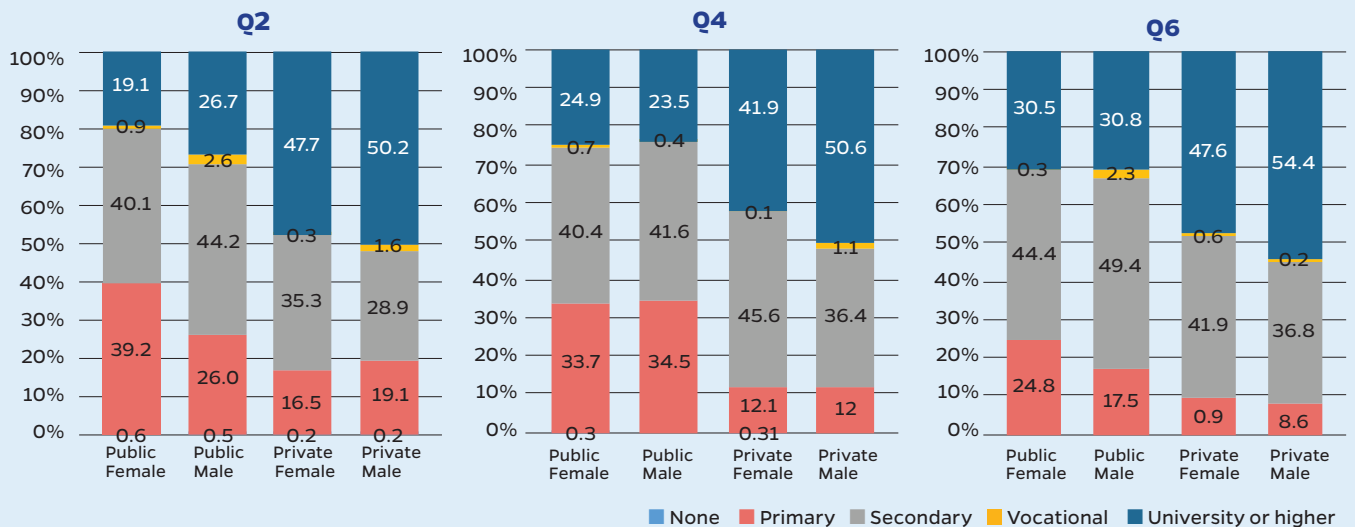
SAMPLE SIZE OF CLIENTS INTERVIEWED IN UASIN GISHU, BY PUBLIC/PRIVATE FACILITY AND GENDER



In Uasin Gishu, 1810 clients (1289 females and 521 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.

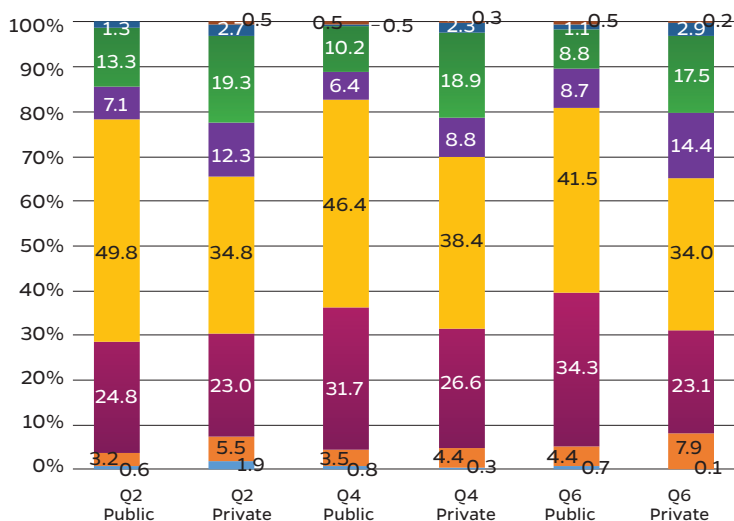
EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



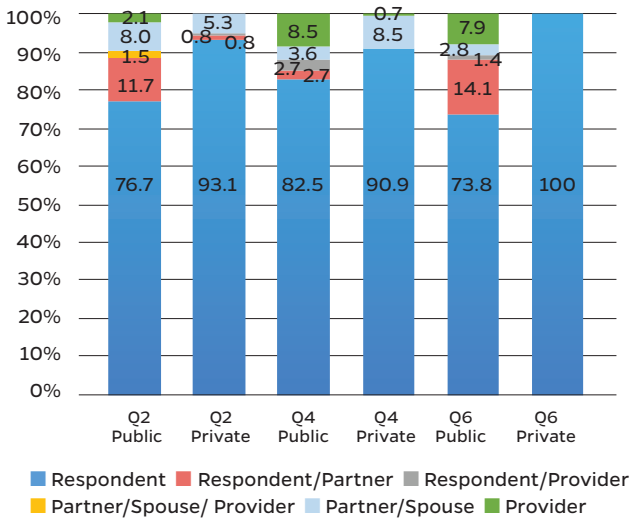
The highest level of education for female and male clients interviewed at public facilities tended to be primary and secondary. Private facilities saw a different distribution in highest level of education, between male and female clients, with secondary and university being the most prominent.

UASIN GISHU CLIENT METHOD USE COMPOSITION



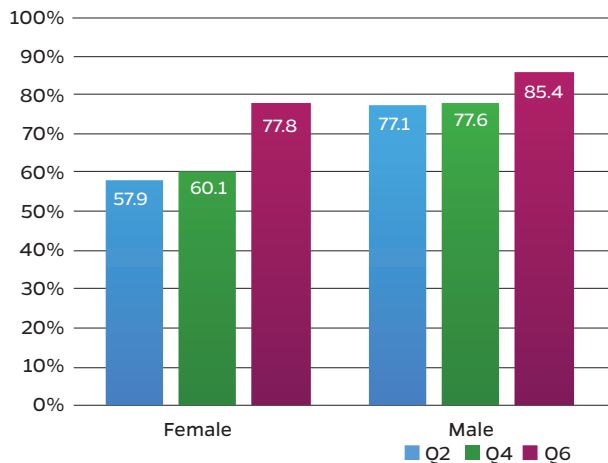
Most clients interviewed at public and private facilities who contracept were mainly using injectables or implants. Across the three survey rounds, method mix by facility type remained fairly constant, although pill and implant use increased slightly in public facilities.

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



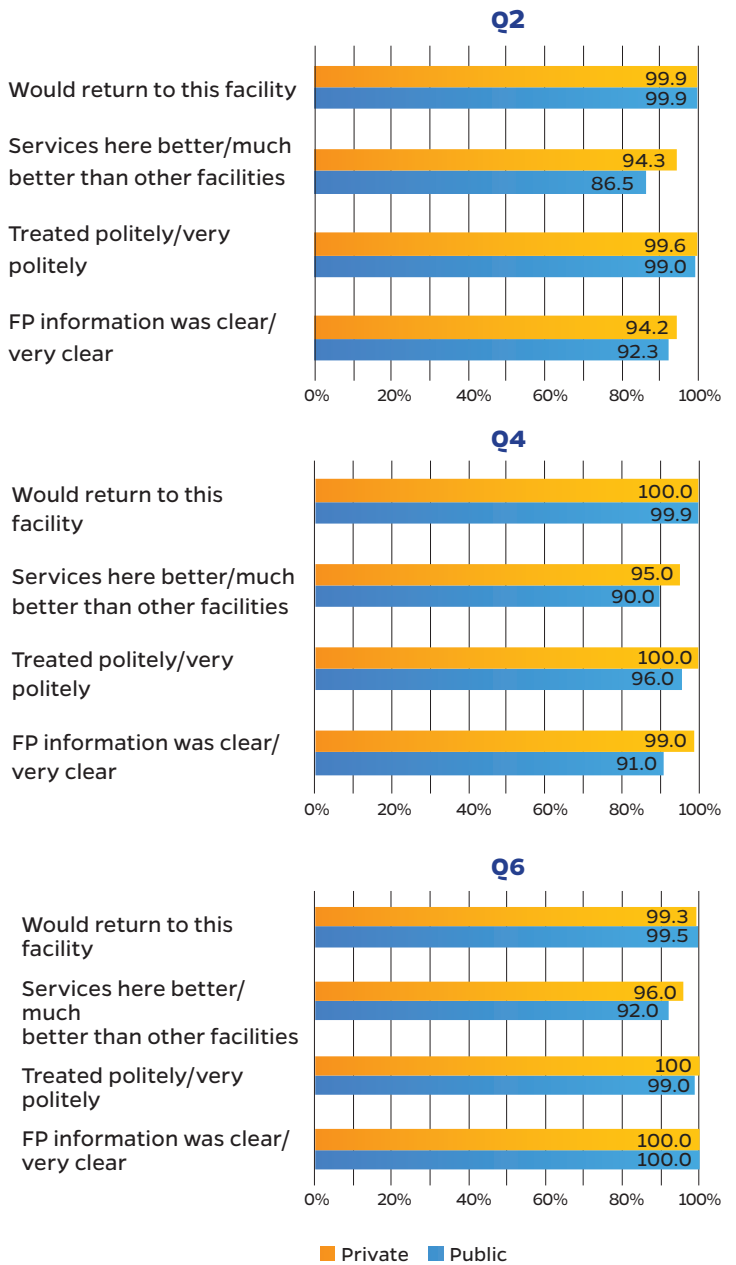
About 75% of women interviewed at public and private facilities in Q2, Q4, and Q6 report choosing their contraceptive method themselves, with the exception of women interviewed at private facilities in Q6, which all women report choosing their method themselves.

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



Over the three survey rounds, the proportion of male and female clients that reported a provider ever explained how to use their method of contraception at any visit saw an increase.

INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS



Female clients interviewed at both public and private facilities report high levels of satisfaction with 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

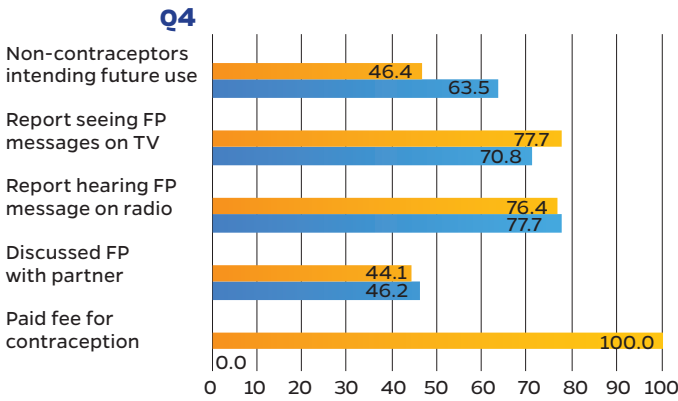
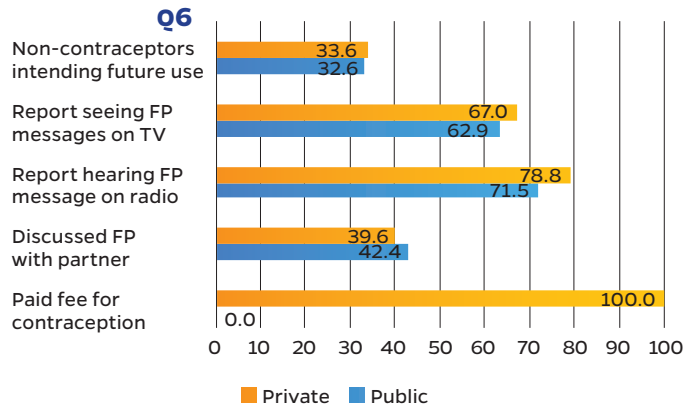
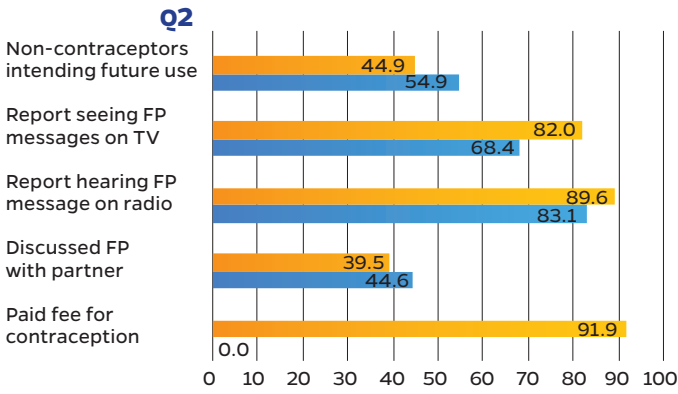
Uasin Gishu public and private

Age	Side Effects			Follow-up		
	Q2	Q4	Q6	Q2	Q4	Q6
18-24	52.6%	29.5%	97.8%	72.7%	86.1%	100.0%
25-34	46.9%	22.1%	60.2%	74.8%	100.0%	88.8%
35+	52.7%	97.0%	14.7%	100.0%	72.1%	100.0%

Female clients age 18-24 were more likely to be told about side effects at their FP visit when compared to the other age groups. Across all age groups and survey rounds, about 75% of women interviewed report being told when to return for a follow at their FP visit.

MALE FAMILY PLANNING

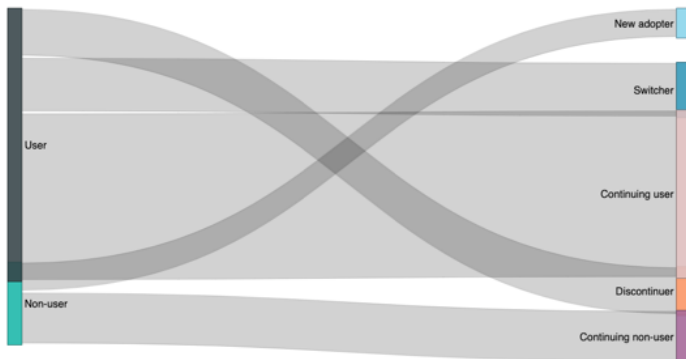
Percent of male clients interviewed about their FP behaviors



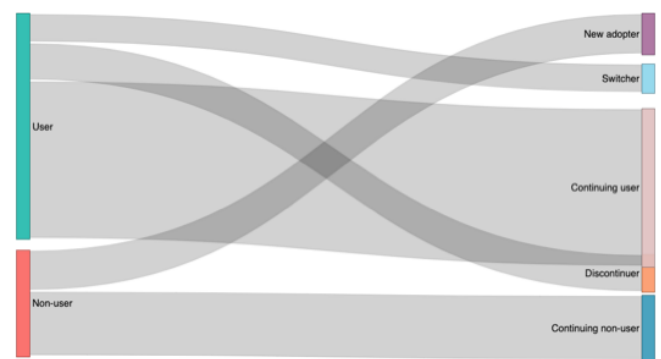
No male clients interviewed at public facilities report paying a fee for contraception. More males interviewed at public facilities report discussing FP with their partner when compared to males interviewed at private facilities across all three survey rounds.

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 and Q5, 50% of women were still using the method reported four months earlier. About 8% had switched methods in Q3 and Q5. In Q3, 15% became new adopters, while 12% became new adopters in Q5. In addition, 13% discontinued a method in Q3, while 11% discontinued a method in Q5. Lastly, 14% remained non-users at the follow-up interview in Q3 and 20% 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.

