

CLIENT BRIEF

PMA Agile/Kericho, 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.

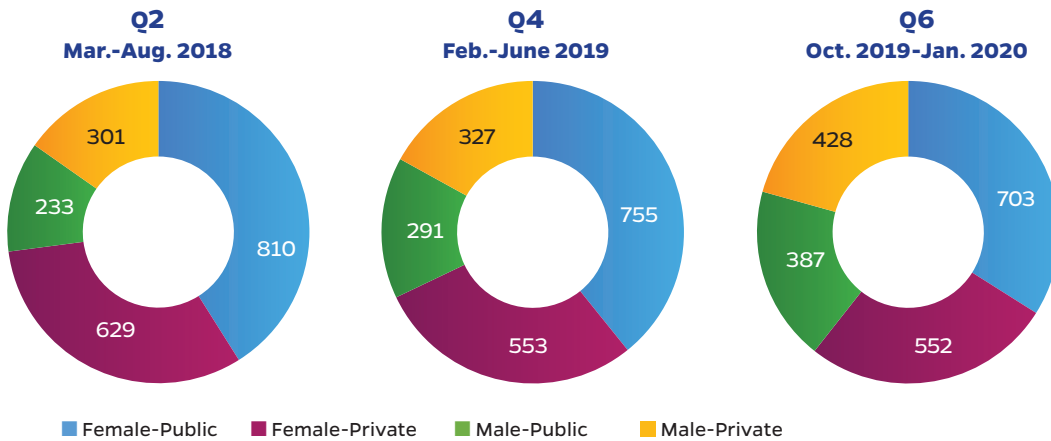
The full results are accessible site dashboards at pma-data.org/technical-areas/pma-agile. The project receives support from the Bill and Melinda Gates Foundation.



Key highlights from Q2-Q6 CEI surveys in Kericho

- In Kericho, 2,070 clients (1255 females and 815 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.
- Client method use composition remained fairly similar across quarters. Most clients interviewed who contraceptive were using injectables.
- Over half of women interviewed at public and private facilities in Q2, Q4, and Q6 report choosing their contraceptive method themselves.
- More male clients report a provider ever explaining how to use a contraceptive method than female clients across all three survey quarters in both public and private facilities.
- Over 50% of women age 18-24 were told when to return for follow-up during their FP visit in Q2, Q4, and Q6.
- Over 75% of all male clients interviewed report hearing FP messages on the radio across survey rounds.
- Female clients interviewed at both public or private facilities report relatively high levels of satisfaction with services received at facilities.
- Almost 11% had switched methods and stopped using a method in Q3 and 6% had switched methods and stopped using a method in Q5.

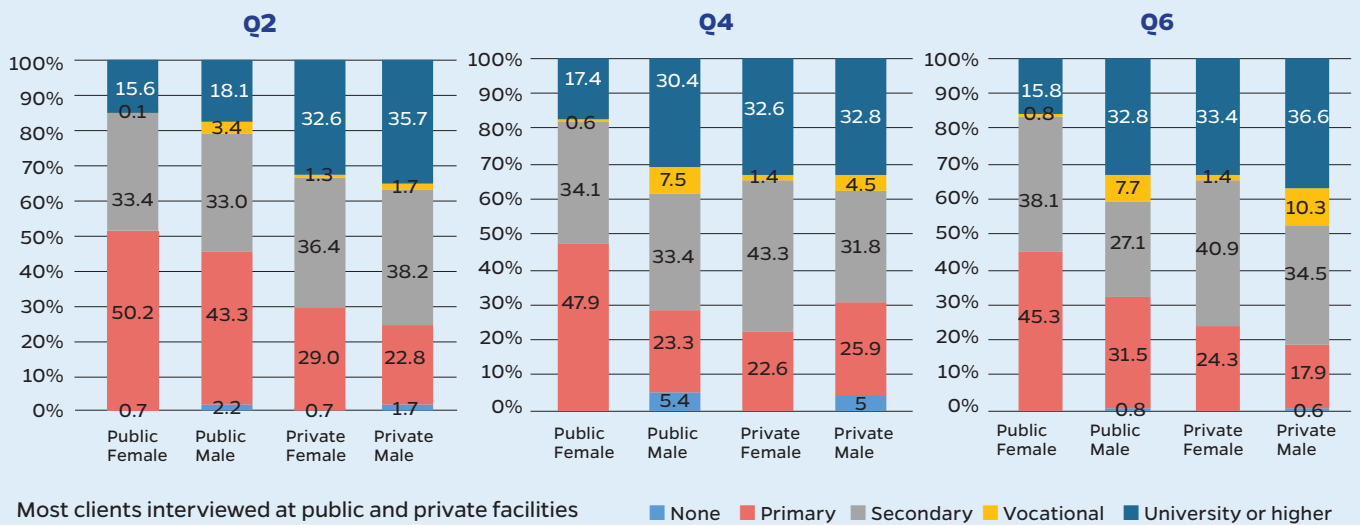
SAMPLE SIZE OF CLIENTS INTERVIEWED IN KERICHO, BY PUBLIC/PRIVATE FACILITY AND GENDER



In Kericho, 2,070 clients (1255 females and 815 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.

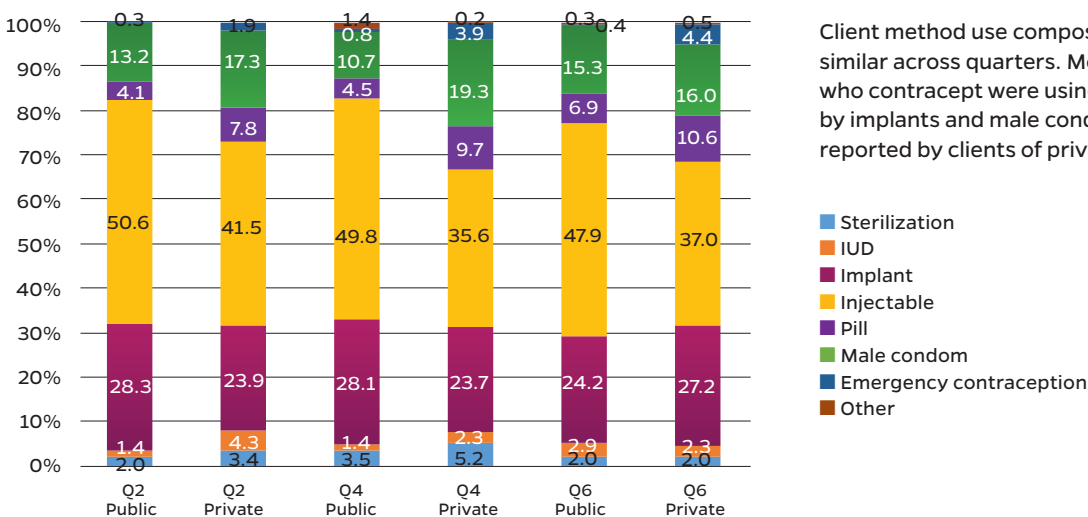
EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

Percent distribution of education levels of clients interviewed



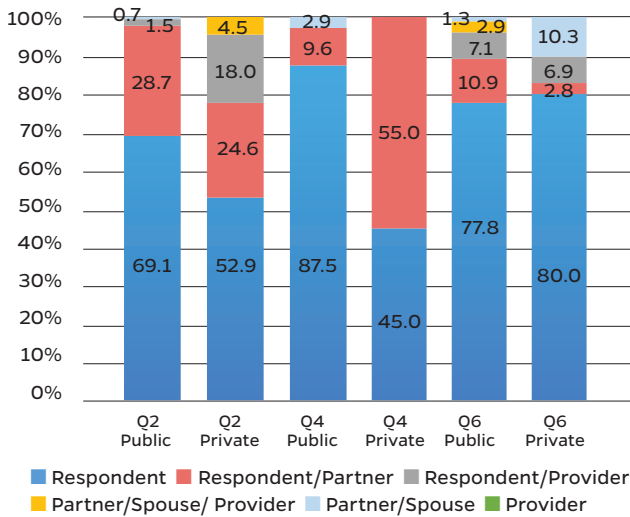
Most clients interviewed at public and private facilities in Q2, Q4, and Q6 were highly educated, with majority of clients having a university level education.

KERICHO CLIENT METHOD USE COMPOSITION



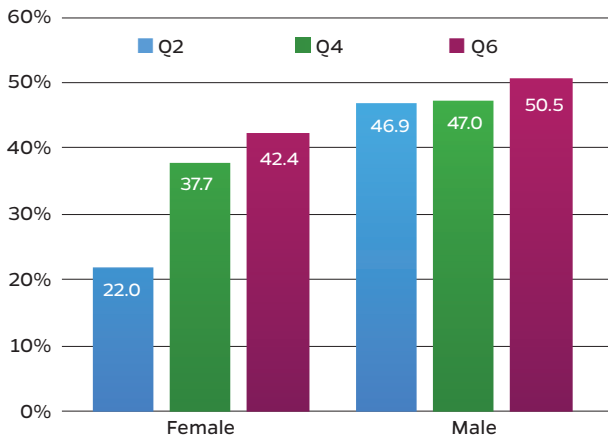
Client method use composition remained fairly similar across quarters. Most clients interviewed who contracept were using injectables, followed by implants and male condoms. EC use is primarily reported by clients of private facilities.

PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



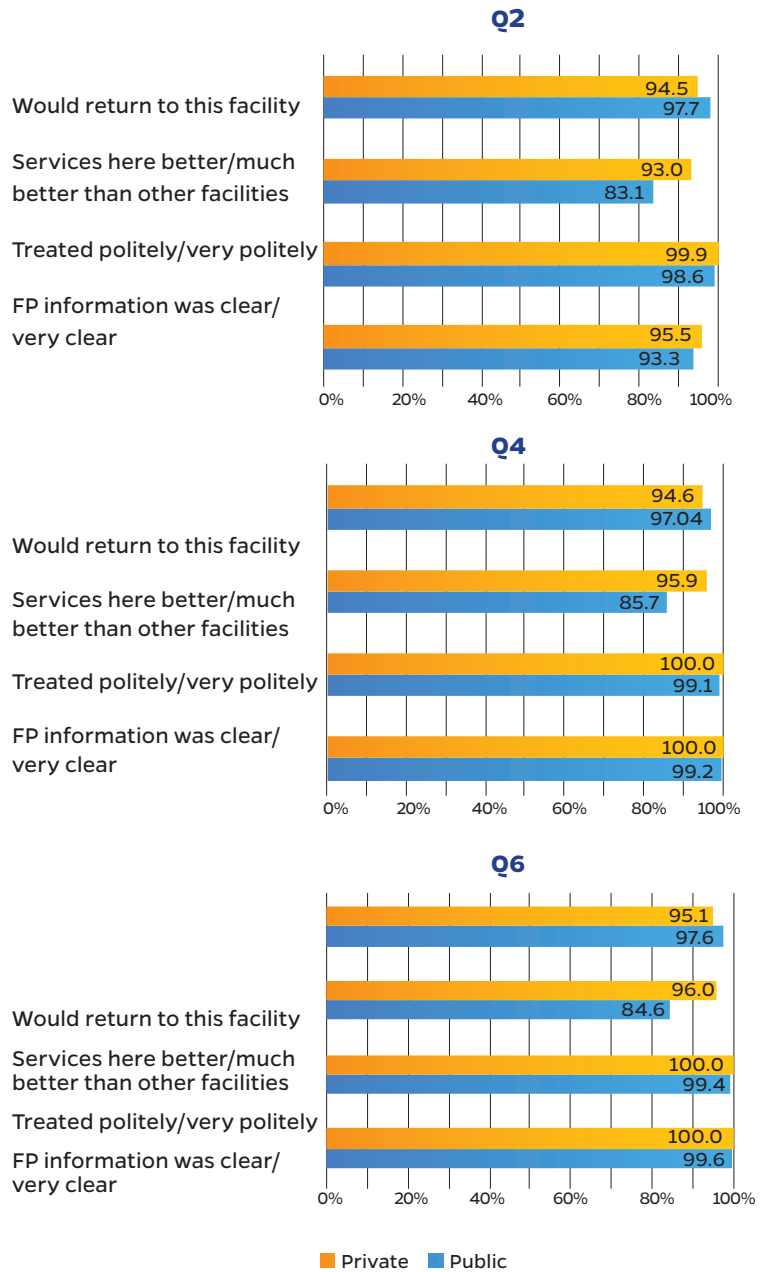
Over half of women interviewed at public and private facilities in Q2, Q4, and Q6 report choosing their contraceptive method themselves. With the exception of women interviewed at public facilities in Q4, 45% report choosing their contraceptive method themselves, while 55% report it was a joint decision with their partner.

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



More male clients report a provider ever explaining how to use a contraceptive method than female clients across all three survey quarters in both public and private facilities.

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

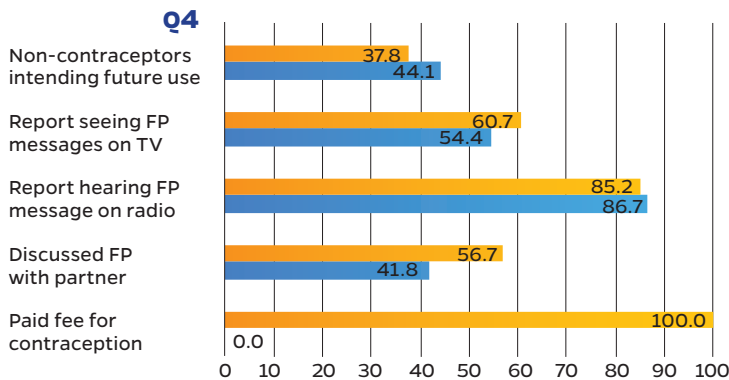
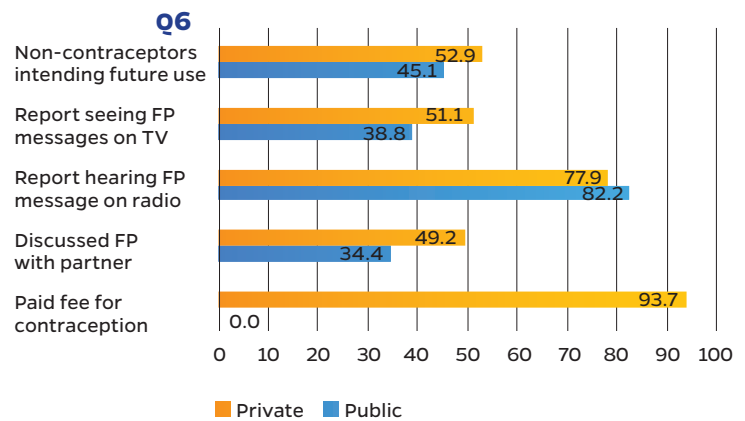
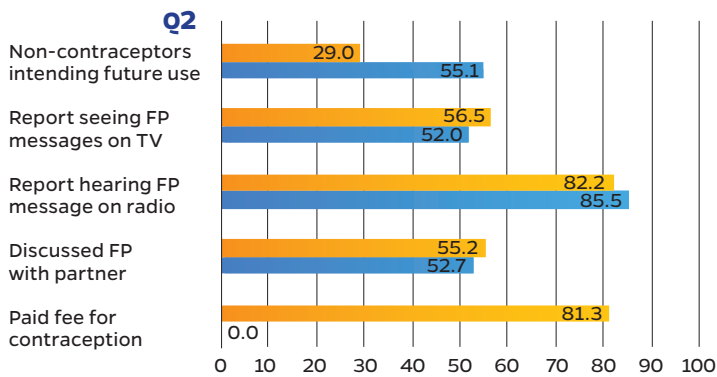
Kericho public and private

Age	Side Effects			Follow-up		
	Q2	Q4	Q6	Q2	Q4	Q6
18-24	61.5%	62.6%	81.3%	89.3%	69.9%	55.5%
25-34	40.7%	81.5%	71.4%	84.3%	95.3%	96.8%
35+	35.5%	35.9%	77.8%	79.7%	81.6%	89.6%

Of all age groups across the three quarters, women age 25-34 in Q4 make up the highest proportion reporting their provider told them what to do about side effects at today's FP visit. Over 50% of women age 18-24 were told when to return for follow-up during their FP visit in Q2, Q4, and Q6.

MALE FAMILY PLANNING

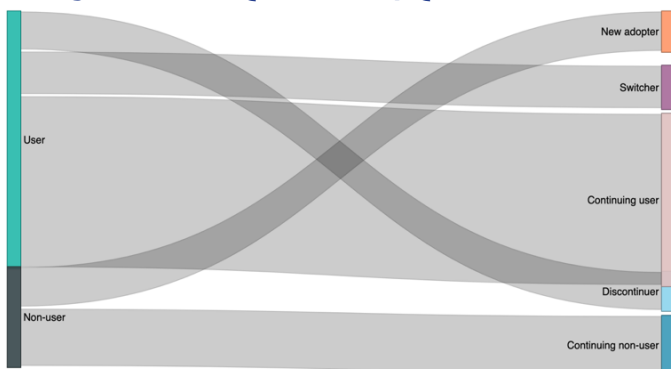
Percent of male clients interviewed about their FP behaviors



All male clients interviewed at private facilities report that they paid a fee for contraception. No male clients interviewed at public facilities report paying fees. The proportion of male clients interviewed at public facilities that report discussing FP with their partners dropped from Q2 (53%), to Q4 (42%), and Q6 (34%). Over 75% of all male clients interviewed report hearing FP messages on the radio across 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, about 50% of women were still using the method reported four months earlier. Almost 11% had switched methods and stopped using a method in Q3 and 6% had switched methods and stopped using a method in Q5. In addition, 12% began using a method in Q3, while 15% began using a method in Q5 and 16% remained non-users at the follow-up interview in Q3 and 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.