

SERVICE DELIVERY POINT BRIEF

PMA Agile/Uasin Gishu, Kenya



Key highlights from Q1-Q6 SDP surveys in Uasin Gishu

- The SDP sample in Uasin Gishu was composed of 100 public and 109 private facilities in Q1.
- In Q6, staff trained in family planning in public SDPs tended to be community health workers (42%), followed by nurses (39%). In private SDPs, staff trained in family planning were mainly pharm techs (38%), followed by nurses (27%).
- Client visits for condoms experienced more a major increase in Q2.
- The main contraceptive method sold at private SDPs was male condoms, with an average of 187-572 units per month, followed by emergency contraception, with an average of 113-470 units per month.
- Private SDPs provide CYPs through a wide range of methods that also include EC, condoms, and pills.
- Public SDPs are more likely than private SDPs to have implants and injectables in stock.
- Among Uasin Gishu public SDPs, hospitals experienced no injectable stock-out, except in Q2 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.

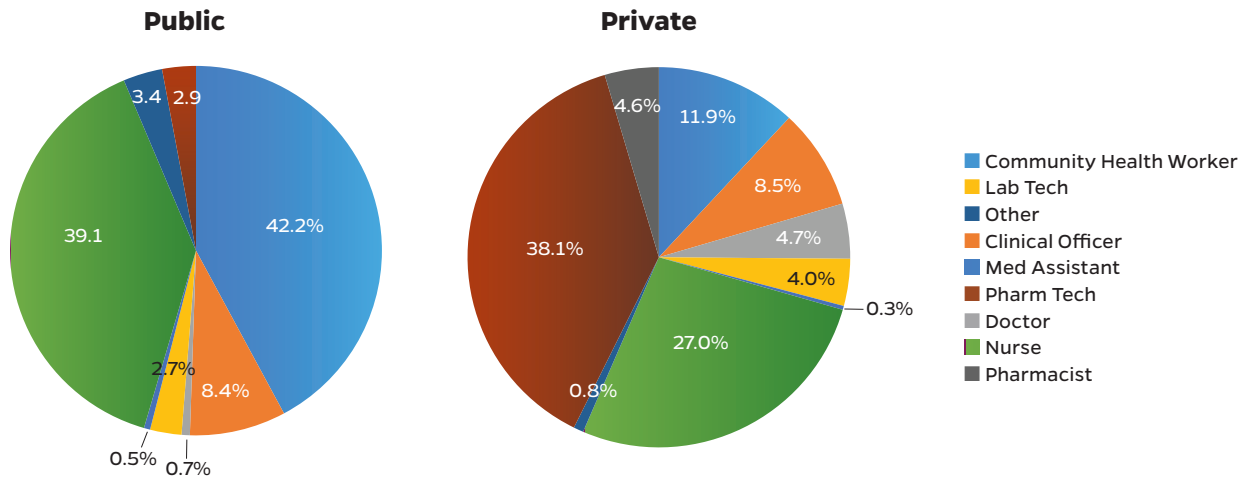
PMA Agile monitors the urban areas of three counties in Kenya, Kericho, Migori, and Uasin Gishu, and is conducted by the International Centre for Reproductive Health-Kenya (ICRHK), in collaboration with The Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. This brief covers six quarterly surveys conducted in Uasin Gishu from December 2017 to January 2020. **The full results are accessible at site dashboards at pmapdata.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



In Q6, staff trained in family planning in public SDPs tended to be community health workers (42%), followed by nurses (39%). In private SDPs, staff trained in family planning were mainly pharm techs (38%), followed by nurses (27%).

CLIENT VISITS

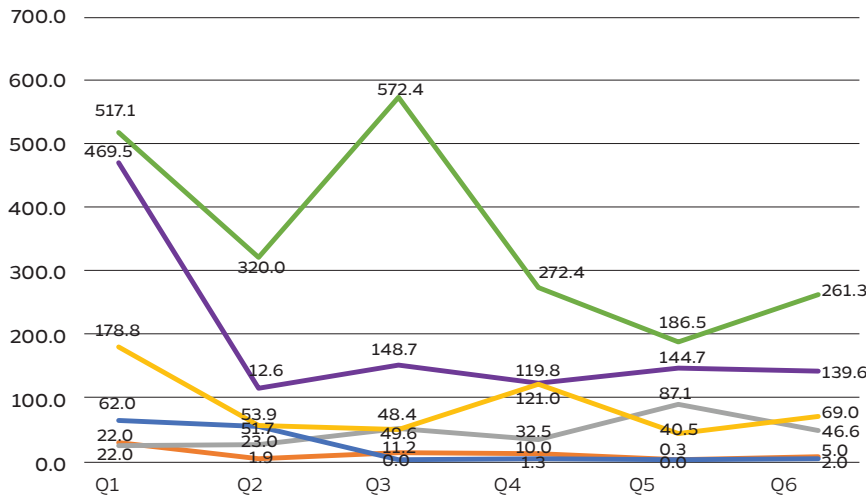
Average number of client visits in past month

Among public facilities in Uasin Gishu (n=100)

	Q1	Q2	Q3	Q4	Q5	Q6
Emergency Contraception (EC)	0.0	0.4	0.6	0.5	0.1	0.2
Male and Female Condoms	9.4	82.0	4.2	2.1	2.0	1.6
Implant	13.5	15.4	14.7	15.1	16.2	15.2
Injectable	48.8	43.2	42.9	52.6	55.0	57.2
IUD	2.5	2.6	4.5	2.5	4.0	2.9
Pill	14.3	6.6	11.2	11.7	13.0	13.5

Across all six quarters, the average number of client visits for implants, IUDs, injectables, EC, and pills experienced minor fluctuations. Client visits for condoms experienced more a major increase in Q2.

AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH (n=109)

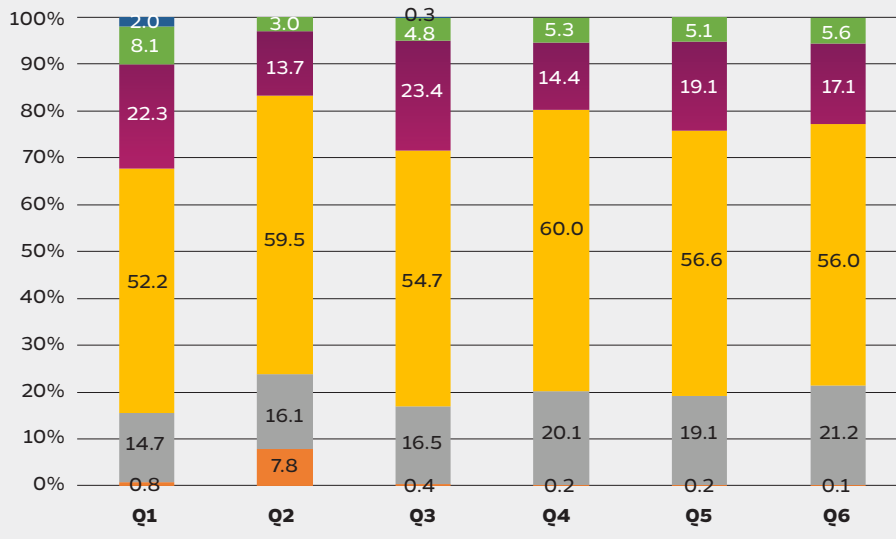


The main contraceptive method sold at private SDPs was male condoms, with an average of 187-572 units per month, followed by emergency contraception, with an average of 113-470 units per month.



COUPLE YEARS OF PROTECTION (CYP) BY TYPE OF CONTRACEPTIVE

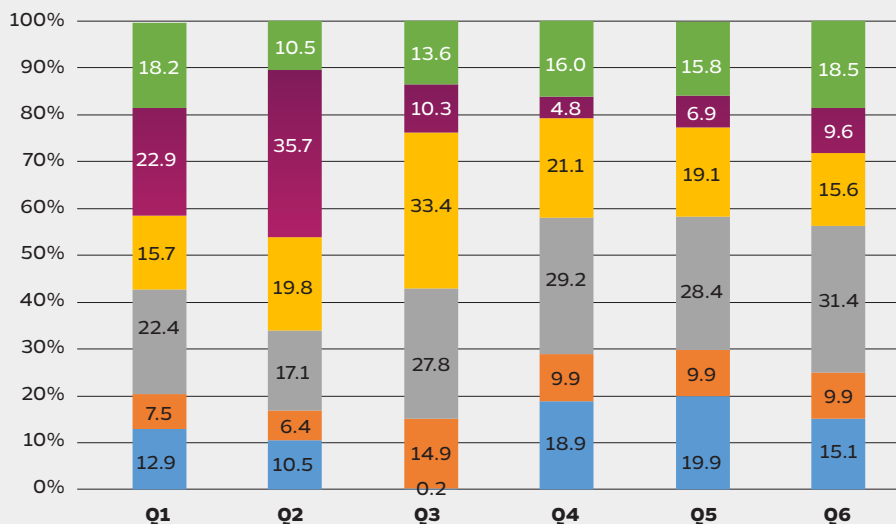
Percent distribution of CYPs at public facilities (n=100)



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



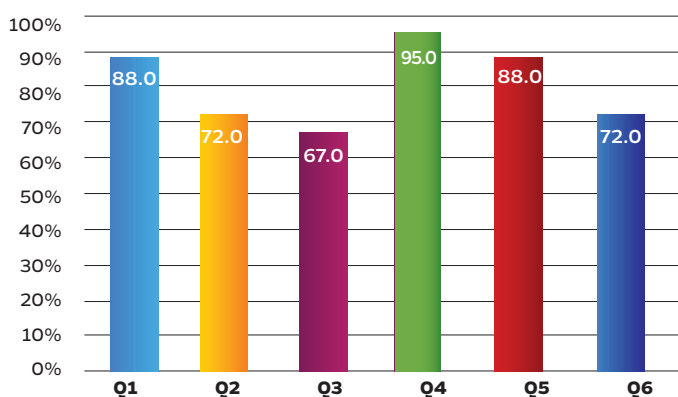
Percent distribution of CYPs at private facilities (n=109)



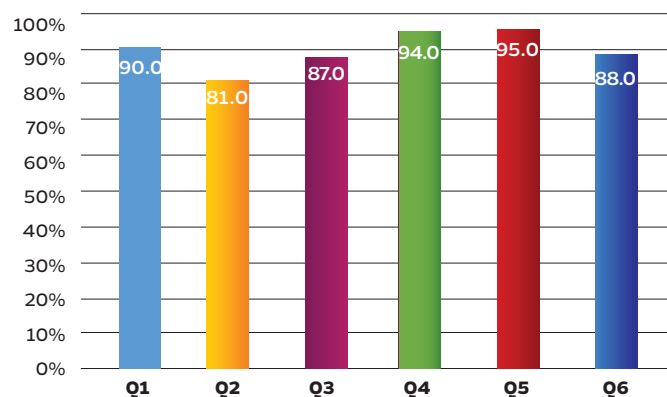
STOCK OF CONTRACEPTIVE METHODS

METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

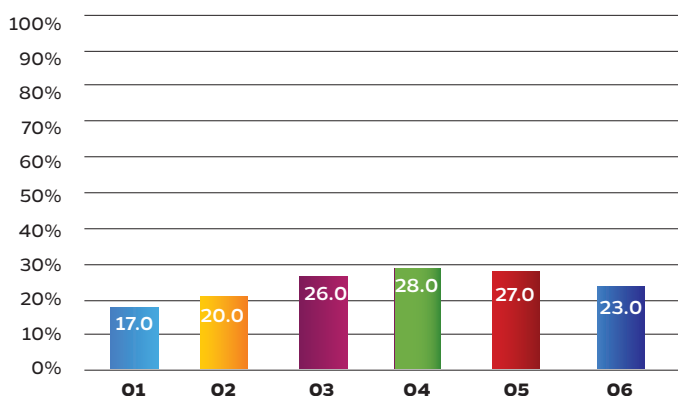
Percent of public SDPs that report having implants in stock on day of survey (n=100)



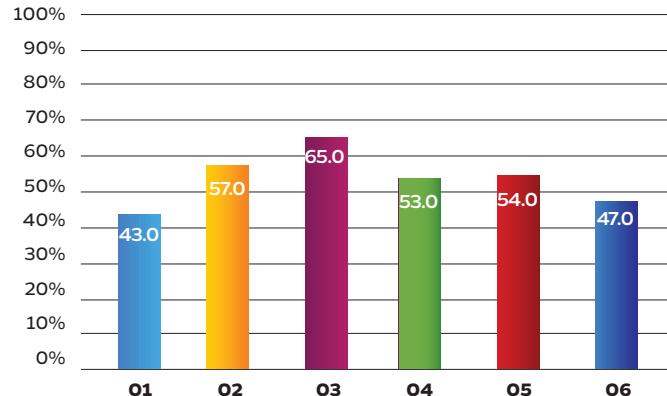
Percent of public SDPs that report having injectables in stock on day of survey (n=100)



Percent of private SDPs that report having implants in stock on day of survey (n=109)



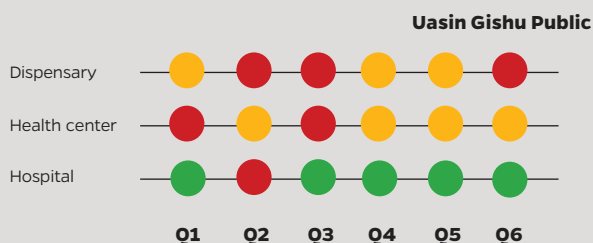
Percent of private SDPs that report having injectables in stock on day of survey (n=109)



Public SDPs are more likely than private SDPs to have implants and injectables in stock.

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

Among public facilities (n=100)



Among Uasin Gishu public SDPs, hospitals experienced no injectable stock-out, except in Q2 only.

● 0%
● 1-10%
● >10%

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.