SERVICE DELIVERY POINT 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 quarterly surveys conducted in Kericho from November 2017 to December 2018. **The full results are accessible at site dashboards at pma2020.org/pma-agile.** The project receives support from the Bill and Melinda Gates Foundation.

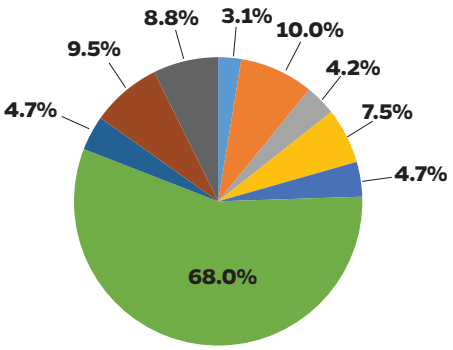
Key highlights from Q1-Q3 SDP surveys in Kericho

- **The SDP sample in Kericho** is composed of 106 public and 98 private facilities in Q1.
- **Staff trained to provide family planning** tend to be nurses, clinical officers, and pharm techs in both public and private facilities.
- **Although public SDPs account for the majority of couple-years of protection**, the methods provided are largely limited to implants and condoms. Private SDPs provide CYPs through a wide range of methods that also include emergency contraception (EC), injectables, and pills.
- **From Q1-Q3, the average number of client visits by method remained steady** or had small increases, except for condoms and injectables, where the number of visits fluctuated by quarter.
- **The main contraceptive method sold at private SDPs was male condoms**, with an average of 250-540 units per month, followed by EC, with an average of 90-211 units per month.
- **Public SDPs are more likely than private SDPs** to have implants and injectables in stock.
- **More than 10% of public dispensaries and hospitals** in our sample were out-of-stock of injectables across all 3 survey quarters.

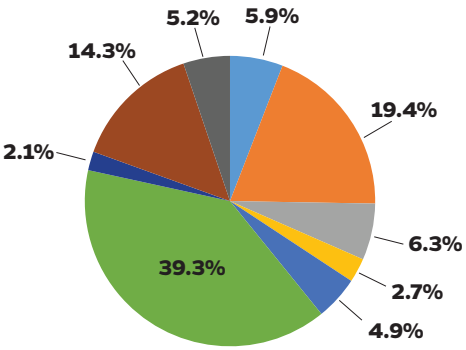
STAFF TRAINED IN FAMILY PLANNING AT FACILITIES

Among public (106) and private (98) facilities in Kericho

Public



Private



Community Health Worker
Clinical Officer
Doctor
Lab Tech
Med Assistant
Nurse
Pharm Tech
Pharmacist
Other

Staff trained in family planning in both public and private SDPs tend to be nurses (68% and 39% respectively), followed by clinical officers (10% and 19.4%), and pharm techs (9.5% and 14.3%).

CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

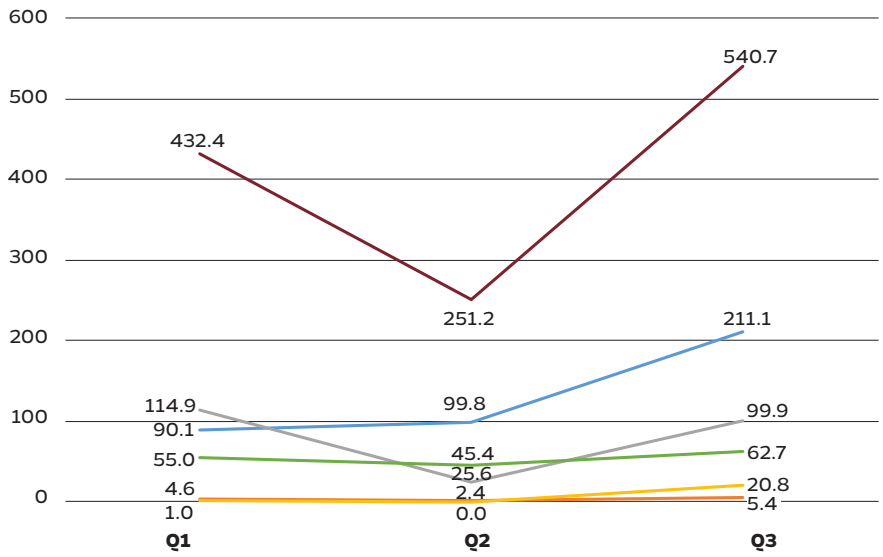
Average number of client visits in past month

Among public facilities in Kericho (n=106)

	Q1	Q2	Q3
Emergency Contraception (EC)	0.0	0.0	0.0
Male and Female Condoms	276.9	197.6	238.7
Implant	3.9	7.6	9.4
Injectable	10.6	20.2	18.0
IUD	1.1	1.4	2.5
Pill	0.2	0.2	0.9

Across all three quarters, the average number of client visits by method remained steady or had small increases except for condoms and injectables. Condoms saw a decline in visits from Q1 (277) to Q2 (198), then an increase in Q3 (239). Injectable visits saw an increase from Q1 (11) to Q2 (20), then a decrease in Q3 (18).

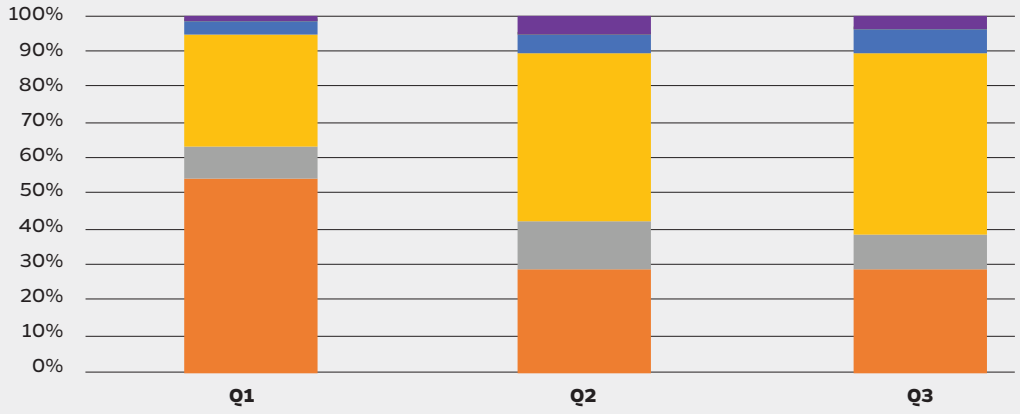
AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH *(n=98)*



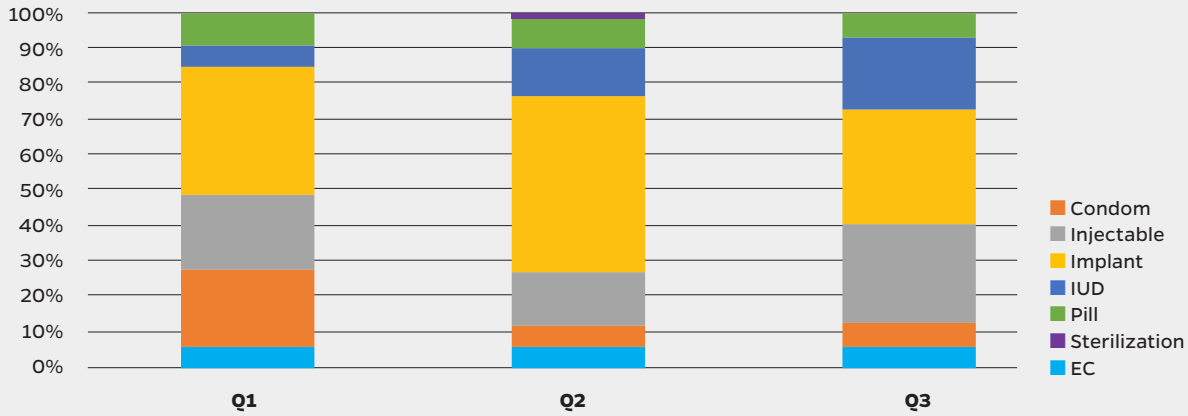
The main contraceptive method sold at private SDPs was male condoms, with an average of 250-540 units per month, followed by emergency contraception, with an average of 90-211 units per month.

COUPLE YEARS OF PROTECTION (CYP)

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

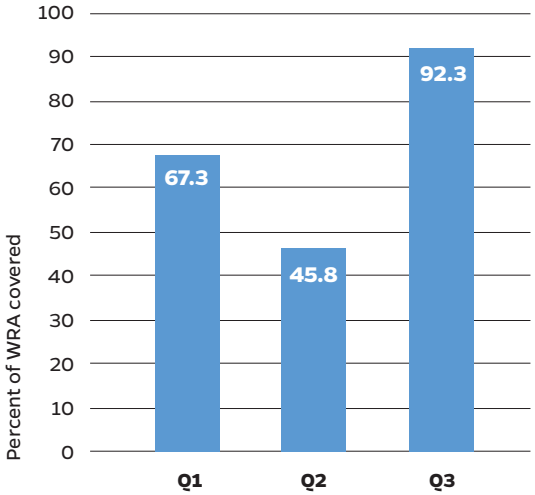


Percent distribution of CYPs at private facilities *(n=98)*



1. 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 include EC, injectables, and pills.

FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)



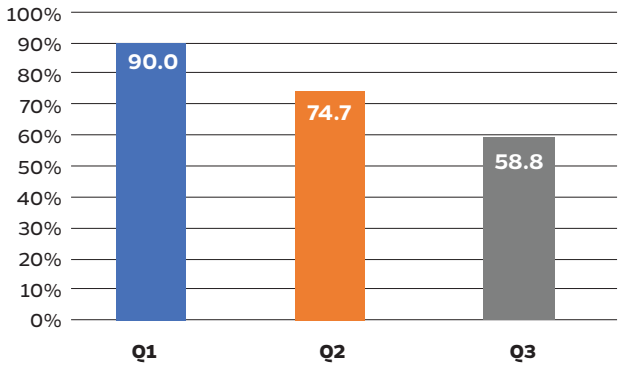
Using the past month's delivery of contraceptive services to clients and sales of contraceptive methods to clients, an estimate of the total number of clients served can be generated. This is annualized and ratioed over the eligible female population of reproductive age to assess coverage. This estimate will differ from a household sample survey as it will not capture contraceptive distributions by providers outside of facilities, such as community health workers, and is sensitive to the exact population served by facilities in the geographies.

The CCR varies across the three quarters, reaching the highest proportion of eligible women and their partners in Q3 (92.3%). It averages 65.1% across the three survey quarters, which suggests that the health system's facilities provided about two-thirds of the contraception obtained by eligible couples that year in Kericho county.

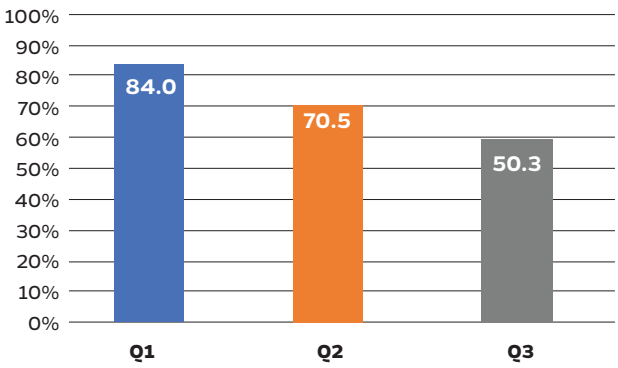
STOCK OUTS

METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

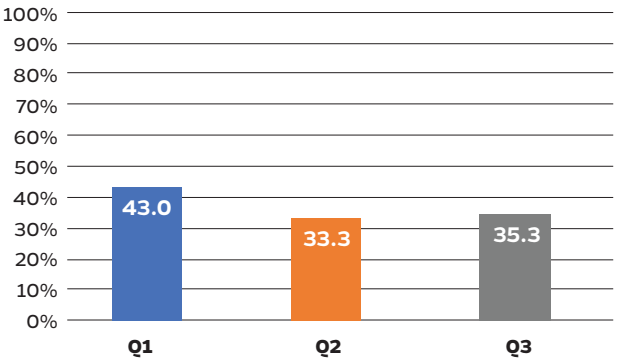
Percent of public SDPs that report having implants in stock on day of survey *(n=106)*



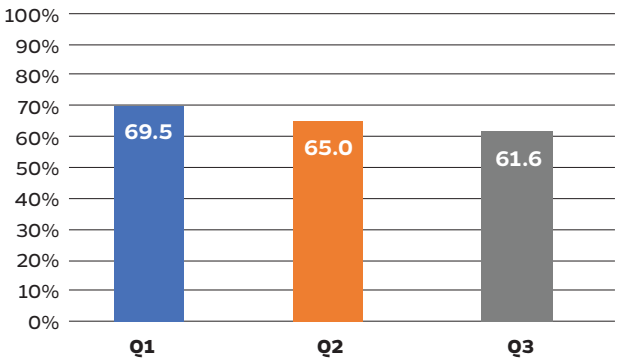
Percent of public SDPs that report having injectables in stock on day of survey *(n=106)*



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



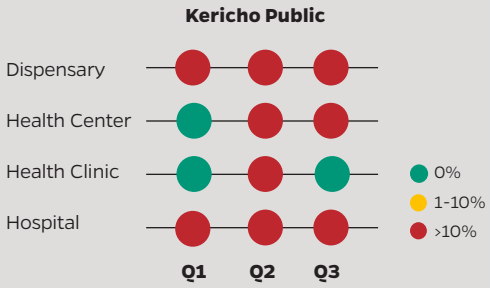
Percent of private SDPs that report having injectables in stock on day of survey *(n=98)*



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=106)



More than 10% of dispensaries and hospitals in our sample were out-of-stock of injectables through all 3 quarters. Health clinics experienced more stockout from Q1 to Q2, but by Q3 had improved.

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 and Accountability Agile (PMA Agile) Quarterly Survey 2017-2019. Mombasa, Kenya and Baltimore, Maryland, USA. www.pma2020.org/pma-agile.