SERVICE DELIVERY POINT BRIEF
PMA Agile/Migori, Kenya

ABOUT PMA AGILE

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 Migori 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.
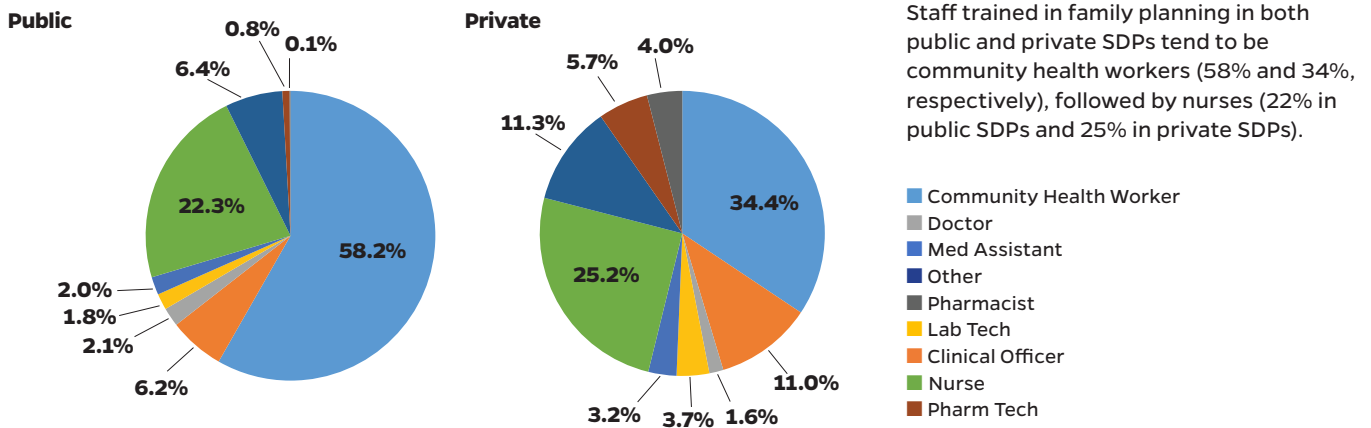

Key highlights from Q1-Q3 SDP surveys in Migori

- **The SDP sample in Migori** is composed of 101 public and 104 private facilities in Q1.

- **In both private and public facilities**, staff trained to provide family planning tend to be nurses and community health workers.

- **Public and private SDPs have roughly the same distribution** of couple-years of family planning protection, supplied primarily through implants and IUDs.

- **Across all survey three quarters, there was an increase** in the average number of client visits to public facilities for all contraceptive methods.

- **The main contraceptive method sold at private SDPs was male condoms**, with an average of 160-240 units per month, followed by EC, with an average of 70-105 units per month.

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

- **Injectables were reported to be out-of-stock in over 10% of public facilities in Q1**, except health clinics, which reported no stock-outs over all three survey quarters. Injectable stock status improved steadily across quarters in health centers, which reported no stock outs in Q3.

STAFF TRAINED IN FAMILY PLANNING AT FACILITIES

Among public (101) and private (104) facilities in Migori

Public

Private

0.8%
0.1%
6.4%
22.3%
2.0%
1.8%
2.1%
6.2%
58.2%

5.7%
4.0%
11.3%
34.4%
25.2%
3.2%
3.7%
1.6%
11.0%

Staff trained in family planning in both public and private SDPs tend to be community health workers (58% and 34%, respectively), followed by nurses (22% in public SDPs and 25% in private SDPs).

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

CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

Average number of client visits in past month

Among public facilities in Migori (n=101)

	Q1	Q2	Q3
Emergency Contraception (EC)	0.2	0.2	0.3
Male and Female Condoms	6.0	12.5	221.9
Implant	17.3	29.9	30.7
Injectable	12.4	21.6	21.8
IUD	3.4	4.2	5.3
Pill	0.8	3.6	4.0

Across all three quarters, there was an increase in the average number of client visits for all methods, with condoms (male + female) having the biggest increase from Q2 (13) to Q3 (222).

AVERAGE NUMBER OF CONTRACEPTIVE COMMODITIES SOLD BY PRIVATE SDPS IN PAST MONTH *(n=104)*
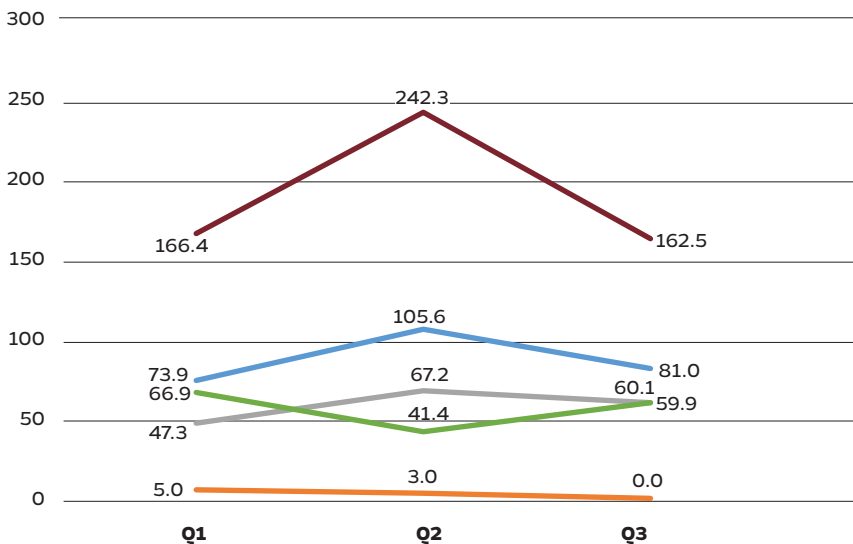

The main contraceptive method sold at private SDPs was male condoms, with an average of 160-240 units per month, followed by emergency contraception, with an average of 70-105 units per month.
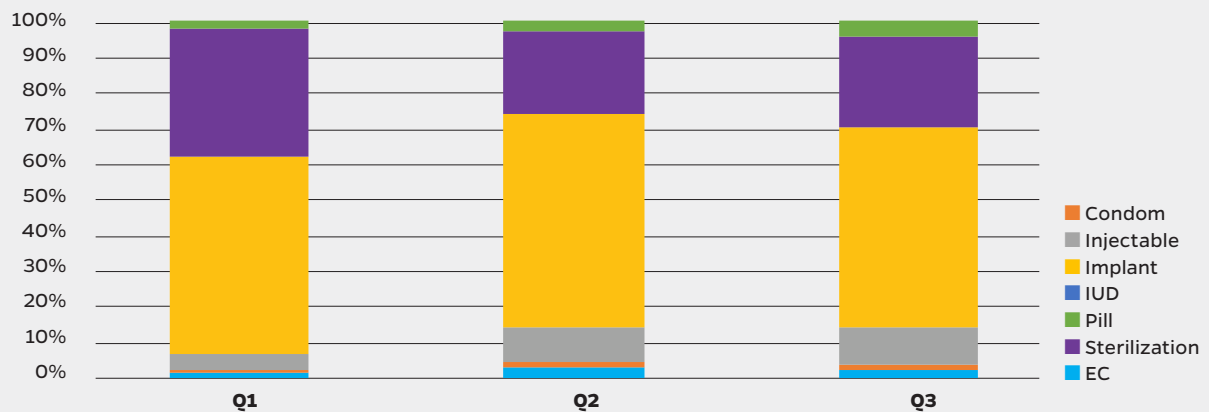
- ▬ Emergency Contraception
- ▬ Implant
- ▬ Injectable
- ▬ Male Condom
- ▬ Pill

COUPLE YEARS OF PROTECTION (CYP)

### Percent distribution of CYPs at public facilities *(n=101)*

Legend: Condom, Injectable, Implant, IUD, Pill, Sterilization
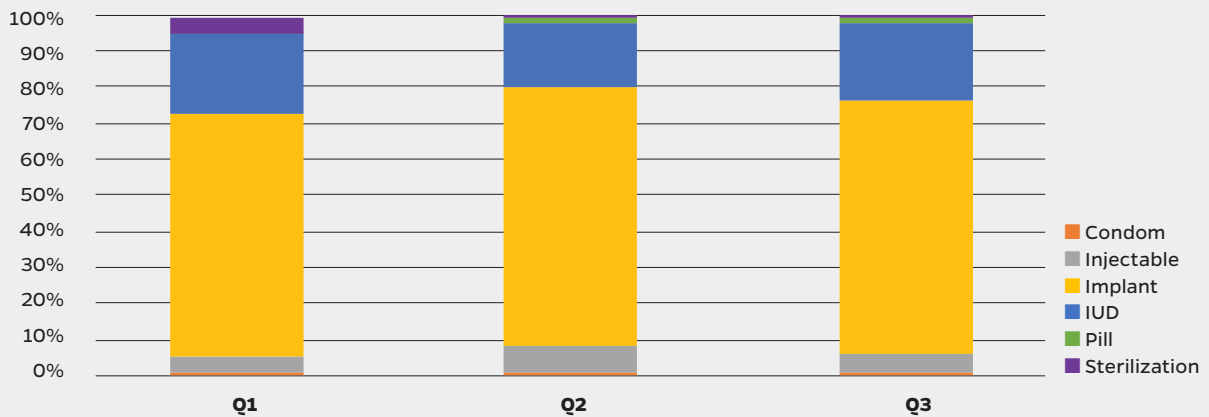
Percent distribution of CYPs at private facilities *(n=104)*

Legend: Condom, Injectable, Implant, IUD, Pill, Sterilization, EC

Public and private SDPs have roughly the same distribution of couple-years of family planning protection, supplied primarily through implants and IUDs.

FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)
Estimated CCR for Migori

Percent of WRA covered

Q1: 47.8 Q2: 49.1 Q3: 45.4
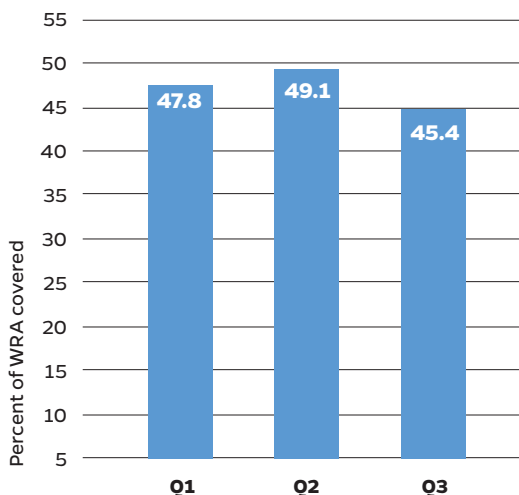
Using the past month's delivery of contraceptive services to clients and sales of contraceptive methods to clients, an estimate of the total number of clients served can be generated. This is annualized and ratioed over the eligible female population of reproductive age to assess coverage. This estimate 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 is relatively stable across quarters ranging from 45.4% to 49.1% of eligible women and their partners. The three-quarter average of 47.4% suggests that the health system's facilities provided about one half of the contraception obtained by eligible couples that year in urban Migori.
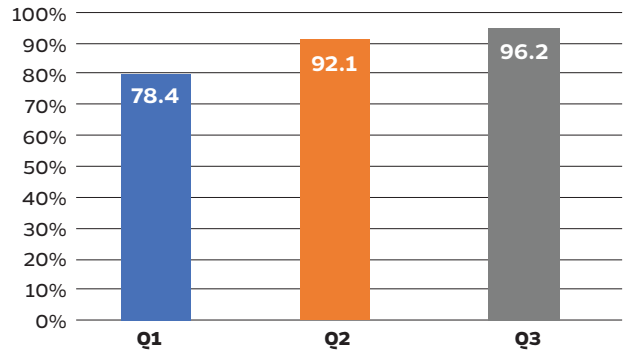
STOCK OUTS
## METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

**Percent of public SDPs that report having implants in stock on day of survey** (n=101)
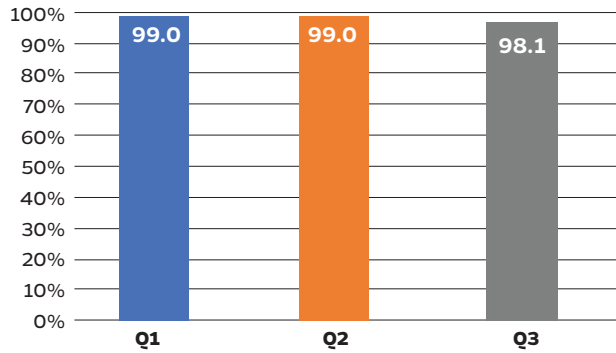
	Q1	Q2	Q3
	99.0	99.0	98.1

Percent of public SDPs that report having injectables in stock on day of survey (n=101)

	Q1	Q2	Q3
	78.4	92.1	96.2

Percent of private SDPs that report having implants in stock on day of survey (n=104)

	Q1	Q2	Q3
	51.0	48.4	47.5

Percent of private SDPs that report having injectables in stock on day of survey (n=104)

	Q1	Q2	Q3
	55.8	53.0	66.2
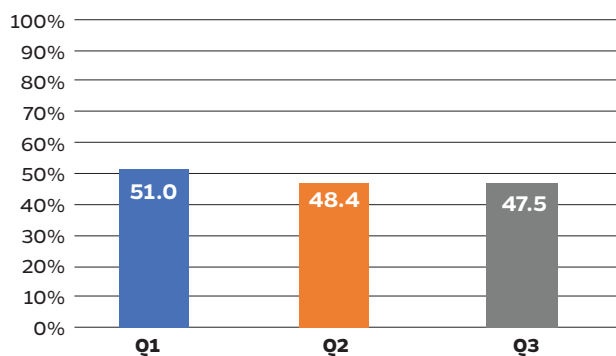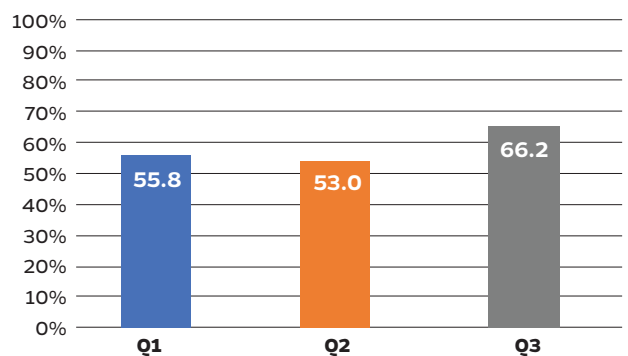
Public SDPs are more likely than private SDPs to have implants and injectables in stock.

Percent out-of-stock of injectables by quarter and facility type
Among public facilities (n=101)

Migori Public

Legend:
- 🟢 0%
- 🟡 1-10%
- 🔴 >10%
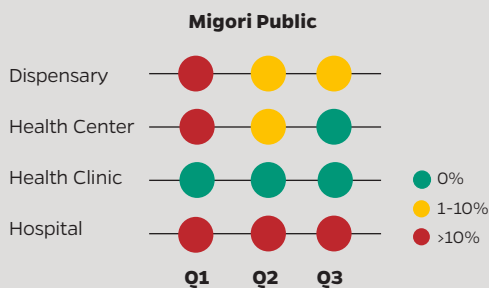
Health centers saw the greatest improvement in injectable stock status, with more than 10% of public facilities out-of-stock in Q1, to less than 10% of facilities out-of-stock in Q2, to no facilities out-of-stock in Q3. Stockout of injectables was greater than 10% in public hospitals across all three quarters.

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.

PMA AGILE | ICRH Kenya INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH | JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH | BILL & MELINDA GATES INSTITUTE *for* POPULATION *and* REPRODUCTIVE HEALTH