SERVICE DELIVERY POINT BRIEF
PMA Agile/Uasin Gishu, Kenya

Key highlights from Q1-Q3 SDP surveys in Uasin Gishu

- **The SDP sample in Uasin Gishu** is composed of 100 public and 109 private facilities in Q1.

- **In public SDPs, staff trained in family planning** (FP) tend to be nurses and community health workers, while in private SDPs, FP-trained staff tend to be pharm techs and nurses.

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

- **Across all three quarters, there was a small decrease** in the average number of client visits for all methods, except IUDs.

- **The main contraceptive method sold at private SDPs was male condoms**, with an average of 320-515 units sold per month, followed by EC, with an average of 112-470 units sold per month.

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

- **Among Uasin Gishu public SDPs, injectables were out of stock** in most facilities, except in hospitals in Q1 and Q3.
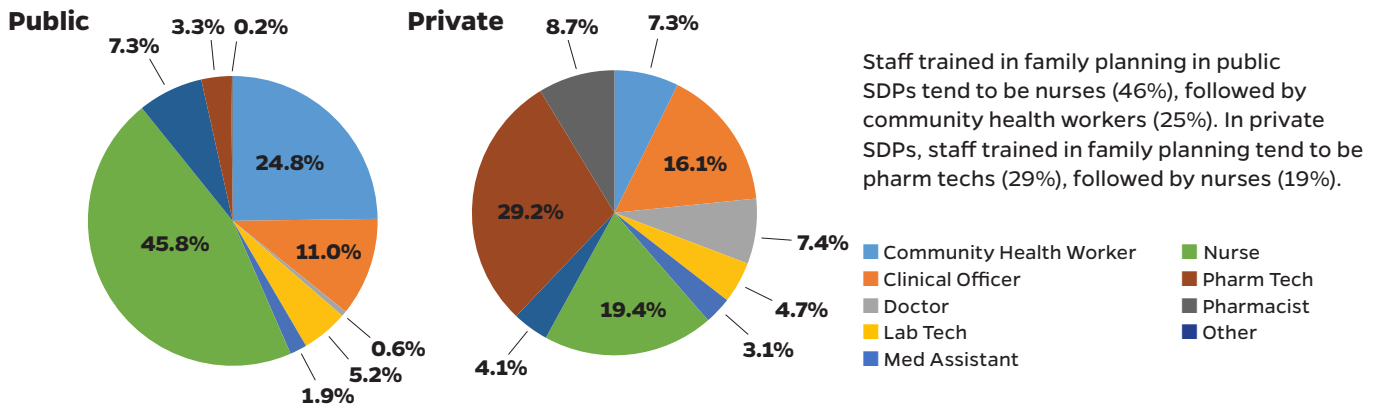
ABOUT PMA AGILE

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 Uasin Gishu 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.

Kenya

Uasin Gishu

STAFF TRAINED IN FAMILY PLANNING AT FACILITIES

Among public (100) and private (109) facilities in Uasin Gishu

Public

- 24.8%
- 11.0%
- 45.8%
- 7.3%
- 3.3%
- 0.2%
- 0.6%
- 5.2%
- 1.9%

Private

- 8.7%
- 7.3%
- 16.1%
- 29.2%
- 19.4%
- 7.4%
- 4.7%
- 3.1%
- 4.1%

Staff trained in family planning in public SDPs tend to be nurses (46%), followed by community health workers (25%). In private SDPs, staff trained in family planning tend to be pharm techs (29%), followed by nurses (19%).

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

CLIENT VISITS and CONTRACEPTIVE UNITS SOLD

Average number of client visits in past month

Among public facilities in Uasin Gishu (n=100)

	Q1	Q2	Q3
Emergency Contraception (EC)	0.0	0.4	0.6
Male and Female Condoms	9.4	82.0	4.2
Implant	13.5	15.4	14.7
Injectable	48.8	43.2	42.9
IUD	2.5	2.6	4.5
Pill	14.3	6.6	11.2

Across all three quarters, there were variations in the average number of client visits for all methods. The average number of client visits for IUDs increased from 2.5 visits in Q1 to 4.5 visits in Q3.

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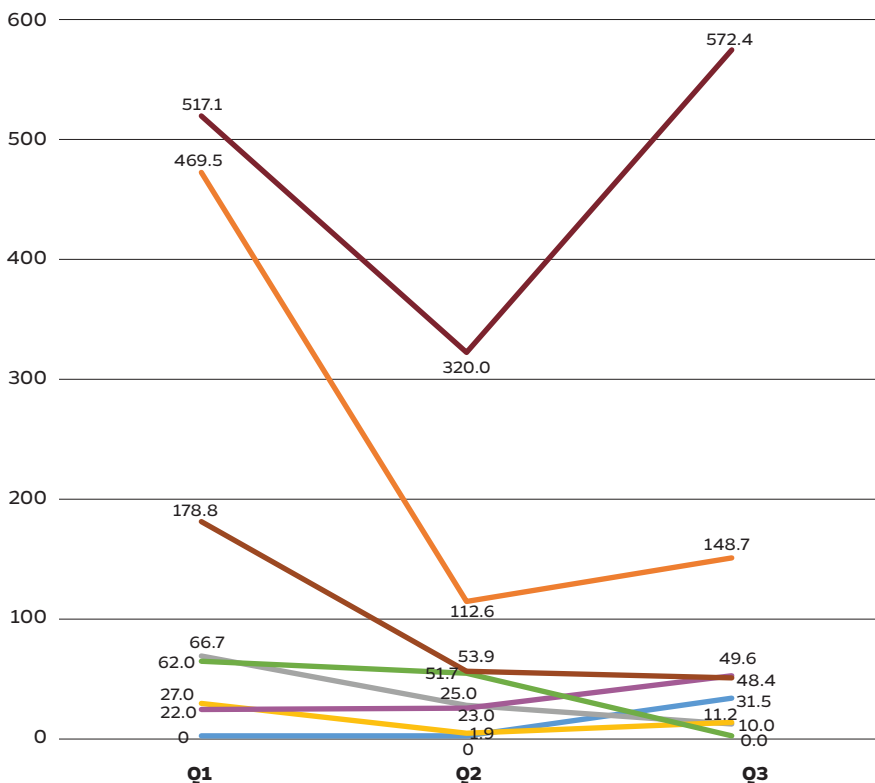

The main contraceptive method sold at private SDPs was male condoms, with an average of 320-515 units per month, followed by emergency contraception, with an average of 112-470 units per month.

- ■ Beads
- ■ Emergency Contraception
- ■ Foam
- ■ Implant
- ■ Injectable
- ■ IUD
- ■ Male Condom
- ■ Pill

COUPLE YEARS OF PROTECTION (CYP)

Percent distribution of CYPs at public facilities *(n=100)*
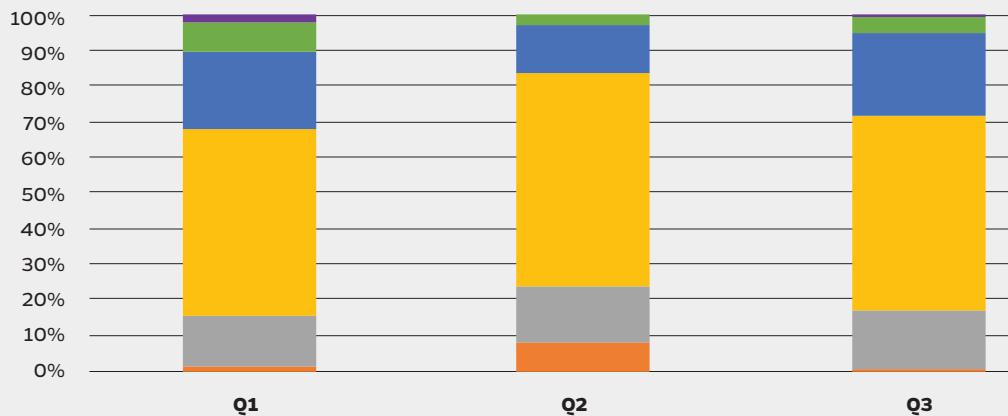
Percent distribution of CYPs at private facilities *(n=109)*

Legend:
- EC
- Condom
- Injectable
- Implant
- IUD
- Pill
- Sterilization
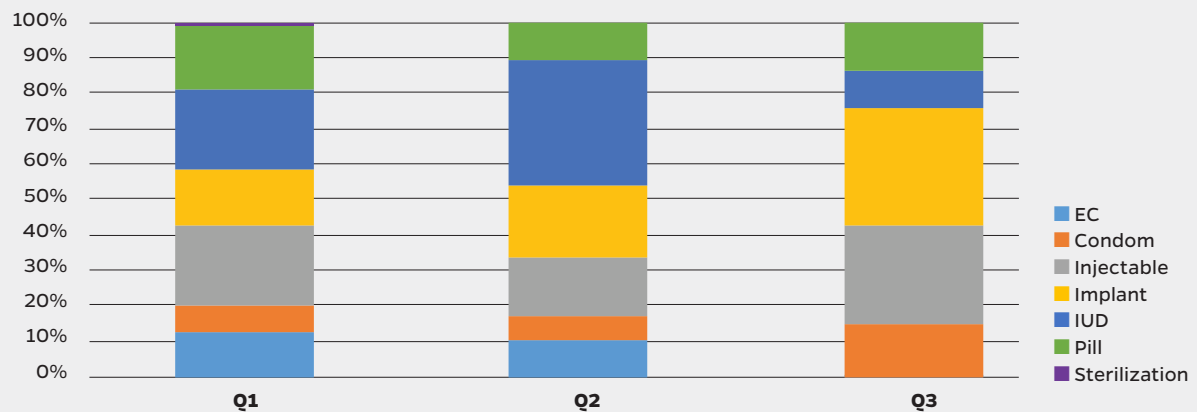
Although public SDPs account for the majority of couple-years of FP protection (CYPs) in Uasin Gishu, the methods provided are largely limited to implants, injectables and IUDs. Private SDPs provide CYPs through a wide range of methods that also include EC, condoms, and pills.

FACILITY-BASED CONTRACEPTIVE COVERAGE RATE (CCR)
Estimated CCR for Uasin Gishu
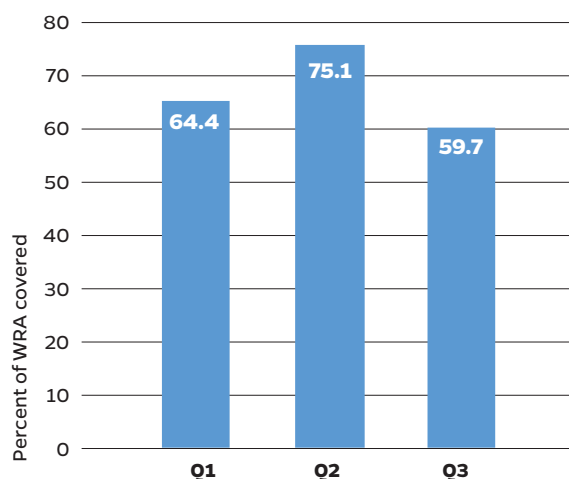
Using the past month's delivery of contraceptive services to clients and sales of contraceptive methods to clients, an estimate of the total number of clients served can be generated. This is annualized and ratioed over the eligible female population of reproductive age to assess coverage. This estimate 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 between 59.7 and 75.1% across the three quarters. The three-quarter average of 66.4% suggests that the health system's facilities provided about two thirds of the contraception obtained by eligible couples that year in Uasin Gishu.
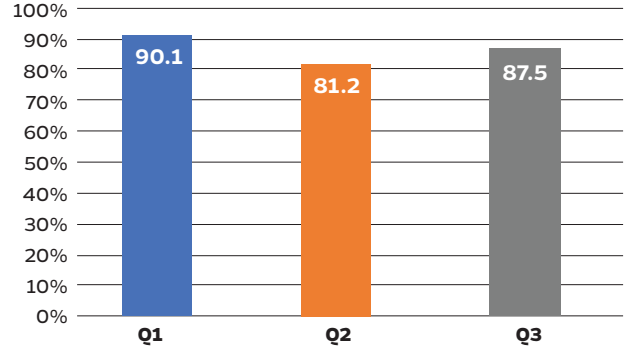
STOCK OUTS
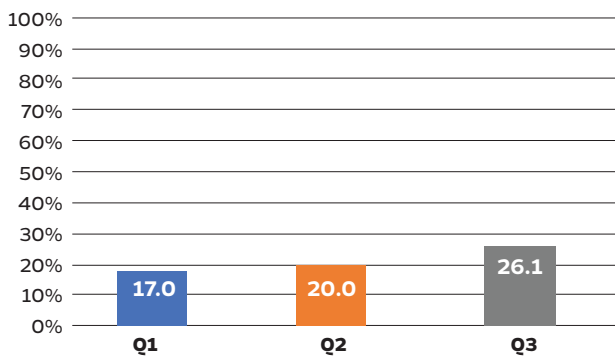## METHODS IN STOCK: FOCUS ON IMPLANTS AND INJECTABLES

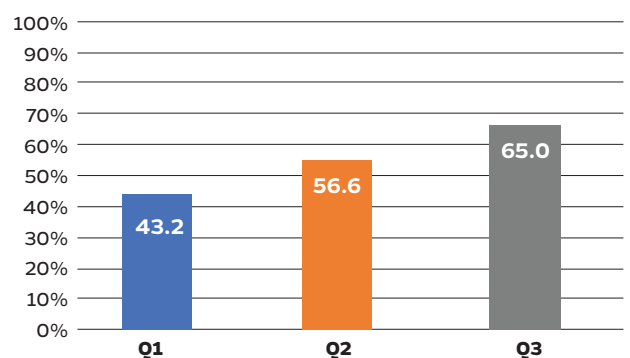**Percent of public SDPs that report having implants in stock on day of survey** *(n=100)*
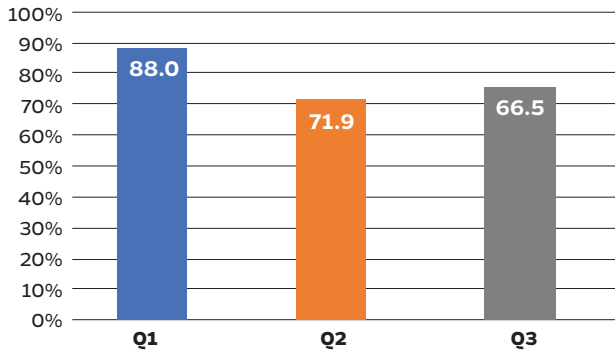
Percent of public SDPs that report having injectables in stock on day of survey *(n=100)*

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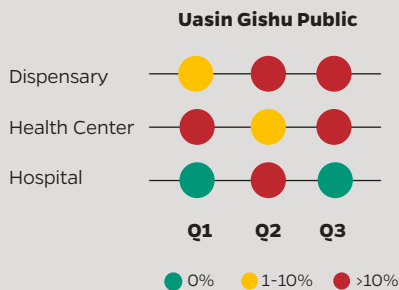

Percent of private SDPs that report having injectables in stock on day of survey *(n=109)*

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, injectables were out of stock in most facilities, except in hospitals in Q1 and Q3.

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.