

# CLIENT BRIEF

## PMA Agile/Uasin Gishu



### 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 one survey round of the client exit survey (March-August 2018) and the subsequent round when the client follow-up survey was conducted (September-December 2018) in Uasin Gishu. **The full results are accessible at site dashboards at [pma2020.org/pma-agile](http://pma2020.org/pma-agile).**

The project receives support from the Bill and Melinda Gates Foundation.

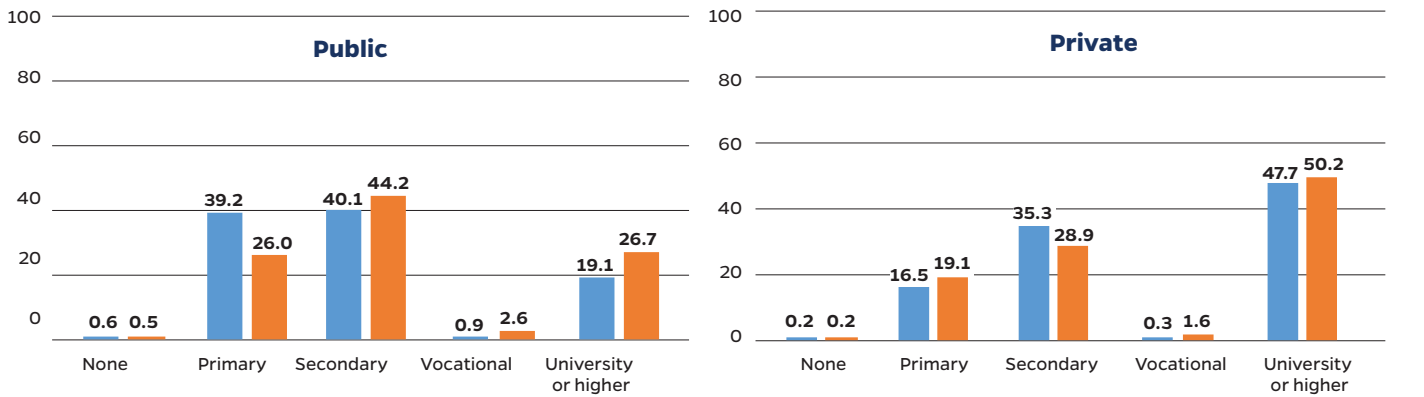


### Key Results

- **In Uasin Gishu, 1858 clients (80% female) were interviewed** at the 100 public and 109 private facilities.
- **Injectables and implants were the most common methods** used among clients interviewed at both public and private facilities.
- **Female clients surveyed at public and private facilities** were most likely to choose their contraceptive method themselves (77% and 93%, respectively). Among female clients interviewed at public facilities, 12% made the decision with their partner.
- **Youth clients reported high levels of explanation on how to use contraceptive methods**, from private facilities, ranging from health centers (79%), hospitals (78%), to pharmacies (56%).
- **Female clients aged 35+ years interviewed at private facilities** were more likely to be told what to do about side effects at their FP visit (94%) compared to those interviewed at public facilities (63%). Female clients aged 18-24 years were least likely to be told what to do about side effects at either private (45%) or public (26%) facilities.
- **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, and range of services compared to other facilities.
- **More non-contracepting male clients interviewed at public facilities (55%)** intend to use family planning in the future, compared to 45% of male clients interviewed at private facilities.
- **Among female clients interviewed at Uasin Gishu facilities, 87% consented** and completed a follow-up interview four months later.
- **At the follow-up interview, 50% of female clients were still using the method they reported at baseline**, 15% had switched methods, and 13% had stopped using a method; 8% began using a method and 14% remained non-users.

## EDUCATIONAL COMPOSITION OF CLIENT SAMPLE

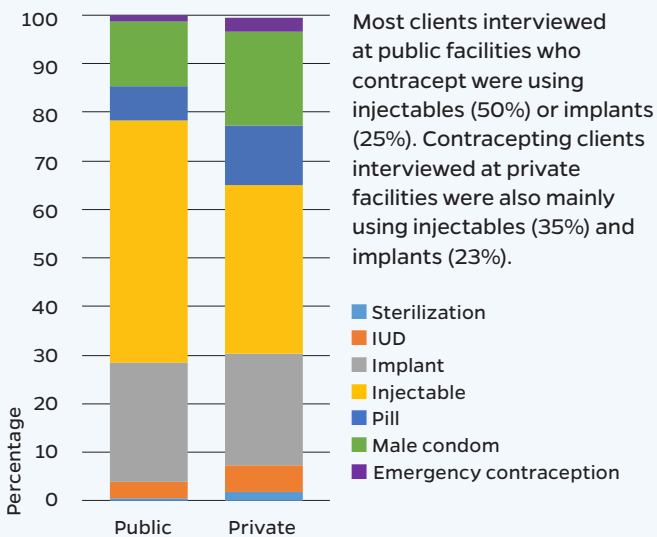
### Percent distribution of education levels of clients interviewed



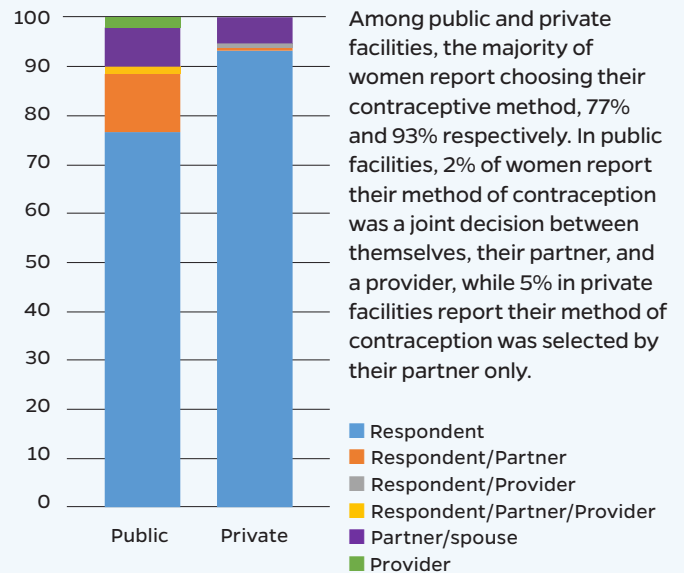
The highest level of education for female and male clients interviewed at public facilities tended to be primary and secondary. Private facilities saw a different distribution in highest level of education, between male and female clients, with secondary and university being the most prominent.

■ Female ■ Male

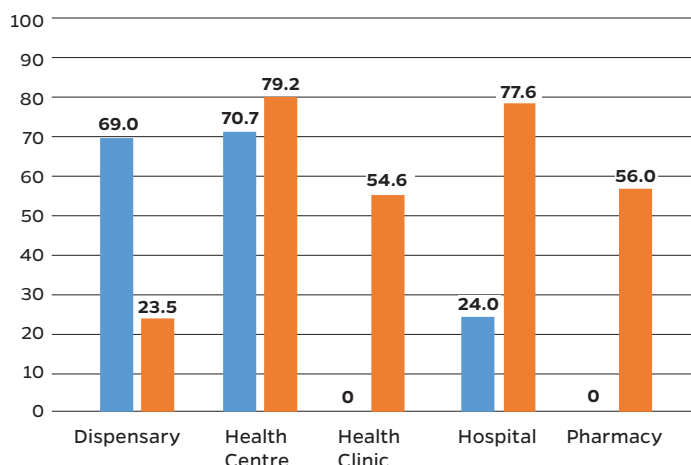
### CLIENT METHOD COMPOSITION



### PERCENT DISTRIBUTION OF FEMALE FP CLIENTS REPORTING WHO CHOSE CONTRACEPTIVE METHOD



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



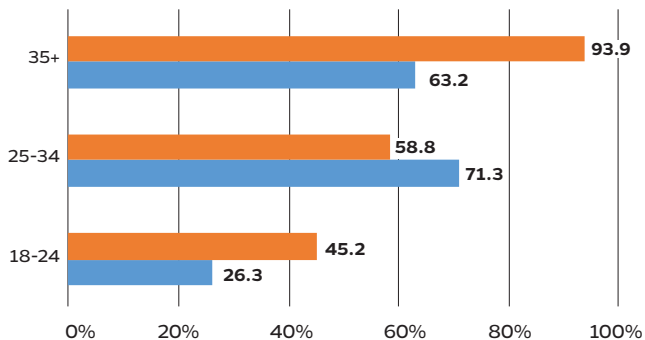
Youth clients reported high levels of explanation on how to use contraceptive methods from private facilities, ranging from health centers (79%), hospitals (78%), to pharmacies (56%).

Among public facilities, youth clients reported receiving an explanation about methods primarily from health centers (70%) and dispensaries (69%).

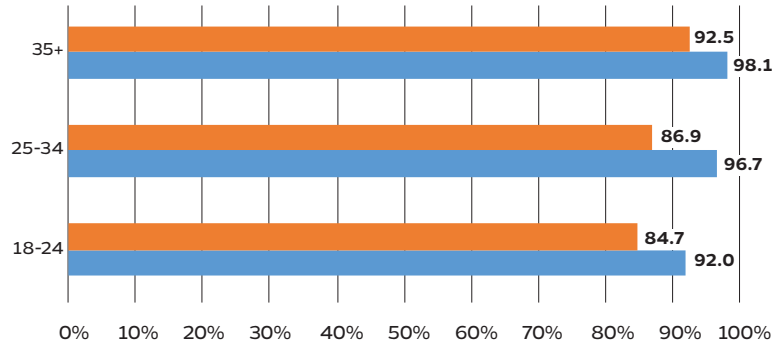
■ Public ■ Private

## PERCENT OF FEMALE CLIENTS COUNSELED ABOUT SIDE EFFECTS AND FOLLOW-UP VISITS, BY AGE

### Told what to do about side effects



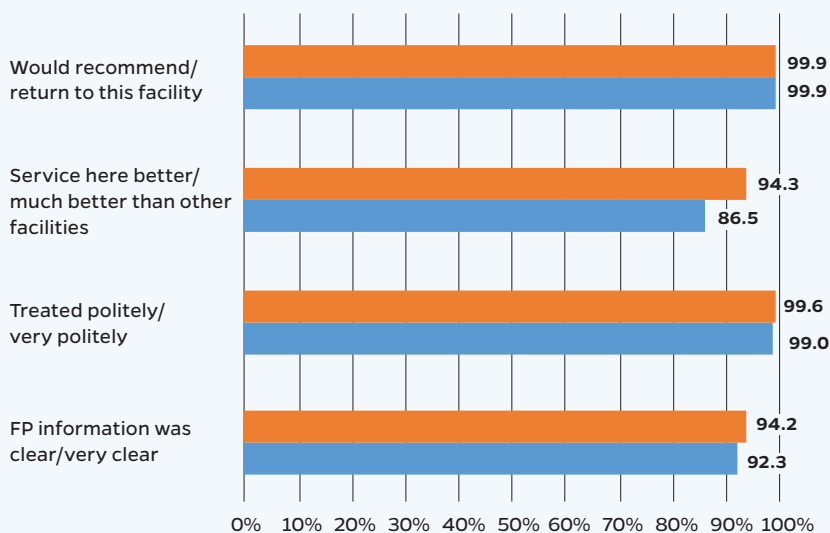
### Told when to come for follow-up



Female clients age 35+ interviewed at private facilities were more likely to be told what to do about side effects at their FP visit compared to those interviewed at public facilities. Women of all age groups interviewed at public facilities reported being told when to return for a follow-up visit than women interviewed at private facilities.

Public Private

## INDICATORS OF FP SERVICE QUALITY AMONG FEMALE CLIENTS



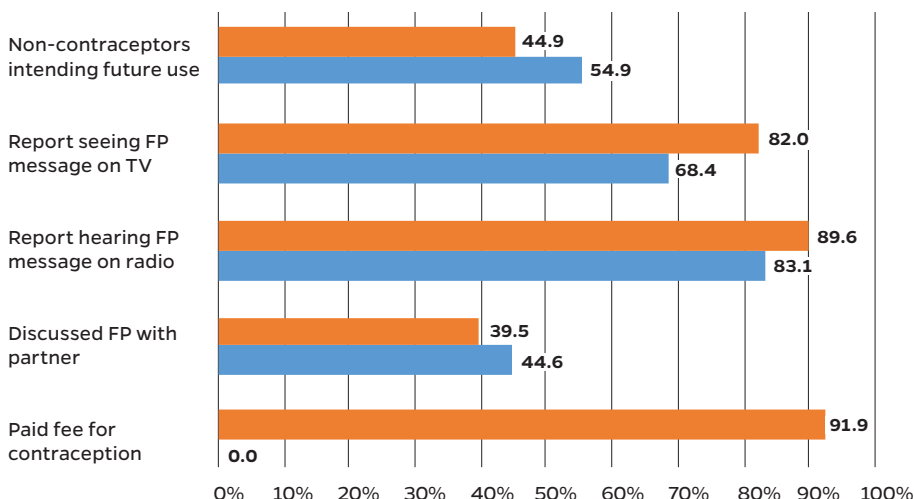
Female clients interviewed at both public and private facilities report relatively high levels of satisfaction with such services as clarity of FP information, polite treatment, range of services, as indicated by their willingness to return or refer the facility. The average wait time was slightly longer in public than private facilities.



Public Private

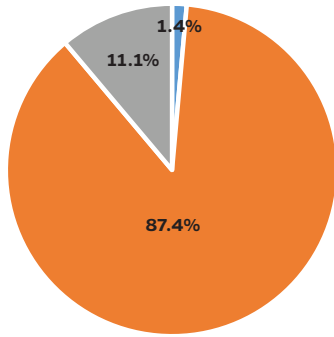
## MALE FAMILY PLANNING

### Percent of male clients interviewed about their FP behaviors



92% of male clients interviewed at private facilities report paying a fee for a contraceptive method. No male clients interviewed at public facilities report paying a fee. A similar proportion of men interviewed at public and private facilities report having discussed family planning with their partner, 45% in public facilities and 40% in private facilities. Over half of male clients interviewed at both public and private facilities report exposure to FP messages on the television; while more than three-fourths of men interviewed at both public and private facilities report exposure to FP on the radio. More non-contracepting male clients interviewed at public facilities (55%) intend to use family planning in the future, compared to 45% in private facilities.

Public Private



## FEMALE CLIENT FOLLOW-UP

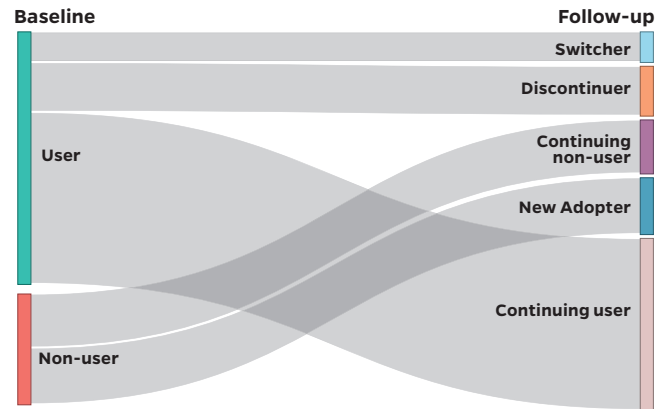
Client follow-up response rates in Uasin Gishu (n=1481)

- Did not consent or did not provide phone number for follow-up
- Consented and provided phone number and completed follow-up interview
- Consented and provided phone number but did not complete follow-up interview

Of the 1481 women who completed baseline interviews, 87% consented to and completed a phone follow-up interview 4 months later.

## CHANGE IN CONTRACEPTIVE USE STATUS

Baseline	N	%	Follow-up	N	%
Users	1011	78.1%	Switchers	198	15.3%
			Continuing users	642	49.6%
			Discontinuers	171	13.2%
Non-users	284	21.9%	New adopters	97	7.5%
			Continuing non-users	187	14.4%
<b>Total</b>				<b>1295</b>	<b>100%</b>



At the follow-up interview, 50% of clients were still using the method reported at baseline, 15% had switched methods, and 13% had stopped using a method. In addition, 8% began using a method and 14% remained non-users at the follow-up interview.

## 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](http://www.pma2020.org/pma-agile).