

PERFORMANCE MONITORING FOR ACTION (PMA)

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MAKUENI SURVEY RESULTS
DISSEMINATION

April 16, 2023



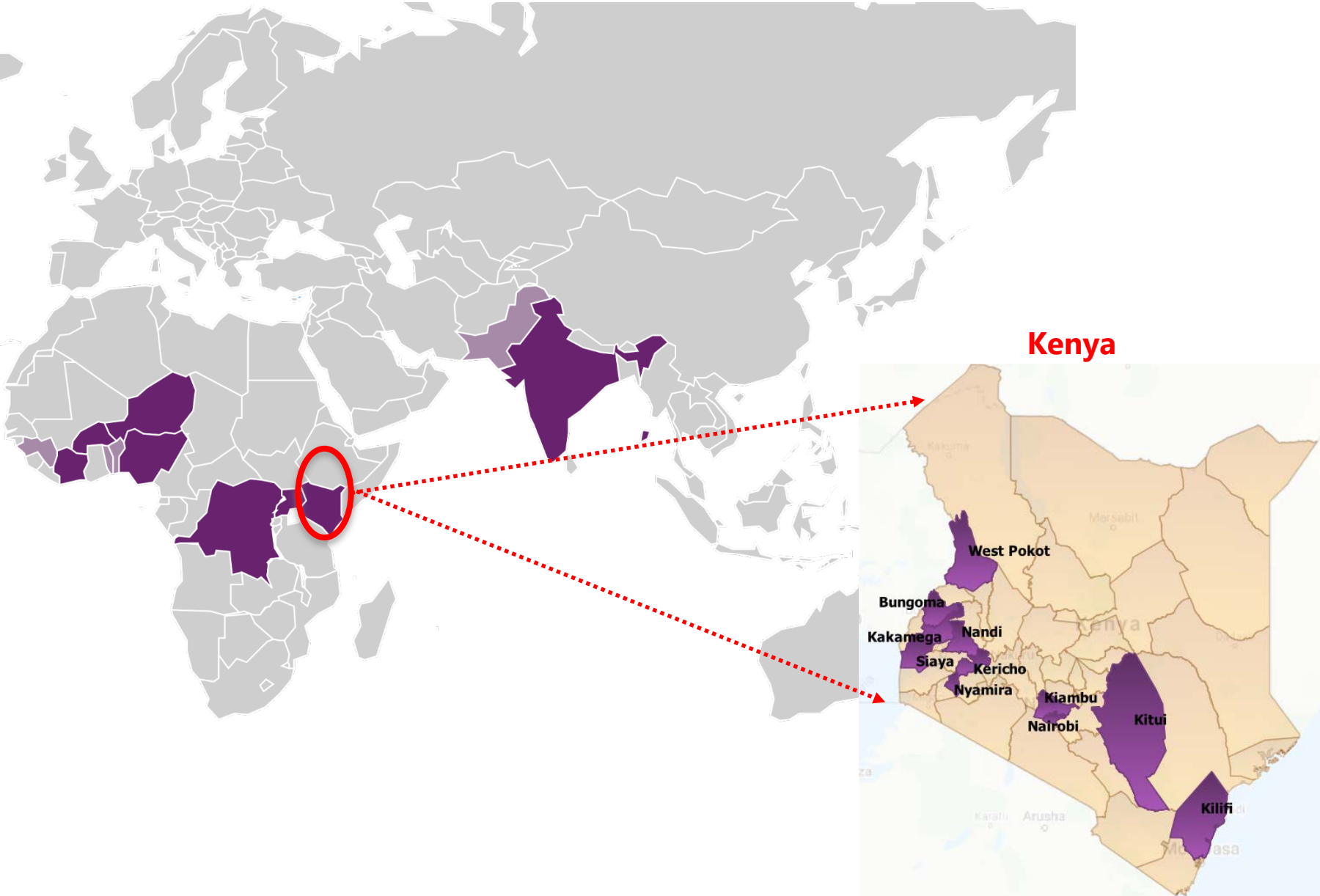
About PMA

- PMA generates frequent, high-quality surveys monitoring key health indicators in nine countries in Africa and Asia
- While having a core family planning focus, the data collection platform can be used for data collection that informs other health strategies
- The project implements a cross-sectional panel design to fill a data gap
 - Collecting information from the same women and households over time for regular tracking of progress and for understanding the drivers of contraceptive use dynamics
- To date globally the platform has been used to collect data for guiding programs in COVID-19, maternal and child health, nutrition, water, and sanitation, neglected tropical diseases, women's and girls' empowerment, schistosomiasis, and primary health care.

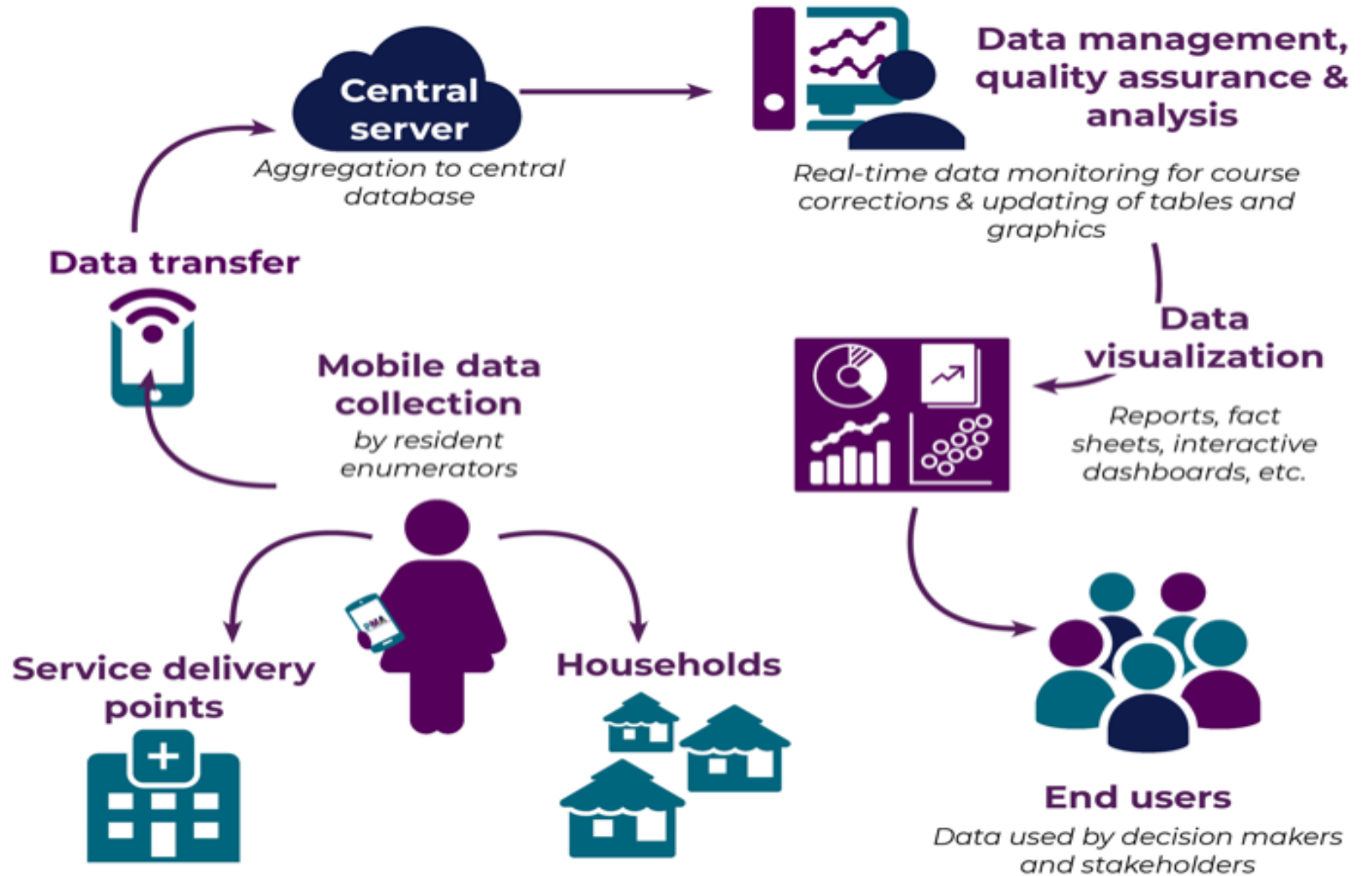
Where We Work

PMA countries

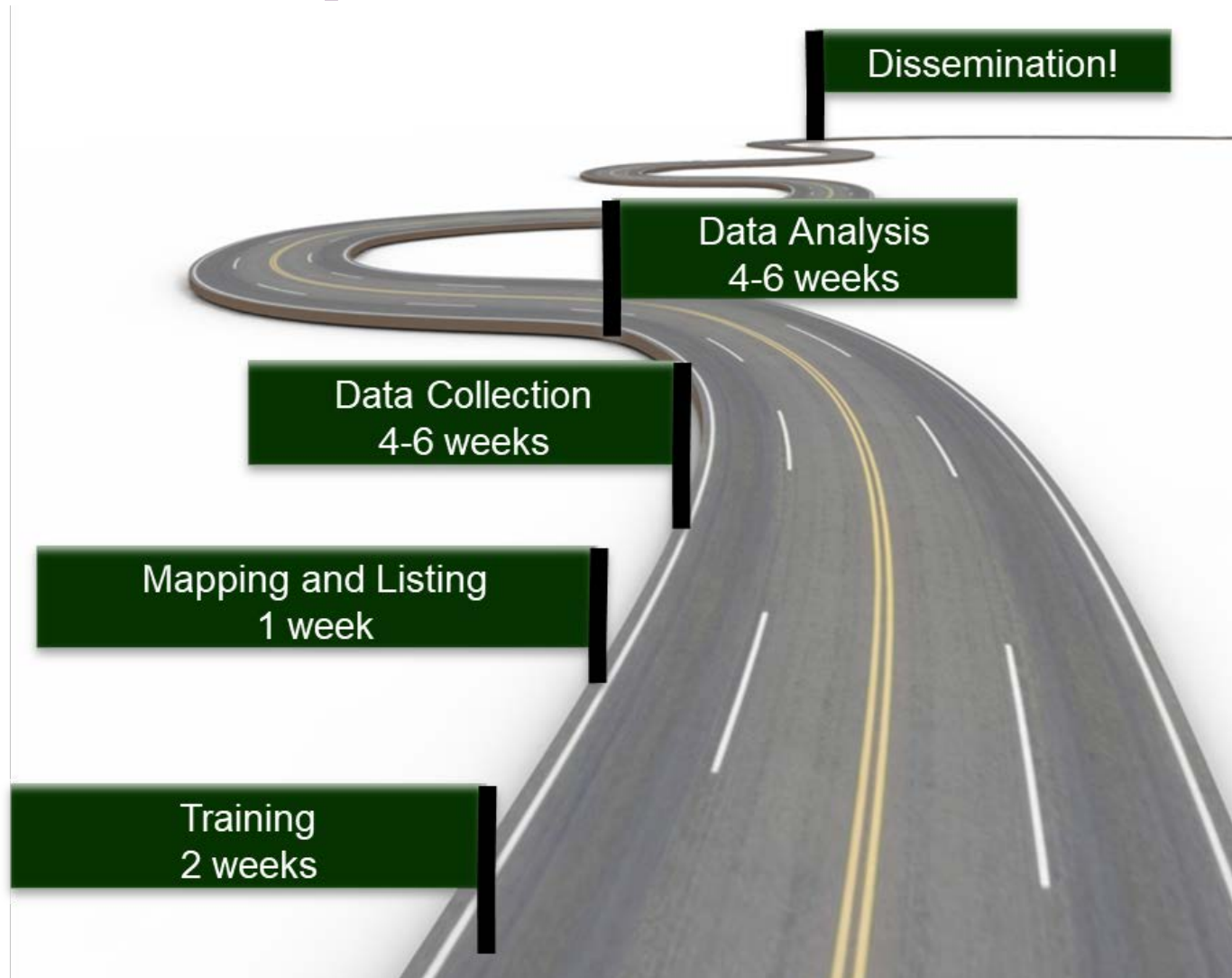
DR Congo	University of Kinshasa
Uganda	Makerere University
Kenya	International Centre for Reproductive Health - Kenya
Nigeria	CRERD
Burkina Faso	ISSP/University of Ouagadougou
Niger	National Statistical Institute (INS)
India	Indian Institute of Health Management Research
Côte d'Ivoire	ENSEA



How PMA Works



PMA Roadmap



PMA key features



Highly-trained cadre of female resident enumerators.



Rapid turnaround results enabled by smartphone technology and short interview time.



High-quality data collected at frequent intervals.



Geographically-linked data collected from both households and service delivery points.

PMA implementation in Kenya

Survey conducted by the International Centre for Reproductive Health – Kenya (ICRHK)

Government Agencies

- Ministry of Health(National & County)
- National Council of Population and Development
- Kenya National Bureau of Statistics

Local Universities

- Moi University
- Technical University of Mombasa
- Jaramogi Oginga Odinga University of Science and Technology
- University of Nairobi

Technical support:

Bill & Melinda Gates Institute for Population and Reproductive Health- Johns Hopkins University

Project management support: Jhpiego

Funding source: Bill & Melinda Gates Foundation

MAKUENI SURVEY

Survey Objectives

Main Objective: Assess the current levels of maternal and child health(MCH) and Family planning and generate programmatic data on MCH and family planning

Specific objectives:

- Estimate the use of modern contraceptives.
- Assess the use of antenatal and maternity care services.
- Estimate the proportion of women delivering under skilled birth attendance.
- Assessing immunization coverage among children under 24 months.
- Estimating the health insurance coverage.
- Examining the preparedness of the health facilities to deliver quality services.
- Determine the client satisfaction levels at the facility level.

Survey Design

- Kenya National Bureau of Statistics selected a sample of 26 Enumeration Areas (EAs)
 - 7 urban and 19 rural
- Recruited one female resident enumerator (RE) for each EA, trained and equipped them with a smartphone.
- RE mapped and listed households and private service delivery points (SDPs) for each EA
 - 35 households were randomly selected in each EA
- Household occupants were enumerated to identify eligible women (women age 15-49)
- All public health facilities serving the EA were selected:
 - All referral hospitals
 - Health center and dispensaries designated to serve the EA residents
- Up to 3 private health SDPs randomly selected in each EA

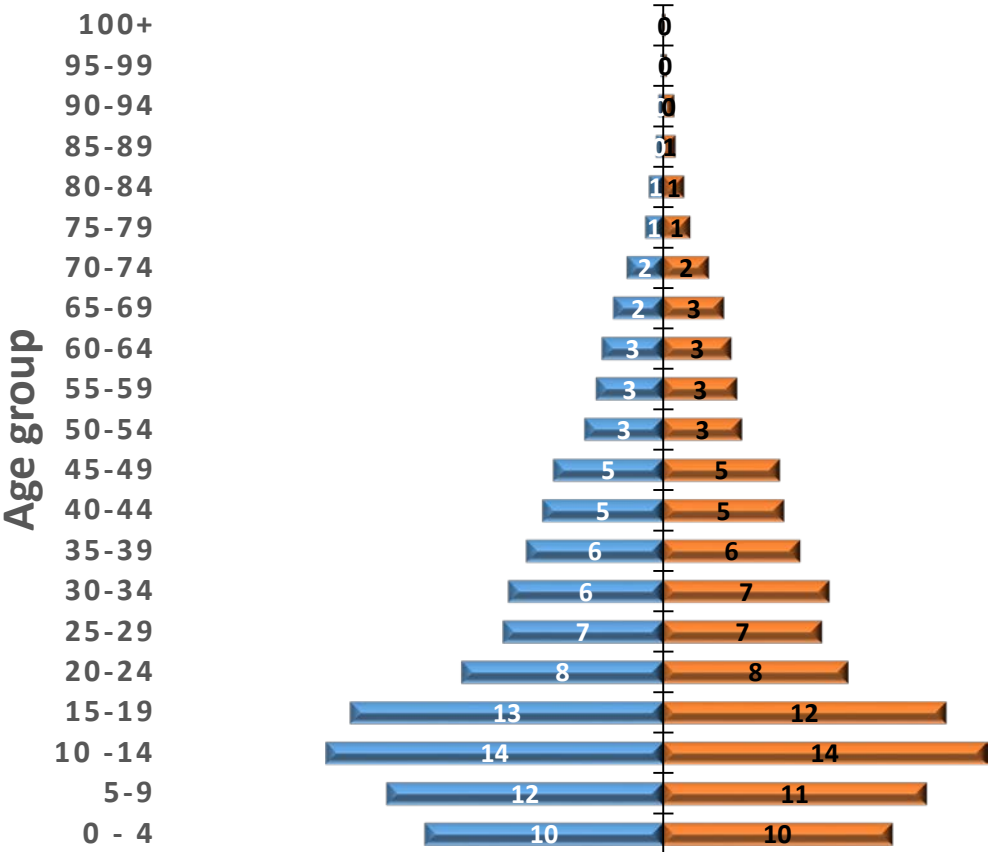
Survey tools

- Four (4) questionnaires used:
 - Household questionnaire
 - Female respondent questionnaire (15-49 years)
 - Service delivery point (SDP) questionnaire
 - Client exit interview questionnaire
- The survey questionnaires were programmed for data collection in the ODK collect android application
- PMA and Demographic and Health Survey (DHS) question wording was adapted

Population pyramid – Makueni county

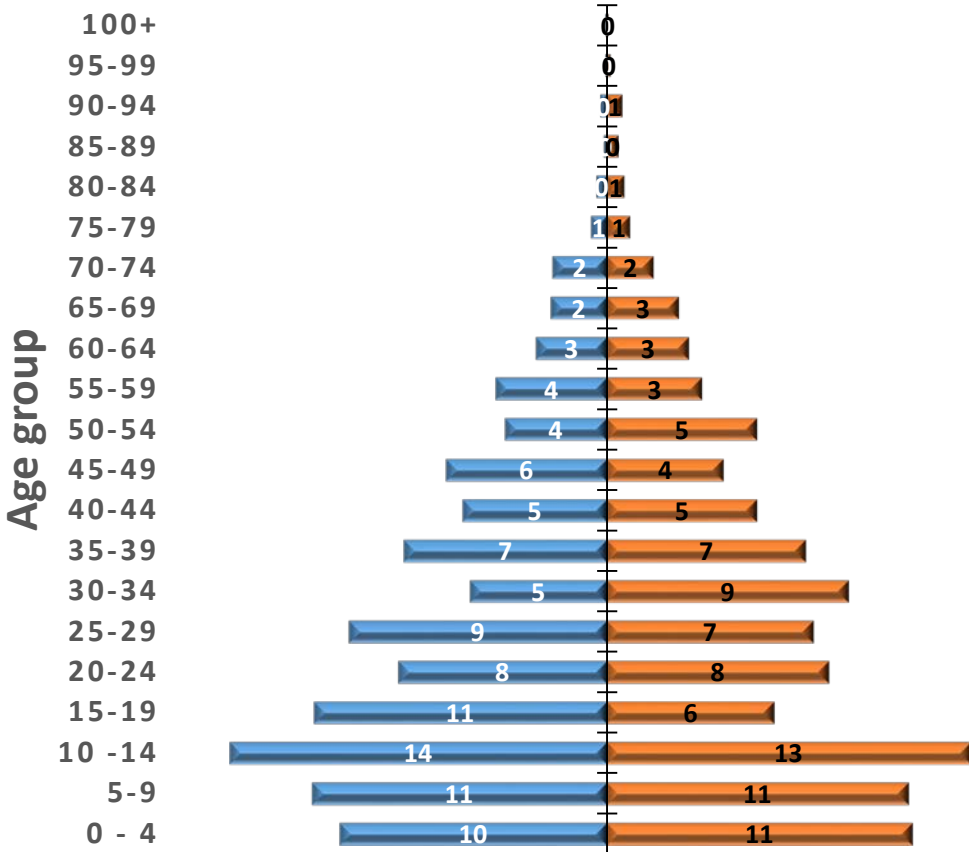
Census 2019

Male Female



PMA Makueni 2021

Male Female



Survey Final sample

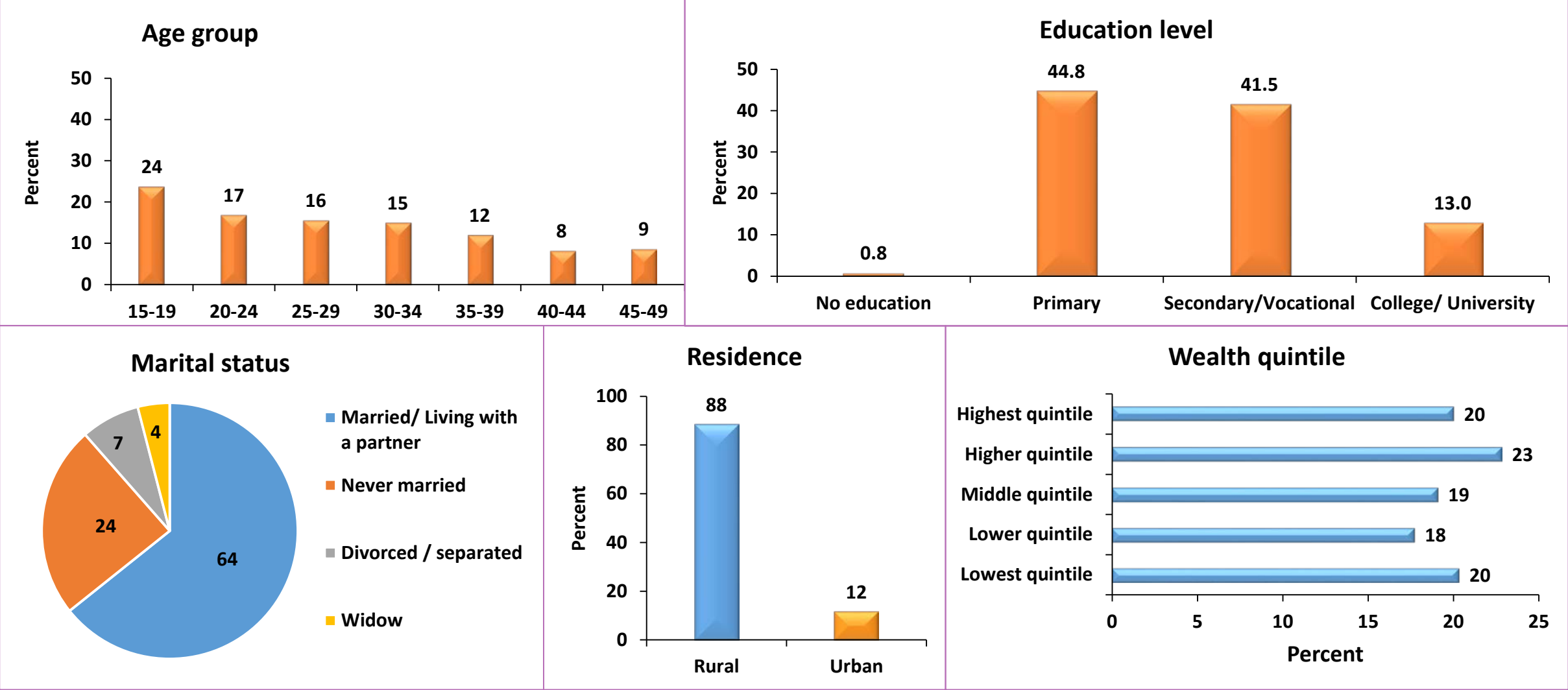
Household Interviews

Residence	Households Occupied	Households Interviewed	Response Rate
Rural	650	647	99.5%
Urban	233	226	97.0%
Total	883	873	98.9%

Females Interviews

Residence	Eligible Respondents	Respondents Interviewed	Response Rate
Rural	465	458	98.5%
Urban	166	163	98.2%
Total	631	621	98.4%

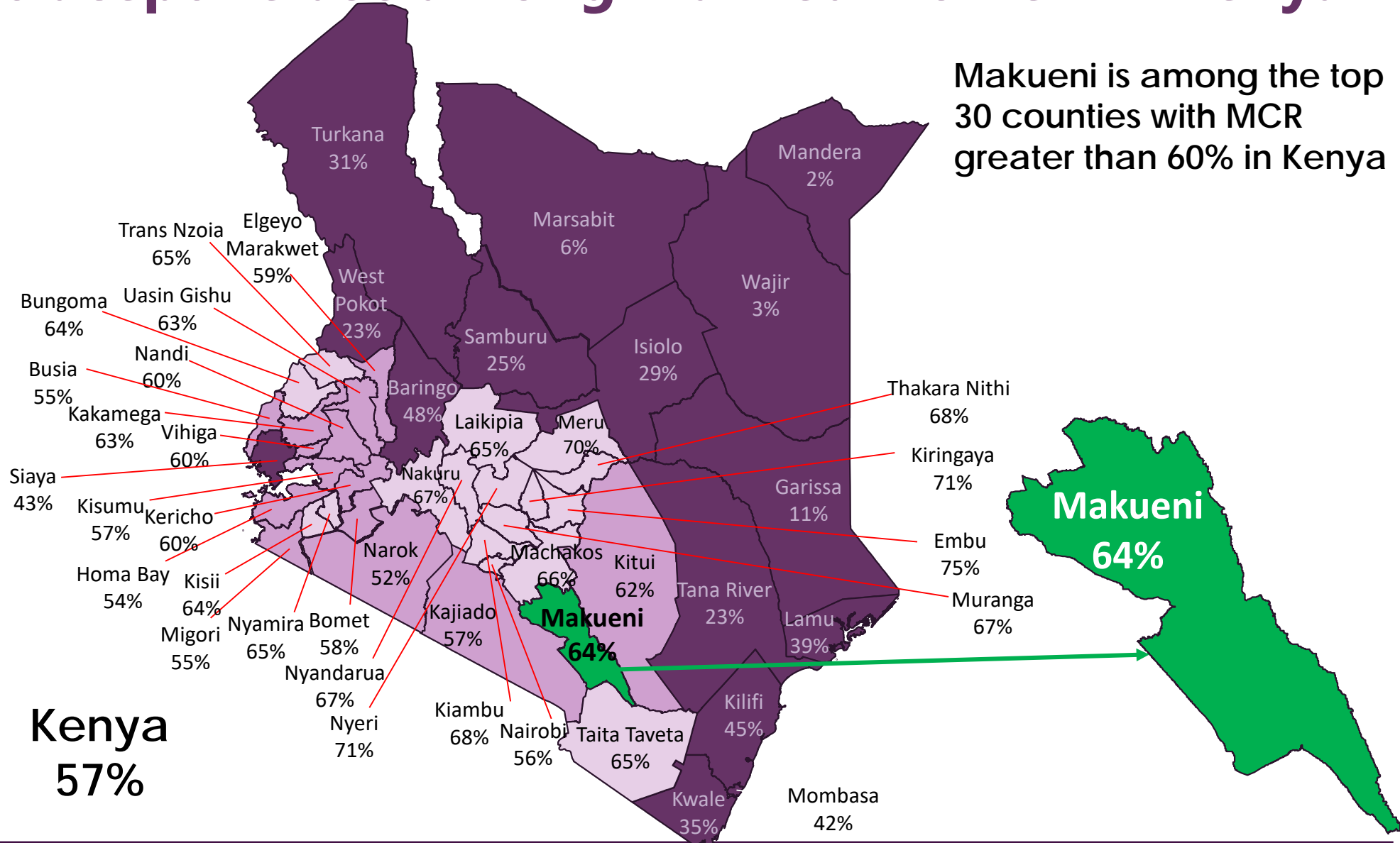
Background characteristics of the respondents



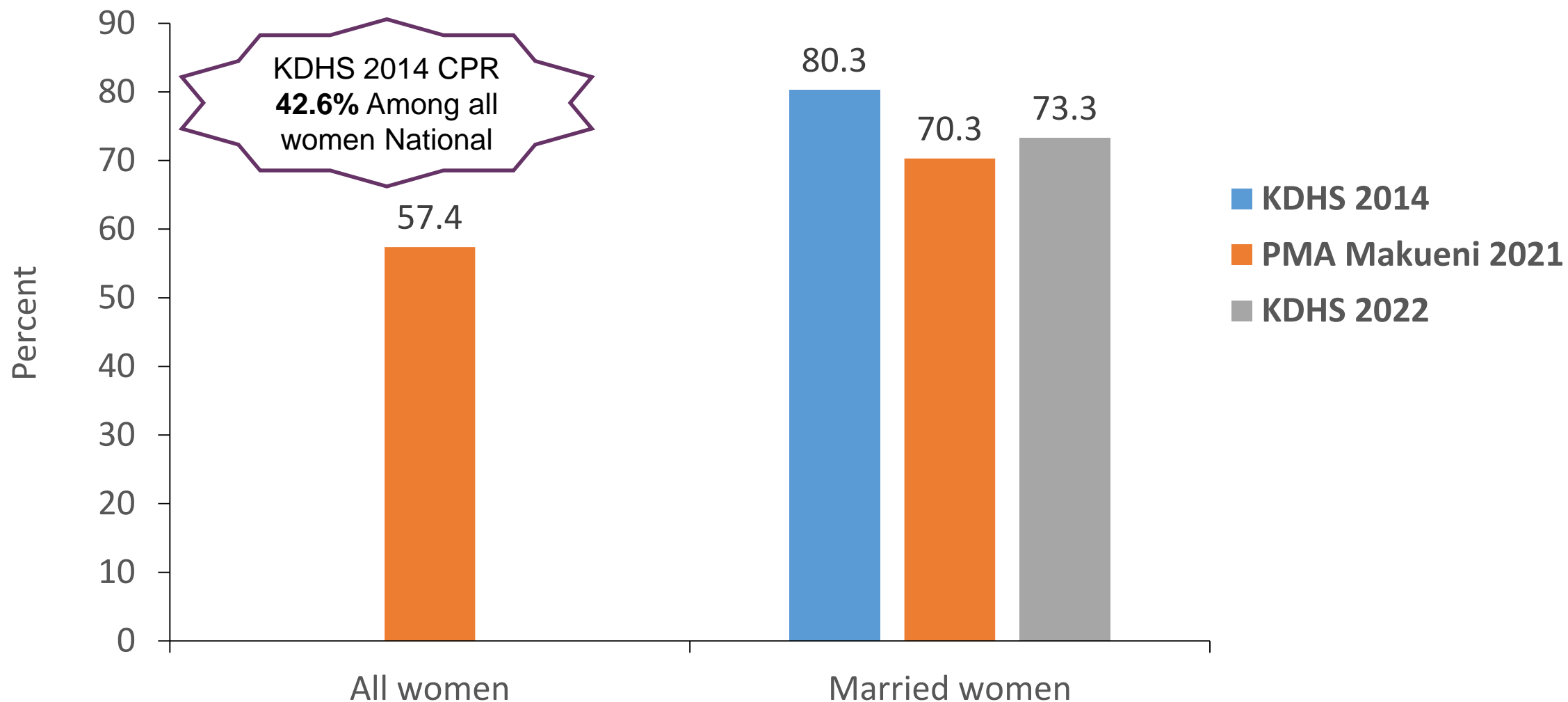
FAMILY PLANNING INDICATORS

Modern contraceptive use among married women in Kenya

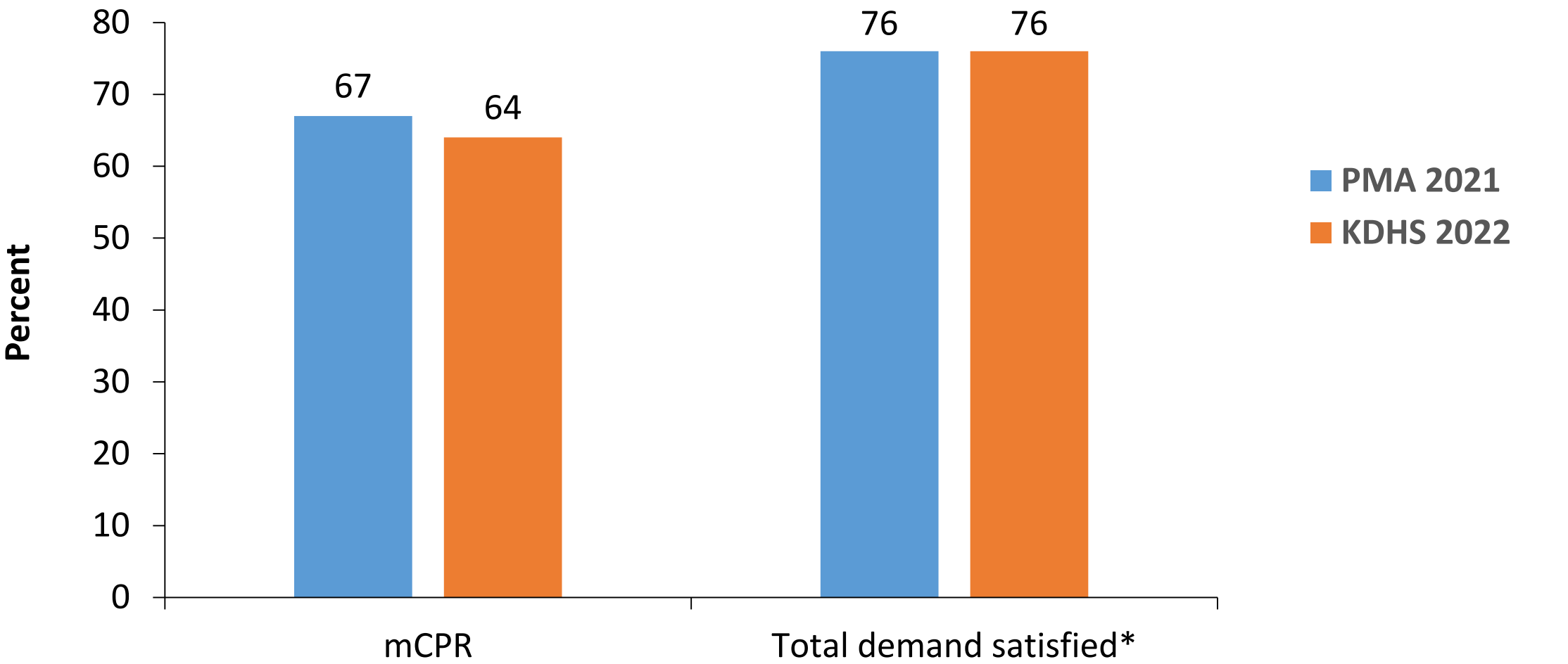
Makueni is among the top 30 counties with MCR greater than 60% in Kenya



All method Contraceptive use

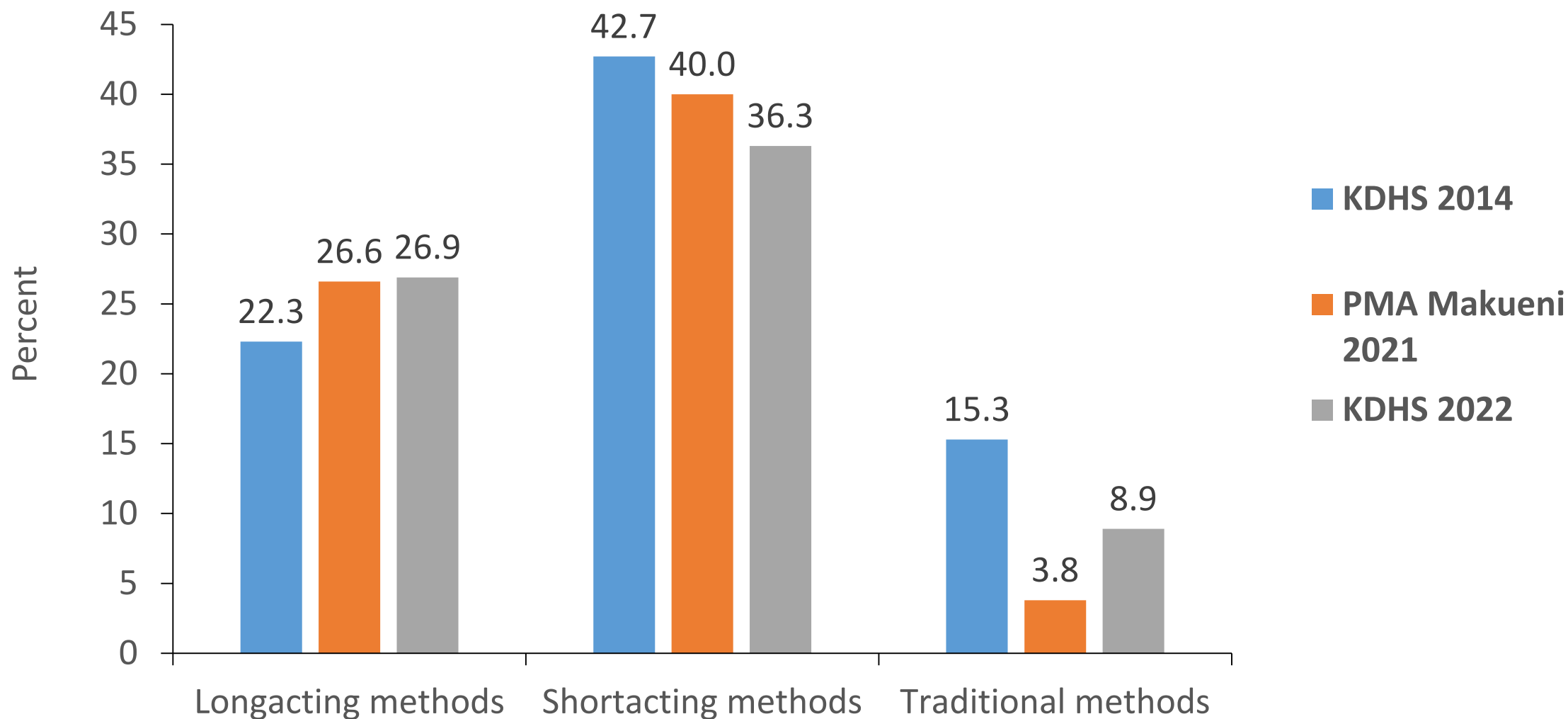


Modern Contraceptive use and Demand satisfied among married women

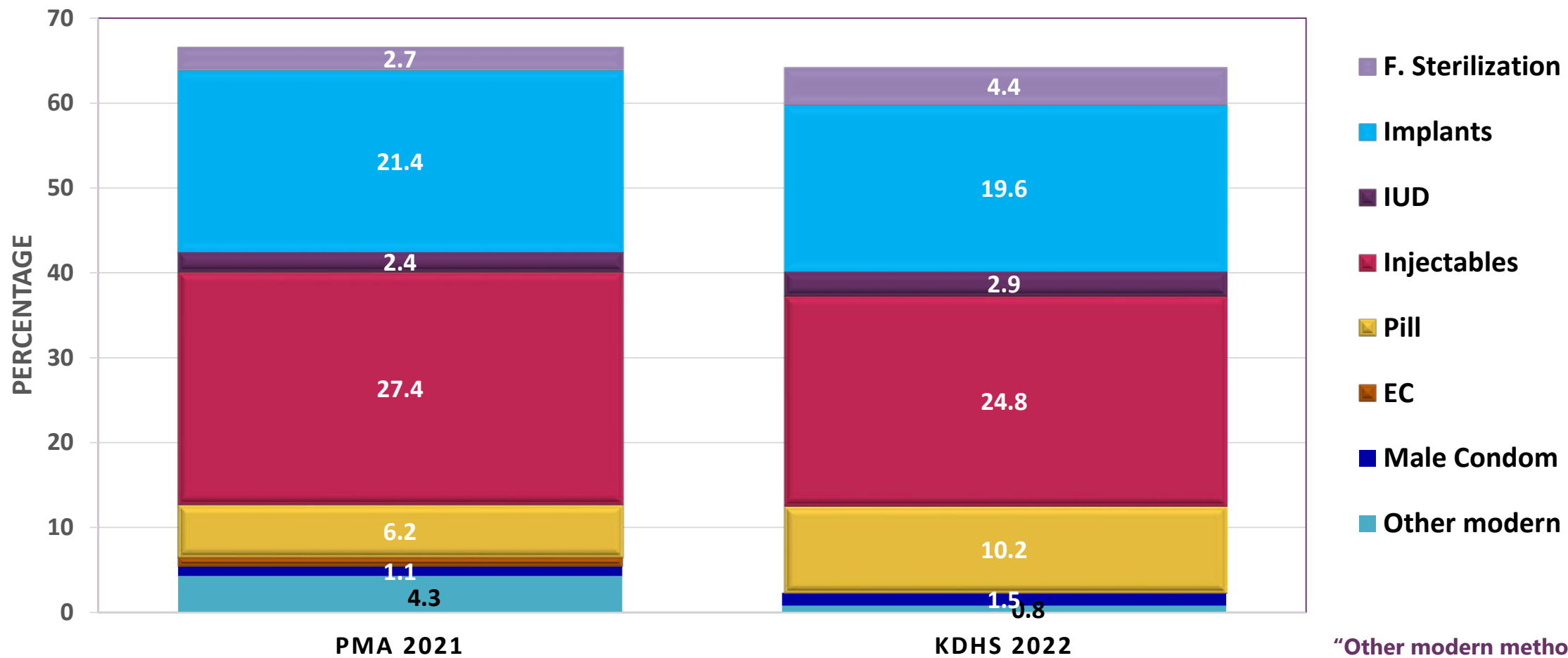


* Total demand satisfied by modern methods

Contraceptive use by method group, married women

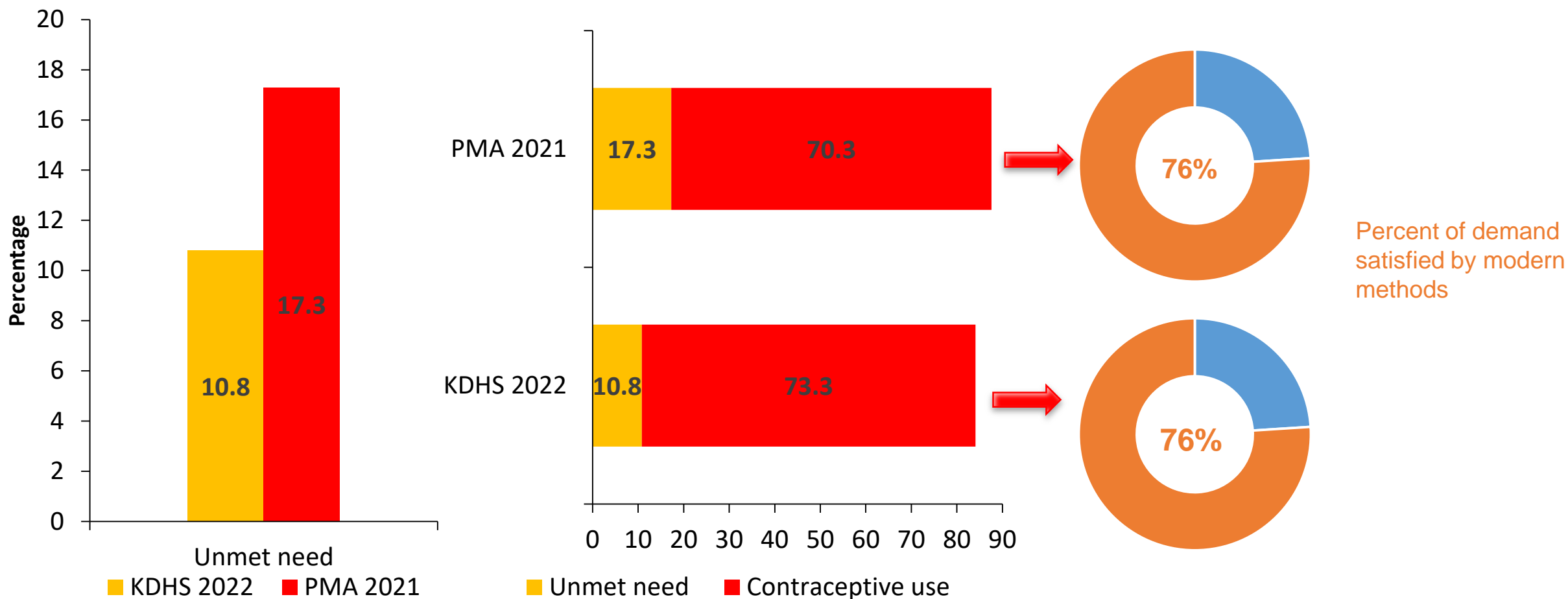


Modern Contraceptive method mix among married women



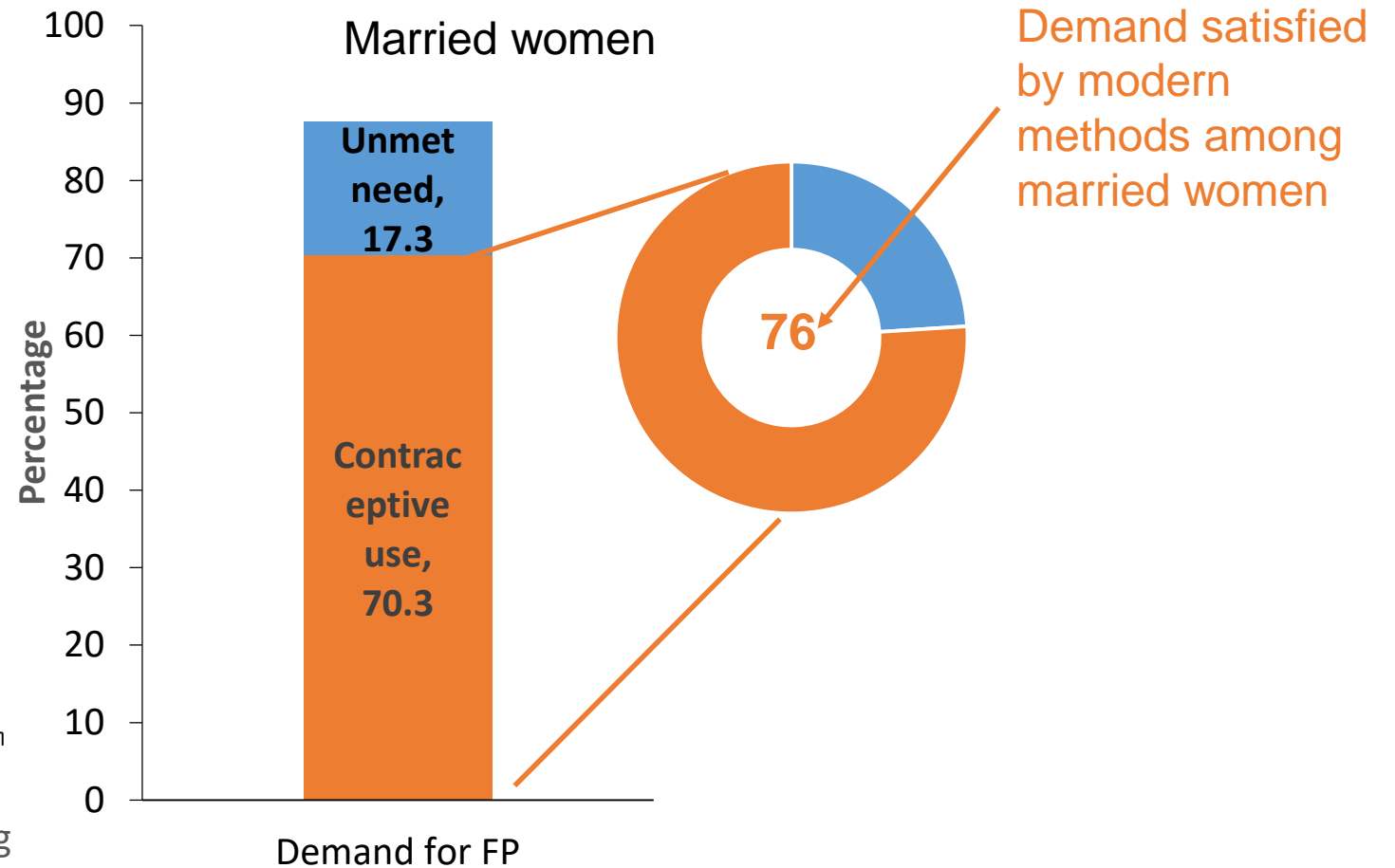
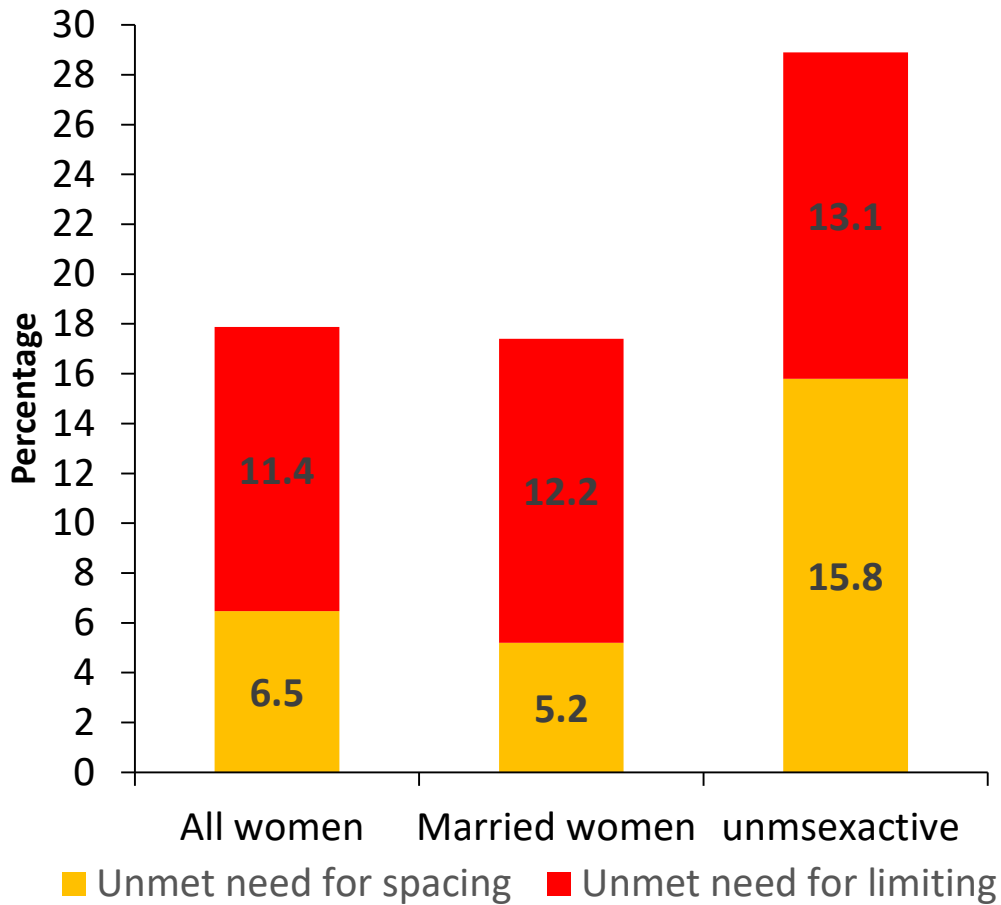
“Other modern methods” include male sterilization, standard days/cycle beads, and diaphragm.

Unmet need, total demand and demand satisfaction, among married women



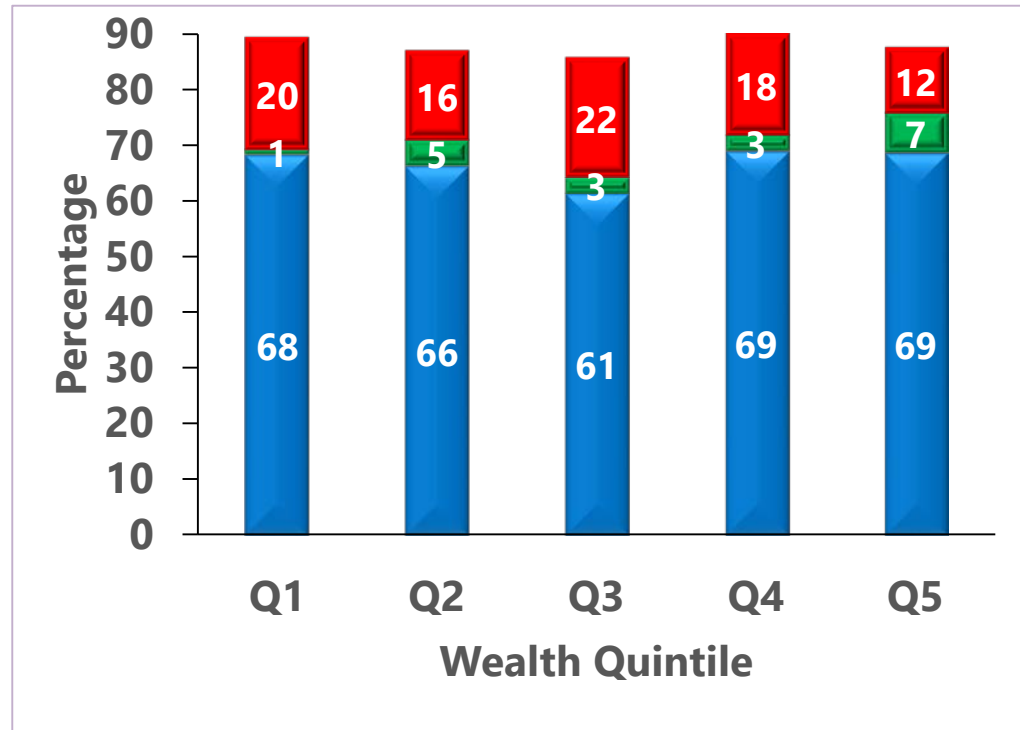
ADDITIONAL FAMILY PLANNING INDICATORS

Unmet need, total demand and demand satisfaction,

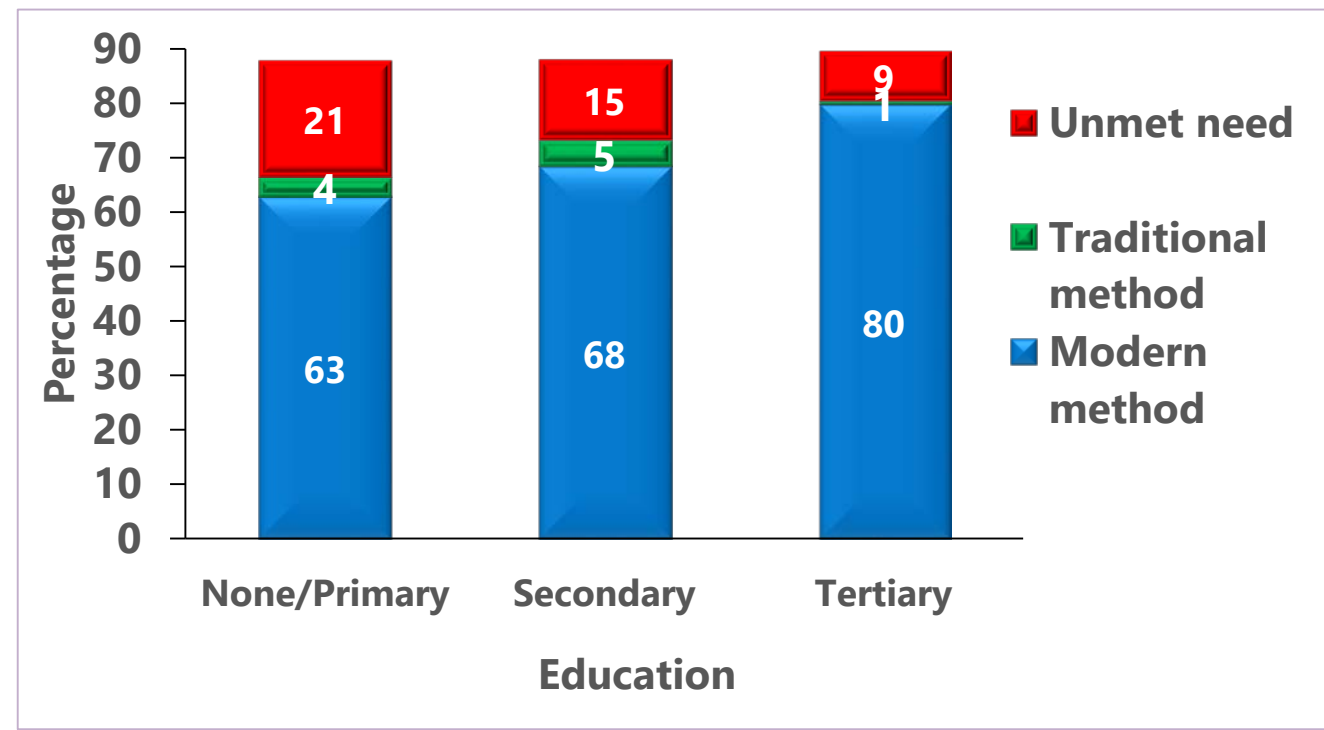


Equity: Current use, unmet need and Demand Satisfaction, among married women

By wealth



By education



76.4

76.2

71.5

76.6

78.3

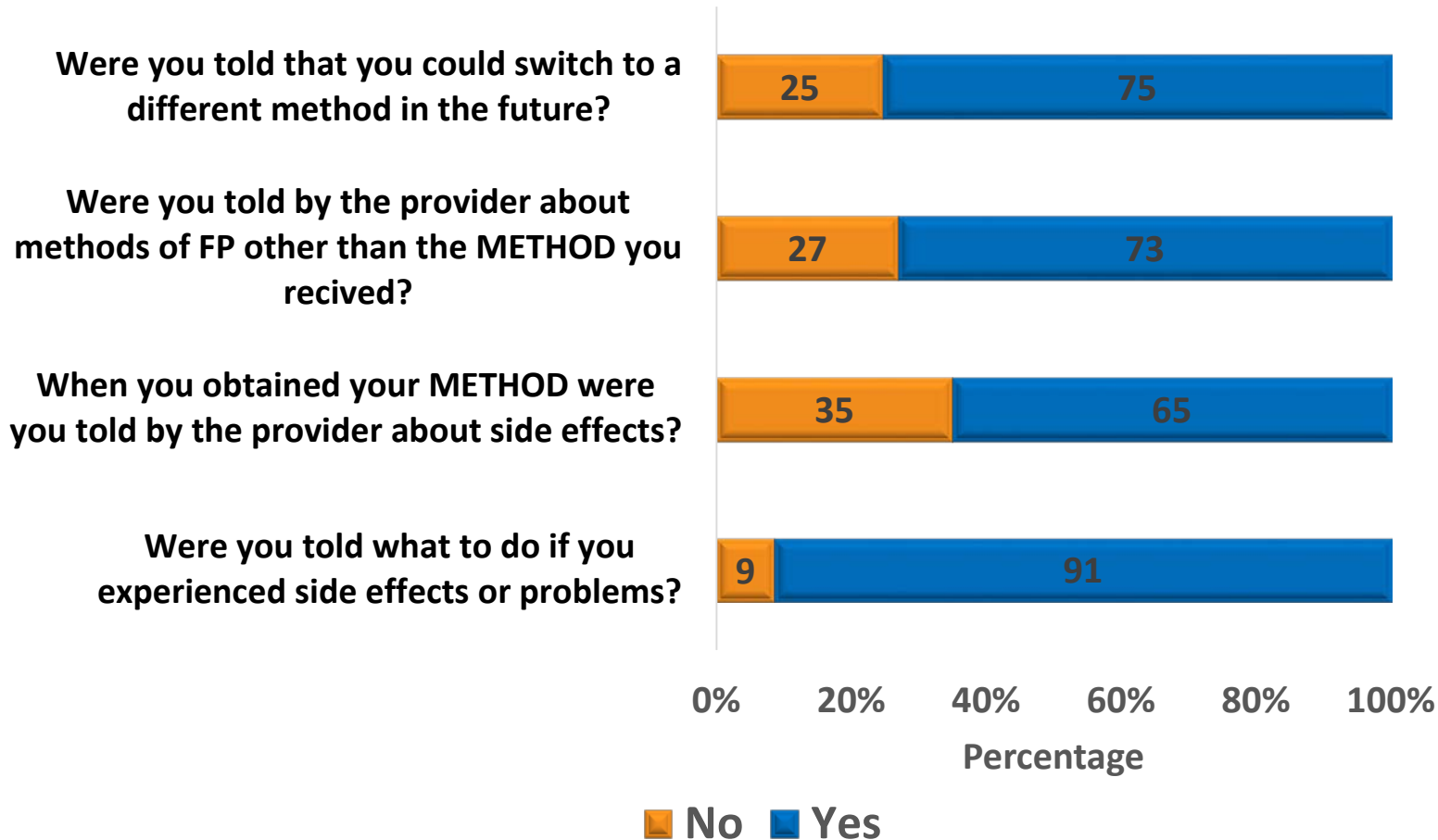
◀ % Demand satisfied by Modern method ▶

71.6

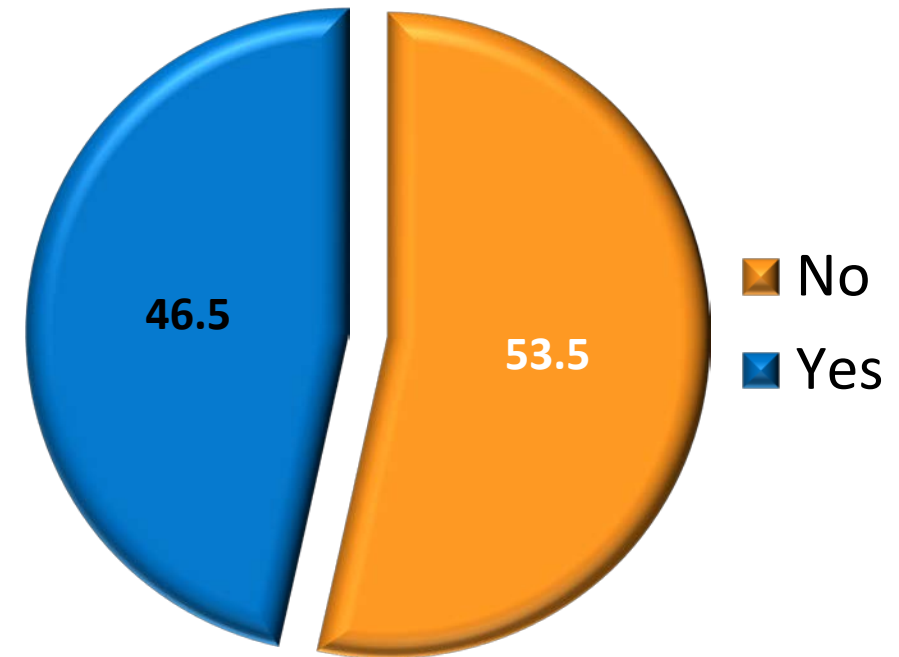
77.7

89.0

Quality of Care: Method Information Index



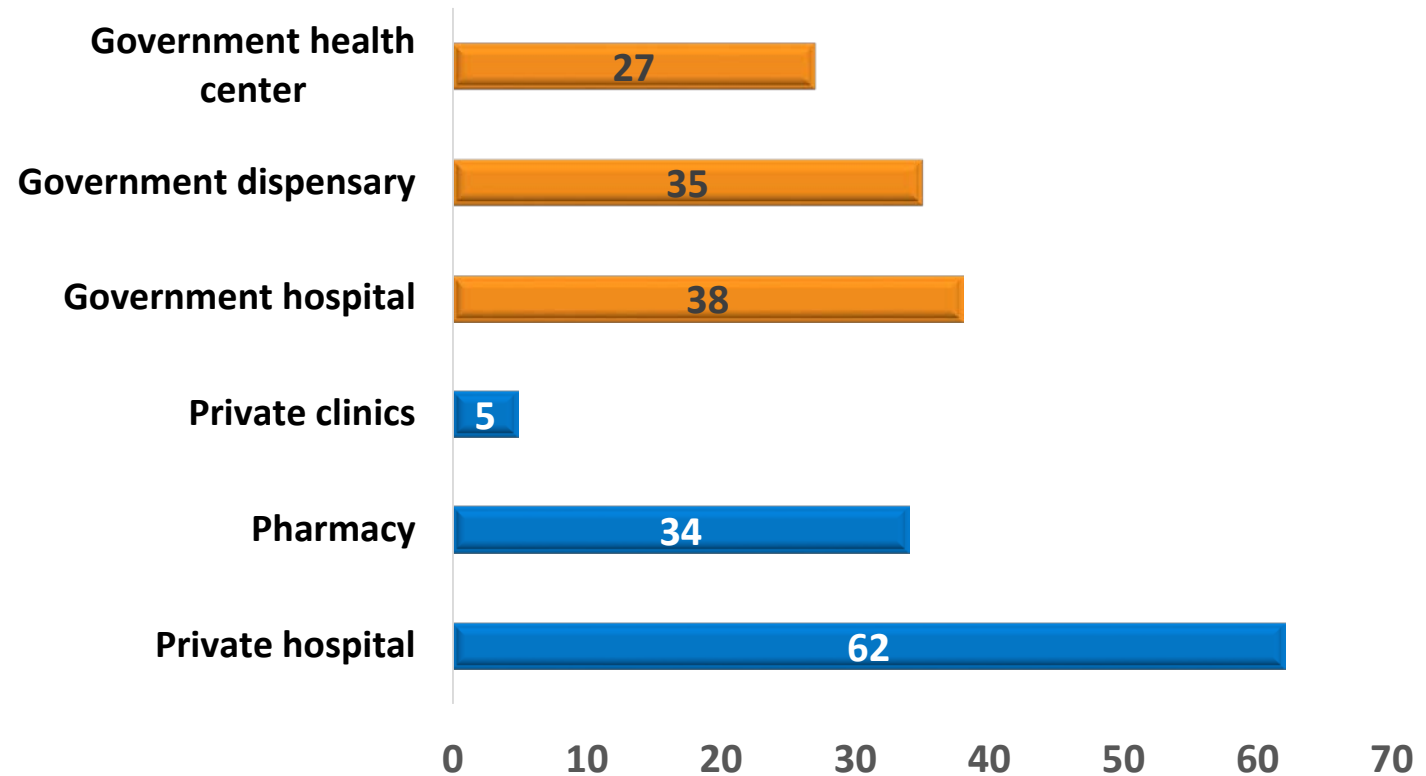
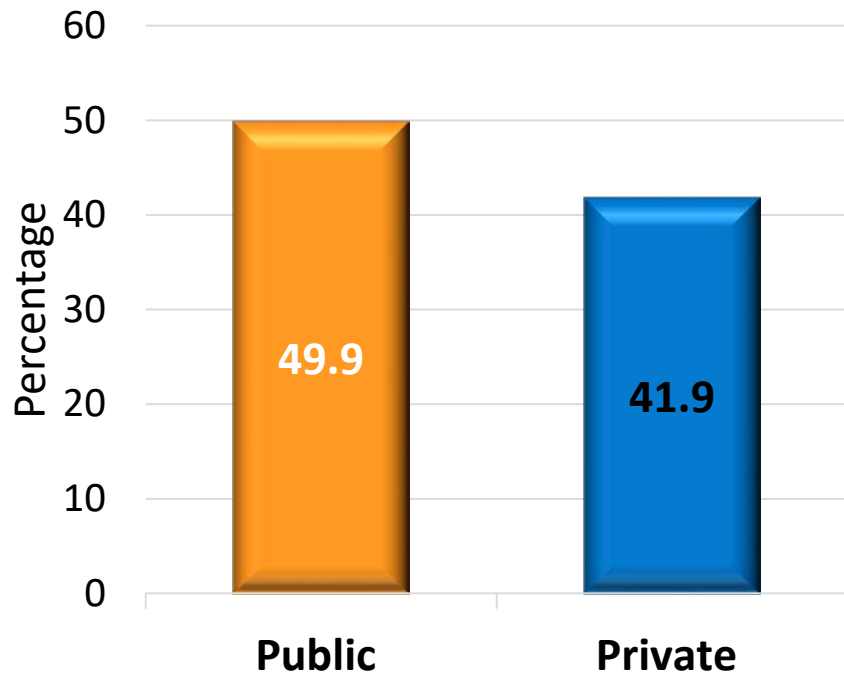
Percent of current users who responded **yes to all four MII**



- About 54% of the women were not given comprehensive information when receiving FP services

Quality of Care: Method Information Index by facility type

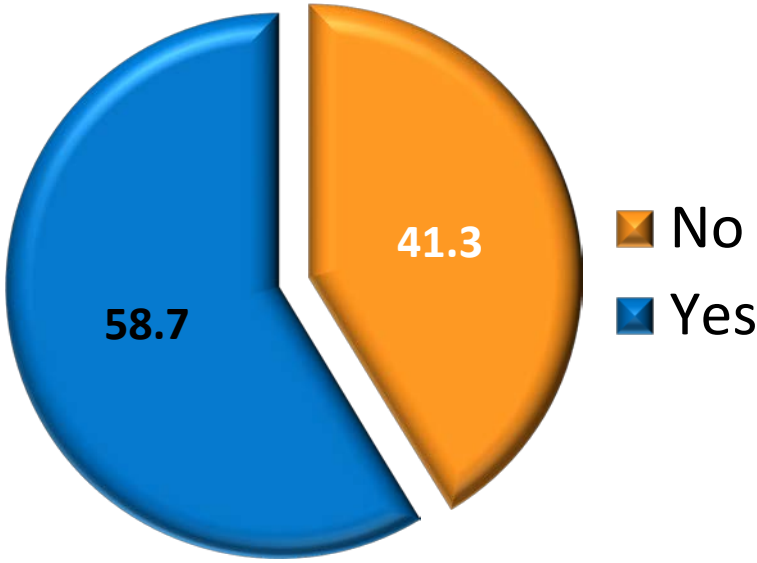
Percent of current users who responded **yes** to **all four** MII questions by managing authority



- About 50% of the women were not given comprehensive information when receiving FP services from a public facility

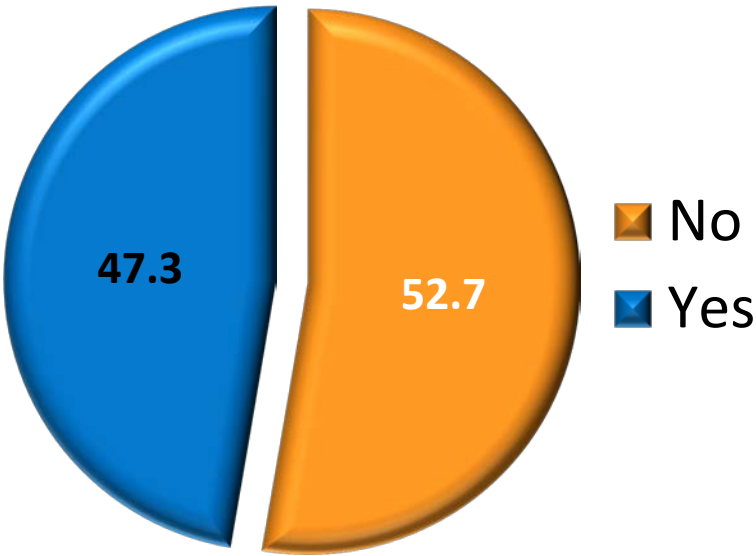
Quality: Method Information Index Plus (MII-plus) for the most preferred methods

Implants users



41% not given comprehensive information when receiving FP services

Injectables users



53% not given comprehensive information when receiving FP services

Reasons for non-use among women with unmet need for FP



49.9%

Perceived Not-At-Risk/
Lack of Need



48.3%

Method or Health-related
Concerns



16.1%

Not married



12.6%

Opposition to
use



7.9%

Lack of Access/
Knowledge

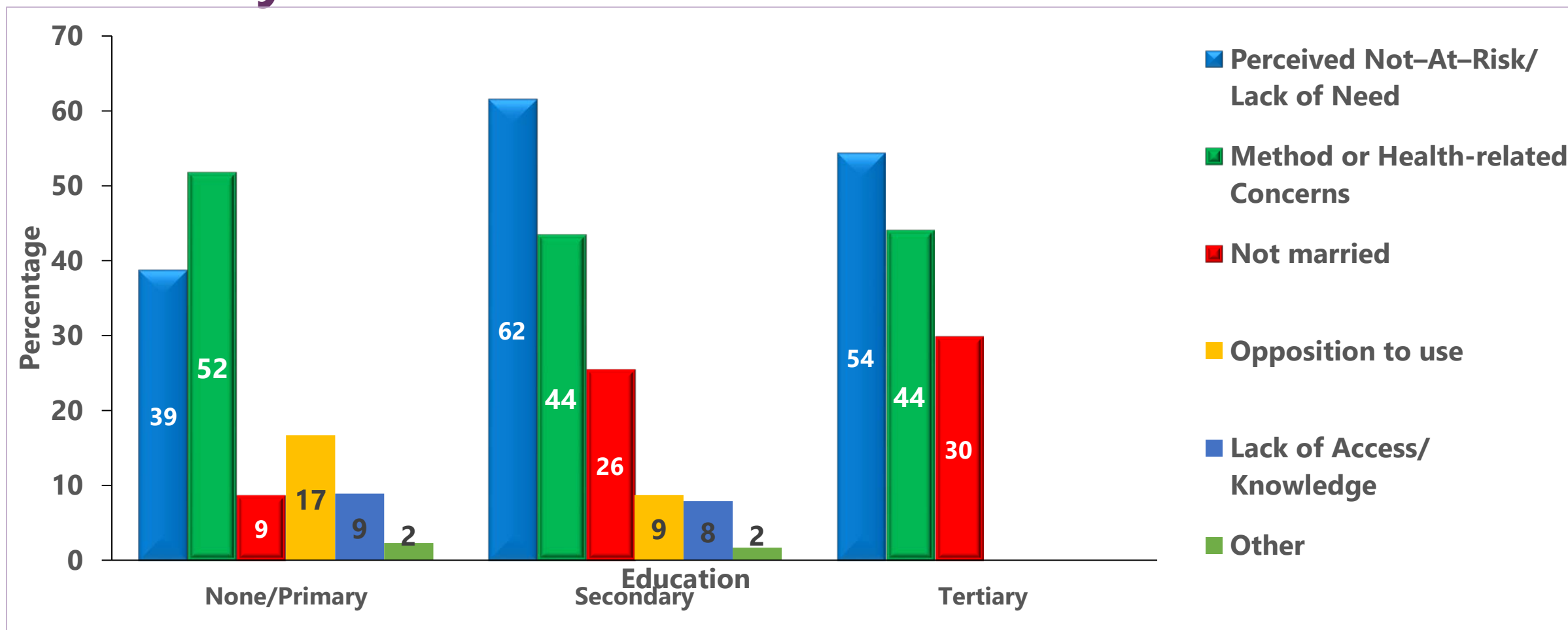


1.9%

Other

Note: Respondents were able to select more than one answer

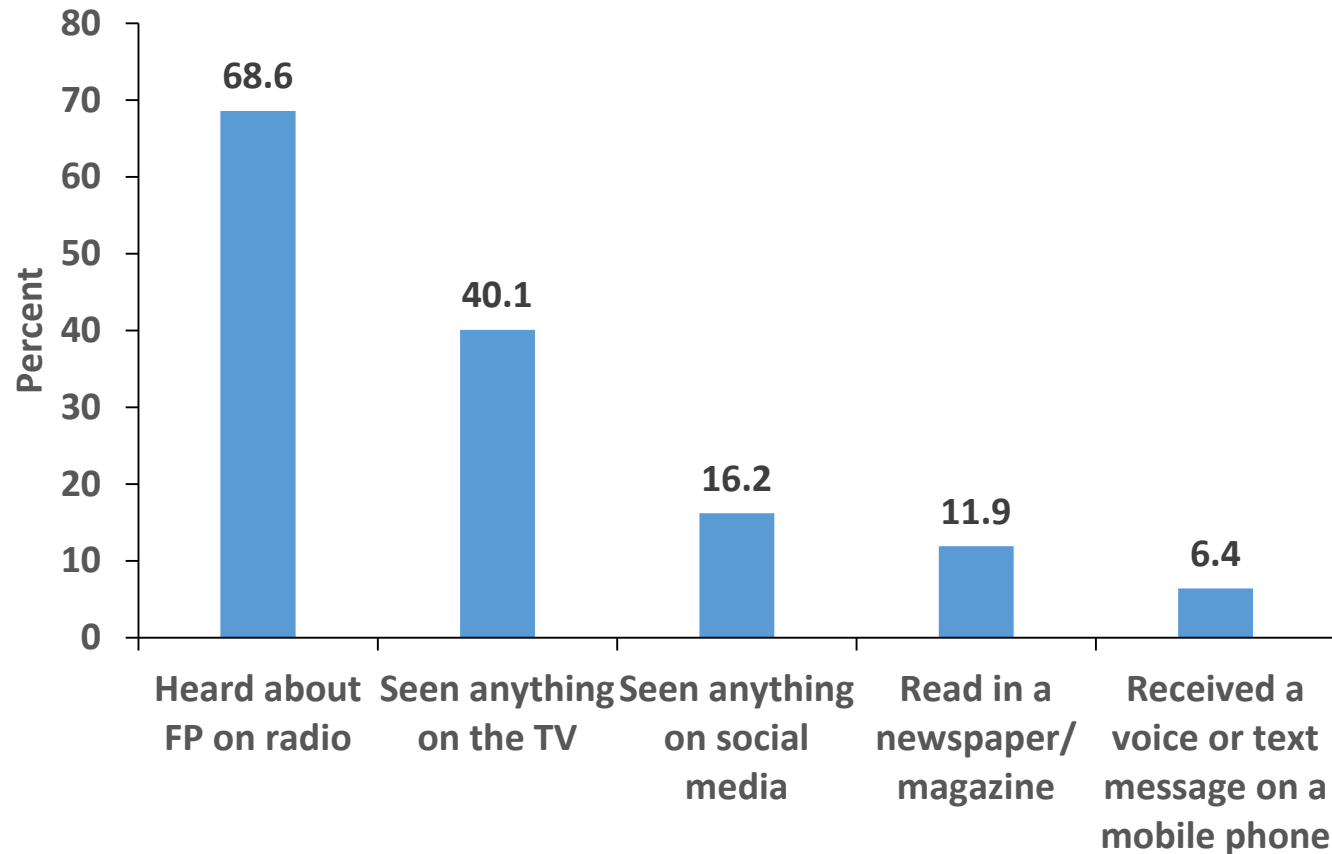
Reasons for non-use among women with unmet need for FP by Education level



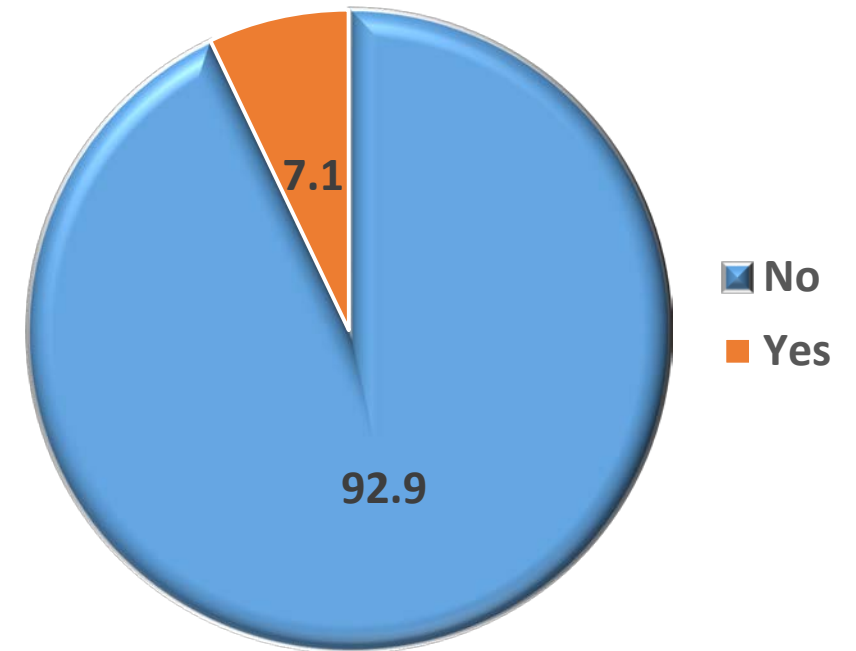
Note: Respondents were able to select more than one answer

Other FP information sources among women with unmet need for FP

Media sources of Family Planning information

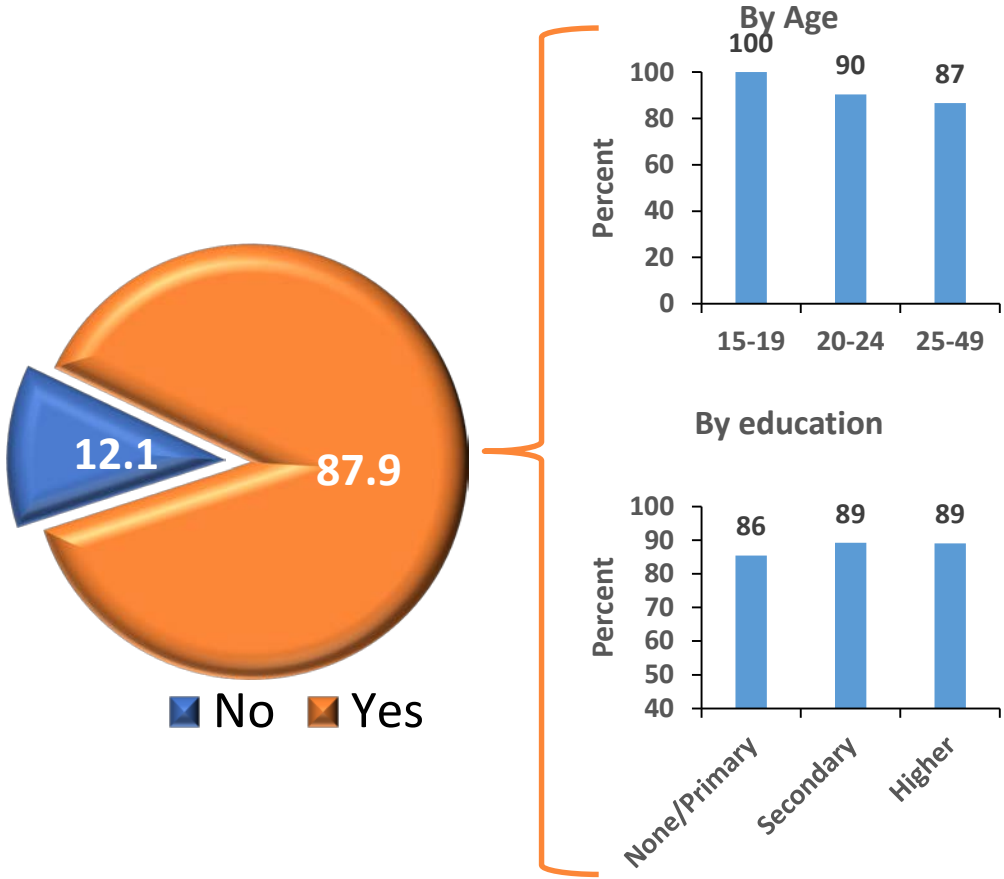


Visited by a CHV who talked about Family Planning

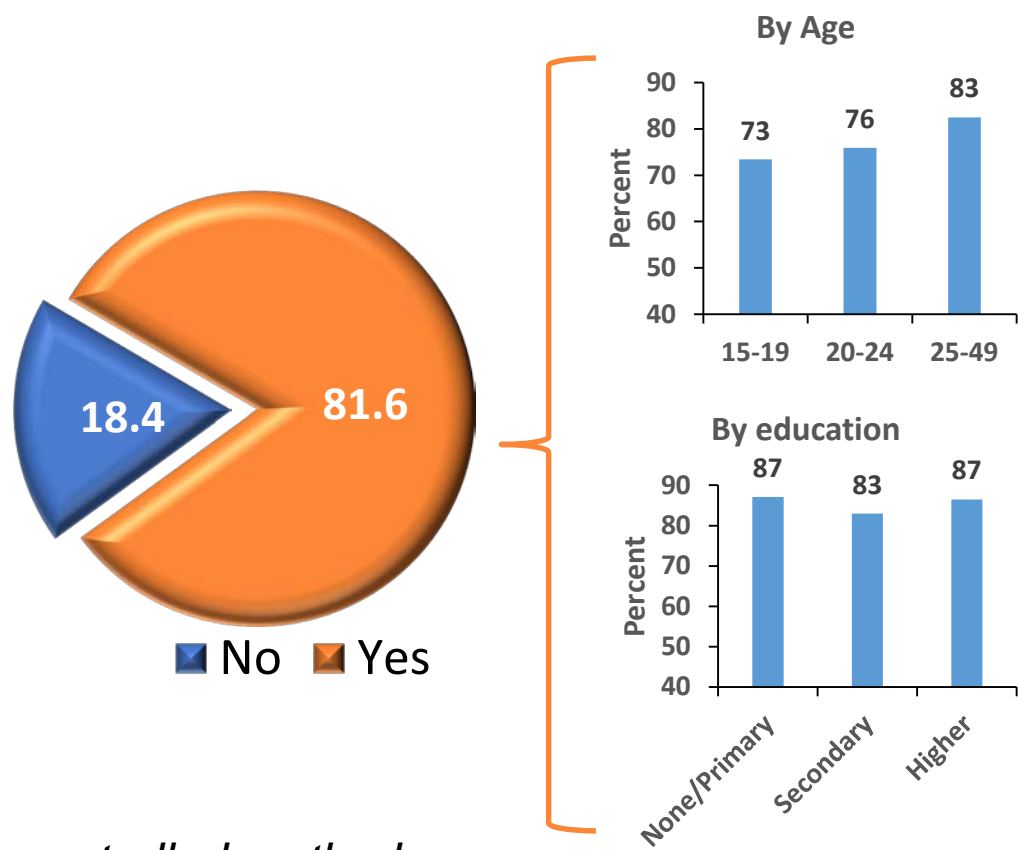


Partner involvement in FP decisions among current

“Does your partner know that you are using this method?”



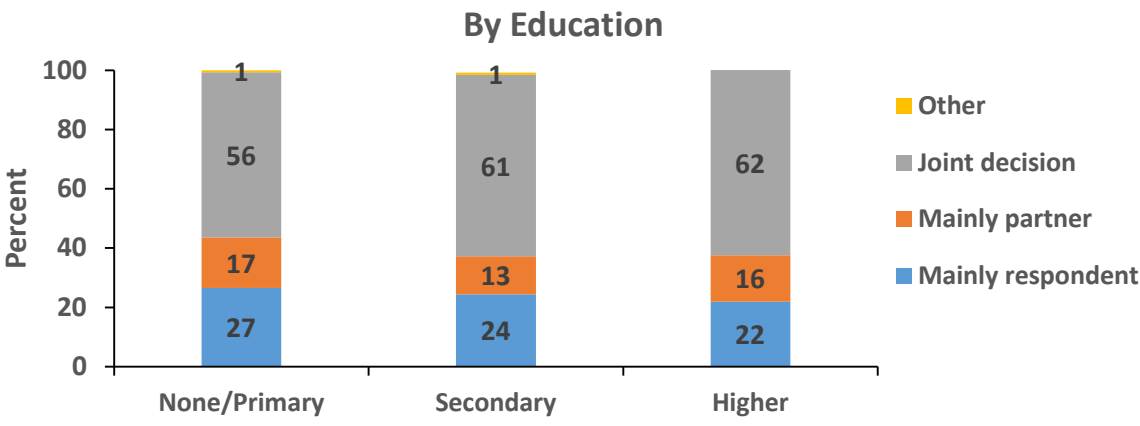
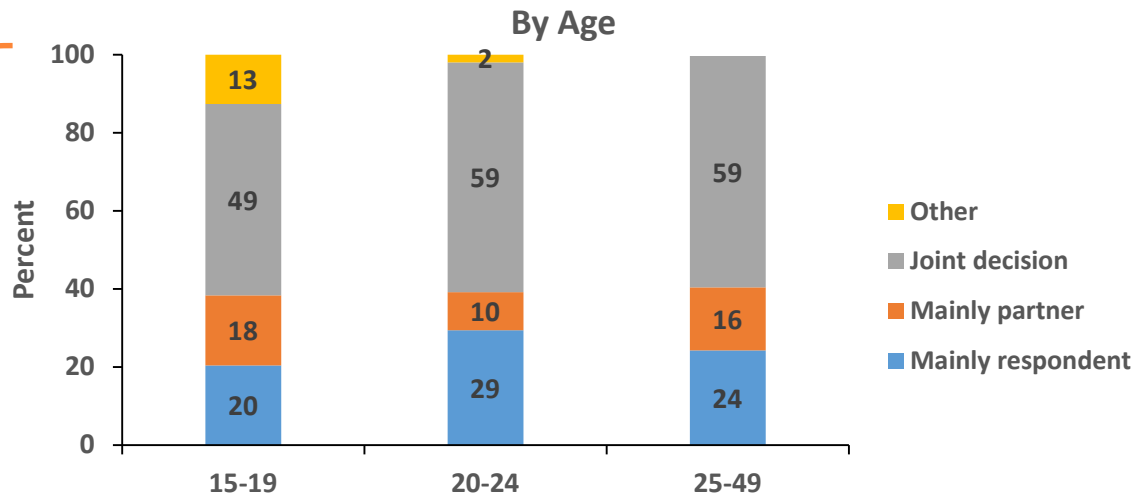
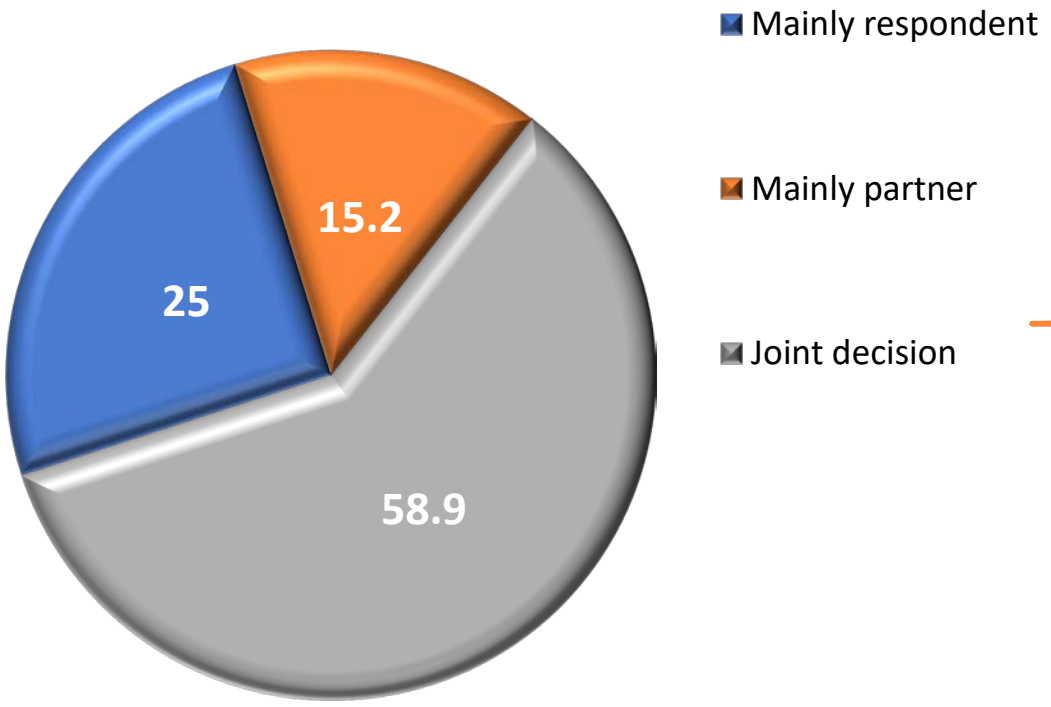
“Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?”



Among women who are currently using modern, female controlled methods

Partner involvement in FP decisions among current users

“Would you say that using FP is



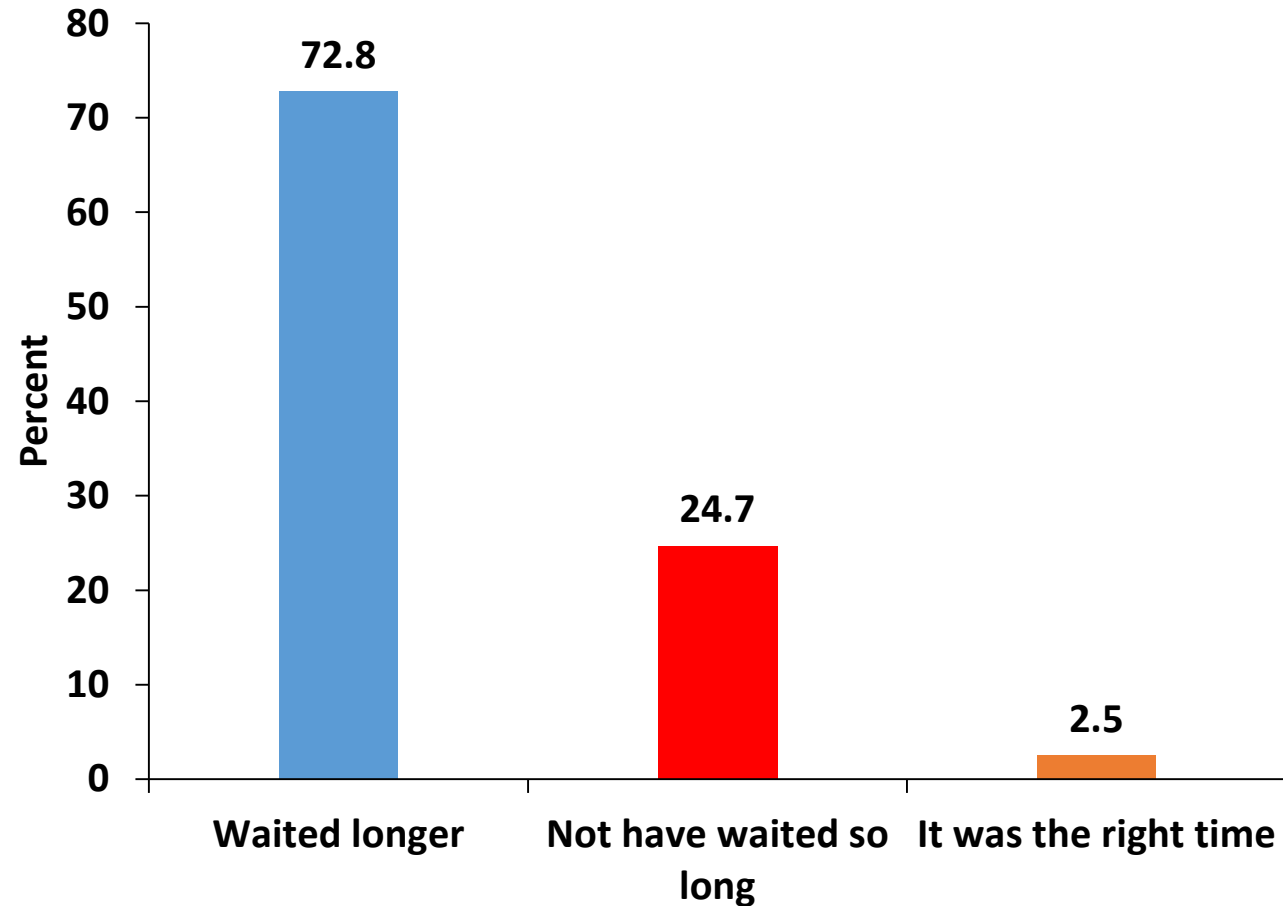
ADOLESCENTS & YOUTH SEXUAL AND REPRODUCTIVE HEALTH INDICATORS



About 9% of all adolescent are using modern contraceptives method

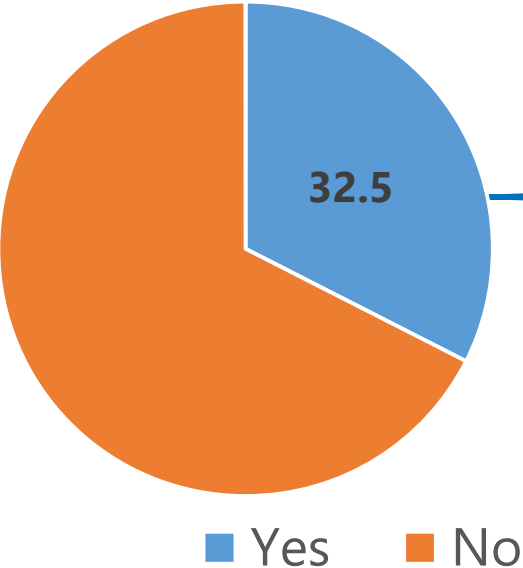
Adolescents sexual activities: Timing of first sex

Looking back to the first time you had sexual intercourse, do you think you would have preferred to: have waited longer before having sex with anyone, not have waited so long, or was it the right time?

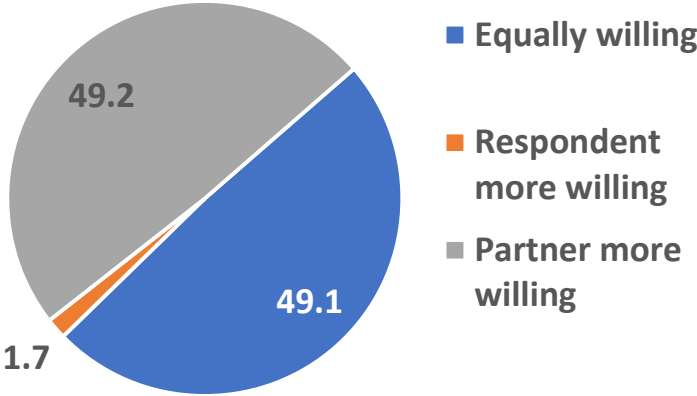


Adolescents sexual activities: Those who have ever had sex

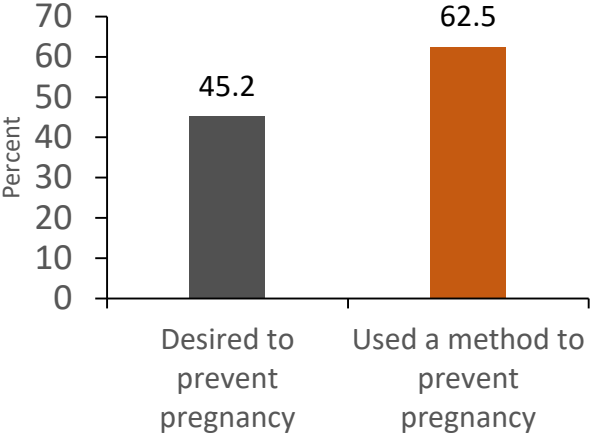
About **33%** of the adolescents have ever had sex



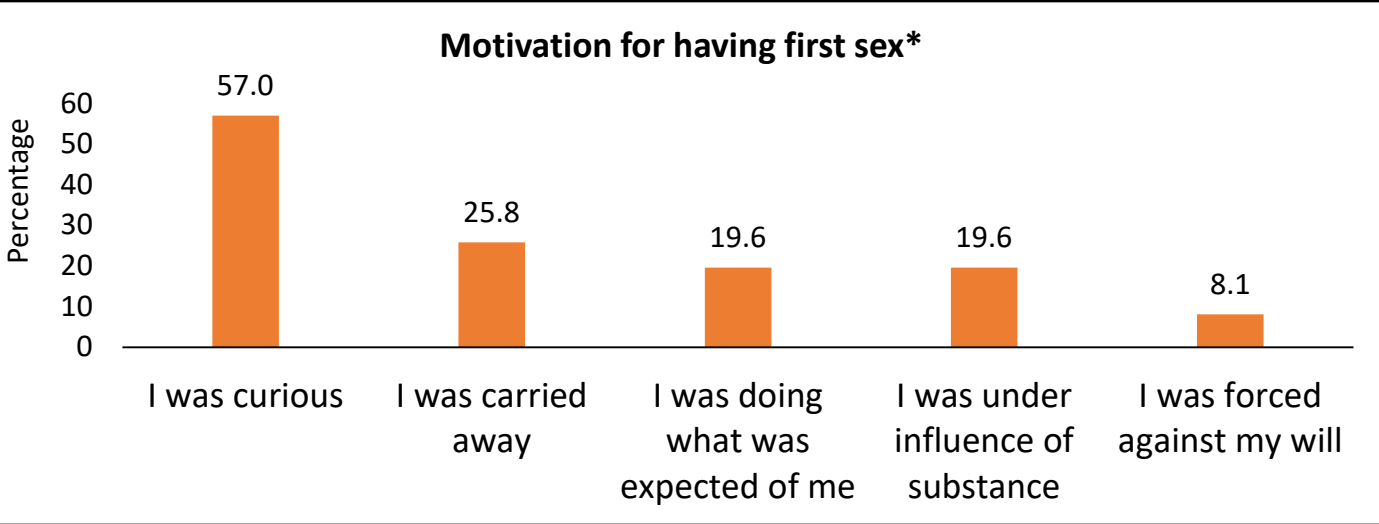
Willingness to have **first** sex



Pregnancy prevention desire and method use during **first** sex



Motivation for having first sex*



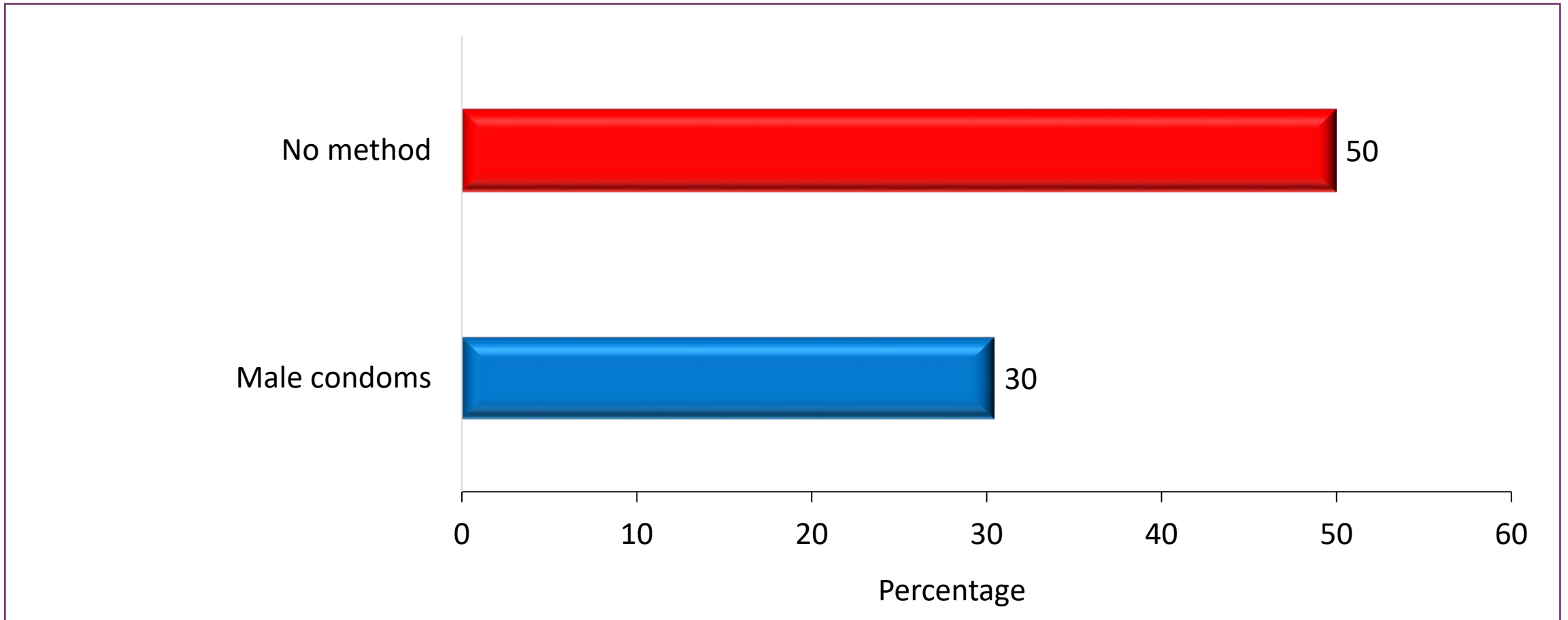
* Multiple responses allowed

Reproductive Health events by age 18 among all Women age 18-24



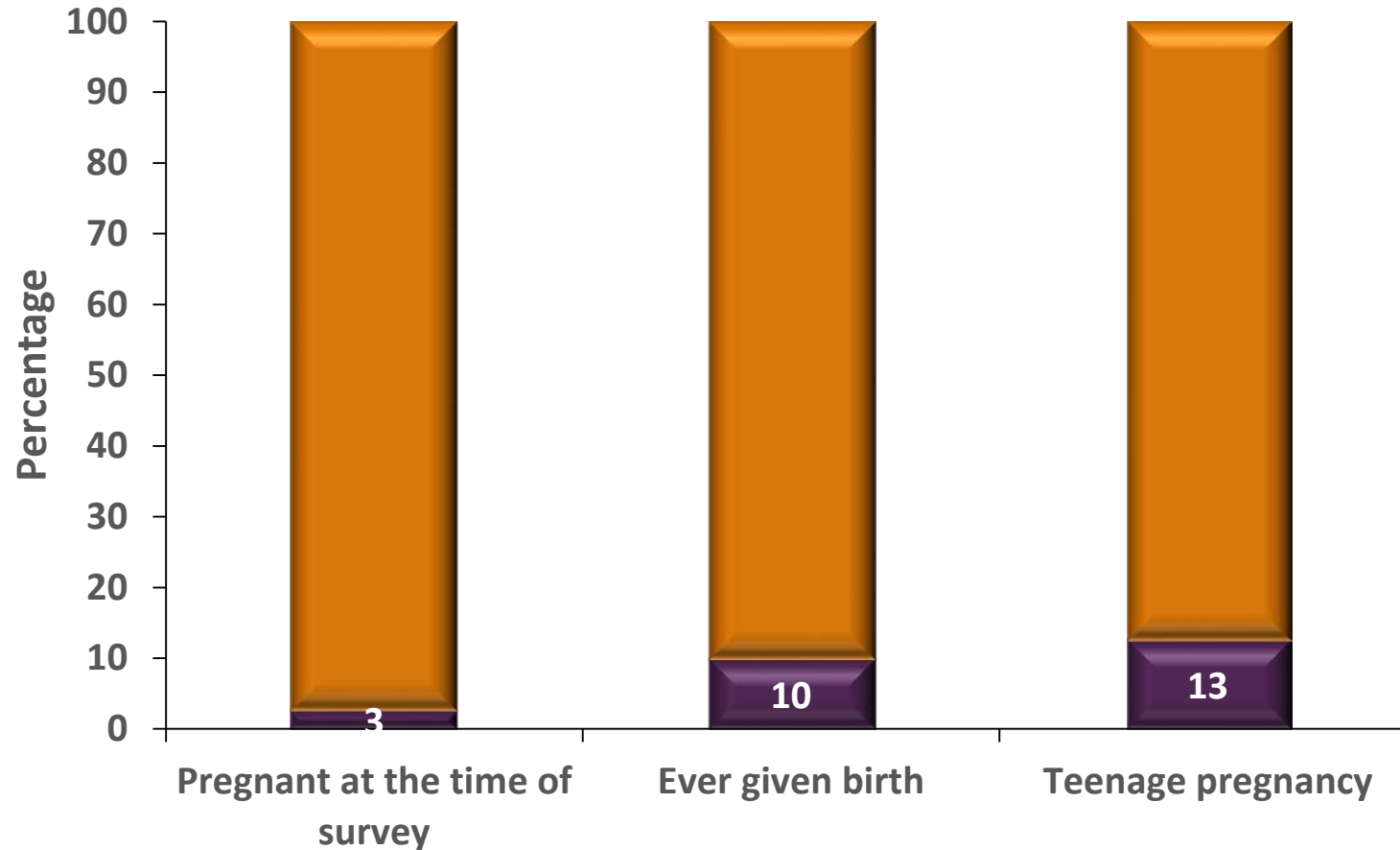
- **About 31% of the adolescents and young women have had first sex by age 18**
- **Only 6 in every 100 adolescents and young women were using contraception by age 18**
- **About 9% of the adolescents and young women had given birth by age 18**

Method use during last sex among adolescents



- Half of the adolescents did not use a method during the last sex
- About 3 in every 10 adolescents used male condom during the last sex

Teenage pregnancy



- **About 3% of the adolescents were pregnant at the time of survey**
- **Only 10 in every 100 adolescents had ever birth**
- **Teenage pregnancy was about 13%**

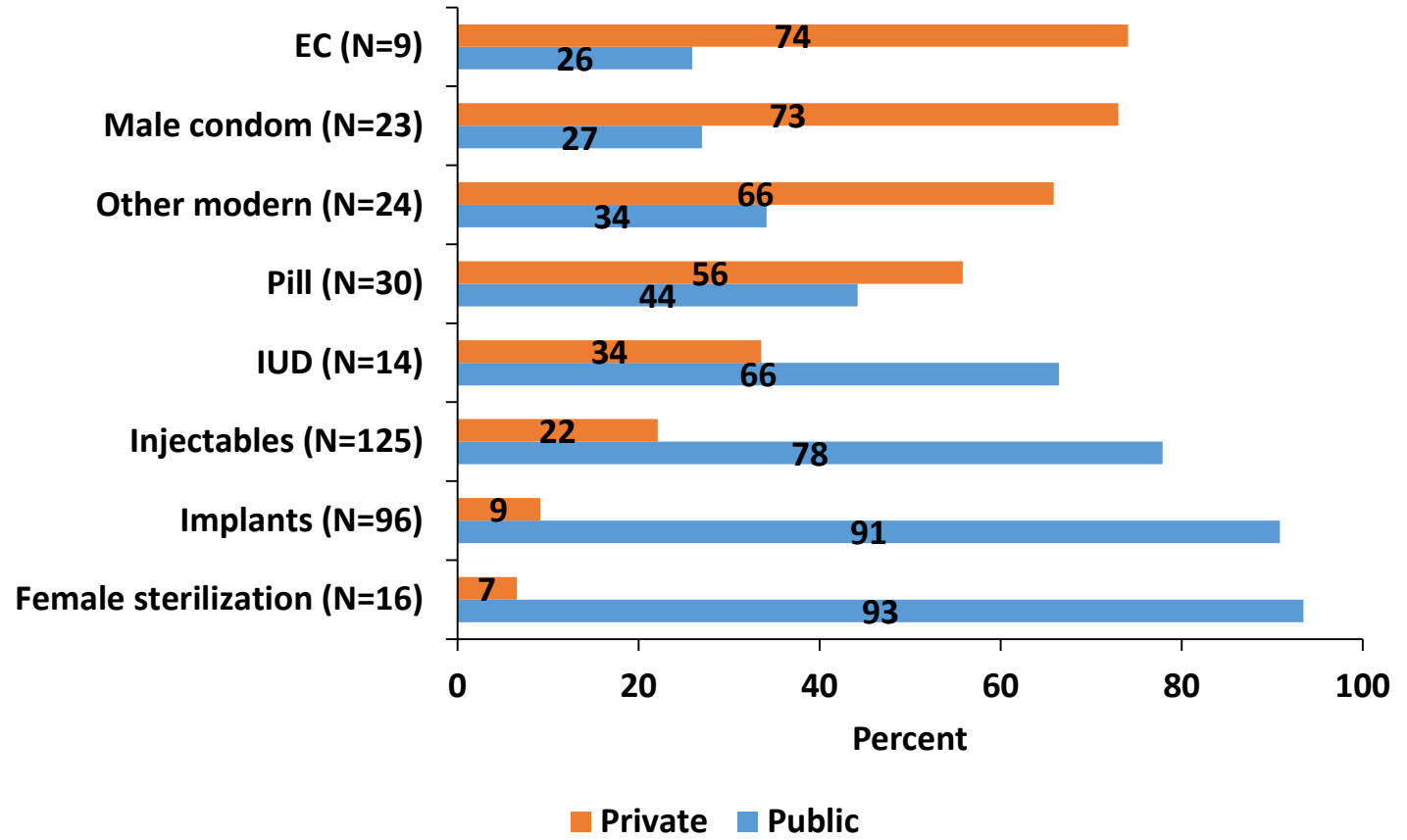
ADDITIONAL FAMILY PLANNING INDICATORS (SDP)

Source of FP method among current users



71.9 % of the women reported to have received the method from a public SDP

Method type by source



Select indicators Among Service Delivery Points

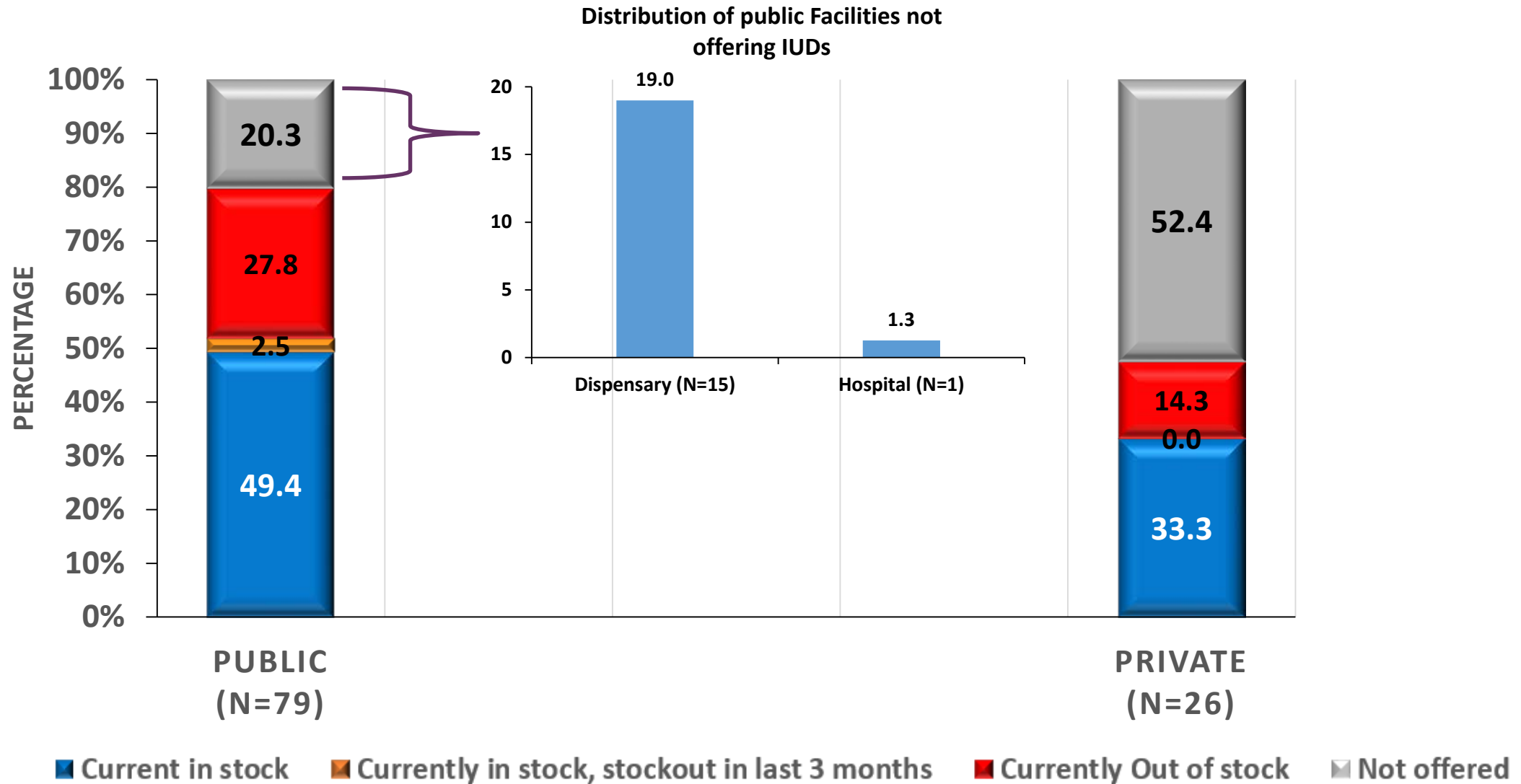
How are the SDPs sampled?

All the **public SDPs** serving an enumeration area were included in the sample

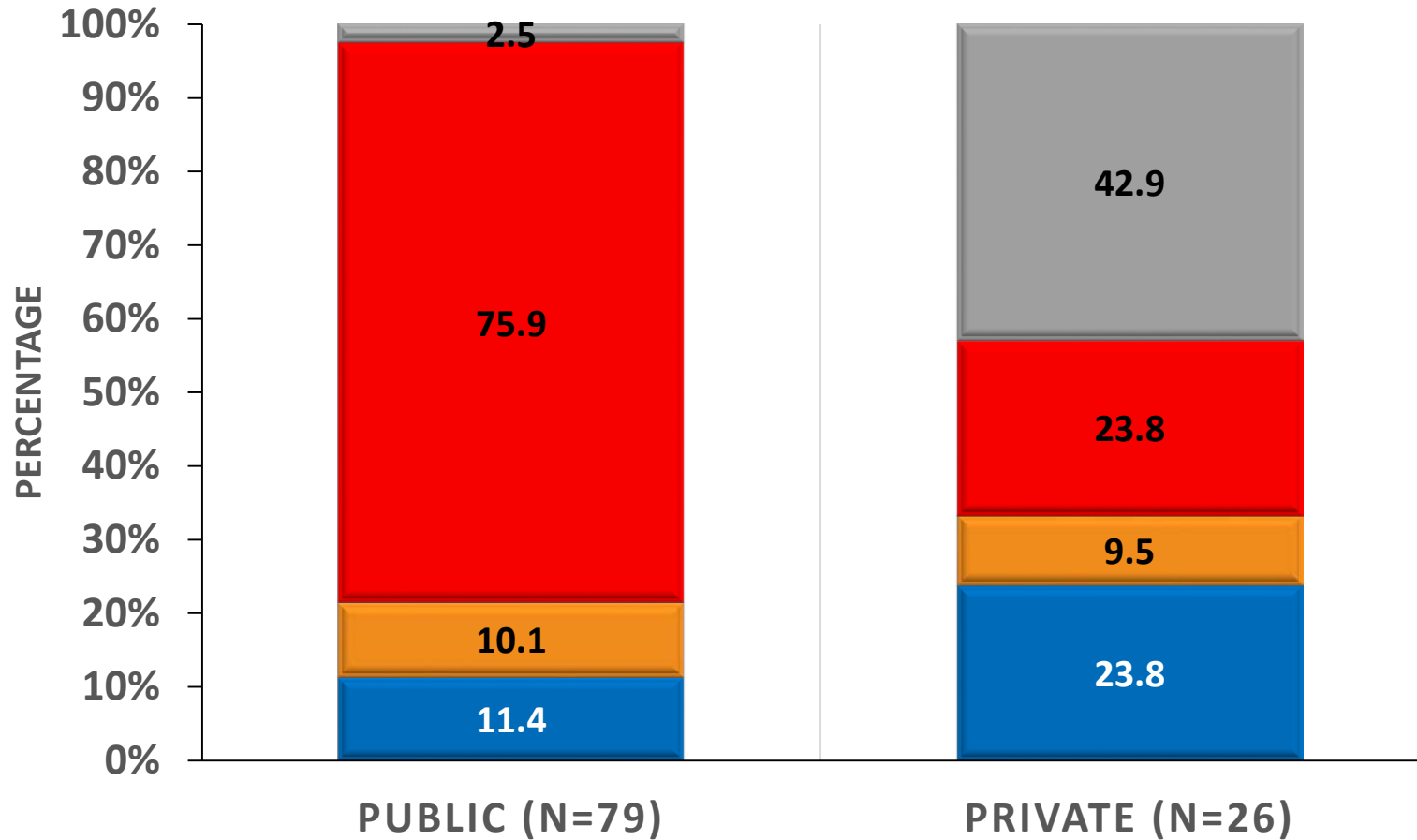
Up to 3 **private health SDPs** were randomly selected in each EA

Indicator	PMA Phase 3	
	Public	Private
Total number of facilities	79	26
Facilities offering family planning n (%)	79 (100%)	26 (100%)
Facilities with mobile teams visiting facility in last 12 months – n (%)	19 (24.1%)	1 (4.8%)
Facilities supporting CHWs from this service delivery point – n (%)	55 (69.6%)	1 (4.8%)

Trends in stock status: IUD

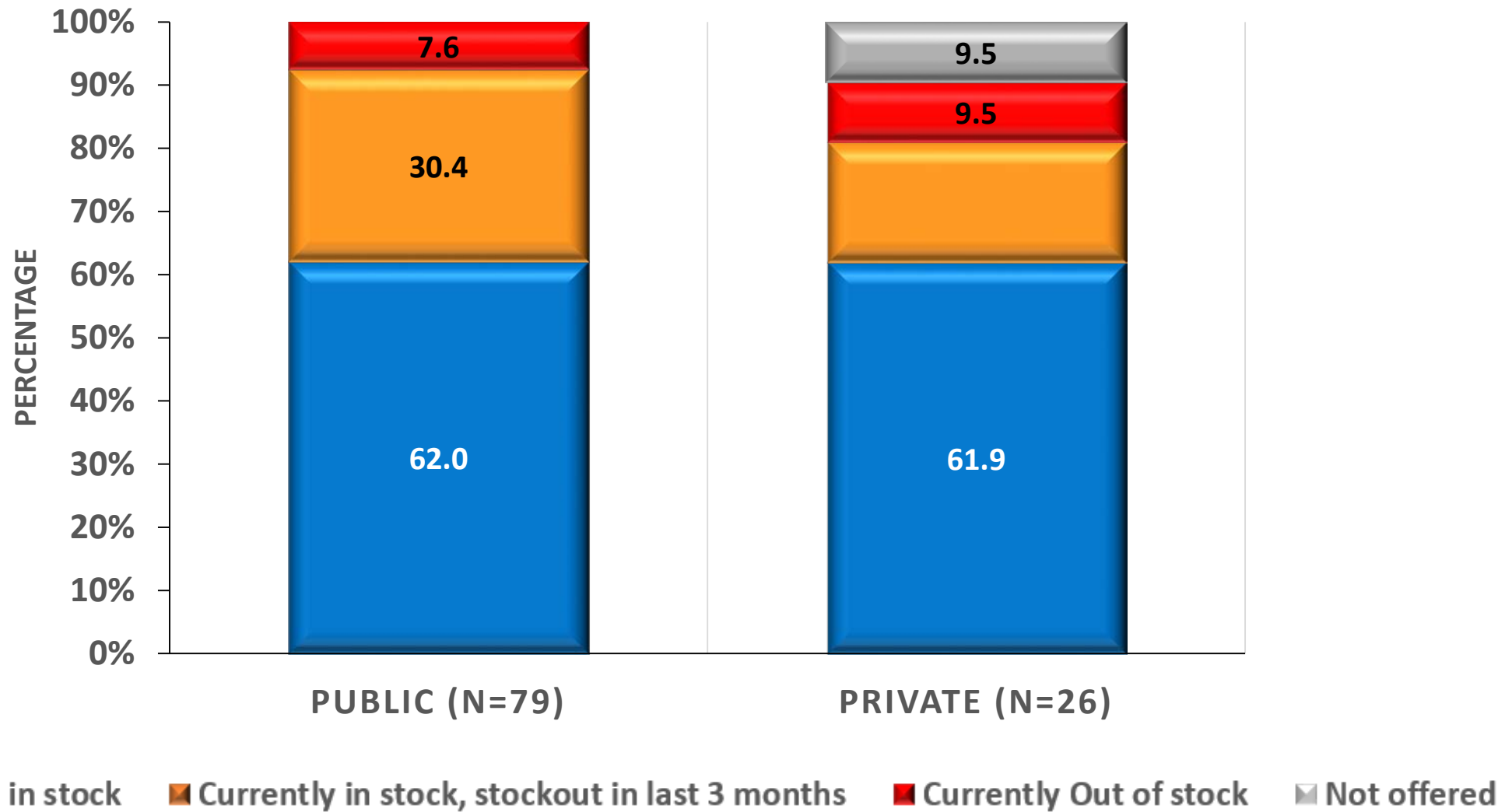


Trends in stock status: Implants

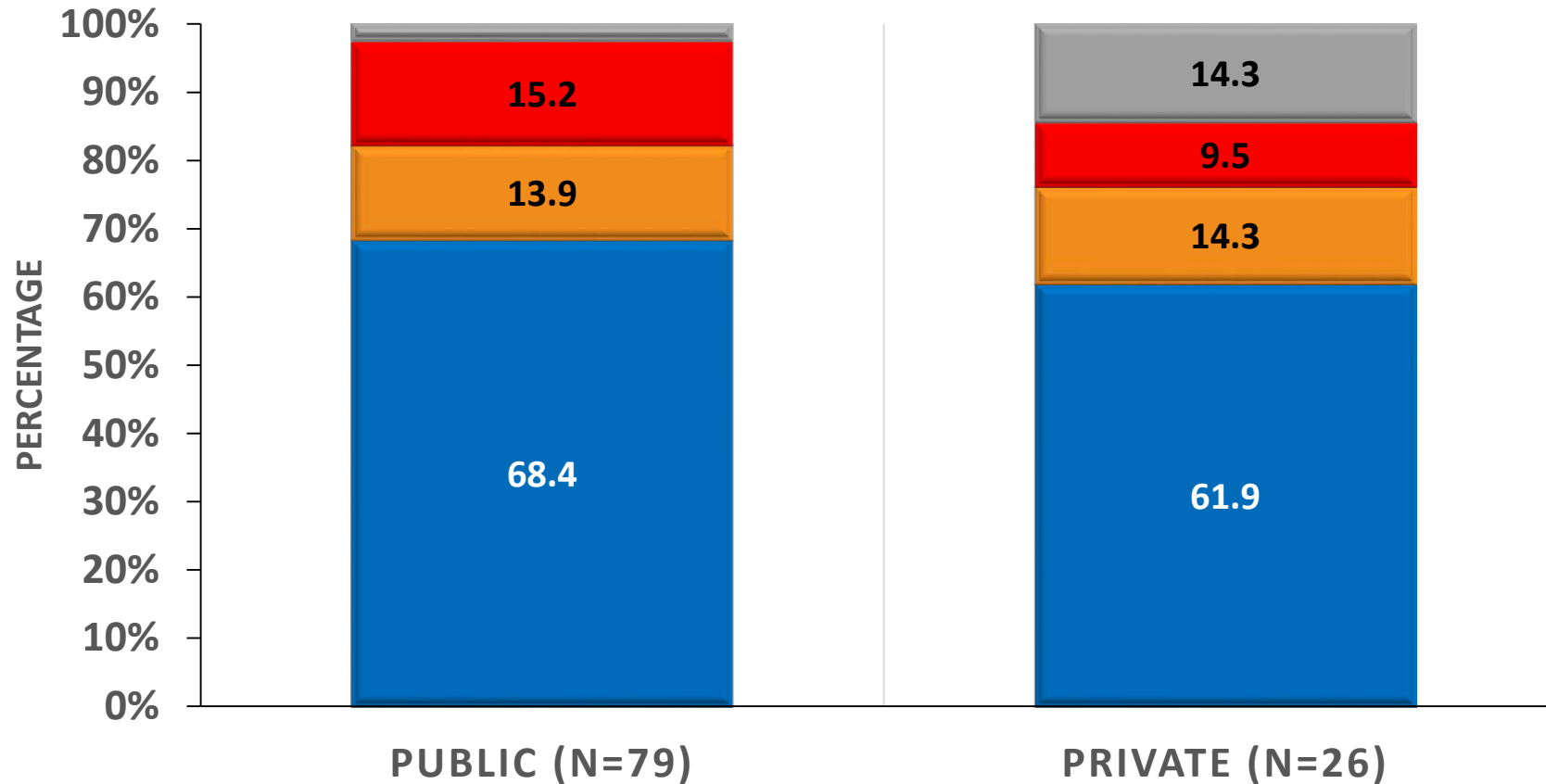


■ Current in stock ■ Currently in stock, stockout in last 3 months ■ Currently Out of stock ■ Not offered

Trends in stock status: Injectable

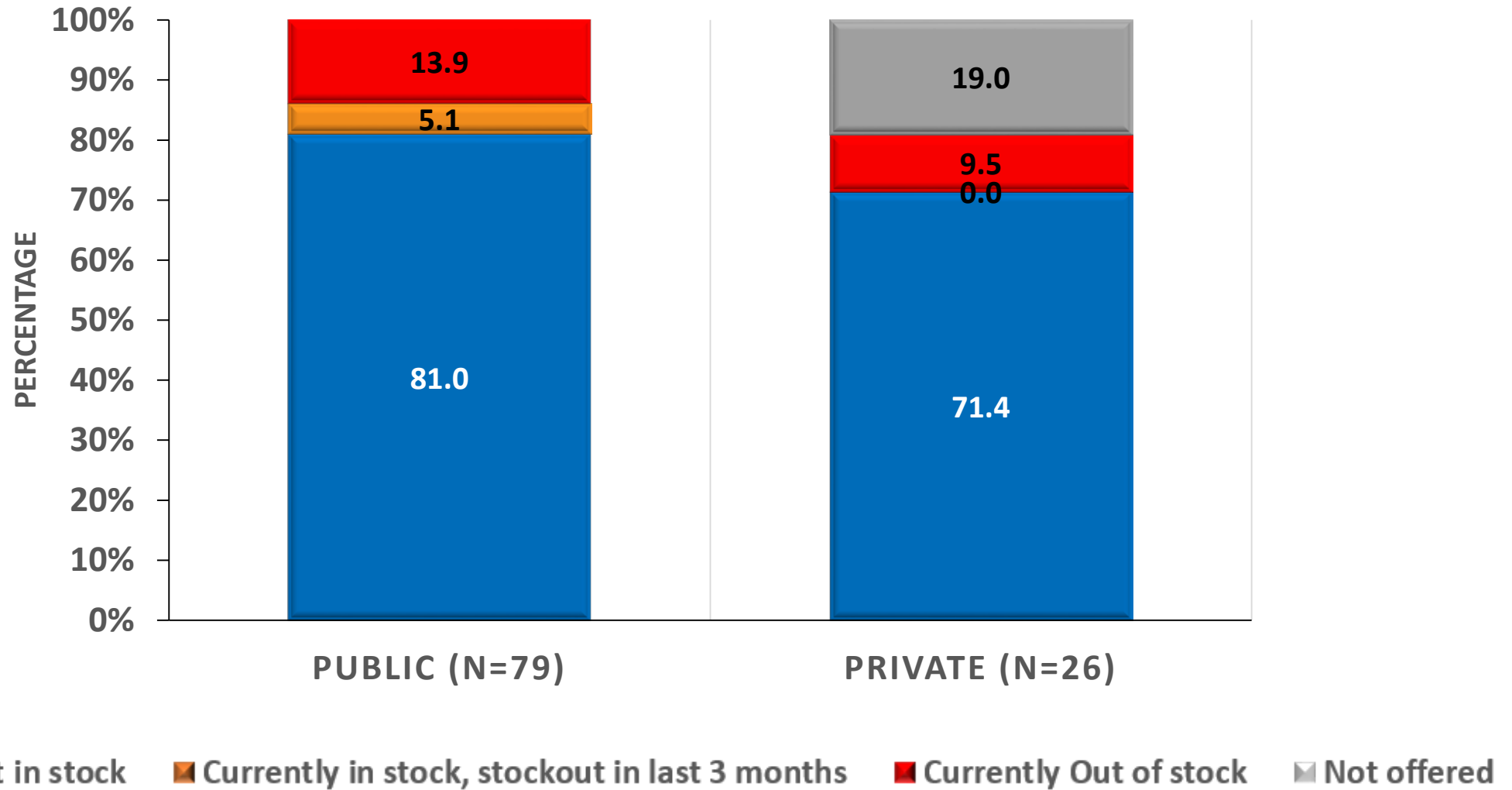


Trends in stock status: Pills

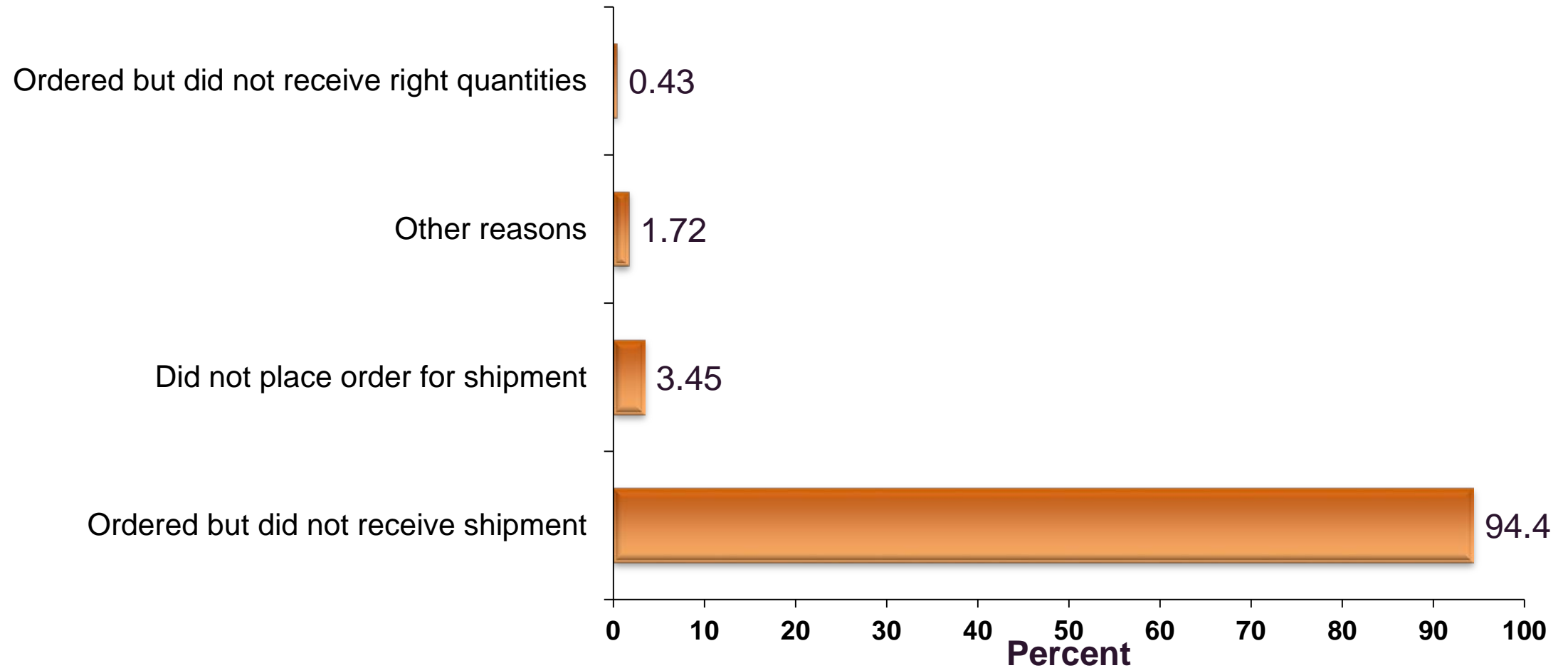


■ Current in stock ■ Currently in stock, stockout in last 3 months ■ Currently Out of stock ■ Not offered

Trends in stock status: Male Condoms



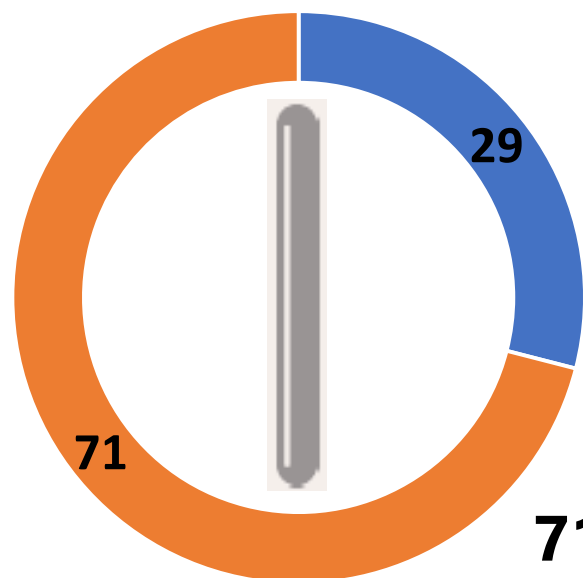
Reasons for stock out- Among episodes of stock out in public facilities



Readiness to provide implants and IUDs

Among public facilities providing

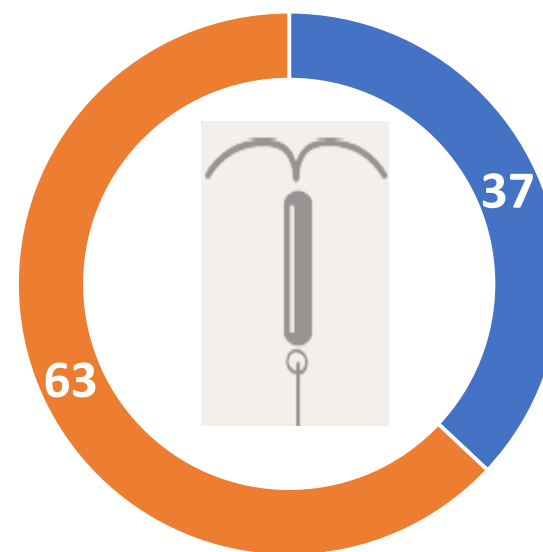
Facilities providing Implants (n=77)



■ No ■ Yes

71% of the facilities providing implants have a trained provider and instruments/supplies needed for implant insertion/removal

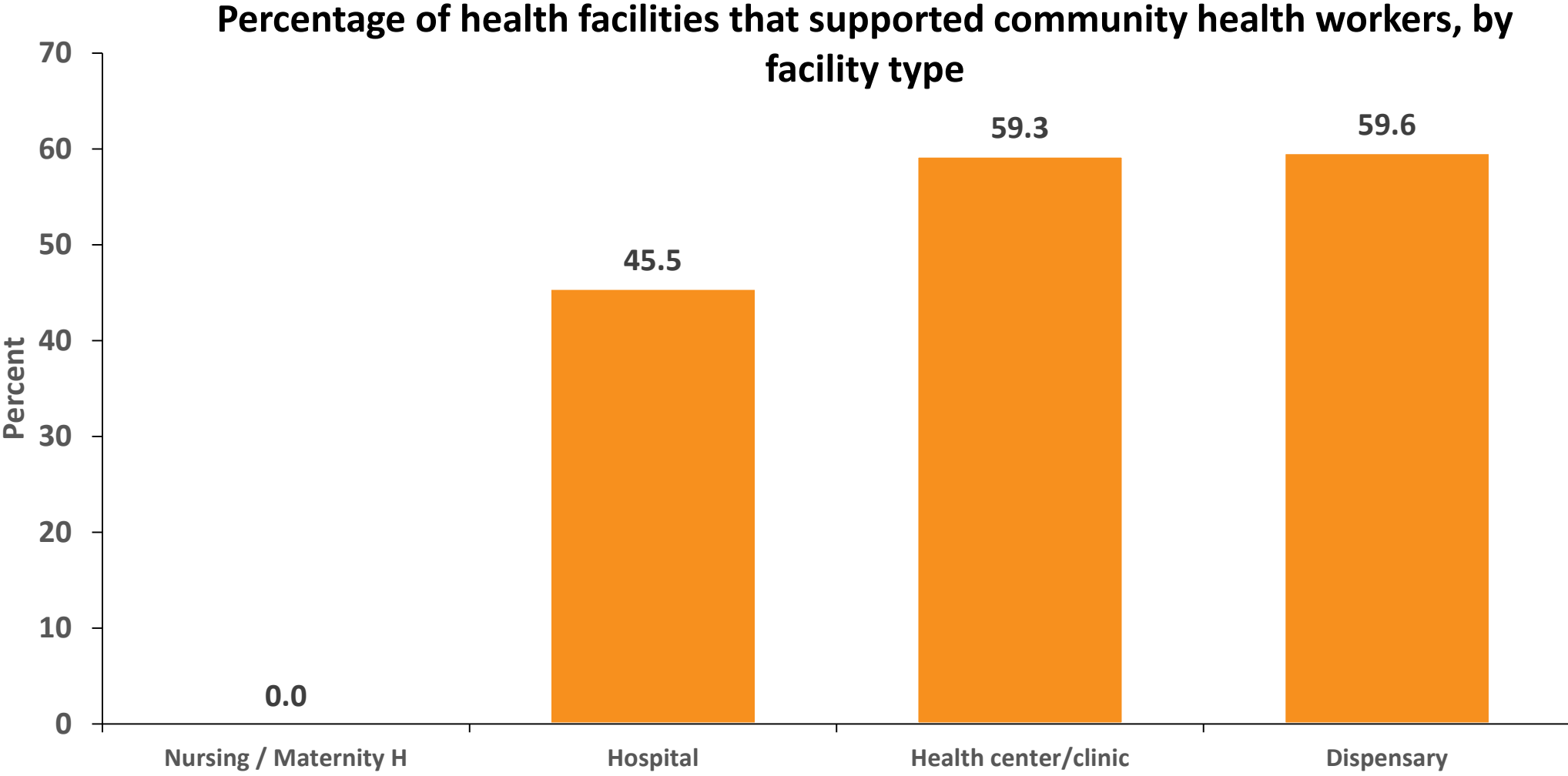
Facilities providing IUDs (n=63)



■ No ■ Yes

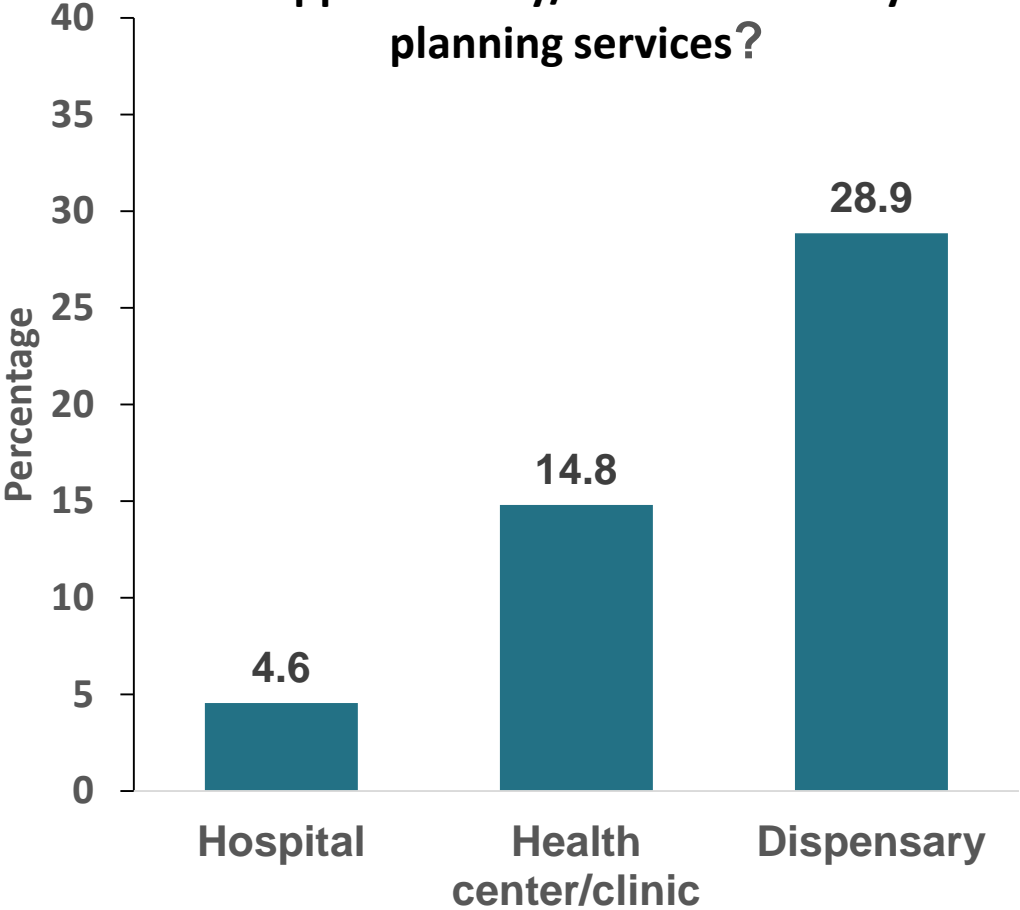
63% of the facilities that provide IUDs have a trained provider and instruments/supplies needed for IUD insertion/removal

Facilities Support for CHVs

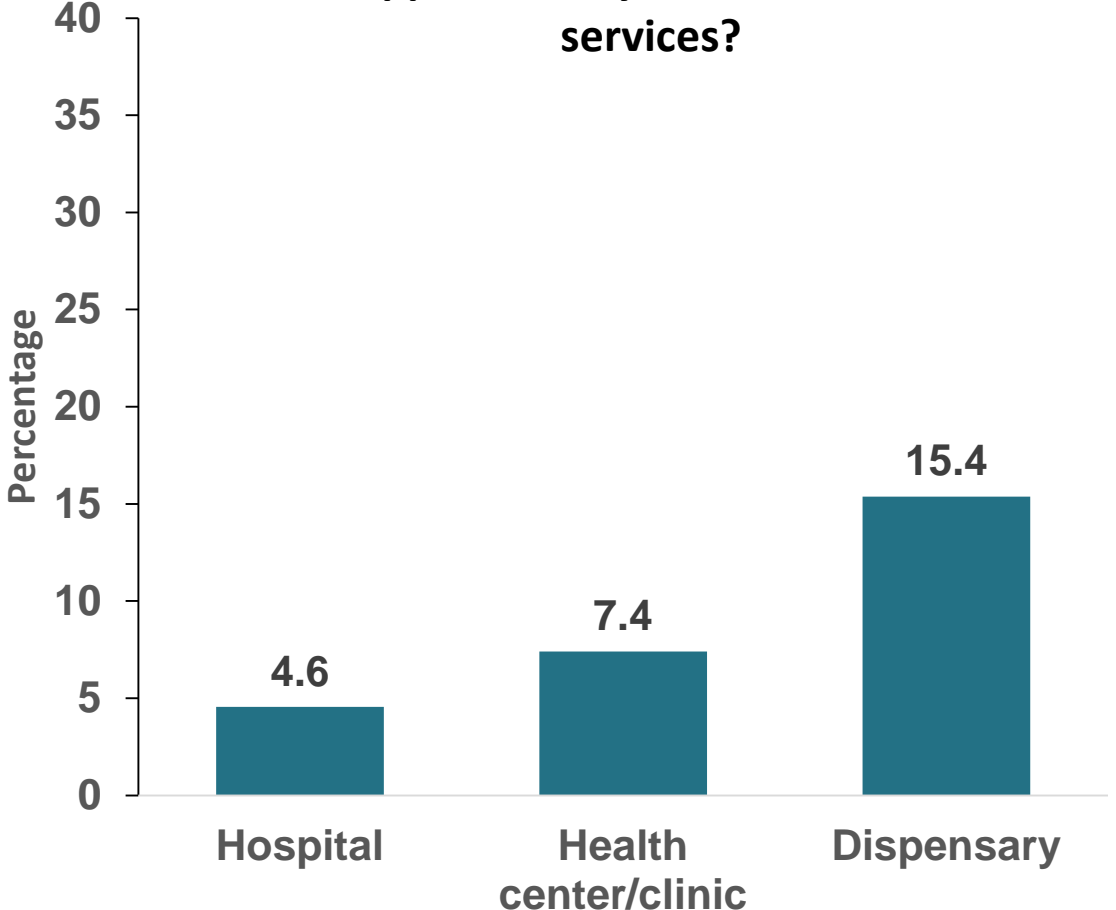


Facility visited by mobile outreach team in the Past 6 Months

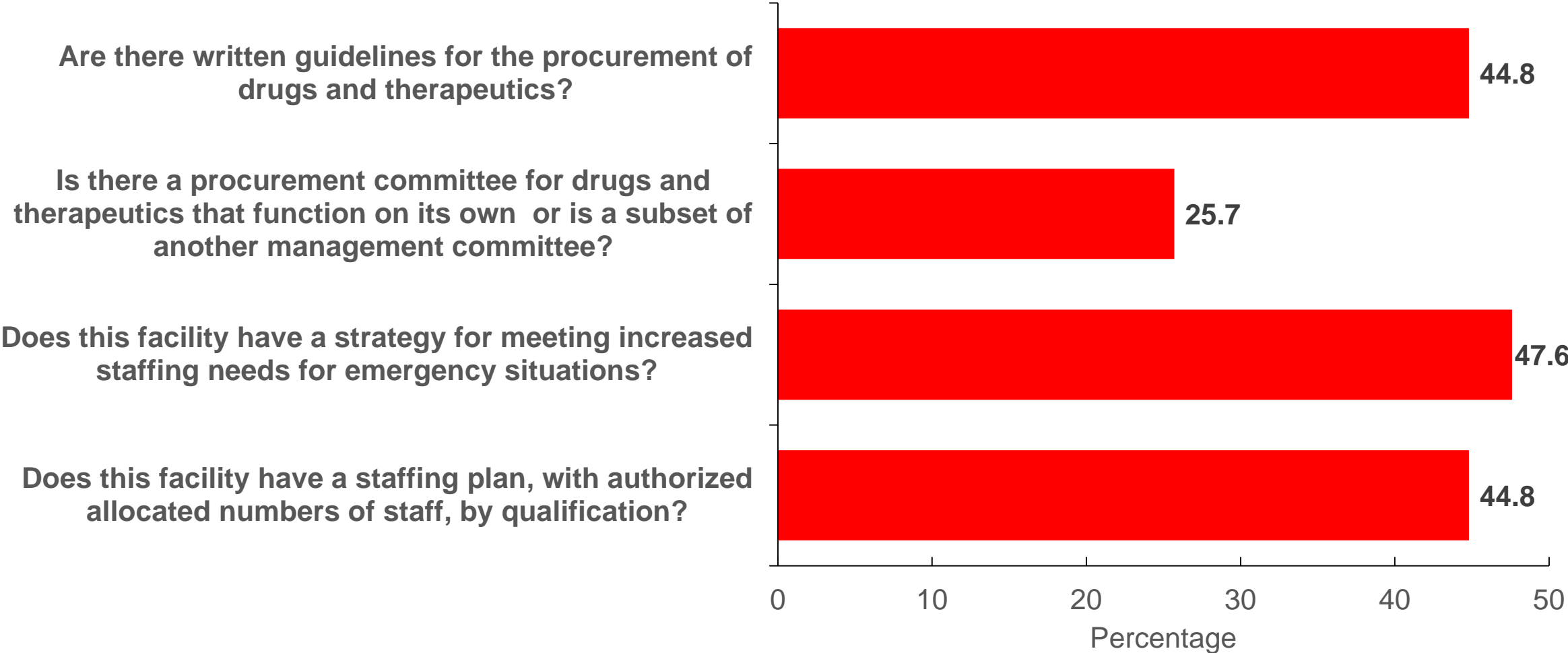
Percentage of facility visited to deliver supplementary/additional family planning services?



Percentage of facility visited to deliver supplementary/additional Child Health services?



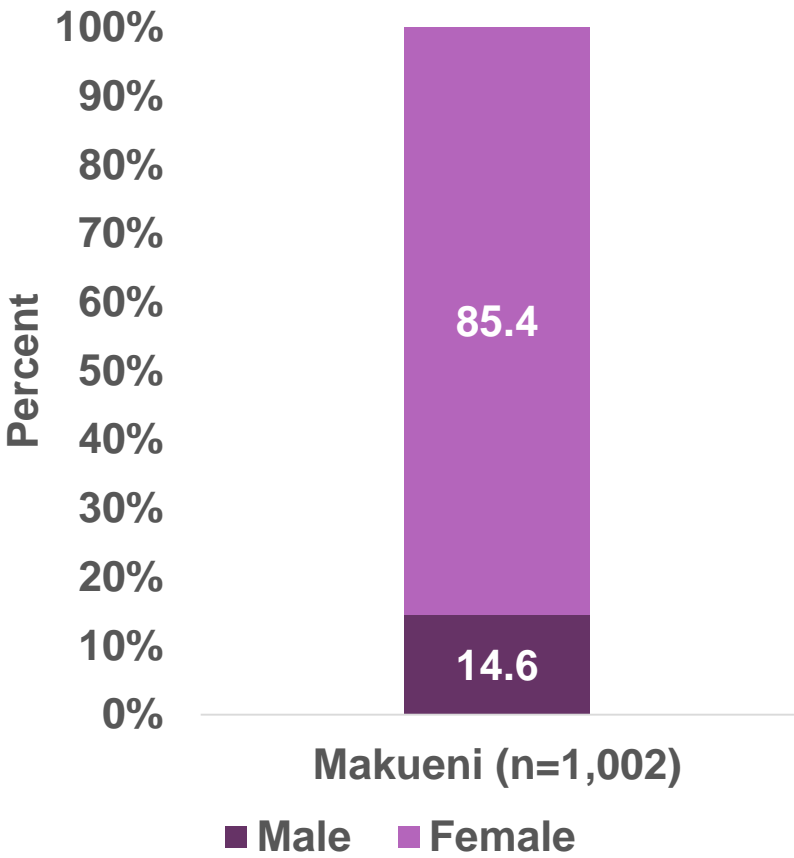
Health System Strengthening



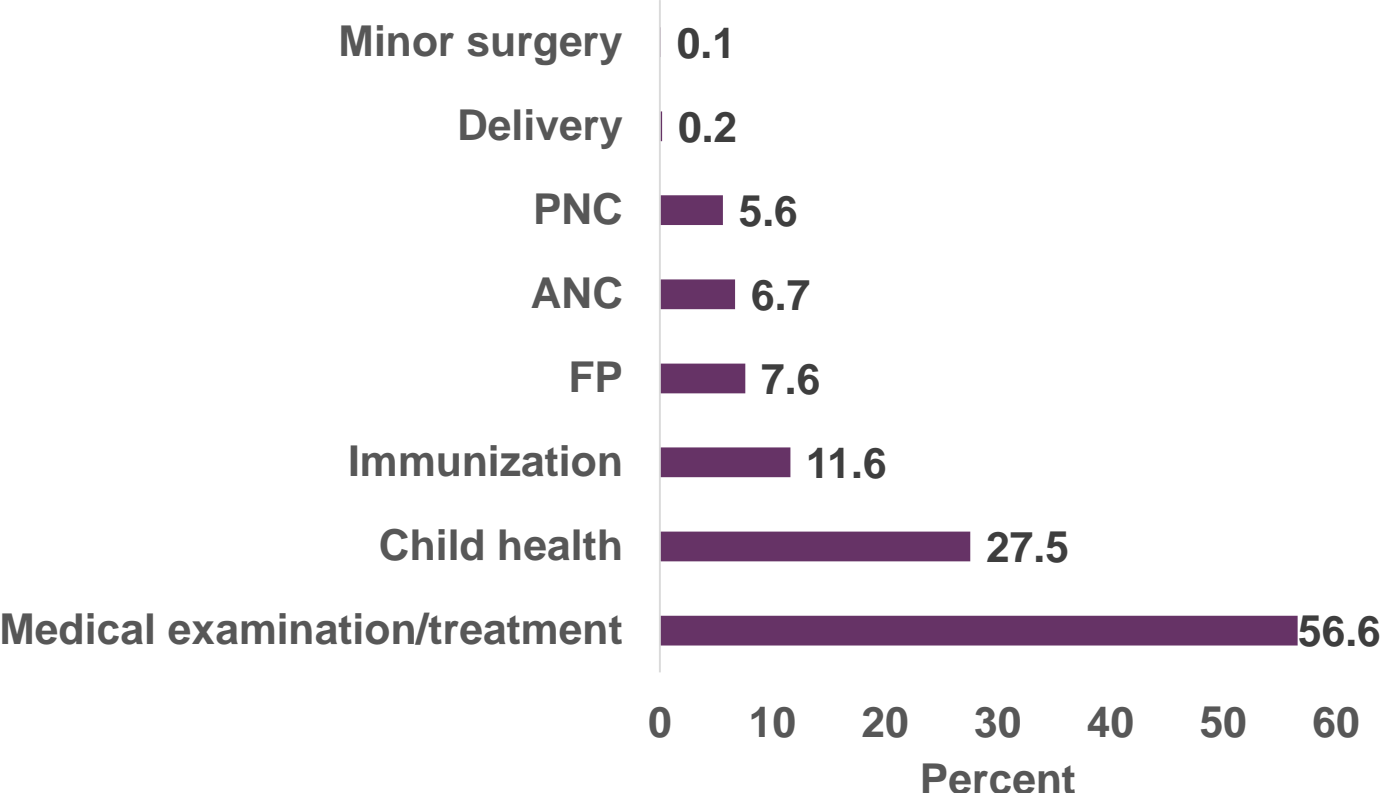
ADDITIONAL FAMILY PLANNING INDICATORS (CEI)

Client Exit Interviews Completion rate

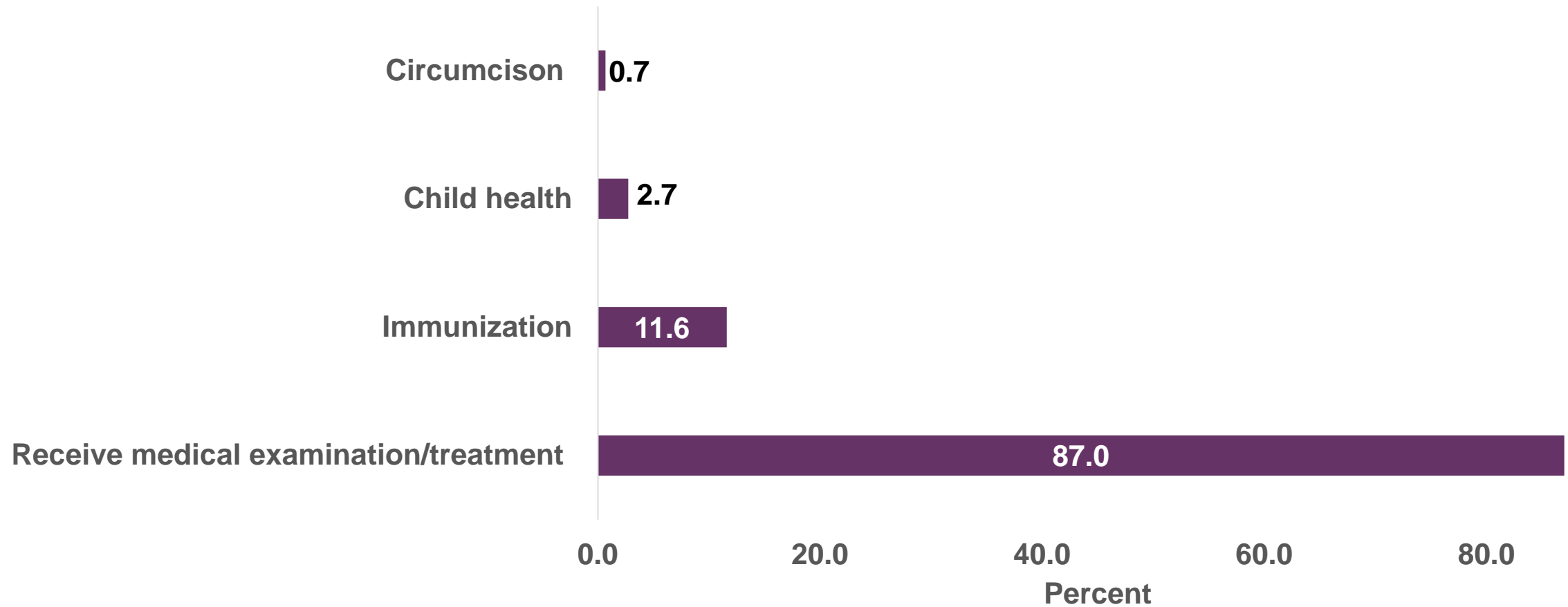
■ Overall, 1,002 completed Client Exit Interviews [85.4% Female; 14.6% Male]



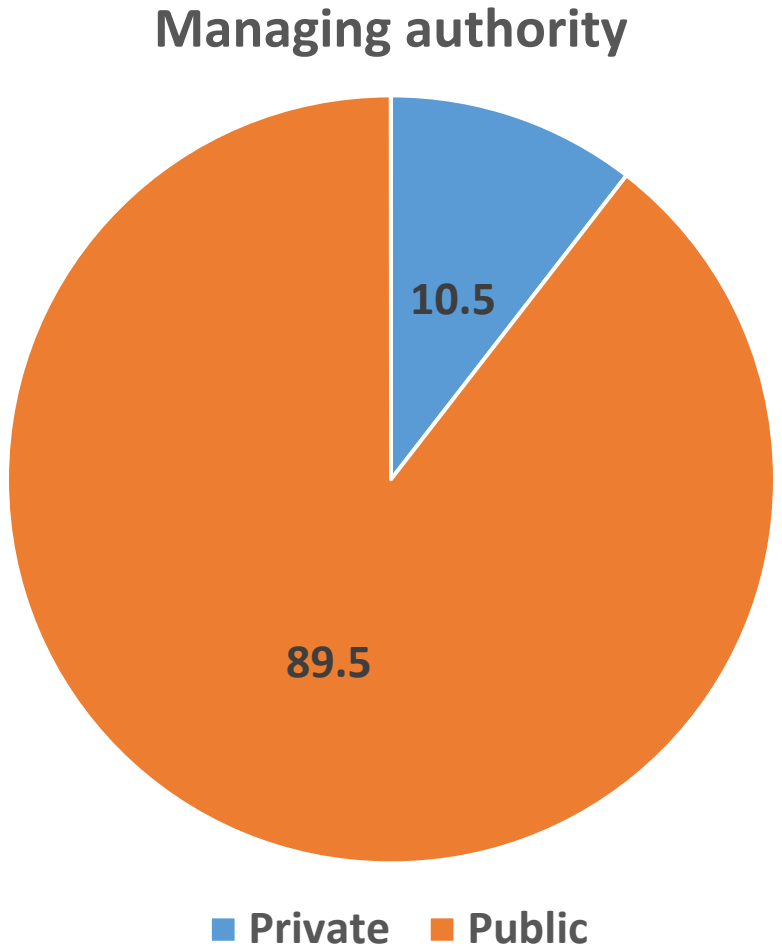
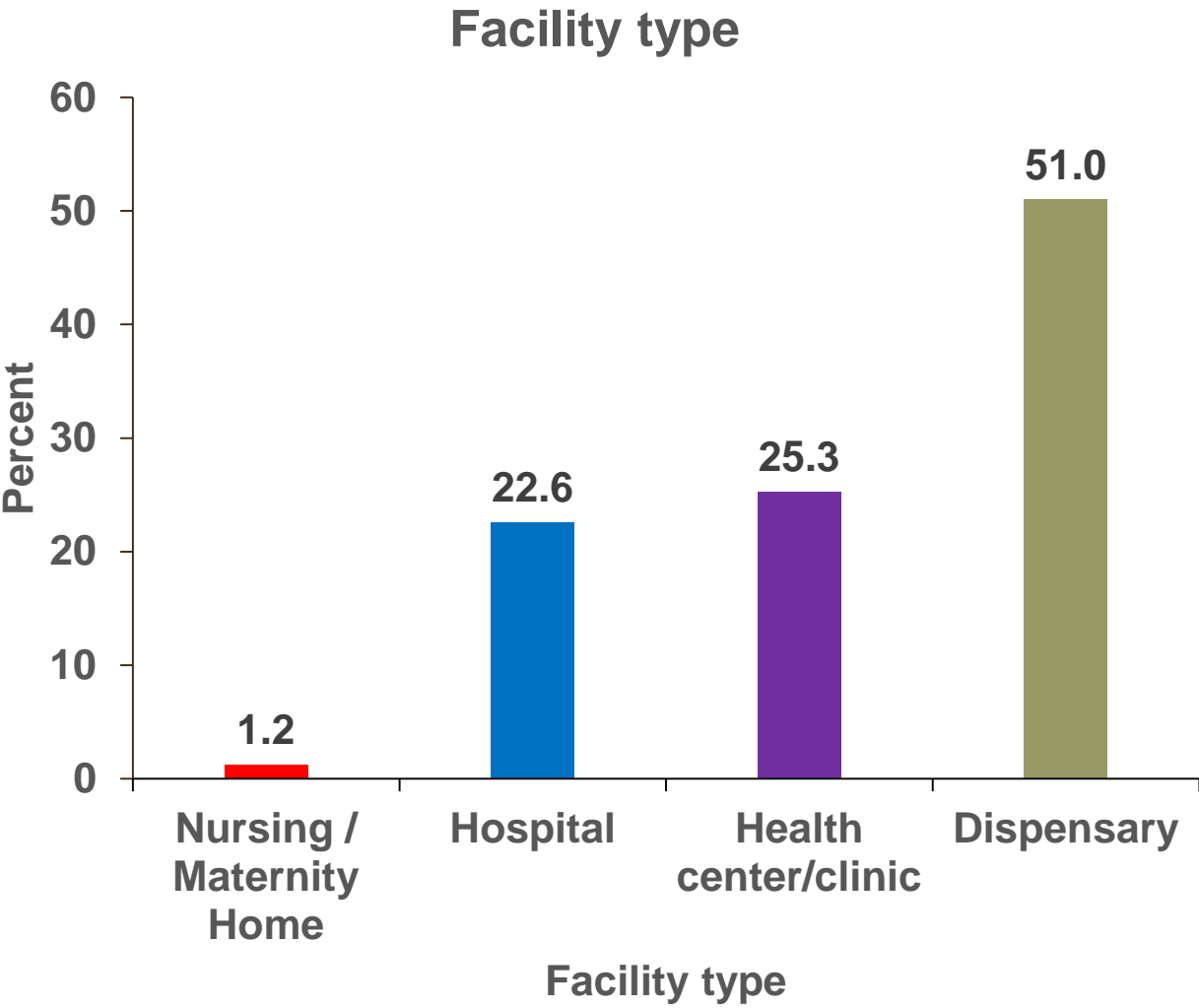
Reasons for the facility visit



Reasons for the facility visit among male



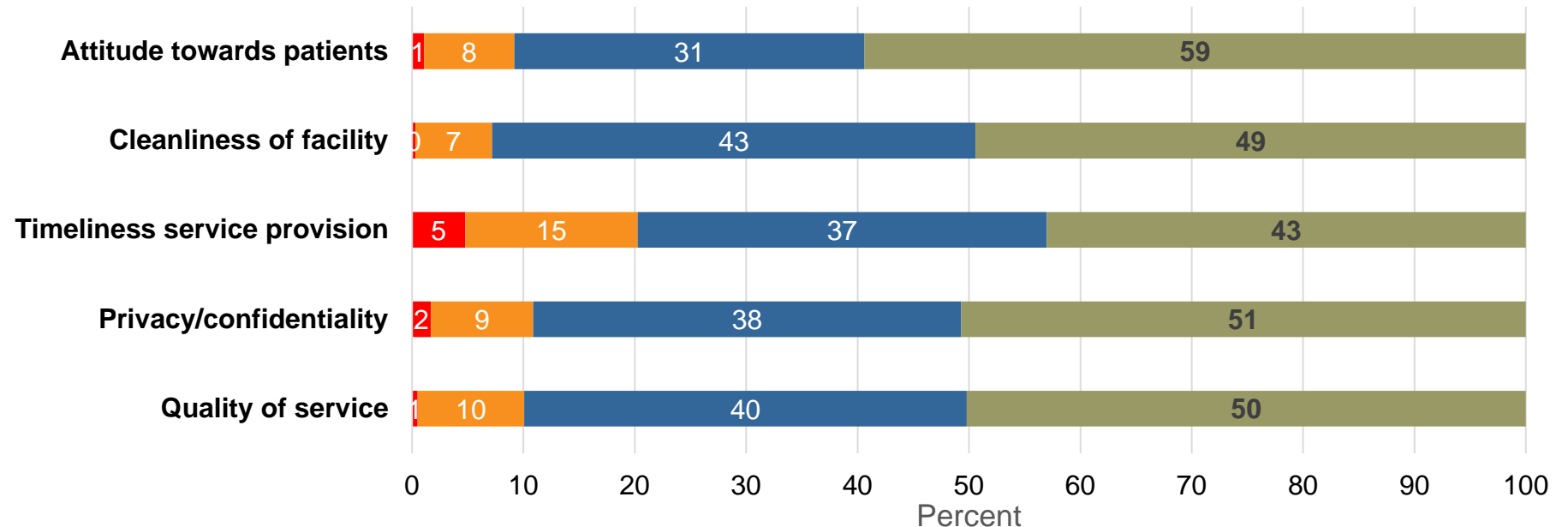
Characteristics of the Facilities visited



Client satisfaction indicators: Averages across male/female clients

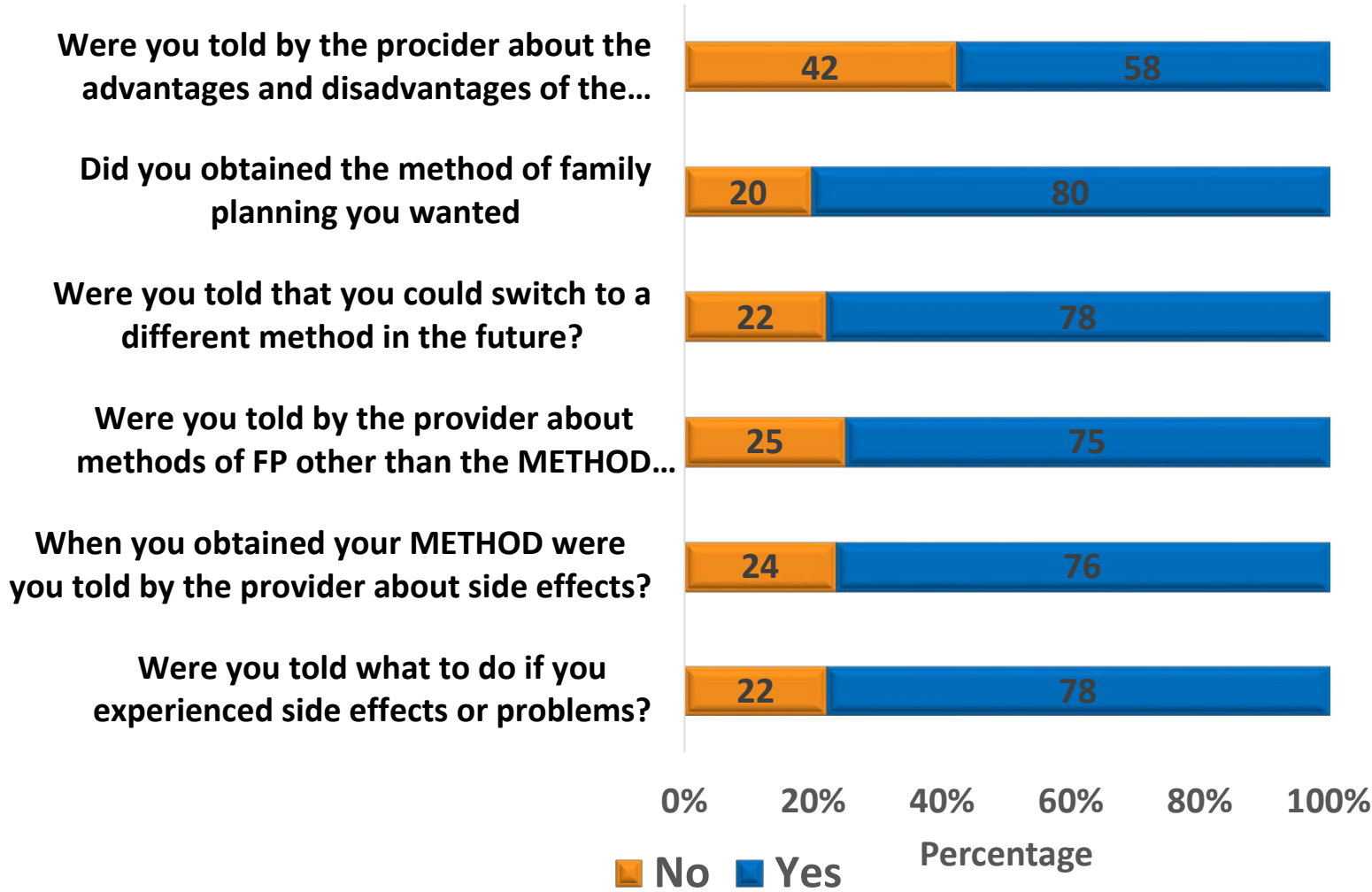
Average Wait (mins)		Average %	Average %	Average %	Average %
Public Facility	Private Facility	Satisfied with the service	Provider was polite	Would recommend	Would return
19.7	12.7	95.6	99.0	98.3	98.7

■ Poor ■ Fair ■ Good ■ Excellent

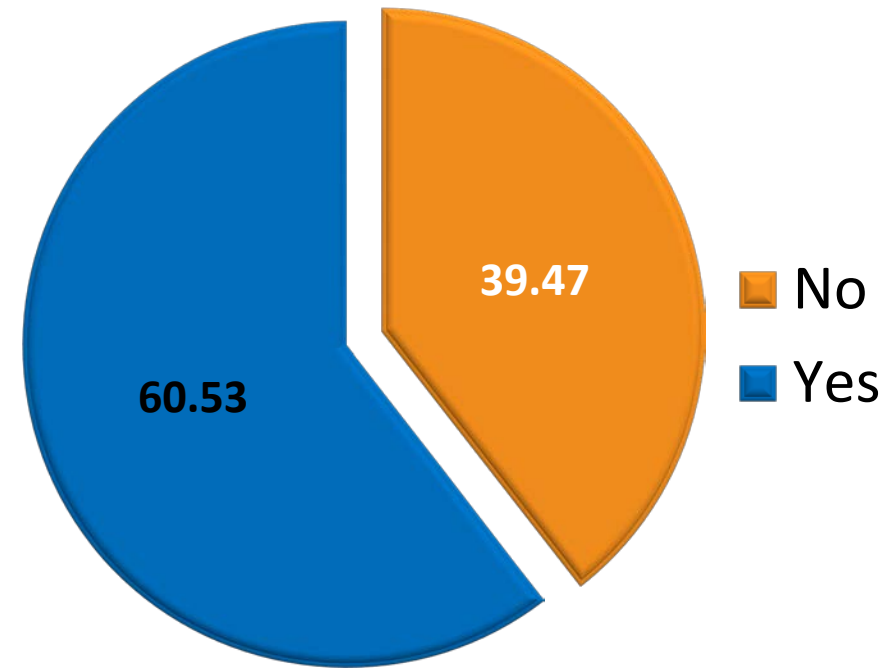


Percent distribution of clients rating attributes of the health facility as poor, fair, good or excellent

Percent of family planning clients reporting provider quality care indicators



Percent of current users who responded **yes to all four MII**

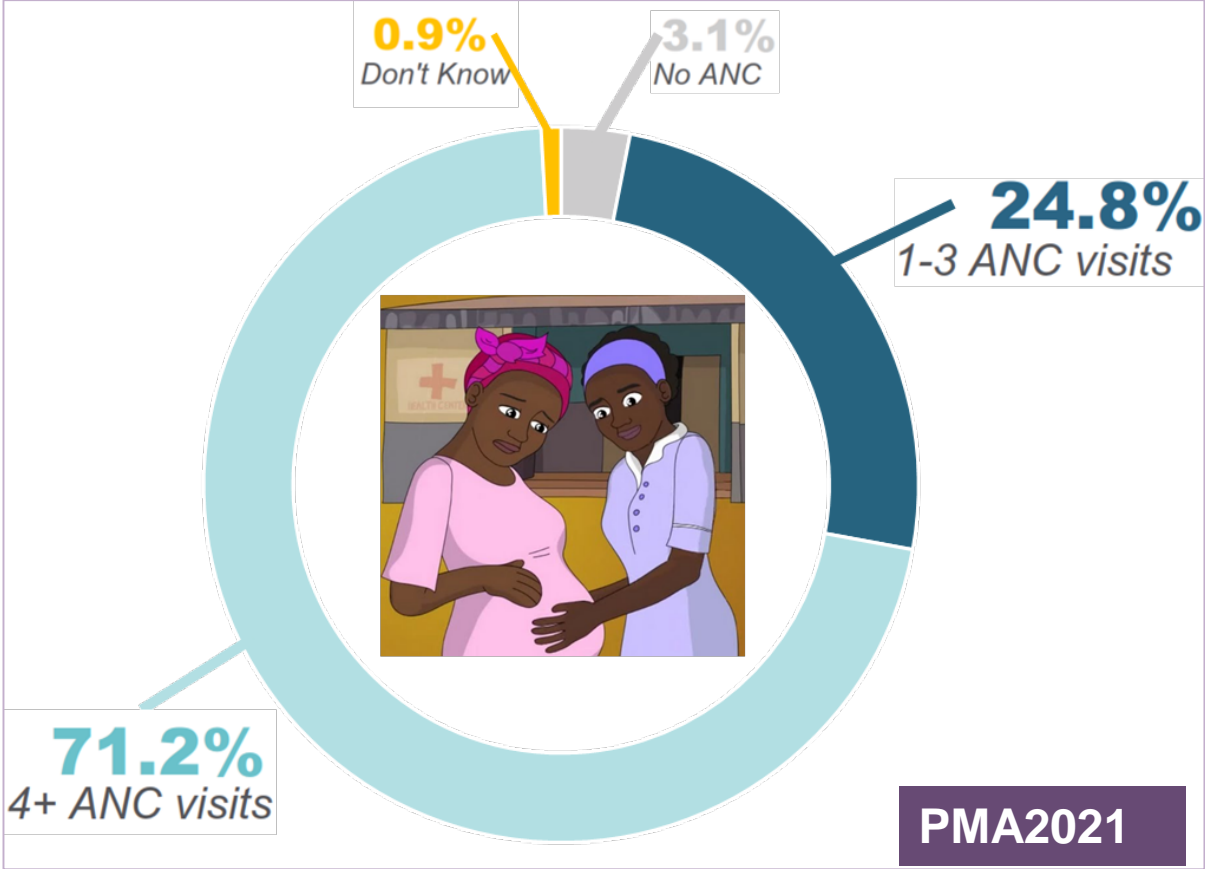


Mother and Child Health

- 1) Antenatal Care
- 2) Skilled Delivery & postnatal care
- 3) Child immunization

Makueni County: Antenatal Coverage

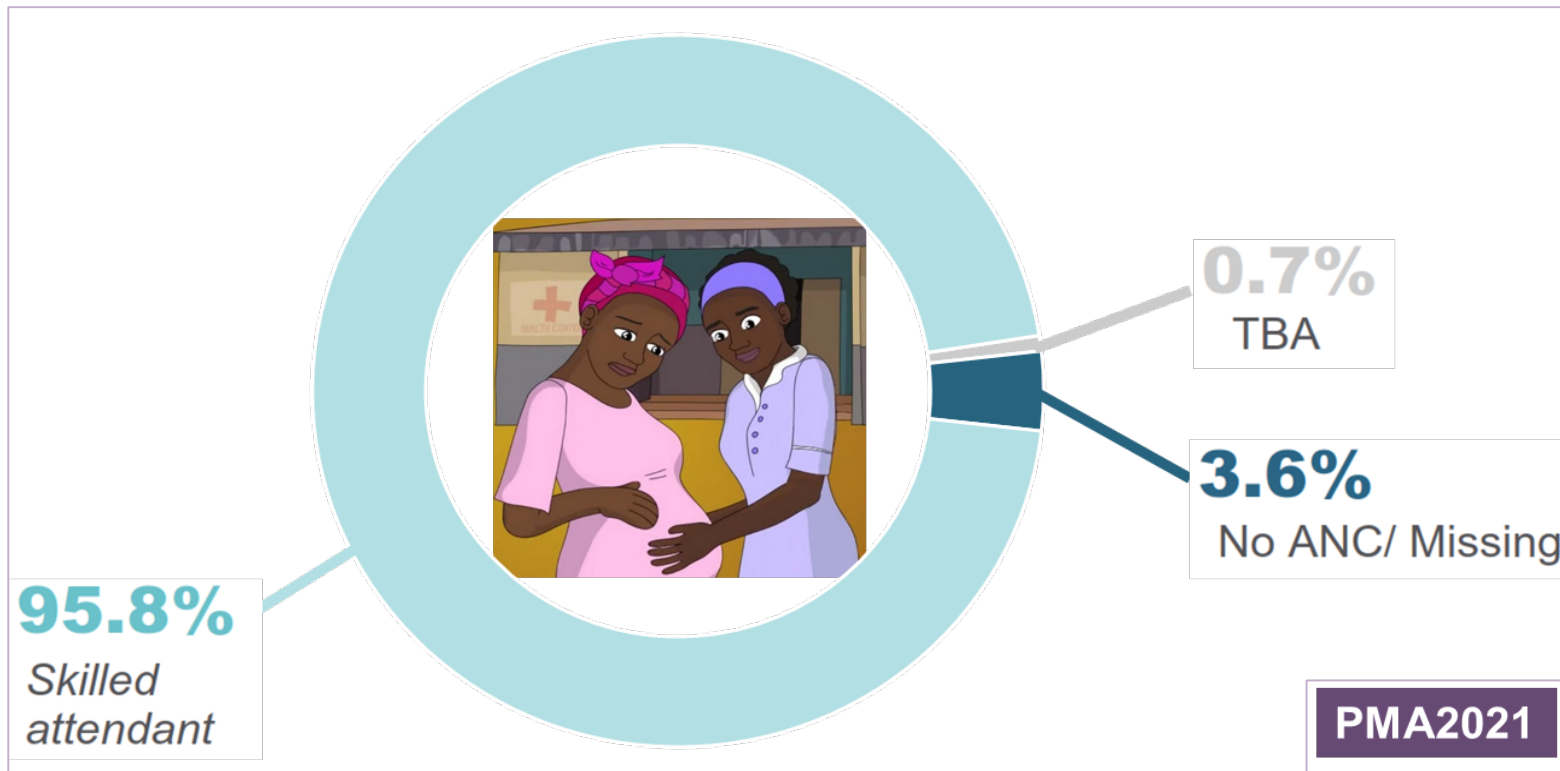
Percent distribution of women with a live birth in the past 3 years before the survey



KDHS 2022
4+ ANC visits
76%

Makueni County: Antenatal Care by service provider

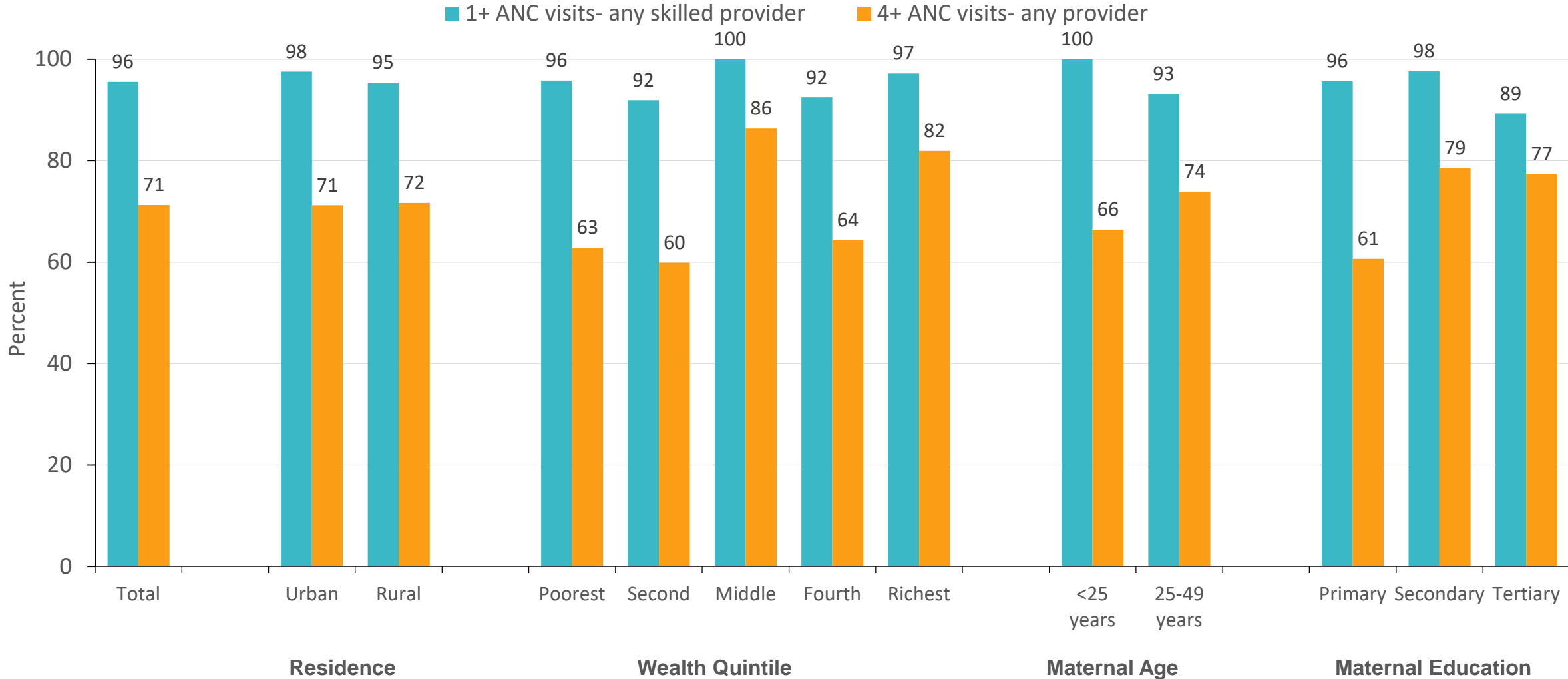
Percent distribution of women with a live birth in the past 3 years before the survey



96% of women received ANC from a skilled provider

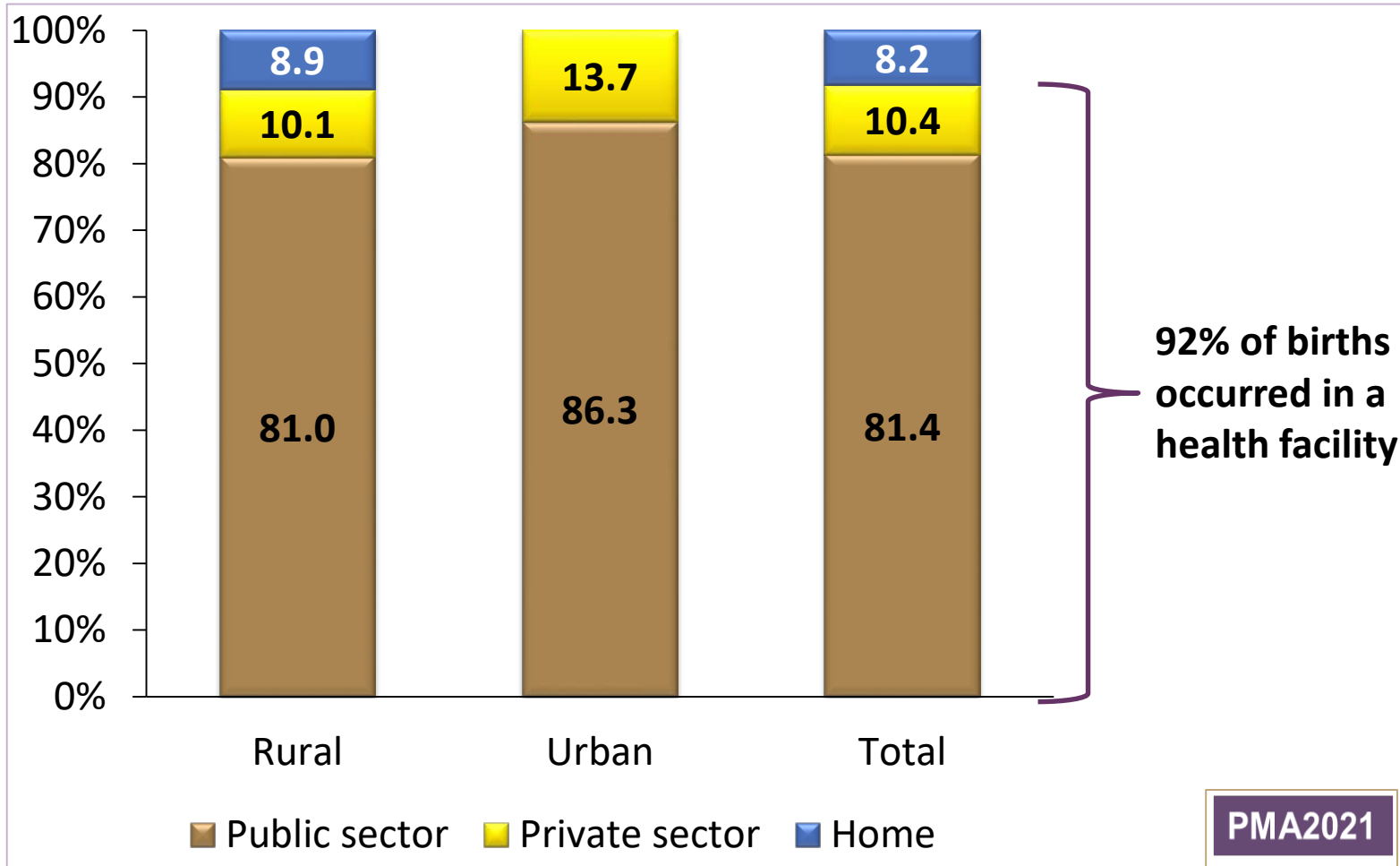
*Skilled provider includes doctor, nurse, or midwife.

Coverage of Antenatal Care by various background characteristics



Makueni County: Place of Delivery

Percent distribution of births in the past 3 years before the survey



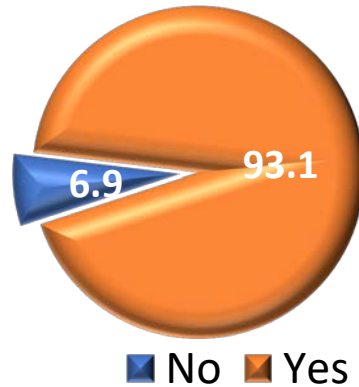
KDHS 2022

Delivery in a health facility

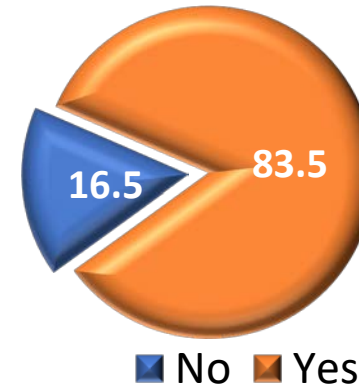
90%

Other ANC indicators

Given/bought iron supplements during pregnancy

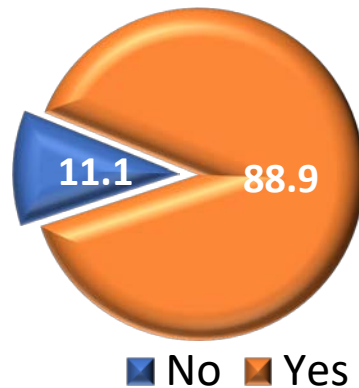


Tetanus injection during pregnancy

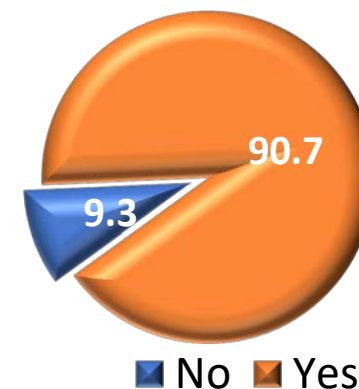


KDHS 2022

Given/bought iron supplements during pregnancy



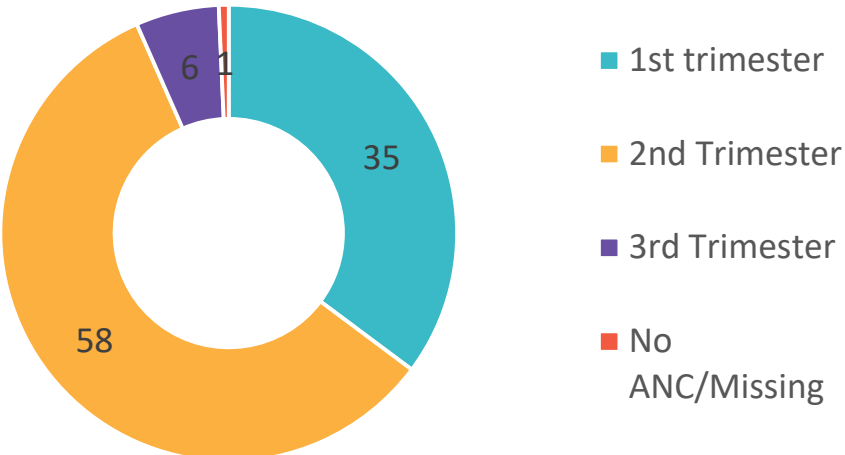
Tetanus injection during pregnancy



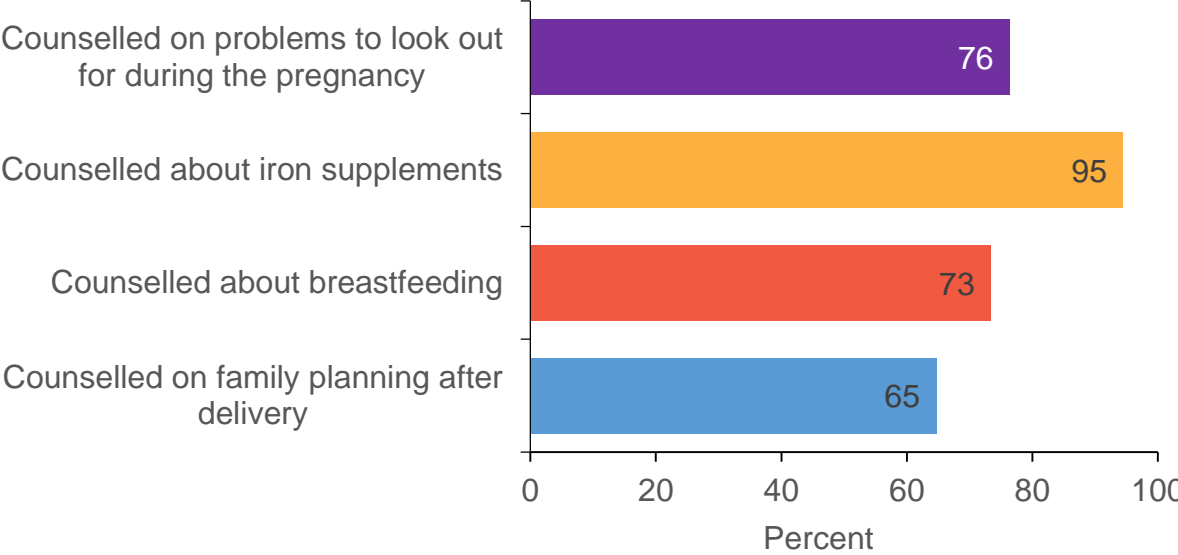
PMA 2021

Other ANC indicators

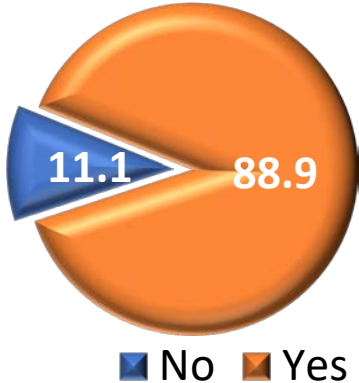
Timing of First Antenatal Care Visit



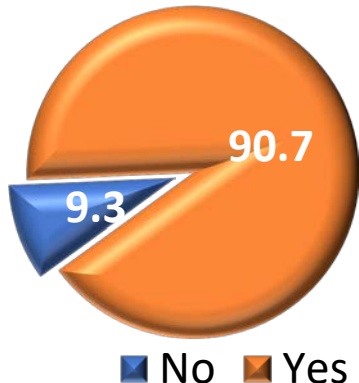
Content & Coverage of Antenatal Care Services



Given/bought iron supplements during pregnancy

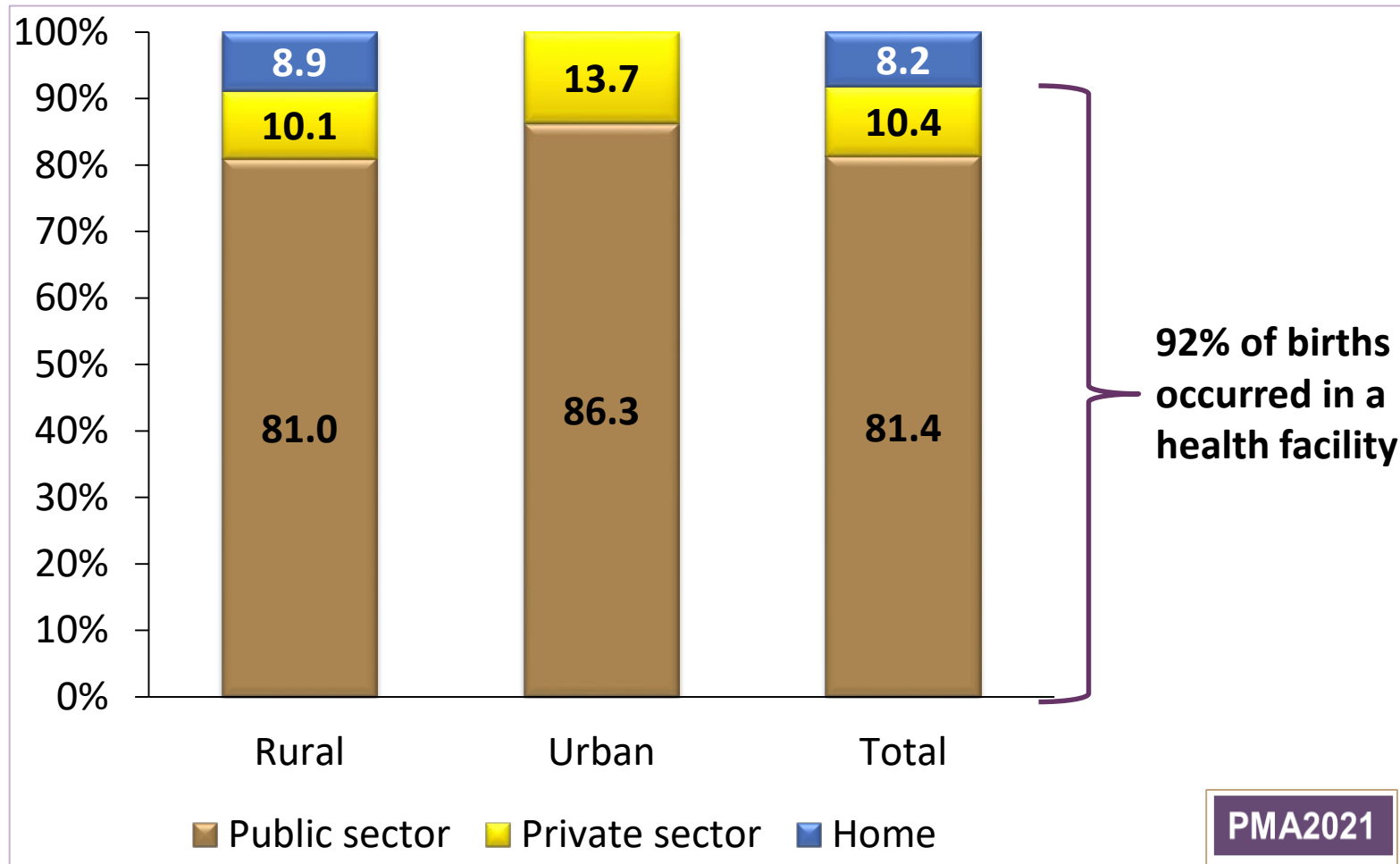


Tetanus injection during pregnancy



Makueni County: Place of Delivery

Percent distribution of births in the past 3 years before the survey



KDHS 2022

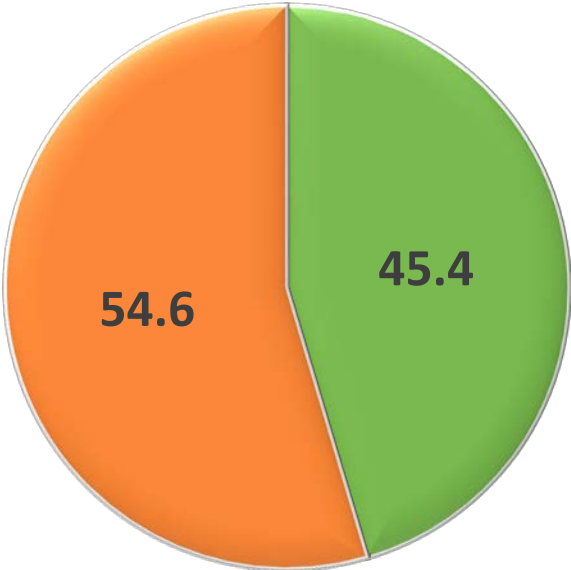
Delivery in a health facility

90%

Delivery care (Skilled assistance during delivery)

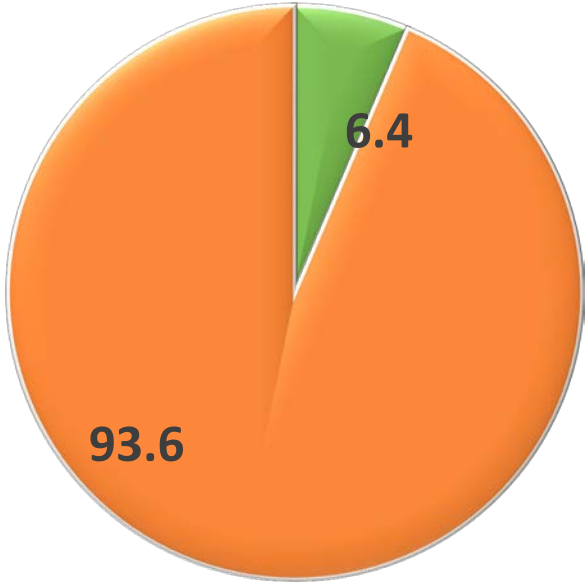
Percent distribution of births in the past 3 years before the survey

KDHS 2014



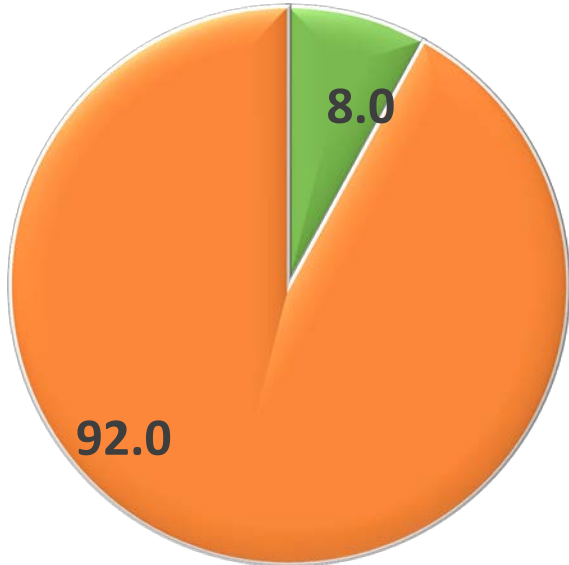
■ Non skilled ■ Skilled attendant

PMA 2021



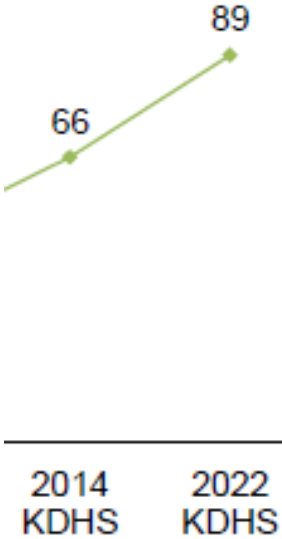
■ Non skilled ■ Skilled attendant

KDHS 2022



■ Non skilled ■ Skilled attendant

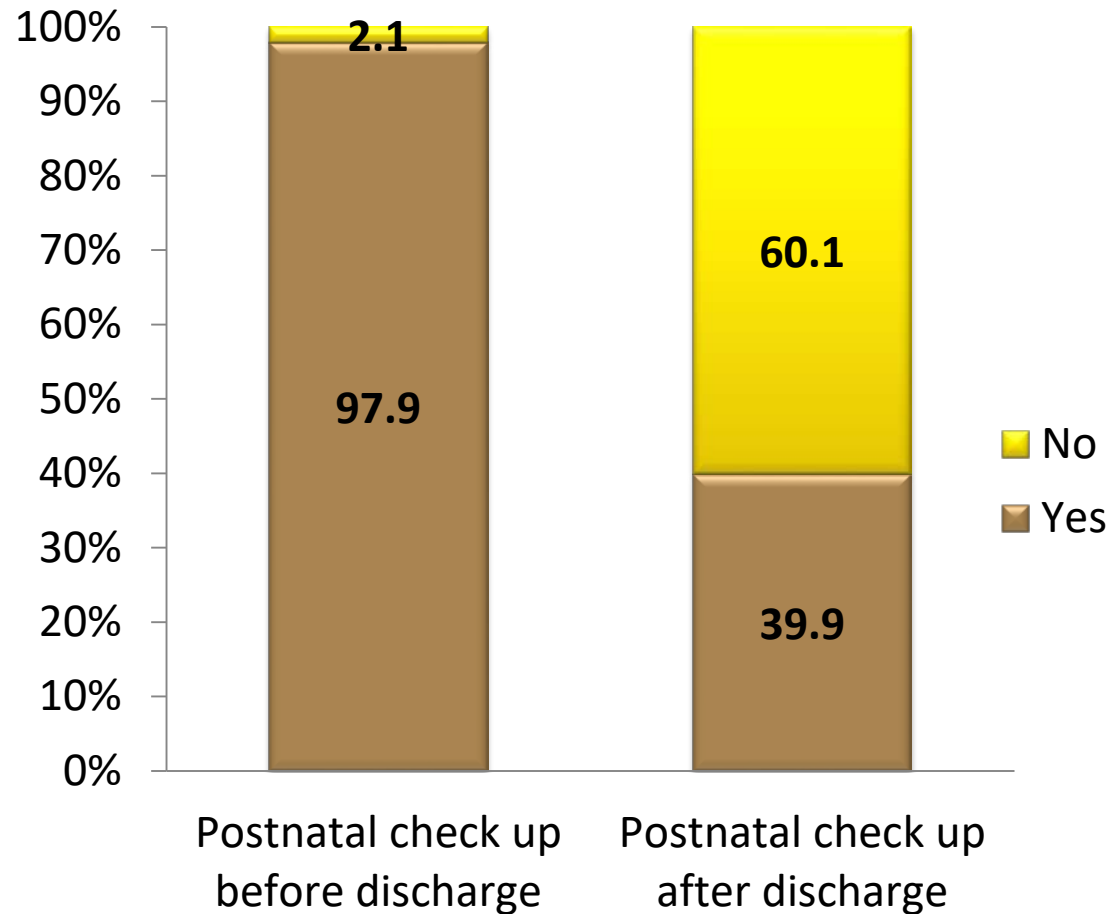
National trend



*Skilled provider includes doctor, nurse, or midwife.

Postnatal care

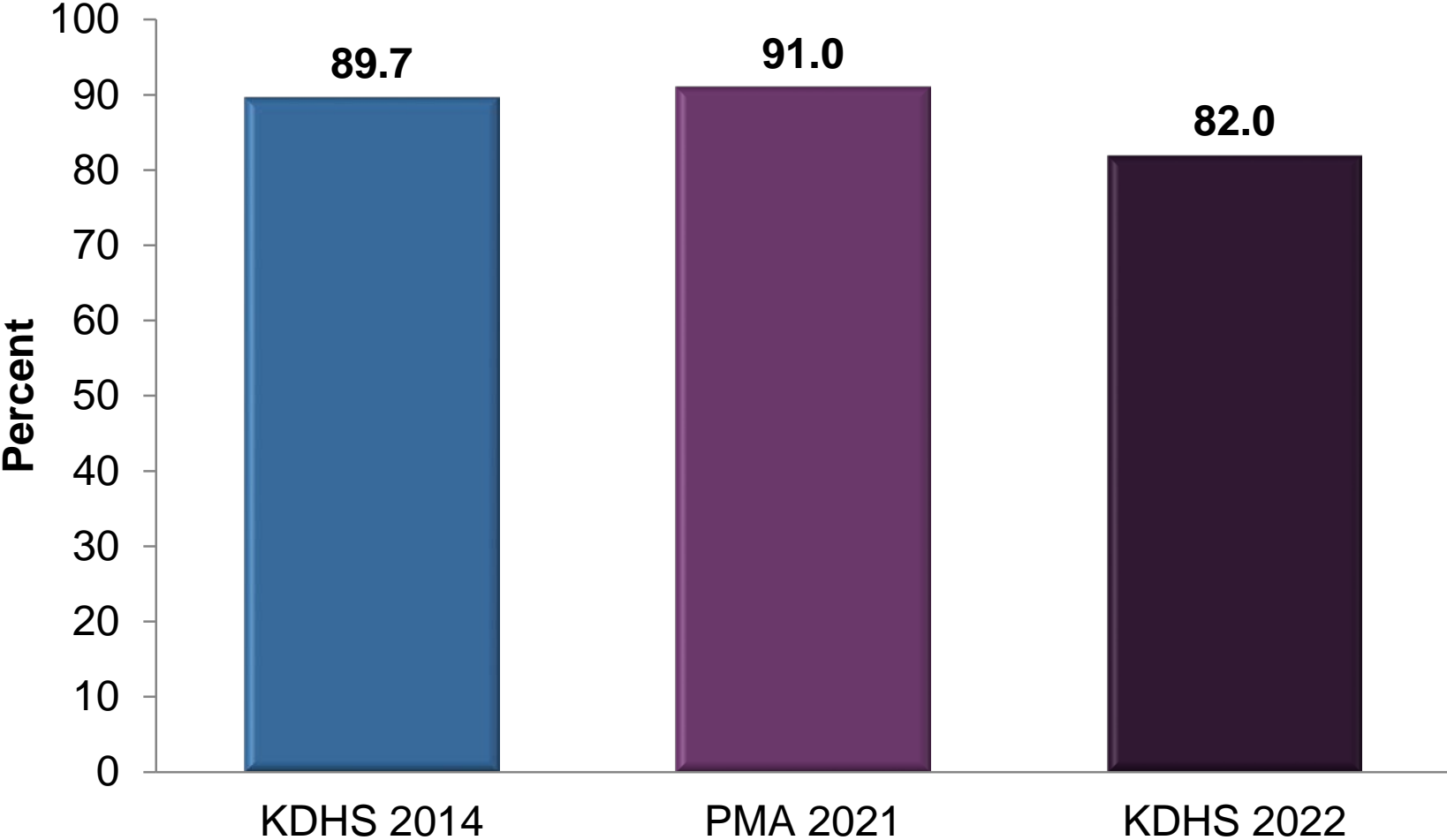
For births in the past 3 years before the survey



- Only 39.9% of the mothers had their health checked after they left the facility post-delivery

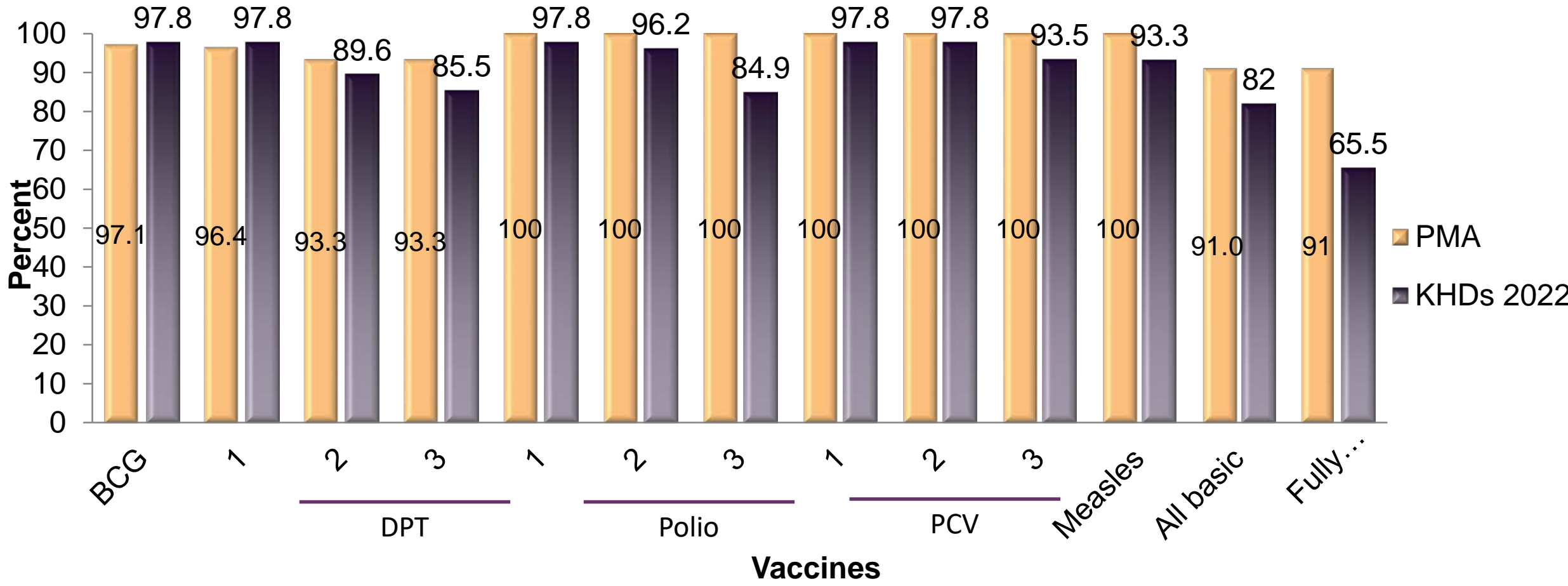
Trends in Immunization Coverage

Percent of children 12-23 months fully vaccinated with the basic vaccines



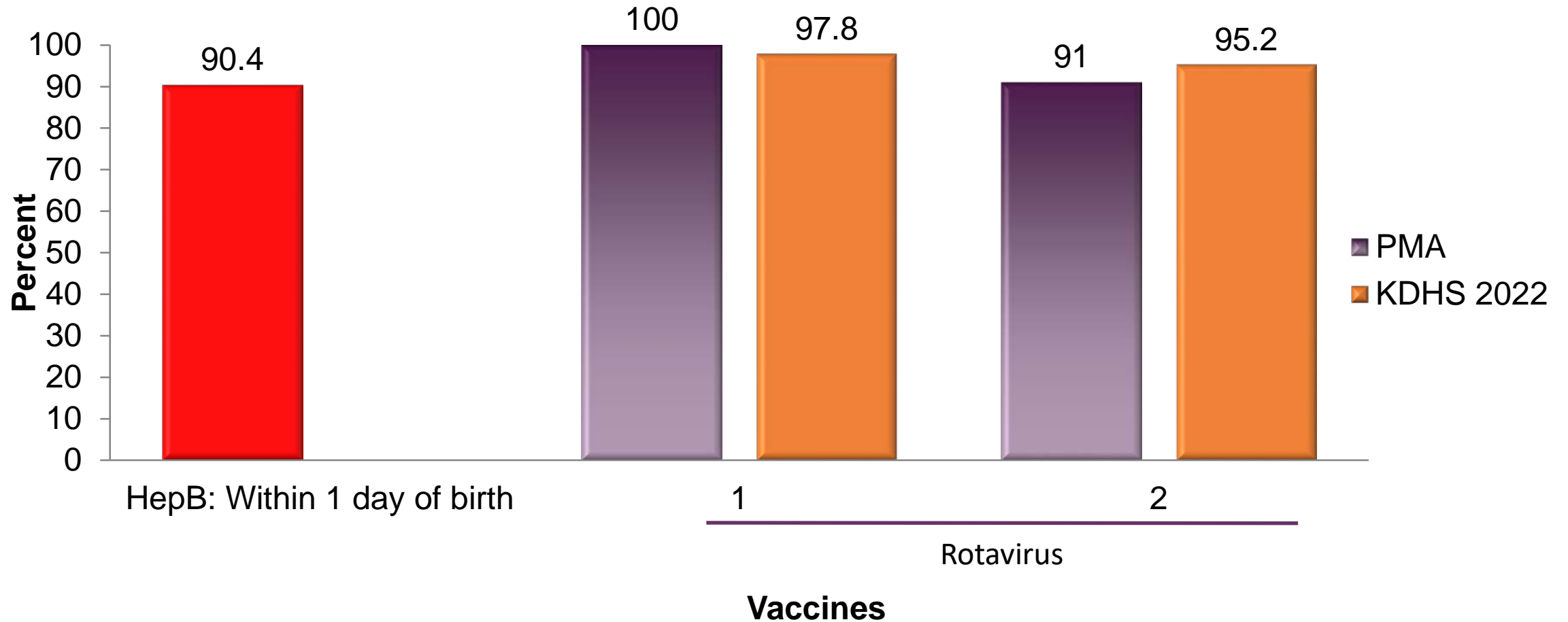
Childhood Immunizations

Percent of children 12-23 months immunized



Other vaccines

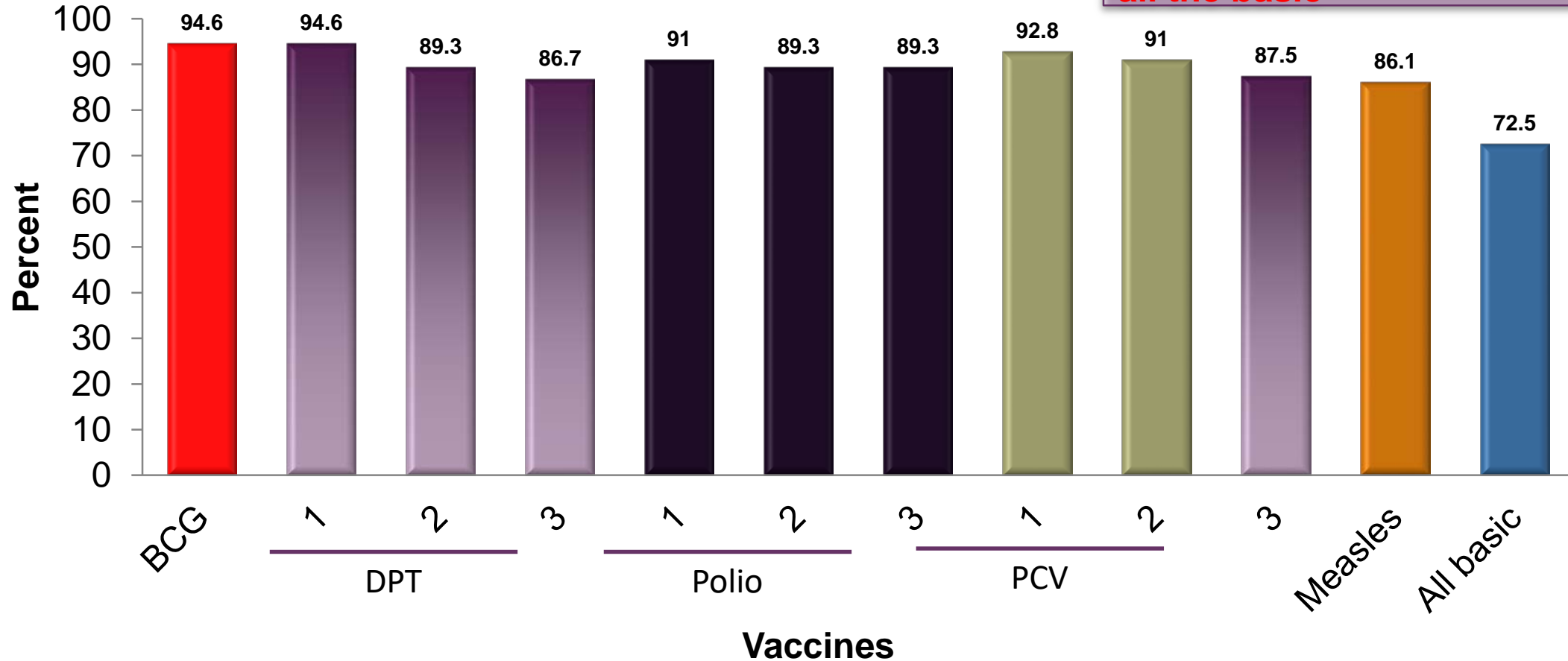
Percent of children 12-23 months immunized



Age appropriate vaccination

Percent of children 12-23 months immunized by 12 months of age

Basic Vaccinations: BCG, 3 doses of DPT-containing vaccine, 3 doses of polio vaccine, and 1 dose of MCV. **We only included cases of children receiving all the basic**

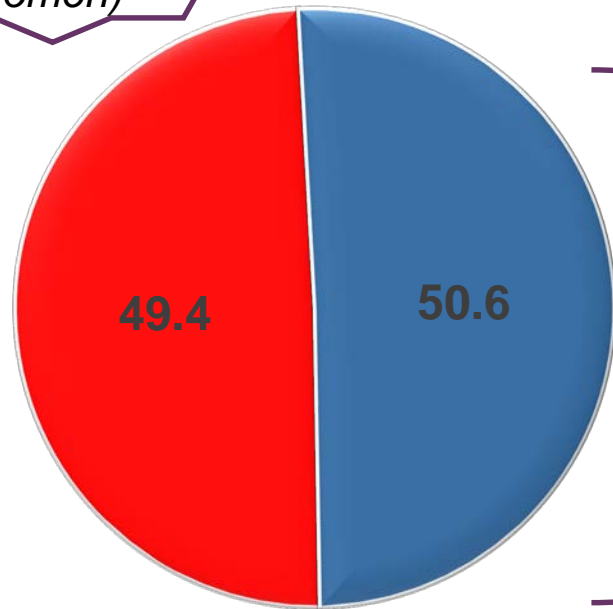


Health Insurance ownership

Health insurance

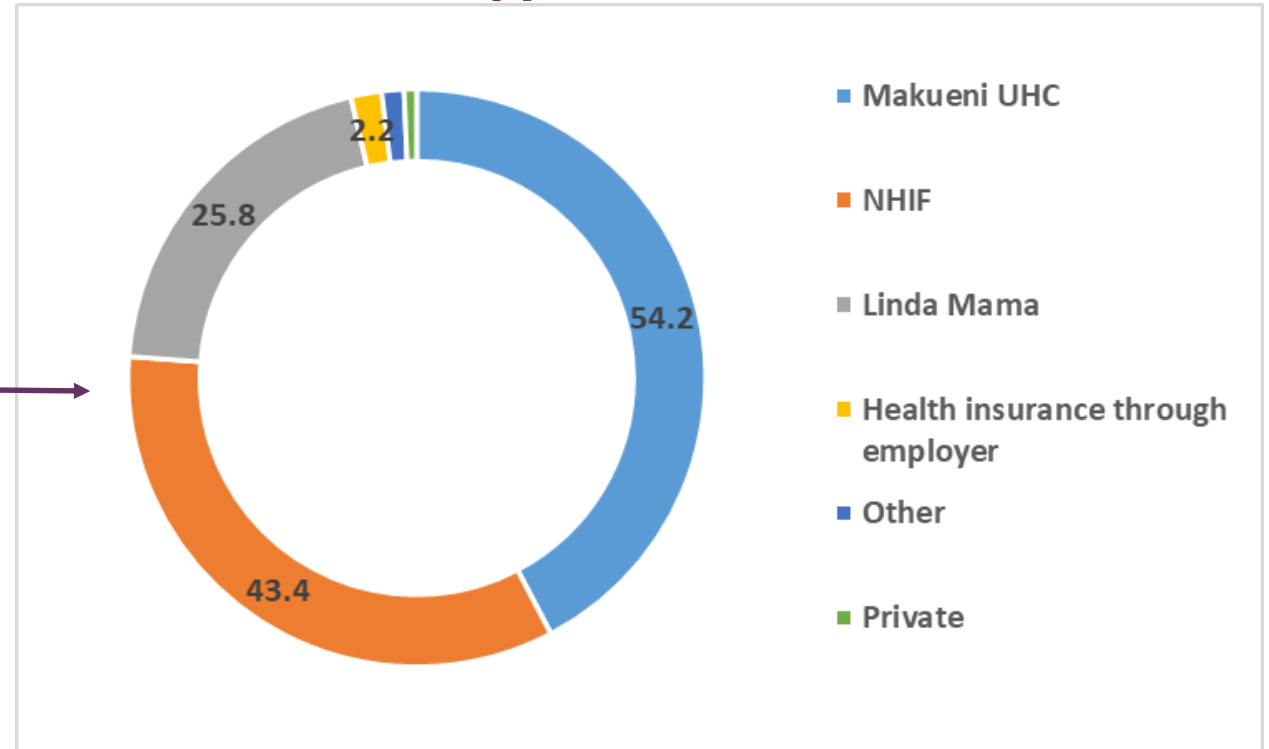
Percent of the women had some form of health insurance or coverage by a mutual health organization

Insurance coverage
26.0 in Kenya
(women)



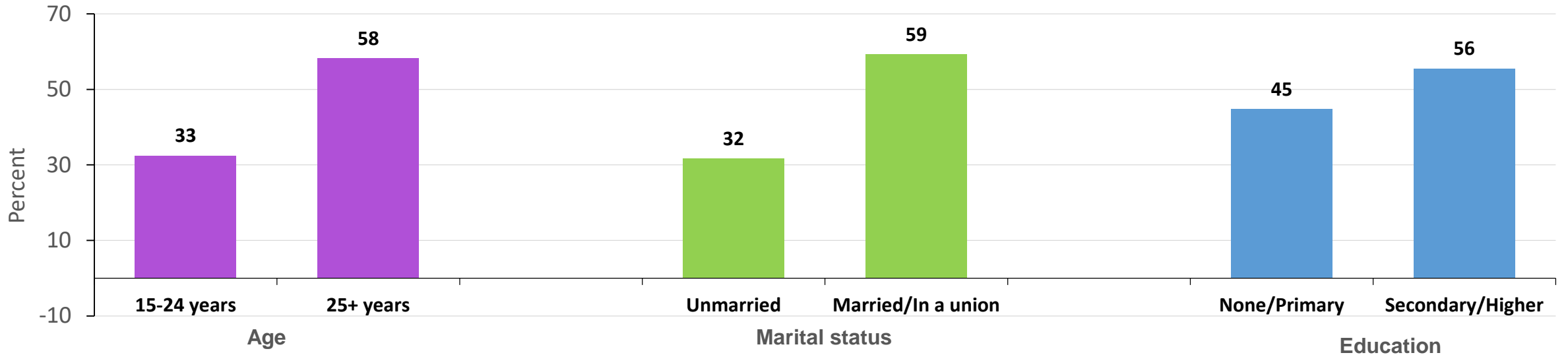
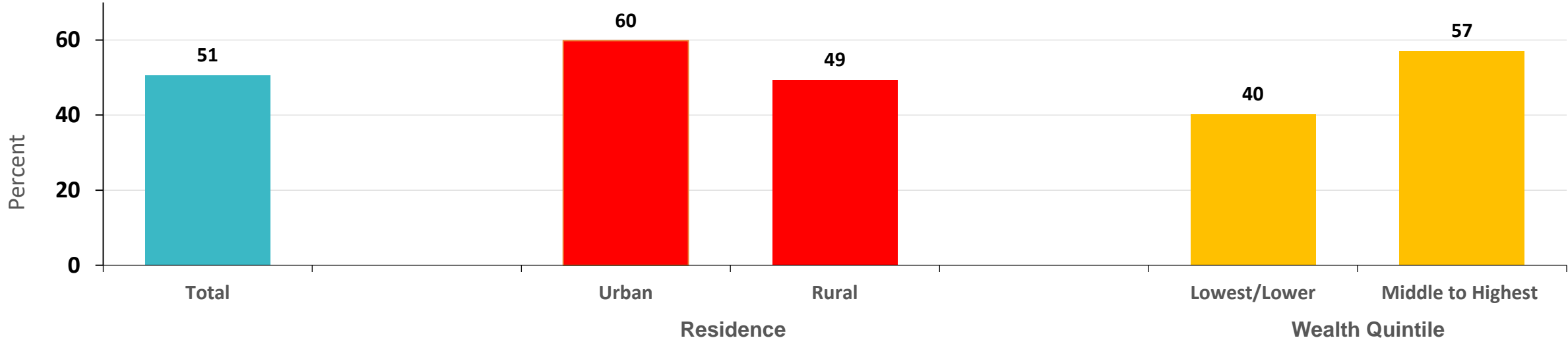
■ No ■ Yes

Health insurance type



51% of the women had some form of health insurance or coverage by a mutual health organization

Health insurance by various characteristics



Key Highlights

- There has been a slight increase in modern contraceptive use since 2014
- Injectable and implants are the most preferred methods of contraception
- About 3 in every 4 women with demand for FP/C had their demand satisfied by modern method
- About 3 in every 4 women had 4+ ANC visits to health facilities for their most recent births
- About 92% of the most recent births occurred in a health facility
- There has been a slight increase in the proportion of children immunized with the basic vaccines since 2014

Policy implications

- Strengthen the county strategic initiatives aimed at maintaining contraceptive use in the county.
- Strengthen the strategic initiatives for increasing stock levels in the facilities.
- Targeted interventions to sustain the high levels of ANC, skilled delivery and child health access

Program Implications

- Strengthen comprehensive contraceptive counselling
- Improve on access, equity, and quality of family planning services to meet the FP needs of all women in the reproductive age
- Address the issues hindering provision of IUD especially in public dispensaries
- Address the issues of stock-outs in the public health facilities
- Programs aimed at increasing postnatal care access



MINISTRY OF HEALTH



Thank you!



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