



PMA KENYA (KAKAMEGA)

COVID-19 results from recent surveys

November-December 2020

OVERALL KEY FINDINGS



91% of women reported their households experienced loss of income due to COVID-19 in the last 12 months.



Fear of COVID-19 at the health facility was the primary difficulty in accessing any health services.

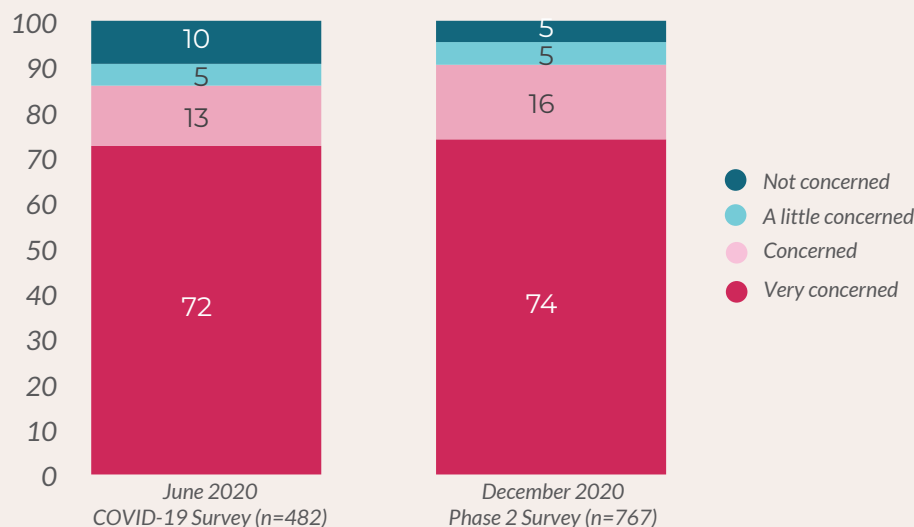


4% of facilities closed during COVID-19 restrictions when they would have otherwise been open.

SECTION 1: CONCERN ABOUT COVID-19

CONCERN ABOUT GETTING COVID-19

Percentage of women who are concerned about getting COVID-19



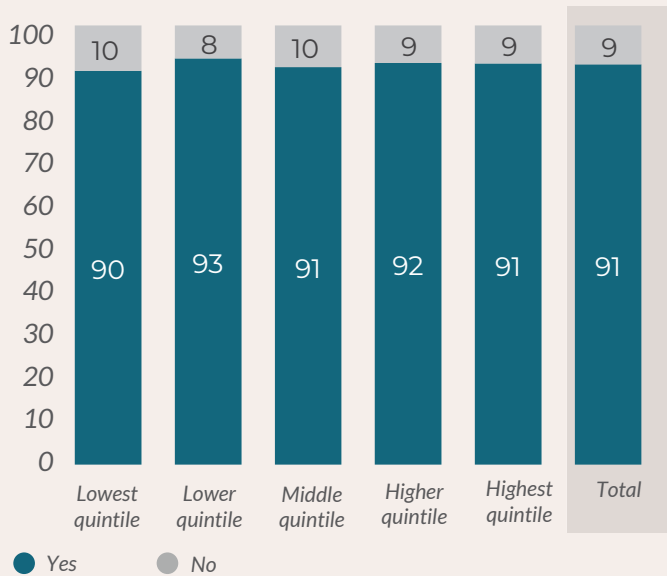
KEY FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19

- 95% of women age 15-49 are concerned about getting COVID-19.

SECTION 2: ECONOMIC IMPACT OF COVID-19

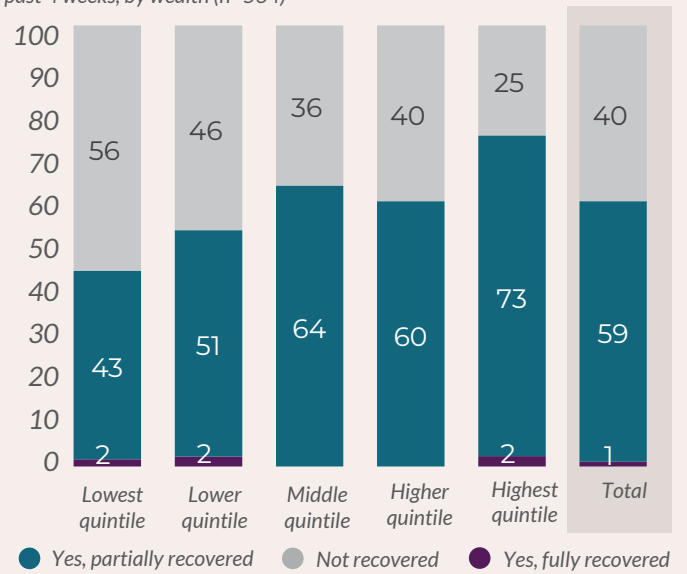
HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth (n=626)



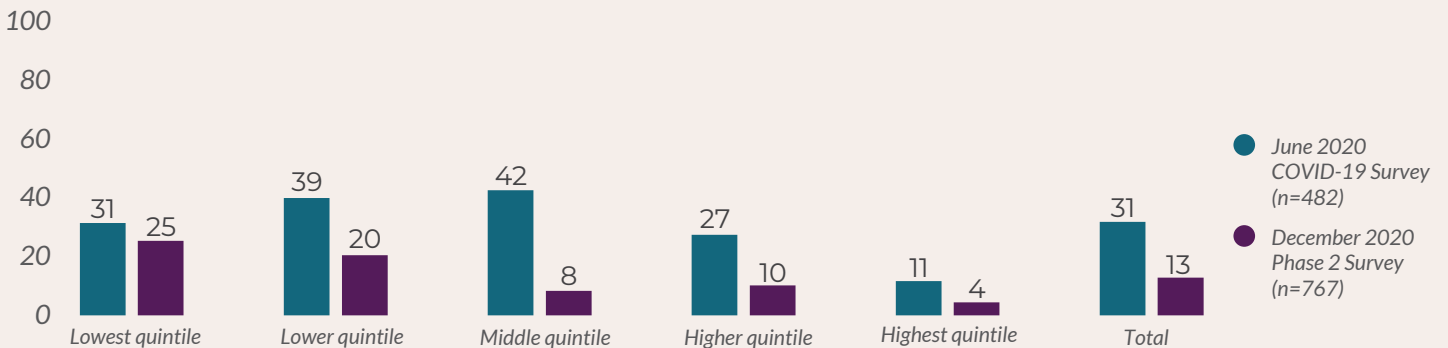
HOUSEHOLD INCOME RECOVERY

Among women living in households that reported complete or partial income loss in the past 12 months, the percent distribution of recovery status within the past 4 weeks, by wealth (n=564)



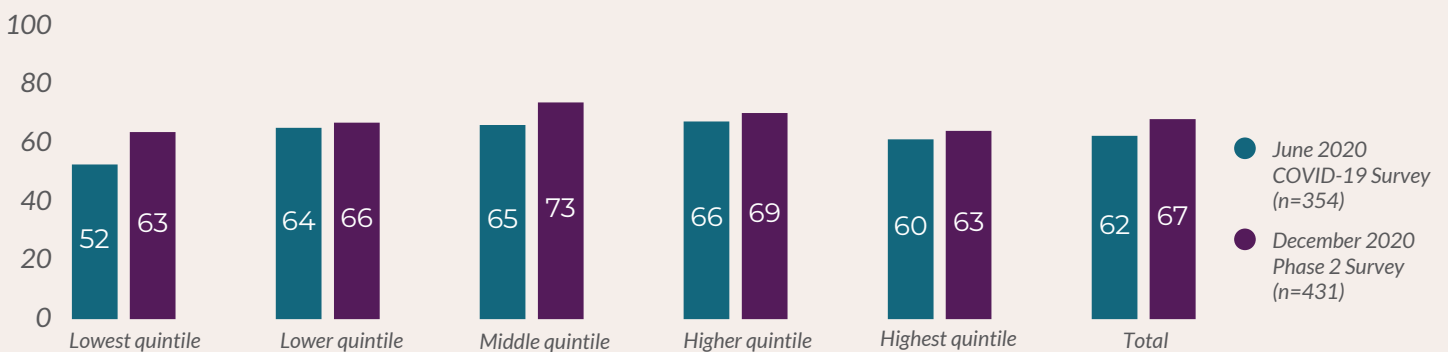
FOOD INSECURITY

Percentage of women who reported that at least one member of their household went without food recently, by wealth



ECONOMIC RELIANCE

Percentage of currently married women who are economically reliant on their husband, by wealth



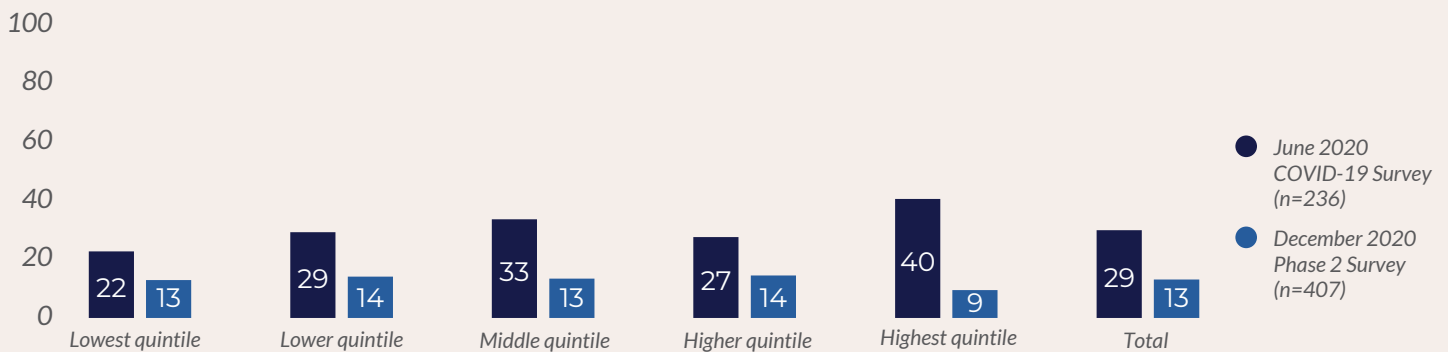
KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- 91% of women reported their households experienced loss of income due to COVID-19 in the last 12 months.
- Women living in households in the lowest wealth quintile were the least likely to report a recover in household income within the past 4 weeks.
- Though household food insecurity decreased by **more than 50%** overall, households from the lowest and lower wealth quintile currently experience more insecurity than wealthier households.

SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

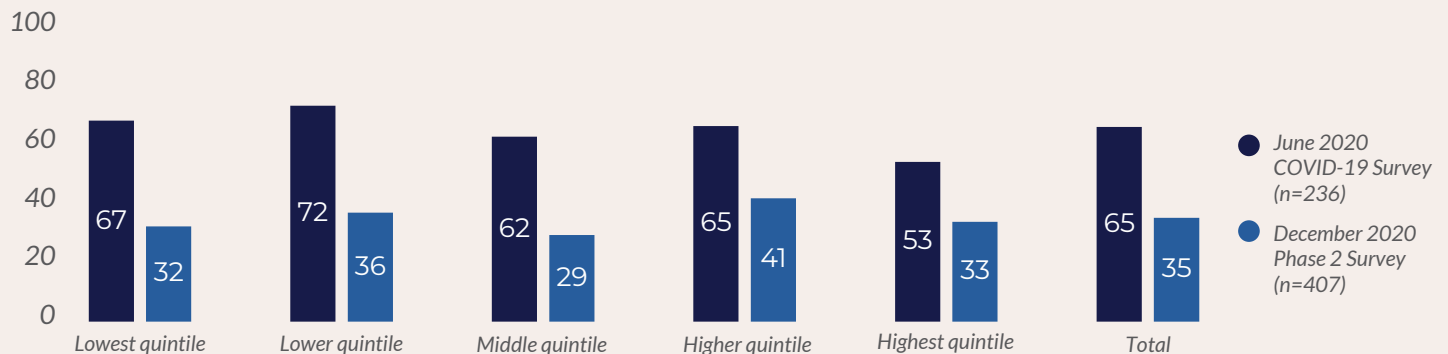
WANT TO VISIT HEALTH FACILITY

Among women who wanted to visit a health facility, the percentage that went for FP, by wealth



DIFFICULTY ACCESSING HEALTH FACILITY

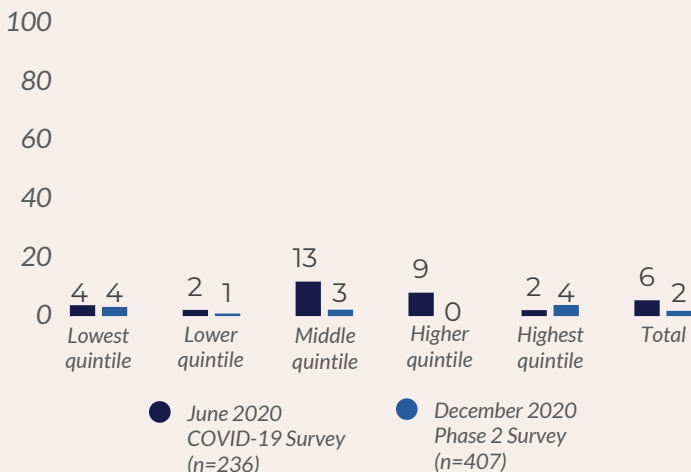
Among women who wanted to visit a health facility recently, the percentage who reported any difficulties in access, by wealth



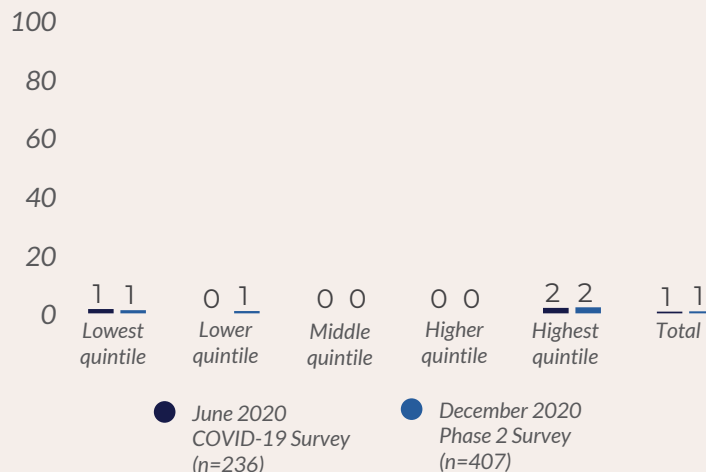
REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

Among women who wanted to visit a health facility recently and reported any difficulty in access, the percentage who reported the following difficulties (multiple responses allowed), by wealth

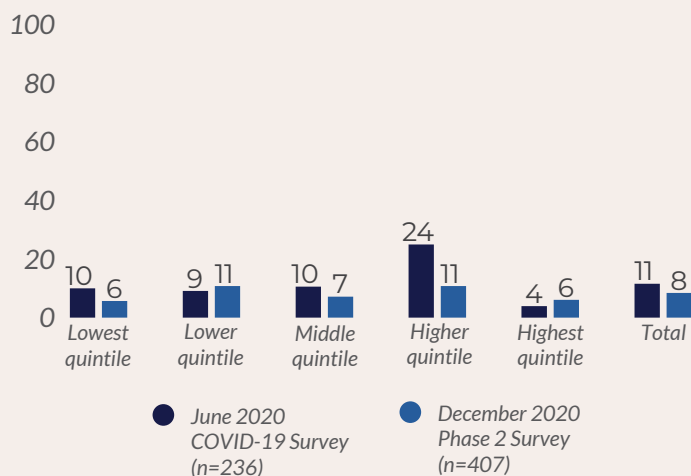
Facility closed



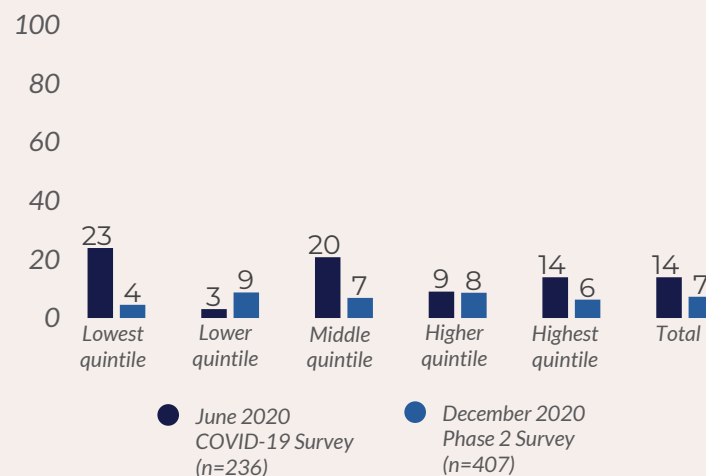
Partner does not approve



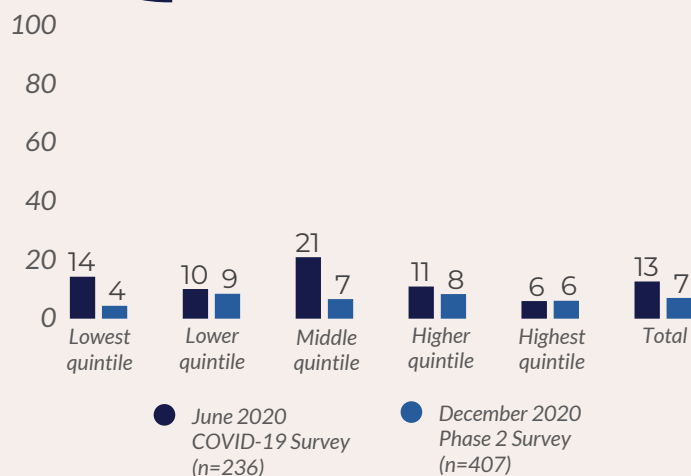
Lack of transportation



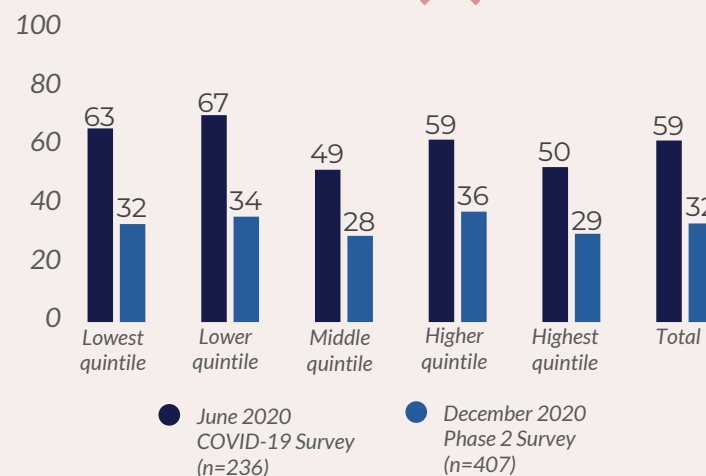
Government restrictions on movement



Cost

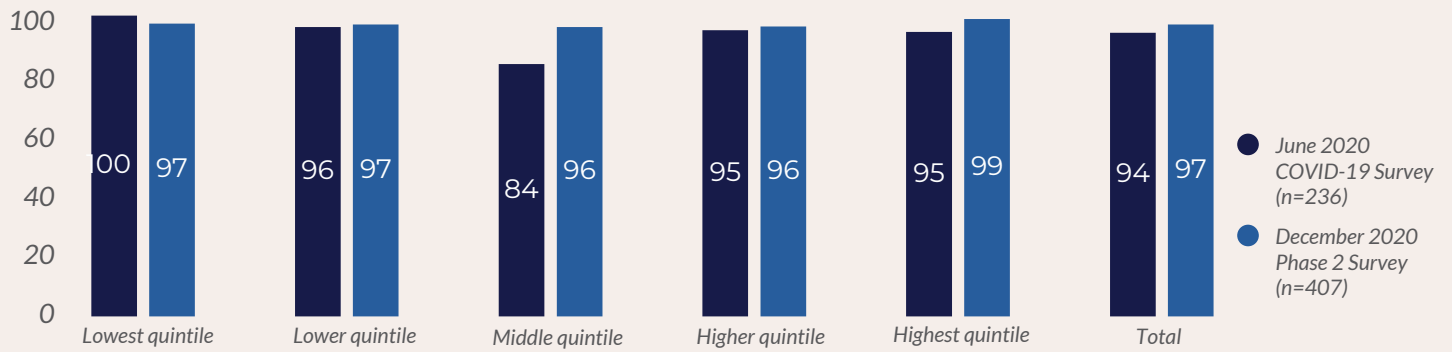


Fear of COVID-19 at facility



SUCCESS IN ACCESSING HEALTH SERVICES

Among women who wanted to visit a health facility recently, the percentage who were able to access those services, by wealth



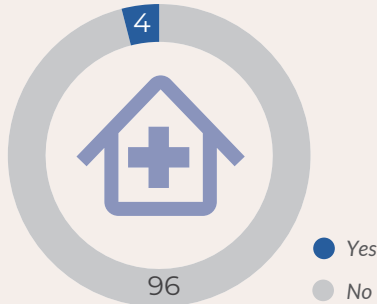
KEY FINDINGS FOR SECTION 3: FAMILY PLANNING AND HEALTH SERVICE ACCESS BARRIERS

- Women seeking family planning services from the facilities decreased by more than half from 29% in June 2020 to 13% in December 2020.
- Fear of COVID-19 at the health facility was cited as the main barrier in accessing health facilities.
- 97% of the women who wanted to visit a health facility were successful in accessing health services in December 2020.

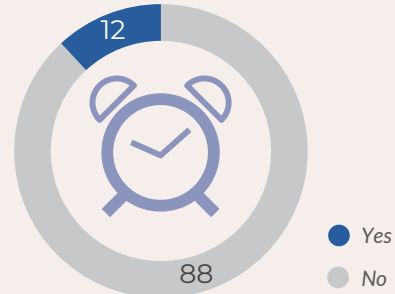
SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

IMPACT ON HEALTH AND FP SERVICES DURING COVID-19 RESTRICTIONS

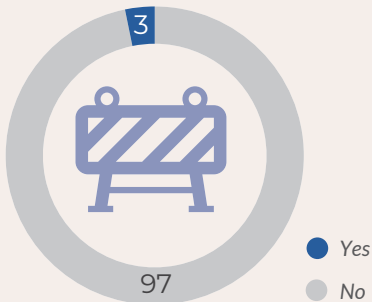
Percentage of facilities that closed during the COVID-19 restrictions when they would have otherwise been open (n=101)



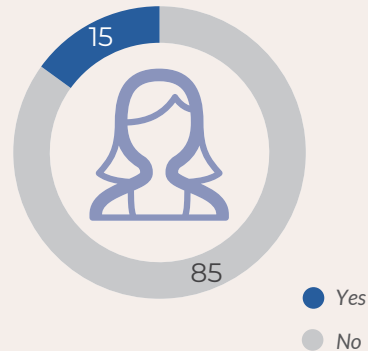
Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=101)



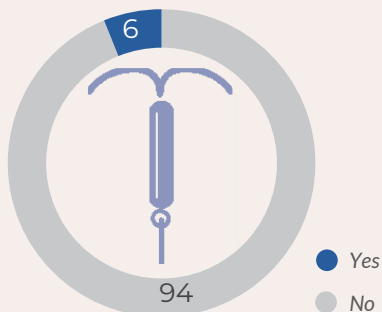
Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=100)



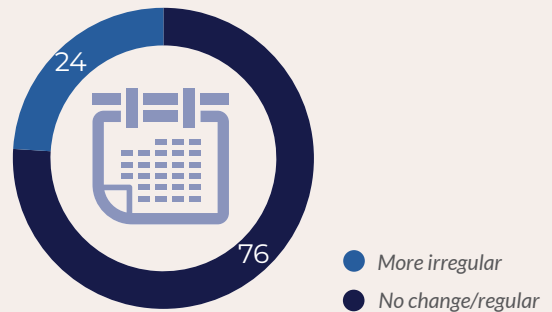
Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=100)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=99)



Among facilities offering FP services, the percentage distribution of FP method supplies during the COVID-19 restrictions (n=100)



KEY FINDINGS FOR SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

- 15% of the facilities offering family planning reported personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions.
- More than 2 out of 10 facilities offering FP services reported more irregular supply of FP commodities during COVID-19 restrictions.
- Only 4% of the facilities closed during COVID-19 restrictions when they would have otherwise been open.

PMA Kenya (Kakamega) collects information on knowledge, practice and coverage of family planning services in 25 enumeration areas selected using multi-stage stratified cluster design with urban-rural strata. The results are county-level representative. Phase 2 data were collected between November and December 2020 from 792 households (98.8% response rate), 767 females age 15-49 (99.5% response rate), and 101 facilities (97.1% completion rate). For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

The COVID-19 phone survey was conducted in Kakamega county among females age 15-49 in June 2020 and who consented to a phone follow-up and owned or had access to a phone at the time of the PMA Phase 1 survey (conducted November-December 2019). Of the 528 (71.9%) eligible respondents, 7.0% were not reached. Of those reached, 98.2% completed the survey for a response rate of 91.3% among contacted women.

In the COVID-19 phone survey, women were asked about events since the COVID-19 restrictions were implemented. For the Phase 2 survey, women were asked about events in the past 4 weeks. This brief displays the results from both surveys.

Percentages presented in this brief have been rounded and may not add up to 100%.

PMA uses mobile technology and female resident data collectors to support rapid-turnaround surveys to monitor key family planning and health indicators in Africa and Asia. PMA Kenya is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRHK), National Council for Population and Development, and Kenya National Bureau of Statistics. Overall direction and support are provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins University and Jhpiego. Funding is provided by the Bill & Melinda Gates Foundation.

Link to questionnaire and PMA COVID-19 website: <https://www.pmadata.org/technical-areas/covid-19>