

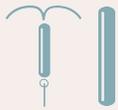


PMA KENYA (KILIFI)

COVID-19 results from recent surveys

December 2020

OVERALL KEY FINDINGS



The poorest women were more than 3 times likely to have stopped or interrupted their contraceptive method use due to the COVID-19 restrictions.



Among the currently married women, economic reliance on their husband remained high (more than 70%) in June and in December 2020.

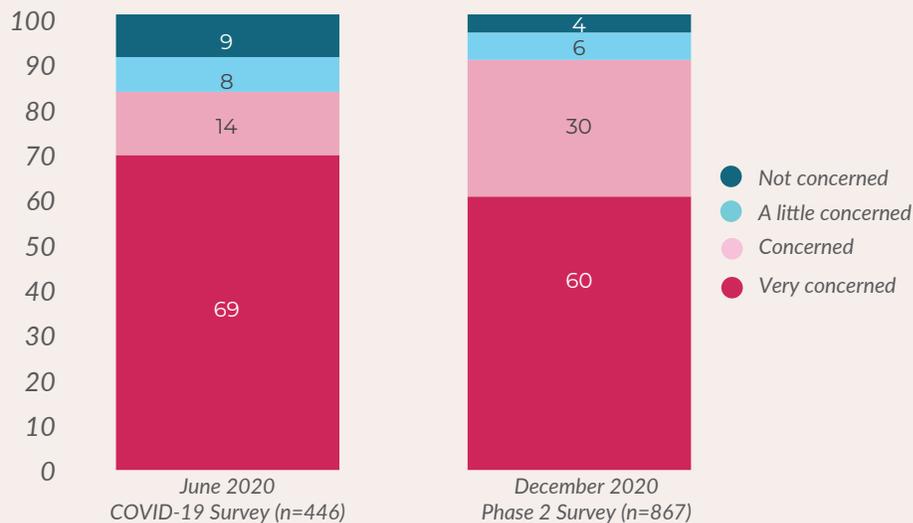


While no facility reported to have closed during the COVID-19 restrictions, about 5% reported to have suspended FP services.

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

- Though we observe decrease in those very concerned of getting COVID-19, about 90% were very concerned or concerned in December 2020, an increase from 83% in June 2020.

SECTION 2: ECONOMIC IMPACT OF COVID-19

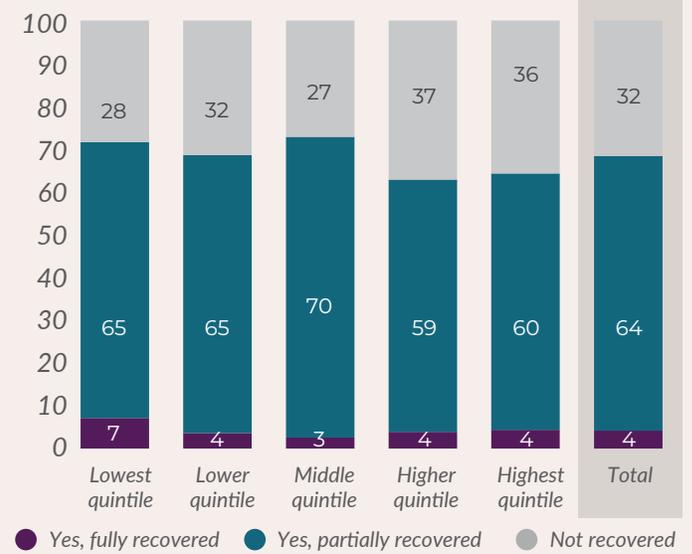
HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth (n=659)



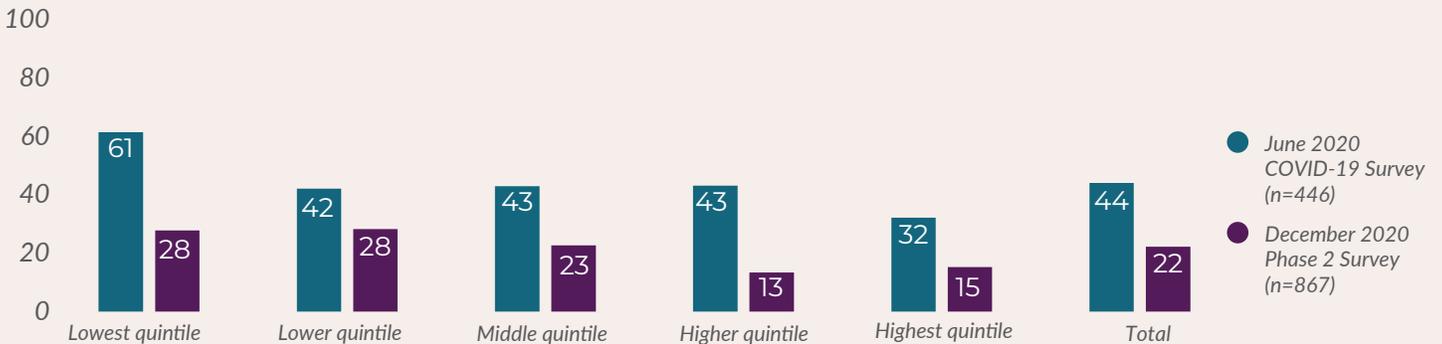
HOUSEHOLD INCOME RECOVERY

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=627)



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



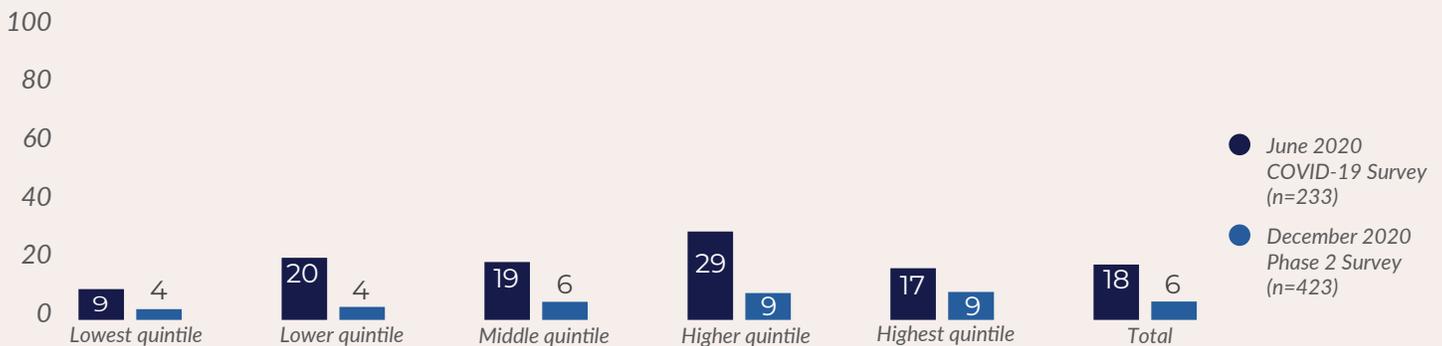
KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- Nearly all women reported that their household had experienced loss of income due to COVID-19 in the last 12 months, with 64% reporting partial recovery in the last 4 weeks.
- A substantial proportion of women (22%) reported that at least one member of their household went without food recently in December 2020, which is about half of the proportion reported in June 2020.
- Among currently married women, 75% reported that they are economically reliant on their husband with little variation by wealth quintile.

SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

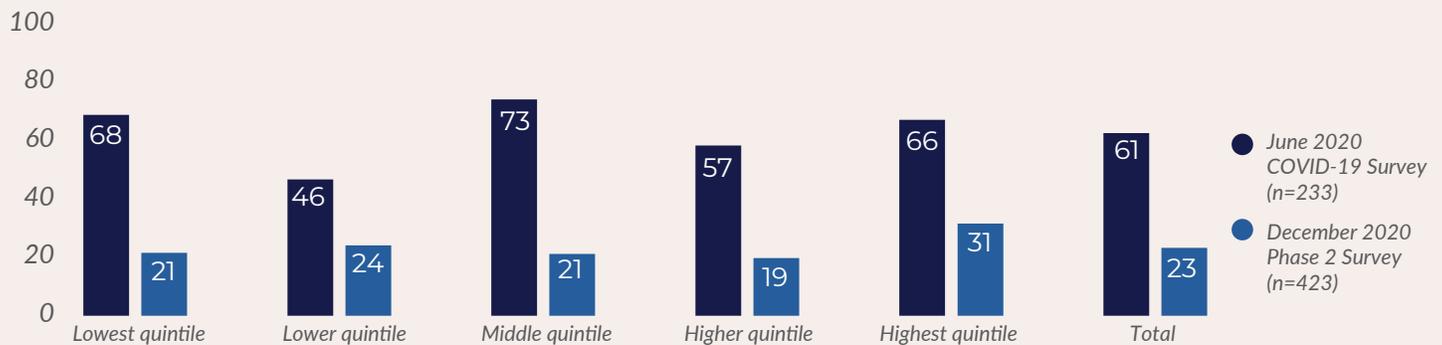
WANT TO VISIT HEALTH FACILITY

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



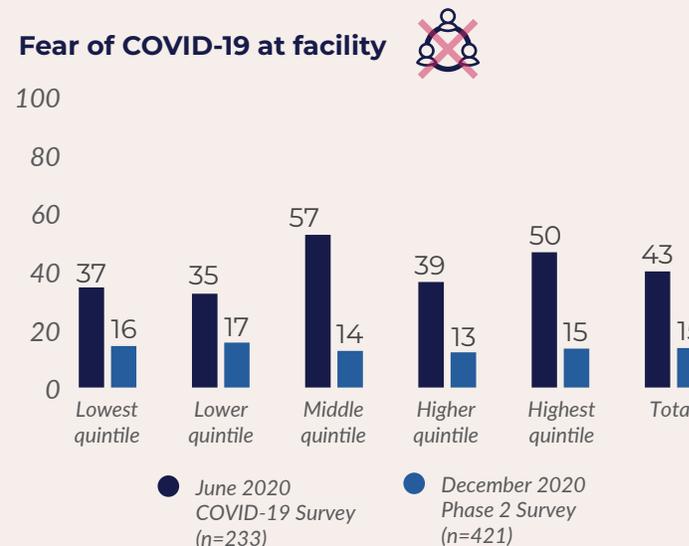
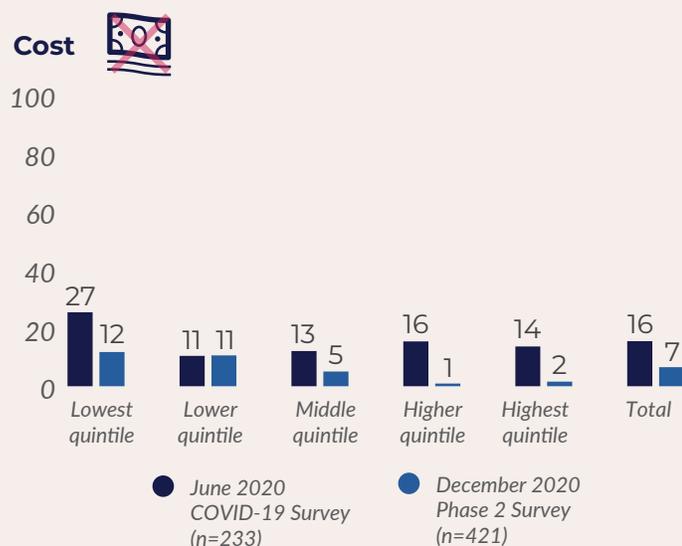
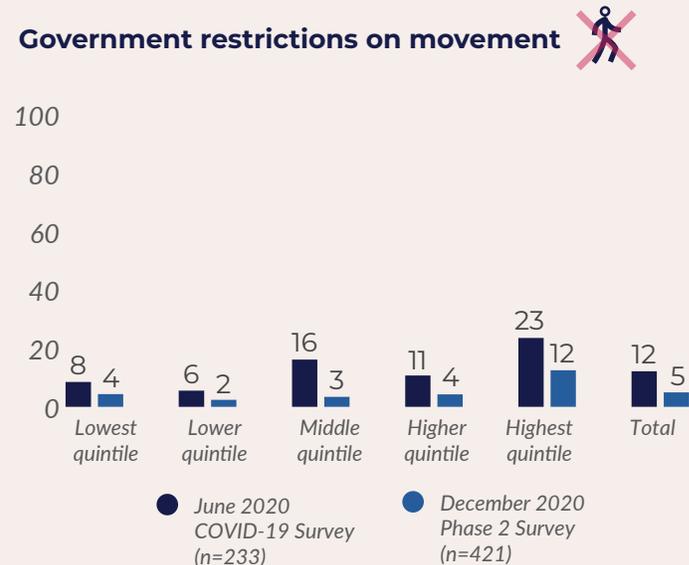
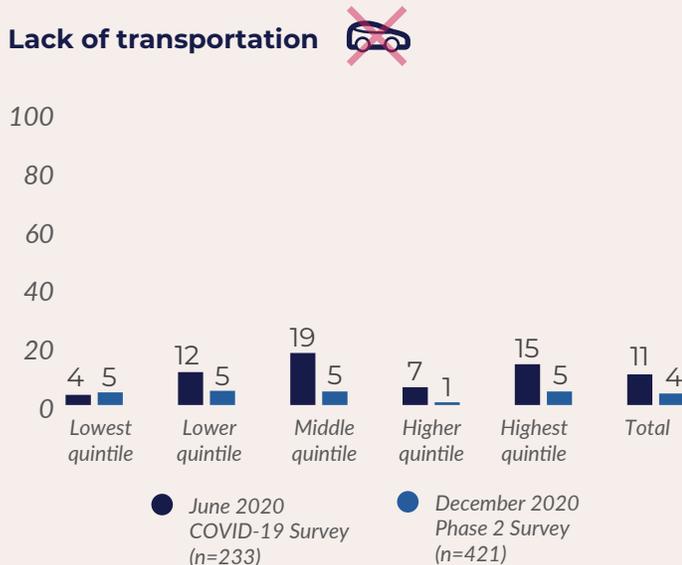
DIFFICULTY ACCESSING HEALTH FACILITY

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



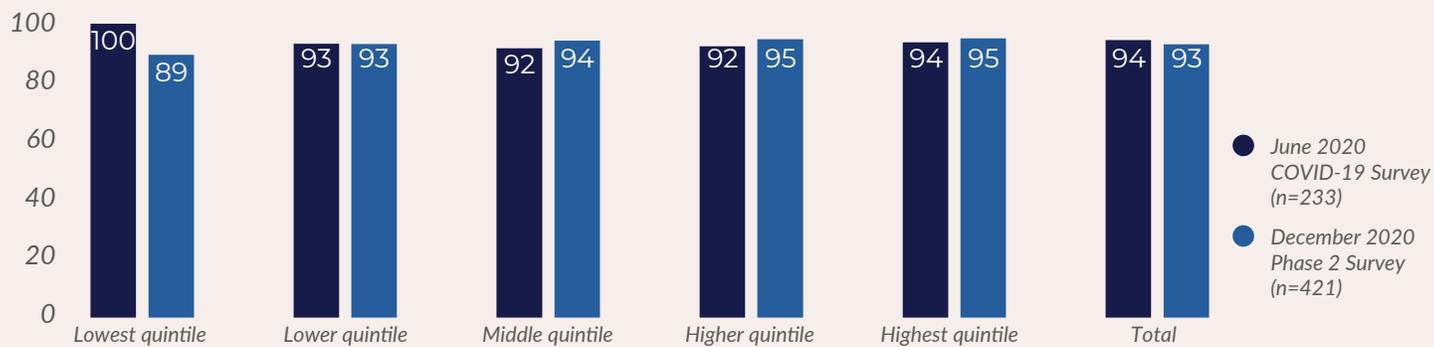
REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

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



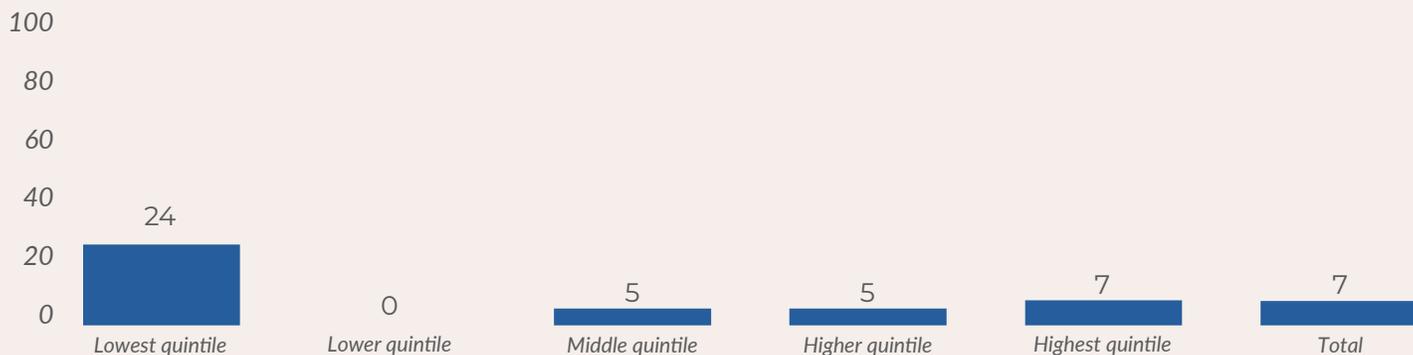
SUCCESS IN ACCESSING HEALTH SERVICES

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



FP INTERRUPTION DUE TO COVID-19

The percentage of women who stopped or interrupted their contraceptive method use due to the COVID-19 restrictions, by wealth (n=208)



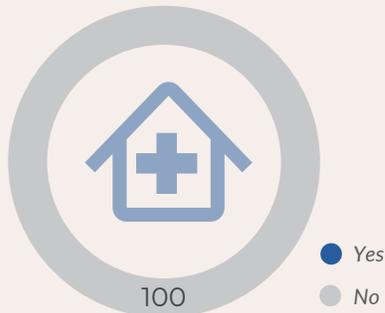
KEY FINDINGS FOR SECTION 3: FAMILY PLANNING AND HEALTH SERVICE ACCESS BARRIERS

- There was about 3-fold decrease in the proportion of women reporting difficulty in accessing health facility in December 2020 as compared to June 2020.
- Fear of COVID-19 at the health facility was the primary reason for difficulty in accessing any health services.
- About 7% of the women reported to have stopped or interrupted their contraceptive method use due to the COVID-19 restrictions, with 1 in 4 women from lowest quintile reporting interruptions.

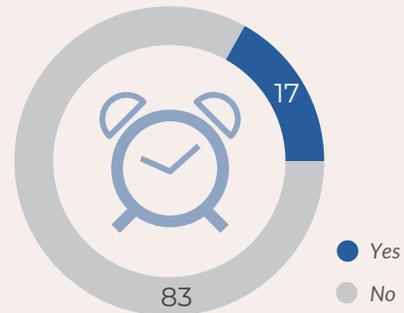
SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

IMPACT ON HEALTH AND FP SERVICES DURING COVID-19 RESTRICTIONS

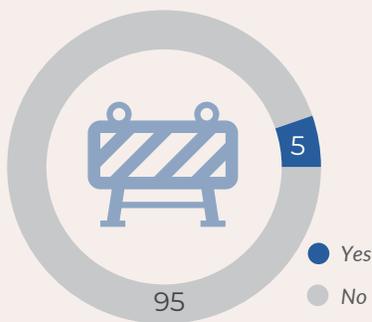
Percentage of facilities that closed during the COVID-19 restrictions when they would have otherwise been open (n=77)



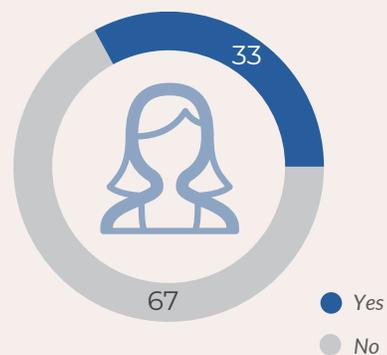
Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=77)



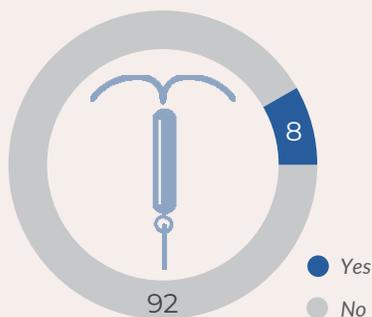
Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions (n=76)



Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=76)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=72)



Among facilities offering FP services, the percentage distribution of FP method supplies during the COVID-19 restrictions (n=76)



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

- While no facility reported to have closed during the COVID-19 restrictions, about 5% reported to have suspended FP services.
- About one third of the facilities offering family planning reported personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions.
- About 8% of the facilities offering FP reported to have had a period of time when provider-administered methods were not offered during COVID-19 restrictions.

PMA Kenya Kilifi 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 and region strata. The results are county-level representative. Phase 2 data were collected between November and December 2020 from 770 households (95.3% response rate), 867 females age 15-49 (97.2% response rate), and 77 facilities (86.5% completion rate). For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

The COVID-19 phone survey was conducted in Kilifi 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 494 (53.9%) eligible respondents, 9.7% were not reached. Of those reached, 100% completed the survey for a response rate of 90.3% 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>.