



PMA KENYA (NAIROBI)

COVID-19 results from recent surveys

November-December 2020

OVERALL KEY FINDINGS



The vast majority, **96%** of women reported that their household experienced loss of income due to COVID-19 restrictions in the last 12 months.



Among women whose households experienced income loss in the past 12 months, **41%** reported no recovery with only **3%** reporting full recovery.

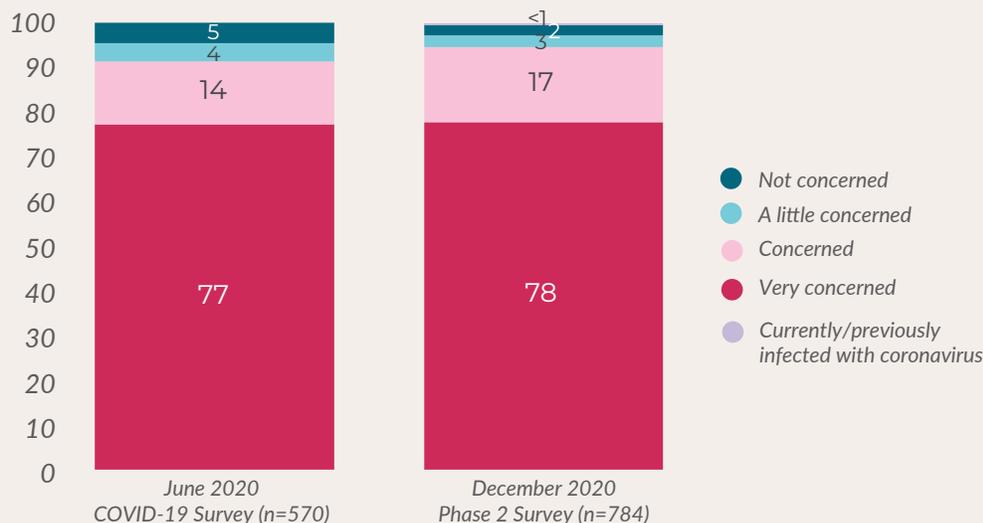


Among women who wanted to visit a health facility, **89%** were able to access the services.

SECTION 1: CONCERN ABOUT COVID-19

CONCERN ABOUT GETTING COVID-19

Percentage of women who are concerned about getting COVID-19



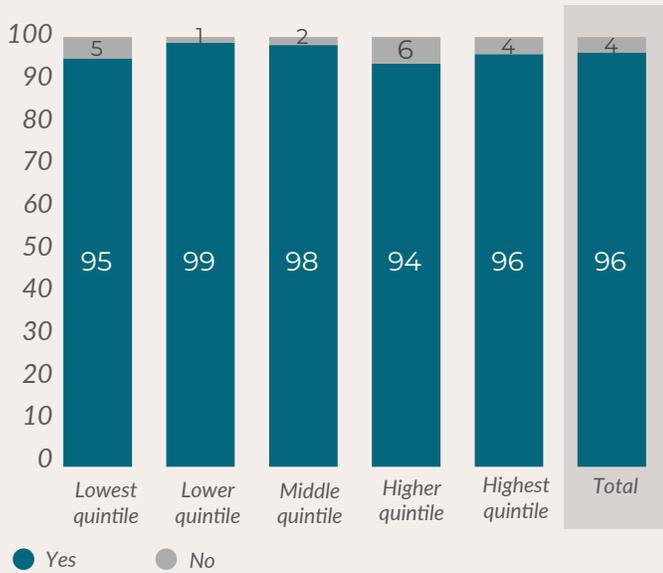
KEY FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19

- The vast majority of women (95%) are still concerned about getting COVID-19.

SECTION 2: ECONOMIC IMPACT OF COVID-19

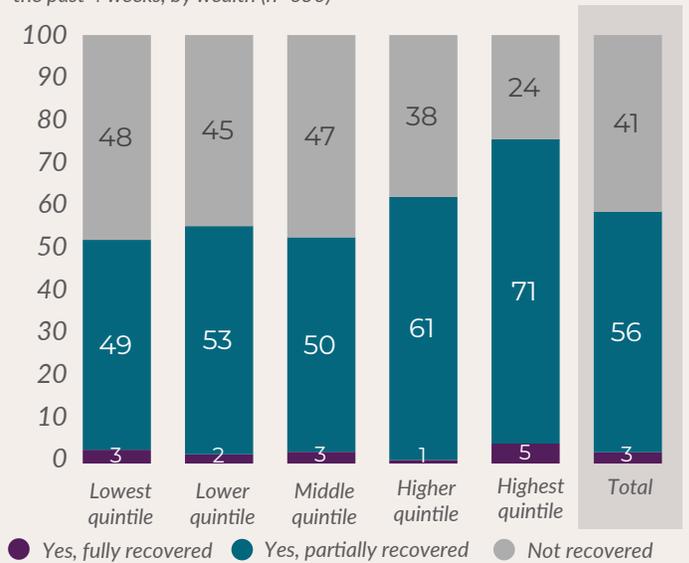
HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth (n=654)



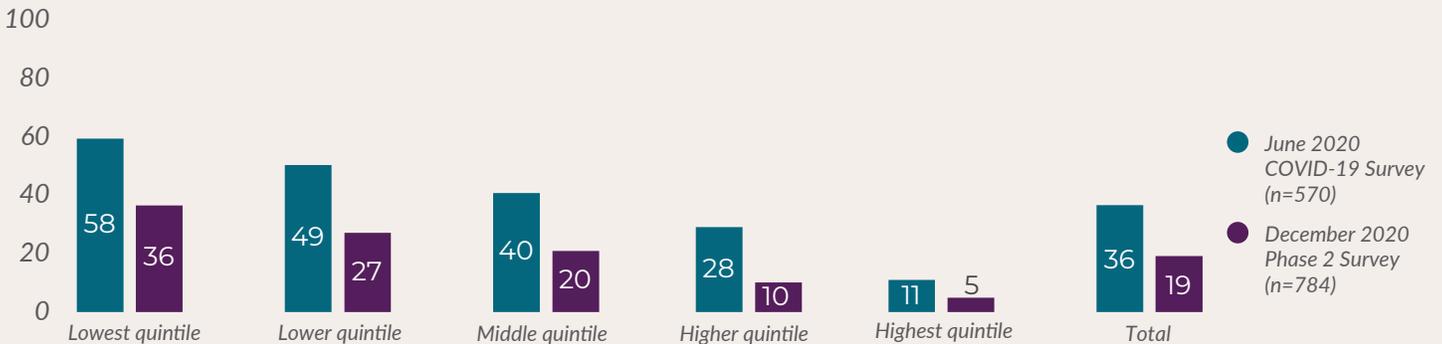
HOUSEHOLD INCOME RECOVERY

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=630)



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

- More than 9 in 10 women reported that their households experienced loss of income due to COVID-19 in the last 12 months.
- Among women living in households that reported income loss, 41% reported no recovery in the past 4 weeks with only 3% reporting recovered full recovery.
- Though household food insecurity reduced, differences in food insecurity by wealth are evident.

SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

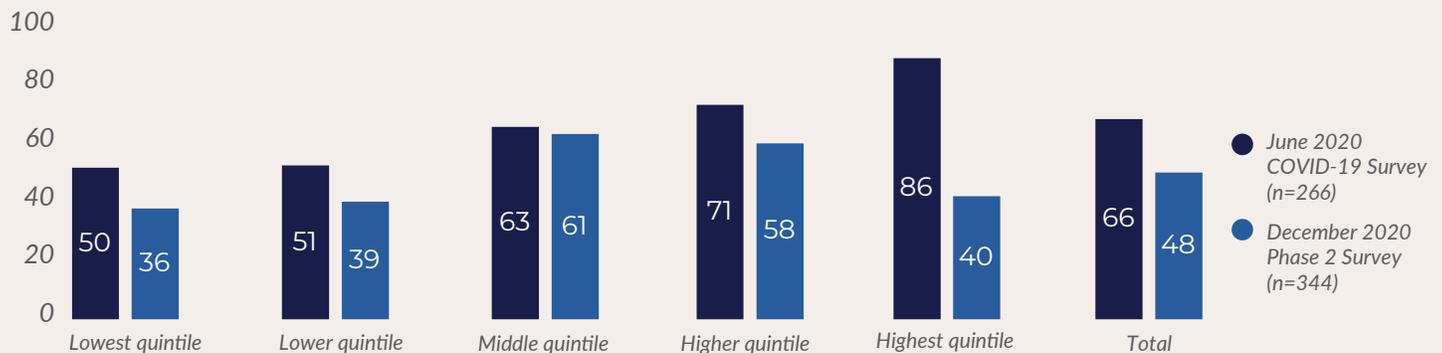
WANT TO VISIT HEALTH FACILITY

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



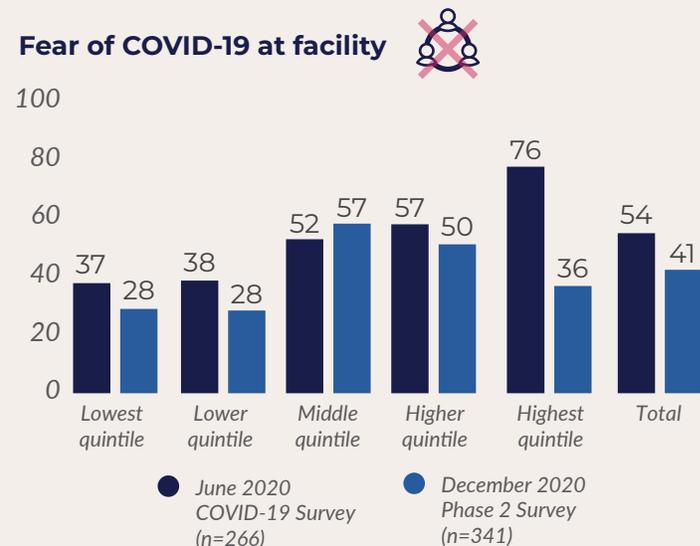
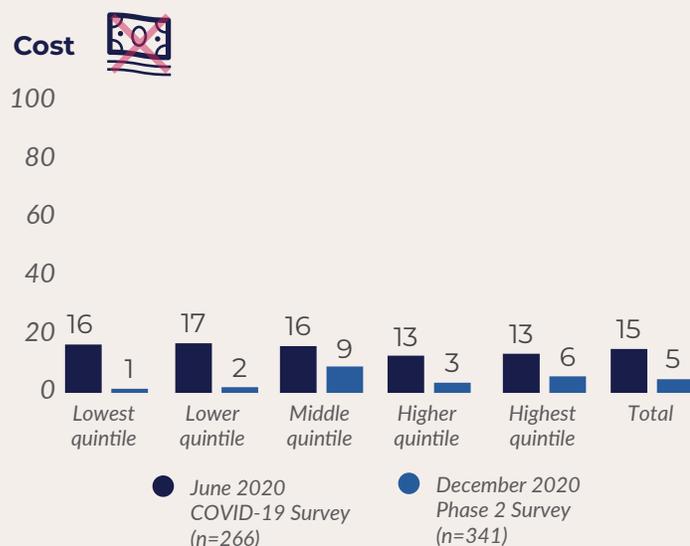
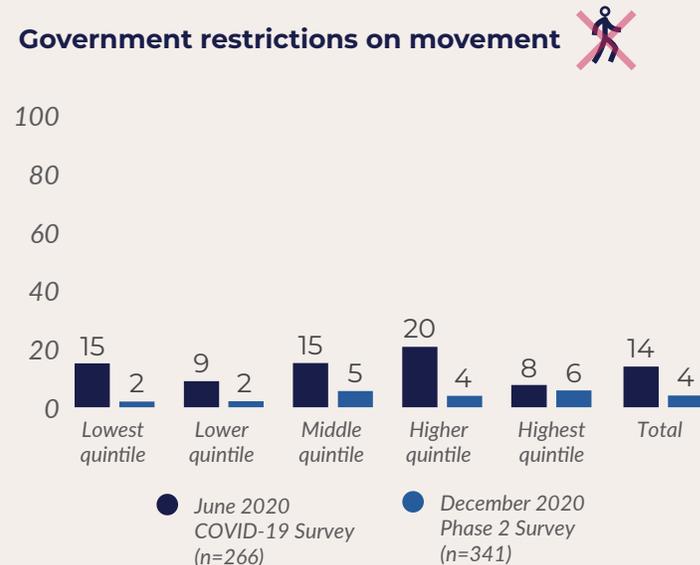
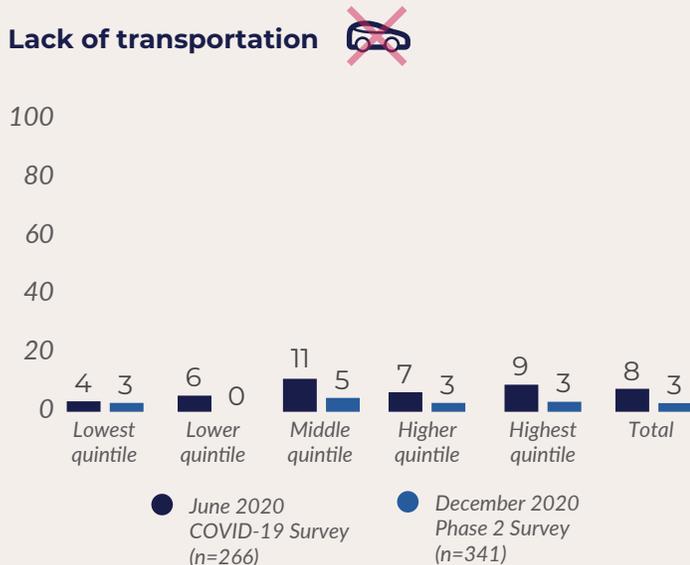
DIFFICULTY ACCESSING HEALTH FACILITY

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



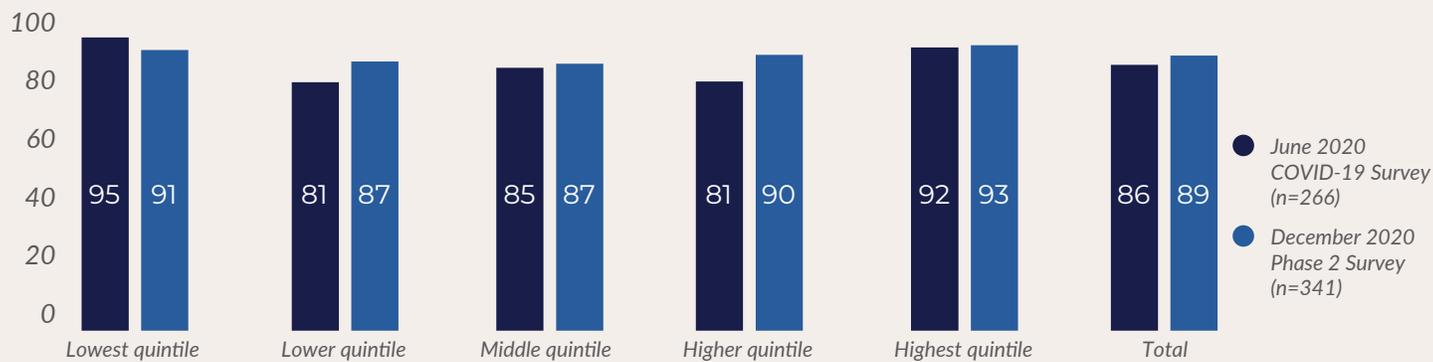
REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

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



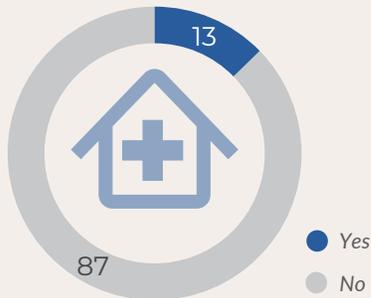
KEY FINDINGS FOR SECTION 3: FAMILY PLANNING AND HEALTH SERVICE ACCESS BARRIERS

- The proportion of women who wanted to visit a health facility for family planning declined from 29% in June 2021 to 14% in December.
- Among women who wanted to visit a health facility, fewer reported difficulties in access in December (48%) compared to June (66%).
- Fear of being infected with COVID at the health facility was the primary challenge in accessing any health services during the two periods.

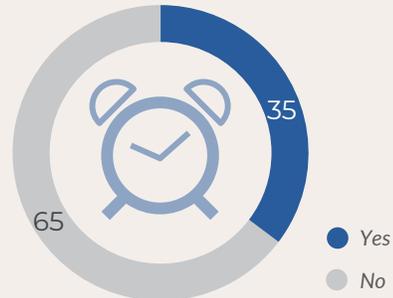
SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

IMPACT ON HEALTH AND FP SERVICES DURING COVID-19 RESTRICTIONS

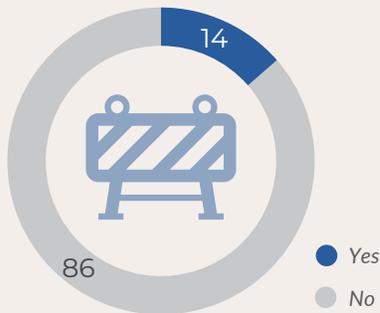
Percentage of facilities that closed during the COVID-19 restrictions when they would have otherwise been open (n=68)



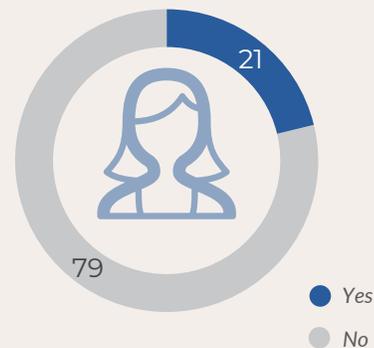
Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=68)



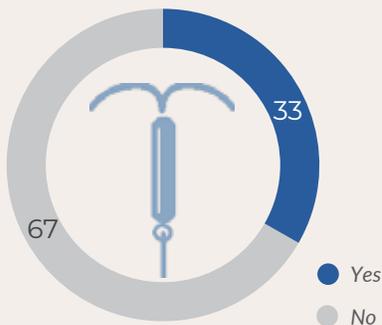
Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions (n=66)



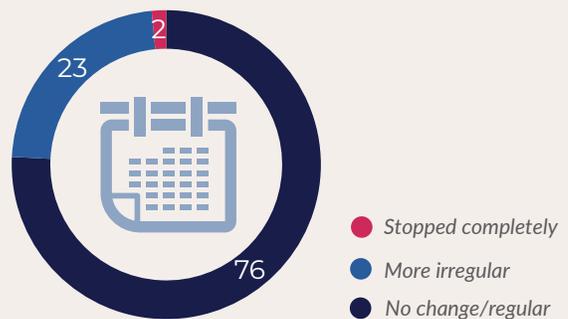
Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=66)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=54)



Among facilities offering FP services, the percentage distribution of FP method supplies during the COVID-19 restrictions (n=66)



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

- 13% of the health facilities closed during the COVID-19 restrictions when they would have otherwise been open.
- Among facilities offering FP, 35% of facilities reported reduction in hours of operations, and 21% reported personnel being reassigned from FP services due to COVID-19 related duties.
- Among facilities offering FP, 23% reported more irregular supply of FP commodities during COVID-19 restrictions.

PMA Kenya (Nairobi) collects information on knowledge, practice and coverage of family planning services in 32 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 952 households (93.2% response rate), 784 females age 15-49 (98.3% response rate), and 68 facilities (86.1% completion rate). For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

The COVID-19 phone survey was conducted in Nairobi 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 625 (73.2%) eligible respondents, 6.1% were not reached. Of those reached, 97.6% completed the survey for a response rate of 91.7% 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>.