



PMA KENYA (WEST POKOT)

COVID-19 results from recent surveys

November-December 2020

OVERALL KEY FINDINGS



87% of women reported their households experienced loss of income due to COVID-19 restrictions in the last 12 months.



Though **43%** of respondents reported fear of COVID-19 at the facility as a difficulty in access health services, **80%** successfully accessed needed services.

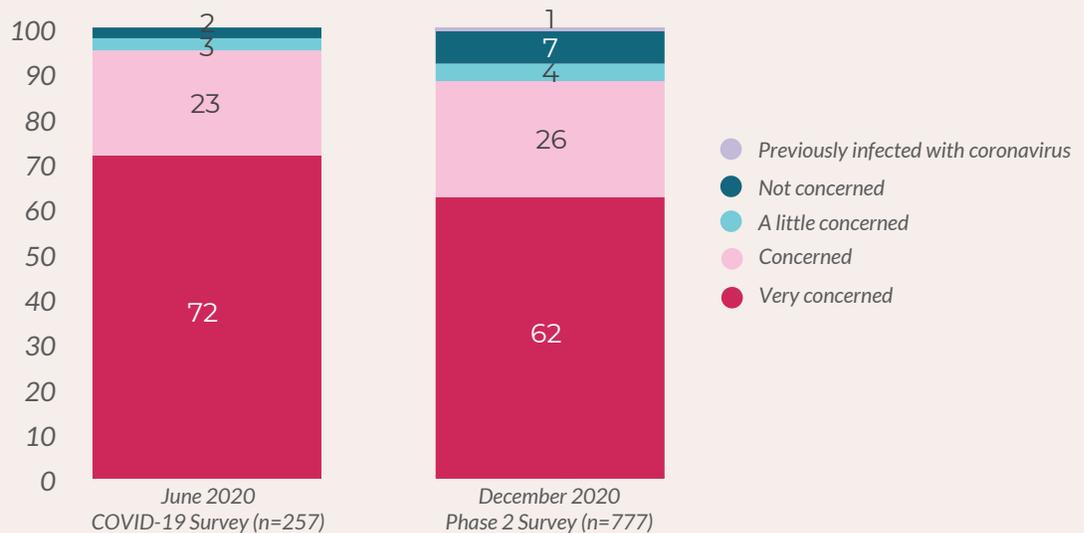


Only **4%** of facilities closed during COVID-19 restrictions when they would have otherwise been open.

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

• Though there is a slight decrease between June and December 2020, over 88% of women age 15-49 remain concerned about getting COVID-19.

SECTION 2: ECONOMIC IMPACT OF COVID-19

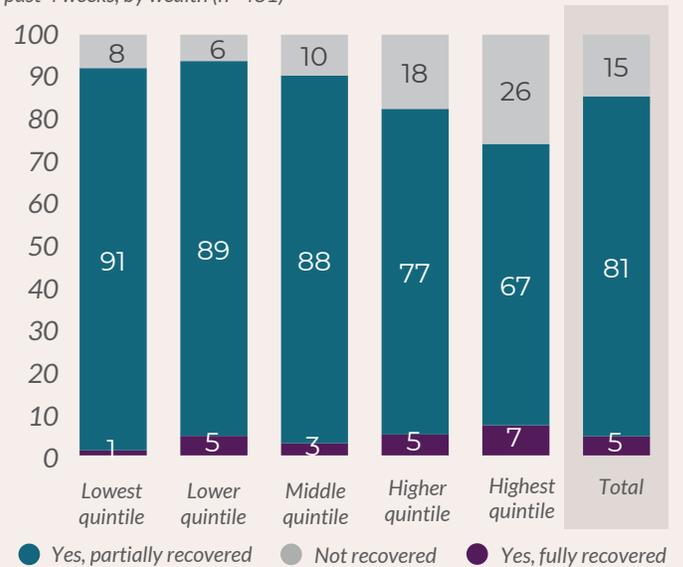
HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth (n=490)



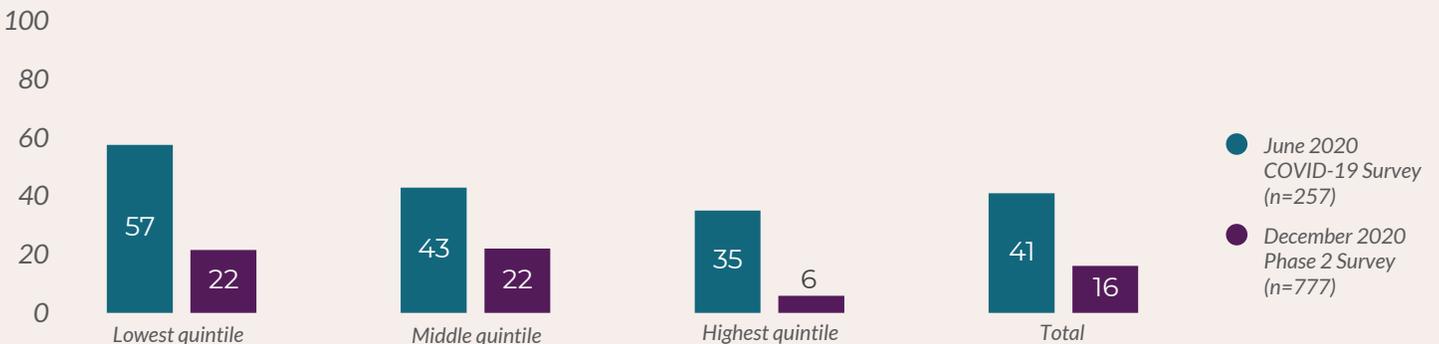
HOUSEHOLD INCOME RECOVERY

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=431)



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



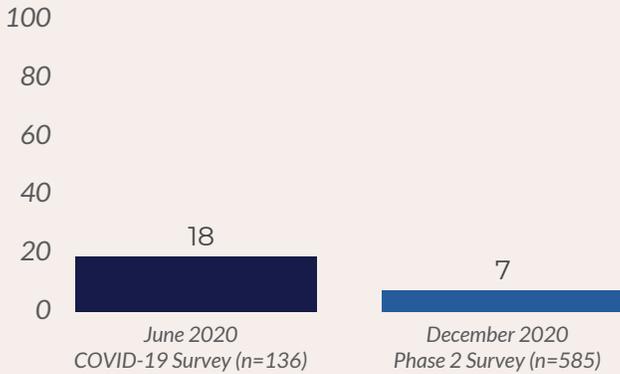
KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- Overall, **87%** of women reported that their households lost income due to COVID-19 restrictions in the past 12 months with only **5%** reporting to have fully recovered within the past 4 weeks.
- Household food insecurity reduced, with only **16%** of women reporting that at least one member of their household went without food in December 2020, compared to **41%** in June 2020.
- **Nearly half** of currently married women are economically reliant on their husbands.

SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

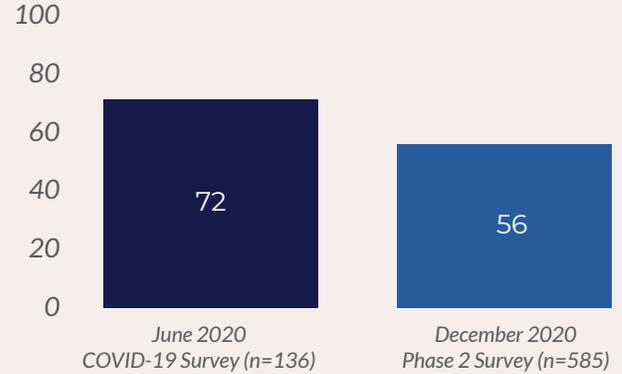
WANT TO VISIT HEALTH FACILITY

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



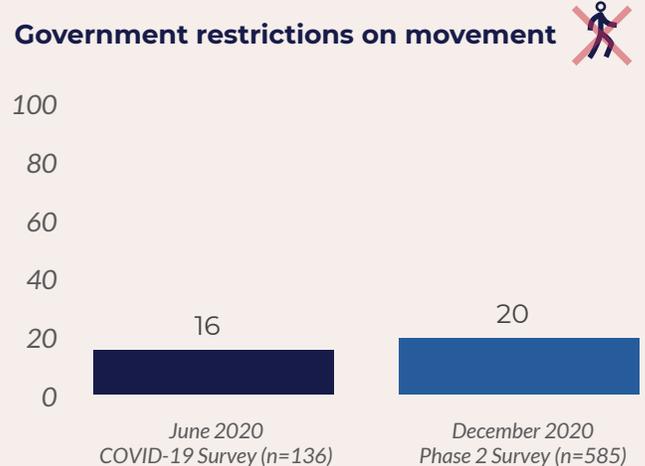
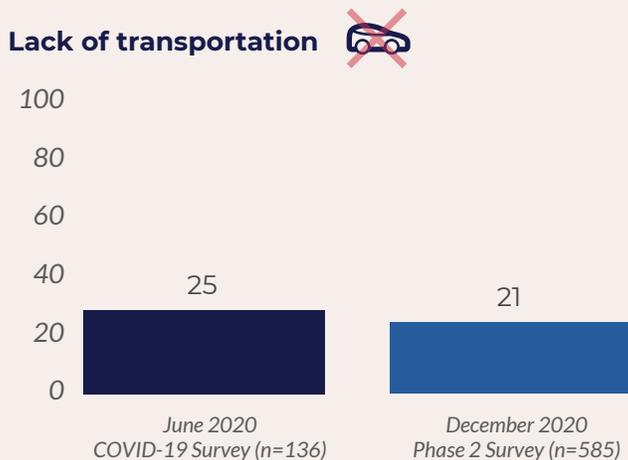
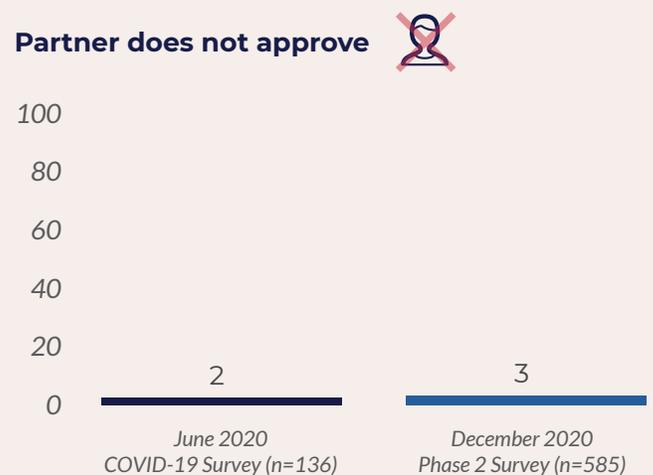
DIFFICULTY ACCESSING HEALTH FACILITY

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

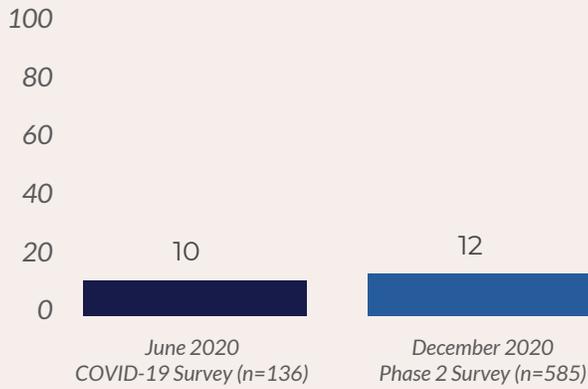


REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

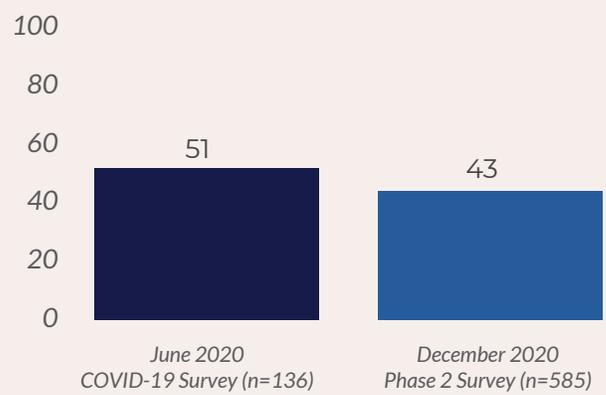
Among women who wanted to visit a health facility recently and reported any difficulty in access, the percentage who reported the following difficulties (multiple responses allowed)



Cost

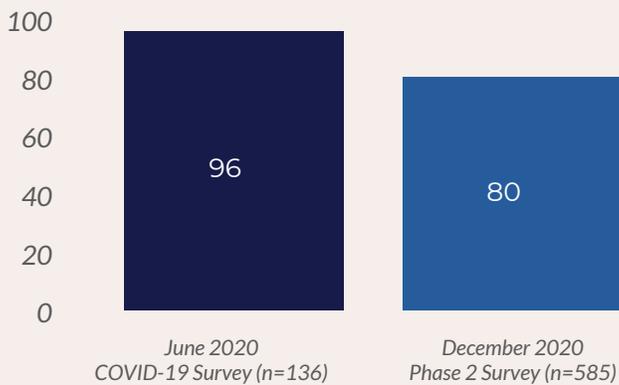


Fear of COVID-19 at facility



SUCCESS IN ACCESSING HEALTH SERVICES

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



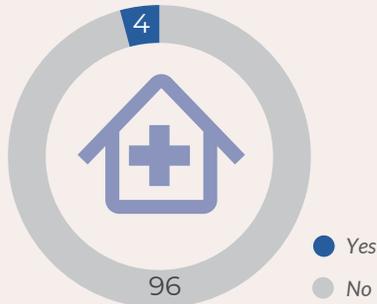
KEY FINDINGS FOR SECTION 3: FAMILY PLANNING AND HEALTH SERVICE ACCESS BARRIERS

- The proportion of women who wanted to visit a health facility for family planning slightly reduced from 18% in June 2020 to 7% in December 2020.
- Fewer women reported difficulty in accessing health facilities from 72% in June 2020 to 56% in December 2020.
- Fear of COVID-19 at the health facility was the primary difficulty reported in accessing any health services.

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=72)



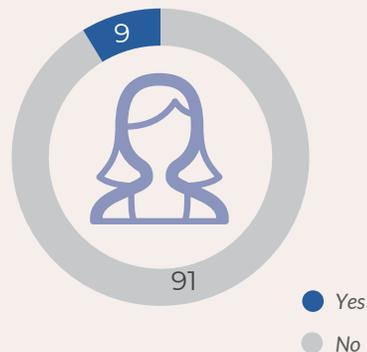
Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=72)



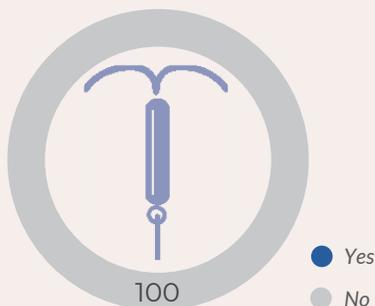
Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions (n=69)



Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=69)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=67)



Among facilities offering FP services, the percentage with regular or irregular method supply during COVID-19 restrictions (n=69)



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

- Fewer than 10% of the facilities reported closure, suspension of FP services, or reassignment of staff to COVID-19 duties during the COVID-19 restrictions.
- 10% of the facilities offering FP services reported more irregular supply of FP commodities during COVID-19 restrictions.
- Among facilities offering FP, 100% of the facilities reported being able to offer provider-administered methods during COVID-19 restrictions.

PMA Kenya (West Pokot) 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 797 households (98.2% response rate), 777 females age 15-49 (99.7% response rate), and 72 facilities (94.7% completion rate). For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

The COVID-19 phone survey was conducted in West Pokot 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 279 (34%) eligible respondents, 7.2% were not reached. Of those reached, 99.2% completed the survey for a response rate of 92.1% 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>