



# PMA KENYA (NANDI)

COVID-19 results from recent surveys

December 2020

## OVERALL KEY FINDINGS



94% of the women reported their households experienced loss of income due to COVID-19 restrictions in the last 12 months.



Among women who wanted to visit a health facility, 98% were able to access the services.

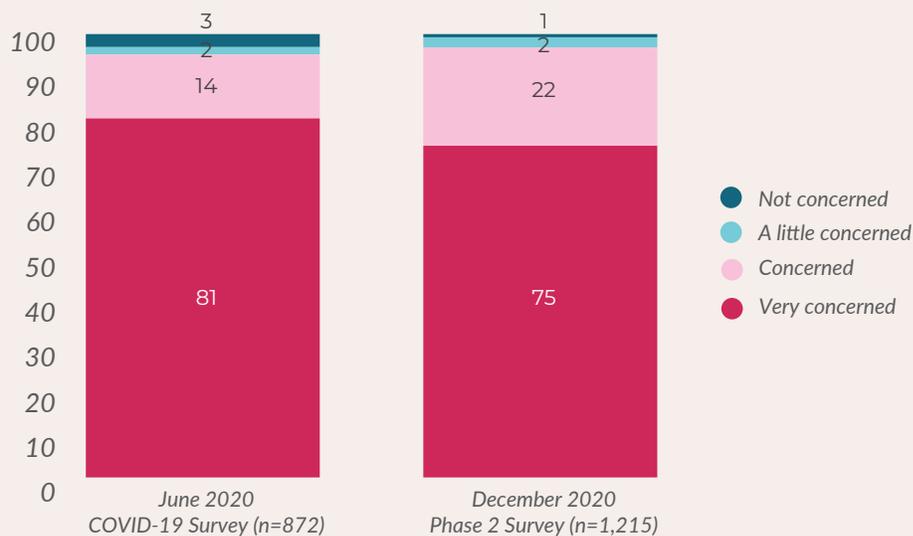


Only 2% of facilities closed during COVID-19 restrictions when they would have otherwise been open.

## 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

- More women, 81%, were very concerned about getting COVID-19 in June 2020 compared to 75% in December 2020.

## SECTION 2: ECONOMIC IMPACT OF COVID-19

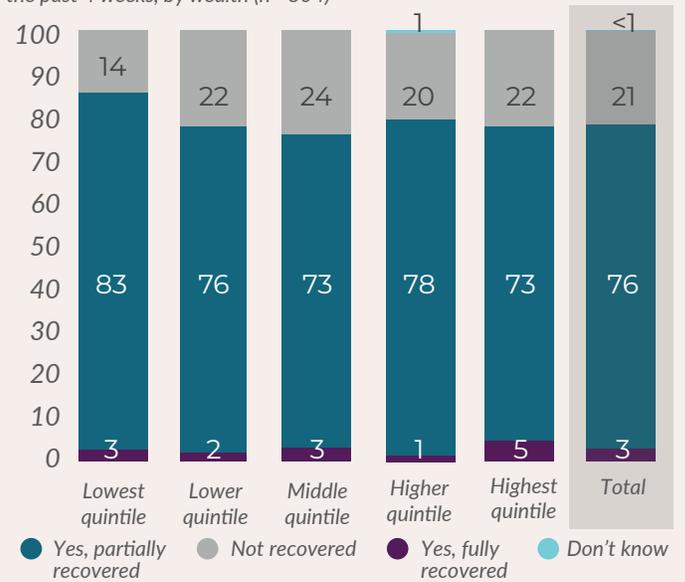
### HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth (n= 856)



### 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= 804)



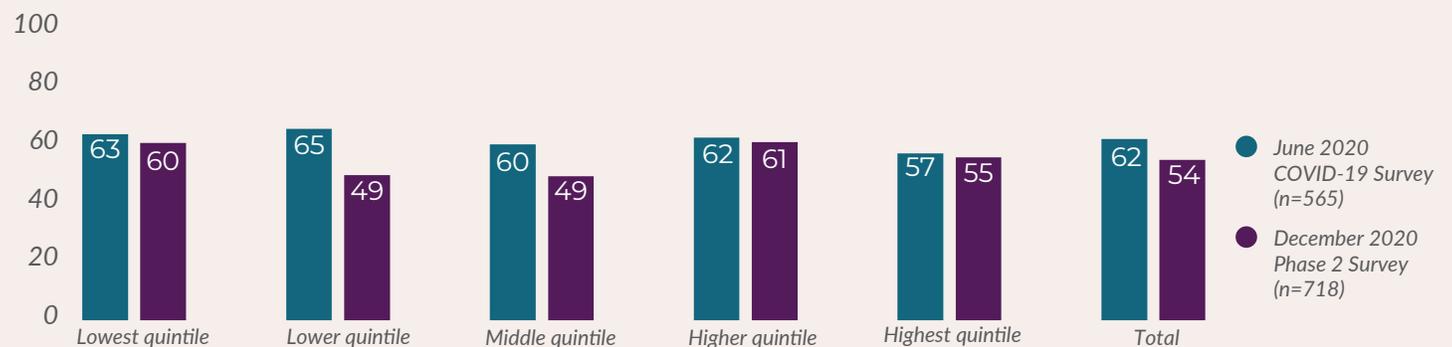
### FOOD INSECURITY

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



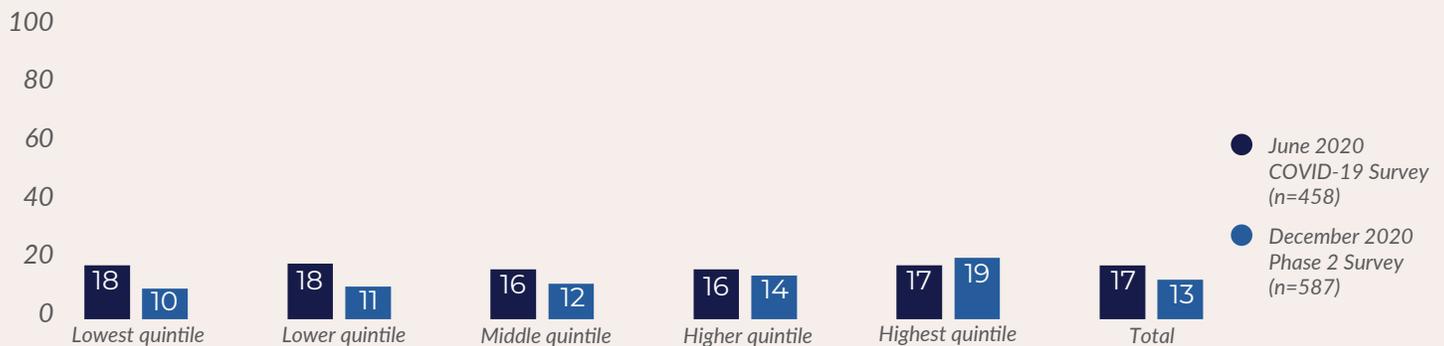
## KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- 9 in 10 women reported their households had experienced loss of income due to COVID-19 in the last 12 months.
- Among women living in households that reported income loss, 21% reported no recovery in the past 4 weeks with only 3 % reporting to have fully recovered.
- Household food insecurity reduced significantly, with only 4% reporting at least one member of their household recently going without food in December 2020, compared to 19% reported in June 2020.

## SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

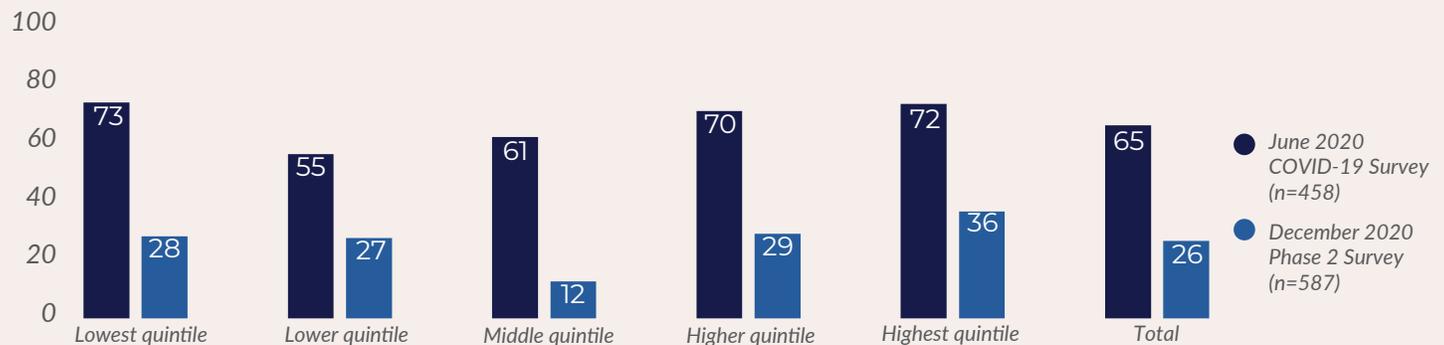
### WANT TO VISIT HEALTH FACILITY

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



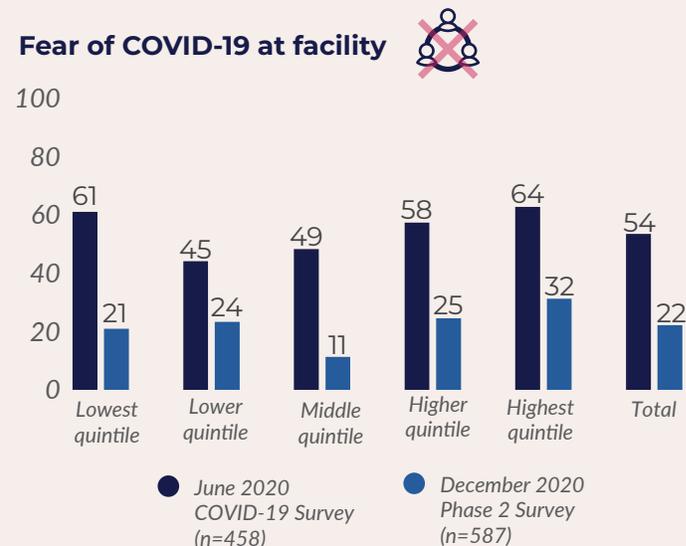
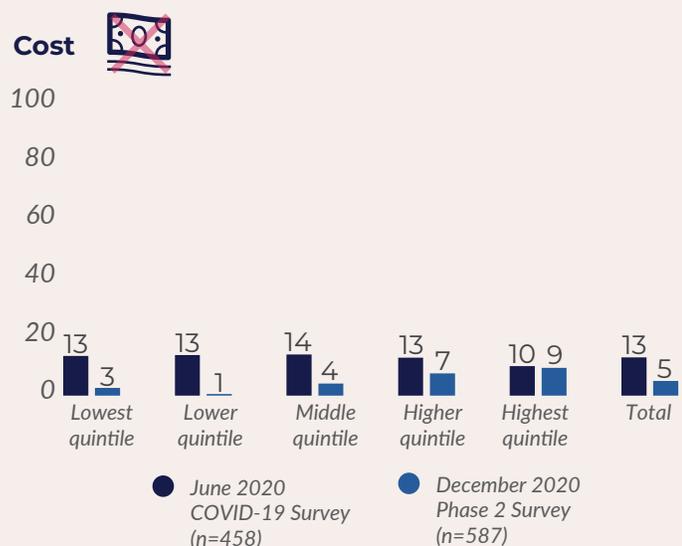
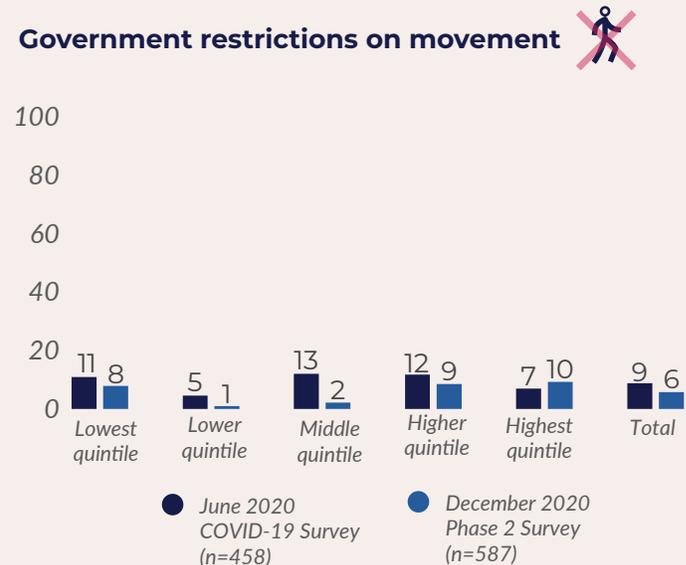
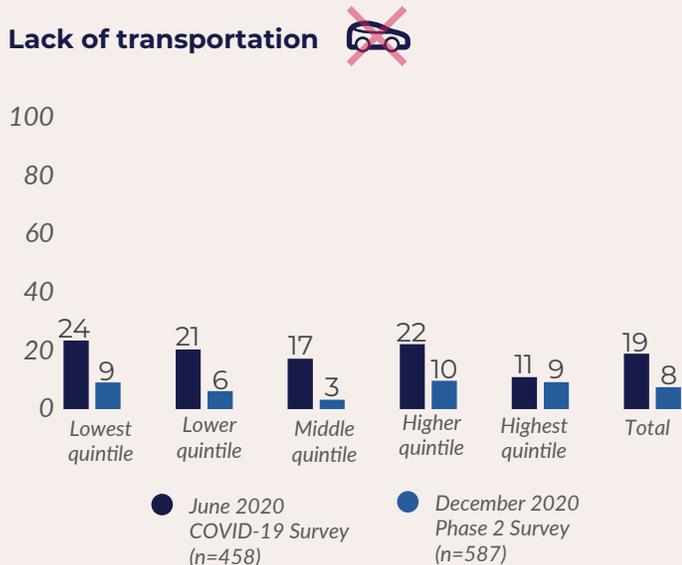
### DIFFICULTY ACCESSING HEALTH FACILITY

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



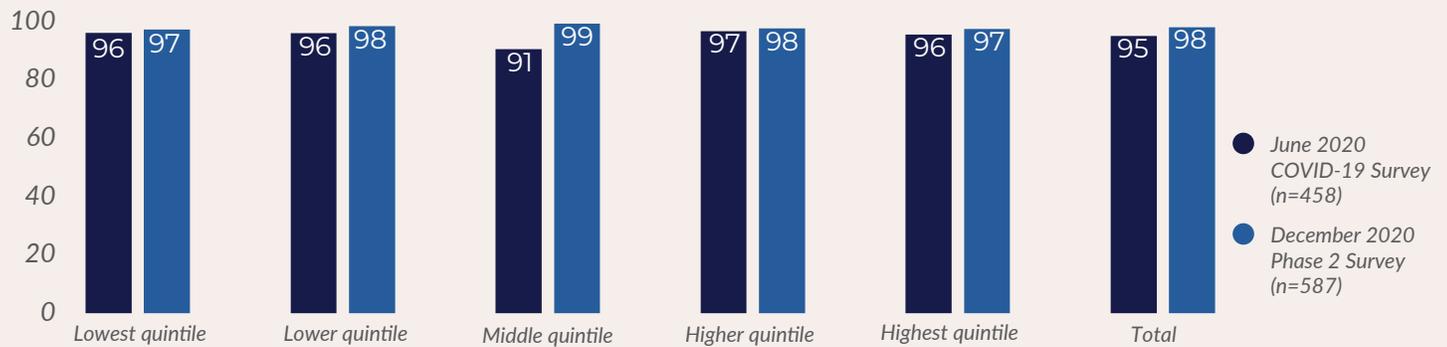
# REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

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



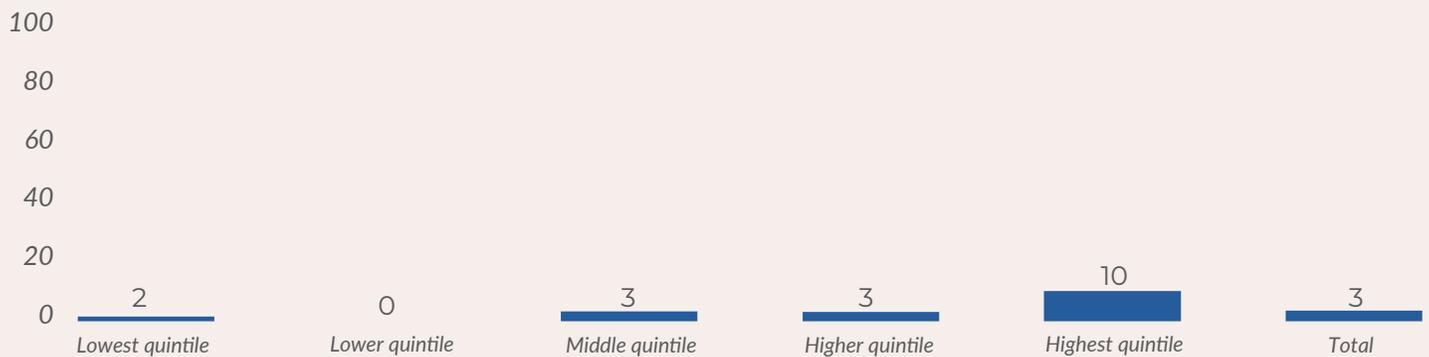
## SUCCESS IN ACCESSING HEALTH SERVICES

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=507)



## 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 decreased from 17% in June 2020 to 13% in December 2020.
- Fear of COVID-19 at the health facility was the primary difficulty reported in accessing any health services.
- Among women who wanted to visit a health facility, 95% in June 2020 and 98% in December 2020 were able to access the services.

## SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

### IMPACT ON HEALTH AND FP SERVICES DURING COVID-19 RESTRICTIONS

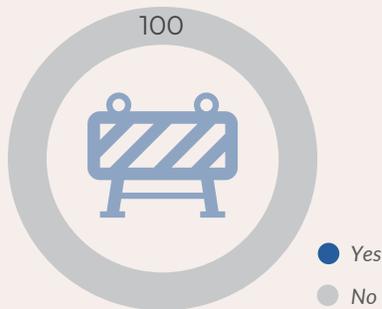
Percentage of facilities that closed during the COVID-19 restrictions when they would have otherwise been open (n=89)



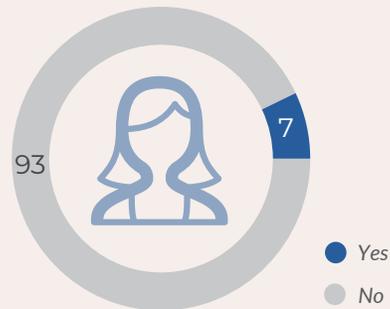
Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=89)



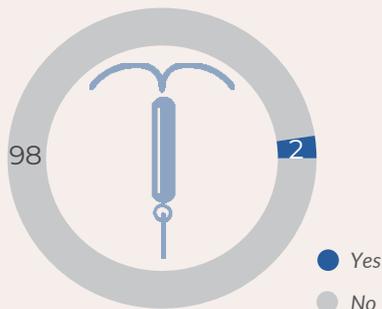
Percentage of facilities reporting suspension of FP services during the COVID-19 restrictions (n=85)



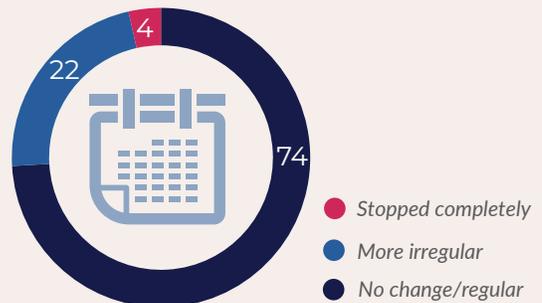
Percentage of facilities where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=85)



Percentage of facilities reporting a period of time when provider-administered methods were not offered during the COVID-19 restrictions (n=85)



Among facilities offering FP services, the percentage distribution of FP method supplies during the COVID-19 restrictions (n=85)



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

- Only 2% of the health facilities closed during the COVID-19 restrictions when they would have otherwise been open.
- 16% of the facilities reported reduction in hours of operations during the COVID-19 restrictions.
- More than 2 out of 10 facilities offering FP services reported more irregular supply of FP commodities during the COVID-19 restrictions.

PMA Kenya Nandi collects information on knowledge, practice and coverage of family planning services in 40 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 1302 households (98% response rate), 1215 females age 15-49 (98% response rate), and 89 facilities (90.8% completion rate). For sampling information and full data sets, visit [www.pmadata.org/countries/kenya](http://www.pmadata.org/countries/kenya).

The COVID-19 phone survey was conducted in Nandi 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 916 (71.3%) eligible respondents, 3% were not reached. Of those reached, 98.1% completed the survey for a response rate of 95.2% 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>.