

PMA KENYA

COVID-19 results from recent surveys

November - December 2020



OVERALL KEY FINDINGS



Overall, concern about contracting COVID-19 remained very high between June and December 2020.



The proportion of women reporting household income loss due to COVID-19 in the last 12 months remained very high between June and December, regardless of the wealth quintile.

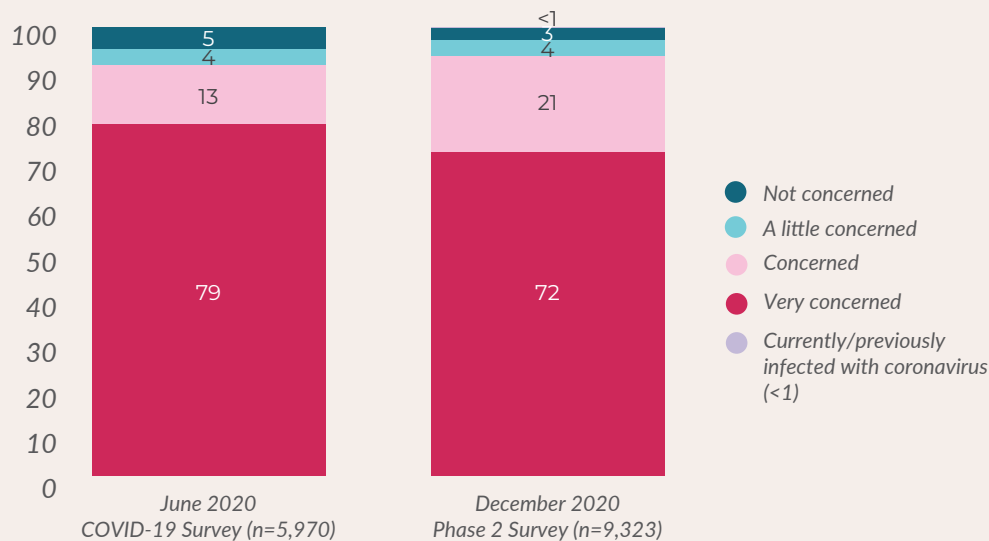


Among women who wanted to visit a health facility, 66% in June 2020 and 35% in December 2020 reported difficulties in accessing health services.

SECTION 1: CONCERN ABOUT COVID-19

CONCERN ABOUT GETTING COVID-19

Percentage of women who are concerned about getting COVID-19



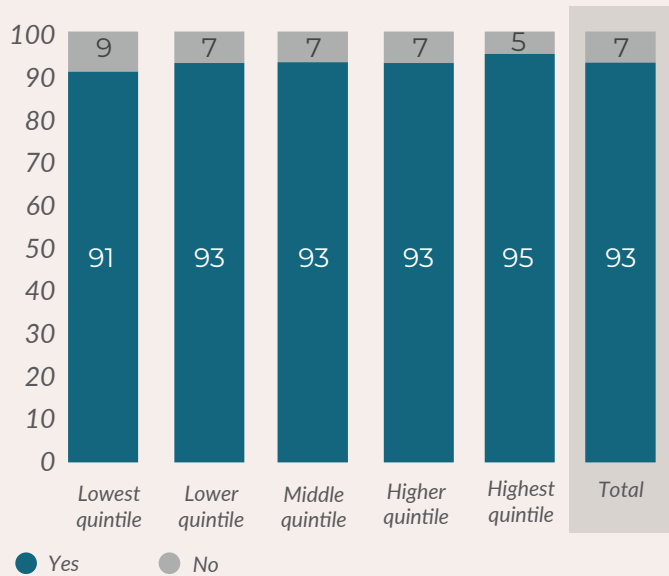
KEY FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19

- Fear of contracting COVID-19 remained high, though a decrease is reported among women who reported being very concerned between June and December 2020.

SECTION 2: ECONOMIC IMPACT OF COVID-19

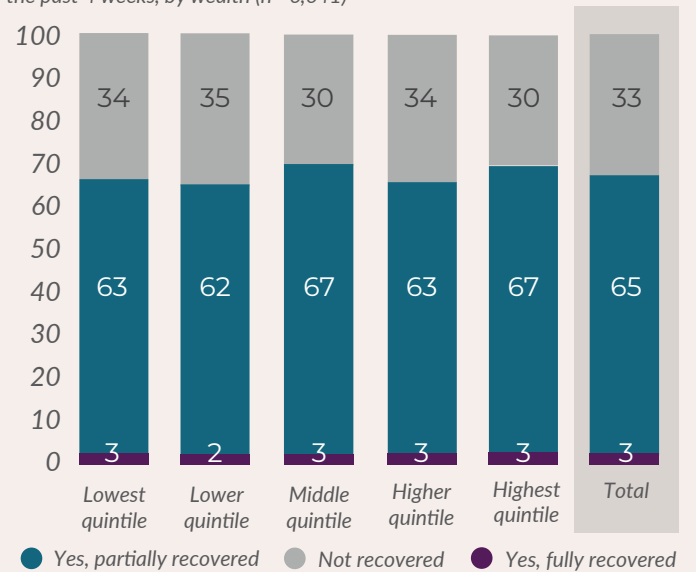
HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth (n= 7,186)



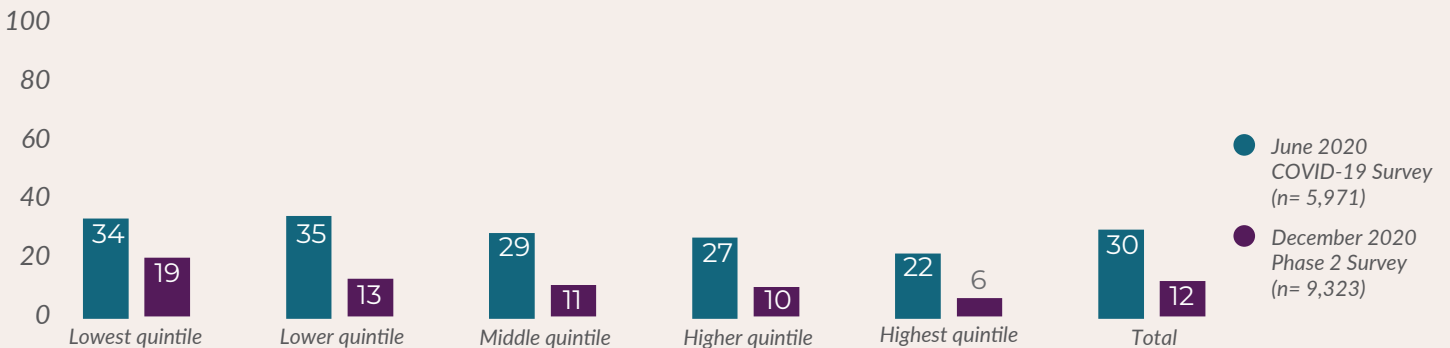
HOUSEHOLD INCOME RECOVERY

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= 6,641)



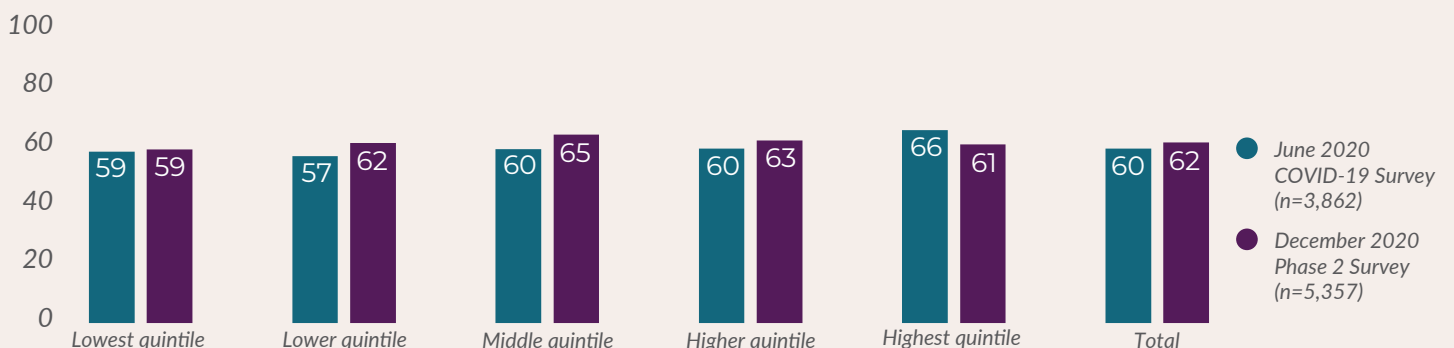
FOOD INSECURITY

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



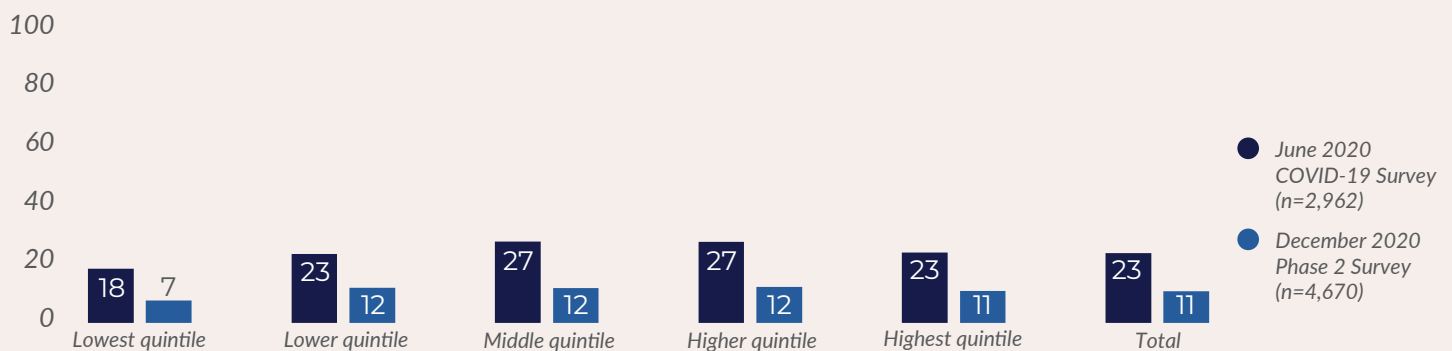
KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- 93% of women reported that their households experienced loss of income due to COVID-19 in the last 12 months in December 2020.
- Household food insecurity decreased from 30% in June to 12% in December 2020.
- Economic reliance on partners among currently married women remained about 60% and did not vary by wealth.

SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

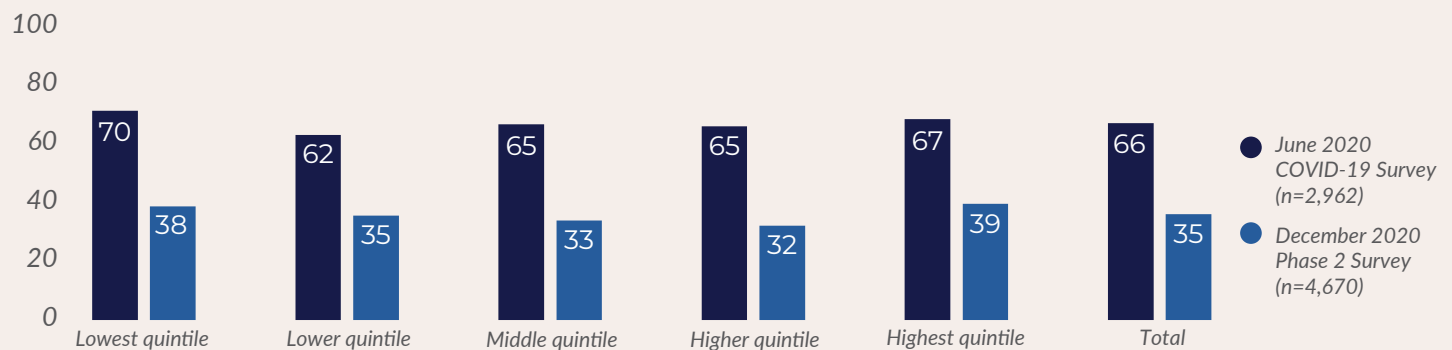
WANT TO VISIT HEALTH FACILITY

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



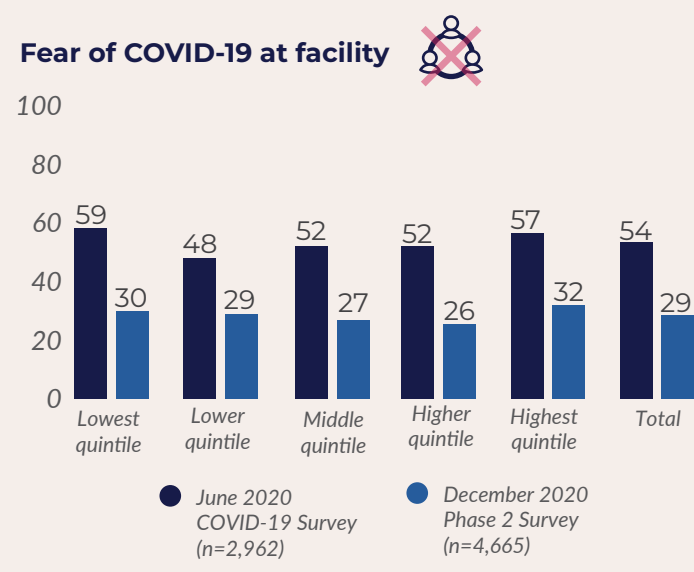
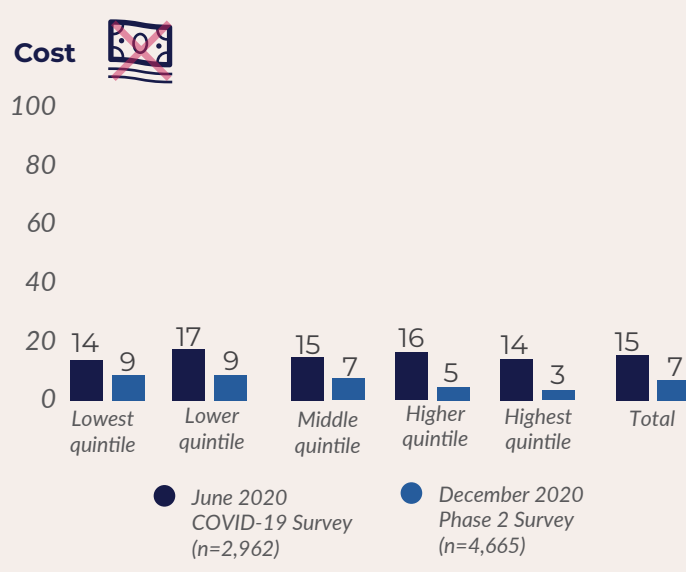
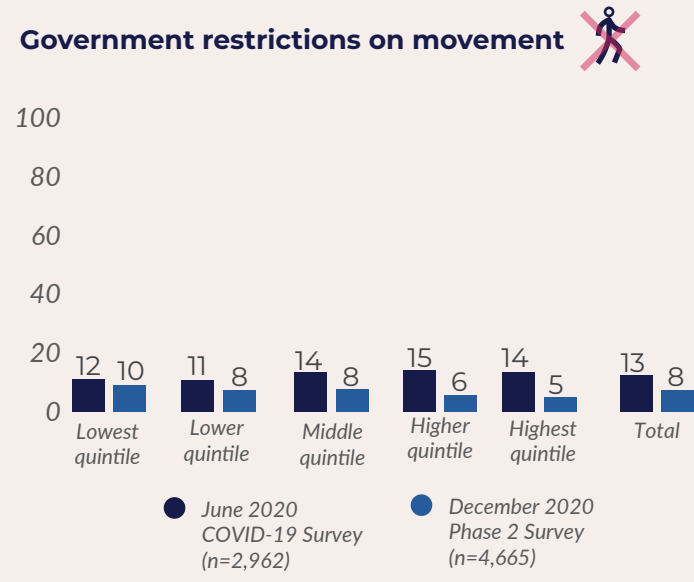
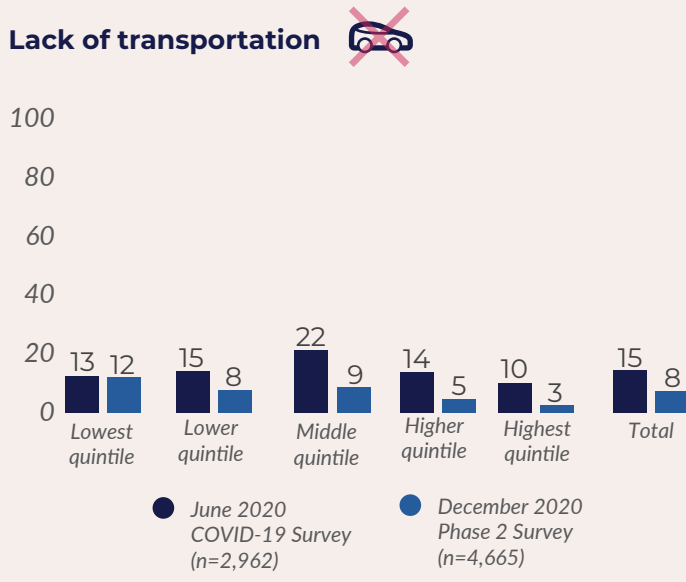
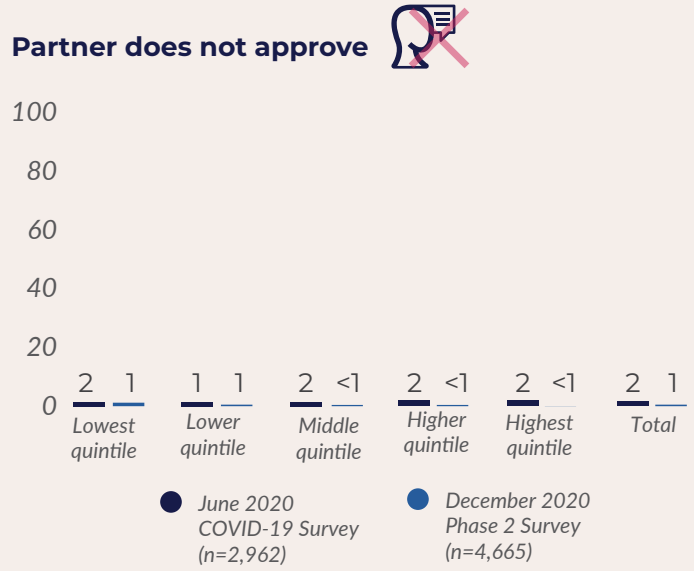
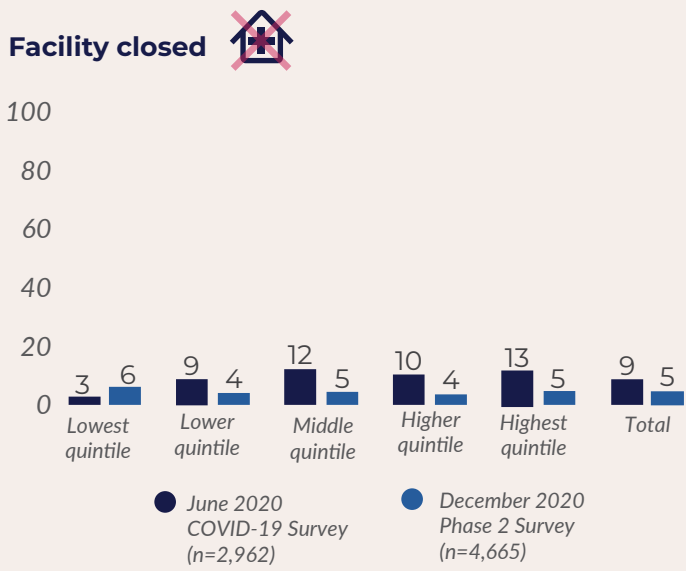
DIFFICULTY ACCESSING HEALTH FACILITY

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



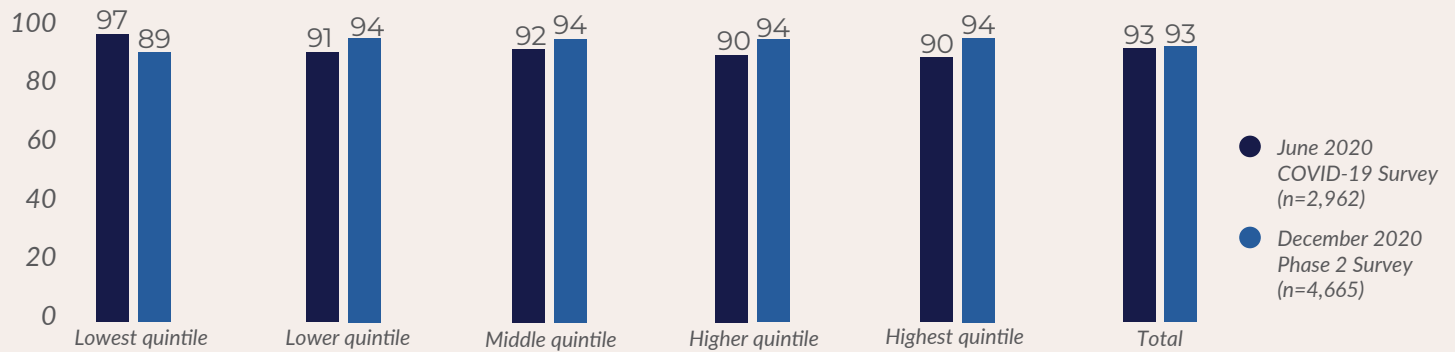
REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

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



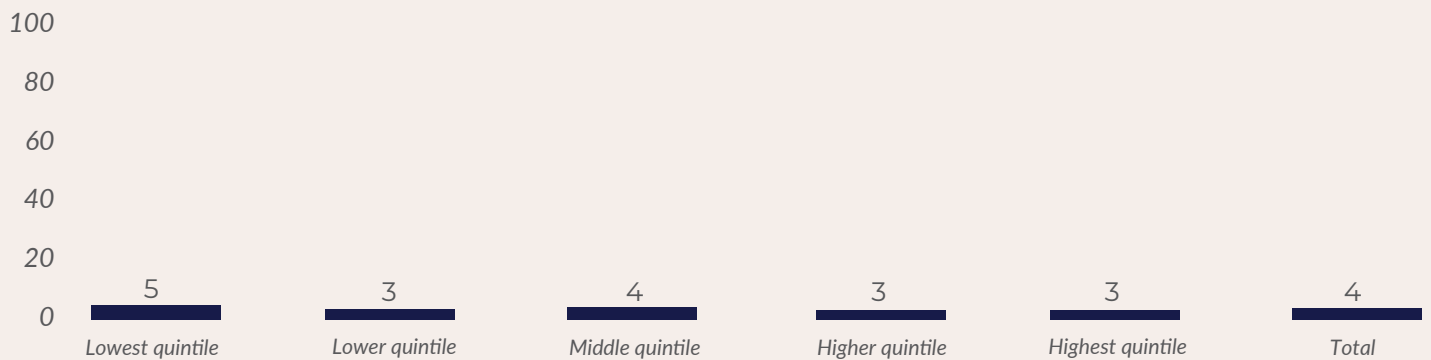
SUCCESS IN ACCESSING HEALTH SERVICES

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=2,987)



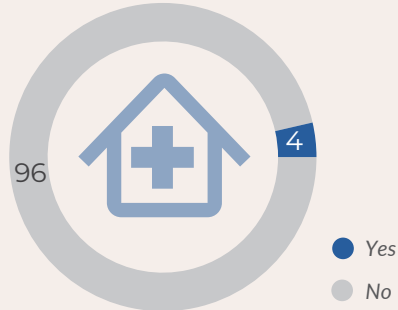
KEY FINDINGS FOR SECTION 3: FAMILY PLANNING AND HEALTH SERVICE ACCESS BARRIERS

- The proportion of women who wanted to visit a health facility for family planning reduced from 23% in June to 11% in December 2020.
- About two-thirds of women who wanted to visit a health facility in June 2020 reported difficulties in accessing health services, while only about a third reported difficulties in accessing health services in December 2020.
- Though fear of infection at health facilities was the most reported reason for difficulty in accessing health facilities, the reported proportion decreased from 54% in June to 29% in December 2020.

SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

IMPACT ON HEALTH AND FP SERVICES DURING COVID-19 RESTRICTIONS

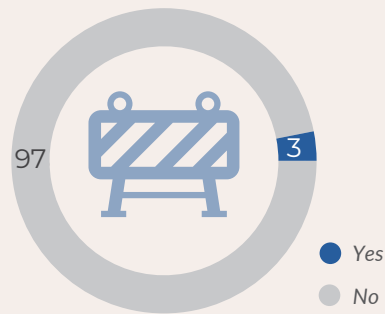
Percentage of facilities that closed during the COVID-19 restrictions when they would have otherwise been open (n=921)



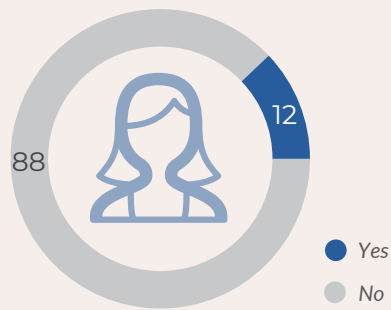
Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=921)



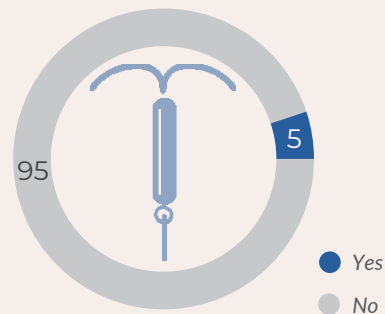
Percentage of facilities reporting suspension of FP services during the COVID-19 restrictions (n=901)



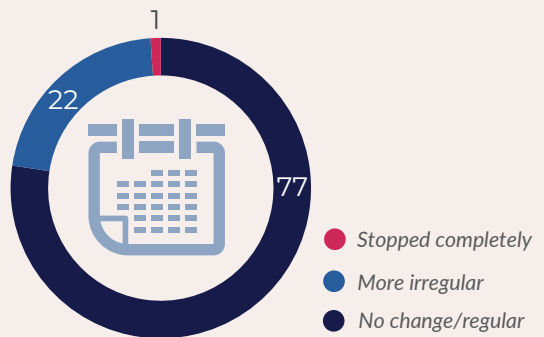
Percentage of facilities where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=901)



Percentage of facilities reporting a period of time when provider-administered methods were not offered during the COVID-19 restrictions (n=864)



Among facilities offering FP services, the percentage distribution of FP method supplies during the COVID-19 restrictions (n=901)



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

- Among facilities offering FP services, 95% continued to offer provider dependent methods.
- Majority of the facilities offering family planning reported no interruption in supply of FP methods during the COVID-19 restrictions.
- 12% of the facilities reported that personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions.

Women were asked about events since the COVID-19 restrictions were implemented during the COVID-19 phone survey. For the Phase 2 survey, women were asked about events in the past 4 weeks.

PMA Kenya collects information on knowledge, practice and coverage of family planning services in 308 Enumeration areas selected using multi-stage stratified cluster design with urban-rural and region strata. The results are nationally and county-level representative. Data were collected in 9 counties in PMA2020 R1-4 and 11 counties in PMA2020 R5-7 and PMA Phases 1 and 2. Data were collected between November and December 2020 from 9,727 households (96.6% response rate), 9,323 females age 15-49 (98.6% response rate), and 921 facilities (92.7% completion rate). For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

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>