



PMA KENYA (SIAYA)

COVID-19 results from recent surveys

November-December 2020

OVERALL KEY FINDINGS



Fear of COVID-19 among women age 15-49 remains high, however, **91%** were able to access needed health services.



The negative impacts of COVID-19 pandemic are worse among the poorest households.

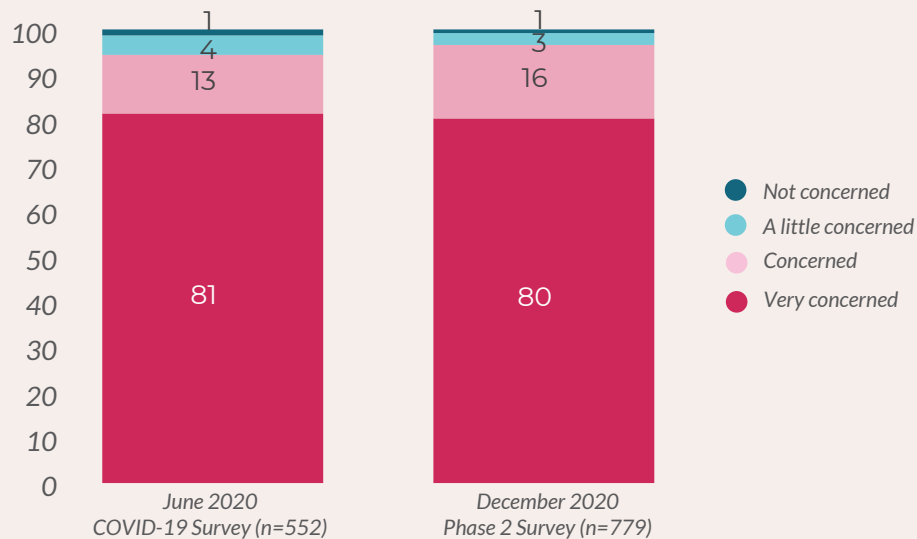


COVID-19 restrictions resulted in limited interruptions to FP services.

SECTION 1: CONCERN ABOUT COVID-19

CONCERN ABOUT GETTING COVID-19

Percentage of women who are concerned about getting COVID-19



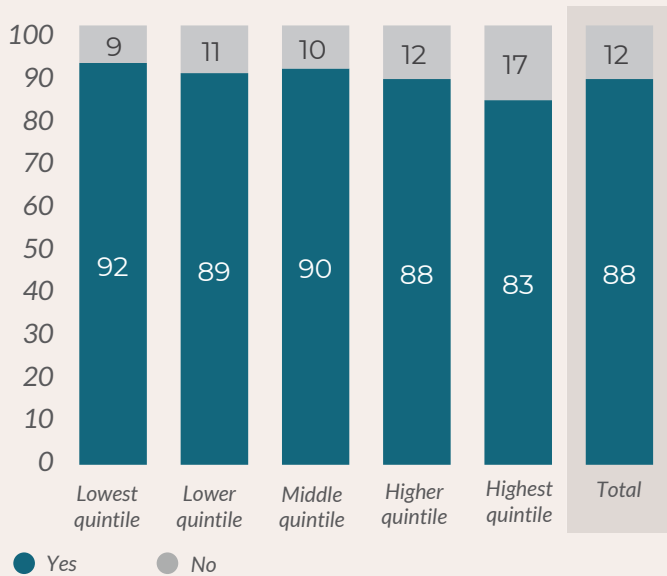
KEY FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19

- Between June and December 2020, the proportion of women reporting being very concerned or concerned about getting COVID-19 has not changed significantly - 94% compared to 96%.

SECTION 2: ECONOMIC IMPACT OF COVID-19

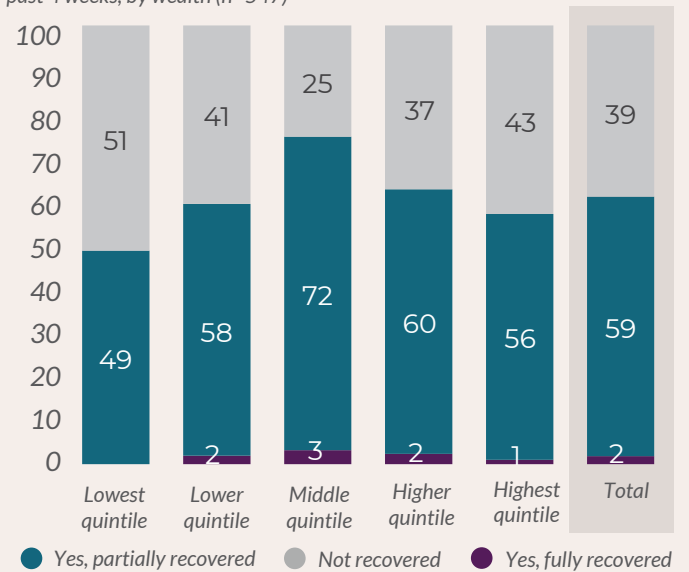
HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth (n=662)



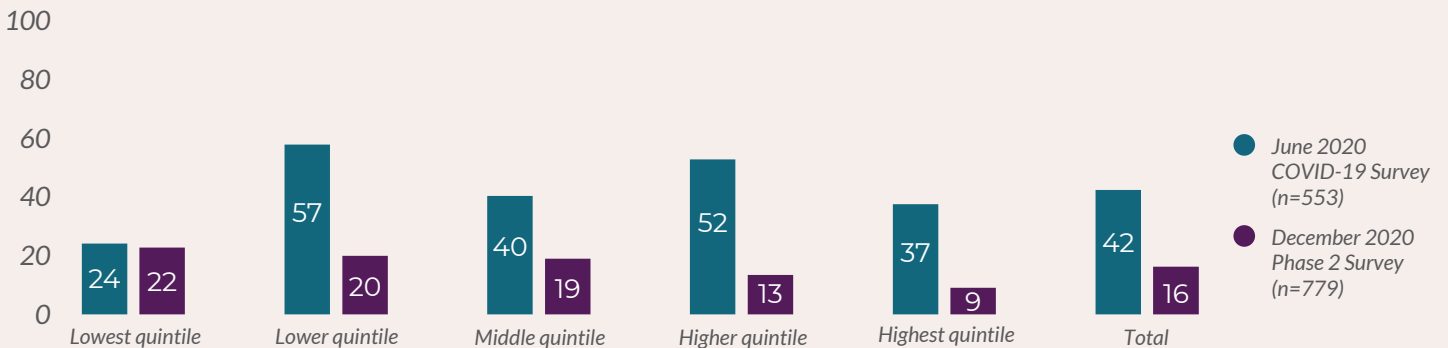
HOUSEHOLD INCOME RECOVERY

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=547)



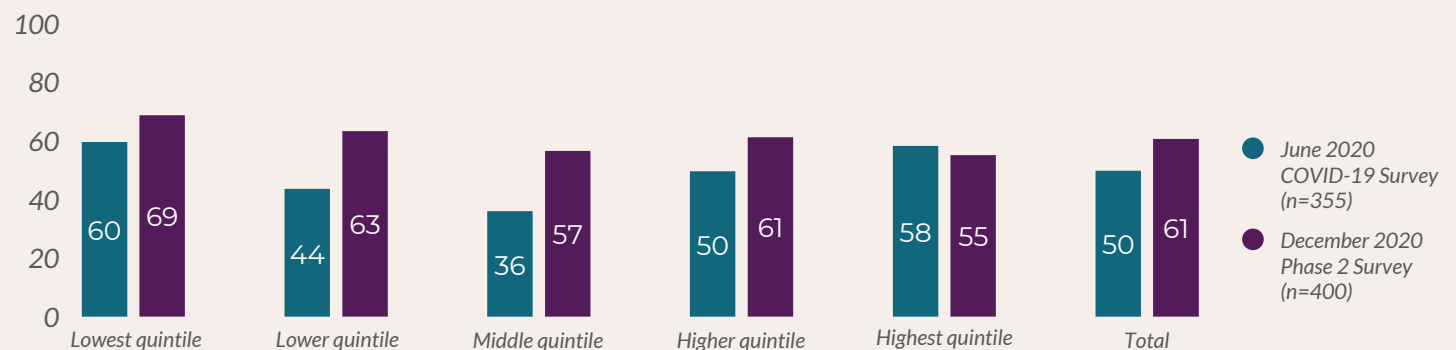
FOOD INSECURITY

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



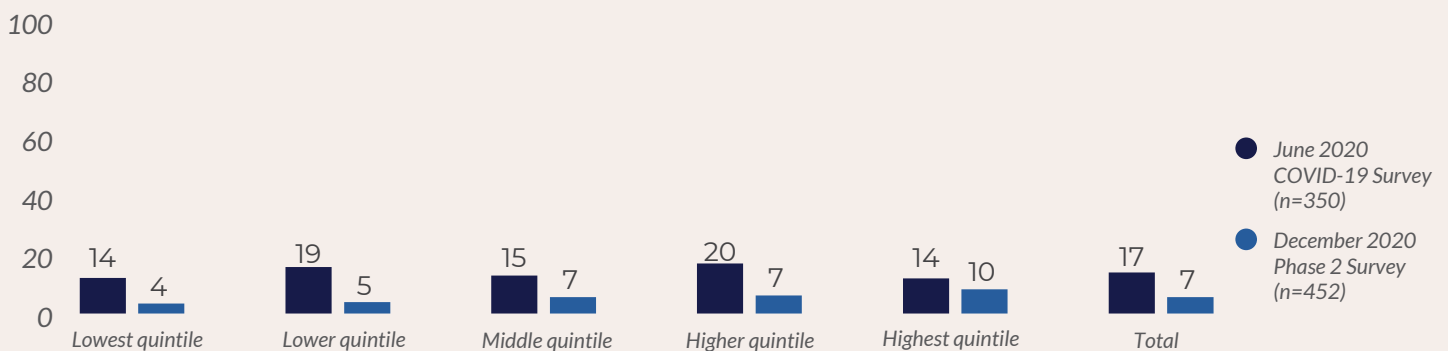
KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- Overall, **88%** of women reported that their household lost income due to the COVID-19 restrictions, with **59%** reporting partial recovery in the past four weeks and only **2%** reporting full recovery.
- Food insecurity decreased by more than **50%** between June and December 2020, with differences observed by wealth.
- Married women's economic reliance on the husband increased overall by about **11 percentage points**, with no major differences by wealth status.

SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

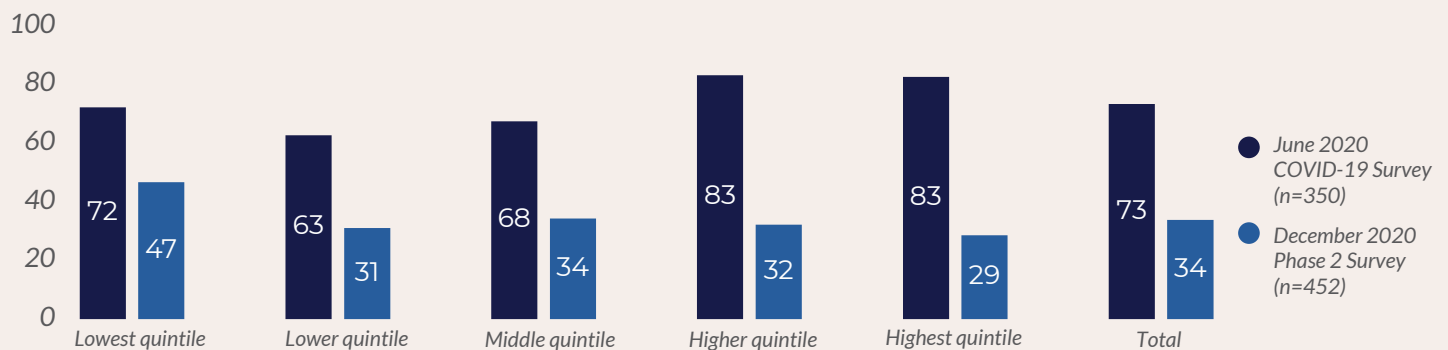
WANT TO VISIT HEALTH FACILITY

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



DIFFICULTY ACCESSING HEALTH FACILITY

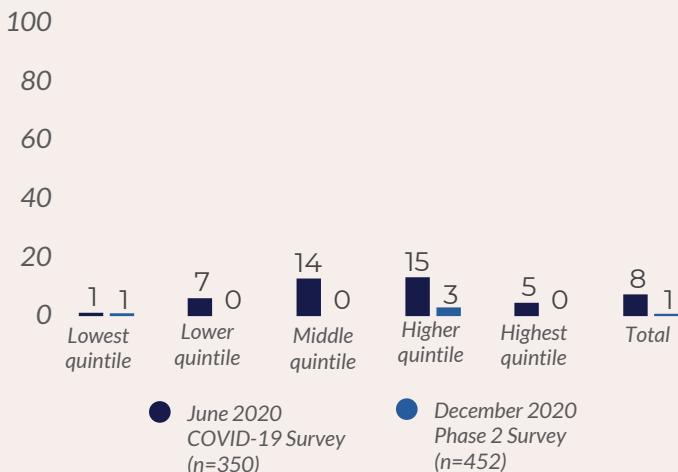
Among women who wanted to visit a health facility recently, the percentage who reported any difficulties in access, by wealth



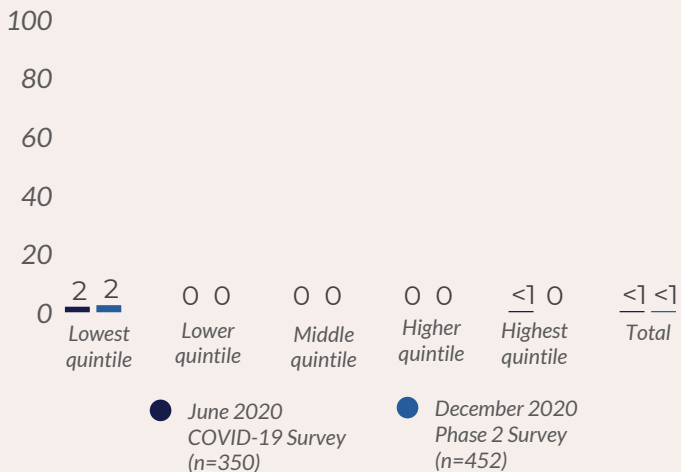
REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

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

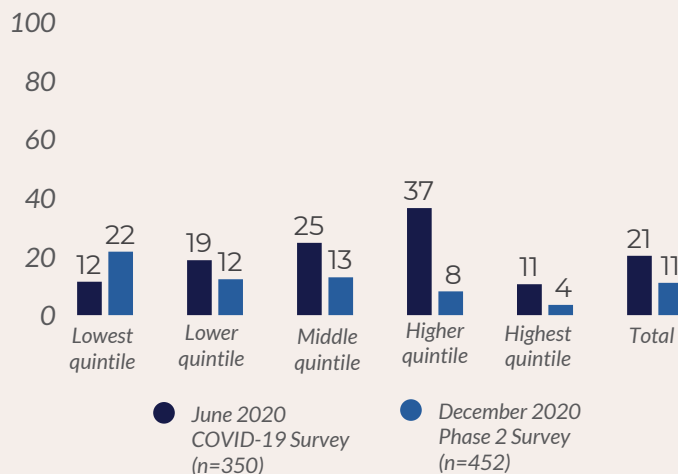
Facility closed



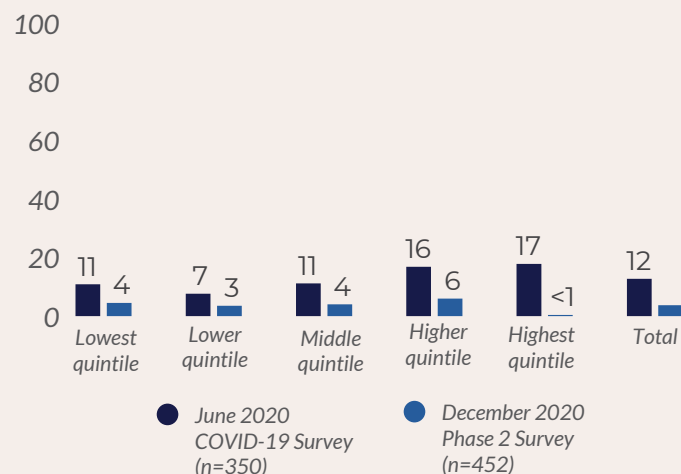
Partner does not approve



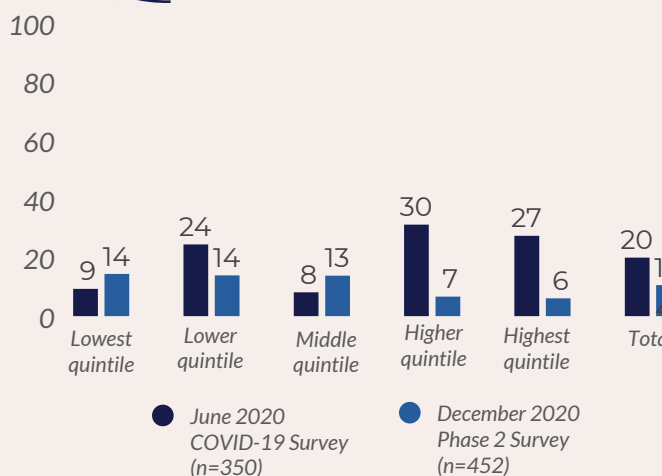
Lack of transportation



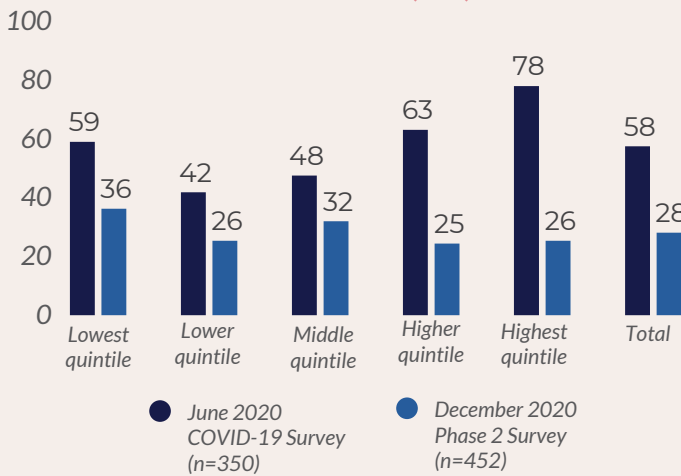
Government restrictions on movement



Cost

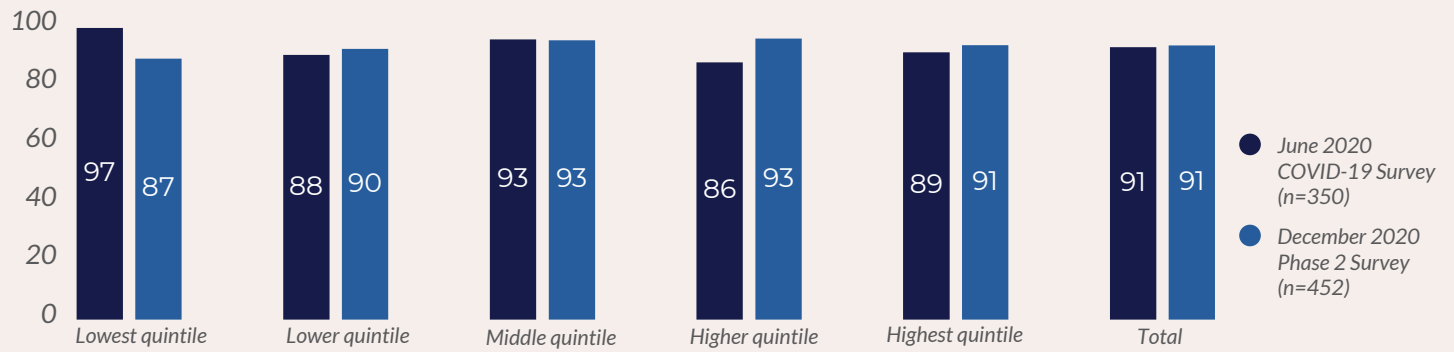


Fear of COVID-19 at facility



SUCCESS IN ACCESSING HEALTH SERVICES

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



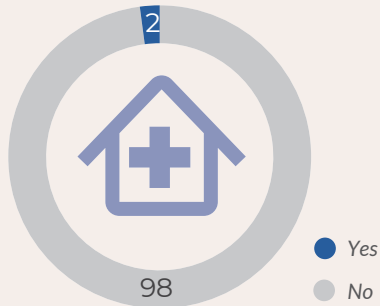
KEY FINDINGS FOR SECTION 3: FAMILY PLANNING AND HEALTH SERVICE ACCESS BARRIERS

- Fewer women (7%) wanted to visit a health facility for FP services in December 2020 compared to 17% in June 2020.
- About a third of women reported difficulties in accessing health services in December 2020, with poorest women reporting more difficulties.
- Fear of COVID-19 at a health facility remained the primary difficulty reported when accessing health services.

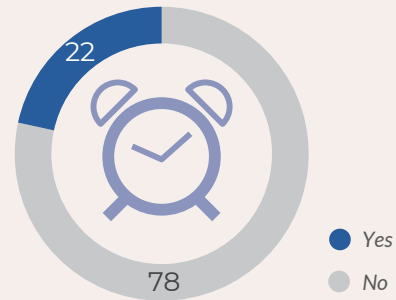
SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

IMPACT ON HEALTH AND FP SERVICES DURING COVID-19 RESTRICTIONS

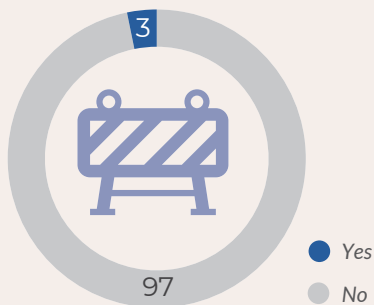
Percentage of facilities that closed during the COVID-19 restrictions when they would have otherwise been open (n=97)



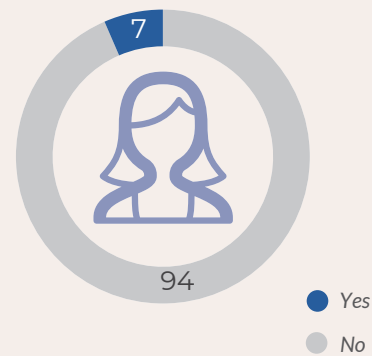
Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=97)



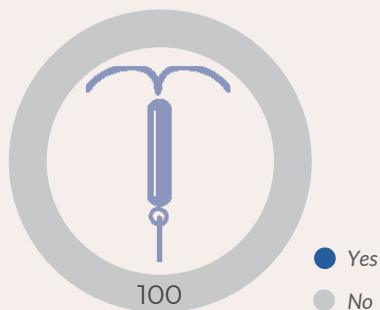
Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions (n=93)



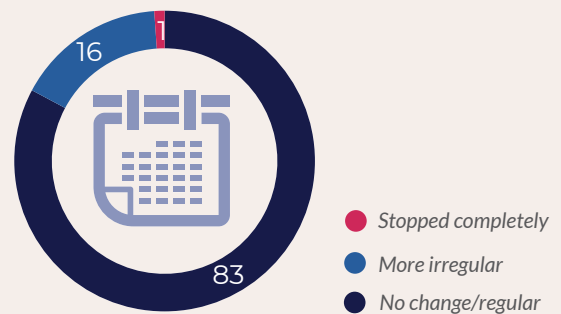
Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=93)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=93)



Among facilities offering FP services, the percentage distribution of FP method supplies during the COVID-19 restrictions (n=93)



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

- About **22%** of the facilities reported a reduction in operating hours during COVID-19 restrictions.
- Among facilities offering FP services, **16%** reported more irregular supply of FP commodities during the COVID-19 restrictions.
- There were no interruptions reported in offering of provider-dependent methods of FP.

PMA Kenya (Siaya) 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 787 households (97.9% response rate), 779 females age 15-49 (99% response rate), and 97 facilities (100% completion rate). For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

The COVID-19 phone survey was conducted in Siaya 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 581 (78.4%) eligible respondents, 3.6% were not reached. Of those reached, 99.3% completed the survey for a response rate of 95.7% 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>