

PERFORMANCE MONITORING FOR ACTION

PMA KENYA (KIAMBU)

COVID-19 results from recent surveys

November-December 2020

OVERALL KEY FINDINGS



96% of the women reported their households experienced loss of income due to **COVID-19 restrictions in the** last 12 months.



Among women whose households had income loss in the past 12 months, 30% reported no recovery and only 3% reported a full recovery.

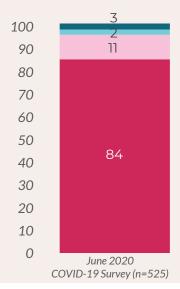


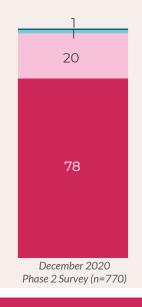
Among women who wanted to visit a health facility, 95% were able to access the services.

SECTION 1: CONCERN ABOUT COVID-19

CONCERN ABOUT GETTING COVID-19

Percentage of women who are concerned about getting COVID-19





Not concerned A little concerned

Concerned

Very concerned

KEY FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19

• 98% of women were either concerned or very concerned about getting COVID-19.







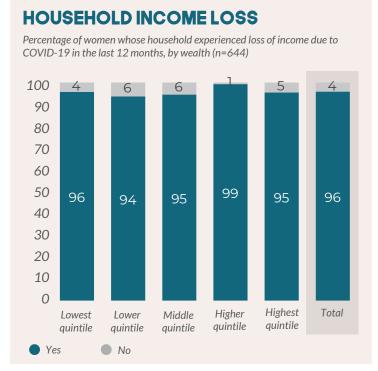


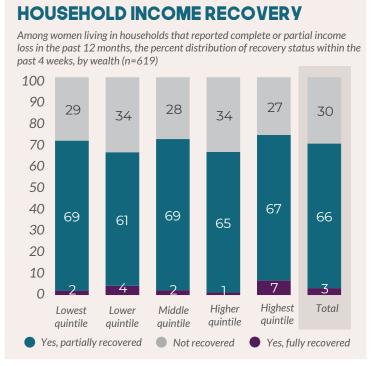






SECTION 2: ECONOMIC IMPACT OF COVID-19







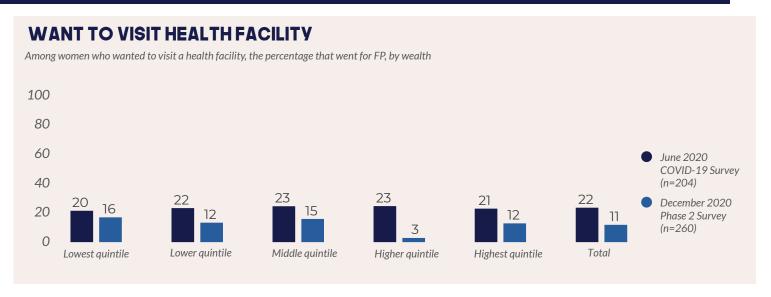


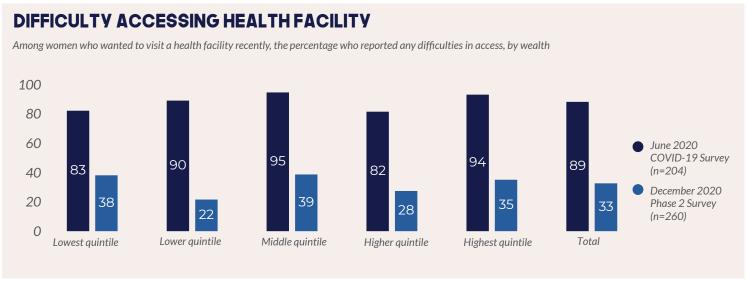


KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- 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, 30% reported no recovery in the past 4 weeks with only 3% reported a full recovery.
- Household food insecurity reduced significantly, with only 5% reporting at least one member of their household recently went without food in December, compared to 19% in June 2020.

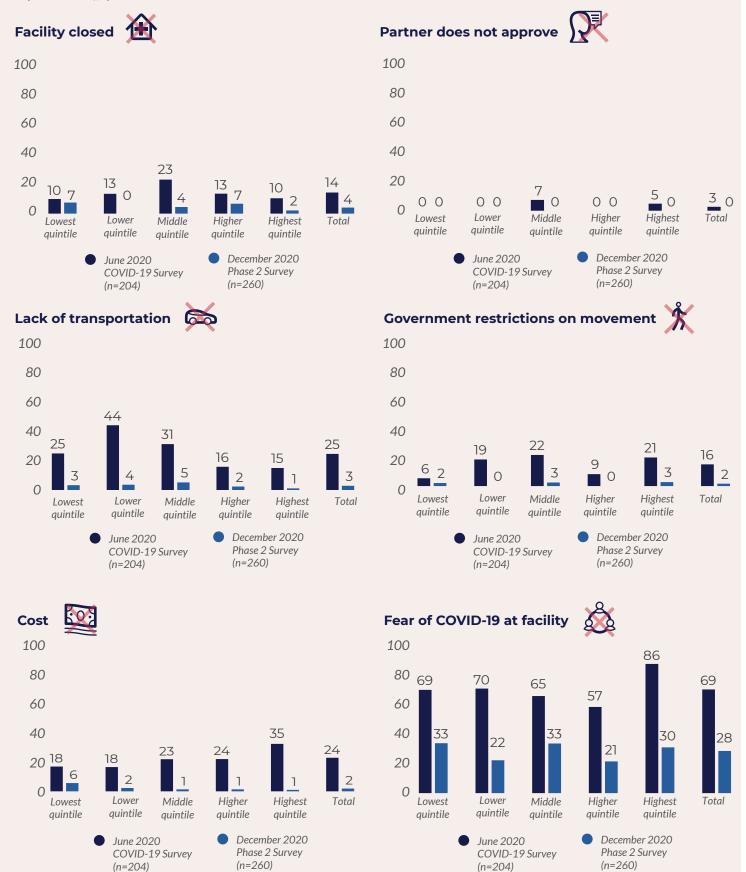
SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

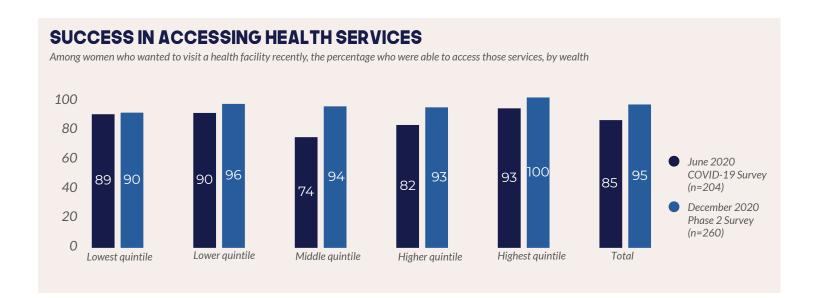




REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

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





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 22% in June to 12% in December.
- Among women who wanted to visit a health facility, few 33% reported any difficulties in access in December compared to 89% in June.
- Fear of being infected with COVID at the health facility was the primary difficulty in accessing any health services in 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=91)

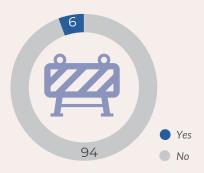


Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=91)

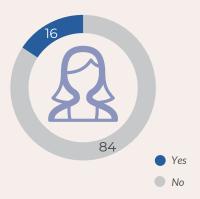


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Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions (n=89)



Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=89)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=82)



Among facilities offering FP services, the percentage distribution of FP method supplies during the COVID-19 restrictions (n=89)





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

- Only 6% of the health facilities closed during the COVID-19 restrictions when they would have otherwise been open.
- 26% facilities reported reduction in hours of operations, and among facilities offering FP, 16% reported personnel being reassigned from FP services due to COVID-19 related duties.
- Only 10% of the facilities offering FP services reported no/more irregular supply of FP commodities during 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 (Kiambu) collects information on knowledge, practice, and coverage of family planning services in 30 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are county-level representative. Data were collected between November and December 2020 from 880 households (90.5% response rate), 770 females age 15-49 (98.3% response rate), and 91 facilities (91% completion rate). For sampling information and full data sets, visit www.pmadata.org/countries/kenya.

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 (ICRH-K), 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

