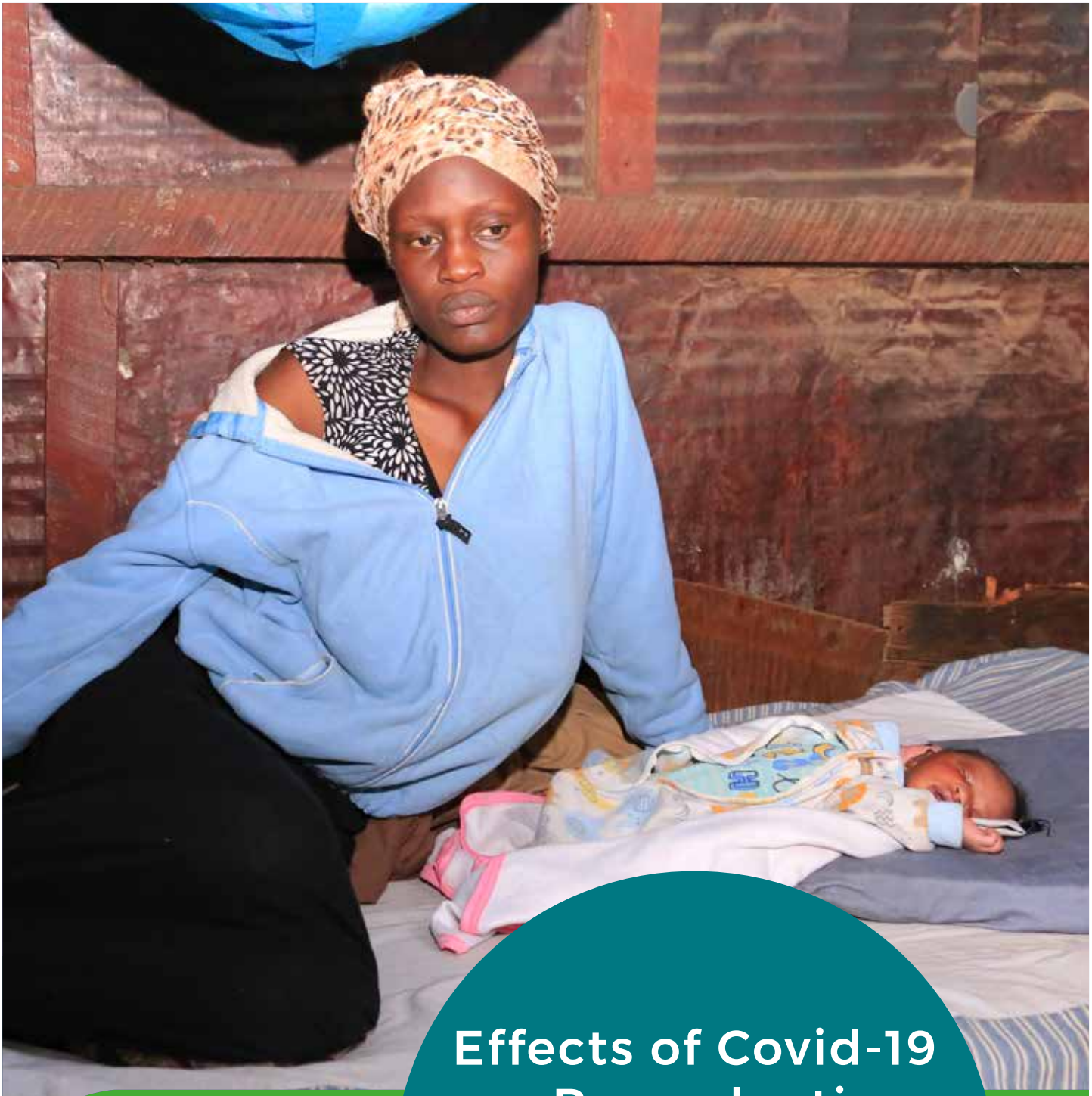
KENYA

THE WHITE RIBBON ALLIANCE

HEALTHY MOTHERS
HEALTHIER NATION



Effects of Covid-19 on Reproductive, Maternal, Newborn and Adolescent Health in Kenya

1.0 Background

The novel coronavirus disease 2019 (COVID-19) caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was declared a pandemic by the World Health Organization (WHO) in early March, and within weeks the disease had ravaged nations creating a massive public health crisis world over. Previous epidemics of emerging viral infections have typically resulted in poor obstetrical outcomes including maternal morbidity and mortality, maternal-foetal transmission of the virus, and perinatal infections and death. A case in point was the 2014-2016 Ebola crisis in Sierra Leone.

To prevent a massive outbreak and curb transmissibility of the disease, the government of Kenya through the Ministry of Health announced critical measures meant to reduce exposure and transmission of the virus across the populations. Initial measures included mass media literacy on prevention, quarantine of people who had travelled from high risk countries, encouraging of non-essential service people to stay and work from home, social distancing and putting in place a national curfew that run from 7pm to 5am. Other measures to curb the spread included limiting gatherings to not more than 5 people, closure of schools, churches, markets (in some counties) among other social places, and wearing of face masks for all individuals in public places. While these actions were designed to slow the spread of the disease, there has been little consideration about the lived experiences of the most vulnerable populations, including pregnant women who need special care given their susceptibilities and realities of an already overstretched health care system.

2.0 The Problem

With the indiscriminate spread of the disease across the country, contextualised measures around management of the disease during pregnancy and childbirth at individual, community and health facility level have not been fast forthcoming. Further, community level measures and a targeted multi-sectoral approach to the response, amidst other prevailing health conditions and needs, have been glaringly absent giving room to myths and misconceptions around the disease and the government directives. There have been media reports from across the country of citizens shunning away from health facilities with some reporting police harassment at night when seeking health services.

Globally, research shows that women and girls are the most vulnerable in a disaster or crisis. Pregnant women are known to be disproportionately affected by respiratory illnesses, which are associated with increased infectious morbidity and high maternal mortality rates. Physiological and mechanical changes in pregnancy increase susceptibility to infections in general, particularly when the respiratory system is affected. Though hospital visits may increase the chance of infection, the lack of proper health care during pregnancy and childbirth may lead to worse consequences including unwarranted morbidity and mortality. Even more, human rights violations in health facilities is a big problem for Kenya's maternal health care system and

is one of the key reasons for boycott and underutilization of skilled delivery services. Women living in poverty are a vulnerable group that face more discrimination, exclusion and marginalization on access to and utilization of reproductive and maternal health services.

With the COVID-19 indiscriminate and sustained spread across continents and within countries like Kenya, we are likely to see pregnant and nursing women infected across all trimesters of pregnancy. Contextualised measures around management of the disease during pregnancy and childbirth at individual, community and health facility level have not been fast forthcoming in the current crisis, giving room to myths and misconceptions around the same in the country and across the counties. The government curfew has further exacerbated the problem of access to and utilization of services for fear of victimization by law enforcers and insecurity in some areas. There have been verbally reported cases of fear of health facility visits, for fear of infection or stigma from the community members, with some clients reporting unavailability of services in some health facilities since health workers were already overstretched with COVID-19 the response.

2.0 The Survey

A Community Listening Exercise

Building on the leading demands for quality reproductive and maternal health care shared by over 120,000 Kenyan women and girls during our What Women Want Campaign, the reports from different media houses and on the WRA Kenya membership, WRA Kenya set out to establish how the COVID-19 pandemic affected pregnant women and adolescent girls particularly, and citizens in general across five counties, in accessing and utilizing health services. WRA Kenya is ever mindful of the logistical, social and cultural challenges in engaging and supporting the most vulnerable and marginalized populations, especially during a crisis and as such this survey sought to hear from the most marginalised and vulnerable women and girls. WRA Kenya continues to employ adaptive and structured approaches during this crisis to ensure that reproductive maternal health rights are upheld throughout the COVID-19 response and work alongside communities and their leadership to provide workable and appropriate solutions that ensure that quality, equity and dignity is upheld and that the right to health and participation by all is achieved.

2.1 Survey Objectives

The main objective of the survey was to understand the extent to which the COVID-19 pandemic has affected reproductive, maternal, newborn and adolescent health service delivery and utilization in Kenya. Ultimately, the survey results seek to inform the way the COVID-19 response is organized and delivered from the national government through the county government to the citizens and inform programming of

activities towards the response ensuring that this is informed by citizen's feedback.

2.1.1 Specific Objectives

The Specific objectives of the survey were to: -

1. Collect public voices on their level of awareness and engagement in the COVID-19 response in relation to access to reproductive, maternal, newborn and adolescent health care services at all levels of care, through use of digital technology and other appropriate means;

2. Capture critical voices perspectives (mothers, women and girls living with disability, care givers, frontline health workers, community health volunteers) that need to be amplified and integrated within the COVID-19 response;

3. Continually inform programming activities for rights-based COVID-19 responsiveness through county and national taskforces leading the response;

4. Champion a rights-based response to the COVID-19 pandemic that ensures that essential quality reproductive maternal health services are available throughout the pandemic period

3.1 Survey Design

The survey was deliberate in reaching out to critical populations who are often not heard – especially women and girls who are most vulnerable during a crisis or emergency setting. The survey focused on understanding the lived experiences of respondents as described from their perspective.

3.2 Target Population

The study targeted citizens in general with a special focus on women and girls living in the target counties of Kisumu, Bungoma,

3.0 Survey Methodology

Kajiado, Narok, and Nairobi counties. Approximately 389 responses were received from rural and nomadic women, adolescent girls, women living with disability, those living in informal settlements, community health workers and local administration officials. The survey respondents were aged between 15 to 75 years of age.

3.3 Data Collection Methods

Given the prevailing Covid-19 response measures laid out by the government of Kenya, the survey adopted methodologies that were compliant with guidelines. Further, the data collectors signed an exclusion of liability for negligence form to ensure that they adhered to the laid down protocols for Covid-19 prevention. The survey applied a mixed methods approach to engage the respondents, including WhatsApp calls and messaging, phone conversations, virtual focus group discussions, an online survey, and socially distant face-to-face conversations, where possible. Respondents were conveniently sampled based on willingness to take part in the survey, with a focus on women and girls over 15 years.

3.4 Data Collectors Training

Ten data collectors – four men and six women - were selected from WRA Kenya's network of community champions and mobilizers to engage community citizens from their respective counties. Prior to survey roll-out, the data collectors participated in a virtual induction exercise, via phone calls and WhatsApp conversations, organized by WRA Kenya to familiarize with the survey instruments. The training covered the contents of the survey questionnaire, evaluation ethics, logistics and other related issues. The data collectors were also sensitized on key messages around Covid-19 to address misinformation and misconceptions emerging at the household and community levels. They were then taken through a liability document, which each was expected to sign to ensure full adherence to the established public engagement guidelines in the context of COVID-19.

3.5 Data Quality Assurance

Regular virtual check-in meetings with the data collector were organized by the WRA

Kenya team on a weekly basis to discuss progress and respond to any challenges experienced during the data collection exercise, including COVID-19 –specific issues.

3.6 Limitations of Data Collection

Virtual data collection limited the reach of respondents, especially when reported cases of network and connectivity issues occurred. Secondly, the data collectors encountered respondents who were suspicious of the exercise – due to the growing fear and stigma caused by COVID-19. While others expected material compensation to help them deal with the economic shock and disruption brought about by COVID-19.

3.7 Data Analysis and Reporting

Data was captured and analysed using content analysis for any emerging themes. Data sets were continuously reviewed and revised, emerging themes and patterns noted and relationships between constructs identified. These formed the basis of the findings.

4.0 Survey Findings

The results of the survey findings are grouped based on key questions and emerging themes.

4.1 Information on the Disease

In most counties, there was a general understanding about the disease with common sources of the information being the media (radio, television and social media platforms), neighbours, friends, family members and posters in public places like markets. However, several cases of misinformation and myths regarding the disease showed up, especially around its origin and transmissibility. There was a general feeling that the disease is from China, and only affecting the middle and upper-class citizens living in Nairobi.

"That disease is not here. It is for Nairobi people and people who travel by air to the outside world. It is a Chinese disease because of their weird lifestyle" Respondent, Bungoma County

In many instances, there was a deep feeling that the disease is a hoax with many respondents having a firm belief that the disease is not real and what was being reported by the government was propaganda meant to attract donor funding for political mileage.

"Hakuna Corona, hiyo ni propaganda ya serikali ndio wapate pesa kutoka ulaya. Wanatundanganya tu ndio. Wewe unamjua mtu hata mmoja mwenye ako na Corona?" Translated "There is no Corona, that is government propaganda so that the government can get donor money. Do you know anyone with the disease?" Respondent, Kajiado County

Respondents expressed concern regarding the COVID-19 prevention information leaving out some key populations that cannot read and write, those that are optically impaired and those that do not own radios and televisions. These communities relied on their peers and well-wishers for first-hand information which was delivered half-baked. For instance, there was a directive for everyone to wear masks in public places; however, the message did not address how often to wear the disposable masks, how to wash the reusable ones and that the masks should not be shared.

"No one told us that we should was our masks, how and when? I just wear mine all time since I bought it. You mean I have to wash it? That is new to me?" Respondent Kajiado County

In Kisumu and Bungoma, there were reported cases of people sharing masks.

" Yesterday I gave my grandfather my mask to go to the market. He did not have one and I could not risk him getting arrested. We do that often because not everyone has one."

4.2 Socio Economic Impact

There was a unanimous reporting by respondents that COVID-19 had negatively impacted community livelihoods at a grand scale. From small scale enterprises in Kajiado county to the fishing sector in Kisumu county, business and other employment opportunities had been disrupted causing

urthermore, due to lack of access to internet facilities, radio or televisions in the rural areas, most of parents and guardians were concerned that their children were missing out on the digital learning platforms rolled-out by the government on account of COVID-19.

a ripple effect in other sectors. In Nairobi county, for instance, there were reported cases of insecurity especially within the slums.

"Here in Korogocho, there has been an increase in cases of petty theft especially food stuff and small stuff as people look to feed their families. There is no day that goes without such reports. It is real." Respondent Nairobi County.

In the Kisumu, Nairobi and some parts of Kajiado county, especially the urban areas, there were reported cases of an increase in commercial sex work with girls and women generally being pushed to it so that they could fend for their families. Adolescent girls and young women had resulted to cohabiting with their boyfriends so that they could reduce the increased economic burden weighing down their families. Across counties, there were reported cases of Sexual Gender Based Violence Cases (SGBV) and marital strife as a result of loss of income and the imposed lockdowns. Respondents in Kajiado and Narok counties reported a rising numbers of child and forced marriages and female genital mutilation across the sub counties. The country-wide closure of schools and absence of safe homes for girls exacerbated the situation. The respondents feared that after the COVID-19 lockdown would lead to a high number of adolescent pregnancies if things were left unchecked.

"I have heard of parents giving out their girls in marriage claiming that they cannot fend for them during these times. Most relied on schools to feed the children but with these closed, that has turned out to be the alternative." Respondent Kajiado County.

The respondents further alluded to the fact that the lockdown provided adolescents with too much freedom resulting in destructive behaviour and activities. Some parents and guardians were worried that their children would end up engaged in irresponsible sexual behaviour and possibly lead to unintended pregnancies. Furthermore, due to lack of access to internet facilities, radio or televisions in the rural areas, most of parents and guardians were concerned that their children were missing out on the digital learning platforms rolled-out by the government on account of COVID-19.

4.3 Impact on Health

COVID-19 was reported to have led to various

Furthermore, due to lack of access to internet facilities, radio or televisions in the rural areas, most of parents and guardians were concerned that their children were missing out on the digital learning platforms rolled-out by the government on account of COVID-19.

stress levels amongst the respondents. Some reported having increased anxiety levels with cases of peptic ulcers reported. Further, the disease had brought with it heightened stigma for those seeking health care. This resulted in most people opting out of visiting health facilities when sick and only sought medical treatment when critically sick. Mothers reduced their maternal and reproductive health clinics with reported low cases for antenatal care, delivery services, family planning, immunization and postnatal care services.

"I was due for my three-month family planning visit but I am afraid of going. I am afraid if my neighbours know that I visited the health facility, they will avoid me. I will go when Corona is over." Respondent, Nairobi County

Across the counties, respondents reported rushed and poor services at the health facilities. They reported that the health workers were dismissive as some were not willing to attend to patients. A health worker reported that they were equally afraid given that they did not have the personal protective equipment to attend to the patients.

"Even us we are afraid given the susceptibility we find ourselves in. You see, we are supposed to treat everyone visiting the health facility with care for fear of contracting the disease. We only have surgical masks and that is not enough." Health worker Narok County

In some places, the respondents reported inaccessible health facilities due to short hours of operation with some opening as late as 11am and closing as early as 3pm. This was attributed to the curfew hours that affected the health workers travel time.

"The last two weeks I have heard my neighbours complain that they went to the health facility but they were already closed. Nowadays it is very hard to find an open facility before 11am and after 3pm." Respondent Nairobi County

Such instances were mainly reported in Nairobi county where some peripheral health facilities had temporarily adjusted their working hours because some health workers had been transferred to referral and tertiary health facilities to respond to COVID-19. Other facilities were closed as a result of the expressed fear from health workers who boycotted work unless

provided with adequate protective personal equipment as per the guidelines.

A common misconception spreading through the counties was that one would most likely contract the disease from visiting health facilities, "People are afraid of attending health facilities. That is where the disease is. We are treating ourselves at home." Respondent Bungoma County. A mother in Kajiado County reported, "My son has missed his immunization because I cannot risk taking him there. I would rather he misses than contracting that deadly disease." Reported a mother in Kajiado County

In the same vein, county residents claimed that the government had stopped other non-essential health services from being delivered in health facilities, instead health worker were dedicated to attending to COVID-19 cases. These were the misinformation going around and stopping many from visiting health facilities.

"My grandson told me that the government said that only those with Corona are to go to the hospital. I am treating myself at home when I get any ailment. Sometimes, I go to the chemist and buy pain killers when I have my back pains." Respondent Narok County

Most of the respondents reported the impact of loss of income on their health seeking behaviour. Those with existing condition like diabetes, high blood pressure among other non-communicable diseases reported failure to attending their clinical reviews or buying their monthly drug supplies due to lack of money to do so.

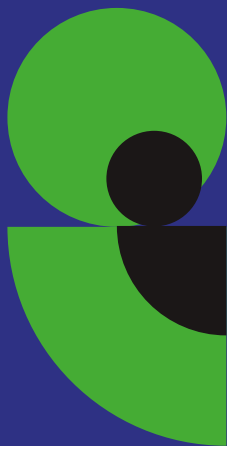
"My father has not managed to visit his doctor this month for his monthly check-up. The family could not afford it." Respondent Bungoma County

4.4 Impact on Adolescent Sexual Reproductive Health

With all learning institutions ordered closed by the government, this meant that school-going adolescents had to contend with staying at home for an extended period of time. There were several reported cases of young people engaging in irresponsible sexual behaviours leading to early pregnancies. The survey reported increased rates of consensual sexual behaviour among young people, with reported cases among school going children who were idle and spending a lot of their time with peers. There were also reported cases of drug abuse among young people with this being linked to the increased sexual activity observed.

"Sasa tumefungiwa na hatuna la kufanya. My friends and I just hang out with our peers. We do engage in sexual behaviours with our boyfriends to pass time. I know some of

"I have been called severally to take patients to the hospital at night but I have declined on all the occasions. I do not want to face the police or have my motorbike confiscated.



my friends who are already pregnant but ni kawaida. Tutacross bridge ya kurudi shule tukifika hapo." Respondent, Kisumu County

On access to youth-friendly health services, young respondents expressed concern over the deviation of resources to deal with COVID-19 resulting in unavailability of contraceptives – with reported stock outs – as well as unwillingness of health workers to perform full examinations in the reproductive health clinics. Additionally, a number of youth centres, where adolescents and young people would seek youth-friendly health services – were immediately transformed into isolation centres. Many young people indicated that they strongly felt the government had left them out in the COVID-19 response.

4.5 Impact of Government Curfew

The respondents reported that the curfew and the imposed government lockdown had gravely affected them. Across the counties sampled, the respondents shared various ways their friends, relatives and neighbours were impacted in different facets of their lives. There was reported loss of livelihood as well as inability for most respondents and their fellow community members to access health facilities either due to the lockdown of some major towns or at night due to the curfew. Most respondents reported rising levels of police brutality especially during curfew hours when seeking health care services. In some instances, respondents were armed with a doctor's letter to show that they were coming from hospital or headed to the health facility, but the law enforcers did not pardon them. As a result, there were reported cases of forced quarantine, policy harassment or soliciting of bribes from the sick people. Additionally, transport was unavailable with many taxi drivers and the local boda riders fearing the police.

"I have been called severally to take patients to the hospital at night but I have declined on all the occasions. I do not want to face the police or have my motorbike confiscated. I told the callers to look for alternatives. I am not the only one, my colleagues around here have equally being declining night business." Boda Respondent Kajiado County.

There were cases of some boda riders reportedly accosted by police for taking clients the hospital at night. Even relatives who had private cars were not spared

"My son is meant to go for review in Nairobi. However, I may not make it given the restricted movement into Nairobi." Respondent Kajiado County.

the brunt of the law enforcers with many reportedly sleeping in their cars at night, especially those dropping their patients at night including mothers in labour. This was mainly reported in Nairobi county. In some cases, however, the clients who had the local police numbers were lucky. They had to call the police officers to inform them that they needed to access the health facility during curfew hours.

"For us at home were lucky when my wife needed to go to deliver at night. My brother had the local police mobile phone contacts and all we had to do was to call them and tell them that we needed to go to the health facility." Respondent Kajiado County

The curfew was most felt by pregnant mothers and young children particularly those that develop high fevers or sudden respiratory conditions at night, and needed to medical attention. Across the surveyed counties, residents reported knowing a mother(s) who had resulted to delivering at home since they could not venture outside for fear of policy harassment. In some cases, the transport was unavailable at night given the fear expressed by drivers and boda riders. There were reported cases of known maternal and newborn deaths with two being reported in Nairobi and one in Kisumu during the survey period. There were also cases of mothers bleeding a lot during labour and not being able to access the health facilities till later in the morning. This was a rampant response across the surveyed counties; many called on the government to come up with urgent measures to address the issue and make it permissible for mothers, children and patients to access urgent care at night.

"The government needs to move with speed and come up with measures that allow pregnant mothers, babies and emergency cases access to the health facilities. They could use the mother baby booklet as a permit during such times. I have seen mothers suffer in this area at night. The taxis or boda riders carrying the patients should also be excused to move around at night." Respondent Kisumu County

"I think the government is not understanding how we live before issuing instructions. We do not predict when labour will start or when we will get sick. Some of these exemptions should have been thought about before issuing the blanket curfew." Respondent Bungoma County

The lockdown made it quite difficult for out-of-town patients to access their regular health services in the restricted counties such as Mombasa and Nairobi. Respondents shared about planned visit to various health facilities they were forced to cancel because of lockdown and other restrictions in those counties.

"My son is meant to go for review in Nairobi. However, I may not make it given the restricted movement into Nairobi." Respondent Kajiado County.

Other effects of the lockdown and curfew included loss of livelihood and reduction in earning power given the limited working hours across the counties.

5.0 Conclusion

Although the survey set out to establish the impact of COVID-19 on health care, particularly reproductive, maternal, newborn and adolescent health care, the results point towards a broader impact of COVID-19 on citizens in all their diversity. As the disease spreads across counties and communities, it has exposed many ills in the health care system amongst them; a shortage of health care workers, unpreparedness in emergency response, the inequities in the response and lack of citizen engagement. Further, the most vulnerable and marginalised citizens, among them women and girls especially those living with disabilities, adolescents and young people, rural and those living in informal settlements have suffered the brunt of the disease and its response mechanism. The disease has spotlighted some of these inequities, while also revealing deep holes in the way health care is organised and delivered across the whole continuum.

The rising numbers of sexual gender-based violence, adolescent pregnancy, child marriage, forced marriage, increase in cases on insecurity are among some of the strongly felt immediate impacts of the disease. Further, the myths and misconceptions coupled with misinformation around the disease and proper prevention messaging is a point of concern. Police brutality topped the list in negatively impacting health seeking behaviour at night, pregnant mothers and children under five bore the consequences of their extreme vigilance. The rising numbers of home deliveries, and some instances of maternal and newborn deaths, are worrisome if appropriate action is not taken.

To sum it up, emergency health, including reproductive, maternal, newborn and adolescent health services, are critical essential services which should not have been overlooked in the COVID-19 response. Pregnant women will need antenatal and postnatal services, delivery services and complications may arise as in normal times. At risk groups such as children under five and those living with existing conditions will need emergency care outside normal working hours; hence, a well-managed response system in health care - one that does not lock out the existing systems and that allows citizens access to essential health care services with minimum exposure risk - is critical during this pandemic.

6.0 Recommendations

The survey has established gaps in the current COVID-19 response mechanism and approach that need to be addressed to recover from the negative system-wide impacts of the pandemic, which if left unchecked may lead to worse health outcomes than the disease itself. This will require a deliberate and all-inclusive response model to ensure that voices from the citizens are meaningfully incorporated based on their realities and lived experiences. The survey makes the following recommendations to the government - at both the county and national level:

1. For the COVID-19 response to be effective, it will be important to put citizens at the front and centre of it. The involvement of citizens will be key in adaptation, contextualization and reprioritization of the response to effectively meet their needs and protect them from further social and economic shocks.

2. There should be clearly communicated modalities of reaching the hard to reach population, those living with disabilities, adolescents and young people to ensure that key messages and right information regarding the disease is availed to all population and to dispel the myths and misconceptions emerging.

3. The current COVID-19 response task forces should be representative and diverse with accommodating modes of engagement to ensure members, including citizens and civil society groups working across levels (grassroots, county and nationally), are effectively involved and well-coordinated in the response

4. Health workers should be sensitized and supported to deliver health services during a pandemic. The availability of personal protect equipment is paramount in facilitating the delivery of safe and quality health services.

5. It is essential that protocols for pregnancy and childbirth during the pandemic are evidence-based and uphold the human rights of all mothers and children.

6. Maternal health care services should continue being prioritised as an essential core health service.

7. Sexual and reproductive health care services, such as family planning, need to remain available as core health services. Adolescents and young people's self-articulated needs must be integrated in the COVID-19 response mechanism. Decision-makers should meaningfully engage them in co-developing interventions to address their current sexual and reproductive health challenges.

8. The COVID-19 response mechanisms at national and county level should closely work with the grassroots leadership in the planning and implementation of health promotion protocols to ensure a chain of positive behaviour change at the community level and long-term sustainability in the interventions.

9. These unprecedented times call for involvement of citizens as powerful drivers of health care. Incorporating insights and ideas from diverse citizen clusters is central for the co-production of health, whereby health professionals, government agencies and citizens work together to plan, deliver, and evaluate the best possible avenues throughout the response period.

10. It will be critical that the government and the donor community invest in self-care and health literacy as pivotal points of entry in the crisis response and the broader Universal Health Coverage discussions towards achievement of the Sustainable Development Goals. This will call for investments not only in crisis situations but also for long-term preparedness.

7.0 Annexes
SURVEY QUESTIONNAIRE

UNDERSTANDING THE IMPACT OF THE COVID-19

PANDEMIC EFFECTS ON REPRODUCTIVE MATERNAL NEWBORN AND CHILD HEALTH SERVICES IN KENYA

Introduction

White Ribbon Alliance Kenya is a locally led, globally connected grassroots movement. Our vision is a Kenya where all women and girls realize their right to quality health and wellbeing. Our mission is to catalyse and convene a citizen-led advocacy and accountability movement that champions for the respect, protection and fulfilment of the right to health and right to participate, specifically to ensure that maternal and newborn mortality and morbidity are reduced and universal access to sexual and reproductive health services is achieved. A key component in the management of any infectious disease outbreak is the care of the most at risk populations. These include pregnant women, young children, nursing mothers, people living with disability, the elderly, refugees and migrants among others. The concerns and needs of these vulnerable and marginalized groups need prioritization during any crisis. WRA Kenya endeavours to ensure that our mission is amplified during the wake of the exponential COVID-19 crisis in Kenya.

Objectives of the survey

1. Collect public voices on their level of awareness on COVID-19 in relation to reproductive maternal health care services access at all levels of care, through use of digital technology and other appropriate means;

2. Capture critical voices (mothers, women and girls living with disability, care givers, frontline health workers, community volunteers) that need to be amplified in view of the COVID-19 pandemic and reproductive maternal health care;

3. Continually inform programming activities for responsiveness through county and national taskforces leading the response through various media and channels.

Methodology

This brief survey is being undertaken to enable White Ribbon Alliance Kenya to understand the extent to which the COVID-19 pandemic has affected reproductive maternal newborn and child health services, and generally health care service utilization in your county. Using WhatsApp calls, phone calls, social/ physical distance-compliant focus group discussions, recorded conversations, verbal reports from community members, among other appropriate channels, WRA Kenya will bring the voices of women and girls into the current county and national conversations to ensure that the response will include their self-articulated issues and priorities.

I would like to ask you a few questions with regard to your perspectives on these issues. I wish to assure you that all information will be treated with strict confidentiality, and anything you share will not be directly linked to you in the final report and response. Do you wish to take part?

About the interviewee

a. Age/Age Bracket of interviewee:

b. Sex of interviewee:

c. County of interviewee:

d. Sub County of interview:

Main questions

1.Understanding on the disease

a. Have you heard of the Corona Virus disease (COVID-19)? What information do you have about the disease?

b. Where did you get this information from? Probe for all possible sources

c. Do you think the information is sufficient to help you make informed choices to prevent or manage the disease?

d. Do you think the information is reaching everyone including the disadvantaged people in the community? (people living with disability, those who cannot read and write, women and girls, among others)

e. How are you protecting yourself and your household from the disease?

2. Impact on everyday life

a. How has the disease outbreak impacted your everyday life, social life, family life, economic life, if at all?

b. Is there a stigma associated with Corona Virus either where you work and/or live? If so, how is this manifesting?

c. What challenges do you feel women and girls in your neighbourhood/community might be/are facing during this period? (violence inside and outside the home, rape, teenage pregnancies, prostitution, forced marriage etc.)

d. Are there any coping mechanisms and structures that you, your family or community have put in place to deal with the current situation that calls for social distancing, hand washing, staying at home, no social gatherings such as funerals, among others?

3. Impact on health

a. How has the disease affected your mental health? (probe for anxiety, stress,) general health

b. If at all, how has disease outbreak affected how you access health services?

c. Have you attended any health facility since the outbreak of this disease? If yes, what was your experience? Do you think the health workers in the facilities are well protected from contracting the disease?

d. How has this affected your access to reproductive and maternal health services, including antenatal clinics, delivery in health facilities, immunization visits, family planning clinics etc.?

e. What concerns do you have regarding your health-seeking behaviour?

f. What would you want to be done differently to help you access the best possible reproductive and maternal healthcare during the disease outbreak?

4. Impact of the curfew and lockdown

a. How has the recent curfew imposed by the government in response to the disease outbreak affected your livelihood?

b. Have you had any emergency/anticipate any emergency or issue that might require you seek an essential service or be outdoors after 7pm?

c. Are you anticipating any emergency or issue that might require you seek and a health facility away from your nearest health facility/county?

d. Do you have an emergency contact e.g. Community Health Volunteer/Nurse/Midwife / Paediatrician who is checking on you and whom you can report to before accessing a health facility?

e. In case of an emergency, do you know how and where to get the emergency travel permit/document?

f. Have travel restrictions reduced your access to antenatal care services, health facility delivery services, contraceptives, menstrual products, and other family planning services and products?

g. Do you know or have you heard of a pregnant mother who has delivered at home because of the restrictions? Or who has been affected in any way by the containment measures?

h. What do you suggest should be the government response to support the women, girls, persons with disability, and other vulnerable groups in your community?

4. Any other information you would wish to share? Do you have any questions for me?

Annex 2: Exclusion of Liability for Negligence

Our Stand:

The White Ribbon Alliance has to the best of our knowledge kept to the guidelines provided for by the Ministry of Health, Local and National Governments in a bid to play our part in combating COVID-19. We endeavor to remain faithful in this regard.

Our Expectation:

It is our expectation that All White Ribbon Alliance Staff, Partners, Mobilizers, Volunteers and other Affiliates take any and all necessary measures as required by the Ministry of Health, Local and National Governments in preventing the further spread of COVID-19.

I _____ I.D. number _____ hereby exempt the White Ribbon Alliance of any liability in the event of wilful misfeasance, bad faith, gross negligence or reckless disregard of the obligations set out by the Ministry of Health, Local and National Governments.

I understand that I will be fully liable for any actions taken by the Government against me.

Signed: _____ Date: _____

Annex 3:
Survey Consent Form

I give my consent for my words and perspectives to be collected and shared. This may include through social media, videos, newspapers, magazines or other printed material nationally and beyond. This does not include any publications, advertisements or other promotional materials whose goal is to sell a commercial product or other commercial purposes. In return, I ask the COVID-19 Response Team to make their best effort to inform me about the results of my participation, the impact of my words and perspectives, and if possible, to show me examples of how and where they have appeared.

Name of Mobiliser: Sign:

No.	Name of Respondent	B30	A30	County	Mobile No	Email Address/ID No

Annex 4:
Names of Data Collectors

COUNTY	MOBILISER
Bungoma	1. Collins Masinde 2. Abigael Nekoye Watila
Nairobi	1. Vincent Odhiambo 2. Kevin Esanjilo
Narok	1. Fredrick Leshan 2. Solomon Lengeny
Kajiado	1. Irene Timanoi: 0715 075 786 2. Maureen Namunyak Naya
Kisumu	1. Joseph Okoth Ojuki 2. Mercy

contact : Mrs. hjkajkjajjjkk

info : gjjhxjhxahk@jjaj.com