

## OVERALL KEY FINDINGS

Majority of married women remained economically reliant on their husbands.

44\% of health facilities offering family planning services experienced more irregular method supplies during COVID-19 restrictions.

In 22\% of facilities, staff providing family planning services were reassigned to COVID-19 related services during restrictions, while family planning services were suspended in $5 \%$ of the facilities that typically offer family planning.

## SECTION 1: CONCERN ABOUT COVID-19

## CONCERN ABOUT GETTING COVID-19

Percentage of women who are concerned about getting COVID-19


## KEV FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19

- There was a little drop in the proportion of women concerned about getting infected with COVID-19 between June 2020 and February 2021.
- Only 4\% of women were not concerned about getting COVID-19, another 4\% were a little concerned.


## HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth ( $n=925$ )


## 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 $(n=821)$


## 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


Page 2

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

- 71\% of women living in households that reported complete or partial income loss in the past 12 months reported full or partial recovery.
- Proportion of women who live in households that experienced food insecurity declined by nearly $50 \%$ between June 2020 and February 2021.
- Majority of married women remained economically reliant on their husbands.


## SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

## W ANT TO VISIT HEALTH FACILITY



## DIFFICULTY ACCESSING HEALTH FACILITY

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


## REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

Among women who wanted to visit a health facility recently and reported any difficulty in access, the percent who reported the following difficulties (multiple responses allowed), by age


$$
100
$$

80


100


60


## Partner does not approve $x^{\text {寿 }}$

```
60
```

40


$$
100
$$

```
80
```

60
40

20


Government restrictions on movement


100


Fear of COVID-19 at facility
100

$$
80
$$

60


## 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 age


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

- Difficulties faced by women who needed to access health facilities have drastically declined from $42 \%$ in June 2020 to 12\% in February 2021.
- Proportion of women who needed to visit a health facility but were unable to access services remains unchanged (10\%) since June 2020.
- Fear of COVID-19 at the health facility as a reason for difficulty among women who needed to visit a health facility
has declined from 28\% in June 2020 to 3\% in February 2021.


## 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 $(n=66)$


Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions $(n=59)$


Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions ( $n=57$ )

Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions ( $n=66$ )


Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions ( $n=59$ )


- No

Among facilities offering FP services, the percentage distribution of FP method supplies during the COVID-19 restrictions ( $n=59$ )


- 47\% of facilities have reduced hours of operation during COVID-19 restrictions, $12 \%$ of them were closed when they would have otherwise been open.
- In 22\% of facilities, staff providing family planning services were reassigned to COVID-19 related services during restrictions, while family planning services were suspended in $5 \%$ of the facilities that typically offer family planning.
- 44\% of facilities offering family planning services experienced more irregular method supplies during COVID-19 restrictions.

PMA Nigeria (Kano) collects information on knowledge, practice, and coverage of family planning services in 25 enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The results are representative at the state-level. Phase 2 data were collected between December 2020 and February 2021 from 854 households ( $99.5 \%$ response rate), 1136 females age 15-49 (99.5\% response rate), 66 facilities ( $97.1 \%$ completion rate), and 747 client exit interviews. For sampling information and full data sets, visit www.pmadata.org/countries/nigeria

The COVID-19 phone survey was conducted 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 December 2019 and January 2020). Of the 429 (33.6\%) eligible respondents, $8.2 \%$ were not reached. Of those reached, $98.7 \%$ completed the survey for a response rate of $90.7 \%$ 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 Nigeria is led by the Centre for Research, Evaluation Resources and Development (CRERD). 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.

