## OVERALL KEY FINDINGS

- Ninety-two percent of women have taken an action to avoid COVID-19-the most common preventive action taken was prayer, followed by washing hands frequently.
- Nine percent of surveyed non-pregnant women have changed their mind about wanting to become pregnant because of COVID-19 concerns.
- Four percent of surveyed women using a contraceptive method between Phase 1 and COVID-19 survey have discontinued, while $\mathbf{7 \%}$ were new adoptors.
- Ten percent of women who needed to visit a health facility since COVID-19 restrictions were imposed were unable to access services.
- Seven in $\mathbf{1 0}$ women reported that their household experienced partial loss of income since COVID-19 restrictions, while $\mathbf{1}$ in $\mathbf{5}$ women reported complete loss of household income.


## SECTION 1: KNOWLEDGE AND USE OF COVID-19 CALL CENTERS

## HEARD OF COVID-19 CALL CENTER

Percentage of women who have heard of a COVID-19-related call center, by education ( $n=388$ )


## TRUST THE <br> COVID-19 CALL CENTER

Percent of respondents who trust the emergency/call center number ( $n=303$ )


## KEY FINDINGS FOR SECTION 1: KNOWLEDGE AND USE OF COVID-19 CALL CENTERS

- Nine in ten respondents know and trust the COVID-19 emergency call number
- Sixty-four percent of all women have heard of the COVID-19 call centre. Seventy-nine percent of women with secondary education compared to $52 \%$ of women with no education have heard of the COVID-19 centre.
- Four percent of women who have heard of COVID-19 call centre have tried calling the number.


## HAVE TRIED TO CALL THE COVID-19 CALL CENTER

Among the women who have heard of the COVID-19 call center, percentage who tried calling the number, by age ( $n=303$ )


CONCERN ABOUT COVID-19
Percentage of women who are concerned about getting COVID-19, by education ( $n=385$ )



- Not concerned
Concerned
- A little concerned
Very concerned


## SOCIAL DISTANCING

Percentage of women who are able to avoid contact outside of the household, by age $(n=385)$


## ACTIONS TAKEN TO AVOID COVID-19

Among the percentage of women who have taken preventative action to avoid COVID-19, the percentage taking each action (multiple responses allowed) $(n=352)$


## UNABLE TO SOCIAL DISTANCE

Among the percentage of women who are unable to avoid contact with people outside their household, the percentage reporting each reason (multiple responses allowed) ( $n=105$ )


## KEY FINDINGS FOR SECTION 2: CONCERN ABOUT COVID-19 AND PREVENTIONMEASURES

- Seventy-nine percent of women were very concerned about getting COVID-19
- To avoid infection women used several methods simultaneously. Almost all (96\%) mentioned prayer and 93\% washed hands frequently
- One in 3 women were unable to avoid contact outside of the household. The most common reason was the need to visit friends or family, followed by attending funerals.


## SECTION 3: PREGNANCY ATTITUDES

## PREGNANCY ATTITUDES

Percentage of non-pregnant women who changed their attitude toward pregnancy between Phase 1 and the COVID-19 phone survey ( $n=315$ )


Percentage of non-pregnant women who have changed their mind about wanting to become pregnant because of COVID-19 concerns, by age ( $n=335$ )

|  | No | Yes |
| :---: | :---: | :---: |
| Total | 91 | 9 |
| $35-49$ | 92 | 8 |
| $25-34$ | 92 | 8 |
| $15-24$ | 90 | 10 |

## KEY FINDINGS FOR SECTION 3: PRECNANCY ATTITUDES

- Half of non-pregnant women surveyed would feel unhappy if they got pregnant during COVID-19, down from 61\% in Phase 1.
- Nine percent of surveyed non-pregnant women have changed their mind about wanting to become pregnant because of COVID-19 concerns.

FERTILITY INTENTIONS
Percentage of women whose desire for more children changed between Phase 1 and the COVID-19 phone survey ( $n=367$ )


Percentage of women whose desire for more children changed between Phase 1 and the COVID-19 phone survey, by age ( $n=367$ )


## KEY FINDINGS FOR SECTION 4: FERTILITY INTENTIONS

- The proportion of surveyed women who wanted to have children after two years increased from 46\% in phase 1 to 52\% in the COVID-19 survey.
- Twelve percent of women want no more children.


## CHANGE IN CONTRACEPTIVE USE STATUS

Percentage of women who changed contraceptive method type or use status between the Phase 1 and the COVID-19 phone survey ( $n=347$ )


## HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income since COVID-19 restrictions, by wealth $(n=388)$


## FOOD INSECURITY

Percentage of women who reported that at least one member of their household went without food since COVID-19 restrictions were imposed ( $n=385$ )

Among women who reported recent food insecurity, the percentage who said that it was more common now compared to before the COVID-19 restrictions were imposed ( $n=55$ )


## FREQUENCY OF FOOD INSECURITY

Among women whose households experienced food insecurity during COVID-19 restrictions, percent distribution of the number of times food insecurity was reported since the start of restrictions ( $n=55$ )

Often (more than 10 times)


Percentage of currently married women who are economically reliant on their husband ( $n=272$ )

Among currently married women who report being economically reliant on their husband, the percentage who say they are more reliant now compared to before the COVID-19 restrictions ( $n=178$ )


## FINANCIAL WORRY

Percentage of women who are worried about the impact of COVID-19 on their household's future finances, by wealth ( $n=385$ )

|  | No | Yes |
| ---: | ---: | ---: |
| Total | 4 |  |
| Highest quintile | 5 | 96 |
| Higher quintile | 1 | 95 |
| Middle quintile | 4 | 100 |
| Lower quintile | 6 | 97 |
| Lowest quintile |  | 94 |

## KEY FINDINGS FOR SECTION 6: ECONOMIC IMPACT OF COVID-19

- Seven in 10 women reported that their household experienced partial loss of income since COVID-19 restrictions while 1 in 5 women reported complete loss of household income.
- Thirteen percent of women reported that their household experienced food insecurity.
- Sixty-nine percent of married women are economically reliant on their husbands and among those, $89 \%$ are more reliant since the onset of COVID-19 restrictions.

SECTION 7: HEALTH SERVICE ACCESS BARRIERS
NOTE: Indicators with an unweighted denominator <25 cases are not shown.

## NEED TO VISIT HEALTH FACILITY

Percent of women who needed to visit a health facility since COVID-19 restrictions were imposed, by age ( $n=388$ )


## DIFFICULTY ACCESSING HEALTH FACILITY

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage who reported any difficulties in access, by age ( $n=122$ )


## SUCCESS IN ACCESSING HEALTH SERVICES

Among women who needed to visit a health facility since the COVID-19 restrictions were imposed, the percentage who were able to access those services, by age ( $n=122$ )


KEY FINDINGS FOR SECTION 7: HEALTH SERVICE ACCESS BARRIERS

- One in every 3 women needed to visit a health facility since COVID-19 restrictions were imposed and 42\% of them experienced some difficulty in accessing care since COVID-19 restrictions were imposed.
- Ten percent of women who needed to visit a health facility since COVID-19 restrictions were imposed were unable to access services.

Performance Monitoring for Action (PMA) Nigeria in Kano state collects state-level representative data on knowledge, practice, and coverage of family planning services in 25 clusters of enumeration areas selected using a multi-stage stratified cluster design with urban-rural strata. The COVID-19 phone survey (June 2020) was conducted among females age 15-49 at the time of the COVID-19 Survey who were interviewed at the baseline survey between December 2019 and January 2020, consented to follow-up, and own or had access to a phone ( $33.6 \%$ of the baseline population). Of the 429 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.

COVID-19 survey weights were generated for women aged 15-49 at the time of COVID-19 survey, who completed the baseline survey, consented to follow-up, provided a valid phone number, and completed the COVID-19 survey. These weights were calculated using the female weight from baseline, adjusting for selectivity due to phone ownership or access using an inverse probability weighting approach. The log odds of owning/having access to a phone was modeled as a linear combination of age, education, wealth, and residence at baseline. The COVID-19 survey weight was further adjusted for female non-response at the cluster level.

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