

PERFORMANCE MONITORING FOR ACTION

PMA NIGER

Results from Phase 1 survey

December 2020 - April 2021

OVERALL KEY FINDINGS



Nearly four in ten women (38%) are concerned about the impact of COVID-19 on their households' future income.

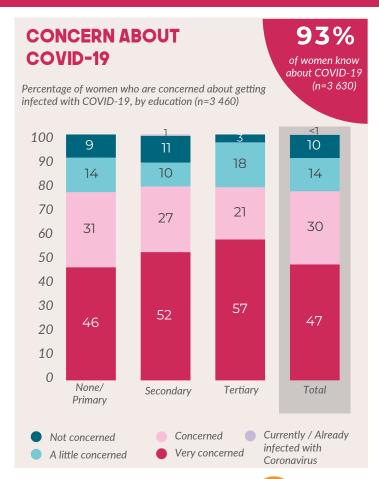


Among women who needed to visit a health facility during the COVID-19 restrictions, 82% were able to access services.



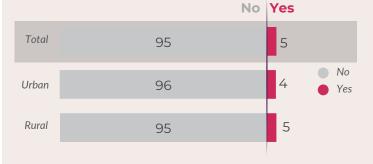
Three in ten health facilities (31%) reported reduced service hours during the COVID -19 restrictions.

SECTION 1: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES



LEFT CURRENT COMMUNITY TO AVOID COVID-19

Percentage of women that left current community to avoid COVID-19, among those that spent a night away from their community in the last 12 months, by residence $(n=1\ 150)$



KEY FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19 AND PREVENTION MEASURES

- Nearly all women of reproductive age (93%) have heard of COVID-19.
- Over seven in ten women were concerned about contracting COVID-19.
- Only 5% of women left their communities out of fear of contracting COVID-19.









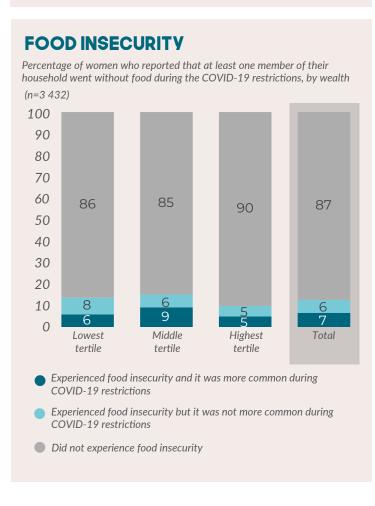
SECTION 2: ECONOMIC IMPACT OF COVID-19

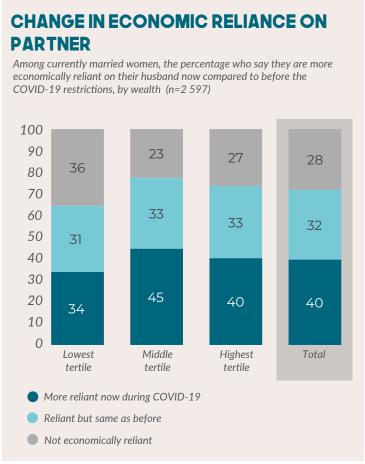
HOUSEHOLD INCOME LOSS Percentage of women whose household experienced loss of income during COVID-19 restrictions, by wealth (n=3 411) Middle Highest Total Lowest tertile tertile tertile

None

Partial

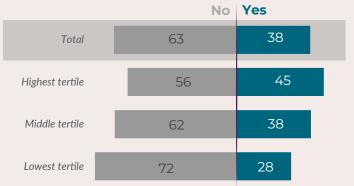






Complete

Percentage of women who are worried about the impact of COVID-19 on their household's future finances, by wealth (n=3 308)



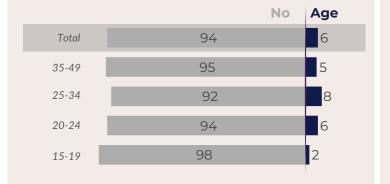
KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- Among women aged 15-49, 9% reported that their households experienced total income loss during COVID-19 restrictions.
- Among women whose households experienced partial income loss, 16% reported significant personal income loss.
- Four in ten women (40%) have grown more dependent on their partners during the COVID-19 pandemic. This percentage is higher (45%) among women in the middle wealth tertile.

SECTION 3: HEALTH SERVICE ACCESS BARRIERS

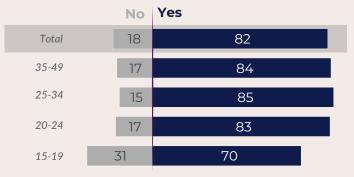
NEED TO VISIT HEALTH FACILITY FOR FP

Among women who needed to visit a health facility during the COVID-19 restrictions, the percentage of women who needed to visit a health facility for FP services, by age (n=1712)



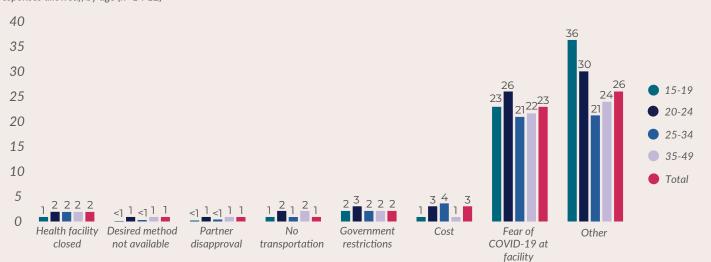
SUCCESS IN ACCESSING HEALTH SERVICES

Among women who needed to visit a health facility during the COVID-19 restrictions, the percentage who were able to access those services, by age (n=1 693)



DIFFICULTY IN ACCESSING HEALTH FACILITY

Among women who needed to visit a health facility during the COVID-19 restrictions, the percentage who reported any difficulties in access, by age (multiple responses allowed), by age (n=1.712)



NOT USING FP FOR COVID-RELATED REASONS Among women not using an FP method, the percentage who reported the following COVID-19 reasons (n=776) 30 25 20 15 10 20 5 11 \cap 0 Desired method Health facility Government Fear of Other not available closed/services restrictions COVID-19 COVID-related not available at facility reason

KEY FINDINGS FOR SECTION 3: HEALTH SERVICE ACCESS BARRIERS

- Among women who needed to visit a health facility during the COVID-19 restrictions, only 6% were seeking family planning (FP) services.
- Among women who needed to visit a health facility, 23% reported that fear of getting COVID-19 was an obstacle to access.
- Among women who did not use FP for reasons related to COVID-19, 11% reported having been concerned about contracting the disease at a health facility.

SECTION 4: COVID-19 IMPACT ON SERVICE DELIVERY POINTS

HEALTH FACILITY CLOSURE DURING COVID-19 RESTRICTIONS

Percentage of public and private facilities that closed during COVID-19 restrictions when they would have otherwise been open (n=287)



IMPACT ON FP SERVICES DURING COVID-19 RESTRICTIONS

Percentage of facilities reporting reduction in number of hours of operation during COVID-19 restrictions (n=286)



Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=244)





Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions (n=244)

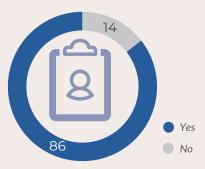
Yes 99 No Percentage of all facilities reporting increased absenteeism of personnel during the COVID-19 restrictions (n=286)



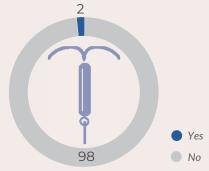
Percentage of facilities reporting disruption of support services to community health workers during the COVID-19 restrictions (n=67)



Among facilities offering FP, percentage reporting that they kept records of FP clients up-to-date during COVID-19 restrictions (n=243)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=221)



SUPPLY OF FP METHODS

Among facilities offering FP, percentage reporting an irregular or stopped supply of FP methods during the COVID-19 restrictions (n=242)





REDUCTION IN FP CLIENTS

Among facilities offering FP, percentage that reported a reduction in FP clients during the COVID-19 restrictions (n=241)



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

- Over eight in ten health facilities (86%) providing FP services reported having kept FP client registers up to date during COVID-19 restrictions.
- Nearly four in ten health facilities (39%) providing FP services reported a decrease in the number of FP clients during COVID-19 restrictions (sharp decrease: 5%; moderate decrease: 7%; and slight decrease: 27%).
- 12% of health facilities providing FP services reported increased absenteeism among their personnel during COVID-19 restrictions.

PMA Niger collects information on knowledge, practice, and coverage of family planning services in 103 enumeration areas using a multi-stage stratified cluster design with urban-rural strata. The results are nationally representative. Data were collected between December 2020 and April 2021 from 3,515 households (with a 98.8% response rate), 3,633 women aged 15-49 years (95.4% response rate), 287 facilities, and 684 client exit interviews. For sampling information and full data sets: https://www.pmadata.org/countries/niger.

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 Niger is led by the Institut National de la Statistique du Niger. 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.

