

PMA COTE D'IVOIRE

COVID-19 results from recent surveys

December 2021



OVERALL KEY FINDINGS



Concerns regarding Covid-19 transmission declined among women, from **89%** in **2020** to **78%** in **2021**.



At **Phase 2**, one in two married women reported becoming economically dependent on their partners compared to **56%** in **Phase 1**.

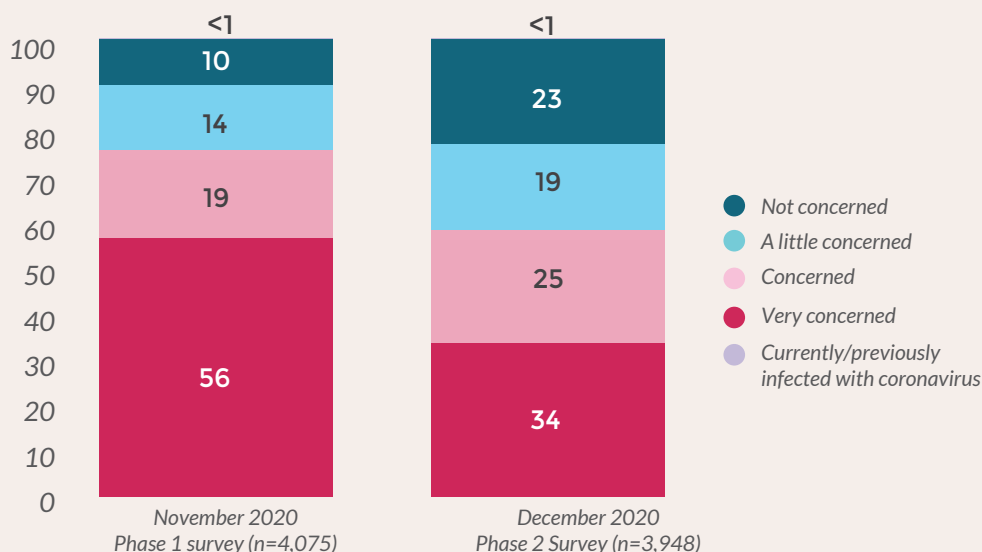


Among women who sought to access a health facility, the proportion of those who reported challenges in accessing health services decreased from **32%** at **Phase 1** in **2020** to **9%** at **Phase 2** in **2021**.

SECTION 1: CONCERN ABOUT COVID-19

CONCERN ABOUT GETTING COVID-19

Percentage of women who are concerned about getting COVID-19



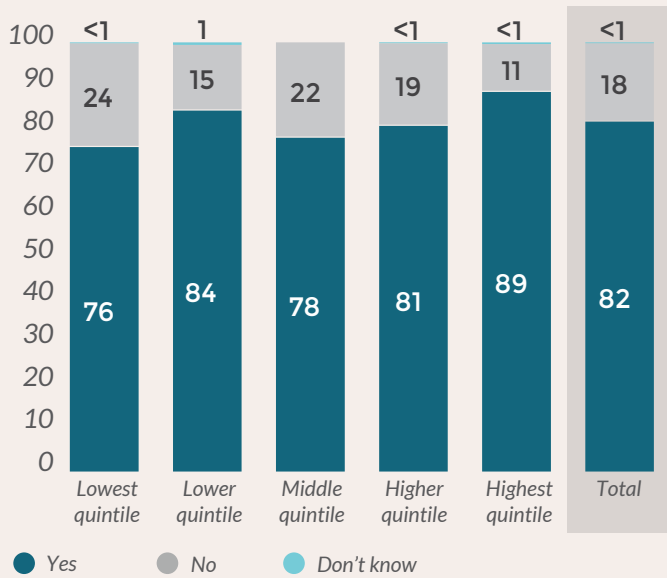
KEY FINDINGS FOR SECTION 1: CONCERN ABOUT COVID-19

- Concerns regarding Covid-19 transmission decreased among women, from 89% in 2020 to 78% in 2021.
- At Phase 2, one in three women were very concerned about getting infected with Covid-19, compared to one in two women at Phase 1.

SECTION 2: ECONOMIC IMPACT OF COVID-19

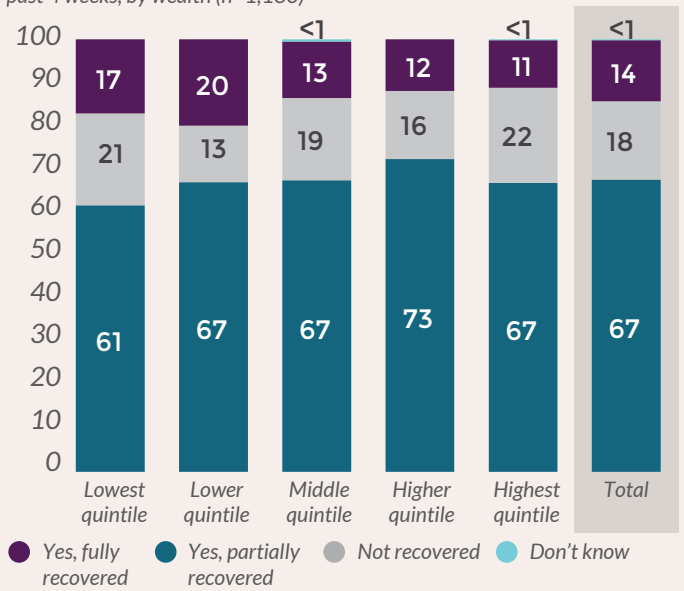
HOUSEHOLD INCOME LOSS

Percentage of women whose household experienced loss of income due to COVID-19 in the last 12 months, by wealth (n=1,362)



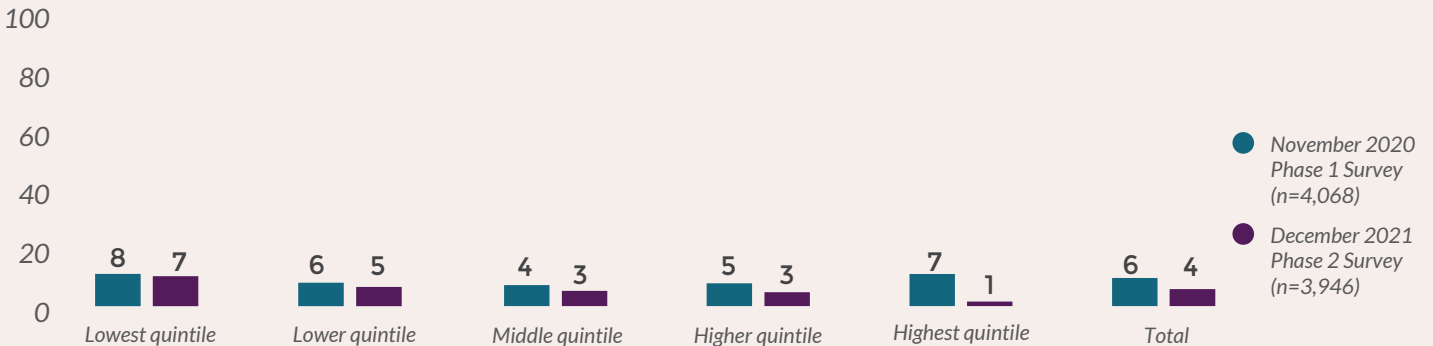
HOUSEHOLD INCOME RECOVERY

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=1,130)



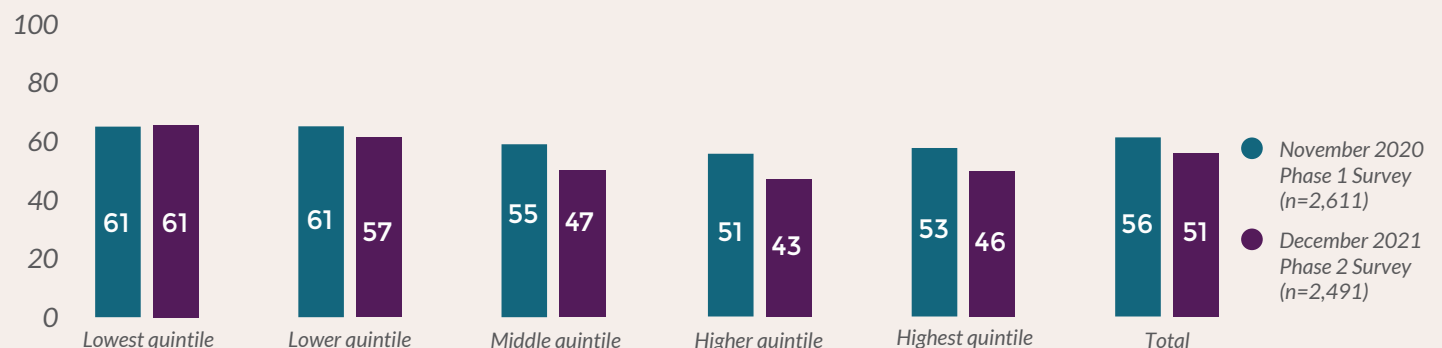
FOOD INSECURITY

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



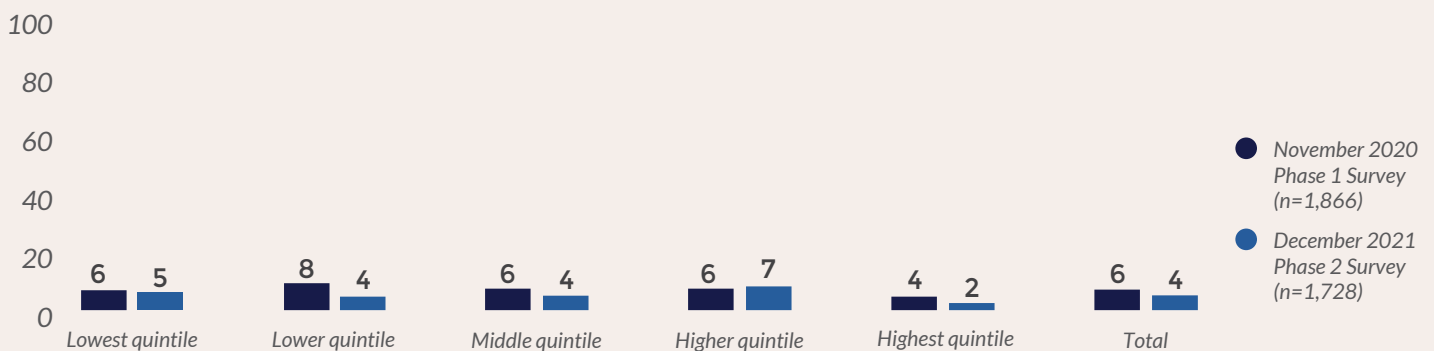
KEY FINDINGS FOR SECTION 2: ECONOMIC IMPACT OF COVID-19

- 82% of women reported that their households experienced some income loss due to Covid-19 over the last 12-months. This income loss was reported across all wealth quintiles.
- Among women who reported total or partial income loss in their households over the last 12-months, 18% had not yet recovered their income in the four weeks preceding the survey.
- At Phase 2, one in two married women reported becoming economically dependent on their partners, a slight decrease from Phase 1 (56%).

SECTION 3: BARRIERS TO ACCESSING HEALTH SERVICES

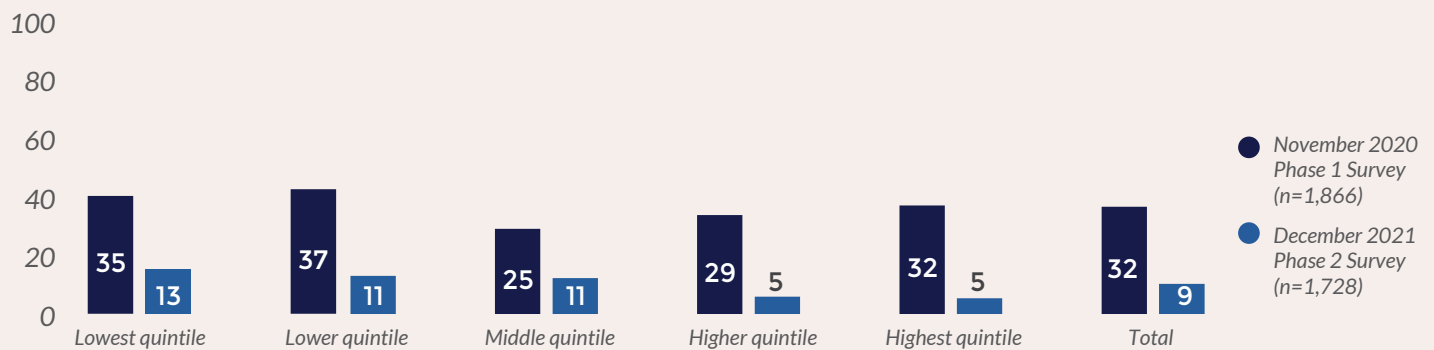
WANT TO VISIT HEALTH FACILITY

Among women who wanted to visit a health facility, the percentage that went for FP, by wealth



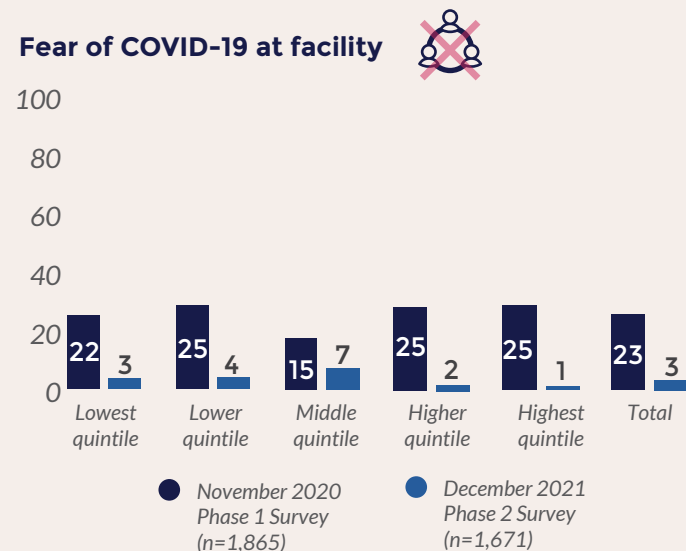
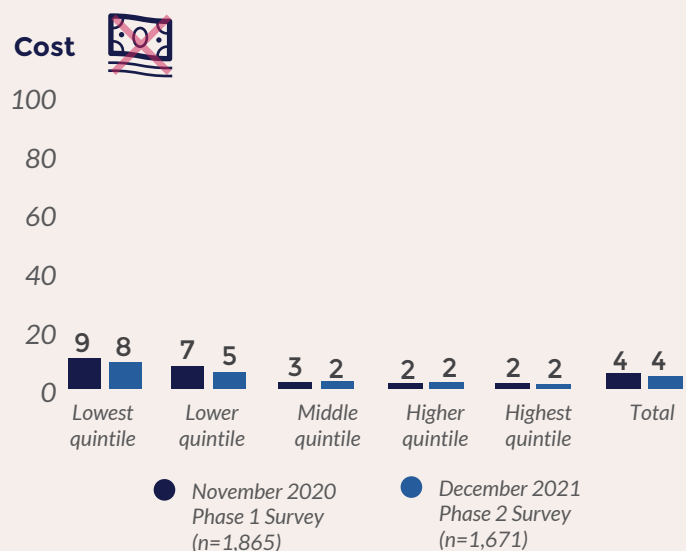
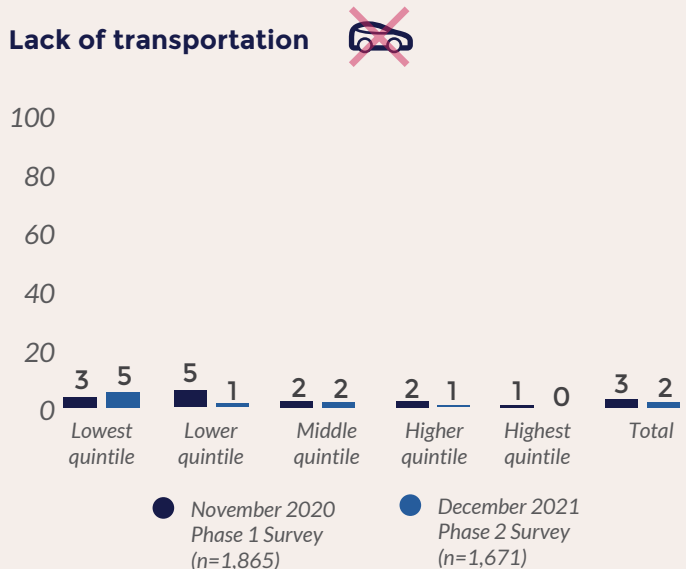
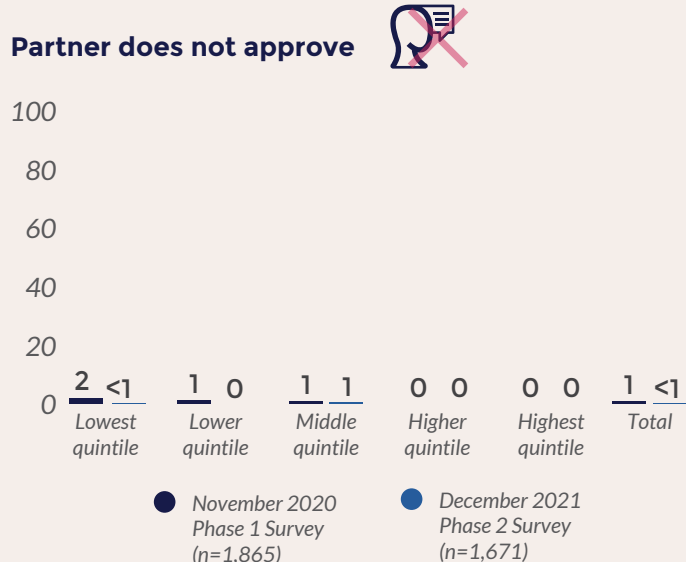
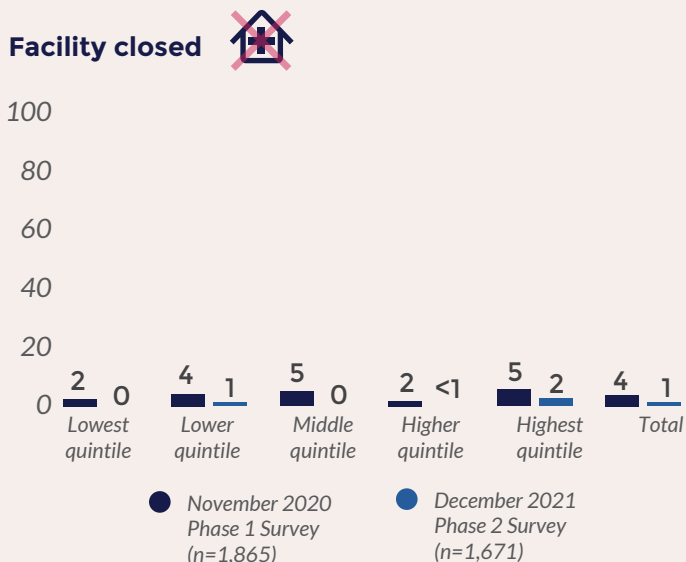
DIFFICULTY ACCESSING HEALTH FACILITY

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



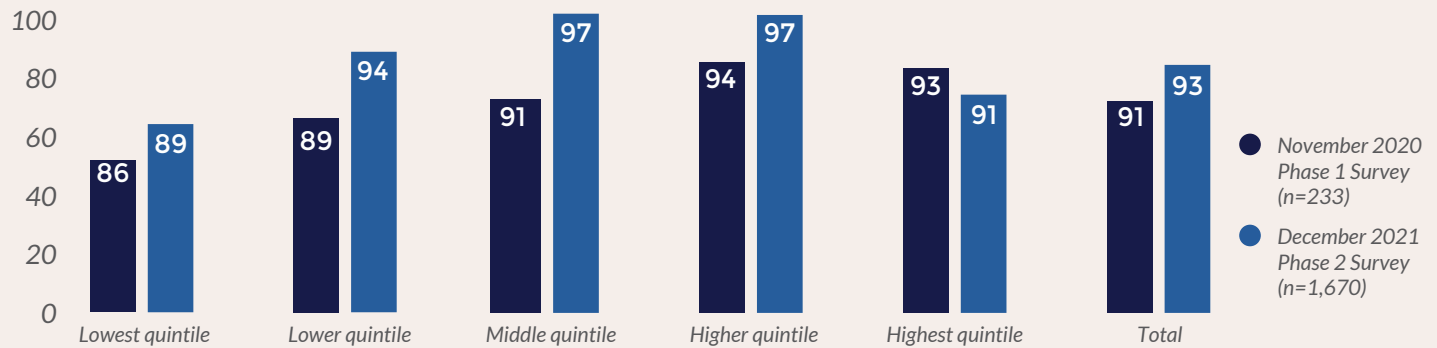
REASONS FOR DIFFICULTY ACCESSING HEALTH FACILITY

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 wealth



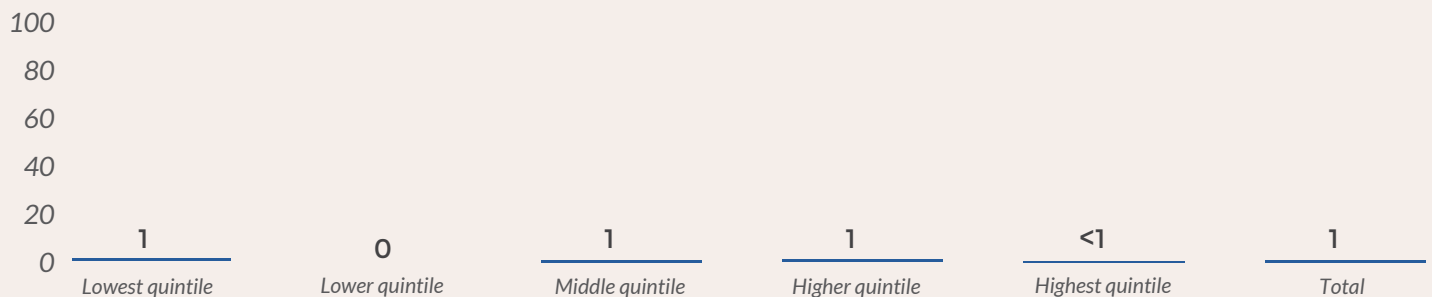
SUCCESS IN ACCESSING HEALTH SERVICES

Among women who wanted to visit a health facility recently, the percentage who were able to access those services, by wealth



FP INTERRUPTION DUE TO COVID-19

The percentage of women who stopped or interrupted their contraceptive method use due to the COVID-19 restrictions, by wealth (n=1,263)



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

- Among women who sought to access a health facility, the proportion of those who reported challenges in accessing health services decreased from 32% in 2020 to 9% in 2021.
- Among women who sought to access a health facility and who reported challenges in accessing health services, the proportion of women who reported being afraid of getting infected with Covid-19 decreased from 23% in 2020 to 3% in 2021.
- Among women who sought to access a health facility, 93% were able to access health services in 2021 compared to 91% in 2020.

Women were asked about events since the COVID-19 restrictions were implemented during the Phase 1 survey. For the Phase 2 survey, women were asked about events in the past 4 weeks.

PMA Côte d'Ivoire collects information on knowledge, practice, and coverage of family planning services in 122 enumeration areas selected using a multi-stage stratified cluster design with urban-rural and region strata. The results are representative at the national level and within an urban/rural strata. Data were collected in 27 regions in PMA2020 R1-2 and 30 regions in PMA Phases 1 and 2. Data were collected between September and December 2021 from 3,830 households (95.7% response rate), 3,949 females age 15-49 (96.0% response rate), 216 facilities (96.4% completion rate). For sampling information and full data sets, visit <https://www.pmadata.org/countries/cote-divoire>.

Phase 1 data were collected between November and December 2020 from 3,988 households (96.0% response rate) and 4,135 females age 15-49 (97.0% response rate).

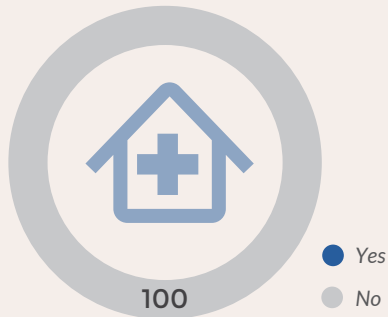
Percentages presented in this brief have been rounded and may not add up to 100%.

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 Côte d'Ivoire is led by Ecole Nationale Supérieure de Statistique et d'Economie Appliquée d'Abidjan (ENSEA). 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.

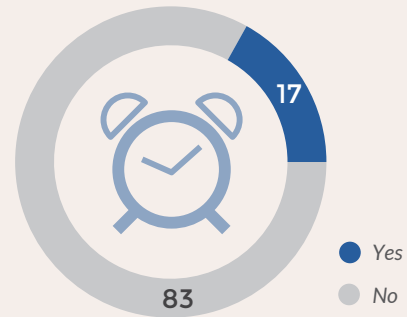
Link to questionnaire and PMA COVID-19 website: <https://www.pmadata.org/technical-areas/covid-19>.

IMPACT ON HEALTH AND FP SERVICES DURING COVID-19 RESTRICTIONS

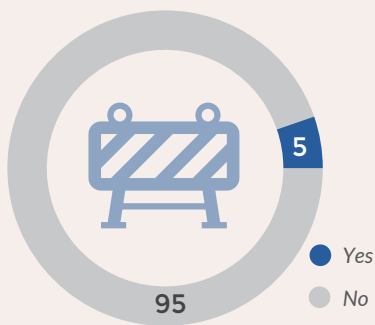
Percentage of facilities that closed during the COVID-19 restrictions when they would have otherwise been open (n=77)



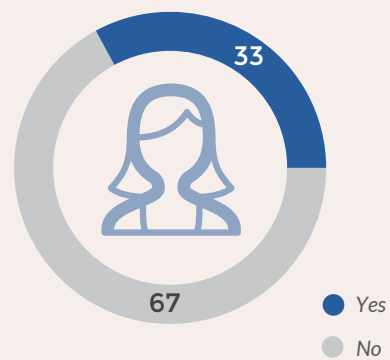
Percentage of facilities reporting reduction in hours of operations during the COVID-19 restrictions (n=77)



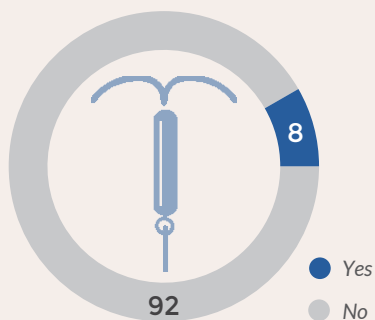
Among facilities offering FP, percentage reporting a suspension of FP services during COVID-19 restrictions (n=76)



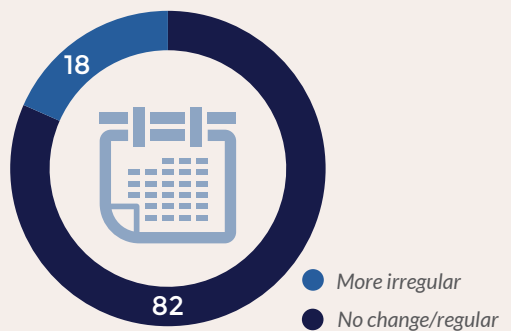
Among facilities offering FP, percentage where personnel were reassigned from FP services to COVID-19 related duties during the COVID-19 restrictions (n=76)



Among facilities offering FP, percentage reporting a period of time when provider-administered methods were not offered during COVID-19 restrictions (n=72)



Among facilities offering FP services, the percentage distribution of FP method supplies during the COVID-19 restrictions (n=76)



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

PMA Kenya Kilifi collects information on knowledge, practice and coverage of family planning services in 25 Enumeration areas selected using multi-stage stratified cluster design with urban-rural and region strata. The results are county-level representative. Phase 2 data were collected between November and December 2020 from 770 households (95.3% response rate), 867 females age 15-49 (97.2% response rate), and 77 facilities (86.5% completion rate). For sampling information and full data sets, visit www.padata.org/countries/kenya.

The COVID-19 phone survey was conducted in Kilifi county 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 November-December 2019). Of the 494 (53.9%) eligible respondents, 9.7% were not reached. Of those reached, 100% completed the survey for a response rate of 90.3% 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 Kenya is led by the Ministry of Health in collaboration with International Centre for Reproductive Health Kenya (ICRHK), 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.padata.org/technical-areas/covid-19>.