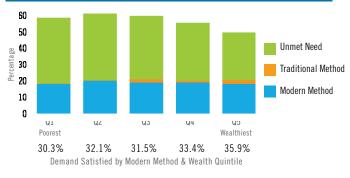


KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys (married women, age 15-49)		
	DHS 2008	PMA2013/ Ghana
Contraceptive Prevalence Rate (CPR)		
All Methods CPR	23.5	19.5
Modern Method Use mCPR	16.6	18.4
Traditional Method Use	6.9	1.1
Unmet Need	35.3	37.2
For Limiting	12.7	12.8
For Spacing	22.5	24.4
Total Demand	58.9	56.7
Demand Satisfied by Modern Method	28.2	32.5

Fertility Indicator	S	
Total Fertility Rate (all women, age 15-49)	4.0	3.7
Adolescent Birth Rate (per 1000)	66.0	64.0
Recent Births Unintended (%)	37.3	42.9
Wanted Later	23.1	30.7
Wanted No More	14.2	12.2
Ratio of Lowest vs. Highest Wealth Quintiles of % Births Unintended		44:21

Current Use and Unmet Need Among Married Women of Reproductive Age, by Wealth Quintile

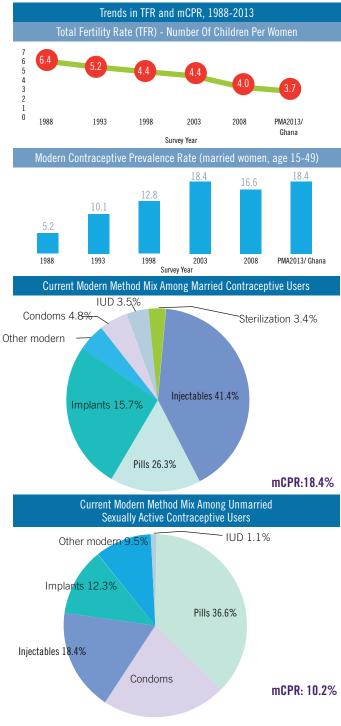




PMA2013/GHANA PERFORMANCE, MONITORING & ACCOUNTABILITY 2020

PERFORMANCE, MONITORING & ACCOUNTABILITY 2020 PMA2020 is a five-year project that uses innovative mobile technology to support low-cost, rapid-turnaround, national-representative surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in ten countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020/Ghana is led by the Kwame Nkrumah University of Science and Technology (KNUST), School of Medical Sciences in collaboration with University of Development Studies (UDS) and with the support of the Ghana Health Service and Ghana Statistical Service. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and funded by the Bill & Melinda Gates Foundation.

For more information on PMA2020 please visit http://www.pma2020.org



PMA2013/GHANA INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE

For Current Female Users (%)		
Obtained Method Of Choice	93.6	
Method Chosen By Self Or Jointly	89.8	
Paid For Services	66.4	
Told Of Other Methods	56.5	
Counseled On Side Effects	48.3	
If Counseled, Told What To Do	77.7	
Sterilized Users Who Were Told That The Method Was Permanent (n=10)	100.0	
Would Return To Provider And Would Refer A Friend Or Family Member	69.8	

For Recent Female Non-Users:	
Median Duration Of Use For Recent Contraceptors: For Those With Any Use In Past 12 months	
Method	Months
Pills	21.0

FIIIS	21.0
Injectables	18.9
Total	20.6

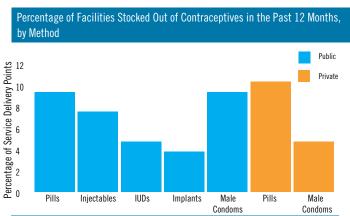
Reasons Mentioned For Non-Use Among Married Women Wanting To Delay The Next Birth 2 Or More Years (%)		
Lactating	8.4	
Infrequent/No Sex/Husband away	13.6	
Menopausal/Subfecund/Amenorrheic	6.5	
Personally Opposed	3.9	
Partner Opposed	2.9	
Religious Opposition	6.3	
Lack of Knowledge about method or source	5.8	
Fear Of Side Effects	23.7	
Health Concerns	10.7	
Method Unavailable/Costly	3.3	
Don't Know/Up to God	6.1	
Other/No Response	8.8	

For All Women of Reproductive Age, 15-49:			
	Total	Rural	Urban
Median Age of Marriage (25 to 49 years)	22.1	19.9	23.3
Median Age at First Sex (25 to 49 years)	19.4	19.0	19.9
Median Age at First Contraceptive Use	24.9	24.5	24.3
Mean No. Of Living Children At First Contraceptive Use	1.8	2.3	1.3
Received FP Info. From Provider In Last 12 Months (%)	17.7	25.7	10.1









Service Delivery Points (n= 149: 106 public, 43 private)

	Public	Private
Percent Offering Family Planning	96.3	69.8
Average Number Of Days Per Week Family Planning Is Offered	5.5	4.4
Offering The Following Family Planning Methods:	%	%
Pills	96.4	69.9
Injectables	99.0	29.8
IUDs	59.9	8.5
Implants	84.6	16.9
Male Condoms	93.7	78.0
Offering Family Planning Counseling/Services To Adolescents	100.0	89.1
Supporting CHWs From This Service Delivery Point	47.7	12.2
With Mobile Teams Visiting From Facility In Last 12 Months	31.1	0.0
Charging Fees For Family Planning Services	91.3	72.7
With Client Feedback System	100.0	60.5
Integrating Family Planning Into Their:		
Maternal Health Services	89.7	18.9
HIV Services	86.9	26.3
Post-Abortion Services	90.9	18.9

SAMPLE DESIGN

PMA2020/Ghana used a two-stage cluster design with urban-rural, major ecological zones as the strata. A sample of 100 enumeration areas (EA) was drawn by the Ghana Statistical Service from its master sampling frame. For each EA, 42 households and 3-6 health service delivery points (SDPs) were selected. A random start method was used to systematically select households. Households with eligible females of reproductive age (15-49) were contacted and consented for interviews. The final sample included 4,095 households, 4,208 females and 149 SDPs. Data collection was conducted between September and October, 2013.