

PMA2020 SDG INDICATOR BRIEF

A Comparison of 5 Sub-Saharan African Countries



Performance Monitoring
and Accountability 2020



BILL & MELINDA GATES INSTITUTE for
POPULATION and REPRODUCTIVE HEALTH

ABOUT THE SUSTAINABLE DEVELOPMENT GOALS

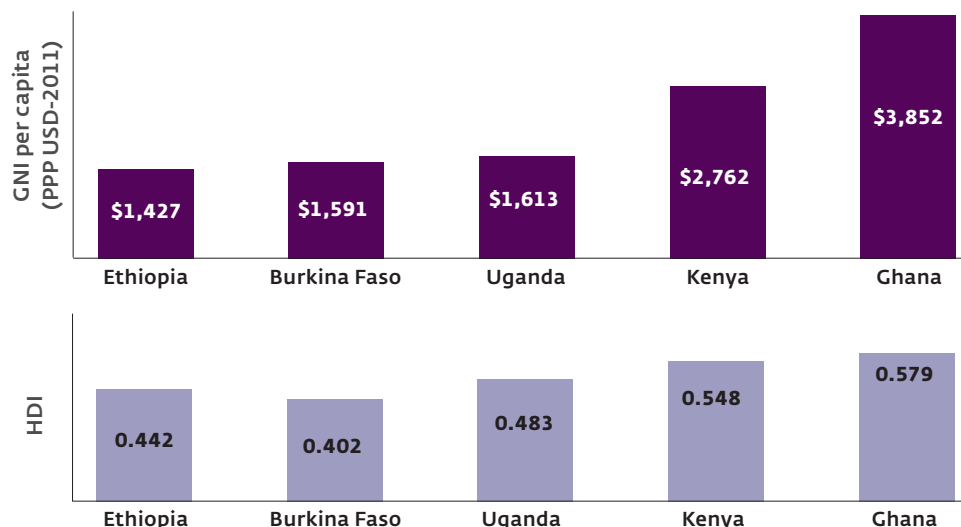
In September 2015, world leaders adopted the 2030 Agenda for Sustainable Development with the goal to end poverty, improve health, reduce inequality and address climate change by 2030. To measure progress, 17 Sustainable Development Goals (SDGs) were created, each with specific targets to be achieved over the next 15 years. Each goal includes a set of indicators to track success. PMA2020 provides data for several of these indicators, allowing world leaders to track progress towards achieving these ambitious goals more frequently than ever before. This brief compares the current status of five Sub-Saharan African countries — Ethiopia, Burkina Faso, Uganda, Kenya and Ghana — on the indicators and related data available from their latest PMA2020 surveys.

For more information on the Sustainable Development Goals please visit <https://sustainabledevelopment.un.org>

5 Sub-Saharan African Countries and their Development Context



Comparison of countries by Gross National Income per capita (PPP USD-2011) and Human Development Index



Use of GNI to classify countries by wealth status as a proxy for development provides a scale for these comparisons. Note: Ethiopia is lower than Burkina Faso in terms of GNI but is higher on the HDI scale. Data source: UNDP Human Development Report



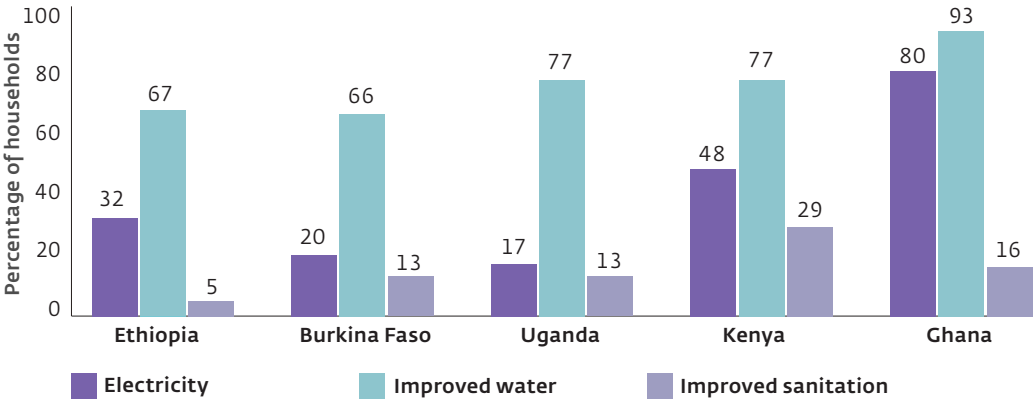
Target 1.4 aims to ensure access to basic services for all. Household access to improved sanitation facilities continues to lag behind access to electricity and improved water sources, regardless of GNI. For example, Ghana, with a GNI per capita of \$3,852, has a level of access to improved non-shared sanitation facilities that is comparable to Burkina Faso and Uganda, both of which have a GNI of less than half of Ghana.

Comparing the wealthiest and poorest households within countries underscores significant disparities in access to all 3 basic services. For example, in Ethiopia and Kenya there is almost universal access to electricity among the wealthiest households, but fewer than 1% of the poorest households report access to electricity. Similarly, although there is almost universal access to improved water sources among the wealthiest households in all 5 countries, access among the poorest families continues to lag. Ethiopia and Kenya show the greatest differences between the wealthiest and poorest households. Among these 3 basic services, disparities between the wealthiest and poorest households are lowest in access to improved, non-shared, sanitation facilities, but this is largely due to overall low levels of access.

In all 5 countries, there is significant progress to be made in providing access to these basic household service, with particular need to improve access to the poorest households.

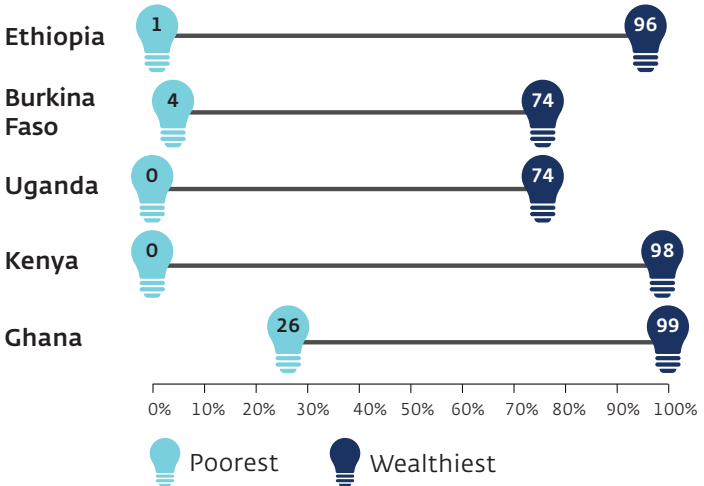
Indicators of Household Wellbeing

Comparison of household access to 3 basic services (Ordered by GNI per capita - lowest to highest)

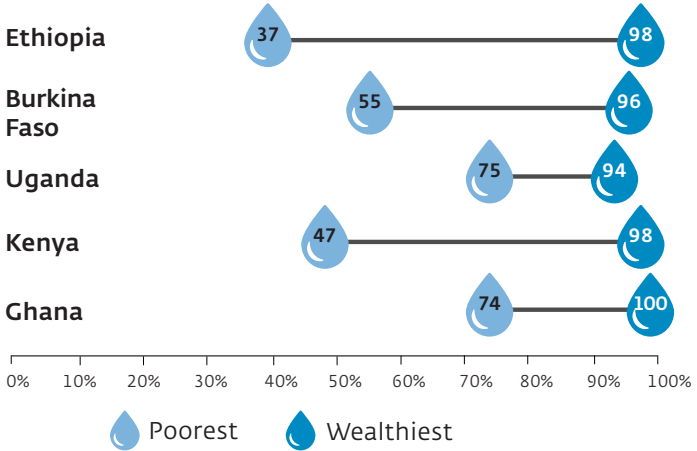


Range of percentage of households with access to electricity, improved water sources, and improved sanitation (by highest vs. lowest wealth quintile/tertile)

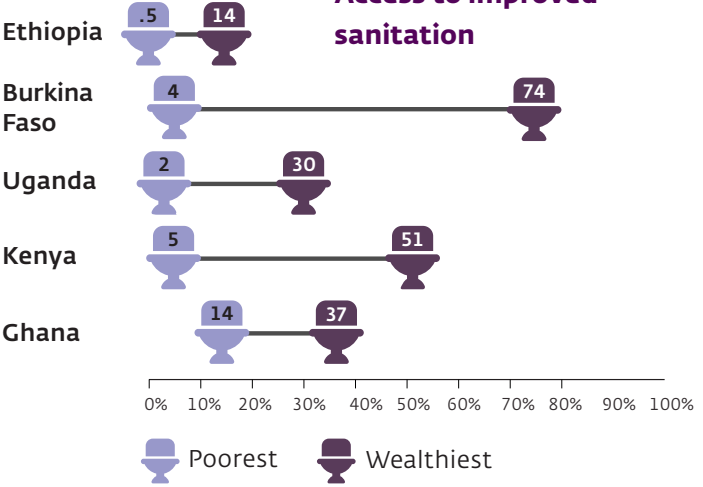
Access to electricity



Access to improved water sources



Access to improved sanitation



**GOAL 3
Good Health
& Well-Being**

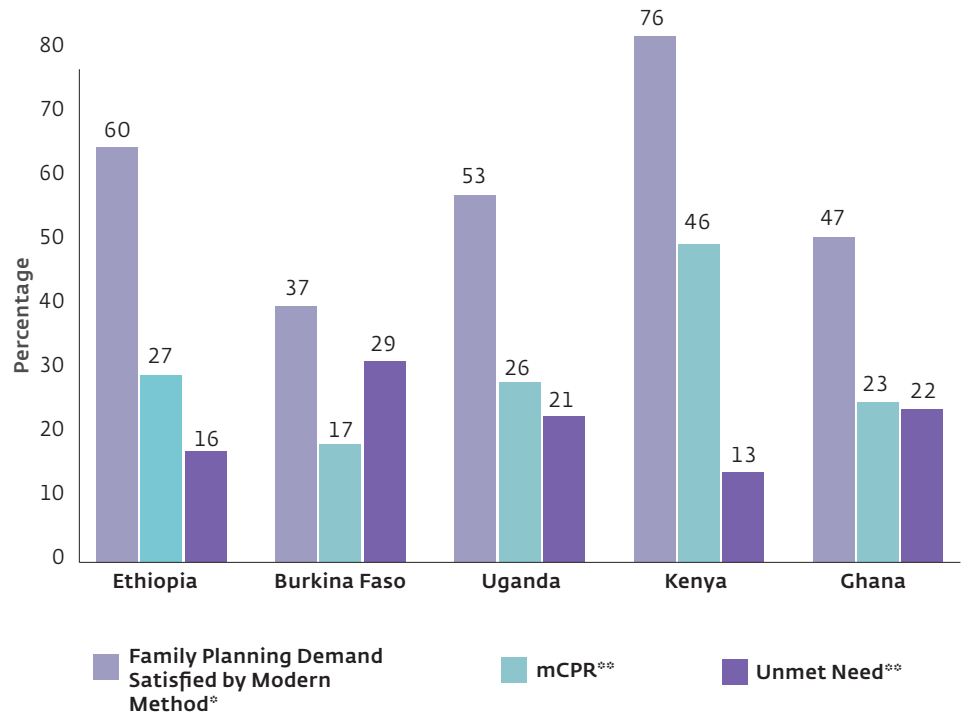


Target 3.7 aims to ensure universal access to sexual and reproductive health care services. Among Kenyan women age 15-49 who have demand for family planning, 76% use modern contraceptive methods, followed by Ethiopia and Uganda with 60% and 53%, respectively. Satisfying 75% of family planning demand with a modern method by 2020 is the benchmark of the family planning community. Among these 5 countries, Kenya is the first to have reached this goal at the national level, although there is substantial disparity within the country, and significant progress is needed among the disadvantaged population.

*Among women who have demand for family planning
**Among all women

Family Planning Indicators

Comparison of indicators among females age 15-49 years
(Ordered by GNI per capita - lowest to highest)



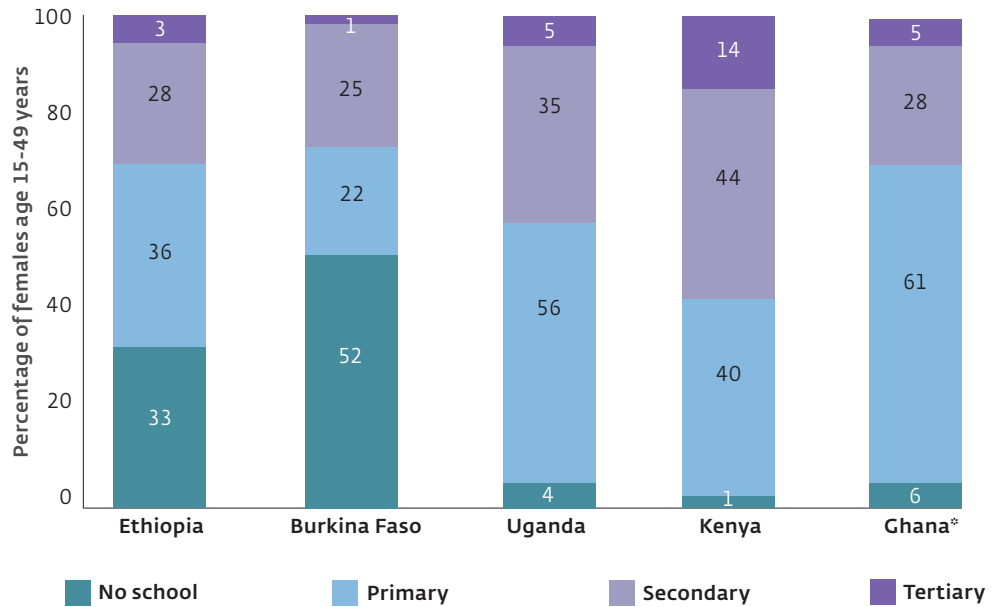
**GOAL 4
Quality Education**



Target 4.1 aims for all girls and boys to complete free and equitable primary and secondary school. PMA2020 measures the highest level of school attended among women age 15-49. Female schooling tends to be associated with country GNI. Among the five countries, Kenya has the highest percentage of females age 15-49 who have ever attended secondary school or higher (58%), followed by Uganda (40%). Secondary or tertiary schooling levels in Ethiopia and Burkina Faso are the lowest at 31% and 26%, respectively. In Burkina Faso, more than half of women surveyed (52%) reported never attending any formal school, followed by Ethiopia (33%). These 5 countries have room to continue their progress toward this SDG.

School Attendance

Comparison of education levels for females age 15-49 years
(Ordered by GNI per capita - lowest to highest)



*In Ghana, primary education includes both primary and middle and Junior High School (JHS), and tertiary education refers to post-secondary education such as universities and training colleges.

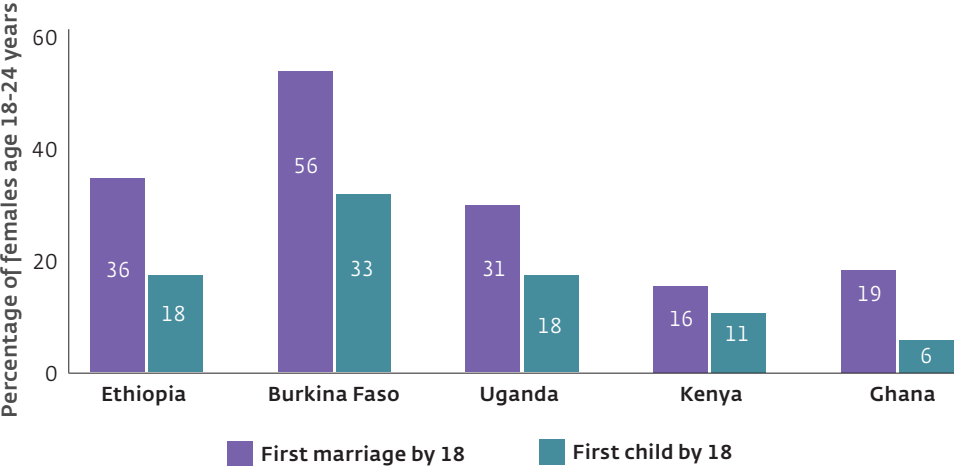


Early Marriage, Early Childbearing

Comparison of indicators among females age 18-24 years

(Ordered by GNI per capita - lowest to highest)

Target 5.3 aims to eliminate early marriage. Early marriage and early childbearing are highest in Burkina Faso, followed by Ethiopia and Uganda. More than half of women age 18-24 in Burkina Faso are married and 1 in 3 has given birth by age 18. Levels of early marriage and childbearing are lower in Kenya, but still remain high, as 1 in 8 women have given birth by age 18.

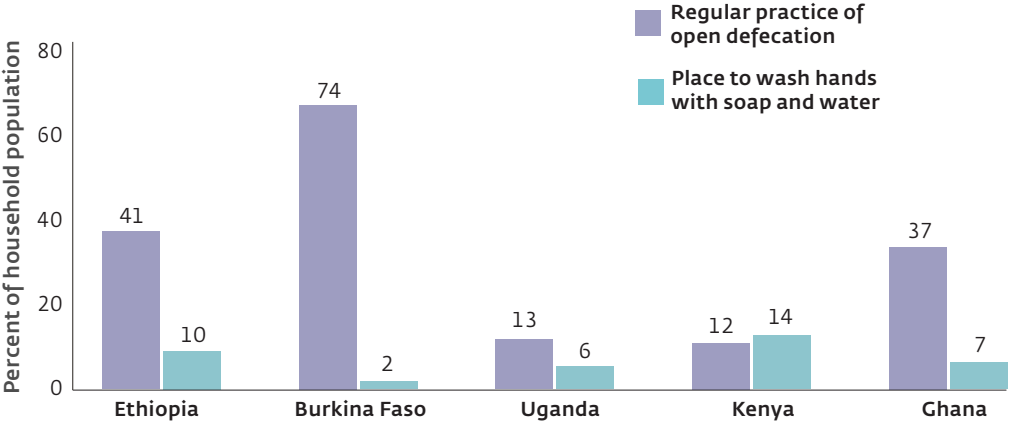


Water and Sanitation

Handwashing place and open defecation practice

(For household population; ordered by GNI per capita - lowest to highest)

Target 6.2 aims to achieve access to equitable hygiene for all and eliminate open defecation. Significant progress remains in eliminating the practice of open defecation. Open defecation is highest in Burkina Faso where three quarters of the household population regularly openly defecate. The percentage of the household population having a dedicated place to wash hands with soap and water is low in all 5 countries.



About PMA2020

PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local university and research organizations in 10 countries, deploying a cadre of female resident enumerators trained in mobile-assisted data collection. **PMA2020/Ethiopia** is led by the Addis Ababa University's School of Public Health at the College of Health Sciences (AAU/SPH/CHS), in collaboration with regional universities, the Federal Ministry of Health and the Central Statistics Agency. **PMA2020/Burkina Faso** is led by l'Institut Supérieur des Sciences de la Population (ISSP) at the University of Ouagadougou. **PMA2020/Uganda** is led by the Makerere University's School of Public Health at the College of Health Sciences (MakU/CHS/MakSPH), in collaboration with the Uganda Bureau of Statistics (UBoS) and the Ministry of Health. **PMA2020/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. **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 funding is provided by the Bill & Melinda Gates Foundation. For more information on PMA2020, including definitions of all indicators, please visit <http://www.pma2020.org>.

This analysis was based on data from the following PMA surveys: Ethiopia round 4 (Mar-Apr 2016); Burkina Faso round 1-2 pooled (Nov-Dec 2014; May-June 2015); Uganda round 2 (Jan-Feb 2015); Kenya round 4 (Nov-Dec 2015); Ghana round 4 (May-June 2015).

This brief was developed in partnership with the Advance Family Planning (AFP) advocacy initiative.