PERFORMANCE MONITORING & ACCOUNTABILITY 2020

GHANA

DETAILED INDICATOR REPORT: GHANA 2013

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

BILL & MELINDA GATES INSTITUTE for POPULATION and REPRODUCTIVE HEALTH

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 and water and sanitation. 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.

Suggested citation:

Performance Monitoring and Accountability 2020 (PMA2020) Project, Kwame Nkrumah University of Science and Technology (KNUST). 2013. *Detailed Indicator Report: Ghana 2013*. Baltimore, MD: PMA2020.

Contents

List Of Indicators

FAMILY PLANNING INDICATORS MEASURED BY PMA2020	FP2020 Core Indicator Number
Utilization Indicators:	
F1: Contraceptive Use Total Contraceptive Prevalence Rate (CPR) Modern Contraceptive Prevalence (mCPR) Traditional Contraceptive Prevalence	Core 1
F2: Contraceptive Method mix (Composition of methods currently used among currently married/in-union and sexually active unmarried)	Core 1b
F3: Total number of modern contraceptive users	
Demand Indicators:	
F4: Unmet need for family planning (for spacing, limiting, and in total) Total Contraceptive Demand (CPR & Unmet Need)	Core 3
F5: Percent demand satisfied by modern contraception	Core 4
F6: Percent of non-users who intend to adopt a contraceptive method in the future	
F7: Percent of recent births unintended Wanted later/Wanted no more	Core 7
Ratio of unintended births in poorest and wealthiest household quintile	
Indicators for Access, Equity, Quality & Choice :	
F8: Percent of users who chose their current method by themselves or jointly with a provider/partner	Core 13
F9: Percent of users who paid for family planning services	
F10: Method Information Index	Core 12
• Percent of users who were informed about other methods • Percent of users who were informed about side effects • Percent of users who were told what to do if they experienced side effects	

F11: Percent of sterilization users told the method was permanent* — Core 15

F12: Percent who would return and/or refer others to their provider

F13: Percent receiving family planning information in the past 12 months (all women age 15-49) — Core 11

Duration of Use and Non-Use Indicators:

F14: Median duration of contraceptive use, by main method

F15: Reasons for non-use among married women wanting to delay next birth 2+ years

Fertility Indicators:

F16: Total Fertility Rate (TFR)
Adolescent fertility rate — Core 14

Reproductive History Indicators:

F17: Age at marriage (Median, women age 25-49 years)

F18: Age at first sex (Median, women age 25-49 years)

F19: Age at first contraceptive use (Median and Mean)

F20: Number of living children at first contraceptive use (Mean)

Exposure to FP Messaging:

F21: Percent of all women with a recent exposure to family planning messages via mass media (all women age 15-49)

Based on Service Delivery Point/Health Facility Survey

Indicators for Access, Equity, Quality & Choice at the Health Facility:

S1: Percent of Service Delivery Points offering family planning counseling and services to adolescents (age 10 -19)

S2: Percent of Service Delivery Points with a client feedback system

S3: Percent of Service Delivery Points offering family planning methods, by type

S4: Percent of Service Delivery Points with mobile outreach teams working from/in facility in the past 12 months

S5: Percent of Service Delivery Points experiencing contraceptive stock outs in the past 12 months, by method

** This measure is not included in this report as the number of sterilized users captured in PMA2013/ Ghana survey data was very small.*

S6: Average number of days per week family planning is offered at the Service Delivery Points

S7: Percent of Service Delivery Points Supporting Community Health Workers

S8: Number of family planning visits (new and continuing) in last month, by method

S9: Percent of Service Delivery Points charging fees for Family Planning services

Indicators for Integration of Services:

Percent of Service Delivery Points integrating family planning into:
- Maternal health services
- HIV services
- Post-abortion services

WATER, SANITATION, AND HYGIENE INDICATORS

WASH1: Use of multiple water sources

WASH2: Main and regular type of water source for drinking

WASH3: Child feces disposal

WASH4: Place to wash hands

WASH5: Household members regularly practicing open defecation

WASH6: Reliability and seasonality of water sources

Acknowledgements

This publication was prepared by the Performance Monitoring & Accountability 2020 (PMA2020) Project at the Bill & Melinda Gates Institute for Population & Reproductive Health, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland USA, and the Kwame Nkrumah University of Science and Technology (KNUST), Kumasi, Ghana.

The project was made possible by generous support from the Bill & Melinda Gates Foundation. Local support was provided by: the Ghana Health Service; Ghana Ministry of Health; Ghana Statistical Service; the Metropolitan/Municipal/District Assemblies of the enumeration areas included in the survey sample; and the University for Development Studies, Tamale.

We would like to recognize all the field staff: the field supervisors, resident enumerators, the Tiger team (rapid response team) and other personnel of KNUST for their dedicated effort.

Lastly, we would like to thank all the survey respondents for their cooperation and helping to make PMA2020's first round of data collection in PMA2020/Ghana (r*eferred to as "PMA2013/Ghana"*) a success.

Acronyms

ASFR	Age-Specific Fertility Rate
CDC	Centers for Disease Control and Prevention
CHW	Community Health Worker
DHS	Demographic & Health Survey
EA	Enumeration Area
EC	Emergency Contraception
FP	Family Planning
FP2020	Family Planning 2020
FQ	Female Questionnaire
GDHS	Ghana Demographic & Health Survey
GDHS 2008	Ghana Demographic & Health Survey carried out in 2008
GHS	Ghana Health Service
GSS	Ghana Statistical Service
GPRS	General Packet Radio Service
GPS	Global Positioning System
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
HQ	Household Questionnaire
JHU	Johns Hopkins University
KNUST	Kwame Nkurmah University of Science and Technology
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MDGs	Millennium Development Goals
ODK	Open Data Kit
PMA2013/Ghana	Performance Monitoring and Accountability 2020 survey carried out in Ghana in 2013
PMA2020	Performance Monitoring and Accountability 2020
PMA2020/Ghana	Performance Monitoring and Accountability 2020 program in Ghana

RE	Resident Enumerator
SDP	Service Delivery Point
SRH	Sexual & Reproductive Health
UDS	University of Development Studies
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

Message from the Principal Investigator

by Easmon Otupiri, DVM, PhD
Principal Investigator, PMA2020/Ghana
Kwame Nkrumah University of Science and Technology

Ghana is not new to mHealth/eHealth initiatives. Harnessing mobile phone technology for health improvements has been on-going for the past few years, as Ghana has one of the highest rates of mobile phone penetration on the African continent. However, PMA2020/Ghana's approach was to use mobile phones and a resident enumerator in the survey sample areas to obtain national-level estimates for households and facilities in all of Ghana's ten regions. PMA2020/Ghana has successfully trained 100 women from the sample enumeration areas (51 urban and 49 rural) to collect data from a probability sample of households and service delivery points. PMA2020/Ghana has not only demonstrated the utility of this approach (we are proud that Ghana was the first PMA2020 country), but compared with other national surveys, PMA2020 provides rapid and accurate data collection allowing for quick turnaround and dissemination.

PMA2020 provides rapid and accurate data collection allowing for quick turnaround and dissemination

Summarized in the section below are some of the key lessons learned from this first round of data collection in Ghana.

Key lessons learned from PMA2013/Ghana:

Learning:

» Resident enumerators can be trained to conduct mobile-assisted surveys with central support

» Survey rounds can be completed in 4 to 6 weeks

» The Open Data Kit (ODK) software performs well performs well for large data sets and allows aggregation of data from multiple mobile phones into one data set

» Monitoring data as it comes in is important for identifying problems early

» Indicator values are in line with those of recent surveys

Surprises:

» More front-end training needed than envisioned

» Greater number of supervisors/support-team required

» Elevated level of effort needed for mapping and listing phase

» Few smart phones meet project requirements

Yet to learn:

» Resilience of resident enumerator network

» Feasibility of using this network for community feedback

Message from the Program Director

by Scott Radloff, PhD.
Director, PMA2020
Bill & Melinda Gates Institute for Population and Reproductive Health
Johns Hopkins University Bloomberg School of Public Health

I am pleased to present the Detailed Indicator Report for the PMA2013/Ghana survey, which represents an important milestone for the PMA2020 project. Ghana was the launch country for the project and the first opportunity to evaluate this innovative approach to data collection, most notable for (a) the use of smartphones to gather real-time, sentinel household and facility data and (b) the establishment of a new cadre of female resident enumerators who can be trained in this technology and deployed for repeated survey rounds.

Ghana was chosen to be the first country for a number of reasons: government support for innovation and commitment to family planning, pool of technical expertise, wide cell phone coverage throughout the country, manageable size of the country, and a strong pre-existing partnership established between the Bill & Melinda Gates Institute for Population and Reproductive Health and the Kwame Nkrumah University of Science and Technology (KNUST). Due to support provided by the Bill & Melinda Gates Institute for Population and Reproductive Health through its pre-existing partnership grant with KNUST, training for this survey was able to begin within a matter of weeks of the start of PMA2020.

Ghana provided the basic model for implementing PMA2020 surveys. This model has been repeated with minimal adjustments in each of the subsequent countries. Much of what we have learned in PMA2020 was generated from the Ghana experience. The Bill & Melinda Gates Institute is grateful to Kwame Nkrumah University of Science & Technology and the leadership provided by Dr. Easmon Otupiri and his team in guiding this ground-breaking work – and for the lessons that have been generated for countries that have subsequently launched PMA2020 surveys. We are thankful for the support received from the Ghana Health Services and the Ghana Statistical Service that made this effort possible. We look forward to a continuing successful partnership in Ghana as we undertake new survey rounds in the coming years.

Ghana was the first launch country for the project and the first opportunity to evaluate this innovative approach to data collection.

Snapshot Of Select Family Planning Indicators, Married Ghanaian Women, Age 15 - 49, PMA2013/Ghana

18.4 %

Modern Contraceptive Prevalence Rate (mCPR)

37.2%

Unmet Need for Family Planning

32.5%

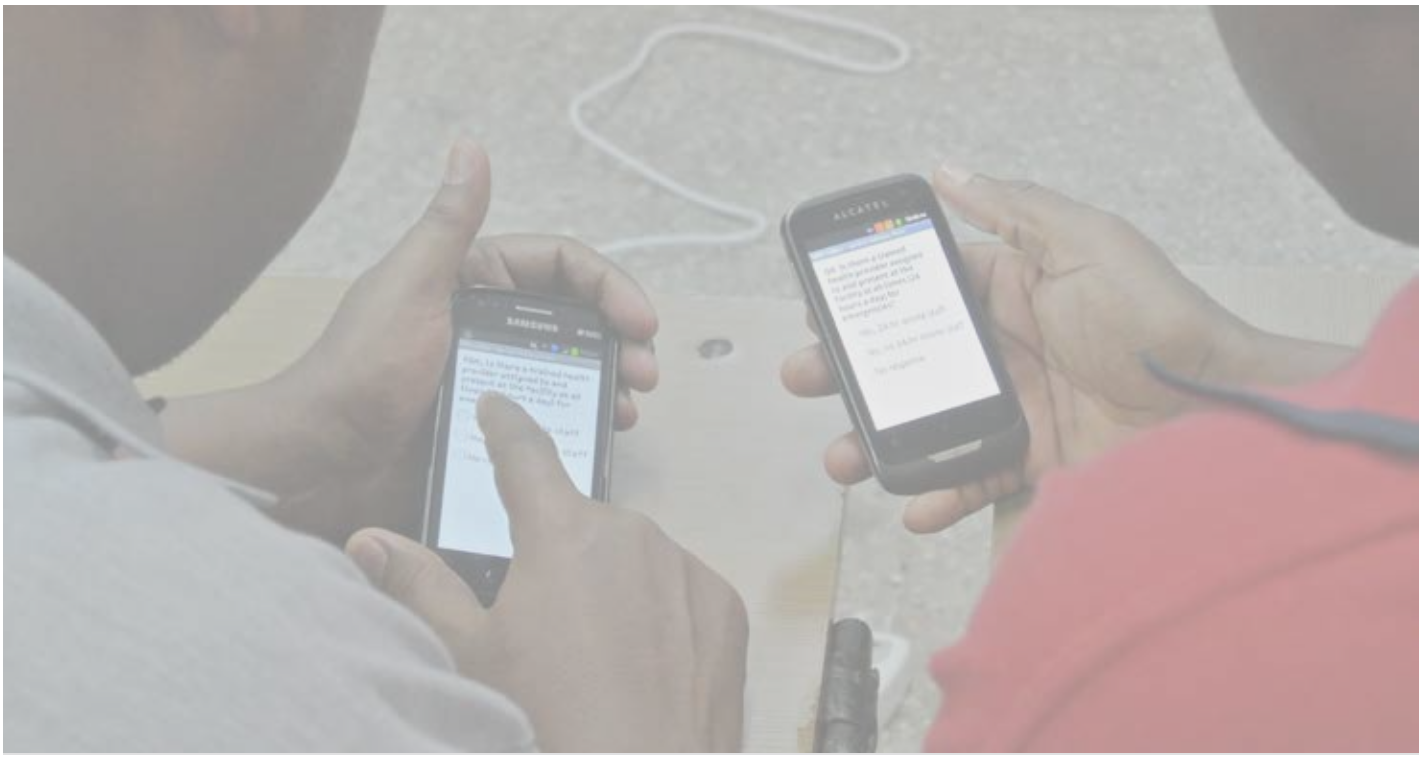
Demand Satisfied (by Modern Methods)

About PMA2020/Ghana

PMA2020/Ghana is implemented in 100 nationally representative enumeration areas throughout Ghana. The project is led by the Kwame Nkrumah University of Science & Technology (KNUST), School of Medicine in collaboration with University of Development Studies (UDS) and with support of the Ghana Health Service (GHS) and the Ghana Statistical Service (GSS).

The program has employed a cadre of 100 female resident enumerators and 7 supervisors to collect data for PMA2013/Ghana. Each resident enumerator was expected to interview upto 42 households, approximately 34 females of reproductive age and 3 to 4 health service delivery points. The survey aimed for an overall sample size of 4,000 households, 3,400 females and 300 service delivery points.

The survey was conducted in the 10 regions of Ghana: Ashanti, Brong-Ahafo, Central, Eastern, Greater Accra, Northern, Upper East, Upper West, Volta and Western. Data collection was conducted between September and November 2013. Data collection, in the first year of project launch, is conducted on a bi-annual basis and then annually for each additional year of the program.



PMA2020 Survey

Objectives

The principal goal of PMA2020 is to support the monitoring efforts of a number of countries by conducting rapid, smartphone-based national surveys with a multi-stage cluster sample of enumeration areas. A cluster-based network of female resident enumerators (REs) and field supervisors conduct interviews at the level of the household, individual eligible females, and at health facilities. Data generated by PMA2020 surveys provide rich information useful for reporting, planning, operational decisions and advocacy at the community, country and global levels. PMA2013/Ghana, in particular, aims to monitor Ghana's contribution to the Family Planning 2020 (FP2020) goal of adding 120 million new contraceptive users globally by 2020.

Current Demographic and Health Survey (DHS) data are reported in five-year intervals – a lengthy gap, which restricts the ability of stakeholders to make timely adjustments to policies and programs based on these data. PMA2020 data are intended to fill gaps in the availability of current and reliable information on population dynamics, family planning, reproductive health service delivery, and water, sanitation, and hygiene (WASH). This nationally representative survey provides semi-annual updates to key FP2020 indicators of contraceptive need, use, quality, choice, and access as well as a small battery of questions on WASH in households and health facilities.

The goal of PMA2020 is to contribute to a global monitoring and evaluation system for family planning

In partnering with KNUST, the long-term goal of PMA2020 is to strengthen the capacity of local public health institutions and large government agencies, such as the Ghana Statistical Service, the Ghana Health Service, and the Ministry of Health, to efficiently monitor health needs and track progress toward meeting health goals. The

project has deployed a cadre of 100 female resident enumerators trained in mobile-assisted data collection. While the project has an initial focus on performance monitoring and accountability in family planning, an additional PMA2020 goal is to establish a sentinel data collection platform that transforms the way all health survey data are collected – a sustainable platform that can be utilized for other health program areas.

Sample Design

The PMA2020 survey collects annual data at the national (urban and rural) and regional levels to allow the estimation of key indicators to monitor progress in family planning. The resident enumerator model enables replication of the surveys each year, and initially every six months for the first two years to track progress.

For the first round of data collection, referred to as "PMA2013/Ghana," the survey targeted a sample size of 100 enumeration areas (EAs), which were selected by the Ghana Statistical Service (GSS) to be representative at the national, urban-rural areas, and the 10 administrative regions. The EAs were selected systematically with probability proportional to size with urban/rural stratification in the 10 regions.

Previously, the GSS had selected a sample of 810 EAs for the 2011 Ghana Multiple Indicator Cluster Survey (MICS), and the PMA2013 survey EAs were a subsample of this frame. The rationale for the subsample approach was to have PMA2020 estimates be comparable to the most recent national survey estimate. Four regions (Central, Northern, Upper East and Upper West regions) were over-sampled in the Ghana MICS and thus the sample is not self-weighted. GSS provided the revised EA selection probabilities for the PMA2020 sampled clusters for constructing weights.

Ahead of data collection, all households, health service delivery points (SDPs), and key landmarks in each EA were listed and mapped by the REs to create a sampling frame for the second stage of the sampling process. This mapping and listing process took place between August 8th and September 9th of 2013 and preceded data collection in each EA by no more than two weeks. Once listed, households and SDPs were systematically selected by field supervisors using a random start (obtained from a phone-based random number-generating application) and a sampling interval that yielded 42 households. All eligible women in selected households were approached for informed consent to participate in the study.

Up to three private SDPs within each EA boundary were randomly selected from the EA listing. In addition three public health SDPs–at the community (CHPS), primary healthcare (health center), and primary healthcare referral (district hospital–designated to serve the EA population) levels were all selected. Using this multistage sampling procedure and anticipated non-response rates, PMA2013/Ghana had a target sample size of 3,400 females and 150 SDPs. For many EAs, SDP selection included only one (rather than three) public SDP serving that community – and for many EAs, there were fewer than 3 private SDPs within the EA boundaries. Thus, there were fewer SDPs captured in this survey round than expected.

The survey interviews were conducted from September 4th to November 12th, 2013. Data were not collected in one of the selected enumeration areas due to RE turnover, resulting in a final sample of 3,581 households, 3,758 females, and 149 SDPs across 99 clusters. Weights were calculated based on non-response at the cluster, household, and individual level and applied to all estimates in this report.

Questionnaires

PMA2020 uses standardized questionnaires at households and SDPs to gather data that is comparable across program countries and consistent with existing national surveys. Prior to launching the survey in each country, these questionnaires are reviewed and modified by local experts to ensure all questions are appropriate to each setting. (See Appendix B)

Three questionnaires were used to collect PMA2013/Ghana survey data: the Household Questionnaire, the Female Questionnaire and the Service Delivery Point Questionnaire. These questionnaires were based on model surveys designed by PMA2020/Baltimore staff at the Bill & Melinda Gates Institute for Population and Reproductive Health, KNUST and fieldwork materials of the Ghana Demographic and Health Surveys.

All PMA2020 questionnaires are administered using Open Data Kit (ODK) software and Android smartphones. The PMA2013/Ghana questionnaires appeared in English on the phone and were translated into Twi, Ewe, Ga, Fante, Bono, Dagbani, Frafra, Gonja, Dagarti, Waale and Hausa. Using available translations from similar population surveys, as well as translation consensus workshops during field trainings, the interviewers used agreed upon translations to conduct the interview.

All households that were selected to participate in the PMA2013/Ghana survey were eligible to be interviewed using the household questionnaire. In addition, all females age 15-49 within these selected households were eligible to be contacted for individual interviews. For each enumeration area, up to 3 randomly selected private SDPs within the EA boundary and up to 3 public SDPs that serve that EA were eligible to be interviewed using the Service Delivery Point questionnaire. Female Resident Enumerators in each EA administered the Household Questionnaire and Female Questionnaire in selected households and the Service Delivery Point Questionnaire in selected private SDPs. PMA2013/Ghana Field Supervisors administered the Service Delivery Point Questionnaire in public SDPs.

The Household Questionnaire gathers basic information about the household that is used to construct a wealth quintile index, such as ownership of livestock and durable goods, as well as characteristics of the dwelling unit, including wall, floor and roof material, water sources, and sanitation facilities. Using PMA2020's innovative mobile technology, the Household Questionnaire is then linked with the Female Questionnaire, allowing for disaggregation of the indicators generated by female data into household wealth quintiles.

The first section of the Household Questionnaire – the household roster – lists basic demographic information about all usual members of the household and visitors who stayed with the household the night before the interview. This roster is used to identify eligible respondents for the Female Questionnaire.

In addition to the roster, the household questionnaire also gathers data that are used to measure key WASH indicators, including regular sources and uses of water, sanitation facilities used and prevalence of open defecation by household members.

The Female Questionnaire is used to collect information from all women age 15-49 that were listed on the household roster at selected households. The Female Questionnaire gathers specific information on education; fertility and fertility preferences; family planning access, choice, and use; quality of family planning services; exposure to family planning messaging in the media, and the burden of collecting water on women.

In each selected EA, field supervisors randomly selected up to 3 private SDPs to be interviewed by an RE using the Service Delivery Point Questionnaire. The field supervisors themselves administered the Service Delivery Point Questionnaires at an additional 3 public SDPs that serve each EA.

PMA Provides consistency with DHS measures and introduces new indicators of family planning quality, choice, access indicators

The Service Delivery Point Questionnaire collected information about the provision and quality of reproductive health services and products, integration of health services, as well as WASH practices within the health service post.

Training

The PMA2020/Ghana fieldwork training started on June 3rd, 2013 with a training of 7 field supervisors, 2 central staff, and 5 rapid response or "Tiger Team" members. This training of trainers that took place at the Noda Hotel in Kumasi, Ghana and was led by PMA2020 staff from the Bill & Melinda Gates Institute for Population and Reproductive Health. These field supervisors then became the trainers for three subsequent Resident Enumerator training sessions that would take place between July 1st and August 24, 2013 in Kumasi, Accra, and Tamale, with a total of 100 Resident Enumerators, with 20 reserve data collectors receiving training.

All training participants were given comprehensive instruction on how to complete the Household, Female and Service Delivery Point Questionnaires. In addition to PMA2020 survey training, all participants received training on contraceptive methods by a Ghanaian obstetrician/gynaecologist.

Throughout the trainings, REs and supervisors were evaluated based on their performance on several written and phone-based assessments, mock field exercises, and class participation. As all questionnaires were completed on project smartphones, the training also familiarized participants with ODK and smartphone use in general. All trainings included three days of field exercises, during which participants entered a mock EA to practice listing and mapping and conduct Household, Female, and Service Delivery Point interviews, recording all responses on their project phones and submitting to a practice cloud server. The trainings were conducted primarily in English, with small group sessions conducted in Twi, Ewe, Ga, Fante, Bono, Dagbani, Frafra, Gonja, Dagarti, Waale and Hausa.

Supervisors received additional training on how to oversee fieldwork and complete Household Re-interviews used to carry out random spot-checks in 10 percent of the households interviewed by REs.

Along with the training of supervisors, there were a total of three two-week RE training sessions in 2013: the first held in Kumasi on July 1st, the following in Accra on July 29th and the final one in Tamale on August 24th. Supervisors who successfully completed field training worked with KNUST and PMA2020/Baltimore staff to facilitate these RE training workshops.

At the end of all training activities, 100 REs, 7 supervisors and a rapid response team of 5 people were selected to collect and support data collection for PMA2020/Ghana and carry out fieldwork. An additional 20 REs were identified as back-up REs and kept on standby in the event that they needed to replace any REs during fieldwork. Supervisors worked with central staff from KNUST and the rapid response team to oversee and coordinate fieldwork. Data collection was conducted between September and November 2013.

Data Processing

Unlike traditional paper-and-pencil surveys, PMA2020 uses Open Data Kit (ODK) Collect, an open-source software application, to collect data on mobile phones. All the questionnaires were programmed using this software and installed onto all project smartphones. The ODK questionnaire forms are programmed with automatic skip-patterns and built-in response constraints to prevent data entry errors.

The ODK Collect application enabled resident enumerators and supervisors to collect and transfer survey data, via the General Packet Radio Service (GPRS) network, to a central ODK Aggregate cloud server in real-time. This instantaneous aggregation of data also allowed for real-time monitoring of data collection progress and concurrent data processing while PMA2020 was still active in the field and course corrections could be made. Throughout data collection, central staff at KNUST in Ghana and a data manager in Baltimore routinely monitored the incoming data and notified field staff of any potential errors, missing data, or problems found with form submissions on the central server.

The use of mobile phones combined data collection and data entry into one step and therefore data entry was completed when the last interview form was uploaded at the end of data collection in November.

Once all data were on the server, data analysts cleaned and de-identified the data, applied survey weights, and prepared the final dataset for analysis using Stata® version 12 software. Final data analysis was conducted between January and February of 2014 and the national dissemination workshop was held in March 2014 in Accra, Ghana.

Response Rates

The response rates at the household and female respondent levels are shown in Table 1 for both PMA2013/Ghana and the 2008 Ghana Demographic and Health Survey (GDHS 2008). Of the households selected for surveys, a total of 4,111 were found to be occupied at the time of the fieldwork. Of these 4,111, 3,581 consented to the household interview for a response rate of 87.1 percent. The response rate was higher in the rural (92.2 percent) than urban (82.3 percent) area.

In the selected households, 4,160 eligible women age 15-49 were identified and interviews were completed with 3,758 of them (90.3 percent response rate). In this case, the participation rate was higher in the urban (91 percent) compared to the rural (89.8 percent) area.

The principal reason for non-response both at the household and female respondent level was the inability to find respondents at home despite as many as three separate visits to the household. The PMA2013/Ghana response rates are lower than those observed by the GDHS 2008 and may reflect both the growing inaccessibility of respondents as Ghana grows more urbanized, as well as the inexperience of the resident enumerator in reaching respondents. Nonetheless, the PMA2013/Ghana survey response rates are within what is conventionally considered in the literature as acceptable.

Tabulations for this report's tables have been weighted for the probability of selecting the enumeration area and adjusted to reflect non-response at the household and female respondent levels.

Table 1: Response rates of households and individuals by residence: Ghana DHS 2008 and PMA2013/Ghana

	GDHS 2008 response rates, by Residence*			**PMA2013/Ghana response rates, by residence**		
Result	Urban	Rural	Total	Urban	Rural	Total
<u>Household interviews</u>						
Households selected	5,458	6,865	12,323			
Households occupied	5,252	6,661	11,913	2,124	1,987	4,111
Households interviewed	5,175	6,603	11,778	1,749	1,832	3,581
Household response rate	98.5	99.1	98.9	82.3	92.2	87.1
<u>Interviews with women age 15-49</u>						
Number of eligible women	2,239	2,857	5,096	1,894	2,266	4,160
Number of eligible women interviewed	2,162	2,754	4,916	1,723	2,035	3,758
Eligible response rate	96.6	96.4	96.5	91.0	89.8	90.3

*Eligible female sample selected from half of households.
Household response rate = households interviewed/households occupied
Eligible women response rate = eligible respondents interviewed/eligible women

Background Characteristics

About The Household Sample

Tables 2-4 detail selected social, economic and demographic characteristics of the households sampled for the survey. The PMA2020 surveys follow the DHS definition of a household, i.e., a person or a group of persons, related or unrelated, who live together in the same house or compound, share the same housekeeping arrangements, and eat together as a unit. The household survey obtained the age, sex, marital status, and de jure (usual) or de facto (visitor) residential status of each member in the household. Visitors were individuals who spent the night preceding the interview in the household. The household information identified all eligible female respondents in the household, age 15-49, irrespective of marital status. Those women were then contacted and consented for interviews.

Table 2 presents the distribution of all household residents (de jure and de facto) by sex, five-year age groups, and urban-rural residence. A total of 16,017 residents were enumerated. In 2013, 37 percent of the population was under age 15, compared to 41 percent in 2008 and 44 percent in 2003. The on-going fertility decline of the past decade is visible in the population age-sex pyramid in Figure 1. A larger number of males age 0 to 9 are enumerated compared to females both in urban and rural areas. The sex ratios are 1.19 and 1.13, respectively. The longevity of older females over males is reflected in the proportions age 70 and higher, 3.4 percent and 2.8 percent, respectively.

Table 3 provides the distribution of households by sex of head of household size based on the number of usual members. Seventy percent of households are headed by males, with slightly less in urban areas. In PMA2013/Ghana, households averaged 4.2 persons in size, 3.7 in urban and 4.7 in rural areas. In the GDHS 2008, the households averaged 3.4 in urban and 4.0 in rural. Slightly more than three-fifths of households had 4 or fewer members (61.9 percent), according to PMA2013/Ghana.

Household assets and amenities, including construction materials, and sanitation and water facilities, were measured using questions adopted from the DHS. These data enabled the creation of the wealth asset index using the principal components analysis method. With the asset scores, households were allocated to wealth quintiles. While a direct comparison with the GDHS 2008 distribution of wealth is not possible, examining PMA2013/Ghana, especially in relation to other household or individual characteristics, does provide a sense of measurement reliability. Table 4 shows the distribution of the de jure population, classified by their household wealth, and disaggregated by rural-urban residence and region.

Among the population residing in households in the poorest quintile only 5.4 percent are in urban areas, and 94.6 percent in rural. For the wealthiest quintile, these household residents are 95.5 percent urban and 4.5 percent rural. By region, the poorest residents are found in the Northern followed by the Volta regions. The most well-off members are found in the Ashanti and then Greater Accra regions.

Table 2: Household population by age, sex and residence

	Total Population			Urban Population			Rural Population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age Group									
0-4	13.4	11.2	12.3	14.6	11.9	13.2	12.1	10.5	11.3
5-9	13.8	12.1	12.9	15.1	13.1	14.0	12.4	11.1	11.7
10-14	11.5	12.1	11.8	12.2	12.4	12.3	10.7	11.7	11.2
15-19	10.6	9.5	10.0	10.9	9.8	10.3	10.2	9.1	9.6
20-24	8.1	9.7	9.0	7.3	9.6	8.5	9.0	9.9	9.5
25-29	8.0	9.5	8.8	7.3	8.4	7.9	8.8	10.6	9.8
30-34	6.6	6.9	6.7	6.1	6.4	6.3	7.1	7.3	7.2
35-39	6.0	6.5	6.3	5.2	6.2	5.7	6.9	6.7	6.8
40-44	5.5	4.9	5.2	5.1	4.7	4.9	5.9	5.0	5.4
45-49	4.0	4.0	4.0	3.5	4.0	3.8	4.6	4.0	4.3
50-54	4.1	4.6	4.3	4.2	4.6	4.4	4.0	4.5	4.3
55-59	2.2	2.2	2.2	1.9	1.7	1.8	2.5	2.8	2.6
60-64	2.1	2.4	2.2	1.8	2.3	2.0	2.5	2.5	2.5
65-69	1.3	1.2	1.3	1.5	1.2	1.3	1.2	1.2	1.2
70-74	1.1	1.3	1.2	1.5	1.4	1.5	0.7	1.1	0.9
75-79	0.8	0.8	0.8	0.8	0.8	0.8	0.8	0.7	0.8
80-84	0.4	0.5	0.4	0.4	0.5	0.4	0.4	0.5	0.4
85 plus	0.5	0.8	0.6	0.8	0.8	0.8	0.2	0.7	0.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Weighted N	7,568	8,372	15,940	4,452	4,720	9,172	3,139	3,630	6,769

Fig 1: Population Age-Sex Pyramid: PMA2013/Ghana

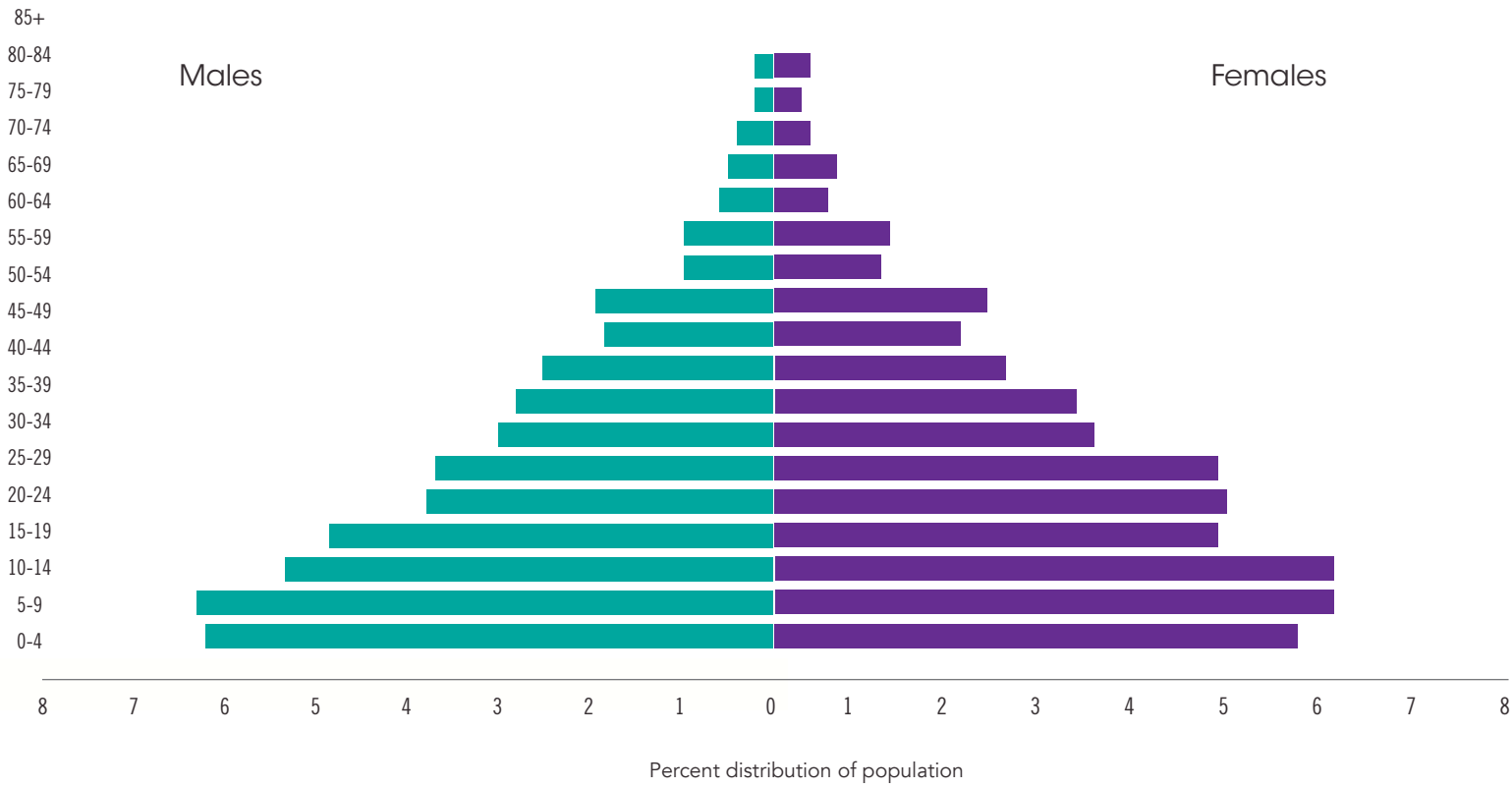


Table 3: Household Composition
Percent distribution of households, by sex of head of household and by household size

Characteristics	Residence		Total
	Urban	Rural	
Household headship			
Male	67.8	72.5	69.8
Female	32.2	27.5	30.2
Number of usual members			
1-4	67.9	54.1	61.9
5-9	29.5	37.5	33.0
10 plus	2.6	8.3	5.0
Total	100.0	99.9	99.9
Mean size of households	3.7	4.7	4.2
Weighted N	2,230	1,847	4,076
Unweighted N	1,719	1,825	3,544

Table 4: Household Composition
Percent distribution of the de jure population, by wealth quintiles by residence and region

Residence/ Region	Wealth Quintiles					Total	Weighted N	Unweighted N
	Lowest	Second	Middle	Fourth	Highest			
Residence								
Urban	5.4	25.6	46.5	75.5	95.5	49.1	7,758	6,712
Rural	94.6	74.4	53.5	24.6	4.5	50.9	8,059	9,105
Region								
Ashanti	4.7	19.5	24.5	26.2	25.5	19.9	3,146	2,648
Brong-Ahafo	8.9	15.8	12.9	8.4	4.9	10.2	1,612	1,377
Central	5.3	10.0	12.8	8.2	6.2	8.5	1,339	1,109
Eastern	11.7	4.9	9.0	13.5	7.7	9.3	1,472	1,211
Greater Accra	0.0	2.8	8.4	24.7	41.0	15.1	2,395	1,824
Northern	30.6	13.4	8.7	2.3	3.3	11.9	1,880	3,185
Upper East	10.4	7.6	0.8	0.6	0.4	4.1	642	923
Upper West	6.2	3.1	3.1	1.8	2.5	3.4	533	812
Volta	17.4	10.9	7.5	3.6	1.8	8.4	1,321	1,297
Western	4.8	12.2	12.3	10.9	6.8	9.3	1,476	1,431

Female Respondent Characteristics

About The Female Respondent Sample

A total of 3,745 eligible females[1] were interviewed in the PMA2013/Ghana survey and their background characteristics are shown in Table 5 by residence. Some 30 percent of the sample have never married, with 8.5 percent divorced or widowed. About 32 percent are childless, 31 percent have had 1 to 2 births, 22 percent have had 3 to 4 births, and 15.3 percent have had five or more. About 71 percent of female respondents who have had five or more births are rural, whereas the majority of females with no or 1 to 2 births reside in urban areas. Residents in Ashanti (20.2 percent), Greater Accra (17.7 percent), Brong-Ahafo (11.2 percent) and the Northern region (11.1 percent) account for three fifths of the female sample.

One fifth (21.4 percent) of the female sample reported having no education, 18.2 percent have primary schooling, 36.8 percent have middle or junior secondary schooling, and 23.6 percent have secondary or higher schooling (Table 5). The comparable figures from the GDHS 2008 are 21.2 percent, 20.1 percent, 40.5 percent and 19.8 percent, respectively. Schooling achievement among females has made clear gains in the past five years.

[1] The sample totals in ensuing tables occasionally do not exactly match this number due to missing values.

Table 5: Percent distribution of background characteristics for female sample age 15-49, by residence

Background Characteristics	Urban	Rural	Total	Percent	Weighted N	Unweighted N
Age						
15-19	47.4	52.6	100.0	18.3	678	690
20-24	51.6	48.4	100.0	18.6	691	697
25-29	54.4	45.6	100.0	18.9	701	685
30-34	53.6	46.4	100.0	13.5	503	511
35-39	52.0	48.0	100.0	13.1	487	480
40-44	50.9	49.1	100.0	9.7	362	365
45-49	49.9	50.1	100.0	7.9	292	286
Marital status						
Never married	61.1	38.9	100.0	30.4	1,126	1,081
Married	46.3	53.7	100.0	48.2	1,787	1,897
Living together	45.7	54.3	100.0	12.9	477	429
Divorced/ separated	60.0	40.0	100.0	6.4	237	216
Widow	44.2	55.8	100.0	2.1	79	81
Parity						
None	59.3	40.7	100.0	31.8	1,167	1,121
1-2	56.6	43.4	100.0	30.9	1,136	1,103
3-4	50.0	50.1	100.1	22.0	809	806
5 or more	29.2	70.8	100.0	15.3	561	642
Education						
No education	29.6	70.4	100.0	21.4	793	975
Primary	37.2	62.8	100.0	18.2	675	693
Middle/JSS	52.6	47.4	100.0	36.8	1,364	1,274
Secondary/	76.2	23.8	100.0	16.5	613	536
Higher	89.8	10.2	100.0	7.1	265	232
Wealth Quintile						
Lowest	5.4	94.6	100.0	19.0	707	857
Second	23.7	76.3	100.0	20.1	746	730
Middle	49.5	50.5	100.0	18.3	680	672
Fourth	76.7	23.3	100.0	20.9	775	674
Highest	95.1	4.9	100.0	21.7	807	681
Region						
Ashanti	53.6	46.5	100.1	20.2	751	620
Brong-Ahafo	39.8	60.2	100.0	11.2	416	334
Central	38.8	61.2	100.0	8.5	314	261
Eastern	49.4	50.6	100.0	9.1	339	278
Greater Accra	93.4	6.6	100.0	17.7	658	543
Northern	29.8	70.2	100.0	11.1	414	713
Upper East	20.0	80.0	100.0	4.0	150	223
Upper West	36.7	63.3	100.0	2.6	95	137
Volta	45.2	54.8	100.0	6.8	253	264
Western	42.6	57.4	100.0	8.7	325	341

A somewhat higher percentage of women age 25 to 39 reside in urban than rural areas. Among those never married or divorced/separated, about three-fifths are located in urban areas. Higher education tracks linearly with urban residence, going from 29.6 percent of those with no education to 89.8 percent of those with higher education residing in urban areas.

A more detailed examination of women's education level by age group, residence and household wealth is provided in Table 6. The improving education levels among females are visible by age, with only 4.2 percent of 15-19 year olds having no education, compared to 35.6 percent of 45-49 year olds. Similarly, the proportion with no education reduces from 50.4 percent among women living in the poorest quintile of households to 4.1 percent in the wealthiest quintile. Only 0.8 percent of women in the highest quintile have no education and 23.7 percent have beyond a secondary education. Educational achievement generally improves among urban females as compared with rural females.

Table 6: Percent distribution of the female respondent sample by education level and by age, residence and household wealth quintile

Background Characteristics	Never attended	Primary	Middle/ JSS	Secondary/ SSS	Higher	Total	Weighted N	Unweighted N
Age								
15-19	4.2	18.0	54.2	22.8	0.8	100.0	677	689
20-24	15.0	16.6	35.4	24.8	8.3	100.1	690	696
25-29	21.3	16.7	29.6	16.2	16.2	100.0	701	685
30-34	24.1	19.1	35.4	14.4	7.1	100.1	503	510
35-39	33.0	19.9	32.1	9.7	5.3	100.0	487	480
40-44	34.9	19.2	33.1	9.3	3.5	100.0	362	365
45-49	35.6	20.4	31.6	7.3	5.2	100.1	291	285
Residence								
Urban	12.3	13.2	37.6	24.5	12.5	100.1	1,909	1,699
Rural	31.0	23.5	35.9	8.1	1.5	100.0	1,802	2,011
Wealth Quintile								
Lowest	50.4	26.3	21.5	1.9	0.0	100.1	707	857
Second	28.7	22.8	38.5	9.1	1.0	100.1	745	829
Middle	17.9	22.6	43.2	13.2	3.2	100.1	680	672
Fourth	8.8	13.8	45.4	26.0	6.0	100.0	775	674
Highest	4.1	7.4	34.9	30.0	23.7	100.1	803	678
Total	26.3	18.7	34.3	14.5	6.3	100.1	3,711	3,710

Health Facility Characteristics

About The Service Delivery/Health Facility Sample

The sample of 100 enumeration areas generated a sample of 149 health facilities with the composition shown in Table 7. Tabulation of background characteristics for the key indicators are provided for facility type, location (urban or rural), and size, measured by the number of beds. Due to respondents' lack of knowledge, some responses (e.g. other characteristics such as number of years the facility has been operating, or catchment population size) were not recorded for every service point. This information will be incorporated with future PMA2020 survey rounds.

Table 7 shows two-fifths of the facilities were hospitals or polyclinics, 30 percent were health centers or clinics, and 10 percent were Community-Based Health Planning and Services (CHPS) providers, with the remaining 20 percent being pharmacies or retail outlets. Seventy percent of facilities belong to the public sector and 56 percent were located in rural areas. One-fifth were in the Ashanti region, 14 percent in the Western region, and 11 percent each in the Eastern and Northern regions. The number of beds was used to measure facility size, with most being small (50 beds or fewer) and 13 percent having more than 100 beds.

Table 7: Characteristics of health facilities in PMA2013/Ghana Survey

Total	Number	Percent
Total	149	100.0
Type		
Hospital/Polyclinic	60	40.3
Health Center/Health Clinic	45	30.2
CHPS*	15	10.1
Pharmacy/Chemist/Retail Outlet/Other	29	19.5
Authority		
Public	106	71.1
Private	43	28.9
Residence		
Urban	84	56.4
Rural	65	43.6
Number of inpatient beds		
0 to 50	105	70.5
51 to 100	25	16.8
101 and over	19	12.8
Region		
Ashanti	30	20.1
Brong-Ahafo	13	8.7
Central	14	9.4
Eastern	17	11.4
Greater Accra	14	9.4
Northern	17	11.4
Upper East	9	6.0
Upper West	7	4.7
Volta	7	4.7
Western	21	14.1

*CHPS: Community-Based Health Planning and Services

Family Planning Indicators

PMA2020 is focused on generating, analyzing and disseminating data on an array of indicators for tracking family planning program performance across dimensions of access, quality, choice, equity, and utilization.

This section presents PMA2013/Ghana data on these various indicators, all of which are disaggregated by various socio-demographic characteristics of survey respondents, including rural-urban residence, wealth quintile, marital status, age, parity and education. (See Appendix E for definitions)

Contraceptive Use

The Contraceptive Prevalence Rate (CPR) is defined as the proportion of women of reproductive age who are using (or whose partner is using) a contraceptive method at the time of the survey. This indicator is also a tracking indicator for Millennium Development Goal (MDG) 5 target 5B; to achieve by 2015, universal access to reproductive health. It is also included on the World Health Organization's (WHO) list of indicators on health and rights.

The CPR is further grouped into contemporary methods labelled "modern," which include female and male sterilization, intrauterine device (IUD), injectable, implant, pill, male and female condom, emergency contraception, diaphragm, foam/jelly, Standard Days Method, and Lactational Amenorrhea Method (LAM). Traditional methods include rhythm (also called periodic abstinence), withdrawal, folk, and herbs.

In 2013, the Ghana PMA2020 Round 1 survey found 14.8 percent of all women age 15-49 and 19.5 percent of women currently married or in union reported they or their partner were using a contraceptive method.

Modern contraceptive prevalence is 13.7 percent for all women and 18.4 percent for married women. Traditional contraceptive use was reported to be very low at 1.1 percent of either group of women.

As measured by the most recent GDHS, in 2008 the modern CPR among married women was slightly lower at 16.6 percent, while traditional method use was higher at 6.9 percent (1.1 percent).

Fig. F1: Percent of women age 15-49 married or in union currently using any or a modern method of contraception, Ghana/PMA2013

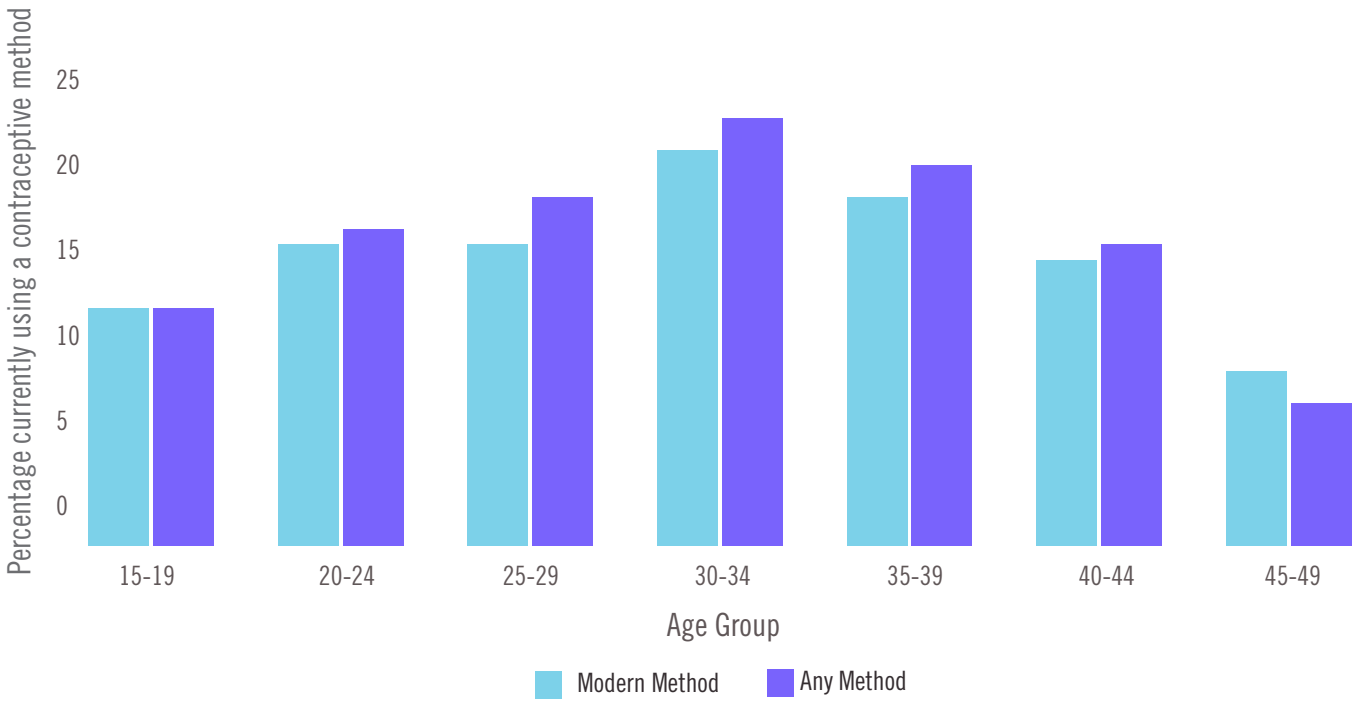


Table F1: Contraceptive Prevalence: Percent of all or married women age 15-49 currently using a contraceptive method, by type

Background Characteristics	Total CPR		Modern CPR		Traditional CPR	
	All Women (n=3,712)	Married Women (n=2,329)	All Women (n=3,712)	Married Women (n=2,329)	All Women (n=3,712)	Married Women (n=2,329)
Total	14.8	19.5	13.7	18.4	1.1	1.1
Age						
15-19	4.9	14.5	4.2	14.5	0.5	0.0
20-24	17.2	19.5	14.8	18.3	2.3	1.2
25-29	17.3	20.5	15.9	18.9	1.4	1.6
30-34	23.2	24.8	22.3	23.6	0.7	0.8
35-39	18.6	20.9	17.4	19.5	1.2	1.4
40-44	13.1	16.1	12.9	15.8	0.3	0.4
45-49	8.9	11.0	8.1	9.9	0.8	1.1
Marital status						
Married	19.5	--	18.4	--	1.1	--
Not married	7.7	--	6.4	--	1.2	--
Unmarried sexually active	11.9	--	10.2	--	1.7	--
Parity						
0-1	9.3	13.4	7.9	12.5	1.2	0.9
2-3	21.2	22.2	20.2	21.2	1.0	1.0
4 or more	19.3	21.2	18.1	19.9	1.0	1.1
Residence						
Urban	13.1	17.5	11.3	15.7	1.7	1.7
Rural	16.8	21.3	16.2	20.6	0.6	0.7
Education						
No education	15.4	19.5	14.5	18.2	0.9	1.3
Primary	11.5	15.8	10.4	14.6	1.1	1.2
Middle/JSS	16.8	23.8	14.7	22.0	2.1	1.8
Secondary/ Higher	14.2	17.0	13.8	16.6	0.4	0.4
Wealth Quintile						
Lowest	14.7	18.2	14.2	17.6	0.5	0.6
Second	16.2	19.8	15.5	19.5	0.7	0.3
Middle	15.7	20.5	14.1	18.6	1.6	1.9
Fourth	14.9	19.6	13.4	18.4	1.5	1.2
Highest	13.3	19.8	11.7	17.7	1.6	2.1
Region						
Ashanti	16.6	22.7	15.7	21.4	0.9	1.3
Brong-Ahafo	25.0	30.4	19.4	26.7	5.6	3.7
Central	15.7	22.6	15.7	22.6	0.0	0.0
Eastern	14.1	19.7	12.6	17.9	1.5	1.8
Greater Accra	14.9	21.2	14.0	20.1	0.9	1.1
Northern	7.2	8.7	7.1	8.5	0.1	0.2
Upper East	18.2	26.6	18.2	26.6	0.0	0.0
Upper West	27.2	31.0	26.3	29.9	0.9	1.1
Volta	9.9	11.2	9.6	11.2	0.3	0.0
Western	7.5	10.0	6.9	9.0	0.6	1.0

Contraceptive Method Mix

The contraceptive method mix is the composition of current methods used by women age 15-49 who are currently married or in union or all users.

The most frequently used method in the 2013 survey was the injectable, chosen by 34.6 percent of all users and 39.1 percent of married users. The pill was the second most popular method at 26.1 percent and 24.9 percent of all and married users, respectively. The implant ranked third in share of users.

Fig. F2a: Contraceptive Method Mix, All Users, PMA2013/Ghana

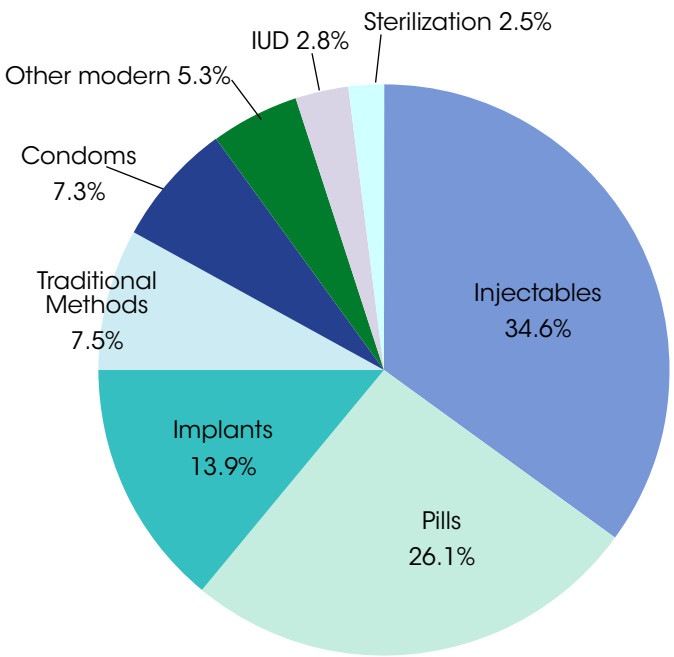
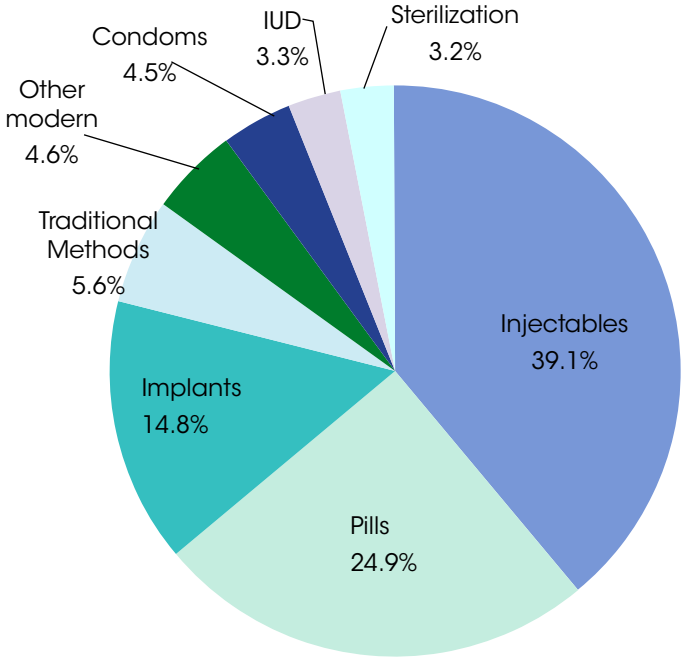


Fig. F2b: Contraceptive Method Mix, Married Users, PMA2013/Ghana



The method mix can be used to calculate an overall level of contraceptive use-effectiveness by applying use-effectiveness weights (see below). Because of a higher percentage of users reporting sterilization in 2008, the use-effectiveness score is higher in 2008 than in 2013, 20.6 percent to 18.1 percent. There is otherwise an increase in the use of implants and injectables since 2008.

Table F2a: Percent distribution of all contraceptive users age 15-49, by method type and background characteristics

	Sterilization	IUD	Injectable	Implant	Pill	Condom	Other	Traditional	Use effectiveness
PMA2013/ Ghana	0.6	0.6	7.6	2.9	4.8	0.9	0.9	1.1	18.1
GDHS 2008	1.6	0.2	6.2	0.9	4.7	2.5	0.5	6.9	20.6
Weight	0.995	0.995	0.97	0.9995	0.92	0.85	0.75	0.73	

Table F2 & F3b: Percent distribution of all contraceptive users age 15-49, by method type and background characteristics

	All users (n=532)								
Background Characteristics	Sterilization	IUD	Injectable	Implant	Pill	Condom	Other modern	Traditional	Total
Total	2.5	2.8	34.6	13.9	26.1	7.3	5.3	7.5	100.0
Age									
15-19	0.0	3.1	19.3	26.9	17.0	20.0	3.2	10.6	100.1
20-24	0.0	3.6	26.5	12.2	28.8	11.7	3.9	13.3	100.0
25-29	0.0	1.5	49.0	10.6	17.1	7.2	6.4	8.2	100.0
30-34	1.9	4.1	32.4	16.3	33.2	3.6	5.6	2.9	100.0
35-39	9.4	1.6	37.8	12.5	24.4	3.4	4.7	6.2	100.0
40-44	7.2	2.9	26.2	12.6	33.0	8.2	7.9	2.0	100.0
45-49	0.0	3.6	36.1	16.7	30.0	0.0	4.6	9.0	100.0
Marital status									
Married	3.2	3.3	39.1	14.8	24.9	4.5	4.6	5.6	100.0
Not married	0.0	0.9	16.3	10.2	31.1	18.3	7.8	15.3	99.9
Unmarried sexually active	0.0	1.0	15.7	10.6	31.3	18.9	8.1	14.5	100.1
Parity									
0-1	0.0	1.6	24.8	11.9	24.0	17.2	7.4	13.2	100.1
2-3	1.0	4.0	41.5	11.4	26.0	5.4	6.0	4.7	100.0
4 or more	6.8	2.6	35.6	19.2	27.4	0.7	2.6	5.1	100.0
Residence									
Urban	2.3	3.4	24.1	9.9	25.4	12.3	9.2	13.4	100.1
Rural	2.8	2.4	43.1	17.1	26.7	3.2	2.1	2.7	100.1
Education									
No education	6.3	4.5	37.1	19.0	28.8	0.0	0.8	3.5	100.0
Primary	1.5	2.0	21.9	9.1	25.3	19.3	12.0	9.0	100.1
Middle/JSS	1.7	0.8	47.6	14.2	27.0	2.9	3.6	2.3	100.1
Secondary/ Higher	1.7	3.4	31.4	13.9	24.4	7.6	5.8	11.9	100.1
Wealth Quintile									
Lowest	4.6	0.0	53.7	14.4	22.4	0.7	1.8	2.3	99.9
Second	2.6	5.2	40.5	15.7	29.7	1.2	1.2	4.0	100.1
Middle	1.0	4.3	28.8	18.1	25.5	10.0	2.7	9.7	100.1
Fourth	3.4	0.8	29.2	10.6	30.0	7.4	8.0	10.6	100.0
Highest	1.3	3.5	21.1	10.7	22.5	17.3	12.6	11.1	100.1
Region									
Ashanti	1.1	4.4	27.3	17.2	36.9	5.5	2.8	4.9	100.1
Brong-Ahafo	0.9	1.1	33.0	14.2	19.4	2.3	6.9	22.2	100.0
Central	0.0	2.8	34.3	20.5	23.9	15.5	2.9	0.0	99.9
Eastern	8.6	2.1	46.4	9.5	16.4	5.1	4.4	7.5	100.0
Greater Accra	1.5	4.0	21.0	10.0	32.8	13.4	12.4	5.0	100.1
Northern	0.0	0.0	57.8	8.1	28.0	4.4	0.0	1.7	100.0
Upper East	0.0	0.0	61.6	26.7	5.3	6.5	0.0	0.0	100.1
Upper West	0.0	0.0	51.9	12.8	21.6	8.1	2.3	3.4	100.1
Volta	23.1	3.6	36.3	10.8	19.6	3.0	0.0	3.6	100.0
Western	0.0	7.6	31.1	3.6	29.8	9.3	10.8	7.9	100.1

Table F2 & F3c: Percent distribution of contraceptive use among married women age 15-49, by method and background characteristics

	Married Users (n=428)								
Background Characteristics	Steriliza-tion	IUD	Injectable	Implant	Pill	Condom	Other modern	Tradit-ional	Total
Total	3.2	3.3	39.1	14.8	24.9	4.5	4.6	5.6	100.0
Age									
15-19	0.0	0.0	37.2	48.1	3.6	11.2	0.0	0.0	100.1
20-24	0.0	5.9	38.6	15.8	27.7	3.3	2.5	6.2	100.0
25-29	0.0	1.8	52.4	11.2	14.4	7.4	5.3	7.6	100.1
30-34	2.2	4.7	36.7	15.3	31.1	2.9	3.9	3.3	100.1
35-39	10.0	1.8	34.6	13.4	24.9	3.7	5.0	6.7	100.1
40-44	7.8	3.2	28.3	11.3	33.3	5.5	8.5	2.2	100.1
45-49	0.0	4.0	30.7	18.7	31.5	0.0	5.1	10.0	100.0
Parity									
0-1	0.0	1.9	39.8	15.7	19.1	11.4	5.6	6.5	100.0
2-3	1.2	4.5	41.5	11.8	25.1	5.3	6.0	4.7	100.1
4 or more	7.2	2.8	36.2	18.1	27.2	0.4	2.8	5.4	100.1
Residence									
Urban	3.2	4.1	28.7	11.3	25.0	8.5	9.2	10.0	100.0
Rural	3.2	2.8	46.4	17.2	24.8	1.8	1.4	2.5	100.1
Education									
No education	7.0	5.0	37.9	19.8	26.3	0.0	0.0	3.9	99.9
Primary	2.5	3.3	28.2	8.5	15.2	19.6	15.3	7.5	100.1
Middle/JSS	1.9	0.0	48.4	14.4	27.9	1.1	3.8	2.5	100.0
Secondary/ Higher	2.3	4.6	37.8	14.9	23.0	5.8	4.3	7.4	100.1
Wealth Quintile									
Lowest	5.1	0.0	55.1	13.5	22.8	0.8	1.0	1.6	99.9
Second	3.3	5.5	46.9	16.7	25.1	0.0	0.9	1.6	100.0
Middle	1.2	5.3	32.8	18.5	23.6	7.3	2.2	9.0	99.9
Fourth	4.6	1.1	34.4	10.8	31.1	7.0	5.0	6.1	100.1
Highest	1.7	4.6	23.6	14.2	21.9	8.5	15.0	10.5	100.0
Region									
Ashanti	1.3	5.4	29.6	15.8	36.4	4.3	1.2	6.0	100.0
Brong-Ahafo	1.2	1.4	42.0	18.7	16.7	3.1	4.8	12.1	100.0
Central	0.0	3.4	35.1	22.1	21.2	14.7	3.5	0.0	100.0
Eastern	10.4	2.5	45.5	11.4	19.7	2.5	2.5	5.5	100.0
Greater Accra	2.0	5.7	25.5	9.0	34.0	3.1	15.4	5.4	100.1
Northern	0.0	0.0	63.6	7.4	24.2	2.9	0.0	1.9	100.0
Upper East	0.0	0.0	62.7	27.8	5.8	3.6	0.0	0.0	99.9
Upper West	0.0	0.0	57.2	11.5	21.2	6.3	0.0	3.7	99.9
Volta	30.6	0.0	39.2	14.3	15.9	0.0	0.0	0.0	100.0
Western	0.0	9.1	36.9	4.2	22.7	5.0	12.8	9.4	100.1

Unmet Need For Family Planning

Unmet need for family planning is defined as the percentage of fecund, sexually active women who do not want to become pregnant but are not using contraception and are therefore exposed to unintended pregnancies. Total unmet need is disaggregated into the percentage of women who wish to space births and those who wish to limit births. The PMA2020 measure follows the guidance for the revised definition adopted by the DHS.

It is a frequently used indicator of contraceptive demand and used for monitoring progress in increasing access to contraceptive services, in addition to advocating for increased resources toward family planning programs.

PMA2013/Ghana survey found 28.0 percent of all women age 15-49 and 37.2 percent of women age 15-49 who are currently married or in union had unmet contraceptive need. In the GDHS 2008, total unmet need was 35.3 percent among married women. The 2013 level of need for spacing births was greater than that for limiting, at 25.9 percent and 13.2 percent, respectively for married women and 19.8 percent and 8.2 percent, respectively for all women. Unmet need was highest among women in the poorer households and lowest for those in the highest wealth quintile, as seen in the figure F4 below.

Fig. F4a: Percent of all and currently married women with unmet contraceptive need, by household wealth quintile

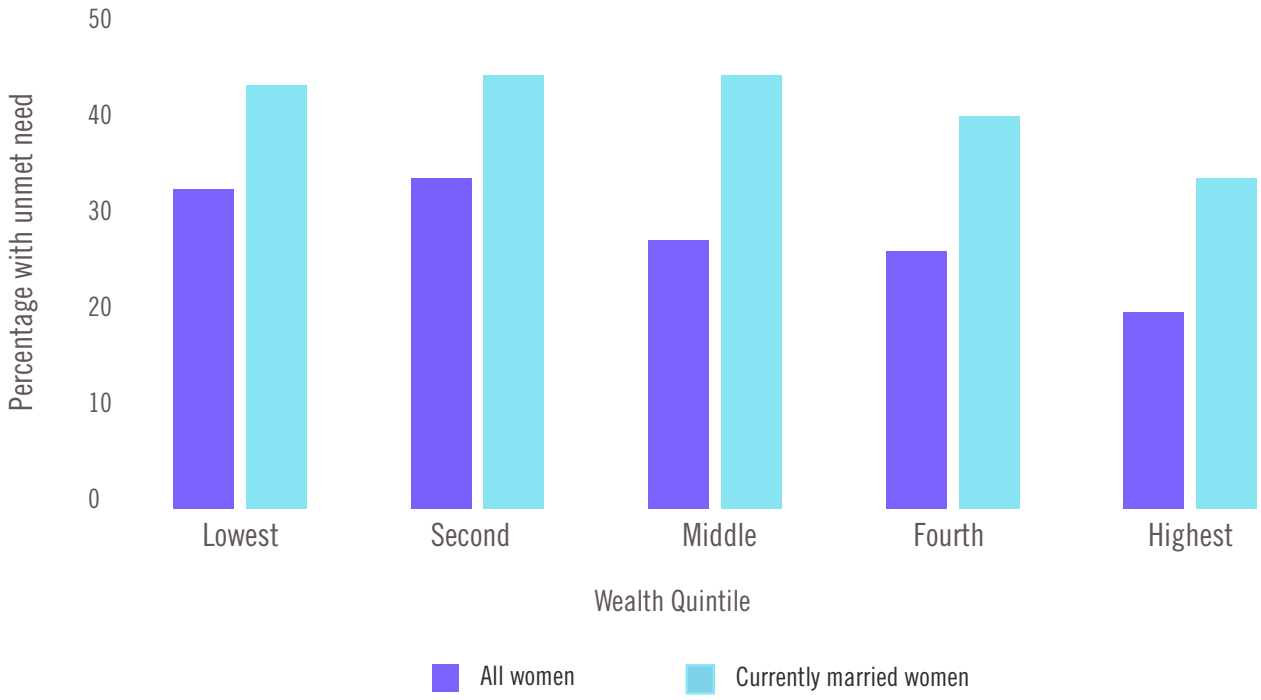


Fig. F4b: Percent of currently married women with unmet need for contraception to space or limit childbearing, by region

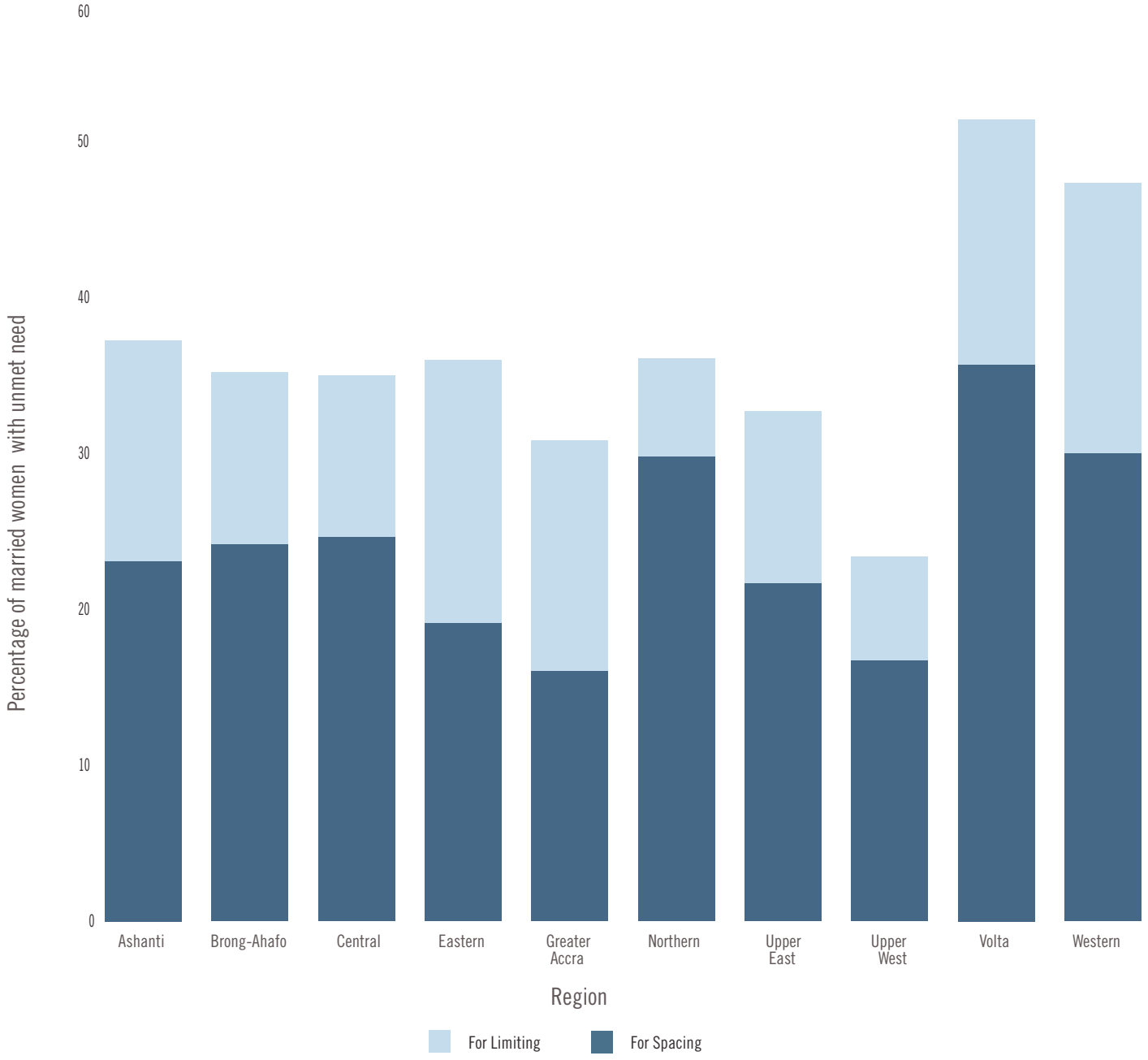


Table F4: Unmet need: Percent of women age 15-49 with unmet need for family planning, by background characteristics

Background Characteristics	All women age 15-49 (n=3,712)			Married women age 15-49 (n=2,329)		
	For Spacing	For Limiting	Total	For Spacing	For Limiting	Total
Total	19.8	8.2	28.0	25.9	13.2	37.2
Age						
15-19	14.7	2.7	17.4	47.4	13.0	60.4
20-24	28.1	3.5	31.6	45.3	5.2	50.5
25-29	27.1	6.4	33.5	32.7	8.8	41.5
30-34	20.4	10.3	30.7	23.5	12.4	35.9
35-39	15.3	17.0	32.3	17.7	19.7	37.4
40-44	10.5	16.5	27.0	13.0	20.8	33.8
45-49	3.6	12.2	15.8	5.0	16.5	21.5
Marital status						
Married	25.9	13.2	39.1	--	--	--
Not married	8.4	1.3	9.7	--	--	--
Parity						
0-1	18.2	1.7	19.9	34.6	3.6	38.2
2-3	25.5	9.8	35.3	28.6	11.2	39.8
4 or more	14.2	20.6	34.8	16.2	22.9	39.1
Residence						
Urban	16.4	8.2	24.6	24.2	14.1	38.3
Rural	21.8	8.9	30.7	27.5	12.5	40.0
Education						
No education	21.8	11.1	32.9	25.2	11.9	37.1
Primary	22.1	10.2	32.3	25.2	13.7	38.9
Middle/JSS	18.2	8.8	27.0	27.4	15.1	42.5
Secondary/Higher	15.5	4.8	20.3	26.3	11.2	37.5
Wealth Quintile						
Lowest	24.4	9.3	31.1	29.5	11.7	41.2
Second	21.9	9.8	31.9	28.3	13.8	42.1
Middle	21.6	7.8	26.0	29.3	12.5	41.8
Fourth	16.7	9.4	24.9	22.9	14.8	37.7
Highest	12.0	6.8	18.8	19.0	13.2	32.2
Region						
Ashanti	17.7	9.2	26.9	23.8	14.6	38.4
Brong-Ahafo	18.7	7.5	26.2	24.9	11.4	36.3
Central	18.2	6.2	24.4	25.4	10.7	36.1
Eastern	22.6	10.8	33.4	19.7	17.4	37.1
Greater Accra	10.6	7.7	18.3	16.5	15.3	31.8
Northern	26.5	4.9	31.4	30.7	6.5	37.2
Upper East	15.3	7.8	23.1	22.3	11.4	33.7
Upper West	15.5	6.4	21.9	17.2	6.9	24.1
Volta	29.1	12.2	41.3	36.8	16.2	53.0
Western	21.6	12.2	33.8	30.9	17.9	48.8

Demand Satisfied By Modern Contraception

This indicator measures the percentage of women age 15-49 years who do not want to get pregnant and are using modern contraception. It is defined as the ratio of modern contraceptive prevalence to total contraceptive demand, where the latter is the sum of contraceptive prevalence and unmet need, and expressed as a percentage of all or married women with unmet need.

Total demand = Contraceptive prevalence + Unmet need
Demand satisfied = Modern contraceptive prevalence/Total demand (x 100)

The maximum value for this indicator can be 100.0 percent if there is no unmet need and all contraceptive use is with modern methods. Because unmet need can be substantial and modern use low in low resource settings, the proportion of demand satisfied will be suboptimal.

In 2013, total contraceptive demand was 38.0 percent among all women of childbearing age and 56.7 percent among married women of childbearing age. The percent of demand satisfied by modern contraception was higher, though, for all women compared to married women (36.1 percent versus 32.5 percent). This is due to lower unmet need among all women. Among married women, satisfied demand reaches 40.1 percent for those age 30-34. As seen in the figure, satisfied demand is higher for females in the wealthiest households and lowest in the poorest households, implying inequity in contraceptive needs being met.

Fig. F5: Percent of all or married women whose demand for modern contraception is satisfied, by household wealth quintile

Table F5: Percent of demand satisfied for women age 15-49, by marital status and background characteristics

	All women (n=3,712)					Married women (n=2,329)				
Background Characteristics	MCPR	Any method	Unmet need	Total demand	Demand satisfied	MCPR	Any method	Unmet need	Total demand	Demand satisfied
Total	13.7	14.8	23.2	38.0	36.1	18.4	19.5	37.2	56.7	32.5
Age										
15-19	4.2	4.9	5.4	10.3	40.8	14.5	14.5	56.0	70.5	20.6
20-24	14.8	17.2	26.3	43.5	34.0	18.3	19.5	48.7	68.2	26.8
25-29	15.9	17.3	28.8	46.1	34.5	18.9	20.5	39.0	59.5	31.8
30-34	22.3	23.2	28.5	51.7	43.1	23.6	24.8	34.0	58.8	40.1
35-39	17.4	18.6	30.8	49.4	35.2	19.5	20.9	35.9	56.8	34.3
40-44	12.9	13.1	24.9	38.0	33.9	15.8	16.1	31.5	47.6	33.2
45-49	8.1	8.9	15.8	24.7	32.8	9.9	11.0	21.5	32.5	30.5
Marital status										
Married	18.4	19.5	37.2	56.7	32.5	--	--	--	--	--
Not married	6.4	7.7	1.5	9.2	69.6	--	--	--	--	--
Parity										
0-1	7.9	9.3	12.7	22.0	35.9	12.5	13.4	34.6	48.0	26.0
2-3	20.2	21.2	33.2	54.4	37.1	21.2	22.2	38.0	60.2	35.2
4 or more	18.1	19.3	33.7	53.0	34.2	19.9	19.9	38.3	59.5	33.4
Residence										
Urban	11.3	13.1	20.5	33.6	33.6	15.7	17.5	36.5	54.0	29.1
Rural	16.2	16.8	26.0	42.8	37.9	20.6	21.3	37.8	59.1	34.9
Education										
No education	19.5	15.4	25.6	41.7	47.6	18.9	19.5	36.6	56.1	33.7
Primary	15.8	11.5	16.7	28.2	56.0	14.6	15.8	38.1	53.9	27.1
Middle/JSS	23.8	16.8	20.4	37.2	64.0	22.0	23.8	37.5	61.3	35.9
Secondary/ Higher	17.0	14.2	29.0	43.2	39.4	16.6	17.0	37.1	54.1	30.7
Wealth Quintile										
Lowest	14.2	14.7	29.5	44.2	32.1	17.6	18.2	40.1	58.3	30.2
Second	15.5	16.2	26.9	43.1	36.0	19.5	19.8	40.9	60.7	32.1
Middle	14.1	15.7	24.4	40.1	35.2	18.6	20.5	38.7	59.2	31.4
Fourth	13.4	14.9	21.3	36.2	37.0	18.4	19.6	35.5	55.1	33.4
Highest	11.7	13.3	15.4	28.7	40.8	17.7	19.8	29.5	49.3	35.9
Region										
Ashanti	15.7	16.5	22.0	38.6	40.7	21.4	22.7	36.2	58.9	36.3
Brong-Ahafo	19.4	25.0	21.2	46.2	42.0	26.7	30.4	34.0	64.4	41.5
Central	15.7	15.7	21.4	37.1	42.3	22.6	22.6	36.1	58.7	38.5
Eastern	12.6	14.1	24.5	38.6	33.0	17.9	19.7	38.1	57.8	31.0
Greater Accra	14.0	14.9	15.9	30.8	45.8	20.1	21.2	30.1	51.3	39.2
Northern	7.1	7.2	27.3	34.5	20.6	8.5	8.7	36.8	45.5	18.7
Upper East	18.2	18.2	20.7	38.9	46.8	26.6	26.6	33.7	60.3	44.1
Upper West	26.3	27.2	18.5	45.7	57.5	29.9	31.0	23.3	54.3	55.1
Volta	9.6	9.9	35.6	45.5	21.1	11.2	11.2	52.5	63.7	17.6
Western	6.9	7.5	30.2	37.7	18.3	9.0	10.0	47.4	57.4	15.7

Intention To Use Contraception

This indicator applies to women not currently using any type of contraception. Non-users were asked "Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?" The indicator is based on the proportion of non-users answering yes.

Two-fifths of non-users among all women age 15-49 intend to adopt a contraceptive method in the future. Among married women with no or one child, 45.2 percent intend to use. Intention to use contraception is higher among those living in rural areas (34.6 percent), and highest among those living in the poorest households (54.0 percent). Intention to use is highest in the Northern and Upper West and lowest in the Eastern regions.

Fig. F6: Percent of non-users intending to use a contraceptive method in the future, by region

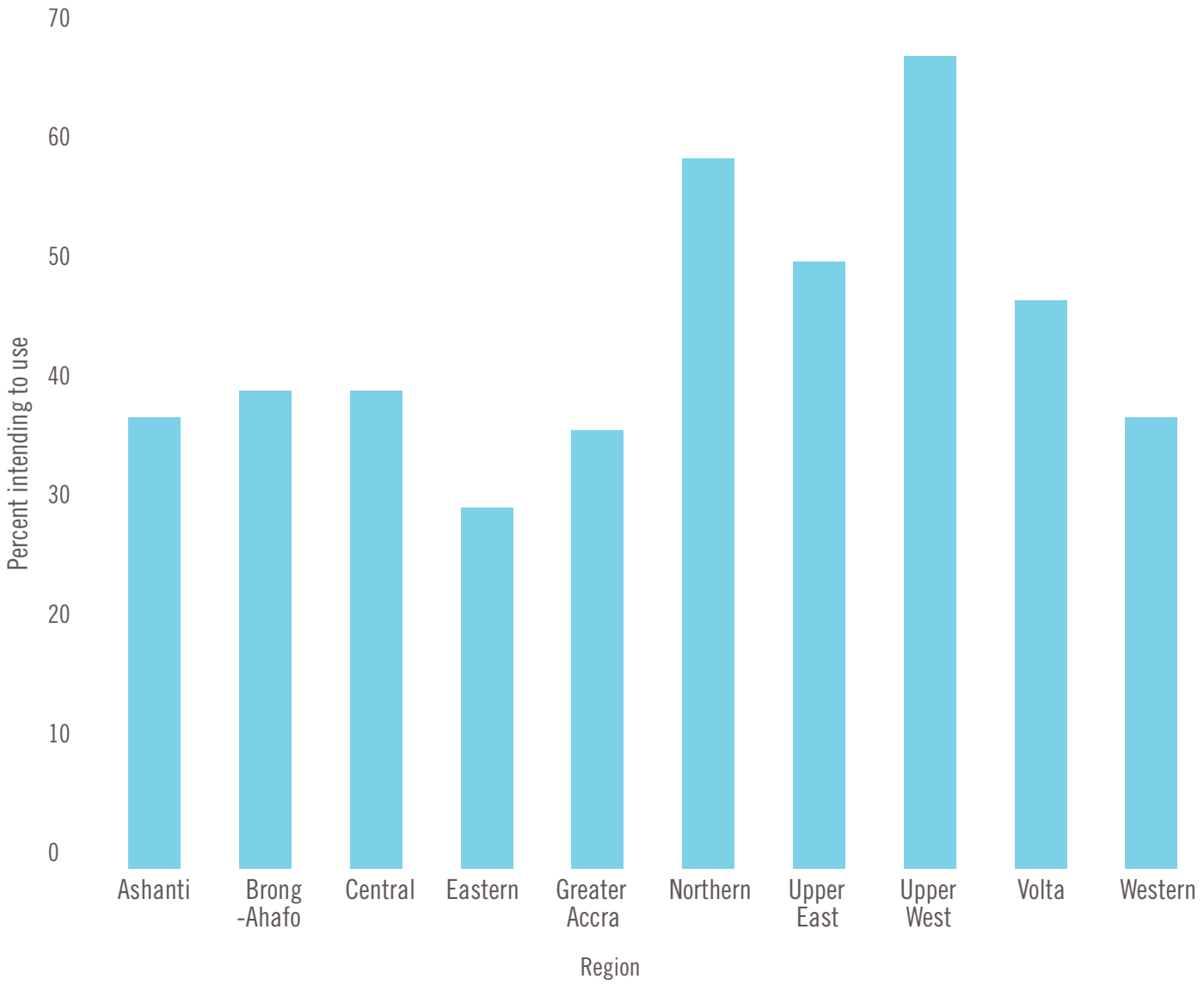


Table F6: Percent of women age 15-49 not currently using contraception who intend to adopt a method in the future, by marital status and background characteristics

Background Characteristics	All women	Married women
Total	39.9	41.4
Age		
15-19	44.0	61.6
20-24	51.5	55.1
25-29	50.7	52.9
30-34	45.4	48.7
35-39	34.1	36.9
40-44	18.9	19.9
45-49	7.8	9.5
Marital status		
Married	38.0	--
Not married	41.4	--
Unmarried sexually active	37.8	--
Parity		
0-1	42.8	45.2
2-3	38.8	41.5
4 or more	34.6	38.1
Residence		
Urban	36.2	34.6
Rural	43.9	47.4
Education		
No education	41.7	40.1
Primary	40.6	42.4
Middle/JSS	37.0	39.7
Secondary/Higher	41.7	43.5
Wealth Quintile		
Lowest	52.8	54.0
Second	41.0	47.2
Middle	37.1	38.9
Fourth	32.8	31.4
Highest	36.5	31.4
Region		
Ashanti	35.2	36.4
Brong-Ahafo	43.7	39.4
Central	35.1	39.1
Eastern	29.8	28.7
Greater Accra	35.7	34.3
Northern	53.9	57.3
Upper East	55.4	49.1
Upper West	59.1	65.0
Volta	45.9	46.2
Western	33.8	37.4

Unintended Births

Pregnancies may occur at a time when women and their partners either did not want (additional) children or wanted to delay the next birth. This indicator is based on responses to the question "At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any/any more children at all?" It is measured as the percent of women of childbearing age reporting their most recent or current pregnancy was wanted then, wanted later, or not wanted at all.

Among all women with at least one birth, 57.8 percent reported that their last or current pregnancy was intended. Another 29 percent wanted their pregnancy to be timed later and 13.2 percent did not want any additional children. Mistimed and unwanted pregnancies were highest among women under age 25. For women from the poorest households, 43.5 percent reported their last pregnancy was unintended (mistimed or unwanted), as compared to 20.5 percent of women from the wealthiest households. The inequity in women's ability to have intended pregnancies can be measured by the ratio of these two figures. For all women the ratio is 2.12 and for married women it is 1.98, that is, women in the poorest households are twice as likely to have unintended pregnancies compared to women in the wealthiest quintile.

Fig. F7: Percent distribution of planned status of most recent/current pregnancy for all women age 15-49 with one or more births, by wealth quintile

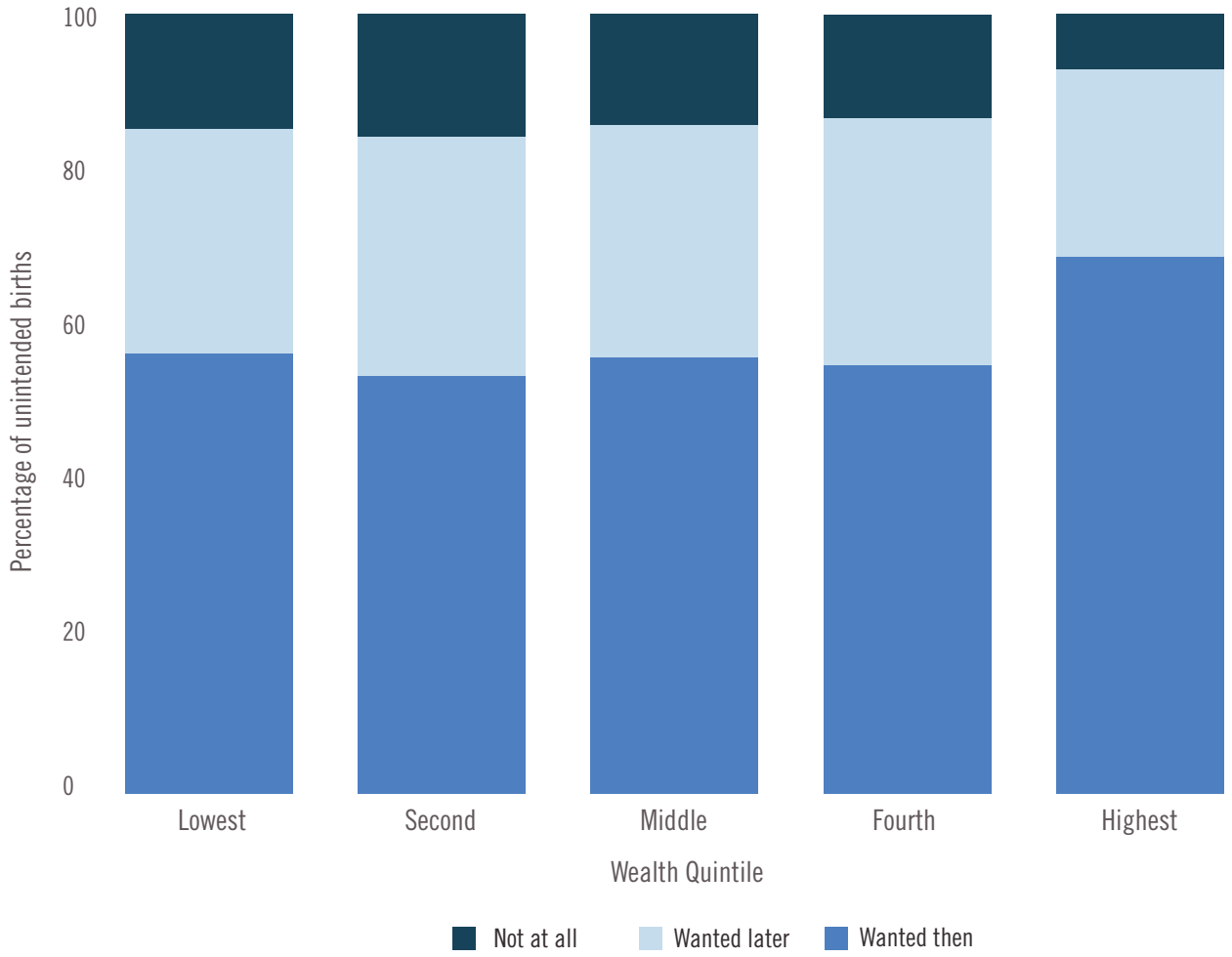


Table F7: Unintended births. Percent distribution of women reporting last or current pregnancy was wanted then, wanted later or not wanted at all, by marital status and background characteristics

Background Characteristics	All women with 1+ births (n=2,612)				All married women with 1+ births (n=2,172)			
	Wanted then	Wanted later	Not at all	Total	Wanted then	Wanted later	Not at all	Total
Total	57.8	30.7	13.2	100.0	60.0	27.9	12.1	100.0
Age								
15-19	26.2	47.6	26.2	100.0	28.0	45.8	26.1	99.9
20-24	45.0	39.5	15.5	100.0	49.4	38.0	12.5	99.9
25-29	57.5	32.2	10.3	100.0	61.1	29.1	9.7	99.9
30-34	55.3	34.4	10.3	100.0	57.6	33.4	9.0	100.0
35-39	66.8	21.3	11.9	100.0	68.0	19.8	12.2	100.0
40-44	67.3	16.9	15.8	100.0	68.5	16.0	15.5	100.0
45-49	64.0	21.1	14.9	100.0	60.8	24.7	14.5	100.0
Marital status								
Married	60.0	27.9	12.1	100.0	–	–	–	
Not married	48.2	34.0	17.8	100.0	–	–	–	
Sexually active unmarried	47.7	34.7	17.6	100.0	–	–	–	
Parity								
0-1	55.5	31.2	13.3	100.0	63.6	26.4	10.0	100.0
2-3	61.5	28.0	10.5	100.0	62.2	27.9	9.9	100.0
4 or more	55.5	28.5	16.0	100.0	55.7	28.7	15.7	100.1
Residence								
Urban	60.4	28.9	10.8	100.1	63.4	27.3	9.3	100.00
Rural	55.4	29.1	15.4	99.9	57.2	28.3	14.5	100.00
Education								
No education	62.4	24.7	12.9	100.0	63.5	24.2	12.3	100.0
Primary	55.6	32.3	12.1	100.0	59.5	31.4	9.1	100.0
Middle/JSS	54.0	30.4	15.6	100.0	56.3	28.9	14.9	100.1
Secondary/Higher	58.7	29.8	11.5	100.0	60.6	28.7	10.6	99.9
Wealth Quintile								
Lowest	56.5	28.7	14.9	100.1	58.4	28.4	13.2	100.0
Second	53.6	30.7	15.7	100.0	55.4	29.4	15.3	100.1
Middle	56.0	29.8	14.2	100.0	59.1	28.6	12.3	100.0
Fourth	55.0	31.6	13.4	100.0	56.9	30.2	12.9	100.0
Highest	68.9	24.0	7.1	100.0	71.3	22.5	6.2	100.0
Region								
Ashanti	64.1	24.3	11.6	100.0	64.8	23.8	11.5	100.1
Brong-Ahafo	55.0	29.2	15.8	100.0	55.6	29.3	15.1	100.0
Central	45.5	42.7	11.8	100.0	52.9	36.6	10.5	100.0
Eastern	41.9	30.7	27.5	100.1	44.6	26.4	29.0	100.0
Greater Accra	64.2	27.9	8.0	100.1	66.5	27.7	5.8	100.0
Northern	81.3	13.6	5.0	99.9	82.0	13.5	4.5	100.0
Upper East	63.9	32.3	3.8	100.0	63.4	33.2	3.4	100.0
Upper West	45.6	36.6	17.8	100.0	44.8	36.4	18.8	100.0
Volta	40.8	42.3	16.9	100.0	43.8	42.4	13.8	100.0
Western	50.0	29.9	20.1	100.0	51.8	30.8	17.4	100.0

Method Chosen By Self Or Jointly

Following quality counseling by the provider, contraceptive users should be able to decide on the type of method they will use. This indicator is based on responses by women regarding who made the final decision about the method obtained at the last visit to a family planning provider—the woman herself, the provider, her partner, the woman and the provider, or the woman and her partner. As a measure of service quality, the preferred responses are that the woman alone or her and her provider or partner made the final decision.

More than half of recent users decided on their most recent contraceptive method themselves and another 36.7 percent decided with their partner or provider. Young women age 15-24 were the most likely to decide themselves and women with 2 or more children were most likely to decide together with their partner or provider. Women living in the lowest two wealth quintiles were the least likely to decide on their own (48.0 and 46.3 percent, respectively).

Fig. F8: Who decided method obtained among all current users (n=651)

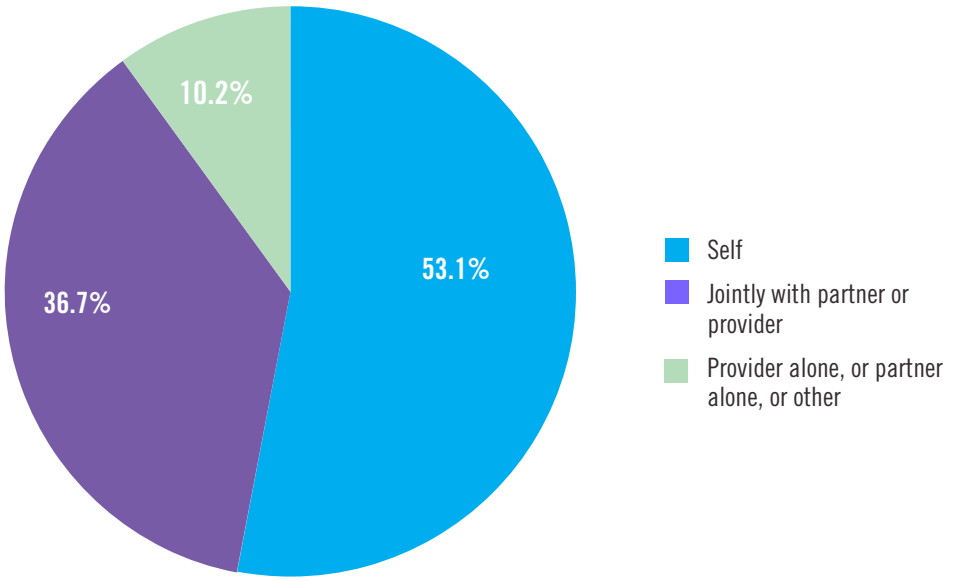


Table F8: Method chosen by self or jointly: Percent distribution of women age 15-49 contracepting in past 12 months reporting on who decided on the contraceptive method, by background characteristics

Background Characteristics	Self	Jointly with partner or provider	Provider alone/ partner alone/other	Total
Total (n=651)	53.1	36.7	10.2	100.00
Age				
15-19	66.2	18.5	15.3	100.0
20-24	62.2	27.5	10.3	100.0
25-29	51.7	38.6	9.8	100.1
30-34	52.3	38.3	9.5	100.0
35-39	46.1	46.4	7.4	100.0
40-44	46.1	39.2	14.7	100.0
45-49	41.8	45.8	12.3	100.0
Marital status				
Married	64.5	26.0	9.5	100.0
Not married	44.9	43.2	11.9	100.0
Unmarried sexually active	50.4	40.5	9.2	100.1
Parity				
0-1	46.8	42.5	10.7	100.0
2-3	74.8	16.7	8.5	100.0
4 or more	73.8	17.3	8.9	100.0
Residence				
Urban	58.4	30.5	11.0	99.9
Rural	48.3	42.3	9.4	100.0
Education				
No education	52.1	38.5	9.4	100.0
Primary	67.2	29.0	3.8	100.0
Middle/JSS	42.7	44.4	12.9	100.0
Secondary/Higher	53.3	35.1	11.6	100.0
Wealth Quintile				
Lowest	48.0	42.9	9.1	100.0
Second	46.3	39.9	13.8	100.0
Middle	56.8	33.7	9.5	100.0
Fourth	61.1	34.1	4.8	100.0
Highest	54.4	33.0	12.5	99.9
Region				
Ashanti	52.1	37.2	10.8	100.1
Brong-Ahafo	59.7	40.3	0.0	100.0
Central	61.1	29.1	9.8	100.0
Eastern	59.5	34.1	6.4	100.0
Greater Accra	50.9	37.1	12.1	100.1
Northern	56.3	38.0	5.7	100.0
Upper East	49.5	4.6	46.0	100.1
Upper West	40.0	53.3	6.7	100.0
Volta	44.8	55.3	0.0	100.1
Western	39.9	35.1	25.0	100.0

Paid For Family Planning Services

Contraceptive services are often highly subsidized by government or other sources of financing but clients may still pay significant amounts out-of-pocket. Monitoring the costs incurred by women, particularly by wealth quintile, shows equity of access to contraception. Similarly monitoring costs for particular groups – young women, higher parity women, less educated women, or rural women – may also inform decisions about extending subsidies to enable better contraceptive access. The PMA2020 survey asked women who were recent or current users, "In the last 12 months have you paid any fees for family planning services (including the most recent/current method)?"

Overall two-thirds (66.4 percent) of recent or current users in Ghana reported paying fees for family planning services in the past 12 months. Compared with married women (68.7 percent), unmarried women were more likely to pay for services (77.9 percent), but payment did not differ by age group. Compared with less educated women (69.0 percent), more educated users more often reported paying fees (75.7 percent). Users from the poorest households were more likely to pay (80.9 percent) than those from the richest (57.4 percent). Among the women who reported paying, the average woman paid 10.6 cedis (about USD 5.30) for the injectable, 7.5 cedis (about USD 3.25) for oral contraceptives, and 15 cedis (about USD 7.50) for the implant.

Table F9a: Number of current users who paid for services, by average price and method

Recent/ current method	Number of users	Average fees paid (value in cedis)	Standard deviation (value in cedis)
Sterilization	0	–	–
IUD	5	23.2	31.1
Injectable	207	10.6	25.2
Implant	40	15.0	28.8
Pill	147	7.5	15.8
Male condom	26	17.8	28.7
Female condom	1	15.0	–
Emergency Contraception	20	7.1	10.2
Diaphragm	1	15.0	–
Other modern	4	1.8	1.4
Total reporting	451	10.4	22.5

Fig. F9b: Percent of recent/current users who paid for family planning services, by wealth quintile

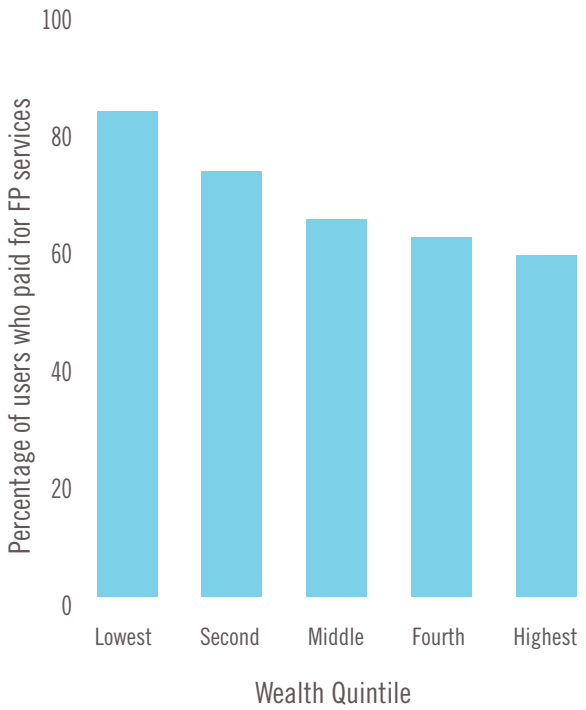


Table F9b: Percent of women age 15-49 who used contraception in past 12 months and paid fees for services, by marital status and background characteristics

Background Characteristics	All who have used in past 12 months (n=703)	All married who have used in past 12 months (n=550)
Total	66.4	68.7
Age		
15-19	61.6	77.4
20-24	63.6	73.5
25-29	68.7	71.1
30-34	69.5	69.4
35-39	65.2	64.9
40-44	66.2	63.5
45-49	61.0	56.5
Marital status		
Married	68.7	--
Not married	77.9	--
Unmarried sexually active	57.6	--
Parity		
0-1	63.9	74.8
2-3	67.2	66.2
4 or more	68.3	68.0
Residence		
Urban	59.1	62.1
Rural	73.1	73.6
Education		
No education	69.0	69.5
Primary	68.1	71.7
Middle/JSS	58.2	61.6
Secondary/Higher	75.7	76.1
Wealth Quintile		
Lowest	80.9	80.5
Second	71.6	74.6
Middle	63.0	66.2
Fourth	60.1	66.2
Highest	57.4	53.8
Region		
Ashanti	62.7	66.1
Brong-Ahafo	62.0	68.9
Central	74.1	70.4
Eastern	73.5	70.8
Greater Accra	60.8	63.3
Northern	88.5	87.2
Upper East	80.5	79.0
Upper West	79.0	81.8
Volta	69.1	71.2
Western	41.7	41.7

Method Information Index

Provider counseling on family planning is an important indicator of quality of services. Recent users (those using in the past 12 months including currently) were asked about the information they received at their last family planning visit. They responded yes or no to the following three questions:

- Were you told by the family planning provider about methods of family planning other than the (most recent/current method) that you could use?
- When you obtained your (most recent/current method), were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?
- Were you told what to do if you experienced side effects or problems?

About half of recent/current users reported being told by their provider of alternative methods (56.5 percent) and side effects (48.3 percent). For those told about side effects, three quarters (77.7 percent) reported also being told what to do if they experience side effects. Older users are more likely to be informed about other methods, while users of all ages are about equally likely to be told about side effects. Among those told about side effects, younger and older users are more likely to also be told what to do if they experience side effects. Current/recent users from wealthier households are less likely to be informed than women from the poorest households.

Fig. F10: Percent of recent/current users reporting provider informed them about other methods, side effects, and if informed of side effects, what to do, by marital status and background characteristics

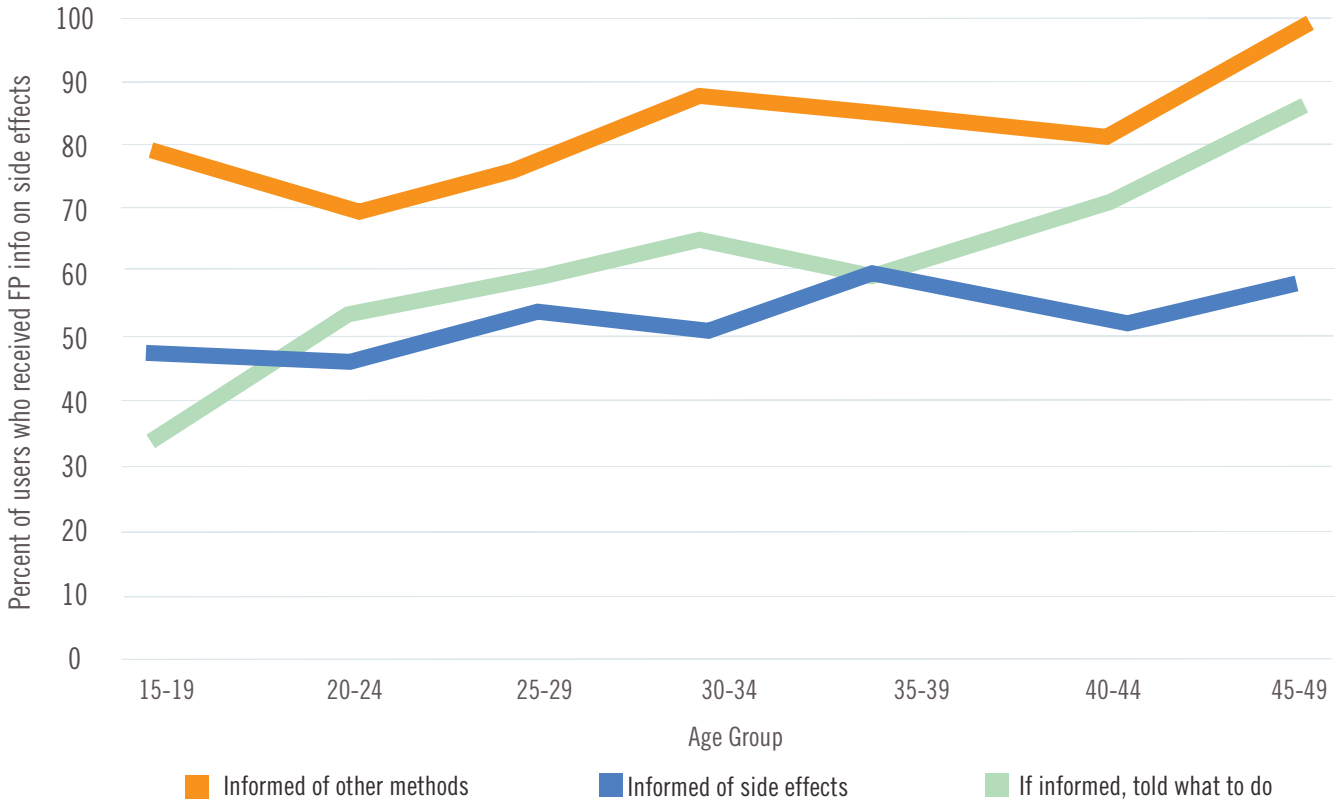


Table F10: Percent of recent/current users reporting provider informed them about other methods, side effects, and if informed of side effects, what to do, by marital status and background characteristics

Background Characteristics	Informed about other methods		Informed about side effects		Told what to do if experienced side effects	
	All users in past 12 months (n=703)	Married users in past 12 months (n=550)	All users in past 12 months (n=703)	Married users in past 12 months (n=550)	All users in past 12 months (n=329)	Married users in past 12 months (n=270)
Total	56.5	59.8	48.3	51.0	77.7	78.0
Age						
15-19	33.5	38.8	46.2	58.4	77.2	90.1
20-24	51.3	57.5	44.1	50.2	68.4	64.0
25-29	57.6	59.0	50.0	53.9	75.4	75.3
30-34	61.4	63.0	48.1	48.5	83.1	85.7
35-39	52.7	52.5	53.8	52.6	79.9	77.5
40-44	65.7	69.0	43.7	45.2	76.8	75.7
45-49	83.7	83.8	49.5	49.7	100.0	100.0
Marital status						
Married	59.8	--	51.0	--	78.0	--
Not married	77.9	--	33.8	--	100.0	--
Unmarried sexually active	43.7	--	39.5	--	75.4	--
Parity						
0-1	43.5	49.8	39.0	43.6	75.2	77.6
2-3	63.4	62.2	53.5	53.3	76.9	76.0
4 or more	62.7	63.2	52.8	52.9	80.8	80.5
Residence						
Urban	51.4	56.5	43.8	47.4	79.7	80.4
Rural	61.2	62.3	52.5	53.6	76.1	76.5
Education						
No education	53.0	55.1	45.2	51.6	73.6	75.0
Primary	49.8	56.1	34.6	35.2	74.2	82.4
Middle/JSS	58.9	63.6	51.2	51.8	78.5	77.0
Secondary/Higher	60.4	61.0	55.6	56.2	81.3	80.8
Wealth Quintile						
Lowest	65.2	65.2	61.7	65.5	81.1	80.6
Second	58.9	59.2	47.9	47.0	76.6	75.6
Middle	60.5	64.4	45.7	47.6	76.2	74.1
Fourth	49.0	54.7	47.0	48.5	80.2	78.1
Highest	49.7	54.6	41.0	45.2	73.7	80.6
Region						
Ashanti	58.6	60.8	38.8	38.1	71.8	69.8
Brong-Ahafo	56.0	54.0	49.4	48.1	95.1	93.2
Central	67.6	69.2	48.7	52.7	75.7	73.7
Eastern	63.6	63.9	50.5	50.9	70.0	73.6
Greater Accra	41.3	47.6	46.8	57.5	79.9	85.2
Northern	50.5	55.0	41.7	42.6	86.3	88.0
Upper East	81.6	86.2	68.8	68.5	87.4	88.9
Upper West	81.9	89.4	66.5	67.9	85.4	90.4
Volta	53.5	53.9	67.9	79.4	67.0	64.4
Western	37.7	42.4	44.0	49.3	32.6	36.9

Satisfaction With Provider

Provider performance from the client's perspective is an important indicator of quality of care. Clients are often subjective, however, in their assessments. Nonetheless, their reported satisfaction with their providers can reveal their ability to express their preferences. The PMA2020 survey gauged provider satisfaction using two questions and also by the combined response to both of them. These are asked of recent/current contraceptive users:

- Would you return to this provider?
- Would you refer your relative or friend to this provider/facility?

Four-fifths of recent/current users would return to their provider, and three quarters would refer their relative or friend to the provider (or facility). Seventy percent of recent/current users reported that they would either return or refer to their provider. No major differences by age, marital status, education or wealth quintile emerged. Users with 0 to 1 children were somewhat less likely to return to their most recent provider. Although sample sizes are small, users in the Eastern, Volta and Central regions were the least likely to report willingness to return or refer to their provider.

Fig. F12: Satisfaction with provider among recent/current contraceptive users (n=679)

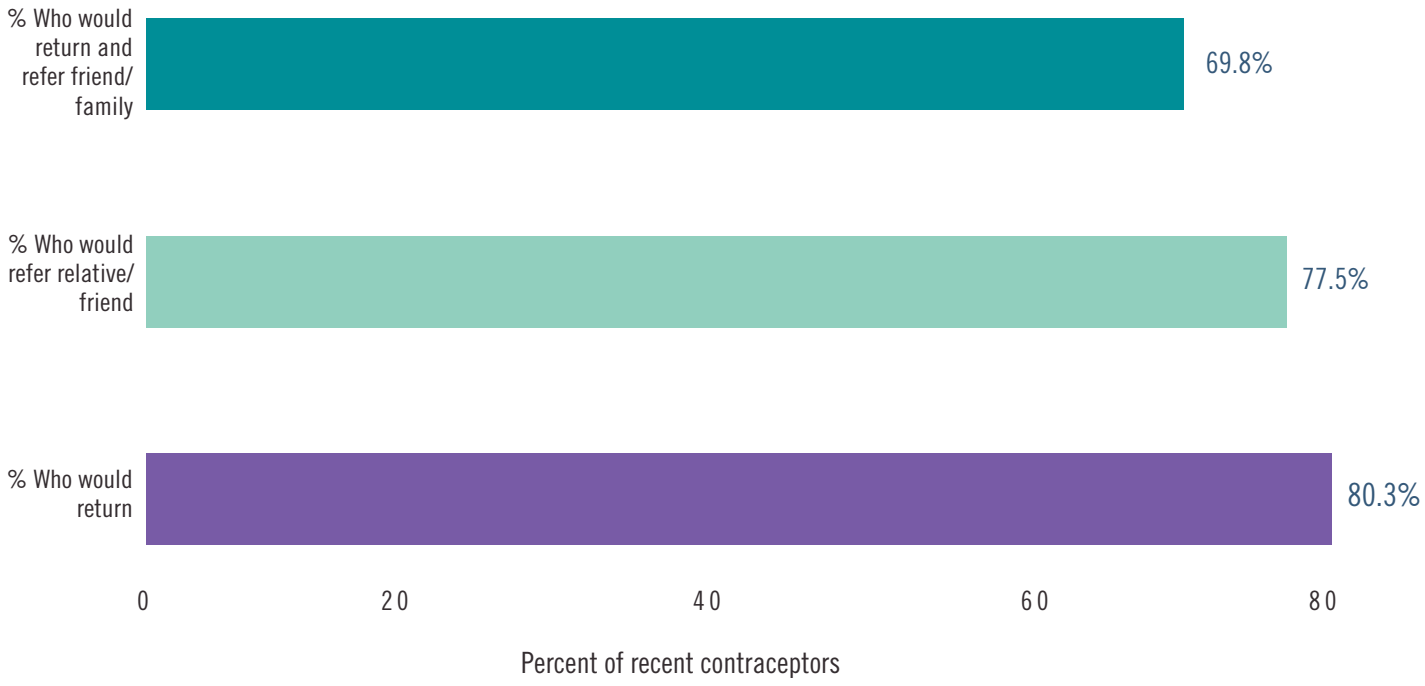


Table F12: Satisfaction with provider: Percent of recent/current users who would return, would refer, or would return and refer friend/relative to provider, by background characteristics

Background Characteristics	% Who would return to provider	% Who would refer relative/ friend	% Who would return and refer friend/relative
Total (n=679)	80.3	77.5	69.8
Age			
15-19	82.4	78.5	73.3
20-24	82.3	76.4	71.4
25-29	74.2	74.1	66.6
30-34	81.3	79.8	71.1
35-39	83.6	80.7	69.9
40-44	86.1	80.7	74.5
45-49	76.4	72.4	58.7
Marital status			
Married	74.2	76.8	69.1
Not married	79.2	80.2	72.0
Unmarried sexually active	82.6	80.2	72.6
Parity			
0-1	77.1	77.2	69.6
2-3	81.4	79.9	73.3
4 or more	82.0	75.0	65.3
Residence			
Urban	74.4	75.8	67.3
Rural	85.7	79.1	72.0
Education			
No education	79.1	75.4	69.0
Primary	79.2	74.8	68.9
Middle/JSS	79.3	80.5	71.1
Secondary/Higher	83.9	76.9	69.0
Wealth Quintile			
Lowest	85.2	81.5	72.6
Second	77.5	73.1	60.8
Middle	80.1	78.2	73.4
Fourth	78.9	76.4	71.1
Highest	80.3	78.9	71.9
Region			
Ashanti	80.2	78.4	71.2
Brong-Ahafo	84.2	73.7	69.6
Central	75.1	73.8	64.6
Eastern	75.9	67.0	57.6
Greater Accra	77.6	80.4	70.7
Northern	90.2	80.6	79.4
Upper East	95.4	82.1	82.1
Upper West	82.3	90.4	77.5
Volta	70.6	90.9	67.5
Western	77.8	68.3	63.6

Visit By A Health Worker Who Talked About Family Planning

PMA2020 measures the proportion of women age 15-49 who report being visited by a health worker who discussed family planning in the past 12 months. Specifically, women responded to the question "In the last 12 months, were you visited by a health worker who talked to you about family planning?"

Overall about one-fifth of women reported being visited by a health worker who discussed family planning in the past 12 months (17.7 percent for all women and 21.4 percent for married women). Of all unmarried women, few (8.4 percent) reported a visit, while more (14.2 percent) unmarried women who are sexually active reported a visit. The proportion of women reporting being visited increased with parity, is higher for rural residents, and declines with wealth quintile, being highest among women in the poorest households (34.6 percent if married). Women in the Northern ecological zone were most likely to be visited Upper West (47.2 percent), followed by the Northern (29.0 percent), and Upper East (27.5 percent).

Fig. F13a: Percent of women age 15-49 receiving family planning information during a visit. by health worker in the past 12 months, by wealth quintile

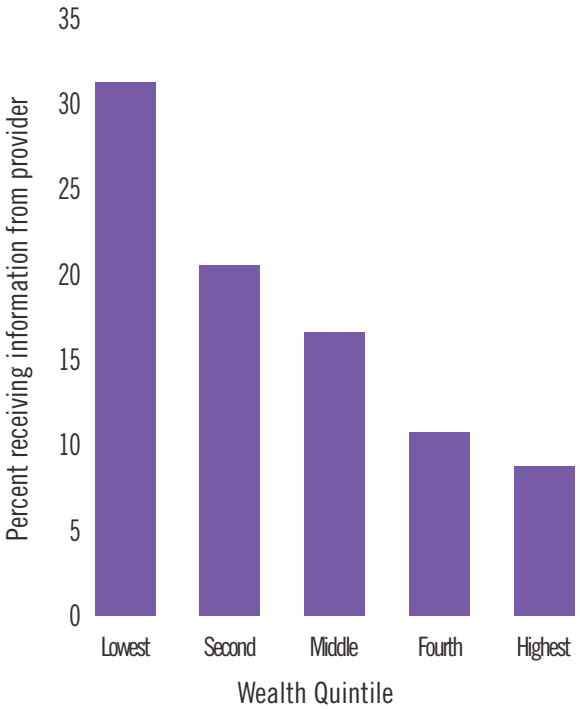


Fig. F13b: Percent of women age 15-49 receiving family planning information during a visit by health worker in the past 12 months, by region

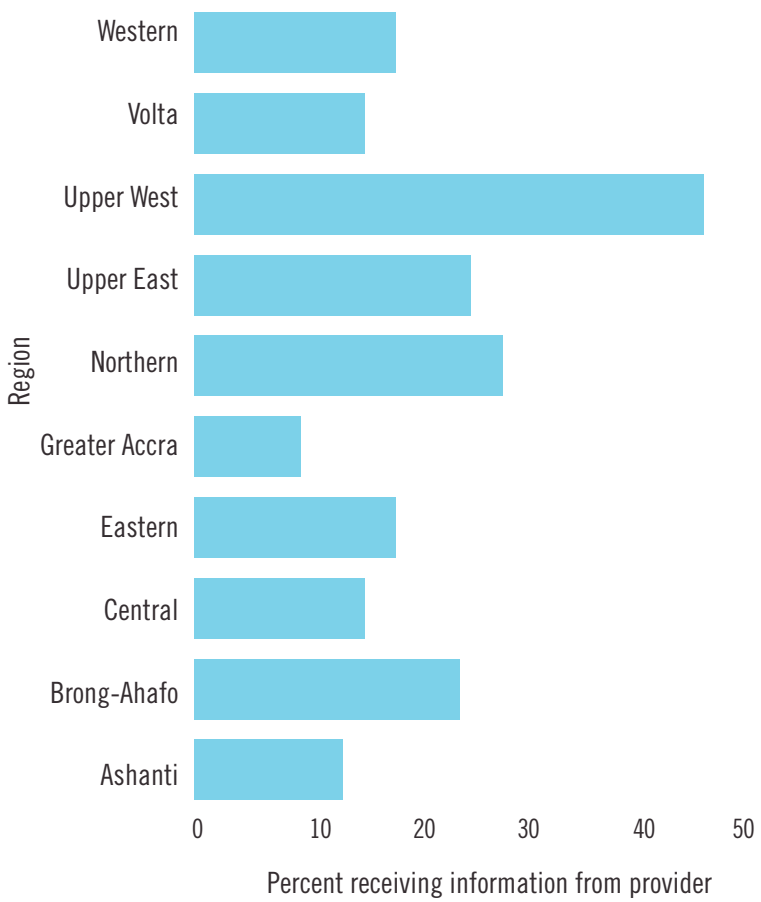


Table F13: Percent of women age 15-49 reporting they were visited by a health worker who talked about family planning information in the last 12 months, by marital status and background characteristics

Background Characteristics	All women (n=3712)	Married women (n=2329)
Total	17.7	21.4
Age		
15-19	11.7	23.7
20-24	15.0	20.7
25-29	20.0	22.2
30-34	20.6	21.4
35-39	22.9	23.5
40-44	19.3	19.9
45-49	17.1	17.6
Marital status		
Married	21.4	--
Not married	8.4	--
Unmarried sexually active	14.2	--
Parity		
0-1	12.8	17.8
2-3	21.1	21.8
4 or more	23.6	23.8
Residence		
Urban	10.0	13.6
Rural	25.7	28.0
Education		
No education	20.9	23.4
Primary	11.1	14.8
Middle/JSS	14.7	17.6
Secondary/Higher	23.1	25.6
Wealth Quintile		
Lowest	31.7	34.6
Second	21.3	22.4
Middle	16.9	20.0
Fourth	11.2	14.2
Highest	9.1	12.7
Region		
Ashanti	12.2	16.0
Brong-Ahafo	23.5	25.2
Central	14.4	13.5
Eastern	17.6	21.0
Greater Accra	8.9	13.0
Northern	29.0	33.2
Upper East	27.5	25.7
Upper West	47.2	51.9
Volta	14.6	17.0
Western	19.4	22.4

Median Duration Of Contraceptive Use, By Method

The duration of contraceptive use is indicative of how long contraceptive protection is experienced by users. The contraceptive discontinuation rate for reasons other than seeking to become pregnant or no longer needing protection suggests dissatisfactory experience. Calculated with life table methods, the contraceptive discontinuation rate is the preferred measure but requires extensive calendar information. The duration of use (in months) among women who reported using contraception in the past 12 months but who were not using at the time of the survey (referred to as recent users) is adopted as a substitute measure. The median value is the number of months at which half of recent users stopped using a method for any reason. It will be lower than the median for all users since the durations originate from those who have stopped.

The overall median duration of contraceptive use among recent users of any method is two years, or 24.0 months. Median duration of use is longest among recent users of the pill (27 months). Half of past users of injectables were protected for 22.0 months and half of implant users for 20.5 months. Because the implant method recently became available, the overall distribution of months of practice will be shorter than for other more established methods.

Table F14: Median duration of contraceptive use, by main method

For Current Female Non-Users	
Method	**Months**
Pills	27.0
Injectables	22.0
Implants	20.5
Total	**24.0**

Reasons For Non-Use

Understanding reasons for non-use of contraception among women who express a desire to postpone their next birth by two or more years is important for assessing gaps between family planning program performance and reported need. Women not using contraception at the time of the PMA2020 survey, but seeking to space future births were asked "You say that you do not want any/any more children and that you are not using a method to avoid pregnancy. Can you tell me the main reason why you are not using a method to prevent pregnancy?" Reasons for non-use were as follows:

- No need (includes infrequent sex, husband away)
- Menopausal/hysterectomy/subfecund
- Fear of side effects
- Health concerns
- Opposed (self, husband, others opposed, religious prohibition, fatalism)

Other reasons that were assessed but not further tabulated are lactating (8.1 percent), lack of knowledge (does not know method or source, 5.8 percent), unavailable (lack of access, too far, costs too much, preferred method not available, no method available, inconvenient to use, 3.3 percent), and other or no response (9.2 percent).

Among the 2,362 recent non-users of contraception, the main reason cited was fear of side effects (24.3 percent) with another 7.4 percent voicing health concerns. Combined, these two related reasons were voiced by about one third of non-users and reflect the need for better counseling. The significance of this gap is underscored by the fact that 23.2 percent of all women have an unmet need for family planning, including 15.2 percent for spacing, among the same population of non-users. Fear of side effects and health concerns together are particularly common for non-users in Central and Volta regions, while side effects are a major concern for non-users in the Eastern region. An absence of contraceptive need was the main reason for 26.7 percent of non-users and another 14.3 percent mentioned personal, spousal, other or religious opposition to contraception. This perceived barrier is highest in Brong-Ahafo, Northern, and Upper West regions. Menopausal or subfecund status is expectedly highest among non-users age 40 and older.

Fig. F15a: Percent of women age 15-49 seeking to delay their next birth and not using contraception, by main reason for non-use and age

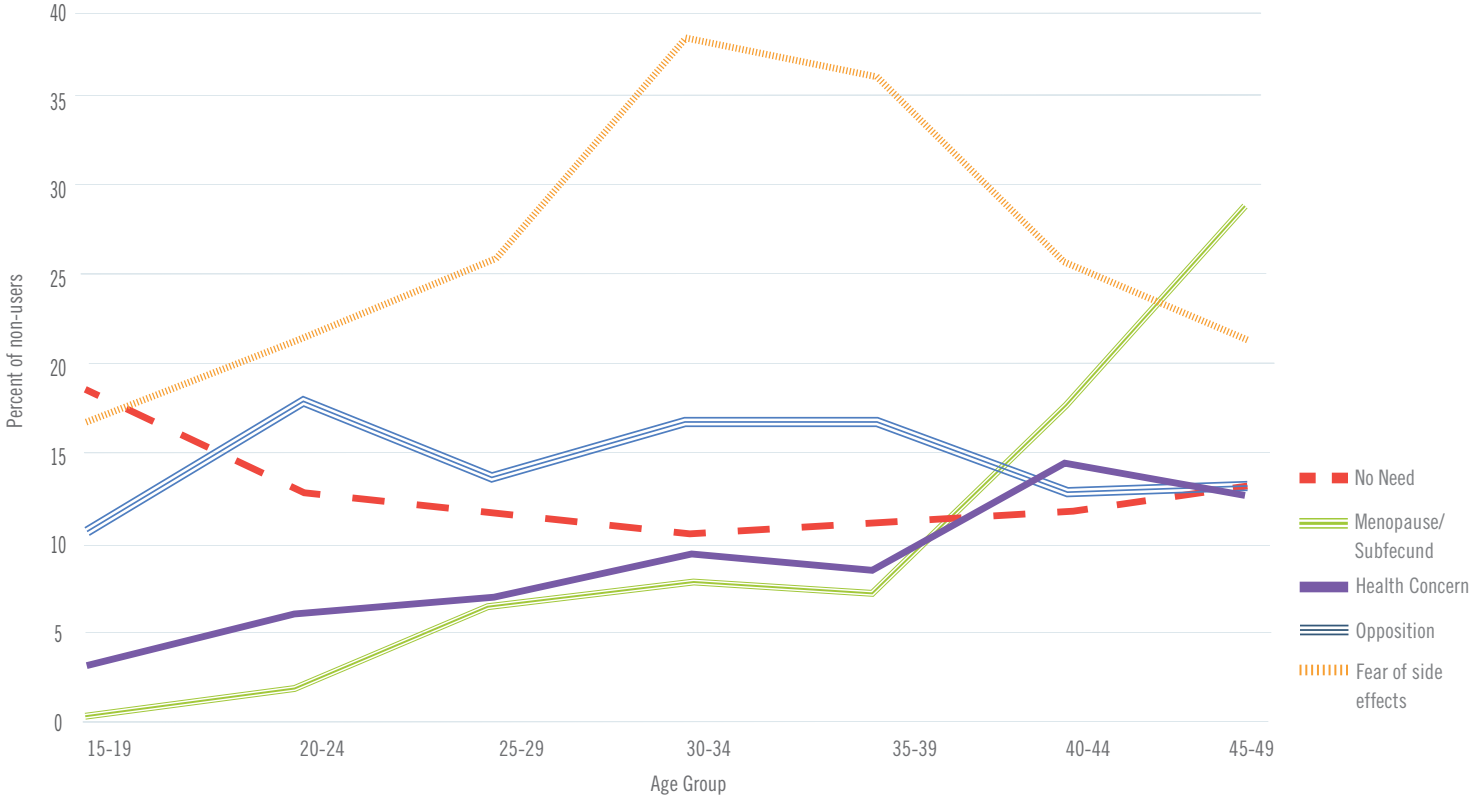


Fig. 15b: Percent of women age 15-49 seeking to delay their next birth and not using contraception reporting fear of side effects and health concerns as the main reasons for non-use, by region

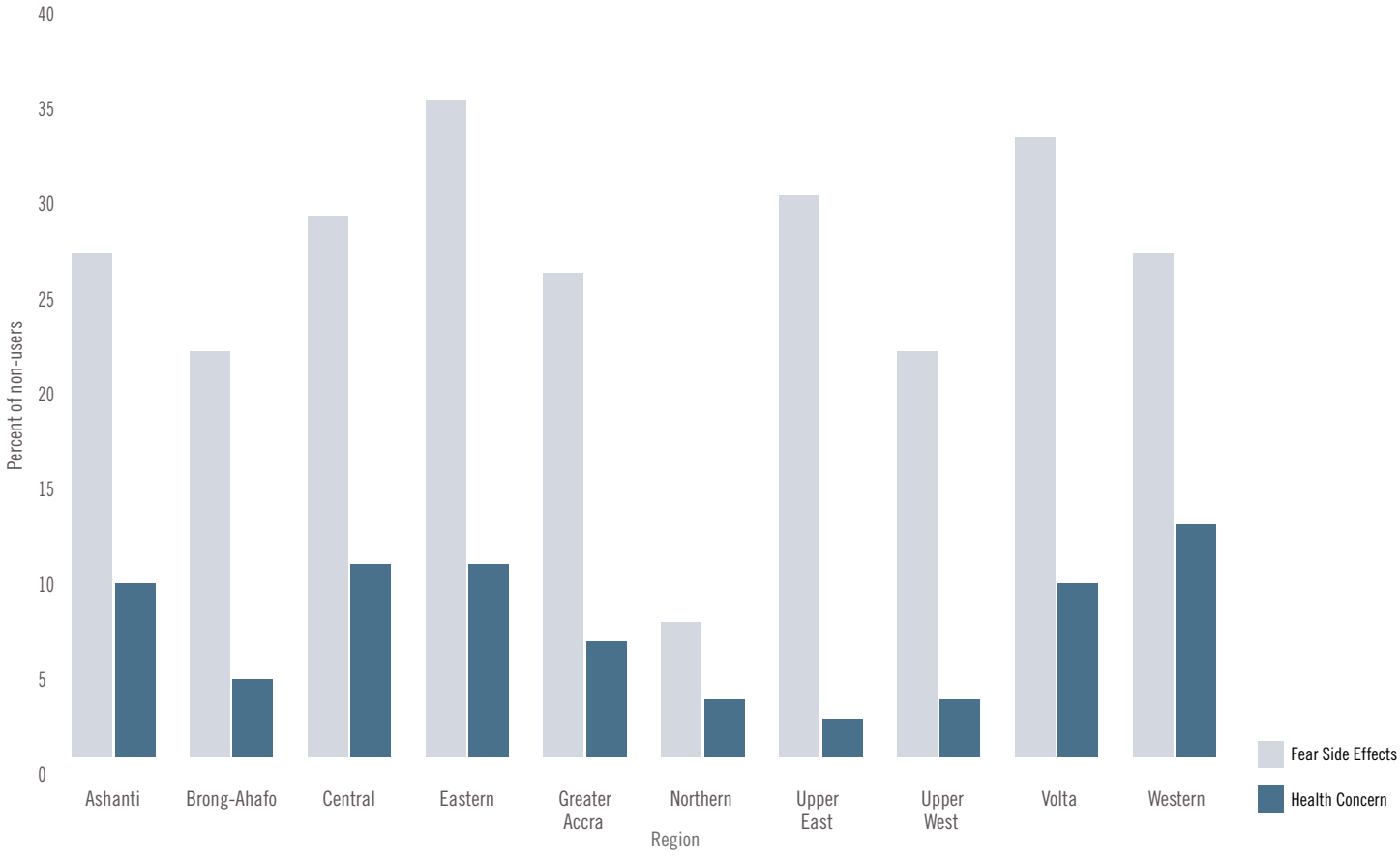


Table F15: Reasons for non-use among women age 15-49 not using contraception: Percent reporting one of five main reasons, by background characteristics

Background Characteristics	Not Married	No Need	Menopausal/ Subfecund	Fear side effects	Health Concern	Opposed by, self, husband, other religion
Total (n=2,3612	26.7	14.2	7.3	24.3	7.4	14.3
Age						
15-19	58.6	18.8	0.4	15.6	3.0	10.1
20-24	28.2	13.8	2.5	21.1	5.7	18.5
25-29	17.0	12.1	6.2	25.1	6.5	14.5
30-34	4.8	11.1	7.8	38.1	9.0	15.6
35-39	7.2	11.9	7.4	36.2	8.9	15.9
40-44	13.2	12.4	16.3	25.4	14.6	13.5
45-49	14.3	13.8	28.9	21.9	13.4	13.6
Marital status						
Married	--	10.8	10.8	30.2	9.6	17.1
Not married	--	18.3	3.0	17.0	4.7	10.7
Not married sexually active	--	15.8	1.4	26.5	10.4	7.9
Parity						
0-1	45.5	16.9	2.0	18.9	4.2	13.2
2-3	7.2	11.1	9.5	31.5	8.1	17.9
4 or more	5.1	12.4	15.7	29.0	12.3	13.8
Residence						
Urban	31.1	16.1	6.6	27.1	7.3	14.4
Rural	22.5	12.1	7.9	21.6	7.5	14.2
Education						
No education	5.7	12.6	11.9	18.1	5.4	16.9
Primary	22.8	11.8	9.1	25.2	8.5	15.5
Middle/JSS	32.1	14.1	7.0	26.7	8.0	13.1
Secondary/Higher	41.5	18.0	3.2	25.0	6.5	12.9
Wealth Quintile						
Lowest	17.5	13.6	7.9	19.5	6.1	13.5
Second	24.1	13.4	1.4	20.6	7.9	13.6
Middle	23.7	12.3	7.0	25.8	8.6	16.1
Fourth	30.2	16.1	5.9	28.6	7.1	17.5
Highest	37.5	15.0	5.3	27.1	7.3	11.2
Region						
Ashanti	28.1	14.4	10.6	25.7	9.4	13.0
Brong-Ahafo	25.4	24.8	6.1	21.3	3.6	21.3
Central	19.4	20.0	11.6	28.7	10.9	10.1
Eastern	34.0	12.4	10.2	33.5	10.1	9.9
Greater Accra	35.8	11.7	2.4	24.6	5.5	16.5
Northern	23.0	12.3	6.0	6.5	2.5	18.9
Upper East	33.9	23.5	9.9	28.5	2.4	7.4
Upper West	6.0	5.5	8.3	20.5	3.3	25.0
Volta	12.0	14.8	3.3	31.6	9.1	12.6
Western	28.4	3.2	7.0	26.1	12.0	10.2

Total Fertility Rate & Adolescent Fertility Rate

The Total Fertility Rate is the number of children who would be born to a woman if she were to pass through reproductive years bearing children according to the current schedule of age-specific fertility rates (ASFR). It is sometimes referred to as a synthetic rate since it does not represent the actual experience of a cohort of women. It is calculated as follows:

$$TFR = 5 \sum ASFR_x$$

where $ASFR_a$ is the age-specific fertility rate for women in age group$_a$. The age-specific fertility rate for group$_a$ is the number of live births to women in age group$_a$, divided by the total number of women in age group$_a$.

The adolescent fertility rate is the ASFR for 15 to 19 year old women, which is a core FP2020 indicator and also a tracking indicator for MDG5 target 5B. Too early childbearing carries the risk of adverse health and social outcomes for the young mother and newborn. Low or near-zero adolescent fertility rates are protective for young females from a public health standpoint.

The PMA Ghana 2013 estimates are based on a two-year period before the survey, while the GDHS 2008 fertility rates are based on a three-year period before the survey. The 2013 ASFRs are adjusted using the age-specific and area-specific multiple birth percentages for the five-year period before the GDHS 2008.

Table F16: Age-specific and total fertility rate, by residence: GDHS 2008 and PMA2013/Ghana

	GDHS 2008			PMA2013/Ghana		
Age Group	Urban	Rural	Total	Urban	Rural	Total
15-19 (ASFR)	**0.049**	**0.082**	**0.066**	**0.046**	**0.080**	**0.064**
20-24	0.114	0.243	0.176	0.102	0.194	0.150
25-29	0.173	0.236	0.206	0.178	0.217	0.198
30-34	0.157	0.189	0.173	0.138	0.152	0.148
35-39	0.089	0.140	0.118	0.111	0.079	0.098
40-44	0.037	0.077	0.059	0.051	0.041	0.048
45-49	0.003	0.013	0.008	0.011	0.035	0.026
TFR	**3.11**	**4.90**	**4.00**	**3.22**	**4.07**	**3.66**

The PMA Ghana 2013 survey estimated the Total Fertility Rate to be 3.7 at the national level and 3.2 in urban and 4.1 in rural areas. The national level shows a decline (4.0 to 3.7) since the 2008 Ghana Demographic and Health Survey.

The adolescent fertility rate in 2008 was 66/1,000 adolescent females and 64/1,000 adolescent females in 2013.

Age At Marriage

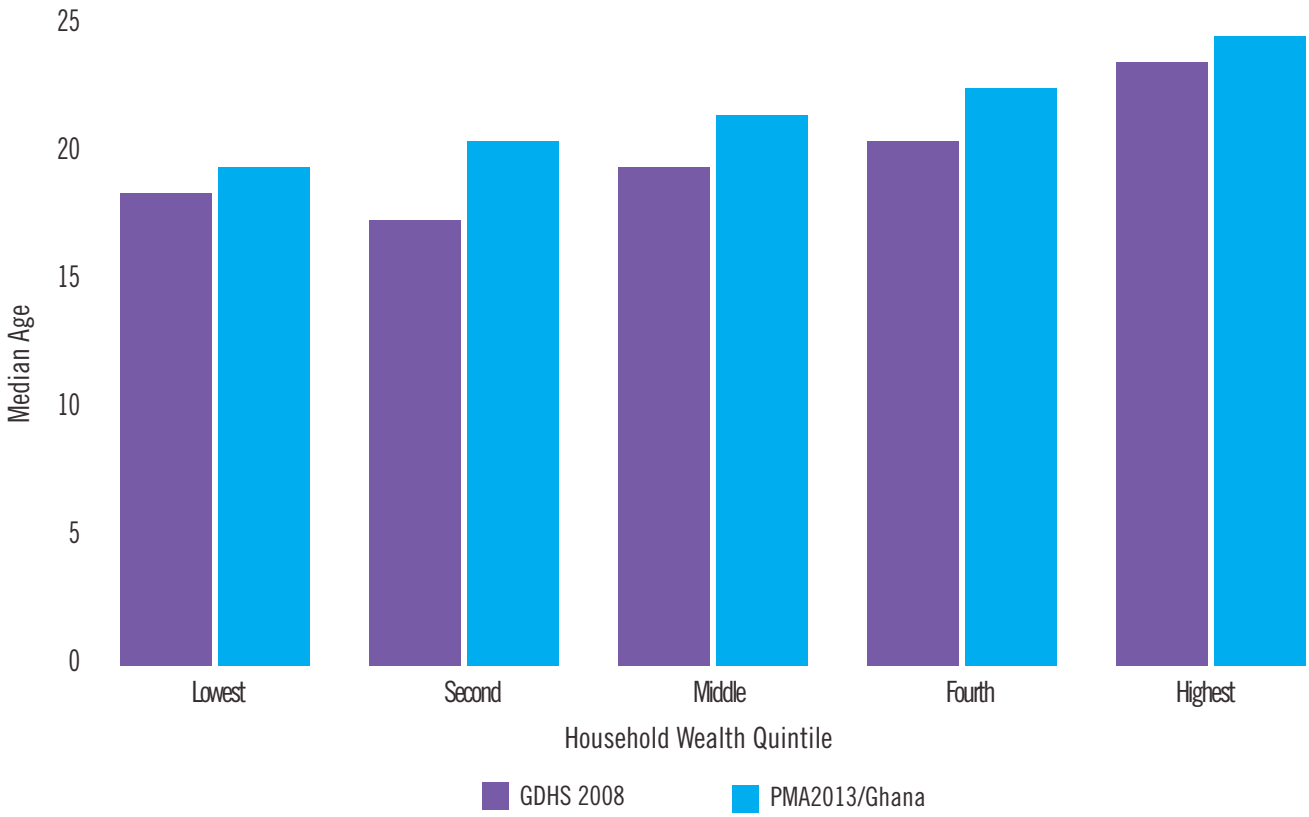
Age at marriage is one measure of exposure to more frequent sexual intercourse and the potential need for contraception to avoid unintended pregnancy. The median age at marriage is calculated for women age 25-49 to reduce bias from young women age 15-24 who have not yet married. The median age is the age at which half of the sample population is estimated to have married and half have not.

Note: The values for the age at marriage are obtained by finding the median (integer) values and then interpolating linearly in between the integer values where the 50th percentile falls. Also in the first round of data collection for PMA2020, the marriage age is for the first or current marriage.

The median age at marriage is 22.1 years in the PMA2013/Ghana survey, for women age 25-49. The GDHS 2008 estimated the median age at 19.8 years for all first marriages. Because the PMA survey estimate is based on first and current marriages, women married more than once (25 percent of the sample) are included in the PMA2013/Ghana calculation, resulting in a higher median age.

Median age at marriage age is expectedly lower for women with more children (19.1 years at parity 4 or more), those who live in rural areas (19.9 years) and those living in the poorest wealth quintile of households (19.4 years). By contrast, women with secondary or higher level of education and those in the highest wealth quintile of households had relatively lower median ages at first marriage (20.1 years and 24.3, respectively).

Fig. F17: Median age at marriage among women age 25-49, by wealth quintile: GDHS 2008 and PMA2013/Ghana



Source for 2008 figures is 2008 Ghana Demographic and Health Survey. Wealth asset index may not be directly comparable for 2008 and 2013.

Table F17: Median age at marriage for women age 25-49 years, by marital status and background characteristics

Background Characteristics	All women	Married women
Total (N)	1,339	1,198
Median Age (Total)	22.1	22.1
Age		
25-29	21.4	21.5
30-34	22.4	22.3
35-39	21.4	21.2
40-44	20.9	20.8
45-49	21.4	21.0
Marital status		
Married	21.4	--
Parity		
0-1	24.7	24.9
2-3	22.1	22.0
4 or more	19.1	19.0
Residence		
Urban	23.3	23.4
Rural	19.9	19.8
Education		
No education	20.9	20.8
Primary	23.2	23.0
Middle/JSS	22.8	23.0
Secondary/Higher	20.1	20.0
Wealth Quintile		
Lowest	19.4	19.5
Second	20.1	19.9
Middle	21.3	20.8
Fourth	22.5	22.7
Highest	24.3	24.4
Region		
Ashanti	22.6	22.7
Brong-Ahafo	21.1	21.0
Central	22.4	22.1
Eastern	23.6	23.6
Greater Accra	23.6	23.9
Northern	19.3	19.5
Upper East	19.7	19.9
Upper West	19.1	19.3
Volta	19.8	18.8
Western	23.4	23.2

Age At First Sex

Median age at first sex is calculated based on the age at which women, age 25-49, report they first had sexual intercourse. The sample respondents' age at first sex is constrained to age 25-49 years to reduce bias from young women age 15-24 who have not yet experienced sexual intercourse. The median age is the age at which half of the sample population is estimated to have had first sex and half have not.

Note: The values for the age at first sex are obtained by finding the median (integer) values and then interpolating linearly in between the integer values where the 50th percentile falls.

The median age at first sex in Ghana in PMA2013 is 19.4 years. The 2008 Ghana Demographic and Health Survey reported 18.4 years, one year lower, and thus age at first sex appears to be increasing. In urban areas the median age is 19.9 years and in rural areas 19.0 years, compared to 18.8 years and 17.9 years, respectively, in the GDHS 2008. The lowest median age at first sex is observed in the Upper West (18.6 years) and Brong-Ahafo and Volta regions (18.8 years for both) and the oldest in the Central, Greater Accra and Upper East regions, each at 20.1 years.

Fig. F18: Median age at first sex among women age 25-49, by region

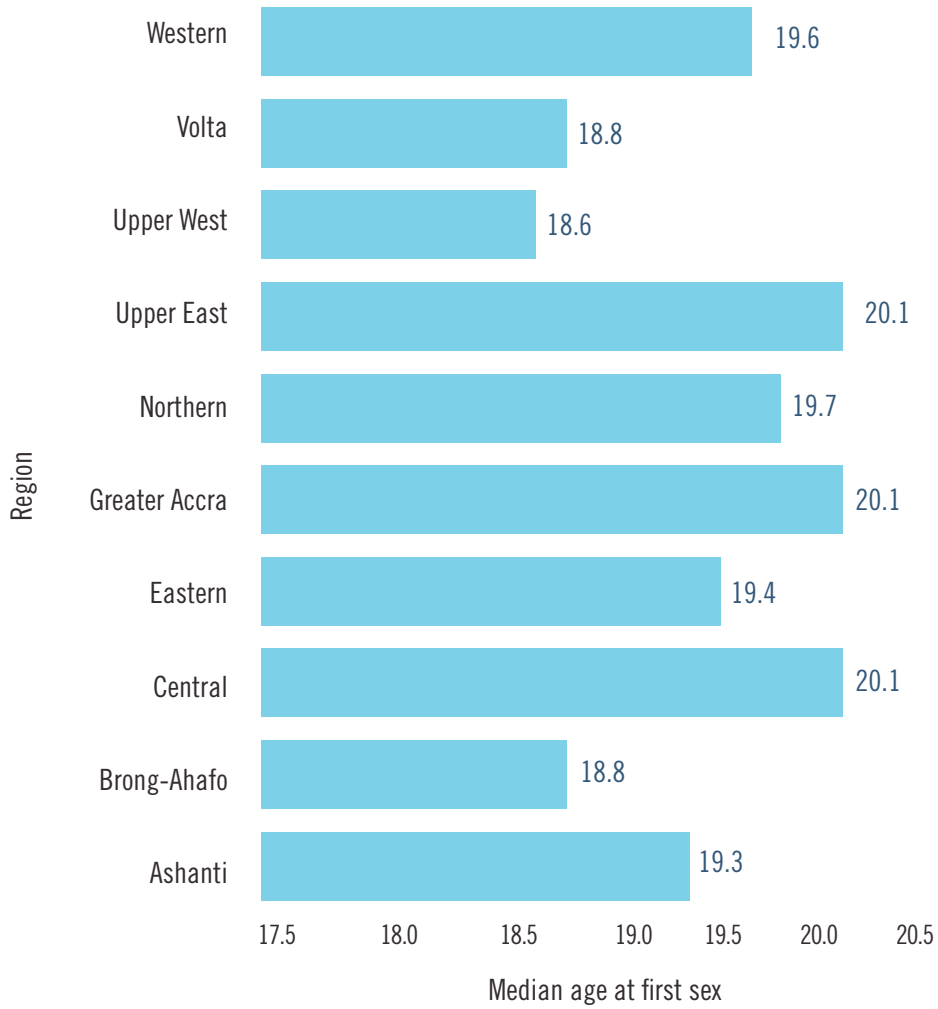


Table F18: Median age at first sex for women 25-49 years, by marital status and background characteristics

Background Characteristics	All women	Married women
Total (N)	2,135	1,716
Median age (Total)	19.4	19.2
Age		
25-29	19.3	19.3
30-34	19.7	19.6
35-39	19.4	19.2
40-44	19.3	19.3
45-49	19.7	19.7
Marital status		
Married	19.4	–
Not married	20.0	–
Parity		
0-1	20.4	20.2
2-3	19.4	19.5
4 or more	18.9	18.9
Residence		
Urban	19.9	19.9
Rural	19.0	18.9
Education		
No education	19.4	19.1
Primary	19.8	19.8
Middle/JSS	19.8	19.8
Secondary/Higher	19.1	19.1
Wealth Quintile		
Lowest	18.9	18.9
Second	19.2	19.1
Middle	19.3	19.3
Fourth	19.6	19.5
Highest	20.3	20.2
Region		
Ashanti	19.3	19.1
Brong-Ahafo	18.8	18.9
Central	20.1	19.7
Eastern	19.4	19.3
Greater Accra	20.1	20.0
Northern	19.7	19.6
Upper East	20.1	20.0
Upper West	18.6	18.6
Volta	18.8	18.8
Western	19.6	19.5

Age At First Contraceptive Use

The age at first contraceptive use is indicative of an individual's decision to take action to prevent an unplanned pregnancy. This indicator is reported first as the median, and then as the mean, age reported by women age 15-49 who have ever used a contraceptive method. The median age is the age at which half of the sample population of ever users is estimated to have begun and half have not.

The values for the age at first use are obtained by finding the median (integer) values and then interpolating linearly in between the integer values where the 50th percentile falls.

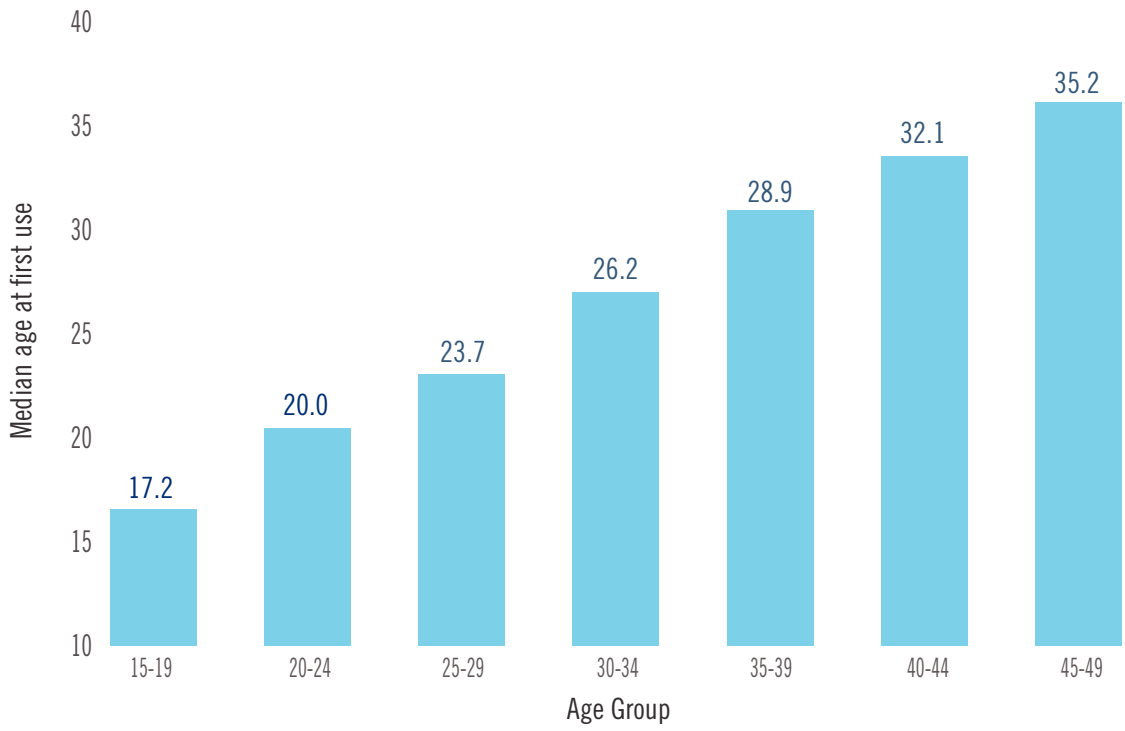
The mean or average age at first contraceptive use is more easily interpreted, especially when comparing across subgroups. Means of the age at first contraceptive use are presented by the woman's background characteristics in Table 19b. The relatively similar values of medians and means by the respondent's age are given in Table 19a.

The median age at first contraceptive use among those who have ever used contraception is 24.9 years, approximately 5.5 years older than the median age at first sex and 2.8 years older than the median age at marriage. The age at which half of ever users first used a method is 23.7 years for women ages 25 to 29 years and 26.2 years for those ages 30 to 34. Compared to the older cohort of women ages 45 to 49 years, who have a median age at first use of 35.2 years, the cohort of women 20 years younger adopted contraception 11.5 years earlier (23.7 years versus 35.2 years).

Table F19a: Median and Mean age at first contraceptive use among ever users, by age group

Age group	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Median	17.2	20.0	23.7	26.2	28.9	32.1	35.2
Mean	16.5	19.5	23.0	25.6	27.3	30.6	32.2

Fig. F19: Median age at first contraceptive use among ever users age 15-49, by age group



Married women with four or more children first used contraceptives at later ages than those with 0 to 1 children, age 28.7 versus 21.5 years, respectively. No consistent pattern of differences by residence, education, wealth quintile or region is observed.

Table F19b: Mean age at first contraceptive use for female ever users 15-49 years, by marital status and background characteristics

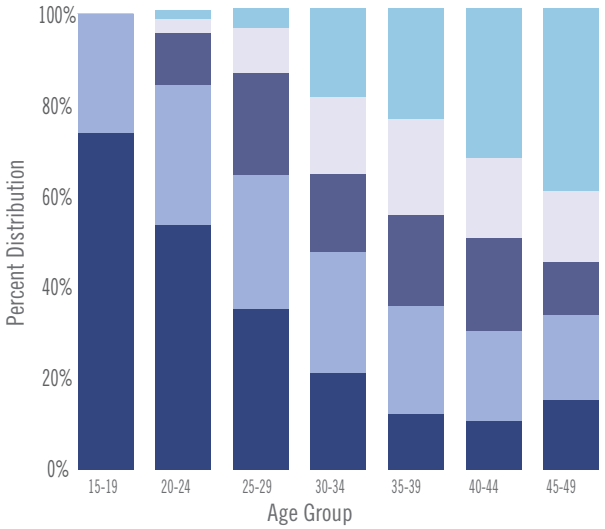
Background Characteristics	All women (n=1,257) **Mean (SD)**	Married women (n=966) **Mean (SD)**
Mean age (Total)	24.9 (6.2)	25.5 (6.2)
Range (Min, max)	(12, 46)	(12, 45)
Age		
15-19	16.5 (1.4)	16.5 (1.4)
20-24	19.5 (1.9)	19.6 (1.9)
25-29	23.0 (2.9)	23.0 (2.8)
30-34	25.6 (4.3)	25.9 (4.4)
35-39	27.3 (5.4)	27.3 (5.6)
40-44	30.6 (6.1)	30.9 (6.2)
45-49	32.2 (8.1)	33.7 (7.6)
Marital status		
Married	23.0 (5.8)	–
Not married	25.5 (6.2)	–
Unmarried sexually active	22.9 (5.8)	–
Parity		
0-1	21.2 (4.2)	21.5 (4.0)
2-3	24.7 (5.1)	24.6 (5.1)
4 or more	28.6 (6.7)	28.7 (6.7)
Residence		
Urban	25.0 (6.6)	25.5 (6.6)
Rural	24.8 (5.8)	25.5 (5.8)
Education		
No education	24.8 (6.1)	25.1 (6.1)
Primary	23.3 (5.5)	24.2 (5.0)
Middle/JSS	24.5 (6.1)	25.4 (6.2)
Secondary/Higher	26.3 (6.6)	26.4 (6.7)
Wealth Quintile		
Lowest	25.2 (6.9)	25.3 (6.9)
Second	25.1 (6.5)	25.9 (6.4)
Middle	24.5 (6.4)	25.2 (6.5)
Fourth	24.4 (5.8)	25.2 (5.9)
Highest	25.2 (5.6)	26.0 (5.4)
Region		
Ashanti	25.6 (6.0)	26.3 (6.0)
Brong-Ahafo	23.7 (6.7)	24.9 (6.8)
Central	25.1 (6.1)	25.4 (6.4)
Eastern	24.6 (5.9)	25.0 (5.7)
Greater Accra	24.9 (5.3)	25.4 (5.1)
Northern	24.4 (6.6)	24.4 (6.4)
Upper East	25.1 (6.9)	25.7 (7.0)
Upper West	26.6 (7.1)	27.4 (6.8)
Volta	25.3 (7.1)	25.9 (7.1)
Western	24.4 (6.2)	25.1 (6.4)

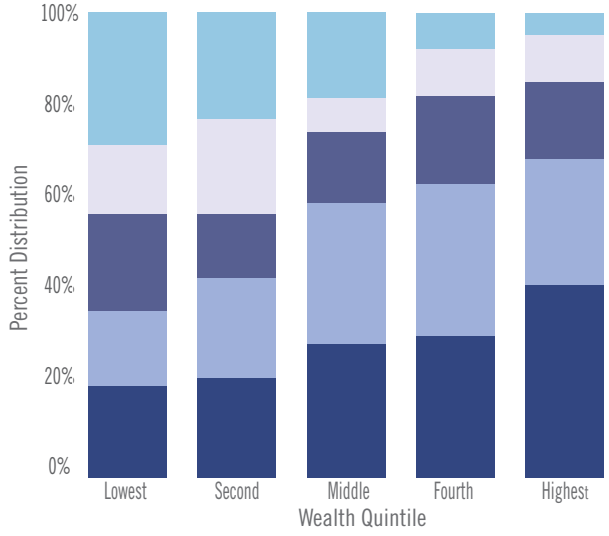
Number Of Living Children At First Contraceptive Use

Monitoring the number of living children a couple has when they begin to use contraception for the first time provides information on birth spacing and the family formation process. This indicator is calculated as the average number of living children at the time of first use of contraception based on a direct question with this wording.

More than half of women who have ever used contraception began using when they had 0 or 1 children. Among those age 40 years and older at the time of the survey, about half began when they had 3 or more children. Urban women (65.0 percent) begin using at lower parity than rural women. Parity at adoption of contraception varies by women's education level, with the most educated women least likely to start using family planning early in their family formation. Women with primary education are the most likely to have 0 or 1 children when they begin use (72.0 percent). Women in the wealthiest households are more likely to begin use at parity 0 (41.3 percent) than at any other parity, while women in the poorest households are more likely to begin use when they have 4 or more children (28.6 percent) than at any other parity.

Figs. 20a-20c: Percent distributions of parity at first contraceptive use among female ever users age 15-49, by age group, wealth quintile and education level





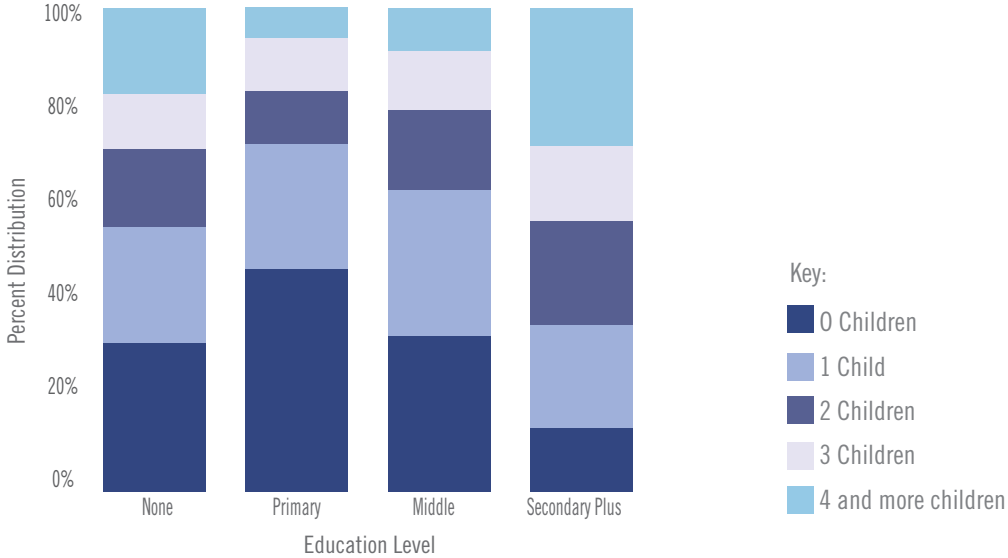


Table F20: Parity at first contraceptive use: Percent distribution of women age 15-49 who have ever used contraception, by parity at first use and selected background characteristics

Background Characteristics	Number of living children at time of first use of contraception					Total	Number of women who have ever used
	0	1	2	3	4+		
Total	28.7	25.8	16.9	12.7	16.0	100.1	1,241
Age							
15-19	72.9	25.9	1.2	0.0	0.0	100.0	56
20-24	53.0	30.3	11.7	3.0	2.0	100.0	206
25-29	34.8	29.1	22.1	9.7	4.4	100.1	286
30-34	20.9	26.4	16.7	16.7	19.4	100.1	249
35-39	12.0	23.5	19.7	20.8	24.0	100.0	204
40-44	10.5	19.6	20.1	17.4	32.4	100.0	138
45-49	15.1	18.4	11.6	15.3	39.6	100.0	102
Residence							
Urban	16.9	21.9	16.9	15.2	29.0	100.0	608
Rural	27.9	30.5	18.3	14.8	8.5	100.1	633
Education							
No education	30.7	24.1	16.1	11.3	17.9	100.1	305
Primary	46.0	26.0	10.8	11.1	6.2	100.1	175
Middle/JSS	32.2	30.2	16.5	12.2	9.0	100.1	428
Secondary/Higher	13.2	21.4	21.3	15.5	28.6	100.0	333
Wealth Quintile							
Lowest	19.6	16.3	20.7	14.9	28.6	100.1	224
Second	21.3	21.7	13.6	20.6	22.8	100.0	264
Middle	28.7	30.3	15.4	7.1	18.5	100.0	230
Fourth	30.4	32.8	18.8	10.3	7.7	100.0	242
Highest	41.3	27.3	16.5	10.1	4.8	100.0	281

Due to small sample size and relevance, covariation by marital status and region is not shown.

Recent Exposure To Mass Media Family Planning Messages

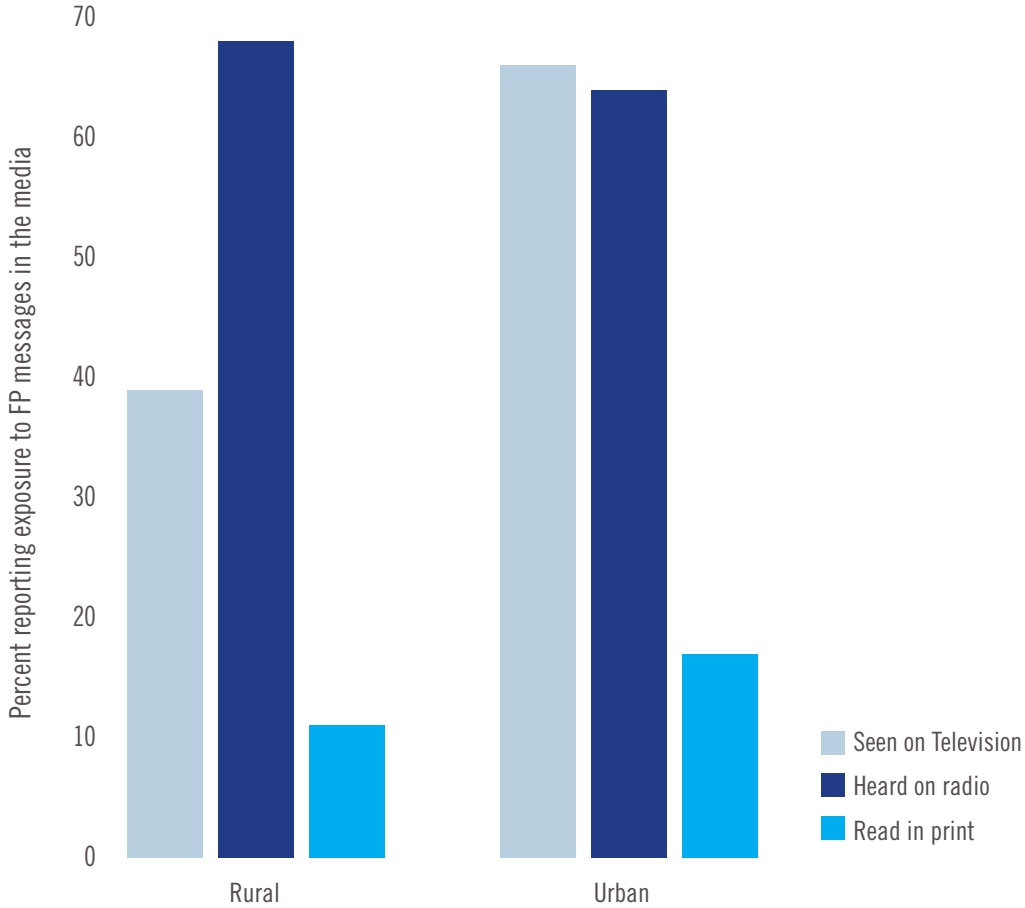
Raising the public's knowledge and level of awareness of contraceptive methods and sources of services is frequently accomplished by disseminating messages through mass media channels such as radio, television or print. Public messaging can also increase the acceptability of healthy behaviors, such as contraceptive adoption, spacing births, girls' schooling, or delayed marriage.

In the PMA2020 survey, all women of childbearing age were asked if they had:

- Heard about family planning on the radio?
- Seen anything about family planning on the television?
- Read about family planning in a newspaper or magazine?

Two thirds (66.0 percent) of all women report hearing about family planning on the radio, while about half (52.6 percent) saw a family planning message on television. Less than 15 percent (13.9 percent) read about FP in a newspaper or magazine. Women age 25 to 34 report higher levels of media exposure than other age groups. Women of lower parity, residing in urban areas, and belonging to the wealthier households also reported more media exposure to family planning than their counterparts. No consistent pattern by education level was observed.

Fig. F21: Percent of women age 15-49 reporting exposure to family planning messages on radio, television or in print, by residence



F21. Percent of women age 15-49 who report hearing about family planning on the radio, seeing family planning on television or reading about family planning in print media, by marital status and background characteristics

Background Characteristics	Heard FP on radio		Seen FP on TV		Read FP in newspaper/ magazine	
	All women (n=3,712)	Married women (n=2,329)	All women (n=3,712)	Married women (n=2,329)	All women (n=3,712)	Married women (n=2,329)
Total	66.0	67.4	52.6	51.3	13.9	11.1
Age						
15-19	58.6	61.0	43.4	31.8	16.2	3.5
20-24	62.1	61.6	51.0	45.0	15.9	9.8
25-29	70.0	69.3	62.2	56.7	18.2	14.5
30-34	71.2	70.2	57.2	55.9	12.1	11.9
35-39	69.7	69.8	54.5	54.0	9.3	9.5
40-44	67.0	67.0	51.9	50.9	11.8	11.9
45-49	65.6	66.1	45.2	43.5	7.8	9.1
Marital status						
Married	67.4	--	51.3	--	11.1	--
Not married	58.9	--	49.5	--	18.2	--
Unmarried sexually active	66.6	--	58.1	--	18.4	--
Parity						
0-1	65.0	68.4	55.9	57.0	18.9	15.4
2-3	68.6	69.1	58.5	57.9	11.2	11.6
4 or more	65.1	64.9	40.0	39.7	7.0	7.2
Residence						
Urban	63.7	64.6	65.6	65.3	17.1	14.6
Rural	68.3	69.8	39.2	39.4	10.6	8.2
Education						
No education	65.1	67.1	52.2	49.5	13.3	10.6
Primary	69.8	69.3	67.6	71.7	24.7	21.9
Middle/JSS	67.1	70.9	58.9	64.9	16.5	15.5
Secondary/Higher	62.8	63.9	35.0	33.0	4.1	3.6
Wealth Quintile						
Lowest	61.7	65.3	18.9	17.4	4.5	1.8
Second	65.9	66.7	37.4	39.5	10.8	8.5
Middle	63.1	61.7	53.9	53.0	12.4	10.3
Fourth	67.2	66.9	67.0	68.5	14.5	13.2
Highest	70.8	77.1	81.2	87.3	25.5	24.2
Region						
Ashanti	77.1	77.4	69.4	71.9	15.0	11.5
Brong-Ahafo	68.0	71.5	36.5	36.6	7.0	4.7
Central	67.4	64.1	60.4	56.7	12.8	10.3
Eastern	66.0	63.0	53.0	50.6	17.1	16.6
Greater Accra	66.9	71.3	76.3	79.8	20.8	19.3
Northern	57.7	60.6	24.9	22.6	4.9	3.1
Upper East	54.7	56.7	18.7	19.2	7.9	3.7
Upper West	78.5	84.2	33.7	32.2	12.1	10.5
Volta	42.8	45.0	21.6	22.2	7.3	4.6
Western	66.9	71.8	63.0	67.1	24.7	22.1

PMA2020 Health Facility Indicators

Monitoring the availability and quality of family planning services nationally is another important objective of the PMA2020 surveys. Health facilities were sampled as follows:

1. All public health facilities of three types covering the selected enumeration area as part of their official catchment population were visited—public hospital, health center, and clinic. These interviews were carried out by supervisors with letters of introduction and authorization provided by the Ghana Health Service.

2. All private health facilities located within the boundary of the selected enumeration area were identified and listed as part of the enumeration procedures within the EA. Up to three were randomly selected for interview. These were primarily pharmacies, and chemist shops.

The Service Delivery Point indicators in this report have been identified as informative of family planning program performance and, along with other information, are measured through the facility survey. Since service delivery points in the public sector are not transient entities, like people, the monitoring of these indicators over time through PMA2020 is likely to be based on largely the same group of facilities accessible to the sample clusters. This confers statistical advantages in assessing the significance of change from one time to the next. Please see Appendix E for the definitions.

* For many EAs, SDP selection included only one (rather than three) public SDP serving that community -- and for many EAs, there were fewer than 3 private SDPs within the EA boundaries. Thus, there were fewer SDPs captured in this survey round than expected.

Offers Family Planning Counseling And Services To Adolescents

This indicator is defined as the percent of health facilities that offer unmarried adolescents any of the following contraceptive method services: counseling, provision of methods, or prescription for methods.

Among the 149 facilities surveyed, more than four-fifths reported offering unmarried adolescents family planning counseling or method services. All CHPS providers report to serve adolescents, while 71.8 percent of private retailers report serving adolescents (71.8 percent). Large facilities with more than 100 beds are also less likely to serve adolescents than smaller facilities.

Fig. S1: Percent of health facilities providing family planning care to adolescents, by type

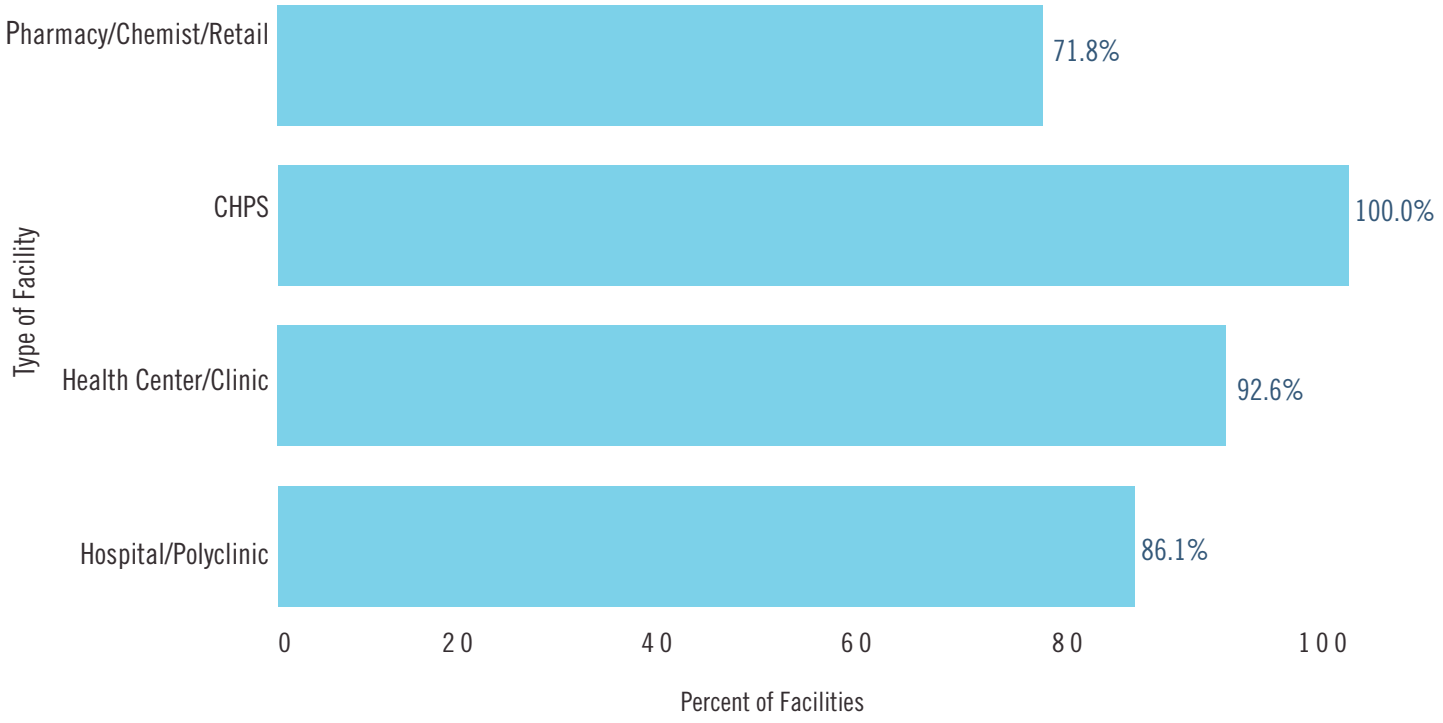


Table S1: Percent of health facilities that offer family planning care to adolescents

	Facility Type				Residence		Number of Beds			
	Hospital/ Polyclinic	Health Center/ Health Clinic	CHPS	Pharmacy/ Chemist Shop/Retail Outlet/Other	Rural	Urban	0-50	51-100	100+	Total
Offering FP counseling and services to adolescents (n=149)	86.1	92.6	100.0	71.8	86.4	86.2	87.8	87.5	76.3	86.3

Has Client Feedback System

Seeking feedback on facility performance from clients is seen as an important measure of quality of care. This indicator is defined as the percent of health facilities that report collecting client information using any of the following modes: a suggestion box, client survey forms, official meetings with community leaders, informal discussions with clients or communities, direct client feedback to staff, or other means.

Among the 149 health facilities surveyed, 88.4 percent report having some type of client feedback system. Hospitals or polyclinics, CHPS providers, and facilities with 50 or more beds all reported having a system (100.0 percent). Retail outlets, such as pharmacies and chemist shops, had the lowest (46.8 percent) levels of client feedback systems.

Fig. S2: Percent of health facilities reporting having a client feedback system, by type

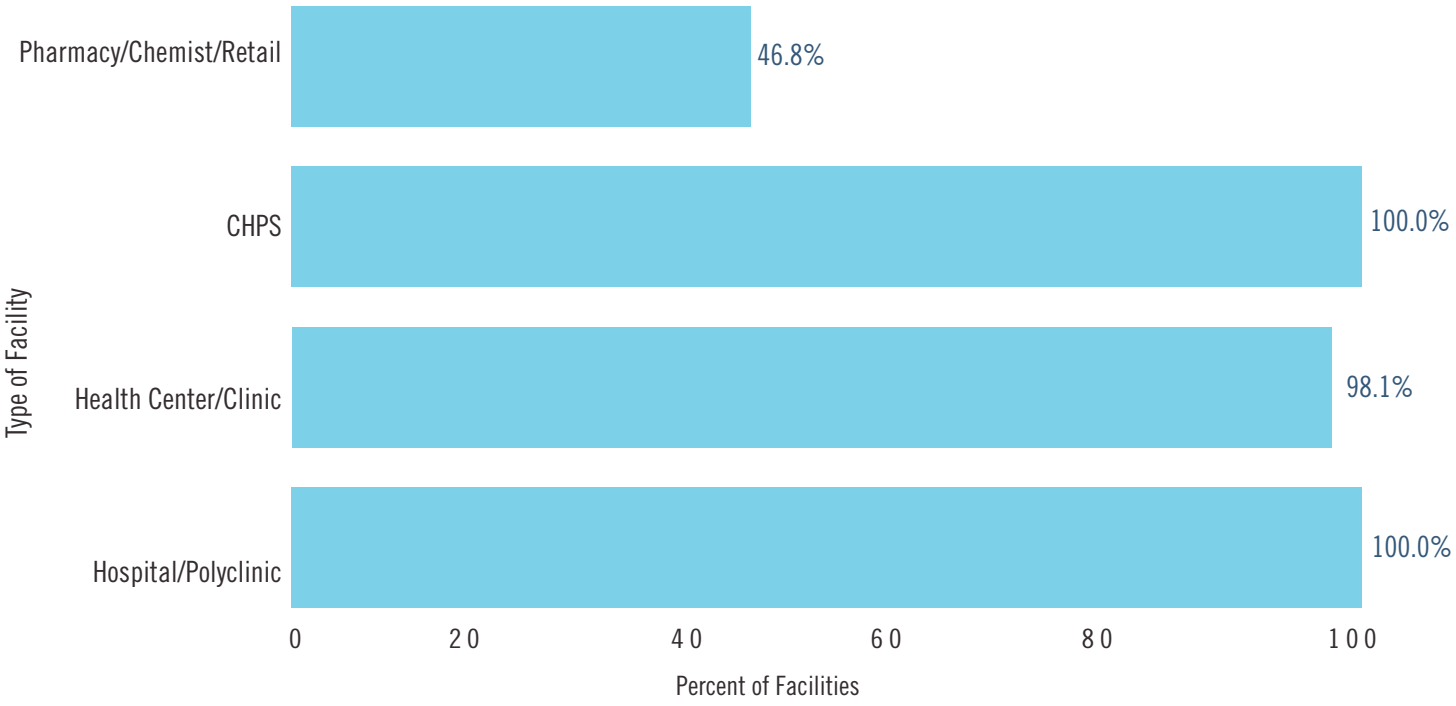


Table S2: Percent of health facilities with a client feedback system

	Facility Type				Residence		Number of Beds			
	Hospital/ Polyclinic	Health Center/ Health Clinic	CHPS	Pharmacy/ Chemist Shop/Retail Outlet/Other	Rural	Urban	0-50	51-100	100+	Total
Have a client feedback system (n=149)	100.0	98.1	100.0	46.8	89.4	87.3	83.8	100.0	100.0	88.4

Offers Different Types Of Contraceptive Methods

This indicator is defined as the percent of health facilities offering any services for different types of contraceptive methods: counseling, provision or prescription. Five main methods are assessed here - pill, injectable, IUD, implant and condom - based on the facility respondents' report.

Four-fifths of the 149 facilities surveyed provide pills or condoms (80.5 and 80.6 percent). About three-quarters (74.4 percent) provide injectables and three-fifths (61.9 percent) implants. IUD services are available from 43.1 percent of facilities, and more frequently at hospitals, polyclinics, health centers or health clinics. All CHPS providers, as well as most health centers or clinics, offer injectables along with condoms and pills. Private retail outlets are more likely to offer condoms and pills than other methods. The availability of the IUD and implant is greater in urban than rural areas.

Fig. S3: Percent of health facilities offering different contraceptive methods, by type

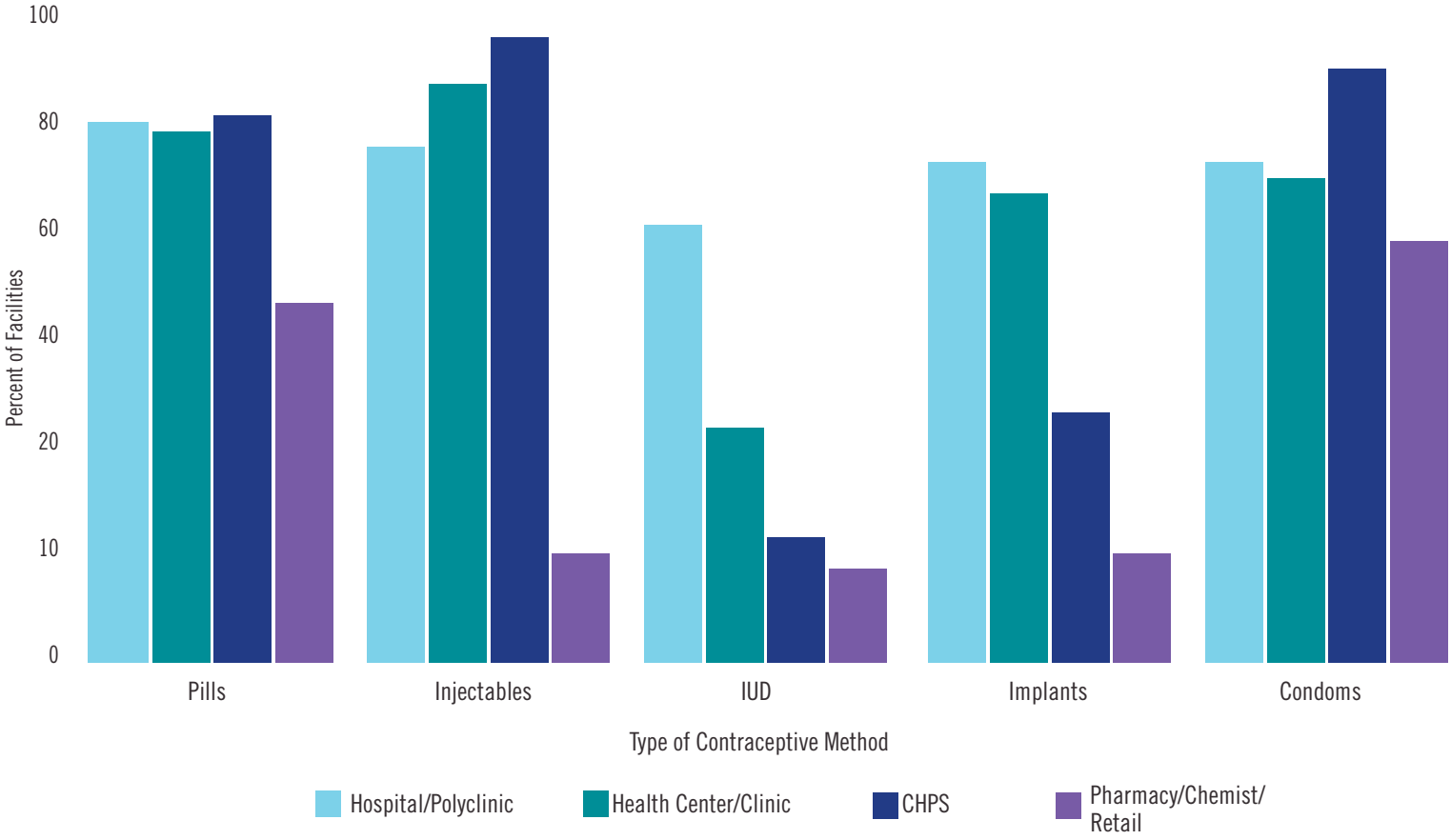


Table S3: Percent of health facilities offering different types of contraceptive methods

	Contraceptive Methods				
Facility Characteristics	Pills (n=149)	Injectables (n=149)	IUD (n=149)	Implants (n=149)	Condoms (n=149)
Facility Type:					
Hospital/Polyclinic	86.1	86.1	72.1	83.2	84.1
Health Center/Health Clinic	87.2	87.2	34.4	76.3	82.5
CHPS	89.1	89.1	15.7	37.9	94.1
Pharmacy/Chemist/Retail Outlet/ Other	56.9	56.9	10.8	10.8	64.3
Residence:					
Rural	80.9	74.5	31.8	55.9	79.1
Urban	80.3	74.3	56.0	68.7	82.0
Number of beds					
0-50	79.8	71.1	33.3	54.2	80.7
51-100	87.5	87.5	69.6	85.1	87.5
100+	76.3	76.3	65.6	76.3	69.5
Total	80.6	74.4	43.1	61.9	80.5

Has Mobile Outreach Teams Visiting Facility In The Last 12 Months

Mobile teams can extend the service reach of a program. Trained staff who can provide a range of contraceptives not usually available at the facility, such as long-acting methods, will routinely visit and work out of outlying health clinics.

This indicator is defined as the percent of health facilities reporting a mobile outreach team visited to deliver supplementary/additional family planning services.

Only one-fifth of all facilities reported having a mobile team work from its site in the past 12 months, with the highest percentage being health centers and clinics (33.5 percent). Large facilities, such as hospitals and those with more than 100 beds, had lower percentages of visits than smaller facilities(23.5 percent and 11.6 percent respectively). CHPS providers and pharmacies and drug shops were generally ineligible and thus least likely to sponsor mobile outreach teams.

Fig. S4: Percent of health facilities with recent visit by mobile team, by type

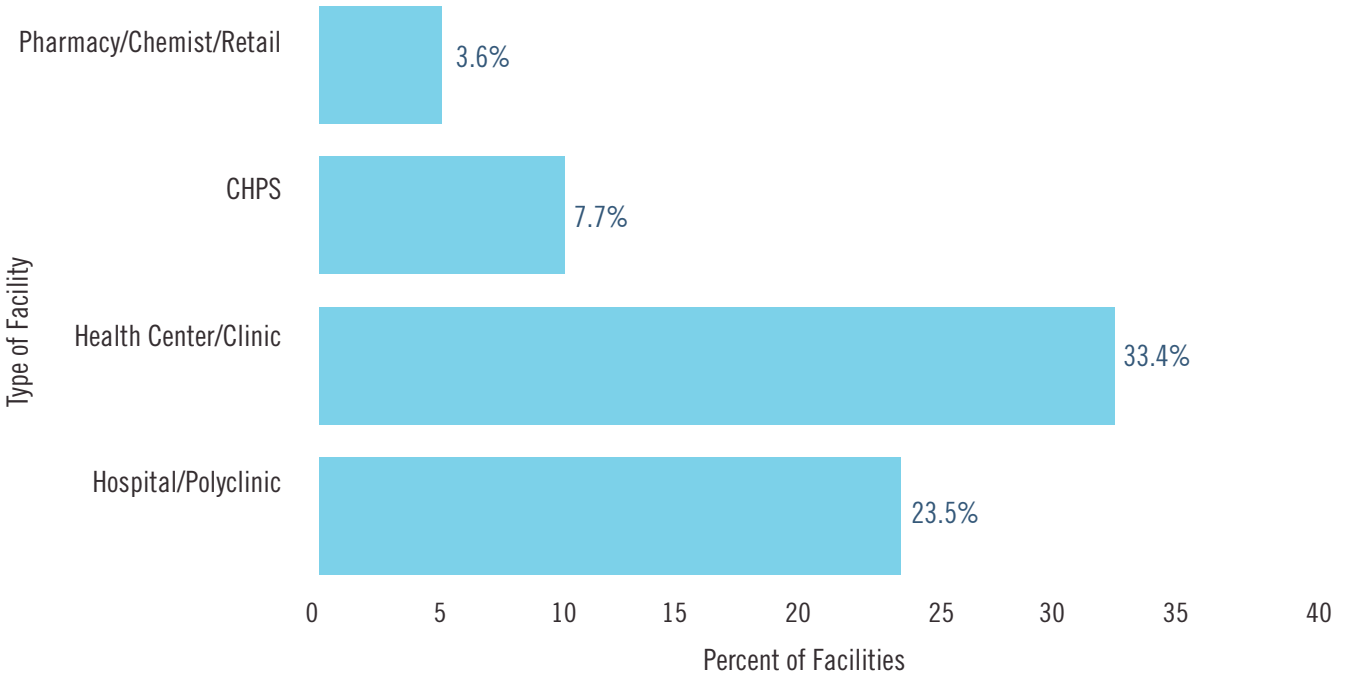


Table S4: Percent of health facilities that have mobile teams visting from facility in past 12 months

	Facility Type				Residence		Number of Beds			
	Hospital/ Polyclinic	Health Center/ Health Clinic	CHPS	Pharmacy/ Chemist Shop/Retail Outlet/Other	Rural	Urban	0-50	51-100	100+	Total
Percent with mobile outreach team working in/ from facility in last 12 months (n=149)	23.5	33.4	7.7	3.6	18.3	23.6	17.7	40.6	11.6	20.8

Experienced Contraceptive Stock-Outs In The Past 12-Months

This indicator is defined as the percentage of health facilities reporting a method has been out of stock in the past 12 months. Five main methods are tracked: pill, injectables, IUD, implants, and male condoms. Note that not all facilities offered each type of method as seen in the next table. The percentages are then based on those that report routinely providing the method.

Among 121 facilities offering the pill and condom, just under 10 percent report being out of stock at any time in the past 12 months. Health centers and clinics were more likely to report stock-out levels greater than 10 percent for pills (18.0 percent), condoms (16.9 percent), and injectables (12.2 percent). Larger facilities, with more than 100 beds, report the highest levels of stock-outs for all methods, with 21.5 percent for the pill, 17.9 percent for the IUD, 14.9 percent for condoms, and 13.9 percent for injectables and implants.

Fig. S5: Percent of service delivery points reporting method-specific stock-out of contraceptive commodities in past 12-months, by sector

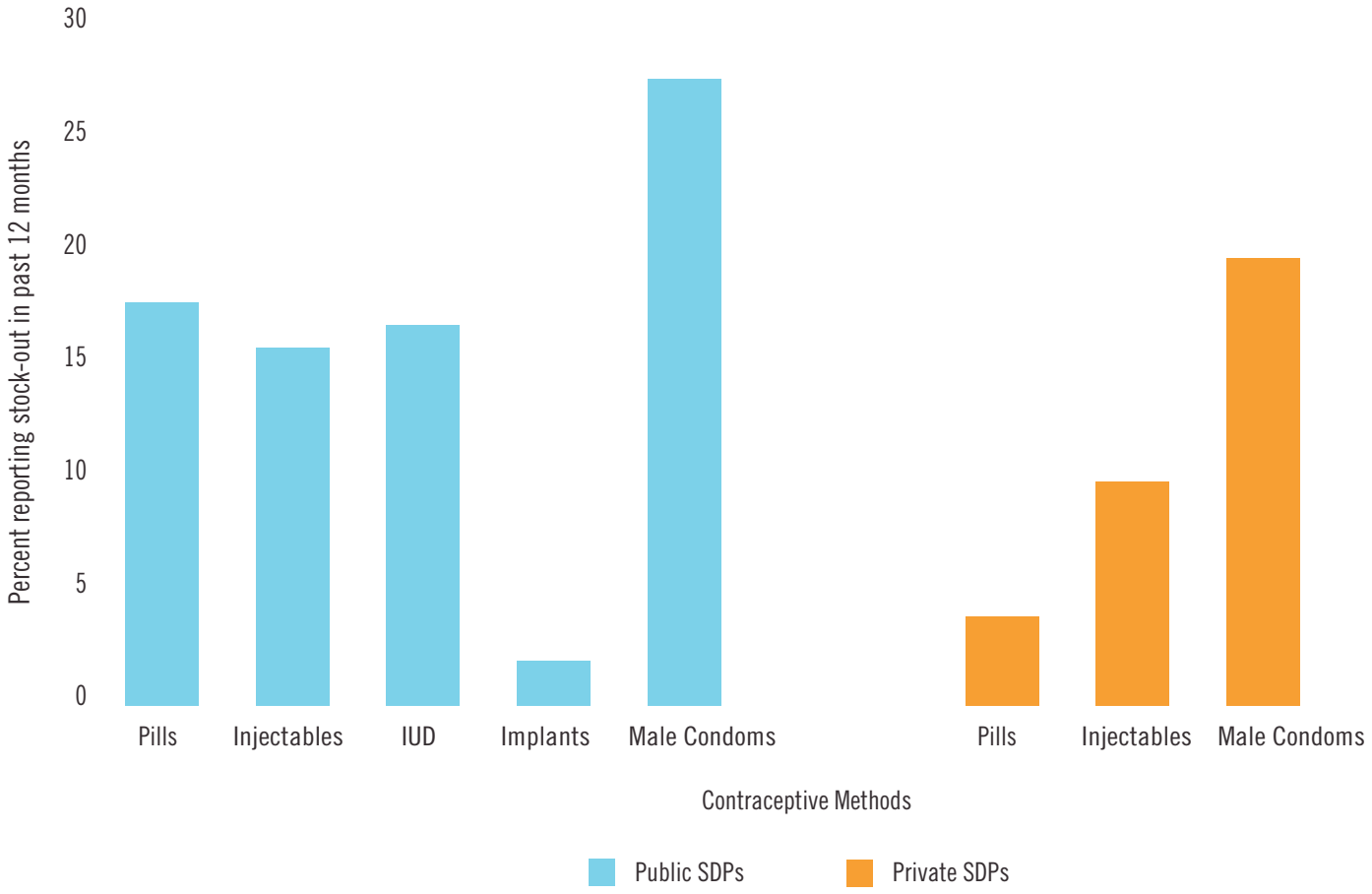


Table S5: Percent of service delivery points stocked out of modern contraceptives in the past 12 months, by sector and method

	Public facility (97)					Private facility (30)		
Facility Characteristics	Pill (n=95)	Injectable (n=97)	IUD (n=55)	Implant (n=80)	Male condom (n=94)	Pill (n=23)	Injectable (n=10)	Male condom (n=25)
Total	17.9	15.5	16.4	2.5	28.7	4.4	10.0	20.0
Years of operation								
Less than 5 years	29.0	18.8	20.0	4.2	29.0	14.3	0.0	11.1
5-10 years	16.7	33.3	33.3	0.0	50.0	0.0	0.0	16.7
11+ years	11.5	9.4	13.5	2.1	23.5	0.0	14.3	30.0
Facility Type:								
Hospital/Polyclinic	11.9	19.1	17.1	0.0	23.8	0.0	33.3	66.7
Health Center/ Health Clinic	21.6	10.8	12.5	6.3	31.4	0.0	0.0	0.0
CHPS	28.6	12.5	50.0	0.0	40.0	0.0	0.0	33.3
Pharmacy/ Chemist/Retail Outlet/Other	0.0	50.0	0.0	0.0	0.0	6.3	0.0	10.5
Size of catchment area								
Below median (pop=32,249)	23.7	7.5	20.0	7.0	29.0	0.0	0.0	33.3
Above median (pop=32,249)	14.0	21.1	15.6	0.0	28.6	4.8	14.3	18.2
Residence								
Urban	10.3	15.4	0.0	0.0	23.1	9.1	0.0	9.1
Rural	23.2	15.5	34.6	4.6	32.7	0.0	16.7	28.6
Years offered FP services								
Less than 10 years	22.9	16.7	25.0	4.7	33.3	14.3	0.0	28.6
11+ years	12.8	14.3	4.4	0.0	23.9	0.0	0.0	16.7
Number of new FP visits in past month								
Below median (visits=123)	32.4	18.0	46.2	0.0	37.8	6.3	0.0	10.0
Above median (visits=123)	8.6	13.8	7.1	3.6	22.8	0.0	14.3	60.0
Charges fees								
Yes	18.6	13.6	15.7	2.8	25.6	6.3	10.0	27.8
No	11.1	33.3	25.0	0.0	62.5	0.0	0.0	0.0

Offers FP services and for observed methods, reports being out of stock in the last 12 months
Methods included: IUD, injectables (1 and 3 months), implants, pill, male/female condom, EC, diaphragm, foam/jelly

Average Number Of Days Per Week Family Planning Services Are Offered

The number of days family planning services are provided is an indicator availability and access to services.This indicator is defined as the average number of days per week family planning services are offered (or products are sold) at the health facility.

On average 149 health facilities offered family planning services on 5.2 days of the week. CHPS providers reported an average of 6.5 days and hospitals and polyclinics the lowest, at 4.6 days. The average declines by the number of beds from 5.5 among facilities with 50 or fewer beds to 3.9 among those with more than 100 beds. Urban facilities offer family planning services 5.0 days per week, compared to 5.4 days for rural providers.

Fig. S6: Average number of days family planning services are offered, by facility type

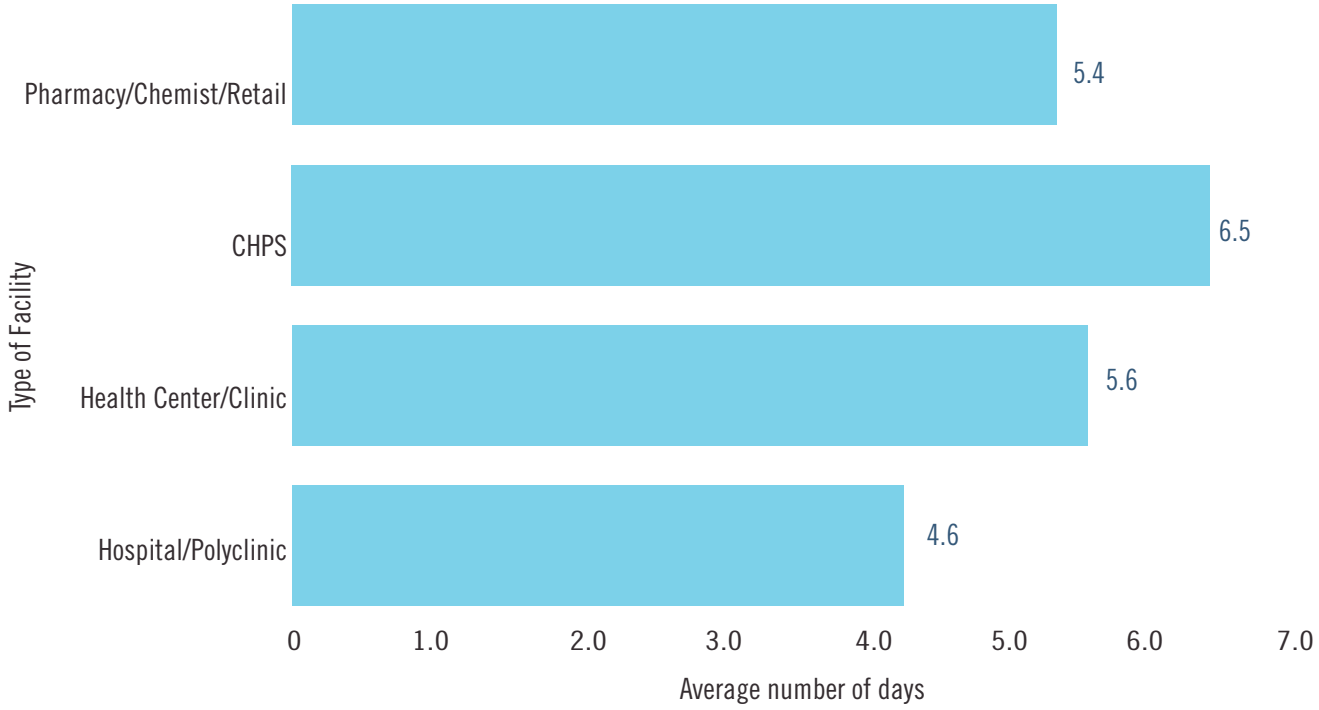


Table S6: Average number of days per week when family planning services are offered

	Facility Type				Residence		Number of Beds			
	Hospital/ Polyclinic	Health Center/ Health Clinic	CHPS	Pharmacy/ Chemist Shop/Retail Outlet/Other	Rural	Urban	0-50	51-100	100+	Total
Average number of days per week FP is offered (n=149)	4.6	5.6	6.5	5.4	5.4	5.0	5.5	4.8	3.9	5.2

Supports Community Health Workers From The Facility

Community health workers (CHWs) are an important resource for family planning service delivery since these trained persons can inform about and distribute contraceptives directly to households. They may be volunteers or paid staff and increasingly they are able to administer injections and insert implants. Health facilities assist CHWs by providing supervision, clinical support and supplies. Thus, this indicator is defined as the percentage of health facilities reporting providing supervision, support or supplies to community health volunteers/workers.

Just over one third of health facilities (34.7 percent) report supporting CHWs– the highest percentage being by health centers and clinics (59.6 percent). CHPS staff also work with community volunteers frequently (53.3 percent), while large facilities with more than 100 beds are least likely to be located where they can support CHWs. Private retail outlets are also not connected with CHWs (7.2 percent).

Fig. S7: Percent of health facilities supporting community health workers, by facility type

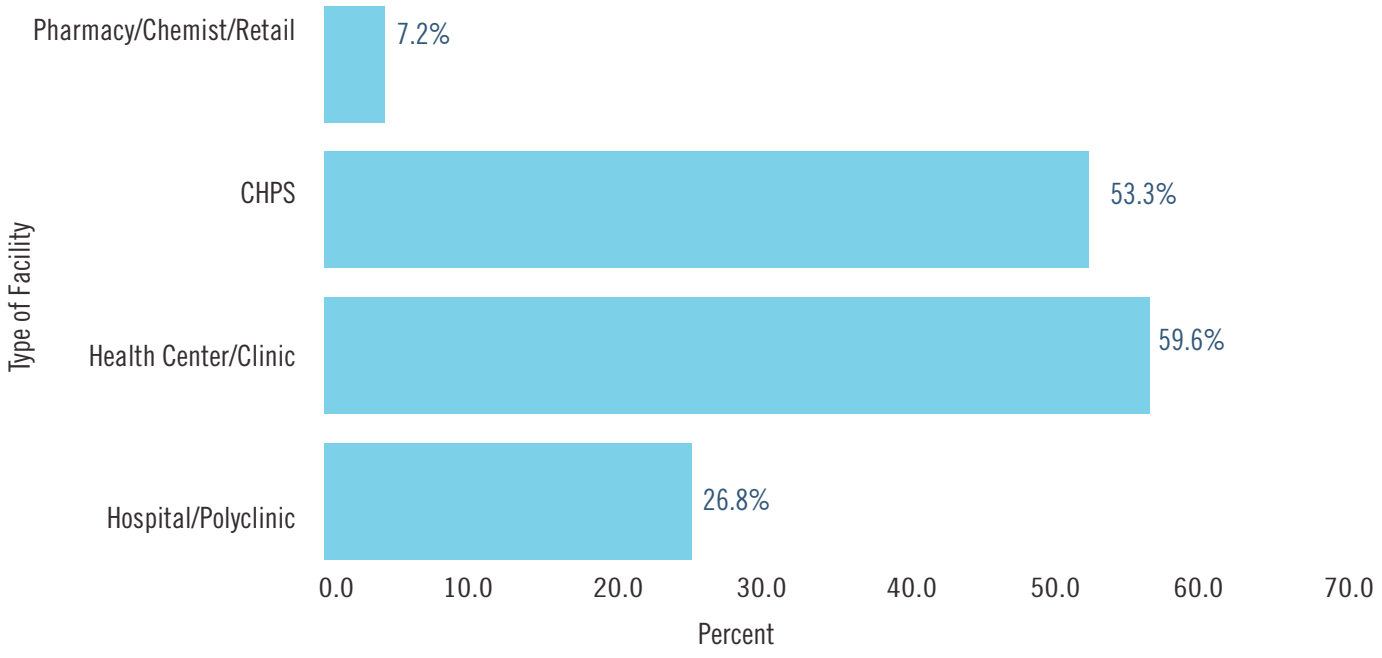


Table S7: Health facilities supporting CHWs from, or in the facility

	Facility Type				Residence		Number of Beds			
	Hospital/ Polyclinic	Health Center/ Health Clinic	CHPS	Pharmacy/ Chemist Shop/Retail Outlet/Other	Rural	Urban	0-50	51-100	100+	Total
Supporting CHWs from this facility (n=149)	26.8	59.6	53.3	7.2	35.9	33.5	38.6	36.6	9.3	34.7

Number Of Family Planning Visits (New and Continuing) In The Last Month

The caseload volume for contraceptive services is revealing of both quality in terms of choice of methods and demand. Observing patterns by the type of facility informs where clients obtain their methods. This indicator is defined for both the total number of visits by new or continuing users and the number of new clients presenting at the facility during the last complete month. Data come from the client register in the facility. In the case of pharmacists or chemist shops, the numbers are based off of their estimated sales in that period.

The total counts are provided in the following table by type of modern method.

The number of health facilities with registers from which total family planning visits and new clients could be recorded is shown in the next table. The largest number of visits in one complete month was for three-month injectables (15,744), followed by one-month injectables (3,601), pill (2,682), implants (2,422) and male condoms (2,381). Visits for IUD, emergency contraception, female condom and standard days method were also significant, numbering in the hundreds.

The number of monthly new clients was highest for the 3-month injectable (2,653), male condom (1,274), pill (1,029), but also for implants (997) and the 1-month injectable (971). Only a few sterilization cases were measured.

Hospitals and health centers accounted for most of the servicing of new clients, while the effort of CHPS providers was substantial in injectable delivery and IUDs. Pharmacies and chemist shops reported primarily injectable visits (322). Total visits were higher in urban than rural facilities and in smaller compared to larger facilities.

Table S8: Total number of family planning visits (new continuing) recorded in registers of sampled facilities in last month by method

Facility Characteristics	Sterilization		IUD		Injectable 1 Month		Injectable 3 Month		Implant		Pill		Male Condom		Female Condom		Emergency Contraception		Std. Days Method	
	Total Female	Total Male	Total	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total	New
Sample Size	27	13	63	63	104	103	113	113	92	92	121	121	121	119	72	72	80	80	18	18
Total	100	0	924	469	3,601	971	15,744	2,653	2,422	997	2,682	1,029	2,381	1,274	467	378	540	495	608	292
Facility Type:																				
Hospital/ Polyclinic	100	0	515	291	2,408	676	10,657	1,725	1,302	550	1,680	486	1,072	353	123	41	62	42	580	274
Health center/ Health clinic	0	0	304	69	928	260	3,893	744	638	441	809	444	1,173	845	24	236	387	361	17	15
CHPS	0	0	101	101	226	26	695	115	464	15	193	117	117	121	115	115	105	105	0	0
Pharmacy/ Chemist Shop/ Retail Outlet/ Other	0	0	5	2	18	3	322	45	0	0	22	1	15	2	0	0	0	0	6	1
Residence																				
Rural	18	0	177	143	1,290	270	4,509	817	1,465	531	1,106	505	1,257	774	289	248	260	239	439	109
Urban	77	0	717	318	2,224	668	10,686	1,751	983	468	1,533	517	1,117	510	185	137	279	255	187	181
Number of beds:																				
0-50	12	0	565	295	1,773	481	10,049	1,677	1,419	594	1,517	752	1,896	1,157	381	355	492	469	75	69
51-100	55	0	219	98	1,121	265	4,156	684	709	264	617	187	159	55	36	5	19	8	493	204
101 or more	34	0	127	69	734	235	1,515	291	286	138	578	86	322	43	42	7	18	6	22	11

Charge Fees For Family Planning Services

This indicator is defined as the percentage of health facilities that charge routine user fees or charge for family planning services.

Three-quarters (77.0 percent) of the health facilities report charging fees to clients for family planning services. The highest percentage is among CHPS providers (92.0 percent) followed by hospitals/ polyclinics (83.1 percent). Surprisingly, pharmacists, chemist shops and other retail outlets report the lowest percentage (56.0 percent). There is little variation by urban-rural location or facility size.

Fig. S9: Percent of health facilities charging fees for family planning services, by facility type

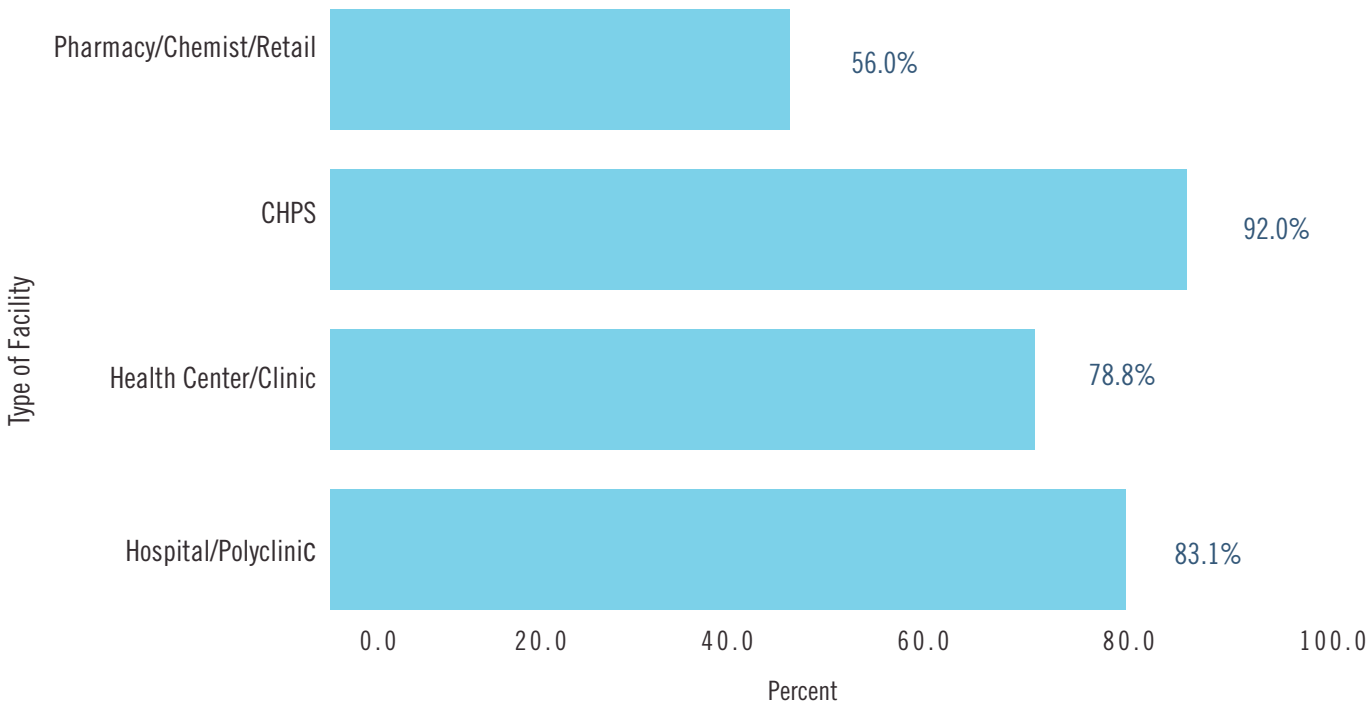


Table S9: Health facilities charging fees for family planning services

	Facility Type				Residence		Number of Beds			
	Hospital/ Polyclinic	Health Center/ Health Clinic	CHPS	Pharmacy/ Chemist Shop/Retail Outlet/Other	Rural	Urban	0-50	51-100	100+	Total
Charge fees for FP service (n=149)	83.1	78.8	92.0	56.0	76.4	77.7	76.5	79.9	76.3	77.0

Indicators for Integration of Services

The concurrent provision of contraceptive information and services at the point of care for other related sexual and reproductive health (SRH) services helps respond to individuals' needs to protect against an unplanned pregnancy. Providing contraceptive counseling and method provision to women during their maternity care, either at antenatal visits or following delivery; to women and men obtaining HIV counseling, testing or therapy services; and to women presenting with post-abortion complications are opportunities to reduce unmet need. Integrating contraceptive delivery into these points of contact with the health system at eligible health facilities can improve the quality of care and sexual and reproductive health outcomes for individuals.

The integration indicators are defined as follows:

S10a	Integrating FP into maternal health services	Percent of health facilities that provide advice on long-acting or spacing contraceptive methods to mothers before post-delivery discharge (with newborns)
S10b	Integrating FP into HIV services	Percent of health facilities that provide contraceptive counseling, methods or prescription to clients coming for HIV services
S10c	Integrating FP into post-abortion services	Percent of health facilities that report discussing long-acting or spacing contraceptive methods with post-abortion clients

Among the 149 facilities, two-thirds (65.8 to 66.6 percent) report integrating contraceptive information and services into all three related SRH services. Hospitals and polyclinics report the highest integration levels of 80.3 to 82.5 percent and, not unexpectedly, private retail outlets (such as pharmacists and chemist shops) report the least, although one-fifth report integrating family planning into HIV services. Integration is also highest among facilities with 51 to 100 beds.

Fig. S10: Percent of health facilities reporting provision of family planning services integrated with other sexual and reproductive health care, by facility type

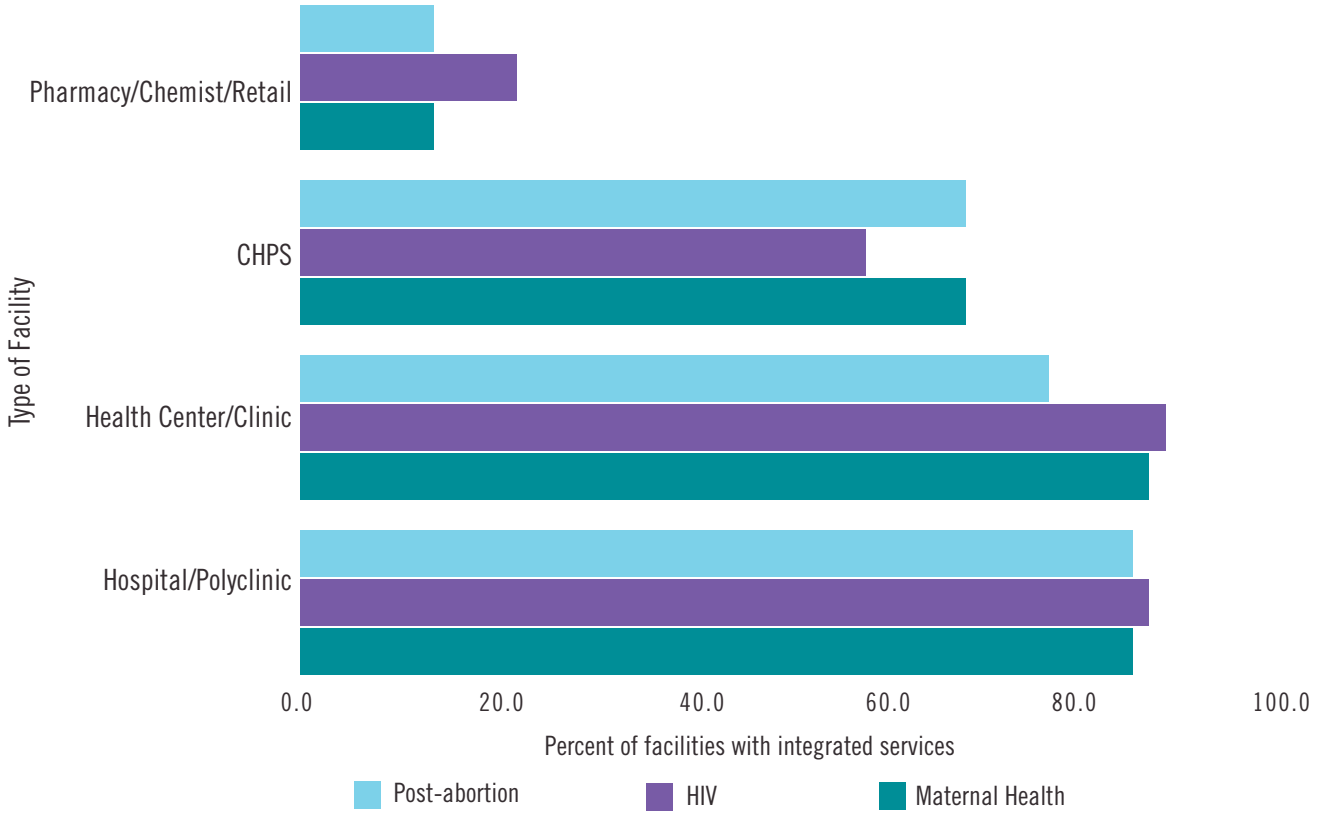


Table S10: Percent of health facilities reporting that they provide contraceptive services to clients attending for maternity, HIV or post-abortion care, by selected facility characteristics

	Integrate FP Services Into		
Facility Characteristics	Maternal Health Services (n=149)	HIV Services (n=149)	Post-abortion Services (n=149)
Facility Type			
Hospital/Polyclinic	80.3	82.5	82.3
Health Center/Health Clinic	83.7	78.0	83.7
CHPS	69.4	57.1	69.4
Pharmacy/Chemist/Retail Outlet/ Other	10.8	21.7	10.8
Residence			
Rural	64.7	63.0	64.7
Urban	67.0	69.7	68.7
Number of beds			
0 to 50	61.2	61.6	62.4
51 to 100	82.9	78.5	82.9
101 and over	69.5	76.3	69.5
Total	65.8	66.1	66.6

Water, Sanitation & Hygiene Indicators (WASH)

The PMA2013/Ghana survey assessed new indicators and standard indicators of the water, sanitation, and hygiene environments for households and service delivery points (SDPs). These include:

- The use of multiple water sources for multiple purposes,
- Seasonal and daily reliability of water services,
- Prevalence of open defecation,
- Management of child feces,
- Time spent collecting water,
- Productive uses of water, and
- The presence and conditions of hand washing stations in SDPs.

Questions in the survey include those on water supply and source type, hand washing facility, collection time, and seasonality and reliability of supply

Within these subject areas, six indicators are presented in this report, as defined in Appendix E. Additional indicators and further information from the data for this development area will be available from the PMA2020 website (www.pma2020.org).

Household Use Of Multiple Water Sources

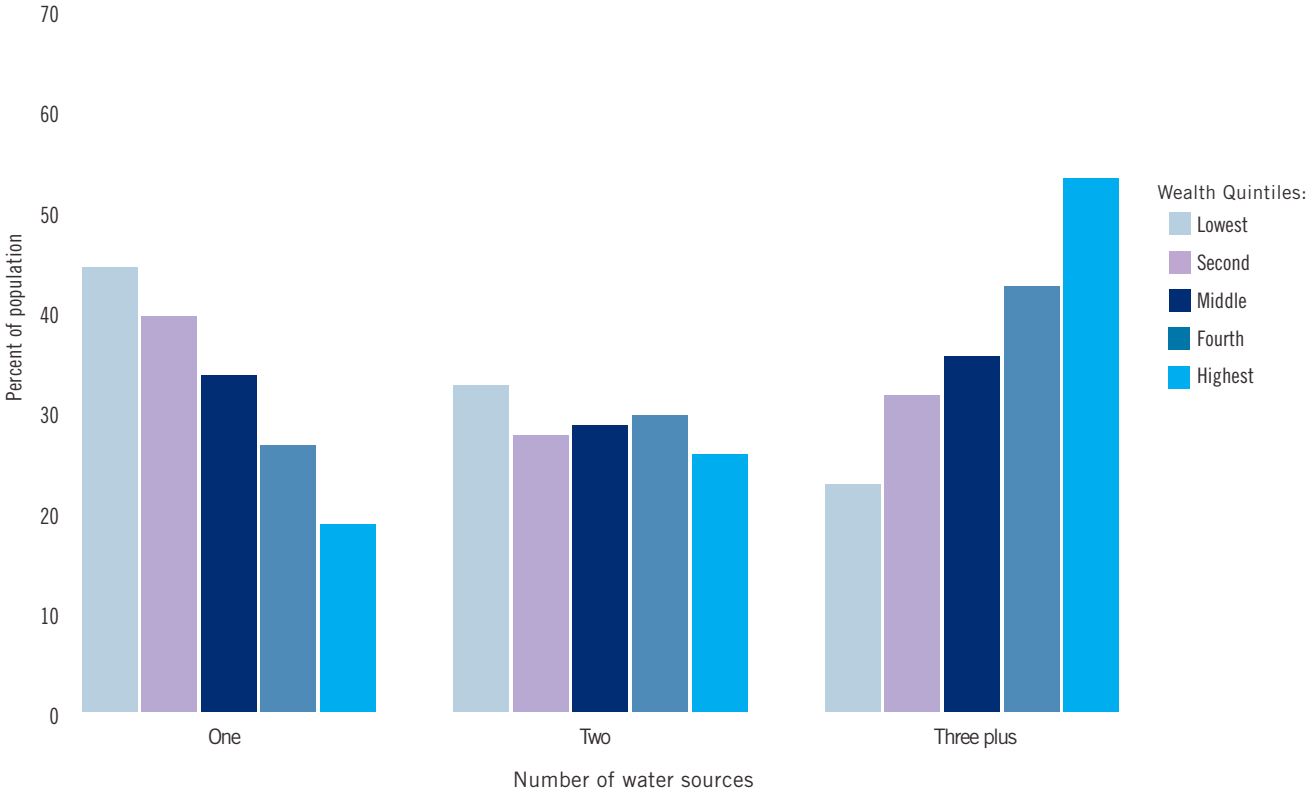
Households often use more than one water source. Using standard classifications of drinking water sources developed under the World Health Organization and UNICEF's Joint Monitoring Program, PMA 2013 surveyors asked household respondents to identify all water sources regularly used at any time of the year for any purpose. This indicator shows the percent of de jure population living in households by number of water sources used in that household. De jure household members are reported to be usual members of the household by survey respondents, regardless of where they slept the night before.

Thirty three point one percent of the population lives in households that rely on one water source, while the rest of the population lives in households that use two or more sources. Wealth is directly related to the number of household water sources. In the highest wealth quintile, 54.4 percent of the population use three or more water sources, compared to 22.6 percent of the lowest quintile using three or more sources. Just 19.2 percent of the highest wealth quintile use one water source, compared to 44.8 percent of the lowest wealth quintile that use one source.

WASH1. Percent distribution of number of water sources, by residence and wealth quintile

		Number of sources of water			
	Unweighted N	**One**	**Two**	**Three plus**	**Total**
Unweighted N	15,840	1,247	1,045	1,271	N/A
Percent of population (%)	N/A	33.1	29.3	37.6	100
Residence:					
Urban	6,735	26.5	27.5	45.9	100
Rural	9,105	39.4	31.0	29.6	100
Wealth Quintile					
Lowest	3,977	44.8	32.5	22.6	100
Second	3,437	40.4	28.3	31.3	100
Middle	2,951	34.8	29.1	36.1	100
Fourth	2,785	26.9	30.4	42.8	100
Highest	2,690	19.2	26.4	54.4	100

Fig. WASH1: Percent distribution of number of water sources used by wealth quintile



Main Water Source For Drinking

Household respondents were asked to identify all water sources regularly used at any time of the year for any purpose. For each source identified, households were then asked to identify all uses (drinking, cooking, livestock, gardening/agriculture, business venture, washing). This indicator shows, for the de jure population, all regular sources reportedly used for drinking water and, in addition, the source that households identified as the main drinking water source.

Following the GDHS 2008 criteria, Bottled/Sachet sources are not included in the sum of 'all improved' or 'all unimproved' sources. For the main drinking water source, Bottled/Sachet sources are counted with the unimproved backup if the main source used for cooking or washing is unimproved, while they are counted with the improved backup if the main source for cooking and washing is improved. For regular drinking water sources, Bottled/Sachet sources are counted with the unimproved backup if any regular source is unimproved, while they are counted with the improved backup if no regular source is unimproved.

In comparison to main drinking water source in the GDHS 2008, PMA2013/Ghana finds that the reported use of bottled/sachet water has markedly grown since the GDHS 2008, increasing from 5.9 percent to 21.2 percent with an improved water source backup, and from 0.8 percent to 7.3 percent with an unimproved backup. Sachet water consumption accounts for most of this growth (data not shown). This has resulted in a drop in the percent of users reporting improved water sources as their main water source from 77.9 percent to 59.0 percent. The percent population living in households with unprotected wells as their main source has risen from 2.6 percent to 5.5 percent.

The PMA2013/Ghana population that report regularly drinking water from improved sources is 76.0 percent, closely matching the 77.9 percent who report using improved water in the GDHS 2008. This suggests that overall access to improved water sources may not have greatly changed since the GDHS 2008, but that many users now prefer bottled/sachet water and consider this their main drinking water source.

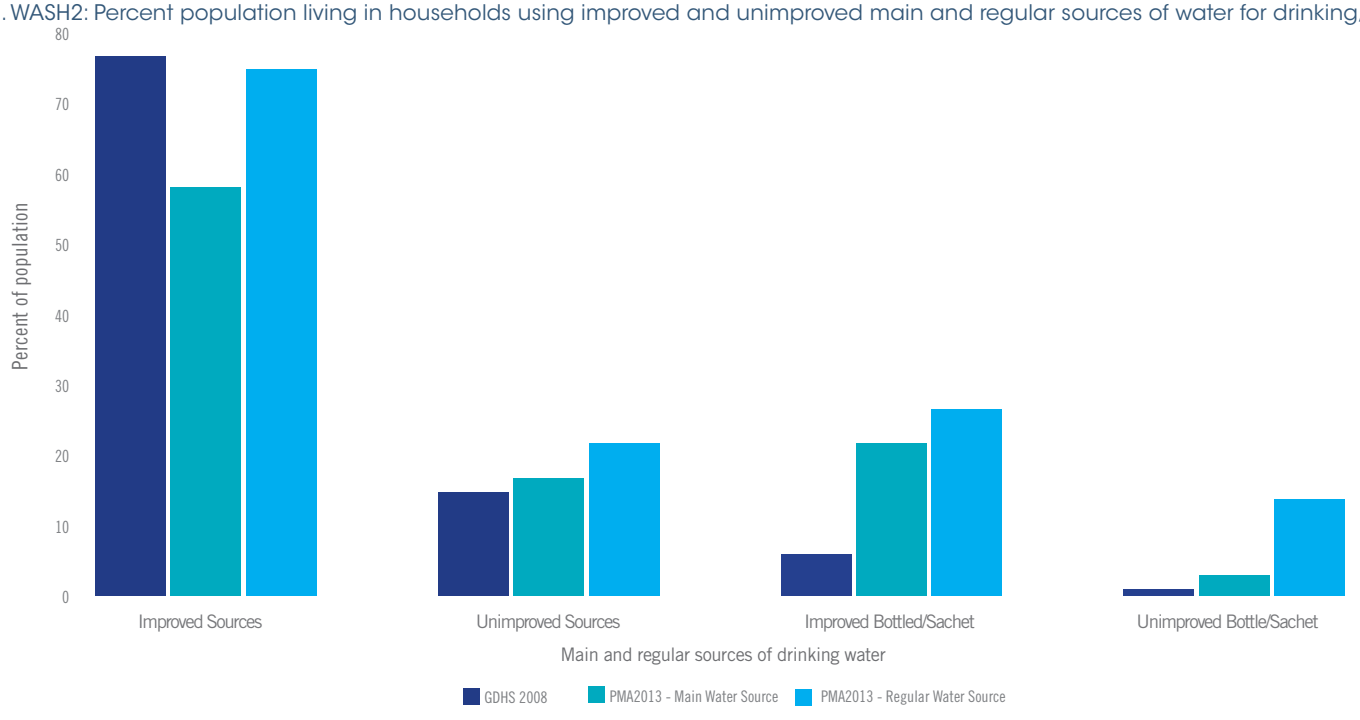
PMA2013/Ghana data suggest that tracking only the main drinking water source greatly underestimates consumption of water from unimproved sources. PMA2013/Ghana finds that the percent of users who report regularly drinking unimproved water is 21.8 percent, which is nearly one third greater than the 16.8 percent of the population reportedly using an unimproved source as the main drinking water source. GDHS 2008 found 15.4 percent of the population used an unimproved source as their main source, comparable to PMA2013/Ghana findings.

WASH2: Percent distribution of main and regular water sources for drinking for household population, by residence

Water Sources	Main Water Source GDHS 2008			Main Water Source PMA2013			Regular Drinking Source PMA2013		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Improved sources:	**81.0**	**75.4**	**77.9**	**54.8**	**63.1**	**59.0**	**70.8**	**80.9**	**76.0**
Piped into dwelling/ yard	27.0	2.2	13.1	21.1	0.8	10.8	27.4	0.9	13.8
Public tap/standpipe	40.0	17.9	27.6	25.5	20.4	22.9	33.3	22.6	27.8
Tube well/bore hole	7.4	49.6	31.2	3.4	32.7	18.4	5.6	39.2	22.9
Protected well	6.2	4.9	5.5	2.8	7.2	5.0	4.7	7.8	6.3
Protected spring	0.1	0.1	0.1	0.3	0.1	0.2	0.6	0.2	0.4
Rainwater	0.1	0.7	0.5	1.5	2.0	1.8	17.2	39.7	28.8
Bottled/sachet, improved source	**12.0**	**1.1**	**5.9**	**38.9**	**4.1**	**21.2**	**46.4**	**9.1**	**27.2**
Unimproved sources:	**5.4**	**23.1**	**15.4**	**2.3**	**30.6**	**16.7**	**5.6**	**37.1**	**21.8**
Unprotected well	1.2	3.7	2.6	1.9	8.9	5.5	4.7	12.1	8.5
Unprotected spring	0.2	1.1	0.7	0.0	2.1	1.1	0.1	3.5	1.8
Tanker truck/cart with small tank	2.0	0.3	1.0	0.1	0.0	0.0	0.2	0.0	0.1
Surface water*	2.0	18.2	11.1	0.4	19.6	10.2	0.7	24.6	13.0
Bottled/sachet, un-improved source	**1.6**	**0.3**	**0.8**	**4.0**	**2.1**	**3.0**	**16.0**	**12.0**	**13.9**
Number	19,262	24,818	44,080	6,735	9,105	15,840	6,515	8,954	15,469

*River, lake, pond, stream, dam

Fig. WASH2: Percent population living in households using improved and unimproved main and regular sources of water for drinking, by survey



Child Feces Disposal

In households with children under age 5, respondents were asked what methods they used to dispose of child feces. Possible responses were:

- Children use a latrine/toilet
- Leave waste where it is
- Bury waste in field/yard
- Dispose of waste in latrine/toilet
- Dispose of waste with rubbish/garbage
- Dispose of waste with waste water (into yard or ditch near home)
- Use it as manure
- Burn it

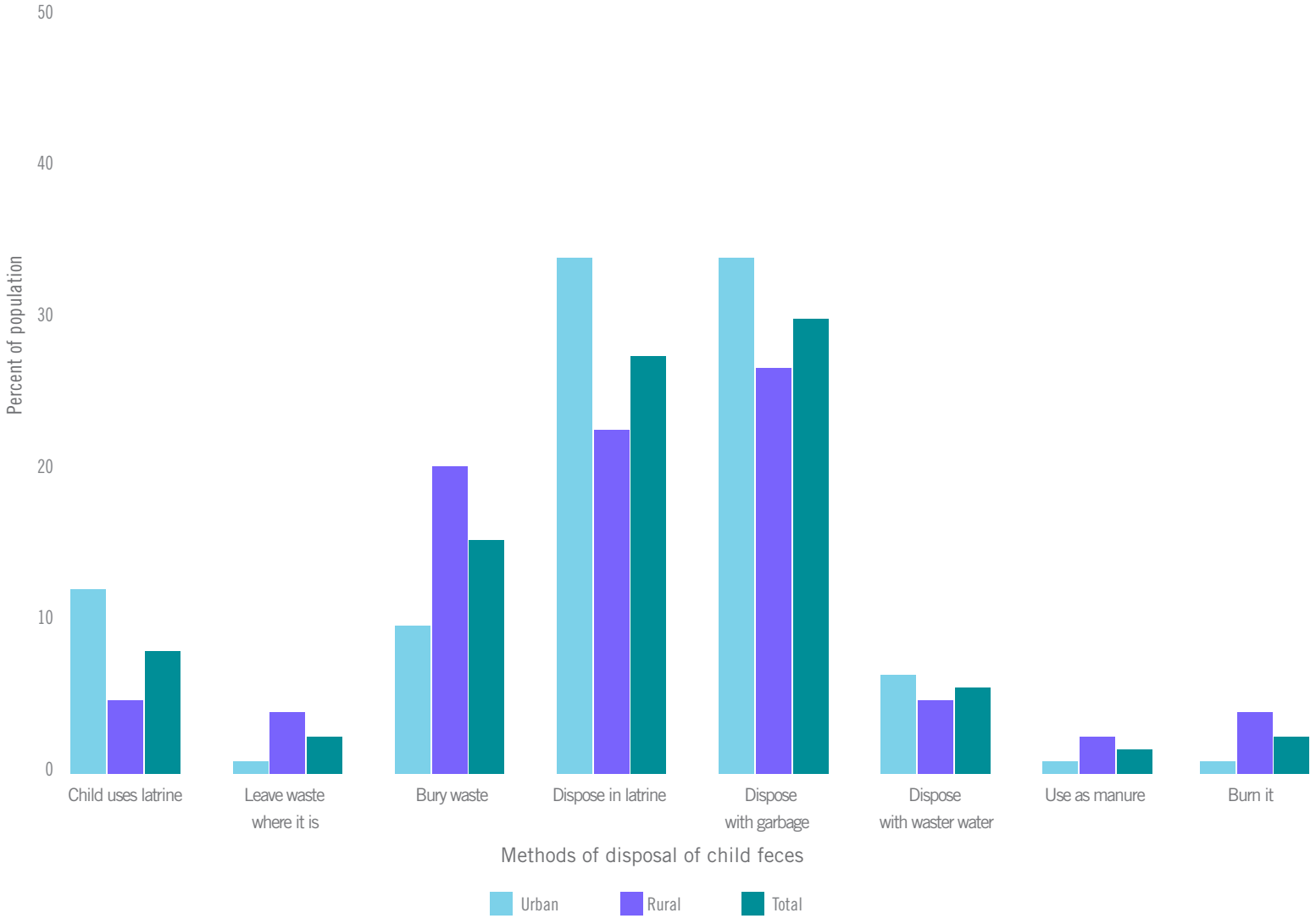
This indicator disaggregates responses by urban, rural, and total populations, expressed as a percentage of populations living in households with children under age 5, and expressed as a percentage of the total population. Respondents were allowed to select multiple methods of feces disposal.

Few children under 5 use a sanitation facility. Disposal of waste in latrine/toilet and disposal with trash were the most common responses in both urban and rural households. Rural households report higher levels of activities that imply direct adult contact with child waste, including leaving waste where it is, burying waste in the yard, using waste as manure, and burning waste. Rural households show over twice the rate of feces burial in the yard, and over 4 times the rate of burning child feces compared to urban households. In rural households, 4.8% of all households that have children under 5 report leaving child feces waste where it is, as compared to 0.3% of such urban households. Urban households report that the child uses the latrine or toilet at nearly 3 times the rate of rural households.

WASH3: Child feces disposal in households, by residence

Method of disposal	Percent of pop. living in households with children under 5		
	Urban	Rural	Total
Children use a latrine/toilet	15.6	6.2	10.4
Leave waste where it is	0.3	4.8	2.8
Bury waste in field/yard	12.5	25.1	19.4
Dispose of waste in latrine/ toilet	42.9	28.3	34.8
Dispose of waste with rubbish/ garbage	42.4	33.1	37.2
Dispose of waste with waste water	8.3	5.6	6.8
Use it as manure	0.3	2.2	1.4
Burn it	1.2	5.1	3.4
Unweighted N	3,398	5,601	8,999

Fig. WASH3: Percent of population living in households with children under 5, by method of child feces disposal



Having A Place For Hand Washing

The survey asked respondents whether the household had a dedicated place to wash hands, and, if yes, observations were made on the presence of water and soap. Water could be either running water or stored water. Proximity to a sanitation facility meant that the hand washing station was within a few meters of any such facility. Respondents were allowed to select multiple combinations features of the hand washing facility.

Eighty eight point eight percent of the population does not have a dedicated place to wash hands in their household. Household size is inversely related to the reported presence of a hand washing station. Five point three percent of the population living in households with 15 or more members have a hand washing station, as compared to 14.2 percent of the population living in households with 1 to 4 members.

People living in urban households were found to be more than 5.5 times as likely to have a hand washing station than rural households (19.3 percent urban/3.5 percent rural). Of note, wealth is directly related to the reported presence of dedicated hand washing stations (39.1 percent of the wealthiest versus 0.7 percent of the poorest population).

Among households where hand washing stations were observed, 73.9 percent of the population lives in households whose hand washing stations had both soap and water, but only 34.7 percent had both soap and water, and were located near a sanitation facility (e.g. toilet or latrine). Three percent of the population live in households that reported having a hand washing station but had no soap and no water at the time of the survey. Urban and rural households were equally likely to have soap and water (73.8 percent and 74.3 percent, respectively).

WASH4a: Percent distribution of population with place to wash hands by household size, residence and wealth quintile

Characteristics	Unweighted N	Has a place to wash hands		
		Yes	No	Total
Household size*				
1 to 4	5,013	14.1	85.9	100
5 to 9	7,515	10.9	89.1	100
10 to 14	2,090	6.2	93.8	100
15 or more	1,198	5.3	94.7	100
Residence				
Urban	6,735	19.3	80.7	100
Rural	9,105	3.5	96.5	100
Wealth Quintile				
Lowest	3,977	0.7	99.3	100
Second	3,432	3.0	97.0	100
Middle	2,941	4.5	95.6	100
Fourth	2,778	7.0	93.0	100
Highest	2,688	39.1	61.0	100
Total	15,840	11.2	88.8	100

WASH4b: Percent distribution of population with soap and water present at place to wash hands, by household size, residence and wealth quintile

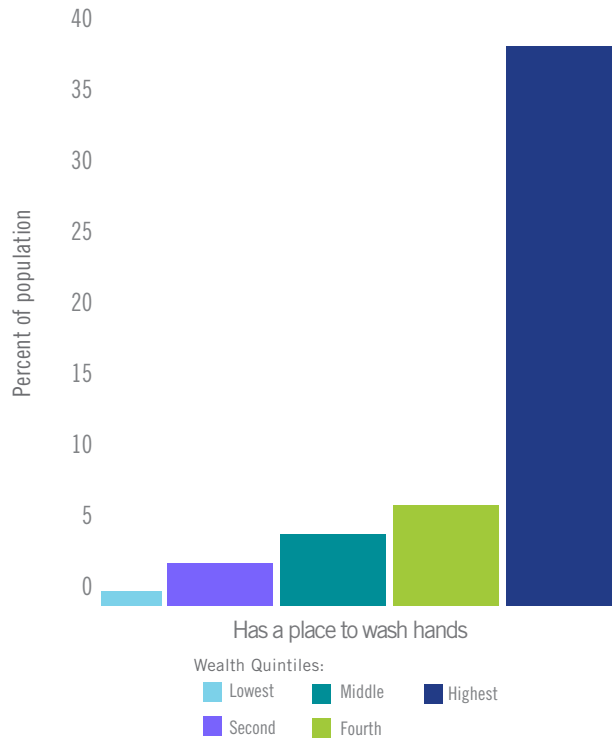
Characteristics	Unweighted N	% with Soap, no water	% with Water, no soap	% with Soap and water	% with No soap, no water	Total
Household size*						
1 to 4	531	6.7	14.7	74.0	4.6	100
5 to 9	585	7.4	17.4	73.2	2.0	100
10 to 14	93	0.0	34.7	65.3	0.0	100
15 or more	51	0.0	0.0	100.0	0.0	100
Residence						
Urban	991	5.5	17.5	73.8	3.2	100
Rural	269	10.4	13.5	74.3	1.8	100
Wealth Quintile						
Lowest*	18	0.0	71.5	28.5	0.0	100
Second	101	3.3	4.3	87.4	5.0	100
Middle	111	21.4	19.6	46.3	10.1	100
Fourth	155	12.5	20.0	61.9	5.6	100
Highest	875	3.7	15.9	78.7	1.6	100
Total	1,260	6.3	16.8	73.9	3.0	100

WASH4c: Proximity of dedicated hand washing station to sanitation facility of population, by household size, residence and wealth quintile

Characteristics	% Near sanitation facility	% Near sanitation facility AND both soap and water present
Household size*		
1 to 4	44.1	35.8
5 to 9	38.6	26.4
10 to 14	71.7	50.5
15 or more	100.0	100.0
Residence		
Urban	50.1	39.1
Rural	19.3	13.3
Wealth Quintile		
Lowest*	89.2	17.7
Second	15.2	15.2
Middle	9.6	2.4
Fourth	25.1	21.5
Highest	54.6	42.5
Total	45.5	34.7

*small sample size, interpret data cautiously

Fig. WASH4: Percent of population with a dedicated place to wash hands, by wealth quintile



Open Defecation As A Regular And As A Main Sanitation Practice

PMA2013/Ghana asked respondents to report the number of their household members who regularly use the 'bush/field/no facility' at work or at home. Traditional indicators for open defecation focus on the main sanitation facility, including 'bush/field/no facility' as an option. That approach underreports the prevalence of open defecation because it does not account for open defecation as a secondary practice at home or as a practice away from the home.

Overall, 34.8 percent of the population regularly practices open defecation at home or at work, as compared to 25.9 percent of the population living in households that report open defecation as the main practice. This is slightly above the GDHS 2008, which found that 23.1 percent of the population uses open defecation as their main sanitation practice.

Residence is directly related to the prevalence of open defection. Rural residents regularly practice open defecation at rate that is almost twice as high as urban residents (45.7 percent and 23.6 percent, respectively), urban residents are approximately one third as likely to live in a household that reports open defecation as the main practice because they may have other sanitation options available.

Individuals who practice open defecation may expose other household members to fecal pathogens. Fourty two point three percent of the population live in households with at least one household member who regularly practices open defecation, and 37.1 percent live in households where at least half of the household members practice open defection. Rural residents are more likely than urban residents to live in a household with at least one member practicing open defecation (48.8 percent versus 33.6 percent).

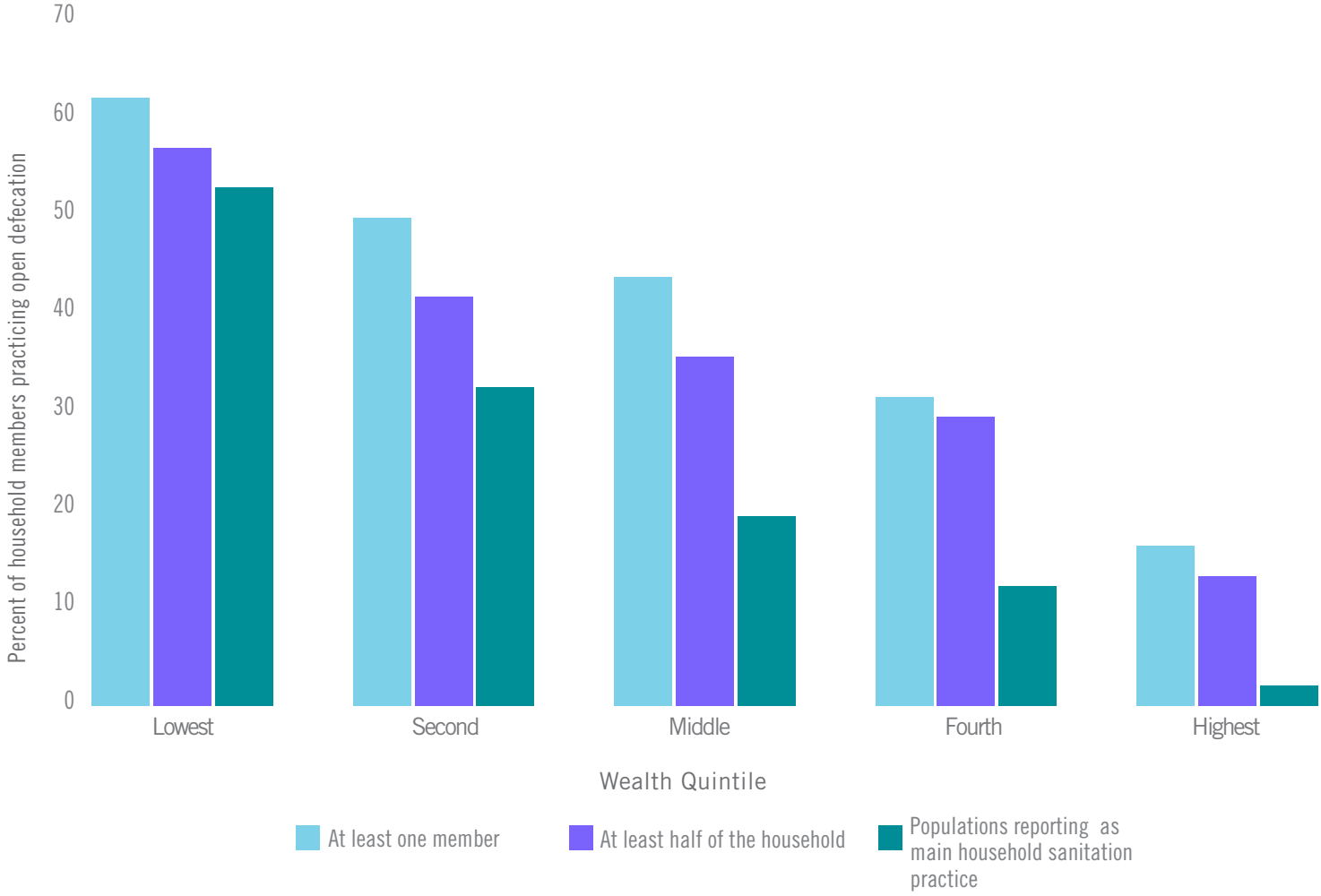
WASH5a: Percent of population using open defecation as a regular practice, by residence and wealth quintile

	Unweighted N	Percent of population practicing open defecation		
		Yes	No	No response
Total (N)	15,840	34.8	62.5	2.6
Residence				
Urban	6,735	23.6	73.6	2.7
Rural	9,105	45.7	51.8	2.5
Wealth Quintile				
Lowest	3,977	63.0	35.9	1.1
Second	3,437	42.1	55.9	2.1
Middle	2,951	34.9	62.1	2.9
Fourth	2,785	24.8	71.8	3.4
Highest	2,690	10.6	85.9	3.5

WASH5b: Percent of population reporting open defecation as main practice, by household members, residence and wealth quintile

	% Population living in households with at least one member practicing open defecation	% Population living in households with at least half of all members practicing open defecation	% Population living in households that identify open defecation as the main practice
Total	42.3	37.1	26.0
Residence			
Urban	33.6	28.7	13.0
Rural	48.8	43.3	35.6
Wealth Quintile			
Lowest	61.0	56.4	52.0
Second	49.2	41.3	32.2
Middle	43.5	35.9	19.2
Fourth	31.4	29.2	12.1
Highest	15.9	13.1	1.3

Fig. WASH5: Percent of population reporting open defecation as main practice, by household members and wealth quintile



Reliability And Seasonality Of Regular Water Sources

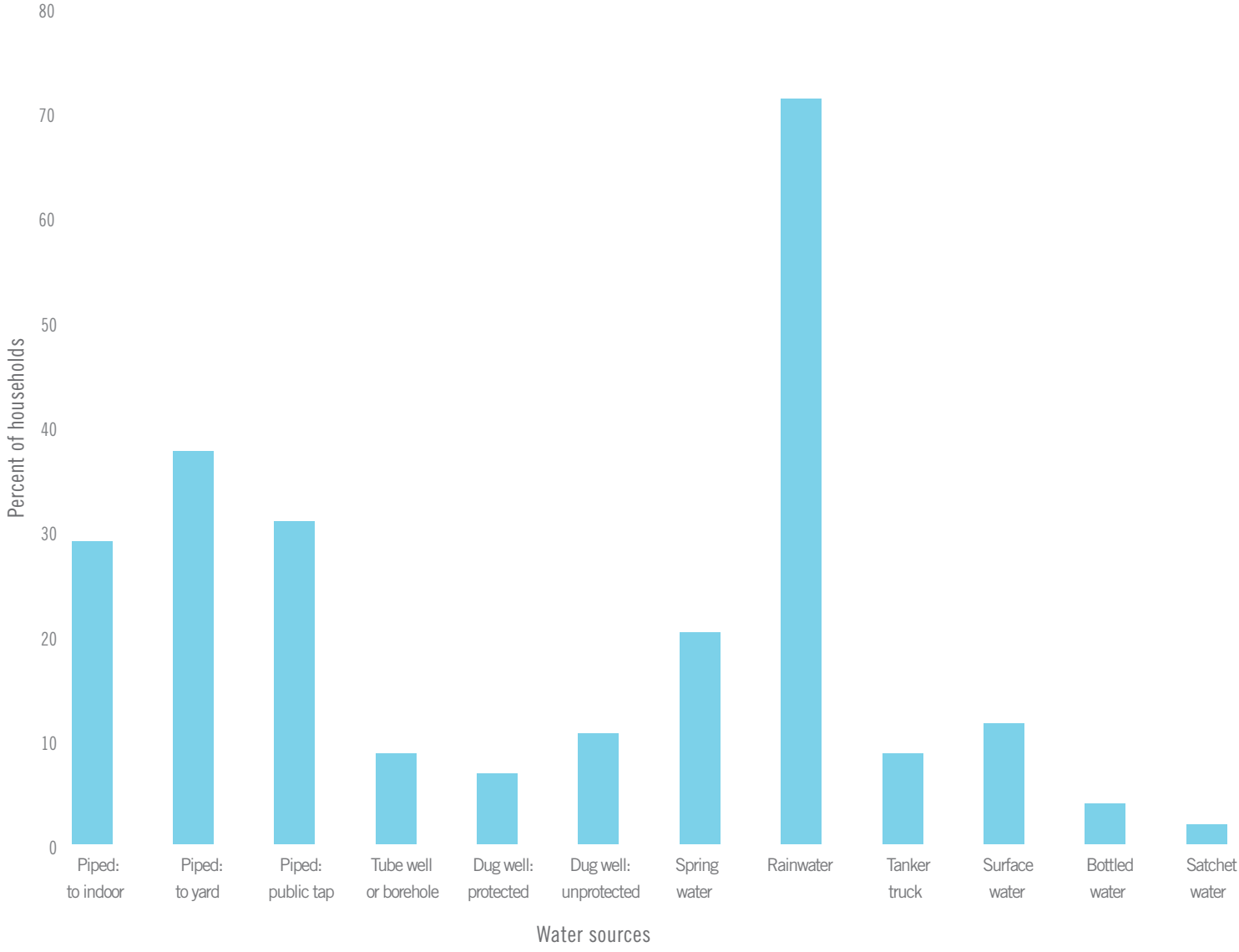
For every regular water source that a household identified, PMA2013/Ghana asked respondents whether the source was available when they expected it to be available (reliability), and whether it was available for all of the year, some part of the year (more than half the year), or a small part of the year (less than half the year). This indicator shows results on a percent household basis.

No water source was identified to be 100 percent reliable and available by household respondents. Among piped water sources, response for reliability and seasonality indicate users experience long periods without availability. Bottled water, and sachet water, and tube wells reportedly maintained the highest level of reliability and seasonal availability.

WASH6: Percent of population reporting different levels of water source reliability and seasonal availability

Water Sources	Reliability			Seasonality		
	Always Available	Intermittent and Predictable	Intermittent and Unpredictable	All year	Half or more	Less than half the year
Piped Water:						
To dwelling/indoor	28.4	41.9	29.7	39.4	52.7	8.0
To yard/plot	35.0	25.8	39.2	41.0	54.4	4.6
Public tap/standpipe	43.6	24.5	31.9	46.0	43.7	10.3
Tube well or borehole	81.3	9.8	8.9	87.0	10.3	2.7
Dug Well:						
Protected Well	79.2	14.0	6.9	78.5	16.1	5.3
Unprotected Well	63.8	25.2	11.0	64.9	27.7	7.5
Water from Spring (Protected and Unprotected)	55.7	23.0	21.3	53.0	43.6	3.4
Rainwater	2.2	23.4	74.4	1.9	47.8	50.3
Tanker Truck/Small Cart with Tank	70.0	21.0	9.0	76.4	15.8	7.8
Surface water	70.3	16.9	12.8	65.6	30.2	4.2
Bottled Water	89.5	6.2	4.3	84.1	11.4	4.5
Sachet Water	93.0	4.6	2.4	93.8	4.8	1.4

Fig. WASH6: Percent of household members reporting intermittent and unpredictable access to regular water source, by water source



Appendix

Appendix A: Resident Enumerators and Field Supervisors for PMA2013/Ghana

Resident Enumerators

Abibata	Mohammed	Esther	Bamusani	Mary	Mensah
Abigail	Owusu	Eunice	Ofori-Attah	Mavis	Incoom
Anastasia	Yankey	Eva	Donkoh Aikins	Mavis	Mensah
Andaratu	Issah	Evelyn	Adaletey	Mawukoenya	Avorkpo
Angelina	Amenku	Faustina	Mensah	Mercy	Buckner
Anita	Gyau	Frances	Opoku-Agyemang	Mercy	Williams
Anning	Comfort	Francisca	Betty Adjovor	Millicent	Attabra Gyan
Augustina	Dadzie	Gertrude	Mawuli Kisseh	Naomi	Teye Korkor
Barbara	Donkor	Gifty	Quraye	Naomi	Anwelle
Beatrice	Donkoh	Gifty	Hinson	Nasiha	Mutiu
Beauty	Mensah	Gloria	Amanor	Ophelia	Adjei
Beauty	Wendy Deffery	Gloria	Bio	Patience	Adu Opokua
Bintu	Braimah	Grace	Ayijunu	Patience	Metor
Blessed	Selasi	Grace A.	Gershon	Patricia	Gyamfuaa
Bridget	Mbarga	Hafifa	Hassan	Patricia	Asamoah
Catherine	Afi Sowah	Hannah	A Kwawoh	Phyllis	Akwaa-Sekyi
Catherine	Azure	Hannah	Osei Tutu	Precious	Donkor
Charlotte	S. Akan-Duncan	Hannah	Addoh	Priscilla	Afrakomaa Amoateng
Danquah	Yaa Affum	Harriet	Asiedu-Mensah	Racheal	Asare
Dora	Aboagye	Helen	Borbornu	Roselyn	Numarce Varshtina
Dorcas	Adu Gyamfi	Irene	Safoa	Rukaya	Abukari
Dorcas	Amenku	Jemima	Kumalbeo	Ruth	Bonuedi
Dorcas	Andoh	Joyce	Akrofi-Danso	Sakinatu	Mohammed
Dorcas	Asare-Djan	Juanita	Saah	Selasi	Biedo Fatimatu
Dorcas	Yaatun	Judith	Emma Nwea Kwasi	Senyo	Gadzekpo
Eli	Lumor	Juliana	Atinaba	Shallin	Adjorlolo
Elizabeth	Anim-Appiah	Juliana	Brown Ofori	Sheilla	Amoabea
Elizabeth	Osagie	Kate	Apemenyo	Sumera	Imran
Elizabeth	Arthur	Lydia	Appiah	Theresa	Adabugah
Elizabeth	Narh	Maame	Yaa Ampaben-Kyereme	Theresah	Adomako
Elsie	Olympio	Margaret	Asomaning	Vida	Kyei
Emelia	Opoku	Marianne	Agbelengor	Viola	Numarce
Emelia	Gbaran	Mary	Afasi	Winnie	Adusei
Emmanuella	Clarke	Mary	Sarfoa	Zaharawu	Abdulai
Ernestina	Asantewaa Asare	Mary	Toda		

Field Supervisors

Aliyu	Mohammed
Cara	Aidoo
Denis	Yar
Emmanuel	Asare
Noah	Cudjoe
Ralph	Berkoh
Tanko	Abdulai

Appendix B: PMA2020 Questionnaires

Household Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
IDENTIFICATION Please record the following identifying information prior to beginning the interview.			
A	How many times have you visited this household?	1st time 2nd time 3rd time	
B	Interviewer's name: Is this your name? If not, please record your name: ODK will display the name associated with the phone's serial number	Yes 1 No 0	
C	CURRENT DATE AND TIME DISPLAYED ON SCREEN Is this date and time correct?	Yes 1 No 0	Skip to E if No
D	Record the correct date and time		
E	Region PLEASE SELECT THE NAME OF THE REGION WHERE THE HOUSEHOLD IS LOCATED.	Ashanti 1 Brong-Ahafo 2 Central 3 Eastern 4 Greater Accra 5 Northern 6 Upper East 7 Upper West 8 Volta 9 Western 10	
F	District PLEASE SELECT THE NAME OF THE DISTRICT WHERE THE HOUSEHOLD IS LOCATED.	*ODK will populate a list of appropriate district based on the region selected for SQ E*	

G	Locality name PLEASE SELECT THE NAME OF THE LOCALITY WHERE THE HOUSEHOLD IS LOCATED.	*ODK will populate a list of appropriate localities based on the district selected for SQ F*	
H	Enumeration area PLEASE SELECT THE NUMBER OF THE ENUMERATION AREA WHERE THE HOUSEHOLD IS LOCATED.	*ODK will populate a list of appropriate EA numbers based on the locality selected for SQ G*	
I	Structure number PLEASE RECORD THE NUMBER OF THE STRUCTURE OF WHICH THIS HOUSEHOLD IS A PART FROM THE HOUSEHOLD LISTING FORM.		
J	Household number PLEASE RECORD THE NUMBER OF THE HOUSEHOLD FROM THE HOUSEHOLD LISTING FORM.		
K	Is a member of the household and competent respondent present and available to be interviewed today?	Yes 1 No 0	Skip to P if No

INFORMED CONSENT
Find the competent member of the household. Read the following greeting:

Hello. My name is _____ and I am working for Kwame Nkrumah University of Science and Technology, and the Ghana Health Service. We are conducting a local survey about various health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

I am going to ask you questions about your family and other household members. We would then like to ask a different set of questions to female members of this household who are between the ages of 15 and 49.

At this time, do you want to ask me anything about the survey?

L	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes 1 No 0	Skip to P if No

Household Questionnaire

M	Respondent's signature PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION	GATHER SIGNATURE: Check box:	
N	Interviewer's signature PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.		
O	Interviewee's name PLEASE RECORD THE FIRST NAME OF THE RESPONDENT.		

SECTION 1 – Household Roster

I will now ask you questions about all members of the household. Let's begin with you. For each person who usually lives here or slept in the house last night, please record the following information:

No.	1 First name	2 Sex	3 Age (years)	4 Marital Status	5 Relationship to head of household	6 Familya ID	7 Is this person a usual member of the household or has he/she slept in the house last night?	8 Eligible female respondent
1		Male 1 Female 2		Married 1 Living with a partner 2 Divorced/separated 3 Widow/widower 4 Single 5	Head 1 Wife/Husband 2 Son/Daughter 3 Son/Daughter-in-law 4 Grandchild 5 Parent 6 Parent in law 7 Brother/Sister 8 Other 9 Don't know -88		Usual member of the household 1 Usual member of the household who did not sleep in the house last night 2 Visitor who slept in the house last night 3	Yes 1 No 0 ODK will determine and display eligibility
2								
3								
4								
5								
6								
7								
8								
9								

After recording information for one household member, the following prompt is asked to activate a looping script to record the information for another member if needed:

9	Are there any other usual members of your household or persons who slept in the house last night?	Yes 1 No 0	Skip to 10 if No

Household Questionnaire

Section 2 – Household Characteristics Now I would like to ask you a few questions about the characteristics of your household				
10	Does your household have: Electricity? A wall clock? A radio? A black/white television? A color television? A mobile phone? A landline telephone? A refrigerator? A freezer? Electric generator/invertor(s)? A washing machine? A computer? A digital photo camera? A non digital photo camera? A video deck? A DVD/CD? A sewing machine? A bed? A table? A cabinet/cupboard? A bicycle? A motorcycle or motor scooter? A car or truck? A boat with a motor? A boat without a motor? None of the above READ OUT ALL TYPES AND SELECT ALL THAT APPLY.	Yes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 -88	No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
11	Are livestock kept on the homestead?	Yes 1 No 0		Skip to 13 if No
12	For each livestock, how many livestock are kept on the homestead? Sheep/goats Chicken/ducks/geese Cattle/horses/donkeys ZERO IS A POSSIBLE ANSWER. ENTER -88 FOR DO NOT KNOW. ENTER -99			

Section 3 – Household Observation Please observe the floors, roof and exterior walls			
13	Main material of the floor OBSERVE	Natural Floor Earth/Sand 1 Dung 2 Rudimentary Floor Wood Planks 3 Palm/Bamboo 4 Finished Floor Parquet or polished wood 5 Vinyl/Asphalt strips 6 Ceramic Tile/Terazzo 7 Cement 8 Wooden Carpet/Synthetic Carpet 9 Linoleum/rubber carpet 10 Other 11	
14	Main material of the roof OBSERVE	Natural Floor No Roof 1 Thatch/Palm Leaf/Sod 2 Rudimentary Roofing Rustic Mat 3 Palm/Bamboo 4 Wood Planks 5 Cardboard 6 Finished Roofing Metal 7 Wood 8 Calamine/Cement Fiber 9 Ceramic Tiles/Brick Tiles 10 Cement 11 Roof Shingles 12 Asbestos/Slate Roofing Sheets 13 Other 14	

Household Questionnaire

15	Main material of the exterior walls OBSERVE	Natural Walls No Walls 1 Cane/Palm/Trunks 2 Rudimentary Walls Bamboo with Mud 3 Stone with Mud 4 Uncovered Adobe 5 Plywood 6 Cardboard 7 Reused Wood 8 Finished Walls Cement 9 Stone with Lime/Cement 10 Bricks 11 Cement Blocks 12 Covered Adobe 13 Wood Planks/Shingles 14 Other 15		
	Section 4 – Water, Sanitation and Hygiene Now I would like to ask you a few questions about water, sanitation and hygiene.			
16	Do you have a place to wash your hands?	Yes 1 No 0 Don't know -88		Skip to 19 if No
17	Can you show it to me?	Yes 1 No 0		Skip to 19 if No
18	AT THE PLACE WHERE THE HOUSEHOLD WASHES THEIR HANDS, OBSERVE IF: Soap is present Water source is present: stored water Water source is present: tap water Hand washing area is near a sanitation facility None of the above	Yes 1 1 1 1	No 0 0 0 0	
19	Which of the following water sources does your family use on a regular basis for any part of the year for any purpose? Piped Water Piped into dwelling/indoor Pipe to yard/plot Public tap/standpipe	Yes 1 1 1	No 0 0 0	

	Tube well or borehole	1	0	
	Dug Well			
	Protected Well	1	0	
	Unprotected Well	1	0	
	Water from Spring			
	Protected Spring	1	0	
	Unprotected Spring	1	0	
	Rainwater	1	0	
	Tanker Truck	1	0	
	Cart with Small Tank	1	0	
	Surface water (River/Dam/Lake/Pond/Stream/Canal/Irrigation	1	0	
	Channel)	1	0	
	Bottled Water	1	0	
	Sachet Water	1	0	
	READ OUT ALL TYPES AND CHECK ALL THAT ARE USED.			
20	What is the main source of drinking water for members of your household?			
	Piped Water			
	Piped into dwelling/indoor	1		
	Pipe to yard/plot	2		
	Public tap/standpipe	3		
	Tube well or borehole	4		
	Dug Well	5		
	Protected Well	6		
	Unprotected Well	7		
	Water from Spring			
	Protected Spring	8		
	Unprotected Spring	9		
	Rainwater	10		
	Tanker Truck	11		
	Cart with Small Tank	12		
	Surface water (River/Dam/Lake/Pond/Stream/Canal/Irrigation Channel)	13		
	Bottled Water	14		
	Sachet Water	15		
	READ OUT ALL TYPES AND CHECK THE MAIN SOURCE. MUST BE A SELECTION IN HQ 19			

Household Questionnaire

21	What is the main source of water used by your household for other purposes such as cooking and hand washing? Piped Water Piped into dwelling/indoor Pipe to yard/plot Public tap/standpipe Tube well or borehole Dug Well Protected Well Unprotected Well Water from Spring Protected Spring Unprotected Spring Rainwater Tanker Truck Cart with Small Tank Surface water (River/Dam/Lake/Pond/Stream/Canal/ Irrigation Channel) Bottled Water Sachet Water READ OUT ALL TYPES AND CHECK THE MAIN SOURCE. MUST BE A SELECTION IN HQ 19	 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15		
22	QUESTIONS HQ 22 TO HQ 24 WILL REPEAT X TIMES, ONCE FOR EACH WATER SOURCE SELECTED IN HQ 19. THESE SOURCES INCLUDE: The ODK software will list all sources selected in HQ 19. You mentioned you used [WATER SOURCE]. At any time of the year, does your family use water from this source for: Drinking Cooking Livestock Gardening/agriculture Business venture The same question will be generated by the ODK software for all water sources selected in HQ19	Yes 1 1 1 1 1	No 0 0 0 0 0	
23	Is [WATER SOURCE] typically available: All of the year Some of the year Small part of the year The same question will be generated by the ODK software for all water sources selected in HQ19	 1 2 3		

24	At a time when you expect to have water from [WATER SOURCE], is it usually available? Yes, always No, intermittent and predictable No, intermittent and unpredictable The same question will be generated by the ODK software for all water sources selected in HQ19	 1 2 3		
25	How many minutes does it take to make a one-way trip to [WATER SOURCE]? ZERO IS A POSSIBLE ANSWER. INCLUDES WAITING TIME IN LINE. ENTER -88 FOR DO NOT KNOW. The same question will be generated by the ODK software for all water sources selected in HQ19	 Minutes		
26	Does your family have a garden?	Yes 1 No 0		
27	Do members of your household use any of the following toilet facilities? Flush/pour flush toilets connected to: Piped sewer system Septic tank Elsewhere Unknown/Not sure/Don't know Ventilated improved pit latrine Pit latrine with slab Pit latrine without slab Composting toilet Bucket toilet Hanging toilet/Hanging latrine No facility/bush/field Other: READ OUT ALL TYPES AND CHECK ALL THAT ARE USED.	Yes 1 1 1 1 1 1 1 1 1 1 1 1	No 0 0 0 0 0 0 0 0 0 0 0 0	
28	What is the main toilet facility used by members of your household? Flush/pour flush toilets connected to: Piped sewer system Septic tank Elsewhere Unknown/Not sure/Don't know Ventilated improved pit latrine Pit latrine with slab Pit latrine without slab Composting toilet Bucket toilet Hanging toilet/Hanging latrine No facility/bush/field Other: READ OUT ALL TYPES AND CHECK THE MAIN FACILITY. MUST BE SELECTED IN HQ 25	 1 2 3 4 5 6 7 8 9 10 11 12		

29	QUESTION HQ 29 WILL REPEAT X TIMES, ONCE FOR EACH SANITATION FACILITY SELECTED IN HQ 27. THESE FACILITIES INCLUDE: The ODK software will list all sources selected in HQ 25. How often does your family typically use [TOILET FACILITY TYPE]? REGULAR PRACTICES AT THE HOUSEHOLD ONLY The same question will be generated by the ODK software for all toilet facility types selected in HQ25	Always 1 Most of the time 2 Occasionally 3 Rarely 4		
30	How many people within your household regularly use the bush/field at home or at work? THERE ARE X PEOPLE IN THIS HOUSEHOLD. ENTER -88 FOR DO NOT KNOW.	Number of people		
31	For all children under age five: what methods, if any, does your household use to dispose of children's waste? Children use a latrine/toilet Leave waste where it is Bury waste in field/yard Dispose of waste in latrine/toilet Dispose of waste with rubbish/garbage Dispose of waste with waste water Use it as manure Burn it Don't know The ODK software will only ask this question to households that listed children under 5 in the household roster (HQ3)	Yes 1 1 1 1 1 1 1 1 -88	No 0 0 0 0 0 0 0 0	
Thank the respondent for his/her time. THE RESPONDENT IS FINISHED, BUT THERE ARE STILL TWO MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOUSE.				
P	Take a GPS point outside near the entrance to the household. Record location when the accuracy is smaller than 6m. GPS COORDINATES CAN ONLY BE COLLECTED WHEN OUTSIDE.	Instructions are given directly by the ODK software RECORD LOCATION		
Qa	Ask permission to take a photo of the entrance of the house. Did you get consent to take the photo?	Yes 1 No 0		Skip to R if No
Qb	Ensure that no people are in the photo	TAKE PICTURE CHOOSE IMAGE		

R	Record the result of the Household Roster	Completed 1 No household member at home or no competent respondent at home at time of visit 2 Postponed 3 Refused 4 Partly completed 5 Dwelling vacant or address not a dwelling 6 Dwelling destroyed 7 Dwelling not found 8 Entire household absent for extended period 9	

Female Respondent Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
IDENTIFICATION Please record the following identifying information prior to beginning the interview.			
A	Are you in the correct household? This is the picture of the front of the home taken during the household roster. ODK will display the photo taken as part of the Household Roster linked to this Female Respondent Questionnaire.	Yes 1 No 0	
B	How many times have you visited this household to interview this female respondent?	1st time 1 2nd time 2 3rd time 3	
C	Interviewer's name: Is this your name? If not, please record your name: ODK will display the name associated with the phone's serial number	Yes 1 No 0	
D	CURRENT DATE AND TIME DISPLAYED ON SCREEN Is this date and time correct?	Yes 1 No 0	Skip to F if No
E	Record the correct date and time		
F	The following information is from the Household Roster. Please review to make sure you are interviewing the correct respondent. ODK will display the Region, District, Locality, Enumeration Area, Structure Number, and Household Number entered into the Household Roster linked to this Female Respondent Questionnaire.		
G	How well acquainted are you with the respondent?	Very well acquainted 1 Well acquainted 2 Not well acquainted 3 Not acquainted 4	

H	Is the respondent present and available to be interviewed today?	Yes 1 No 0	Skip to M if NO
INFORMED CONSENT Find the woman between the age of 15-49 associated with this Female Respondent Questionnaire. The interview must have auditory privacy. Read the following greeting:			
Hello. My name is _____ and I am working for Kwame Nkrumah University of Science and Technology, and the Ghana Health Service. We are conducting a local survey that asks women about various reproductive health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. At this time, do you want to ask me anything about the survey?			
I	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes 1 No 0	Skip to M if No
J	Respondent's signature PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION.	GATHER SIGNATURE: Check box:	
K	Interviewer's name PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.		
L	Respondent's name PLEASE RECORD THE FIRST NAME OF THE RESPONDENT.		
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Section 1 – Respondent's Background, Marital Status, HH characteristics Now I would like to ask about your background and socioeconomic conditions.			
1	How old were you at your last birthday? PLEASE RECORD A NUMBER BETWEEN 15-49. DO NOT INTERVIEW ANYONE OUTSIDE THIS RANGE.	Age	
2	What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher?	Never Attended 0 Primary 1 Middle/JSS 2 Secondary/SSS 3 Higher 4	

Female Questionnaire

3	Are you currently married or living together with a man as if married? IF NO, ASK WHETHER THE RESPONDENT IS DIVORCED, SEPARATED, OR WIDOWED.	No, never in union 0 Yes, currently married 1 Yes, living with a man 2 Not currently in union: Divorced/separated 3 Not currently in union: Widow 4		Skip to 8 if No, never in union
4	Have you been married or lived with a man only once or more than once?	Only Once 1 More than once 2		
5a	In what month and year did you start living with your husband/partner?	Month: Year:		Skip to 5a if once and 5b if more
5b	Now I would like to ask about when you started living with your current husband/partner. In what month and year was that?	Month: Year:		Skip to E if No
	CHECK 3: Currently married?	Yes 1 No 0		Skip to 8 if No
6	Does your husband/partner have other wives or does he live with other women as if married?	Yes 1 No 0 Don't Know -88		
7	Is your husband/partner living with you now or is he staying elsewhere?	Living with respondent 1 Staying elsewhere 2		
Section 2 – Reproduction, Pregnancy & Fertility Preferences Now I would like to ask about all the births you have had during your life.				
8	How many times have you given birth? 0 IS A POSSIBLE ANSWER.	Number of births		Skip to 13 if No
	Were all of those live births? IF NO, GO BACK AND CHANGE FQ8 TO RECORD ONLY LIVE BIRTH EVENTS	Yes 1 No 0		
9	When was your most recent birth? PLEASE RECORD THE DATE OF THE LAST BIRTH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	Skip to 11 if not in last year and/or Q8 is 1
10	When did you give birth before the most recent one? PLEASE RECORD THE DATE OF THE BIRTH BEFORE THE LAST. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	

11	Is your last baby/child still alive?	Yes 1 No 0 Don't Know -88	Skip to 13 if Yes
12	When did your last baby/child die? PLEASE RECORD THE DATE OF THE CHILD'S DEATH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month / Year	
13	When did your last menstrual period start? IF YOU SELECT DAYS, WEEKS, MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.	Days ago: Weeks ago: Months ago: Years ago: Menopausal/Hysterectomy 1 Before last birth 2 Never menstruated 3	
14	Are you pregnant now?	Yes 1 No 0 Unsure 2	Skip to 16 if no
15	How many months pregnant are you? PLEASE RECORD THE NUMBER OF COMPLETED MONTHS. ENTER -88 FOR DO NOT KNOW.	Number of months	
	Check 14: Currently pregnant?	Yes 1 No 0	Skip to 16a if no 16b if yes
16a	Now I have some questions about the future. Would you like to have a/another child or would you prefer not to have any/any more children?	Have a/another child 1 No more/prefer no children 2 Says she can't get pregnant 3 Undecided/Don't know -88	Skip to 17a if 1 and 18 for all other
16b	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have a/another child 1 No more/prefer no children 2 Says she can't get pregnant 3 Undecided/Don't know -88	Skip to 17b if 1 and 18 for all other
17a	How long would you like to wait from now before the birth of a/another child? IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Months: Years: Soon/now 1 Other 2 Says she can't get pregnant 3 Don't know -88	
17b	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Months: Years: Soon/now 1 Other 2 Says she can't get pregnant 3 Don't know -88	

Female Questionnaire

	CHECK 8: Number of births CHECK 14: Currently pregnant?	Number of births Yes 1 No 0	Skip to 19 if 0 births and 14: No. Skip to 18a if 14: no and 18b if 14: yes
18a	Now I would like to ask a question about your last birth. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any/any more children at all?	Then 1 Later 2 Not at all 3	
18b	Now I would like to ask a question about your current pregnancy. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any/any more children at all?	Then 1 Later 2 Not at all 3	
	Section 3 – Contraception Now I would like to ask about the times you or your partner may have used a method to avoid getting pregnant.		
19	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes 1 No 0	Skip to 25 if No
20	How old were you when you first used a method to delay or avoid getting pregnant? ENTER THE AGE IN YEARS. ENTER 0 IF SHE NEVER USED A METHOD. ENTER -88 IF RESPONDENT DOES NOT KNOW.	Age	
20a	How many living children did you have at that time, if any?	Number	
21	Which method did you first use to delay or avoid getting pregnant? DO NOT READ THE METHOD CHOICES. SCROLL TO BOTTOM TO SEE ALL CHOICES.	Female sterilization 1 Male sterilization 2 IUD 3 Injectables 4 Implants 5 Pill 6 Condom 7 Female condom 8 Emergency Contraception 9 Diaphragm 10 Foam/Jelly 11 Standard Days/ Cycle Beads 12 Lactational Amen. Method 13 Other modern method 14 Rhythm method 15 Withdrawal 16 Other traditional method 17	

	CHECK 14: Currently pregnant?	Yes 1 No 0			Skip to 25 if Yes
22	Are you/your partner currently doing something or using any method to delay or avoid getting pregnant?	Yes 1 No 0			Skip to 25 if No
23	Which method or methods are you using? Anything else? SELECT ALL METHODS MENTIONED. SCROLL TO BOTTOM TO SEE ALL CHOICES.		Yes	No	Skip based on most effective method only Skip to 29 if main method is 3-17 method only
		Female sterilization	1	0	
		Male sterilization	1	0	
		IUD	1	0	
		Injectables	1	0	
		Implants	1	0	
		Pill	1	0	
		Condom	1	0	
		Female condom	1	0	
		Emergency Contraception	1	0	
		Diaphragm	1	0	
		Foam/Jelly	1	0	
		Standard Day/	1	0	
		Cycle Beads	1	0	
		Lactational Amen. Method	1	0	
		Other modern method	1	0	
		Rhythm method	1	0	
		Withdrawal	1	0	
		Other traditional method	1	0	
24	Did the provider tell you/your partner that this method was permanent?	Yes 1 No 0			
25	Do you know of a place where you can obtain a method of family planning?	Yes 1 No 0			
	Check 14: Currently pregnant?	Yes 1 No 0			Skip to 26a if no 26b if yes
26a	You said that you are not currently using a contraceptive method. Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes 1 No 0			
26b	Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?	Yes 1 No 0			
	Check 19: Ever used contraceptives?	Yes 1 No 0			26a if no 26b if yes
27	In the last 12 months, have you ever done something or used a method to delay or avoid getting pregnant?	Yes 1 No 0			Skip to 43 if No

Female Questionnaire

28	Which method did you use most recently? Anything else? SELECT MOST EFFECTIVE METHOD (HIGHEST METHOD IN LIST). SCROLL TO BOTTOM TO SEE ALL CHOICES	Female sterilization 1 Male sterilization 2 IUD 3 Injectables 4 Implants 5 Pill 6 Condom 7 Female condom 8 Emergency Contraception 9 Diaphragm 10 Foam/Jelly 11 Standard Days/ Cycle Beads 12 Lactational Amen. Method 13 Other modern method 14 Rhythm method 15 Withdrawal 16 Other traditional method 17		
29	When did you begin using your (MOST RECENT/CURRENT METHOD)? PLEASE RECORD THE DATE. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	
	CHECK 22: Currently using contraceptives?	Yes 1 No 0		Skip to 32 if Yes
30	When did you stop using your (MOST RECENT METHOD)? PLEASE RECORD THE DATE. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	
31	Why did you stop using your (MOST RECENT METHOD)?	Infrequent sex/husband away 1 Became pregnant while using 2 Wanted to become pregnant 3 Husband/partner disapproved 4 Wanted more effective method 5 No method available 6 Health concerns 7 Side effects 8 Lack of access/too far 9 Costs too much 10 Inconvenient to use 11 Fatalistic 12 Difficult to get pregnant/ menopausal 13 Interferes with body's processes 14 Other 15 Don't know -88		

32	Where did you obtain your (MOST RECENT/CURRENT METHOD) when you started using it? SCROLL TO BOTTOM TO SEE ALL CHOICES	<u>Public sector</u> Govt. Hospital/polyclinic 1 Govt. Health center 2 Govt. Health post 3 Family planning clinic 4 Mobile clinic 5 Fieldworker/outreach/ peer educator 6 CHPS 7 <u>Private medical sector</u> Private hospital/clinic 8 Private doctor 9 Pharmacy 10 Chemical/drug store 11 FP/PPAG clinic 12 Maternity home 13 <u>Other source</u> Shop/market 14 Church 15 Community volunteer 16 Friend/relative 17 NGO 18 Other 19 Don't know -88	
33	In the last 12 months, have you paid any fees for family planning services (including the most recent/ current method)?	Yes 1 No 0	Skip to 35 if No
34	How much did you pay? ENTER THE AMOUNT USING THE LOCAL CURRENCY UNIT. ENTER ALL PRICES IN NEW CURRENCY AND CEDIS (NO PESEWAS). ENTER -88 IF RESPONDENT DOES NOT KNOW.	Fee:	
35	When you obtained your (MOST RECENT/CURRENT METHOD), were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?	Yes 1 No 0	Skip to 37 if No
36	Were you told what to do if you experienced side effects or problems?	Yes 1 No 0	
37	At that time, were you told by the family planning provider about methods of family planning other than the (MOST RECENT/CURRENT METHOD) that you could use?	Yes 1 No 0	
38	During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?	Yes 1 No 0	Skip to 40 if Yes

Female Questionnaire

39	If not, why not? (Why didn't you obtain the method you wanted?)	Method out of stock that day 1 Method not available at all 2 Provider not trained to provide the method 3 Provider recommended a different method 4 Not eligible for method 5 Decided not to adopt a method 6 Too costly 7 Other 8	
40	During that visit, who made the final decision about what method you got?	You alone 1 Provider 2 Partner 3 You and provider 4 You and partner 5 Other 6	
	CHECK 32: Where did you obtain your (MOST RECENT/ CURRENT METHOD)?	Public sector Govt. Hospital/polyclinic 1 Govt. Health center 2 Govt. Health post 3 Family planning clinic 4 Mobile clinic 5 Fieldworker/outreach/ peer educator 6 CHPS 7 Private medical sector Private hospital/clinic 8 Private doctor 9 Pharmacy 10 Chemical/drug store 11 FP/PPAG clinic 12 Maternity home 13 Other source Shop/market 14 Church 15 Community volunteer 16 Friend/relative 17 NGO 18 Other 19 Don't know -88	Skip to 44 if 32 IS 14-17
41	Would you return to this provider?	Yes 1 No 0	
42	Would you refer your relative or friend to this provider/ facility?	Yes 1 No 0	

	CHECK 16: Desire for future child?	Have a/another child 1 No more/none 2 Says she can't get pregnant 3 Undecided/Don't know -88	Ask 43 to non users (current or ever) who do not want a/another child or not before 2 years
	CHECK 17: 2 or more years before next child?	No more/none 1 Less than 2 years 2 2 or more years 3	
	CHECK 22: Currently using contraceptive method?	Yes, using contraceptive 1 No, not using contraceptive 0	
	CHECK 19: Ever use a method?	Yes 1 No 0	
43	You said that you do not want any/anymore children and that you are not using a method to avoid pregnancy. Can you tell me the main reason why you are not using a method to prevent pregnancy?	Not married 1 Infrequent sex/Not having sex 2 Menopausal/Hysterectomy 3 Subfecund/Infecund 4 Not menstruated since last birth 5 Breastfeeding 6 Husband away for multiple days 7 Up to God/fatalistic 8 Respondent opposed 9 Husband/partner opposed 10 Others opposed 11 Religious prohibition 12 Knows no method 13 Knows no source 14 Fear of side effects 15 Health concerns 16 Lack of access/too far 17 Costs too much 18 Preferred method not available 19 No method available 20 Inconvenient to use 21 Interferes with body's processes 22 Other 23 Don't know -88	
44	In the last 12 months, were you visited by a health worker who talked to you about family planning?	Yes 1 No 0	
45	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	Yes 1 No 0	Skip to 47 if No
46	Did any staff member at the health facility speak to you about family planning methods?	Yes 1 No 0	

Female Questionnaire

47	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?	Yes 1 1 1		No 0 0 0			
48	How old were you when you first had sexual intercourse? ENTER THE AGE IN YEARS. ENTER 0 IF SHE NEVER HAD SEX. ENTER -88 IF RESPONDENT DOES NOT KNOW.	Age					Skip to 50 if 0
49	When was the last time you had sexual intercourse? IF 12 MONTHS (ONE YEAR) OR MORE AGO, ANSWER MUST BE RECORDED IN MONTHS, WEEKS, OR DAYS. IF LESS THAN 12 MONTHS AGO, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. ENTER 0 DAYS FOR TODAY. YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Days Ago	Weeks Ago	Months Ago	Years Ago		
Section 4 – Water Now I would like to ask you a couple of questions about your water practices.							
50	How many hours per day do you spend collecting water in the dry season? ONLY RECORD RESPONDENT'S TIME; NOT ANYONE ELSE'S TIME IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Number of hours/day Someone else collects water 33 No one collects water 44 Don't know -88					
51	How many hours per day do you spend collecting water in the wet season? ONLY RECORD RESPONDENT'S TIME; NOT ANYONE ELSE'S TIME IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Number of hours/day Someone else collects water 33 No one collects water 44 Don't know -88					
Thank the respondent for her time. THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 2 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOME							
M	TAKE A GPS POINT NEAR THE ENTRANCE TO THE HOUSEHOLD.	Instructions are given directly by the ODK software RECORD LOCATION					
N	RECORD THE RESULT OF THE FEMALE RESPONDENT SURVEY	Completed 1 Not at home 2 Postponed 3 Refused 4 Partly completed 5 Incapacitated 6					

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
IDENTIFICATION Please record the following identifying information prior to beginning the interview.			
A	How many times have you visited this service delivery point for this interview?	1st time 2nd time 3rd time	
B	Interviewer's name: Is this your name? If not, please record your name: ODK will display the name associated with the phone's serial number	Yes 1 No 0	
C	CURRENT DATE AND TIME DISPLAYED ON SCREEN Is this date and time correct?	Yes 1 No 0	Skip to D if Yes
D	Record the correct date and time		
E	Region PLEASE SELECT THE NAME OF THE REGION WHERE THE FACILITY IS LOCATED.	Ashanti 1 Brong-Ahafo 2 Central 3 Eastern 4 Greater Accra 5 Northern 6 Upper East 7 Upper West 8 Volta 9 Western 10	
F	District PLEASE SELECT THE NAME OF THE DISTRICT WHERE THE FACILITY IS LOCATED.	*ODK will populate a list of appropriate district based on the region selected for SQ E*	
G	Locality name PLEASE SELECT THE NAME OF THE LOCALITY WHERE THE FACILITY IS LOCATED.	*ODK will populate a list of appropriate localities based on the district selected for SQ F*	

H	Enumeration area PLEASE SELECT THE NUMBER OF THE ENUMERATION AREA WHERE THE FACILITY IS LOCATED OR TO WHICH IT IS ASSIGNED.	*ODK will populate a list of appropriate EA numbers based on the locality selected for SQ G*	
I	Facility number PLEASE RECORD THE NUMBER OF THE FACILITY FROM THE LISTING FORM.		
J	Type of facility PLEASE SELECT THE TYPE OF FACILITY.	Hospital/Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8	
K	Managing authority PLEASE SELECT THE MANAGING AUTHORITY FOR THE FACILITY.	Government 1 NGO 2 FBO 3 Private 4 Other 5	
L	Is a competent respondent present and available to be interviewed today?	Yes 1 No 0	Skip to R if No

INFORMED CONSENT

Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Read the following greeting:

Hello. My name is _____. We are here on behalf of Kwame Nkrumah University of Science and Technology, and the Ghana Health Service to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about family planning and other reproductive health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded or shared. The information about your facility may be used by health organizations for planning service improvements or further studies of health services. The data collected from your facility will also be used by researchers for analyses. However, the name of your facility will not be provided, and any reports by researchers who use your facility data will only present information in aggregate form so that your facility cannot be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?

Service Delivery Point Questionnaire

M	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes 1 No 0	Skip to R if No
N	Respondent's signature PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION	GATHER SIGNATURE: Check box:	
O	Interviewer's name PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.		
P	Name of the facility PLEASE RECORD THE NAME OF THE FACILITY.		
Q	What is your position in this facility? SELECT THE HIGHEST MANAGERIAL QUALIFICATION OF THE RESPONDENT.	Owner 1 In-charge/ manager 2 Staff 3	
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
Section 1 – Information about services Now I would like to ask about the services provided at this facility			
1	What year did this facility first begin offering health services /products? ENTER 2020 FOR DO NOT KNOW.	Year	
2	How many days each week is the facility routinely open? ENTER A NUMBER BETWEEN 0 AND 7. ENTER -88 FOR DO NOT KNOW.	Number of days	
3	Now I have some questions about staffing for this facility. For the following questions, please tell me how many staff with this qualification are currently assigned to this facility. Finally, tell me the total number present at any time today. We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies. ENTER -88 FOR DO NOT KNOW AND -77 FOR NOT APPLICABLE. 0 IS A POSSIBLE ANSWER.	Doctor Nurse/midwife Medical assistant Ambulance staff Pharmacists Medical counter assistant Other Medical staff Actual No. Present today	

	CHECK J: type of facility?	Hospital/Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8	Skip to 8 if J: 5, 6 or 7
4	Is there a healthcare worker present at the facility at all times or officially on call for the facility at all times (24 hours a day) for emergencies?	Yes, 24-hr staff 1 No, no 24-hr staff 0	
5	Do you have an estimate of the size of the catchment population that this facility serves that is, the target, or total population living in the area served by this facility?	No catchment area 1 Yes, knows size of catchment area 2 Doesn't know size of catchment area 3	Skip to 7 if No or Don't Know
6	What is the size of the catchment population? RECORD THE NUMBER OF PEOPLE LIVING IN THE AREA SERVED BY THIS FACILITY.	Number of people	
7	How many beds does the facility have? 0 IS A POSSIBLE ANSWER. ENTER -88 FOR DO NOT KNOW.	Number of beds	
8	When was the last time an owner/supervisor from outside this facility came here to visit?	Never external supervision 0 Within the past 6 months 1 More than 6 months ago 2 Don't know -88	
9	Does this facility have electricity today?	Yes 1 No 0	
10	Does this facility have water today?	Yes 1 No 0	
	CHECK J: type of facility?	Hospital/Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8	Skip to 13 if J: 5, 6 or 7
11	How many hand washing facilities are available on site for staff to use? ENTER -88 FOR DO NOT KNOW.	Number of facilities	Skip to 13 if 0

Service Delivery Point Questionnaire

12	Ask to see the nearest hand washing facility. At the hand washing facility OBSERVE: Soap is present Water source is present: stored water Water source is present: tap water Hand washing area is near a sanitation facility None of the above Did not see the facility SELECT ALL THAT APPLY	Yes 1 1 1 1 -88 1	No 0 0 0 0 0	
13	Does the facility have a functioning computer? NO NEED TO OBSERVE	Yes 1 No 0		
	CHECK J: type of facility?	Hospital/Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8		Skip to 15 if J: 5, 6 or 7
14	How does this facility finally dispose of sharp items or filled sharps boxes?	Never have sharps waste 0 Burn in incinerator 1 Open Burning 2 Dump without burning 3 Remove offsite 4 Other 5		
Section 2 – Family Planning Services Now I would like to ask about family planning services provided at this facility.				
15	Do you usually offer family planning services/products?	Yes 1 No 0		Skip to 19 if No
16	What year did this facility first begin offering family planning services/products? ENTER 2020 FOR DO NOT KNOW	Year		
17	How many days per week are family planning services/products offered/sold here? USE A 7-DAY WEEK TO CALCULATE NUMBER OF DAYS. ENTER A NUMBER BETWEEN 1 AND 7. ENTER -88 FOR DO NOT KNOW.	Number of days		
18	Are family planning services/products offered here today?	Yes 1 No 0		

	CHECK J: type of facility?	Hospital/Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8		Skip to 23 if I: 5, 6 or 7
19	Does this facility provide family planning supervision, support, or supplies to community health volunteers?	Yes 1 No 0		Skip to 22 if No
20	How many community health volunteers are supported by this facility? ENTER -88 FOR DO NOT KNOW.	Number of CHWs		
21	Do the community health volunteers provide any of the following contraceptives:	Yes	No	
	Condoms	1	0	
	Pills	1	0	
	Injectables	1	0	
22	How many times in the last 12 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services?	Number of times		
	Check 15: Offer FP services/products	Yes 1 No 0		Skip to 25 if No
23	Does this facility have any routine user-fees or charges for any services related to family planning? THIS INCLUDES ANY FEES, INCLUDING THOSE FOR REGISTRATION OR FOR CLIENT HEALTH RECORDS.	Yes 1 No 0		Skip to 25 if No
24	Are the official fees posted so that the client can easily see them? IF YES, POSTED FEES MUST BE OBSERVED.	Yes, all fees are posted 1 Yes, some, not all fees posted 2 No posted fees 0		
25	Do you collect information about clients' opinion in any of the following ways?	Yes	No	Skip to 29 if "None of the above" is selected
	Suggestion box	1	0	
	Client survey form	1	0	
	Client interview form	1	0	
	Official meeting with community leaders	1	0	
	Informal discussion with client or community			
	Direct client feedback to staff	1	0	
	Other	1	0	
	Don't know	1	0	
	None of the above	-88		
	SELECT ALL METHODS	1	0	

Service Delivery Point Questionnaire

26	Is there a procedure for reviewing or reporting on clients' opinions?	Yes 1 No 0		Skip to 28 if No
27	Ask to see a report or form on which data are compiled or discussion is reported	Report seen 1 Report not seen 2		
28	In the past 12 months, have any changes been made in the program as a result of client opinion? IF YES, INDICATE IF THE CHANGE(S) ARE RELATED TO ANY OF THE LISTED TOPICS.	No 0 Yes, change in services or times offered or way services are provided 1 Yes, change for client comfort 2 Other 3 Don't know -88		
	Check 15: Offer FP services/products	Yes 1 No 0		Skip to 31 if No
29	In the past 12 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?	Yes 1 No 0		
30	Do you use any of the following to review service data for monitoring and evaluation? Wall chart/graph Written report/minutes Other Nothing observed ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. SELECT ALL RELEVANT TYPES OF DOCUMENTATION OBSERVED.	Yes 1 1 1 1	No 0 0 0 0	

31	Which of the following methods of contraception are counseled, provided, or prescribed/referred? Do you charge for any of these methods? Female sterilization Male sterilization IUD Injectables – 1 month Injectables – 3 months Implants Pill Male condom Female condom Emergency Contraception Diaphragm Foam/Jelly Standard Days/Cycle beads LAM Rhythm method Withdrawal Other traditional method Cou: Counseled; Pro: Provided; Pre: Prescribed/Referred ; Chg: charge ALL OPTIONS SHOULD BE READ ALOUD	Cou Yes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cou No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pro Yes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pro No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pre Yes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pre No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pre Yes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Chg No 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Skip to 33 if no charges
32	How much do you charge for one unit of each method that you provide? Fem. sterilization Male sterilization IUD Injectables – 1 month Injectables – 3 months Implants Pill Male condom Female condom Emergency Contraception Diaphragm Foam/Jelly Standard Days/Cycle beads Other traditional method ENTER ALL PRICES IN NEW CURRENCY AND CEDIS (NO PESEWA). ODK will only display the methods for which the facility charges from SQ 31	Amount per unit								

Service Delivery Point Questionnaire

	CHECK J: Type of facility?	Hospital/Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8		Skip to 39b if I: 5, 6 or 7
	CHECK 31: Are implants provided?	Yes 1 No 0		Skip to 35 if No
33	On days when you offer family planning services, does this facility have trained personnel able to insert implants?	Yes 1 No 0		
34	On days when you offer family planning services, does this facility have trained personnel able to remove implants?	Yes 1 No 0		
	CHECK 31: Are IUDs provided?	Yes 1 No 0		Skip to 37 if No
35	On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?	Yes 1 No 0		
36	On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?	Yes 1 No 0		
	CHECK 31: Are implants provided	Yes 1 No 0		Skip to 38 if No
37	Does this facility have the following supplies needed to insert and/or remove implants: Clean Gloves Antiseptic Sterile Gauze Pad or Cotton Wool Local Anaesthetic Sealed Implant Pack Blade READ OUT ALL SUPPLIES AND SELECT ALL THAT APPLY. SUPPLIES DO NOT NEED TO BE OBSERVED.	Yes 1 1 1 1 1 1	No 0 0 0 0 0 0	
	CHECK 31: Are IUDs provided?	Yes 1 No 0		Skip to 39 if No
38	Does this facility have the following supplies needed to insert and/or remove IUDs: Sponge-holding forceps Speculums (large and medium) Tenaculum Clamp READ OUT ALL SUPPLIES AND SELECT ALL THAT APPLY. SUPPLIES DO NOT NEED TO BE OBSERVED.	Yes 1 1 1 1	No 0 0 0 0	

	CHECK J: Type of facility?	Hospital/Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8			Skip to 39a if I: 1-4, or 8 39b if I: 5, 6 or 7
39a	FROM FAMILY PLANNING REGISTER, RECORD: (1) the total number of family planning visits (new and continuing) in the last completed month, for each method. (2) the number of new clients who received family planning services in the last completed month, for each method.	Fem. sterilization Male sterilization IUD Injectables – 1 month Injectables – 3 months Implants Pill Male condom Female condom Emergency contraception Diaphragm Foam/Jelly Standard Days/Cycle beads Other traditional methods	Total # of visits	# of new clients	
39b	FROM FAMILY PLANNING RECORD BOOK, RECORD: The total number of family planning products sold in the last completed month, for each method.	IUD Injectables – 1 month Injectables – 3 months Implants Pill Male condom Female condom Emergency contraception Diaphragm Foam/Jelly Standard Days/Cycle beads Other traditional methods	# of products sold		

Service Delivery Point Questionnaire

	CHECK J: Type of facility?	Hospital/Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8		Skip to 45 if I: 5, 6 or 7
40	Which of the following services are provided at this facility: Antenatal Delivery Postnatal Post-abortion None of the above READ ALL OPTIONS AND SELECT ALL THAT APPLY.	Yes 1 1 1 1 1	No 0 0 0 0 0	Skip to 45 if No to postnatal and post-abortion Skip to 43 if no to postnatal and yes to post-abortion
	CHECK 15: Offer FP services/products?	Yes 1 No 0		Skip to 46 if No
41	Which of the following is discussed with the mother before she leaves the facility with the newborn after delivery: Diet, nutrition, and exercises Postpartum mental health Return to fertility Healthy timing and spacing of pregnancies Advice on family planning methods: Lactational Amenorrhea Method Long-acting methods Spacing methods None of the above READ ALL OPTIONS AND SELECT ALL THAT APPLY.	Yes 1 1 1 1 1 1 1 1	No 0 0 0 0 0 0 0 0	
42	Is the woman offered a method of family planning during the postnatal visit?	Yes 1 No 0		
	CHECK 40: Are post-abortion services offered?	Yes 1 No 0		Skip to 45 if No
43	During post-abortion visits, which of the following is discussed with the client: Post-abortion mental health Return to fertility Healthy timing and spacing of pregnancies Advice on family planning methods: Long-acting methods Spacing methods None of the above READ ALL OPTIONS AND SELECT ALL THAT APPLY.	Yes 1 1 1 1 1 1 1 1	No 0 0 0 0 0 0 0 0	
44	Is the woman offered a method of family planning during the post-abortion visit?	Yes 1 No 0		

45	Which of the following family planning services do you offer to unmarried adolescents? Counsel for contraceptive methods Provide contraceptive methods Prescribe/refer contraceptive methods None of the above READ ALL OPTIONS AND SELECT ALL THAT APPLY	Yes 1 1 1 1 1	No 0 0 0 0 0		
46	Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs?	Yes 1 No 0			
47	Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?	Yes 1 No 0			Skip to 30 if No
	CHECK J: Type of facility?	Hospital/Polyclinic 1 Health center 2 Health clinic 3 CHPS 4 Pharmacy 5 Chemist shop 6 Retail outlet 7 Other 8			Skip to 52 if I: 5, 6 or 7
48	Which of the following family planning services do you offer to clients who come in for HIV services: Counsel for contraceptive methods? Provide contraceptive methods? Prescribe/refer contraceptive methods? None of the above SELECT ALL THAT APPLY	Yes 1 1 1 1 1	No 0 0 0 0 0		
49	During an HIV consultation does the provider: Ask the client about reproductive intentions? Discuss the FP method preferred by the client? Discuss dual method use? Provide condoms? Discuss instructions and side effects of chosen FP method? Offer an FP method?	Yes 1 1 1 1 1 1	No 0 0 0 0 0 0	Don't Know –88 -88 -88 -88 -88 -88	
	CHECK 15: Offer FP services/products?	Yes 1 No 0			Skip to R if No

Service Delivery Point Questionnaire

50	ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR FAMILY PLANNING ARE CONDUCTED FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN ROOM WHERE EXAMINATIONS ARE CONDUCTED OR IN AN ADJACENT ROOM. [OBSERVED ITEMS FOR INFECTION CONTROL] O: Observed; RU: Reported, Unseen; NA: Not Available	Running water (piped) Other running water (bucket with tap or pour pitcher) Water in bucket or basin (water reused) Hand-washing soap Single-use hand drying towels Waste receptacle with lid and plastic liner Sharps container Disposable latex gloves Disinfectant Disposable needles and syringes Auditory privacy Visual privacy Examination table Client educational materials on FP	O	RU	NA	
51	ASSESS CONDITION OF FAMILY PLANNING SERVICE AREA	Floor: swept, no obvious dirt or waste Counters/Tables/Chairs: wiped clean, no obvious dirt or waste Broken equipment, papers, boxes around making area cluttered and dirty Walls: reasonably clean Doors: no or minor damage Walls: no or minor damage Roof: no or minor damages	Yes	No		

52	You said you provide the following methods. Can you show them to me? For all observed methods: have any been out of stock in the last 12 months? O: Observed; N.O.: Not Observed; OOS last 12 mo.: Out of stock in last 12 months SELECT OOS <12 MO IF THE METHOD HAS EVER BEEN OUT OF STOCK IN THE PAST 12 MONTHS, EVEN IF IT IS IN STOCK ON THE DAY OF THE INTERVIEW.		O	N.O.	OOS in last 12 mos	Skip to 46 if No
		IUD	1	0		
		Injectables – 1 month	1	0	1	
		Injectables – 3 months	1	0	1	
		Implants	1	0	1	
		Pill	1	0	1	
		Male condom	1	0	1	
		Female condom	1	0	1	
		Emergency Contraception	1	0	1	
		Diaphragm	1	0	1	
		Foam/Jelly	1	0	1	
		Standard Days/Cycle beads	1	0	1	
		Other traditional methods	1	0	1	
					1	

53	FOR FQ53-56, OBSERVE THE PLACE WHERE CONTRACEPTIVE SUPPLIES ARE STORED AND REPORT ON THE FOLLOWING CONDITION: Are all the methods off the floor?	Yes 1 No 0	
54	Are all the methods protected from water?	Yes 1 No 0	
55	Are all the methods protected from the sun?	Yes 1 No 0	
56	Is the room clean of evidence of rodents (bats, rats) or pests (roaches…)?	Yes 1 No 0	
Thank the respondent for his/her time. THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 3 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE FACILITY			
R	Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m. GPS COORDINATES CAN ONLY BE COLLECTED WHEN OUTSIDE.	Instructions are given directly by the ODK software RECORD LOCATION	
Sa	Ask permission to take a photo of the entrance of the facility Did you get consent to take the photo?	Yes 1 No 0	Skip to T if No
Sb	Ensure that no people are in the photo	Instructions are given directly by the ODK software TAKE PICTURE CHOOSE IMAGE	
T	Record the result of the Service Delivery Point Survey	Completed 1 Not at facility 2 Postponed 3 Refused 4 Partly completed 5 Other 6	

Appendix C
FP2020 Core Indicators

Criteria used to identify indicators: (1) Progress under each of the Family Planning Summit Monitoring & Accountability Conceptual Framework's five domains is tracked by at least one indicator (the five domains are enabling environment, process, output, outcome, and impact); (2) Indicator is relevant to the domain and methodologically sound (i.e., based to the greatest extent possible on existing definitions and standards and with documentation readily available); and (3) Data are currently available for the indicator. Additionally, special consideration was given to (4) indicators proposed by the Rights and Empowerment Working Group (to ensure dimensions of availability, accessibility, quality and informed decision making were reflected) and (5) indicators already used by countries to monitor other initiatives or goals (e.g., the Global Strategy for Women's and Children's Health and MDGs).

The core Indicator table is separated into three categories:

(1) Indicators that will be reported annually for all 69 FP2020 countries. Data sources and methodology will vary between pledging and non-pledging countries, based on presence of Track20 Project. The final two indicators (which are highlighted below) will not have data in year one. Mechanisms to collect this information will be established within the next year.

(2) Indicators that are based on estimated impacts of family planning and therefore not directly collected.

(3) Indicators that will be reported annually in a subset of countries and will be based on the PMA2020 survey. The total number countries that will have annual data on these indicators are 10, but full scale up will not occur for two years. In years when there is a DHS, data will be included for that country in annual reporting.

Source of the table below: http://www.track20.org/pages/data/Indicator_Tables.pdf

Indicator Name	Definition	Data Source and Availability	Conceptual Framework category	Disaggreation	Link to other Initiatives
1a. Contraceptive Prevalence Rate, Modern Methods (mCPR)	The proportion of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a particular point in time.	Surveys such as the Demographic and Health Surveys (DHS), the CDC-assisted Reproductive Health Surveys (RHS), MICS and other nationally sponsored surveys. Service Statistics	Outcome	When possible (in years with a DHS) by: wealth quintile, age, marital status, urban/rural, ethnicity, region etc.	Contraceptive prevalence rate (any method) is a tracking indicator for MDG 5 target 5B: Achieve, by 2015, universal access to reproductive health. Included in WHO indicators on health and rights list
1b. Percent distribution of users by modern method	The proportion of total family planning users using each modern method of family planning.	Surveys such as the Demographic and Health Surveys (DHS), the CDC-assisted Reproductive Health Surveys (RHS), MICS and other nationally sponsored surveys. Service Statistics	Outcome		
2. Number of additional family planning users	The number of additional women (or their partners) of reproductive age currently using a contraceptive method compared to 2012.	Service Statistics	Output		

3. Percentage of women with an unmet need	The percentage of fecund women of reproductive age who want no more children or to postpone having the next child, but are not using a contraceptive method.	Modelled using various data sources, including DHS and service statistics		the lowest to the highest quintile), age, marital status, urban/rural, ethnicity, etc.	indicator for MDG 5 target 5B: Achieve, by 2015 universal access to reproductive health. Included in WHO indicators on health and rights list
4. Percent of women whose demand for modern contraception is satisfied	The percent of women (or their partners) who desire either to have no further children or to postpone the next child who are currently using a modern contraceptive method.	Surveys such as the DHS, RHS, MICS, and other nationally sponsored surveys. Service Statistics	Outcome	When possible (in years with a DHS or PMA2020) by: wealth quintile (comparing the lowest to the highest quintile), age, marital status, urban/rural, ethnicity, etc..	The proportion of demand for family planning that is satisfied (any method) is a tracking indicator for the Global Strategy for Women's and Children's Health
5. Annual expenditure on FP from government domestic budget	Total annual public sector recurrent expenditures on family planning. This includes expenditures by all levels of government.	COIA, NIDI, KFF Country availability will depend on COIA and NIDI implementation. All 69 countries are expected to be available at some point.	Enabling Environment		
6. Couple-Year of Protection (CYP)	The estimated protection provided by family planning services during a one year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which yields an estimate of the duration of contraceptive protection provided per unit of that method.	Service Statistics	Output		USAID
(1) Indicators that model impact for all 69 FP2020 countries					
Indicator Name	**Definition**	**Data Source and Availability**	**Conceptual Framework category**	**Disaggreation**	**Link to other Initiatives**
7. Number of unintended pregnancies	The number of pregnancies that occurred at a time when women (and their partners) either did not want additional children or wanted to delay the next birth. Usually measured with regard to last or recent pregnancies, including current pregnancies.	Estimated using modeling	Impact		
8. Number of unintended pregnancies averted due to contraceptive use	The number of unintended pregnancies that did not occur during a specified reference period as a result of the protection provided by contraceptive use during the reference period.	Estimated using modeling	Impact		
9. Number of maternal deaths averted due to contraceptive use	The number of maternal deaths that did not occur during a specified reference period as a result of the protection provided by contraceptive use during the reference period.	Estimated using modeling	Impact		
10. Number of unsafe abortions averted due to contraceptive use	The number of unsafe abortions that did not occur during a specified reference period as a result of the protection provided by contraceptive use during the reference period.	Estimated using modeling	Impact		

FP2020 Core Indicators

(3) Indicators that will be reported annually for a subset of 10 countries and for the subset of the 69 FP2020 countries in years with a DHS					
Indicator Name	**Definition**	**Data Source and Availability**	**Conceptual Framework category**	**Disaggreation**	**Link to other Initiatives**
11. Percent of women who were provided with information on family planning during their last visit with a health service provider	The percent of women who were provided information on FP in some form at the time of their last contact with a health service provider. The contact could occur in either a clinic or community setting. Information could have been provided via a number of mechanisms, including counseling, IEC materials or talks/conversations about FP.	PMA2020 Survey	Process	Disaggregate where possible (in years with a DHS or PMA2020) by wealth quintile, age, marital status, and parity	
12. Method Information Index	An index measuring the extent to which women were made aware of alternative methods of contraception and were provided adequate information about them. The index is constructed from three (3) questions (Were you informed about other methods? Were you informed about side effects? Were you told what to do if you experienced side effects?) The index score is created by summing the number of women who respond "yes" to all three questions. Information will also be available for each indicator independently.	PMA2020 Survey DHS in select years	Process	Disaggregate where possible (in years with a DHS or PMA2020) by wealth quintile, age, marital status, and parity	Included in draft WHO indicator shortlist
13. Percent of women who make family planning decisions alone or jointly with their husbands/ partners	The percent of women who make decisions on matters, such as whether and when to initiate and terminate contraceptive use and choice of contraceptive method, either by themselves or based upon consensus joint decision-making with their husband/partner.	PMA2020 Survey DHS in select years	Process	Disaggregate where possible (in years with a DHS or PMA2020) by wealth quintile, age, and parity	
Indicator 14: Adolescent birth rate	The number of births to adolescent females, aged 15-19 occurring during a given reference period per 1,000 adolescent females.	PMA2020 Survey DHS, MICS, RHS in select years	Impact		The adolescent birth rate (ages 15-19) is a tracking indicator for MDG 5 target 5B: Achieve, by 2015, universal access to reproductive health.
15. Percent informed of permanence of sterilization.	Among women who said they were using male or female sterilization, the percent who were informed by the provider that the method was permanent.	PMA2020 Survey DHS is select years (and select countries-not a standard question)	Output	Disaggregate where possible (in years with a DHS or PMA2020) by wealth quintile, age, marital status, and parity	

Appendix D: Sample Error Estimates Tables

Table A.1: List of indicators for sampling errors, PMA2013/Ghana

Variable	Estimate	Base Population
ASFR for age 15-19	Rate	All adolescents 15-19
Currently using a modern method	Proportion	All Women 15-49 Currently Married Women 15-49
Currently using a traditional method	Proportion	All Women 15-49 Currently Married Women 15-49
Currently using any contraceptive method	Proportion	All Women 15-49 Currently Married Women 15-49
Currently using injectable	Proportion	All Women 15-49 Currently Married Women 15-49
Currently using condom	Proportion	All Women 15-49 Currently Married Women 15-49
Currently using implant	Proportion	All Women 15-49 Currently Married Women 15-49
Intending to adopt a contraceptive method in future	Proportion	All Women 15-49 who are not using contraception Currently Married Women 15-49 who are not using contraception
Chose method by self, or jointly in past 12 months	Proportion	All Women 15-49, current or recent users* Currently Married Women 15-49, current or recent users*
Paid fees for FP services in past 12 months	Proportion	All Women 15-49, current or recent users* Currently Married Women 15-49, current or recent users*
Informed by provider about other methods	Proportion	All Women 15-49, current or recent users* Currently Married Women 15-49, current or recent users*
Informed by provider about side effects	Proportion	All Women 15-49, current or recent users* Currently Married Women 15-49, current or recent users*
Satisfied with provider: Would return and refer friend/relative to provider	Proportion	All Women 15-49, current or recent users* Currently Married Women 15-49, current or recent users*
Visited by health worker who talked about FP information in last 12 months	Proportion	All Women 15-49, current or recent users* Currently Married Women 15-49, current or recent users*
Reported hearing about FP on radio in past 12 months	Proportion	All Women 15-49, current or recent users* Currently Married Women 15-49, current or recent users*
Reported seeing FP messaging on TV in past 12 months	Proportion	All Women 15-49, current or recent users* Currently Married Women 15-49, current or recent users*
Reported reading about FP in print media in past 12 months	Proportion	All Women 15-49, current or recent users* Currently Married Women 15-49, current or recent users*

** Current or recent users: women who are currently using contraception, or who have used in the past 12 months*

Table A.2: Sampling errors, PMA2013/Ghana

Variable	Value (R)	Standard error (SE)	Confidence interval R-2SE	Confidence interval R+2SE
ASFR for age 15-19	0.060	0.006	0.048	0.073
All Women 15-49				
Currently using a modern method	0.137	0.011	0.115	0.159
Currently using a traditional method	0.011	0.005	0.001	0.021
Currently using any contraceptive method	0.148	0.012	0.125	0.171
Currently using injectable	0.047	0.006	0.035	0.059
Currently using condom	0.010	0.003	0.005	0.015
Currently using implant	0.019	0.005	0.009	0.029
Intending to adopt a contraceptive method in future	0.397	0.018	0.361	0.433
Chose method by self, or jointly in past 12 months	0.894	0.024	0.847	0.941
Paid fees for FP services	0.665	0.038	0.589	0.741
Informed by provider about other methods	0.570	0.034	0.502	0.638
Informed by provider about side effects	0.487	0.034	0.419	0.555
Satisfied with provider: Would return and refer friend/relative to provider	0.677	0.029	0.619	0.735
Visited by health worker who talked about FP information in last 12 months	0.177	0.022	0.132	0.222
Reported hearing about FP on radio in past 12 months	0.660	0.023	0.613	0.706

Table A.2: Sampling errors, PMA2013/Ghana

Variable	Value (R)	Standard error (SE)	Confidence interval R-2SE	Confidence interval R+2SE
All Women 15-49				
Reported seeing FP messaging on TV in past 12 months	0.526	0.026	0.475	0.577
Reported reading about FP in print media in past 12 months	0.139	0.014	0.111	0.168
Married Women 15-49				
Currently using a modern method	0.187	0.015	0.157	0.217
Currently using a traditional method	0.011	0.003	0.005	0.017
Currently using any contraceptive method	0.195	0.016	0.163	0.227
Currently using injectable	0.073	0.009	0.055	0.091
Currently using condom	0.008	0.003	0.003	0.013
Currently using implant	0.003	0.007	-0.010	0.016
Intending to adopt a contraceptive method in future	0.413	0.022	0.370	0.456
Chose method by self, or jointly in past 12 months	0.890	0.029	0.831	0.948
Paid fees for FP services	0.687	0.037	0.614	0.760
Informed by provider about other methods	0.605	0.036	0.532	0.677

Table A.2: Sampling errors: Total sample, PMA2013/Ghana

Variable	Value (R)	Standard error (SE)	Confidence interval R-2SE	Confidence interval R+2SE
Married Women 15-49				
Informed by provider about side effects	0.514	0.037	0.440	0.589
Satisfied with provider: Would return and refer friend/relative to provider	0.675	0.035	0.605	0.746
Visited by health worker who talked about FP information in last 12 months	0.214	0.028	0.158	0.270
Reported hearing about FP on radio	0.674	0.026	0.622	0.726
Reported seeing FP messaging on TV	0.513	0.028	0.456	0.569
Reported reading about FP in print media	0.111	0.015	0.081	0.141

Appendix E: Glossary of PMA2020 Indicators

Family Planning Indicators		
F1	Contraceptive Use by Modern/Traditional	Proportion of women age 15-49 who are using (or whose partner is using) a contraceptive method at the time of the survey
F2	Method Mix	Composition of current methods used by women age 15-49
F3	Total Number Of Modern Contraceptive Users	A count of the number of females age 15-49 who are current users of modern methods of contraception
F4	Unmet Need	Percent of fecund, sexually active women age 15-49 who do not want to become pregnant but are not using contraception
F5	Demand Satisfied By Modern Contraception	Percent of women age 15-49 who do not want to get pregnant who are using modern contraception
F6	Intention To Use Contraception	Percent of women not currently using a method of contraception who intend to use a method in the future
F7	Unintended Births	Percent of births in the past 5 years to females age 15-49 that are reported to be mistimed (wanted later) or unwanted
F8	Method Chosen By Self Or Jointly	Percent of women age 15-49 currently using a modern contraceptive method, or who used a modern method in past 12 months, reporting they decided on method themselves or jointly with a partner or provider
F9	Paid For Services	Currently using a modern contraceptive method, or who used a modern method in past 12 months, who have paid any fees for family planning services in past 12 months
F10	Method Information Index	Percent of recent/current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do
F11	Sterilized Users Told Method Was Permanent	Percent of sterilized users counseled on method. *This measure is not included in this report as the number of sterilized users captured in PMA2013 survey data was very small.*
F12	Satisfaction With Provider	Percent of women age 15-49 using a modern contraceptive method, or who used a modern method in past 12 months, who would return to their provider and would refer a relative or friend to that provider
F13	Received FP information From Provider	Percent of women age 15-49 reporting they received family planning information from a provider who visited them in the last 12 months

Family Planning Indicators		
F14	Median duration of contraceptive use, by main method	Among females who have used a modern contraceptive method in past 12 months, but who are not currently using, the number of months at which half of such women stopped using the method for any reason
F15	Reasons For Non-Use	Reasons for non-use of contraceptive methods among women who express a desire to postpone their next birth by two or more years
F16	Total Fertility Rate	Number of children who would be born to a woman if she were to pass through her reproductive years bearing children according to the current schedule of age-specific fertility rates (ASFR)
	Adolescent Fertility Rates	The adolescent fertility rate is the ASFR for 15 to 19 year old women
F17	Age At Marriage	Median age at marriage for women 25-49 years
F18	Age At First Sex	Median age at first sex for women 25-49 years
F19	Age At First Contraceptive Use	Median age at first contraceptive use for female ever users 15-49 years
F20	Number Of Living Children At First Contraceptive Use	Average number of living children at first contraceptive use among women age 15-49 who have ever used
F21	Recent Exposure To Mass Media Family Planning Messages	Percent of women age 15-49 reporting exposure to family planning messages on radio, television or in print in past 12 months

Service Delivery Point Indicators		
S1	Offers FP counseling and services to adolescents	Percent of health facilities that offer unmarried adolescents any of the following contraceptive method services: counseling, provision, or prescription
S2	Has client feedback system	Percent of health facilities reporting collecting client information using any of: suggestion box, client survey form, official meeting with community leaders, informal discussion with client/community, direct client feedback to staff, or other form
S3	Offers different types of FP methods : Pill, injectables, IUD, implant, male condom	Percent of health facilities offering any services for different types of contraceptive methods: counseling, provision or prescription. Five main methods assessed here
S4	Has mobile outreach teams visiting facility in past 12 months	Percent of health facilities reporting a mobile outreach team visited to deliver supplementary/additional family planning services in past 12 months
S5	Contraceptive stock out in past 12 months	Percent of health facilities reporting an (observed) method has been out of stock in the past 12 months: pill, injectables, IUD, implants, male condoms
S6	Number of days per week FP is offered	Average number of days per week family planning services are offered (or products are sold) at facility
S7	Supports CHWs from this facility	Percent of health facilities reporting providing supervision, support or supplies to community health volunteers/workers
S8	Number of FP visits (new and total) in last month by method	Based on the numbers recorded for the last complete month in the family planning/client register: Total and average number of FP visits (new and continuing) in last month by method
S9	Charges fees for FP services	Percent of facilities with routine user fees or charges for family planning services
S10a	Integration of FP into maternal health services	Percent of health facilities that discuss long-acting or spacing contraceptive methods to mothers before post-delivery discharge (with newborns)
S10b	Integration of FP into HIV services	Percent of facilities with routine user fees or charges for family planning services
S10c	Integration of FP into post-abortion services	Percent of health facilities that report discussing long-acting or spacing contraceptive methods with post-abortion clients

Water, Sanitation, & Hygiene Indicators		
WASH1	Household Use Of Multiple Water Sources	Percent of population living in households by number of water sources used in that household
WASH2	Main and regular water source for drinking	Percent of population living in households reporting main and regular type of water for drinking
WASH3	Child Feces disposal	Percent of population living in households with children under 5 years old reporting varied methods of disposing of child fecal matter
WASH4	Place for hand washing	Percent of population living in households reporting a place to wash hands and the conditions of the hand washing facility
WASH5	Use bush/field for open defecation	Percent of population living in households where open defecation in bush or field is regularly practiced
WASH6	Reliability and Seasonality of water sources	Percent of population living in households who have reliable access to a regular water source throughout the year

*de jure population living in households: includes only usual residents of the households, regardless of whether they are present or absent on the day of the interview

PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround, nationally-representative surveys monitoring key indicators for family planning in support of FP2020 goals. 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 establishes a sentinel data collection platform that can be utilized for other health program areas.

PMA2020

Bill & Melinda Gates Institute for Population and Reproductive Health
Johns Hopkins Bloomberg School of Public Health
615 N. Wolfe Street
Baltimore, MD 21205

www.pma2020.org
@GATES.PMA2020
#PMA2020JHU

JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

BILL & MELINDA GATES INSTITUTE for POPULATION and REPRODUCTIVE HEALTH