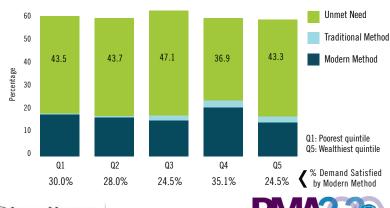


## **KEY FAMILY PLANNING INDICATORS**

Select Family Planning Indicators Across Recent Surveys (Married and All Women, Age 15-49)						
	GDHS 2008-09		PMA2013 - R1		PMA2	014 - R2
	All	Married	All	Married	All	Married
Contraceptive Prevalence						
All Methods CPR	19.3	23.5	14.8	19.5	16.1	19.6
Modern Methods mCPR	13.5	16.6	13.7	18.4	14.5	17.8
Long Acting CPR	1.0	2.7	2.8	4.1	2.9	4.0
Total Unmet Need	22.9	35.3	28.0	37.2	26.6	38.2
For Limiting	7.7	12.7	8.2	12.8	8.2	12.3
For Spacing	15.2	22.5	19.8	24.4	18.4	25.9
Total Demand	42.2	58.9	38.0	56.7	42.7	57.8
Demand Satisfied by Modern Method	32.0	28.2	36.1	32.5	34.3	30.8

#### Fertility Indicators (All Women) Round 2 **Total Fertility Rate** 4.0 3.7 3.6 Adolescent Birth Rate (per 1000, age 15-19) 66.0 64.0 65.0 Recent Births Unintended (%) 37.3 42.9 40.7 23.1 30.7 Wanted Later 28.0 Wanted No More 14.2 12.2 12.7

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



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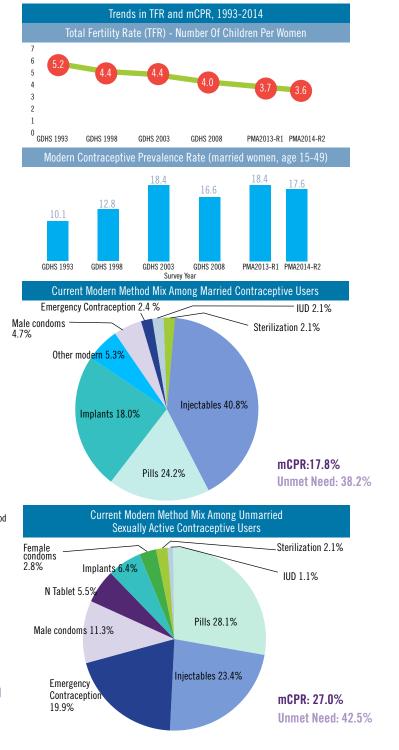




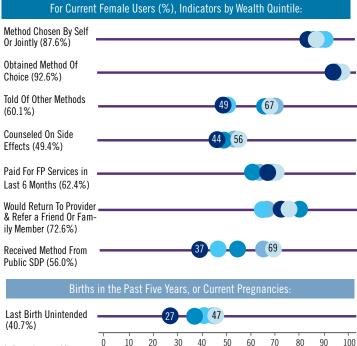
PERFORMANCE, MONITORING & ACCOUNTABILITY 2020 PMA2020 is a five-year project that uses innovative mobile technology

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

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



# **PMA2014/GHANA-R2** INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE



Indicator (average %) Q1: Poorest quintile Q5: Wealthiest quintile

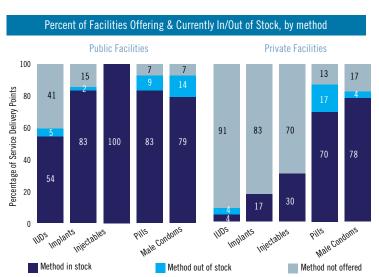
0	10	20	30	40	50	60	70	80	90	100
							Q1	Q2	Q3 Q4	<b>Q</b> 5

For Current Female Non-Users:				
Reasons Mentioned For Non-Use Among All Women Wanting To Delay The Next Birth 2 Or More Years (%)				
Not Married	51.3			
Method or Health-related Concerns	60.1			
Opposition to Use	13.0			
Lack of Access/Knowledge	9.6			
Other	17.0			

For All Women of Reproductive Age, 15-49:

	Total	Rural	Urban
Median Age at First Marriage (25 to 49 years)	21.3	20.2	22.9
Median Age at First Sex (25 to 49 years)	18.7	18.3	18.9
Median Age at First Contraceptive Use	24.1	24.2	24.1
Mean No. Of Living Children at First Contraceptive Use	2.0	2.5	1.6
Received FP Info From Provider in Last 12 Months (%)	25.0	30.5	20.0
Exposed to FP Media in Last Few Months (%)	71.2	66.8	75.3

### SAMPLE DESIGN



Percent of Public Facilities Offering at Least 3 or 5 Modern Contraceptive Methods,

by Facility Type						
Facility Type	3 or more methods	5 or more methods				
Hospital (n=46)	100.0	89.1				
Health Center (n=34)	100.0	70.6				
Health Clinic (n=3)	100.0	66.7				
CHPS* (n=12)	83.3	41.7				
Other (n=1)	100.0	100.0				
Total	97.9	76.0				

\*CHPS: Community-Based Health Planning and Services

Service Delivery Points (n= 124; 96 public, 28 private)						
	Public	Private	Total			
Among All Service Delivery Points:						
Offering Family Planning (%)	100.0	82.1	96.0			
With Mobile Teams Visiting Facility In Last 12 Months (%)	27.1	7.1	22.6			
Supporting CHWs From This Service Delivery Point (%)	49.0	22.2	46.7			
Among Service Delivery Points Offering Family Planning Services:						
Average Number Of Days Per Week Family Planning Is Offered	5.9	6.2	5.9			
Offering Female Sterilization (%)	27.1	8.7	23.5			
Offering Family Planning Counseling/Services To Adolescents (%)	99.0	65.2	92.4			
Charging Fees For Family Planning Services (%)	91.7	53.6	83.1			
Percent Integrating Family Planning Into Their:						
Maternal Health Services (among all offering maternal health services)	100.0	71.4	97.8			
HIV Services (among all offering HIV services)	100.0	100.0	100.0			
Post-Abortion Services (among all offering post-abortion services)	100.0	80.0	98.6			

PMA2014/Ghana-R2, the second round of data collection in Ghana, used a two-stage cluster design with urban-rural, major ecological zones as the strata. A sample of 100 enumeration areas (EA) was drawn by the Ghana Statistical Service from its master sampling frame. For each EA, 42 households and 3-6 health service delivery points (SDPs) were selected. A random start method was used to systematically select households. Households with eligible females of reproductive age (15-49) were contacted and consented for interviews. The final sample included 3,420 households, 3,893 females and 124 SDPs. Data collection was conducted between February and May, 2014.





