PMA2013/GHANA
## PERFORMANCE, MONITORING & ACCOUNTABILITY

PMA2020 is a five-year project that uses innovative mobile technology to support low-cost, rapid-turnaround, national-representative surveys to monitor new and standard indicators of the water, sanitation, and hygiene (WASH) environments for households and service delivery points (SDPs). PMA2020 also collects key family planning indicators. 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, Johns Hopkins University Water Institute and funded by the Bill & Melinda Gates Foundation.

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

Select Water Sanitation & Hygiene (WASH) Indicators

Percent of household population with a dedicated hand washing facility observing that soap and water are present

Has water, no soap 16.8%

Has soap, no water 6.3%
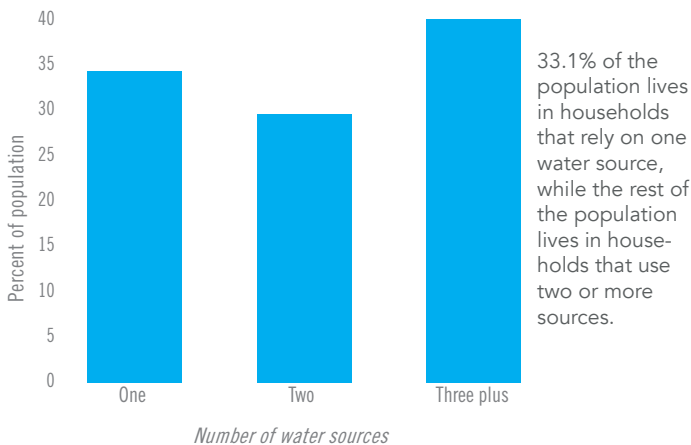
Has no soap, no water 3%

Has soap and water 73.9%
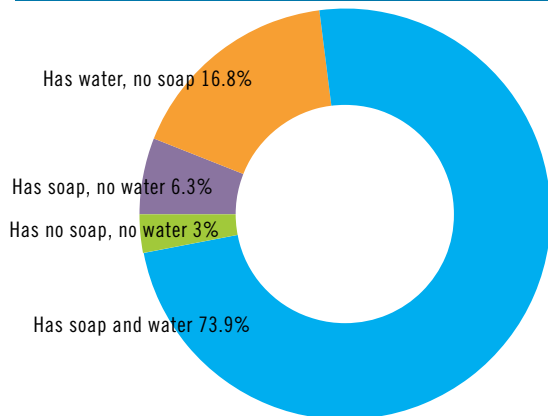
Among households where hand washing stations were observed, 73.9% of the population lives in households whose hand washing stations had both soap and water, but only 34.7% had soap, had water, and were located near a sanitation facility (e.g. latrine)

Percent of household population with a dedicated place to wash hands, wealth quintile
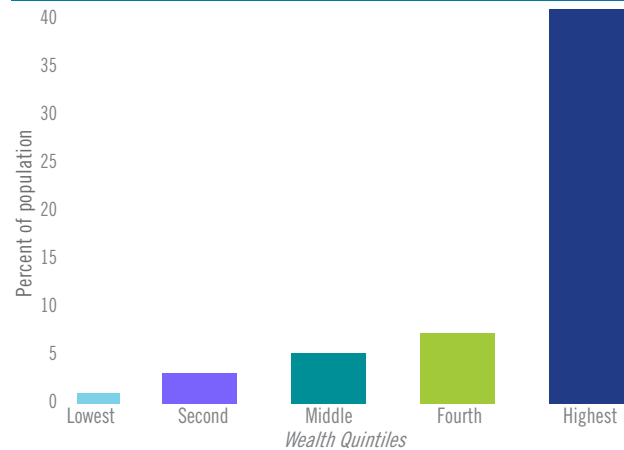

88.8% of the population does not have a dedicated place to wash hands in their household. 5.3% of the population live in households with 15 or more members have a hand washing station, as compared to 14.2% of the population living in households with 1 to 4 members.

Percent distribution of number of water sources that are regularly used

33.1% 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.

Percent of population using open defecation as a main and regular practice

42.3% of the population live in households with at least one household member who regularly practices open defecation.
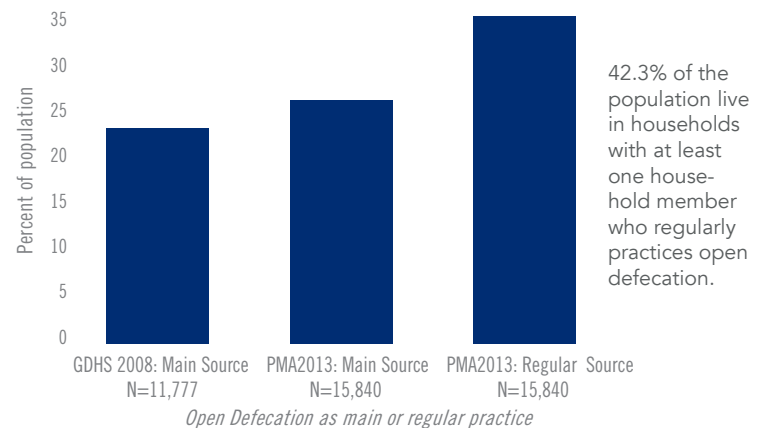
PMA2013/GHANA
INDICATORS FOR WATER, SANITATION & HYGIENE

Percent distribution of main and regular water sources for drinking for household population, by residence									
	Main Water Source GDHS 2008			Main Water Source PMA2013			Regular Drinking Source PMA2013		
	Urban	Rural	**Total**	Urban	Rural	**Total**	Urban	Rural	**Total**
All Improved Sources	81.0	75.4	**77.9**	54.4	63.1	**58.8**	70.7	80.9	**75.9**
Bottled/sachet, improved source	12.0	1.1	**5.9**	31.9	2.8	**17.1**	45.9	9.1	**27.1**
All Unimproved Sources	5.4	23.1	**15.4**	2.3	30.6	**16.7**	5.5	37.1	**21.7**
Bottled/sachet, unimproved source	1.6	0.3	**0.8**	11.4	3.4	**7.3**	16.9	11.9	**14.3**

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% to 21.2% with an improved water source backup, and from 0.8% to 7.3% with an unimproved backup. Sachet water consumption accounts for most of this growth (data not shown).

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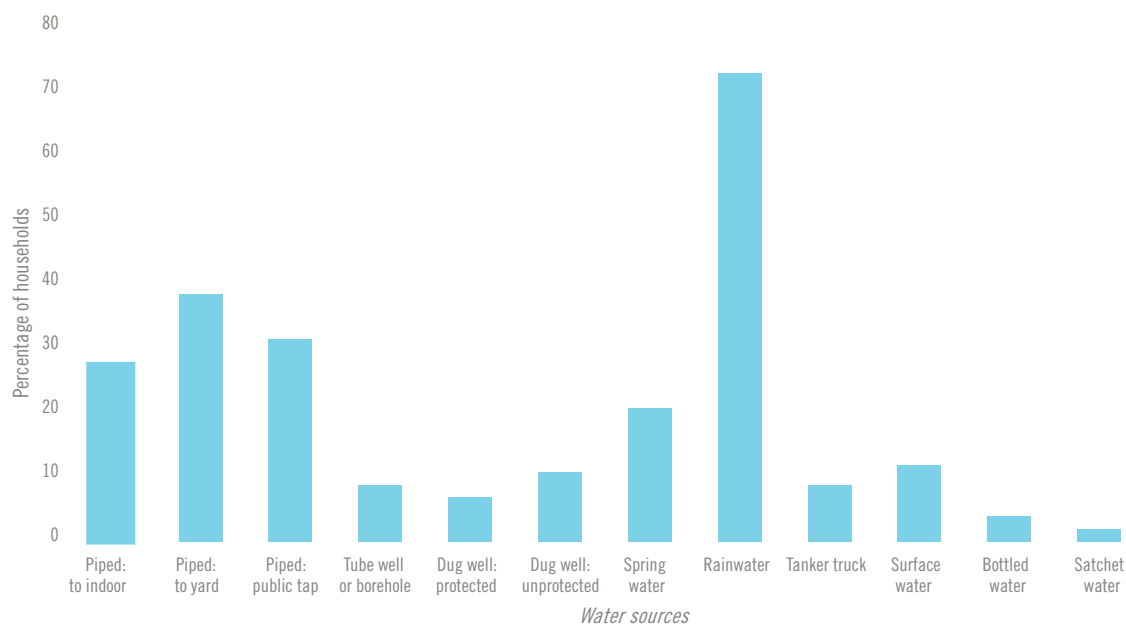
No water source was identified to be 100% reliable and available by household respondents. Among piped water sources, response for reliability and seasonality indicate users experience long periods without availability. Bottled water, and sachet water, and tube wells reportedly maintained the highest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

SAMPLE DESIGN

PMA2020/Ghana used a two-stage cluster design with urban-rural, major ecological zones as the strata. A sample of 100 enumeration areas (EA) was drawn by the Ghana Statistical Service from its master sampling frame. For each EA, 42 households and 3-6 health service delivery points (SDPs) were selected. A random start method was used to systematically select households. Households with eligible females of reproductive age (15-49) were contacted and consented for interviews. The survey aimed for sample size of 3400 females and 300 SDPs. Data collection was conducted between September and November, 2013.