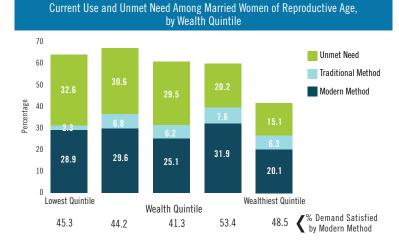


KEY FAMILY PLANNING INDICATORS

Select Family Planning Indicators Across Recent Surveys All Women (n=4.154) and Married Women (n=2.451). Age 15-49

	Round 4 May-June 2015		Round 5 Aug-Sept 2016		Round 6 Sept-Nov 2017	
	All	Married	All	Married	All	Married
Contraceptive Prevalence Rate (CPR)						
All Methods CPR	28.3	34.9	26.0	31.2	25.7	33.0
Modern Methods Use (mCPR)	23.6	29.2	21.6	25.8	21.3	27.4
Long Acting/Permanent CPR	5.3	7.0	5.9	7.2	7.3	10.5
Total Unmet Need	21.7	29.6	23.1	31.7	20.7	26.3
For Limiting	6.5	10.3	7.9	12.1	7.3	10.4
For Spacing	15.2	19.4	15.1	19.6	13.4	15.9
Total Demand	45.3	58.9	49.0	62.9	46.4	59.3
Demand Satisfied by Modern Method (%)	52.1	49.7	44.1	41.0	46.0	46.1

Fertility Indicators (All Women)					
	Round 4 May-June 2015	Round 5 Aug-Sept 2016	Round 6 Sept-Nov 2017		
Last Birth Unintended (%)	42.4	41.3	43.1		
Wanted Later	31.0	27.3	25.6		
Wanted No More	11.4	13.9	17.6		



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PMA2016

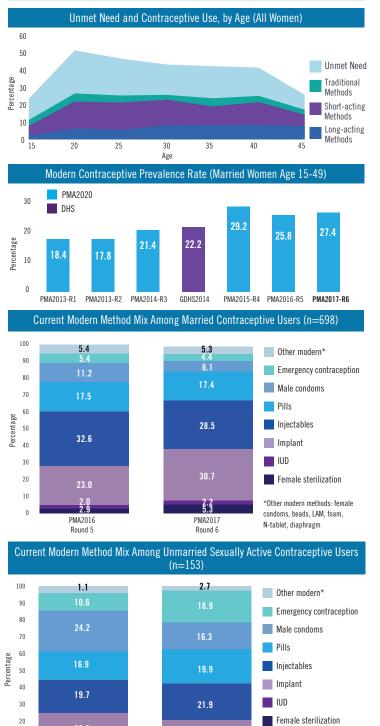
Round 5

PMA2020/GHANA

SEPTEMBER-NOVEMBER 2017 (ROUND 6)

Performance Monitoring and Accountability 2020 (PMA2020) uses innovative mobile technology to support low-cost, rapid-turnaround surveys to monitor key indicators for family planning. The project is implemented by local universities and research organizations in 11 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 through a grant from the Bill & Melinda Gates Foundation.

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

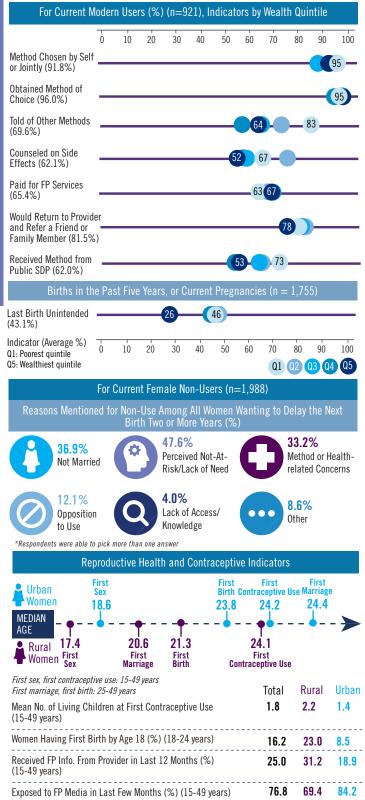


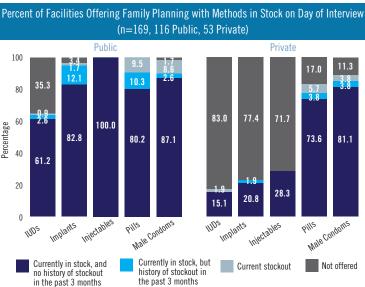
1.1.1 PMA2017 Round 6

*Other modern methods: beads.

N-tablet

PMA2020/GHANA INDICATORS FOR ACCESS, EQUITY, QUALITY AND CHOICE





Percent of All Public Facilities With At Least 3 or 5 Modern Contraceptive Methods, by Facility Type					
Facility Type	3 or more methods	5 or more methods			
Hospital (n=56)	100.0	100.0			
Health Center ($n=34$)	100.0	47.1			
Community-Based Health Planning and Services (n=24)	95.8	37.5			
Total	99.1	71.6			

**Data from facility types with sample size less than 10 were calculated, but are not presented in this brief.

Service Delivery Points (n=179; 116 Public, 63 Private)						
	Public	Private	Total			
Among All Service Delivery Points:						
Offering Family Planning (%)	100.0	84.1	94.4			
With Mobile Teams Visiting Facility In Last 12 Months (%)	48.3	4.8	33.0			
Supporting CHWs From This Service Delivery Point (%)	32.8	3.2	22.3			
Among Service Delivery Points Offering FP Services:						
Average Number Of Days Per Week FP Is Offered	5.7	6.5	5.9			
Offering Female Sterilization (%)	41.4	11.3	32.0			
Offering FP Counseling/Services To Adolescents (%)	98.3	77.4	91.7			
Charging General User Fees For FP Services (%)***	0.0	5.7	1.8			
Availability of Instruments or Supplies for Implant Insertion/Removal ⁺	91.1	91.7	91.1			
Availability of Instruments or Supplies for IUDs++ ***Question wording was changed from Round 4.	88.0	88.9	88.1			

*Among SDPs that provide implants; includes: Clean Gloves, Antiseptic, Sterile Gauze Pad or Cotton Wool, Local Anesthetic, Sealed Implant Pack, Surgical Blade

++Among SDPs that provide IUDs; includes: Sponge-holding forceps, Speculums (large and medium), and Tenaculum

SAMPLE DESIGN

AILY PLANNING BRIEF

PMA2017/Ghana-R6, the sixth 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. In each EA, households and private health facilities were listed and mapped, with 42 households randomly selected. Households were surveyed and occupants enumerated. All eligible females age 15 to 49 were contacted and consented for interviews. The final sample included 4,100 households (98.0% response rate), 4,154 females (98.1% response rate) and 179 SDPs (91.3% response rate). Data collection was conducted between September and November 2017.





