

# PMA2020

Performance Monitoring  
and Accountability 2020

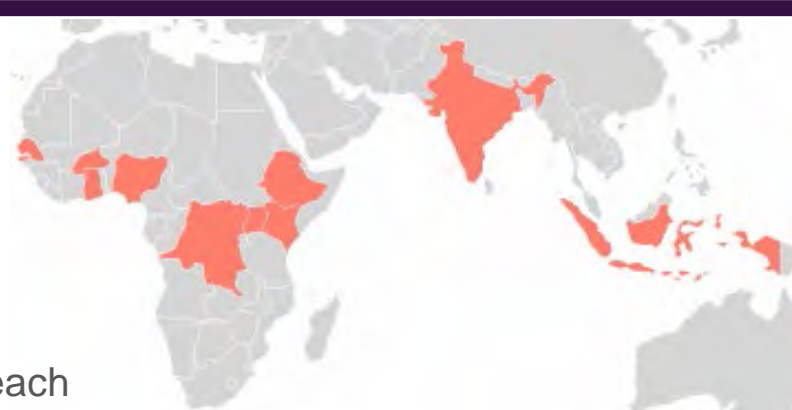


JOHNS HOPKINS  
BLOOMBERG SCHOOL  
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Bill & Melinda Gates Institute  
for Population and Reproductive Health

**PMA2020: Progress & Opportunities for Advocacy**  
*AFP Partners Meeting & Gates Institute 15<sup>th</sup> Anniversary Event*  
*May 21, 2014*

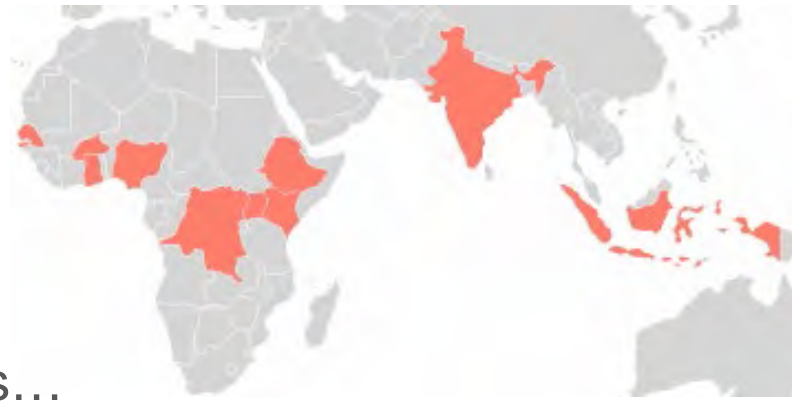
# PMA 2020 Overview



- Responds to:
  - Need for more frequent data to mark progress
  - Evolution of smart-phone technology & cell provider reach
- Objectives:
  - Monitor progress against the goals and principles of FP2020
  - Establish rapid data collection to produce annual estimates
  - Establish an information feedback loop for national, regional, community action
  - Build sustainable country capacity for continuous monitoring
- 10 countries planned
  - Year 1: Ethiopia, DR Congo, Ghana, Kenya, Uganda
  - Year 2: Burkina Faso, India (UP), Indonesia, Nigeria, Cote d'Ivoire
- 2 linked mobile-assisted, sentinel surveys
  - Household & Female Survey – measuring demand and use
  - Service Delivery Point Survey – measuring supply and access



# PMA2020 Survey Features



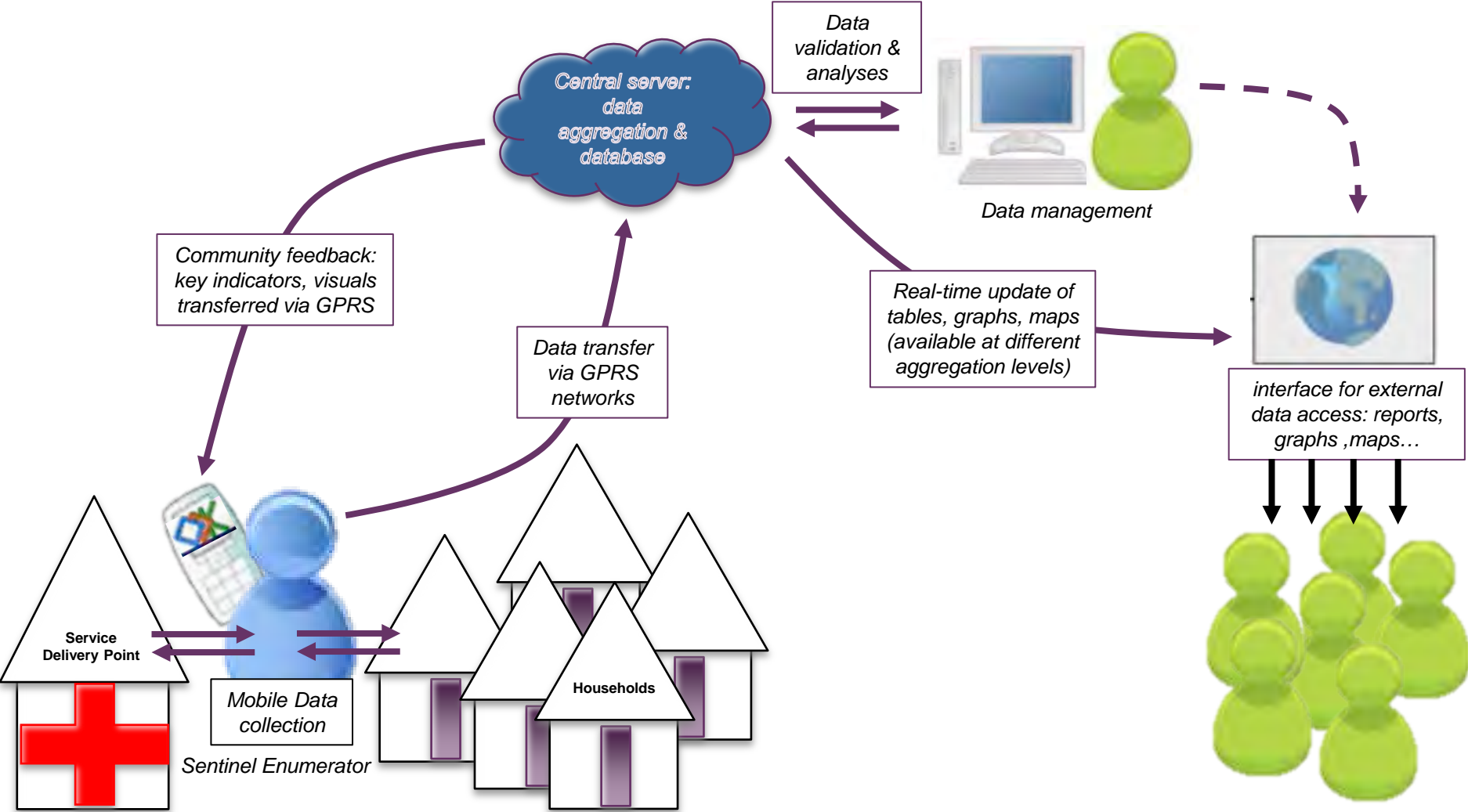
- Innovative mobile technology
- Annual (or semi-annual) indicators
- Provides consistency with DHS measures...
- ...and introduces new indicators of quality, choice, access
- Creates a community feedback loop to prompt program improvement
- Establishes a platform that is expandable to other health sectors
- Strengthens local capacity
  - Network of partner universities/research institutions
  - Network of resident enumerators



# Survey status

Country	Implementing Partner	Enum. Areas	Status
Ghana	KNUST + UDS	100	Round 1 complete/Round 2 underway
DR Congo*	Univ. of Kinshasa	60	Round 1 complete
Ethiopia	Addis Ababa Univ. +	200	Round 1 complete – May 26 dissem
Uganda	Makerere Univ.	110	Data collection underway
Kenya	ICRH +	120	Data collection underway
Burkina Faso	ISSP, Univ Ouagadougou	53	Training to begin July
Indonesia	BkkbN	tbd	MOU being prepared
Nigeria	tbd	200	RFP bids under review
India & Senegal	tbd	tbd	Assessment visits pending

\* DR Congo survey is managed by Tulane University and initially will be implemented in the city of Kinshasa only.



# Measuring access, equity, quality, choice

## *Female Survey (51 questions/31 on FP)*

- All indicators can be disaggregated by age, marital status, wealth quintile, education, region, urban/rural
- For Users (...most recent visit)
  - Did you obtain the method you wanted? If not, why not?
  - Who made the final decision on the method you received?
  - Did you pay anything for the services received? If yes, how much?
  - Were you told of other methods?
  - Were you told of side effects of your method? What to do if you experienced side effects?
  - Would you return to this provider? Refer relative/friend to provider?
  - If sterilized, were you told that this method was permanent?
- For Discontinued Users
  - What was your method? When did you stop using? Why did you stop using?
- For Women with Unmet Need
  - Reason for not using a method?

# Measuring access, equity, quality, choice

## *SDP Survey (56 questions/42 on FP)*

- **Service Accessibility**

- How many days a week is FP offered? Are services offered today?
- What methods are counseled? Provided? Referred? Charged?
- Have any methods been out of stock in the last 12 months? Which methods?
- If implants provided, are there trained personnel to insert? Remove? Are key supplies in place? (repeated for IUDs)
- Are unmarried adolescents counseled, offered, referred for contraceptive methods?
- Are CHWs supported from facility? If so, how many? What FP services do they offer?
- Has mobile outreach team worked from facility? How many times in last year?
- Does facility charge fees for FP services? How much by method?

- **Service Quality**

- Does facility have system for client feedback? Ask to see. Has there been change?
- When was the last time a supervisor from outside this facility came here to visit?

- **Integrated services**

- **If delivery/maternity: Is FP counseled during the post-partum visit? Are services offered/referred? (repeated for post-abortion, HIV-related services)**

# Key Indicators Brief\*



**PMA2020/GHANA**  
KEY FAMILY PLANNING INDICATORS

**Select Family Planning Indicators Across Recent Surveys**

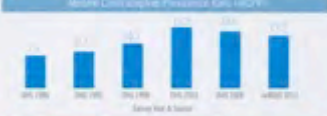
Indicator	2012/13	2014/15
Family Planning Indicators (unmet women, age 15-49)		
Contraceptive Prevalence Rate (CPR) %		
All Methods CPR	73.3	
Modern Method Use mCPR	18.6	17.9
Traditional Method Use	6.9	18.3
Unmet Need %	25.3	
For Spacing	22.5	
For Limiting	12.9	
Total Demand %	58.8	
Demand Satisfied %	24.2	
Ratio of Lowest - Highest Wealth Quintiles % Demand	23.17	

**Trends in TFR and mCPR, 1985-2013**


Total Fertility Rate (TFR) and Modern Contraceptive Prevalence Rate (mCPR) for Women



**Modern Contraceptive Prevalence Rate (mCPR)**



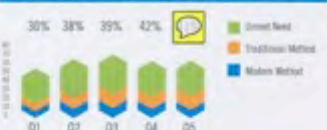
**Current Modern Method Mix Among Married Contraceptive Users**



**Current Modern Method Mix Among Unmarried Sexually Active Contraceptive Users**



**Current Use, Need, Demand Satisfied, by Wealth Quintile**



**Fertility Indicators**

Total Fertility Rate (all women, age 15-49)	4.6	5.7
Adjusted Birth Rate (per 1000)	19	40
Recent Births Unintended %	37	30.8
Wanted Later	23	17.8
Wanted No More	14	19.8
Ratio of Lowest vs. Highest Wealth Quintiles % Births		42.22

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

**For Current Female Users**

Obtained Method of Choice	%
Method Chosen Aware Or Intently	%
Paid For Services	%
Used Of Other Methods	%
Coveraged On Side Effects	%
Startled Users Who Were Told That The Method Was Permanent	%
Percent Who Would Return To Provider And Refer A Friend, Or Family Member	%

**For Current Female Non-Users**

Method	Total
Pils	%
Injunctable	%
Male Condoms	%
All Methods	%

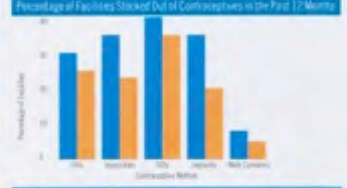
**Reasons for Non-Use**

Family-related	
Inconsistent/No Sex	%
Abused/Partner	%
Wants Children	%
Appetition to use	
Personally Opposed	%
Partner Opposed	%
LACK of Knowledge	%
Method-Related Reasons	%
Fear Of Side Effects	%
Other	%

**For All Women of Reproductive Age (15-49)**

Median Age of Marriage	
Median Age at First Sex	
Median Age at First Birth	
Having First Births before 18	
Received IP Information from Provider in Last 12 Months	

**Percentage of Facilities Stocked Out of Contraceptives in the Past 12 Months**



**Service Delivery Points (SDPs)**


Public	Private
Average Number Of Days Per Week Family Planning is Offered	
Offering The Following Family Planning Methods:	
Pils	% %
Injunctable	% %
IUD	% %
Implants	% %
Female Sterilization	% %
Male Condoms	% %

**Offering Family Planning Counseling/Services to Adolescents**

- Supporting CHWs From This Facility
- With Mobile Teams Working From Facilities in The Last 12 Months
- Charging Fees For Family Planning Services
- With Client Feedback System
- Integrating Family Planning into Them
- Maternal Health Services
- HV Services
- Post-Abortion Services

**SAMPLE DESIGN**

mRSS uses a two-stage cluster design with address-based, stratified, equal-sized (SES) as the strata. A sample of 100 enumeration areas (EAs) 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 500 SDPs. Data collection was conducted between September and October, 2013.



\* supplemented by detailed indicator report.



# 15 Core FP2020 Indicators

**Indicator 1: Contraceptive Prevalence Rate, Modern Methods (mCPR)**

**Indicator 2: Total number of contraceptive users by method**

**Indicator 3: Percent of women whose demand for modern contraception is satisfied**

**Indicator 4: Percentage of women with an unmet need**

*Indicator 5: Annual expenditure on FP from government domestic budget*

*Indicator 6: Couple –Years of Protection (CYP)*

**Indicator 7: Number of unintended pregnancies**

**Indicator 8: Number of unintended pregnancies averted due to contraceptive use**

**Indicator 9: Number of maternal deaths averted due to contraceptive use**

**Indicator 10: Number of unsafe abortions averted due to contraceptive use**

**Indicator 11: Percent of women who were provided with information on family planning during their last visit with a health service provider**

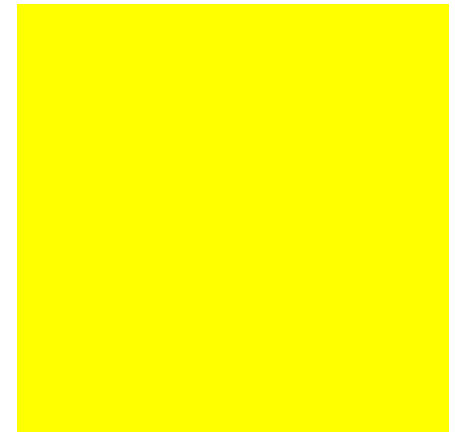
**Indicator 12: Mean score on Method Information Index**

**Indicator 13: Percent of women who make family planning decisions alone or jointly with their husbands/partners or jointly with provider**

**Indicator 14: Adolescent Birth Rate**

**Indicator 15: Percent informed of permanence of sterilization**

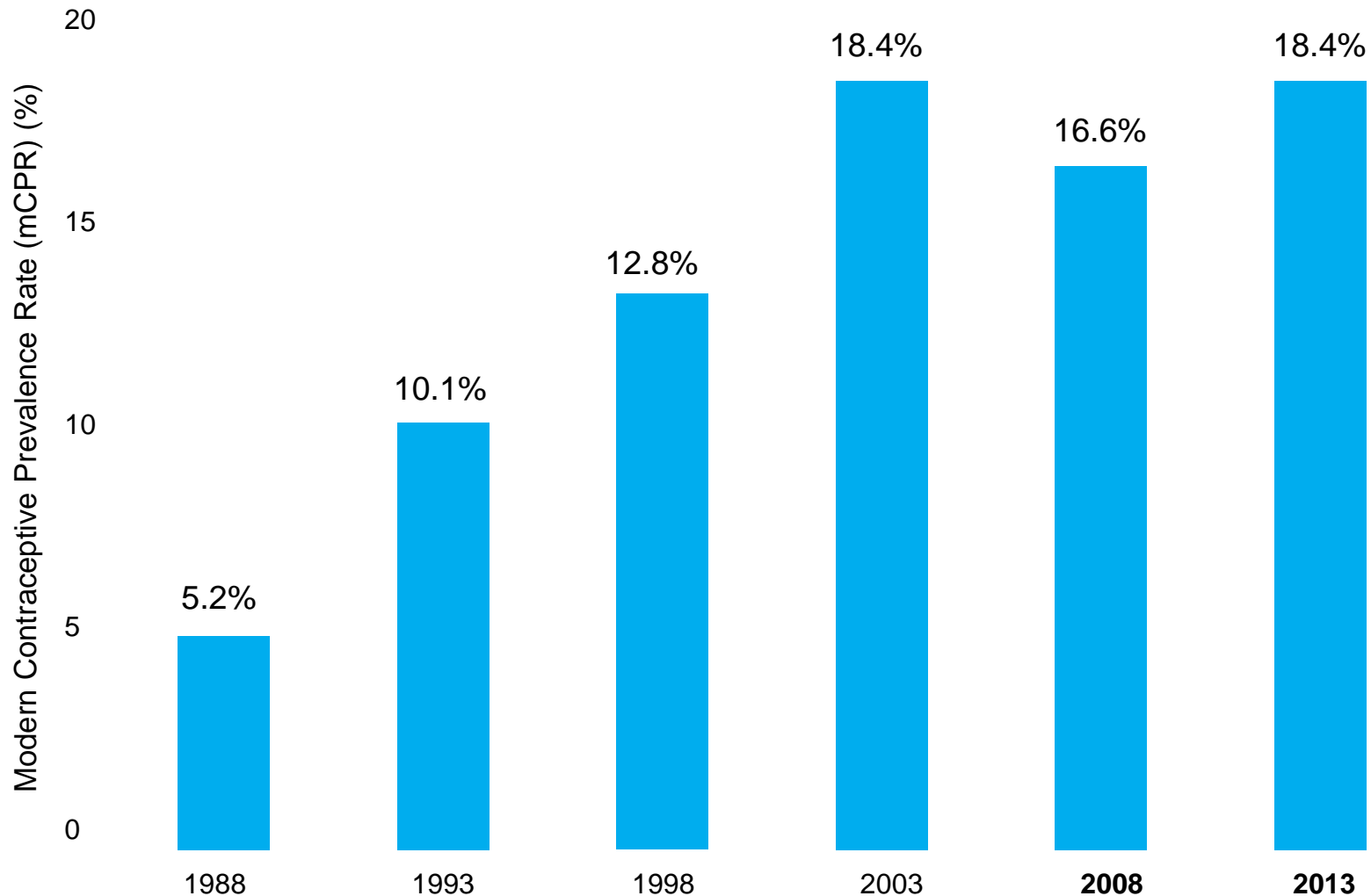
**KEY:** Measured by PMA2020 Surveys; Measured indirectly with PMA2020 inputs; *Not measured by PMA2020*



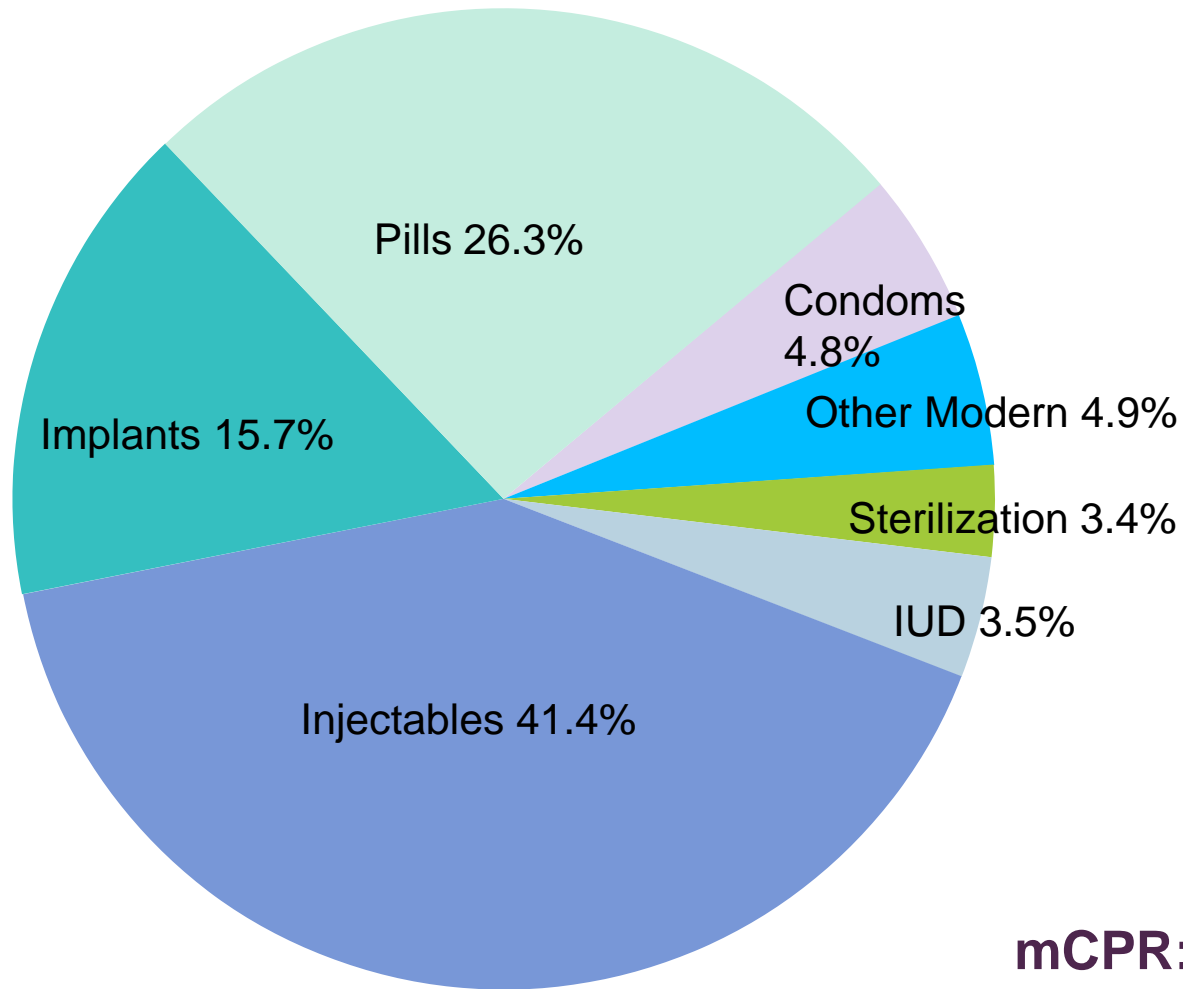
# PMA2013/Ghana Round 1 Results

# mCPR Trends: 1988-2013

(Among Married Women, aged 15-49)



# Current Modern Method Mix (Among Married Contraceptors)

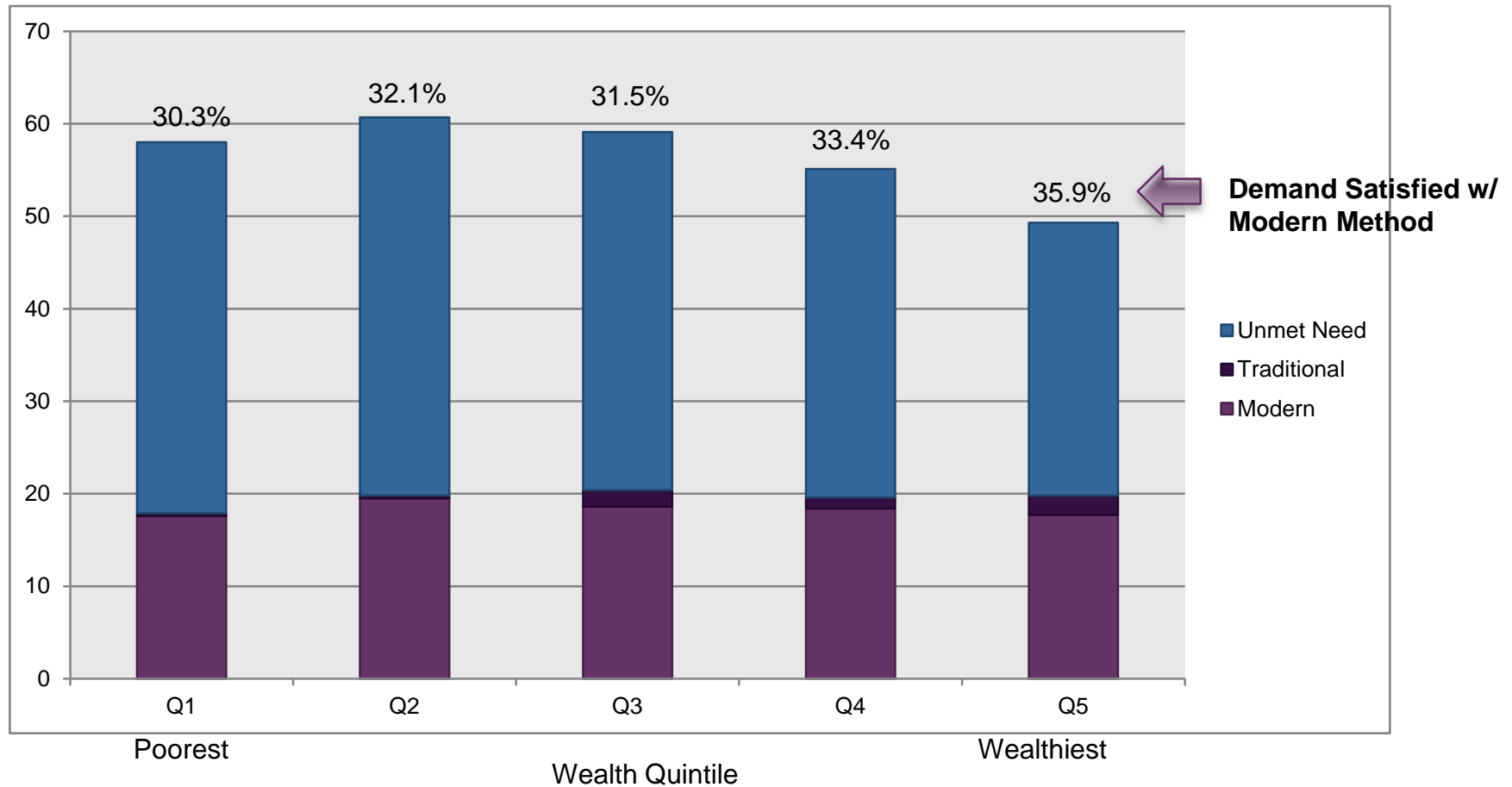


# Unmet Need for Family Planning

(Married Women, age 15-49)

	DHS 2008	PMA2013/ Ghana
<b>Unmet Need</b>	<b>35.8</b>	<b>37.2</b>
For Limiting	12.7	12.8
For Spacing	22.5	24.4
Total Demand	58.9	56.7
<b>Demand Satisfied w/ Modern Method</b>	<b>28.2</b>	<b>32.5</b>

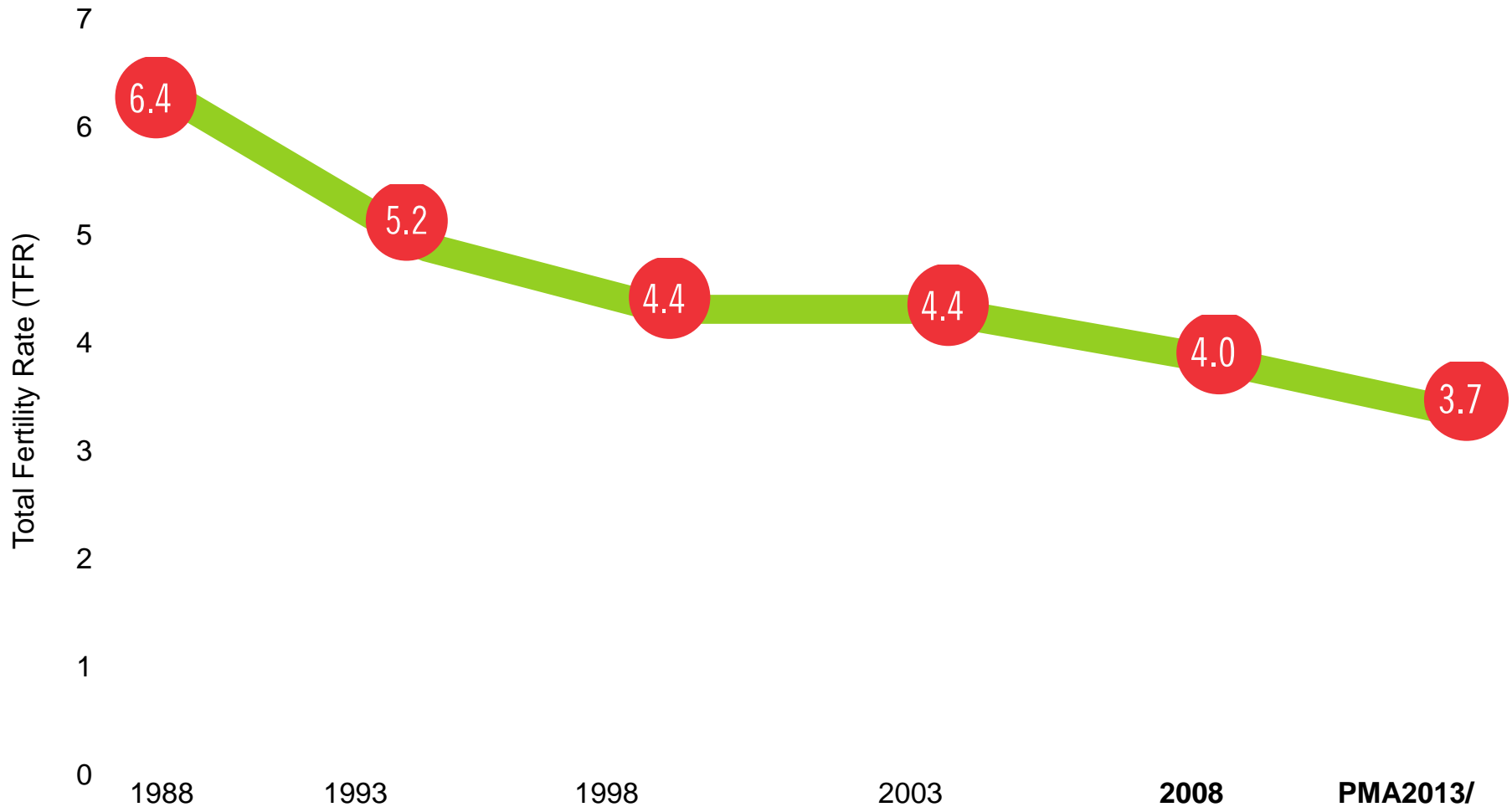
# Current Use & Unmet Need, by Wealth Quintile (Among Married Women)



# Fertility Indicators

	DHS 2008	PMA2013/ Ghana
<b>Total Fertility Rate (all women age 15-49)</b>	<b>4.0</b>	<b>3.7</b>
<b>Adolescent Birth Rate (per 1000)</b>	<b>66.0</b>	<b>64.0</b>
<b>Recent Births Unintended (%)</b>	<b>42.7</b>	<b>42.9</b>
Wanted Later	23.1	30.7
Wanted No More	15.0	12.2
<b>Ratio of Lowest vs. Highest Wealth Quintiles of % Births Unintended</b>	<b>--</b>	<b>44:21</b>

# Total Fertility Rate Trends: 1988-2013



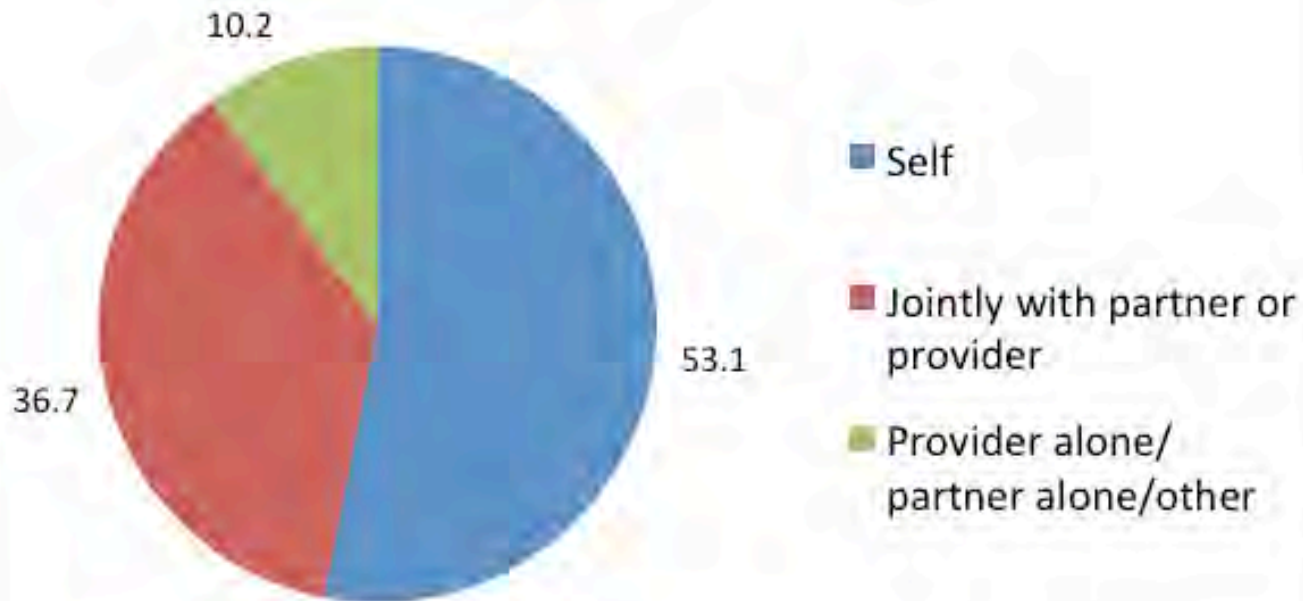
Ghana



# Indicators of Access, Equity, Quality & Choice among current female users

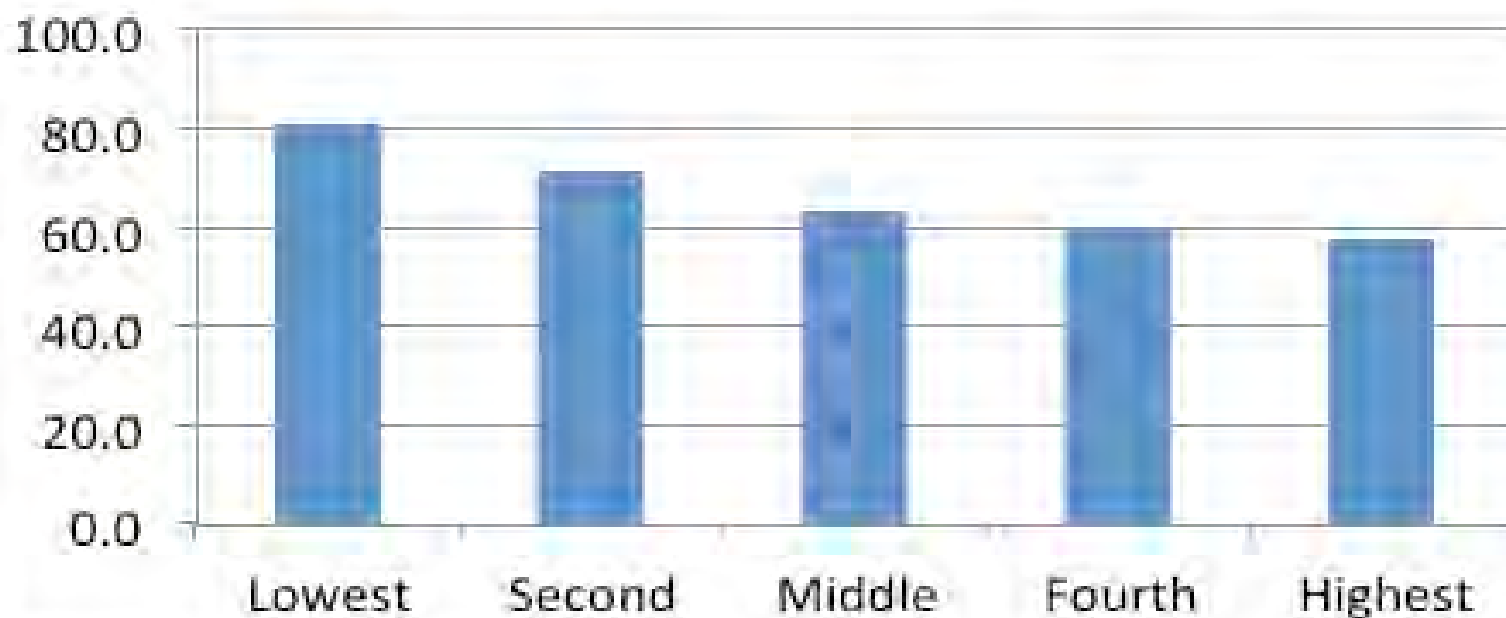
Obtained Method Of Choice	93.6%
Method Chosen By Woman Alone or Jointly	89.8%
Paid For Services	66.4%
Told Of Other Methods	56.5%
Counseled On Side Effects	48.3%
If Counseled, Told What To Do	77.7%
Sterilized Users Told That The Method Was Permanent (n=10)	100.0%
Would return to provider and would refer a friend or family member	69.8%

## Who decided method obtained among recent users (n=700)



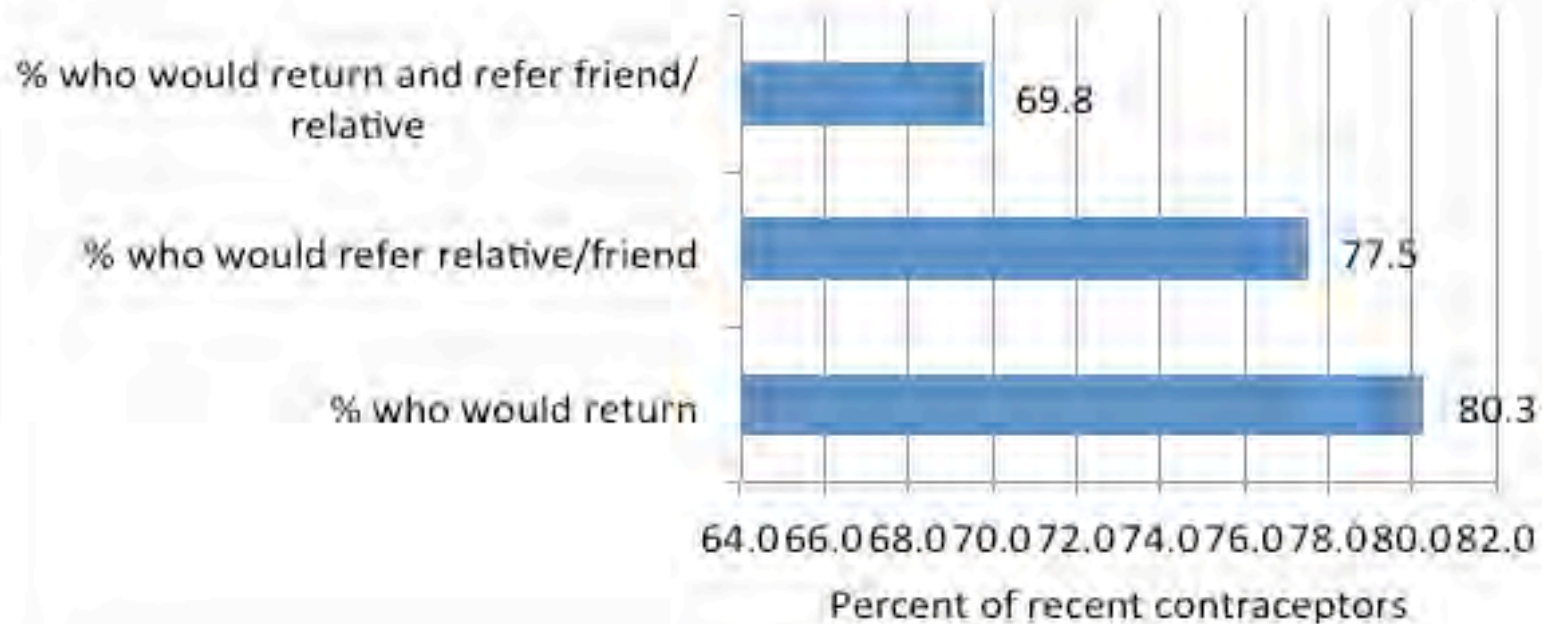
- Young women age 15-24 are the most likely to decide for themselves.
- Women with 2 or more children are most likely to decide jointly.
- Women in lowest quintiles are the least likely to decide on their own.

## Percent of recent/current users who paid for family planning services by wealth quintile



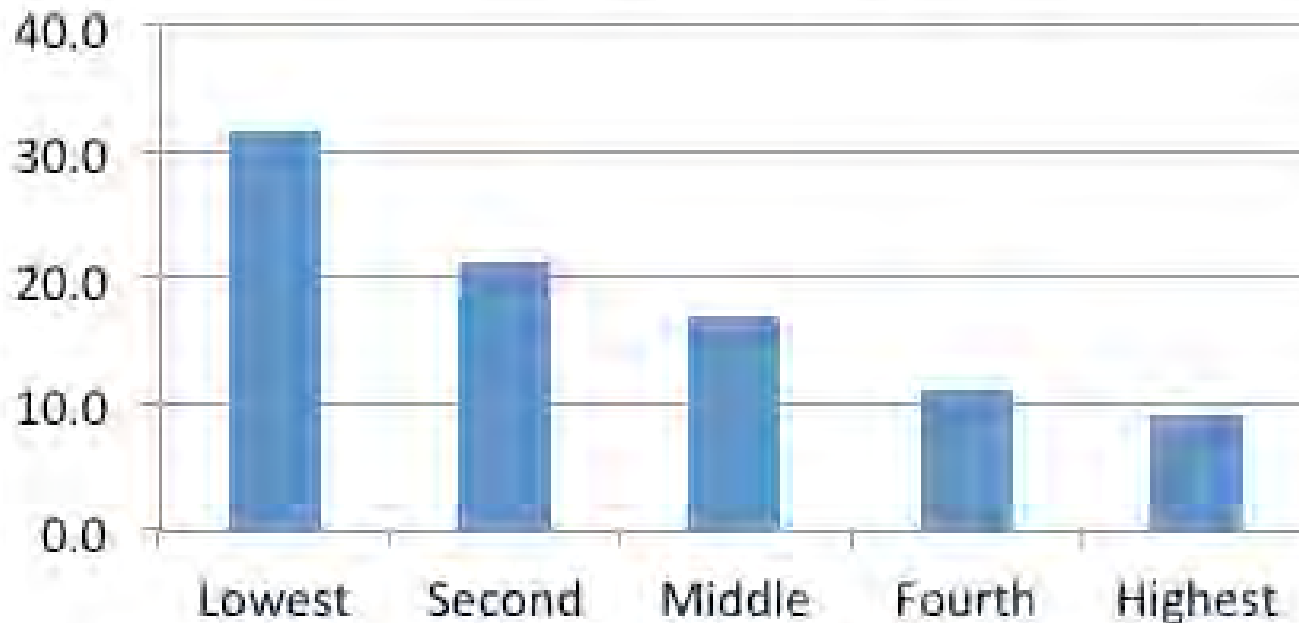
- Unmarried women are more likely to pay for family planning.
- Rural women are more likely to pay.
- Average payment: 11 cedis; 10: injectables, 8: pills, 17: implants.

## Satisfaction with provider among recent/current users (n=679)



- No major pattern deviations by age, marital status, education, wealth.
- Users with 0-1 children somewhat less likely to return to provider.
- Users in Eastern, Volta, and Central regions are less satisfied with provider.

### Percent of women age 15 to 49 reporting receiving information from provider in past 12 months by wealth quintile



- Married are more likely to have visits than unmarried women.
- ...although visits for sexually-active unmarrieds higher.
- Reported visits increase with parity and for rural women.

# Service Delivery Points

(n=149: 106 Public, 43 Private)

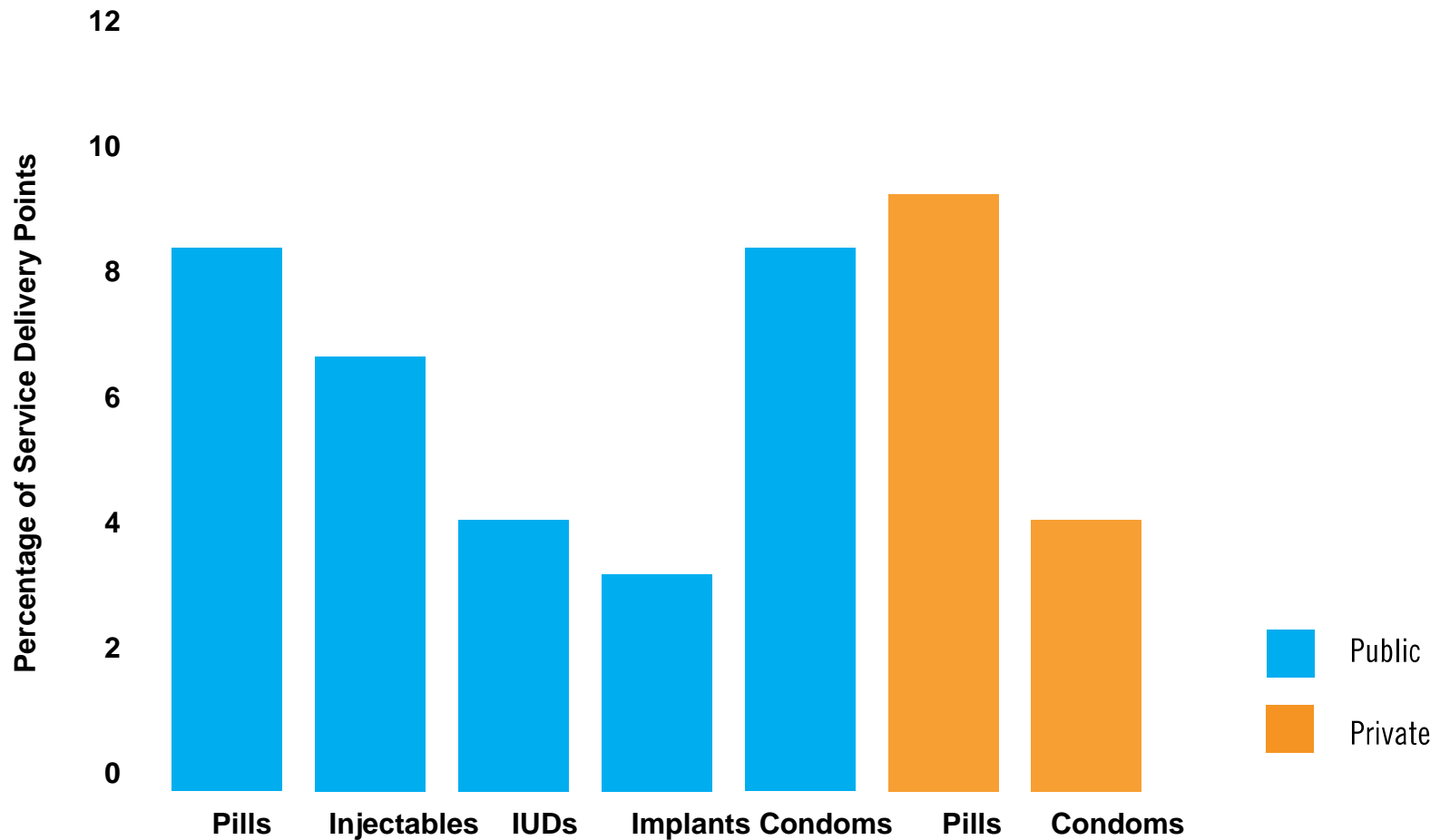
	Public	Private
Percent Offering Family Planning	96.3	69.8
Average Number Of Days Per Week	5.5	4.4
OFFERING THE FOLLOWING METHODS:		
Pill	96.4	69.9
Injectable	99.0	29.8
IUDs	59.9	8.5
Implants	84.6	16.9
Male condoms	93.7	78.0

# Service Delivery Points

(n=149: 106 Public, 43 Private)

	Public	Private
Offer FP Counseling/Services To Adolescents	100.0	89.1
Mobile Outreach Support In Last 12 Months	31.1	0.0
Charging Fees For FP Services	91.3	72.7
With Client Feedback System	100.0	60.5
Integrating FP into:		
Maternal Health Services	89.7	18.9
HIV Services	86.9	26.3
Post-Abortion	90.9	18.9

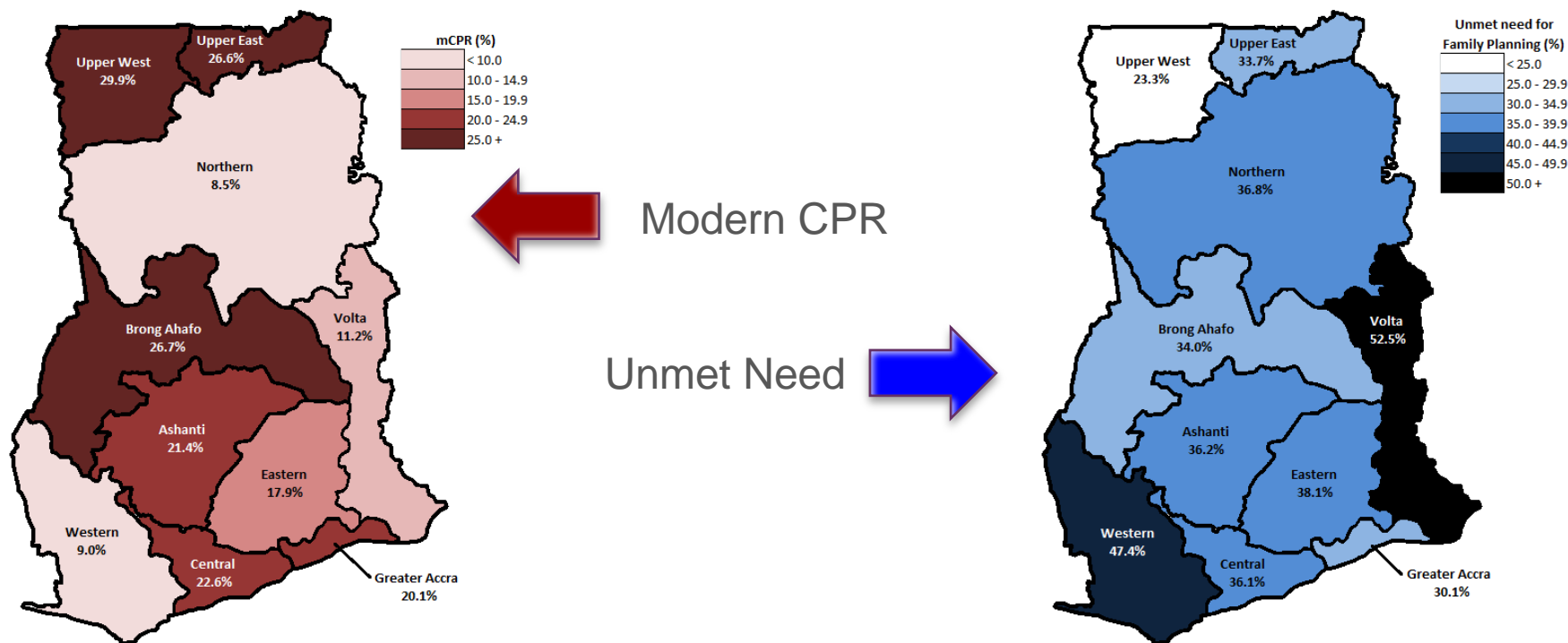
# Contraceptive Stock Outs: past 12 months





# mCPR and Unmet Need by Region:

where use is low, unmet need is high and vice-versa



# Linkages with AFP

- Overlap in: Burkina Faso, DR Congo, India, Indonesia, Kenya, Nigeria, Senegal\*, Uganda
- AFP presence at launches, stakeholders meetings, disseminations
- Using *Key Indicator Briefs (and Detailed Indicator Reports)* for advocacy
- Linkages with Track 20
- Other opportunities



*Note: Track20 & PMA2020 were designed jointly with shared goal and a set of 10 shared objectives. Both are 5-year projects awarded in April 2013.*



# PMA2020

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and Accountability 2020



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# Thank you!

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