PMA2020 was originally designed to facilitate annual progress reporting in support of the goals and principles of Family Planning 2020 (FP2020) across priority countries in Africa and Asia, using an innovative data platform that:

- Employs mobile technology to collect rapid-turnaround data
- Supports low-cost surveys that are carried out by a network of resident enumerators
- Generates annual indicators on family planning and water, sanitation and hygiene
- Provides indicators that are consistent with Demographic and Health Survey measures
- Introduces new indicators of family planning access, equity, quality and choice
- Engages local and international stakeholders to identify and respond to data needs
- Works with Track20 to support training of monitoring and evaluation officers in FP2020-pledging countries
- Helps track certain targets of the United Nations Sustainable Development Goals (SDGs)
- Strengthens local capacity
- Is expandable to other health sectors

PMA2020 uses mobile devices to routinely gather nationally representative data on family planning and water and sanitation. Data are collected at both household and facility levels via mobile phones through a network of resident enumerators stationed throughout the country. Enumerators transfer data by phone to a central server via the mobile data network. In real time, data are validated, aggregated and prepared into tables and graphs, making results more quickly available to stakeholders as compared to a paper-and-pencil survey. PMA2020 can be integrated into national monitoring and evaluation systems by offering a low-cost, rapid turnaround survey platform that can be utilized for various other data needs.
Who are the PMA2020 implementing partners?

In each program country, we rely on local universities and research organizations to lead and implement the project; often this is in collaboration with national and sub-national ministries of health and national statistical agencies. In addition to recruiting and training field staff, our implementing partners also share survey results annually at national and sub-national dissemination events. Present at these events are key stakeholders, including officials from various levels of the national and local government, representatives from the donor community, local media outlets, and those engaged in family planning policy, programming and advocacy.

Who are the PMA2020 Resident Enumerators?

Resident enumerators (REs) are the backbone of PMA2020, serving as the primary data collectors at households and private service delivery points in all of our program countries. They are residents of the areas where data are being collected and are deployed to conduct multiple survey rounds in their communities. PMA2020 REs are a diverse group of young women. Typically having completed secondary school, they collectively speak dozens of local languages and have a wide range of educational, vocational and demographic backgrounds.

For more information...

PMA2020 is implemented by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health (www.gatesinstitute.org). PMA2020 welcomes inquiries from potential partners. Inquiries can be directed to info@pma2020.org or through our website at www.pma2020.org.

PMA2020 COUNTRIES/PARTNERS:

- **Ghana**: Kwame Nkrumah University of Science & Technology
- **Ethiopia**: Addis Ababa University
- **Uganda**: Makerere University
- **DR Congo**: Tulane University in partnership with the School of Public Health at the University of Kinshasa
- **Kenya**: International Center for Reproductive Health (ICRH-K)
- **Burkina Faso**: Institut Supérieur des Sciences de la Population
- **Nigeria**: Centre for Research, Evaluation Resources, and Development (CRERD) and Bayero University Kano (BUK)
- **Niger**: Institut National de la Statistique (INS)
- **Indonesia**: National Population and Family Planning Board (BKKBN)
- **India**: Indian Institute of Health Management Research (IIHMR)
- **Côte d’Ivoire**: La Direction de Coordination du Programme National de Santé de la Mère et de L’Enfant (DC-PNSME) and L’Institut National de la Statistique de la Côte D’Ivoire