

FAMILY PLANNING | REPRODUCTIVE HEALTH

IMPACT BRIEF: KENYA



2020 UPDATE



Saving Lives and Improving Health Outcomes in Kenya through Increased Access to Contraceptives

Access to voluntary family planning and reproductive health (FP/RH) services is vital for safe motherhood and healthy families. Having a choice of modern contraceptives allows couples to plan and space births, ensuring families have the means to properly care for their children. USAID ensures an uninterrupted supply of quality FP commodities worldwide through the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project.

Kenya has a population of more than 48 million.² In 2018, approximately 17 percent of Kenyan women had an unmet need for FP – meaning they wanted to avoid pregnancy but were not using a modern method of birth control.³

The average woman in Kenya gives birth to 3.5 children in her lifetime.⁴ Kenya has a maternal mortality ratio of 342 per 100,000 live births, compared to 534 in sub-Saharan Africa, on average.⁵ The child mortality rate is 43 deaths among children under 5 per 1,000 live births, compared to 76 in the sub-Saharan region.⁶

The Government of Kenya is collaborating with USAID and other partners to address the country's maternal and child health needs. This includes increasing investment in FP/RH to reach a projected modern contraceptive prevalence rate of 45.5 percent among all women aged 15 to 49, regardless of marital status, by 2020.⁷

Estimated health impacts from USAID procurement investments

838K
unintended pregnancies
PREVENTED



2,500
maternal deaths
AVERTED



\$55.2M in direct healthcare spending

Unless otherwise noted, all figures reported in this brief are over the life of the GHSC-PSM project and do not reflect USAID's contraceptive investment prior to FY 2017. The figures reflect delivered commodities, not shipped commodities, and may not be comparable to figures reported in previous materials.

²USAID,"Acting on the Call:A Focus on the Journey to Self-reliance for Preventing Child and Maternal Deaths," (2019),

https://www.aaid.gov/sites/default/files/documents/1864/USAID_2019_AOTC.pdf. Accessed June 22, 2020. Family Planning 2020. "FP2020 Core Indicator Summary Sheet: 2018-2019 Annual Progress Report." http://www.familyplanning2020.org/sites/default/files/Data-Hub/2019Cl/Kenya_2019_Cl_Handout.pdf. Accessed June 22, 2020. ⁴Fertility rate, total (births per woman) https://data.worldbank.org/indicator/SPDYN.TERT. IN?locations=BD-IN-SN-KE-ZA-CD-TZ. Accessed June 22, 2020.

⁵World Bank, Maternal Mortality Ratio. https://databank.worldbank.org/reports.aspx?-source=28:series=SH.STA.MMRT&country= Accessed July 10, 2020.

6 World Bank, Child Mortality Rate. https://data.worldbank.org/indicator/SH.DYN.MORT. Accessed July 10, 2020.

⁷Family Planning 2020, Family Planning 2020 (2018). www.familyplanning2020.org/sites/default/files/Data-Hub/2019Cl/Kenya 2019 Cl Handout.pdf Accessed June 22, 2020.

USAID Contraceptive Investment

In partnership with the Government of Kenya and other in-country stakeholders, USAID has supported the procurement and distribution of over 469,000 FP/RH products to nearly 2,000 USAID-supported health facilities and organizations in Kenya from FY 2017-2020. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 1.8 million couple years protection⁸ and to help prevent:

- 838,000 unintended pregnancies
- 247,000 abortions
- 2.500 maternal deaths
- 13.000 child deaths⁹

These investments in contraceptives have the potential of saving approximately **\$55.2 million** in direct spending on healthcare—resources that can be reinvested in Kenya's health system.

Through its investments in contraceptives and supply chains, USAID, in collaboration with global and in-country partners, is helping Kenya meet its people's FP/RH needs. Countries that partner with USAID to invest in FP/RH can achieve greater self-reliance by improving their overall health systems and empowering families to plan for their futures.

Methodology

The indicators presented in this brief were calculated by entering procurement data from the GHSC-PSM project database¹⁰ into the Impact 2 model,¹¹ a socio-demographic mathematical model used to measure the impact of FP/RH programs.

The FP/RH impact indicators, as reported in this brief, estimate the global demographic, health and economic impact of the GHSC-PSM project thus far. To make these calculations, GHSC-PSM adjusted certain criteria in the model. For more information, please contact PSMMonitoringandEval@ghsc-psm.org.

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"I am happy that I have the knowledge and skills required to effectively manage family planning and other commodities, ensuring their constant availability and contributing to the wellbeing of women in Turkana. The mentorship received from the sub-county pharmacist and USAID's Afya Ugavi project has enhanced my skills a lot."

- Nelvin Lokwawi



Nelvin Lokwawi, the commodity nurse at Lokichar sub-county hospital in Turkana County, reviews her stock of family planning supplies. Photo credit: GHSC-PSM

CONTRACEPTIVE METHODS ¹²	TOTAL PRODUCTS DELIVERED FY 2017-2020*
Implantable contraceptives	469,000
T Copper intrauterine devices	300
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	469,300
TOTAL VALUE OF COMMODITIES	\$2.9M**

^{*}Data through Q2 of FY 2020

¹²Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intrauterine (device); emergency oral (package)



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^{**}This figure represents solely the calculation of the value of commodities and does not include shipment or other associated costs.

⁸CYP is the estimated protection provided by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp

⁹This indicator only estimates reduction in deaths as a result of improved birth spacing. The data linking the contraceptive prevalence rate, birth spacing and child mortality is currently limited. In GHSC-PSM's Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

¹¹ https://www.mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/. March 16, 2020. The number of preventable deaths, abortions and unintended pregnancies averted is calculated by entering into the model the number of FP/RH commodities delivered by GHSC-PSM across a selected time period.