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/RH commodities worldwide through the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project.1

Kenya has a population of more than 53 million.2 In 2022, approximately 17.1 percent of Kenyan married 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 3.4 children in her lifetime.4 Kenya has a maternal mortality ratio of 342 per 100,000 live births, compared to 542 in sub-Saharan Africa, on average.5 The child mortality rate is 42 deaths among children under 5 per 1,000 live births, compared to 74 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 61.1 percent among married women aged 15 to 49 by 2022.7

1 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.


USAID Contraceptive Investment

In partnership with the Government of Kenya and other in-country stakeholders, USAID has supported the procurement and distribution of over 789,000 FP/RH products to nearly 2,000 USAID-supported health facilities and organizations in Kenya from FY 2017-2022. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 2.5 million couple years protection8 and to help prevent:

- 1 million unintended pregnancies
- 346,000 abortions
- 3,000 maternal deaths
- 19,000 child deaths9

These investments in contraceptives have the potential of saving approximately $76 million in direct spending on healthcare10—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

To measure the impact of FP/RH programs, the indicators presented in this brief were calculated using the Impact 2 model11, a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database12.

The FP/RH impact indicators, as reported in this brief, estimate the demographic, health, and economic impact of USAID’s support of contraceptives to Kenya’s health programs.

For more information, please contact PSMMonitoringandEval@ghsc-psm.org.

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8 CYP 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. [Link](https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp)

9 This indicator only estimates reduction in deaths as a result of improved birth spacing. [Link](https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp)

10 The figures are not adjusted for inflation and based on the costs of services from 2011. [Link](https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp)

11 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.

12 GHSC-PSM’s Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

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

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“| CONTRACEPTIVE METHODS | TOTAL PRODUCTS DELIVERED FY 2017-2022* |
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Copper bearing intrauterine devices</td>
<td>300</td>
</tr>
<tr>
<td>Implantable contraceptives</td>
<td>789K</td>
</tr>
<tr>
<td><strong>TOTAL NUMBER OF CONTRACEPTIVES DELIVERED</strong></td>
<td><strong>789K</strong></td>
</tr>
<tr>
<td><strong>TOTAL VALUE OF COMMODITIES</strong></td>
<td><strong>$5.6M</strong></td>
</tr>
</tbody>
</table>

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

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