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

With a population of 16.9 million²—more than double what it was in 1990—the average woman in Senegal gives birth to 4.5 children in her lifetime.³ In 2022, approximately 22.6 percent of married women in Senegal had an unmet need for FP—meaning they wanted to avoid pregnancy but were not using a modern method of birth control.⁴

The maternal mortality ratio in Senegal is 315 per 100,000 live births, compared to 542 for sub-Saharan Africa, on average.⁵ The child mortality rate is 38 deaths among children under 5 per 1,000 live births, compared to 74 for the sub-Saharan region.⁶

To address Senegal’s maternal and child health needs, the Government of Senegal is collaborating with USAID and other partners. This includes increasing investment in FP/RH to reach a projected modern contraceptive prevalence rate of 28.3 percent among married women aged 15 to 49 by 2022.⁷

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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 Senegal and other in-country stakeholders, USAID has supported the procurement and distribution of over 36 million FP/RH products to USAID-supported facilities and organizations in Senegal from FY 2017-2022. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 2.6 million couple years protection and to help prevent:

- 1 million unintended pregnancies
- 440,000 abortions
- 2,000 maternal deaths
- 15,000 child deaths

These investments in contraceptives have the potential of saving approximately $61 million in direct spending on healthcare—resources that can be reinvested in Senegal’s health system.

Through its investments in contraceptives and supply chains, USAID, in collaboration with other global and in-country partners, is helping Senegal 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 model, a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database.

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

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

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**CONTRACEPTIVE METHODS**

<table>
<thead>
<tr>
<th>Method</th>
<th>Total Products Delivered FY 2017-2022*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined oral contraceptives</td>
<td>4.8M</td>
</tr>
<tr>
<td>Progestin only pills</td>
<td>451K</td>
</tr>
<tr>
<td>Copper bearing intrauterine devices</td>
<td>25K</td>
</tr>
<tr>
<td>Implanted contraceptives</td>
<td>419K</td>
</tr>
<tr>
<td>Injectable contraceptives</td>
<td>2.2M</td>
</tr>
<tr>
<td>Male condoms</td>
<td>28M</td>
</tr>
<tr>
<td>Female condoms</td>
<td>270K</td>
</tr>
<tr>
<td><strong>TOTAL NUMBER OF CONTRACEPTIVES DELIVERED</strong></td>
<td><strong>36.3M</strong></td>
</tr>
</tbody>
</table>
| **TOTAL VALUE OF COMMODITIES** | **$8.1M** *

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

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

9 This indicator only estimates reductions in deaths as a result of improved birth spacing. The data linking contraceptive prevalence rates, birth spacing and child mortality is currently limited.

10 The figures are not adjusted for inflation and based on the costs of services from 2011. [https://www.mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/](https://www.mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/). Accessed November 30, 2022. 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.

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

12 Units 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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“I have four children and their births were spaced at least three years apart, thanks to family planning. This birth spacing enabled me to effectively practice exclusive breastfeeding and to take good care of my health.”

– Anonymous woman of child-bearing age in Mbacke health district in Senegal