

# Estimating the Impact of USAID-Funded Contraceptives: Kenya



## Overall Contraceptive Use by Method

### Estimated Contraceptive Users, 2020-2024

	2020	2021	2022	2023	2024
<b>Condoms</b>	505,000	519,000	531,000	551,000	576,000
<b>Pills</b>	704,000	724,000	741,000	768,000	804,000
<b>Injectables</b>	1,806,000	1,858,000	1,901,000	1,971,000	2,062,000
<b>Implants</b>	1,753,000	1,803,000	1,845,000	1,913,000	2,001,000
<b>IUD</b>	372,000	383,000	391,000	406,000	424,000
<b>Sterilization</b>	212,000	219,000	224,000	232,000	243,000
<b>Other</b>	212,000	219,000	224,000	232,000	243,000
<b>Total</b>	5,564,000	5,725,000	5,857,000	6,073,000	6,353,000

Source: Method Mix from 2022 DHS applied to modern user estimates from FP2030 2025 Report

## USAID's Contribution to Contraceptive Procurement

### USAID-Funded Contraceptive Commodities Procured, 2020-2024

	2020	2021	2022	2023	2024
<b>Condoms</b>	0	0	0	0	0
<b>Pills</b>	0	0	0	0	0
<b>Injectables</b>	0	0	0	0	0
<b>Implants</b>	0	0	409,084	159,984	358,072
<b>IUD</b>	0	0	0	0	0
<b>Other</b>	0	0	0	0	0

Source: RH Viz, April 2025

Note: "Other" includes emergency contraception, syringes and accessories, standard days method, and trocars. Condom values have been adjusted to exclude condoms procured for HIV programs. For USAID, an assumption was made that 75% of condoms were procured for HIV programs (based on reporting from GHSC-PSM)

## Estimating the Comparative Value of USAID's Contraceptive Procurement

### Total USD Value of Donor-Funded Contraceptive Products Procured, by Funder, 2020-2024

	2020	2021	2022	2023	2024
<b>UNFPA Supplies</b>	\$7,415,441	\$5,344,852	\$5,859,321	\$4,361,753	\$4,125,732
<b>USAID</b>	\$0	\$0	\$3,477,214	\$1,359,864	\$3,043,612
<b>Other Donor</b>	\$0	\$0	\$0	\$0	\$0
<b>NGO/SMO</b>	\$0	\$46,750	\$17,000	\$19,550	\$0
<b>Other</b>	\$0	\$0	\$73,700	\$0	\$665,550
<b>UNFPA Co Financing</b>	\$984,900	\$0	\$0	\$402,000	\$0
<b>Total</b>	\$8,400,341	\$5,391,602	\$9,427,235	\$6,143,167	\$7,834,894
<b>% USAID</b>	0%	0%	37%	22%	39%

Source: RH Viz, April 2025

Note: Values are only for the commodities and do not include estimates of the shipping and associated costs to get those products to the country. Values exclude personal lubricants. Condom values have been adjusted to exclude condoms procured for HIV programs. For USAID, an assumption was made that 75% of condoms were procured for HIV programs (based on reporting from GHSC-PSM) and for Global Fund, an assumption was made that 100% of condoms were procured for HIV.

## Estimating the Impacts of Donor-Funded Contraceptives and USAID's Contribution

### Estimated Impacts of Contraceptive Products Procured in 2024

	Impacts of Total Commodities (all funders)	Impacts of USAID-funded Commodities only	Impacts of Total Commodities <u>without</u> USAID-funded Commodities	% of Total Impact that came from USAID
<b>Demographic impacts</b>				
<i>Unintended pregnancies averted</i>	891,500	572,900	318,600	64%
<i>Live births averted</i>	434,400	279,200	155,200	64%
<i>Abortions averted</i>	337,400	216,800	120,600	64%
<b>Health impacts</b>				
<i>Maternal deaths averted</i>	2,540	1,629	911	64%
<i>Child deaths averted*</i>	12,510	8,040	4,470	64%
<i>Unsafe abortions averted</i>	256,730	165,000	91,730	64%
<b>Couple Years of Protection (CYPs)</b>				
<i>Total CYPs (FP only)</i>	1,797,760	1,127,927	669,833	63%

Notes: Impact estimates are Service-Lifespan impacts based on default Impact2 Model values; RH Viz does not specify implant or injectable type, so implant procurement was split evenly into 5-year and 3-year implants, and injectables were assumed to be 3-month injectables; 2025 commitments (in terms of \$ or products) not available, so 2024 is a proxy to estimate the impact of USAID funded FP commodity procurement

\* Estimates of child deaths averted may be unreliable because there is currently very limited data about the linkages between CPR, birth spacing and child mortality. This part of Impact 2 will be updated as improved research becomes available.