

AT A GLANCE

An estimated 3.2 million Senegalese women will be of reproductive age in 2010.

32% of married women have an unmet need for contraception.

31% of all pregnancies are unintended.

Only 3.7% of the total demand for FP is met by use of the most effective methods.

Addressing unmet need for FP can avert 3,400 maternal deaths and 266,000 child deaths by the MDG target date of 2015.

MEETING NATIONAL GOALS AND PEOPLE'S NEEDS WITH LA/PMs

CURRENT TRENDS WILL NOT MEET NATIONAL GOALS

For the Government of Senegal to fulfill its population's unmet need for family planning (FP) services in support of the fifth Millennium Development Goal (MDG), it would need to reach a contraceptive prevalence rate (CPR) of 43% by 2015. Achieving this goal is fundamental to slowing the nation's population growth, meeting national development goals, and helping its citizens achieve their reproductive health (RH) intentions.

However, Senegal faces a daunting FP challenge. The unmet need for FP is now 32% among married women, and the population continues to grow. By 2015, there will be nearly 600,000 more women of reproductive age in Senegal than there are today. To meet the CPR in support of the fifth MDG, 1.1 million women will need to be served.

Yet at the current rate, Senegal is projected to reach a CPR of 15% by 2015, just over one-third of what it would

take to fulfill the fifth MDG. (See Figure 1, below.)

LA/PMs—A SMART PROGRAMMATIC INVESTMENT

Experience in Sub-Saharan Africa confirms that without widespread availability and use of long-acting and permanent methods of contraception (LA/PMs),* a country cannot cost-effectively meet its fertility, health, and development goals. Senegal has a history of leadership and policy support for FP; it was one of the first Francophone countries to adopt an official population policy. However, despite decades of programmatic effort and donor investment, progress has been slow. The method mix is predominantly composed of short-acting hormonal methods, with LA/PMs accounting for 14% of FP use.

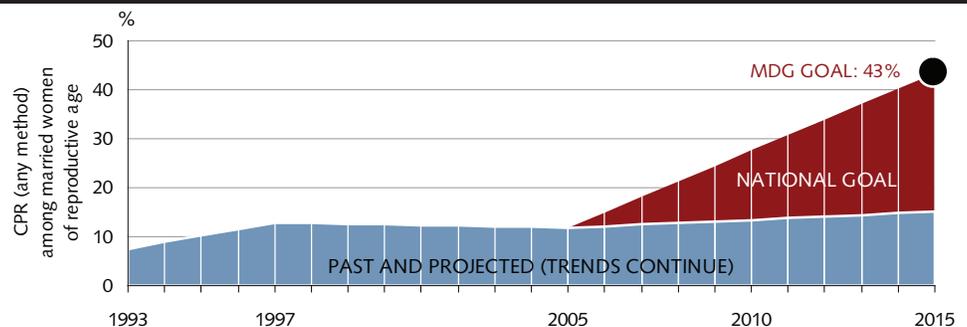
HELP PEOPLE ACHIEVE THEIR REPRODUCTIVE INTENTIONS

If the existing unmet need for FP in Senegal could be fulfilled, the demographic impact would be substantial. LA/PMs

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* LA/PMs are long-acting methods (IUDs and implants) and permanent methods (male and female sterilization).

FIGURE 1: MEETING SENEGAL'S NATIONAL GOALS



Sources: 1993, 1997, and 2005 Demographic and Health Surveys, and Reality √ projections for intervening and future years

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June 15, 2009

have an important role to play and offer multiple benefits to programs, women, and couples.

LA/PMs are vital to address the dissonance between women's expressed reproductive intentions and their method use. The gap between intention and practice could be closed by increasing awareness of LA/PMs, correcting misinformation about them, and increasing their availability to expand method choice.

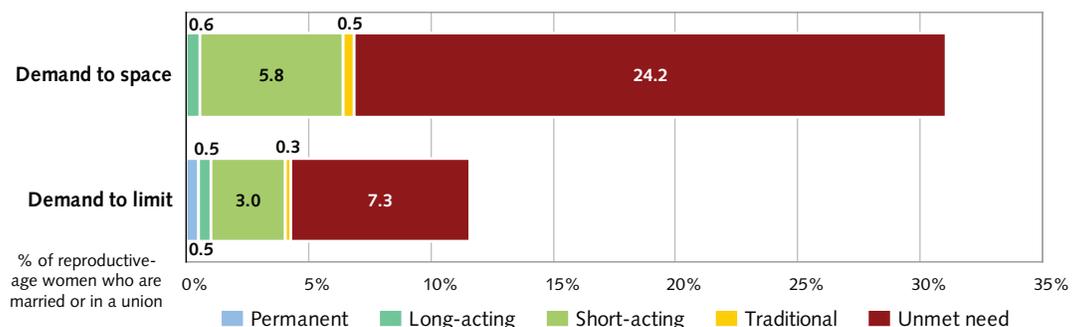
Among women who intend to space births, unmet need is more than three times as high as met need. (See Figure 2, below.) Further, few couples using FP to space are using IUDs or implants, the most effective methods for spacing. And among those seeking to limit births (women and couples who do not want any more children), unmet need is twice as high as met need, and only one-quarter of those using contraception are using an LA/PM. Given the large role that short-acting hormonal methods have played in Senegal's FP program, implants have the potential to expand FP use among both spacers and limiters. Greater access to correct information and to LA/PM services would enable people to meet their changing needs as they progress through their reproductive lives.

RESPOND TO SENEGAL'S NEEDS

The RESPOND Project can assist the Ministry of Health to successfully implement its strategy to improve RH in Senegal by taking a holistic programmatic approach that addresses the essential components of supply, demand, and advocacy. Possible interventions include:

- *Reality √*, a cutting-edge forecasting and planning tool that generates data for realistic, evidence-based service and training projections for national and subnational program planning
- Strategies to support the introduction or repositioning of long-acting methods to address the large unmet need for spacing and of LA/PMs to address the significant (yet smaller) unmet need for limiting
- Proven programmatic models to improve and scale up access to FP/RH services by integrating LA/PMs into other services (community postabortion care, FP/HIV/ maternal and child health services, private practitioner networks, and mobile outreach for the underserved urban and rural poor)
- Technical assistance to improve men's constructive engagement in RH and FP programs at the community, service, and policy levels

FIGURE 2: SENEGAL'S DEMAND FOR CONTRACEPTION (MET AND UNMET NEED)



Source: 2005 Demographic and Health Survey