

# Saving and Improving Lives through Increased Access to Contraceptives



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By helping women delay, space, and limit pregnancies, family planning is a cost-effective intervention that saves the lives of mothers and their children and also saves thousands of dollars in healthcare spending every year. Despite recent impressive gains in contraceptive use, 19.6 percent of all women in Tanzania currently have an unmet need for family planning.<sup>1</sup>

In 2014, approximately 2.3 million Tanzanian women wanted to avoid or delay pregnancy, but they were not using an effective method of contraception.<sup>1,2</sup> As a result, more than 702,000 women experienced an unintended pregnancy which can have serious consequences for mothers and children.<sup>3</sup> In 2014 alone, out of those unintended pregnancies, an estimated—

- **2,100** women died from pregnancy-related causes<sup>2,4</sup>
- **16,700** infants died in their first year of life<sup>5</sup>
- **13,500** children likely died before their fifth birthday due to below-optimal birth spacing.<sup>6</sup>

## USAID Contraceptive Investment

At the request of the Government of Tanzania, the U.S. Government (USG) has provided assistance to improve the country's health commodity supply chains and to better serve those who need family planning. **From FY2009 to 2014**, the USG has spent over **\$33.6 million** to purchase more than—

- **39.8 million** cycles of oral contraceptives
- **6.6 million** doses of Depo-Provera® (DMPA) injectable
- **938,000** implants (Implanon® and Jadelle®)
- **427,000** Copper T-380A IUDs
- **2,000** sets of CycleBeads.<sup>7</sup>

From FY2009-2014 USAID invested

**\$33.6** MILLION  
in commodities

**2** MILLION  
unintended pregnancies **PREVENTED**

**52,700**  
infant deaths **PREVENTED**

**6,800**  
maternal deaths **PREVENTED**

**\$169** MILLION  
in direct healthcare spending **SAVED**

## USAID Investment Impact

From FY2009 to 2014, USAID-funded contraceptives had the potential to meet the needs of more than **7.4 million** Tanzanian couples.<sup>8</sup> In the hands of women and men who need them, these contraceptives prevented approximately—

- **2 million** unintended pregnancies
- **642,300** induced abortions
- **52,700** infant (under the age of one) deaths
- **39,900** child (under age five) deaths due to improved birth spacing
- **6,800** maternal deaths.

During this time, by avoiding the direct costs of unintended pregnancy and delivery care, and of treating complications from unsafe abortions, Tanzanian families and the public health system saved an estimated **U.S. \$169.6 million** in direct healthcare spending.<sup>9</sup>

## Why Invest in Supply Chains?

USAID is a leader in efforts to meet the reproductive health needs of women in Tanzania and other countries in the developing world. Improving **access to modern methods of contraception** is crucial to meeting these needs. As the Tanzanian government expands its efforts to improve the health of its women and children, continued USAID investment in **procuring contraceptives and strengthening the national supply chain systems** is essential to increasing access and reducing the unmet need for family planning.

Through implementing partners, and in partnership with ministries of health and other organizations, USAID develops and strengthens reliable and sustainable public health supply chains by implementing robust logistics solutions, promoting supportive commodity security environments, procuring health commodities and building lasting local capacity, all to ensure that contraceptives make it into the hands of the women and men who need them.

**Table 1. Estimated Impact of USAID Contraceptive Commodity Support in Tanzania, by Fiscal Year (FY)<sup>9</sup>**

	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	Totals
<b>CYP generated by commodities shipped</b>	706,000	1,296,000	2,914,700	1,054,600	1,438,200	1,695,400	<b>9,104,900</b>
<b>Unintended pregnancies averted</b>	150,200	259,400	595,700	302,900	353,600	410,200	<b>2,072,000</b>
<b>Unintended Live births averted</b>	81,500	140,800	323,400	164,500	191,900	222,700	<b>1,124,800</b>
<b>Abortions averted</b>	46,500	80,400	184,700	93,900	109,600	127,200	<b>642,300</b>
<b>Infant (U1) deaths averted</b>	4,200	7,000	15,500	7,600	8,700	9,700	<b>52,700</b>
<b>Child (U5) deaths averted due to improved birth spacing</b>	2,900	5,000	11,500	5,800	6,800	7,900	<b>39,900</b>
<b>Maternal deaths averted</b>	600	900	2,000	1,000	1,100	1,200	<b>6,800</b>
<b>Direct healthcare costs savings (\$U.S. 2014)</b>	\$12,292,200	\$21,232,100	\$48,770,400	\$24,800,400	\$28,946,200	\$33,581,400	<b>\$169,622,700</b>

This brief was prepared for USAID by the USAID | DELIVER PROJECT.

For more details on the impact calculations, please contact [askdeliver@jsi.com](mailto:askdeliver@jsi.com).

- 1 National Bureau of Statistics (NBS) [Tanzania] and ICF Macro. 2011. Tanzania Demographic and Health Survey 2010. Dar es Salaam, Tanzania: NBS and ICF Macro. [http://dhsprogram.com/pubs/pdf/FR243/FR243\[24June2011\].pdf](http://dhsprogram.com/pubs/pdf/FR243/FR243[24June2011].pdf) (Accessed April 1, 2015)
- 2 United Nations, Department of Economic and Social Affairs, Population Division. 2013. *World Population Prospects: The 2012 Revision*. New York: United Nations. <http://esa.un.org/wpp/> (Accessed April 1, 2015)
- 3 Figure calculated using conversion factor from Darroch, J. E., and S. Singh. 2011. *Estimating unintended pregnancies averted by couple-years of protection (CYP)*. New York: Guttmacher Institute. <http://www.guttmacher.org/pubs/2011/01/24/Guttmacher-CYP-Memo.pdf> (Accessed April 1, 2015)
- 4 Country specific maternal deaths per unintended pregnancy rate applied to unintended pregnancies. See: Weinberger M, Fry K, and Hopkins K. 2015. Impact 2 v3: An innovative tool for estimating the impact of reproductive health programmes—methodology paper. London: Marie Stopes International. <http://mariestopes.org/sites/default/files/Impact-2v3-Methodology-and-Assumptions.pdf> (Accessed April 1, 2015)
- 5 U.S. Census Bureau International DataBase. <http://www.census.gov/population/international/data/idb/region.php> (Accessed March 1, 2015)
- 6 Marie Stopes International. 2015. Impact 2 (v3): An innovative tool for measuring the impact of reproductive health programmes. London: Marie Stopes International. <http://www.mariestopes.org/impact-2> (Accessed April 1, 2015)
- 7 USAID | DELIVER PROJECT. 2014. My Commodities database from <http://deliver.jsi.com/dhome/mycommodities>
- 8 Coverage is calculated using couple-years of protection (CYP). USAID. "Couple Years of Protection (CYP)" from [http://transition.usaid.gov/our\\_work/global\\_health/pop/techareas/cyp.html](http://transition.usaid.gov/our_work/global_health/pop/techareas/cyp.html) (Accessed March 1, 2015)
- 9 All figures were calculated using the Impact 2 (v3), Marie Stopes International, 2015 tool and data from the My Commodities database except for infant deaths averted. For infant deaths averted, the figures were calculated using the Impact 2(v3) tool, My Commodities database, and the annual infant mortality rates (IMR) listed in the U.S. Census Bureau International DataBase. <http://www.census.gov/population/international/data/idb/region.php> (Accessed March 1, 2015)