

Contraceptive Use: Estimating DKT's Contribution in Key Countries

January 2024



DKT International and Contraceptive Social Marketing

Unintended pregnancies carry health and economic risks for women and their communities. Since 1989, the DKT social enterprise model has improved access to affordable, high-quality contraceptives and safe abortion products, services, and technology. Additionally, DKT has strengthened the capacity of health providers in both the private and public sectors to offer contraception and safe abortion counseling and product administration, while promoting consumer awareness and contraceptive use through behavior change and social marketing strategies.

Contraceptive Rates Increase Globally

Global modern contraceptive prevalence rates (mCPR) have increased from 35% in 1990 to some 45% in 2021¹. However, in sub-Saharan Africa, contraceptive use averages 28%, contributing to stark disparities in pregnancy outcomes. DKT launched operations in Ethiopia in 1990 and later expanded across the continent to address persistent supply chain and demand-side barriers to access and use of contraceptives.

Table 1: Select DKT Countries, mCPR, DKT Launch Date

Country	mCPR (2022) ²	DKT Launch Date
Ethiopia	27.3%	1990
Indonesia	42.3%	1996
DRC	17.3%	2009
Ghana	23.0%	2012
Nigeria	14.4%	2013
Cote d'Ivoire (CDI)	24.1%	2016
Kenya	44.7%	2016

Estimating DKT's Contribution to Contraceptive Use

Despite substantial disruptions in supply chains caused by the COVID-19 pandemic and the decline of donor funds dedicated to sexual and reproductive (SRH) programming, the outlook for contraceptive use in sub-Saharan Africa appears promising. The UN predicts a 60% increase in users of modern contraceptive methods in sub-Saharan Africa by 2030, an additional 39 million users relative to 2020³. Given these positive trends in contraceptive prevalence, DKT sought to better understand its impact on total contraceptive users and overall market growth. To do so, DKT partnered with researchers from Johns Hopkins University, led by [Dr. Ian Salas](#), to conduct the analyses detailed on the following page.

¹World Family Planning 2022 United Nations Department of Economic and Social Affairs, Population Division

²Track20 Country Data. <https://www.track20.org/>

³United Nations Department of Economic and Social Affairs, Population Division (2020). [World Family Planning 2020 Highlights: Accelerating action to ensure universal access to family planning \(ST/ESA/SER.A/450\)](#)

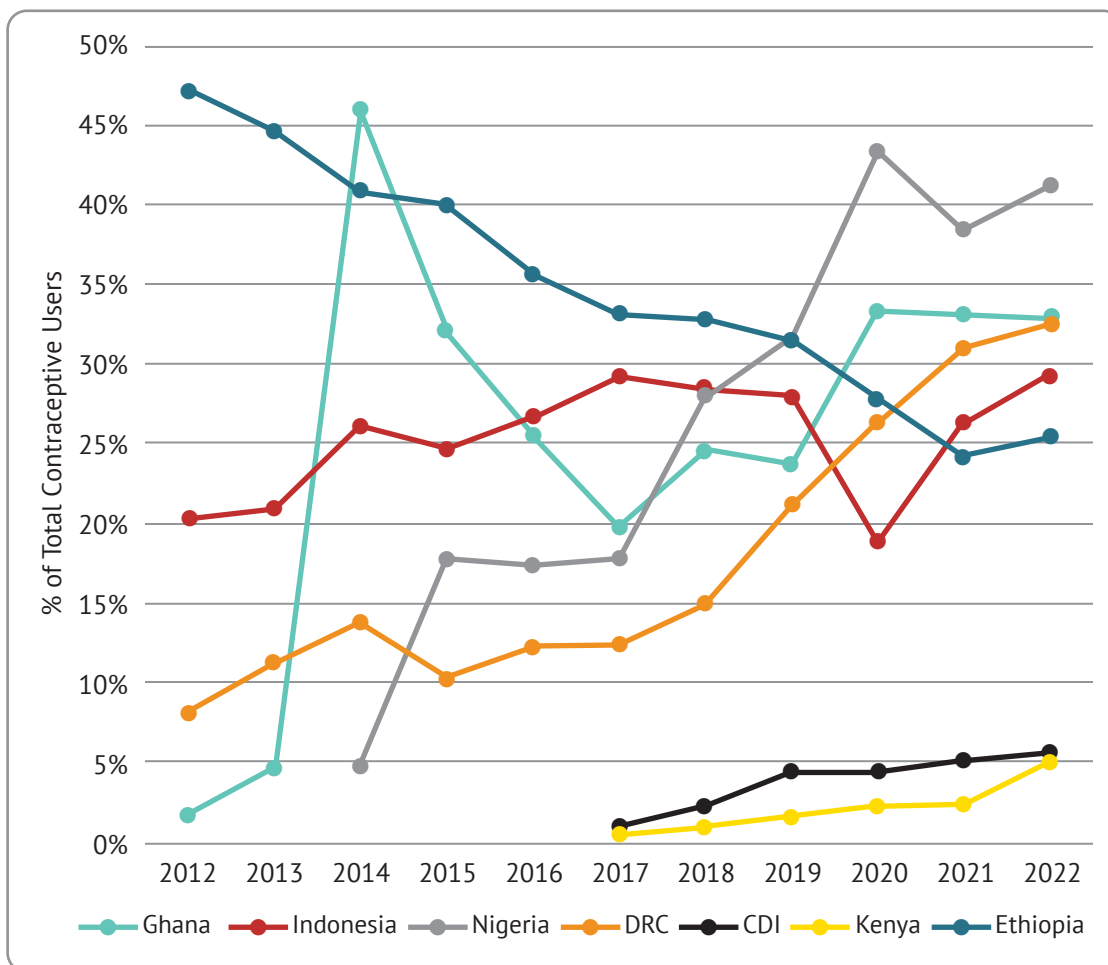
These analyses showcase DKT’s substantial impact on increasing contraceptive use upon entering a market. In 2022, DKT supplied over 40% of contraceptive users in Nigeria, over 30% in Ghana and the Democratic Republic of Congo (DRC), and 25% in Ethiopia.

Table 2: Percentage of Total Contraceptive Users Supplied by DKT in 2022

Country	% of Users Supplied by DKT in 2022
Nigeria	41%
Ghana	33%
DRC	32%
Indonesia	29%
Ethiopia	25%
Cote d’Ivoire (CDI)	6%
Kenya	5%

The below graph demonstrates DKT’s ‘market share’ of contraceptive users for select countries by year:

Graph 1: Percentage of Total Contraceptive Users from 2012-2022 Supplied by DKT



DKT plays a key role in providing products and services across all countries where it operates. This contribution varies, ranging from supplying 5% of contraceptive users in countries such as Kenya and Cote d'Ivoire to 35-40% in the DRC, Ghana, and Nigeria. In Ethiopia, although DKT's market share has declined, the organization still accounts for some 25% of all contraceptive users. This decline is attributed to the consistent performance of DKT Ethiopia over the last decade, as the country saw an increase in its number of contraceptive users. DKT's entry into the Ethiopian market in 1990 fostered the conditions that led to the country's overall increase in contraceptive users.

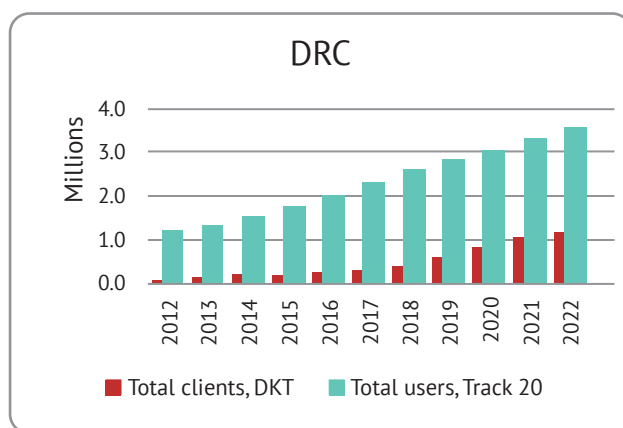
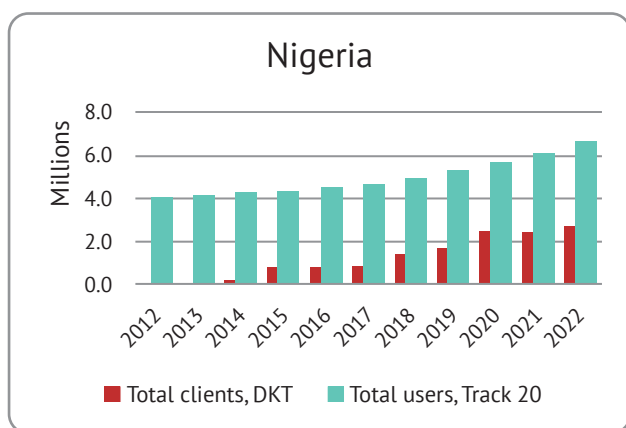
Using [Track 20](#) and [FP2030](#) data, researchers compared the incremental number of additional clients served by DKT each year against the number of additional contraceptive users overall from the same baseline year. The table below reflects the estimated number of additional clients served by DKT up to 2022, the total estimated additional users, and the percentage of users served by DKT. In Ghana and the DRC, DKT is responsible for a substantial portion of contraceptive market growth. In countries like Nigeria, DKT's contribution to additional users has been greater than the total number of additional users, suggesting that DKT programs have both grown the market and that an increased share of the market is turning towards DKT for consistent contraceptive supply. In Ethiopia, DKT's role has been modest in generating new net users - although, DKT's existing base of users has remained robust at 25% of all users.

Table 3: DKT Additional Clients and Total Additional Users since Baseline Year up to 2022

Country	Baseline Year	DKT Additional Clients	Total Additional Users for the Country	% Additional Users Supplied by DKT
Nigeria	2014	2,500,000	2,340,000	107%
Ghana	2012	616,000	740,000	83%
DRC	2012	1,060,000	2,340,000	45%
Kenya	2017	293,000	990,000	30%
Cote d'Ivoire (CDI)	2017	86,000	580,000	15%
Ethiopia	2012	28,000	3,840,000	1%

DKT's client growth is benchmarked against the overall increase in contraceptive users in each country. This comparison contextualizes the growth rate of clients served by DKT in relation to the overall growth of the total market (total contraceptive users in the country served by the public and private sectors). The following graphs demonstrate how DKT's market share has kept pace with total market growth in Nigeria and the DRC:

Graphs 2 and 3: DKT Contraceptive Clients Relative to Total Users from 2012-2022



Methodology

DKT routinely monitors its impact in countries using our contraceptive product sales data and corresponding couple years of protection (CYPs), a widely accepted health metric. CYPs reflect the reach and success of our contraceptive programs and help explain increases in market growth. DKT also relies on other data sources to measure our contribution to the overall trend of contraceptive use in each country. Given the organization's role in ensuring sustainable contraceptive access across low- and middle-income countries (LMICs), in 2023 DKT collaborated with researchers at the [William H. Gates Sr. Institute](#) at Johns Hopkins University led by Dr. Ian Salas, seeking to estimate our contribution to a country's contraceptive use. This approach builds on previous work devising new health management information systems (HMIS)-based indicators of contraceptive uptake, which have been widely used by NGOs and local governments across sub-Saharan Africa and Asia since 2018. This methodology of estimating Net Contraceptive Uptake (NCU) continues to gain recognition.

The approach serves as a valuable tool for monitoring the impact of sexual and reproductive health (SRH) programs, relying on product sales and consumption data. The methodology incorporates standard CYP adjustment factors for short-acting methods (EC, pills, condoms, injectables, diaphragms) and CYP-consistent continuation rates for long-acting reversible contraceptives (IUDs and implants) to estimate the total number of contraceptive clients in a given period in a 3-step process:

- **Step 1:** Calculate “total program clients” in each country for each year (number of women using modern contraception obtained, in this case, from DKT)
- **Step 2:** Compare “total program clients” to the “total users” of contraception in each country for each year (total users calculated independently by Track20 Team at Avenir Health)
- **Step 3:** Estimate program contribution to the total percentage of actual use of modern contraception in each country for each year

Conclusion

DKT has had significant impact increasing contraceptive use across Africa and in Asia. By quantifying our impact, we gain the means to enhance existing programming while contributing valuable measurement tools to the broader SRH community. We look forward to extending this analysis to other relevant DKT countries and appreciate the ongoing support and investment that facilitates this important work.

Permission granted to reproduce for personal and educational use.

Copy: Stephanie Gallagher, Director, Global Programs & Development, DKT International, email: stephanie@dktinternational.org

J.M. Ian Salas, PhD, Assistant Scientist, Department of Population, Family and Reproductive Health,

Senior Technical Advisor, The Challenge Initiative (TCI), [William H. Gates Sr. Institute for Population and Reproductive Health](#),
[Johns Hopkins Bloomberg School of Public Health](#)

Design and Layout: Jennifer Osterhouse®

DKT International, www.dktinternational.org, 1001 Connecticut Ave. NW, Suite 800, Washington, DC 20036

