

RESEARCH BRIEF

SENEGAL'S EXEMPLARY PROGRESS IN FAMILY PLANNING

EXECUTIVE SUMMARY

The Exemplars in Global Health (EGH) Family Planning (FP) project aims to identify actionable drivers of success in family planning by analyzing modern contraceptive prevalence (mCPR) and demand for family planning satisfied with modern methods. FP Exemplar countries include Senegal, Malawi, Kenya, Sierra Leone, Lao PDR and Bolivia.

Senegal was selected as an FP Exemplar country because it outperformed expected growth in these key indicators over the last twenty years. Demographic and Health Survey (DHS) data indicate a rapid rise in modern contraceptive use among all women of reproductive age in Senegal between 2005 and 2019, growing from 7.6% to 17.9%. During that time, demand for family planning satisfied by modern methods also increased from 23.5% to 52.6%. Our research seeks to examine the programs and policies that led to Senegal's exemplary progress, with a focus on how the rights of women and vulnerable groups were addressed. In this brief we have highlighted five drivers of success:

- Elevating national FP commitment through global and multisectoral coordination, reinforced by evidence
- Optimizing supply and delivery of multiple methods through a push system and task sharing
- Mobilizing domestic and local financial resources for FP
- Generating demand through tailored community engagement and outreach
- Advancing gender equality through education and vocational training

Problem Statement

Every year, family planning averts millions of unintended pregnancies and hundreds of thousands of maternal deaths. Yet the ability to freely decide whether and when to have children remains out of reach for many people, especially in low- and middle-income countries (LMICs).

Voluntary family planning has many benefits. Studies show it leads to lower rates of infant mortality, more girls in school, more women in the workforce, and healthier mothers and babies—both by reducing the number of times a woman is exposed to the risks of pregnancy and by reducing the proportion of high-risk pregnancies. In fact, experts argue that universal access to FP is key to achieving every one of the UN's Sustainable Development Goals.

Overview of Research

We employed a mixed methods approach to examine program and policy interventions, leverage qualitative data from key informant interviews, and analyze trends in mCPR and demand satisfied using descriptive statistics. In parallel, we conducted a Oaxaca-Blinder decomposition analysis to quantify the determinants of mCPR change over time and their relative contribution to change. Data sources included national surveys, such as the Demographic and Health Survey and Integrated Household Survey, as well as data from global institutions, like the World Bank, United Nations Population Division, and World Health Organization.

Key Findings

1. ELEVATING NATIONAL FP COMMITMENT THROUGH GLOBAL AND MULTISECTORAL COORDINATION, REINFORCED BY EVIDENCE

Context

The government of Senegal demonstrated a strong commitment to universal access to FP by integrating it into national policies and strategies. Health, economic, and social development legislation created an enabling environment for FP progress.

Action & Impact

Adoption of international policies to inform national strategy:

Capitalizing on international momentum beginning in the 1990s, Senegal ratified several development agendas including the International Conference on Population and Development, FP2020, and FP2030 to accelerate domestic progress in family planning. In 2002, Senegal created the Division of Reproductive Health within the Health Directorate and adopted the National Population Policy, which identified FP as the key strategy for sustainable population growth. The Ouagadougou Partnership played a particularly important role in strengthening Senegal's visibility as an FP leader in the Francophone West African region.

Elevation of governance structures and changing policies:

In 2012, the Department of Reproductive Health was elevated to the Directorate of Reproductive Health and Child Survival (DSRSE), the highest administrative level within the structure of the Ministry of Health and Social Action (MoHSA). This formally integrated FP with other Reproductive, Maternal, Newborn, and Child Health (RMNCH) initiatives in the government operating model and upgraded the FP unit to a division, resulting in greater visibility and dedicated resources. To make progress toward FP 2020 and FP 2030 goals, leaders in Senegal also implemented policies aimed at reducing the price of contraceptives, including the elimination of import duties on FP products. Other legislation reduced barriers to accessing reproductive health (RH)/FP services for youth, adolescents, and

other hard-to-reach populations. Specifically, the Health and Reproductive Law eliminated the need for healthcare providers to obtain parental permission to provide RH services to children and adolescents.

Development of a multi-sectoral framework: Also in 2012, a multi-sectoral consultation framework, established within the DSRSE, brought together various ministries, including Justice, Finance, Education, Youth, Women, Family and Gender. Technical and advocacy committee members, including politicians, religious leaders, and community members, met regularly to exchange information and share the results of reproductive health interventions across strategic domains.

Use of evidence-based decision-making: Senegal invested heavily in scientific research to inform decision-making and the development of FP policies and programs. Its continuous demographic health survey (DHS) provided ample data for evidence-based programming, effective strategies, and quality improvement in family planning and reproductive health outcomes. The national government also created a dedicated Division of Studies and Research and enacted a National Health Research Plan (2001). Senegalese officials relied on research to identify areas of the country where FP use was low and where needs were high, allowing decision-makers to target resources more effectively. It also provided policymakers with an understanding of the socio-cultural factors influencing FP use, such as attitudes, social norms, knowledge and beliefs. This information helped design programs that are more likely to be accepted by the population. Continual evidence generation also allowed Senegal to test, document, evaluate, and learn from existing FP programs, with most stakeholders citing research as an essential tool in FP progress.

2. OPTIMIZING SUPPLY AND DELIVERY OF MULTIPLE METHODS THROUGH A PUSH SYSTEM AND TASK SHARING

Context

With the goal of reducing stock-outs and increasing access to contraceptive methods, Senegal concentrated on optimizing its supply chain, integrating FP services into the broader public health system, and expanding service delivery.

Action & Impact

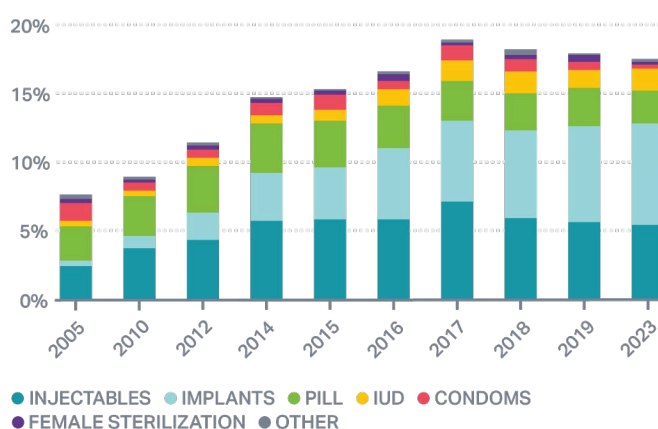
Supply chain optimization: Until 2012, Senegalese public health facilities relied on a pull-based supply chain system to manage contraceptive stock. The Informed Push Model (IPM) (2012-2015) strengthened FP supply and reduced stockouts, achieving a stockout rate of 2%. MoHSA, National Supply Pharmacy, IntraHealth, and the Gates Foundation partnered to develop and pilot an innovative supply chain model, with third-party logistics providers (IPM-3PL). Under the IPM, professional logisticians collected FP commodities from regional supply pharmacies, stored them, and distributed them to district-level health facilities and pharmacies. As part of the IPM, the private operators routinely conducted inventory and replenished contraceptive stock. Unlike the pre-existing supply chain system, which required upfront payment for all products ordered, under the IPM, operators provided initial stock on credit, and health facilities paid only for contraceptive products sold to women. A software application called Comtrack tracked the process and allowed regional logistics managers to monitor data across

facilities to inform forecasting. The government also added FP commodities to its formal drug distribution system and expanded its list of essential products to include a wide range of methods.

When the project ended, IPM's success led to the subsequent inclusion of additional commodities in an advanced model called "Yeksi Naa" ("I have arrived") that delivered commodities at the district level. From 2016 to 2020, Yeksi Naa expanded the range of available FP products at local facilities, allowing women to choose their method at an affordable price. That said, as the system was nationalized and with less funding, Senegal faced challenges maintaining a push system with the same level product availability.

Increased access points and expanded method mix: Initiatives focused on increasing access to FP services, especially for those living remotely. In 2014, the MoHSA approved the community-based distribution of injectable contraceptives. It also issued a task-sharing decree, granting frontline health workers privileges previously limited to higher-level providers, including IUD and implant insertions, and administration of injectables by community health workers (CHWs). Following these shifts, the contribution of injectables and implants to Senegal's method mix has grown over time (see Figure 1).

Figure 1: mCPR by method, 2005-2023 (all women)



Source: DHS

Mobile and community-based service delivery: One of the most popular community strategies was the 2009 Bajenu Gox Initiative. "Bajenu Gox," meaning "godmothers," refers to respected female elders who are active members of their communities and advocate for the well-being of women, girls, and families. Stakeholders interviewed believe that Bajenu Gox improved family planning outreach to men and mothers-in-law, who are critical to household decision-making. The mobile midwifery strategy, part of the National Strategic Plan for Community Health, also increased the availability of qualified human resources to deliver family planning services in multiple regions. For example, from 2014 to 2016, the number of midwives increased from 35 to 84 for the Matam region and from 47 to 76 for the Sédhiou region. In 2012, Senegal also implemented the Community Watch and Alert Committee (CVAC) strategy to identify and personalize follow-up of pregnant women, mothers, and newborns, including on contraceptive use. The encouraging results prompted the government to systematize the strategy and scale it up in 14 regions in 2015. Proximity to well-staffed facilities likely contributed to Senegal's increased mCPR, particularly among those

residing in rural regions. Between 1997 and 2019, Senegal closed the percentage gap in mCPR between its urban and rural populations from 11% to 2%.

3. MOBILIZING DOMESTIC AND LOCAL FINANCIAL RESOURCES FOR FP

Context

In 2019, the Ministry of Health and other stakeholders identified and assessed opportunities to mobilize national resources for family planning and increase the share of domestic FP funding from the private sector and local governments.

Action & Impact

Creation of an annual budget line: With the advent of the FP 2020 initiative, national efforts focused on creating an annual budget line for FP in 2011 and an action plan to influence the next budget cycle. In 2016, the budget line allocated to the purchase of contraceptive products increased by 200%.

Local advocacy and resource mobilization: To garner financial support for FP, Senegal engaged local governments including Kolda, Nioro, and Ziguinchor. Regional officials responded to "The Challenge Initiative" (TCI) project by committing financial and human resources to address family planning challenges in their community. In turn, TCI pledged to match the funding provided by local officials. In total, over \$500,000 (USD) were mobilized from 150 Mayors between 2014 and 2017. In addition, six communes established an annual budget line for RH/FP.

Financing trends both help explain Senegal's early growth in mCPR and threaten long-term sustainability of FP progress. Reliance on development assistance continues to hinder national capacity building required to institutionalize donor-funded interventions within the existing system. According to insights from qualitative research, the government's contribution to purchasing contraceptive products remains low. While the Senegalese government pays the salaries of staff working in family planning services, it still relies heavily on funding from donors to supply family planning commodities. Local resource mobilization and advocacy efforts offer a promising financing model for Senegal's continued progress and for other countries.

4. GENERATING DEMAND THROUGH TAILORED COMMUNITY ENGAGEMENT AND OUTREACH

Context

Strategic framing of FP interventions appropriate to the local context was essential to Senegal's progress. This included careful consideration of religious, cultural and gender norms to cultivate an enabling environment, including community initiatives that engaged men and religious leaders.

Action & Impact

Engaging husbands and men: Senegal implemented several community-based, male-focused interventions. Recognizing that male partners are often closely involved in contraceptive decision-making, men were enlisted to carry out social mobilization and advocacy actions in their communities. The "School for Husbands"

strategy was piloted in Senegal in 2011, utilizing peer education to promote behavior change among men on RH and gender issues. This strategy helped sensitize men and male religious leaders on the value of FP. In addition, these interventions raised awareness among husbands about their responsibility to support the health of their wives and children. During this same period, joint contraceptive decision-making among married couples grew in Senegal. About 67% of decisions were made jointly in 2019 compared to 43% in 2005.

Strategic messaging: Among other community-based initiatives, the "Moytu Nef" campaign focused on raising awareness and promoting behavior change among women and their families regarding maternal and child health practices. FP was framed as means to improve maternal health and postpartum recovery, reduce neonatal and maternal mortality, and achieve the demographic dividend, including the expansion of women in the workforce. Strategies utilized messaging that aligned with dominant religious beliefs, emphasizing spacing rather than limiting births. Local religious leaders were engaged in developing guidelines that interpreted FP policies in the context of Islam. These campaigns raised awareness about the importance of RH and helped increase FP utilization.

5. ADVANCING GENDER EQUALITY THROUGH EDUCATION AND VOCATIONAL TRAINING

Context

Education is well-established as being associated with contraceptive uptake in LMICs. Considering the recommendations of international and regional conferences that made girls' schooling a priority, the Senegalese government implemented several policies and programs to promote girls' education and vocational training.

Action & Impact

Policies focused on social mobilization for educational enrollment of girls, provision of scholarships and equipment for girls, raising awareness for the orientation of girls in scientific fields, and monitoring the recruitment and assignment of female teachers in schools. Notably, the percentage of school-age girls attending secondary school grew from 12.6% in 2005 to 25.7% in 2019, in parallel with substantial increases in use of modern contraception. Beyond access to education, mentoring and skills-development programs were essential drivers of women's empowerment. These initiatives offer personalized support, enabling women to acquire practical skills and specialized knowledge. Results from the Exemplars decomposition analysis show that among female youth ages 15-24, education is the main contributor of explained increase in mCPR. Continued focus on increasing primary school enrollment for girls, which hovered around 80% for much of the 2010s, may help catalyze progress.

Conclusion and Recommendations

Synthesizing insights across all FP exemplar countries—Malawi, Kenya, Bolivia, Sierra Leone, Lao PDR, and Senegal—we have identified several drivers of exemplary progress that operated through at least one of three overlapping pathways: strengthening enabling environments, improving service delivery, or raising awareness for FP.

Enabling environment:

- International commitments like FP2020 attracted donor funding and encouraged countries to take action through new laws, policies, and programs. Supportive political landscapes were marked by national implementation plans, sexual and reproductive health strategies, and the provision of free or subsidized contraception through user fee waivers, vouchers, and insurance coverage. Legal reforms—such as eliminating age or spousal consent requirements and enshrining reproductive rights in constitutions—further strengthened enabling environments that facilitated progress in family planning.
- Financing played a critical role in driving FP progress, especially increases in donor funding (development assistance for health). Several governments demonstrated their commitment by creating dedicated budget lines for FP.
- Educational opportunities strengthened women's agency and health decision-making power. Results of the national decomposition analyses identified education as the primary driver of mCPR growth among young women aged 15 to 24 in exemplar countries, and the primary driver among all age groups in Bolivia.

Service delivery:

- The introduction of new contraceptive products, especially implants, led to broad health system investments, including strengthened FP communication, supply chains and expanded availability of products and services. Product introduction contributed to increased knowledge and use of implants across African exemplars.

- Community health programs also expanded service delivery, helping to close equity gaps for rural populations. Several countries sanctioned community-based distribution (CBD) of injectable contraception through national task-sharing policies, allowing lower-cadre healthcare workers to administer injections, in addition to distributing oral contraception and condoms.

Awareness generation:

- Mass media and grassroots initiatives employed localized messaging to raise awareness of FP. Media campaigns that aligned FP with national priorities, like reducing infant and maternal mortality, were effective demand generation strategies.
- Community-level campaigns engaged men, religious leaders, and respected elders as FP champions. Strategic framing regarding the benefits of FP were adapted to local contexts, including links health benefits, alignment with religious values, gender equality, or investment in the next generation.

EGH FP results highlight that government-led decision-making informed by local contexts drove exemplary FP progress despite a donor-dominant funding landscape. Our findings reinforce the role of political commitment, domestic ownership of health, supportive laws and policies, and effective coordination among donors, governments, and civil society stakeholders in advancing FP in low- and middle-income countries.

Research partners



ABOUT EXEMPLARS IN GLOBAL HEALTH

The Exemplars in Global Health (EGH) program is a global coalition of partners including researchers, academics, experts, funders, country stakeholders, and implementers. Our mission is to identify positive global health outliers, analyze what makes countries successful, and disseminate core lessons so they can be adapted in comparable settings. We aim to help country-level decision makers, global partners, and funders make strategic decisions, allocate resources, and craft evidence-based policies. A small, core team supporting EGH is based at Gates Ventures, the private office of Bill Gates, and closely collaborates with the Gates Foundation.



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