ACCESS TO VOLUNTARY FAMILY PLANNING AND REPRODUCTIVE HEALTH (FP/RH) SERVICES IS VITAL FOR SAFE MOTHERHOOD AND HEALTHY FAMILIES. HAVING A CHOICE OF MODERN CONTRACEPTIVES ALLOWS COUPLES TO PLAN AND SPACE BIRTHS, ENSURING FAMILIES HAVE THE MEANS TO PROPERLY CARE FOR THEIR CHILDREN.

USAID ENSURES AN UNINTERRUPTED SUPPLY OF QUALITY FP/RH COMMODITIES WORLDWIDE THROUGH THE USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM-PROCUREMENT AND SUPPLY MANAGEMENT (GHSC-PSM) PROJECT.1

WITH A POPULATION OF 32.1 MILLION—MORE THAN DOUBLE WHAT IT WAS IN 1990—THE AVERAGE WOMAN IN MOZAMBIQUE GIVES BIRTH TO 4.7 CHILDREN IN HER LIFETIME.3 IN 2022, APPROXIMATELY 22.4 PERCENT OF MARRIED WOMEN IN MOZAMBIQUE HAD AN UNMET NEED FOR FP—MEANING THEY WANTED TO AVOID PREGNANCY BUT WERE NOT USING A MODERN METHOD OF BIRTH CONTROL.4

THE MATERNAL MORTALITY RATIO IN MOZAMBIQUE IS 289 DEATHS PER 100,000 LIVE BIRTHS, COMPARED TO 542 FOR SUB-SAHARAN AFRICA, ON AVERAGE.5 THE CHILD MORTALITY RATE IS 71 DEATHS AMONG CHILDREN UNDER 5 PER 1,000 LIVE BIRTHS, COMPARED TO 74 FOR THE SUB-SAHARAN REGION.6

THE MATERNAL MORTALITY RATIO IN MOZAMBIQUE IS 289 DEATHS PER 100,000 LIVE BIRTHS, COMPARED TO 542 FOR SUB-SAHARAN AFRICA, ON AVERAGE. THE CHILD MORTALITY RATE IS 71 DEATHS AMONG CHILDREN UNDER 5 PER 1,000 LIVE BIRTHS, COMPARED TO 74 FOR THE SUB-SAHARAN REGION.6

TO ADDRESS MOZAMBIQUE’S MATERNAL AND CHILD HEALTH NEEDS, THE GOVERNMENT OF MOZAMBIQUE IS COLLABORATING WITH USAID AND OTHER PARTNERS. THIS INCLUDES INCREASING INVESTMENT IN FP/RH TO REACH A PROJECTED MODERN CONTRACEPTIVE PREVALENCE RATE OF 34.4 PERCENT AMONG MARRIED WOMEN AGED 15 TO 49 BY 2022.7

ESTIMATED HEALTH IMPACTS FROM USAID PROCUREMENT INVESTMENTS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintended pregnancies prevented</td>
<td>4M</td>
</tr>
<tr>
<td>Maternal deaths averted</td>
<td>9K</td>
</tr>
<tr>
<td>Abortions averted</td>
<td>1M</td>
</tr>
<tr>
<td>Child deaths averted</td>
<td>100K</td>
</tr>
</tbody>
</table>

$267M IN DIRECT HEALTHCARE SPENDING SAVED

1 UNLESS OTHERWISE NOTED, ALL FIGURES REPORTED IN THIS BRIEF ARE OVER THE LIFE OF THE GHSC-PSM PROJECT AND DO NOT REFLECT USAID’S CONTRACEPTIVE INVESTMENT PRIOR TO FY 2017. THE FIGURES REFLECT DELIVERED COMMODITIES, NOT SHIPPED COMMODITIES, AND MAY NOT BE COMPARABLE TO FIGURES REPORTED IN PREVIOUS MATERIALS.


USAID Contraceptive Investment

In partnership with the Government of Mozambique and other in-country stakeholders, USAID supported the procurement and distribution of over 23 million FP/RH products to USAID-supported facilities and organizations in Mozambique from FY 2017-2022. The contraceptives, when combined with proper counseling and correct use, are estimated to provide approximately 8.9 million couple years protection\(^8\) and to help prevent:

- 4 million unintended pregnancies
- 1 million abortions
- 9,000 maternal deaths
- 100,000 child deaths\(^9\)

These investments in contraceptives have the potential of saving approximately $267 million in direct spending on healthcare\(^{10}\)—resources that can be reinvested in Mozambique’s health system.

Through its investments in contraceptives and supply chains, USAID, in collaboration with other global and in-country partners, is helping Mozambique meet its people’s FP/RH needs. Countries that partner with USAID to invest in FP/RH can achieve greater self-reliance by improving their overall health systems and empowering families to plan for their futures.

### Methodology

To measure the impact of FP/RH programs, the indicators presented in this brief were calculated using the Impact 2 model\(^{11}\), a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database\(^{12}\).

The FP/RH impact indicators, as reported in this brief, estimate the demographic, health, and economic impact of USAID’s support of contraceptives to Mozambique’s health programs.

For more information, please contact PSMMonitoringandEval@ghsc-psm.org.

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\(^8\) CYP is the estimated protection provide by contraceptive methods during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. [https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection](https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection)

\(^9\) This indicator only estimates reduction in deaths as a result of improved birth spacing. The data linking the contraceptive prevalence rate, birth spacing and child mortality is currently limited.


\(^{11}\) The number of preventable deaths, abortions and unintended pregnancies averted is calculated by entering into the model the number of FP/RH commodities delivered by GHSC-PSM across a selected time period.

\(^{12}\) GHSC-PSM’s Automated Requisition Tracking Management Information System (ARTMIS) is used to enter, manage, process and track orders throughout the supply chain.

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