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 necessary to properly care for their children. USAID ensures an uninterrupted supply of quality FP/RH commodities worldwide through its procurement mechanism, the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project.1

With a population of more than 210 million,2 Nigeria is Africa's most populous country. In 2022, approximately 23.6 percent of married women in Nigeria had an unmet need for FP – meaning they wanted to avoid pregnancy, but were not using a modern method of birth control.3

The average woman in Nigeria gives birth to 5.3 children in her lifetime.4 Nigeria’s maternal mortality ratio of 814 per 100,000 live births in 2019 is among the world’s highest, and the country accounts for 20 percent of the world’s maternal deaths.5 The child mortality rate is also alarmingly high, with 111 deaths among children under 5 per 1,000 live births, compared to 74 in the sub-Saharan region.6

The Government of Nigeria is collaborating with USAID and other partners to address the maternal and child health needs of Nigerians. This includes increasing investment in FP/RH to reach a projected modern contraceptive prevalence rate of 14.8 percent among married women aged 15 to 49 by 2022.7

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 FY2017. The figures reflect delivered commodities, not shipped commodities, and may not be comparable to figures reported in previous materials.
In partnership with the Government of Nigeria and other in-country stakeholders, USAID has supported the procurement and distribution of over 12 million FP/RH products to USAID-supported facilities and organizations in 10 states and the Federal Capital Territory. These contraceptives, when combined with proper counselling and correct use, provide approximately 5.3 million couple years8 protection and can help prevent approximately:

- 2 million unintended pregnancies
- 957,000 abortions
- 12,000 maternal deaths
- 58,000 child deaths9

These investments in contraceptives have the potential of saving approximately $132 million in direct spending on healthcare10—resources that can be reinvested in Nigeria’s health system. USAID is also supporting the federal and state governments in Nigeria to strengthen health supply chains to increase access to a variety of FP/RH products.

Through its investments in contraceptives and supply chains, USAID, in collaboration with other global and in-country partners, is helping Nigeria 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 personal and economic futures.

**Methodology**

To measure the impact of FP/RH programs, the indicators presented in this brief were calculated using the Impact 2 model11, a socio-demographic mathematical model, using procurement data from the GHSC-PSM project database12.

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

For more information, please contact [PSMMonitoringandEval@ghsc-psm.org](mailto:PSMMonitoringandEval@ghsc-psm.org).

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8 CYP is the estimated protection provided 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-cyp](https://www.usaid.gov/global-health/health-areas/family-planning/couple-years-protection-cyp)

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.

10 The figures are not adjusted for inflation and based on the costs of services from 2011. [https://www.mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/](https://www.mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/)

11 Accessed November 30, 2022. 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, and track orders throughout the supply chain.

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