



FAMILY PLANNING | REPRODUCTIVE HEALTH

IMPACT BRIEF: NIGERIA



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



ESTIMATED HEALTH IMPACTS FROM USAID PROCUREMENT INVESTMENTS



- ⁵ Abubakar I, Dalglish SL, et al. The Lancet Nigeria Commission: investing in health and the future
- ⁶ United Nations Inter-agency Group for Child Mortality Estimation (UN IGME), 'Levels & Trends in

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 report-

²World Bank Population, total. Nigeria (2021). <u>https://data.worldbank.org/indicator/SP.POP</u> <u>TOTL?locations=NG</u> Accessed December 21, 2022.

¹ Family Planning 2030 Indicator Summary Sheet: 2022 Measurement Report: Nigeria 2022 Indicator Summary Sheet.pdf (track20.org). Accessed December 23, 2022.

World Bark Fertility rate, total (births per woman). Nigeria (2020). <u>https://data.worldbank.org/indicator/SPDYN.TFRT.IN?locations=NG</u>. Accessed December 21, 2022.

Child Mortality: Report 2021. Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation', United Nations Children's Fund, New York, 2021.

⁷ Family Planning 2030. Country Fact Sheet-2022 (Nigeria). <u>https://www.track20.org/Nigeria</u>. Accessed December 21, 2022.

JUSAID Contraceptive Investment

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 sociodemographic 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.

- 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-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.
- ¹¹ <u>https://www.mariestopes.org/what-we-do/our-approach/our-technical-expertise/impact-2/.</u> 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, process and track orders throughout the supply chain.
- ¹³ Units of measurement for contraceptives: combined oral (cycle); implantable (implant); standard days (piece); injectable (device); condoms (piece); progestin only pills (cycle); copper-bearing intrauterine (device); emergency oral (package)



WWW.USAID.GOV WWW.GHSUPPLYCHAIN.ORG



Amina Haruna with her last child, Fatima being counselled on family planning method by the family planning coordinator at PHC, State low-cost estate, Bauchi. Photo credit: GHSC-PSM

"I am now an advocate for family planning after enjoying its benefits. Easy access to family planning commodities and services in my community allowed me to properly space my children so my body could recuperate fully before having another."

-Amina Haruna, a 27-year-old mother of four who lives at the Low-Cost Housing Estate in Yelwa, Bauchi State

CONTRACEPTIVE METHODS ¹³	TOTAL PRODUCTS DELIVERED FY 2017-2022*
Combined oral contraceptives	5M
Copper bearing intrauterine devices	65K
Implantable contraceptives	885K
Live Injectable contraceptives	6.2M
Progestin only pills	442K
Standard days methods	185K
TOTAL NUMBER OF CONTRACEPTIVES DELIVERED	12.6M
TOTAL VALUE OF COMMODITIES	\$15.4M*

*This figure represents solely the calculation of the value of commodities and does not include shipment or other associated costs.

CONTACT US

John Vivalo

USAID Bureau of Global Health, Office of Population and Reproductive Health, Commodities Security and Logistics Division

Tel: +1 202-916-2165

Alan Bornbusch

USAID Bureau of Global Health, Office of Population and Reproductive Health, Commodities Security and Logistics Division

Tel: +1 202-916-2159