Using Collaborative Improvement to Enhance Postpartum Family Planning in Niger

The report describes the ASSIST project intervention in 16 facilities in Niger that led to an improvement in postpartum family planning (PPFP) quality and uptake, and adherence with selected FP methods of choice. The intervention, which happened over a period of eight months, also contributed to the reduction of unmet FP need and achieving healthy timing and spacing of pregnancies (HTSP).

By introducing innovative changes affecting both providers and clients that stimulated interest in FP methods, health facilities in both urban and rural areas in Niger rapidly increased the proportion of women who received FP counseling as part of routine postpartum care, from 9% in December 2013 to 86% in August 2014. The 16 facilities also made gains in increasing the percentage of postpartum women discharged with a modern FP method of choice (from 0% in December 2013 to 31% in August 2014) and in increasing the percentage of couples counseled for FP (from 0% in December 2013 to 9.4% in August 2014).

The key changes (described in detail in the report) involved the following:

- Reinforcing essential equipment
- Creating a special space for counseling
- Conducting systematic counseling to all postpartum women
- Conducting providers’ refresher training on HTSP
- Providing clear job descriptions to health providers
- Rotating midwives and assigned one in charge
- Documenting counseling in partogram
- Providing FP counseling to both mothers and partners before discharge
- Counseling community leaders in FP and HTSP
- Using traditional birth attendants as village counselors

Appendices include baseline assessment results, the QI team monitoring plan and change package for both the facility and management level, as well as gender issues identified in Niger PPFP program.

The work demonstrated the feasibility and value of integrating FP into routine postpartum care with women and couples, tackling cultural barriers, and raising awareness among providers on missed opportunities to address PPFP.