



CASE STUDY

Strengthening integrated family planning/maternal and neonatal health postpartum services and associated health system functions in Niger

Summary

Family planning (FP) is known to be one of the highest impact interventions for reducing maternal and child mortality, yet in Niger, there is a high unmet demand for family planning services. With support from the Ministry of Public Health and the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, improvement teams in two hospitals and 14 health centers in Niger incorporated client-centered family planning services in their routine postpartum care, with an eye towards improving client choice and adherence to the selected FP method. 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 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 work demonstrated the feasibility and value of integrating postpartum family planning (PPFP) in routine post-delivery care with women and couples by tackling cultural barriers and raising awareness among providers on missed opportunities to address PPFP.

Background

Family planning (FP) is known to be one of the highest impact interventions for reducing maternal and child mortality. However, unmet demand for family planning services remains high in many countries, resulting in a failure to achieve healthy timing and spacing of pregnancies (HTSP) and indirectly contributing to high rates of maternal and child mortality.

In 2013-2015, the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project worked with the Ministry of Public Health (MOPH) in Niger to promote HTSP via improved integration of FP counseling and services into routine public and private sector maternal and child health (MNCH) services in 16 facilities in three districts (two urban and one rural). The intervention was implemented before the recent update of WHO Medical Eligibility Criteria for Contraceptive Use.

Baseline data collected in June-July 2013 from 28 facilities demonstrated significant gaps in the quality of postpartum FP services, including:

- Weak counseling and knowledge about HTSP
- Lack of choice of FP method
- Low availability of long-acting reversible contraceptives
- Low integration of FP into key maternal and child health services
- Poor commodity availability related to weak procurement and supply chain management

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- Low provider competency and confidence regarding FP methods
- Lack of community interventions targeted towards male partners.

Working with 16 quality improvement (QI) teams in two hospitals and 14 health centers, ASSIST promoted client-centered FP services to improve client choice and adherence with the FP methods chosen. The intervention also contributed to the reduction of unmet need for FP and achieving healthy timing and spacing of pregnancies.

Intervention to improve PFP

In 2013, ASSIST began working with the Niger MOPH to apply improvement approaches to strengthen postpartum FP services in 16 primary and secondary maternities in three districts (two urban districts in Niamey, the capital city, and one rural district, Birnin Konni, in the Tahoua Region). The intervention, supported with Cross-Bureau family planning funds through the USAID Office of Health Systems, also sought to generate learning that could be applied in other settings and USAID priority countries to help governments, implementing partners, and other stakeholders strengthen client-centered, effective, and safe postpartum FP counseling and services.

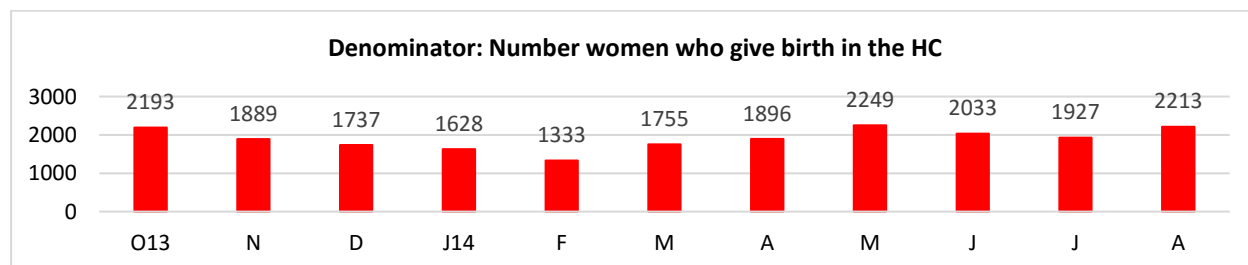
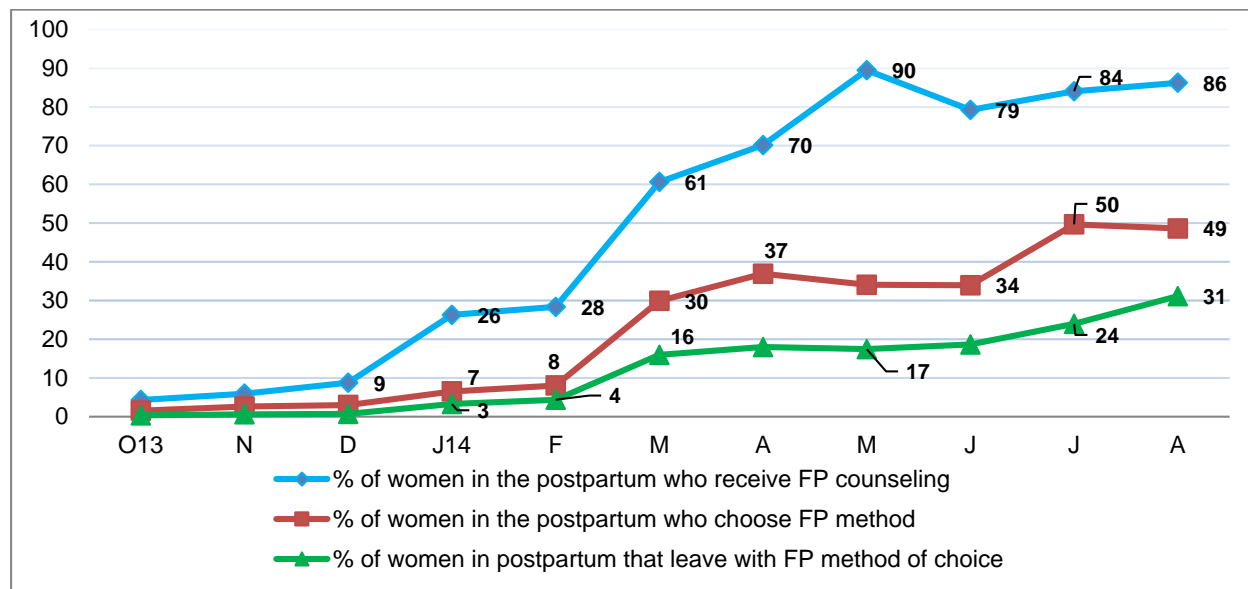
To implement this demonstration project, ASSIST and the MOPH implemented the following activities:

- Worked with reproductive health and FP experts from the MOPH to adapt and update national PFP standards. Based on these reviews, several products were developed: baseline assessment protocol and tools; provisional improvement aims and indicators; and plans for training/refresher training, learning sessions, coaches' meetings, and coaching visits to support the facility-level improvement teams.
- Conducted a baseline assessment of the quality of PFP services in 28 health facilities in the three health districts. The health facilities consisted of one Regional Hospital (CHR), one district hospital, three private clinics, and 23 peripheral facilities. As noted above, the baseline assessment demonstrated significant gaps in the quality of postpartum FP services.
- Set improvement aims and developed indicators to measure outcomes. Given the quality gaps identified in the baseline assessment, the following aims were developed in collaboration with MOPH experts:
 - Improve women's informed choice of preferred FP method by improving quality of PFP counseling and provider-client interaction;
 - Increase the percentage of postpartum women discharged with their FP method of choice by integrating FP services into routine immediate and extended postpartum care;
 - Increase couple involvement in FP counseling to increase uptake, sustain adherence, and improve couple satisfaction with FP services; and
 - Improve safety of FP services by improving adherence with FP method medical eligibility criteria.
- Launched the improvement effort by forming improvement teams in the 16 intervention sites and supported them to test ideas to find the most suitable changes to yield improvement. Teams began improvement work in January 2014. ASSIST support for the intervention ended in March 2015.

Results

After health facility improvement teams began testing change ideas, the sites were able to rapidly improve the integration of FP counseling into routine postpartum care for women, from 9% coverage with PFP counseling in December 2013 to 86% in August 2014 (**Figure 1**).

Figure 1: Percentage of women counseled for PPF, selecting a modern PPF method, and discharged with modern PPF method of choice, 16 sites, Niamey and Konni districts, Niger (Oct 2013-Aug 2014)



The 16 facilities also increased the percentage of postpartum women discharged with a modern FP method of choice (from 0% in December 2013 to 31% in August 2014) and increased the percentage of couples counseled on FP (from 0% in December 2013 to 9.4% in August 2014). Progress was more gradual for method provision due to the system constraints identified in the baseline assessment, including lack of FP commodities, and for couples counseling due to a lack of provider skill and motivation to counsel couples in place of mothers alone. Additionally, few male partners accompanied pregnant women to the facility or attended discharge. However, by encouraging women to invite their male partners to their discharge and encouraging providers to include PPF couples counseling as part of the general counseling on nutrition and maternal and newborn health, the percentage of all pregnant women delivering at the facility whose partners came and received couples counseling on FP increased from 0% to 9.4% in eight months.

- Key changes made by facility teams**
- Acquired essential equipment
 - Created a special space for counseling
 - Conducted systematic counseling to all postpartum women
 - Conducted refresher training for providers on HTSP
 - Provided clear job descriptions for providers
 - Rotated midwives and assigned one in charge
 - Documented counseling in the partograph form
 - Encouraged mothers to invite male partners for discharge and FP counseling
 - Counseled community leaders in FP and HTSP
 - Engaged traditional birth attendants as village counselors

Managers and providers were also supported to apply improvement approaches to identify and overcome critical system barriers that impeded delivery of high-quality PFP services. For example, improvement teams in the 16 facilities used local data to identify gaps in provider performance and the supply chain. They tracked provider performance as they introduced changes such as observation of simulated FP counseling using a simple checklist.

The project demonstrated that even in a severely resource-constrained environment, gains are possible when managers and front-line providers work together to solve local system challenges and make changes to care delivery processes to implement best practices to reduce preventable child and maternal mortality.

The intervention yielded sizeable gains in PFP counseling and services in a short period of time. Implementation of improvement activities required innovative changes affecting providers, clients, and couples.



Family planning group counseling session. *Photo by Zakari Saley, URC*

The work highlighted the need to develop an explicit government policy on PFP and 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 PFP. The work also made clear that gender norms and roles influenced client and provider expectations of PFP services.

Way Forward

The results have shown that through small improvement changes one can obtain significant results in PFP. In Niger, the environment is very receptive to PFP: essential FP inputs are in place, and providers are aware of this opportunity. This work showed that interactions between providers and clients can be strengthened and that counselling couples on the benefits of healthy timing and spacing of pregnancies in the postpartum period is feasible. It is also vital to involve community leaders in discussing culturally sensitive topics such as birth spacing and sexual education in order to alleviate misunderstanding and create greater tolerance for them. It is equally important to come up with a routine intervention process and support it with tools and job aids. Finally, simply educating health workers about missed opportunities for PFP proved to be a powerful motivator in these facilities.

We recommend that the MOPH:

- Integrate PFP into district, regional, and national strategies and plans.
- Plan the scale-up of PFP best practices within target districts and regions.
- Engage clients, providers, and managers in defining and testing changes to PFP care processes.
- Develop simple mixed method approaches to improve PFP service delivery. This includes qualitative measures that regularly capture client experience, expectations, and priorities.
- Gain greater understanding of gender issues influencing client and provider expectations of PFP services through gender analysis and asking clients, partners, and providers for their views.

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