

Strengthening integrated family planning/maternal and neonatal health post-partum services and associated health system functions in Niger

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 Niger, with support from the USAID Office of Health Systems (OHS), the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is working with the Ministry of Public Health, managers, and front-line providers to promote HTSP through improving integration of FP counseling and services into routine post-partum services in 16 facilities (2 hospitals and 14 health centers) in three districts. The FP health system strengthening activity in Niger seeks to achieve better health and social outcomes for women and their children by improving quality of people-centered integrated post-partum FP services to reduce the documented unmet need for family planning.

Baseline data collected in June-July 2013 from 28 facilities (based on observations of 292 health provider-client FP service delivery interactions and 283 client exit interviews) demonstrated significant gaps in the quality of post-partum 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; and low provider competency and confidence; and a lack of community interventions targeted towards male partner and husbands.

Since health facility improvement teams began implementing improvement activities in 16 maternities in January 2014, USAID ASSIST-supported sites have rapidly improved the integration of FP counseling into routine post-partum care for women, up from 9% in December 2013 to 86% in August 2014 (see Figure 1).

The 16 facilities have also made gains in increasing the percentage of post-partum women discharged with a modern FP method of choice (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), although progress has been more gradual for method provision and couple counseling due to system constraints identified in the baseline assessment, including lack of FP commodities and lack of provider skills and motivation.

The project is also supporting managers and providers to apply improvement approaches to identify and overcome critical system barriers that impede delivery of high-quality



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

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post-partum family planning (PPFP) services. For example, improvement teams in the 16 facilities are using local data to identify gaps in provider performance and the supply chain and to track provider performance as they introduce changes such as observation of simulated FP counseling using a simple checklist. The project is demonstrating how 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 a best practice known to reduce preventable child and maternal mortality.

- Improvement activities made by facility teams**
- Reinforce essential equipment
 - Create special space for counseling
 - Conduct systematic counseling to all post-partum women
 - Conduct providers' refresher training on HTSP
 - Provide clear job descriptions to health providers
 - Rotate midwives and assign one in charge
 - Document counseling in partogram
 - Provide FP counseling to both mothers and partners before discharge
 - Counsel of community leaders in FP and HTSP
 - Use traditional birth attendants as village counselors

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

