

# Lessons from EMPOWER's Continuous Quality Improvement Model

## A Health Systems Approach to Improving Immediate Postpartum Family Planning Uptake

*A midwife at Kasambika Health Center III in Iganga, Uganda compiles monthly data from the maternity register on deliveries and postpartum family planning.*



### Summary

Uganda has made progress expanding access to modern contraception, but persistent health system gaps continue to limit the quality and reach of family planning services, including during the critical period following pregnancy. This brief examines how the Empowering Women for Better Reproductive Health Outcomes (EMPOWER) programme used continuous quality improvement (CQI) to support district health teams (DHTs) and facility staff identify barriers to immediate postpartum family planning (iPPFP), develop locally appropriate solutions, and strengthen routine service delivery. As a result, the number of family planning clients increased by 50% and iPPFP uptake increased from 12% to 24% across the 250 EMPOWER-supported facilities between August 2025 and March 2026. EMPOWER's experience presents opportunities to embed CQI in government-led quality improvement systems to strengthen problem-solving, sustain gains in service quality and access, and better respond to demand for family planning.

### Background

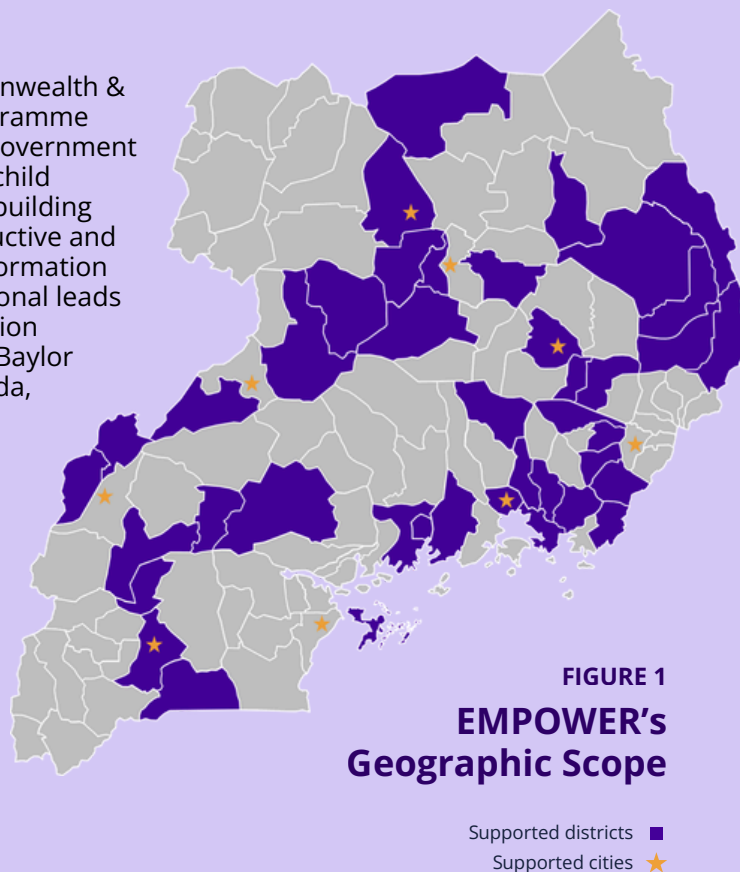
Uganda has made progress expanding access to modern contraception, but gaps remain in enabling women to achieve their reproductive intentions. Family planning is a priority within Uganda's broader development agenda, including its Vision 2040, National Development Plan IV, the Ministry of Health's (MOH) Strategic Plan, and the National Family Planning Costed Implementation Plan (FP-CIP III), which recognise access to quality, voluntary family planning as an important contributor to improved health, productivity, and socioeconomic development. Despite this, Uganda continues to fall short of its FP2030 commitments. Between 2016 and 2022, the modern contraceptive prevalence rate (mCPR) increased marginally from 35% to 38%, while unmet need for family planning declined slightly from 28% to 24%; however, adolescent childbearing remained persistently high, declining only from 25% to 24%.<sup>1,2</sup> This points to persistent gaps within the health system and reinforces the need for approaches that sustain improvements in quality and access to family planning services.

The period following pregnancy, whether postpartum, post-abortion, or miscarriage, represents a vital opportunity to support women's reproductive health and rights. The World Health Organization describes post-pregnancy family planning as the use of contraception after childbirth or abortion for a woman who wishes to prevent unintended or closely spaced children. Globally, the intervention has been shown to significantly improve reproductive and maternal health by reducing the incidence of unplanned pregnancies, unsafe abortions, and pregnancy-related complications, especially when provided immediately (within 48 hours) after childbirth or abortion.<sup>3</sup> Strengthening post-pregnancy family planning services, particularly iPPFP, can help address persistent gaps in contraceptive access while supporting women to achieve their reproductive intentions.

## The EMPOWER Programme

Funded by the United Kingdom Foreign, Commonwealth & Development Office (FCDO), the EMPOWER Programme (February 2025–December 2026) supports the Government of Uganda to reduce preventable maternal and child deaths by strengthening public health systems, building health worker capacity to deliver quality reproductive and maternal health services, and addressing misinformation and harmful gender norms. Pathfinder International leads implementation in partnership with the Association of Obstetricians and Gynaecologists of Uganda, Baylor College of Medicine Children's Foundation Uganda, Communication for Development Foundation Uganda, and Uganda Youth and Adolescent Health Forum.

EMPOWER is designed to strengthen the health system's ability to deliver equitable, quality reproductive and maternal health services across 50 districts (Figure 1). Within this broader approach, Pathfinder uses CQI to support DHTs, public health facilities, and health workers identify service delivery gaps, test locally appropriate solutions, and use routine data to monitor and sustain improvements in family planning service quality and access.



## Strengthening Health Systems through Continuous Quality Improvement

Between August 2025 and March 2026, EMPOWER implemented a facility-led, data-driven CQI approach across 250 priority health facilities to improve uptake of iPPFP. In August 2025, together with DHTs, EMPOWER used family planning and maternal health data from the national health management information system (DHIS2) to select health facilities to serve as CQI collaborative sites. EMPOWER prioritised facilities providing basic and comprehensive emergency obstetric and newborn care (BEmONC and EmONC), recording high delivery volumes, and accounting for a substantial share of maternal health service delivery. Three to five health facilities were selected per district with representation across different levels of the health system (HCIII, HCIV, and hospitals).

Rather than creating parallel structures, EMPOWER leveraged existing district-based coaches to coordinate CQI at the facility level. Together with the Assistant District Health Officer for Maternal and Child Health, EMPOWER held a 1-day session in September 2026 for 150 district coaches (2-3 per district) to orient them to the CQI indicators and coaching methodology.

From September to October 2025, district coaches initiated bi-monthly sessions with facility-based Quality Work Improvement Teams (QWITs) within their catchment area. A facility's QWIT includes the maternity in-charge, family planning focal point, records officer, and midwives, with some facilities also including the facility in-charge and medical officer. By ensuring maternity in-charges and family planning focal points were included in QWITs, EMPOWER guaranteed staff directly responsible for these services were part of the quality improvement process. This strengthened accountability and linked CQI activities to routine service delivery.

During the initial coaching session, district coaches and QWITs reviewed routine service data in the facility's family planning and maternal health registers, identified gaps, analysed root causes, and developed locally appropriate solutions. This approach enabled facilities to address their unique service delivery barriers rather than relying on a standardised intervention across all sites.

Each QWIT chose up to three maternal and newborn health-related quality improvement initiatives, with iPPFP as a priority intervention.<sup>i</sup> Many facilities focused on integrating iPPFP into routine points of care to address key service delivery barriers (Box 1).

QWITs then tested the interventions using the Plan-Do-Study-Act (PDSA) cycle (Figure 2), reviewing results and adapting approaches based on what worked in their facility context. To track performance changes, QWITs used standardised MOH tools (registers, ANC cards, monthly health education schedules) and indicators (% clients counselled on iPPFP before discharge; # clients receiving iPPFP within 48 hours of delivery), alongside a CQI journal for monitoring. During bi-monthly meetings, QWITs used this to assess whether changes were contributing to the overall objectives. On a quarterly basis, district coaches joined these reviews to provide additional coaching, facilitate problem-solving, and strengthen QWITs' capacity to interpret and act on their data. Participation of district coaches aimed to strengthen the leadership and stewardship of the iPPFP agenda.

*i. Other CQI interventions included labour monitoring using a partograph, maternal and perinatal death reviews, post-abortion family planning, and identifying high-risk pregnancies during ANC.*

## BOX 1

### iPPFP Interventions Tested

#### Demand & Counselling

- Integrating family planning into antenatal (ANC), maternity, postnatal, immunisation, and other appropriate points of care.
- Documenting pregnant clients' contraceptive method of choice on their ANC cards as a reminder for health workers to offer it postpartum.

#### Provider Capacity & Service Readiness

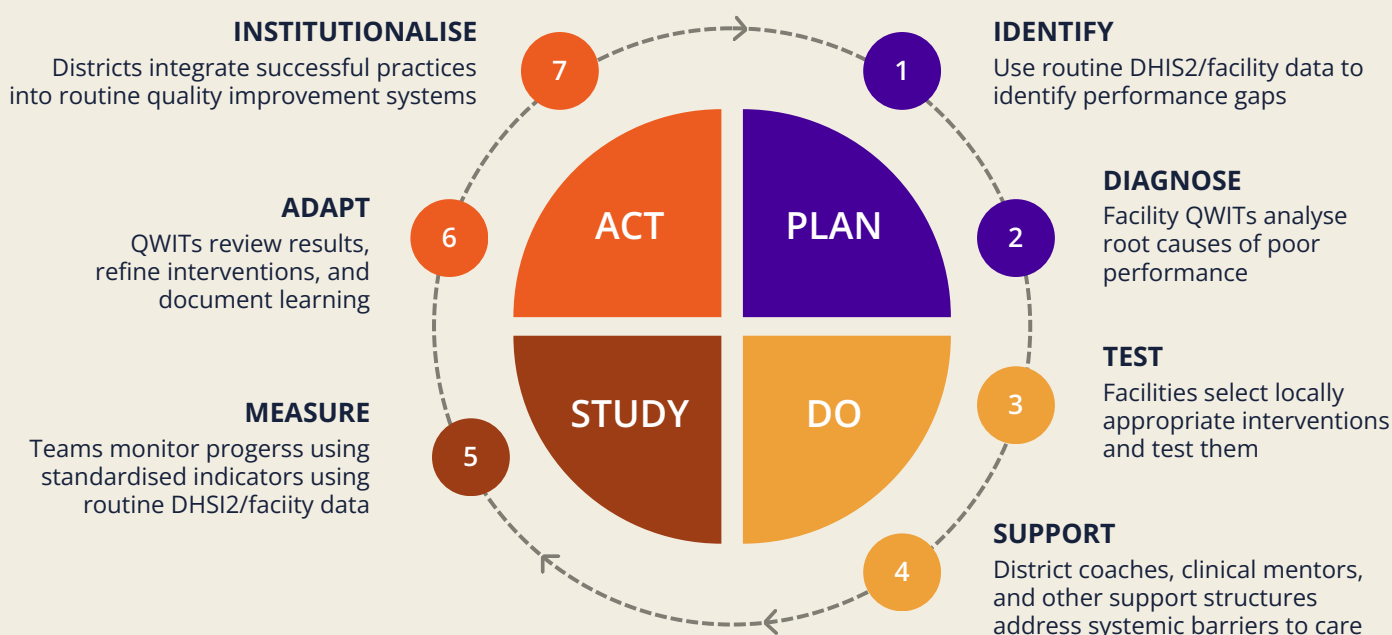
- Making sure contraceptives are available in the labour suite during all shifts.
- Ensuring family planning counselling is provided to all postpartum clients before discharge.
- Strengthening providers competence and skills and addressing internal bias through on-the-job, peer-to-peer mentorship.

#### Systems & Accountability

- Reorganising client flow so clients receive postnatal care before children are immunised.

FIGURE 2

### EMPOWER's Approach to CQI



EMPOWER Service Delivery and Supply Chain Officers complemented these engagements by working with family planning focal points and maternity in-charges to monitor iPPFP performance on a weekly basis. This provided an important link between facility-level CQI and wider health system support, enabling teams to identify issues beyond facilities' control, such as commodity availability, service readiness, workload, and other systemic barriers, requiring district or programme-level action. As implementation progressed, EMPOWER's health systems strengthening interventions addressed some of these broader system constraints, creating an enabling environment for the iPPFP interventions. For example, the programme supported timely redistribution of family planning commodities to facilities experiencing stock-outs and targeted, short-term midwifery provision to high volume and refugee-serving facilities.

Clinical mentorship is another initially standalone intervention that complemented the CQI process by addressing provider level gaps in iPPFP skills, confidence, and counselling. Mentorship was informed by facility performance and assessment findings, allowing CQI coaches to focus on identified gaps and reinforce changes being tested through CQI. EMPOWER established a pool of facility-based and other practicing clinical mentors who provided recurrent peer-to-peer and onsite mentorship, using clinical practice and simulation, as appropriate, to strengthen provider competence and address biases that could limit iPPFP counselling and uptake. This created a reinforcing cycle where facility performance and service data helped identify gaps, mentorship provided targeted support to address provider level barriers, and ongoing CQI helped teams monitor and sustain improvements.

## Improving Family Planning Uptake

Data presented in this section are drawn from routine family planning service data reported in Uganda's DHIS2 from August 2025 to March 2026. These data are used to examine changes in family planning clients served, iPPFP uptake, and facility level variation in performance during the CQI implementation period.

Across the 250 priority health facilities, the number of family planning clients increased by 50% from 23,881 in August 2025 to 35,801 in March 2026 (Figure 3). Within this broader increase in family planning service delivery, iPPFP uptake increased progressively from 12% in August 2025 to 24% in March 2026 across the 250 priority health facilities (Figure 4). Whereas nationally, iPPFP uptake did not show significant changes during the same period.

Some facilities achieved particularly strong gains. For example, at Rwekubo HC IV, the number of family planning clients served more than doubled, increasing from 105 in August 2025 to 275 in March 2026, while iPPFP uptake increased from 1% to 36% over the same period. These improvements can be attributed to the facility's adoption of select CQI interventions supported by EMPOWER, such as family planning counselling integrated into antenatal and postnatal care, clinical mentorship in family planning, and essential family planning commodities available in the maternity ward.

Together, these findings show increases in both family planning service volume and iPPFP uptake across EMPOWER-supported facilities during the implementation period, demonstrating the potential of a facility-led, data-driven CQI approach to translate simple, yet effective changes for improvement.

**FIGURE 3**

**Trend in number of family planning clients across 250 EMPOWER-supported health facilities, August 2025–March 2026**

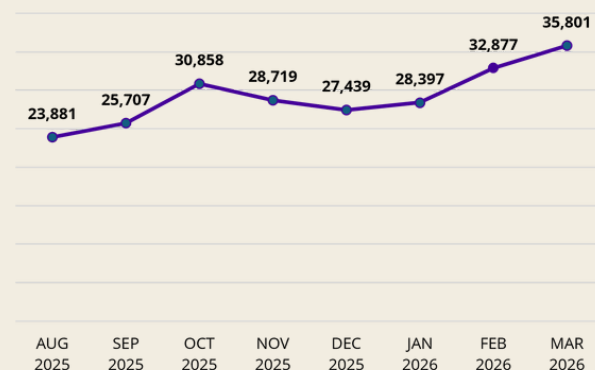
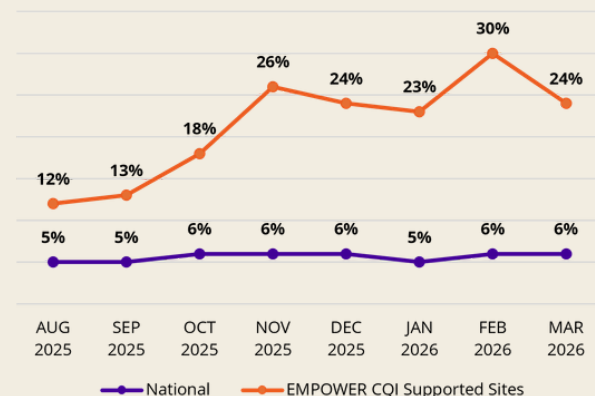


**FIGURE 4**

**Trends in iPPFP uptake nationally versus EMPOWER-supported facilities, August 2025–March 2026**



*At Iganga General Hospital, a midwife facilitates a health education session on the benefits of postpartum family planning. This session took place at a Young Child Clinic, a CQI initiative.*



## Lessons & Recommendations

- **Reinforce district and facility ownership of quality improvement.** Facility teams were more likely to implement and sustain change when they identified their own gaps, analysed root causes, and tested solutions. Embed CQI improvement cycles within facility processes and district structures so that it becomes part of routine performance improvement.
- **Pair CQI with the support needed to address provider and system barriers.** Coaching alone is insufficient when commodity stock-outs, workload pressures, or skills gaps constrain service delivery. District-based coaching and facility-based mentorship strengthened provider confidence, leadership, and stewardship while reducing reliance on one-off training. Continue building the capacity of district coaches and facility mentors to provide routine performance support and maintain competencies beyond the project period. Existing learning platforms can help sustain peer-to-peer learning without dependence on repeated external training. At the same time, routine family planning commodity monitoring, redistribution, and escalation mechanisms should be strengthened to address supply-side barriers that facilities cannot resolve independently.
- **Recognise the broader value of iPPFP investments.** Although iPPFP interventions were designed primarily to prevent closely spaced pregnancies and improve the quality of postpartum maternal and newborn care, EMPOWER's experience demonstrated potential benefits beyond these immediate objectives. As facilities strengthened family planning counselling, commodity availability, provider confidence, and continuity processes, the number of clients served also increased. This suggests that investments in iPPFP can strengthen broader family planning service delivery and may generate benefits beyond the specific outcomes targeted by the intervention.

## Conclusion

EMPOWER demonstrates the potential of CQI to strengthen iPPFP service delivery by enabling facility teams to use data to identify gaps, understand root causes, test solutions, and adapt their approaches based on results. District coaching, provider mentorship, and health system support complemented this process by strengthening teams' capacity to implement changes and address barriers beyond the facility level. Embedding these CQI processes within routine government-led quality improvement structures can help sustain a culture of continuous problem-solving and support facilities to maintain improvements, respond to family planning demand, and expand access to services that prevent closely spaced pregnancies.

The **Empowering Women for Better Reproductive Health Outcomes (EMPOWER) programme** is an initiative funded by the UK Government to reduce preventable maternal deaths and empower women and girls in Uganda. Implemented on behalf of the Ministry of Health, EMPOWER is led by Pathfinder International in partnership with Baylor Uganda, Communication for Development Foundation Uganda, Uganda Youth and Adolescent Health Forum, and the Association of Obstetricians and Gynecologists of Uganda.

*This Fact Sheet is made possible by the generous support of the UK Government. The contents are the responsibility of Pathfinder and do not necessarily reflect the views of the UK Government.*

## Endnotes

1. Uganda Bureau of Statistics (UBOS) and ICF, Uganda Demographic and Health Survey 2016 (Kampala, Uganda, and Rockville, MD: UBOS and ICF, 2018). [[LINK](#)]
2. Uganda Bureau of Statistics, Uganda Demographic and Health Survey 2022 (Kampala, Uganda: UBOS, 2023). [[LINK](#)]
3. World Health Organization, WHO Recommendations on Maternal and Newborn Care for a Positive Postnatal Experience (Geneva: World Health Organization, 2022). [[LINK](#)]

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