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NIGER

Iyali Masu Wadata

Integrating family planning, maternal, and child health services at scale in Niger



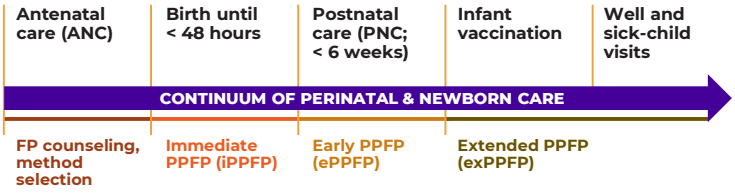
Iyali Masu Wadata partners with Niger's Ministry of Health to integrate family planning services into the maternal and child health continuum of care at scale.

Context

In Niger, maternal and infant mortality remain high. Contraceptive use has also declined in recent years, with the modern contraceptive prevalence rate among women in union at 10.2% in 2021.[1] Postpartum family planning use (PPFP) is higher – PPFP use at 6 months is estimated at 22% – but 12-month discontinuation rates are still as high as 30%.[2] Of the myriad factors contributing to poor maternal and child health outcomes, a key driver is uneven coverage and quality of reproductive, maternal, neonatal, infant health, and nutrition (RMNIH-Nut) services.

Since 2014, Pathfinder International has collaborated with the *Ministère de la Santé et de l'Hygiène Publique* and the Gates Foundation to improve access to quality FP services. Most recently, the IMPACT 2+ project integrated PPFP and RMNIH-Nut services in 2024 with impressive results. In one pilot health district (HD), service integration led to 23% of postpartum women starting a method within 48 hours of delivery (immediate PPFP, iPPFP), 41% who began using between 48 hours and 6 weeks postpartum (early PPFP, ePPFP) and 65% who started using between 6 weeks and 12 months (extended PPFP, exPPFP).

Iyali Masu Wadata builds on the success of IMPACT 2+ to scale integrated PPFP and RMNIH-Nut services across **9 HDs in Zinder, 3 HDs in Tahoua, and 4 HDs in Maradi. The project serves 31% of the Nigerien population, including an estimated 1,819,004 women of reproductive age.**



Iyali Masu Wadata

Donor: Gates Foundation

Technical Partner: Pathfinder International

Government Implementing Partner

Ministère de la Santé et de l'Hygiène Publique (MOH) via the *Direction Générale de la Santé de la Reproduction* (DGSR)

Budget: 4,700,000 USD

Duration: June 2026 – April 2029

Intervention Areas

- 16 health districts across Maradi, Zinder and Tahoua regions
- 386 *Centres de santé intégrés* (CSIs)
- 13 *Maternités de hôpitaux districts* (maternités HD)

[1] République du Niger, Institut National de la Statistique (INS), *Enquête Nationale sur la Fécondité et la Mortalité des Enfants de Moins de Cinq Ans (ENAFEM) au Niger 2021* (Niamey: INS, 2021).

[2] Track20 (Avenir Health), Niger Postpartum Family Planning (PPFP) Opportunity Brief 2 (Glastonbury, CT: Track20/Avenir Health, 2024), accessed January 28, 2026. [LINK]

Objectives

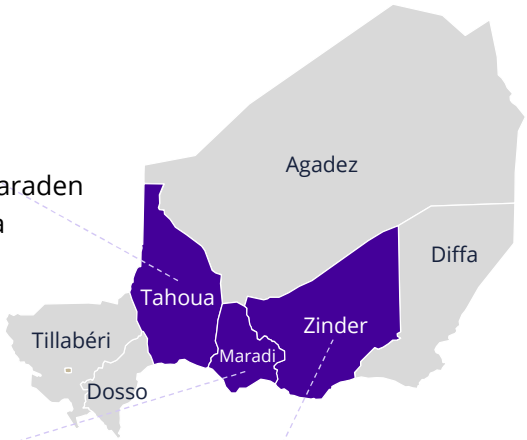
Goal: Improve access to PPFP services in 16 health districts across Zinder, Maradi, and Tahoua by integrating FP services into perinatal, vaccination and nutrition services; leading to increases in voluntary use of IPPFP, ePPFP, and exPPFP by project end.

Objective 1: Improve access to integrated PPFP and RMNIH-Nut services across 386 CSIs and 13 maternités HD supported by the project

Objective 2: Improve access to and use of integrated PPFP and RMNIH-Nut services at community level

Objective 3: Strengthen primary health care systems to sustain project achievements

Intervention Areas



TAHOUA
- Tchintabaraden
- Madaoua
- Abalak

MARADI
- Bermo
- Aguie
- Guidan Roumdji
- Tessaoua

ZINDER
- Mirriah
- Damgaram Takaya
- Tanout
- Belbedji
- Matameye
- Gouré
- Magaria
- Takeita
- Zinder Ville

Key Interventions

Objective 1

- Strengthen provider capacity to offer integrated PPFP and RMNIH-Nut services
- Strengthen health facility capacity to provide quality integrated services
- Improve the quality of care in supported CSIs and maternités HD, with a focus on integrated PPFP and RMNIH-Nut services

Objective 2

- Collaborate with communities to reduce sociocultural and structural barriers to using PPFP and RMNIH-Nut services
- Strengthen capacity of health huts and community relays to provide PPFP services at community level
- Support community relays to provide community-based PPFP counseling, method provision, and referrals for pregnant and postpartum women

Objective 3

- Strengthen the culture of integration and stakeholder coordination at strategic, intermediate, and operational levels
- Improve regional and district inventory management systems for contraceptive commodities in project intervention areas
- Improve quality, availability, and use of PPFP data for greater evidence-based decision-making

Expected Results

By 2029, Iyali Masu Wadata will :

1. Contribute to 604,683 unique new FP users recorded in facilities supported by the project
2. Contribute to 865,426 FP visits for continuing FP users
3. Generate 468,453 couple-years of protection
4. Ensure at least 90% of ANC, birth, PNC, and sick/well-child visits at project-supported facilities include FP counseling and method provision, nutritional advice, and information on exclusive breastfeeding

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