

BREAKTHROUGH ACTION MALAWI Provider Behavior Change Activity

Handoff Package for postpartum family planning and improved counselling



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Acronym List

ANC	Antenatal care	PNC	Postnatal care
CHW	Community health worker	PP	Postpartum
FP	Family planning	PPFP	Postpartum family planning
IUD	Intrauterine Contraceptive Device	ToT	Training of the Trainers
LARC	Long acting reversible contraceptives	WHO	World Health Organization

Overview

Goals of this handoff package

This document provides an overview of a provider behavior change solution set, and is intended to encourage ownership and scale-up of the solution set by local partners in Malawi. It can also be used by any service delivery partner working on improving postpartum FP through improved FP counselling with a referral system beyond Malawi. The document (and the accompanying files in the [Digital Appendix](#)) explain how to operationalize and monitor the solution set, and provide guidance for ensuring successful implementation. The tools and implementation guides can be adapted by you to meet the specific needs of your context.

Background

Despite recent gains in usage of modern contraceptive methods, Malawi has a high unmet need for family planning (FP), at 19 percent among married women, 22% among married adolescents 15-19 years old, and 40% among unmarried women. Of women using a modern contraceptive method, 60 percent rely on injectables, male condoms, or pills, methods with high discontinuation rates (Malawi DHS 2015-6).¹ Further, there is low uptake of contraceptive methods during the immediate and extended postpartum period, post-delivery up to two years. This suggests that many women of reproductive age who intend to use a modern method are using methods that do not fully satisfy their fertility needs, particularly during the postpartum period. Social-cultural norms and biases, large provider caseloads, lack of patient privacy, inadequate provider-client contact time, lack of updated guidance from the WHO, and inadequate health provider skills in providing FP methods, particularly long-acting reversible contraceptives (LARCs) and those that can be administered in the postpartum period, are just some of the reasons which may lead providers in Malawi to not address the FP needs of women, refer women to a limited choice set of FP methods or offer sub-optimal counselling.



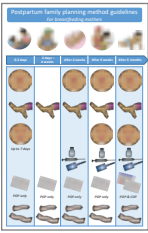

Breakthrough ACTION used a behavioral design approach to investigate the factors driving provider behavior and to create provider-facing behavioral solutions to challenges of FP use – particularly amongst postpartum women – in Malawi. Behavioral design is an approach that leverages insights from behavioral economics, social psychology, human centered design, and other disciplines to develop and test innovative solutions that reshape people’s environment to positively influence their behavior.

This behavioral design process employed a four-stage methodology which consisted of (i) defining the problem in terms of a behavior – *providers do not counsel postpartum women on the full range of contraceptive methods in a way that women internalize*, (ii) diagnosing the behavioral drivers of the problem, (iii) designing solutions that address the behavioral drivers, and (iv) testing the effectiveness of solutions and adapting as needed. This approach led Breakthrough ACTION to design a set of interventions – the Solution Set – aimed at changing provider behaviors and improving family planning related health outcomes for postpartum women in Malawi.

¹ Of women using a modern contraceptive method, 50 percent rely on injectables, 6% rely on male condoms and 4% rely on pills. 2 percent of women rely on IUDs, 20% on implants and 18% on female sterilization (DHS 2015-16).

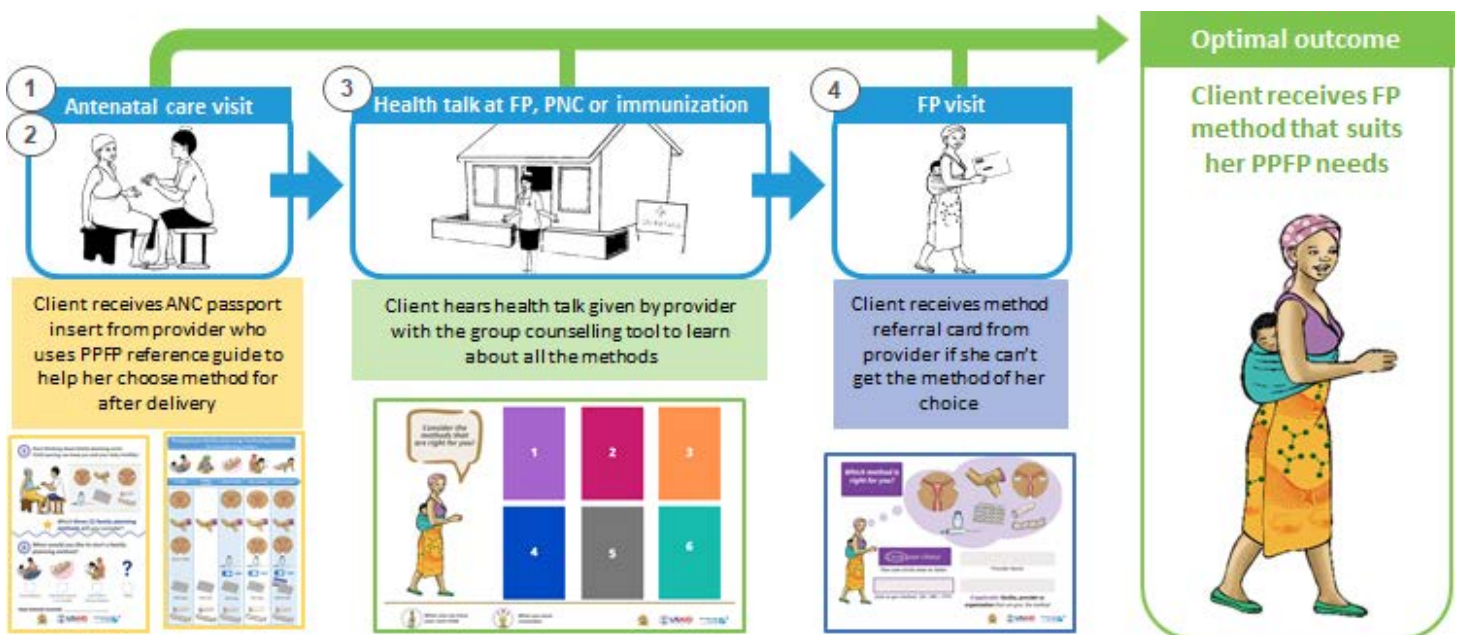
The Solution Set

The solution set consists of four tools that are intended to be used together for best results (see Journey Map below). However, each one can also be used as a standalone intervention. In addition to the tools, we recommend a [Values Clarification Workshop](#) to be implemented in tandem with trainings on the solution set. Click the images in the table to access the design file. **The solution set includes:**

THE SOLUTION SET			
	<p>1 Antenatal care health passport insert</p> <p>For use with pregnant women during ANC visits</p>		<p>3 Group counselling tool</p> <p>For use with any women in the facility or community any time information on FP is to be shared with a group (i.e. ANC, PNC, immunization and FP health talks or FP community outreach)</p>
	<p>2 Postpartum family planning reference guide</p> <p>For use with postpartum women during ANC visits, PNC visits, during FP counselling and by community health workers</p>		<p>4 Method referral card & drop box</p> <p>For use with any women in the facility or community any time the FP method of choice cannot be accessed, with drop box showing when follow up occurs</p>

You will see more information about each of these solutions in [Section 1](#). You will find information on implementing the solution set in [Section 2](#), manuals for using the solutions in [Section 3](#) and monitoring and evaluation guidelines in [Section 4](#). You will also find a variety of implementation materials in the [Digital Appendix](#). A brief with key results from an evaluation of the solution set which took place in Malawi in 2020 can also be found in the [Digital Appendix](#).

Journey Map for Postpartum FP with the Solution Set



Section 1: The Solution Set

Overview

The goals of this solution set are to:

- expand the range of interactions in which FP counselling might occur,
- encourage facility-based providers and community health workers to counsel women on all FP methods without bias (particularly in the postpartum period) and
- ensure that health providers account for individual client preferences while counselling.

It is recommended that all four solutions are implemented together for the highest possible impact on improving women's FP outcomes, with a focus on postpartum women. Implementation and procurement guidance, and manuals for use can be found in subsequent sections.

1 Solution 1: Antenatal care passport inserts

This solution is comprised of two reminders which prompt providers to discuss FP with pregnant women during antenatal care (ANC). The first prompt allows providers to discuss all FP methods available in the postpartum period with a pregnant woman, and the second prompt enables the provider and woman to discuss when the woman will take up FP after she delivers. The sheet can be inserted into a woman's health passport, in the ANC section, either as a sticker, a free-standing insert or by being printed directly into new health passports.

Goals and objectives of the solution

- Prompts providers to have an early conversation with pregnant clients about postpartum FP.
- Expands the number of methods that women and providers discuss, to the full range of modern methods.
- Supports providers in helping women select a method of their choice and plan for when to adopt postpartum FP.

Who can use this solution?

- Any trained healthcare provider who is delivering ANC services can use the insert.

When should this solution be used?

- The insert can be used at any two ANC visits.
- Ideally, it is used with women who are attending ANC in their third trimester.
- It is recommended that the insert is used across two ANC visits, with the first prompt used at an initial visit, and the second prompt used at a subsequent visit.



2 Solution 2: Postpartum family planning reference guide

The solution is a visual postpartum family planning reference guide for health providers, which shows when a breastfeeding woman can take up each FP method after delivery. This guide can be used in tandem with the ANC passport insert, or during any FP counselling session, to help explain postpartum FP choices to women.

Goals and objectives of the solution

- Reminds providers about the medical eligibility criteria for each method for postpartum and breastfeeding women (according to the WHO guidelines).

Who can use this solution?

- Any trained healthcare provider who is delivering ANC, FP or postnatal care (PNC) can use the guide.

When should this solution be used?

- The guide is designed to be used in tandem with the ANC passport insert during ANC.
- The guide can also be used during routine FP or PNC consultations in facilities and communities.



3 Solution 3: Group counselling tool

This solution enables providers to facilitate group discussions on all FP methods during health talks in an unbiased way. It includes a canvas poster or mat showing the methods, a set of ten counselling cards and a colored die. The health talk starts with all methods on the poster covered by a colored flap. Clients take turns rolling the colored die, then providers read the counselling card of that color and allow women to guess which method it is. Finally, the provider reveals the method, responds to any questions, and the die is rolled again. You can find a video which demonstrates "How to Use the Group Counselling Tool" in the [Digital Appendix](#).

Goals and objectives of the solution

- Ensures providers discuss equal and comparable information on all methods.
- De-biases the way and order in which information is provided.
- Helps women learn about new methods, with which they are not already familiar.
- Corrects mis-perceptions about particular methods, appropriateness of methods for certain women, duration of use, and reversibility.

Who can use this solution?

- Any trained healthcare provider who is delivering a health talk can use the tool in the facility or in the community.

When should this solution be used?

- The counselling tool can be used during any health talk, in a facility or in a community.
- It is recommended that the tool be used during health talks before FP, ANC and/or PNC; but it can also be used in other settings such as outside the HIV clinic or before immunizations.

Group counselling tool with all methods covered



Group counselling tool with all methods revealed



Example of corresponding counselling cards (10 cards total)

Icon 1: A woman with a child.

You can have your next baby whenever you're ready, in a short time or in a long time. When you want to have a baby, you can get pregnant right after you have the method removed by a trained provider. There is no charge to have the method removed.

Icon 2: A woman with question marks above her head.

You must only come to the clinic one time to get the method and then you're protected from pregnancy for up to 10 years or whenever you decide to stop using the method.

Which FP Method is this?

(NCD)

Icon 1: A woman with a child.

This method is nonreversible and you should only use it if you are sure you do not want to have another baby.

Icon 2: A woman with question marks above her head.

You or your partner must come to the clinic once and then whoever gets the method is permanently protected against pregnancy for the rest of their life.

Which FP method is this?

(Injectable/implant/sterilization)

Icon 1: A woman with a child.

if you use this method correctly, you can have your next baby whenever you're ready, in a short time or in a long time. if you want to get pregnant, it might take you up to 6 months after you stop this method. However everyone's bodies are different and some women could get pregnant sooner.

Icon 2: A woman with question marks above her head.

You must return to the health facility every three months to get this method again. You can not forget or come to the clinic late or this method won't be effective.

Which FP method is this?

(Injection)

4 Solution 4: Method referral card

The method referral card is a card that providers give to new or revisiting clients, or clients who are restarting FP postpartum. Providers can use this card if clients express interest in other methods, have a need for another method, or choose a method that is not available during their FP consultation. Providers give women the card and tell them to return to the clinic or go to an outreach clinic for the method of their choice. When a woman returns with the referral card, she places the card in a drop box after receiving the method of her choice.

Goals and objectives of the solution

- Prompts providers and clients to discuss method satisfaction.
- Helps providers facilitate a discussion about different method options.
- Gives women a tool to consider alternative methods.
- Allows providers to help women make a plan to return to the clinic to get a method.
- Enables providers to refer women for unavailable methods.
- Shows providers when a woman has returned to the clinic after considering her options or to follow through with a referral (card + drop box).

Who can use this solution?

- Any trained healthcare provider in the facility or in the community (e.g., outreach or CHW) who is delivering FP services can use the card.

When should this solution be used?

- This card can be used in facilities or in communities.
- The card should be used when a woman wants a particular method that is currently unavailable during the visit and/or can't be given by the provider.
- The card should be used when a woman expresses interest or need for a new method, or a method other than her current method, but is not yet certain which method she wants.
- The drop box should be placed in facility waiting areas.

Which method is right for you?

Circle your choice above
You can circle now or later.

Date to get method: DD/MM/YYYY

Provider Name

If applicable: facility, provider or organization that can give the method

Date method received and provider initials

USAID



Section 2: Implementation of the Solutions

Procuring the solutions

To source the solutions, you will need to work with a printer, a carpenter and a tailor. If implementing the solutions in Malawi, you will need to work with the Ministry of Health, Directorate for Reproductive Health Services, who will give advice on the appropriate vendors. The document in the [Digital Appendix](#) titled “**Procurement plan**” includes instructions for correctly producing the solutions. The “**Design files**” for each solution are also included in the [Digital Appendix](#). You can edit the “Procurement plan” and “Design Files” according to your needs, for example by editing the quantities or changing the language. It is recommended that you source storage boxes and carrying bags for the solutions, and these items are included in the procurement plan. **It is important that you see a sample before ordering the full quantity.**

Specifications

1 ANC passport insert

- **Recommended material:** A sticker that you easily can write on – to be stuck in passports.
- **Possible alternative materials:** If you are a government agency or work closely with one, you can print the insert design directly in health passports. This may be a more sustainable option. If stickers are unavailable, plain paper inserts will work too.
- **Estimating quantities:** Estimate 1 insert per pregnancy per woman who attends ANC.

2 PFP reference guide

- **Recommended material:** Laminated paper.
- **Possible alternative materials:** This can also be printed as a poster, cardstock or on plain paper if lamination is unavailable. It could also be printed directly into women’s health passports, but will likely be difficult to read.
- **Estimating quantities:** Estimate 1 guide per healthcare provider and/or facility

3 Group counselling tool

- **Recommended material:** PVC canvas for the poster, with fabric flaps (or colored PVC canvas) sewn on to cover the methods. Laminated paper for the counselling cards, held together on a key ring. Wooden painted block for the dice.
- **Possible alternative materials:** This could instead be a laminated paper poster, or the methods could be painted on a wall in a health facility as a mural. The cards can also be printed on other materials if needed.
- **Estimating quantities:** 1-2 sets (cards, dice, poster) per facility and/or 1 set per community health worker.

4 Method referral cards

- **Recommended material:** Cardstock that can easily be written on for the card. The drop box can be made of wood or plastic.
- **Possible alternative materials:** If cardstock is unavailable, plain paper inserts will work too. It could also be printed directly into women’s health passports. If printed into health passports, it is recommended that 2-4 “cards” are printed per passport.
- **Estimating quantities:** 1 card per 4 women who attend FP consultations. E.g., if 1,000 women attend FP in one month, print 250 cards per month.

Budget

Costs will vary greatly across contexts, depending on the number of materials printed, type of materials you use and the printing company. However, based on figures taken from implementation in Malawi in early 2020, the estimated total start-up cost is USD \$489 for 1 moderate sized facility with 2 CHW. After the first month, the estimated cost of insert and card refills is USD \$342 per month. It should be noted that this estimate includes printing costs of high quality, glossy materials. A more comprehensive “**Illustrative Budget**” can be found in the [Digital Appendix](#).

Trainings with Values Clarification Workshop

This section discusses how to deliver trainings for the solutions to providers. As part of the trainings, providers will also learn about postpartum family planning and participate in a variety of values clarification activities to reset common myths and misperceptions held by service providers in Malawi.

The trainings include the following:

- A refresher on the importance of postpartum FP (PPFP)
- Discussion of options for PPFP (including introduction to immediate postpartum options)
- Training on the solution set with practice using the solutions
- Reviews information on LARCs, including IUDs and implants (e.g., reversibility and long-acting)
- Dispels common myths and misperceptions about LARCs and postpartum resumption of sex

Some of the content in the “Discussion of options for PPFP” may need to be tailored to the specific context and country policies where the intervention is being delivered. It is recommended that the trainings are delivered through a Training of the Trainers (ToT) model, where supervisors or FP focal points (e.g., in-charges, district teams, etc.) are trained first, and then they facilitate trainings with health facility staff and CHWs. Proper coordination with the Ministry of Health and implementing sites is key for policy guidance and ownership.

Suggested participants

It is recommended that the following individuals are included in the trainings:

- Ministry of Health FP focal persons (*possible facilitators and to help guide on policy issues*)
- District FP focal persons (*possible facilitators and to instill ownership*)
- Facility in-charges and FP focal people (*possible facilitators and to instill ownership*)
- Supervisors in service delivery organizations who provide complementary FP services
- All health providers delivering integrated services such as ANC, PNC, FP, immunization, nutrition, or HIV services
- All CHWs delivering integrated services such as ANC, PNC, FP, immunization, nutrition, or HIV services in facilities or in communities

Training agendas and materials

The training should be held over two full days. If necessary, the trainings can be staggered to allow for all facility staff to participate (i.e., hold two subsequent trainings). Trainings can also be shortened or modified depending on which solutions will be implemented or other unique circumstances.

The following training materials are included in the [Digital Appendix](#):

- Training agendas: **“Training Agenda for Service Providers”** **“Training Agenda for ToT”**
- PowerPoint slides of the training: **“Training Slides”**
- Role play checklists for practicing how to use the solutions: **“Role Play Checklists”**

Collecting feedback

After the trainings, it is recommended that participants fill out a printed **“Feedback Form”** from the [Digital Appendix](#). Facilitators should read participants feedback, and feedback will help facilitators learn which areas to focus on or adjust for further trainings.

Necessary materials

The following materials are needed for the trainings:

- An appropriate venue and refreshments
- Print outs of agendas “Role Play Checklists” & “Feedback Form” (found in the appendix)
- Print outs of the “Implementation Plan” for the Training of the Trainers
- Pens for writing
- A projector for presenting the slides
- Any appropriate and country specific tools, charts, guidelines or protocols

Implementation and supervision

Implementation checklists

The following checklists outlines steps and activities to ensure successful implementation.

Pre-launch

- Meet with ministry officials, facility supervisors, district level officials and other key stakeholders.
- Decide on relevant health providers to be involved in implementation.
- Decide on relevant locations (facilities or communities) to be involved in implementation.
- Recruit health providers to be involved in implementation.
- Use the “Implementation plan” in the [Digital Appendix](#) to outline the supervision structure and assign responsibility for monitoring.
- Organize & host trainings for providers.
- Estimate necessary quantities of solutions to procure.
- Procure solutions.
- Deliver solutions to supervisors or training facilitators.

On-going

- Organize routine monitoring and ensure supervisors understand the monitoring plan.
Monitoring will be discussed in a subsequent section of this document.
- Regularly re-stock solutions as needed.

Implementation tips

The following tips are useful to keep in mind when planning for implementation.

- Allow supervisors and trainers to collectively fill out the **“Implementation plan”** at the first training of the trainers. This will ensure buy-in and a supervision structure that makes sense to the providers and supervisors on the ground.
- Every effort should be made to train all qualified providers and CHWs who provide integrated services such as ANC, PNC, immunization, nutrition, HIV or other SRHR services within the same catchment population or facility for proper linkages.
- Facility level supervisors should include the FP focal person as well as the in-charge.
- Ministry officials should be actively involved and own the initiative.
- Stagger trainings and hold multiple rounds of trainings to ensure that all staff can attend trainings without disrupting routine service delivery.
- Ensure that FP outreach organizations are aware of implementation, and in particular, aware of the referral cards, as women may come to them for referrals.

Section 3: Manuals for Use of the Solutions

Overview

Two separate manuals which describe how to use the solutions can be found in the [Digital Appendix](#). Each manual describes how health providers should use the solutions in either FP or ANC consultations in communities or facilities. The distinct manuals will enable providers to read a manual that most is suitable for the context in which they provide services. The manuals are:

- 1 **“Manual for use during Family Planning consultations”**
- 2 **“Manual for use during Antenatal Care consultations”**

Each manual also includes supervision guidance for in-charges & FP focal persons. The [Digital Appendix](#) also includes a document of **“Frequently Asked Questions”** (FAQs) on the solutions to aid in troubleshooting. We recommend that each provider receives a personal copy of the manual, and that at least one master copy is printed to be kept at the facility. This is included in the procurement plan.

Section 4: Monitoring and evaluation guidelines

Overview

To ensure successful implementation, it is recommended that implementing organizations work with Ministry program officers, providers and facility supervisors to monitor the implementation's progress and the solutions' impacts on provider behavior and client outcomes. Implementation should be monitored at the following points:

- 1 week after launch, to check that implementation has begun and to troubleshoot with providers.
- 2 weeks after launch, to check that implementation has been sustained and to troubleshoot with providers.
- Every 3 months thereafter, to ensure that the solutions are functioning as intended.

Guidelines for monitoring implementation 1- and 2-weeks post-launch are included in the **"Implementation Plan."** Every time a new provider is trained on implementing the solutions, they should be monitored for at least 1- and 2- weeks post training.

A **"Monitoring questionnaire for providers and CHWs"** to be conducted 3 months after implementation is included in the [Digital Appendix](#). The questionnaire attempts to unpack how the solutions are being used, understand how they are being perceived by the providers and CHWs, and illuminate any challenges with implementation which need to be addressed. *All challenges with implementation should be addressed post-monitoring, by adjusting or iterating on the solutions as needed.*

Ongoing monitoring

In addition to collecting data through the questionnaire, monitoring the data in the table to the right at 1 weeks, 2 weeks and every subsequent 3 months is recommended. Monitoring these items will allow you to check on the condition of the solutions, replenish the solutions when necessary (e.g., referral cards), and estimate numbers for future procurement (e.g., if you see a large increase in the number of women attending ANC).

Ongoing Monitoring Indicators

- Condition of the counselling tool
- Condition of the PFP reference guideline
- Condition of the storage boxes and drop box
- # method referral cards used in previous 3 months
- # ANC inserts used in previous 3 months
- # women who attended ANC in previous 3 months
- # women who attended FP consultations in previous 3 months

Evaluating impact

The ultimate goal of the solution set is to improve the quality of FP counselling and improve client outcomes, specifically to:

- Increase the quality of FP counselling, particularly in the postpartum period
- Increase the number of clients who take up FP in the postpartum period (up to two years)
- Improve method satisfaction
- Decrease method discontinuation

Health facility data can be collected over time and used to evaluate the solutions impacts against these ultimate goals. The data points or indicators in the table on the right may readily be available or could be easily added to existing data collection mechanisms (e.g., in facility registers, reporting booklets, DHS, etc.) and could be used to examine impacts in the facilities where the solutions are implemented:

Indicators to Track for Impact

- # women who take up FP in the immediate postpartum period
- # women who take up FP within 6-weeks of delivery
- # women who take up FP within 2-years of delivery
- % women who use each method (method mix)
- # of women who discontinue their method (discontinuation)

Digital Appendix (click the links to open the file on-line)

Implementation

- [How to Use the Group Counselling Tool](#)
- [Procurement plan](#)
- [Design Files](#)
- [Illustrative Budget](#)
- [Manual for use during Family Planning consultations](#)
- [Manual for use during Antenatal Care consultations](#)
- [Frequently Asked Questions](#)
- [Tools for Monitoring and Evaluation](#)

Training

- [Training Agenda for Service Providers](#)
- [Training Agenda for ToT](#)
- [Training Slides](#)
- [Role Play Checklists](#)
- [Feedback Form](#)

Results

- [Key results from facility and community based feasibility studies in Malawi](#)

This manual is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.