

Behavioral Tools for Providers to Help Women Space Births

Innovation presented by: ideas42 and Pathfinder International

Problem statement
Women in Tigray, Ethiopia want to space births by two or more years, yet few women use contraceptives in the postpartum period.
Circle of Care stage
During:
Search Builds Trust
🛉 Improves Provider Behavior
★ Empowers Clients
Audience(s)
Health providers

Postpartum women

Country of implementation or design

Ethiopia

Outcome(s) of interest

- Encourage health providers to consistently offer contraceptive services to postpartum women
- Encourage uptake of contraceptives in the postpartum period among women who wish to space births

The innovation

Our solution includes four components: (1) a planning prompt card for family planning for women to complete with providers at their antenatal care visits; (2) a risk referral card used by providers during immunization visits to assess women's current need for family planning counseling and to refer them for counseling; (3) a postpartum family planning (PPFP) counseling sheet to guide providers' counseling with behaviorally-informed messaging focused on postpartum women; and (4) a home visit tracking log for health extention workers that reminds them to track women at risk of pregnancy in the post partum period and to use these tools in their home visits to postpartum women.









Why you should consider adapting and scaling this innovation

Our solution is uniquely scalable because it meets women where they are and leverages existing health system structures to help women space births. To further enhance scalability to our context, we ensured that each solution component could be easily integrated into Ethiopia's Ministry of Health's Family Health Card, the Family Health Guide, and other existing tools endorsed by the Federal Ministry of Health.

A quasi-experimental, mixed -method impact evaluation of the solution set was carried out in October – December 2021Despite the challenges of the COVID-19 pandemic and the ongoing war and humanitarian crisis in Tigray, these solutions appear to have had a positive association with contraceptive intention and other intentions like contraceptive use and self-efficacy and pregnancy risk assessment. Providers had a positive experience with the tools, and exposure to the tools among postpartum women was quite high. Providers also offered several recommendations for adaptations to the tools for use in future iterations.

Resources needed to adapt or scale this innovation

Implementation of this solution requires printing the four tools in-color. The cost will depend on the number of tools printed, and the printing company chosen. In addition, for rollout, health providers will need training on the new materials and how to use them.

These tools could be adapted for use in another context. Associated costs could include the expertise and data collection/analysis required to adapt the content, translation, and design and layout.

Implementation recommendations

Our solution is relevant for contexts that have high unintended pregnancies among postpartum women. To adapt our solution to new contexts, we recommend finding opportunities to integrate each solution component into existing and routinely used health provider tools, especially ones that are promoted by the Ministry of Health. This may require adapting the language or format of each tool component so that it better matches and aligns with existing tools.

Have more questions? Contact the following people

- Rahin Khandker (<u>rkhandker@ideas42.org)</u>
- Jana Smith (Jana@ideas42.org)
- Maddie Kau (maddie@ideas42.org)
- Cecilia Angelone (cangelone@pathfinder.org)
- Reshma Trasi (reshma.trasi@gmail.com)
- Mohamad (Bram) Brooks (<u>bbrooks@pathfinder.org</u>)

Relevant links

https://www.pathfinder.org/publications/resolve-ethiopia-project-evaluation

https://www.pathfinder.org/wp-content/uploads/2020/06/resolve-ETH-slidedoc_r7_2.pdf

https://www.ideas42.org/project/expanding-contraceptive-uptake-among-postpartum-women-in-ethiopia