Overview

The postpartum period: a vital opportunity

The postpartum period serves as a vital opportunity for health care workers (HCWs) to discuss with women their options for family planning (FP). It is a time when women are more likely to interact with the health system, such as during routine childhood immunizations. However, despite these increased interactions, postpartum family planning (PPFP) use among women is still relatively low. Research has shown that while most women in the extended postpartum period want to delay or avoid future pregnancies, many are not using a modern contraceptive method.¹

The reasons postpartum women may not initiate FP are complex. These can include perceptions that contraception is a potential health hazard for the mother or infant; concerns about disapproval of partners, family, or community members; and a lack of information and access rooted in health systems challenges, such as human resources shortages.² In addition, some postpartum women may not have a desire or need to use FP for other reasons, in which case they make an informed choice not to use contraception.

Locally-adapted models to offer family planning to postpartum women during child immunization

The integration of postpartum family planning (PPFP) services with routine child immunization is a "promising practice" supported by evidence summarized by the Family Planning High Impact Practices, which calls for local adaptations to tailor this integration to local systems, resources, and practices.²

In 2021–2022, PATH’s Zambia team developed innovative, person-centered service models to integrate PPFP information and services in routine child immunization programming. This project employed human centered design (HCD) approaches to engage HCWs, postpartum women, and their partners—working together to co-design and pilot new approaches to integrate FP among women during routine childhood immunization in Zambia.

The project aimed to achieve the following outcomes:

- Pilot innovative solutions to increase women’s exposure to PPFP in immunization programming in Zambia’s Southern province, and initiate discussions about provincial and national integration.
- Generate preliminary data on innovative approaches to FP-immunization integration to expand the evidence base and catalyze action by broader global and regional initiatives.

Through this work, our hope is that women in the extended postpartum period will ultimately be better positioned to choose whether and when to have children through the benefit of regular engagement in routine childhood immunization programs.

Key project phases

Prior to implementing Kuswaanganya cibbayi a cipimo ca bana, facilities offered FP and immunization services on different days.

Stakeholder engagement

Throughout the project, PATH convened two technical advisory groups comprising experts in PPFP and FP-immunization integration within Zambia and at the global level. The team worked closely with local stakeholders, including Ministry of Health (MOH) staff and provincial, district, and facility leaders. All of these stakeholders provided important insights and guidance as the project unfolded.

Co-creation sprints and prototype development

PATH employs a 4D approach to HCD: Discover, Define, Dream, and Design. This full cycle is considered a design sprint: a collaborative process of gathering inputs from users in order to develop potential solutions to be tested, also known as rapid, low-fidelity prototypes.

In collaboration with the MOH and provincial and district leadership, PATH conducted week-long design sprints, or co-creation workshops, in Zambia’s Southern province in two rural (Kazungula and Siavonga) and two urban (Livingstone and Mazabuka) districts.

In each district, ten health facilities from rural, peri-urban, and metropolitan settings took part in the co-creation sprint workshops (Figure 1). The workshops included postpartum women and their partners, HCWs, faith and traditional leaders, and health leaders in primary health care, FP, and immunization.

Session facilitators listened to understand the barriers women and their partners face regarding PPFP use and perceptions affecting access to FP. They also explored challenges impacting HCWs and health systems regarding FP-immunization integration.

A central activity during these workshops was the development of prototypes—innovative models to integrate FP services during routine child immunization and reach postpartum women. After being oriented to HCD, participants brainstormed needs and ideas for solutions to address those needs. Out of 172 ideas generated during the sprint co-creation workshops, 9 final prototypes were selected for piloting in 40 facilities across the 4 districts. The prototypes selected were those that had the highest anticipated feasibility and impact, rated based on desirability, complexity, viability, observability, and feasibility. Table 1 (page 4) outlines more information and insights on the prototypes.

After the workshops, the team reviewed the prototypes with national, provincial, and district stakeholders as well as the project technical advisory groups for final input and refinement.

Pilot phase and core prototype concepts

The nine prototypes piloted in four districts addressed a range of topics. The core concept to emerge from the HCD process was Kuswaanganya cibbayi a cipimo ca bana (KCCC): Integrating family planning and child health services. KCCC is intended as a practical, customizable workflow for integrating FP and immunization that aims to reduce the number of times a mother visits the facility where HCWs offer FP counseling and services to postpartum women. Prior to KCCC, facilities offered FP and immunization services on different days.

The other eight prototypes serve as “enabler” concepts that support the core KCCC concept. These enabling concepts addressed themes of expanding method choice; coordination; male engagement; and counseling and referral. The enabler concepts are intended to address challenges that are external to the KCCC workflow and contribute to improved uptake when the KCCC concept is implemented.
Results

During the five-month pilot phase, more than 2,400 women accessed the combined services of FP and child immunization.

PATH staff visited sites regularly during the pilot and used WhatsApp groups with HCWs and qualitative interviews with women to document successes and challenges and iterate on protocols to determine what works best in different contexts.

During the five-month pilot phase, more than 2,400 women accessed the combined services of FP and child immunization. Overall, the prototypes were seen as feasible, saved clients’ time, and reduced the workload for HCWs. A questionnaire to determine if the pilot approaches were meeting women’s needs and improving FP access was administered to 24 postpartum women who participated. More than 90% of respondents said the prototypes had shown promising results for integration and helped facilities improve service delivery for postpartum mothers. Respondents also indicated that many male partners had an improved perception of FP due to the piloted approaches.

Lessons learned

Including women in design sprints provided a more holistic view of demand and access for FP and its integration in routine child immunization.

After the pilots, the team further refined the prototype designs to help ensure feasible and acceptable approaches for clients and HCWs, including potential cost and financing considerations. The team also reflected on several lessons learned and insights gained over the course of the project.

Inclusion of mothers

In the first pilot district, mothers were involved in the initial interviews and prototype testing, but they were not part of the co-creation sprint process. The need to have them as part of the entire process was evident by the end of the sprint. This experience led the team to include women in subsequent sprints—their perspectives provided a more holistic view of both demand (from the women) and access (through the HCWs) for FP and its integration in routine child immunization services. Additional work is needed to understand the needs of adolescent mothers in particular, with separate interviews, co-creation, and disaggregation by age to support integration tailored to the needs of this marginalized group.

Inclusion of male partners

During the project, women, as well as other community members including men themselves, highlighted the need for constructive male engagement to improve women’s ability to access FP services. One recommendation from participants focused on the term “maternal and child health” which refers to women and children, but leaves out the male partner or spouse. Participants suggested that using a more inclusive term could encourage men to become active participants in the health of their children and female partners. In response to this learning, the team developed three enabler concepts focused on constructive male engagement (see Table 1, page 4). In future activities, the team hopes to further engage male partners to learn more about how their involvement affects women’s access to FP.

Importance of health care worker soft skills

During prototype development, women identified the lack of HCW “soft skills” as a barrier for women accessing FP services—skills including respectful client-centered counseling, welcoming attitudes, confidentiality, and privacy that are often lacking in a clinical setting. Women felt that when HCWs are not well-equipped with these skills, clients are less likely to feel comfortable accessing FP services.

Many global tools exist to support HCW exploration of the social norms and biases that affect client-provider interactions, such as HCW training and coaching to improve counseling skills, health system practices to ensure client confidentiality and privacy, and quality assurance systems to assess non-judgmental counseling and respect for client rights. The project’s dissemination meetings highlighted the importance of strengthening these skills and practices during provider trainings and supportive supervision visits. The MOH committed to take action based on this recommendation.

Looking ahead

Both MOH national and subnational leadership conveyed appreciation for the integration approaches as a means to address the high incidence of maternal mortality in Zambia.

In response to the positive feedback from women, male partners, HCWs, and district health officials, the project team recommended that the MOH continue to implement the KCCC workflow in participating facilities and scale it up in additional sites. Recommendations for the enabler concepts are listed in Table 1.

Both MOH national and subnational leadership conveyed appreciation for the integration approaches as a means to address the high incidence of maternal mortality in Zambia. In meetings held with the provincial and district health teams, participants expressed commitment to scaling up FP-immunization integration at both the national and provincial levels. Discussions on implementation have continued with the MOH and plans are underway to mobilize scale-up.
Table 1. Primary and supporting concepts: Prototypes summary and analysis

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<thead>
<tr>
<th>Concept</th>
<th>Category</th>
<th>Concept summary</th>
<th>Recommendations</th>
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<td><strong>Core concept</strong></td>
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<td><em>Kuswaangan ya cibbayi a cigimo ca bana</em> (KCCC): Integrating FP and child health services*</td>
<td>Workflow integration</td>
<td>This practical, customizable workflow for integrating FP and immunization is intended to reduce the number of times a woman visits the facility where HCWs offer FP to postpartum women along with immunization services. Prior to KCCC, facilities offered FP and immunizations on different days.</td>
<td>The core anchor concept to emerge from the HCD process, KCCC received positive feedback from women, male partners, HCWs, and district health officials. Women indicated that KCCC was very helpful and they would like to see it implemented in all facilities. The PATH team recommended that the MOH continue to implement KCCC in participating facilities and additional sites.</td>
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<td><strong>Enabler concepts to support success of the core concept</strong></td>
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<td><strong>Skills transfer in long-acting reversible contraception</strong></td>
<td>Expanding method choice</td>
<td>This approach strengthens staff competencies in counseling and provision of a wider range of FP options, including long-acting reversible contraception (LARCs) such as copper intrauterine devices and contraceptive implants to expand PPFP method choice and better meet the needs of postpartum women.</td>
<td>Women demonstrated an interest in LARCs. However, it will take the MOH and partners time for this concept’s impact to be demonstrated. PATH has recommended that the MOH scale up this approach with support including HCW training, quality assurance, and supplies to offer LARCs alongside other FP options.</td>
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<td><strong>Technical Advisory Group 2 support</strong></td>
<td>Coordination</td>
<td>This district-level approach responds to the need for adequate supplies, tools, and logistics to support FP service provision by engaging district stakeholders to strengthen management and coordination.</td>
<td>This approach has the potential to facilitate implementation at national and subnational MOH decision-making levels for FP and other public health interventions.</td>
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<td><em>Tilitonse (We are together)</em></td>
<td>Male engagement</td>
<td>Drawing from the <em>Basankwa Basongo</em> (wise men) tradition. <em>Tilitonse</em> addresses FP myths and misconceptions by leveraging networks for husbands/male partners to share FP information, building social support and male engagement so postpartum women can access FP freely.</td>
<td>This concept would be well-suited for implementation in communities where male involvement is a challenge due to myths and misconceptions.</td>
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<td><em>Basankwa Basongo</em></td>
<td>Male engagement</td>
<td>This concept first aims to understand root causes for the lack of male partners’ support for women’s PPFP, then identify men who can work within their communities to raise FP awareness and aid PPFP-immunization integration.</td>
<td>This concept could be implemented together with <em>Tilitonse</em> in order to reach other men and raise awareness of the benefits of FP.</td>
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<td><strong>Men’s Reproductive Health Talk</strong></td>
<td>Male engagement</td>
<td>This concept leverages health facility services like voluntary male medical circumcision (VMMC) to access men and share FP information. This concept draws upon insights from <em>Basankwa Basongo</em> so that content shared reflects identified needs in the community.</td>
<td>While this concept initially leveraged VMMC services, provision of other general services for men can serve as opportunities to share FP information.</td>
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<td><strong>Mothers 2 Mothers</strong></td>
<td>Counseling and referral</td>
<td>Raising awareness and driving demand for FP is often done by facility-based HCWs or community health workers (CHWs). This concept encourages mothers to share FP information among other mothers. Additionally, women identified as mentor mothers can share FP information through their networks.</td>
<td>This model can help facilitate the MOH’s FP demand generation so that in every facility mentor mothers are identified, oriented, and supported to drive the program and raise awareness.</td>
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<td><em>Maano Ni Nguzu (Knowledge is power)</em></td>
<td>Counseling and referral</td>
<td>This approach addresses the need to leverage task shifting for additional support for HCWs from CHWs. It builds on the MOH’s initiatives to draw upon community-based distributors to help raise awareness and distribute a range of FP options in the community.</td>
<td>This is recommended as a model that builds on MOH community-based distribution to strengthen task shifting and community ownership of the project.</td>
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<td><strong>Postpartum Family Care</strong></td>
<td>Counseling and referral</td>
<td>In addition to the <em>Maano Ni Nguzu</em> concept, this approach reduces HCWs' workloads by enlisting CHWs to use a simple register to follow up on postpartum mothers who are using FP.</td>
<td>Implementing this concept with <em>Maano Ni Nguzu</em> would help ensure that beyond driving demand and distributing FP, CHWs can follow up and monitor mothers in the community.</td>
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