



REPRODUCTIVE HEALTH INNOVATION EXCHANGE

SHOWCASE YOUR INTERACTIVE SBC DESIGNS, IDEAS, AND TOOLS

Provider Behavior Change: A Toolkit



Innovation presented by: USAID and Johns Hopkins Center for Communication Programs

Problem statement

Existing service delivery data provide little detail on factors that influence provider behavior. Programs need to identify and address the most influential provider behavioral drivers.

Circle of Care stage

During:

-  Improves Provider Behavior
-  Empowers Clients

Audience(s)

Social and behavior change and service delivery program implementers, ministries of health, district health teams, facility-based providers, family planning clients

Country of implementation or design

Guyana, South Sudan, Uganda

Outcome(s) of interest

- Improve quality of family planning service delivery
- Improve the client experience and trust in and demand for family planning services
- Increase the adoption or maintenance of desired family planning behaviors among clients
- Increase support for providers and provider job satisfaction

The innovation

The Provider Behavior Change Toolkit guides users through an empathy-focused, four-step process that supports providers, clients, and district health teams in identifying and prioritizing the root causes of provider behavior and generating local solutions. To deliver a holistic view of provider behavior, the toolkit employs a systems lens. The toolkit also uses a multi-level approach to gather perspectives and input on provider behavior from a variety of stakeholders, including the providers themselves.

Why you should consider adapting and scaling this innovation

Each resource in this toolkit offers guidance on how to employ an empathic, collaborative approach to provider behavior change initiatives. The innovation is a combination of: (1) using a systems approach to look at all the factors that could influence provider behavior, (2) placing providers at the center and getting their input into problem identification and solution generation, (3) emphasizing more supportive approaches for providers, and (4) encouraging local solutions that go beyond the standard strategies. The Provider Behavior Change Toolkit supports the diagnosis, synthesis, and ideation of effective facility-based initiatives within reproductive health programs working to improve global family planning outcomes.

Resources needed to adapt or scale this innovation

The toolkit is meant to be implemented by a multi-disciplinary team, referred to as the Core Implementation Team (CIT), composed of individuals with complementary skills and experience in qualitative research, service delivery, and social and behavior change. The CIT drives the diagnosis, synthesis, and solution generation process and should be between six and ten people.

Costs will include printing of the tools, supplies (e.g., flipchart paper, markers, sticky notes), fees for transport, refreshments, and venues/lodging for facilitators and participants. Some of these costs can be reduced by implementing the activities close to clients and facilities and by leveraging existing meeting spaces rather than paid venues.

The total duration and cost will depend on the number of participating communities, facilities, and districts. At minimum, the entire process (excluding preparation) can take a few days to a week per facility. Budgeting time and resources for up to two weeks is ideal.

Implementation recommendations

Users should begin by tailoring the toolkit to the local context (e.g., adapting images, processes). Buy-in from the Ministry of Health (MOH) is necessary for implementers to be able to get their input on where and how to implement the process. Users may consider including MOH staff as part of the CIT. The CIT should be representative of local needs and context, and team members' strengths should be considered when assigning roles.

Throughout the process, the CIT should ensure that empathy and a supportive lens is applied. Users will need to see how providers experience the world around them and thus create initiatives that are sensitive to providers' needs, desires, and realities. In order to get this perspective, participants must feel comfortable in speaking their truth. For example, when testing the toolkit in South Sudan, participants initially felt hesitant to talk to the CIT because they felt like they were being investigated. Users of the toolkit can overcome that by establishing a common vision and emphasizing the supportive nature of the work and involving providers in the process from the beginning. This will help to empower providers and district health teams to understand and respond to provider behavior issues.

Have more questions? Contact the following people

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Relevant links

<https://breakthroughactionandresearch.org/provider-behavior-change-toolkit-for-family-planning>