Strengthening Social and Behavior Change for Service Delivery:

Tailoring Interventions for Different Stakeholders in Family Planning and Reproductive Health

Health provider with a male client using the confidentiality poster and client-provider promise in Zambia. Photo by Breakthrough ACTION.

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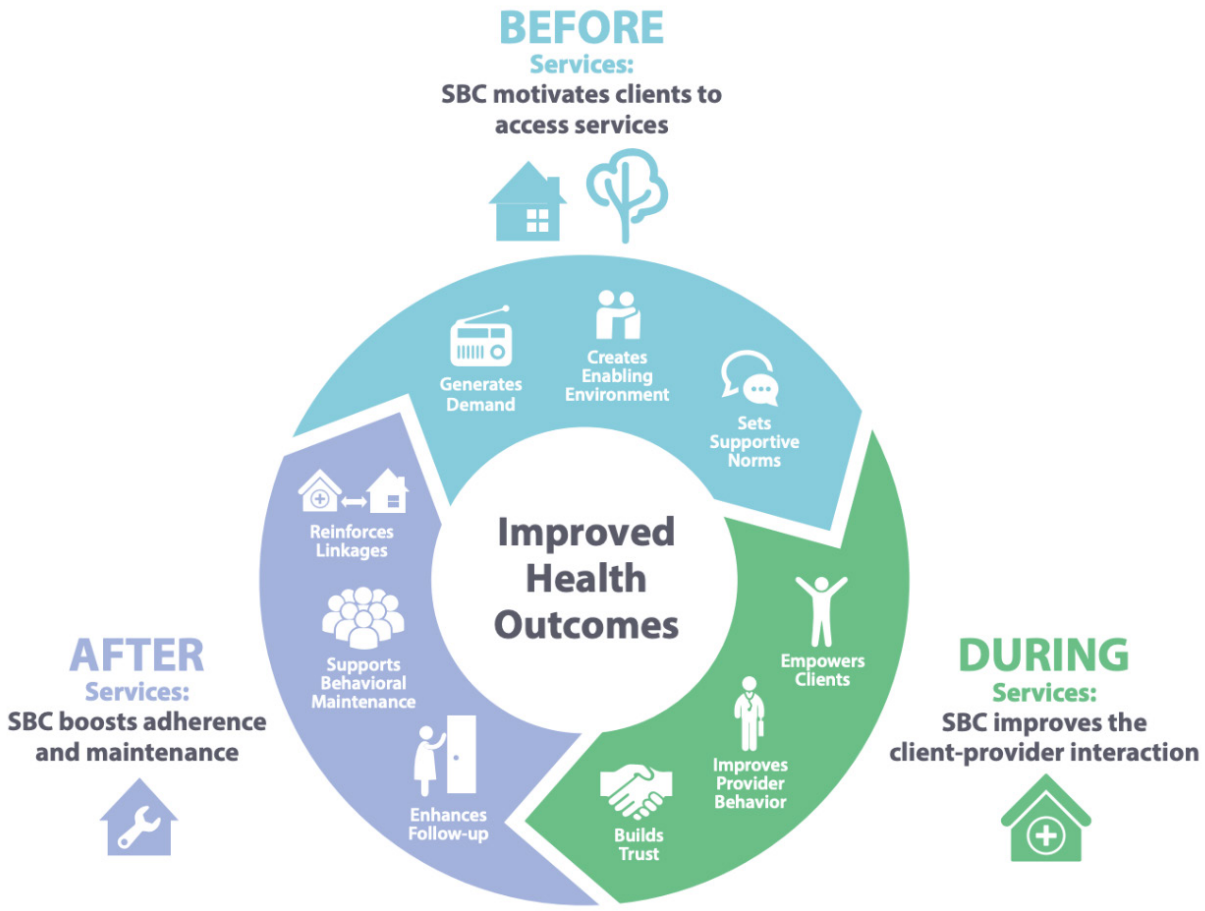
Background

Social and behavior change (SBC) for service delivery refers to using SBC processes and techniques to motivate and increase uptake and maintenance of health service-related behaviors, including use of family planning (FP). Implementers must tailor SBC interventions to the specific barriers and facilitators faced by different existing and potential FP clients, including youth, couples, and men, as well as to those delivering services, including facility-based providers and community health workers (CHWs). Breakthrough ACTION applies SBC approaches across the service delivery continuum to improve access to and use of FP services for those who desire them. SBC for service delivery is distinguished by its focus on service interactions: the use of SBC to motivate clients to access services (before services), to improve the client-provider interaction (during services), and to boost adherence and maintenance (after services), as shown in The Circle of Care Model™ (**Figure 1**). Programs focused on SBC for service delivery must consider the social and cultural norms that impact service use (or non-use), the physical environment in which services are delivered, and the communication which takes place between a client and provider, among other factors.

Figure 1. The Circle of Care Model™ for SBC and service delivery



This technical brief is one of three complementary thematic briefs on Breakthrough ACTION's key learnings from its work on SBC for FP from the past several years. Together, they highlight three key areas of Breakthrough ACTION's SBC for family planning and reproductive health (FP/RH) programming: placing communities at the center, strengthening SBC for service delivery, and ensuring effective partnerships and coordination. More information about the approach Breakthrough ACTION used to uncover and consolidate these learnings can be found in the overview brief, **"Ten Lessons Learned from Breakthrough ACTION's SBC for FP/RH Programs."**

This brief is the amalgamation of the past several years of Breakthrough ACTION's experience implementing SBC for FP/RH solutions in 13 countries, including Burkina Faso, Côte d'Ivoire, the Democratic Republic of the Congo (DRC), Ethiopia, Guatemala, Guinea, Liberia, Malawi, Niger, Nigeria, Togo, South Sudan, and Zambia. Although some of the learnings described in this technical brief may come directly from one country project, the project has validated the results in terms of their relevance to other country contexts.

Young mother in Guinea. Photo by Breakthrough ACTION.

Benefits of implementing SBC in service delivery contexts

- Creates a supportive environment for FP/RH.
- Improves access to FP/RH services.
- Improves client-provider interactions, especially through the facilitation and promotion of empathic listening and delivery of compassionate care.
- Increases provider motivation and job satisfaction.
- Helps to better inform and empower clients.
- Increases uptake of FP/RH services and other health services.

Challenges of implementing SBC in service delivery contexts

- Facility-based providers and CHWs are often overburdened and report a perceived lack of time to provide more empathic or compassionate care.
- Addressing normative and structural barriers that impede clients' access and use of services can take a long time.
- There are coordination challenges between SBC and service delivery partners, often related to mandates, timelines, and lack of clarity around roles.

Key Learnings From Breakthrough ACTION

Breakthrough ACTION's key learnings in this area reinforce the three principles of **The Circle of Care Model™**, emphasizing the importance of understanding the intended audience and learning about their specific needs and values and about barriers to change. Placing the needs, perspectives, and wants of both clients and providers at the forefront of SBC solutions is critical to their success. This is only feasible when SBC and service delivery partners work collaboratively and in coordination with ministries of health.

1 **Building empathetic and compassionate care for youth is crucial for increasing their health seeking behaviors, especially those related to contraceptive services.**

Youth need to perceive *and* experience that providers are empathetic and will uphold confidentiality about their interest in and use of FP/RH services. Making that perception a reality means delivering compassionate care, rooted in mutual empathy. Empathy is the attitude, method, and practice of assuming the point of view of another person to better understand their needs when designing meaningfully impactful services, products, or experiences. This change in empathy, at the interpersonal level, can have ripple effects across the **socio-ecological model** to ultimately strengthen institutional trust. The following examples highlight how empathetic care can be used to address youth's confidentiality and privacy concerns and how training on empathetic care can be scaled as part of nationally-endorsed curricula for service providers.

Address youth's confidentiality and privacy concerns while creating a conducive atmosphere at the facility

In Zambia, one reason young people did not access FP/RH services was because they were concerned about privacy and confidentiality; they were afraid their parents would find out they were sexually active. In addition, they feared being judged or scolded by the provider. These concerns and fears also impacted their access to other health services, such as HIV testing.

To address these challenges, Breakthrough ACTION created *Ishibeni Utuntu*, or **Adolescent Wellness Days**, a dedicated, monthly adolescent health and wellness day. On this day, all implementing partners involved in the wellness day invite adolescents aged 15–19 to attend health facilities to receive relevant wellness services (such as FP, HIV testing, nutrition advice and testing, and malaria testing and information about insecticide-treated net use) in a discreet environment. While waiting for their individual consultation with a health provider, adolescents had the opportunity to participate in informative group games and activities facilitated by peer educators and/or community-based volunteers. Each adolescent received a private consultation in which providers used a specific checklist developed by Breakthrough ACTION to systematically discuss issues such as nutrition, malaria, HIV, and FP/RH. The adolescents could also ask any health or wellness questions they had at this time. Each adolescent received a take-home information packet when the consultation was over.

To implement this solution, Breakthrough ACTION trained providers on the specific needs of adolescents and supported the providers through monthly supportive supervision visits and annual refresher trainings. These trainings incorporated skills-building (with role-plays and response mechanisms), counselor best practices, information on the life stages of adolescents and the needs at each life stage, and the importance of ensuring confidentiality. At the end of the confidentiality training, providers signed a pledge to keep consultations completely confidential.

Adolescent respondents (N = 993) who took part in the wellness days reported they were satisfied with their clinic visits, with close to 90% agreeing or strongly agreeing on all measured aspects of satisfaction. In addition, district health care providers were surveyed about their perspectives and experiences during wellness days and they mentioned increased frequencies of clients seeking care after integrated SBC counseling during the wellness days. Health care providers believe integrated SBC messaging and counseling not only encouraged attendees to come for health services more often but also created an enabling environment that reduced stigma.

Train providers on empathetic care

Breakthrough ACTION Liberia, in collaboration with the Ministry of Health (MoH) and service delivery partners, reviewed existing interpersonal communication and counseling (IPCC) materials to develop a national curriculum for training healthcare service providers in IPCC to improve interactions with clients and deliver a more empathetic and client-centered approach in health services. Breakthrough ACTION's Empathways tool was incorporated into the curriculum. In this activity, each service provider is paired with a young person and uses the Empathways card desk together over three rounds. In the final round, they are invited to imagine how to apply the trust, compassion, and understanding built in rounds 1 and 2 to improve FP service delivery for youth. After completing the scenario cards, providers and youth are asked to reflect upon their takeaways and connect these insights to youth FP service delivery.

To further support the rollout of the curriculum, Breakthrough ACTION developed a joint integrated supportive supervision system for supervision and monitoring and established a WhatsApp group for all master trainers to promote collaboration, coordination, and continued learning. The IPCC training has been scaled to 15 districts in three counties, in collaboration with central MoH and the respective county health teams (CHTs). **At the time of this publication, providers from 53 facilities had been trained. Training participants and CHTs acknowledged that this is the first time anyone conducted a training of this kind for facility-based providers, and they recommended it for all service providers across the country.**

SPOTLIGHT ON RELEVANT SBC FOR FP/RH RESOURCE

Empathways:

This card-based tool can help to build empathetic and compassionate care for youth.

2 Leveraging the circumstances under which men seek health care services and intentionally engaging them in FP/RH discussions can improve couple communication and joint decision making about FP.

Across most countries, men often do not seek health care services at health facilities for a variety of reasons. Physically meeting men where they are can create opportunities for critical dialogue, especially when lack of time is a barrier to care seeking. In addition, positioning the health facility as a place specifically for men's health and wellness can increase their health seeking behavior, especially if the facility is open on the weekend or with extended hours. Finally, integrating FP/RH into health and wellness more broadly can help in overcoming the perception of FP/RH as a women's issue and normalizing discussions about FP use. The following examples illustrate successful ways to meet men where they are with FP messages and create intentional "space" for them to visit the facility.

Meet men where they are

In DRC, Breakthrough ACTION sought to address male partners' negative perceptions about contraceptives by conducting home-based visits and meeting men at maternity wards when they accompanied their wives for delivery. In both instances, men were open to discussions about the benefits of birth spacing. The key to success in reaching and involving men was figuring out specific moments in time in which health-related discussions, especially those related to FP, were most appropriate and relevant to the couple. A man in Kaziba, Sud Kivu, who took part in the interventions shared:

"Now we find that in some households there is a climate of dialogue between husband and wife about how to handle family planning, prenatal care, and childhood vaccination."

– MAN IN KAZIBA, SUD KIVU

Create dedicated times and spaces to focus on men's health

In Zambia, Breakthrough ACTION designed Men's Wellness Days, which took place at least one Saturday a month in order to maximize men's participation, to overcome men's perceived barrier that health facilities are for women and children. Providers held individual consultations using a job aid to ensure that they spoke to men about their privacy and confidentiality concerns, reminded them that the consultation was intended for two-way communication, and then proceeded to address their specific questions while conducting a general physical examination. The provider discussed dietary habits and physical activity, asking questions about whether they have had malaria in the past year and sleep under an insecticide treated bed net every night, asking their risk of HIV using a validated screening tool, providing them with condoms, and asking them if they would like to learn more about FP options in addition to condoms. The counseling job aid ensured that all providers and consultations covered the same topics, integrating and normalizing FP discussions within a broader wellness package of services.

SPOTLIGHT ON RELEVANT SBC FOR FP/RH RESOURCE

Know, Care, Do: A Theory of Change for Engaging Men and Boys in Family Planning:

This tool can guide program implementers as they consider how to address key drivers and bring about necessary changes to meaningfully involve men and boys in their FP/RH programming and services.

3 Facilitating provider-client dialogues within communities can spark empathy, generosity, and joint problem-solving.

Bringing the conversation from health facilities into communities can shift the nature of the provider-client interaction from transactional to even more relational and cooperative, allowing clients and providers to become more empathetic and trusting of one another. As compassion for and understanding of the other's challenges increase through these dialogues, each stakeholder group discovers their role in helping to solve the other's problem. The following examples of community conversations about FP/RH demonstrate how bringing providers and communities together effectively sparked change in the minds and actions of providers and clients.

Encourage and support face-to-face meetings with providers within the community

Across Burkina Faso, Togo, Niger, and Côte d'Ivoire, health care providers who engage in community dialogues and guided visits (also referred to as site walkthroughs) learn first-hand about the health concerns and barriers to seeking services at the health clinics from the communities that they serve. As a result of these dialogues and visits, health care providers are more welcoming towards clients and have sought community leaders' involvement in resolving service use and quality barriers. This has led to improved access and efficiencies that allowed providers to spend more time with clients. **Monitoring data shows that these two activities have contributed to 2,050 FP adopters in Côte d'Ivoire, 1,445 in Niger, 637 in Togo, and 234 in Burkina Faso.**

Strengthen trust through community dialogues

In Breakthrough ACTION's experience, community members appreciate when providers come into the community to discuss health issues. A Breakthrough ACTION Togo colleague shared: *"Populations are more receptive to messages, dialogues strengthen trust between providers and community members, and community members are more at ease to return to the health facility to meet the providers for their FP/RH needs."* These community activities have allowed providers an opportunity to hear concerns from men first-hand since they rarely go to the health facility with their partners. By listening to their concerns, providers are able to engage couples more effectively in counseling and promote joint decision-making about FP. **Monitoring data reveals that community dialogues generated the greatest percentage of new FP adopters in Burkina Faso (56.9%), Togo (52.1%), and Côte d'Ivoire (49.3%), respectively**.

SPOTLIGHT ON RELEVANT SBC FOR FP/RH RESOURCE

Provider Behavior Ecosystem and The Provider Behavior Change Toolkit for Family Planning:

These tools can help SBC program managers and implementers better define, design and test provider behavior change interventions.

4 Strengthening CHWs' capacity through SBC tools builds their self-efficacy and confidence in performing their jobs and improves completed referrals from the community.

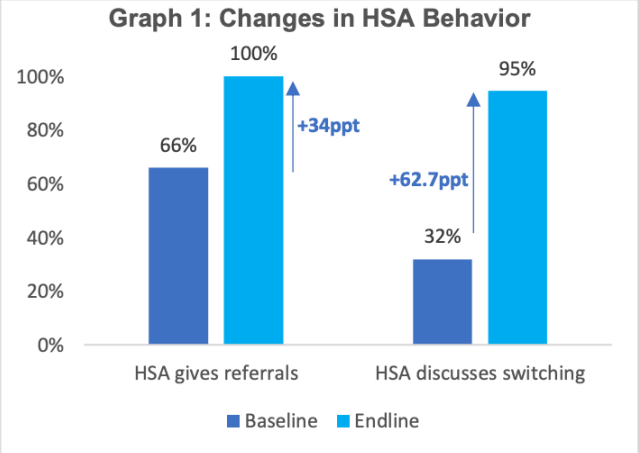
CHWs are integral in connecting communities to health facilities for FP/RH services. However, CHWs are not always comfortable speaking with women and couples in their communities about FP. They often lack the skills and confidence to do so. As a result, investing in CHWs' utilization of SBC for FP/RH tools is highly motivating for them because it not only increases their confidence and skills but also helps them to better meet the needs of their community members. By sharing this newfound knowledge about FP, they can better identify and connect potential FP clients with the health system. The following examples highlight how this can be accomplished by collaboratively designing SBC tools with CHWs and strengthening their capacity using the tools.

Collaboratively design tools with CHWs

In Malawi, Breakthrough ACTION originally planned to implement an FP counseling tool with facility-based providers. In response to the COVID-19 pandemic, Breakthrough ACTION needed to pivot its plans and deployed the three solutions with CHWs, known as Health Surveillance Assistants (HSAs) locally, instead. This pivot was possible because CHWs were involved in the design process. As a result, Breakthrough ACTION was able to design prototypes to address the challenges faced by CHWs. By engaging them in user testing, Breakthrough ACTION was able to build trust with the CHWs by ensuring that the final design of the SBC tool reflected their feedback and met their needs. As a result of CHWs' use of the FP counseling tool, they were able to start discussions around method choice in the community, reaching more women in need of FP, and then use referral cards to help clients follow up with providers once they got to the facility. Receiving the referral cards prompted providers to create space for FP/RH and give women the opportunity to receive more information to clarify their choice about their preferred method.

A feasibility study revealed that the solutions increased the percentage of HSAs who gave referrals to women to take up FP methods. **From baseline to endline the percentage of HSAs who reported giving women referrals to take up FP in the past two months increased significantly, by 34%.** Additionally, at baseline, only 29% of HSAs who gave referrals said they provided referrals one-half of the time or more, while at endline, 83.3% of these HSAs said they provided referrals one-half of the time or more, a significant increase of 54.3% (**Figure 2**).

Figure 2. Changes in HSA Behavior



Strengthen CHWs' capacity to make their jobs easier and improve referrals

In Nigeria, Breakthrough ACTION works with community leaders, ward development committees, and state and local government stakeholders to recruit, select, and train CHWs. In collaboration with state government trainers, Breakthrough ACTION conducted an eight-day training with selected CHWs on community engagement and marketing, integrated health messaging, and monitoring and evaluation tools. The project developed an integrated health flipchart for CHWs to use during their community engagement activities designed around four main life stages: early pregnancy, late pregnancy and delivery, caregivers/couples with children under five, and women of reproductive age who are not currently pregnant. Couple communication topics are intentionally incorporated throughout the flipchart. In addition, a booklet on integrated health messages was also developed for community influencers to reinforce the messages from CHWs.

Since one-off trainings are necessary but not sufficient, Breakthrough ACTION staff at the local government area level also provide supportive supervision to CHWs as a way to continue to strengthen their capacity. To date, Breakthrough ACTION has trained nearly 7,000 CHWs. These trained CHWs are actively using the integrated health flipchart during their household visits and community engagements. **In 2021, Breakthrough ACTION-trained CHWs made 66,338 referrals; 28,667 individuals redeemed the referrals, meaning that 43% of those who were referred went for FP services in 2021.**

SPOTLIGHT ON RELEVANT SBC FOR FP/RH RESOURCE

Integrated SBC Flipchart Discussion Guide:

This tool can help community volunteers engage and facilitate conversations between men and women about FP/RH.

Youth outside a facility in Zambia, participating in a group activity as part of Adolescent Wellness Day. Photo by Breakthrough ACTION.

Recommendations and Considerations For Strengthening SBC for Service Delivery

- Improve confidentiality and accountability practices by asking providers to sign a confidentiality pledge in front of clients, especially when working with youth.
- Integrate confidentiality training and pledges into national guidelines for the provision of adolescent- and youth-friendly health services (AYFHS).
- Create an atmosphere in which young people and men feel welcome at the facility; this can include offering special hours on weekends or evenings as well as hosting informative group games.
- Integrate FP/RH services into health and wellness more broadly as a way to make it more approachable for young people and men.
- Create opportunities for critical dialogue with men by physically meeting them where they are, especially when lack of time is a barrier to care seeking; this can also unlock opportunities for their female partners to access the services they need.
- Facilitate community dialogues between providers and those who directly influence a woman's and couples' decision about FP, such as husbands and in-laws; this can support household level family discussions and FP/RH decision-making by overcoming potential gender-based barriers to FP access.
- Bring providers into community-level conversations as a way to build relationships and trust with communities. It helps providers be more empathetic toward clients, and it helps clients trust providers.
- Look for opportunities to create complementary, synergistic tools that reinforce each other at the community and facility levels, which can ultimately help increase desired behaviors.
- Include more emphasis on empathy and compassionate care through the incorporation of participatory exercises and tools, like Empathways, into national FP and AYFHS curricula.
- Strengthen the capacity of CHWs through the use of SBC tools as a way to fortify this extension of the health system into communities. Enhance CHWs' confidence and self-efficacy to provide FP information.

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