

# What do you hope to get out of today's presentation?



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# EMPATHY

The keystone of effective provide behavior change

*Panel composed by Breakthrough ACTION,  
Beyond Bias, and ThinkPlace*



# MODERATOR



***Jacqueline Oliveira***

Senior Strategic designer at ThinkPlace USA &  
Breakthrough Action

# PANELISTS



**Alison Pack**

Program Officer

Johns Hopkins Center for Communication Programs,  
Breakthrough ACTION



**Aminta Gueye**

Strategic Designer

ThinkPlace Senegal



**Lydia Murithi**

Senior Global Technical and Strategy Advisor

Pathfinder International

Beyond Bias

# EMPATHY IN PBC

Based on your experience, what are the different ways there are to use **empathy in PBC?**\*

*\*Please write down as many references as you can.*

# Our definition of empathy-first

Empathy, in the context of PBC, is the cultivation of a **deep understanding** of providers: motivators, challenges, facilitators, and realities that impact their work and daily lives.

# EMPATHY CHECKLIST

Our way to ensure an  
empathetic PBC  
approach when  
designing  
interventions



**SCAN ME**

# PANEL OBJECTIVES

- Demonstrate the importance of embracing empathy and co-design to develop effective provider behavior change initiatives
- Explain how an empathetic approach results in buy-in from users and key stakeholders; from research to implementation and use
- Highlight the types of insights into provider behavior that can only be uncovered by using an empathetic approach
- Share lessons learned and best practices from empathy-grounded provider behavior tool development and implementation
- Provide an opportunity for participants to interact with new provider behavior change tools and consider application to their individual contexts

# EXPECTATIONS

## Your Expectations:

- What do you hope to get out of this workshop?

## Our Expectations:

- Everyone is a learner in this space.
- Facilitators will answer questions and provide clarifications.
- Participants and facilitators will be present throughout the workshop.



# Embracing Empathy to Design More Impactful Solutions

Presenter: Alison Pack, Program Officer

Johns Hopkins Center for Communication Programs



# OBJECTIVES

-  Discuss the role of empathy in understanding provider behavior and designing provider behavior change (PBC) initiatives
-  Showcase Breakthrough ACTION's new provider behavior change toolkits for family planning and provide examples of their use
-  Highlight the process and benefits of using a co-design process and multi-level systems lens for developing formative research tools, conducting formative research, and for designing programs
-  Share opportunities to use empathy to adapt the toolkits to meet the unique needs, barriers, and constraints of any community or context

# THE ROLE OF EMPATHY

- Providers are real people whose behavior is influenced by diverse factors, many of which are outside their control
- Placing empathy at the center of PBC initiatives enables users to appreciate how providers experience the world around them and generate solutions that are sensitive to their needs, desires, and realities
- Providers should be seen, counted, and included as part of the solution
- Providers need appropriate support and sufficient resources to deliver high-quality care

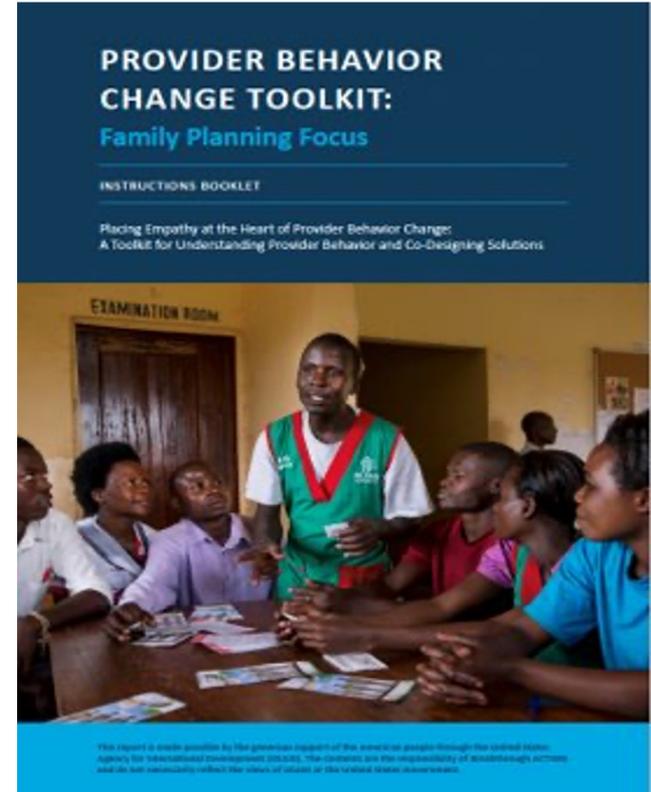


# PBC Toolkit

## FAMILY PLANNING FOCUS

Support the design, implementation, and evaluation of effective facility-based provider behavior change initiatives within reproductive health programs

- Identify, understand, and prioritize factors influencing provider behavior
- Design and implement locally appropriate, supportive provider-related initiatives that address root causes of behavior



# TOOLKIT OVERVIEW

 **Audience:** Primarily for facility-based providers, but adaptations for community health workers

 **Four-step process:** Prepare, Inquire, Synthesize, Act

 **Implementation:** Multi-disciplinary core team

 **Multi-level approach:** Perspectives and input from various stakeholders throughout the process

 **Systems lens:** Looks at what might be influencing provider behavior across the system, beyond individual and workplace factors

# PBC TOOLKIT DEVELOPMENT



## **Co-design process**

Actively involved stakeholders in the design process to help ensure the result meets their needs and is usable in their context



## **Use of personas**

Created representative personas to foster empathy by helping stakeholders understand their users' professional and personal contexts



## **Online surveying and virtual interviews with potential users**

Gained initial feedback on needs and tool prototypes with users



## **In-person testing + Core Implementation Team development**

Explored usability of the toolkit and grounded the tool in local contexts using dynamic listening and reflection sessions

# BENEFITS OF USING CO-DESIGN & EMPATHY

- The tools brought together groups that are usually siloed in provider behavior change efforts
- Providers, community members, and district health teams found the process “eye-opening”
- Gained insights on each other’s roles, needs, and limitations, and they were able to identify factors within their control

**Scenario Tool**

**TIME**  
60 minutes per client or client group

**DIFFICULTY**  
Participants: MEDIUM  
Facilitator: MEDIUM

**GOAL**  
The Client Visual Scenario tool will allow facilitators to:

- Further understand client perceptions of the family planning experience.
- Gather specific details on their experience of receiving family planning, counseling and health talks about contraception and pregnancy.
- Increase a better understanding of client motivations for seeking family planning services and their barriers to adopting and maintaining use of family planning methods.

**HOW DOES IT WORK?**

1. During the discussion, a member of the Client Implementation Team shows client(s) images of the provider behaviors of interest.
2. The facilitator and client(s) then talk about their own usage patterns to the client(s) and family planning experience, their perception of these services/ behaviors, and their motivations for seeking family planning.

**MATERIALS NEEDED**

- Good quality large print-out of each visual scenario (A4).
- Copies of the scenarios and discussion questions.
- Audio recorder, if using/allowed.
- Pen.

**PARTICIPANTS & ROLES**

- Number of Participants: Three to four family planning clients, or group formats, no more than three or four participants who need the education (others can be peer educators).
- Roles: Both client(s) in the preferred language of the client(s).
  - One facilitator
  - One scribe/aid

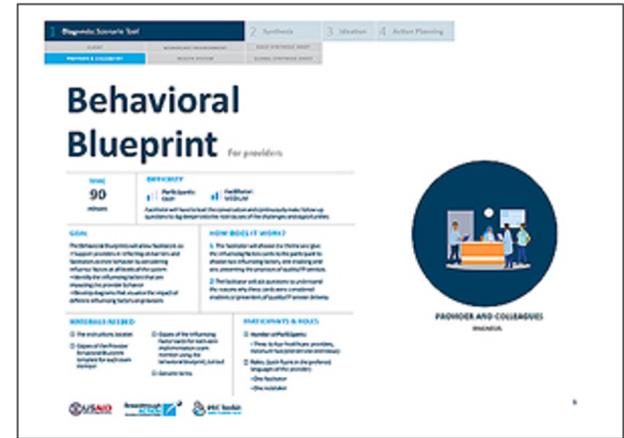
**CLIENT DIAGNOSIS**

USAID Breakthrough ACTION PSC Toolkit



# BENEFITS OF USING CO-DESIGN & EMPATHY

- The PBC toolkit generated newfound empathy regarding each other’s vulnerabilities and challenges
- Discussions with clients and providers yielded actionable insights on the strong connections between social norms, district processes, and provider behaviors



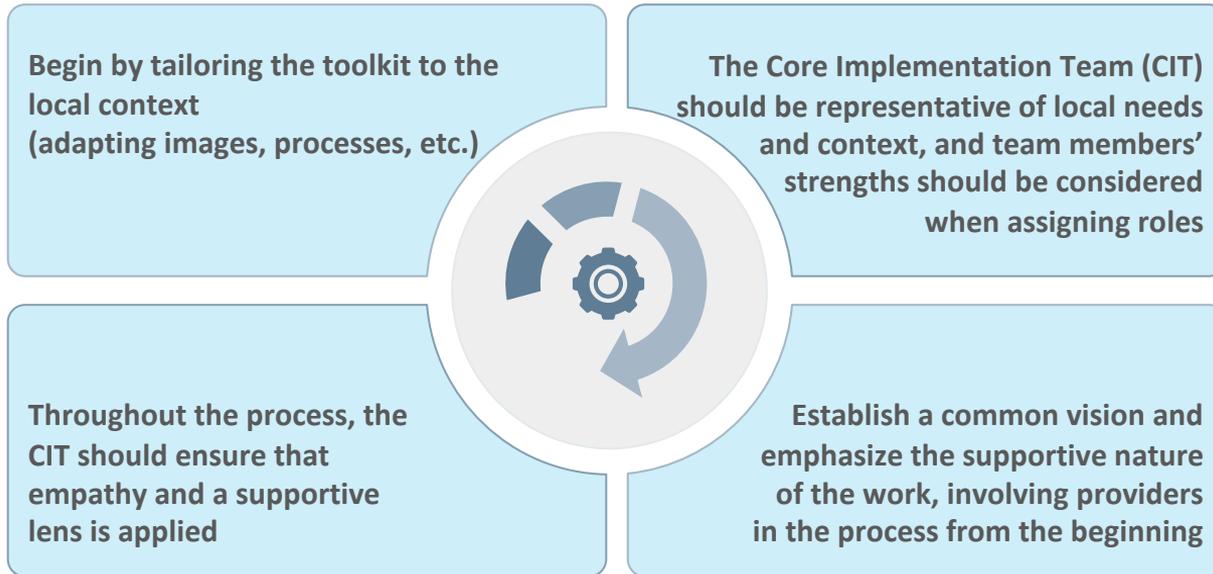
# TOOLKIT USE EXAMPLES

*Gathered from participants of the PBC Toolkit Workshop June 2022*

- Pathfinder Uganda verified existing data using the inquire/synthesis tools, then used the tools to prioritize factors and design solutions. They used the toolkit as an organizing structure to ensure they were looking holistically.
- The Uganda SBCA team used the inquire tools in multiple facilities to understand what was influencing behavior, then designed some solutions.
- The South Sudan MIHR project has been working on adapting these tools to a community-based setting and is currently piloting them.
- The Momentum Safe Surgery team in India had existing insights from an HCD activity, so they structured the findings according to the toolkit and continued on an HCD path to co-design solutions with the toolkit as a guide.

# TOOLKIT ADAPTATIONS

*Using empathy to adapt the toolkit to unique contexts*



# THANK YOU

For more information, please contact:

**Alison Pack, Program Officer**

**[apack@jhu.edu](mailto:apack@jhu.edu)**

# Leveraging empathy to strengthen and open communication channels in Mali

Presenter: Aminta Claudette Gueye

ThinkPlace



# PANEL OBJECTIVES

- Discuss how the human-centered design process was used to develop context-specific interventions to improve the quality of maternal health care in Mali
- Highlight how the lack of communication between midwives and pregnant women created strained relationships between them
- Discuss how empathy is woven into the three interventions that focus on the relationship between midwives and pregnant women and between midwives
- Highlight the role communication plays in improving trust between midwives and pregnant women
- Share lessons learned from prototyping in the field that audience members can take and apply to their work contexts

# DESIGN PROCESS

## Research

Research in Bamako using a variety of interactive tools. Involving all key stakeholders. Research was conducted in person and remotely, and involved pregnant women, midwives, nurses, community members.

## Co-Design

Co-Design of potential solutions with key stakeholders in the field. Leveraging empathy to conceptualize what changes to the relationship between midwives and pregnant women may look like, rapidly prototyping, testing and refining - always with the user at the center.

## Design and Test

Finalising the tools and testing with users. Ensuring that the tools are usable and desirable.

# KEY LEARNINGS

## *Learning #1*

### **The CSCOM is not the supportive environment women expect**

The place where ANC and delivery most often takes place, the CSCOM (Community Health Centre, or CHC), is more conducive to corruption and mistreatment than to supportive, patient-centred care.

## *Learning #2*

### **Pregnancy is a socially dictated performance which often disguises individuals' realities**

The main actors of maternal health (the couple and the midwife) each carry their own burden of social expectations which is heavier than they are allowed to show.

## *Learning #3*

### **Social interactions: between friction and misalignment**

Lack of communication, empathy and training lead to conflictual, misaligned and violent interactions in the backstage of the CSCOM.

# GUIDING QUESTIONS

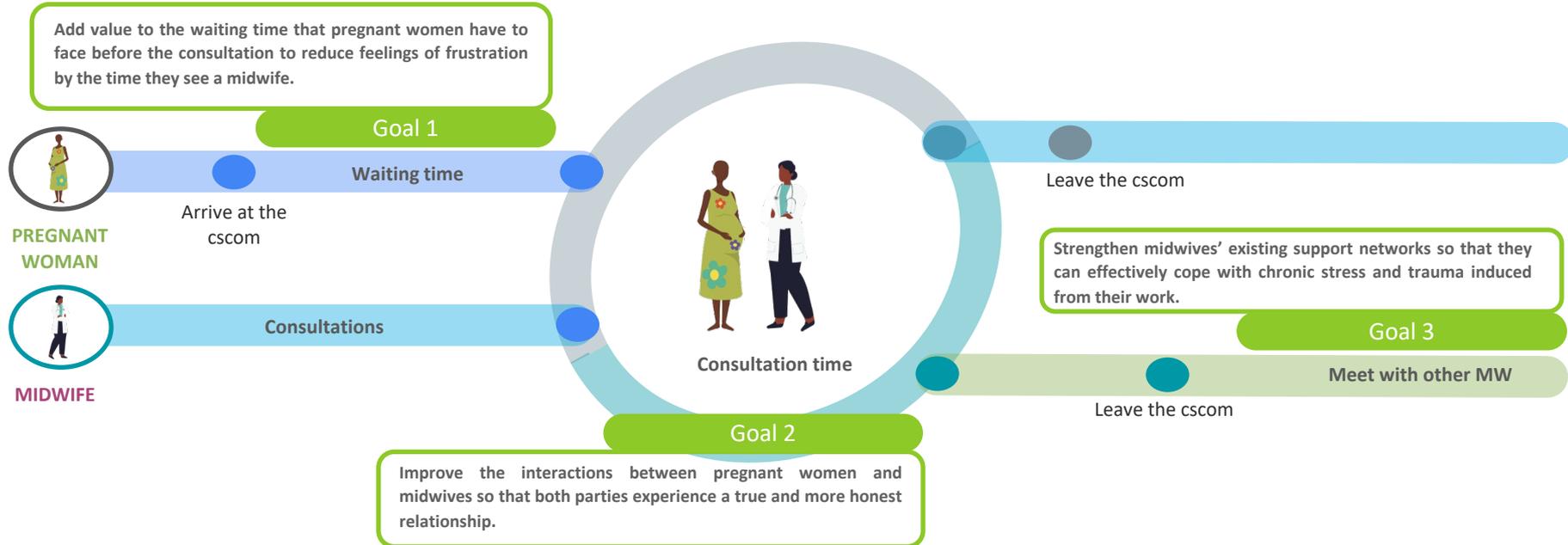
How might we create more empathy and understanding between midwives and pregnant women as early on as their first encounter?

How might we leverage staff's pride to motivate them to offer patients a more predictable and supportive environment?

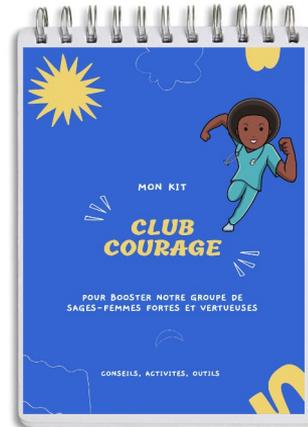
How might we create a system in which midwives are better able to deal with their own emotional and traumatic load?

# TARGETED MOMENTS

This is a representation of the journey of both Pregnant women and midwives at and outside the CSCOM. The aim is to show which moments and interactions we will target with our interventions to improve relationship and interactions between Pregnant Women and midwives.



# THE TOOLS



# THE ROLE OF EMPATHY IN OUR TOOLS

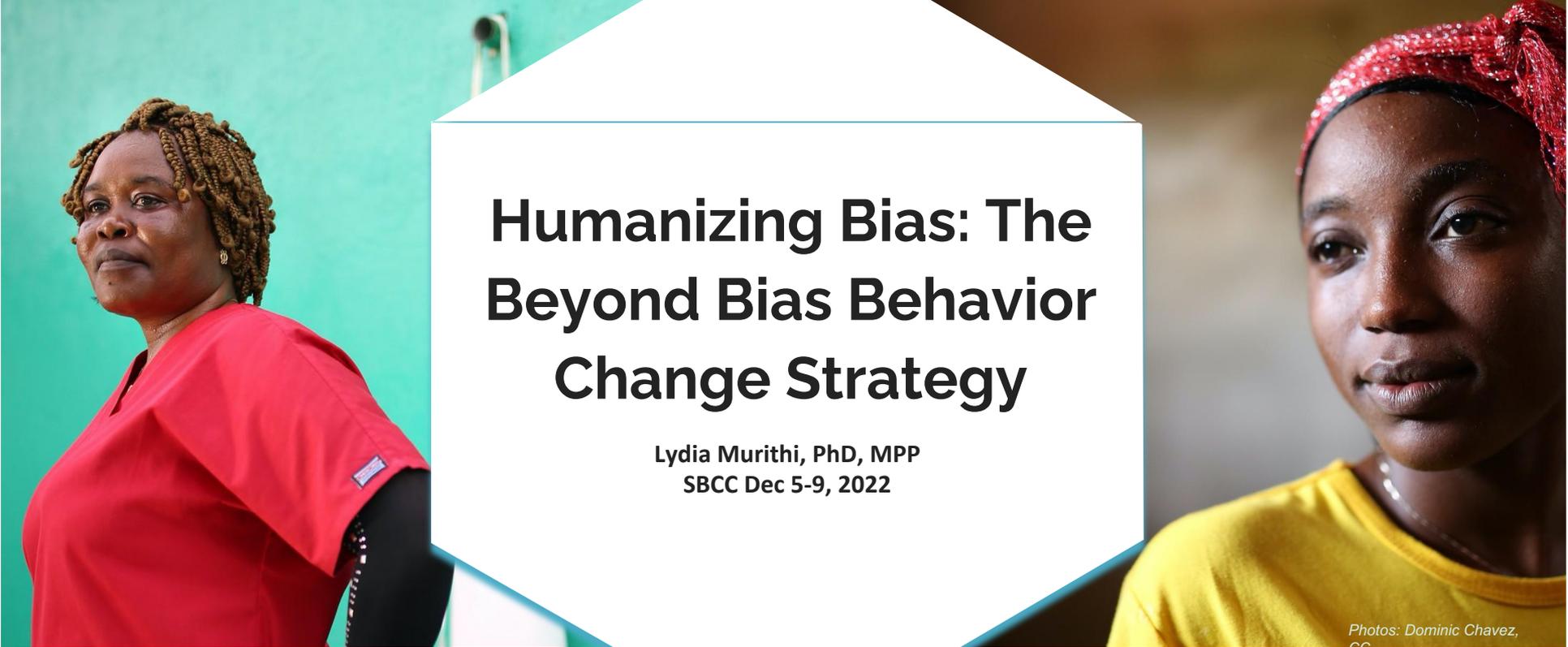
*Nurturing mutual understanding between providers and patients is key to empathy centered provider behavior change. By including personal, non-medical questions, the cards allow PW and MW to understand deeper aspects of each other's lives and needs.*

*Understanding the way in which providers experience the world and their work. Alleviating MWs' psychological load, enhancing existing support networks, and emphasising the pride/honor associated with being a midwife.*

*Use play to humanise interactions and build empathy between midwives and pregnant women. The sharing cards helped spark spontaneous reactions and game-like dynamics to allow MW & PW to see past each other's labels.*

*Understanding the context in which providers work, the struggles they face that might be preventing them from offering better quality care.*

*Breakdowns in communication lead to tension, misunderstandings and at times, anger. Sharing and communicating are powerful tools to rebuild these relationships, and create a sense of mutual understanding. It's a simple yet effective solution to repair damaged relationships, rebuild trust and break down barriers*



# Humanizing Bias: The Beyond Bias Behavior Change Strategy

Lydia Murithi, PhD, MPP  
SBCC Dec 5-9, 2022

Photos: Dominic Chavez,  
CC

**beyond bias** >

**PATHFINDER** 

**y.labs**

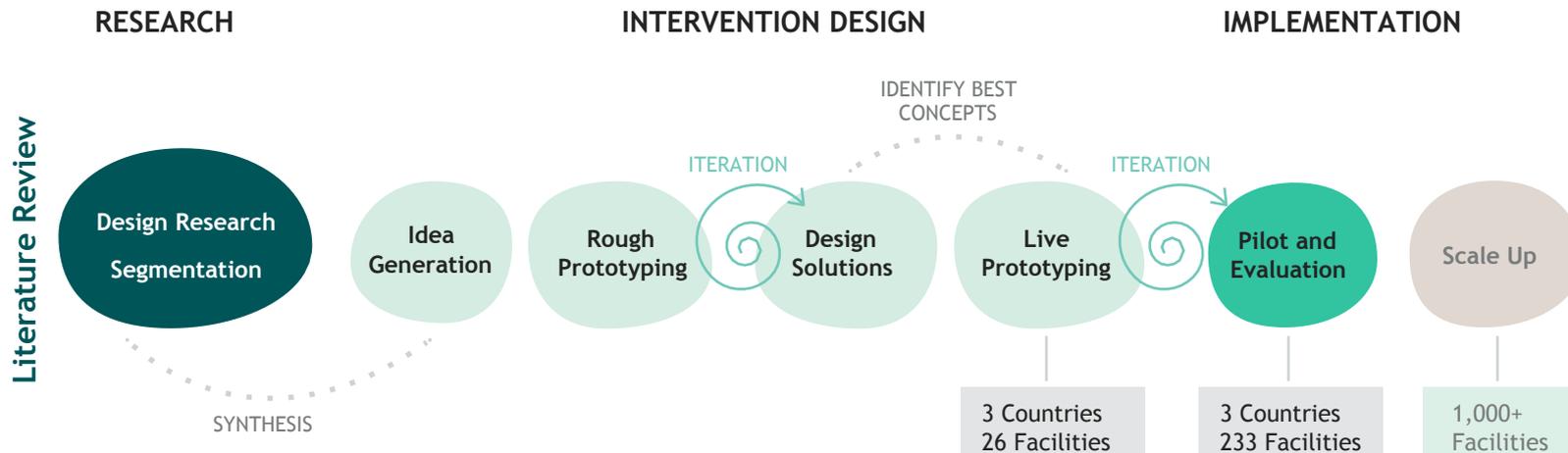


# OBJECTIVES

- Provide a brief overview of Beyond Bias intervention user-centered development process.
- Showcase the Beyond Bias Behavior Change Strategy and discuss how empathy and the value for the provider is built into each pillar.
- Highlight the benefits of co-design and an empathetic approach in tackling provider bias.
- Share key tips for addressing bias



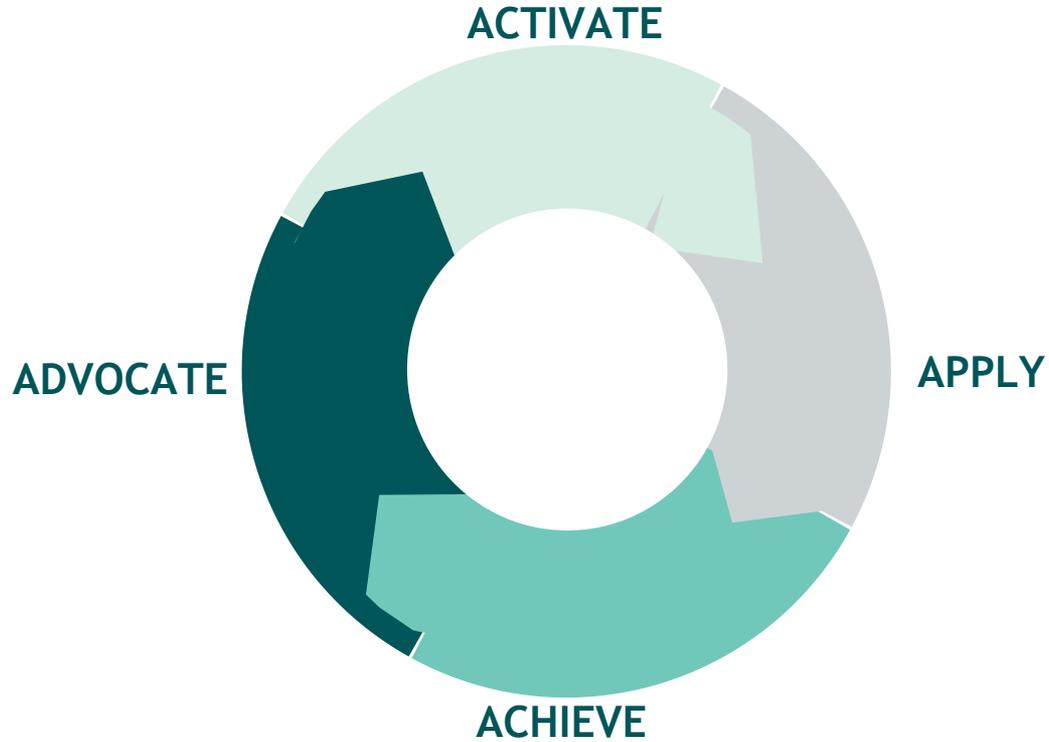
# Beyond Bias' User-centered Process





# INTERVENTION

# User Journey





## SUMMIT

### WHAT

A story-driven event that **activates** providers' self-awareness of their own biases and empathy for young people's needs.

### HOW

- 4-6 hour, in-person event
- Up to 75 providers per event
- Testimonies and interactive group exercises



# Providers developed empathy for young clients.

“ I got the realization that my actions actually do have lasting harmful effects on young people’s lives. And then the Summit gave me tools on how I could change.

– TANZANIA

“ [The Summit] really changed my very vision of young people’s sexuality. If a 13-14 year old girl comes, she might be told, “Abstain, devote yourself to your studies.” We didn’t take them seriously. Yet she already has a sex life. We must be responsible and not act with negligence.

– PROVIDER, BURKINA FASO





## CONNECT

### WHAT

A ongoing peer support and learning forum where providers problem-solve together to **apply** unbiased practices in their daily work.

### HOW

- Digital discussion group (WhatsApp) and/or in-person forum led by facility in-charges
- Facilitators require 3-hour training



“

*During the Connect meetings we understand each other's points of view. Together we find a middle ground. During our normal meetings that's not the case. It was a big difference.*

- PROVIDER, BURKINA FASO

“

*We felt like a family. It is a safe space where we can freely express whatever we think. Even our life stories were shared on the forum. We didn't fear that someone will criticize or reprimand us. Through Connect we learned a lot of new things. We felt valued on Connect.*

- PROVIDER,  
PAKISTAN





## REWARD S

### WHAT

A growth-oriented performance rewards system based on client feedback on provider behavior

### HOW

- Facilities receive report cards with performance data and recommendations for improvement



“ I have been rewarded champion of PPIUCD and counseling in the past by Greenstar. Now my confidence has boosted further with selection in Nai Umang program.

- PAKISTAN

“ It's not about the reward itself, but rather the fact that my efforts are recognized and appreciated. It makes me feel good. It's just how it makes me feel.

- TANZANIA

“ Really I was very happy, because almost 20 years of service, this is the first time I got an award.

- BURKINA FASO



# Behavior Change Strategy

PHASE

**ACTIVATE**

Pre-Contemplation  
Contemplation Determination

**APPLY**

Action, Relapse

**ACHIEVE**

Relapse

**OUTCOMES**

(6 Principles Framework)

Sensitive Communication

Safe, Welcoming Space

Seek Understanding and Agreement

Security of Information

Say Yes to a Safe Method

Simple, Comprehensive Counseling

EXPERIENCE



**SUMMIT**



**CONNECT**



**REWARDS**

**BEHAVIOR CHANGE MECHANISMS**

- 🌱 Humanize bias and hold up a mirror for providers
- 🌱 Improve emotional connectivity with youth
- 🌱 Address providers' fears of community backlash

- 🌱 Address concerns of fertility delays
- 🌱 Educate around safety of methods for youth
- 🌱 Activate contextualized agency

- 🌱 Create accountability for service quality
- 🌱 Offer visible performance-based rewards
- 🌱 Shift professional norms

# Key Tips for Addressing Bias

## 1 NAME BIAS BUT DON'T SHAME BIAS

Create environments and conditions where providers feel supported and safe in admitting their own biases, without blame or fear of punishment.

## 2 ACKNOWLEDGE CONSTRAINTS; ACTIVATE AGENCY

Help providers focus on actions they can take to address bias which are feasible in their facilities, such as how they listen and speak to a young person, and what information about methods they provide.

## 3 REWARD GROWTH OVER GOOD

Reward providers' progress towards standards of unbiased care—The Six Principles— rather than their ranked, absolute performance, alone.

## 4 CONNECT BIAS TO WHAT PROVIDERS CARE ABOUT

Demonstrate value for providers via recognition from their teams (public sector) and advice on business sustainability and customer retention (private sector).

## 5 CELEBRATE PROVIDERS' KNOWLEDGE, EXPERIENCE, AND COMMITMENT

Recognize providers as the experts and collaborators who can support their peer providers to improve service and build a bright future for youth.



# CLOSING REMARKS