Breakthrough RESEARCH Legacy and Learning Event Series

JANUARY 31, 2023

Provider Behavior Change: Social and Behavior Change Approaches to Quality of Care in Family Planning

Mentimeter and Q&A responses

Changement de comportement des prestataires : approches de changement social et de comportement pour la qualité des soins dans la planification familiale

Mentimeter et Q&R de suivi

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Breakthrough RESEARCH FOR SOCIAL & BEHAVIOR CHANGE

Where are you joining this webinar from today?

Mentimeter

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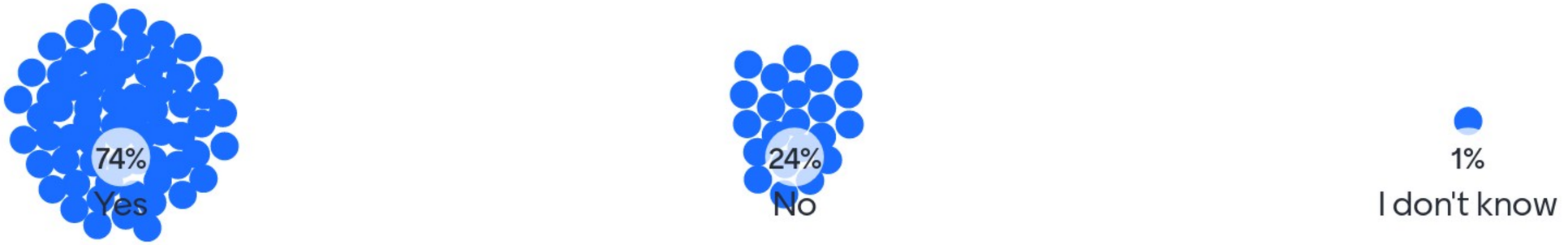
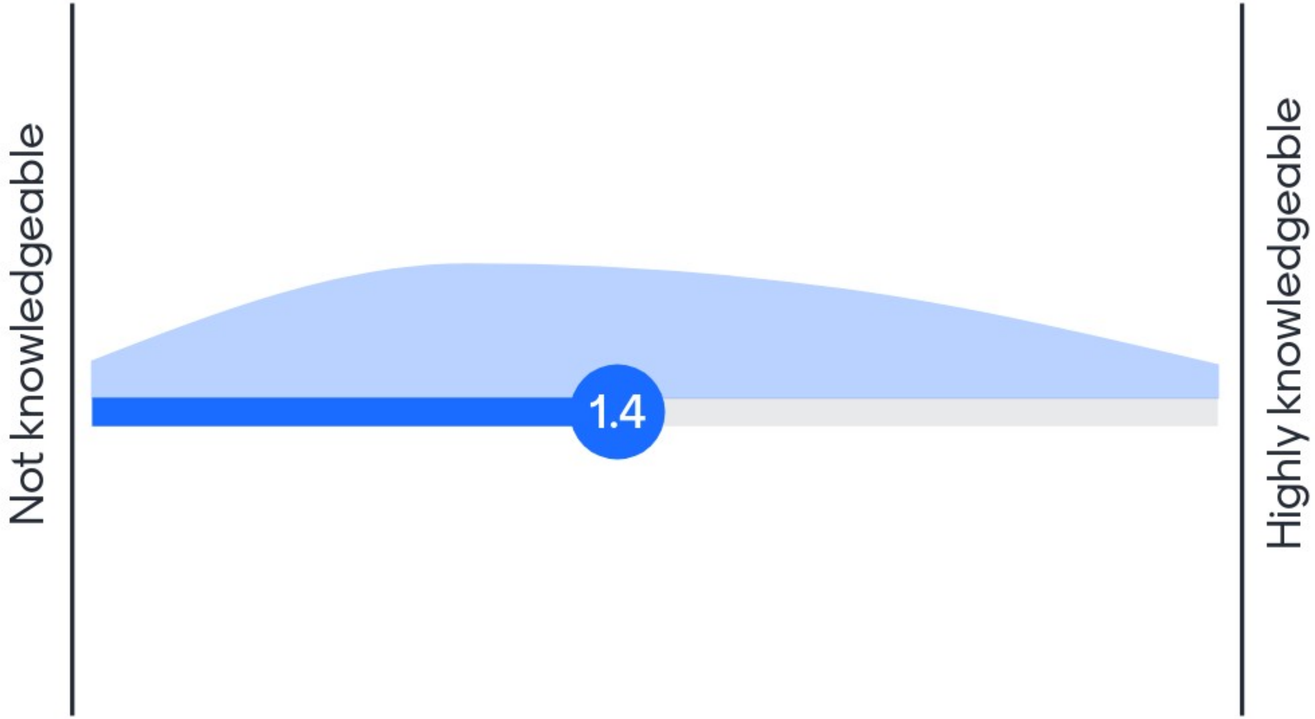
Have you ever used provider behavior change approaches as part of your work?

Mentimeter



How would you rate your level of knowledge of PBC evidence and approaches?

Mentimeter



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Do you consider yourself...

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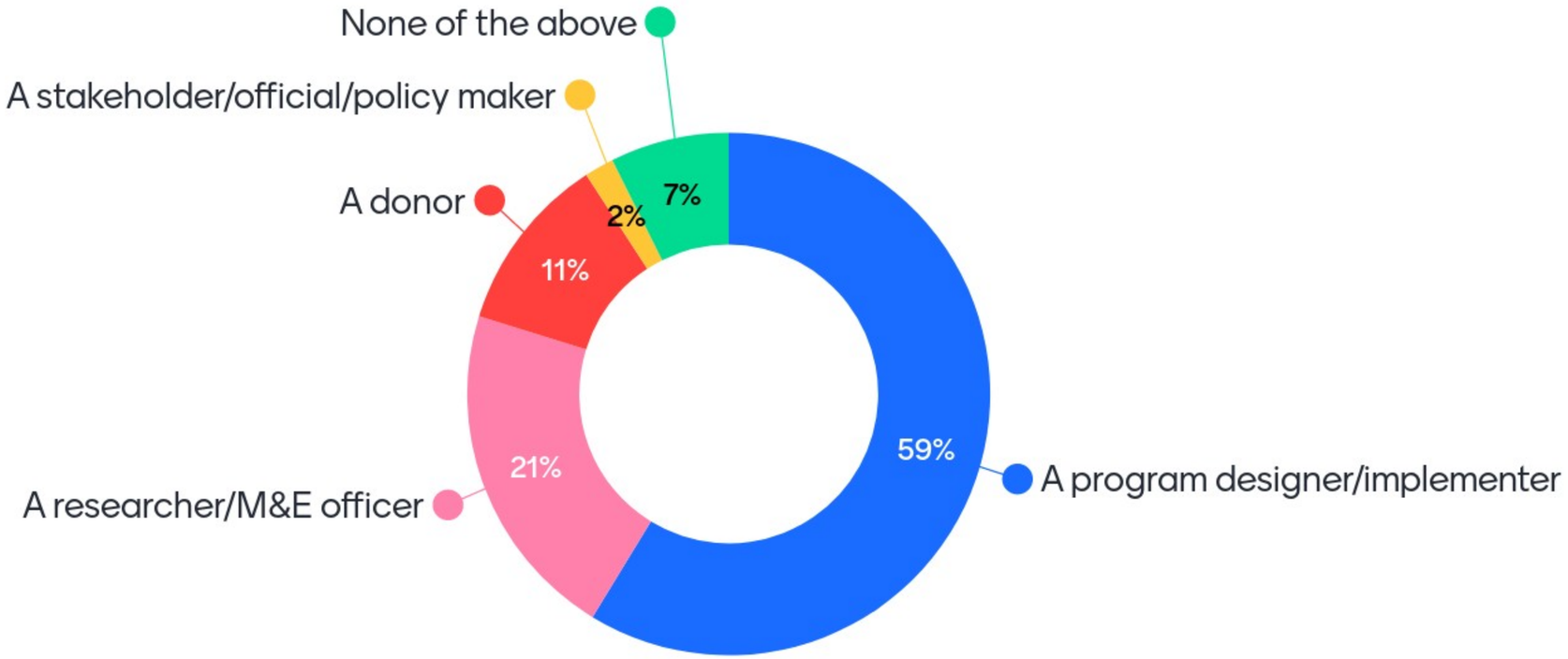
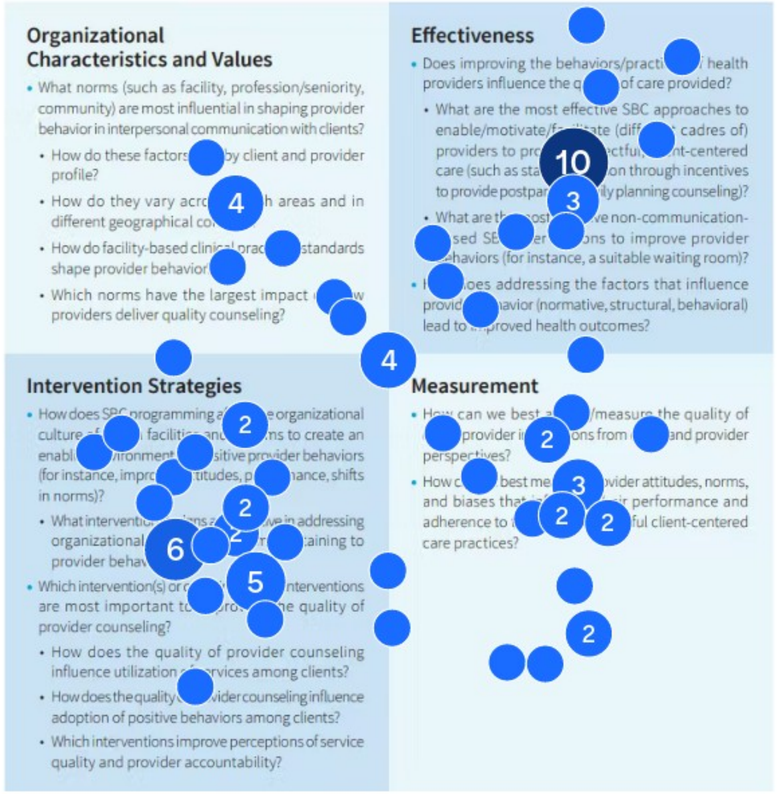


Put a dot next to the evidence gap most related to your current work:

Mentimeter



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PBC Measurement Learning Course

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Is this tool relevant to your work?

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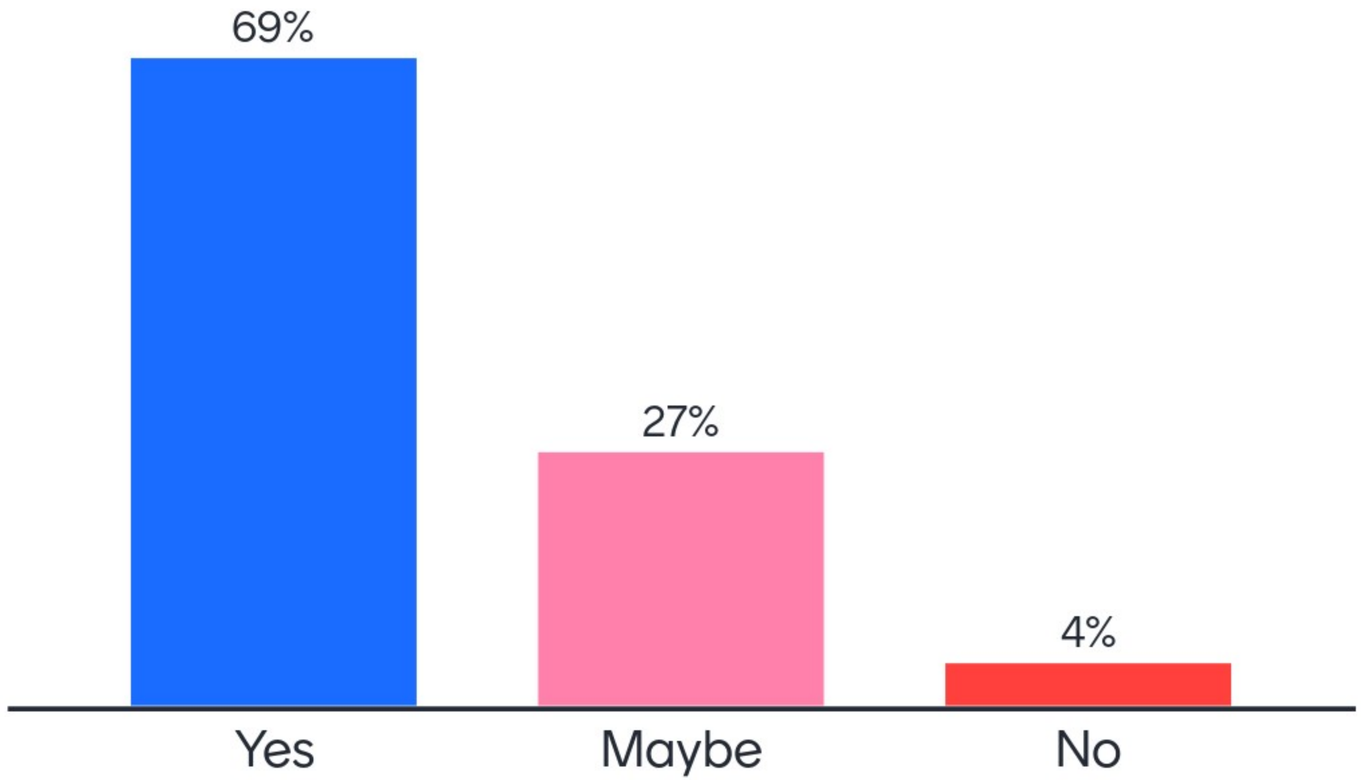

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In a short sentence, tell us what's the biggest PBC measurement challenge?

Mentimeter

- Adequately assessing all aspects
- Standardized definitions
- Knowing what's important to measure
- Teasing out the various effects of interventions to understand which one or package of interventions are the most effective
- Getting time from the health care provider
- Consistency in how PBC is measured
- Linking PBC interventions to client outcomes
- Providers feel they already know what they need to know
- Relatively short duration of intervention

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In a short sentence, tell us what's the biggest PBC measurement challenge?

Mentimeter

- Lack of tool
- The range of approaches required, and tailoring approaches to culture and context
- Demonstrating impact
- Avoiding courtesy or other kinds of bias.
- Subjectivity
- Influences are complex, with interactions, and context matters
- Trying to capture the many factors that influence their behavior
- Workload of service providers
- Access to providers / permission to observe their work space

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In a short sentence, tell us what's the biggest PBC measurement challenge?

Mentimeter

Defining and reaching all the public and private providers of FP that may be available.

It is an long time for people education

HCP Time and institutional support

Costly

Time. Human change takes more time than funding allows tp measure.

Change in attitude

Standardized instruments

Short intervention durations

Measuring actual provider behavior in cost and time effective way

54

In a short sentence, tell us what's the biggest PBC measurement challenge?

Mentimeter

Seeing PBC outcome/success in a short period of time

Indicators of measurement. It's may not be much prioritized.Other systems factors influencing quality service delivery

Provider willingness to participate

Bias

Knowledge gap on using the tool

Contextualization

How to measure long term effects/ impact

I think that the cons are very key and important but are not cost effective.

Measuring the correct thing ie, from the client perspective, what's the most important provider behaviour

54

In a short sentence, tell us what's the biggest PBC measurement challenge?

Mentimeter

Can we go beyond attitudes? Can we measure physical violence towards clirms6?

measuring empathy

Les providers ont un serieux probleme de temps pour une bonne application des competences

In India , caste differences between provider and client can influence client behaviour. But it is complex to demonstrate this.

cost/resource intensive

Range of interprovider variation is v high at the start. May be difficult to demonstrate impact.

Finding time with enough providers

No tool to measure pbc currently

Honest response from providers & their acceptance that their behaviour needs to change

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In a short sentence, tell us what's the biggest PBC measurement challenge?

Mentimeter

the tool to use to do it

Challenges being faced by the Provider with regards to having adequate works tools, work environment and provider's own challenges to achieve expected deliverables

Measuring the client perspective

competent provider,to change behavior of service provider.

Providers /clients attitude

high cost

PBC scale

Make a transformation

Confidentiality

54

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Provider Authoritarian Attitudes

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Do you see yourself using this scale in your work?

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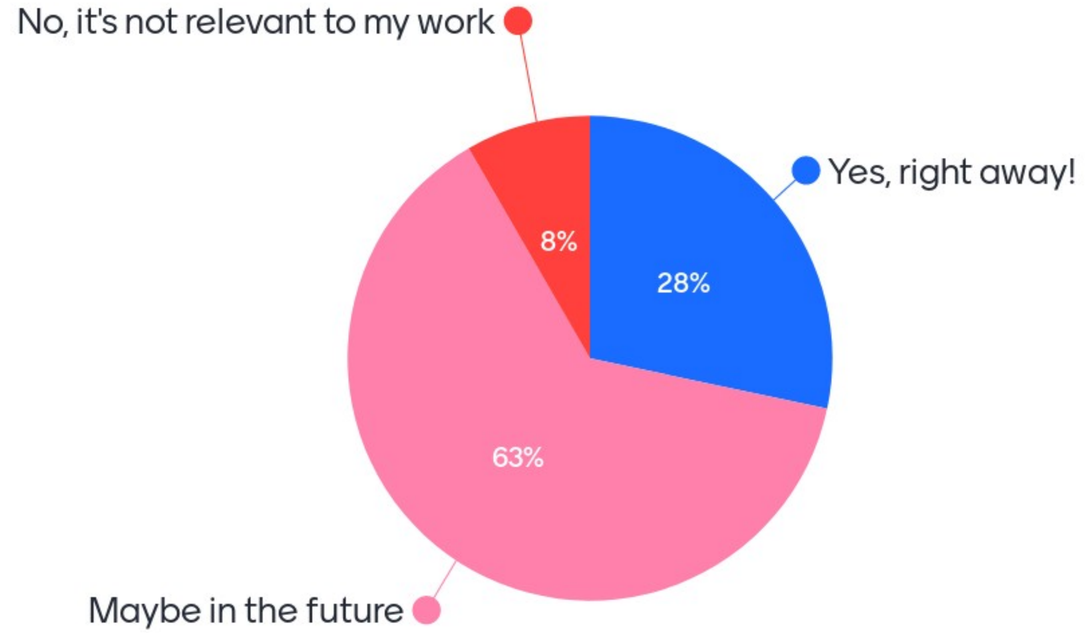

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Do you routinely collect data from providers about themselves?

Mentimeter

In a short sentence, tell us what the biggest barrier is to collecting data from providers:

Mentimeter

Resources and time	Time	Acceptance in the organisation
Time	Consistent tools	Cost and knowledge of measurement
Time of HCW	time and staff	Time

50

In a short sentence, tell us what the biggest barrier is to collecting data from providers:

Mentimeter

Cost of appropriate data collection, and analysis	Resources.	Lack of tools without me being biased as well
Resources and time	Paper based data collection is the norm	Funds and time
Work load of providers	No direct relationships with providers	Lack of tool

50

In a short sentence, tell us what the biggest barrier is to collecting data from providers:

Mentimeter

Time, money, getting biggest bang for buck

Difficult to get accurate/real information from Providers

I don't do any work with providers.

Standardized instruments

Funds

Insecurity and Lack of planning

Attitude of providers-- they are always very busy+ don't like to be questioned

Perceived need for it from implementing office/country

Cost

50

In a short sentence, tell us what the biggest barrier is to collecting data from providers:

Mentimeter

Falsified data

Lack of cooperation from providers about the motivations to study their behavior

No data tools to collect this data

Quaklity data

The providers feel overwhelmed with various organizations requesting the same info from them

Dishonesty and fear of being reported

Time. Crowds

Data storage

Time

50

In a short sentence, tell us what the biggest barrier is to collecting data from providers:

Mentimeter

Ack of tools

Many of them refuse to colaborate if they know the raison

provider participation

tool

Providers are busy. Accurately getting the responses need much time

Resources and Knowledge

Il n'y a pas suffissament de ressources humaines pour faire la collecte !

Measurement = time = $$$. Providers often don't want to self reflect but see the issue as the clients.

Time

50

In a short sentence, tell us what the biggest barrier is to collecting data from providers:

Mentimeter

Lots of providers don't like to be questioned about their attitudes and practices/skill level. Can feel evaluative on an individual level

Problens with getting accurate information

Ethical concerns, funds, provider availability

Culture

Providers needs to have the time and the motivation to collecting data

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Research Spotlights

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In general, how useful do you find this kind of consolidated knowledge management?

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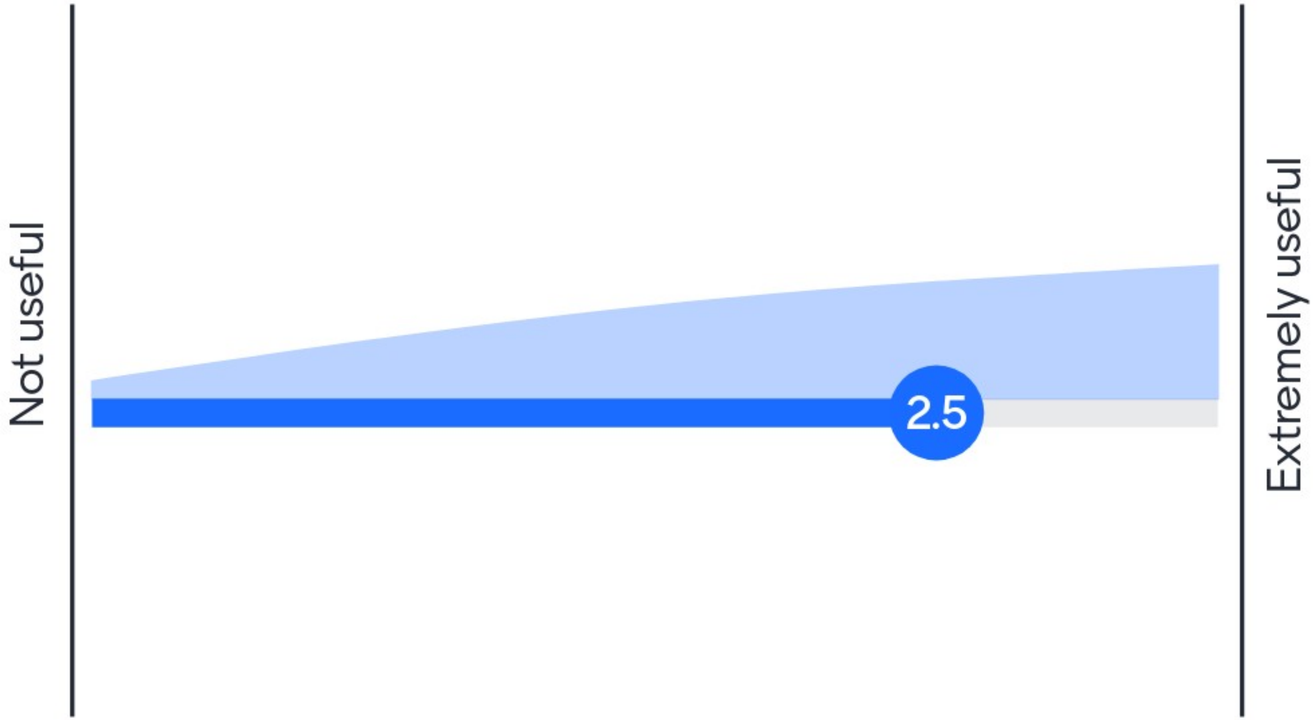

In a short sentence, tell us the biggest challenge to accessing and using research/evidence to inform programs:

Mentimeter

- Accessing experienced researchers
- It's disperse and inaccessible
- knowledge gaps and funds
- Limited resources, due to competing priorities
- Knowing where to find the latest information
- Responding to multi-component RFAs where SBC is integrated
- Research/results timeline behind COP or IP annual planning timelines
- Time
- Researchers not taught how to translate it

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In a short sentence, tell us the biggest challenge to accessing and using research/evidence to inform programs:

Mentimeter

Time, resources

Time , resources, and finance

Time and resources

Getting information on all available resources in an user friendly way

Culture

FUNDING SUPPORT

Time

Knowledge gaps and funds

Dissemination of research evidence to the appropriate bodies

35

In a short sentence, tell us the biggest challenge to accessing and using research/evidence to inform programs:

Mentimeter

We have to implicate all the providers and to explain them very well the importance

policies and programs are extremely bureaucratic and slow to change even when there is ample evidence supporting change.

Research write ups don't include level of programmatic information we need to replicate

Research evidence must sometimes undergo rigorous contextual re(adjustments) to make applicability relevant

Willingness of program managers to accept findings

Contextual factors

Not always investment in research in the programme

Knowledge gaps, funding,

Time, resources and experienced reserchers

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In a short sentence, tell us the biggest challenge to accessing and using research/evidence to inform programs:

Mentimeter

Every new project comes up with a new tool and there are just too many. We need more scaling of already-existing tools for better data and to cut down on how many choices there are.

Le temps de la mise en oeuvre

Gg

time and resource

pay walls to high-quality evidence databases

Expertise is limited

Finding them and having forms that are easily shared (PDF would be useful)

Finding relevant evidence

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Rank the following PBC evidence gaps, in order of most urgent to least urgent:

Mentimeter

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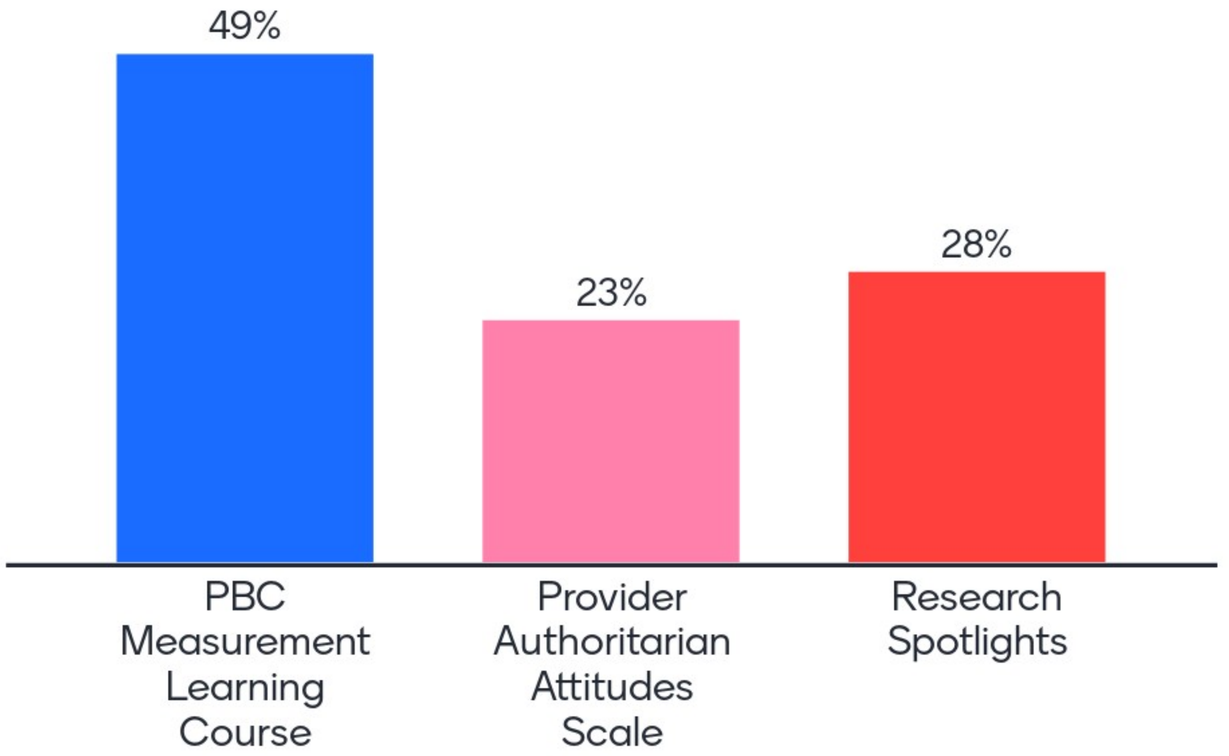
Which tool do you see most applicable to your work right now?

Mentimeter



In one word, what do you hope is next for PBC approaches in quality of care for family planning?

Mentimeter

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Aussi disponible en français

Provider Behavior Change: Social and Behavior Change Approaches to Quality of Care in Family Planning

Breakthrough RESEARCH Legacy and Learning Series Webinar

January 31, 2023

Q&A Follow-up

This document shares answers from the Breakthrough RESEARCH team to the questions that we did not get to during the webinar.

Q: How does the CUBES framework for PBC differ or resembles BA's PBC Ecosystem?

A: CUBES (to Change behavior, Understand Barriers, Enablers, and Stages of change) is a comprehensive framework for analyzing behavior developed by Surgo Ventures. It is Surgo Ventures' approach to articulate three critical components of behavior change:

- The path toward a target behavior comprises distinct stages of change, progressing from knowledge to intention, action, repetition, and finally, habit.
- Perceptual and contextual drivers can act as enablers or barriers that influence each individual, shaping their progression through each stage of change.
- Influencers in the form of family and friends, community, and society can affect these drivers, either directly or via media channels.

While not the same framework, the PBC Ecosystem articulates the need for systemic thinking and supportive action when designing and implementing PBC programming. Using the ecosystem map is a first step in the design—or adjustment—of supportive provider behavior change initiatives.

Both frameworks are centered on the idea that people's behaviors (including that of providers) are influenced by many factors at many levels, and both draw on the Social-Ecological Model.

Q: For information gathered in the countries using this scale, I'm curious how this was shared (if at all) with government counterparts and what approaches were changed (if any) to lead to improved outcomes?

A: Breakthrough RESEARCH has shared with partners, including D4I project in DRC and Breakthrough ACTION and AmplifyPF in Togo, all of which are on the ground working with local stakeholders at multiple levels. We don't have any information about how (if at all) approaches have changed yet. Our focus has been on advocating for the need to include these kind of data in data collection efforts to understand the provider context.

Q: Family planning is provided by Health Workers, often working in poor resourced facilities and over-worked. How can PBC effectively identify those behaviors that impact on improving Family Planning service provision, taking into account all these other influences? Did you research take these confounding factors into consideration?

A: There are few studies that measure provider behavior change beyond those that focus on training interventions and further evidence is needed to strengthen our understanding of factors influencing provider behaviors as you rightly mention. When measuring provider behavior, we propose the need to include measures that consider the structural environment where providers are placed including lack of resources, lack of training, inadequate staff to manage client volume, etc. Leveraging existing tools such as the DHS Service Provision Assessment survey tools and the WHO Service Availability Readiness Assessment can be helpful in ensuring these factors are considered when determining how to address behavior.

Q: Across these efforts and outputs, were providers defined similarly? I'm wondering if efforts were focused on facility based providers only, or whether pharmacists and drug shop attendants were included for any of these?

A: Providers were variously defined – depending on the study/project. For instance, our study exploring couple counseling approaches in Togo was work with community-based providers, whereas work on maternal health outcomes was with facility-based providers. It is important to consider which cadre of providers an SBC program is working with and how to address that providers' norms/attitudes, the org. context within which they operate.

Q: Comment faire en sorte que la hierarchization entre les corps des providers n'influence les competences acquises?

[How to ensure that the hierarchization between the bodies/groups of providers does not influence the acquired skills?]

A: Excellent point. Establishing routine measures of training opportunities offered to a range of providers can help to establish some accountability and ensure that all providers have the option to acquire skills.

Also available in English

Changement de comportement des prestataires : approches de changement social et de comportement pour la qualité des soins dans la planification familiale

Séries de webinaire sur l'héritage et l'apprentissage de Breakthrough RESEARCH

31 janvier 2023

Q&R de suivi

Ce document présente les réponses de l'équipe de Breakthrough RESEARCH aux questions auxquelles nous n'avons pas répondu pendant le webinaire.

Q : En quoi le cadre de CUBES pour le changement de comportement des prestataires (CCP) diffère-t-il ou ressemble-t-il à l'écosystème CCP de BA ?

A : CUBES (modifier le comportement, comprendre les obstacles, les facteurs favorables et les étapes du changement) est un cadre complet d'analyse du comportement élaboré par Surgo Ventures. Il s'agit de l'approche adoptée par Surgo Ventures pour énoncer les trois composantes essentielles du changement de comportement :

- Le chemin vers un comportement cible comprend des étapes distinctes de changement, allant de la connaissance à l'intention, l'action, la répétition et enfin l'habitude.
- Les facteurs perceptifs et contextuels peuvent agir comme des catalyseurs ou des obstacles qui influencent chaque individu et façonnent sa progression à chaque étape du changement.
- Les influenceurs, à savoir la famille et les amis, la communauté et la société, peuvent influer sur ces facteurs, soit directement, soit par le biais des médias.

Bien qu'il ne s'agisse pas du même cadre, l'écosystème CCP présente le besoin d'une pensée systémique et d'une action de soutien lors de la conception et de la mise en œuvre des programmes CCP. L'utilisation de la carte de l'écosystème est une première étape dans la conception — ou l'ajustement — des initiatives de soutien au changement de comportement des prestataires.

Les deux cadres sont centrés sur l'idée selon laquelle les comportements des personnes (y compris ceux des prestataires) sont influencés par de nombreux facteurs à plusieurs niveaux, et s'appuient tous deux sur le modèle socio-écologique.

Q : Pour les informations recueillies dans les pays utilisant cette échelle, j'aimerais savoir comment elles ont été partagées (le cas échéant) avec les homologues gouvernementaux et quelles approches ont été modifiées (le cas échéant) pour aboutir à de meilleurs résultats ?

A : Breakthrough RESEARCH a partagé avec ses partenaires, notamment le projet D4I en RDC, Breakthrough ACTION et AmplifyPF au Togo, qui sont tous sur le terrain et travaillent avec les parties prenantes locales à

plusieurs niveaux. Nous n'avons pas encore d'informations sur la manière dont les approches ont changé (si tant est qu'elles aient changé). Nous nous sommes concentrés sur le plaidoyer en faveur de la nécessité d'inclure ce type de données dans les efforts de collecte de données pour comprendre le contexte du prestataire.

Q : La planification familiale est assurée par des agents de santé, qui travaillent souvent dans des établissements disposant de peu de ressources et qui sont surchargés de travail. Comment la CCP peut-elle identifier efficacement les comportements qui ont un impact sur l'amélioration de la prestation de services de planification familiale, en tenant compte de toutes ces autres influences ? Votre recherche a-t-elle pris en compte ces facteurs de confusion ?

A : Il existe peu d'études qui mesurent le changement de comportement des prestataires au-delà de celles qui se concentrent sur les interventions de formation et d'autres preuves sont nécessaires pour renforcer notre compréhension des facteurs qui influencent les comportements des prestataires comme vous le mentionnez à juste titre. Lorsque l'on mesure le comportement des prestataires, nous proposons d'inclure des mesures prenant en compte l'environnement structurel dans lequel les prestataires opèrent, notamment le manque de ressources, le manque de formation, le manque de personnel pour gérer le volume de clients, etc. L'utilisation d'outils existants tels que les outils d'enquête de l'évaluation de la prestation de services de la DHS et l'évaluation de la disponibilité des services de l'OMS peut être utile pour s'assurer que ces facteurs sont pris en compte lors de la détermination de la manière d'aborder le comportement.

Q : Les prestataires ont-ils été définis de la même manière pour tous ces efforts et résultats ? Je me demande si les efforts ont été concentrés uniquement sur les prestataires en établissement, ou si les pharmaciens et les vendeurs de médicaments ont été inclus dans l'un ou l'autre de ces efforts ?

A : Les prestataires ont été définis de différentes manières, selon l'étude ou le projet. Par exemple, notre étude explorant les approches de conseil en couple au Togo a été réalisée avec des prestataires communautaires, alors que le travail sur les résultats de la santé maternelle a été réalisé avec des prestataires en établissement. Il est important de prendre en compte le cadre de prestataires avec lequel un programme CCP travaille et comment aborder les normes/attitudes de ces prestataires et le contexte organisationnel dans lequel ils opèrent.

Q : Comment faire en sorte que la hiérarchisation entre les corps des prestataires n'influence pas les compétences acquises ?

[Comment s'assurer que la hiérarchisation entre les corps/groupes de prestataires n'influence pas les compétences acquises ?]

A : Excellente question. La mise en place de mesures de routine des possibilités de formation offertes à un éventail de prestataires peut contribuer à établir une certaine responsabilité et à garantir que tous les prestataires ont la possibilité d'acquérir des compétences.