

# PROVIDER BEHAVIOR ECOSYSTEM MAP

Applying a Systems  
Lens to Provider  
Behavior Change  
Efforts



Kitovu Mission Hospital, Masaka District, Uganda.  
Photo Credit: USAID



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**Breakthrough  
ACTION**  
FOR SOCIAL & BEHAVIOR CHANGE



# Why Focus on Provider Behavior?

- Providers play a critical role in the health system, interact frequently with clients
- Client experiences with and perceptions of providers can influence continued use of healthcare services, and likelihood of adoption or maintenance of healthy behaviors
- Provider behavior directly linked to quality of care, respectful care, and client health outcomes



# Provider Behavior

- What providers *do* and *do not do* in their professional capacity.
- Includes behaviors *before, during, or after* an interaction with a client in the health facility.



# Why A Systems Lens?



Midwife, Tanzania. Photo Credit: Sheena Ariyapala

- Providers are people
  - Behavior is influenced by many factors
- Providers operate in complex systems
  - Addressing one factor is not enough
- Need to think holistically about provider behavior change programming
  - Go beyond training, refreshers, and supervision

# Historic Provider-Side Initiatives

- Neglected opportunity to explore and address broader system and many factors influencing provider behavior
- Skewed toward individual level
  - Emphasis on knowledge, skills, motivation
- Recent shift toward more systemic approaches
  - Environmental restructuring and cues, normative interventions, social accountability, group problem solving
- Need persists for initiatives that address factors across the system
  - Coordination across partners to holistically address

# Provider Behavior Ecosystem

A **thinking tool** to help SBC and service delivery practitioners, researchers, and donors:

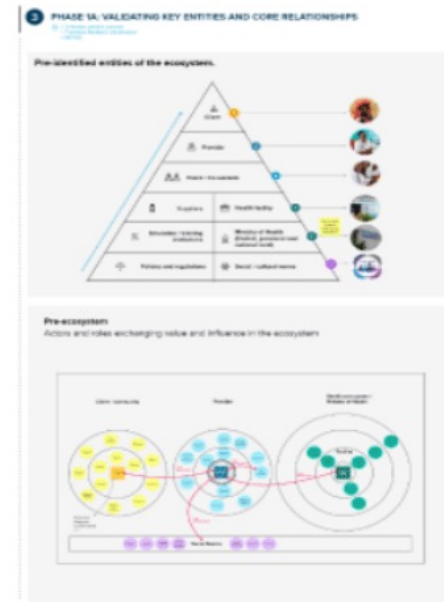
- Understand and consider diverse factors that influence facility-based provider behavior
- Understand how factors relate to and interact with one another across a system
- Think more holistically about provider behavior change
- Design, implement, and evaluate more supportive, effective provider behavior change initiatives





# Development

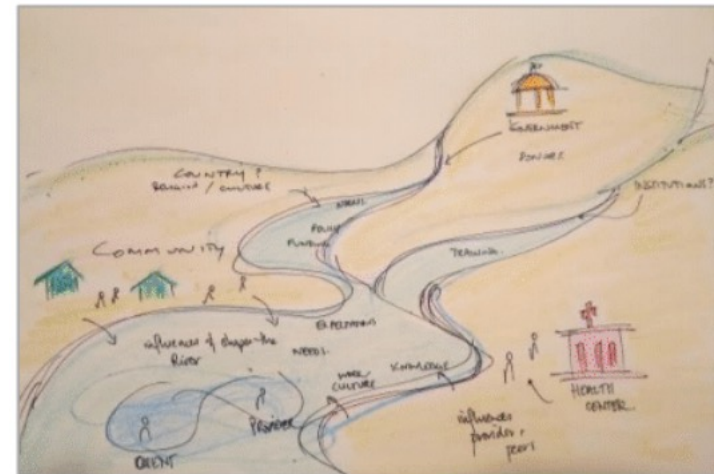
- Literature review
- Interviews with providers
- Expert consultation
- Co-design sessions
- Global testing



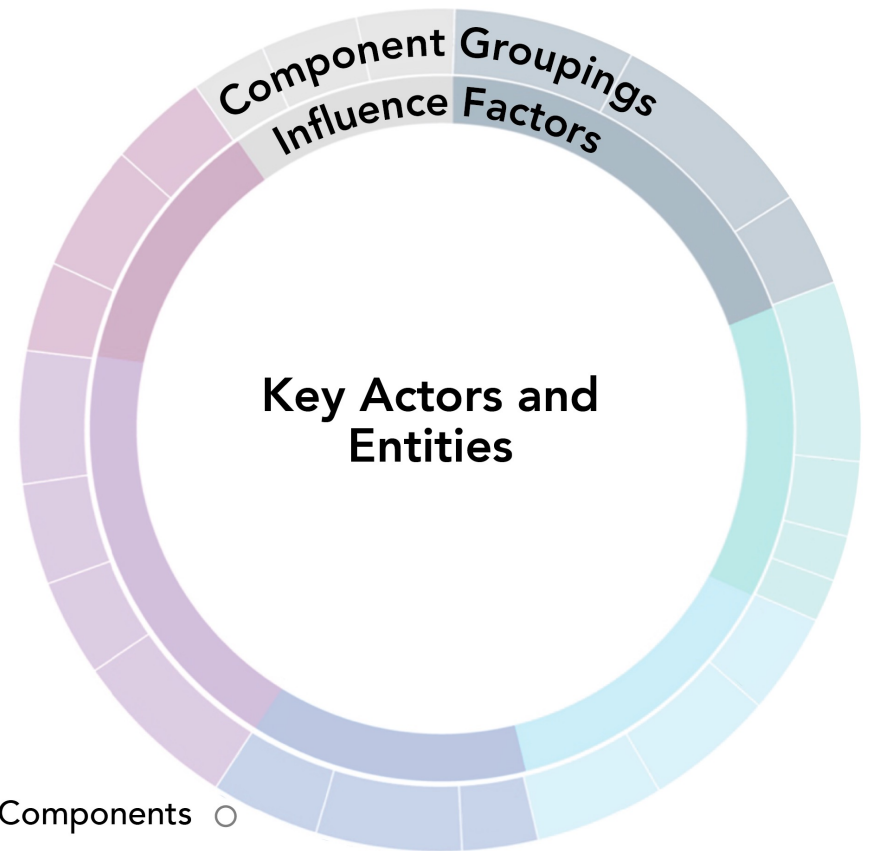
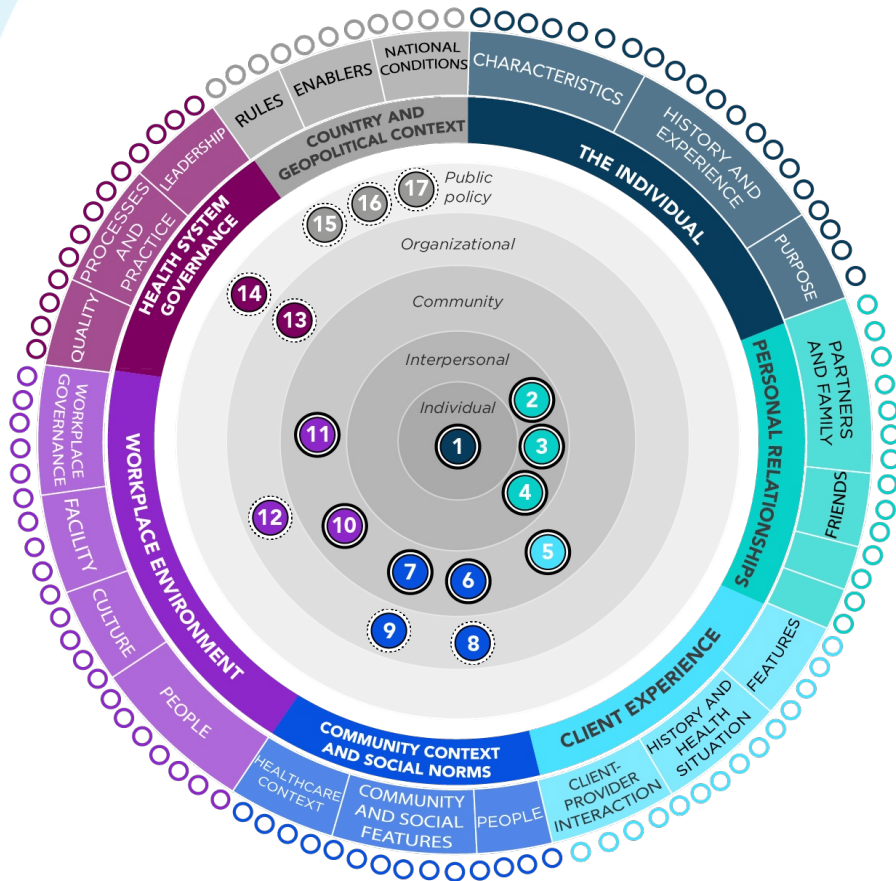
**IS Influence Matrix** - What are the current influence and motivation exchanges between the roles and core relationships we have identified in the ecosystem?

**IS INFLUENCED**

	User	Provider	Policy/Co-ordinator	Health Equity	Ministry of Health (National and Sub-national)	Social/Cultural (Values/ norms)
User						
Provider						
Policy/Co-ordinator						
Health Equity						
Ministry of Health (National and Sub-national)						
Social/Cultural (Values/ norms)						

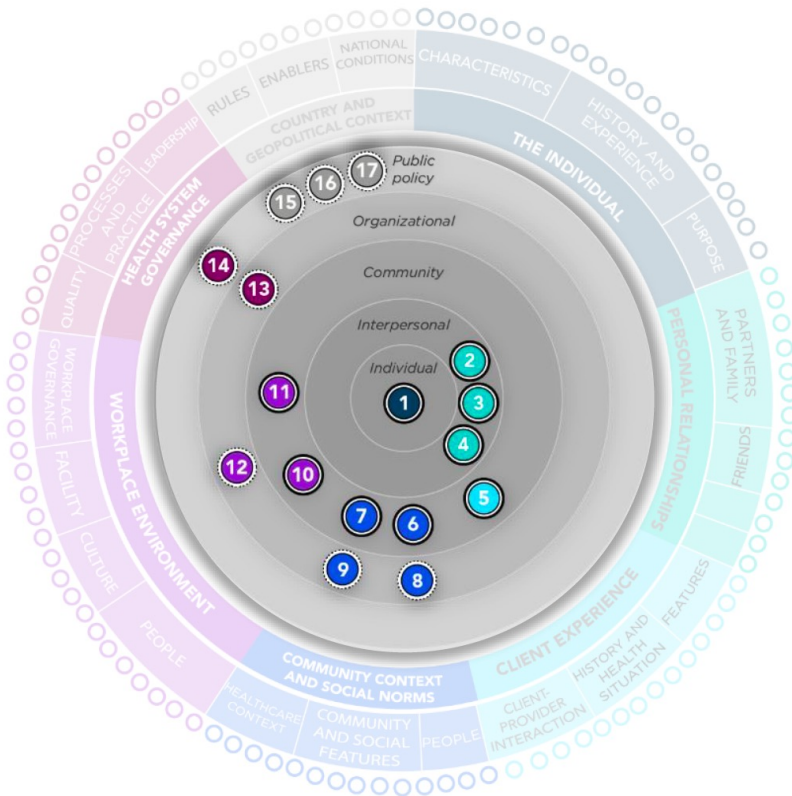


# Ecosystem Map



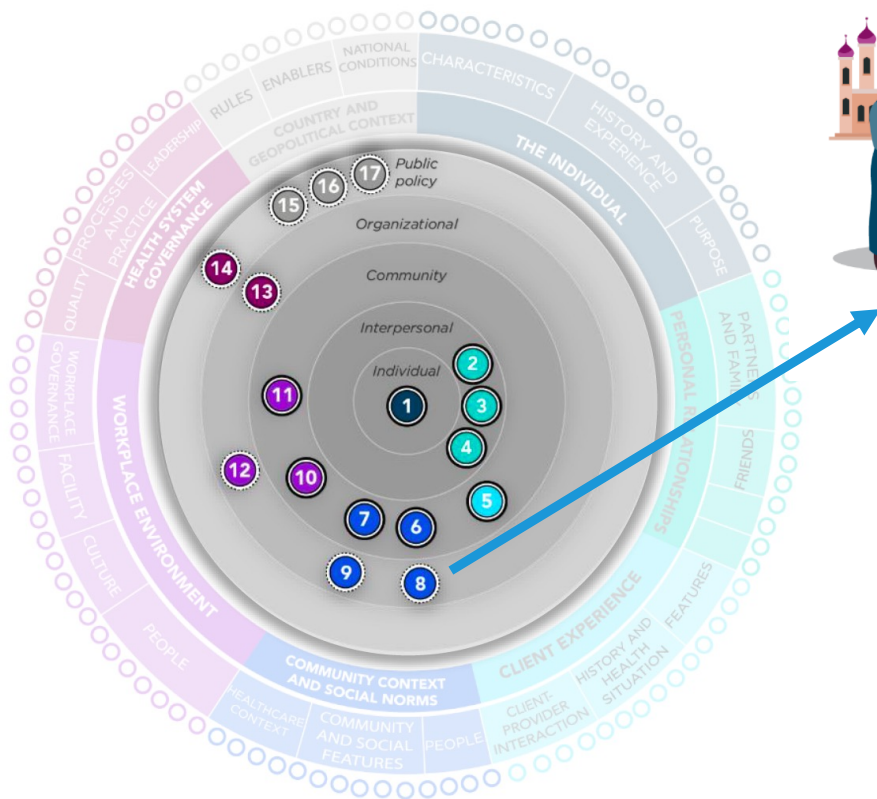


# Key Actors and Entities



KEY ACTORS
<b>Provider</b>
<b>Intimate Partner(s) and Family Members</b> <b>Friends</b> <b>Classmates and Colleagues</b>
<b>Clients</b>
<b>Community Leaders</b> <b>Community Members</b> <b>Religious Institutions</b> <b>Community-Based Organizations</b>
<b>Supervisors</b> <b>Facility Leadership and Management</b> <b>Professional Associations</b>
<b>Instructors and Mentors</b> <b>Accreditation and Training Organizations</b> <b>Health System</b>
<b>International Bodies</b> <b>Government Agencies</b> <b>Donors</b>

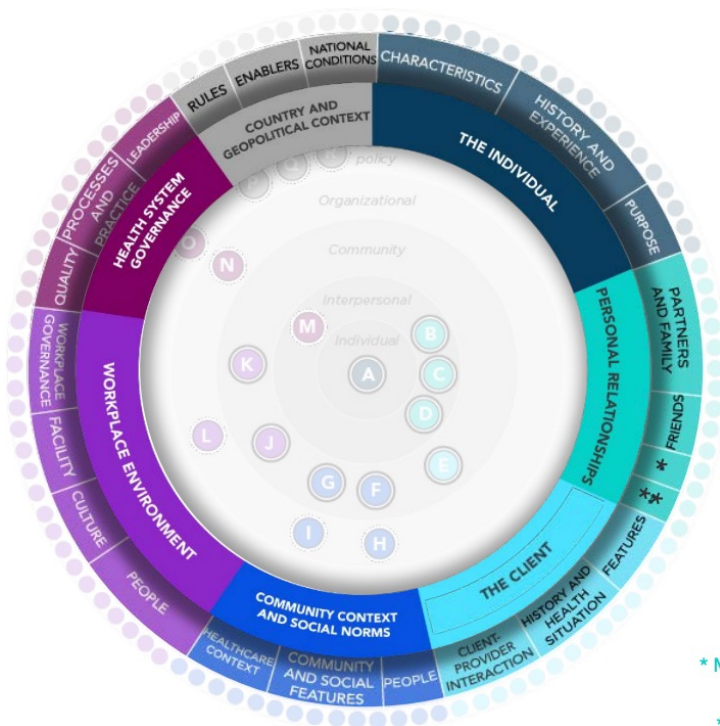
# Key Actors and Entities



**8. Religious Institutions:** These are places of worship (e.g., church, mosque, synagogue, temple) and other institutions that exist for individuals and groups to exercise religious beliefs and practices. They can play a significant role in shaping attitudes, beliefs, and values as well as social, cultural, and gender norms in a given context. In this way, they also influence individual and group behavior among providers and others.

# Influence Factors

- The individual
- Personal relationships
- The client
- Community context and social norms
- Workplace environment
- Health system governance
- Country and geopolitical context

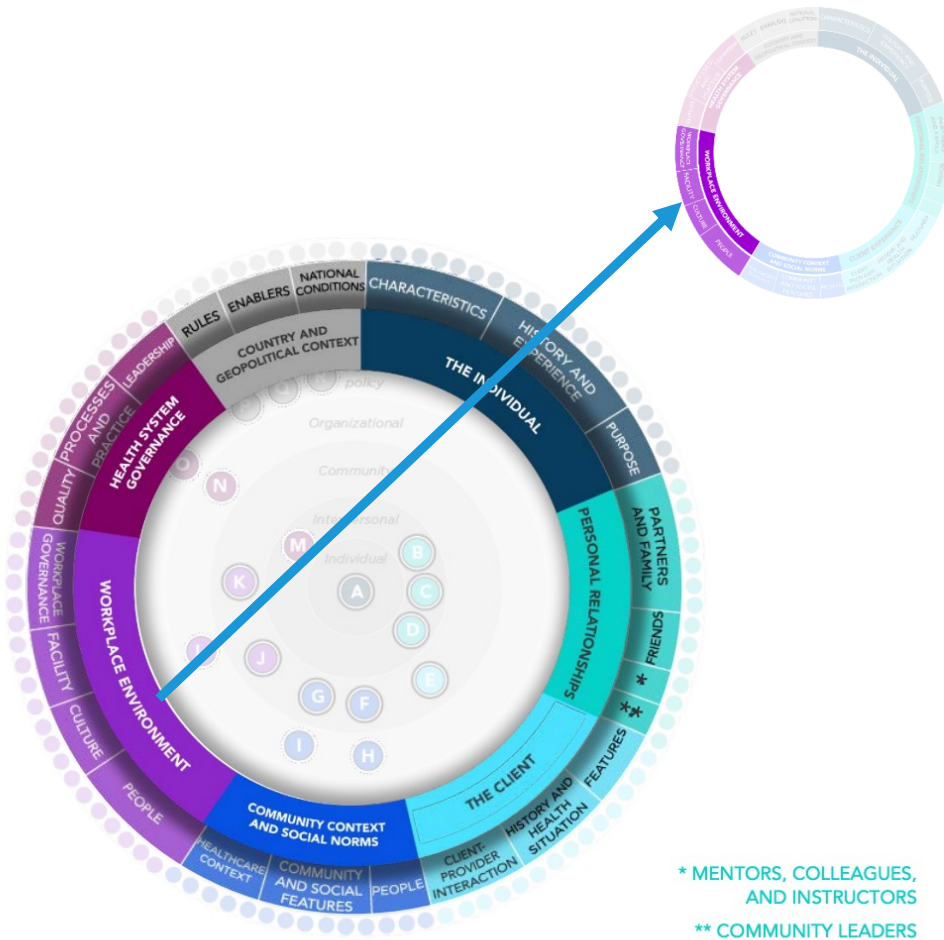


\* MENTORS, COLLEAGUES, AND INSTRUCTORS

\*\* COMMUNITY LEADERS

# Influence Factors

**Workplace Environment** is the place in which the provider works, and includes the **people** who make up the facility and their interactions (e.g., peers and colleagues, supervisors, leadership); the **culture** of the facility (e.g., norms, rapport, leadership and management); its infrastructure (e.g., physical space, resources, location); and **workplace governance** (e.g., systems, policy, and practice). These factors impact how providers work and what they are willing and able to do.



# Components



\* MENTORS, COLLEAGUES, AND INSTRUCTORS  
 \*\* COMMUNITY LEADERS

## HEALTH SYSTEM GOVERNANCE

### Quality assurance

- Monitoring and evaluation
- Gender competency
- Provider training and development
- Provider support structures

### Processes and practice

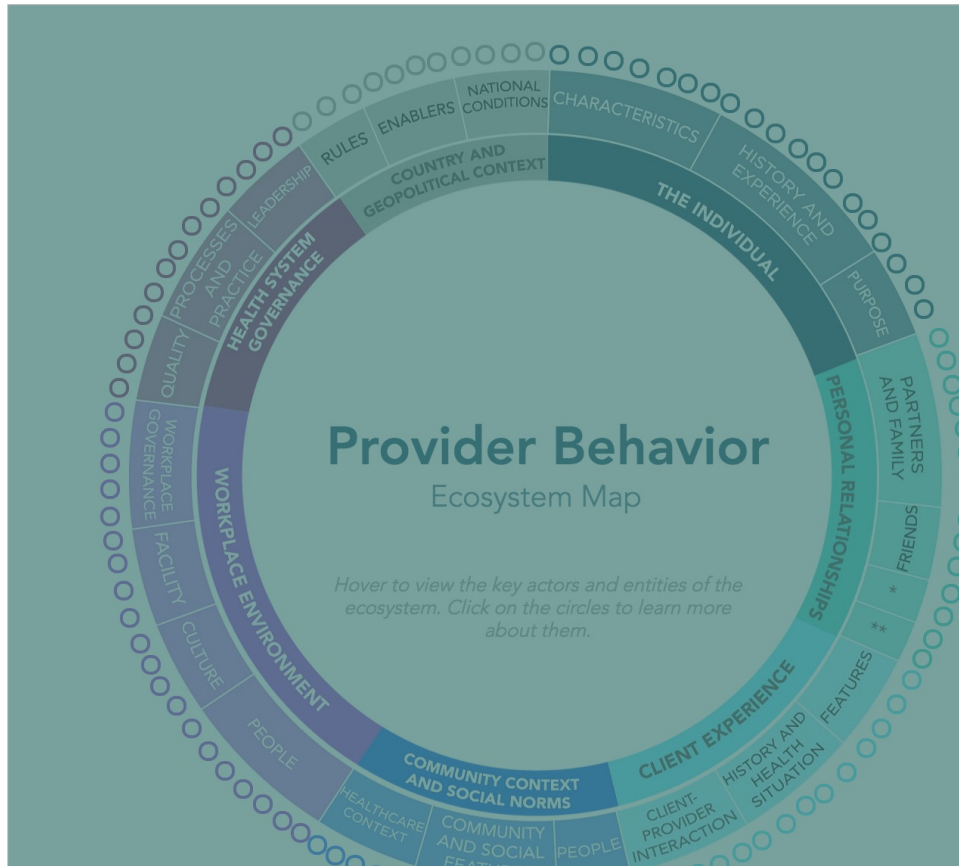
- Guidelines and protocols
- Resource management
- Coordination systems
- Healthcare costs
- Career advancement

### Leadership

- Policies
- Ministry and agency roles
- Family planning prioritization
- Health system culture



# Component Spotlight



## EXPECTATIONS FOR CARE

### What is it?

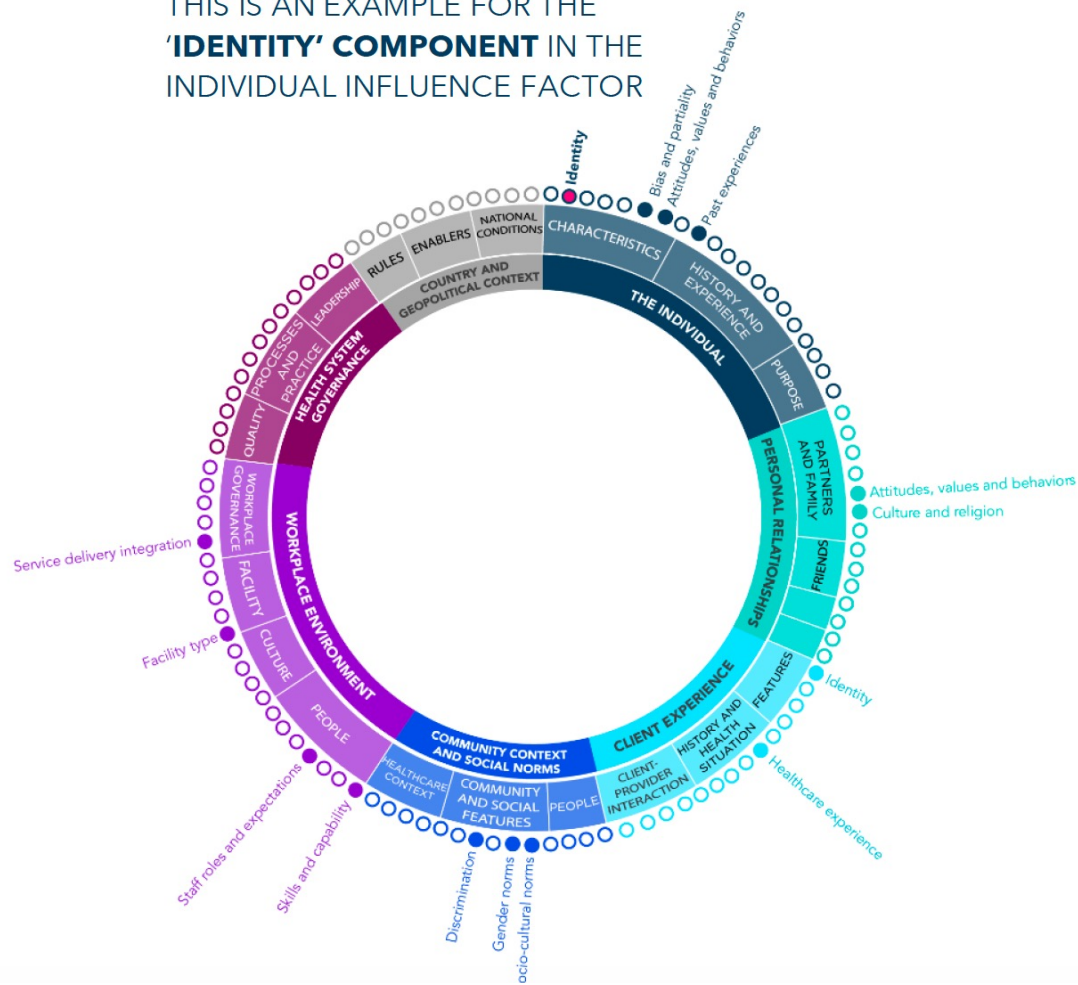
The expectations clients have about how they should be treated, how providers should act, and what kinds of products and services should be offered. For example, clients may expect providers to offer a shot, because they believe shots are more effective than oral drugs. Clients' definition of quality care may vary from that of providers' and may even conflict with standard operating procedures or established guidelines.

### Why is it important for PBC?

Expectations drive level of client satisfaction, which in turn affects provider behavior. Clients are less likely to feel they received quality care if their expectations of how care should look are not met. Providers can feel pressured to bend to what clients expect (even if it strays from guidelines and protocols) to meet larger goals of positive client perception, satisfaction, adherence, and continued facility attendance. Expectations can also have a positive influence on providers, encouraging them to change behavior to provide high quality services.

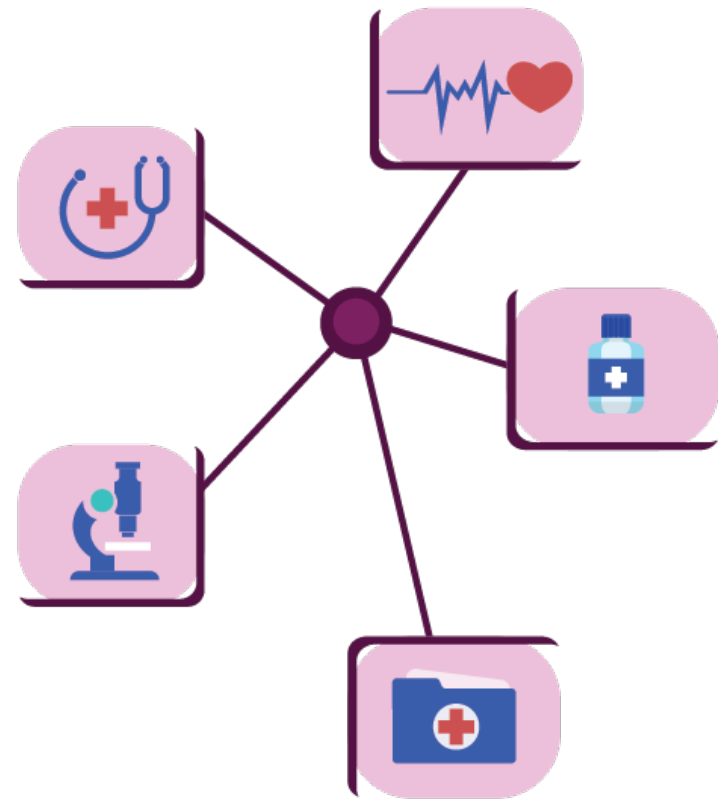
# Interrelationships

THIS IS AN EXAMPLE FOR THE **'IDENTITY' COMPONENT** IN THE INDIVIDUAL INFLUENCE FACTOR



# Use and Application

- Formative research
- Project design and implementation
- Monitoring and evaluation
- Advocacy and agenda-setting



# Provider Behavior Ecosystem Resources

Website, Guide, Brief, Toolkit



# Thank You

For more information, please contact:

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