SOCIAL & BEHAVIOR CHANGE FOR SERVICE DELIVERY COMMUNITY OF PRACTICE

Supporting Provider-Driven Change

June 20, 2024
8:30 am-10:00 am EDT

*If you haven't already, please [register](#) to join the Community of Practice or renew your membership.

Agenda

Time (EDT)	Activity
8:30-8:35	Welcome & announcements/ Bienvenue et annonces
8:35-8:40	Connecting the dots/Connecter les points
8:40-9:00	Sustainability Plan Discussion/ Discussion sur le plan de durabilité
9:00-9:30	Supporting Provider-Driven Change Presentations/ Soutenir le changement à l'initiative des prestataires Présentations
9:30-9:55	Discussion/ Discussion
9:55-10:00	Closing/ Clôture

Materials
- PPT slides: https://breakthroughactionandresearch.org/wp-content/uploads/2024/06/SBC-for-Service-Delivery-CoP-Slides-June-2024.pdf
- Meeting recording: https://www.youtube.com/watch?v=oht-sZ2ireA&feature=youtu.be
- Revised SBC for Service Delivery Community of Practice Shared Agenda: https://breakthroughactionandresearch.org/wp-content/uploads/2019/05/SBC-for-Service-Delivery-Shared-Agenda.pdf

Meeting objectives
1. Share and discuss results from the CoP Sustainability Survey

2. Learn about three programs working to support provider-driven change to improve service delivery

3. Discuss opportunities on how to incorporate provider-driven change into CoP members' SBC, HSS, and/or service delivery programming

Welcome

- Interpretation instructions
- Introducing meeting agenda and focus on provider-driven behavior change interventions

Sustainability Plan Discussion

- 40 member responses to CoP survey.
  - 100% agree CoP should be co-shared by 2 organizations.
  - 95% of participants agreed the CoP should continue to develop one knowledge product annually.
  - 78% agreed CoP should host three annual meetings.
  - Co-chair structure survey during the meeting: 61% selected SBC-focused
  - organization.
  - Prioritize the CoP shared agenda, followed by knowledge products, member meetings, and then the listserv.
- Members responses to the Sustainability Plan Survey Results
  - Forming a joint CoP with other USAID-funded projects
  - I thought a rotatory co-chair from a key Govt representative would add value visibility.
  - Consider using a "micro solidarity" approach to building community and a social learning approach to ensure that knowledge is multidirectional.
- How would the ending of the CoP impact the SBC, service delivery, or HSS work you do for your organization, country, or region?
  - The end of the CoP would mean less knowledge sharing.
- If the CoP has regional representation and support, how could this impact the SBC, service delivery or HSS work you are doing or plan to do with your organization?
  - Regional representation will enhance inclusiveness of diverse cultures and social behaviors considered in best practices and learnings.

Supporting Provider-Driven Change Presentations and Q&A

- Co-creating a new model of person-centered care with healthcare providers in South Africa – Shawn Malone
- Addressing Provider Behavior Ecosystem and Improving Postnatal + Experience of Care – Lynn Van Lith
- Club Courage/ ConvoCare Club –Aissata Ba
  - Discussion:
  - There is important role of paramedical/support staffs in ensuring an empathetic dignified experience of clients at a facility. Does the model shared just before the current presentation involve providers other than nurses?
    - Response: 100% agree. Yes, the model has various elements that are specific to clinicians, but we've also been working with non-clinical staff both to help them see that their work affects clients' experience and to support and encourage them in their work.
    - A cleaner in one of the facilities just shared with the mentor this week that patients are smiling at her more and she thinks it's because she's giving off a more positive vibe.
  - Shawn, I'm curious whether you observed any gender differences in the data you gathered from providers

- - Response: We have very few male providers in the facilities we're working with so candidly we hadn't thought to look at things through this lens, but let me ask our mentors for their thoughts and I'll be happy to share whatever they
  - Supporting the well-being and mental health of providers and frontline staff is crucial, but often the real challenge is the lack of commodities, low staff levels etc. - this affect staff morale massively. How do you validate the long-term impact of these initiatives if the big issues are others?
  - Shawn, good presentation, I liked your model how you gathered data from health care providers and would like to learn from your model. We have a similar activity gathering feedback from HIV+ clients and providers, thus this information will greatly assist as we plan this activity.
  - What are the topics of the one-hour to 90-minute weekly sessions?
    - Shawn: There are a total of 16 modules. Go through the patient journey, using a set of cards, asking clinic team to reflect on what the patient is feeling when they interact with the security guard. There are so many touch points between the system and client. There are so many roles to play. Remember PEARLS! Partnership, Empathy, Apology, Respect, Legitimacy, Support.
  - Question to all presenters: How universal do you see these interventions being beyond the scope for which they were designed?
    - Lynn: Aspects like kindness and caring for one another are transferable. Common human elements do not change.
    - Aissata: Club Courage was inspired by other models like Empathways and is very adaptable. Need to think about local context, mental health, stress, and needs.
  - Any operational learnings?
    - Aissata: The session card contents were modified, and different meeting spaces were added.
    - Shawn: Initially included incentives, but the Department of Health was nervous about creating unsustainable expectations, so they backed away from that. Instead, instituted quarterly review meetings where clinic teams review clinic data. Reflecting their own performance back to them is a celebratory experience. Also borrowed the idea of a gratitude board.
    - Lynn: Started with a certificate of recognition, framed with the provider's photo; but there were questions about whether they wanted them posted. They preferred a small token of appreciation that they could share with family/at home. Providers were given forms to provide feedback, but they feared providing criticism. That part of the training was changed to provide space for providing reciprocal feedback.
- Jen Gassner: Shared the following client-centered care framework. It is applied across all service delivery contexts for our own staff - the next steps for us are to look at how best to adapt this for public sector support

Closing

Thank you to everyone, particularly the presenters, for joining us!