



Provider Guidelines and Feedback

A Toolkit for Implementors

September 2020



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Overview of Intervention Package

Summary of Formative Research and Barriers Addressed

The **provider guidelines and feedback package** is designed to address the following behavioral challenge:

- Some providers do not follow quality of care standards, including providing respectful care, when treating children under five for illness.

Specifically, this design package addresses the following behavioral barrier to caretakers seeking care for children, as identified through Breakthrough ACTION’s formative research and social and behavioral diagnosis process:

- Some providers do not follow quality of care standards, including providing respectful care, because they **believe they are already providing high-quality care** and are not cued to consider or change existing behavior.
- Some providers choose not to follow quality of care standards because they **do not think they need to do so**.
- Some providers choose not to regularly follow quality of care standards because they **perceive that the costs of doing so outweigh the gains**.
- Some providers intend to provide quality care but **react automatically to emotional triggers**.

The full Problem Definition Report and Social and Behavioral Diagnosis Memo produced by Breakthrough ACTION can be found in the [Appendix](#).



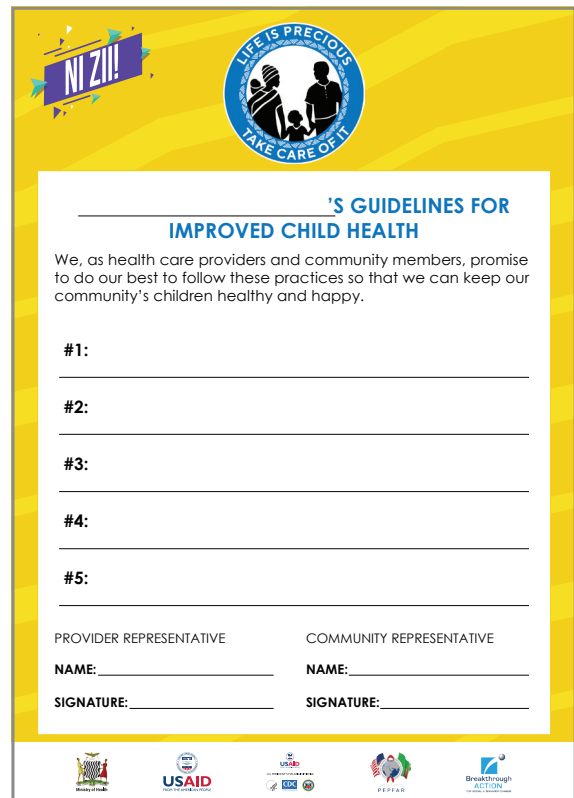
Client with feedback box

The Intervention Package

Overview of Design Components

Co-created guidelines: The purpose of this component of the intervention is to allow community members and health service providers to meet in a neutral space, learn from and develop empathy for each other’s experiences, and collaboratively develop service quality guidelines that consider all parties’ values and goals. These two-hour meetings will be led by a trained facilitator and held on a yearly basis. At the end of each meeting, the facilitator will populate a template poster with the group’s agreed-upon guidelines. A representative from each group (i.e., one community member and one service provider) will sign the poster as a signal of commitment. Copies of the poster will then be hung in all facilities in the district to serve as a reminder to providers of the commitments they have made.

Quality improvement team: Members of the district’s Health Advisory Committee (comprising community members and health facility staff) will form a quality improvement team that will continuously monitor progress after the group disperses. The quality improvement team will serve as a liaison between the community and the facility staff and to ensure that progress continues after the meeting concludes.



Guidelines poster

Client feedback: One day per month, a community-based volunteer (CBV) (neighborhood health committee [NHC] member) will be present at a health facility to collect client feedback. Clients will receive a reusable token from the dispensary and drop it into a labeled box before leaving. The CBV will be stationed next to the box and ask clients for verbal feedback, which they will write down and insert into the same slot as the client's token. Soon after the feedback collection day, the facility in-charge (or delegate, such as an Environmental Health Technician) will count and consolidate the feedback, write a summary using the top half of the facility scorecard template, and bring it to a staff meeting once per month. The in-charge will verbally share the feedback that the facility has received.

Self-assessment: At the staff meeting, after the in-charge has shared that month's client feedback, providers will individually complete a self-assessment on their performance against the facility's guidelines that were co-created with community members.

Group goal-setting: After the self-assessment the in-charge will facilitate a group discussion using the bottom half of the facility scorecard template. The staff will agree on something they are proud of and something they want to work on.

Action planning: Once the facility staff have agreed on what they want to work on, they will decide on the action steps they will take to make sure they reach this improvement goal. The provider, who is a member of the quality improvement team, will act as a champion, encouraging other providers to follow the plan and sharing it with the community member representatives on the quality improvement team for their input.

The full set of design materials can be accessed in the [Appendix](#).

Provider Self-Assessment

Please rate your own performance over the last month according to your facility's guidelines.

Remember:

- You and your colleagues created and agreed upon these guidelines together with members of our community.
- **This will not impact your formal performance review.**

In the last month, I have...

Fill in your facility's guidelines below	Never	Rarely	Some-times	Often	Always

What have you done in the last month that you are proudest of?

What is something you did in the last month that you would like to do differently next time?

Provider self-assessment

Responding to feedback

If clients comment on...	Then you could try...
Favoritism and unfairness	<ul style="list-style-type: none"> • Explain the reasons for your triage decisions to all the people who are waiting. • If possible, have a visible indication of what level of triage each client has received so that it is clear that urgent clients are being treated first. • Communicate openly with everyone in the waiting area, especially those who have been waiting longest.
Privacy and confidentiality	<ul style="list-style-type: none"> • Don't speak to others (including other clients and providers) about a client's conditions, concerns, or treatment without getting consent from the client first. NI Zili! • Communicate with other staff in private when possible. • If you need to chat with other providers about a client, be sure to provide the client with the reason(s) you feel you must share their private health information.
Not understanding the treatment you prescribed	<ul style="list-style-type: none"> • When prescribing treatment to clients, make sure that you always explain why this is the best option for them. • Make sure you always give clients information about the treatment including risks, benefits, side effects, costs, how the treatment should be used, and when the client should expect to see improvements. • Give clients an opportunity to ask any questions before leaving.
Long queues and wait times	<ul style="list-style-type: none"> • If possible, change the staffing schedule so that more providers are working at the busiest times. • Let clients know that this is a time when there are long lines and apologize that you cannot do more about it. • Let these clients know when lines are shorter so they can try to come at those times in the future.
Stockouts of medications	<ul style="list-style-type: none"> • Explain to clients that there is a stock-out and apologize for the stock-out. • When possible, recommend alternative medications for clients and explain the differences between the medication that is stocked out and the alternatives you have available. • Answer all questions your clients have in order to help them feel comfortable with an alternative. • Seek regular communication between the pharmacy and providers so that it is clear which medications are in stock.
Misreatment (e.g. scolding) or being received poorly	<ul style="list-style-type: none"> • Review quality of care guidelines with staff and remind them of the health center's commitment to meeting these guidelines.

Remember! Even when you can't change the situation that caused the feedback, you can make clients feel better about it by communicating with them in a calm, open, and honest manner.

Heuristics poster

Implementation

Training Overview

Health worker training: A training-of-trainers should be conducted at the provincial level. Trainers will then implement trainings in their selected districts. At least one trainer from each district should be included in the provincial-level trainings.

- The training will include detailed information on how to implement the **provider guidelines and feedback package** as well as tips for facilitating meetings and mediating disputes.
- Refresher trainings should be conducted annually.
- Trainers/mentors should conduct monthly supportive supervision visits. Providers will be asked to share challenges they experienced during the intervention with trainers/mentors.

Training Materials

Training Presentations

- [Overview of Provider Feedback and Guidelines](#)

Training Schedule

Day 1

TIME	SESSION	OBJECTIVES
8:30-9:00	<i>Welcome, introductions, objectives of training, expectations, ground rules</i>	
9:00-9:30	<i>Overview of design package/project</i>	<ul style="list-style-type: none"> • Participants will learn about the formative research that informed the designs.
9:30-10:00	<i>Overview of co-created guidelines</i>	<ul style="list-style-type: none"> • Participants will understand the objectives of the co-created guidelines meetings. • Participants will be familiar with the general agenda for the meeting. • Participants will understand how to arrange meetings and invite participants.
10:00-11:00	<i>The role of the facilitator</i>	<ul style="list-style-type: none"> • Participants will understand what is expected of them in their role as the meeting facilitator. • Participants will learn general tips for effective meeting facilitation. • Participants will work through sample scenarios and role play to help them prepare for challenges they may encounter.
11:00-11:15	<i>Tea break</i>	--
11:15-11:45	<i>Empathy building game/activity 1 (TBD)</i>	<ul style="list-style-type: none"> • Participants will understand the common challenges that mothers face when accessing health facilities.
11:45-12:15	<i>Empathy building game/activity 2 (TBD)</i>	<ul style="list-style-type: none"> • Participants will understand the common challenges that providers face in the day-to-day and why they might react in the way that they do.
12:15-13:00	<i>Facilitating small group discussions</i>	<ul style="list-style-type: none"> • Participants will understand how to ask probing questions, help people clarify their own ideas, and foster participation and engagement. • Participants will practice facilitating the small group visualization exercise in small groups.

13:00-14:00	<i>Lunch break</i>	
14:00-15:00	<i>Generating and agreeing upon guidelines</i>	<ul style="list-style-type: none"> • Participants will understand how to help meeting attendees turn their ideas into actionable guidelines. • Participants will understand how to help meeting attendees prioritize and finalize the guidelines they have developed. • Participants will understand how to manage conflicts and tensions that may arise as the group works toward a consensus. • Participants will understand how to wrap up the day in a positive manner so that all attendees feel heard, valued, respected, and that their time was well spent.
15:00-15:15	<i>Tea break</i>	--
15:15-16:00	<i>Role play</i>	<ul style="list-style-type: none"> • Participants will practice developing a set of guidelines and managing potential conflicts.
16:00-16:30	<i>Plenary and discussion</i>	<ul style="list-style-type: none"> • Participants will have an opportunity to ask questions and provide suggestions for improved implementation.
16:30-17:00	<i>Wrap up and closing</i>	--

Day 2

TIME	SESSION	OBJECTIVES
8:30-9:00	<i>Welcome and recap of day 1</i>	
9:00-10:30	<i>Overview of feedback system</i>	<ul style="list-style-type: none"> • Participants will understand the objectives of the feedback system. • Participants will be familiar with how the feedback system fits into the flow of facility services and how clients provide feedback. • Participants will understand the roles of each participant (CBVs, clients, providers) in the system. • Participants will understand how the feedback system links to the co-designed guidelines.
10:30-10:45	<i>Tea break</i>	--
10:45-12:15	<i>Aggregating and responding to feedback + tips for responding to negative feedback</i>	<ul style="list-style-type: none"> • Participants will understand how to guide providers in their responses to negative feedback from clients. • Participants will understand how to use the “heuristics for responding to negative feedback.” • Participants will practice explaining how to respond to systemic feedback such as “long wait times” and “stock-outs.”
12:15-13:00	<i>Plenary and Discussion</i>	<ul style="list-style-type: none"> • Participants will have an opportunity to ask questions and provide suggestions for improved implementation.
13:00-14:00	<i>Lunch</i>	--

Role Play Checklist

Trainers/observers can use this checklist when role-playing the *small group discussion* to ensure that the CBV being observed correctly executes all aspects of the role.

- Welcomed the participants and reminded them to be open with one another
- Read the prompt out loud
- Allowed participants to ask any clarifying questions about the prompt
- Asked probing, open-ended questions such as “What do you mean by that?” or “Can you give a specific example?”
- Encouraged all participants to participate in the discussion
- Ensured that both community members and providers contributed to the discussion
- Helped participants to find common ground if there was a disagreement

Trainers/observers can use this checklist when role-playing the *feedback collection* to ensure that the CBV being observed correctly executes all aspects of the role.

- Greeted the client in a friendly way
- Explained what the feedback box is and briefly how it works
- Asked the client to choose a slot for their token
- Encouraged the client to be honest
- Encouraged the client to focus on the providers’ attitudes and reception
- Asked the client to describe why they felt that way
- Asked more specific, probing questions if the client’s answer was short
- Wrote down the client’s verbal feedback on a piece of paper
- Accurately portrayed what the client said
- Included as much detail as possible
- Inserted the paper into the same slot as the client’s token
- Thanked the client

Implementation Plan

Co-created Guidelines

Facilitator recruitment: Implementing partner staff will recruit private consultants to serve as neutral co-facilitators along with a district health promotion officer (DHPO) and a member of the Breakthrough ACTION provincial team.

Meeting facilitator training: Prior to intervention roll-out, implementing partner staff will conduct a one-day training for the facilitators. Training curriculum and materials are in development. (These trainings will occur in a training-of-trainers format, and the District Health Management Team/District Health Promotion Coordinating Committee will eventually be responsible for training facilitators.)

Recruiting meeting participants from the community: Implementing partner staff will approach two to three community leaders, such as village leaders, religious leaders, and other trusted community members, and ask them to recruit a representative group of community members (10–15 total; attendee ratio should be 1:3 for staff to community members) to attend the meeting. They will be given the following resources to help them complete this task:

- Guidelines for ensuring that they are recruiting a representative group of community members who are mothers and fathers of children under five.
 - The group should include a mix of ages, men and women, care seekers and non-care seekers, and representatives of key populations, such as people with disabilities.
 - At least two attendees should be members of the Health Advisory Committee.
 - One or two participants should be selected from each NHC catchment area.
- Sample scripts with suggested language to use when recruiting participants.

Recruiting meeting participants from health facilities:

Partner staff will approach one or two local leaders/stakeholders, such as DHPOs and facility in-charges, and ask them to recruit a representative group of health workers (three to five total; attendee ratio should be 1:3 for staff to community members) to attend the meeting. They will be given the following resources to help them complete this task:

- Guidelines for ensuring that they are recruiting
- a representative group of health workers (i.e., clinical officers, nurses, intake staff, managers, Community Health Assistants [CHAs]/supervisors, etc.). At least one attendee should be a member of the Health Advisory Committee.
- Sample scripts with suggested language to use when recruiting participants

Implementing the collaborative guideline setting meetings:

Meetings will be held on a yearly basis at a neutral location (a school, an outreach post, etc.). Each meeting will last between 2 and 2.5 hours. The room will be set up so that participants are sitting in a circle. At the beginning of the meeting, the group will agree on meeting norms, which the facilitator will write on a flipchart. For certain sections of the meeting, the larger group will break into small group discussions. The small groups will contain representative numbers of providers and community members, and all participants will be expected to contribute. Each group will have one mini-facilitator (ideally a community leader or volunteer).

Meetings will be led by a trained facilitator. The meeting will follow the following agenda; see the **Facilitator Guide** for more detail.

- 1 Where are we now? (30 minutes)
 - a Welcome, introduction, norm setting
 - b Keynote speakers
- 2 Where do we want to be? (45 minutes)
 - a Small group visualization and discussion exercise (with prompts, moving from general to specific)
- 3 How do we get there?
 - a Small groups share out
 - b Full group selects up to five guidelines using a voting mechanism
- 4 Accountability plan (40 minutes)
 - a Discuss provider self-assessment

- b Discuss client feedback mechanism
- c Discuss emergency plan for community members
- d Nominate Quality Improvement Team members

5 Signing ceremony (5 minutes)

- a Providers and community members sign the pledge committing to the guidelines

6 Hanging the poster

- a Facility in-charges will hang copies of the signed commitment poster in a visible location within their clinics.

The role of the Quality Improvement Team: After the collaborative guideline setting meeting, members of the Health Advisory Committee will meet regularly to ensure that progress continues after the meeting has concluded. This quality improvement team will include one to two providers and two to four community members who participated in the collaborative guideline-setting meeting. The responsibilities of this team will be as follows:

- All members will discuss challenges and successes during regular quarterly meetings.
- All members will review the providers' action plans and provide feedback to make them more useful.
- Provider representative(s) will champion the program and hold fellow providers accountable for adhering to the guidelines and following the action plans.
- Community member representatives will share informal feedback they have heard from fellow community members about their care experiences.



Feedback box outside clinic

Client Feedback

Setup

- **Tokens:** After completion of training-of-trainers, implementing partner staff will give DHPOs tokens and feedback boxes to deliver to the participating health facilities when they conduct the trainings. The DHPO/Provincial Health Promotion Officers (PHPOs) will put the tokens in the dispensary and explain to the pharmacist what they are for and what the pharmacist's role is.
- **Feedback box:** The box will be set up in an area of the facility that sees traffic but is never congested with gathering people. It should not be hidden but should be relatively private, so that a CBV standing next to the box could ask for verbal feedback without the client being overheard by any providers or other clients. The box should be located under an awning so that it is not exposed to rain or sun.
- **Presence of CBV:** The CBV will go to the health facility on roughly one day per month (or potentially more frequently for smaller facilities), but not on the same day every month. They will stay for the entire day at one facility, near the box, collecting feedback throughout the morning and the afternoon to capture the range of clients' experiences. If possible, two CBVs should be available at the box at busier facilities—one to explain the process and one to capture verbal feedback. These two CBVs can trade roles throughout the day.
- **Notifying the community:** The CBV will inform the community about the feedback system being set up at the health facility.

Collecting Feedback

- **Distributing tokens at the dispensary:** When a client gets their medication, the pharmacist staffing the dispensary will provide the client with one token. The pharmacist will explain that the token is to be used by clients to vote on how their experience at the facility was, and that they should stop by the feedback box before leaving the facility. The pharmacist will then point them in the right direction.

- **Voting with the box:** Directed by the pharmacist, the client will approach the feedback box. The CBV will explain what each slot indicates and encourage the client to think about their experience that day at the health facility, and to give honest feedback specifically about the provider's attitude instead of things out of their control such as stock-outs. The CBV will then ask the client to provide verbal feedback and record what the client says on a slip of paper and place it in the same slot that the client put the token into. If the client is literate, the CBV will let the client write down the feedback personally.

Providing Feedback

- **Summarizing feedback:** Soon (less than one week) after the day on which the CBV collected feedback, the facility in-charge (or a delegate, such as the Environmental Health Technician [EHT]) will empty the box and count the tokens inside. They will use the facility scorecard template to tally the number of tokens in each box and keep some pieces of feedback to bring to the staff.
- **Communicating feedback:** During the monthly meeting with facility staff, the in-charge will show the staff the facility scorecard the in-charge has already begun filling out. The in-charge will also share the written feedback slips with the staff to read aloud.

Self-Assessment

- Each provider will then fill out an individual assessment sheet. They will fill in their facility's unique co-created guidelines (only guidelines related to provider behaviors, not client behaviors) and rate themselves based on how often they followed the guidelines in the past month—never, rarely, sometimes, often, or always. They will then write in something they have done in the past month that they are proud of, something they have done that they would like to do differently next time, and an idea for how they can remind themselves to do it differently next time.



Clients outside clinic with feedback box

Group Goal-Setting and Action Planning

- The in-charge will facilitate a discussion about the feedback received. As part of the discussion, the staff members will agree on something they are proud of and something they want to improve, and write these things on the scorecard. Each in-charge will also be provided with a sheet of heuristics for how to respond to common negative feedback. The in-charge can refer to these heuristics as they discuss the feedback with the team.
- Once the group has agreed on what they want to improve, they will work together to fill out the facility scorecard; the in-charge will be responsible for filling in the template itself. The facility scorecard template requires providers to decide on specific steps they will take to help them achieve their goal for the month, assigning tasks to specific individuals as necessary. The providers will also think through potential barriers that could keep them from completing the steps of their action plan, as well as contingency plans if those barriers occur. The provider representative(s) on the quality improvement team will be responsible for encouraging other providers to follow the action plan, as well as sharing a summary of the action plan with the community representative members of the quality improvement team. Before the action planning process the following month, the in-charge will review the previous month's action plan with the group and they will discuss whether or not they have achieved their goal.
- When the meeting is done, the in-charge will post the facility scorecard somewhere in the facility where it will be visible and salient to both providers and clients.

Notifying the Community That Its Feedback Is Being Taken Into Account

- NHCs will be responsible for sensitizing their respective zones to the facility's action plan for improvement. This should be done on a monthly basis.

The form is titled "FACILITY SCORECARD" and includes a header with the text "NI ZII!" and a circular logo with the text "LIFE IS PRECIOUS TAKE CARE OF IT". Below the title, there is a field for "Our facility is:" followed by a blank box. A "Date box opened:" field is also present. The main body of the form is a table with columns for "Total tokens", "Positive", and "Negative". The rows include "Clients' perception of fairness (or favoritism)", "Privacy of information", "Waiting times", "How well providers explain treatment to clients", "How well providers explain supply of medicine to clients", "How clients are treated", and "Other". Below the table, there are two text boxes: "This month, we are proud of..." and "This month, we would like to do better at...". A blue arrow points from the second box to a larger text box labeled "To reach this goal we will take the following steps:" with a numbered list (1, 2, 3). At the bottom, there is a field for "Our goal last month was:" and a section for "How are we doing on last month's goal?" with thumbs up and thumbs down icons. The footer contains logos for the Ministry of Health, USAID, UNICEF, PEPFAR, and Breakthrough ACTION.

Facility scorecard

Illustrative Budget

NO.	ITEM	QTY	NO. OF PEOPLE	UNIT COST	TOTAL
1	Training for CBVs	1	12	2825.00	2,825.00
2	Printing of emergency plans	10,000	--	4.50	45,000.00
3					
4					
5					
Total ZMK					47,825.00

Appendix

Implementation Tools

- **Design Materials**
- **Training Presentations**
 - [Overview of Provider Feedback and Guidelines](#)

Key Results Under Breakthrough ACTION

- **Problem Definition Report**
- **Social and Behavioral Diagnosis Memo**