



APPLYING A PROVIDER BEHAVIOR ECOSYSTEM LENS TO MATERNAL, NEWBORN, AND CHILD HEALTH SERVICES

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This brief explores how the Provider Behavior Ecosystem map can be used to better understand and thereby address challenges in MNCH services.

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FOR SOCIAL & BEHAVIOR CHANGE



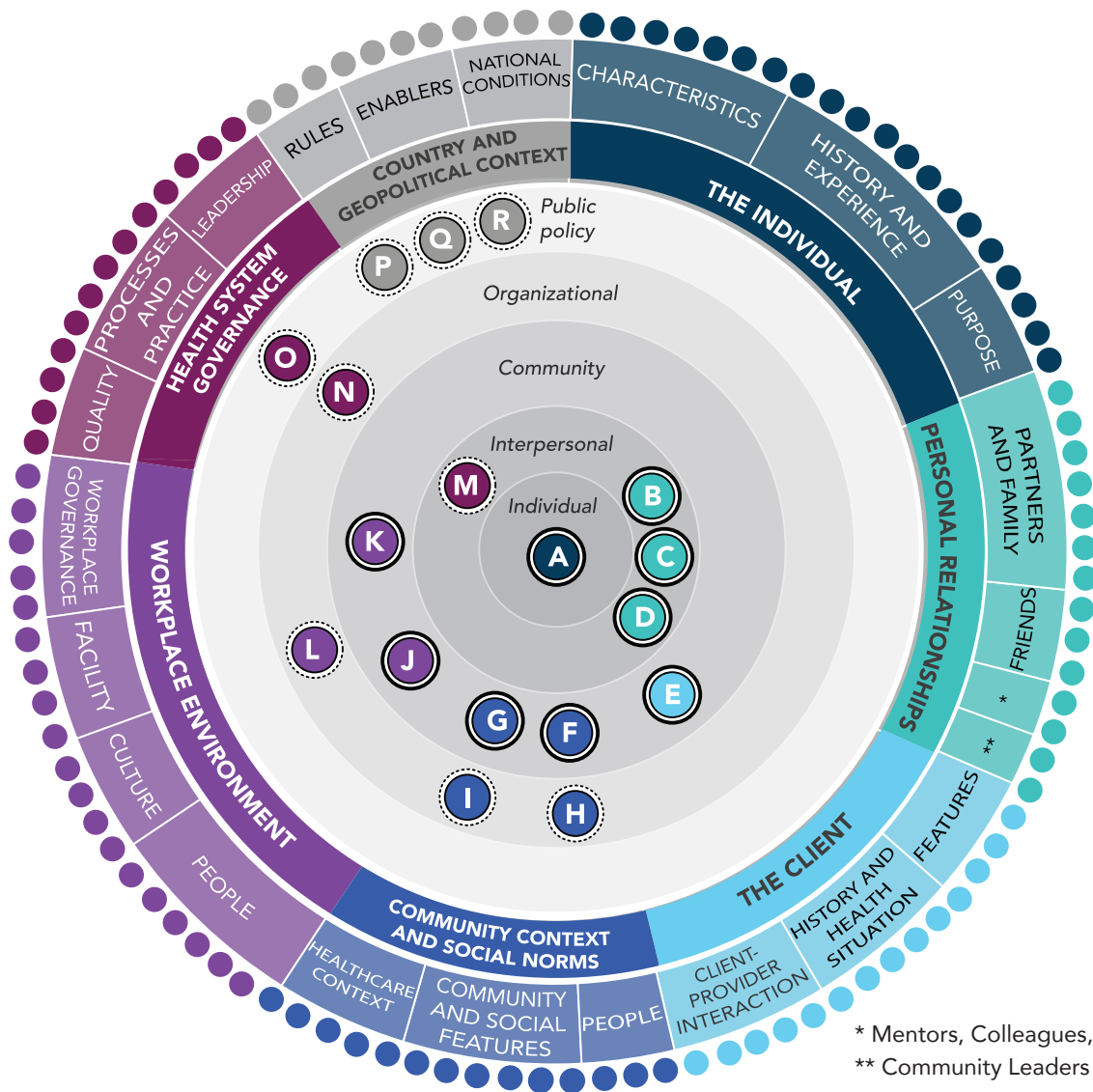
OVERVIEW

Health care provider behavior is directly linked to quality of care and can influence client actions and related health outcomes. Improving health outcomes therefore depends on building a better understanding of both what influences provider behavior and what can encourage and support positive behaviors. The Provider Behavior Ecosystem Map helps social and behavior change and service delivery practitioners, donors, and researchers appreciate the wide-ranging factors which shape health facility-based provider behavior, so they can design and implement more effective service delivery approaches and supportive provider-centered initiatives.

PROVIDER BEHAVIOR

This brief defines “provider behavior” as what providers do and do not do in their professional capacity. It includes the range of behaviors that happen before, during, or after an interaction with a client in the health facility. When considering provider behavior, practitioners must remember that providers are people within a larger system that directly and indirectly impacts the provision of person-centered care for mothers and their children. If health systems strengthening efforts are to succeed, systems actors need to understand and address the facilitators and barriers providers face where they operate. Breakthrough ACTION therefore developed the Provider Behavior Ecosystem to delve more deeply into the many factors that shape quality of care in health facilities.

Figure 1. Provider Behavior Ecosystem Map

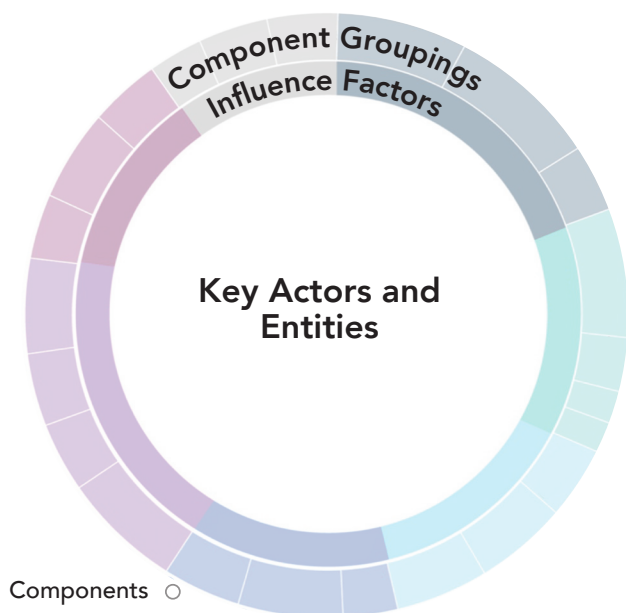


PROVIDER BEHAVIOR ECOSYSTEM MAP

The Provider Behavior Ecosystem Map presents the wide range of interrelated factors that may influence facility-based provider behavior at any time, depending on context (Figure 1). It emphasizes the need for systemic thinking and supportive action when co-designing and implementing provider behavior initiatives. Impactful, scalable, and sustainable initiatives require a contextual understanding of both providers and the people who interact with them, and the map helps users unpack the multitude of factors that may be at play.

The map is organized around the provider at the center and includes key actors and entities, influence factors, component groupings, and components, further defined in Figure 2.

Figure 2: Provider Behavior Ecosystem Map Sections



Key Actors and Entities

Central to the Provider Behavior Ecosystem Map are the actors (e.g., individuals and groups) and entities (e.g., organizations and institutions) which interact with providers across the ecosystem. Actors and entities, further defined in the Provider Behavior Ecosystem Map Guide, are color-coded to align with the influence factor with which they are primarily associated (sidebar).



Influence Factors and Component Groupings

Additionally, the map is organized according to influence factors, the overarching groupings of actors, entities, and other elements that interact with one another and influence provider behavior. Each influence factor splits into component groupings, which further divides into components. Component groupings and components are the elements that can affect provider behavior. Influence factors, component groupings, and select components from the map follow:

The Individual refers to the provider and includes their Characteristics (e.g., personality type, identity, attitudes, and values), History and Experience (e.g., past experiences, power dynamics, gender competency, expertise, and skills), and Professional Purpose (e.g., goals, perceived role, and commitment).

Personal Relationships are those a provider has with people outside the workplace, including Intimate Partners, Family, Friends, Mentors, Community Leaders, and others.

The Client refers to the client's Personal Characteristics (e.g., identity, language, beliefs, values, and resources), History and Health Situation (e.g., health knowledge, expectations for care, and health care experiences), and the Client-Provider Interaction (e.g., power dynamics, emotional activators, and client-provider perceptions).

Community Context and Social Norms include People and Community Structures (e.g., community organization, community leaders, and accountability measures), Community and Social Characteristics (e.g., socio-cultural and gender norms, social stigma, and religious influences), and the Health Care Delivery Context in the community (e.g., health care preferences, health mis/disinformation, and community-facility relationship dynamics).

Workplace Environment is the place in which the provider works and includes the People who make up the facility and their interactions (e.g., hierarchy and power dynamics, staffing levels and workload, and staff roles and expectations), the Culture of the facility (e.g., organizational culture, leadership and management, and gender competency), its Infrastructure (e.g., facility type, physical environment, and resource availability), and Workplace Governance (e.g., service delivery integration, processes and procedures, and measurement and quality assurance).

Health System Governance encompasses Quality Assurance (e.g., monitoring and evaluation, provider training and development, and provider support structures), Process and Practice (e.g., guidelines and protocols, resource management, and coordination systems), and Leadership (e.g., policies, family planning (FP) prioritization, and health system culture).

Country and Geopolitical Context include the broad National Conditions in the country (e.g., political context and priorities, donor ideologies and incentives, and social and economic context), Health Care Enablers (e.g., commodity supply chains,

financial resources for health care, and technical assistance), and Rules and Assurances (e.g., targets and auditing, enforcement and compliance, policies, and laws).

These influence factors and components interact and connect with one another. The degree to which they impact provider behavior depends on context and requires further information gathering and analysis. The interactive web map provides the opportunity to explore each component and their interrelationships while helping users consider the factors most relevant in their given context and how best to address them to improve maternal, newborn, and child health (MNCH) programming and quality of care within MNCH service delivery.

PROVIDER BEHAVIOR ECOSYSTEM MAP: USE AND APPLICATION

This tool can be used across various stages and settings to deepen understanding of provider behavior. For example, users can apply them in work-planning or co-design sessions when exploring and prioritizing behavioral drivers to address. It can guide advocacy for a more complexity aware systems approach to supporting health care providers and improving client experience of care. In general, it helps uncover why an intractable issue remains unresolved and in turn can inform program implementation and evaluation.

The map, with all its factors, can be overwhelming to unpack. Breakthrough ACTION developed additional supportive tools specific to FP and malaria that help bring the provider behavior ecosystem to life in a country setting. These tools are designed to inspire practical solutions with the goal of identifying, understanding, and prioritizing factors influencing providers, followed by co-design and implementation of locally appropriate programmatic activities that address root causes of behavior. While the Provider Behavior Ecosystem map is comprehensive, unpacking the many factors at play can be overwhelming, so the additional tools help make applying the Map even more practical.

EXAMPLE FROM FAMILY PLANNING

The [PBC Toolkit for Family Planning](#) guides users through an empathy-focused four-step process to support providers, clients, and district health teams. The toolkit uses a multi-level approach to gather perspectives and input on provider behavior from a variety of stakeholders. It positions providers as part of the inquiry and solution development process rather than as part of the problem. Use of the toolkit improves the client experience and builds trust in and demand for FP, increases the adoption or maintenance of desired behaviors among clients, improves FP and overall health outcomes, and raises provider job satisfaction.

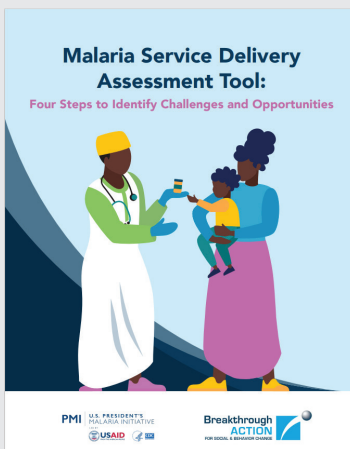
The Provider Behavior Change Toolkit for Family Planning has been tested in Uganda, Guyana, and South Sudan. In Uganda, application of the toolkit uncovered insights about the value of a positive workplace environment and relationships with peers. These factors, for example, affected providers' ability to offer quality FP counseling.

More details about the Family Planning example in Uganda are described in this [case study](#).

"The toolkit allows you to know the provider better and see the reality they work in vis-à-vis expectation. There is so much we expect providers to do, the toolkit helps you learn that the reality is much different than what you expect."

-Fiona Amado, USAID Social and Behavior Change Activity Technical Specialist, FP and Maternal and Child Health

EXAMPLE FROM MALARIA



The [Malaria Service Delivery Assessment tool](#) uses the Provider Behavior Ecosystem lens to provide national malaria programs with a structured, holistic, and participatory process for investigating and responding to service delivery concerns. In addition to providing a better understanding of the root causes of these concerns, the tool guides users to develop responses in partnership with health facility staff, allowing for co-created local solutions.

The project tested the tool in the Democratic Republic of Congo, revealing non-adherence to national case management guidelines, poor stock management, and record keeping, among other findings. A range of factors influenced these challenges, from misaligned economic incentives to a lack of mentorship and teamwork. Nonetheless, health care providers demonstrated resourcefulness and developing workarounds to common workplace difficulties. The open-ended yet structured nature of the tool facilitated deep exploration and, through in-depth conversations with providers, helped the national-level malaria program to understand "why" these gaps existed.

APPLYING THE MAP TO MNCH SERVICE DELIVERY

The Provider Behavior Ecosystem has also been applied to MNCH service settings. In Tanzania, Breakthrough ACTION co-designed a compassionate care activity with the USAID Uzazi Staha (RMC) project, after reviewing the published evidence to better understand the most salient factors impacting provider behavior and client experience of care. While much work has been done to examine the role of compassionate, respectful, empathic care during childbirth, little research has focused on the role of compassion in the extended postnatal period and for child health. Growing evidence suggests providers who practice empathy and compassion can positively impact clients' feelings and behaviors, which can lead to more positive clinical outcomes and fewer complications. Compassionate care can improve provider job satisfaction and self-esteem (e.g., reducing aggression, burnout, and exhaustion).

As a result, Breakthrough ACTION and USAID Uzazi Staha (RMC) project co-designed a comprehensive implementation package with mothers, health care workers, and Ministry of Health (MOH) counterparts to institutionalize compassion within a selection of faith-based private sector health facilities. An impact evaluation followed to measure whether the activity improved the experience of care for mothers of babies and young children post-delivery, as well as that of the providers who serve them.

The co-designed activity to increase compassionate care included:

- **Compassionate leadership training module**– Used with all staff, supervisors, facility managers, Respectful Maternity Care Champions at each facility implementing the activity received training to build a more compassionate environment, including how to have effective conversations and address challenges immediately.
- **Self-care practices** – Supervisors built a culture of self-care by prioritizing mental health and encouraging rest/breaks to reduce burnout. This included organized activities such as self-care and mindfulness routines and breathing techniques, as well as changes in work culture, such as encouraging breaks. An accompanying

Figure 3. Client Feedback system



Provider Emotional Wellness poster hangs on the wall for all staff as a reminder to care for themselves while they care for others.

- **Client feedback** – After each 0–12 month child and maternal health visit (e.g., immunization, well, sick, postpartum, growth monitoring) providers ask clients to complete a simple feedback form with four questions asking about their interactions with the provider. Client feedback boxes are placed away from where providers serve clients, and an accompanying poster allows all clients to see how they can fill out the form and drop it in the client feedback box. Facilities review the feedback forms monthly and then share it with individual providers (Figure 3).
- **Compassion champion of the month** – Each facility reviews the client feedback boxes and selects the champion provider of the month based on the input provided on the client feedback sheets. Winners receive a small token of appreciation (e.g., soap, sugar) and a certificate.
- **Provider self-assessment** – The facility In Charge asks providers to complete a self-assessment quarterly to reflect on the care they provide. The assessment includes components of compassionate care, self-care, and job satisfaction. The form includes room for providers to give feedback to the facility.

- **Compassion mentorship and coaching**– Health care workers at each facility implementing these measures receive monthly mentorship and coaching from MOH mentors and regular mentorship from the In-charge when possible through the use of a checklist and client observations.
- **Client charter poster**– The project abridged the MOH-developed client charter for the purposes of turning it into a simple poster in Swahili visibly posted in multiple locations within facilities. The goal is to ensure clients know and understand their rights.

TOOL DESIGN

The experience in Tanzania is only one example of the countless potential ways users may apply the Provider Behavior Ecosystem map and tools in the MNCH space. For example, Breakthrough ACTION is working with the MOMENTUM Country and Global Leadership Project to adapt the Malaria Service Delivery Assessment tool to services included in the Integrated Management of Newborn and Childhood Illnesses (IMNCI).

The IMNCI assessment tool will help local teams explore why provider behavior may not always follow clinical guidance. For example, have all children diagnosed as having fever had their temperature taken and recorded? Are all children diagnosed with pneumonia receiving the appropriate antibiotics? The site visit tool walks implementers through a detailed interview process allowing them to uncover the reasons why providers are not following clinical guidance. Understanding the reasons then helps drive more tailored and locally informed solutions. The IMNCI assessment tool is scheduled for pilot testing in late 2024 and will be refined based on that experience.

The Provider Behavior Ecosystem Map opens up a host of opportunities to further consider the complex and often interacting factors which shape provider behavior and ultimately, quality of care. Breakthrough ACTION encourages users to explore the various tools and consider how they may be applied to their MNCH work.

RELEVANT RESOURCES

[Provider Behavior Ecosystem Map](#) web tool

[Provider Behavior Ecosystem Map Brief](#) (PDF)

Supporting videos unpack the [factors](#) within a provider’s ecosystem, highlight [how to use](#) the provider behavior ecosystem, [tips to adapt](#), and how best to monitor [progress](#) related to provider behavior change. While the videos may share references to FP, the use of the tools can be applied to facets of facility-based MNCH service delivery as well.

LIST OF ACRONYMS

FP: Family planning

MNCH: Maternal, newborn, and child health

MOH: Ministry of Health

IMNCI: Integrated Management of Newborn and Childhood Illnesses

Cover photo: Staff from the MOH participate in the compassionate care prototype design workshop in Tanzania. Photo by Kristina Granger, USAID.