

From Insight to Impact Learning Series

# Leveraging SBC to Strengthen Health Systems



Breakthrough  
**ACTION**  
FOR SOCIAL & BEHAVIOR CHANGE



# About Breakthrough ACTION

Breakthrough ACTION is an eight-year cooperative agreement funded by USAID to lead social and behavior change programming around the world. We seek to ignite collective action and encourage people to adopt healthier behaviors—from using modern contraceptive methods and sleeping under bed nets to being tested for HIV—by forging, testing, and scaling up new and hybrid approaches to social and behavior change.



ideas<sup>42</sup>



# Today's Speakers



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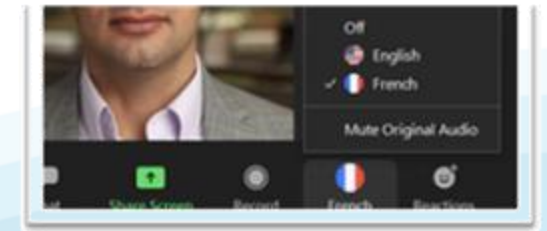
# Logistics and Housekeeping

- Session length: 60 minutes, including Q&A.
- Submit your questions via the Q&A feature throughout the presentations.
  - Questions will be addressed live or in the Q&A feature by presenters.
- Simultaneous interpretation available in French.
  - Select your preferred language.

**Step 1:** Click on the interpretation icon on the bottom right of your screen.



**Step 2:** Choose your language. Select **Mute Original Audio** option.



# Provider Behavior Ecosystem Map: Strengthening Health Systems by Examining Multi-Level Factors Affecting Providers

Heather Hancock

# Why Focus on Providers?

- Critical actors in the health system
- Provider actions impact the performance of the health system, client behavior and outcomes, and community health
- Providers are people and need support to perform optimally



# Why an Ecosystem Approach?



Midwife, Tanzania. Photo Credit: Sheena Ariyapala

- Providers operate in complex systems
- Provider behavior is influenced by many factors at multiple levels
- Addressing one level/factor is insufficient
- Providers need their ecosystem to support the provision of quality care
  - Providers cannot and should not do it alone!

# Provider Behavior Ecosystem Map

A **thinking tool** to help practitioners, researchers, and funders:

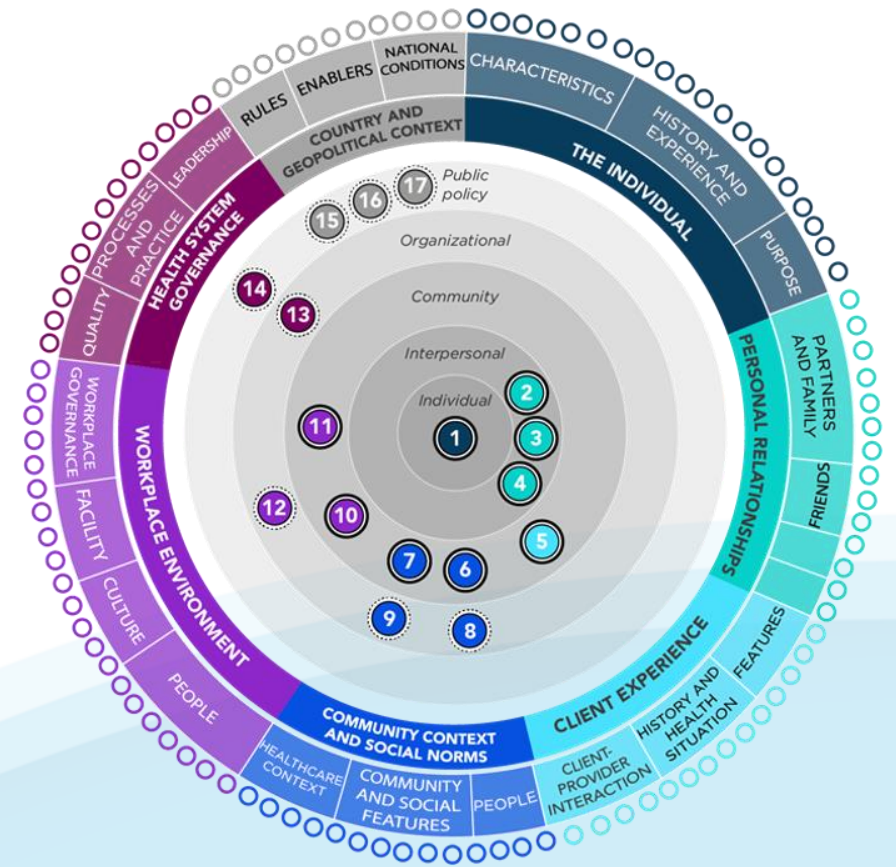
- Understand and consider diverse factors that influence facility-based provider behavior.
- Understand how factors relate to and interact with one another across a system.
- Think more holistically about provider-related health systems strengthening efforts.
- Design, implement, and evaluate more supportive,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





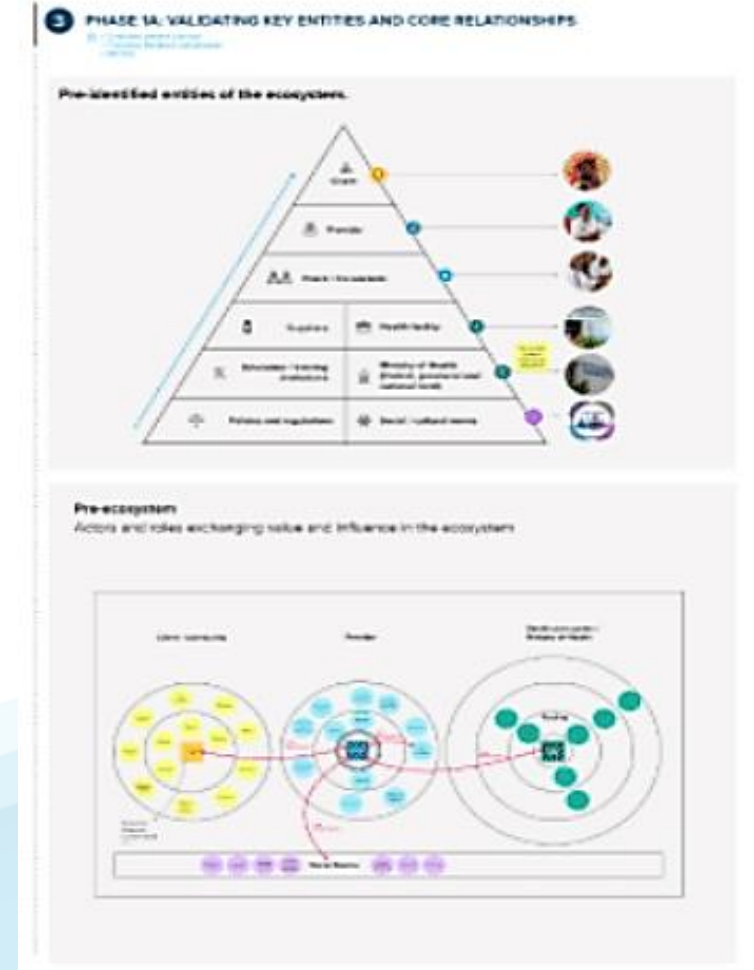
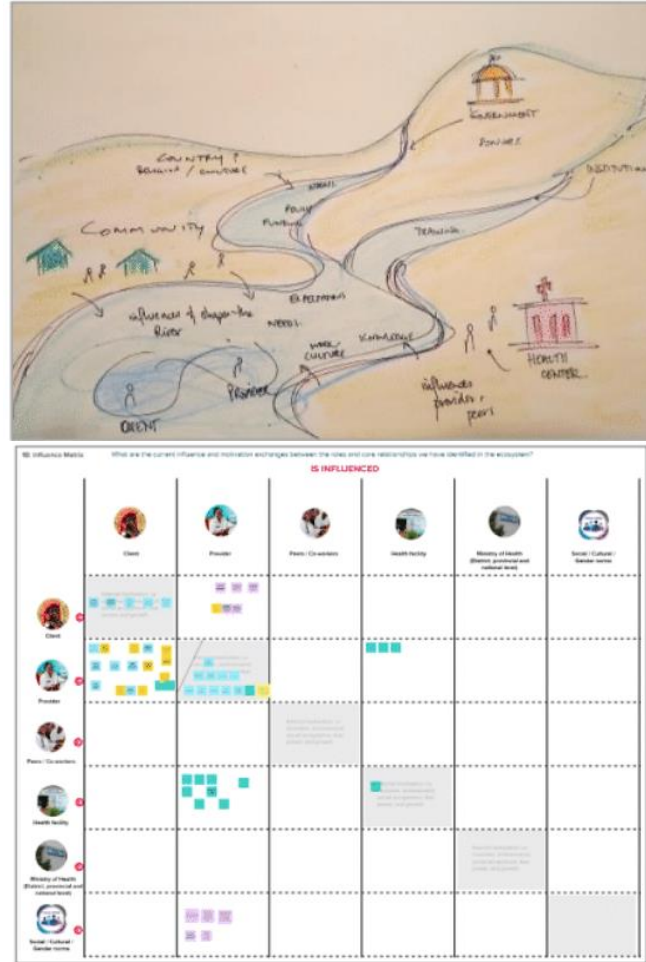
# Provider Behavior Ecosystem Map

- Represents the provider's ecosystem **visually**
  - Supportive, not blaming
- Complements service delivery and quality improvement approaches
- Unique social and behavioral lens
- Facilitates systems thinking and planning
  - Variety of approaches and strategies needed across the system

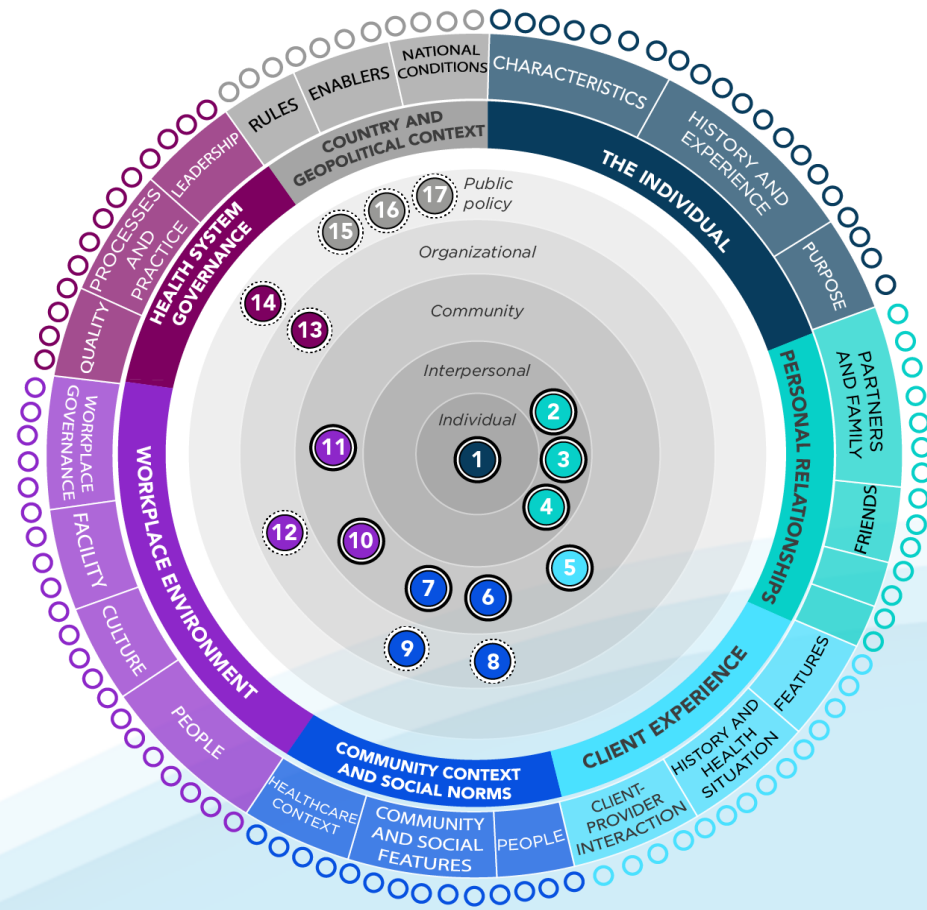
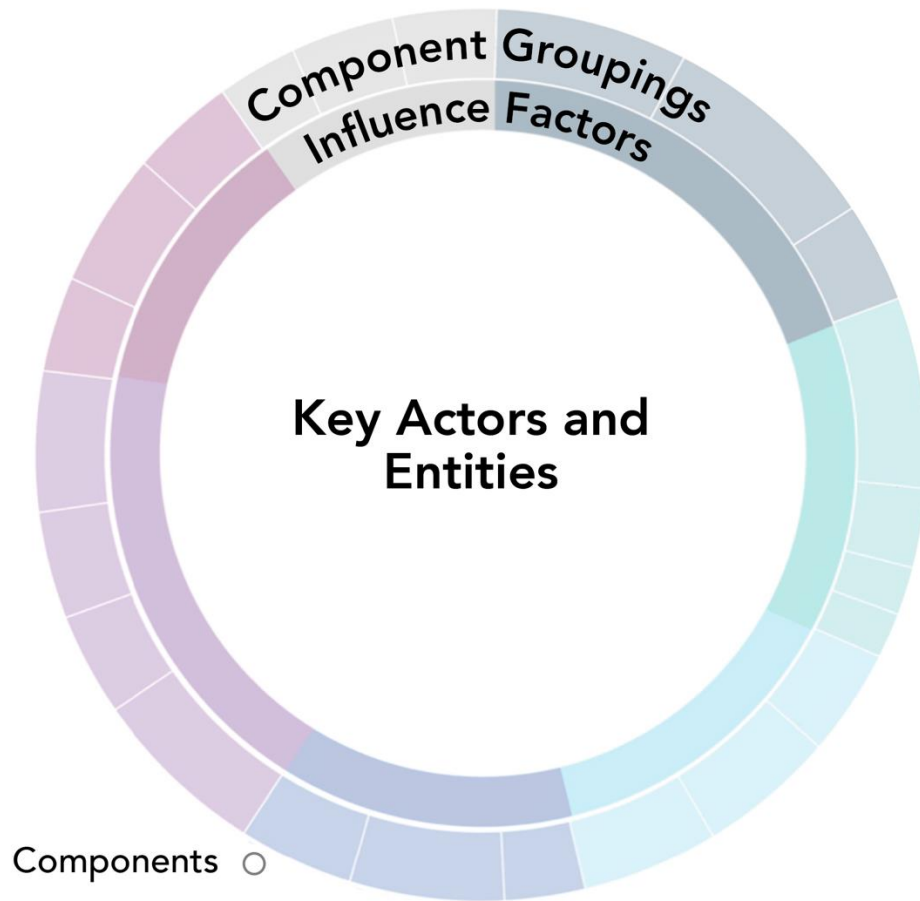


# Development

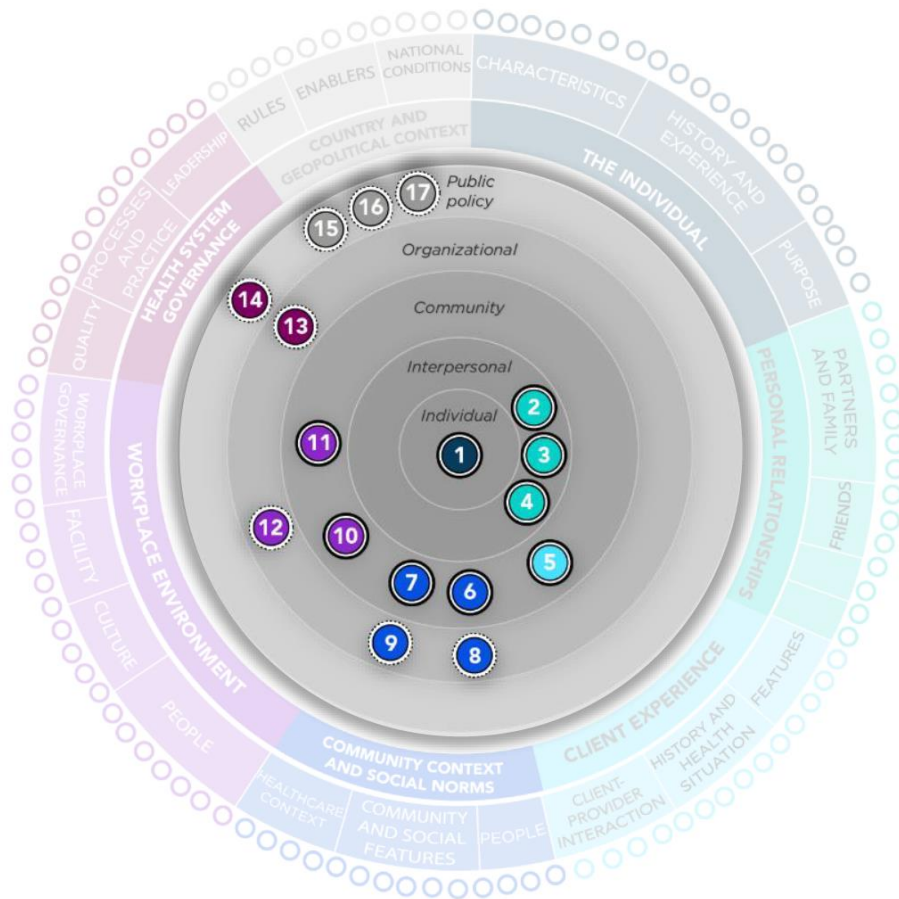
- Literature review
- Interviews with providers
- Expert consultation
- Co-design sessions
- Global testing



# Ecosystem Map



# Key Actors and Entities



## KEY ACTORS

### Provider

Intimate Partner(s) and Family Members  
Friends  
Classmates and Colleagues

### Clients

Community Leaders  
Community Members  
Religious Institutions  
Community-Based Organizations

### Supervisors

Facility Leadership and Management  
Professional Associations

### Instructors and Mentors

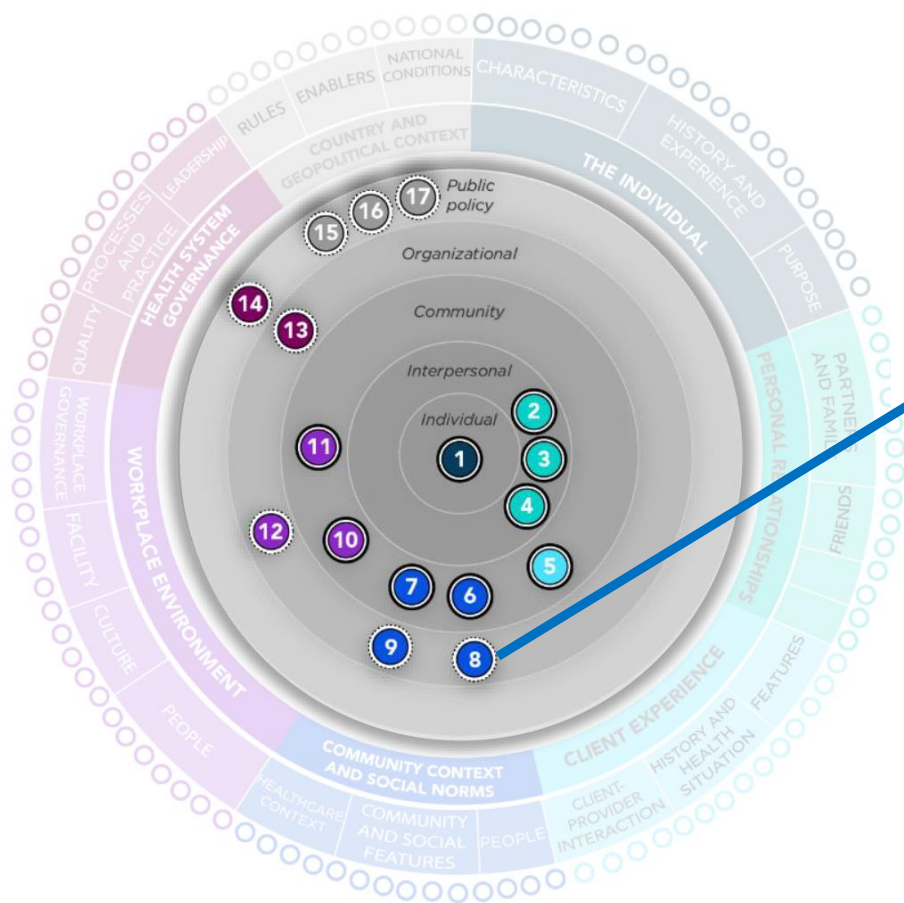
Accreditation and Training Organizations  
Health System

### International Bodies

Government Agencies  
Donors



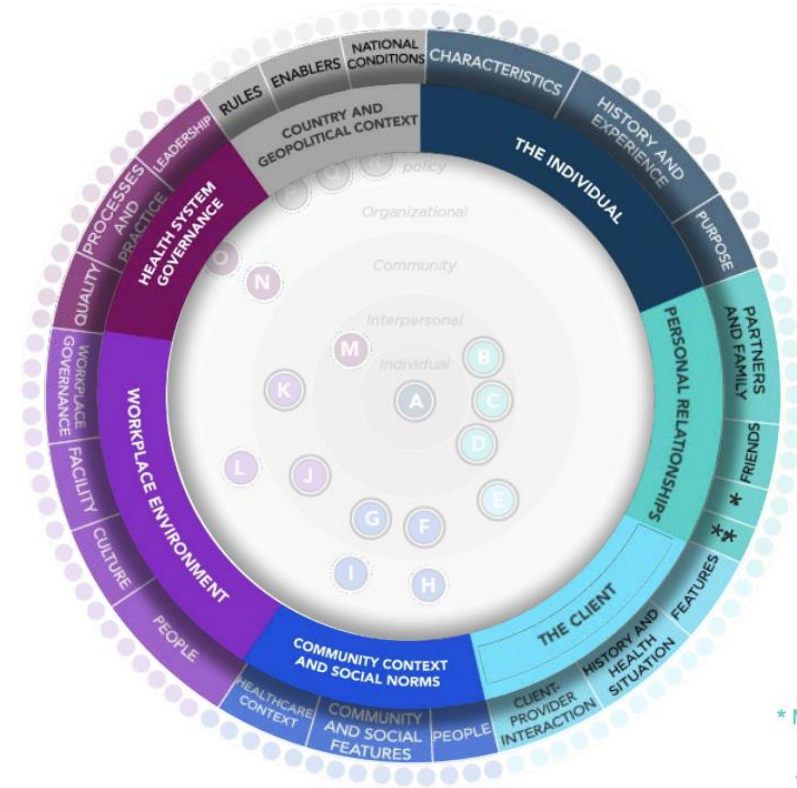
# Key Actors and Entities



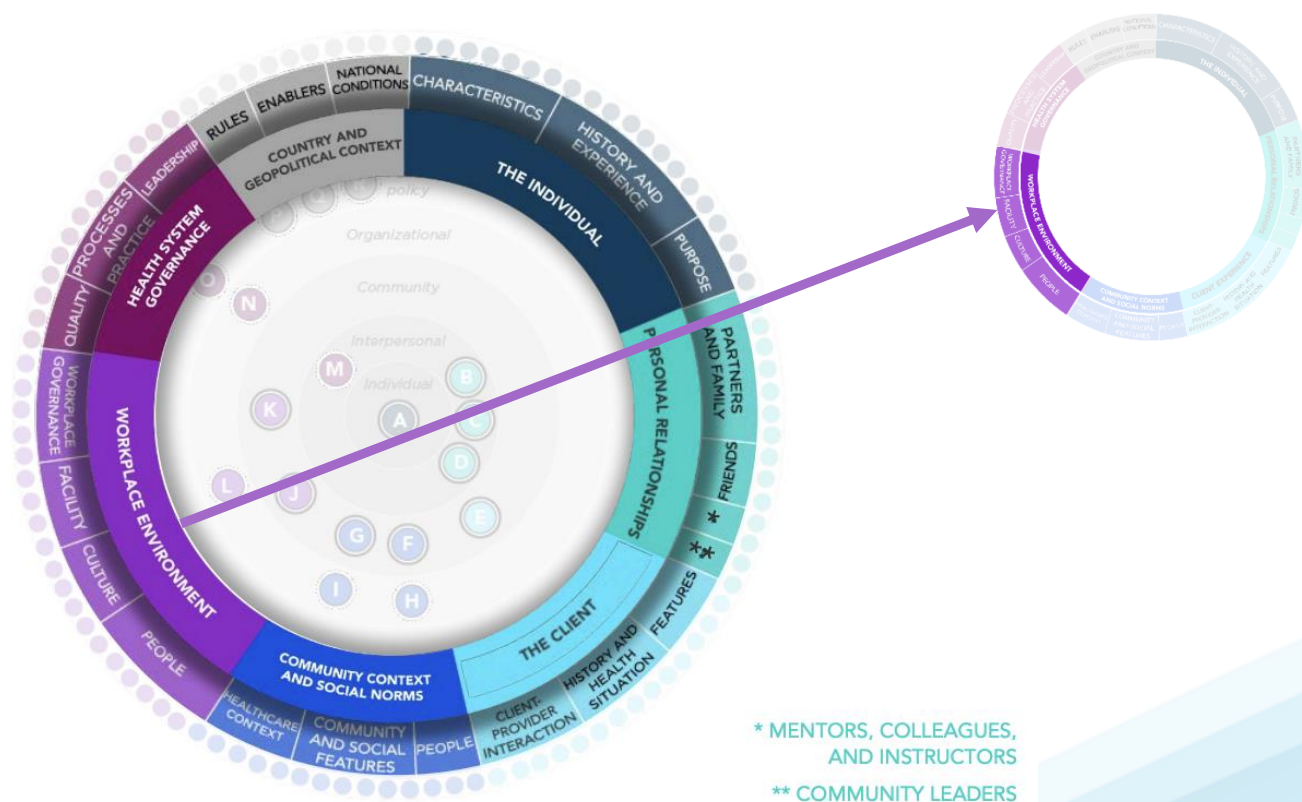
**8. Religious Institutions:** These are places of worship (e.g., church, mosque, synagogue, temple) and other institutions that exist for individuals and groups to exercise religious beliefs and practices. They can play a significant role in shaping attitudes, beliefs, and values as well as social, 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 provider
- Personal relationships
- The client
- Community context and social norms
- Workplace environment
- Health system governance
- Country and geopolitical context

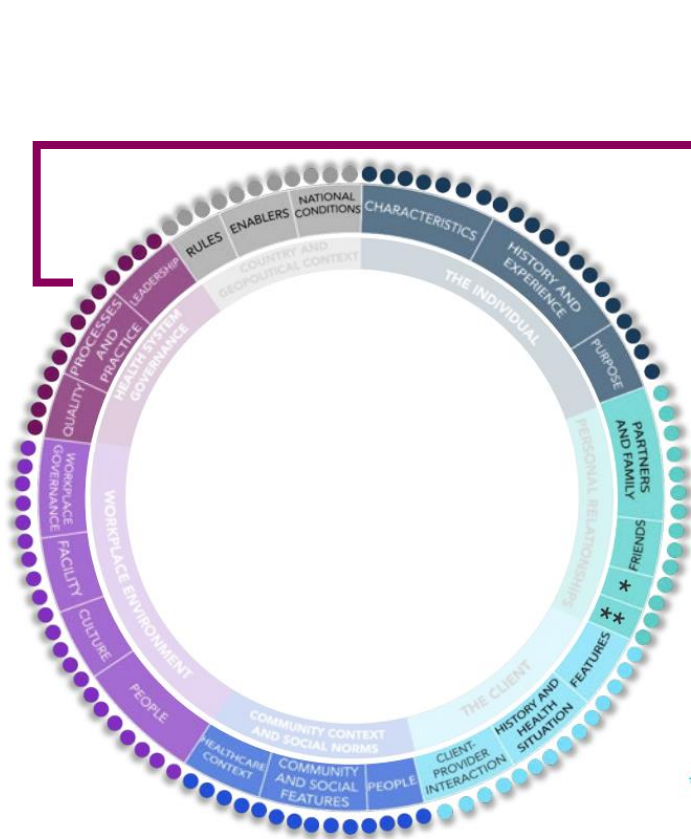


# Influence Factors



**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



## 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

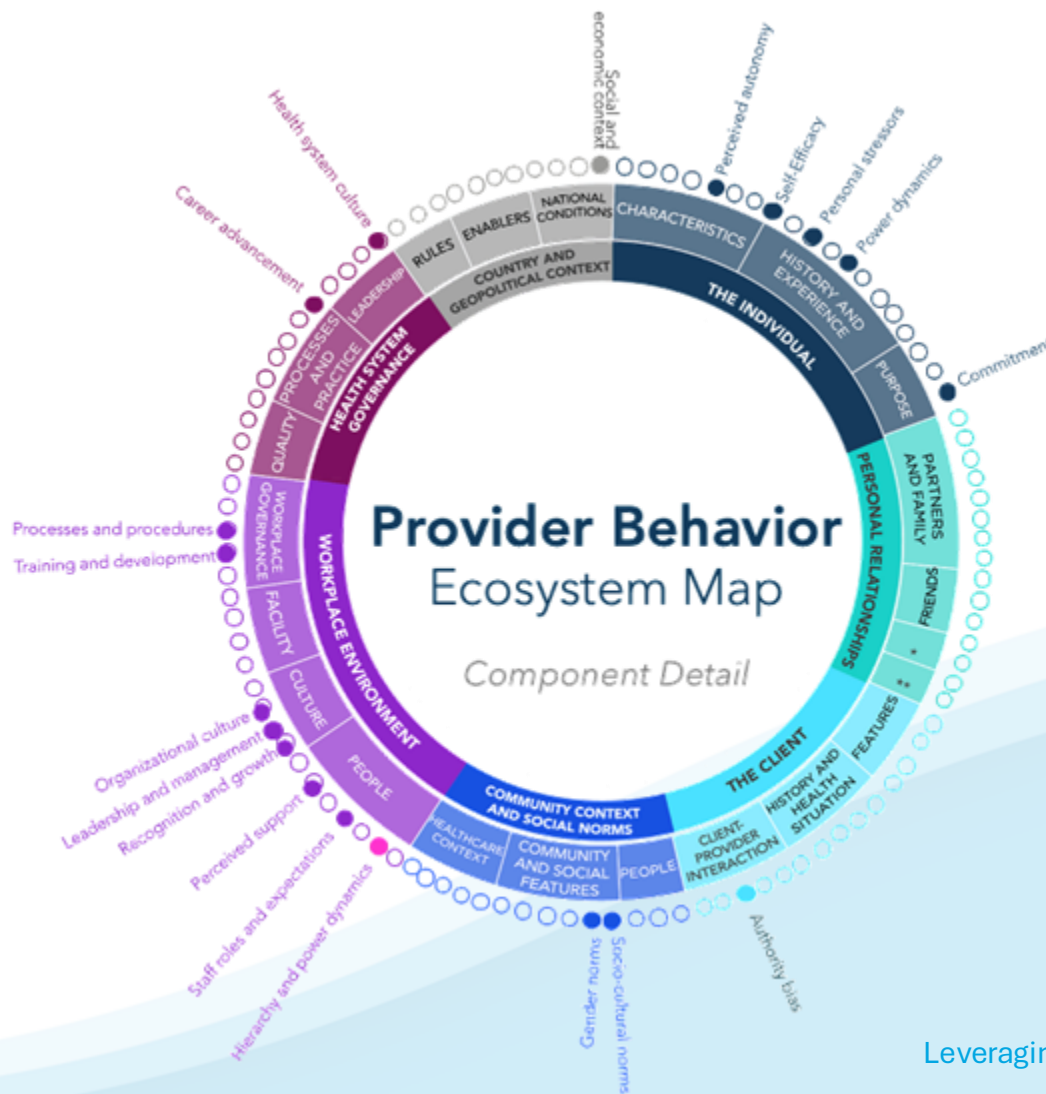
- Policies
- Ministry and agency roles
- Family planning prioritization
- Health system culture

\* MENTORS, COLLEAGUES,  
AND INSTRUCTORS

## \*\* COMMUNITY LEADERS



# Interrelationships: Hierarchy and Power Dynamics



# Component Spotlight

## THE INDIVIDUAL

# IDENTITY

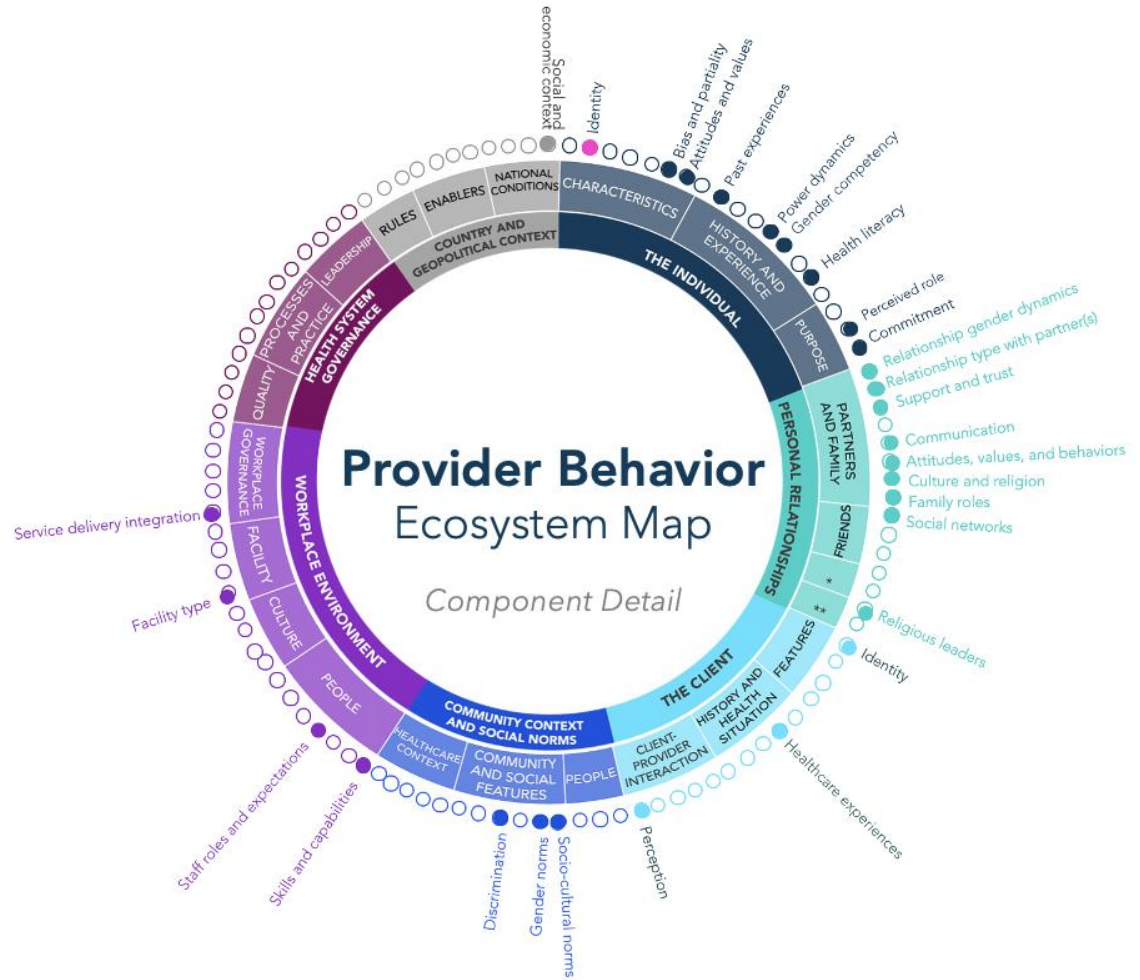
### What is it?

The combination of beliefs, roles, personality, characteristics, and expressions that make up providers' perceived and real identity as well as their population statistics. This includes factors such as age, language, gender, race/ethnicity, marital status, income, education, nationality, language spoken, civil status, religion, and expected roles. For example, providers may be members of the community they serve, or they might be outsiders.

### Why is it important for PBC?

Identity and demographics condition how providers view themselves and others, and how they interact with others. They can form real or perceived barriers or connection points between providers and clients (e.g., differences in language), and also influence attitudes and biases. Whether providers are community members or outsiders also influences how providers relate to the community and what expectations are placed on them. For example, providers who are not from the community may not be as accountable to social norms within that community but they also may not have the trust that a community member would. Providers also fill multiple roles at the same time (e.g., mother, breadwinner, community leader) that can shape the way they view and treat clients.

What other components are critically linked to this one?



\* Mentors, colleagues and instructors  
\*\* Community leaders

# Component Spotlight

## THE CLIENT

# AGENCY AND POWER

### What is it?

The degree to which the client feels able to act independently and make their own choices. This includes the ability to seek out health information and services, advocate for their health and well-being, and actively participate in health decision-making. Providers usually have more power than clients in a healthcare setting due to education levels and status. This is especially true in places where hierarchy is valued and where clients tend to defer to authorities.

### Why is it important for PBC?

These dynamics shape and influence the client-provider relationship, including client willingness and ability to share health information, assert needs and preferences, and make decisions. They also impact the degree to which providers are held accountable for providing health information and services in line with the client's needs and priorities.

What other components are critically linked to this one?



\* Mentors, colleagues and instructors  
\*\* Community leaders



# Component Spotlight

## COMMUNITY CONTEXT AND SOCIAL NORMS

# SOCIAL SANCTIONS

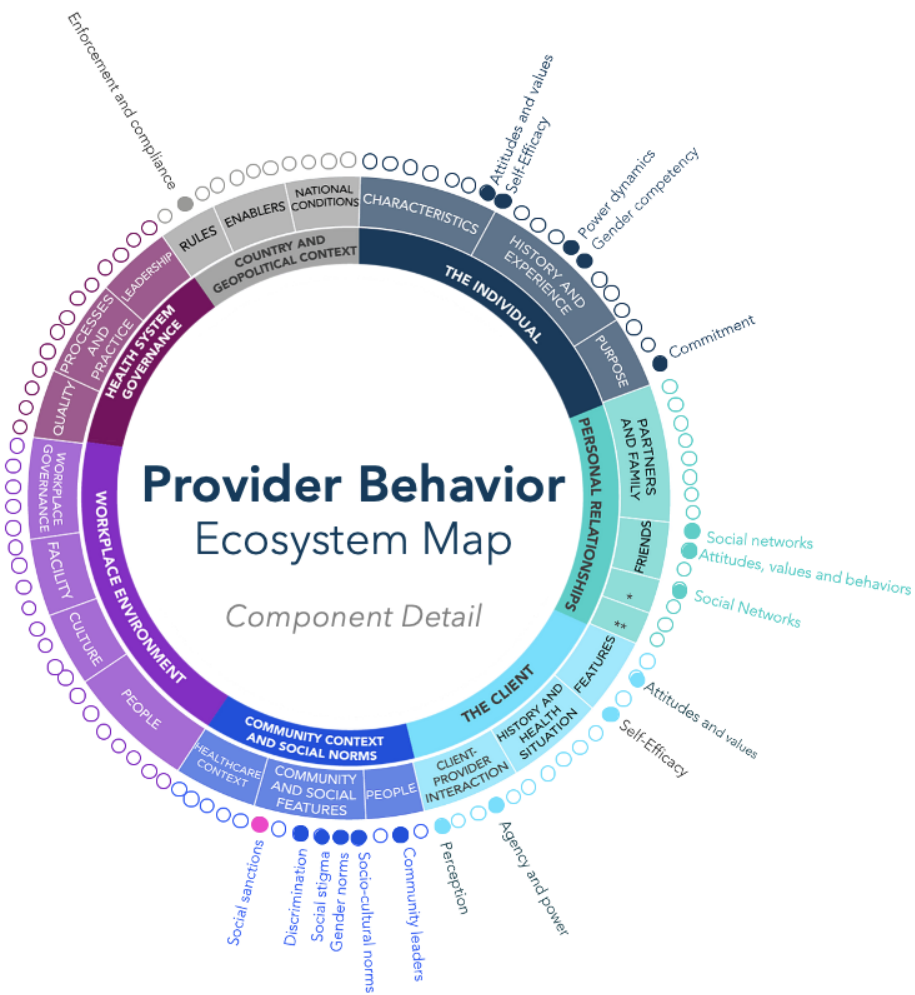
### What is it?

Social reactions of approval or disapproval in response to somebody's actions. They are used to enforce social and gender norms by providing feedback (positive or negative) on an individual's actions and behaviors. Social sanctions reinforce the pressures that community members and providers feel to act according to social expectations. For example, if providers expect angry parents or a spouse to report them to the local authorities, they may refuse to serve a young person who comes in on their own seeking family planning services.

### Why is it important for PBC?

Social sanctions can impact how willing community members are to talk about sexuality, contraception, and family planning. They can also influence willingness to try and maintain use of family planning and reproductive health services. Perceptions of providers can also be influenced; providers can feel pressured by community members to act or provide care in specific ways, and clients may also feel pressured by community members to seek or avoid care or request particular services.

What other components are critically linked to this one?



\* Mentors, colleagues and instructors  
\*\* Community leaders

# Component Spotlight

## WORKPLACE ENVIRONMENT

# PROCESSES AND PROCEDURES

### What is it?

Processes and procedures for service delivery established and maintained by the facility. These could include client flow, intake/admissions processes, procedures for client notes and record keeping, assignation of providers to shifts and tasks, outreach procedures, and transfer processes. Client flow includes the processes set by the facility for client admissions, order of consults or tests, number of consultations available, and where clients sit.

### Why is it important for PBC?

Processes and procedures can influence the ways providers view clients and services as well as continuity of care. They can impact providers' motivation to provide quality services and overall job satisfaction. The way client flow is managed can influence overall facility efficiency, the time providers have with clients, the quality of the provider-client interaction, the stress levels providers experience, and what services are prioritized. The timing and order in which providers sees clients in the larger process of service provision can also bias provider behavior.

What other components are critically linked to this one?



\* Mentors, colleagues and instructors  
\*\* Community leaders



# Component Spotlight

## HEALTH SYSTEM GOVERNANCE

# RESOURCE MANAGEMENT

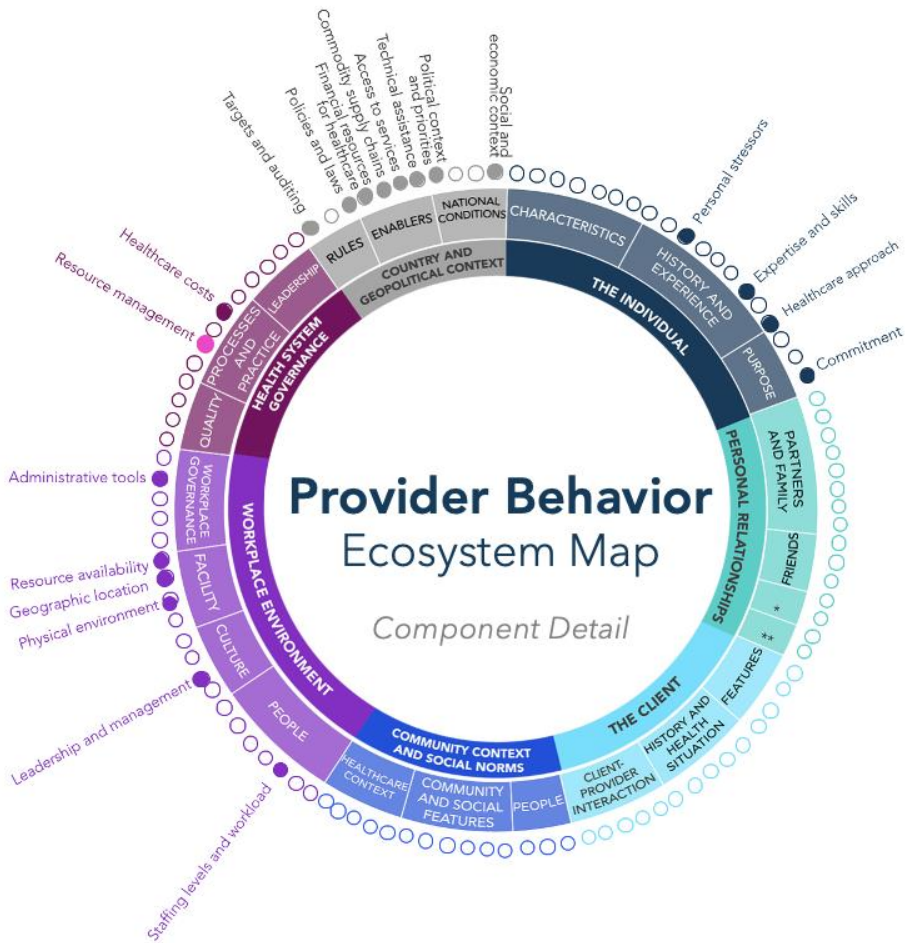
### What is it?

Health system management of financial and other resources to ensure that facilities have what they need to provide services (e.g., utilities, medicines, equipment, supplies, products, and technologies). This also includes the government's ability to effectively and equitably disseminate and distribute resources, tools, trainings, donor support, and technical assistance across regions and districts.

### Why is it important for PBC?

The presence or absence of resources will have direct and indirect influences on the workplace, how providers can behave, and what services can be provided in a given context. It determines the tools providers have to do their jobs and, in turn, the level of trust a community or client has in the health system.

What other components are critically linked to this one?



\* Mentors, colleagues and instructors  
\*\* Community leaders

# Use and Application

- Formative research
- Project design and implementation
  - Framework for new tools and materials
- Monitoring and evaluation
- Advocacy and agenda-setting



# Provider Behavior Ecosystem Resources

English and French

- Website
- Guide
- Brief
- Monitoring and Evaluation Brief
- Videos





“ A better understanding of the constraints and barriers within the system that limits a health system actor’s ability to do the expected job is valuable for health systems strengthening efforts that aim to develop stronger, more functional, and accountable systems with fewer of those constraints or barriers.

—USAID, 2022





Please share  
your questions in  
the Zoom Q&A  
panel.

# Improving Experiences of Both Clients and Providers: Compassion as an Essential Element

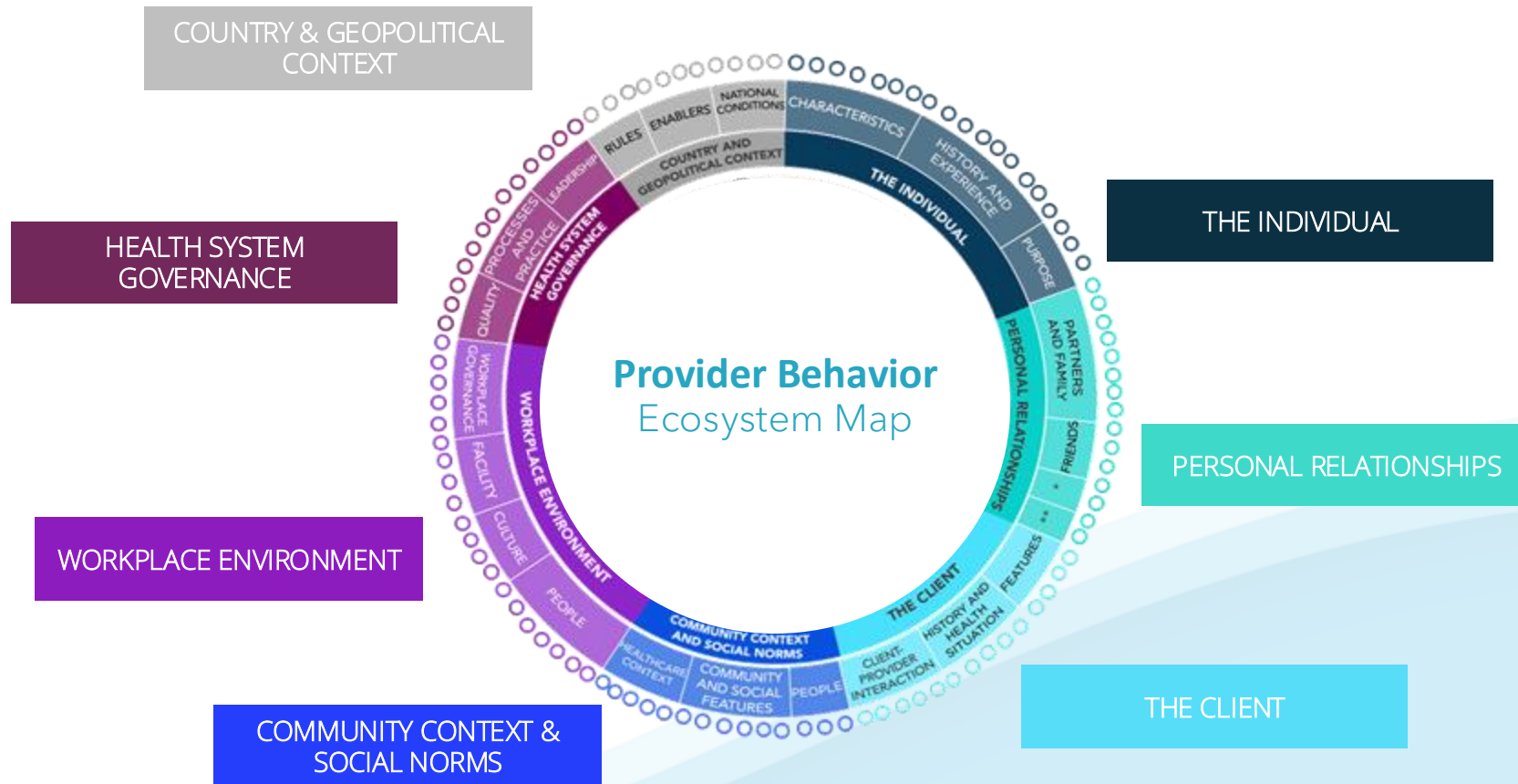
Sunday Domonico  
Julieth Sizya

# Background and Context

- Empathy and compassionate are critical to client experience of care (EOC); also important for providers.
- Evidence shows that providers practicing empathy and compassion can positively impact clients' feelings and behaviors, leading to more positive clinical outcomes and fewer complications.
- Compassion also improves provider job satisfaction and self-esteem (i.e., reducing aggression, burnout).
- While respectful care has been studied, less has centered around EOC in postpartum period.



# Provider Behavior Ecosystem Map



# Co-Design, Implementation, and Evaluation



Rapid Desk Review

2022

- Synthesis of existing evidence, building on existing work



Consultation #1

2022

- Unpack factors that influence experience of postpartum care



Country-Level Co-Design

2023

- Co-design intervention to test with Uzazi Staha, MOH, providers, and community members in Tanzania



Intervention Development

2023

- Refine intervention; submit research protocol and monitoring and evaluation (M&E) plan



Implementation and Evaluation

2024

- Partner with Uzazi Staha and MOH to implement
- Conduct robust evaluation



# Intervention Components

#1  
Compassionate  
Leadership Training

#2  
Self-Care Practices

#3  
Client feedback  
system

#4  
Compassion  
Champion

#5  
Provider Self-  
Assessment

#6  
Mentorship and  
Supervision

#7  
Client Charter

## Training Agenda Components



## Afya ya Hisia za Mtoa Huduma A, B, C's ZA KUJIJALI KWA MTOA HUDUMA

### Ufahamu

- Kwa mabini na jinsi unayochusuliza miongo wa mawazo (Burenyia kazi kupita kiasi, kazi kupita kiasi, uchovu, na kuingia kwa kupika au kwa hasini).
- Fuatilia kinaochukua miongo wa mawazo na uwele mpatika baina ya wateja na wenzako.
- Ongaa na mshauri au kiongozi wako endapo miongo wa mawazo vianantii shughuli na mahusiano yako.

### Weka mizani

- Fanya shughuli mbalimbali huku ukitenga muda wa kupumzika.
- Kula vizuri, fanya masoezi mara kwa mara, na hakikisha unatenga muda wa kupumzika.
- Shiriki katika shughuli zote za kazi, tutaia siku zako za kiroho.

### Jichanganyie na watu

- Wasiliana mara kwa mara na familia, marafiki, na jamaa.
- Tunika tafakari za kina, sahihi, au kupumzika ili kuwa karibu na ndoa yako mwenyewe.
- Muda ambao hango kazi, achiwa na majumumu ya kazi waki hushika darasa pamoja au kutayia kazi jumbe za miondo whatsapp.

Inshikuliwa kutika utafiti wa Breakthrough Action, 2022

## Fomu Ya Maoni

### Maelekezo

Kwenye kila mchoro/sentensi, zungushia jibu linaloelezea vyema maoni yako kuhusu huduma ambayo uliyokwisha kupewa kupewa. Asante kwa muda wako.

Mtoa huduma anasikia jina lako kwenye katalizi kabla ya kukabidhi:

	1 POINT On a review	2 POINTS I've tried	3 POINTS I practice	4 POINTS I've mastered
1. I welcome my clients and I introduce myself.				
2. I put my clients at ease and establish a relationship of trust with them.				
3. I listen to my clients with a high degree of empathy and understanding.				
4. I never judge the client's situation, even if it goes against my personal beliefs.				
5. I show interest and curiosity when the client explained her personal situation and needs.				
6. I help clients to get all the information they need in a clear and neutral way.				

### Provider Self Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facility: \_\_\_\_\_

Each health care provider should fill out this form monthly and share it with the In-Charge.

### Providing Compassionate Care

	1 POINT On a review	2 POINTS I've tried	3 POINTS I practice	4 POINTS I've mastered
1. I welcome my clients and I introduce myself.				
2. I put my clients at ease and establish a relationship of trust with them.				
3. I listen to my clients with a high degree of empathy and understanding.				
4. I never judge the client's situation, even if it goes against my personal beliefs.				
5. I show interest and curiosity when the client explained her personal situation and needs.				
6. I help clients to get all the information they need in a clear and neutral way.				

### Self-Care

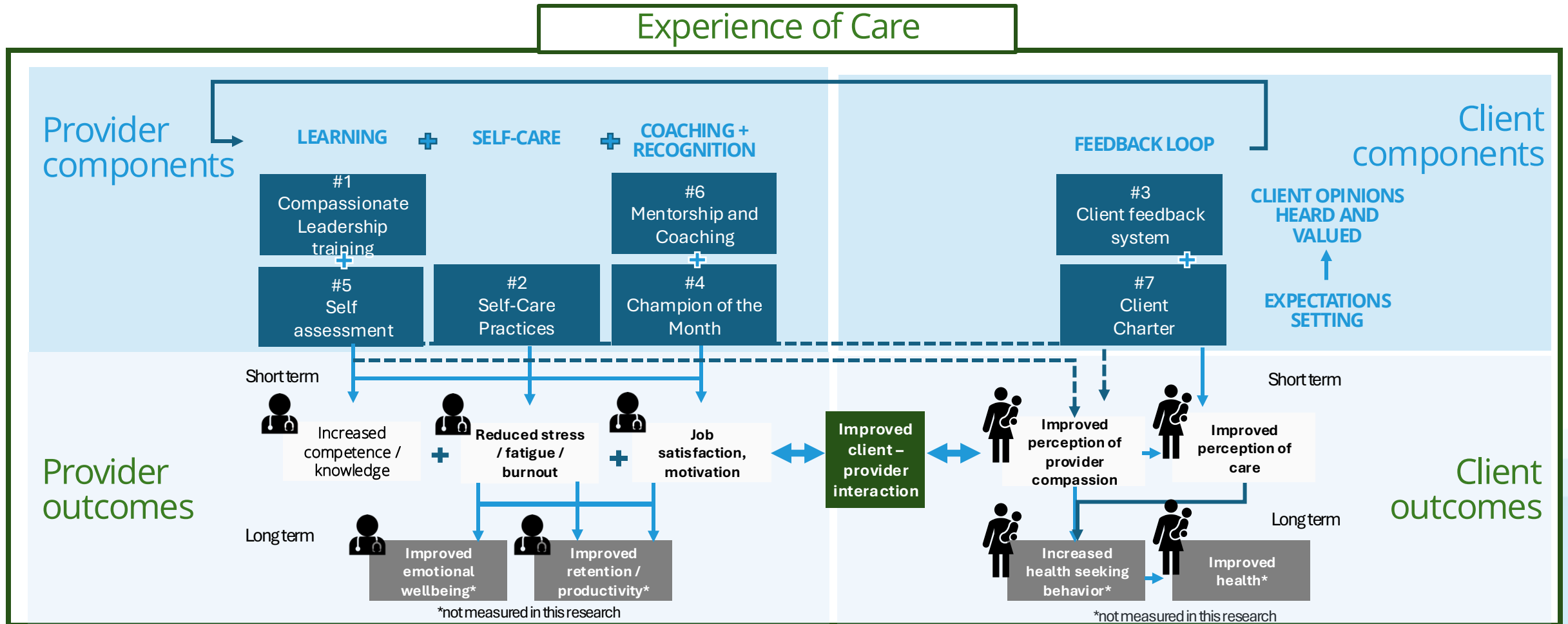
	1 POINT On a review	2 POINTS I've tried	3 POINTS I practice	4 POINTS I've mastered
1. I use box breathing when I'm stressed.				
2. I take my breaks in a place I feel calm.				
3. I meet with my work buddy regularly.				
4. I notice when I'm being self-critical and take steps to stop.				

## Haki Za Mteja

- 1 Haki Ya Kupata Matibabu
- 2 Haki Ya Kupata Taarifa
- 3 Haki Ya Kuchagua
- 4 Haki Ya Uta Na Hoshima
- 5 Haki Ya Usalama
- 6 Haki Ya Kupewa Faragha
- 7 Haki Ya Uhai
- 8 Haki Ya Kupata Huduma Za Dharura
- 9 Haki Ya Kutoa Kungu Chaka Cha Mweni Au Kufanya Taratibu Zingine Inapo Abaidi
- 10 Haki Ya Kutoa Malalamiko Na Maoni



# Compassionate Care Theory of Change



**+ Community Based Activities**

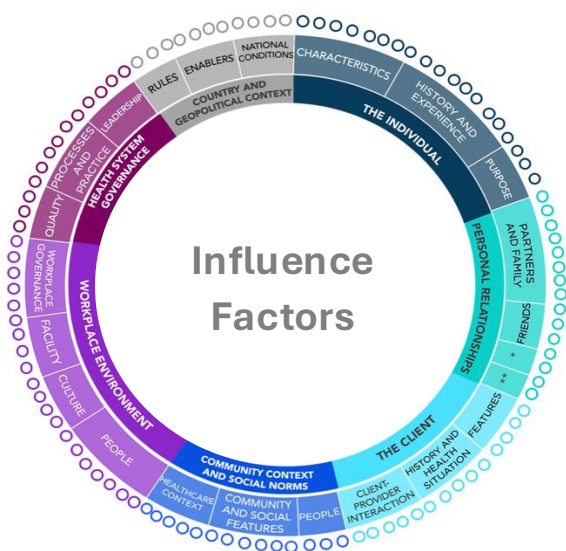


# Research Objective

Assess whether the **multi-faceted, compassion-focused intervention improves EOC** during facility-based maternal, infant, and childcare visits up to 12 months postpartum, and measure whether it **leads to positive outcomes for providers and clients.**



# Outcomes of Interest



## POSITIVE Experience of Care



### Client Outcomes

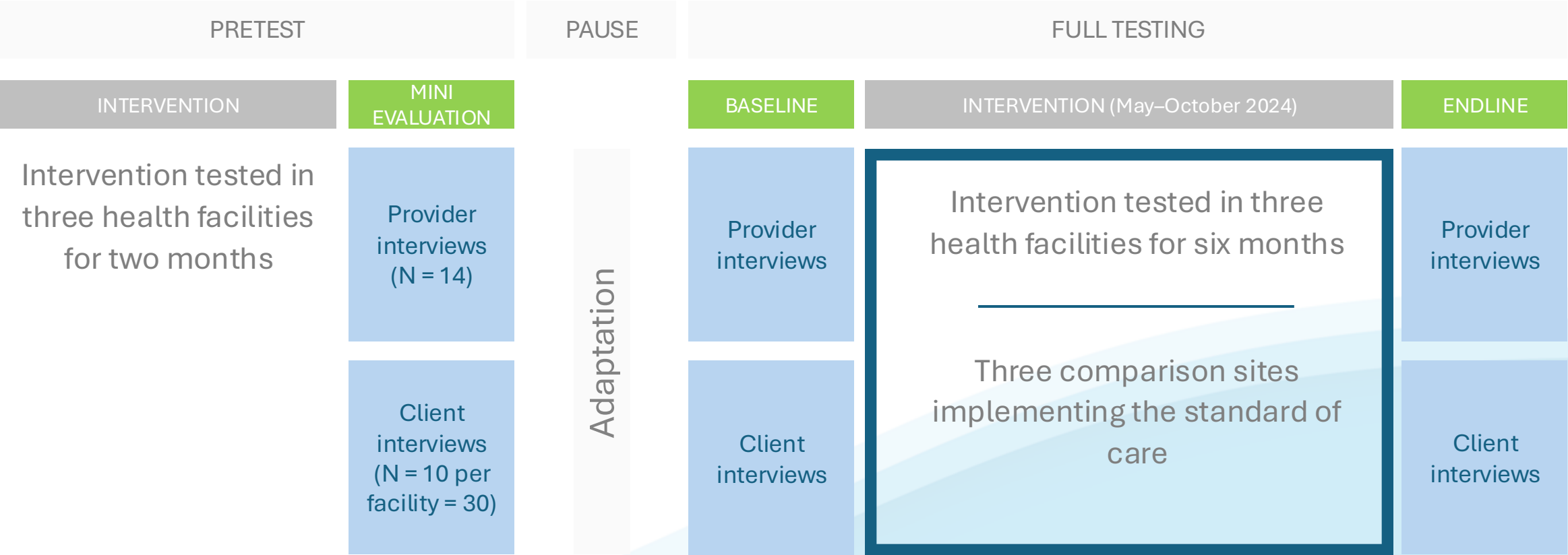
- Perception of provider compassion
- Perception of care



### Provider Outcomes

- Knowledge/understanding of respectful and compassionate care
- Understanding of factors that influence EOC
- Use of compassion in their care
- Job performance
- Coping skills and resiliency
- Perception of institutional support
- Level of work engagement

# Study Overview



# Measurement

## Provider assessment measures

Assessment of skills	The Sinclair Compassion Questionnaire – Healthcare Professional Ability Self-Assessment
Perception of burnout	Maslach Burnout Inventory—Human Services Survey
Perception of organizational support	NEAR Organizational Compassion Scale (validated tool)
Perception of work-life balance	Work-Life Balance measure
Coping Skills / Resilience	Brief Resilient Coping Scale

## Client assessment measures

Perceptions from last postpartum visit	The Schwartz Center Compassionate Care Scale
Perceptions from last postpartum visit	Americares Client Interview Questions B1–B40 (adapted for postpartum)

Assessment measures selected based upon :

1. Compassion Measures Toolkit rating
2. Previous use by Americares/USAID MNCH projects
3. Feasibility (e.g., length/complexity)

# Uzazi Staha Respectful Maternal Care Private Sector Faith-Based Organization Health Facilities (Mwanza, Tanzania)

Intervention	Comparison
--------------	------------

KMT Dispensary

Nyakahoja Dispensary

Makongoro Health Centre

ELCT Nyakato Health Centre

Sengerema Hospital

St. Clare Hospital

Name of Facility	Council	Total Staff	Client Volume
KMT Dispensary	Nyamagana Municipal	3	Low
Makongoro Health Centre	Nyamagana Municipal	12	Low
Sengerema Hospital	Sengerema District	52	High
Nyakahoja Dispensary	Nyamagana Municipal	12	Low
ELCT Nyakato Health Centre	Ilemela Municipal	12	Low
St. Clare Hospital	Nyamagana Municipal	33	High



# Preliminary Evaluation Results: Providers

## SKILLS

Providers in intervention facilities reported a significant increase in:

- Being supportive when talking to their patients ( $p < 0.10$ ).
- Speaking to their patients with kindness ( $p < 0.05$ ).
- Seeing things from their patients' perspective ( $p < 0.05$ ).

## BURNOUT

Nine components improved significantly for providers in intervention:

- Finding the work that they do is full of meaning and purpose ( $p < 0.01$ ).
- At work, they feel they are bursting with energy ( $p < 0.05$ ).
- Time flies when they are working ( $p < 0.05$ ).
- They are enthusiastic about their job ( $p < 0.01$ ).
- When they get up in the morning, they feel like going to work ( $p < 0.05$ ).
- They get carried away when they are working ( $p < 0.01$ ).
- At their job, they feel very resilient mentally ( $p < 0.05$ ).
- It is difficult to detach themselves from their job ( $p < 0.01$ ).
- At work, they always persevere, even when things do not go well ( $p < 0.01$ ).

# Preliminary Evaluation Results: Providers

## ORGANIZATIONAL SUPPORT

Significant increases in:

- Agreeing help is available from health facility when they have a problem ( $p < 0.05$ ).
- Agreeing health facility really cares about their well-being ( $p < 0.05$ ).
- Agreeing health facility is willing to help them when they need a special favor ( $p < 0.01$ ).
- Agreeing health facility tries to make their job as interesting as possible ( $p < 0.10$ ).
- Not agreeing that facility disregards their best interests when it makes decisions that affect them ( $p < 0.01$ ).
- Not agreeing that even if they did the best job possible the health facility would fail to notice ( $p < 0.01$ ).



# Preliminary Evaluation Results: Clients

- Intervention facilities vastly improved across all 10 components
- Reporting providers successfully:
  - Expressed sensitivity, caring, and compassion for clients' situation.
  - Strived to understand their emotional needs.
  - Treated them in a friendly manner.
  - Listened attentively to them.
  - Conveyed information to them in a way that was understandable.
  - Gained their trust.
  - Always involved them in any decisions.
  - Comfortably discussed sensitive, emotional, or psychological issues.
  - Showed respect for them, their family, and those important to them.
  - Spent enough time with them.

Results are statistically significant ( $p < 0.01$ ) for all sub-components



A supervisor and service providers opening suggestion box.



# Discussion

- Limitations: Staffing changes led to smaller sample of providers
- Analyses ongoing: Initial analyses are encouraging
- Providers in intervention showed significant improvement across several areas
- Clients reported experience of care improved significantly in intervention facilities across all components measured
- Next steps:
  - Finalize analysis
  - Share and discuss findings in Tanzania
  - Develop manuscript for peer-review



Compassion Champion of the month



# Acknowledgements

## USAID

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- Theresia Mrema
- Neema Isuja
- Waziri Nyoni
- Jessica Moore
- Beth Mallalieu
- Dominick Shattuck
- Lynn Van Lith





Please share  
your questions in  
the Zoom Q&A  
panel.

# Examining Malaria Service Delivery: Testing Experience from the Democratic Republic of the Congo

Packy Mbayo  
Augustin Ngandu Ilung

# Background

- Challenges in malaria service provision stem from many factors.
- Further investigation is sometimes needed to understand the causes.
- Many tools exist; though none holistically examine the complex web of factors with a behavioral lens.



# Purpose of the Tool

- Provides a structured, flexible process to address malaria service delivery challenges.
- Applies a holistic, behavioral approach for deeper understanding.
- Facilitates co-development of solutions with health facility staff.
- Balances responsiveness to concerns with resource efficiency.
- Includes templates and guidance for facility selection, data collection, synthesis, and action planning.





# Core Principles



- Complements existing data sources



- Deploys a systems lens



- Encourages a supportive outlook



- Empowers providers and district teams to understand and respond to issues



- Follows a rapid, flexible process



# Four-Step Process



## Step 1: Identify facilities requiring further inquiry

- Leverage site visits and data review meetings
- Take note when concerns or anomalies about the quality of malaria service delivery arise



## Step 2: Phone call to confirm need for a visit

- Determine whether issue can be resolved without a visit. If not, make plan to visit the facility to examine the issues further



# Four-Step Process



## Step 3: Site visit to identify influencing factors

Interviews and observations of relevant departments and data sources (e.g., antenatal care (ANC)/outpatient, laboratory, records, and pharmacy) to understand contributing factors, such as:

- Provider knowledge and perceptions.
- Commodity availability and processes for preventing and managing stockouts.
- Processes related to documentation, reporting, and data use.
- Provider workload and workflow.
- Coordination, supervision, and feedback processes.
- Financial incentives/disincentives.



# Four-Step Process



## Step 4: Synthesize the findings with stakeholders and develop an action plan

### **At the end of the site visit**

- Conduct a team discussion to prioritize factors influencing service delivery and propose short- and long-term recommendations.
- Debrief with facility staff to acknowledge achievements and align recommendations with their priorities.

### **After multiple site visits**

- Review findings, refine recommendations, and create an action plan with district or higher-level stakeholders.

# Testing Experience

Visited six health facilities across two regions in the Democratic Republic of the Congo:

- Congo Central and Haut Katanga
- Mix of sites supported by the U.S. President's Malaria Initiative (PMI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Mix of public and private sector sites
- Mix of urban and rural
- Team comprising National Malaria Control Program (NMCP) (national level and regional), PMI, and Breakthrough ACTION staff





# Key Insights from Testing the Tool:

## Poor adherence to ANC and case management guidelines.

### Root causes identified:

- Nonadherence to national malaria guidelines, commodity management, and data practices was widespread.
- Poor data recording persisted, driven by unclear responsibilities, inadequate training, and limited awareness of the importance of high-quality data.
- Ambiguity in staff roles and decision-making authority created confusion and hindered service delivery.
- Health providers displayed resourcefulness in devising work-arounds to common workplace challenges.
- Compassion for patients influenced provider decisions, including treating patients despite negative test results.



# Lessons Learned

- Worked effectively in diverse settings, including private, public, PMI, and Global Fund-supported sites.
- Open-ended, structured format uncovered root causes often missed in traditional assessments.
- Fostered reflection, problem-solving, and collaboration with staff.
- Combined data review, qualitative discussions, and joint reflection for a complete understanding.
- Identified quick wins and systemic challenges needing higher-level engagement.
- Highlighted the importance of agreeing on a timeframe and process to monitor action plan implementation.





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- **Breakthrough ACTION**

- Augustin Ngandu
- Michael Toso
- Angela Acosta
- Gabrielle Hunter
- Lynn Van Lith
- Mark Beisser
- Rebecca Pickard
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# Fireside Chat



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Interested in Learning More?

# Leveraging SBC to Strengthen Health Systems

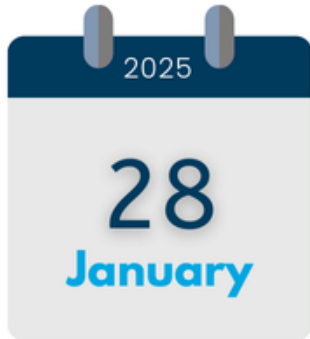
A BREAKTHROUGH ACTION LEARNING SERIES



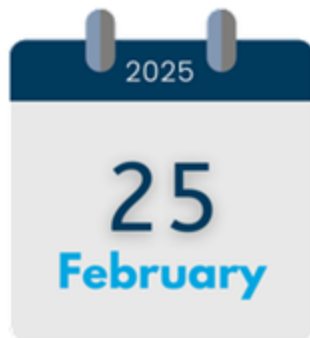
Explore additional advocacy resources: [adobe.ly/3DbbCfV](https://adobe.ly/3DbbCfV)



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