



## Designing Tools to Promote Provider Empathy and Improve Quality of Health Care in Niger

### Introduction

Providing quality care is a priority for many policymakers. The Government of Niger, like other countries, aimed to increase the use of family planning/reproductive health (FP/RH) services by adding 6.5 million additional users of modern contraceptive methods by 2030, as outlined by West Africa's Ouagadougou Partnership. Unfortunately, this goal was not realized for several reasons. First, a lack of investment led to structural inadequacies such as poor physical work environments and supply stock outs that contribute to poorly managed health services. Health providers were often not motivated to provide quality services because they were not paid adequately, on time, or were hired as consultants when hiring at the Ministry of Public Health (MOPH) was stalled. This was coupled with work overload due to inadequate staffing at health centers. Further, health workers lacked a culture of accountability as they were neither rewarded for good performance nor sanctioned for poor performance and thus, may not have had incentives to provide quality services that respect clients' rights. Finally, the health system had limited documents and tools to help health workers improve their knowledge about FP methods and provide quality interpersonal communication and counseling. Many health workers who communicated about FP with clients did not have access to or use counseling tools and may have presented themselves as experts who knew better than their clients what was needed.



The social context also presented another challenge because in some cases religious leaders misinterpreted religious precepts regarding modern contraceptive use. Rumors about modern contraceptives proliferated in communities; in areas where men were less involved in FP programs, they often did not have adequate information about modern FP methods and their benefits despite controlling the household finances and in many cases playing the role of primary decision makers. Finally, the community itself may not have trusted health facilities when providers did not listen to clients' health care needs and FP decisions. All these factors dampened women's use of health services in general and FP in particular.

## Role of WABA/WABA+

The Breakthrough ACTION in West Africa (WABA) project, funded by the United States Agency for International Development (USAID), began in 2019 to increase the use of FP/RH services and improve



Figure 1. Sequence of activities to design the tools.

FP/RH behaviors among individuals in four priority West African countries: Burkina Faso, Côte d'Ivoire, Niger and Togo. In each country, WABA strengthened local health officials' and other community stakeholders' capacity to conduct [a suite of community engagement activities](#): community dialogues, health facility site walkthroughs, and the development of local action plans to improve the quality and use of FP services. In 2020, the project conducted a study to better understand the challenges health professionals and health systems face in ensuring quality FP service delivery in WABA implementation countries. The study found challenges in the work environment, client experience, social norms, and health system management. Provider behavior was a focus area for both WABA and WABA+, a companion project to WABA in Niger starting in May 2021. Together, these projects worked with the Government of Niger and the USAID-funded Amplify-FP project to identify solutions to the challenges described above and offer quality interpersonal communication and counseling. WABA worked with the MOPH to identify key barriers to providing quality FP services and design solutions to overcome those barriers. The project used three sources

of data to identify the top challenges. The team conducted a series of interviews with the MOPH and partner representatives, reviewed existing literature, including the [Provider Behavior Change Landscape Analysis](#) conducted by Breakthrough RESEARCH, and reviewed insights identified during the community engagement activities led by WABA. The project then worked with the government and partners in Niger to identify the following specific challenges to be addressed by WABA: low levels of provider motivation and the need for a simplified counseling tool to improve the quality of FP services and FP provider/client consultations.

As Niger already had a good counseling tool that was being used in several facilities: the FP Client Segmentation Counseling Tool, developed in 2013 by Camber Collective. Providers who used this original tool reported an improvement in the quality of the counseling but complained the tool was too

complex. The MOPH asked WABA to simplify this resource to further improve FP service quality. To address this challenge, WABA used a human-centered design process to build solutions together with those affected by the situation: providers, clients, and district health officials.

## Developing Tools to Address Motivation

In collaboration with the MOPH, WABA initiated a series of human-centered design workshops with providers, supervisors, the Amplify-FP project, and community members to address the challenge of simplifying the tool. Creating effective behavior change activities requires first understanding the factors that influence an individual's behavior. Behavioral sciences help to explore these reasons in detail by bringing together knowledge from several disciplines such as behavioral economics, sociology, psychology, and cognitive science, to better understand behavior and its determinants that include various contextual factors and biases that can influence individuals' choices. WABA used the process diagrammed in Figure 1 to identify the challenges, lead a co-creation process with all FP partners, develop prototypes, test them *in situ*, and validate the findings with the MOPH before implementing them in eight districts. The kick-off event for the human-centered design work was a Declaration of Intent workshop during which participants explored provider-based FP service use challenges based on the WABA formative research results and the synthesis from community dialogues. These reports established the context for provider behavior change in Niger. Participants prioritized the main challenges, created a vision for the future, and developed an intention for the work considering the current situation and the actions needed to achieve the desired change. The project then held a Marketplace of Ideas that examined various provider behavior change solutions tested or used elsewhere and explored adapting potential solutions that responded to Niger's priorities. A co-creation workshop brought stakeholders together to develop prototypes based on the solutions identified during the Marketplace of Ideas. Finally, the participants tested the prototypes developed ("The Promise" and FP segmentation tools) with health providers and clients in health facilities in the Zinder, Maradi, and Niamey regions.



### The Promise

The **Promise** tools are designed to increase empathy for the client and respect for confidentiality during an FP consultation. The Promise enables the provider to commit to providing good care, respecting confidentiality, and listening to the client's questions and feedback, while the client commits to providing complete information and communicating clearly about her or his situation and desires. The Promise tools include a flipchart in the form of a table calendar reminding providers and clients of their commitments, tokens for the client to provide feedback, and a feedback collection box where clients put the token to indicate their level of satisfaction. There is also a badge that providers wear to show clients they have been recognized as delivering good quality FP counseling.



*An example of the red and green stickers for client feedback boxes (top); the provider badge (middle-left); the table tent with the Promise (middle-right); and the provider feedback token (bottom).*

## FP Segmentation Tools



*The updated FP Client Segmentation Counseling Tool helps providers classify FP clients into one of five categories and deliver tailored FP counseling accordingly.*

Segmentation is an FP consulting method that consists of identifying the client's social segment so the provider can offer the client a FP method that meets her or his expectations. The tool classifies clients into five segments: inexperienced skeptic, modern elite, passive conservative, traditional autonomous, proactive in health. These segments were developed based on quantitative and qualitative data that were analyzed to understand tendencies in attitudes, knowledge, and likelihood to use an FP method. The segments also offer an understanding of the influence of social norms on the FP user. The tool has a sheet of 12 questions for providers to ask each client, a set of advice cards for each segment, and specific cards for each contraceptive method. The client's response to the questions makes it clear in which segment the client belongs. The tool aims to ensure counseling is specific to the client's needs and status and to save time. The provider can get key information quickly and easily and be relatively certain that the client will be able to successfully use the new FP method.

## User Testing

The MOPH and WABA conducted user tests of these tools in two health centers (one urban and one peri-urban) in each of six health districts: Tessaoua and Aguié in Maradi, Takiéta and Zinder Ville in Zinder, and Niamey 1 and Niamey 5.

Teams composed of WABA and WABA+ staff, MOPH representatives, and Niger National Innovation Team members carried out the user tests as independent investigators to minimize research bias. First, behavioral economics experts trained interviewers to use the various remote data collection tools. The interviewers then conducted a field survey with 12 providers and 72 clients: 6 providers and 39 clients from the urban integrated health centers and 6 providers and 33 clients from the peri-urban integrated health centers in three regions (Zinder, Maradi, and Niamey). The interviewers held daily briefings, synthesized the results, and presented them back to regional and national stakeholders.

### User Test Results: FP Segmentation Tools

Providers greatly appreciated the client segmentation cards. They said the tools were clear, very rich in information, detailed, very practical, and easy to use. They appreciated how the tools specified the discussion points for each segment and noted that separating the tips by segment and by method was very helpful. They particularly liked the idea of presenting these tools to men who accompany their partners to the appointment. The providers believed using the tool with men would encourage them to get involved.

Clients and providers liked the method cards because they could see in detail all the methods and could adapt the selection of methods according to the provider's advice and the client's segment. Together,

these tools enabled providers to communicate with clients using clear messages, but more importantly, encouraged both men and women to participate in the communication and decision-making process. The images encouraged clients to ask more questions. Providers noted that arranging counseling by methods and by segment on the same tool helped them better address client needs. These tools allow clients to understand different contraceptive methods and receive enough information on potential side effects and how to manage them.



*Role play in Babban Tapki during the community meeting to introduce provider behavior change tools. Photo credit: Abdoul Aziz Souley Tanko, Save the Children*

The MOPH, under the leadership of the Family Planning Directorate’s Programming, Monitoring, Evaluation, and Research Division, organized a workshop on integrating the segmentation tool into the official FP clinic form so it will become a part of FP practice across Niger. Integration into the official protocol is the most efficient way to ensure the tool will be scaled up, sustained, and used long after the projects have ended.

#### User Test Results: The Promise Tools

Clients appreciated the Promise tools. They said these tools will likely help providers strengthen the client-provider relationship by building trust and showing empathy. Clients felt listened to, comfortable, and confident and trusted the communication from the provider. The images on the cards easily captured their attention and were clear even for non-literate clients.



*Token collection box in Zinder showing that clients are satisfied with the services. Photo credit: Moutari Hamza, Save the Children*

Clients appreciated the idea of evaluating services. They liked the token and the collection box where they could share their feedback about their experience with the provider. They felt their opinions were being considered. The suggestions to improve the Promise tools—using a plastic token with the provider’s name so it could be reused, separating the box in half (a red side for poor performance and a green side for good performance), and changing the image that illustrates dissatisfaction by removing the provider’s smile—were all addressed in the final versions of the tools.

Providers also appreciated the approach; they acknowledged that health facility personnel often do not welcome clients and put them at ease. These tools come at the right time to promote improved provider behavior that will increase health services use. As part of the design process, providers tested a paper desktop information tent and a badge that served as an incentive to recognize and promote the well-performing health providers. The providers preferred the badge because it implied an individual commitment and could be regularly worn to serve as a reminder of their commitment.

After user testing and synthesizing the feedback, the FP Segmentation and Promise tools were revised and submitted to the MOPH and the Social and Behavior Change Technical Working Group for validation.

## Next Steps

After validating the FP clinical form using the segmentation approach, the MOPH Statistics Department, in collaboration with the MOPH Division of FP and Breakthrough ACTION Niger (the successor of WABA and WABA+), will replicate the tools and scale them up for use at all levels. This new USAID activity, Breakthrough ACTION Niger, will reproduce these tools for use in four intervention zones (Maradi, Zinder, Tahoua, and Dosso). Master trainers will train providers at all levels with USAID implementing partners (Kulawa, MOMENTUM Integrated Health Resilience, and Population Services International). Breakthrough ACTION Niger is developing a tracking system so providers can document the results of the implementation of the tools. The project will also organize a share fair to discuss experiences, challenges, and solutions from the different regions and will discuss with the Government of Niger and USAID implementing partners how best to scale up these tools nationwide.

## Conclusion

Health providers recognize these tools can help them be more efficient and empathic and engage clients to participate in FP decision making. When providers sense the system is easing their workload and have access to tools to ensure they and the health system are accountable, they may be more motivated to perform. The MOPH has already begun to institutionalize the tools by integrating the FP segmentation tools into the FP counseling protocol. The effective implementation of these tools will help Niger to realize its vision to improve providers' behavior and professionalize the health system with technically competent providers who are socially integrated and emphasize interpersonal communication sustained and accompanied by engaged communities that practice healthy behaviors.

This technical brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.