

# LANDSCAPE REVIEW

# Provider Behavior Change Approaches to Improve Family Planning Services in the Ouagadougou Partnership Countries: A Landscaping Review

## Appendices

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## Appendices

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These appendices are part of a larger report which is available on the Breakthrough ACTION+RESEARCH website at [breakthroughactionandresearch.org/wp-content/uploads/2020/03/PBC-Landscaping-FP-OP.pdf](http://breakthroughactionandresearch.org/wp-content/uploads/2020/03/PBC-Landscaping-FP-OP.pdf).

# Appendices

## **Appendix 1: List of sites searched for literature**

Camber Collective: <http://www.cambercollective.com/>

Care: <https://www.care.org/>

EngenderHealth: <https://www.engenderhealth.org/>

International Conference on Family Planning Scientific Program: <https://2018.fpconference.org/program/scientificprogram/>

Pathfinder International: <https://www.pathfinder.org/>

Population Services International: <https://www.psi.org/>

Sommet Francophone pour le Changement Social et de Comportement: <https://sommetcsc.fr/programme/>

Springboard for SBC: <https://springboardforsbc.org/>

University Research Co., LLC: <https://www.urc-chs.com/>

USAID Development Experience Clearinghouse: <https://dec.usaid.gov/dec/home/Default.aspx>

YLabs: <https://y-labs.org/>

## Appendix 2: Matrices of provider behavior change interventions

**Table A.1 Matrix of evaluations of provider behavior change interventions for family planning in Francophone West Africa**

FIRST AUTHOR	PROJECT NAME	COUNTRY	YEAR	HEALTH TOPIC	BARRIER	FACTOR AFFECTING PERFORMANCE	PBC APPROACH	EVALUATION DESIGN - CATEGORIZED	OUTCOME/S MEASURED	COST EFFECTIVENESS Y/N	ONGOING	PRIME ORG	DONOR	PUBLISHED/GREY	KEY FINDING(S)	CLIENTS RECEIVED FP COUNSELING	FP UPTAKE	IMPROVEMENT IN PROVIDER ATTITUDE/ KNOWLEDGE	Facility-level outcomes	Community-level outcomes	
The ACQUIRE Project	The ACQUIRE Project	Guinea	2008	FP (LAPM)	Knowledge/ competency	Expectation, ability	Health care workers were trained in counseling, infection prevention, and IUD insertion and removal. A "whole-site training" approach was used to train providers onsite, to ensure multiple providers were trained at each site. Those who were trained were responsible for sharing knowledge and skills and training others. Self-assessment approaches were used and training was supported by facilitative supervision. Providers were also supplied with job aids on counseling messages, IUD eligibility criteria, and side effects.	Training and education, managerial approaches, individual process improvements, supplementary patient-facing materials	Non-randomized, intervention effects compared with previous/ historical information	New IUD users and couple years protection, recall of campaign messages	No	No	Engender-Health	USAID	Grey	700 new IUD users were served in intervention facilities in 2006, compared with 37 in 2004 and 82 in 2005, the two years preceding the survey. This number dropped to 225 but remained higher than previous years after the intervention in 2007. Couple years of protection (3.5 per IUD) also increased from 130 in 2004 and 287 in 2005 to 2,450 in 2006.	+				
USAID ASSIST Mali	USAID Assis-t Mali	Mali	2016	PPFP	Knowledge/ competency	Expectation, ability	Regional trainers and district-level health providers were trained on a quality improvement approach and key standards in providing PPPP services. Quarterly coaching visits, learning sessions with quality improvement teams, and best practice sessions to extract lessons learned were implemented following the training.	Training and education, managerial approaches	Non-randomized, intervention effects compared with previous/ historical information	Percentage of PP women who received FP counseling before leaving the facility. Percent-age that adopted a method after counseling.	No	Yes	URC	USAID	Grey	Percentage of postpartum clients receiving PPPP counseling each month increased from <10% to over 90% after the intervention, the proportion leaving with an FP method after counseling increased from 0% to over 80%.	+				
Bossy's Alafia Project	Alafia Project	Niger	2002	FP	Knowledge/ competency	Structural/ contextual, attitudinal	A three-part intervention package to improve responsiveness of FP services: Structural changes: abolishing special FP clinics and integrating FP services into other health center activities. Policies aimed at limiting provider-imposed restrictions included proposing FP to all encounters with eligible women, proposing FP to all women attending child health, antenatal, and postnatal care visits, and to all women who are breastfeeding, are malnourished or have an ill or malnourished child, and those who have previous twin pregnancies, history of STI, or history of pathological delivery. Procedural interventions included providing six cycles of oral contraceptives at a time, re-providing women with contraceptives every time they present at the facility, provide non-menstruating women with contraceptives with appropriate instructions, and providing 3-6 cycles at first visit but ask women to come for routine follow-up or when they perceive problems. Providers were also given interpersonal communication training and tips on how to engage in dialogue on contraceptives with clients.	Infrastructure improvements, organizational changes, training and education	Pre-post using both routine/ monitoring data and client-provider observation	Couple years of protection by pills and injectables, proportion of women offered contraception that accept, and the proportion that actually receive a method	No	No	Alafia Project	German Development Agency	Published	After the intervention, 29 percent of eligible women received contraceptives on the day of their visit to a clinic, after receiving counseling and accepting a family planning method. Before the intervention, less than 1 percent of women received a method on the day of their visit. New FP users increased from a yearly average of 522 to 1509.	+				

COMMUNITY-LEVEL OUTCOMES								
FACILITY-LEVEL OUTCOMES								
IMPROVEMENT IN PROVIDER ATTITUDE/ KNOWLEDGE								
FP UPTAKE								
CLIENTS RECEIVED FP COUNSELING								
KEY FINDING(S)		The percentage of postpartum women who received FP counseling as part of routine PP care increased from 9% to 86% after the intervention, the percentage choosing an FP method increased from less than 10% to 49%, and the percentage that left with the FP method of their choice increased from less than 10% to 31% after the intervention.	+ +					
PUBLISHED/GREY								
DONOR								
PRIME ORG								
ONGOING								
WITHIN LAST 5 YEARS								
COST EFFECTIVENESS Y/N								
OUTCOME/S MEASURED		Proportion of women who received FP counseling as part of routine postpartum care, and the proportion who left with an FP method, and the proportion of couples counseled for FP.	non-randomized, intervention effects compared with previous/historical information					
EVALUATION DESIGN - CATEGORIZED		Baseline assessment including observations of client-provider interactions and client exit interviews.	non-randomized, intervention effects compared with previous/historical information					
EVALUATION DESIGN		Routine/monitoring data throughout.						
TYPE OF PBC APPROACH - CATEGORIZED	A quality improvement approach was employed to strengthen postpartum FP (PPFP) standards. PPFP guidelines were updated nationally. The approach included setting improvement aims, developing indicators to measure outcomes, and testing ideas by facility-based quality improvement teams and emphasized capacity building to create ownership up a dedicated, private FP counseling station, adapting data forms to facilitate data collection, division of FP tasks among providers, integrating PPFP counseling into pregnant women's visits and recording the counseling in their records, designating a midwife to monitor FP activities, provide FP couple counseling on day of maternal discharge.	Training and education, managerial approaches, institutional process improvements, infrastructure improvements, organizational changes						
PBC APPROACH								
FACTOR AFFECTING PERFORMANCE		A quality improvement approach called COPE ("client-oriented, provider-efficient") was implemented to improve child health services by transferring the power of decision making to the site-staff team by using tools to help identify problem areas. Self-administered questionnaires, client exit interviews, and a tool to measure waiting time were implemented to identify problem areas and enable identification of potential interventions. As a result of COPE process, intervention facilities implemented changes including renovations to facilities, regular staff meetings to discuss quality of care, among others.	FP counseling incorporated into client visits, as well as a number of respectful care indicators. Also provider and facility level outcomes, as reported by providers	non-randomized, intervention effects compared with control group	Pre-post with control			
BARRIER								
HEALTH TOPIC								
COUNTRY								
YEAR								
PROJECT NAME	USAID ASSIST Project	Niger	PPFP	Knowledge/ competency, Structural/ contextual	Ability, expectation			
FIRST AUTHOR	Bradley	COPE	2002	Guinea, Kenya	Child health, includes FP	No	No	Engender-Health USAID Grey + + +





COMMUNITY-LEVEL OUTCOMES							
FACILITY-LEVEL OUTCOMES							
IMPROVEMENT IN PROVIDER ATTITUDE/ KNOWLEDGE							
FP UPTAKE							
CLIENTS RECEIVED FP COUNSELING							
KEY FINDING(S)							
PUBLISHED/GREY							
DONOR							
PRIME ORG							
ONGOING							
WITHIN LAST 5 YEARS							
COST EFFECTIVENESS Y/N							
OUTCOME/S MEASURED							
EVALUATION DESIGN - CATEGORIZED							
EVALUATION DESIGN							
TYPE OF PBC APPROACH - CATEGORIZED							
PBC APPROACH							
FACTOR AFFECTING PERFORMANCE							
BARRIER							
HEALTH TOPIC							
COUNTRY							
YEAR							
PROJECT NAME							
FIRST AUTHOR							

COMMUNITY-LEVEL OUTCOMES								
FACILITY-LEVEL OUTCOMES								
IMPROVEMENT IN PROVIDER ATTITUDE/ KNOWLEDGE								
FP UPTAKE								
CLIENTS RECEIVED FP COUNSELING								
KEY FINDING(S)								
PUBLISHED/GREY								
DONOR								
PRIME ORG								
ONGOING								
WITHIN LAST 5 YEARS								
COST EFFECTIVENESS Y/N								
OUTCOME/S MEASURED								
EVALUATION DESIGN - CATEGORIZED								
EVALUATION DESIGN								
TYPE OF PBC APPROACH - CATEGORIZED								
PBC APPROACH								
FACTOR AFFECTING PERFORMANCE								
BARRIER								
HEALTH TOPIC								
COUNTRY								
YEAR								
PROJECT NAME								
FIRST AUTHOR								

**Table A.2 Matrix of current or recent provider behavior change interventions for family planning in Francophone West Africa**

NAME OF PROJECT	COUNTRY	YEARS	ORGANIZATION	DONOR	PBC APPROACH, CATEGORIZED
					PBC APPROACH
USAID ASSIST Project	CI, Mali, Niger, 38 total	2012-2017	URC	USAID	Quality improvement
Beyond Bias	Burkina	2016 - Present	Pathfinder	Gates	Addressing provider bias
Yam Yankre "My Choice"	Burkina	2015 - Present	Pathfinder	Anonymous.	Training to address judgement and bias
West Africa Adolescent and Youth SRH Program	Burkina, Niger, Guinea	2012-2016	Pathfinder	Various	Addressing provider bias
TRAction	Senegal	2009 - 2017	URC	USAID	Results-based financing
mMentoring	Burkina	2015 - 2018	Jhpiego	Not listed	Mentoring and supervision
Evidence2Action	Togo, BF, Niger, CI	2011 - 2019	Pathfinder	USAID	Provider training including addressing provider bias
YAM DAABO	Burkina, DRC	2016-2017	WHO	Government of France/ Musokka	Individual process improvement
TutoratPlus	Senegal	2011-2016	IntraHealth	USAID	Managerial approaches
Breakthrough ACTION	Senegal, Mali, Burkina, CI, Niger, Togo	2017-2022	CCP	USAID	Multiple
Belfam	Côte d'Ivoire	Not listed	I'Agence ivoirienne de marketing social (Aimas)	Not listed	Social marketing
Transform/Phare	Benin, BF, CI, NE	Not listed	PSI	USAID	Provider behavior change, marketing, human centered design
Agir/PF	BF, Togo, CI, Niger, Mauritania	Not listed	Engender- Health	USAID	Social accountability
Standards-Based Management and Recognition Approach	30 countries, including Benin, Côte d'Ivoire, Guinea	1996-2015	Jhpiego	Not listed	Provider performance assessment using evidence-based standards
Ampify/PF	Burkina Faso, Côte d'Ivoire, Togo, Niger	2018 - Present	Pathfinder	USAID	Managerial Approaches
Mustokka	Senegal, Guinea, Mali, Côte d'Ivoire, Burkina Faso, Togo, Benin, Niger, Chad, DRC	2010-2018	UNICEF, UNFPA, WHO, UN Women	France	Among others, provide training on gender and human rights
Supporting Access to Family Planning and Post-Abortion Care	Mali, DRC, Chad	2011- Present(?)	CARE	Anonymous.	Building providers' clinical and counseling skills through competency-based training, follow-up coaching; Supporting health providers to make decisions for continuous program quality improvement
Jeune S3	Benin, Cameroon, CAR, DRC	2016-2020	Cordaid	Dutch Ministry of Foreign Affairs	4 intervention areas: Responsive SRHR services, enabling environment and respect of rights, youth voice and participation, SRHR knowledge and skills.
Innovation Comportementale dans l'intégration (ICI)	Senegal	2018 - present	ideas42 and IntraHealth	Hewlett	improving client/provider interaction through an interactive voice response (IVR) + referral card system for integration of immunization, nutrition, and family planning services.
Neema	Senegal	2016-2021	IntraHealth	USAID	One of the project's goals is to increase uptake of modern contraceptives among unmarried youth; interventions include training and monitoring components for midwives and nurses in order for them to deliver a new youth-focused health checkup

NAME OF PROJECT	COUNTRY	YEARS	ORGANIZATION	DONOR	PBC APPROACH
					PBC APPROACH, CATEGORIZED
Animas Sutura/Camber - Audience segmentation	Niger	2015-2016	Camber	Hewlett	Counseling tool for providers to segment FP clients into homogenous groups that have distinct probabilities of using a specific message and product/service
MCSP	Togo	2016-2019	Jhpiego	USAID	Training to CHWs and providers on couple counseling for family planning, including providing them with job aids and videos for group discussions.

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