

SOUTH SUDAN PROVIDER BEHAVIOR CHANGE TOOLKIT: Family Planning Focus

INSTRUCTION BOOKLET

Placing Empathy at the Heart of Provider Behavior Change:
A Toolkit for Understanding Provider Behavior and Co-Designing
Solutions in South Sudan



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INTRODUCTION

Providers' interactions with clients can influence health-seeking behavior, including family planning (FP).

THUS, IT IS CRITICAL TO understand both what influences provider behavior and how to encourage and support provider behaviors that help clients achieve their reproductive intentions or fertility desires.

Providers operate in complex systems that directly and indirectly impact who they are and how they act. Provider behavior results from a complex web of interrelated internal (e.g., knowledge, attitudes, beliefs, values, and preferences) and external (e.g., social norms, medical education and training, professional development, workplace environment, and health care financing and resources) factors. Designing impactful, scalable, and sustainable interventions requires a contextual understanding of providers and the people who interact with them.

This toolkit builds on the [Provider Behavior Ecosystem Map](#) developed by Breakthrough ACTION in 2020. This thinking tool aims to help users understand and consider diverse factors that influence facility-based provider behavior and how these factors interact. Users can then design or adjust provider behavior change (PBC) initiatives based on their understanding of these influences. The tool allows the user to observe the complex network of factors, including critical linkages, in a comprehensive and holistic way. Although it focuses primarily on factors that influence facility-based providers working in FP and reproductive health, it can be applied across health areas.

As outlined in the Provider Behavior Ecosystem Map, many factors at different levels of the system influence provider behavior.

This toolkit explores how the following 7 categories of factors may influence provider behavior:

1. PERSONAL RELATIONSHIPS

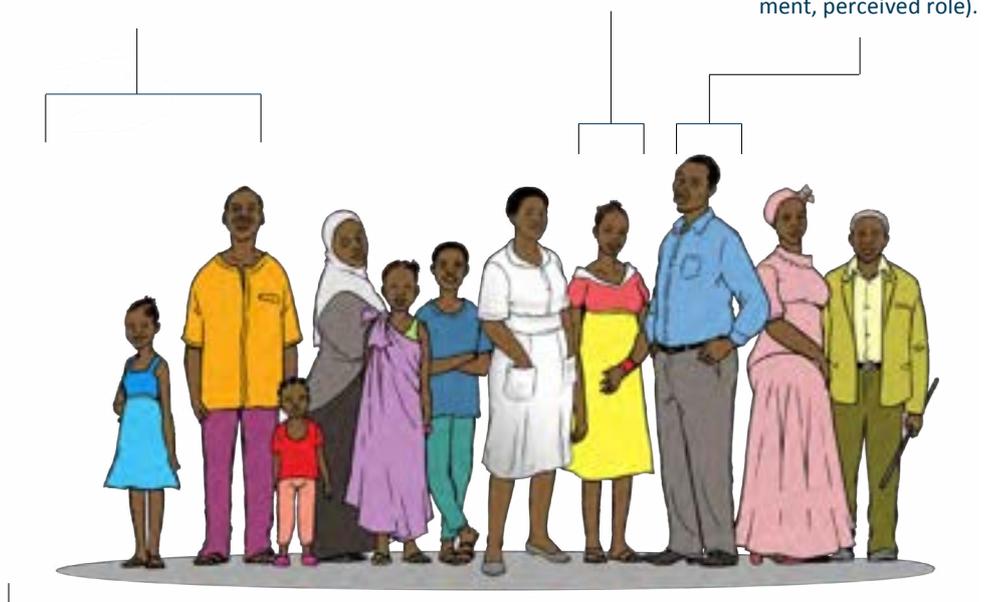
This includes providers' relationships with people outside the workplace, such as intimate partners, family members (immediate, extended, chosen), friends, mentors, former classmates and colleagues, and other community leaders or groups.

2. CLIENTS

This category includes clients' characteristics (e.g., demographics, beliefs, values, resources); health history (e.g., knowledge, expectations for care, healthcare experiences); and the client-provider interaction (e.g., power dynamics, emotional triggers, and client-provider perceptions).

3. THE INDIVIDUAL

This category includes providers' characteristics (e.g., identity and demographics, attitudes, personality), history (e.g., experiences, expertise and skills, power dynamics), and professional purpose (e.g., goals, commitment, perceived role).



4. COMMUNITY CONTEXT AND SOCIAL NORMS

This includes community members and structures (e.g., leaders, organizations, accountability measures), social characteristics (e.g., social and gender norms, stigma, and religious influences), and healthcare delivery (e.g., health misinformation/disinformation, community–facility relationship dynamics, healthcare practice preferences, systematic bias in the medical community).



5. WORKPLACE ENVIRONMENT

The place in which the provider works, including staff and staff interactions (e.g., peers, colleagues, supervisors, leadership), facility culture (e.g., norms, rapport, leadership, and management), infrastructure (e.g., physical space, resources, location), and governance (e.g., systems, policies, and standard practices) also affect provider behavior.



6. HEALTH SYSTEM GOVERNANCE

This category includes quality assurance (e.g., provider training and professional development, monitoring and evaluation, provider support structures), healthcare delivery processes and practices (e.g., resource management, guidelines and protocols, coordination and information systems), and leadership (e.g., policies, priorities, health system culture).



7. COUNTRY AND GEOPOLITICAL CONTEXT

This category comprises characteristics at the national level (e.g., social, economic, and political contexts, donor ideologies), healthcare delivery (e.g., commodity supply chains, technical assistance, financial resources for healthcare), and government level (e.g., rules, assurances, policies, laws and law enforcement, targets).

What is the Provider Behavior Change Toolkit?

The Provider Behavior Change Family Planning (PBC FP) toolkit supports the design, implementation, and evaluation of effective facility-based provider behavior change initiatives within family planning and reproductive health (FP/RH) programs. It guides users through a holistic, yet rapid and flexible process for supporting providers in adopting and maintaining positive behaviors.

The PBC FP toolkit enables users to:

- 1** Identify, understand, and prioritize factors influencing provider behavior
- 2** Design and implement locally appropriate and supportive provider-related initiatives that address root causes of behavior.

Core Principles

The keystone of this toolkit is **empathy**. It is critical to remember that providers are real people whose behavior is influenced by diverse factors, some of which are outside of their direct control. Placing empathy at the center of this process enables users to see how providers experience the world around them and thus create initiatives that are sensitive to providers' needs, desires, and realities. Providers should be seen as part of the solution, not the problem. Building from this foundation, the toolkit:



DEPLOYS A SYSTEMS LENS

To provide a holistic view of provider behavior, users examine a broad, system-wide range of potential provider behavior influences (e.g., client, community, individual provider, workplace environment, and health system).

USES A MULTI-LEVEL APPROACH

Users engage stakeholders at multiple levels of the system to understand what influences provider behavior from their perspectives and to seek their input on how to address those influences and support positive behavior.



ENCOURAGES A SUPPORTIVE OUTLOOK

Users approach the process with humility and curiosity, assuming that providers want to provide quality services but need support and adequate resources to do so.

EMPOWERS PROVIDERS AND COUNTY HEALTH TEAMS TO UNDERSTAND AND RESPOND TO PROVIDER BEHAVIOR ISSUES.

The toolkit facilitates local identification of issues and solution generation, thereby deepening providers' and county health teams' understanding of provider behavior and the capacity for generating potential provider initiatives.



FOLLOWS A RAPID, FLEXIBLE PROCESS.

Data collection, synthesis, and solution generation can be done within days or up to a week to ensure the findings can be used in a timely manner. Users can adapt their diagnostic questions based on what they observe and hear at each facility.

COMPLEMENTS EXISTING DATA SOURCES.

The tools provide guidance for mining existing data sources to identify potential thematic and geographic focus areas. Qualitative approaches then fill gaps or provide rich context when the data appear contradictory or confusing.

ALLOWS FOR A BROADER AND MORE ADAPTIVE SET OF PROGRAMMATIC RESPONSES.

This toolkit challenges users to set aside their assumptions about the factors influencing provider behavior and potential initiatives. It also creates spaces for brainstorming and identifying possible approaches based on the factors identified.

ANSWERS TO FREQUENT QUESTIONS

- What is the rationale of the PBC FP toolkit?
- What is the purpose of the PBC FP toolkit?
- What is the audience of the PBC FP toolkit?
- How many sections does the PBC FP toolkit have?
- How were the tools developed?
- What resources are needed to implement the toolkit?
- What are the limitations of this toolkit?

PBC FP Toolkit Process

The PBC FP toolkit follows a four-step process:

1 PREPARE
Identify focus behaviors and facilities and lay the groundwork for data collection and ideation.

2 INQUIRE
Collect data on provider behavior influences across several levels of the ecosystem, including the client, provider, community, workplace environment, and health system levels.

3 SYNTHESIZE
Make sense of the data and identify priority areas to target in program design.

4 ACT
Generate solutions for supporting provider behavior based on the needs identified.

This booklet provides step-by-step guidance to prepare, implement, and use the toolkit, and includes sample schedules, mobilization plans, and team structures.



Photo Credit: Hiverminer, 2017

STEP 1: PREPARE

Most innovation processes fail because people do not adequately prepare. For an innovation process to be successful, people need to believe in it, understand the methodology, know what they need to do and when they need to do it, and finally conduct the innovation process.

WHY SHOULD YOU DO IT?

Preparing for implementation is important for several reasons:

- It increases the likelihood of success and allows the Core Implementation Team (CIT) to address challenges as they arise.
- It gives the CIT time to get familiar with the tools and processes.
- It makes implementation smoother by ensuring everything is in place and giving health facilities and other stakeholders time to organize themselves for the process.

TOOLS AND TECHNIQUES

1. Assemble your CIT and get support from local leaders.
2. Choose your focus behaviors.
3. Select your sample for data collection.
4. Create a schedule.
5. Arrange logistics.
6. Plan for ethical review and training.

Once you complete Step 1, you will be ready to implement the tools in your selected facilities.

Assemble the Core Implementation Team (CIT) and Assign Roles

What is This?

In this step, you will assemble the Provider Behavior CIT and determine roles for each member. You will also undergo the necessary step of informing county health officials and cultural leaders about intended activities



PURPOSE

The CIT is a multi-disciplinary group that drives the diagnosis, synthesis, and solution generation process.



TEAM SIZE

Ideally, this team should have **6–10** people or a **maximum of 12** people.



SKILLS AND EXPERIENCE

The team should have complementary skills and experience in the following areas:

Qualitative research: The toolkit draws from methods such as **observation, in-depth interviews, and focus groups** to understand how providers, clients, and county staff perceive and behave in the FP service delivery environment. It is helpful if some team members have **experience with facilitating interviews and group discussions, conducting observations, documenting field notes, and participating in qualitative data analysis.**

Service delivery: Ideally, some members will have **experience with FP guidelines and the content used in provider training;** they will have worked in clinical settings and can explain clinical jargon and processes to the rest of the team.

Social and behavior change: It is helpful to have individuals with **experience in the behavioral sciences** who understand the universe of social and behavior change approaches, who are **familiar with the provider ecosystem and social determinants of health. FP technical expertise, gender-specific knowledge,** and understanding of specific FP-focused behaviors are also important.

Peer providers: Having a current active provider on the team can help show providers that the process is designed to be supportive, not punitive. This team member can also **serve as a “local expert” and help with planning activities, reviewing and adapting the tools to local service delivery context, and interpreting findings.** In some places, facility-based providers may also manage a group of facilities; involving them in the process will help generate buy-in and sustainability.

- Service delivery and SBC implementing partners
- Local medical experts or consultants who serve as trainers and national, regional, and county staff
- Researchers or research consultants
- Providers
- Facility managers
- Ministry of Health staff (national or sub-national)

EXAMPLE: Two potential CIT structures are included below, but these should be adjusted to match local needs and context.

STRUCTURE A (6 PEOPLE)	STRUCTURE B (7–12 PEOPLE)
 3 Team members of an SBC-focused implementing partner organization	 2–3 Team members of a service delivery-focused implementing partner organization
 2 Team members of a service-delivery focused implementing partner	 2–3 Team members of an SBC-focused implementing partner organization
 1 Health committee member or local medical expert	 2–3 Ministry of Health staff
	 1–3 “Peer” health providers from another facility

ASSIGN KEY TASKS

Once the CIT is assembled, discuss, and assign roles. Decide who will...

- Mobilize participants and health facilities for participation in the process;
- Set the overall schedule for diagnosis, synthesis, and action;
- Conduct the diagnostic process in the facilities, including who will conduct which tools;
- Lead the synthesis process;
- Lead the brainstorming;
- Lead the action planning;
- Liaise with the Ministry of Health;
- Arrange travel and other logistics; and
- Procure supplies.

CREATE BUY-IN

Prior to mobilization, it is vital to inform county health officials and community leaders of the team’s intentions. Your communication should include a summary of the types of activities that will take place and how the community will benefit.



Choose Focus Behaviors

What is This?

There are many provider behaviors involved in the provision of high-quality FP services, and each of those larger behaviors is composed of sub-behaviors. It is not possible to assess all factors influencing all FP-related provider behaviors in one setting. Before implementing this toolkit, the CIT must determine what provider behaviors to focus on.

IDENTIFY BEHAVIORS that Influence the Quality of FP Care and Client Health Outcomes

Some provider behaviors happen during interactions with providers and more directly influence the quality of care and client health outcomes. Other behaviors occur before or after an interaction with a client and indirectly influence client outcomes, as well as provider motivation, capacity, competence, and performance. **Table 1** summarizes these behaviors.

BEFORE OR AFTER <i>the client-provider encounter</i>	DURING <i>the client-provider encounter</i>
 <ul style="list-style-type: none"> • Self-reflecting • Communicating with colleagues • Managing facilities, stock, and supply • Pursuing professional development opportunities • Keeping and reviewing records 	<ul style="list-style-type: none"> • Making referrals • Keeping records • Counseling or educating clients • Encouraging client communication and soliciting questions • Managing work and client flow • Collaborating with colleagues • Adhering to clinical guidelines • Conducting systematic assessments to support sound clinical decision-making 

Table 1. Example Provider Behaviors

REVIEW DATA AND STAKEHOLDER PRIORITIES

Identifying the provider behaviors or sub-behaviors to focus on involves reviewing existing data sources and consulting stakeholders to identify challenges and opportunity areas. **You may want to review the following data sources to help identify focus behaviors:**

- Health Management Information System data
- Facility-level registers or data
- Service Provision Assessments or other Demographic and Health Survey (DHS) data
- Data collected by projects on client experiences, provider attitudes, or other relevant factors
- Findings from community or outreach activities

Focal behaviors may also be determined by programmatic priorities or the scope of the CIT. You can consult with key stakeholders to understand their priorities, perceived performance gaps, and needs.

LIST BEHAVIORS AND RELATED SUB-BEHAVIORS

Once you have a sense of providers' behavioral challenges and opportunities, use the [Behavior Mapping Worksheet](#) to identify potential key behaviors and related sub-behaviors.

1. From your data review and conversations with stakeholders, identify several overarching provider behaviors that influence quality FP service provision (e.g., counseling or referrals). Write these in the top boxes (one per box).
2. Determine what change or improvement you would like to see related to that behavior (e.g., more respectful counseling). What do you want providers to do? Write your response in each middle box.
3. Think about the sequence of actions leading to that positive behavior. These are the sub-behaviors. For example, sub-behaviors for counseling respectfully might include arriving to work on time, checking the client roster, setting up the counseling space and supplies, managing client flow, greeting the client warmly, asking the client questions about their history and desires, presenting information clearly, tailoring information to the client, following clinical guidelines, and encouraging the client to ask questions. Write these sub-behaviors in the bottom boxes (one per box).

Behavior Mapping
Worksheet to determine focus & sub-focus behaviors

What is it? This tool is to help you lay out the sequence of sub-behaviors leading to a core behavior your Core Implementation Team wishes to target.

How do I use it? To start, think of a behavior you want providers to enact, then list all the behaviors that lead to that behavior in order. Use this template multiple times, until you reach 3-4 focus behaviors.

TOGETHER FOR EACH OTHER

<p>List a provider behavior that is influencing the delivery of quality FP services</p> <p>This will become your focus behavior</p>	<p>List a provider behavior that is influencing the delivery of quality FP services</p> <p>This will become your focus behavior</p>	<p>List a provider behavior that is influencing the delivery of quality FP services</p> <p>This will become your focus behavior</p>
<p>What change/improvement do you want to see in this behavior?</p>	<p>What change/improvement do you want to see in this behavior?</p>	<p>What change/improvement do you want to see in this behavior?</p>
<p>What sequence of actions leads to this behavior?</p> <p>These actions will become your sub-behaviors</p>	<p>What sequence of actions leads to this behavior?</p> <p>These actions will become your sub-behaviors</p>	<p>What sequence of actions leads to this behavior?</p> <p>These actions will become your sub-behaviors</p>

Logos: USAID, Breakthrough, PEC Toolkit

Example of template in use

PRIORITIZE BEHAVIORS AND SUB-BEHAVIORS

Using the completed Behavior Mapping Worksheet(s), prioritize behaviors and sub-behaviors. You can refer back to the data you reviewed or collected from stakeholders. **Criteria for selection may include but are not limited to the following:**

- Behaviors that offer the greatest room for improvement or have the most significant influence on health outcomes
- Persistent performance gaps that cannot be attributed simply to lack of commodities, as evidenced by routine data sources
- Specific behavioral areas suggested during expert consultations or key informant interviews
- Programmatic priorities of stakeholders
- The scope and expertise of the team

TIP: During data collection while listening to clients, providers, and county staff, other related provider behavioral issues may come up, and the CIT may wish to adjust their focus to capture more data on those behaviors. These same criteria can be used to help the team decide whether that should be done.



Select Samples for Data Collection

What is This?

Once the priority behaviors are identified, the next step is to select participating facilities, providers, clients, and county staff.

SELECT PARTICIPATING FACILITIES

First, determine how many and in which facilities the CIT wants to implement the toolkit. Ultimately, this decision is determined by need and resources, as well as programmatic priorities or existing evidence suggesting provider behavioral challenges.

Selection criteria for facilities should include the following, at a minimum:

- Facility provides FP services
- Facility demonstrates a need for the toolkit based on existing data sources (e.g., underperformance, facility managers have expressed the need for support, clients have expressed dissatisfaction with services)
- Sufficient providers available to participate in the process and, ideally, continue services while other providers participate in toolkit activities

TIP: It is also important to **consider the facility's client volume, type (e.g., primary, secondary, tertiary), and accessibility.** Before scheduling the process, ensure there are no other major events, trainings, or activities taking place at the same time, to minimize the impact on service provision. The CIT also may determine other criteria to capture the epidemiological, programmatic, or cultural contexts.

TIP: It is a common practice to **share selection criteria with counties and to have them select participating facilities**. The CIT should still verify that these selected facilities meet the criteria prior to starting. A simple spreadsheet showing a list of facilities in the county and which criteria they meet would be useful to document the selection process.

SELECT PARTICIPANTS

Once facilities have been selected, the CIT selects the specific providers, clients associated with the facility or catchment area, and county staff who will participate in the PBC FP toolkit process. Ultimately, the number and types of participants will be based on local realities and resources available. **Table 2** shows a proposed selection criteria for each group.

TIP: Some smaller facilities may have only one or two providers. **You should try to capture multiple perspectives**, but the ideal number of 3–4 provider participants can be adjusted to meet local realities.

TIP: CIT members should screen each participant to **ensure they are eligible, willing, and able to participate**, especially if an outside party was responsible for selecting and inviting them. They should understand the purpose of the activity, the duration, and any costs or compensation involved. This selection process should be done in time to replace any recruits.

Table 2. Recommended Mobilization Sample per Participating Facility

DIAGNOSTIC TOOLS		SYNTHESIS TOOLS				
<p>Providers</p>  <p>3–4 FP providers (minimum of 2)</p>	<p>District/County Health Officers</p>  <p>2–5 county or county health officers</p>	<p>Core Implementation Team (CIT)</p>  <p>6–10 people (maximum of 12)</p>				
<p>Clients</p>  <p>3–4 FP clients</p>	<p>Facility</p>  <p>1 facility manager or supervisor</p>	<p>ACTION PLANNING TOOL</p>  <p>CIT plus facility manager</p>				
IDEATION TOOL						
 <p>Core Implementation Team (CIT)</p>	+	 <p>2–3 clients and community members (if possible)</p>	+	 <p>facility manager</p>	+	 <p>2–3 providers from facility</p>

SELECTION CRITERIA FOR PARTICIPANTS (providers, county staff, and clients)

PROVIDERS

- Participating providers should provide FP services and be directly responsible for practicing the focus behaviors. Providers may be nurses, doctors, midwives, or social workers.
- Consider providers' sex, age, years of experience, and cadre to ensure a mixture of representation.



COUNTY STAFF

- County officers who are responsible for overseeing or supporting FP services. At least one FP focal person should be included, and other county health team members are also welcome.



CLIENTS

- Selected clients should have interacted recently with a provider for FP services.
- Consider whether clients currently use FP, are interested in using FP, or have discontinued FP



Create a Schedule

What is This?

Once facilities and participants have been selected, the CIT must create a schedule for implementing the PBC FP toolkit. This schedule should include the dates and times for the diagnostic data collection, synthesis process, and ideation activities. The CIT may choose to conduct diagnosis, synthesis, and ideation activities back-to-back, or they may conduct the diagnosis and synthesis together followed later by the ideation activities.

Determine Total Duration

The total duration of the activities depends on the number of participating communities, facilities, and counties. The entire process (excluding preparation) takes at least a few days to a week, per facility. Budgeting time and resources for up to two weeks is ideal. **Table 3** shows a sample two-week agenda for implementing the toolkit in three facilities.

TIP: Conducting all activities back-to-back over 2–3 days can reduce travel costs; however, it may not be possible to gather all stakeholders for a sustained period to complete all activities at once.

Table 3. Recommended Mobilization Sample per Participating Facility

WEEK 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM	<p>Debrief to discuss plan and logistics for the week.</p> <p>Health facility 1: Conduct diagnostic tool (Scenario Cards) with 3–4 FP clients</p>	<p>Health facility 1: Conduct diagnostic tool (Behavioral Blueprint) with 2–5 county health officers.</p>	<p>Health facility 1: Conduct Ideation with CIT, facility manager, and community members and clients.</p>	<p>Health facility 2: Conduct diagnostic tool (Scenario Cards) with 3–4 FP clients.</p>	<p>Health facility 2: Conduct diagnostic tool (Behavioral Blueprint) with 2–5 county health officers.</p>
PM	<p>Health facility 1: Conduct diagnostic tool (Behavioral Blueprint) with 3–4 health providers.</p> <p>Health facility 1: Conduct diagnostic tool (Guided Visits) with 1 facility manager or in-charge.</p> <p>Conduct Daily Synthesis Tool with CIT.</p>	<p>Health facility 1: Conduct Daily Synthesis Tool with CIT.</p> <p>Health facility 1: Conduct Global Synthesis Tool with CIT.</p> <p>Debrief with CIT about process and any changes needed</p>	<p>Health facility 1: Conduct Action Planning with CIT and facility manager.</p> <p>Debrief with CIT about process and any changes needed.</p>	<p>Health facility 2: Conduct diagnostic tool (Behavioral Blueprint) with 3–4 health providers.</p> <p>Health facility 2: Conduct diagnostic tool (Guided Visits) with 1 facility manager or in-charge.</p> <p>Conduct daily synthesis Tool with CIT.</p>	<p>Health facility 2: Conduct Daily Synthesis Tool with CIT.</p> <p>Health facility 2: Conduct Global Synthesis Tool with CIT.</p> <p>Debrief with CIT about process and any changes needed.</p>

WEEK 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
AM	<p>Health facility 2: Conduct Ideation with CIT, facility manager, and community members and clients.</p>	<p>Health facility 3: Conduct diagnostic tool (Scenario Cards) with 3–4 FP clients.</p>	<p>Health facility 3: Conduct diagnostic tool (Behavioral Blueprint) with 2-5 county health officers.</p>	<p>Health facility 3: Conduct Ideation with CIT, facility manager, and community members and clients.</p>
PM	<p>Health facility 2: Conduct Action Planning Tool with CIT and facility manager.</p> <p>Debrief with CIT about process and any changes needed.</p>	<p>Health facility 3: Conduct diagnostic tool (Behavioral Blueprint) with 3–4 health providers.</p> <p>Health facility 3: Conduct diagnostic tool (Guided Visits) with one facility manager or in-charge.</p> <p>Conduct Daily Synthesis Tool with CIT.</p>	<p>Health facility 3: Conduct Global Synthesis with CIT.</p> <p>Health facility 3: Conduct Global Synthesis with CIT.</p> <p>Debrief with CIT about process and any changes needed.</p>	<p>Health facility 3: Conduct Action Planning Tool with CIT and facility manager.</p> <p>Debrief with CIT about process.</p>



Arrange Logistics

What is This?

Now that the agenda has been made, a member of the CIT can start coordinating with the selected facilities to arrange interviews with clients and county health officers and then book travel and accommodations (e.g., lodging, rental halls, catering services) and procure supplies.

TIP: When communicating with facilities, check to ensure that there are no other major events or training during the time of your proposed visit. Also confirm that FP services will be offered on your proposed dates and that FP providers will be in the facility.

ARRANGE LOCATIONS

In coordination with the facility in-charge, determine where each activity will take place. See **Table 4** for suggested locations.

DIAGNOSTIC TOOLS			
<p>Providers</p> <ul style="list-style-type: none">  Private room in a facility  Rented hall 	<p>District/County Health Officers</p> <ul style="list-style-type: none">  County offices  Rented hall  Facility 	<p>Clients</p> <ul style="list-style-type: none">  Community meeting space  Private space in a facility  Rented hall 	<p>Facility</p> <ul style="list-style-type: none">  Facility
DAILY AND GLOBAL SYNTHESIS		IDEATION	ACTION PLANNING
<ul style="list-style-type: none">  Hotel room  Partner offices  Rented hall 	<ul style="list-style-type: none">  Rented hall  Facility 	<ul style="list-style-type: none">  Rented hall  Facility 	

Table 4: Locations for Toolkit Activities

SCHEDULE INTERVIEWS

Work with the facility in-charge to schedule at least tentative interview slots with the providers in the facility. You may want to coordinate with them to identify and arrange times with clients who recently visited the facility. You can also do exit interviews with clients who are at the facility on the days that you visit. Coordinate with the county or county health teams to arrange interviews with 2–5 county

health officers, either one-on-one or as a group.

PROCURE SUPPLIES

Before starting your activities, ensure you have all the necessary supplies, including print materials (e.g., copies of all tools, as indicated in the respective instructions; consent forms, as needed; and this booklet) and other supplies (e.g., pens, markers, paper,

sticky notes, flipchart paper, audio recorders, camera).

TIP: When selecting locations for activities, it is important to ensure privacy, particularly for providers and clients, so that they feel comfortable speaking openly. You should also consider how far people have to travel, what compensation may be necessary, and how your visit may affect service delivery (e.g., interruptions to clients). Finally, you should think through power dynamics and how they might vary based on the location in which the activity is conducted

Plan for Ethical Review

The decision to seek institutional review board approval should be made on a case-by-case basis. Generally, when there is a plan to broadly disseminate, publish, or present the results, researchers recommend seeking ethical review. If the activity involves vulnerable populations or sensitive practices, having representatives of the target groups and those with ethics training review the tools and plans (or even join the CIT) can help prevent and manage breaches.

When reviewing the tools and preparing to adapt them to their context, the CIT should keep in mind how informed consent will be done, how to approach confidentiality, and how to minimize the burden to participants.

Adapt the Tools

What is This?

A technical review should be done to ensure relevance to the local context and to determine any necessary adaptations prior to implementation. This may include epidemiological, programmatic, or cultural details and the selected behaviors of interest. The instructions for each tool include suggestions for adaptation. This tool has been tested and adapted to be used specifically in South Sudan. Further adjustments can be made to adapt it to specific regions, languages, and facilities.

Conduct Pre-Test

After the technical revisions, conduct a brief pre-test or simulation of the tools with participants from the intended groups (e.g., clients, providers, facilities, county staff) to determine whether the tools meet their objectives and how they might be improved. Questions to answer include the following:

- Do the revised data collection tools capture insights about behavior that go beyond top-of-mind factors, such as workload, commodity availability, and training?
- Do the questions and sub-activities flow logically?
- Would the tool be better used in an individual setting or a group setting?
- Which terms or images, if any, should be replaced with ones that are more familiar to participants?
- Should the selection criteria be modified?

TIP: Logistically, it may make more sense to do the pretest after the training, but allow time to make revisions before data collection.



Train the Team

What is This?

Training provides another opportunity to tailor the tools. Completing the training at least 1–2 days before fieldwork is ideal, especially if this is the first time the tools are being used in the setting. This gives the CIT time to revise the tools, print copies, and make logistical adjustments. This buffer is especially important if key members of the CIT are supposed to both facilitate and make logistical arrangements because it allows time for them to fully participate in the training rather than being distracted by administrative tasks.

CREATE TRAINING AGENDA

Ideally, training is done after selecting participants and facilities and after making logistical arrangements (e.g., lodging, venues). If there is a lag between data collection and ideation activities, the agenda can be split, with ideation tools scheduled closer to the actual day.

Below are suggested components for a 2 or 2.5-day training on the PBC FP toolkit.

1 Make Introductions

2 Provide overview of FP behavior

- **What are the provider behavior gaps?** Discuss the nuances of how the behaviors of interest are supposed to be performed. Present results from the data review and show how providers may be falling short or why no data are available on the identified behavior.
 - **What factors influence provider behavior?** Drawing from the Provider Behavior Ecosystem and key concepts of this toolkit, discuss the factors influencing provider behavior. Invite participants to share their theories on why the observed behavioral gaps exist. Present published data and gray literature. Concepts such as the role of peer and social norms and individual attitudes may be new to this group, so it is important to review and discuss examples. However, emphasize that the purpose of the toolkit is to better empathize with providers, not to blame them.
-

3 Introduce the PBC FP tools

- Discuss the purpose of the tools, including their advantages and benefits.
 - Summarize each tool, how it is implemented, and who is involved.
 - Review how participants and facilities were selected.
 - Review the overall schedule and timelines for data collection, data synthesis, and ideation activities.
-

4 Practice with the tools

For the client scenarios, provider blueprint, county blueprint, and observation guide, conduct the plenary meeting:

- Provide a background and detailed overview of the tools, specifically highlighting the needed inputs, objectives, and key considerations.
- Review every question and prompt to ensure comprehension.
- Give individuals time to read through the questions and prompts to become familiar with the text.
- Explain that if anything does not make sense, participants should ask a trainer for clarification and suggest modifications.

Then, conduct the role play exercise in groups of two:

- Do two rounds of role play, with each person taking turns. Some pairs might specialize in certain tools if, for example, they speak the same local languages. At a minimum, each pair should practice with at least two of the tools, including all tools they would be expected to facilitate.
- During role play, trainees should jot down anything that is unclear and ask for clarification immediately.
- After role play, trainees should spend some time thinking about different scenarios in which they might find themselves implementing each tool and note down what considerations or adjustments they might need to make. Discuss as a pair and write these things down to share with the larger group.

Wrap up in plenary:

- To wrap up the role play exercise, everyone should share their experiences and suggest adjustments for the different role-playing scenarios. As a group, decide on which, if any, changes are needed. Discuss which aspects work well and which need improvement (and how to do so).

For the synthesis and ideation tools, conduct the introductory meeting using the same review of the questions and prompts as for the previous tools. Divide facilitation roles among the team and conduct a simulation exercise:

- The lead trainer assigns a practice facilitator for each sub-activity.
- Give everyone time to individually review their sub-activity to ensure they are familiar and comfortable with it. If questions arise, they should ask the trainer for clarity.
- Conduct a simulation of the sub-activities in the order that they appear on the agenda. Those who are not facilitating serve as participants.
- During the simulation, trainees should jot down anything that is unclear and ask for clarification immediately.
- After the simulations, trainees should spend some time thinking about different scenarios in which they might find themselves implementing each tool and note any considerations or adjustments needed. Discuss with each other and the larger group.
- As a group, decide whether any changes to the tool are needed. Discuss which aspects of the tool seem to work well, which could be improved, and how.

5 Make final preparations

- Review any changes to the schedule and logistical arrangements.
- Review the details (i.e., schedule, facilitation assignments) for the first couple days of data collection.
- Pursue next steps, including administrative issues and finance tasks.



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STEP 2: INQUIRE

Treatment without inquiry is malpractice. This is especially true of provider behavior change.

Understanding what influences provider behavior is the critical first step in supporting positive provider behavior. A multi-faceted understanding of the drivers of provider behavior lays the foundation for more effective PBC initiatives.

WHY SHOULD YOU DO IT?

Conducting a thorough inquiry with stakeholders to understand what truly shapes provider behavior in various contexts is important for several reasons:

- It **enables a thorough examination and documentation** of providers' behavioral influences.
- It **builds empathy** for providers and the many factors influencing their behavior.
- It creates a **sense of ownership and investment** among stakeholders.
- It **provides a common building point for the team**, enabling them to maintain alignment throughout the process.

TOOLS AND TECHNIQUES

The **Client Visual Scenarios** tool invites clients to review images that depict service provision, after which a CIT member talks with clients about how each image compares to their recent service delivery experiences, their perceptions of the service experiences or provider behaviors, and their motivations for seeking the service.

Scenario Tool

TIME
60 minutes (in-class or workshop)

DIFFICULTY
Moderate

PARTICIPANTS
2-4 clients

HOW DOES IT WORK?

1. Review the scenario, a member of the Client Representative Team shows clients images of the provider behaviors of interest.
2. The facilitator asks questions that help clients recall their family planning experiences, their perceptions of these services, behaviors, and their motivations for seeking family planning.

CLIENT DIAGNOSIS

The **Provider Behavioral Blueprint** tool involves providers in discussing their perspectives on the behaviors of interest and identifying the factors that influence these behaviors.

Behavioral Blueprint For providers

TIME
90 minutes

DIFFICULTY
Moderate

PARTICIPANTS
2-4 providers

HOW DOES IT WORK?

1. The facilitator introduces the scenario and gives the following factors to the participants to discuss and give their perspectives on the scenario.
2. The facilitator asks questions that help providers recall their service delivery experiences, their perceptions of these services, behaviors, and their motivations for seeking family planning.
3. The facilitator asks questions that help providers recall their service delivery experiences, their perceptions of these services, behaviors, and their motivations for seeking family planning.

PROVIDER AND COLLEAGUES

The **County Behavioral Blueprint** tool involves a group discussion with key members of county health management teams to understand their support and what they see as influencers of provider behavior.



The **Observation Guide** takes a member of the CIT through a facility tour, guided by the facility or department in-charge. A CIT member interviews the in-charge while observing the activities and environment. Areas examined include the layout and client flow, staffing and hours, service provision process, behaviors of interest, and documentation.



GENERAL BEST PRACTICES FOR CONDUCTING ACTIVITIES



IMMERSE YOURSELF

Listen to others' stories actively, make no presumptions, and defer judgment.



REMEMBER THAT BEHAVIOR CHANGE IS HARD

The purpose of this toolkit is to understand and remove the barriers and challenges providers face in delivering high-quality FP service. Remember that behavior change is hard and takes time. During the inquiry process, consider carefully what incentives providers have to change behavior and how providers perceive potential benefits and barriers to any behavior changes.



BE PATIENT AND TAKE BREAKS

Arriving at a consensus takes time as you and your team share and discuss what you observe, hear, and see. If you feel lost in discussion or stuck, take a moment to get some fresh air and reconvene after a break.



KEEP TRACK OF TIME

To complete everything, it is important to adhere to the schedule. Someone can be given the responsibility to be the timekeeper of each session.



BE FLEXIBLE

Respondents may find it easier to complete the activity differently than designed. For example, they may find it easier to free list influencing factors rather than using the cards. You can adjust the activity to the respondent's comfort.

Scenario 1

Health Literacy

SCENE DESCRIPTION

Mary is a 21-year-old woman who lives in a rural area. She is illiterate and has not heard much about contraception. Today, she went to the closest health facility to get more information about family planning after hearing some of her neighbors talking about it. She had to travel 1.5 hours to get to the facility.

The provider took Mary to a private area for a consultation. During her consultation, the health provider recommended that Mary start taking oral contraceptive pills to prevent pregnancies. However, the provider didn't explain many details about side effects she might experience or how often she would need to return to get more pills. The provider did not let Mary know about other family planning options.

Mary didn't have the space to ask questions or seek more guidance. She felt shy to talk about her concerns, needs, and preferences with the provider. She left feeling uncertain about what to expect and whether she wanted to use oral contraceptive pills.



CLIENT
DIAGNOSIS

Scenario 1 - Health Literacy

QUESTIONS AND PROMPTS

Did the health provider answer all the questions you had about family planning? Did you feel that you could ask the provider questions? Why/why not?

Did you have the space to clearly communicate your needs and concerns with the provider?

Did the provider ask you about your family planning needs and method preference?

How clear was the family planning information you received from the provider?

Why do you feel that happened?

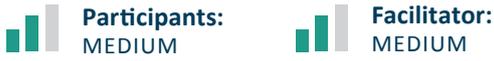
What was something positive the provider did during your visit?

What could have been done differently?

Client Visual Scenarios

What is This?

The Client Visual Scenarios tool presents images and scenarios that prompt discussion about the client’s recent FP experience, their perceptions of these services and behaviors, and their motivations for seeking FP. It also helps the CIT collect information regarding client and provider behaviors, motivations, and experiences.

<p>ESTIMATED TIME</p> <p>60 minutes per client or client group</p>	<p>LEVEL OF DIFFICULTY</p> <p> Participants: MEDIUM Facilitator: MEDIUM</p> <p><i>Facilitator</i> will have to lead the conversation and continuously make follow-up questions to dig deeper into the root causes of the challenges and opportunities.</p>
<p>MATERIALS</p> <ul style="list-style-type: none">• Good-quality, large (A4) print-outs of each visual scenario• A copy of the scenarios and discussion questions• Audio recorders, if using and permitted• Pen	<p>BEST PRACTICES FOR CONDUCTING THE ACTIVITY</p> <ul style="list-style-type: none">• Help clients feel comfortable by spending some time establishing rapport before beginning. Show vulnerability by answering ice breaker questions yourself.• Use locally appropriate images wherever possible. For example, you can use existing local photographs or stage pictures to ensure culturally and situationally appropriate images, such as those that capture locally appropriate dress, skin tone, socioeconomic status, and interactions between clients and providers and those that show facilities and counseling areas that look similar to what clients would expect.• Mention to the participants that there are no wrong or right answers and no retaliation for anything said during the activities; rather, this activity intends solely to help improve everyone’s experiences at the health facility.
<p>PARTICIPANTS</p> <p>Number of participants: 3–4 FP clients; for group formats, no more than 3–4 participants who meet selection criteria (see the Select Samples for Data Collection section in Step 1)</p> <p>Roles: 1 facilitator and 1 note-taker (both fluent in the preferred languages of the client)</p>	

FACILITATION INSTRUCTIONS

OBJECTIVE

The Client Visual Scenarios tool allows facilitators to further understand clients’ perceptions of the FP experience.

It gathers specific details on their experience of receiving FP, counseling, and health talk about contraception and pregnancy for a better understanding of clients’ motivations for seeking FP services and their barriers to adopting and maintaining the use of FP methods.

SUMMARY

During this discussion, a member of the CIT shows the clients images of the provider's behaviors of interest.

The facilitator and clients then talk about how each image compares to their recent FP experience, their perceptions of these services and behaviors, and their motivations for seeking FP.

Prep: Select Scenario Images

- Before meeting with clients, the CIT should select which images to use for each scenario. The PBC FP toolkit contains 2-3 potential images for each scenario, found in the folders labeled Client Scenario 1, 2, or 3.
- Review the available images and either select one for each scenario OR find a different, locally relevant image that the CIT has access to. The CIT may choose to stage photos if local images are not available.
- Print the selected images for each scenario in color on A4 paper. This image is placed on the blank Scenario pages in the Client Scenario tool (p. 3, 7, and 11).

Step 1: Welcome and Introductions (5 min)

Introduce yourself. Ask participants to introduce themselves by asking the following questions:

- What is your name, and what do you do for a living?
- What or who brought you to the facility today or recently?
- What influenced your decision to come to the facility?
- What happened during your recent visit (e.g., who did you see and what did you do)?
- What do you think of your visit?

**Gather consent from the clients. Do not forget to get participant consent before moving to step 2.*

Step 2: FP Contextual Notes (5 min) (Optional)

Share some background information about FP in your context. Some sample language can be found below:

- Effective client-provider interactions are essential to consistent demand and uptake of FP services. The quality of a client-provider interaction can be influenced by a provider's knowledge, attitudes, biases, and expectations, as well as structural factors such as method availability or privacy of counseling space.
- Through this project, we want to better understand the presence of client-related barriers, like myths and misconceptions, risk perceptions, norms, stigma, attitudes from healthcare providers, financial constraints (affordability of transportation costs to health facilities for appointments), and peer pressure.
- The purpose of this activity is to uncover your perspectives on any barriers that prevent other people like you in [location] from accessing FP services and to generate solutions that can encourage others to do so in the future.

FACILITATION: Introduction (2/2)

Step 3: Client Journey Scenario Introduction (5 min)

Introduce the activity to the participant. Below are example introductions:

- I will show you a few pictures and present scenarios of things that sometimes happen during FP counseling or consultations. These are just to spark your memory. Your experience might be similar to what is portrayed in the pictures or it might be completely different, and both are okay.
- There are no right or wrong answers. We just want to learn from you about your personal experience. Remember that you are the expert of your own experience, so everything you say is right. We simply want to understand the details of people's experience in facilities like yours so that we can better understand how to support providers and facilities.

Make sure you resolve any questions the client has about the purpose of the activity and the step-by-step process before continuing with the activity.

FACILITATION: Ice Breaker

Step 4: Icebreaker — Looking Back (5 min)

Ask clients one of the questions below or another locally appropriate question. The facilitator should also answer the question to create an open environment for sharing.

- Briefly describe a funny event from your childhood.
- What did you want to be when you grew up?
- Who do you admire?

Make sure you resolve any questions the client has about the purpose of the activity and the step-by-step process before continuing with the activity.

FACILITATION: Completing the Template (1/2)

Step 5: Client Journey Scenario Activity (15 min)

Conduct the first scenario (health literacy).

- Collect and write down information about the client, including age, number of children, marital status, current FP status (currently using, previously used, never used, as well as method).
- Give the participant one copy of the first scenario image.
- Give participants a minute or two to reflect on the image.
- Ask, "What is this story about? What is happening here?"

Scenario 2

Gender and Partner Norms

SCENE DESCRIPTION

Grace, 24, is recently married. She is not ready to have a children yet and wants to graduate from university and obtain a job before she has her first child. She is curious about family planning but believes her community and family would be opposed to it. Her mother-in-law wants her to have children soon and she feels embarrassed talking to her husband about sex and contraception. She has also heard that contraception can make getting pregnant difficult when she finally wants to have children.

Grace decides to visit a health care facility with her cousin and inquire about family planning. Grace expresses interest in using a modern contraceptive method but doesn't know how to bring the conversation to her husband. During the consultation, the provider addresses Grace's misunderstanding about the side effects of contraception but also advises against using family planning since she thinks Grace should not wait to have her first child. The provider also tells Grace to come back next time with her husband (his consent is needed). The provider doesn't provide her with contraception.

Grace leaves feeling frustrated and defeated. Her concerns were not addressed and she doesn't know how to talk to her husband about using family planning.



**CLIENT
DIAGNOSIS**

Scenario 2 - Gender and Partner Norms

QUESTIONS AND PROMPTS

How was your family planning consultation similar?

How was your family planning visit different?

FACILITATION: **Completing the Template (2/2)**

- Let participants share their thoughts and ask them to name characters in the scenarios.
- Read the scenario description that accompanies the image twice. Ask if they have any questions about the scenario.
- Use the sample discussion questions to facilitate a discussion. The purpose of the discussion that accompanies the FP scenario is to understand similarities and differences based on the client's experience and to uncover provider behavioral issues from their perspective. It is important to capture details related to these services, as they may reveal conscious and unconscious biases or enablers.
- Write down participants' answers in the template.

Present the other two scenarios, following the same steps as above, spending 10–15 minutes per scenario. If you must prioritize, present the participant scenarios that are most relevant to the client profiles.

Step 6: Closing. Thank participants for sharing the information with you and explain what will be done with the information.

TIPS FOR ADAPTATION

- Update the images and text to focus on behaviors of interest. Past testing experience with this tool has shown that images are more understandable to clients when they depict behaviors of interest as opposed to abstract concepts.
- Ideally, obtain photos depicting local contexts as clients may fixate on visual details that detract from the study questions. If no photos are available, consider staging and taking a few photos at a nearby health facility.
- Consider using a one-on-one interview format for more sensitive topics or when group-think or power dynamics are likely. The risk of the latter can be mitigated if you are careful about grouping clients, by, for example, similarities in socioeconomic status, or if they are already part of an existing group (e.g., women's group, savings group). Work with the community liaison or mobilizer to identify and prevent these risks.
- Ideally, client discussions should take place close to the community to reduce the travel burden on clients and protect their confidentiality from providers.

NEXT STEPS

The next step is for you and the rest of the team to meet after everyone has finished their diagnostic activities. Then, complete the Daily Synthesis Sheet.

Behavioral Blueprints:

Providers and District/County Health Officers

What is This?

The Behavioral Blueprints are diagrams visualizing the impact of different influencing factors (e.g., community, clients, providers, colleagues, workplace environments, and health systems) on provider behavior. Participants reflect on barriers and facilitators to provider behavior by considering influence factors at all levels of the system.

<p>ESTIMATED TIME</p> <p>90 minutes</p>	<p>LEVEL OF DIFFICULTY</p> <p> Participants: EASY Facilitator: MEDIUM</p> <p><i>Facilitator</i> must guide the conversation and continuously probe with follow-up questions to dig deeper into the root causes and get beyond top-level influencers.</p>
<p>MATERIALS</p> <ul style="list-style-type: none"> • Printed booklet with instructions • Copies of the Provider Behavioral Blueprint template for each team member • Copies of the County Health Officers Behavioral Blueprint template for each team member • Copies of the Influencing Factor cards for each CIT team using the behavioral blueprint, cut out • Markers and pens for each CIT member • Consent forms (8 copies per team) 	<p>BEST PRACTICES FOR CONDUCTING THE ACTIVITY</p> <ul style="list-style-type: none"> • Facilitators need to uncover what really influences provider behavior. Many participants will share top-of-mind factors, so facilitators need to ask follow-up questions and encourage deeper thinking about root causes. • Mention that there are no wrong or right answers and no retaliation for anything said during the activities. Explain that this activity intends to understand how to better support providers and help improve everyone's experience (including providers) at the health facility.
	<p>PARTICIPANTS</p> <p>Number of participants: 3–4 healthcare providers (minimum 2) for one-on-one interviews and 2–5 county or county health officers for group or one-on-one interviews</p> <p>Roles: 1 facilitator and 1 notetaker (optional)</p>

Note: You should have two versions of this blueprint. One is to be completed with 3–4 healthcare providers individually. The other should be completed with 2–5 county health officers, either in a group or during one-on-one interviews. Ultimately, the numbers and types of participants can change based on local realities and the resources available.

FACILITATION INSTRUCTIONS

For both versions of the blueprint, the instructions are the same. Thus, you can go through all the steps mentioned in the instructions with healthcare providers and county or county health officers.

YOURSELF (PROVIDER) & YOUR COLLEAGUES		TIME: 18 mins	
<p>Place the selected Enabling Influencing Factor Card here.</p> <p>Why does the selected influencing factor exist?</p>	<p>Complete this section for the factor enabling the provision of good quality family planning services in the area.</p>		
	<p>Why does this impact the way in which you provide services to clients?</p>	<p>How could this factor help improve the quality of family planning services being provided at the facility?</p>	
<p>Place the selected Preventing Influencing Factor Card here.</p> <p>Why does the selected influencing factor exist?</p>	<p>Complete this section for the factor preventing the provision of good quality family planning services to clients.</p>		
	<p>Why does this impact the way in which you provide services to clients?</p>	<p>What is your role and the role of your colleagues and supervisors with this challenge?</p>	

OBJECTIVE

The Behavioral Blueprint tool allows the CIT to discover which behaviors enable or prevent the delivery of good-quality FP services to clients. The information collected will identify how these behaviors affect the quality of FP services, which will be critical later in the process as you develop solutions.

SUMMARY

The template has five sections each representing a category that could constrain or enable provider behaviors. During your interview with healthcare providers and county health officers, you will be able to collect their reflections on these five categories:

- Community
- Client
- Provider and colleagues
- Workplace environment
- Healthcare system

FACILITATION: Introduction

Welcome to the Behavioral Blueprint!

- While at the facility or county offices, try to interview 3–4 healthcare providers and 2–5 county health officers.
- Once you are in the FP center of the healthcare facility or county office, identify the providers and health officers to interview, and explain the purpose of this activity:
 - ☐ (2 min) **For healthcare providers:** This activity will help us understand your experiences and the behavioral challenges you face while working in the healthcare facility. We will also reflect together on the clients' and community members' experiences of FP services.
 - ☐ (2 min) **For county health officers:** This activity will help us understand your experiences supporting providers and reflect on what influences healthcare provider behavior at multiple levels. We would like to uncover with you what enables or prevents the delivery of good FP services so that we can improve the experience of FP services across healthcare facilities.
- (2 min) Collect participants' consent form or verbal consent before kicking off the activities (as needed).

FACILITATION: Ice Breaker

To put participants at ease, ask a question below (or another locally appropriate question). The facilitator should also answer the question to create an open environment for sharing.

- Briefly describe a funny event from your childhood.
 - What did you want to be when you grew up?
 - Who do you admire?
-

Now, collect some basic information (list below) about the provider and facility, and note it on the blueprint template (this is not needed for county health officers):

- Cadre
- Age
- Years of experience
- Sex
- Name and type of facility

FACILITATION: **Completing the Template**

Step 1: Start with the “Community” influence category. Present the set of influencing factors cards from the “Community” category to the participant. **(5 min)**

Step 2: Ask the participant to select the card from that category that best corresponds to the factor enabling the provider to provide good-quality FP services. **(5 min)**

Step 3: Go to the “Community” section of the template. Place the selected card in the “enabling influence factor” box in the left column, and ask both questions in the second column of the template. Document your participant's answer. **(8-10 min)**

Ask follow-up questions to fully capture how that factor influences provider behavior. The goal here is to have a very detailed answer.

Step 4: Present the same set of cards (e.g., Community cards) again to the participant, and ask them to select the card that best corresponds to the factor preventing the provider from providing good-quality FP services. **(5 min)**

Ask follow-up questions to fully capture how that factor influences provider behavior. The goal here is to have a very detailed answer.

Step 5: Go to the “Community” section of the template. Place the selected card in the “preventing influence factor” box in the left column, and ask both questions in the second column of the template. Document your participant's answer. **(8-10 min)**

Ask follow-up questions to fully capture how that factor influences provider behavior. The goal here is to have a very detailed answer.

Step 6: Repeat steps 1 to 5 for every other card category with the participant (i.e., Client, Providers & Colleagues, Health System, and Workplace Environment). Thank the participant for their time and participation in this activity.

NEXT STEPS

The next steps will be for you and the rest of the team to meet once everyone has finished their diagnostic activities and to complete the Daily Synthesis Sheet.

STEP

1

TIME
20 mins

Before you start, provide the name and position of the person in charge of guiding the observation.

NAME:

POSITION:

Once in the health facility please collect data about the following elements:

LOCATION AND TYPE OF FACILITY

Describe the location using words of the person in charge (e.g., central, remote)	Level/type of facility (e.g., temporary, county hospital) and number of employees (include full-time, part-time, and support staff e.g., cleaners, administrators, and students/trainees)	What is the general condition of the facility? (e.g., electricity, running water, overall state of the facility)	What is interesting/unique about the facility?

STEP

2

TIME
20 mins
(in total)

Please go to the Family Planning Department and collect information about the following:

STAFFING, HOURS AND WORKPLACE CULTURE (PART 1)

Number and type of employees in the family planning department?	Identify the number, gender, cadre of each staff person present in the clinic today	How often and when are Family Planning services being offered?	Observe the attitudes of the staff
		e.g. family planning services are offered once a week	e.g. are they hurried, relaxed, busy, and/or cheerful?

STEP

2

TIME
20 mins
(in total)

Please go to the Family Planning department and collect information about the following: STAFFING, HOURS AND WORKPLACE CULTURE (PART 2)

How do staff interact and treat each other? (Observe power dynamics and teamwork spirit)	Is harsh treatment normalized?	When are the busiest and slowest times based on the facility in charge's experience?	Number of clients in the waiting room now (write down the time)

STEP

3

TIME
20 mins

Now, please focus more on the client perspective by collecting information about the following:

LAYOUT

Describe where a client goes at various points during their journey.	Are there private spaces for a client consultation and method insertion?	Describe what time-saving measures are used	How many men appear to accompany family planning clients? During which parts of the service? What kinds of interactions do they have with providers?
if N (e.g., waiting, health talks, consultations, physical exams...) was not measured, ask "where does it happen?"	Add details on what you see in their wait spaces (e.g. private curbside client rooms)	e.g., multiple services taking place in the same rooms, allowing clients access to groups	Do you recall the nurse/doctor in-charge how men typically interact with providers during Family Planning services?

Observation Guide

What is This?

The Observation Guide is a tool to help you understand how the workplace environment (e.g., overall dynamics, services, facility structure) influences provider behavior. It supplements data gained from providers and captures information that providers cannot or may not want to articulate. The tool is structured according to the main points to be observed: staffing, hours, workplace culture, layout, FP tools and resources, performance, and others. It also provides question prompts to facilitate the interaction with staff and clients.

<p>ESTIMATED TIME</p> <p>120 minutes</p>	<p>LEVEL OF DIFFICULTY</p> <p> Participants: EASY Implementer: MEDIUM</p> <p><i>Facilitator</i> must explore specific elements in the health facility, be astute to observe any new behavioral challenges, and have a good read of human behavior.</p>
<p>MATERIALS</p> <ul style="list-style-type: none">• Observation guide template• Camera• Pen	<p>BEST PRACTICES FOR CONDUCTING THE ACTIVITY</p> <ul style="list-style-type: none">• Take pictures of what you see (but not clients) to document and support your responses.• Make note of differences between what the in-charge says and what you see in the facility.• Let the in-charge know that there are no right or wrong answers; their name will not be attached to their responses, and there will be no retaliation for things said during the activity. Explain that the goal of this activity is to help improve the experience of clients and to better support providers.
<p>PARTICIPANTS</p> <p>Facility in-charge; also observe and briefly interact with other staff members during observation</p> <p>Roles: 1 observer, preferably an implementing partner</p>	

FACILITATION INSTRUCTIONS

OBJECTIVE

This observational visit helps identify and validate provider behavioral challenges, supplementing what providers share during the behavioral blueprint activity.

SUMMARY

This visit aims to observe behaviors and conditions in the facility. It explores known areas of provider behavioral challenges and identifies new potential behavioral challenges.

STEP 4 TIME 20 mins	Let's observe FAMILY PLANNING TOOLS/RESOURCES used at the health facility. Does the facility have a consultation area? If yes, which of the following are in the consultation area? If not there, where are they kept?			
	Family planning commodities, including the role of contraceptive options available	Family planning and other medical supplies	Encouraging, cues to action/posters on the walls or other tools	
STEP 5 TIME 20 mins	Ask how the in-charge monitors PERFORMANCE and answer the following questions			
	How often does the staff meet to discuss family planning service delivery?	Do you monitor any indicators related to family planning service delivery? <i>If no, which ones? What have you observed as a result?</i>	How would you describe the facility's performance in the region? <i>How do you know this?</i>	What kind of feedback or mentorship have you and your colleagues received regarding family planning? <i>Understand your/their areas of improvement or good practices to continue, to reinforced by supervisors.</i>

FACILITATION: Introduction

Welcome to the Observation Guide! (5 min)

- This guided tour with the doctor or nurse in-charge will answer questions through observation and by asking for participants' feedback. Make sure you take pictures of the context, rooms, tools, wall charts, and supplies, but not of people, during each of the following steps.
- Once you are in the healthcare facility, identify the doctor or nurse in-charge who will conduct the facility walkthrough with you and explain the purpose of this activity.
- For example, state that this activity will help us understand your facility's reality and that we would like to uncover with you what enables or prevents delivery of good FP services so that we can improve the experience for providers and clients.

Step 0: Facility and in-charge names (10 min)

Once in the health facility, fill out the facility name and location, as well as the name and position of the facility in-charge that you are speaking with.

Step 1: Location and type of facility (20 min)

Collect the following data:

- Description of facility in the in-charge’s own words (e.g., central, remote)
 - Level or type of facility (e.g., dispensary, county hospital) and total number of employees in the facility
 - The general condition of the facility
 - What is interesting or unique about the facility
-

Step 2: Staffing, hours, and workplace culture (20 min)

Go to the FP department and collect information about the following:

- Number and types of employees in the FP department
 - Number, gender, and cadre of each staff person present in the clinic
 - How often and when FP services are offered
 - Attitudes of the staff (e.g., hurried, relaxed, busy, cheerful)
 - How staff interact and treat each other (e.g., power dynamics and teamwork)
 - Normalization of harsh treatment, if present
 - Busiest and slowest times, according to the facility in-charge
 - Number of clients in the waiting room (write down the time)
-

Step 3: Layout (20 min)

Focus on the clients’ perspective by collecting the following information:

- Describe clients’ movements at various points during their visit (e.g., waiting area, health talks, consultation, physical exams). If a location is not mentioned, ask “Where does [this activity] happen?”

For example, a client may go to the front desk and pay for a booklet, then wait on a bench in the patio outside, where a health talk happens. A FP provider may do a health talk in the morning, then do vitals at the desk on the patio. Each patient is called into a consultation room for an exam, then to the front desk to pay for commodities. With payment receipt in hand, they go to the consultation room for method insertion.

- Describe spaces for client consultation and method insertion (e.g., privacy).

FACILITATION: **Completing the Template (2/2)**

- Describe any time-saving measures used (e.g., multiple services taking place in the same room, clients being seen in groups).
 - How many men appear to accompany clients and during which parts of the FP service provision? What kinds of interactions do men have with providers? (You can also ask the in-charge how men typically interact with providers during services.)
-

Step 4: FP tools and resources (20 min)

Now observe what (if any) FP tools and resources are used at the health facility. For example, does the facility have a consultation area with supplies (listed below) and if not, where are supplies kept?

- FP commodities, including a mix of contraceptive options (describe)
 - FP and other medical supplies (describe)
 - Counseling, cues to action, items on the walls, or other tools (describe)
-

Step 5: Performance (20 min)

Ask the in-charge how the facility monitors performance:

- How often does the staff meet to discuss FP service delivery?
 - Do you monitor any indicators related to FP service delivery? If so, which ones? What have you observed as a result?
 - How would you describe the facility's performance in the region? How do you know this?
 - What kind of feedback or mentorship have you and your colleagues received regarding FP service delivery? (Understand specific areas of improvement or good practices to continue, as mentioned by supervisors).
 - The purpose of this activity is to uncover your perspectives on any barriers that prevent other people like you in [location] from accessing FP services and to generate solutions that can encourage others to do so in the future.
-

Step 6: Financing and documentation (20 min)

Record answers to the following questions:

- What is the cost of FP methods for a client?
- How and where are FP methods that are provided documented? Who fills out this information and how often?

STEP 6 TIME 20 mins	Please provide answers to the following questions: FINANCING & DOCUMENTATION	
	What is the cost of family planning methods for a patient?	How are family planning methods that are provided documented? Where is it recorded? Who fills that out? How often/when is it filled out?
Congratulations you just completed the guided visit tool!		

TIPS FOR ADAPTATION

To optimize time, allocate 1–2 team members to carry out this process while the others start the inquiry with providers, clients, and others.

NEXT STEPS

The next steps will be for you and the rest of the team to meet once everyone has finished their diagnostic activities and to complete the Daily Synthesis Sheet.



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STEP 3: SYNTHESIZE

Designing an effective solution requires everyone to learn what does and does not work before ideation and action planning. The best way to do this is to synthesize learnings to understand the root causes of provider behavior.

The synthesis step visualizes the root causes of providers' behaviors in a multi-level approach, allowing the team to understand what triggers provider behaviors.

WHY SHOULD YOU DO IT?

Taking some time to turn information collected into knowledge is important for several reasons:

- It enables the team to have a holistic yet in-depth look at the identified provider behaviors and what influences them across the system.
- Going through the synthesis allows the team to see connections between processes, behaviors, triggers, and the environment.
- The process and tools help consolidate the knowledge acquired by the team.

TOOLS AND TECHNIQUES

Daily Synthesis Tool. This activity allows the team to summarize findings from the diagnostic process on a daily basis and start to form key takeaways from the findings.

Global Synthesis Tool. This activity allows the team to review all the data from the diagnostic process, prioritize influence factors, and reframe challenges as design questions.

	1 INFLUENCING FACTORS	2 PAINPOINTS AND CAUSES	3 WHAT WORKS WELL
DATE / /	What are some of the main influencing factors that you have identified so far that are impacting each category of the system?	What pain points (challenges, problems or needs) have you identified that can negatively influence the identified factors? What elements can you identify that are causing these painpoints? <small>Note: Please write the number of the relevant influence factor in the "No." column (e.g., write 2 beside the health system column)</small>	What is working well in the influencing factors? Are there existing elements that could be opportunities for further improvement? <small>Note: Please write the number of the influencing factor in the "No." column (e.g., write 2 in refer to health system column)</small>
Client	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Financial resources <input type="checkbox"/> 2. Demographic characteristics <input type="checkbox"/> 3. Attitudes, values, and beliefs <input type="checkbox"/> 4. Agency and power <input type="checkbox"/> 5. Expectations for care <input type="checkbox"/> 6. Health literacy and skills <input type="checkbox"/> 7. _____ <input type="checkbox"/> 8. _____ 	NO. INFLUENCING FACTOR CAUSE	NO. OPPORTUNITIES
Health System	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Policies, guidelines and protocols <input type="checkbox"/> 2. Performance monitoring <input type="checkbox"/> 3. Provider support structures <input type="checkbox"/> 4. Promotion, training, and communication <input type="checkbox"/> 5. Family planning prioritization <input type="checkbox"/> 6. Resource management <input type="checkbox"/> 7. _____ <input type="checkbox"/> 8. _____ 	NO. INFLUENCING FACTOR CAUSE	NO. OPPORTUNITIES
Provider & Colleagues	<ul style="list-style-type: none"> <input type="checkbox"/> 1. Empathy toward client <input type="checkbox"/> 2. Knowledge and skills <input type="checkbox"/> 3. Ability to make decisions and act <input type="checkbox"/> 4. Commitment <input type="checkbox"/> 5. Provider's identity in and out of the facility <input type="checkbox"/> 6. Values, beliefs and attitudes <input type="checkbox"/> 7. Gender competency <input type="checkbox"/> 8. _____ <input type="checkbox"/> 9. _____ 	NO. INFLUENCING FACTOR CAUSE	NO. OPPORTUNITIES

Don't Forget: Use a star ★ to mark your key findings in steps 1&2. What did you discover? What were some surprising or most significant observations? Keep track of these themes on the POV sheet (last page of this section) to find patterns and explore further.

POINT OF VIEW SHEET: Complete each statement based on findings from every category (pages 2-3 of this tool). This will help you synthesize the gathered information into key takeaways.					
DATE / /	Client	Workplace Environment	Providers & Colleagues	Health System	Community
	WE WERE SURPRISED TO NOTICE...				
	WE WONDER IF THIS MEANS...				
	IT WOULD BE GAME CHANGING TO...				

Don't Forget: Use the key findings you marked with a star ★ in the previous sheets to complete this sheet.

Daily Synthesis Tool

What is This?

The Daily Synthesis sheets support daily analysis of diagnostic findings and learnings. First, the tool allows the CIT to reflect on and summarize the factors participants mentioned as influences on provider behavior. Second, a Point of View exercise enables the CIT to articulate initial insights in preparation for the global synthesis.

ESTIMATED TIME 80–120 minutes	LEVEL OF DIFFICULTY  Participants: EASY Facilitator: EASY
MATERIALS <ul style="list-style-type: none">Printed booklet with instructions2 printed copies of the daily synthesis sheetThe diagnostic tools you used during the day, i.e., the scenario tool, behavioral blueprints, and observation guideMarkers, pens, and pencils	BEST PRACTICES FOR CONDUCTING THE ACTIVITY <ul style="list-style-type: none">If available, invite the facility-in-charge to participate in the daily synthesis meeting.Let participants know that the goal of this session is to understand how to better support positive provider behavior by understanding its influences.
	PARTICIPANTS Number of participants: The 6–12 CIT members who conducted the diagnostic process Roles: 1 facilitator and 1 notetaker

INSTRUCTIONS

OBJECTIVE

The goal of this daily synthesis sheet is for each team member to reflect on and summarize the learnings from the diagnostic process they conducted during the day.

SUMMARY

This template is divided into two sections:

- Section 1 helps you synthesize the main influencing factors for each category of the system (i.e., Client, Workplace Environment, Providers and Colleagues, Health System, and Community). It also facilitates the synthesis of main pain points, causes, and elements working well at each level.
- Section 2 is a Point Of View sheet for documenting key takeaways from section 1.

THE DAILY SYNTHESIS SHEET: **Section 1**

Step 1: Gather in one place all the templates you used and filled out during the diagnostic process of the day (scenario tools, observation guides, behavioral blueprints). **(5 min)**

Step 2: Separate your team in 2. Team A is responsible for working on the Client, and Workplace Environment categories. Team B is responsible for working on Providers & Colleagues, Health System, and Community categories.

Step 3: Select a category, to begin with (e.g., Community, Client). Review the findings related to that category in each diagnostic material. **(8 min)**

Step 4: Start at column 1 for the selected category. Discuss and decide as a group what the main emerging influencing factors are for this category. Put a star next to the main factors. **(8 min)**

The daily sheet presents you with the influencing factors listed on the cards. However, if the main influencing factors of the category are not listed, you can write them in the blank spaces included at the bottom of the category box.

Step 5: For each of the influencing factors selected, identify the main pain points (challenges, problems, or needs) that are negatively impacting those factors. Write them in the first column of section 2. Refer back to the diagnostic templates to complete this section. Then identify what might be causing those pain points based on the findings from the diagnostic. Write those down in the second column of section 2 and use a star to mark your key findings. **(5 min)**

Step 6: Go to column 3 in the template “What works well.” As a group, define, based on the review of the diagnostic templates completed during the day, what is working well for each of the selected influencing factors. Write down any opportunities that could be further developed. **(5 min)**

Step 7: Repeat steps 3 to 6 for the remaining categories of the system your team is responsible for. **(30-60 min)**

Step 8: Team A reviews Team B’s daily synthesis, while team B reviews team A’s synthesis. The goal of this review is for each team to add any missing elements that might have been missed. **(15 min)**



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THE DAILY SYNTHESIS SHEET: **Section 2**

Step 9: Look at the key findings that are starred in section 1 and discuss as a group your main takeaways from completing section 1. What surprised you, and what do you think that means? Please write down your answer for each system category in the Point of View (POV) sheet. **(10 min)**

NEXT STEPS

If you are still conducting diagnostic visits, the next step will consist of completing another Daily Synthesis Sheet afterward. If you have completed your last diagnostic process, the next step will be to complete the Global Synthesis Sheet with the rest of the CIT.

	1 CHALLENGES/WHAT WORKS WELL IN INFLUENCING FACTORS	2 HOW MIGHT WE QUESTIONS
DATE / /	Based on key findings/highlights found in the daily synthesis sheets, select the top 3 influencing factors within each category of the system	For each selected influencing factor, write down one pain point and one opportunity, and indicate whether it is a pain point or an opportunity
Client	<ul style="list-style-type: none"> 1. Financial resources 2. Demographic characteristics 3. Attitudes, values, and beliefs 4. Agents and roles 5. Expectations for care 6. Health literacy and skills 7. _____ 8. _____ 	<p>91. PAIN POINT OPPORTUNITY</p>
Health System	<ul style="list-style-type: none"> 1. Policies, guidelines and protocols 2. Performance monitoring 3. Provider support structures 4. Planning, transfer, and transportation 5. Family planning provision 6. Service management 7. _____ 8. _____ 	<p>92. PAIN POINT OPPORTUNITY</p>
Provider & Colleague	<ul style="list-style-type: none"> 1. Empathy toward client 2. Knowledge and skills 3. Ability to make decisions and act 4. Commitment 5. Provider's identity in and out of the facility 6. Values, beliefs and attitudes 7. Gender competency 8. _____ 9. _____ 	<p>93. PAIN POINT OPPORTUNITY</p>

	1 CHALLENGES/WHAT WORKS WELL IN INFLUENCING FACTORS	2 "HOW MIGHT WE" QUESTIONS
DATE / /	Based on key findings/highlights found in the daily synthesis sheets, select the top 3 influencing factors within each category of the system	For each selected influencing factor, write down one pain point and one opportunity, and indicate whether it is a pain point or an opportunity
Workplace Environment	<ul style="list-style-type: none"> 1. Training and professional development 2. Resource availability 3. Physical environment of facility 4. Workplace culture 5. Leadership and management style 6. Feedback and recognition 7. Staffing levels and workload 8. Coordination between provider/departments 9. _____ 10. _____ 	<p>94. PAIN POINT OPPORTUNITY</p>
Community	<ul style="list-style-type: none"> 1. Community definition of quality care 2. Socio-cultural and gender norms 3. Health info information 4. Religious leaders and influences 5. Confidence community members have in the facility 6. Social stigma against certain groups 7. _____ 8. _____ 	<p>95. PAIN POINT OPPORTUNITY</p>

Global Synthesis Tool

What is This?

The Global Synthesis Sheet is designed to support the final analysis of the findings from the diagnostic process. It allows for final reflection and summarization of the influence factors, pain points, and opportunities. It also helps the CIT frame these challenges and opportunities as questions to spark solution generation.

ESTIMATED TIME 120–150 minutes	LEVEL OF DIFFICULTY  Participants: EASY Facilitator: EASY
MATERIALS <ul style="list-style-type: none">• Booklet with instructions• 1 printed copy of the global synthesis sheet (more if you break into groups)• All completed daily synthesis sheets• Markers, pens, and pencils	BEST PRACTICES FOR CONDUCTING THE ACTIVITY <ul style="list-style-type: none">• Let participants know that the goal of this session is to support positive provider behavior by synthesizing learnings about what influences provider behavior.
	PARTICIPANTS Number of participants: The 6–12 CIT members who conducted the diagnostic process Roles: 1 facilitator and 1 notetaker (optional)

INSTRUCTIONS

OBJECTIVE

The purpose of this Global Synthesis Sheet is for each team member to reflect and summarize the learnings of all diagnostic visits they conducted.

SUMMARY

This template is divided into two sections:

- Section 1 helps the CIT synthesize the main influencing factors for each category of the system (i.e., Client, Workplace Environment, Providers and Colleagues, Health System, and Community). It also helps synthesize the main pain points, causes, and successful elements at each level.
- Section 2 helps turn each of the system’s main pain points and opportunities into a “How Might We?” question, which is essential to guide your thinking process for generating potential solutions.

Step 1: Gather all Daily Synthesis Sheets the team completed. **(5 min)**

Step 2: Review the Daily Synthesis Sheets and their key takeaways. Starting in column 1 with the first category (Client), decide as a group on the top three influencing factors for that category, based on the findings. Put a checkmark next to the three selected factors. **(8 min)**

The sheets present the influencing factors listed on the cards. However, if the main influencing factors for the category are not listed, you can write them in the blank spaces included at the bottom of the category box.

Step 3: Go to the second column in the sheet. As a group, review columns 2 and 3 of the Daily Synthesis Sheets and define the main pain points and opportunities for each influencing factor selected. Write down one pain point and one opportunity for each selected influencing factor. Make sure to specify whether it is a pain point or an opportunity. **(8 min)**

Step 4: Go to section 2 of the Global Synthesis Sheet. It is now time to turn the identified main pain points and opportunities into “How Might We?” questions. These aspirational questions encourage innovative thinking around a challenge and suggest that solutions are possible. **(8 min)**

Create one question per category:

- Start by looking at the main pain points and opportunities you identified.
- Reframe this pain point or opportunity into a question starting with, “How might we...”
- While writing your question, consider the underlying factors that may drive the pain point or opportunity.

Tips:

- Avoid suggesting a solution in your question.
- Focus your “How Might We” question on the desired outcome. Look back at the provider behavior(s) you selected initially to guide you.
- Phrase your question positively.

Examples of How Might We? questions:

Main pain point: FP clients do not feel free to speak openly with providers due to the lack of confidentiality during consultations.

THE GLOBAL SYNTHESIS SHEET (2/2)

Not so good questions:

- How might we tell people that FP consultations are confidential? (This question suggests a solution.)
- How might we stop clients from not speaking with providers? (This question does not focus on the desired outcome.)
- How might we make clients feel less threatened to speak openly with providers? (This question is not framed positively.)

Good questions:

- How might we help clients feel confident so that they can speak openly and confidentially with the providers? (This question does not suggest a solution and focuses on the desired outcome.)
- How might we make clients feel more confident to speak openly with providers? (This question is framed positively.)

Step 5: Repeat steps 2–4 for every remaining category of the system: Workplace Environment, Providers & Colleagues, Health System, and Community **(120 min)**

TIP: Here is a How Might We? template you could use:

How Might We _____ *Action*
_____ *What*
for _____ *Stakeholder*
in order to _____ *What change?*

How might we improve
FP care
for facility clients
in order to increase the
use of contraceptives?

NEXT STEPS

The next steps will be to have a brainstorming session to design locally appropriate solutions that address the factors prioritized in the Synthesis step. Then, the CIT will produce an action plan to move forward with the most promising solutions.



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STEP 4: ACT

The Act step helps to brainstorm locally appropriate solutions that address the factors prioritized in the Synthesize step and to develop action plans for each solution.

To ensure you generate good ideas, it is important to have the right people in the room to localize, refine, and adjust ideas before moving to action planning. Action planning allows you to turn ideas into reality by defining what is needed to make it happen.

WHY SHOULD YOU DO IT?

Taking some time to turn knowledge into real solutions is important for several reasons:

- It enables the team to empower providers, clients, facility staff, and facility managers to be agents of the change that needs to happen.
- The brainstorming and action planning process generates a sense of ownership among participants, which facilitates the implementation process.
- It enables true localization of solutions.

TOOLS AND TECHNIQUES

The **Ideation Tool** allows the CIT to facilitate a brainstorming process with providers and community members to generate locally appropriate solutions for the prioritized influence factors. The group reflects on what has already been done in their context, explores other solutions, brainstorms new ideas, and prioritizes activities for implementation.

The **Action Plan Tool** provides a concrete template for the CIT to plan the prioritized solutions. The team outlines proposed activities and identifies resources, staff, key audiences, and indicators of success.

PART 1: ACKNOWLEDGING WHAT HAS ALREADY BEEN DONE

	How Might We?	What are some actions/activities that have been implemented in the past to help solve this challenge?	Why were these activities <u>successful</u> ?	Why did these activities <u>fail</u> ?
Community				
Client				
Provider & Colleagues				
Workplace Environment				
Health System				

Ideation Tool

What is This?

The Ideation Tool helps the CIT to facilitate a brainstorming process to generate locally appropriate solutions that address the prioritized factors. It allows for creativity and flexibility and encourages empathic and supportive approaches by engaging those affected by the challenges.

TIP: Warm-up! Before ideation starts, you could conduct the water bottle activity to help participants put their minds in the right state. Take an empty plastic bottle and ask what it could be used for (e.g., a funnel, a plant spout). Challenge people to be as creative as possible.

ESTIMATED TIME

150–180

minutes

LEVEL OF DIFFICULTY

 **Participants:**
MEDIUM

 **Facilitator:**
MEDIUM

Facilitator must facilitate conversations and continuously ask follow-up questions to dig deeper to identify creative solutions

MATERIALS

- Booklet with instructions
- Ideation template
- Inspiration cards
- Global Synthesis Sheet
- Paper or sticky notes
- Markers, pens, and pencils

BEST PRACTICES FOR CONDUCTING THE ACTIVITY

- **Conduct icebreakers** to help participants feel comfortable with one another and to address power dynamics. Exercises to encourage creativity can also be helpful to warm up people’s minds to think of new solutions to old problems.
- **Help participants think about motivations for providers to adopt or maintain positive behaviors**, remembering that behavior change is hard. Encourage participants to dig deeper to find creative solutions that address internal and external provider motivations. You may want to ask participants to reflect on what they discovered about how providers perceive the severity of behaviors and the benefits of change.
- **Set ground rules for the ideation process:**
 - ☐ Defer judgment. Creative spaces are judgment-free zones. Let ideas flow so that people can build on each other’s great ideas.
 - ☐ Encourage wild ideas. To address difficult challenges, think big.
 - ☐ Build on others’ ideas. Try saying “yes, and ...” to build on ideas. Think about how to combine ideas to create something new.
 - ☐ Stay focused on the topic.
 - ☐ One conversation at a time.
 - ☐ When possible, be visual.
- **Go for quantity.** Try to generate as many ideas as possible to increase the chances of finding something great.

PARTICIPANTS

Number of participants:
CIT team, facility manager,
2–3 clients (if possible), 2
providers (if possible)

Roles: 1 facilitator and at
least 1 note taker

FACILITATION INSTRUCTIONS

OBJECTIVE

Ideation is an important step to create localized solutions and to include the users in the process, making it a human-centered approach. The objective of this session is to ideate solutions for the various challenges prioritized during the synthesis process

SUMMARY

This session and template are divided into two sections:

- Section 1 consists of defining what has already been done to respond to the How Might We? questions developed in the Global Synthesis Sheet for each category of the system. This section considers what has been done so that the group can create new solutions that draw inspiration from what has worked and avoid repeating (the elements of) solutions that have not worked. This process promotes innovative solutions and increases the likelihood of success.
- Section 2 allows the team to brainstorm potential solutions. First, you are encouraged to be creative and find as many solutions as possible to answer the question in each category. Then, prioritize and select solutions to be implemented.

FACILITATION: **Ice-breaker**

(5 min) To put participants at ease, choose one of the following ice-breaker activities to do with them:

- **Ice-Breaker Option 1: *The story behind my name***
Each participant tells the story behind their name and answers questions, such as “Do you know the meaning of your name?” “Do you know who decided to give you your name?” and “Does someone else in your family have your name?”
- **Ice-Breaker Option 2: *Different but similar***
Participants try to find at least three things they have in common. Exclude obvious things like the same office, geographic location, and so on.

Benefits: exploring each other's spaces with respect and curiosity; focusing on finding similarities despite the apparent differences.

FACILITATION: Ideation - Part 1

Step 1: In Part I of the Ideation Template, refer to the Global Synthesis Sheet and write down the How Might We? questions you drafted for each category of the system (i.e., Client, Workplace Environment, Providers and Colleagues, Health System, and Community). **(5 min)**

Tip: In Part I of this activity, you may want to divide your team into smaller groups to complete this step, so they can move faster.

Step 2: For each How Might We? question, respond to the three questions in Part I of the template **(15-25 min)**

- What are some actions or activities that have been implemented to help solve this challenge?
- Why were these activities successful?
- Why did these activities fail?

FACILITATION: Ideation - Part 2 (1/2)

Step 3: Go to part 2 of the template. It is time to do some brainstorming! Starting with the Community category, review the How Might We? questions as a group. **(1 min)**

Step 4: Display the Inspiration Cards on a table and ask participants to individually review them to explore PBC solutions that have been tried around the world. **(10 min)**

Step 5: Round 1: For the Community How Might We? question, conduct a 10-minute individual brainstorming session. Every participant should try to find as many potential solutions as possible to the question. Write each on a piece of paper or sticky notes. **(5 min)**

Encourage participants to not think about whether the solution can be implemented, but rather to think in terms of the ideal scenario with no resource challenges (e.g. sufficient money, people, expertise). The inspiration cards can also help spark ideas.

Step 6: Round 2: As a group, talk about each participant's solutions. Work to refine solutions and come up with a few key ideas to address the How Might We question: **(5 min)**

- Merge solutions that can be merged. *(Tip: Cluster similar ideas in a flipchart, then define in a group how to merge them.)*
- Determine whether the solution can be modified and realistically implemented in the context of the healthcare facility.
- Review Part I of the Ideation Template and modify the solution so that it does not reproduce elements known to not work.
- Review Part I of the Ideation Template to see whether elements of past solutions have worked and could be added to the group's solutions.
- Ask the group to create a description of the idea. *(By the end of this process, you will have a reduced number of ideas.)*

PART 2: BRAINSTORMING & PRIORITIZATION (to either existing actions/activities or create ones that do not exist yet)



STEP 1: Go through the Inspiration Cards
Get inspired by interventions and activities that have been done in other contexts

STEP 2: Go through the brainstorming instructions
listed in the Instructions booklet

	Horizon 1: DO NOW (LOW EFFORT) <i>Place here the solutions that improve current practices, systems, and processes</i>	Horizon 2: DO NEXT (HIGH EFFORT) <i>Place here the solutions that don't exist yet and for which you will have to create new systems and processes</i>
Community	↑	
Client	↑	
Provider & Colleagues	↑	
Workplace Environment	↑	
Health System	↑	

FACILITATION: Ideation - Part 2 (2/2)

Step 7: In Part 2 of the Ideation Template, write down the remaining solutions from your group brainstorm in the first column. **(2 min)**

Step 8: Repeat steps 3, 5, 6, and 7 for the remaining categories of the system: Client, Providers & Colleagues, Workplace Environment, and Health System. **(80 min)**

Step 9: Together, review the solutions the team brainstormed and placed in the first column. Select one to two solutions for each category that best answer the How Might We? question and that could be implemented now, with minimal effort. Place those solutions in column 2 (Horizon 1: Do Now, Low Effort). **(10-20 min)**

Step 10: As a group, select one to two solutions for each category that best answer the How Might We? Question and that could be implemented in the long run because they would require higher effort. Place those solutions in column 3 (Horizon 2: Do Next, High Effort). **(10-20 min)**

NEXT STEPS

The upcoming step produces action plans to move forward with the most promising solutions developed and prioritized during this ideation session.

Action Plan

Check the influencing factor categories that this action plan applies to:

CLIENT

PROVIDER AND COLLEAGUES

HEALTH SYSTEM

COMMUNITY

WORKPLACE ENVIRONMENT

1 YOUR IDEA

Please describe your proposed solution for this behavioral challenge and how will it work. Provide lots of detail.

2 AUDIENCE

Who are the people and/or groups you are designing for?

3 KEY ACTIVITIES & RESOURCES

What key activities does your idea require to be implemented?
What key resources do your activities require to be implemented?

KEY ACTIVITIES

KEY RESOURCES
(e.g., money, people, time, etc)

4 INDICATORS OF SUCCESS

What will indicate that your idea successfully tackled the behavioral challenge?
What do you need to observe to see if your idea is successful or not?
Make your indicators SMART (Specific, Measurable, Attainable, Relevant, and Time-bound)

Action Plan Tool

What is This?

The Action Plan Tool is a strategic template that helps the CIT plan for implementing the final solutions from the brainstorming process. In this step, the CIT creates an action plan for each proposed solution that describes their solution, who it is for, what resources and activities will be required, and how success will be monitored.

<p>ESTIMATED TIME</p> <p>150 minutes</p>	<p>LEVEL OF DIFFICULTY</p> <p> Participants: EASY Facilitator: MEDIUM</p> <p><i>Facilitator</i> must steer conversation and ask follow-up questions to ensure the team thinks about the specific requirements of the solution</p>
<p>MATERIALS</p> <ul style="list-style-type: none">• Action plan templates (1 per solution)• Markers, pens, and pencils	<p>PARTICIPANTS</p> <p>Number of participants: 3–5 if conducted as a large group or up to 15 if participants are broken into small groups</p> <p>Roles: Select members of the CIT and the facility in-charge; 1 facilitator (or 1 per group); 1 notetaker (or 1 per group)</p>

FACILITATION INSTRUCTIONS

OBJECTIVE

This tool helps the CIT think about and document how to implement proposed solutions, monitor them, and assess goal completion.

SUMMARY

The CIT creates an action plan for each solution in the Horizon 1 column (Do Now, Low Effort) of the Ideation Template. This tool is divided into four sections:

- Description of the solution
- Audience for the solution
- Key activities and resources needed to implement the solution
- Indicators to measure success

Step 1: Review the Ideation Template

Review the Ideation Template to remind the team of the solutions that have been proposed for each category:

- Choose one solution from the Horizon 1 column to be the focus of the first action plan.
 - Repeat this action plan process for every solution in the Horizon Column of the Ideation Template, for a total of 5–10 action plans (depending on whether the team prioritized one or two solutions per category).
-

Step 2: Select influence factor category

At the top of the Action Plan Template, put a checkmark to indicate which influence factor category this solution addresses.

Step 3: Describe your idea

Go to section 1 and describe the solution, giving as many details as possible. You may consider answering the following questions:

- What does this solution look like?
 - How will it work?
 - How does it compare to other solutions your team has tried?
-

Step 4: Describe the audience(s)

Go to section 2 of the template and describe who the solution is designed for. Think about whose behavior this solution seeks to address (i.e., whose behavior needs to shift). Be as specific as possible, considering the following:

- Demographic and psychographic information (e.g., lifestyle, opinions, values, aspirations, needs) of the audience
- Any existing divisions of the group (e.g., cadres)
- Current behaviors
- Geographic location
- Any specific feedback from audience members during the diagnostic phase

Remember that even though ultimately the solutions aim to support positive provider behavior, the solutions may be designed for audiences other than providers to address influence factors at different levels.

Step 5: Outline key activities and resources

Go to section 3 and describe the key activities and resources needed to implement the solution. Remember to include human resources and skill sets, financial and tangible resources, and timeline estimates.

Step 6: Develop indicators

Go to section 4 and provide information about how to measure whether the solution is successful. Write down proposed measurement indicators, considering the following:

- What would your team see that shows you have been successful? What would you see if the solution was not successful?
 - What would indicate that the behavioral challenges have been addressed?
 - How might you monitor the implementation and measure impact?
-

Step 7: Repeat the process

Move to the next solution on your Ideation Template and repeat steps 2–6 to create an action plan for that solution. Continue the process until you have created action plans for every solution in the Horizon 1 column..

TIPS FOR ADAPTATION

- Action planning could be done with a larger group or with small groups working on different solution action plans. For example, the full CIT plus providers or in-charges from the facility could participate and be divided into groups. Alternatively, a smaller subset of the CIT could participate and work through the action plans together. If the team does not divide into small groups, it is recommended to cap the number of participants at 5.
- The team may choose to focus on a couple of solutions for the immediate future rather than creating action plans for every category. This should be determined by the CIT after considering the priorities of all stakeholders.



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RESOURCES

Congratulations! You have completed the instruction book and are ready to implement the toolkit. Are you interested in other Breakthrough ACTION FP/RH tools?

Breakthrough ACTION and RESEARCH support the development of new and proven social and behavior change resources and tools around FP and reproductive health. Those resources can be found on the Breakthrough ACTION [resources page](#). Specific PBC resources can be found [here](#).

Encouraging Counseling that Promotes Meaningful Choice in Malawi: In partnership with the Organized Network of Services for Everyone’s (ONSE) Health Activity project and the Ministry of Health of Malawi, Breakthrough ACTION worked to address the problem of discontinuation and method dissatisfaction with a focus on provider behavior.

SBC Indicator Bank for FP and Service Delivery: The SBC for FP and service delivery indicator bank is a collection of sample indicators specifically for use in SBC programs. The purpose of this bank is to provide illustrative quality indicators specifically for global programs using SBC approaches to address FP and service delivery challenges.

Supporting Sexual and Reproductive Self-Care through SBC: This framework articulates how SBC can support sexual and reproductive self-care initiatives and contribute to improved health outcomes, providing guidance and examples of how SBC can be used at various levels of the system, including at the provider-level, to encourage self-care practice.

Examining Provider Behavior Change in Ouagadougou Partnership Countries: This review summarizes the evidence on the effectiveness of PBC interventions for improving FP services in the Ouagadougou Partnership countries and presents recent PBC interventions in partner countries that have not been formally evaluated.

Designing for PBC: Developing Solutions to Provider-Side Barriers to Quality Care: This post outlines three case studies detailing diverse experiences applying a behavioral science lens to the research and design of PBC programs in Malawi, Nigeria, and Zambia.

Provider Behavior Ecosystem Map: This map outlines the many influences on provider behavior and how those influence factors interact throughout the system.

Provider Behavior Change Case Studies: Three different case studies describe Breakthrough ACTION's work related to PBC.

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