Provider Behavior Change: Social and Behavior Change Approaches to Quality of Care in Family Planning—Slide deck

Breakthrough RESEARCH

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Provider Behavior Change:

Social and Behavior Change Approaches to Quality of Care in Family Planning

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Logistics for today

Use the chat! Ask questions (in English or French) at any time to the group or directly to a moderator if you need technical assistance.

We’ll be using Mentimeter today—you can use this on your phone, tablet, or laptop.

QR codes and links (via chat) will be provided throughout the webinar for you to access resources and tools.

Links to webinar recording, presentation, and resources will be shared.
Welcome!
Breakthrough RESEARCH

- Flagship SBC research and evaluation project for USAID Global Health Bureau to drive the generation, packaging, and use of innovative SBC research to inform programming.

- Six-year project—August 2017 to July 2023

- Led by the Population Council in collaboration with our consortium partners: Tulane University, Avenir Health, Population Reference Bureau, Institute for Reproductive Health at Georgetown University, and ideas42.
Breakthrough RESEARCH Snapshot

Worked in 19 countries

Engaged with 21 local and global partners

Conducted 53 research studies

Published 27 articles in peer-reviewed journals to date

Cited 94 times in grey and peer-reviewed literature to date
Webinar objectives

• 1st of 4 complementary legacy and learning webinars
  1. Provider Behavior Change: SBC Approaches to Quality of Care in Family Planning
  2. Advancing SBC Measurement for Family Planning
  3. SBC and the Enabling Environment for Family Planning
  4. Costing for Family Planning SBC

• Highlight evidence, insights, and learnings from the past 6 years from Breakthrough RESEARCH's work to advance provider behavior change (PBC) programming and fill critical PBC evidence gaps

• Share resources and evidence-based, practical tools you can use to strengthen PBC programs, measurement, and research
Roadmap for today

1. PBC in Family Planning
2. Breakthrough RESEARCH’s State-of-the-art Evidence
3. Breakthrough RESEARCH’s PBC Tools You Can Use
4. Call to Action
5. Discussion and Q&A
Mentimeter

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An SBC approach within PBC to improving quality of care in family planning, addresses behavioral antecedents of provider behavior and has the potential to result in multiple impacts at individual, community, and system levels.
PBC is complex

• Limited evidence on approaches to measure and address provider attitudes and provider bias.

• Need to better understand the pathways from intervention to outcome.

• It can be difficult to determine how the PBC intervention influenced the intended outcomes—particularly for more distal outcomes, including client outcomes such as informed and voluntary method choice and uptake, method continuation, and experiences of care.
PBC and quality of care

• Traditionally viewed through health systems strengthening or client-focused quality of care frameworks.

• These frameworks often do not reflect behavioral determinants of the provider such as attitudes, self-efficacy, and perceived norms.
PBC in family planning

- Effective client-provider interactions are essential to consistent demand and uptake of family planning services, but are often influenced by provider behavior.

- Behavioral economic interventions hold promise to improve family planning outcomes through provider-facing interventions.
Health systems are comprised of interconnected stakeholders whose effectiveness is influenced by power dynamics and a range of drivers of provider behavior.
State-of-the-art Evidence
Research and Learning Agenda (RLA) for Advancing PBC Programming

ADVANCING PROVIDER BEHAVIOR CHANGE PROGRAMMING

THIS RESEARCH AND LEARNING AGENDA HIGHLIGHTS:

- The importance of addressing provider behavior to improve behavioral and health outcomes.
- Gaps in the existing evidence base for provider behavior change programming.
- The priority research and learning questions and the consensus-driven process used to derive them.
- The roles of key stakeholders for putting the learning agenda into action.

Service providers play a fundamental role in health promotion and disease prevention, care, and overall well-being of their clients and communities. Effective client-provider interaction is pivotal for consistent demand and uptake of health services. Evidence shows that poor client-provider interactions can have a negative influence on use of health care. For example, unsatisfactory interactions with health care providers, such as lack of respectful care, can discourage future choices to deliver a child at a facility, seek prompt care, or ask important questions. The quality of client-provider interaction can be influenced by the type or setting of provider (community-based, facility-based, private), their knowledge, attitudes, and biases, as well as social norms and structural factors like privacy and confidentiality.

Various approaches such as training, supportive supervision, and financial incentives have been used to address these factors with mixed results. For example, a randomized evaluation in Nigeria found that use of a supervisory checklist for facility-based providers resulted in improvements in provider knowledge of malaria and appropriate prescription practices. However, supportive supervision was not significantly associated with correct prescription by providers. In other studies in Tanzania and Malawi, providers' personal biases can also discourage the use of particular medical interventions especially among certain populations (for instance, intrauterine devices for nulliparous women).
Breakthrough RESEARCH developed two consensus-driven research and learning agendas—one for integrated SBC programming and another for PBC programming.

The RLA for Advancing PBC programming lays out a set of questions that articulate what is needed to better understand factors that influence providers’ behaviors—behaviors that, in turn, can influence clients’ family planning outcomes.
RLA for Advancing PBC Programming: Putting the Agenda into Practice

**DONORS**
- Use the agenda to fund stand-alone or programmatically embedded research.
- Coordinate and align investments across donors.

**SBC & SERVICE DELIVERY ORGANIZATIONS**
- Update routine monitoring and evaluation systems to capture key information within existing programs and activities to help answer priority questions from the agenda.
- Use emerging research/program evidence to course-correct program approaches.

**GOVERNMENTS & POLICYMAKERS**
- Promote implementation science research agendas to answer key questions about PBC programs.
- Use emerging research/program evidence to influence strategies and update relevant policies.

**RESEARCH INSTITUTIONS & UNIVERSITIES**
- Develop and share innovative research designs and measurement tools and generate evidence on the priority questions from the agenda.
- Team up with program implementers to help answers questions within existing programs.
RLA for Advancing PBC Programming
Evidence Review and Analysis of PBC Opportunities
Evidence review and analysis of PBC opportunities

1. What is the potential link between this provider behavior and health outcomes?

2. What interventions have attempted to improve this provider behavior, and what is the evidence of their effectiveness?

3. To what extent are the challenges driven by behavioral, rather than structural (i.e., infrastructure or clinical skills) factors?
Evidence review and analysis of PBC opportunities

2 family planning provider behaviors with the greatest behavioral economics potential:

1. Provider counsels women on a full suite of methods.

2. Provider counsels women in unions on spacing.
Insights from PBC research and practice

5 insights and evidence-informed design tactics to support provider behavior

1. CLINICAL CUES
   Integrate cues to important but neglected aspects of care into the signs, forms, and markers that providers are exposed to in their day to day.

2. FEEDBACK LOOPS
   Build tools and channels through which providers can learn from their daily experience and incite them to consider the effects of their actions that they might not have expected.

3. PRACTICAL MISMATCHES
   Match guidance to the practical environment and make correct provider behavior the easiest one—both practically and psychologically.

4. MULTIFACETED IDENTITIES
   Enable providers to reconcile their personal identities and past experiences with their professional obligations.

5. SCARCITY
   Alleviate the burden by reducing hassles and inefficiencies thoughtfully, shifting responsibilities, and recentering attention toward what is within the provider's control.
Evidence review and analysis of PBC opportunities
Expressions of Power in Health Care Providers’ Experiences and Behavior

KEY POINTS

HCPS’ power to deliver high quality care was influenced by a range of relationships and interactions with clients, families, peers, and supervisors.

HCPS’ power was often constrained by limited access to resources, opportunities for advancement, and supportive supervision and restrictive or shifting institutional policies.

Additionally, client and HCP perceptions about healthcare interactions, community norms, and inter-provider collaboration norms can affect HCP’s power.

Community-based HCPs reported higher power to practice more autonomously compared to facility-based HCPs working in hierarchical professional environments.

Integrating power-enhancing, equity-promoting approaches in PBC programming can improve collaboration and feedback among HCPs and offer structural changes for quality.

Further incorporation and investigation of power domains into implementation research design, intervention selection, and PBC outcomes—including shifting power dynamics among HCPs—is needed.
For providers, several types of power may be at play:

- **Power within**—internal capability or sense of self-worth, self-knowledge
- **Power to**—agency to act in a certain way despite constraints and opposition (e.g., serve a client)
- **Power with**—collaborating with other providers to provide health services
- **Power over**—leveraging resources and challenging authority (e.g., medical expertise or age)
Expressions of power in providers’ experiences and behavior

Beliefs and Perceptions

“In terms of difficulties, some people consider that we’re not old enough to speak to them [couples], so it’s sometimes difficult.”

—Female, Community-based Provider, FP/RH, Togo

Access to Assets

“What I don’t like as much is the fact that the work of a CHW is really heavy. We are the ones doing all the upfront work before people come to see a [facility-based] provider but we are not treated as we should be. That is discouraging.”

—Female, Community-based Provider, FP/RH, Togo
Expressions of Power in Health Care Providers’ Experiences and Behavior

KEY POINTS

- Providers’ power to deliver high-quality care was influenced by a range of relationships and interactions within their practices, facilities, and communities.
- Providers’ power was often constrained by external factors such as resource availability, organizational policies, and professional norms.
- Additional factors such as commitment, collaboration, and integration of health systems were key determinants of provider power.

This brief describes a secondary data analysis of interviews and focus group discussions with health care providers in sub-Saharan Africa. It identifies how power is distributed and how it affects providers’ experiences and behaviors in their work.

The results of the analysis identified several key points:

1. Providers who perceived higher levels of power were more likely to engage in the following behaviors:
   - Improved patient care and outcomes.
   - Increased adherence to professional standards.
   - Greater involvement in decision-making processes.
   - Enhanced communication and collaboration with colleagues and stakeholders.

2. Providers who experienced power constraints were less likely to:
   - Implement evidence-based practices.
   - Participate in quality improvement initiatives.
   - Advocate for patient needs and rights.

The findings emphasize the importance of understanding the dynamics of power within health care systems to improve provider engagement and patient outcomes.

References:


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Instructions

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Defining and measuring provider behavior and its determinants is complex and dynamic, requires continuous nurturing, and is imperative to sustain change for providers that contributes to improved health outcomes for clients.
Tools You Can Use
PBC tools you can use

- PBC measurement learning module
- Provider attitudes scale
- Research spotlights
PBC Measurement
Overview of training modules

The training is divided into two modules:

Module 1: Understanding provider behavior and PBC

Module 2: Examples of PBC measures and how we can inform your work using Breakthrough RESEARCH examples and others
Understanding provider behavior and PBC
What is provider behavior?

A range of actions that include but are not limited to facility management, adherence to clinical protocols, supervision, and client-provider interaction that is the outcome of a complex set of factors that are both internal (e.g., attitudes, values, and beliefs) and external (e.g., supervisor support, access to professional development, and supportive workplace environment) to the provider.

Examples of PBC measures
Using the PRECEDE-PROCEED Model to guide PBC measurement

- **Predisposing factors**—an individual's attitudes, beliefs, and perceptions
- **Reinforcing factors**—those that follow a behavior and determine whether, for example, a health worker receives positive (or negative) feedback by their supervisors
- **Enabling factors**—resources and skills required to make desired behavioral and environmental changes (e.g., availability of medical supplies)
- **Ability**—competency and skills of the provider
- **Provider behavior/Client-provider interactions**—client reception, person centered care and clinical management
## What are some strategies to measure PBC?

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Pros</th>
<th>Cons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mystery clients</td>
<td>• Reduces observation bias</td>
<td>• Require high level of training and strict protocols</td>
</tr>
<tr>
<td></td>
<td>• Captures provider behavior</td>
<td>• Higher cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can be disruptive of services</td>
</tr>
<tr>
<td>Client-provider observations</td>
<td>• Avoids self-report</td>
<td>• Prone to observation bias</td>
</tr>
<tr>
<td></td>
<td>• Eliminates recall bias</td>
<td>• Requires high volume of clients to be cost-effective</td>
</tr>
<tr>
<td></td>
<td>• Captures provider behavior</td>
<td></td>
</tr>
<tr>
<td>Client exit interviews</td>
<td>• Can be combined with observations for data triangulation</td>
<td>• Prone to social desirability bias</td>
</tr>
<tr>
<td></td>
<td>• Allows for analysis linking PBC approaches with client outcomes</td>
<td>• Requires high volume of clients to be cost-effective</td>
</tr>
<tr>
<td>Provider interviews</td>
<td>• Lower cost</td>
<td>• Prone to recall and social desirability bias</td>
</tr>
<tr>
<td></td>
<td>• Able to identify individual behavioral determinants that cannot be observed</td>
<td>• Can be disruptive of services</td>
</tr>
<tr>
<td>Facility assessments</td>
<td>• Captures support, access to professional development, and workplace environment</td>
<td>• Primarily assess drivers of provider behavior but not the actual behavior</td>
</tr>
</tbody>
</table>
How to Measure PBC Impact

Introduction

What is provider behavior?

Provider behavior defines a range of actions that include how providers deliver care to patients, including adherence to care protocols, supervision, and direct communication with patients. This behavior is the endpoint of a series of processes that begin in an organization’s structure, training, and resources, and extend to individual providers, their training and experience, and other direct patient care (such as referrals).

Why focus on provider behavior?

Understanding what drives provider behavior and how we impact it is essential to improving health services. Providers’ behavior is significantly influenced by factors such as the culture and training of the provider, the availability of resources, and the incentives in their work environment.

How to Measure PBC Impact

Developed by Breakthrough RESEARCH, this guide is intended to help program planners and designers better understand provider behavior Change (PBC) variations and their impact on service delivery and quality. The guide provides a framework for measuring the impact of PBCs by providing examples and illustrations of how PBC measurement can inform program planning and design. Finally, the guide offers ways to continually monitor the responses to PBC interventions and impact.

This guide is one of a series of Breakthrough’s 13 How To Guides that provide step-by-step instructions on how to implement and scale programs and services. Each guide is illustrated through examples and implementation scenarios, covering activities of the PBC process, other related factors, and current programs and experiences. This guide will be updated in the companion website in early 2022.
Go to www.menti.com and use the code 5865 7498

Instructions

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Provider Attitudes
How can we best measure provider attitudes that influence their performance and adherence to timely and respectful client-centered care practices?
Conceptual framework guiding analysis

- Core beliefs
- Local values and norms
- Empathy for clients
- Socialization
- Training and skill building
- Job conditions (workload)
- Peer relationships and management

Provider attitude

Perceptions of clients
Professional roles
Gender

Provider motivations
Provider actions
Client use of services

Client experience/satisfaction

Scale items

### Provider Authoritarian Attitude Scale Items

<table>
<thead>
<tr>
<th>ENGLISH</th>
<th>FRENCH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Patients I care for are not capable of making good health decisions for themselves.</td>
<td>Mes patients dont je m’occupe ne sont pas assez capables pour prendre de bonnes décisions pour leur santé.</td>
</tr>
<tr>
<td>2 Patients I care for should appreciate my efforts when I care for them.</td>
<td>Les patients doivent apprécier des efforts que je leur fournir quand je m’occupe d’eux.</td>
</tr>
<tr>
<td>3* One should treat patients with respect even if they don’t treat me with respect.</td>
<td>Il faut traiter les patients avec respect même s’ils ne me traitent pas avec respect.</td>
</tr>
<tr>
<td>4* Patients must always respect providers, regardless of the quality of care they receive.</td>
<td>Les patients doivent toujours respecter les prestataires, quelle que soit la qualité des soins qu’ils prodiguent.</td>
</tr>
<tr>
<td>5* My patients will put a lot of effort into improving their health if they are given the right information.</td>
<td>Mes patients fourniront beaucoup d’efforts pour améliorer leur santé si on leur donne les bonnes informations.</td>
</tr>
<tr>
<td>6 A provider’s role is to diagnose patients and provide clinical care, not to teach patients how to improve their health and prevent disease.</td>
<td>Le rôle d’un prestataire est de diagnostiquer les patients et leur fournir des soins cliniques, et non pas d’apprendre aux patients comment améliorer leur santé et prévenir les maladies.</td>
</tr>
<tr>
<td>7* I have the responsibility to ensure that patients have a say in their care.</td>
<td>J’ai la responsabilité de veiller à ce que les patients aient leur mot à dire sur les soins qu’ils reçoivent.</td>
</tr>
<tr>
<td>8* It is important to listen to patients to ensure they understand their care.</td>
<td>Il est important d’écouter les patients pour s’assurer qu’ils comprennent les soins dont ils ont besoin.</td>
</tr>
<tr>
<td>9 My role as a provider is to resolve my patients’ immediate medical problems, and nothing else.</td>
<td>Mon rôle en tant que prestataire est de résoudre les problèmes médicaux immédiats de mes patients seulement, sans m’occuper d’autre chose.</td>
</tr>
<tr>
<td>10* When medications are given, it is important that I explain well to patients how they work and how it will benefit them.</td>
<td>Lorsque des médicaments sont administrés, il est important que j’explique bien aux patients comment ils agissent et en quoi cela va leur être bénéfique.</td>
</tr>
<tr>
<td>11 My job is to diagnose and treat patients, not to be a health educator for each patient.</td>
<td>Mon travail consiste à diagnostiquer et à traiter les patients, pas à être un éducateur de santé pour chaque patient.</td>
</tr>
<tr>
<td>12 A man should have the final say on decisions made in his home.</td>
<td>Un homme doit avoir le dernier mot sur les décisions prises chez lui.</td>
</tr>
<tr>
<td>13 A woman must obey her husband in everything.</td>
<td>Une femme doit obéir à son mari par rapport à tout.</td>
</tr>
<tr>
<td>14* It is important for men to be present in their children’s life, even if he isn’t with their mother anymore.</td>
<td>Il est important qu’un père soit présent dans la vie de ses enfants, même s’il n’est plus avec la mère.</td>
</tr>
</tbody>
</table>

- Elements of each of the initial conceptual domains: perceptions about clients, attitudes about providers’ professional roles, and attitudes about gender roles

- $\alpha = 0.83$
Associations with other provider-related outcomes

Adjusted for provider gender, years of experience as a provider and at the facility, training, and managerial status, clustering on health facility.
Using the Provider Authoritarian Attitude Scale

Technical Reference Sheet for Using the Provider Authoritarian Attitude Scale
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Research Spotlights on PBC
Research spotlights

Breakthrough RESEARCH worked with SBC implementing partners to develop a series of interactive research spotlights that:

• Demonstrate how priority questions outlined in the RLAs are being answered to improve programming.

• Share tools and resources for partners.

• Raise the visibility of current technical work.
What priority RLA questions did Beyond Bias answer and how?

**Evidence Generation**

**RLA Question Answered:**
What are the underlying drivers that shape provider behavior in interpersonal communication with clients?

- Literature Review and Expert Interviews
- Provider Bias Driver Tree

**RLA Question Answered:**
How do the underlying drivers shape provider profiles?

- Survey Segmentation and Analysis
- Provider Profiles and Classification Tool

**RLA Question Answered:**
Which interventions are most important to improving the quality of provider counseling?

- Ideation
- Rough Prototyping
- Live Prototyping
- Final Solution

**Program Design**
### Provider Bias Driver Tree

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Category</th>
<th>Driver</th>
<th>Sub-Driver/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biographic</td>
<td>Attitudes</td>
<td>Negative attitudes</td>
<td>Perception of youth as reckless, dangerous, &quot;bad&quot;. Power dynamics and a perceived</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Willingness to change</td>
<td>Set in old modes of thinking and serving clients</td>
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<tr>
<td></td>
<td></td>
<td>Communication</td>
<td>Ability and comfort communicating with youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bias recognition</td>
<td>Ability to recognize and manage existing bias toward youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Product (in)experience</td>
<td>Specific negative/positive product experience. Lack of experience with specific products</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Client experience</td>
<td>Lack of familiarity or capability working with youth. Fear of interacting with youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Limited knowledge</td>
<td>Lack of adolescent and youth SRH training; Lack of training/familiarity on certain family planning methods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>misinformation</td>
<td>Outdated or incorrectly applied guidance; Misinformation about specific products</td>
</tr>
<tr>
<td></td>
<td>Professional</td>
<td>Workload</td>
<td>Too busy to provide quality care, especially to youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Incentives (financial)</td>
<td>Not incentivized to work with youth due to low profitability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Workplace norms</td>
<td>Accepted attitudes toward and approach to serving youth</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinic reputation</td>
<td>Fear of integrating family planning youth services into programming</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Product availability</td>
<td>Restrictive distribution practices; Selective distribution incentives (e.g., excess inventory)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competing SRH risks</td>
<td>Concern of HIV or other STI transmission</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Community hierarchy</td>
<td>Perceived/actual position as figures of authority</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Geographic displacement</td>
<td>Outside geographic comfort region</td>
</tr>
<tr>
<td>Societal</td>
<td>Beliefs/norms</td>
<td>Religion</td>
<td>Youth sexuality is immoral; stigma against spacing, modern methods, family planning generally</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Positivism</td>
<td>May have limited hope for youth—family planning doesn’t matter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Social norms</td>
<td>Social stigma (non-religious) against youth having sex. Childbearing, marriage, and fertility expectations</td>
</tr>
<tr>
<td></td>
<td>Law/policy</td>
<td></td>
<td>May not feel fully legally protected in providing adolescent and youth reproductive health services. May fear extra-legal reprisals or consequences</td>
</tr>
</tbody>
</table>

Links to available resources throughout the spotlight
Surgo Ventures’ CUBES Framework

Understanding Drivers of Behavior to Develop a Tailored Approach to Social and Behavior Change
Using the CUBES Framework for PBC

1. Confident hard workers: 25%
   - High performing with strong support.

2. Independent high-achievers: 18%
   - High performing with strong support.

3. Undertrained but motivated: 24%
   - In need of additional clinical training, though are working hard.

4. Financially troubled and hands-off: 15%
   - Need support with the incentive payment system.

5. Struggling traditionalists: 18%
   - Struggles all around - with knowledge, motivation, and support and holds many outdated beliefs - and can only improve through a substantial effort and/or replacement.
Explore the Research Spotlights

The Beyond Bias Project
Building Systems to Inform Practice for Shovel Behavior Change Programming

Surgo Ventures' CUBES Framework
Understanding Driven of Behavior to Develop a Tailored Approach to Social and Behavior Change
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Discussion and Q&A
Call to Action for PBC

Future approaches to improve the quality of family planning services should commit to robust evaluation of PBC interventions to enable comparable learning that supports policy makers to target quality improvement and invest in evidence-based behavior change programs.
Call to action

**SBC PROGRAMS:** To continue to improve the quality of care of family planning services, program designers should commit to designing interventions that address providers’ behavioral determinants—such as attitudes and biases—and are robustly evaluated.

**SERVICE DELIVERY PROGRAMS:** Program designers should consider SBC approaches as critical evidence-based interventions that can complement other quality of care or service delivery approaches to improve family planning outcomes through the identified promising PBC opportunities.

**SBC RESEARCHERS:** Future research should develop and validate new measures or adapt and use existing measures, such as the provider authoritarian attitudes scale, to generate a more comparable and standardized evidence base that reflects the complexity and nuance of provider behavior.

**DONORS:** Donors should commit to investing in evidence-based PBC programs and to requiring their robust evaluation and standardized measurement of provider behavior and its determinants.
What’s next for strengthening PBC interventions?

• Consider further testing of *social accountability approaches* to better understand the range of interventions that can effectively be deployed to improve family planning provider behaviors.

• Further research is needed to understand *whether improving the behaviors/practices of family planning providers influences the quality of care provided* and to identify the most effective SBC approaches to improve quality of care.

• Family planning program implementers and researchers should consider *applying both a framework that captures the system level determinants and a behavioral theory that captures individual determinants* to create a more comprehensive picture of the drivers of provider behavior.
What’s next for measurement of PBC?

- Moving beyond cross-sectional descriptive studies, beyond assessing skills, and training-based approaches, measurements of core concepts of family planning provider behavior, such as provider attitudes and provider bias, are needed to concretely assess and address provider performance.

- Where possible, behavioral measures and family planning outcomes should be captured in addition to more intermediate factors, such as changes in knowledge, attitudes, and beliefs, changes in self-efficacy, and changes in social norms that might influence provider behavior.

- Evaluations of PBC interventions should use a multi-modal data collection approach to collect both provider-level and client-level outcomes to help elucidate how changing provider behavior is linked with improved client outcomes for family planning.
Coming soon! PBC supplement in Global Health: Science and Practice

- **Objective:** Raise the profile of PBC in the global health community and highlight innovations in PBC research, programming, and evaluation, framed by RLA evidence gaps

- Proposes an operating definition of PBC; discuss measurement approaches; identify research and programming gaps and opportunities; present research and evaluations related to PBC programming approaches with recommendations for the future

- Publishing on a rolling basis; full launch in mid-2023
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Discussion and Q&A

• Please post your questions in the chat.

• We will also discuss the implications from the Mentimeter results we’ve seen throughout the webinar.
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Provider Behavior Change and SBC Approaches to Quality of Care in Family Planning
31 Jan 2023

Advancing SBC Measurement for Family Planning
28 Feb 2023

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21 Mar 2023

Costing for Family Planning SBC
19 Apr 2023
Breakthrough RESEARCH catalyzes social and behavior change (SBC) by conducting state-of-the-art research and evaluation and promoting evidence-based solutions to improve health and development programs around the world. Breakthrough RESEARCH is a consortium led by the Population Council in partnership with Avenir Health, ideas42, Institute for Reproductive Health at Georgetown University, Population Reference Bureau, and Tulane University.

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