

WEBINAR | WEBINAIRE

## Tackling Provider Bias in Contraceptive Service Delivery: Adapting, Implementing, and Scaling the Beyond Bias Model



This presentation will be conducted in English with French interpretation. For French, click the 'interpretation icon' (globe) on the menu bar and select French.

Cette présentation se déroulera en anglais avec interprétation en français. Pour le français, cliquez sur l'icône «Interprétation» (globe) dans la barre de menu et sélectionnez Français.

Thank you for joining us! We will get started shortly.  
*Merci de nous avoir rejoint! Nous allons commencer sous peu.*



# Tackling Provider Bias in Contraceptive Service Delivery

How to Adapt, Implement,  
and Scale the Beyond Bias  
Model

*Photos: Dominic Chavez, CC*

**beyond bias** >

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**CAMBER  
COLLECTIVE**

# Webinar Objectives

- Provide an overview of the Beyond Bias project approach and intervention
- Launch the practical Beyond Bias “How-To Guide”
  - Highlight key features of the guide
  - Link you to sections of the guide most useful to you
  - Show you how to access the guide as a first step toward adapting, implementing, and scaling the Beyond Bias model in your AYSRH program
- Share experience with the experts who implemented Beyond Bias in Burkina Faso, Pakistan, and Tanzania and helped write this how-to guide





# Webinar Road Map

- Presentation and launch of the Beyond Bias How-To Guide *(45 min)*
- Moderated panel with Beyond Bias implementation experts and Q&A *(40 min)*

## Today's Speakers



**Lydia Murithi**  
*Beyond Bias Project Director*  
Pathfinder



**Marta Pirzadeh**  
*Senior Technical Advisor, AYSRHR*  
Pathfinder



**Mohamad (Bram) Brooks**  
*Senior MEL Advisor*  
Pathfinder



**Bruno Ki**  
*Technical Director*  
Pathfinder Burkina Faso



**Upendo Laizer**  
*Project Technical Coordinator*  
Pathfinder Tanzania



**Madiha Latif**  
*Senior Program Manager*  
Pathfinder Pakistan



**Gwyn Hainsworth**  
*Senior Program Officer*  
Bill & Melinda Gates Foundation

The background is a solid teal color. In the top-left and bottom-right corners, there are decorative elements consisting of multiple parallel, white, wavy lines that curve towards the center, creating a sense of depth and movement.

# INTRODUCTION

# Why Focus on Provider Bias?

- Out of 32 million adolescent women in LMICs who want to avoid a pregnancy, 14 million (43%) have an unmet need for modern contraception (Guttmacher 2020)
- In our target geographies, use of modern contraception among married women ages 15-19 is low: 6% in Burkina Faso, 7% in Pakistan, 8% in Tanzania (DHS)
- Several studies cite provider bias—such as a belief that young, unmarried people should not be sexually active or that young, married women should prove fertility— as a driver of judgmental and poor quality sexual and reproductive health (SRH) care





# Why are Beyond Bias learnings important?

- The status quo approach to changing provider behavior has had limited success
- Beyond Bias was initiated to disrupt the status quo
- Important programmatic implications for the field/evidence base
- Adapt and institutionalize in different contexts
- Integrate Beyond Bias solutions within existing programs
- You can start addressing provider bias *TODAY*





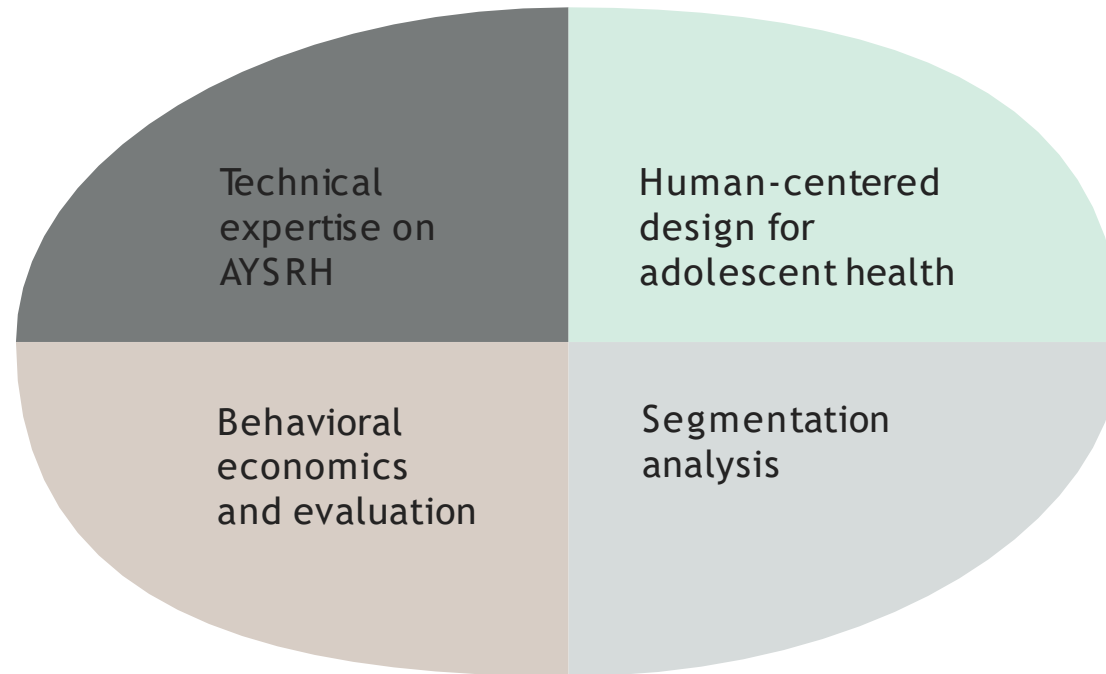
# **INTERVENTION – HOW DID WE TACKLE PROVIDER BIAS IN BURKINA FASO, PAKISTAN, AND TANZANIA?**



# Beyond Bias Project

Goal: To design and test scalable innovative solutions to address provider bias toward serving youth ages 15-24 with family planning services in Burkina Faso, Pakistan, and Tanzania.

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# The Beyond Bias Behavior Change Strategy

## PHASE

### ACTIVATE

Pre-Contemplation  
Contemplation Determination

### APPLY

Action, Relapse

### ACHIEVE

Relapse

## EXPERIENCE



### SUMMIT









### CONNECT






### REWARDS

## BEHAVIOR CHANGE MECHANISMS

-  Humanize bias and hold up a mirror for providers
-  Improve emotional connectivity with youth
-  Address providers' fears of community backlash

-  Address concerns of fertility delays
-  Educate around safety of methods for youth
-  Activate contextualized agency

-  Create accountability for service quality
-  Offer visible performance-based rewards
-  Shift professional norms

## OUTCOMES

(6 Principles Framework)

Sensitive  
Communication

Safe, Welcoming Space

Seek Understanding  
and Agreement

Security of Information

Say Yes to a  
Safe Method

Simple, Comprehensive  
Counseling



## SUMMIT

### WHAT

A story-driven event that **activates** providers' self-awareness of their own biases and empathy for young people's needs.

### HOW

- 4-6 hour, in-person event
- Up to 75 providers per event
- Testimonies and interactive group exercises





Rachidatou's story,  
AY client from Burkina  
Faso





## CONNECT

### WHAT

A ongoing peer support and learning forum where providers problem-solve together to **apply** unbiased practices in their daily work.

### HOW

- Digital discussion group (WhatsApp) and/or in-person forum led by facility in-charges
- Facilitators require 3-hour training







## REWARDS

### WHAT

A growth-oriented performance rewards system based on client feedback on provider behavior

### HOW

- Facilities receive report cards with performance data and recommendations for improvement.
- High-improvement facilities get public recognition for their progress.



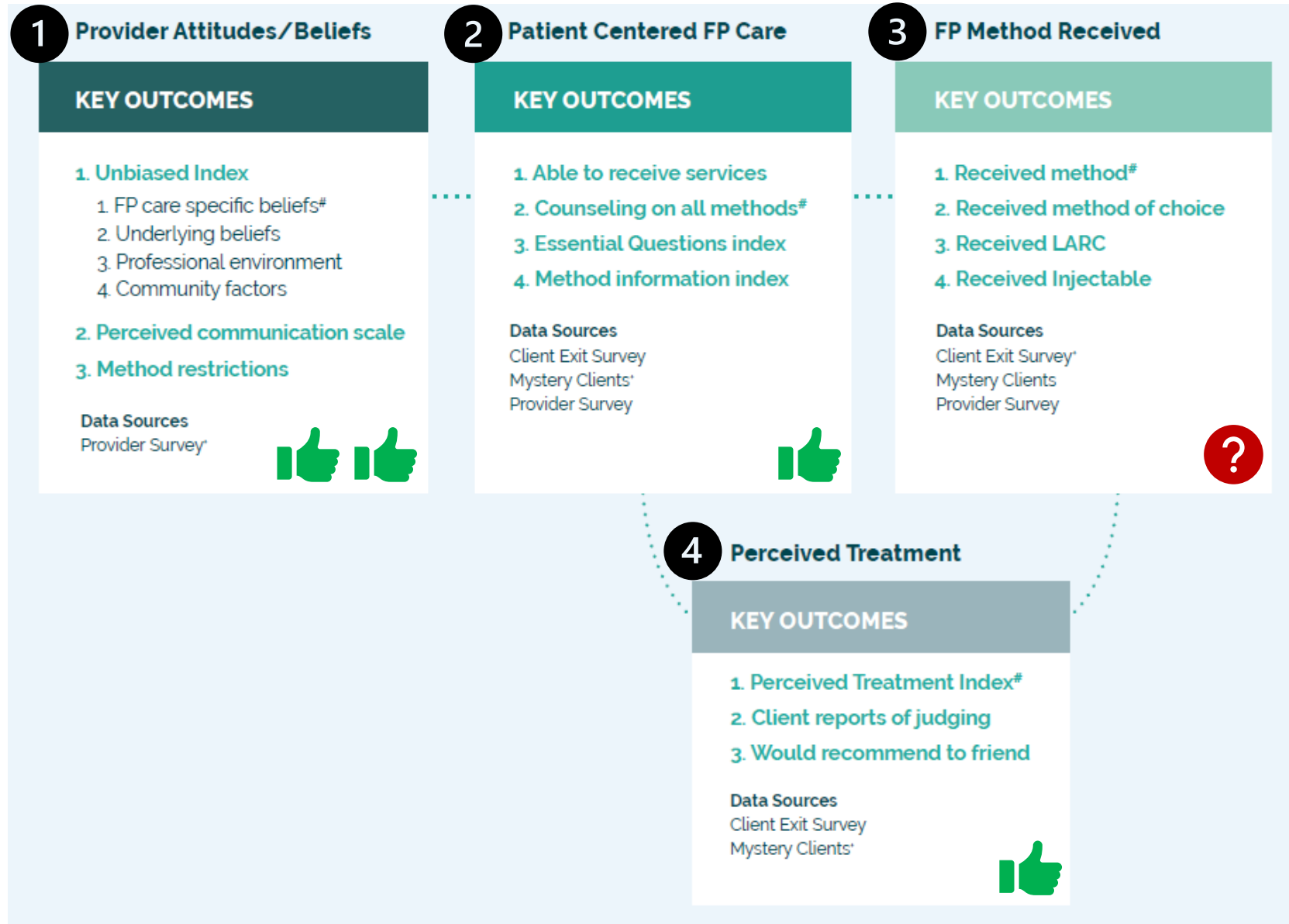


# SETTING FOR INTERVENTION

- 75 public clinics **Tanzania** (Dar es Salaam)
  - All clinics that participated in Pathfinder's existing platform projects
  - Primarily in urban areas but also included peri-urban and semi-rural areas
  - Mostly provide FP services
  - Roughly 4 providers per clinic
- 80 private clinics in **Pakistan** (Karachi)
  - Sole provider clinics, privately owned and operated in urban areas
  - Socially franchised private providers associated with Green Star
  - Provide broad range of services in addition to FP
- 78 public clinics in **Burkina Faso** (Ouagadoogu, Banfora, and Bobo)
  - All clinics that participated in Pathfinder's existing platform projects
  - Primarily in urban areas but also included peri-urban and semi-rural areas
  - Mostly provide FP services
  - About 11 providers per clinic



# External Evaluation – Key Takeaways



# Provider reflections

*"I refused to offer contraception to a young girl because she was too small to start having sex, and I said: 'you -- as a little girl -- you already know boys!'. Afterwards she remained mute as she watched me speak. Then she went home without her method. So 3 months later, I met her one day on the steps and she looked at me with contempt and I noticed that she was 2 months pregnant and that her parents had chased her out...this particularly discouraged me because of my behavior towards this young girl."*  
- Provider, Burkina Faso

*"I am so touched with this [SUMMIT video], the truth is, we are the reason for youth not to access contraceptive methods. We are the one causing youth to get pregnant and making them not to reach their goals by denying them contraceptive methods."*  
- Provider, Tanzania





# Provider testimonials

*"Working with the [Beyond Bias] network has given me the confidence that I am not alone, and what I am doing is not wrong. The group gives me strength to continue doing what I am doing, with confidence and courage."*

- Provider, Pakistan

*"My experience is that, for many years we have not been providing contraceptive methods to youth. I have been telling youth that they should not be engaging in relationship/sex at young age, they should wait. Later I was trained to provide contraceptive methods to youth. I started providing services to youth, but I was still struggling to provide services to young age, as I still see them as my children. But now I will provide contraceptive methods to youth."*

- Provider, Tanzania



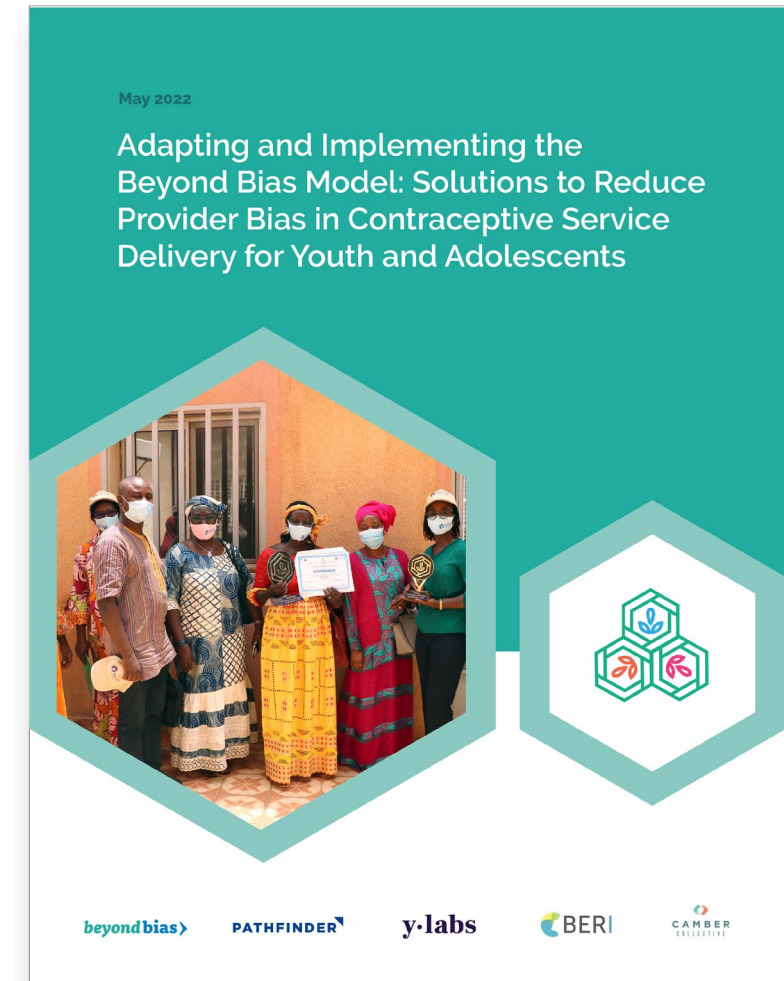


**HOW DO I IMPLEMENT THE BEYOND  
BIAS MODEL?**

# Launch of the Beyond Bias “How-To Guide”

In this section, we will:

- Describe different audiences for the guide
- Highlight key features of the guide
- Link you to sections of the guide most useful to you
- Show you how to access the guide as a first step toward adapting, implementing, and scaling the Beyond Bias model in your setting





# Who is this guide for and how do I use it?

*I am a:*

High-level government decision-maker (e.g., MOH department or unit head of an FP/RH program).

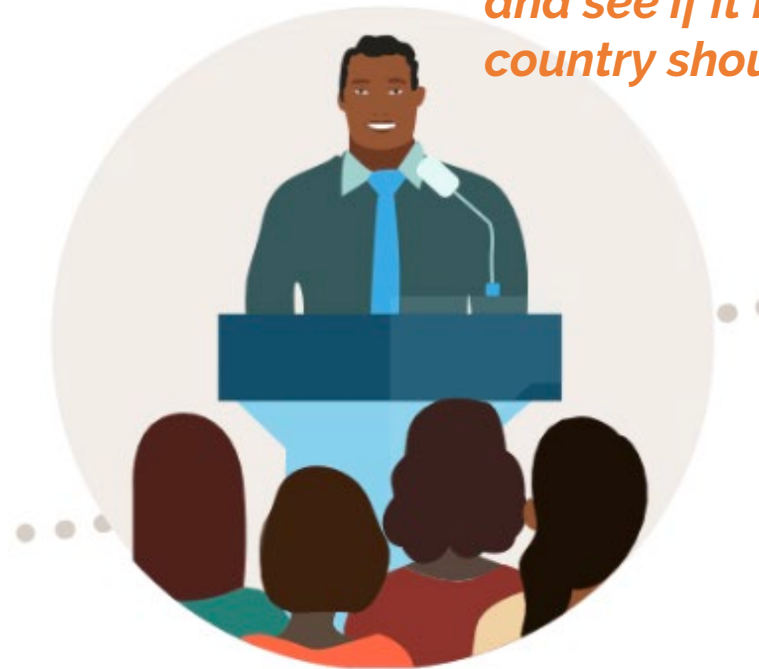
*I will explore this guide because:*

Provider bias is an issue in my country that hinders delivery of AYSRH services.

*I will focus on:*

Section I of the How-To Guide.

***“I want to explore the Beyond Bias approach and see if it is a model my country should adopt.”***



# Who is this guide for and how do I use it?

*I am a:*

National (government) program implementer, for example a MOH program officer working at national or subnational level.

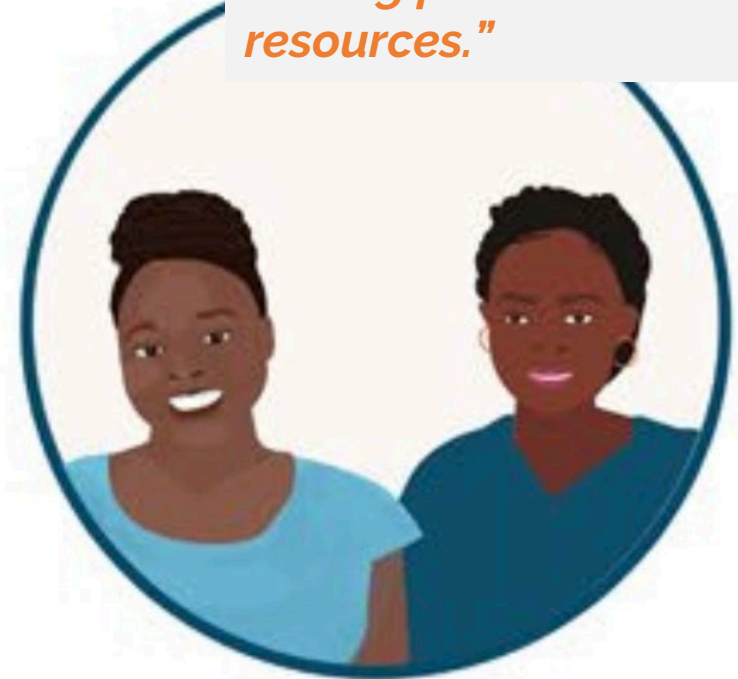
*I will explore this guide because:*

My Ministry intends to adopt/integrate Beyond Bias into our existing national program and I will be supporting its implementation.

*I will focus on:*

Sections I and II of the guide, plus the additional resources included in the annexes.

***“We need to understand what Beyond Bias is and what options we have for adapting, integrating, and implementing it using public sector resources.”***



# Who is this guide for and how do I use it?

*I am a:*

Donor agency decision-maker looking to support national partner(s) in reducing provider bias.

*I will explore this guide because:*

Provider bias hinders delivery of AYSRH services in countries/settings where my agency provides technical and/or financial support.

*I will focus on:*

Section I.

***“We want to know if Beyond Bias is a model that our agency can recommend in settings we support.”***





# Who is this guide for and how do I use it?

*I am a:*

Member of a donor-funded implementing agency (e.g., NGO, INGO, CBO) or private franchise working with RH providers.

*I will explore this guide because:*

My agency intends to implement Beyond Bias and I will be supporting its adoption, adaptation, and implementation.

*I will focus on:*

Sections I and II of the guide, plus the additional resources included in the annexes.

***"I need to understand what the approach is and how to roll it out in my country using donor-provided resources."***



# What will I learn reading the How-To Guide?

*The guide helps  
answer questions  
including:*



- ✓ Why is provider bias a problem?
- ✓ What drives provider bias?
- ✓ Why should I adopt the Beyond Bias approach?
- ✓ What does success look like?
- ✓ Is Beyond Bias the right model for my setting?
- ✓ Can Beyond Bias be scaled up?
- ✓ How might I adopt and institutionalize Beyond Bias in my setting?
- ✓ What if my country isn't ready to adopt the whole Beyond Bias model yet? Are there still things we can do today?

# How is the guide set up?

*The guide takes you through a logical series of steps that help you navigate the process.*

*The guidance can be followed as suggested or adjusted to fit your setting, resources, and needs.*





# Key features of the guide:

*Each section of the guide:*

- Grounds each step within the context of the overall program
- Explains in detail why the step matters
- Provides step-by-step guidance on how to plan, implement, and monitor specific activities
- Offers alternatives if you need to adapt or adjust activities
- Includes insightful lessons from the field
- Gives our top “do’s”, “don’ts”, and tips for success
- Provides examples and links to actual tools and materials you can use or adapt

For example:

*Grounds the step within the context of the overall program*

*Provides examples you can use or adapt*

STEP  
2

Strengthening the Capacity of the Resource Team

Many people will be involved in making your Beyond Bias effort a success.

This section describes the key people needed for program implementation, phases during which each person is needed, each person's main responsibilities, and training needed to enable team members to implement the program effectively.

FIGURE XX gives an overview of key members of the team, relationships between team members, and the level of effort needed for each role. Also indicated are the specific program phases during which each member is required. On the following page, we outline the core responsibilities associated with each role.

\*

**WHY DOES THIS STEP MATTER?**  
Engaging, coordinating, and training team members is critical to the success of your program. The more organized and prepared team members are, the more confident and credible they will be. This will help them build trust with participating providers.

FIGURE xx. Recommended program staffing chart

PROGRAM STAFFING CHART

Summit

Connect

Rewards

Full LDE

Partial LDE

Existing Facility Staff

One-time

*Explains clearly why the step matters*

# Also...

*Provides step-by-step guidance on how to plan, implement, and monitor specific activities to reach your goal*



## Preparing for Rewards

In the four weeks leading up to a Rewards event, the Beyond Bias coordinator, clinical support staff, M&E officer, and data enumerators (if any) will prepare using the timeline below as a guide.

4 WEEKS IN ADVANCE	<ul style="list-style-type: none"><li>• Coordinate with data team to determine feasible timeline for data analysis and reporting for each cohort.</li><li>• Schedule Rewards events (1 per cohort).</li><li>• Start drafting agenda and program for the Rewards event.</li></ul>
3 WEEKS IN ADVANCE	<ul style="list-style-type: none"><li>• Send invitations to facility managers, providers, and key stakeholders.</li><li>• Arrange for any special entertainment or performances for event. Request letter of congratulations from senior MOH or partner representative, to be given to eligible facilities at Rewards event. Note that for the final Rewards event, a respected stakeholder</li><li>• (MOH or similar) should be invited to officiate to elevate the importance of the event and the value of Rewards.</li></ul>
2 WEEKS IN ADVANCE	<ul style="list-style-type: none"><li>• Support data team with data visualization and translation of performance information/measurements to report cards.</li></ul>
1 WEEK IN ADVANCE	<ul style="list-style-type: none"><li>• Print final report cards for sharing with facility managers and providers.</li><li>• Identify which and how many facilities qualify for Rewards. Assemble the Rewards kit for qualifying facilities.</li><li>• Print letters of congratulations from MOH or other officials to be included in Rewards kit.</li></ul>



### PRO TIP

Engaging stakeholders in Rewards increases potential for provider adoption, sustainability, and scale-up:

To encourage public sector engagement, invite district-level MOH representatives to Rewards events. Arrange meetings to share updates on data and facility performance. Invite MOH regional representatives to be "co-signers" on Rewards certificates. Invite a national-level MOH representative to be a distinguished guest at the final end-of-year Rewards event.

If working in the private sector, invite key stakeholders to Rewards events. Arrange meetings to share an overview of client exit survey data and facility performance. Review report card content, performance data, program progress, and explore how Rewards data can be integrated into existing quality reporting systems. Invite a national-level stakeholder (public or private sector) to be a "distinguished guest" at the final, end-of-year Rewards event.

*Includes insightful lessons from the field plus helpful "do's" and "don'ts"*





# Where can I access the guide?

*Find it here!*

<https://www.pathfinder.org/publications/beyond-bias-practical-how-to-guide/>

May 10, 2022

## Beyond Bias Practical "How-to Guide"

📍 Burkina Faso , Pakistan , Tanzania



### Adapting and Implementing the Beyond Bias Model: Solutions to Reduce Provider Bias in Contraceptive Service Delivery for Youth and Adolescents

The Beyond Bias project has helped us not only to understand what drives provider bias, but has also introduced scalable solutions addressing it, ultimately improving the quality of care for contraceptive services for young people. This publication is a step-by-step guide to the Beyond Bias model and shares the opportunities available for adapting and institutionalizing the model in other contexts while offering insightful lessons from the field.



# PANEL AND Q&A

# Moderated panel with implementation experts and Q&A



**Lydia Murithi**  
*Beyond Bias Project Director*  
Pathfinder



**Marta Pirzadeh**  
*Senior Technical Advisor, AYSRHR*  
Pathfinder



**Mohamad (Bram) Brooks**  
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**Madiha Latif**  
*Senior Program Manager*  
Pathfinder Pakistan



**Gwyn Hainsworth**  
*Senior Program Officer*  
Bill & Melinda Gates Foundation



How was the team able to achieve such a high level of buy-in and support from the government/Ministry of Health?

What did implementing the Beyond Bias model in Burkina highlight that could make the project even more impactful moving forward?

In terms of provider engagement and impact, which aspects of the way you implemented do you think may have contributed to the success?

Why was the decision made to take a blended approach with CONNECT (digital through WhatsApp + in-person meetings at facilities) and how did this blended model work?

What are the unique challenges of working with private providers and how did you overcome them?

Do you think the Beyond Bias model can be implemented successfully in the public sector in Pakistan? What adaptations would be needed for that to happen?



What are some important considerations when it comes to monitoring the project?

What are some learnings or adaptations based on the Beyond Bias project monitoring data?

What lessons did you learn from integrating segmentation analysis in Beyond Bias?

What recommendations do you have on how these lessons can be applied in future work?

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What insights or recommendations do you have about scaling-up Rewards?

How can other donors support the implementation and scale up of the Beyond Bias model?

And what efforts are necessary to promote integration of Beyond Bias lessons learned into AYSRH programs?



How do you see the Beyond Bias model as being transferrable/applicable to other areas of healthcare?

From the donor's perspective, what has been learned about funding/supporting a multi-disciplinary project such as this one?

What would you say to donors to advise on why and how to fund innovative programs like this one?

As a donor who has been involved from the conceptualization and inception phases and through the implementation of Beyond Bias, what surprised you the most about this project to date?

Aside from Covid disruption, what were the biggest surprises during implementation that other implementers should consider?



THANK YOU!  
MERCİ !

*beyond bias* >

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**FOR MORE RESOURCES, VISIT:**

**[HTTPS://WWW.PATHFINDER.ORG/PROJECTS  
/BEYOND-BIAS/](https://www.pathfinder.org/projects/beyond-bias/)**

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