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
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

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Senior Program Manager
Pathfinder Pakistan

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Bill & Melinda Gates Foundation
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.
The Beyond Bias Behavior Change Strategy

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<td>BEHAVIOR CHANGE MECHANISMS</td>
<td>Humanize bias and hold up a mirror for providers</td>
<td>Address concerns of fertility delays</td>
<td>Create accountability for service quality</td>
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<td>Improve emotional connectivity with youth</td>
<td>Educate around safety of methods for youth</td>
<td>Offer visible performance-based rewards</td>
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<td>Address providers’ fears of community backlash</td>
<td>Activate contextualized agency</td>
<td>Shift professional norms</td>
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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
A story-driven event that activates providers’ self-awareness of their own biases and empathy for young people’s needs.

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

WHAT

HOW
Rachidatou’s story, AY client from Burkina Faso
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
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

1. **Provider Attitudes/Beliefs**
   - **KEY OUTCOMES**
     - 1. Unbiased Index
       - FP care specific beliefs
     - 2. Underlying beliefs
     - 3. Professional environment
     - 4. Community factors
     - 2. Perceived communication scale
     - 3. Method restrictions
   - **Data Sources**
     - Provider Survey
   - **Thumbs Up**

2. **Patient Centered FP Care**
   - **KEY OUTCOMES**
     - 1. Able to receive services
     - 2. Counseling on all methods
     - 3. Essential Questions index
     - 4. Method information index
   - **Data Sources**
     - Client Exit Survey
     - Mystery Clients’ Provider Survey

3. **FP Method Received**
   - **KEY OUTCOMES**
     - 1. Received method
     - 2. Received method of choice
     - 3. Received LARC
     - 4. Received Injectable
   - **Data Sources**
     - Client Exit Survey
     - Mystery Clients’ Provider Survey

4. **Perceived Treatment**
   - **KEY OUTCOMES**
     - 1. Perceived Treatment Index
     - 2. Client reports of judging
     - 3. Would recommend to friend
   - **Data Sources**
     - Client Exit Survey
     - Mystery Clients’ Provider Survey
   - **Thumbs Up**
"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

“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

“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
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.

- **STEP 1**: Conducting a Situational and Segmentation Analysis
- **STEP 2**: Strengthening the Capacity of the Resource Team
- **STEP 3**: Implementing Summit
- **STEP 4**: Implementing Connect
- **STEP 5**: Implementing Rewards
- **STEP 6**: Performance Monitoring, Evaluation, and Learning
Key features 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

Each section of the guide:
For example:

Grounds the step within the context of the overall program

Provides examples you can use or adapt

Explains clearly why the step matters
Preventing for Rewards

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

<table>
<thead>
<tr>
<th>4 WEEKS IN ADVANCE</th>
<th>3 WEEKS IN ADVANCE</th>
<th>2 WEEKS IN ADVANCE</th>
<th>1 WEEK IN ADVANCE</th>
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<tr>
<td>• Coordinate with data team to determine feasible timeline for data analysis and reporting for each cohort.</td>
<td>• Send invitations to facility managers, providers, and key stakeholders.</td>
<td>• Support data team with data visualization and translation of performance information for report cards.</td>
<td>• Print final report cards for sharing with facility managers and providers.</td>
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<td>• Schedule Rewards events is per cohort.</td>
<td>• Arrange for any special entertainment or performances for event.</td>
<td>• Identify which and how many facilities qualify for Rewards. Assemble the Rewards kit for qualifying facilities.</td>
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<tr>
<td>• Start drafting agenda and program for the Rewards event.</td>
<td>• 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</td>
<td>• Print letters of congratulations from MOH or other officials to be included in Rewards kit.</td>
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**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 “re-sign” 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 reported-level stakeholder (public or private sector) to be a distinguished guest at the final end-of-year Rewards event.
Where can I access the guide?

Find it here!

https://www.pathfinder.org/publications/beyond-bias-practical-how-to-guide/
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  
_Senior MEL Advisor_  
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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
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?
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!
MERCI !
FOR MORE RESOURCES, VISIT:
HTTPS://WWW.PATHFINDER.ORG/PROJECTS/BEYOND-BIAS/

FOR MORE INFORMATION, CONTACT:
BEYONDBIAS@PATHFINDER.ORG