



Tackling Provider Bias in Contraceptive Service Delivery

Lessons from the Beyond Bias Project

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Photos: Dominic Chavez, CC

beyond bias >



y·labs



Objectives For Today

- Provide an overview of the Beyond Bias project approach
- Describe the behavior change strategy we have developed and are currently implementing
- Share some reflections and insights we have gleaned along the way for tackling bias



THE CHALLENGE

Why Focus on Provider Bias?

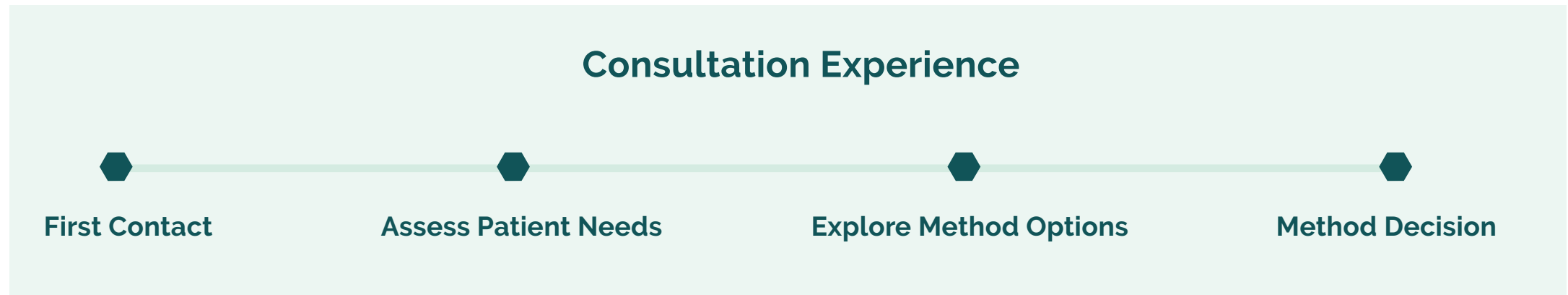
28 million sexually active adolescents in developing regions do not want a child within two years. 60% of these adolescents have an unmet need for contraception. (Guttmacher 2016)

Bias—such as a belief that young, unmarried people should not be sexually active or that young, married women should prove fertility— is a driver of judgmental and poor quality sexual and reproductive health care.




Bias occurs at the 'last meter' of care

Multiple barriers prevent a young person from accessing a safe method of contraception of their choice. Bias occurs at these stages during the moment of consultation between youth and provider - the last meter of care.



**The status quo
approach to
changing provider
behavior has had
limited success.**

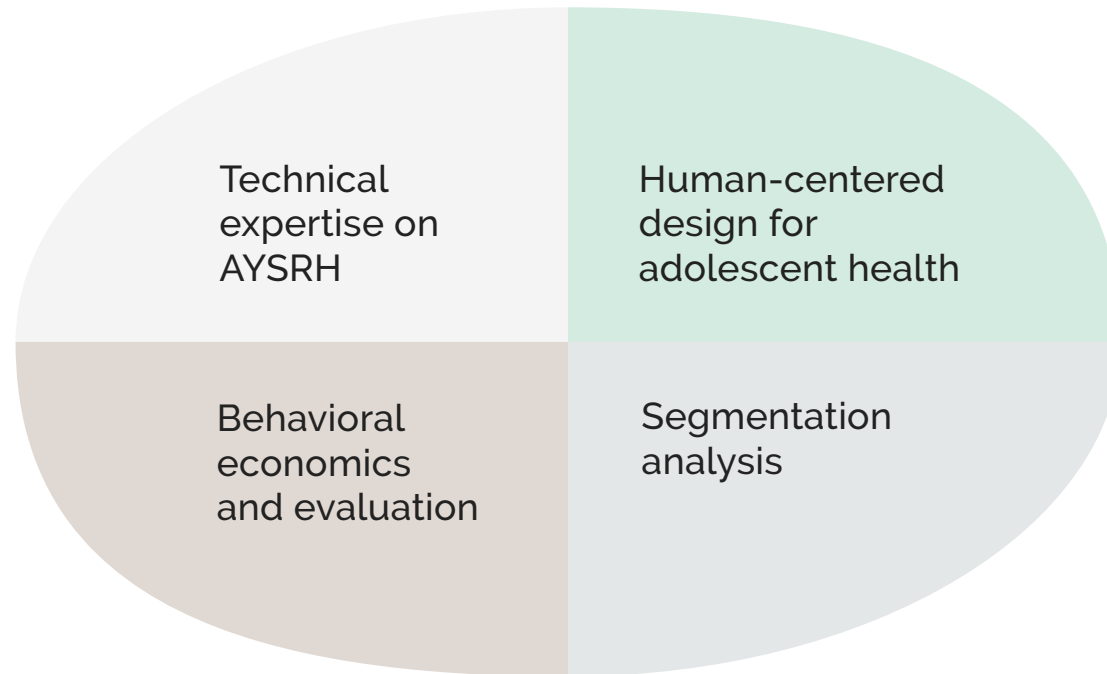


The image features a central orange diamond shape on a solid orange background. The left and right sides of the diamond are filled with a pattern of horizontal, wavy lines in a slightly lighter shade of orange. The text 'PROJECT APPROACH' is centered within the diamond in a bold, white, sans-serif font.

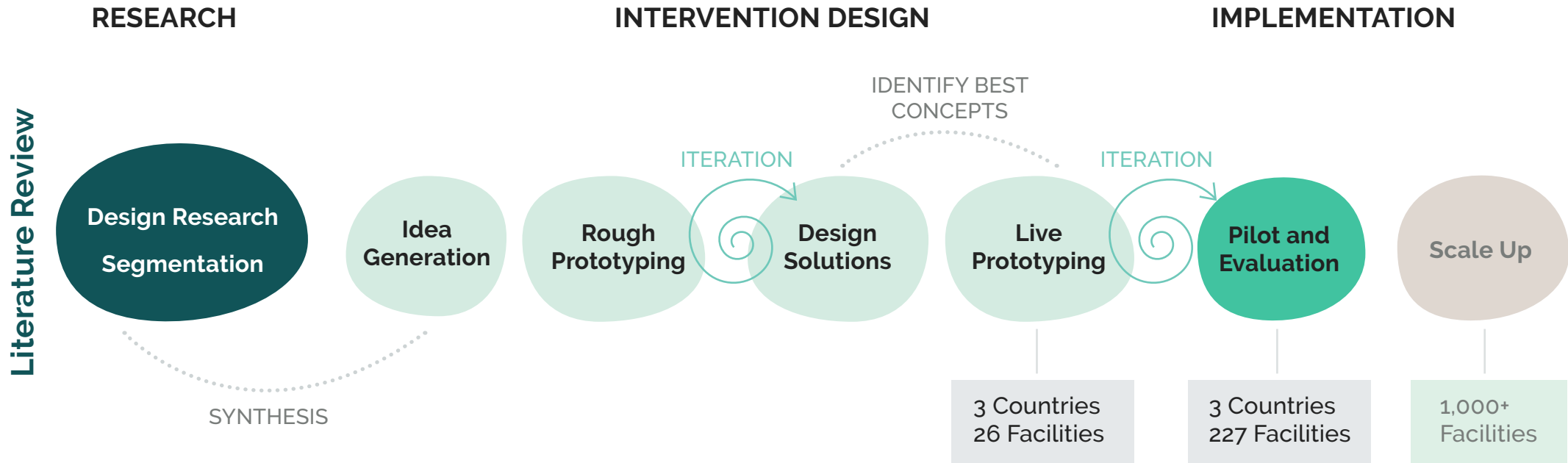
PROJECT APPROACH

Beyond Bias Project

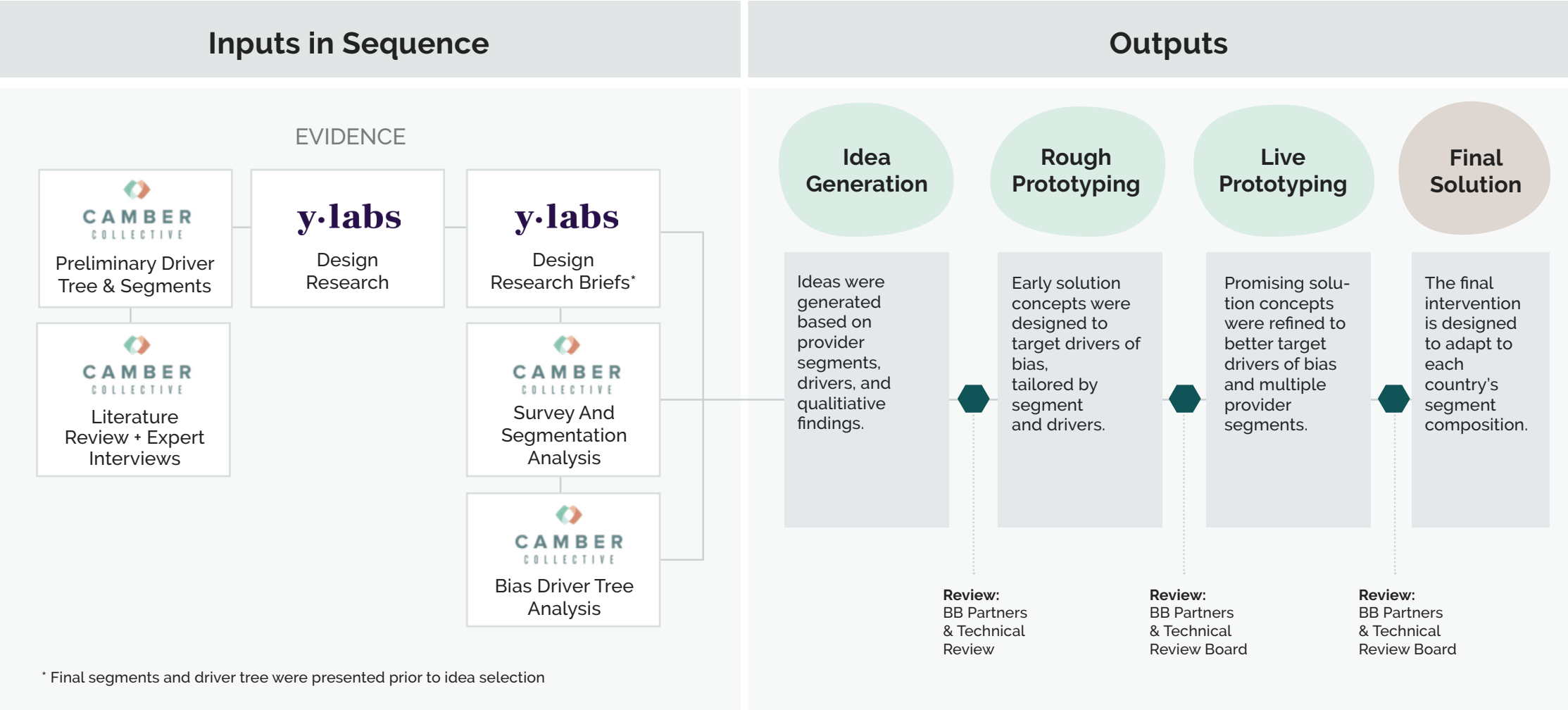
Goal: To design and test scalable innovative solutions to address provider bias toward serving youth ages 15-24 with family planning services in **Burkina Faso, Pakistan, and Tanzania.**



Beyond Bias' User-centered Process



Process and Integration of Methods





KEY FINDINGS ABOUT BIAS

11 major drivers of bias were cross-validated by Camber's quantitative survey (n=811) and YLabs' qualitative interviews (n= 373).

Biographic

- Negative attitudes
- Willingness to change
- Provider attributes
- Difficulty communicating
- Product inexperience

Situational

- Lack of motivation
- Workload
- Workplace norms
- *Competing SRH risks*
- *Clinic reputation*

Societal

- *Social norms*

Quantitative segmentation was used to identify six segments of providers, with different bias profiles.

DETACHED PROFESSIONAL

Well-trained, though emotionally disconnected from youth



AVERAGE PASSIVE

Aware of AYSRH practices, but somewhat biased and relatively unsympathetic for youth



CONTENT CONSERVATIVE

Generally open-minded and youth friendly, but distrustful of modern methods and independent women



IMPROMPTU SISTER

Most connected with young clients, though also prone to believe they know what's best



SYMPATHETIC GUARDIAN

Well-intentioned, and though somewhat misinformed, exhibit overall high quality youth service



PATERNALISTIC CLINICIAN

Busy older doctors who, despite some progressive attitudes, show strong marital and parity bias



Link to full segmentation report: <https://www.pathfinder.org/publications/?keyword=beyond+bias>

Manifestations of bias by country



TANZANIA

DOMINANT SEGMENT

Average Passive
(60% of providers)

WHAT BIAS LOOKS LIKE

- Bias against LARCs and hormonal methods
- Requiring clients to take HIV tests
- May refuse service to unmarried clients

“ I feel guilty giving injections to young women because they will not be able to later conceive at the right time.

Manifestations of bias by country



TANZANIA



BURKINA FASO

DOMINANT SEGMENT

Average Passive
(60% of providers)

Detached Professional
(79% of providers)

WHAT BIAS LOOKS LIKE

- Bias against LARCs and hormonal methods
- Requiring clients to take HIV tests
- May refuse service to unmarried clients

- Prioritize older clients
- Do not explain all methods or side effects
- Likely to promote abstinence to unmarried youth

“ I feel guilty giving injections to young women because they will not be able to later conceive at the right time.

“ I have too many patients and too little space. Sometimes women deliver on the floor because we don't have enough tables.

Manifestations of bias by country



TANZANIA



BURKINA FASO



PAKISTAN

DOMINANT SEGMENT

Average Passive
(60% of providers)

Detached Professional
(79% of providers)

Content Conservative
(69% of providers)

WHAT BIAS LOOKS LIKE

- Bias against LARCs and hormonal methods
- Requiring clients to take HIV tests
- May refuse service to unmarried clients

- Prioritize older clients
- Do not explain all methods or side effects
- Likely to promote abstinence to unmarried youth

- Refusal to serve unmarried clients
- Deny LARCs to nulliparous clients
- Require spousal or parental consent

“ I feel guilty giving injections to young women because they will not be able to later conceive at the right time.

“ I have too many patients and too little space. Sometimes women deliver on the floor because we don't have enough tables.

“ For newlywed clients younger than 20 years old, I advise them to conceive once, then go for birth spacing.

CROSS-CUTTING INSIGHT #1

Wanting what's "best"
for a young person can
actually be a driver of bias.

“ In our society, infertility is a nightmare.

- PROVIDER, TANZANIA



CROSS-CUTTING INSIGHT #2

Providers have one foot
in the community and
one foot in the clinic.
Their values often conflict
with their training.

“ We are also sisters, mothers, friends.
This is where we fail as providers.”

- PROVIDER, BURKINA FASO



CROSS-CUTTING INSIGHT #3

Providers want to feel like
and be seen as the expert
and “decider”.

“ I know what [a client’s] character is like.
I have been in this position for the past
40 years, so I can tell very easily.

- PROVIDER, PAKISTAN



The background is a solid teal color with a pattern of white, wavy, horizontal lines that resemble water ripples or a textured surface. The lines are more densely packed on the left and right sides and more sparse in the center.

FROM EVIDENCE TO INTERVENTION DEVELOPMENT

Overview of the Idea Generation and Intervention Development Process

100+ Ideas Generated by All Partners

Seven Concepts Tested in Rough Prototyping

Top Three Refined Concepts Tested in Live Prototyping

One Integrated Solution, Adapted by Country

Handwritten Notes and Worksheets:

- Ideaation Worksheet:** Contains handwritten notes such as "client arrives in the facility and is provided the ranking during the session based on services and information to rank provider satisfaction and providers care." and "the button (ping-pong) feedback is complete and shared with the provider during weekly feedback meeting. Information gets immediate feedback will be used to overall rewarding of services + Ping Pong + Inform + rewarding".
- GAMIFICATION Ideation Worksheet:** Includes a "Problem" section with two points: "1. Low incentive for high quality services for youth clients" and "2. Providers are often expected to provide services that put them at odds with social norms of the community". The "Solution" section proposes using a gamification-based system to encourage providers to provide higher quality services for youth.
- Sticky Notes:**
 - "MIL + CHW + PPAV" (Mother-in-law, Community Health Worker, Peer Promoter and Activator Volunteer)
 - "BEAUTY MAKEOVER + PHOTOSHOOT" (with sub-note "DELIVER INFO (+ SERVICES)")
 - "LADIES NIGHT"
 - "HEALTHY FAMILY HEALTHY MOM BRILLIANT CHILD" (with sub-note "PLAY ON FUTURE GENERATIONAL SUCCESS")
 - "REWARD \$ PUBLIC RECOGNITION SYSTEM"
 - "CARRI + STICK"
 - "LADIES NIGHT (CHWs)" (with sub-note "AVON LADY STYLE")
 - "Invites large group local women" (with sub-note "YOVE FAMILY SUCCESS")
 - "What's the swag?" (with sub-note "related to children Baby gifts")
- Other Documents:** "CONVERSATION GUIDE" (with sub-note "CHW + MOTHER + YOUNG WOMEN + HUSBAND"), "HEALTHY FAMILY", "BRILLIANT CHILD", "PLAY ON FUTURE GENERATIONAL SUCCESS", "LADIES NIGHT (CHWs)", "AVON LADY STYLE", "Invites large group local women", "YOVE FAMILY SUCCESS", "What's the swag?", "related to children Baby gifts", "INTEGRATED MESSAGING + REFERRALS (PRIVATE)", "SLEEPING DOLLS TO SUCCESS", "FINANCIAL PLANNING TOOL", "OPTIONS FOR SAVING", "EDUCATION", "VACCINATION", "COUNTRY / COUNTRIES All countries", "WHO IS YOUR IDEA TARGETED AT? Targets providers to", "WHICH PROVIDER SEGMENT(S)?", "WHICH DESIGN BRIEF IS IT ADDRESSING? #5 - quality services and accountability".

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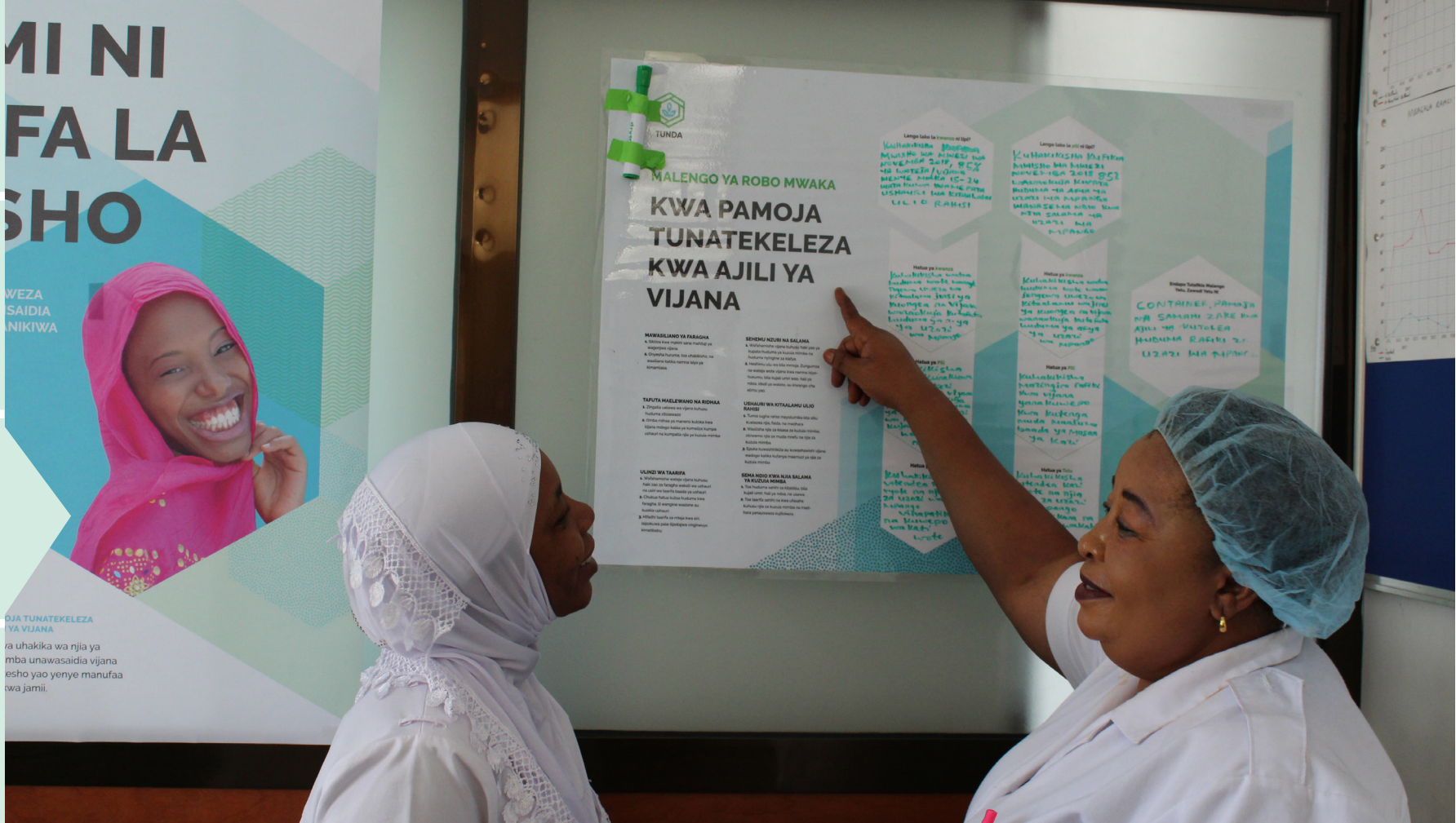
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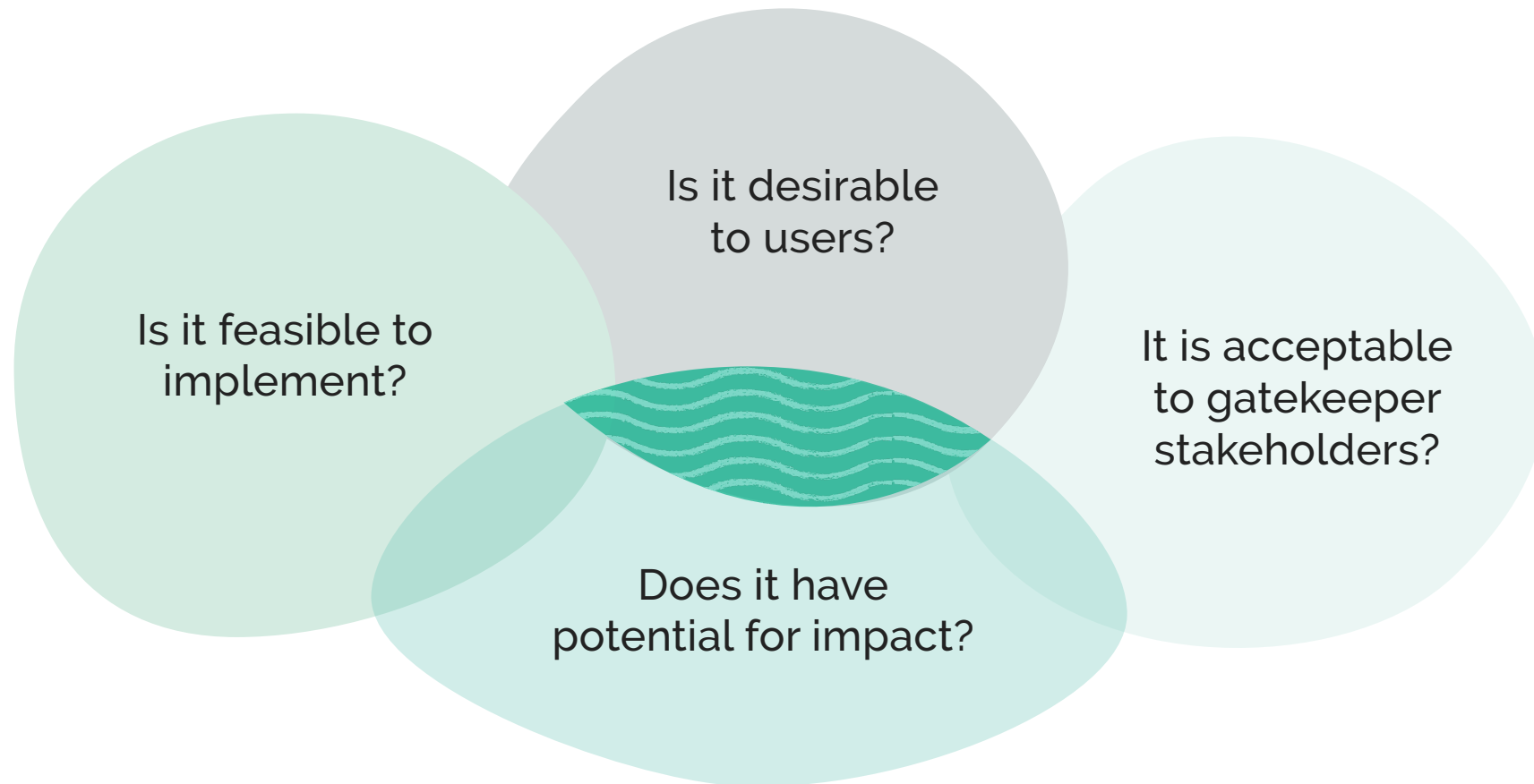
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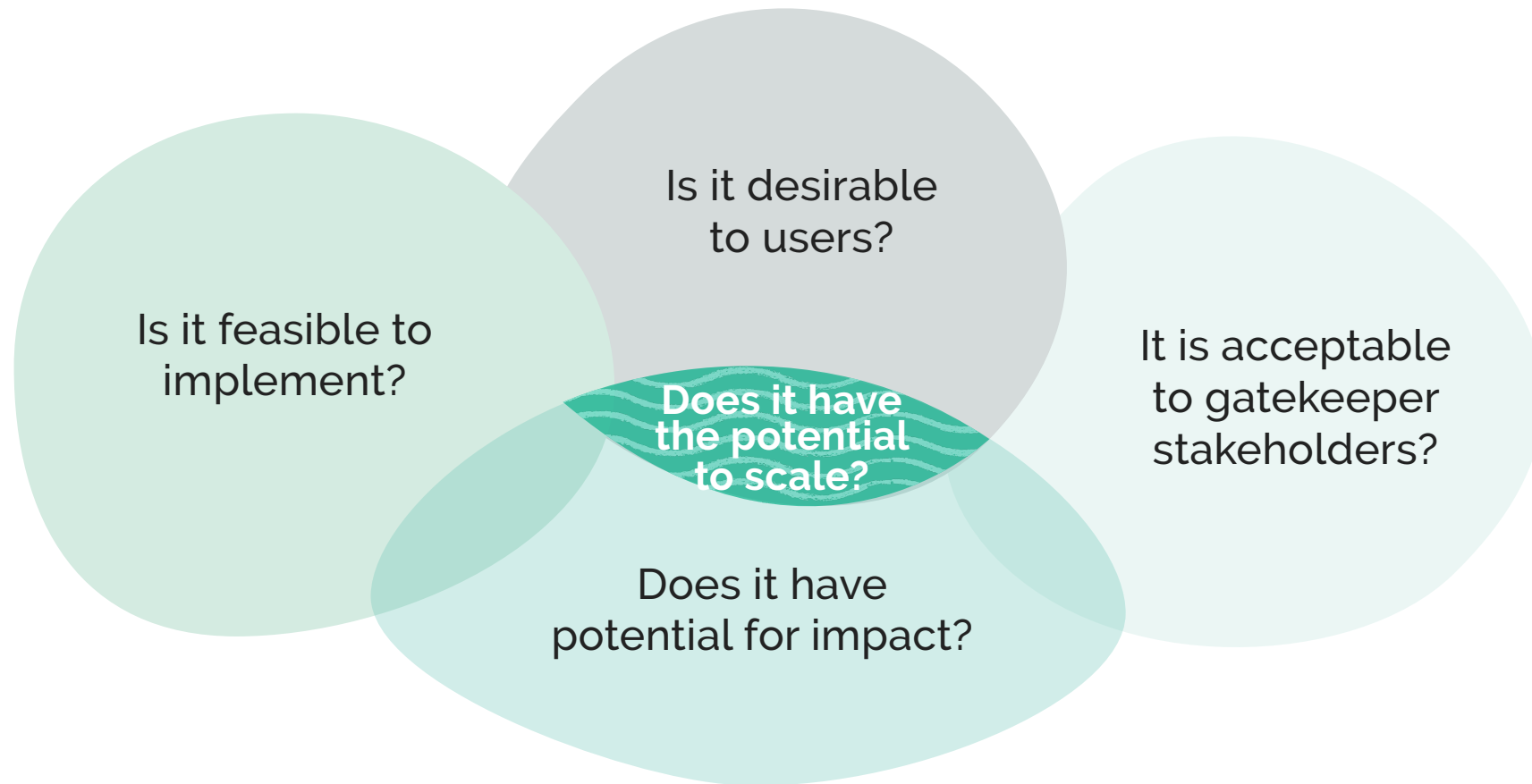
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Potential solutions were assessed and advanced based on several core criteria.



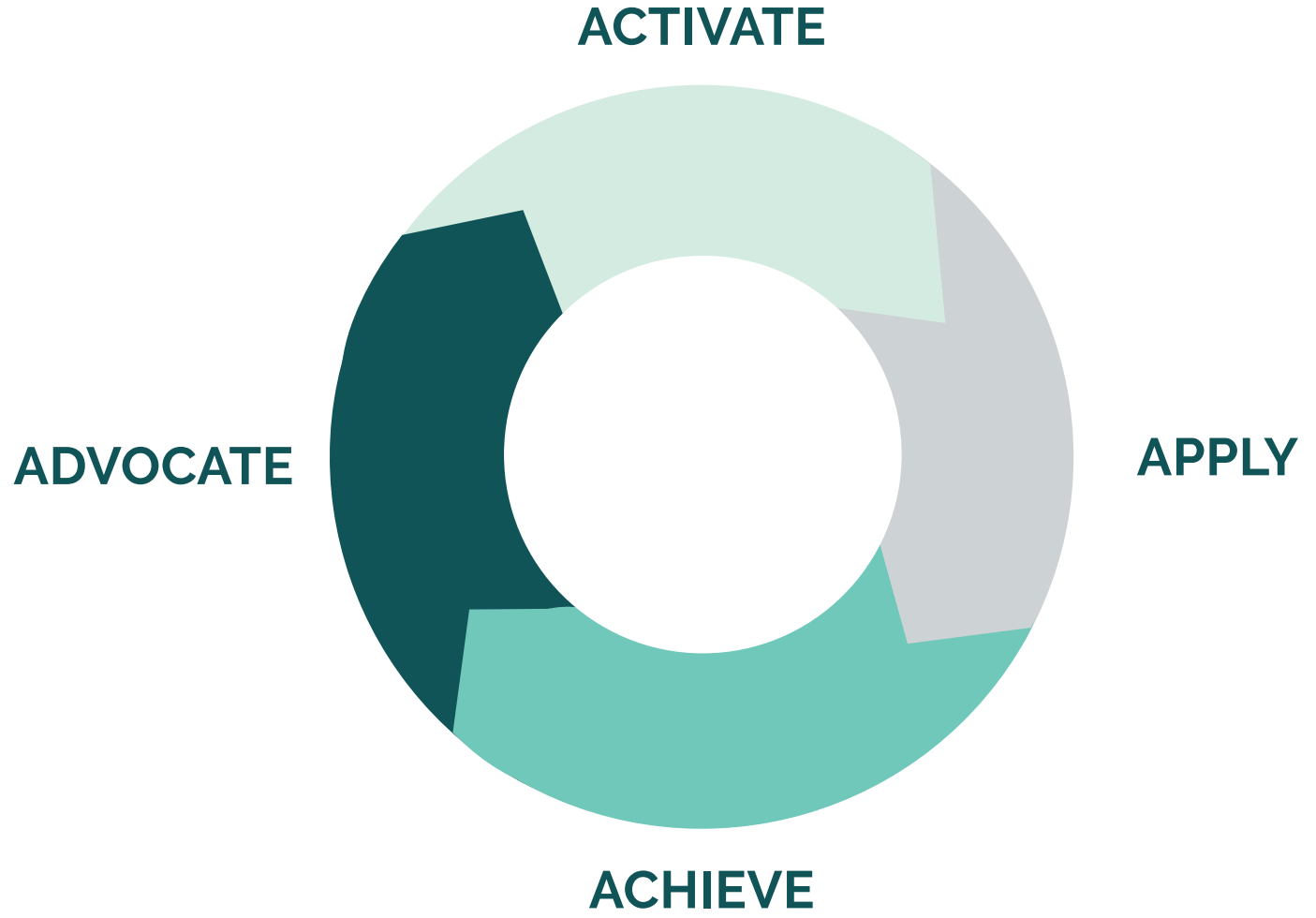
Potential solutions were assessed and advanced based on several core criteria.





INTERVENTION DESIGN OVERVIEW

User Journey





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



SUMMIT: Core ingredients for success



Personal, emotional stories shared by youth and other providers.



Professional permission to serve youth given by respected authority figures.



Guided reflection activities to support providers to own their biases.



Individual action planning and public commitment to put motivation into action.

Event content is tailored proportionally to the segments in each country.



Detached Professional (Burkina Faso)

Story of young woman to whom the provider advised abstinence.

Content Conservative (Pakistan)

Story of young married woman who was told to have one child first before using contraception.

Personal, emotional stories shared by youth and other providers.

Through the human centered design process and multiple rounds of user testing, we evolved the event to effectively support providers to reflect on their own biases.



“ It’s true that there may be gaps in training, but the problem really lies within. Today I came to understand that sometimes my services to youth can be changed by my own bias.

- PROVIDER, TANZANIA

(After experiencing the Summit prototype event)





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



CONNECT: Core ingredients for success



Realistic case studies of youth clients

drive discussion with peers and providers' application of knowledge to their daily work



Trusted technical experts and practical tips

dispel medical misinformation and increase credibility of the content in providers' eyes



Safe space to share struggles and successes with peers
creates group identity and belonging



Regular review of unbiased service delivery goals
supports providers to maintain motivation and group commitment

The Connect curriculum is tailored proportionally to the segments in each country.



Detached Professional (Burkina Faso)

Case studies of younger adolescents that highlight their emotional experience.

Content Conservative (Pakistan)

Case studies of recently married youth that highlight safety of long-acting methods.

Realistic case studies of youth clients that drive discussion with peers

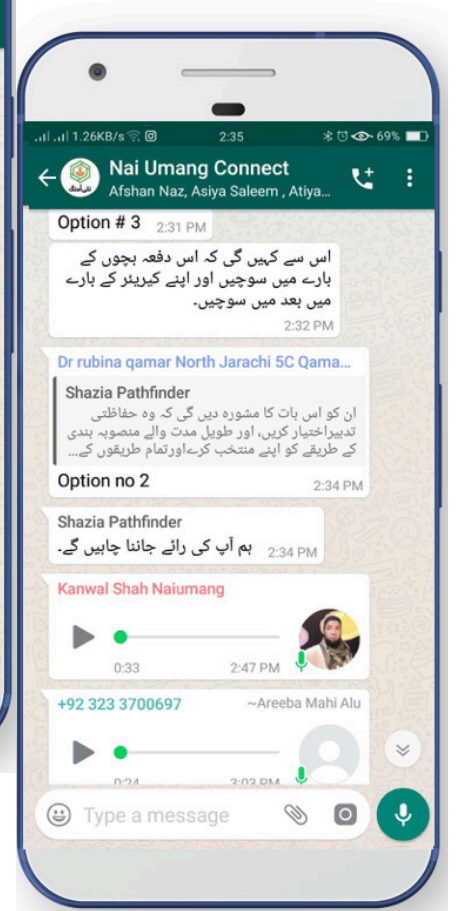
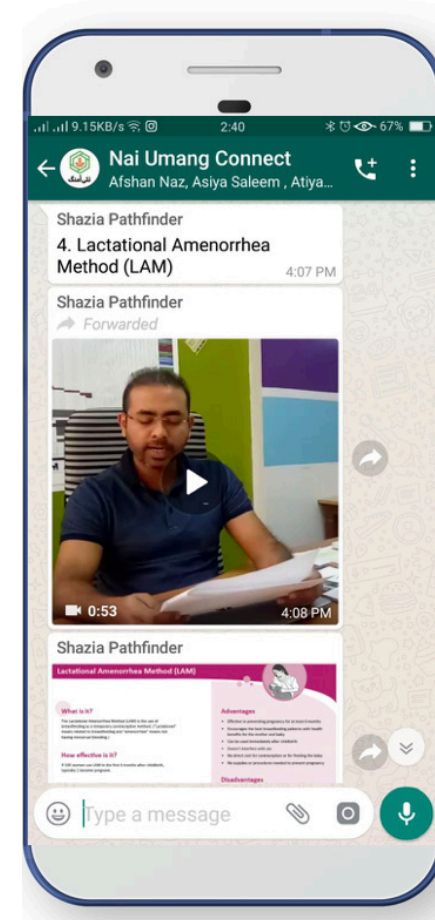
We prototyped Connect with a digital and non-digital format with over 100 providers and facility managers, and rapidly improved it based on user feedback.



“ We felt like a family. It is a safe space where we can freely express whatever we think. Even our life stories were shared on the forum. I didn't fear that someone will criticize or reprimand me. Through Connect I learned many new things. I felt valued on Connect.

- PROVIDER, PAKISTAN

(After engaging the Connect prototype forum on WhatsApp)





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.



REWARDS: Core ingredients for success



A standardized rubric of excellence enables measurable progress and clear performance targets to work towards



Client feedback, captured directly after counseling, with objective questions about provider behavior



Institutional recognition in front of their peers for improvement and maintenance of quality

**Safe
welcoming space**

Créer un espace
accueillant et sûr

**Simple,
Comprehensive
Counseling**

Donner des conseils
de manière complète
et simple

**Seek understanding
& agreement**

Chercher la
compréhension et
l'entente

**THE FRAMEWORK OF
SIX PRINCIPLES
LE CADRE DE SIX
PRINCIPES**

**Security of
Information**

Respecter l'intimité
des jeunes client(es)

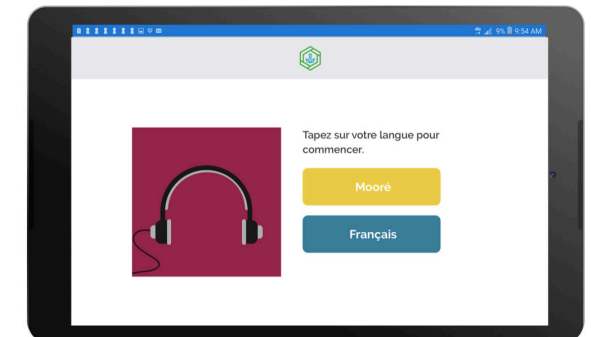
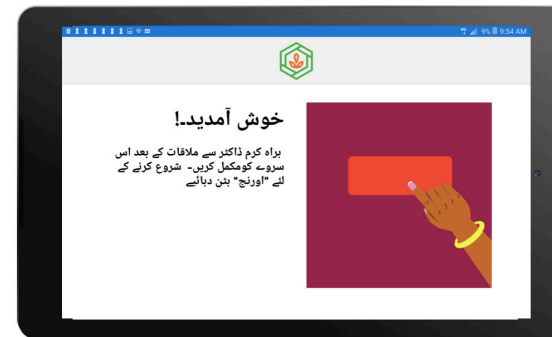
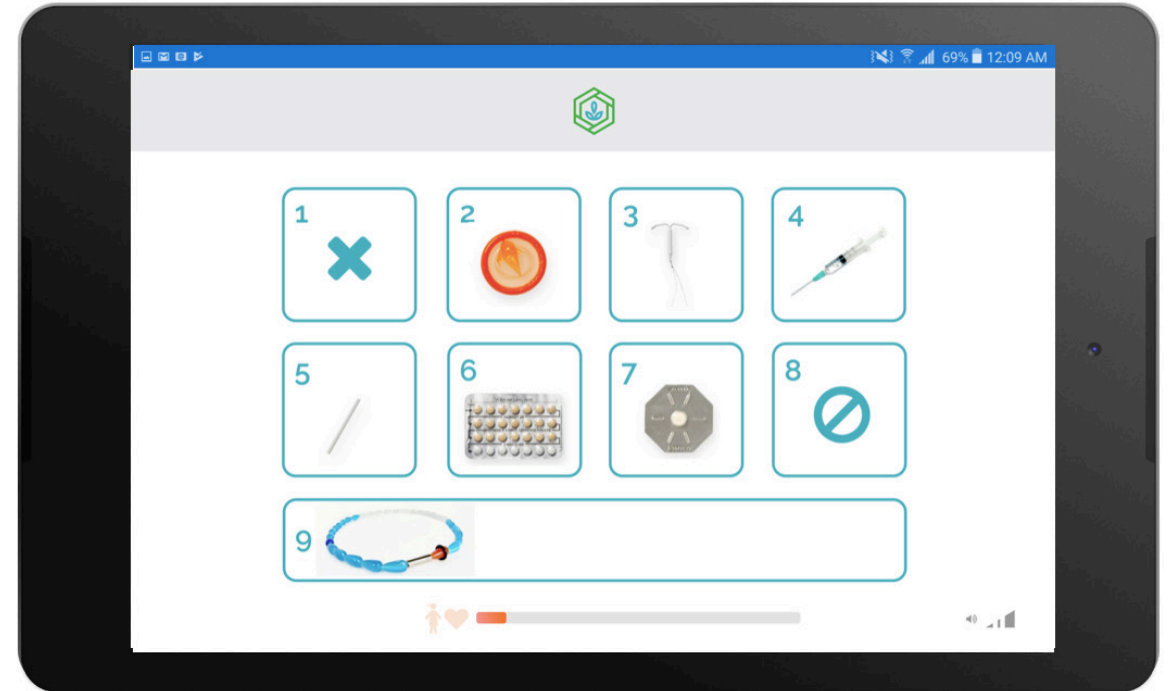
**Say Yes to a Safe
Method**

Dire oui à une
méthode sûre

**Sensitive
Communication**

Communiquer de
manière sensible

We prototyped the Rewards program with 29 facilities, and tested digital audio-visual exit survey tools with over 3,000 youth clients.



“ I changed my perspective and attitude towards young clients. My priority is serving youth just after the moment I knew my efforts would be recognized.

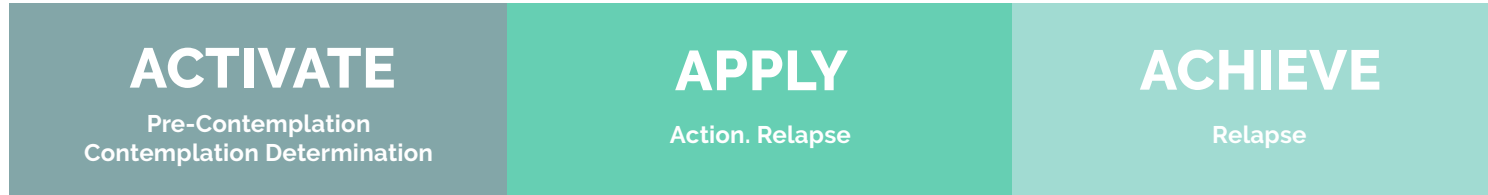
- PROVIDER, TANZANIA

(After experiencing the Rewards prototype program)



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**

“ The parts are interwoven. Because of the Summit we realized that there was a problem. Connect challenged us all about how to do our work, because we saw that it is not the client who is the problem but rather the provider who must ask herself the question that: “What can I do to make my service accessible?” And the third [Rewards] is crowning it all with its importance of job satisfaction and a sense of recognition. So all the parts are important.

- PROVIDER, BURKINA FASO

(After experiencing the Beyond Bias prototype program)



Outputs from Beyond Bias for AYSRH programming



FOUNDATIONAL RESEARCH:

An evidence-informed taxonomy of drivers of provider bias



RESEARCH TOOLS:

Provider segmentation tools and screener surveys



THE SIX PRINCIPLES OF UNBIASED CARE:

Service quality guidelines, evaluation framework, and data collection tools



INTERVENTION STRATEGY:

An adaptable behavior change model and design principles for shifting bias across diverse contexts

Link to all public project materials to date: <https://www.pathfinder.org/publications/?keyword=beyond+bias>

Contact Lydia Murithi (Project Director) with any questions: lmurithi@pathfinder.org



**WHERE WE
ARE NOW**

In September 2019, we began implementation of the designed intervention in our three focus countries with 227 facilities, with a mixed-methods RCT to evaluate impact on provider behavior and attitudes over 12 months.



Examples of final implementation assets

THANK YOU!

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Theo Gibbs - theo.gibbs@ylabsglobal.org

Link to all project reports to date:

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