Tackling Provider Bias in Contraceptive Service Delivery

Lessons from the Beyond Bias Project

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Photos: Dominic Chavez, CC
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
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.
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.

- Technical expertise on AYSRH
- Human-centered design for adolescent health
- Behavioral economics and evaluation
- Segmentation analysis
Beyond Bias' User-centered Process

- **RESEARCH**
  - Literature Review
    - Design Research
    - Segmentation
  - Idea Generation
  - Rough Prototyping
  - Design Solutions
  - Live Prototyping
  - Pilot and Evaluation
  - Scale Up

- **INTERVENTION DESIGN**
  - DESIGN IMPLEMENTATION
    - IDENTIFY BEST CONCEPTS
    - ITERATION
    - SYNTHESIS

- **IMPLEMENTATION**
  - 3 Countries
    - 26 Facilities
  - 3 Countries
    - 227 Facilities
  - 1,000+ Facilities
# Process and Integration of Methods

## Inputs in Sequence

<table>
<thead>
<tr>
<th>Process</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EVIDENCE</strong></td>
<td></td>
</tr>
<tr>
<td>y.labs</td>
<td>Preliminary Driver Tree &amp; Segments</td>
</tr>
<tr>
<td>y.labs</td>
<td>Design Research</td>
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<tr>
<td>y.labs</td>
<td>Design Research Briefs*</td>
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<tr>
<td>y.labs</td>
<td>Survey And Segmentation Analysis</td>
</tr>
<tr>
<td>y.labs</td>
<td>Bias Driver Tree Analysis</td>
</tr>
<tr>
<td>Literature Review</td>
<td>Literature Review &amp; Expert Interviews</td>
</tr>
</tbody>
</table>

## Outputs

<table>
<thead>
<tr>
<th>Output Type</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td><strong>Idea Generation</strong></td>
<td>Ideas were generated based on provider segments, drivers, and qualitative findings.</td>
</tr>
<tr>
<td><strong>Rough Prototyping</strong></td>
<td>Early solution concepts were designed to target drivers of bias, tailored by segment and drivers.</td>
</tr>
<tr>
<td><strong>Live Prototyping</strong></td>
<td>Promising solution concepts were refined to better target drivers of bias and multiple provider segments.</td>
</tr>
<tr>
<td><strong>Final Solution</strong></td>
<td>The final intervention is designed to adapt to each country’s segment composition.</td>
</tr>
</tbody>
</table>

* Final segments and driver tree were presented prior to idea selection

Review: BB Partners & Technical Review
Review: BB Partners & Technical Review Board
Review: BB Partners & Technical Review Board
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.

<table>
<thead>
<tr>
<th>Segment</th>
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<tr>
<td>DETACHED PROFESSIONAL</td>
<td>Well-trained, though emotionally disconnected from youth</td>
</tr>
<tr>
<td>AVERAGE PASSIVE</td>
<td>Aware of AYSRH practices, but somewhat biased and relatively unsympathetic for youth</td>
</tr>
<tr>
<td>CONTENT CONSERVATIVE</td>
<td>Generally open-minded and youth friendly, but distrustful of modern methods and independent women</td>
</tr>
<tr>
<td>IMPROMPTU SISTER</td>
<td>Most connected with young clients, though also prone to believe they know what’s best</td>
</tr>
<tr>
<td>SYMPATHETIC GUARDIAN</td>
<td>Well-intentioned, and though somewhat misinformed, exhibit overall high quality youth service</td>
</tr>
<tr>
<td>PATERNALISTIC CLINICIAN</td>
<td>Busy older doctors who, despite some progressive attitudes, show strong marital and parity bias</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Dominant Segment</th>
<th>Average Passive (60% of providers)</th>
<th>Detached Professional (79% of providers)</th>
</tr>
</thead>
</table>
| WHAT BIAS LOOKS LIKE | • Bias against LARC 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. | • Prioritize older clients  
• Do not explain all methods or side effects  
• Likely to promote abstinence to unmarried youth  
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

<table>
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<tr>
<th>DOMINANT SEGMENT</th>
<th>WHAT BIAS LOOKS LIKE</th>
<th>TANZANIA</th>
<th>BURKINA FASO</th>
<th>PAKISTAN</th>
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</table>
| Average Passive (60% of providers) | • 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.” | | |
| Detached Professional (79% of providers) | • Prioritize older clients  
• Do not explain all methods or side effects  
• Likely to promote abstinence to unmarried youth | | “I have too many patients and too little space. Sometimes women deliver on the floor because we don’t have enough tables.” | |
| Content Conservative (69% of providers) | • Refusal to serve unmarried clients  
• Deny LARCs to nulliparous clients  
• Require spousal or parental consent | | | “For newlywed clients younger than 20 years old, I advise them to conceive once, then go for birth spacing.” |
Wanting what’s “best” for a young person can actually be a driver of bias.

“In our society, infertility is a nightmare.”
- PROVIDER, TANZANIA
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
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
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
Overview of the Idea Generation and Intervention Development Process

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One Integrated Solution, Adapted by Country
Potential solutions were assessed and advanced based on several core criteria.

Is it desirable to users?

It is acceptable to gatekeeper stakeholders?

Is it feasible to implement?

Does it have potential for impact?
Potential solutions were assessed and advanced based on several core criteria.

Is it desirable to users?

Is it feasible to implement?

Does it have potential for impact?

Does it have the potential to scale?

It is acceptable to gatekeeper stakeholders?
INTERVENTION DESIGN OVERVIEW
User Journey

- ADVOCATE
- APPLY
- ACHIEVE
- ACTIVATE
**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.
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)
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.

ACTIVATE

APPLY

ACHIEVE
Realistic case studies of youth clients that drive discussion with peers

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.
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)
**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.

**ACHIEVE**

**REWARDS**

Photo: Dominic Chavez, CC
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.

REWARDS: Core ingredients for success
THE FRAMEWORK OF SIX PRINCIPLES
LE CADRE DE SIX PRINCIPES

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

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

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

**REWARDS**
- 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

**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
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.
THANK YOU!

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Bram Brooks - bbrooks@pathfinder.org
Theo Gibbs - theo.gibbs@ylabsglobal.org

Link to all project reports to date:
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