

Improving Provider Behavior Change Communication and IPC

Best Practices from the Women's Health Project

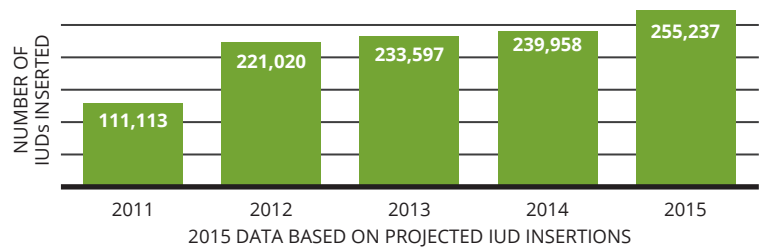


PSI has been implementing the Women's Health Project (WHP) in fifteen countries since 2008. The key objectives of WHP are 1) to increase women's access to safe abortion, and 2) to increase women's use of long acting reversible contraceptives, especially the IUD and implants.

PROGRAM OVERVIEW

Population Services International (PSI) is a global health organization dedicated to improving the health of people in the developing world by focusing on serious challenges such as lack of family planning, HIV and AIDS, barriers to maternal health, and the greatest threats to children under five, including malaria, diarrhea, pneumonia and malnutrition.

IUD INSERTIONS ACROSS ALL WHP COUNTRY PROJECTS 2011-2015



KEY CHALLENGES

During project implementation, several challenges were identified, recurring across a number of country programs. These resulted in lower performance by network providers and lower productivity among IPC agents. They included:

- **Lack of provider motivation** to insert LARCs because of low profit generated, and time involved in counseling and insertion
- **Lack of provider confidence** and practice in insertion skills due to low number of IUDs inserted each month
- **Low productivity among IPC agents** with lower rates of IUD referrals resulting in IUD service provision; inefficient IPC mobilization strategies linked to coordination gaps between providers and IPC agents, low motivation among IPC agents and insufficient IPC supportive supervision

PROVIDER BEHAVIOR CHANGE COMMUNICATION

NEW STRATEGIES

Provider behavior change strategies were strengthened to increase provider technical competence and motivation by:

- Addressing the skills gap, providing on-the-job and continuous medical education refresher training focusing on specific provider challenge

- Reinforcing the Medical Detailing Program (MDP) and addressing individual provider needs and barriers. In some countries, a dedicated MDP was introduced, focusing on LARC promotion, product knowledge and misperception, supplying tools and materials and offering communication strategies
- Introducing a non-monetary performance-based motivation program designed to reward improvement as well as high performance, based on overall CYP, quality assurance scores, data collection and reporting, and provision of post-partum and post-abortion FP services.

LESSONS LEARNED

- On-going technical support and creating additional opportunities for providers to regularly practice their IUD insertion skills increases their ability and confidence. Helping providers see the added value and income generating potential of IUD service provision, e.g. through a cost/time analysis and higher product subsidy, is key to their motivation
- A dedicated medical detailing program focused on increasing provider correct knowledge and confidence is key to increasing provider motivation and IUD service provision.
- Designing an incentive program where "most improved" providers will be recognized and rewarded, in addition to high performing providers, increases motivation. Post-partum and post-abortion FP services should be emphasized and rewarded.
- Actively tracking provider performance is key in increasing IUD uptake. It serves as a dependable source of information and continuing visibility on individual performance and allows providers to gauge how they are doing relative to their region.



Photo credit: Sarah Lewis

COMPETITIVE PROVIDER RECRUITMENT

NEW STRATEGIES

The provider recruitment process was made more rigorous and competitive by re-structuring the selection process. The new strategy includes:

- Administering a provider pre-selection assessment



- Ensuring candidates complete the full application themselves to show personal motivation
- Involving staff from multiple departments in the selection committee, including the reproductive health outreach, medical detailing, supervision and training teams

LESSONS LEARNED

- Making the provider recruitment and selection process highly competitive will ensure high performer and high potential performers are contracted from the onset of the project.

IMPROVING IPC PRODUCTIVITY

NEW STRATEGIES

An improved, multi-prong IPC strategy was introduced to improve productivity among IPC agents, with a focus on increasing effective IUD referral rates. The following complementary interventions respond to the need for stronger supervision and monitoring of IPC activities:

- The CBO mobilization strategy was replaced by a provider-led approach, where providers recruit and supervise agents, to create greater synergy between providers and IPC agents and give providers greater ownership. Providers are able to ensure IPC mobilization is conducted on days and time they are available, resulting in increased efficiency
- A Super IPC Mobilizer strategy was introduced, where one agent acts as a supervisor, creating built-in, continuous supervision with IPC teams
- Satisfied users were recruited to encourage other women to adopt IUDs for family planning. A new quarterly reward scheme was introduced, in addition to monthly rewards, to increase and sustain motivation



- Experience has shown that IPC agents who conducted more follow-up visits had a higher productivity rate. A new strategy was introduced to encourage more follow-up visits by IPC agents, and reduce the number of IPC visit targets to allow agents more time for follow-up
- FP services were integrated with other health areas of the IPC strategy, including HIV, to implement a holistic care approach and leverage other communication interventions
- In some countries, the IPC strategy was modified to give greater focus to family planning, e.g. 70:30 rule with the allocation of 70% of the

IPC session time to FP methods, and preference given to one-on-one versus group sessions

LESSONS LEARNED

- Demand creation depends on a solid IPC strategy. Introducing Super IPC Agents allows for continuous supervision and monitoring of agents. An IPC performance-based approach will maintain levels of motivation and productivity resulting in higher IUD referral rates.
- Satisfied users support the efforts of IPC agents from a peer-to-peer perspective. They are particularly effective at addressing misconceptions about IUD use from personal experience. A strategy to encourage and maintain their motivation is key, e.g. monthly and quarterly reward schemes. Satisfied users may have a natural life span.
- Strategic follow-up visits, namely with women who are undecided about IUD use, contribute to an increased proportion of women who eventually adopted the IUD. A reduction in the number of new visits and increased focus on follow-up visits contribute to higher results in IUD insertions
- IPC and demand creation interventions should be dedicated to FP with a clear emphasis on LARC. Individual IPC is more effective than group sessions. Increasing the voucher subsidy while providing community mobilizers with positive reinforcement will lead to increased productivity, i.e. more IUD referrals

BEST PRACTICES

1. Set up a solid medical detailing program that addresses knowledge and misperception to build providers' confidence. Intensify the Medical Detailing coverage with fewer providers per detailer
2. Ensure your non-monetary performance-based motivation program rewards improvement and post-partum and post-abortion FP counseling
3. Give preference to CAC/PAC providers; emphasize and reinforce post abortion FP counseling
4. Make the provider recruitment and selection process highly competitive
5. Implement a dedicated FP IPC strategy with a strong emphasis on LARC; give preference to one on one IPC sessions
6. Set up a reward scheme that clearly benefits providers, not only clinic owners, to keep their motivation high
7. Introduce IPC strategies that focus on IPC agent productivity and increase supervision and monitoring, namely by creating a cadre of Super IPC Agents and ensuring reward schemes are sufficient to keep IPC workers motivation high
8. Leverage satisfied IUD users to promote LARC in their community
9. Give more emphasis to follow-up IPC visits vs. new visits to generate a higher proportion of referrals
10. Introduce a provider-led IPC program to ensure buy-in and greater coordination between providers, IPC agents and staff

