

# **Report on the Development and Testing of YFHS PBCC Resources: Training Workshop & YFHS PBCC Toolkit**

**SHOPS Plus Project**

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## SCOPE OF CONSULTANCY

In collaboration with project implementers, Abt Associates, PSI is working as the youth lead for the SHOPS Plus project. In order to employ two PSI initiatives for the project, Provider Behavior Change Communications (PBCC) and Youth-friendly Health Services (YFHS), a consultant scope of work was developed. This consultancy aimed to utilize PSI's expertise and experiences with PBCC to motivate providers to offer YFHS for contraceptives. This included developing YFHS-tailored PBCC materials, and facilitating a PBCC workshop for their dissemination with an affiliate network member, PACE, in Uganda. PACE helped to pilot these resources, gathering significant feedback so that the resources could be refined and used most effectively for the project. The following report provides general guidance on the work completed, and the complete toolkit of YFHS PBCC resources are annexed.

## PBCC WORKSHOP

The youth-friendly health services (YFHS) provider behavior change communications (PBCC) workshop took place with PACE, PSI's affiliate in Uganda, from November 8<sup>th</sup>-11<sup>th</sup>, 2016. Twelve participants, including 7 Quality Assurance Officers (QAOs) and 5 Regional Office staff, completed the workshop. The training included an overview of PBCC focusing on a YFHS key behavior, effective communication methods and practice in delivering YFHS messaging and resources. The workshop took participants through the sequential steps of a PBCC visit with a provider, and was interspersed with skills-building activities for influential communications. The full workshop content and materials can be referenced in Annex 1.

*"The training material was well researched and prepared and very useful making understanding very easy. Most importantly, I acquired the skill of how to conduct a successful and fruitful PBCC visit." - QAO*

Finally, participants were introduced to the new YFHS PBCC toolkit and resources; including 14 messaging study aids, 5 job aids, and 5 provider tools and give-aways. The study aids provide messaging, or responses, to the most common provider barriers to YFHS. Job aids are tools or resources for the use of PBCC Agents to facilitate provider behavior change. The provider tools and give-aways are tools or resources that providers can use on their own to facilitate youth engagement. The full toolkit can be found in Annex 2.

## PILOT of YFHS PBCC TOOLKIT

The YFHS PBCC toolkit was piloted in a variety of settings to ensure that sufficient provider feedback was collected for all of the resources. These settings included field-use on youth outreach days, individual provider feedback sessions, and role plays in a provider focus group discussion. In total, messaging and tools from the YFHS PBCC Toolkit were piloted with 25 providers, which resulted in 115 individual feedback responses on the messages and resources.

Three youth outreach days were conducted with 5 providers so that QAOs could assess their existing barriers to providing YFHS services, and immediately utilize relevant resources from the toolkit. In this setting QAOs were able to use their new PBCC skills and resources as they would in

their usual provider interactions. In order to gather feedback from as many providers as possible, all workshop participants that did not participate in youth outreach days piloted the YFHS PBCC messaging/tools with at least two individual providers within their regions. Finally, all regional office workshop participants facilitated a provider focus group discussion with 8 providers to test the toolkit via role plays.

*"Today we have discussed many challenges that we face with YFHS. We are thankful that you have created helpful responses to all of them." – Provider from focus group discussion*

## FEEDBACK RESULTS

Feedback from both providers and QAOs in regards to the toolkit resources was overwhelmingly positive. Providers agreed that all of the common barriers addressed by the toolkit were both applicable to their challenges in offering YFHS. Quantitative feedback indicated that all messages and tools received a rating of 4 to 5, signifying that all providers either 'agreed' or 'strongly agreed' that 'the tools/activities were helpful in addressing the barriers to YFHS.' Below you will see key themes from the messaging and study aid feedback:

- The most successful tools were those that offered direct proof in regards to barriers, and those that included offers for the QAO to help the provider to overcome the barrier together (Study aids 1, 2, 3, 9 and 11-14).
- All providers originally identified the lack of a youth-friendly corner or lack of free/reduced price services as their biggest barrier to offering YFHS. Upon further discussing the YFHS House Model, they were convinced that these were not barriers but could be future additions to their offerings (Study aids 5 & 8). This is a message that is given during providers' training on YFHS, however it is evident that it is essential that the message is reinforced post-training.
- Provider barriers which are often common for adult IUD services such as a perceived lack of clients and lack of time for procedure were less prevalent for providers offering YFHS. Providers agreed that these barriers do still exist, however they are less common (Study aids 4 & 7).
- QAOs found the most effective tool within the Toolkit to be the 5-Step YFHS Counseling Guide due to its offering of a tool for providers to use. The tool is direct, and provides a clear script for providers to effectively engage youth. In addition, QAOs liked this tool best as it linked together skills from all other activities: the 5-Step YFHS Counseling Guide includes tips from the "Talking about LARCs with Young Clients" video, as well as verbal and non-verbal communication skills. Both QAOs and providers stated that they would find the tool most appealing if it was transformed into a visual aid.

*"This could only be better if there were also pictures to help clients understand!" – Provider feedback on the 5-step YFHS Counseling Guide*

## **TOOLKIT CHANGES MADE**

- No providers had been previously aware of the official Ugandan policy regarding parental consent for contraceptives. Providers requested to have a copy of the policy guidelines (found in Annex 2, Provider Tools & Give-Aways), however most often, a second barrier regarding community perception (Study aid 9) presented a follow-up barrier to concerns about parental consent for contraceptives for youth. Study aid 11 now directs QAOs to follow up with Study aid 9 in the event of further provider concerns.
- The original messaging for study aid 6 included the option that providers may not believe that young people are sexually active. Upon piloting with QAOs and providers however, it was evident that all providers are aware that young people are sexually active as they regularly seek STI or pre-natal treatments. Study aid 6 now solely addresses providers who do not believe that young people *should* be sexually active.
- The review article "Practical Tips for Intrauterine Devices Use in Adolescents" was considered helpful based on feedback, but upon seeing it used in the field, it was clear that the article was too technical for the useful tips to be easily extracted by the QAOs. Considering that providers responded more positively to offers of technical practice rather than this proof, it has been removed from the toolkit.
- Based on observations, providers often expressed different values and beliefs during the Values Exploration Activity than in the Active Listening & Effective Communications case scenarios. Namely, when given controversial statements from the Values Exploration Activity providers often agreed with professionally ethical statements, however when a similar situation was presented through case scenario role plays in the Active Listening & Effective Communications activity, providers often acted in contrast. With that, I believe that the role plays can help PBCC Agents and providers identify conflicting provider values which may not be immediately apparent or which providers believe they espouse, but behave differently. The Active Listening & Effective Communications Activity now instructs PBCC Agents to follow with the Values Exploration Activity if providers exhibit behavior that contrasts with YFHS values & ethics.

## **ADDITIONAL NOTES & OBSERVATIONS**

- Both QAOs and providers stated that they do not use the term "contraception" with clients as it is considered a technical term. Regardless of age or intent of the client, they expressed that they were most comfortable referring to the services as "family planning." I have kept "contraception" terminology in order to reinforce that it is needed by all clients, not only by those planning families (ex: married women), however providers and QAOs are welcome to use whatever terminology is most appropriate in their context.

- Provider barriers which addressed conflicts between personal values and professional ethics (addressed using the Values Exploration Activity) were successful, but it should be noted that the activity facilitators (QAOs in this case) often held the same conflicting values or beliefs as the providers themselves. With this, it is important that when the activity is shared ample time is spent discussing the concept of Values Explorations, and PBCC Agents themselves participate in the activity. One QAO who experienced this issue, was able to use their own experience to reassure a provider that the activity can be enlightening and helpful to recognize their own values and any subsequent barriers.

*"I told the provider that before [the Values Exploration Activity] I also thought that we should correct young girls if we did not like what they were doing- but I learned about my own ideas from the activity. Knowing that I also have challenges and changed my ideas, and it made her [provider] happy to also do the activity"- QAO*

- Though the article "Myths and Misconceptions about Long Acting Reversible Contraception" was considered useful by all QAOs and providers, I would recommend that the most common myths & misconceptions of the article be highlighted in a separate visual aid so as not to get lost within the full text. Additionally, providers stated that they would find a successful client testimonial to be more effective than the proof listed in the article regarding the IUD's lack on effect on fertility. Please see below for specific future recommendations.
- Following on Study Aid 10, all providers expressed that they faced challenges with young clients coming back with repeated STI infections. Though this was not specifically addressed in the toolkit, the addition of information on STI infections is included in "Future Recommendations" below.

## **FUTURE RECOMMENDATIONS**

- Develop guides for facilitating community meetings to raise awareness about the need for contraception for youth: Providers were highly receptive to the idea of setting up community meetings to raise awareness of the need and appropriateness of contraception for youth among leaders and community members (Study Aid 9). QAOs however, requested guidance on how to facilitate these meetings: what information should be covered, who should be invited, and who should facilitate. A general guide should be created for meetings to improve the community's receptiveness to contraception for youth. This can likely be adapted from existing Interpersonal Communication (IPC) or community health worker curriculums.
- Convert 5-Step Counseling Guide into a Provider to Client YFHS visual aid: Based on feedback from both QAOs and providers, I recommend that the 5-Step Tool be converted into a visual aid with a few additions. If converted into a flipchart, the provider script from the Guide can be retained without showing the client. The visual aid should include visuals

for the Identify and Explore steps, and then expand on the different contraceptive methods- starting with long-acting reversible contraceptives (LARCs). A section on dual methods should include information on STI infection, detection and prevention. The visual aid can also address myths & misconceptions content highlighted from feedback such as:

- Myth: IUDs cause infertility (including testimonials from young clients who were able to conceive after removing the IUD)
- Myth: IUDs won't fit in a young person's uterus
- Myth: Implants and IUDs cause cancer
- Misconception: Parental consent is required (include reference to National Guidelines)

Alternatively, since PACE and most other PSI network members have already developed counseling flipcharts for family planning, this visual aid of the 5-Step Guide can augment pre-existing flipcharts (to use before and after their usual contraceptive method visual aids). In this case, it would be important to stress that existing method flipcharts are used in the correct order of starting with LARCs.

- The Provider Coaching Plan (Annex 3) can be used for the tracking/monitoring of YFHS PBCC activities. In order to reduce reporting burden, network members can adapt the form to best work for their existing monitoring systems. Ex: the form can be digitized for those platforms that work with tablets, or incorporated into the HNQIS platform by working with the program developers.
- The YFHS House model should be graphically adapted so that QAOs have an image that can be used with providers without captions so as to allow the focus of the image to focus on the foundation of Provider Attitudes
- In order for the YFHS PBCC Toolkit & Resources to be adapted for use in other countries or with other network members, see guidance in the Adaptation Guide (Annex 3).

## **ANNEXES**

- 1: PBCC Workshop Materials: Facilitation Guide, Powerpoint Presentation, Activities/Materials
- 2: YFHS PBCC Toolkit: study aids, job aids, & provider tools & give-aways
- 3: Template Provider Coaching Plan & Adaptation Guide for Workshop and Toolkit Resources

