

MOMENTUM

Integrated Health Resilience



PROVIDER BEHAVIOR CHANGE TOOLKIT ADAPTATIONS MADE FOR FRAGILE SETTINGS

MOMENTUM Integrated Health Resilience (MIHR) adapted the Breakthrough ACTION Provider Behavior Change (PBC) Toolkit for South Sudan and Sudan. The focus of the toolkit for South Sudan was voluntary family planning and reproductive health (FP/RH) and therefore that element of the toolkit remained. In Sudan, the changes were made to reflect maternal and newborn health and water, sanitation, and hygiene (MNH/WASH) technical areas and provider behaviors based on their current work plan technical focus.

For both Sudan and South Sudan, a roadmap was requested from field staff to better understand how to move through the six phases—this request came from the USAID/South Sudan Mission as well—to make them more understandable for implementing partners who want to use the toolkit. The MIHR core SBC Lead developed a video series explaining the roadmap to accompany the training slide deck, with the specific details of steps taken in fiscal year 2024. These videos will complement the high-level video series Breakthrough ACTION is developing.

Adaptations made to the training/roadmap can be found within the **“PBC Training Slide Deck 2. PBC Toolkit Roadmap Explained”** PowerPoint presentation. These should receive particularly close attention from those working in fragile settings.

Adaptations Made

1. [On the Core Implementation Team (CIT), slide 5] In fragile settings, you may want to include a community leader, who will represent community voices in line with social accountability approaches of trust and two-way dialogue between providers and clients/community members, and a member who has experience in gender and gender-based violence.
2. [When choosing behaviors and sub-behaviors with the CIT, slide 7] In fragile settings, also consider biased behaviors about GBV survivors and discriminatory practices with GBV survivors of specific age, ethnicity, or gender. All handouts will be provided during the training and for use with the CITs.
3. [During logistics and training the CIT, slide 8] Consider adding a values clarification exercise for a gender lens in fragile settings.
4. New influencing factor cards were made based on fragile country contexts (slides 22-23), including [community level] bias towards GBV survivors/discriminatory or stigmatizing practices, outbreaks, shocks, or stresses (including climate, economic, social), limited family/community cohesion, [workplace environment] staff welfare, conflict, insecurity, political instability, and turnover or strikes among health staff.

5. [Inquire – Data collection (slide 25)]. In fragile settings, consider behaviors that may be more common than stable environments, e.g., gender bias.
6. [Inquire – Behavioral Blueprints (slide 26)]. Remember to reference additional influencing factors to consider adding to the deck in fragile settings from slides 22-23.
7. [Inquire – Observation guide for guided visit (slide 27)]. Ensure the guide captures elements common to fragile settings and adapt accordingly, e.g., are private rooms available for GBV cases? Is there a referral system in place for GBV cases? Are youth (boys, girls) treated differently? What about ethnic minorities or vulnerable groups? Is there a referral system in place for GBV cases? Are youth (boys, girls) treated differently? What about ethnic minorities or vulnerable groups? In fragile settings, in step one, when asking general conditions of the facility, probe for the conditions for the safety of staff and patients under different crises scenarios.
8. [Inquire – Observation guide for guided visit (slide 28)]. In fragile settings, in step one, when asking general conditions of the facility, probe for the conditions for the safety of staff and patients under different crises scenarios. In step five, when asking about the facility's performance in the region, probe if the situation would be the same under an acute crisis.
9. [Inquire – client visual scenarios (slides 29)]. For fragile settings, consider scenarios that focus on gender norms and harmful practices that impact the clients' and health providers' behaviors. Also, consider young women who might be looking for FP support during times of recurring stresses, such as annual flooding, or shocks, such as infectious disease outbreaks. They may be in situations of having to go through different providers and are being turned down because of lack of providers, providers attending to other priorities, or a provider's fear of being impacted (e.g., being infected during a disease outbreak).