

October 2024

Addressing Provider Bias to Deliver Quality Sexual and Reproductive Health Information and Services to Young People

Implementation of the Beyond Bias Approach in the USAID/Uganda Family Planning Activity



This brief shares USAID/FPA's tailored approach to implementing Beyond Bias in Uganda and offers key lessons and recommendations for others who might implement Beyond Bias or similar interventions.



This report was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of the Tubiteho Program and do not necessarily reflect the views of USAID or the United States Government.



Pathfinder is implementing the U.S. Agency for International Development (USAID) Uganda Family Planning Activity (2020-2025) in partnership with Uganda Protestant Medical Bureau, Samasha Medical Foundation, and the Uganda Youth and Adolescent Health Forum, to address underlying social, cultural, and structural barriers to contraceptive access, particularly among young people, first-time parents, and low-parity women in 11 districts across Uganda.

Change lives with us. pathfinder.org

A note on terminology in this publication

Pathfinder follows World Health Organization (WHO) guidance on classifying young people by age group: Adolescents: 10–19, Youth: 15–24, Young people: 10–24

ON THE COVER: *Namirimu Josephine, an enrolled midwife at Busesa Medical Centre in Kibaale district, provides counseling and support to an adolescent client.* PHOTO: Pathfinder

Summary

Many young people in Uganda lack access to sexual and reproductive health and rights (SRHR) information and services, including contraception: 1 in 10 adolescent girls ages 15 to 19 and 1 in 7 young women ages 20 to 24 in Uganda have an unmet need for family planning (FP).¹ Achieving universal health coverage (UHC) in Uganda necessitates expanding access to the full range of contraceptive methods. Health care providers can play a key role in enhancing access to contraception at the health facility and community levels to advance UHC.

The Pathfinder-led USAID/Uganda Family Planning Activity (USAID/FPA, 2020-2025) works with the government and diverse partners to increase sustained voluntary FP use for healthy timing and spacing of pregnancy (HTSP) with scalable interventions.

From 2022 to 2024, USAID/FPA implemented the Beyond Bias approach in 11 districts to address provider bias to ensure youth ages 15 to 24 access to empathetic, nonjudgmental, quality counseling and provision of a full range of contraceptive methods regardless of their marital status or parity. Qualitative data suggests that Beyond Bias increased providers' ability to value and deliver youth-responsive services.

Context

Preventing unintended pregnancy and other reproductive health concerns, such as sexually transmitted infections (STI) and gender-based violence, among young people is essential to improving their SRHR and socioeconomic wellbeing. Modern contraception plays a crucial role in allowing people to decide whether and when to get pregnant. Yet of 38 million sexually active adolescent girls ages 15 to 19 in low- and middle-income countries who want to avoid pregnancy, 23 million (60%) have an unmet need for modern contraception.² As a consequence, half of pregnancies among this demographic are unintended, and half of these end in abortions, which are often unsafe in the contexts where they occur.³ Unaddressed SRHR needs among young people, particularly adolescents, can have severe health consequences,

including maternal and neonatal mortality. Adolescent girls face heightened risks of pregnancy-related complications, including eclampsia, systemic infection, and postpartum hemorrhage. Additionally, infants born to adolescents are more susceptible to low birth weight and preterm birth.⁴ Adolescent mothers also face social and economic consequences such as school dropout, illiteracy, and poverty.



An adolescent holds one of FPA's youth focused brochures.

In Uganda, one in four girls ages 15 to 19 are already mothers or pregnant with their first child.⁵ Girls in the poorest households (34%) are twice as likely as those in the wealthiest households (15%) to experience adolescent motherhood.⁶ According to PMA2022 Uganda, 63% of girls ages 15 to 19 and 47% of young women ages 20 to 24 who had had one or more births in the previous five

¹ "Uganda Snapshot of Indicators: Phase 3 (2022) Cross-Sectional Survey" (Performance Monitoring for Action (PMA), n.d.), https://www.pmadata.org/sites/default/files/data_product_indicators/PMA2022_UGP3_National_SOI_combined_v1.o_1Sep2023.pdf.

² Darroch, Jacqueline E., Vanessa Woog, Akinwrinola Bankole, and Lori S Ashford. "Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents." Guttmacher Institute, May 2016.

³ Sully, Elizabeth A., Ann Biddlecom, Jacqueline E. Darroch, Taylor Riley, Lori S Ashford, Naomi Lince-Deroche, Lauren Firestein, and Rachel Murro. "Adding It Up: Investing in Sexual and Reproductive Health 2019." Guttmacher Institute, July 2020.

⁴ "Adolescent Pregnancy: Key Facts." Geneva, Switzerland: World Health Organization, June 2023.

⁵ "Uganda Demographic and Health Survey Key Findings." Kampala, Uganda and Rockville, Maryland, USA: Uganda Bureau of Statistics (UBOS) and ICF, 2017.

⁶ Ibid

years reported that they would have wanted to have the child at a later time or not at all.⁷ Yet despite efforts to enhance demand for contraception at health facilities and reduce unintended pregnancies among young people, unmet need persists among this demographic.

Studies in Uganda have underscored that provider bias—including judgment of clients based on age, marital status, parity concerns, and the nature of services sought—coupled with a failure to maintain confidentiality, discourage adolescents from seeking SRHR information and services, including contraception.⁸ These barriers contribute to Uganda’s high adolescent pregnancy rate, underscoring the urgent need for focused interventions to address the unique challenges young people face in accessing SRHR services and to mitigate the associated health risks.

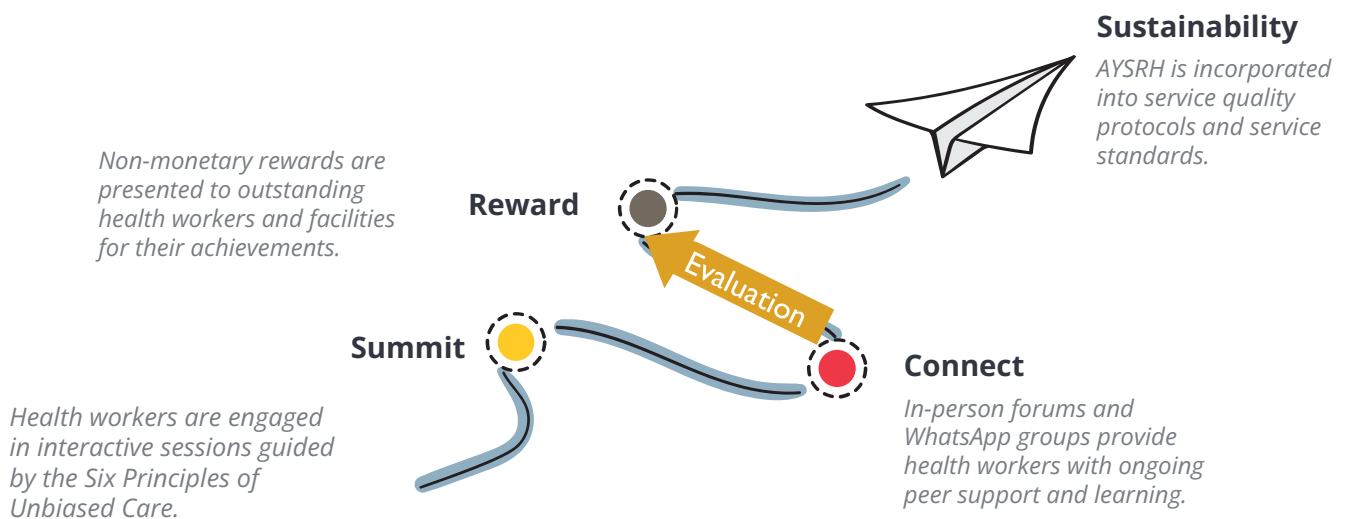
Implementation of Beyond Bias in USAID/FPA

In partnership with Uganda Protestant Medical Bureau, Samasha Medical Foundation, and Uganda Youth and Adolescent Health Forum, Pathfinder works with the Ministry of Health (MOH), Ministry of Gender Labor and Social Development, National Population Council, National Planning Authority, 11 supported district governments, and local private organizations

to implement USAID/FPA, encouraging adoption of positive SRH behaviors among Ugandan women, men, and young people, and contributing to long-term shifts in Uganda’s modern contraceptive prevalence rate in 11 focus districts. **USAID/FPA’s long-term goal is to ensure Uganda attains and sustains increased contraceptive use for HTSP with scalable interventions.** FPA strives to contribute to the achievement of three key results: stronger Ugandan leadership and coordination to support voluntary FP; enhanced positive social norms and behaviors to improve HTSP; and increased access to quality voluntary FP.

The Beyond Bias Approach

The USAID/FPA baseline survey and gender, youth, and social inclusion analysis revealed the significant influence social, cultural, and gender norms have on the SRH decisions of young people and the attitudes of health service providers toward the provision of SRH services to young people. In response, USAID/FPA implemented Pathfinder’s *Beyond Bias* approach from 2022 to 2024. Pathfinder originally implemented Beyond Bias in Burkina Faso, Pakistan, and Tanzania from 2016 to 2022 to ensure youth ages 15 to 24 had access to empathetic, nonjudgmental, quality counseling and provision of a full range of contraceptive methods regardless of their marital status or parity. Beyond



⁷ “Uganda Snapshot of Indicators”

⁸ Cover, Jane, Allen Namagembe, Justine Tumusiime, Jeanette Lim, and Carie Muntifering Cox. “Ugandan Providers’ Views on the Acceptability of Contraceptive Self-Injection for Adolescents: A Qualitative Study.” *Reproductive Health* 15, no. 1 (October 3, 2018): 165.

Bukenya, Justine N., Edgar Mulogo, Simon Peter S. Kibira, Christine Muhumuza, and Lynn M. Atuyambe. “Health Facilities’ Readiness to Provide Friendly Reproductive Health Services to Young People Aged 10-24 Years in Wakiso District, Uganda.” *Global Journal of Reproductive Medicine* 2, no. 3 (September 2017): 555-588.

Figure 2. The Six Principles of Unbiased Care



Bias used human-centered design, psycho-behavioral segmentation, behavioral economics, and social and behavior change principles to design and test innovative, scalable solutions to address provider bias. The Beyond Bias intervention is designed to shift providers' negative attitudes and behaviors. Its three parts—**Summit, Connect, and Rewards**—reinforce each other across the continuum of care.

Summit

Summit is a story-driven, in-person, one-day event to activate providers' awareness of their own biases, their empathy for young people, and their understanding of young people's needs. Between July and August 2022, USAID/FPA held district-level one-day convenings for 292 health workers from 146 health facilities. The convenings involved personal, emotional storytelling by young people and providers; engagement of respected authority figures to grant professional permission to providers to serve young people; guided values clarification and attitude transformation (VCAT) activities that supported providers to understand and examine their biases and values around SRHR and contraceptive access; and individual action planning and public commitment to put motivation into action. Providers were introduced to the Six Principles of Unbiased Care (Figure 2), derived from the World Health Organization quality of care principles⁹ and further developed through discussions with global adolescent and youth SRH (AYSRH) experts.

Connect

In the **Connect** phase of the intervention, providers engaged in peer support and learning—using a blended approach that combined in-person engagement with a virtual WhatsApp group—to problem-solve and support each other in applying unbiased practices in their daily work. USAID/FPA implemented Connect in a phased approach, with some districts beginning in October 2022 and the rest starting in February 2023. Connect began with a one-day in-person meeting in each implementation region (Rwenzori, Albertine, and Central). The meetings began with an overview of Beyond Bias, recapping the Summit event for those unable to attend and refreshing the memories of those who had. Because it was difficult for health facilities to send too many health workers to Summit and maintain continuity of services, more health workers participated in the Connect (306 from 153 facilities) than Summit (292 from 146 facilities).

Participants then engaged in group work to unpack the Six Principles of Unbiased Care, followed by an activity in which facilities developed goals aligned with the principles, such as the following:

1. Provide a safe, welcoming space within the health facility, in which young people are informed of their rights to SRHR information and services and treated respectfully and without judgment;
2. Communicate with sensitivity, including actively listening to young people's needs and showing openness to and compassion for their questions and concerns;
3. Engage young people to ensure they understand the information provided and agree about next steps for decision making on SRH service provision;
4. Ensure young clients can say yes to a safe method if they choose and provide medically appropriate services regardless of age, parity, and marital status;
5. Offer simple but comprehensive counseling in plain language so young people understand what SRHR and contraceptive services are available, what their benefits are, and how to manage side effects; and
6. Protect the privacy and confidentiality of client information and interactions with providers.

Finally, project staff and representatives from the district health teams (DHT) helped select facilitators

⁹ Quality of Care." Geneva, Switzerland: World Health Organization, n.d. https://www.who.int/health-topics/quality-of-care#tab=tab_1.

from among the participants to coordinate the regional WhatsApp groups. Participants met in person weekly at their facilities and then shared updates from their discussions with their WhatsApp groups for 10 weeks as a source of peer support. Each group was a safe space to review the service delivery goals and maintain provider motivation and group commitment. Exploring a different topic each week, facilitators shared realistic case studies of young clients to spark discussion and application of knowledge to daily work, as well as advice and practical tips from trusted technical experts to dispel medical misinformation and increase credibility of the content in providers' eyes. Group members were invited to share their struggles and successes to learn from and support each other. After the formal sessions ended, the WhatsApp groups remained active on an informal basis.

Rewards

Rewards is a growth-oriented, non-monetary, performance-based incentive assessed through client feedback on provider behavior, captured directly after counseling. Beginning in May 2023, FPA collaborated with the DHTs to implement Rewards. USAID/FPA regional teams and DHTs conducted joint facility visits to ensure health providers were participating in the continuing medical education (CME) sessions and related



Health workers show off their commitments during Summit. Photo credit: Barbrah Nayebare for Pathfinder

discussions as planned. When facilities reached their performance goals, including completion of the 10-week CME sessions, they graduated from the program. To facilitate measurable progress, facilities received report cards based on a standardized rubric of excellence with performance data and recommendations for improvement. In December 2023, the health facilities with high improvement scores were recognized publicly in front of their peers for their progress during the

USAID/FPA district performance reviews. USAID/FPA worked with the DHTs to recognize providers from each participating facility for achieving improvements in AYSRH service quality in 2024. Facilities continue to receive ongoing support and supervision from the district health office to ensure sustainability.

Results

District review meetings, weekly WhatsApp group discussions, and supportive supervision visits by regional youth; FP; and monitoring, evaluation, and learning (MEL) officers gave participating providers opportunities to share their experiences. The transformative power of Beyond Bias is evident in their reflections, particularly in the shift observed among midwives. In the 2020 qualitative baseline survey, reluctance to provide contraception to adolescents prevailed among participating providers. However, through continuous in-person and virtual discussion of the case studies and peer experiences, a remarkable change occurred: Many midwives now embrace the idea that when an adolescent seeks guidance for FP, it is essential to provide counseling and offer the desired method.

“Beyond Bias opened our eyes toward serving young people. Yes, we used to do it, but it was not so much of a priority. With BB training, I realized I am a mother. I also have growing girls, and surely time must be given to the young people to answer their questions regarding myths, misconceptions, and benefits of FP. At least here we set out Wednesday for the young people, but even in other days, we attend to them, and many of them have also opted for IUD, unlike before where they thought IUD was for only older women.”

—GORETTI, MIDWIFE

Providers' evolving perspectives reflect an understanding of the importance of FP as preventive care for young people. Furthermore, HIV prevention and joint HIV testing with partners has become an integral part of the guidance these providers offer, signifying a crucial step toward creating a more supportive and informed health care environment for young people. During a supportive supervision visit, Florence, a midwife from Kimuli HC 3 in Rakai district, shared:

“The training has truly transformed our approach. Now, when adolescents come to us for FP advice, we prioritize counseling and offer them suitable methods. We emphasize the preventive aspect of FP to prevent unintended pregnancies and stress the importance of using condoms for HIV prevention. This helps us to reflect on our commitment to providing informed and supportive health care for adolescents.”

Participating providers also demonstrated an understanding of the importance of prioritizing young people and providing an environment and services that are responsive to their needs.

“The training of *Beyond Bias* did a great job. At least now everyone here knows how special young people are. Immediately when they come—at any day or any time—priority is given to them. This has increased the number of FP users among them.”

—ANNET, MIDWIFE

“We were able to have a safe space designated for the young people, and a day is open for them in case they don’t make it through the week’s busy days, they can always come on the set-out day.”

—JOSEPHINE OKAKA, MIDWIFE

Lessons and Recommendations

Over the course of implementing *Beyond Bias*, the USAID/FPA team learned valuable lessons that can inform efforts to scale or replicate the approach in Uganda and other settings. The most salient lessons arose from conversations with, and actions taken by, providers within participating health facilities in response to what they were learning from *Beyond Bias*.

Addressing privacy and confidentiality concerns is a pivotal aspect of improving young people’s access to health services. One solution is to designate specific days for young people seeking antenatal care and FP services. Sister Titus, a midwife at Lwanda HC III in Rakai district, shared:

“With the training on *Beyond Bias*, we have been intentional with providing services to young people. For example, we have dedicated Wednesdays to serve young people. Even with limited space, we always prepare a separate, private room for them where they can feel comfortable and assured of confidentiality and privacy.”

This approach demonstrates a commitment to improving the health care experience for young people by addressing a key barrier. Such initiatives contribute to a more inclusive and youth-responsive health care environment, fostering better access to essential services. Implementing partners should consider working with MOH and district health offices to ensure safe spaces and infrastructure within participating health facilities—for example, by mainstreaming AYSRH within routine care—to reach and serve young people. Implementers might also consider placing social workers or counselors in health facilities to lend young people the support they need to seek SRHR information and services.



PHOTO: Pathfinder

A health worker with the 'Beyond Bias Six Principles of Care' booklet

THE NUMBERS

One year after Summit was initiated, USAID/FPA collected data from 2,318 exit interviews with FP clients ages 15 to 24 and found the following:

87% agreed that their FP provider allowed them to express their needs;

89% felt the provider cared about them as a person; and

94% disagreed that they felt judged by their provider.



USAID/FPA also surveyed 325 health workers (91% of them women) at the 146 facilities across the 11 supported districts who participated in Summit and found the following:

96% agreed that they enjoyed working with young clients;

74% disagreed that FP needs differ based on the sex of a client’s existing children; and

64% disagreed that unmarried clients require parental consent for contraception.

Using multiple methods and channels for provider skills-building and social and behavior change can reinforce learning and help accelerate and sustain meaningful, lasting change. Providers who participated in the Beyond Bias approach recommend that CME opportunities for health workers should include training and refreshers on AYSRH, youth-responsive counseling, and interpersonal communication. In addition, concise, user-friendly job aids that include flip charts on contraception, HIV, and STIs, can boost providers' confidence and ability to serve young people. Along with these resources, supportive supervision is essential to maintain and build on service providers' knowledge and skills to engage young people with SRHR information and services.

Beyond Bias presents an important opportunity to strengthen awareness and implementation of national policies and guidelines. During Connect, the discussion topic one week focused on policies. A participant asked what policies exist that support health workers to offer SRHR, including FP services, and others chimed in that they did not know either. Through the facilitators, USAID/FPA shared the National Policy Guidelines and Service Standards for SRHR (3rd edition, 2012). The WhatsApp group discussions highlighted important points in the guidelines—for example, that no verbal or written consent is required from a parent, guardian, or spouse, before a client receives FP services except in cases of incapacitation. Awareness of these guidelines helps remove barriers to access for young people.

“**Regularly soliciting feedback from participants can improve delivery and increase the value of the Beyond Bias approach in a particular context.**”

Regularly soliciting feedback from participants can improve delivery and increase the value of the Beyond Bias approach in a particular context. Participating health care providers interact with many clients with diverse challenges, needs, backgrounds, and beliefs. Engaging in monthly or quarterly discussions with them can help the implementation team monitor progress and can inform them of challenges and opportunities for adaptation. Encouraging open communication and creating a supportive environment in which providers feel comfortable sharing their experiences, insights, and concerns, facilitates a proactive approach to addressing the diverse needs of providers and their clients and continuously improving the quality of care they deliver.

Contributors:

Pride Ashaba	Wenani Kenneth
Albert Asiiimwe	Ann Mbeiza
Suzanne Awor Atim	Praise Mwesiga
Courtney Boudreau	Cissy Namakula
Thomas Emeetai	Marta Pirzadeh
Elizabeth Futrell	Espilidon Tumukurate
	Ritah Waddimba

Suggested citation: “Addressing Provider Bias to Deliver Quality Sexual and Reproductive Health Services and Information to Young People: Implementation of the Beyond Bias Approach in the USAID/Uganda Family Planning Activity.” Kampala, Uganda: Pathfinder International, 2024.

Pathfinder International Uganda
Plot 20 Ntinda II Road, Naguru | PO Box 29611
Kampala, Uganda
+256 414.255.939

pathfinder.org | [@pathfinderInt](https://twitter.com/pathfinderInt): [f](https://www.facebook.com/pathfinderInt) [i](https://www.instagram.com/pathfinderInt)

PATHFINDER

The contents of this publication are solely the responsibility of Pathfinder International.