

BARRIERS & FACILITATORS ASSESSMENT KIT

About this toolkit: (English Print Version)

The implementation of evidence-based clinical guidelines, policies or health system interventions are impacted by a variety of Barriers & Facilitators, which are factors that can either hinder or support implementation efforts. Barriers & Facilitators can affect implementation efforts at three different levels:

1. The Patient/Community level;
2. The Provider Level and;
3. The Health System Level.

Identifying Barriers & Facilitators, and developing strategies to address them, is key to successful implementation.

The aim of this toolkit is:

To assist users in identifying Barriers (i.e. challenges) & Facilitators (i.e. opportunities) that can impact the implementation of evidence-based guidelines, practices and/or policies; and

To assist users in selecting strategies to address these Barriers & Facilitators in order to increase users' success in the implementation of their evidence-based guidelines, practices and/or policies.

How to use the toolkit?

The Toolkit may be used online, downloaded to a computer or printed for use offline. This toolkit can be used by a wide variety of users—including health workers (i.e. physicians, nurses, midwives etc.), policy makers (i.e. government officials), hospital administrators, researchers, and community members (i.e. patients and/or patients' families etc.).

In assessing Barriers & Facilitators and developing strategies to address them in implementation planning, it is important to involve a wide range of participants, who bring diverse perspectives and experiences to the discussion (such as, front line clinicians, program administrators, policymakers, patients/family members/patient representatives, community leaders (religious leaders, elders, etc.). This variety of perspectives will increase understanding of Barriers & Facilitators, and improve planning for options to address them that are feasible and acceptable to those involved in and impacted by implementation.

With this in mind, we encourage users to use this toolkit in a group setting whether in person or online. The process of working through the toolkit together helps to ensure that all perspectives are included and allows for perspectives that may be unique and/or variably impact different participants to be understood and incorporated into implementation planning. In working through the toolkit as a group, it is important to create a space where all perspectives are welcome and all participants feel comfortable sharing their personal opinions and experiences, and allow enough time for all perspectives to be heard and discussed.

In order to ensure that everyone has an adequate understanding of the topic, we suggest that meeting participants be provided with a brief outline of the topic to be discussed including the local data on current practices and outcomes, and the anticipated benefits of implementing the evidence based guideline/practice/policy. In addition, we recommend posting the topic visibly for reference during discussions and using facilitators to help keep the small/large group(s) focused on the specific implementation topic being discussed.

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Definitions:

Below are some key definitions/terms to keep in mind when using the toolkit:

Barriers are factors that limit or block the evidence-based practices. For example, a lack of resources (like drugs or equipment) would be a barrier to the use of a guideline, practice or policy that required these items.

Facilitators are factors that have been shown to or are believed to have potential to promote the use of evidence-based practices. For example, a local community leader supporting the use of a specific guideline or practice would be a facilitator.

Health Systems Level: Barriers & Facilitators at this level involve factors related to how a health systems works (or does not work). A lack of resources necessary for implementation (e.g., equipment or drugs) is an example of a system level Barrier. An example of a system level Facilitator would be an organization's commitment to fund the implementation of a particular health guideline.

Provider Level: Barriers & Facilitators at this level include the beliefs, knowledge or skills of health care providers. An example of a Provider Level Barrier would be a provider's lack of knowledge and/or skill to perform a required task and an example of a Facilitator at this level would be a provider's belief in the importance of or value of implementing a guideline, practice or policy.

Patient/Community Level: Barriers & Facilitators at this level affect patients and/or communities. An example of a patient level barrier is need for travel to access care or cost of care, and a Patient level Facilitator would be patient awareness of benefits of care.

This tool helps you identify barriers and facilitators across three different levels of access:

- **Patient/Community Level**
- **Health Provider Level**
- **Health System Level**

NOTE: first time users may find it helpful to review the attached worked example, available as a pdf and accompanying audio file.

To use this print version of the toolkit, please follow these steps:

1. Begin your assessment with the "PATIENT/COMMUNITY" level. The Barriers & Facilitators are listed separately and are grouped by topic/theme (i.e. financial resources). It is helpful to read through each section before beginning to select barriers/facilitators that apply to the specific topic, in your context.
2. Select the Barriers & Facilitators that apply to your group's specific context or situation and specific evidence-based guideline, practice or policy, by placing a mark in the box at the left of the barrier/facilitator list. What factors either positively or negatively affect the implementation of your evidence-based guideline, practice, and/or policy and why? Note, not all barriers/facilitators apply to all situations, and only those relevant to the specific topic should be selected.
 - At the end of each section, users will have the option to add any additional Barriers & Facilitators that may not have been included on the lists.

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3. Once users have completed the assessment at the “PATIENT/COMMUNITY” level, they can continue on to the "PROVIDER" and "HEALTH SYSTEMS" levels and complete steps 1 and 2 again. Users are free to move back and forth between levels at all times and are not required to complete all levels. However, users are encouraged to consider all levels so that important factors that may impact implementation efforts are not overlooked. We recommend beginning with the PATIENT/COMMUNITY level and then complete the "PROVIDER" and "HEALTH SYSTEMS" levels, to ensure that enough time and attention is given to all levels of relevance to the implementation project.
4. After users complete the initial selection of barriers/facilitators relevant to the specific topics, they can organize their selections by considering what factors will have the biggest impact on implementation efforts and marking the appropriate number of Xs or stars.
 - The Barriers with the biggest potential impact (i.e. ones that are of high importance) should have 3 Xs and the Barriers with the smallest potential impact (i.e. ones that are of low importance) should have 1 X.
 - The Facilitators with the biggest potential impact (i.e. ones that are of high importance) should have 3 stars and the Facilitators with the smallest potential impact (i.e. ones that are of low importance) should have 1 star.

For example, Barriers that must be addressed before implementation efforts can begin (e.g. Barriers related to policy or law) should receive 3 Xs to highlight its importance.

5. Once step 4 is complete, the list of potential strategies to address identified Barriers & Facilitators should be reviewed and discussed as a group to select the strategies best suited to address the barriers/facilitators identified. Users should keep in mind the importance of identified barriers, as well as, feasibility, sustainability, and acceptability of the potential strategies. At the end of this toolkit, a table of potential strategies has been included to aid in this discussion. This table lists the Barriers & Facilitators used in this toolkit and provides examples of possible interventions that can be used to address them. It considering strategies it is important to consider the evidence for effectiveness of potential strategies, as well as, appropriateness, feasibility and sustainability, in their context.

For example, if providers forgetting to use a new clinical guideline were identified as an important barrier, you would find this category on the table in the habits, memory and decision processes row under the provider column, and could then discuss the suitability of different reminder processes, such as posters, pocket cards or computer decision aids, in your context.

NOTE: first time users may find it helpful to review the attached worked example, available as a pdf and accompanying audio file.

Resources: Below are links to a couple of resources that you may find helpful in selecting implementation strategies to address the barriers and facilitators identified in steps 1-5.

The CFIR-ERIC implementation strategy mapping tool (and associated articles) provides a list and short description of implementation strategies and is available at <https://cfirguide.org/choosing-strategies/>

The SELECT tool provides an approach to categorizing barriers and facilitators, identifying and prioritizing intervention functions and includes a list and definitions of potential implementation strategies to address identified barriers and facilitators in section 3, available at <https://knowledge translation.net/the-select-tool/>

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Patient/Community Level (Barriers)



Barriers	Level of Importance	Description (Please use this space to add any additional information about the barrier selected as it relates to the setting you are working in).
FINANCIAL RESOURCES		
<input type="checkbox"/> Financial constraints at patient level leading to delays in health care seeking/missed appointments	❌ ❌ ❌	
<input type="checkbox"/> Cost of maternal care (including transportation)	❌ ❌ ❌	
<input type="checkbox"/> Unable to leave job for medical appointments	❌ ❌ ❌	
KNOWLEDGE AND BELIEFS		
<input type="checkbox"/> Lack of knowledge/understanding of reasons for health advice given	❌ ❌ ❌	

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<input type="checkbox"/>	Lack of trust among patients/preference to be seen by higher level health worker	☒ ☒ ☒	
<input type="checkbox"/>	Lack of belief or limited knowledge of maternal healthcare	☒ ☒ ☒	
TRANSPORTATION ISSUES			
<input type="checkbox"/>	Distance to travel for prenatal care or delivery	☒ ☒ ☒	
<input type="checkbox"/>	Lack of ambulance services/ Transportation	☒ ☒ ☒	
<input type="checkbox"/>	Poor weather and road conditions	☒ ☒ ☒	
<input type="checkbox"/>	Security issues (war/conflict, migrant status, unsafe geographic regions/safety travelling after dark)	☒ ☒ ☒	
QUALITY OF CARE			
<input type="checkbox"/>	Lack of proper infrastructure	☒ ☒ ☒	
<input type="checkbox"/>	Health providers' mistreatment during childbirth and/or disrespect and abuse of patients	☒ ☒ ☒	
CULTURAL BELIEFS AND TRADITIONS			
<input type="checkbox"/>	Cultural practices/health seeking behavior/beliefs about cause of illness	☒ ☒ ☒	

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<input type="checkbox"/> Importance of home birth (i.e. for religious rites)	☒ ☒ ☒	
<input type="checkbox"/> Lack of women’s autonomy (Decision and authority of mother in law, husband/spouse/partner, community/religious leaders)	☒ ☒ ☒	
<input type="checkbox"/> Stigmatization for teenagers/unmarried women	☒ ☒ ☒	
FAMILY OBLIGATION/SUPPORT		
<input type="checkbox"/> Domestic chores, child care obligations (i.e. no one to care for other children)	☒ ☒ ☒	
<input type="checkbox"/> Lack of husband/spouse/partner support (financial and in decision making)	☒ ☒ ☒	
ADDITIONAL (Add additional barriers not included above, but important to consider in your context).		

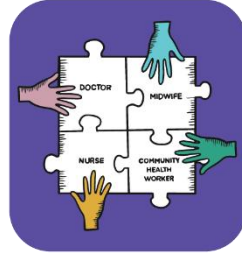
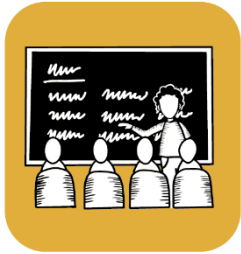
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Patient Level (Facilitators)

Facilitators	Level of Importance	Description (Please use this space to add any additional information about the barrier selected as it relates to the setting you are working in).
FINANCIAL RESOURCES		
<input type="checkbox"/> High degree of acceptability and support for trained volunteers in rural areas.	☆ ☆ ☆	
KNOWLEDGE AND BELIEFS		
<input type="checkbox"/> Community leaders trust/support of lower cadres	☆ ☆ ☆	
<input type="checkbox"/> Community leaders promoting specific health guideline	☆ ☆ ☆	
<input type="checkbox"/> Community belief in the health benefits of institutional delivery	☆ ☆ ☆	
<input type="checkbox"/> Health providers' respectful attitude towards pregnant women.	☆ ☆ ☆	
ADDITIONAL (Add additional barriers not included above, but important to consider in your context).		

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Health Provider Level (Barriers)



Barriers	Level of Importance	Description (Please use this space to add any additional information about the barrier selected as it relates to the setting you are working in).
TRAINING/KNOWLEDGE/SKILLS		
<input type="checkbox"/> Poor quality of training/inadequate curriculum/lack of hands on/skill based training	☒ ☒ ☒	
<input type="checkbox"/> Lack of training capacity/time to attend training, including training of trainers	☒ ☒ ☒	
<input type="checkbox"/> Lack of baseline education among health care workers making training difficult	☒ ☒ ☒	
ACCESS/AWARENESS		
<input type="checkbox"/> Lack of awareness of the guidelines/evidence	☒ ☒ ☒	

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<input type="checkbox"/> Lack of understanding of how guidelines are developed (including who is involved): lead not to believe guideline is trustworthy	☒ ☒ ☒	
ATTITUDES AND BELIEFS		
<input type="checkbox"/> Fear/concern for potential misuse of guidelines/medications	☒ ☒ ☒	
<input type="checkbox"/> Physician lack of confidences in midwives/other health care worker cadres	☒ ☒ ☒	
<input type="checkbox"/> Role confusion due to lack of clear definitions (even when national definitions available)	☒ ☒ ☒	
<input type="checkbox"/> Lack of accountability for adherence to guidelines	☒ ☒ ☒	
<input type="checkbox"/> Lack of communication/interprofessional collaboration, ethnic/cultural differences, lack of cooperation/blaming within and across healthcare worker cadres	☒ ☒ ☒	
ADDITIONAL (Add additional barriers not included above, but important to consider in your context).		

BARRIERS & FACILITATORS ASSESSMENT KIT

Health Provider Level (Facilitators)

Facilitators	Level of Importance	Description (Please use this space to add any additional information about the barrier selected as it relates to the setting you are working in).
TRAINING/KNOWLEDGE/SKILLS		
<input type="checkbox"/> Suggested incorporate capacity building in the use and implementation of evidence into undergraduate and continuing education training	☆☆☆	
<input type="checkbox"/> Improved ongoing training and monitoring of competencies necessary for evidence implementation	☆☆☆	
ACCESS/AWARENESS		
<input type="checkbox"/> Inter-professional project meeting to help communication between provider groups, suggested continued engagement through educational initiatives	☆☆☆	
<input type="checkbox"/> Physician belief in need for training of other health care worker cadres	☆☆☆	

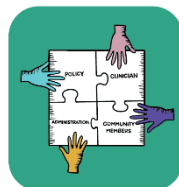
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ATTITUDES AND BELIEFS		
<input type="checkbox"/> Evidence that guideline strategies are effective	☆☆☆	
<input type="checkbox"/> Strong leadership/supervision	☆☆☆	
<input type="checkbox"/> Incentives (praise, bonuses)	☆☆☆	
<p>ADDITIONAL (Add additional barriers not included above, but important to consider in your context).</p> 		

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Health System (Barriers)



Barriers	Level of Importance	Description (Please use this space to add any additional information about the barrier selected as it relates to the setting you are working in).
MATERIAL AND FINANCIAL RESOURCES		
<input type="checkbox"/> Lack of equipment and supplies especially in small/rural centres	❌❌❌	
<input type="checkbox"/> Lack of medications especially in small/rural centres	❌❌❌	
<input type="checkbox"/> Lack of integration/collaboration of health care resources	❌❌❌	
<input type="checkbox"/> Lack of ability to smoothly transfer patients/or coordinate care across health systems level	❌❌❌	

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<input type="checkbox"/>	Inadequate funding of health care	☒☒☒	
<input type="checkbox"/>	Lack of funding for supervision/other work-related travel	☒☒☒	
<input type="checkbox"/>	Lack of mechanism to collect high-quality data for monitoring and evaluation	☒☒☒	
<input type="checkbox"/>	Lack of ability to document and monitor implementation and current practice	☒☒☒	
<input type="checkbox"/>	Areas of conflict within country limit ability to implement/monitor nationally	☒☒☒	
HUMAN RESOURCES			
<input type="checkbox"/>	Human resource shortages/workload/ high staff turnover	☒☒☒	
<input type="checkbox"/>	Unequal distribution of human resources rural/urban	☒☒☒	
<input type="checkbox"/>	Lack of skill in supervision	☒☒☒	
<input type="checkbox"/>	Lack of supervision/mentorship especially for new graduates and lower cadres	☒☒☒	
COMMUNICATION/INFORMATION SHARING			
<input type="checkbox"/>	Lack of information sharing: new guidelines, trainings attended by others	☒☒☒	

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<input type="checkbox"/> Lack of awareness of guidelines: lead to not ordering or supplying meds/supplies	☒ ☒ ☒	
<input type="checkbox"/> Lack of feedback to providers on outcomes that are monitored	☒ ☒ ☒	
<input type="checkbox"/> Lack of communication between providers and policy makers	☒ ☒ ☒	
<input type="checkbox"/> Lack of trust between clinicians and policy makers	☒ ☒ ☒	
POLICY ISSUES		
<input type="checkbox"/> Lack of clear policy on roles/responsibilities or conflict between policy and guideline	☒ ☒ ☒	
<input type="checkbox"/> Fear of misuse of meds/meds not approved for use	☒ ☒ ☒	
ADDITIONAL (Add additional barriers not included above, but important to consider in your context).		

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Health System (Facilitators)

Facilitators	Level of Importance	Description (Please use this space to add any additional information about the barrier selected as it relates to the setting you are working in).
MATERIAL AND FINANCIAL RESOURCES		
<input type="checkbox"/> Financial commitment to training (stipends, opportunities for refresher training)	☆☆☆	
<input type="checkbox"/> Pay unpaid volunteer health workers (i.e. midwives)	☆☆☆	
COMMUNICATION/INFORMATION SHARING		
<input type="checkbox"/> Improved monitoring and evaluation such as use of delivery books	☆☆☆	
POLICY ISSUES		
<input type="checkbox"/> Political commitment	☆☆☆	
<input type="checkbox"/> Alignment of guideline with health priorities	☆☆☆	
<input type="checkbox"/> Punitive measures such as legal mandates; fear this could lead to gaming the system	☆☆☆	

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<input type="checkbox"/> Inclusion of ‘aspirational’ aspects of guideline keep for rapid incorporation when able vs. concern inclusion now is confusing (eg. consider whether to include a recommended medication or treatment that is not currently available/approved in your setting in the implementation plan, so that it can be used as soon as available/approved or whether including it before available/approved may cause confusion).	☆ ☆ ☆	
<input type="checkbox"/> Legal mandates, regulations, laws etc. (eg. Advocate for change to address laws or regulations preventing implementation)	☆ ☆ ☆	
<p>ADDITIONAL (Add additional barriers not included above, but important to consider in your context).</p> 		

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Strategies

The list of potential strategies to address identified Barriers and Facilitators should be reviewed and discussed to select the strategies best suited to address those identified, keeping in mind the feasibility, sustainability, and acceptability of the potential strategies.

Types of Barriers & Facilitators	Patient/Community Level	Provider Level	Health Systems Level
KNOWLEDGE, SKILLS AND TRAINING	<p>Patient/community education</p> <ul style="list-style-type: none"> • Educational tools (e.g. posters, patient handouts, community plays) • Educational games • Expert patients <p>Mass Media</p>	<p>Education and Skills based training</p> <ul style="list-style-type: none"> • Education Meetings and materials • Outreach visits • Ongoing training • Audit and feedback • Simulation • Modeling/shadowing • Mentorship <p>Mass Media</p>	<p>Change curriculum</p> <p>Create or change licensing or accreditation requirements</p> <p>Train the trainer strategies</p> <p>Recruit, designate, and train for leadership</p> <p>Supportive Supervision</p> <p>Mass Media</p> <p>Policy briefs</p>
HABITS, MEMORY, DECISION PROCESSES	<p>Reminders strategies</p> <ul style="list-style-type: none"> • Reminder tools • SMS reminders 	<p>Reminder Strategies</p> <ul style="list-style-type: none"> • Posters • Pocket cards • Computer-based decision supports 	<p>Recruit, designate, and train for leadership</p> <p>Incentives</p>

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<p>POLICIES, LAWS</p>		<p>Mandate change</p>	<p>Change laws (liability, other)</p> <p>Mandate change</p> <p>Revise professional roles</p> <p>Clear policies (professional roles, task shifting, etc.)</p>
<p>RESOURCES (Staff, Equipment, Finances and Medication)</p>	<p>Develop a community emergency fund</p> <p>Financial Incentives</p> <ul style="list-style-type: none"> • lower fees for evidence-based treatment • conditional cash transfers 	<p>Adapt knowledge and tailor implementation to context</p> <p>Task shifting</p> <p>Collaboration</p>	<p>Access new/restructuring funding</p> <p>Free or reduced fees for evidence-based essential care</p>
<p>COMMUNICATION, COLLABORATION, AND INFORMATION SHARING</p>	<p>Mass Media</p> <p>Involve, obtain and use feedback from patients/families/communities</p>	<p>Mass Media</p> <p>Conduct consensus discussions</p> <p>Organize clinician implementation team meetings</p> <p>Capture and share local knowledge of implementation successes and challenges</p>	<p>Mass Media</p> <p>Develop collaborative network</p> <p>Change/improve record systems</p> <p>Transparent sharing of data, monitoring and evaluating data</p> <p>Capture and share local knowledge of implementation successes and challenges</p> <p>Develop and implement tools for quality monitoring</p>
<p>SOCIOCULTURAL INFLUENCES (political, religious, cultural context, workplace culture and norms)</p>	<p>Engage or include patients and families in the implementation effort</p> <p>Engaged community leaders</p>	<p>Inform and engage local opinion leaders</p> <p>Identify and prepare local champions</p>	<p>Recruit, designate, and train for leadership</p>

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GENDER/FAMILY ROLES AND DECISION MAKING	<p>Male/Family involvement</p> <p>Set appointments for healthcare visits</p>	<p>Education</p> <ul style="list-style-type: none"> • Understanding impacts of gender and family roles 	<p>Change/alter laws to support patient decision making</p>
BELIEFS/EMOTIONS	<p>Expert patients</p> <p>Engage Community Leaders</p> <p>Patient education strategies</p> <ul style="list-style-type: none"> • Educational tools (eg. posters, patient handouts, community plays) • Educational games • Expert patients • Mass Media 	<p>Champions</p> <p>Local opinion leaders</p> <p>Education tools and strategies</p> <ul style="list-style-type: none"> • Education Meetings and materials • Mentorship 	<p>Use mass media</p> <p>Policy briefs</p>
DESIRE TO CHANGE	<p>Conduct local needs assessment</p>	<p>Conduct local needs assessment</p> <p>Conduct local consensus discussions</p> <p>Assess organizational readiness for change</p>	<p>Recruit, designate, and train for leadership</p>