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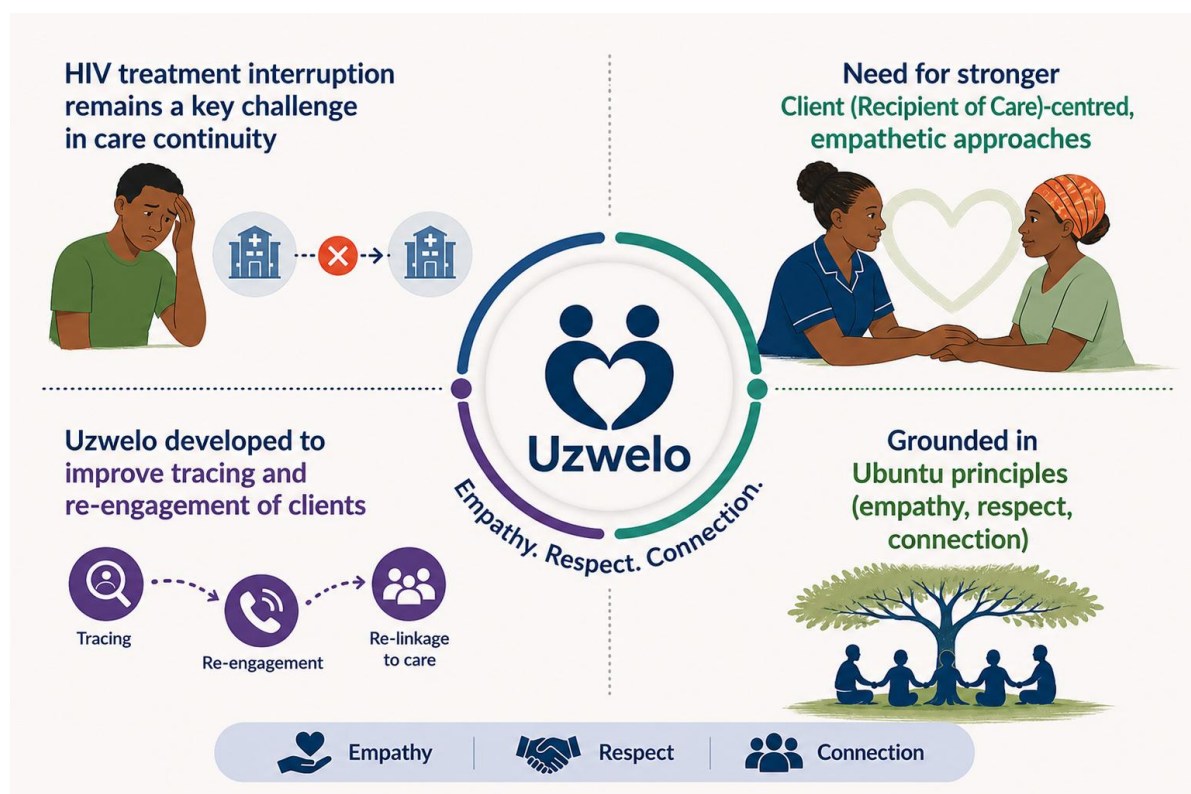
OPHID
Organization for Public Health
Interventions & Development

Co-Designing Behaviourally Informed Interventions to Strengthen the Uzwelo (Empathy or Tsitsi) Provider-Friendliness Approach in HIV Care in Zimbabwe.



Setting the scene - What is Uzwelo and How Was the Collaboration Established?

Uzwelo is a structured, empathy-based approach designed to improve the tracing and re-engagement of HIV clients who have interrupted treatment (IIT). Grounded in Ubuntu principles, empathy, respect, and connection. It focuses on strengthening provider–client interactions through empathetic communication, perspective-taking, and collaborative problem-solving. The approach was developed by the Organization for Public Health Interventions and Development (OPHID) to address a critical gap in standard tracing procedures, which typically emphasise the number of contact attempts but provide limited guidance on how these interactions should be conducted to effectively support return-to-care.



The collaboration between Indlela at the Health Economics and Epidemiology Research Office (Indlela@HE²RO), the Organization for Public Health Interventions and Development (OPHID), and the Ministry of Health and Child Care (MoHCC) emerged from a shared need to strengthen recipient of care (ROC)-centred care within HIV service delivery. OPHID and MoHCC engaged Indlela@HE²RO to support the co-design and refinement of the Uzwelo provider-friendliness approach, with a focus on incorporating frontline provider input to ensure usability within routine clinical settings. A key consideration was to design an approach that could be implemented consistently across facilities, aligned with the HIV care cascade routine work flow, and integrated into the MoHCC Welcome Back programme - a standardised package of care to support ROCs that have interrupted or disengaged from treatment to return and retain in HIV care.

This partnership brought together technical expertise, implementation experience, and frontline perspectives to co-design a behaviourally informed and contextually relevant approach that supports continuity of care at scale.

What's the challenge?

Despite the demonstrated value of Uzwelo in strengthening provider–client relationships, tracing, re-engagement and improving follow-up in OPHID-supported facilities, its implementation remains inconsistent across facilities. Key challenges include the absence of standardised tools and clear guidance for providers, and the added workload associated with follow-up activities.

Without simple prompts and structured support embedded into routine workflows, it is difficult for providers to consistently apply the approach in busy clinical environments. As a result, the quality and consistency of interactions vary, limiting implementation fidelity and the potential benefit of the Uzwelo provider-friendliness approach on client engagement and return-to-care.

Target outcomes:

The primary objective of the workshop was to co-design and strengthen the Uzwelo approach through direct input from healthcare providers, ensuring that it is practical and usable within routine service delivery. Through a participatory process, providers contributed insights based on their day-to-day experiences, helping to shape a more contextually relevant and user-friendly approach.

A key outcome of the workshop was the development of behaviourally informed, low-fidelity prototypes designed to make the Uzwelo approach more salient and easier to apply during service delivery. These included simple prompts, environmental cues, and the development of mnemonics to keep key behaviours top of mind during client interactions. Participants also highlighted the need for standardised tools and guiding documents, such as standard operating procedures (SOPs) and job aids, that can be applied consistently across facilities.

The workshop further aimed to strengthen engagement across the HIV care cascade by improving the quality and consistency of provider–client interactions. This included anticipated improvements in adherence to Uzwelo, increased client retention and return-to-care, improved data quality, and greater feasibility of implementation within existing workflows.

Finally, the workshop established a pathway for scale-up. Participants aligned on integrating Uzwelo into the Welcome Back package, a national initiative in Zimbabwe focused on re-engaging individuals who have interrupted HIV treatment through structured tracing, counselling, and re-linkage to care. Embedding Uzwelo within this package provides an opportunity to strengthen the quality of interactions within existing systems, supporting more consistent and sustainable delivery at scale.

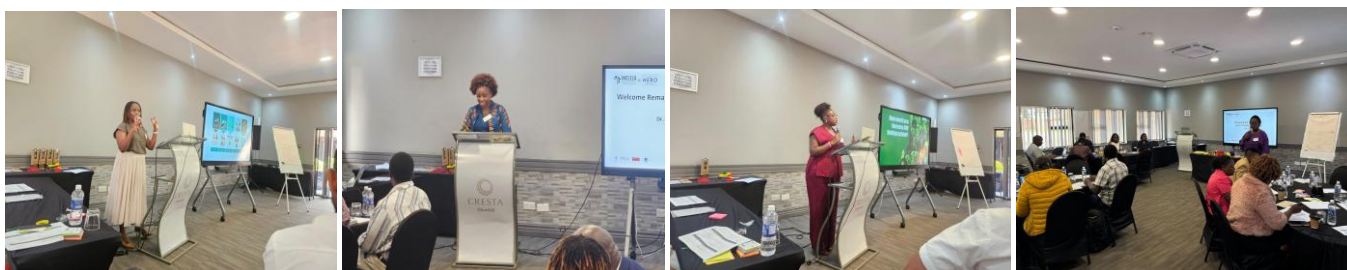
Who was involved?

MoHCC in collaboration with OPHID and Indlela@HE2RO hosted a three-day participatory co-design workshop in Bulawayo, Zimbabwe, from 3–5 December 2025.

The workshop brought together 65 participants from a range of stakeholder groups, including MoHCC leadership, OPHID programme implementers, Indlela@HE2RO facilitators, clinicians, nurses, district health teams, and behavioural scientists. This multidisciplinary representation ensured that perspectives from policy, programme implementation, and frontline service delivery were meaningfully integrated throughout the co-design process.

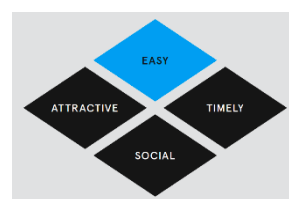
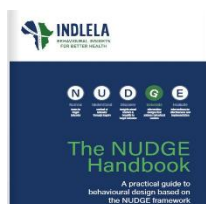
Below are images showing all OPHID, MoHCC and Indlela@HE2RO participants who attended the workshop





Approach Overview:

The design process was guided by the NUDGE Framework (The NUDGE Handbook, 2023) (1), as well as using structured behavioural science and human-centred design methods including: Open Road, “How would X do it, Subtract and EAST (Easy, Attractive, Social and Timely).



Pre-Workshop:

The pre-workshop activities were conducted jointly by teams from the MoHCC and OPHID, with participation from provincial representatives, through site visits to Northern Suburbs Clinic in Bulawayo and Esigodhini Hospital in Matabeleland South. These visits took place in early November 2025, ahead of the December workshop, and involved direct observation of service delivery, engagement with healthcare workers, and review of how the Uzwelo approach was being implemented in practice. Insights from these visits, including strengths such as improved provider–client relationships, enhanced efficiencies, and improved data quality, as well as challenges related to documentation requirements, lack of standardised SOPs, and implementation within high-workload, resource-constrained settings, were systematically synthesised to inform the design of workshop activities. These findings guided the prioritisation of key problem areas and ensured that the co-design process was grounded in real-world implementation realities.

From a NUDGE framework perspective, the pre-workshop activities primarily focused on the **Narrow (N)**, **Understand (U)** and **Discover (D)** phases.

1. The **Narrow (N)** component involved moving from the broad challenge of strengthening Uzwelo implementation to drawing specific concrete focal behaviours that the co-design process would target. The team brainstormed provider behaviours linked to the outcome of consistent Uzwelo grounded service delivery. This included documentation practices, adherence to standardised steps and consistent collection of Next of Kin details.
2. The **Understand (U)** component involved contextual inquiry through facility observations to map real-world workflows and provider–client interactions, as well as identify areas of success such as strong relationships and improved data practices.
3. The **Discover (D)** component focused on behavioural diagnosis, identifying key system and behavioural challenges, including the absence of SOPs, lack of prompts, and high competing workload demands within resource-constrained healthcare settings. The process unpacked underlying behavioural barriers such as cognitive load, low salience, and variability in implementation practices. This phase also highlighted the need for simple, practical, and standardised tools to support consistent implementation of the Uzwelo approach.

Below is **Table 1** that provides an overview of the workshop activities aligned to the NUDGE framework.

Table 1: Overview of Workshop Activities Aligned to the NUDGE Framework

Workshop Day 1	Workshop Day 2	Post-Workshop Day 3
Understand (U): Building Shared Understanding 1. Overview of Zimbabwe's HIV programme and the Welcome Back initiative 2. Context on challenges leading to the development of Uzwelo 3. Linking empathy to workflow triggers	Generate (G): Ideation 1. Structured ideation (Open Road, "How would X do it?", EAST) 2. Generating solutions across multiple domains (branding, prompts, training, incentives, systems) - Using the nouns and verbs to guide this process 3. Developing the ideas further into mnemonics that will inform development of prototypes	Generate (G): Refinement & Prioritisation 1. Indlela & OPHID refinement of prototypes 2. Prioritisation of most feasible intervention
Discover (D): Framing Uzwelo in Practice (Diagnosing behavioural barriers). BE101 capacity-building session introducing core concepts (biases, salience, habit formation, behavioural science frameworks) Equipping the multidisciplinary group with a shared behavioural science vocabulary 1. Defining Uzwelo in practice through collaborative engagement 2. Use of nouns and verbs to translate empathy into behaviours 3. Development of shared behavioural vocabulary 4. Foundation for mnemonics and client-centred care approaches	Generate (G): Prototyping 1. Developing and refining concepts 2. Creation of mnemonic-based prototypes	Generate (G): Site visit to see Uzwelo in action 1. Demonstration of feasibility, workflow integration and acceptability 2. Preparation for iteration, and piloting

Workshop Day 1 - Understand (U) and Discover (D)

Day 1 of the workshop focused on building a shared understanding of the Uzwelo approach, while identifying and prioritising key behavioural challenges to inform solution design. The day began with presentations from the Ministry of Health and Child Care (MoHCC), who provided an overview of Zimbabwe's HIV programme and introduced the Welcome Back initiative; A national programme aimed at re-engaging individuals who have interrupted HIV treatment through structured tracing, counselling, and re-linkage to care. This was followed by OPHID, who outlined the key challenges that led to the development of the Uzwelo provider-friendliness approach, helping to ground the workshop in real-world implementation realities.

These discussions formed part of the Understand (U) phase, extending the contextual grounding established during the pre-workshop site visits. By situating Uzwelo within the broader landscape of Zimbabwe's HIV response and the welcome back initiative, participants gained a shared understanding of workflows and policy context within which healthcare provider behaviours occur.

From midday, Indlela facilitated a behavioural science capacity-building session through the BE101 course, introducing core concepts such as different types of biases, habit formation, and behavioural science frameworks. This session served as preparation for the Discover (D) phase, equipping the multidisciplinary group of clinicians, programme implementers, and policy stakeholders with a shared behavioural science vocabulary. This enabled participants to subsequently engage with and build on the behavioural barriers identified, including cognitive load, low salience, and weak cue–action links, in behaviourally informed terms.

To close the day, the workshop transitioned into the Discover (D) phase, where participants worked collaboratively to define what Uzwelo means in practice. Through a structured group activity, participants used locally relevant nouns and verbs in English, Shona, and Ndebele to translate empathy into observable behaviours. In doing so, they surfaced the gap between intended empathetic behaviours and current practice, showing where consistent application of Uzwelo breaks down in busy clinical environments. This process also led to the development of a shared behavioural vocabulary that not only translated empathy into actionable steps, but also defined the emotional tone of care, reinforced a client-centred culture grounded in local values, and laid the foundation for the development of mnemonics and prompts to support consistent implementation.

Overall, Day 1 established a strong foundation by aligning stakeholders on the problem, building behavioural science capacity, and translating empathy into clear, actionable behaviours, setting the stage for solution generation and prototyping on Day 2.

Workshop Day 2 - Generate (G)

Day 2 focused on generating and refining behaviourally informed solutions, building directly on the outputs and shared understanding developed during Day 1.

Participants engaged in structured ideation using behavioural science and human-centred design methods, including Open Road, “How Would X Do It?”, and the EAST framework. Building on the shared behavioural language developed in earlier sessions, participants generated a wide range of ideas, which were subsequently explored and refined to identify the most promising solutions.

A central component of this process was the development of mnemonics. Mnemonics are simple and memorable cues designed to support behaviour in high-workload settings. Drawing on the nouns and verbs generated during prior activities, participants translated the abstract concept of empathy into practical, actionable behaviours that could be readily applied during provider–client interactions.

The use of mnemonics was grounded in cognitive science research, which demonstrates that individuals are more likely to retain and recall information that is simple, structured, and meaningful (2). In this context, mnemonics served as concise behavioural prompts, enabling providers to recall and apply key practices in real time.

Table 2 below provides a list of the mnemonics/ catch-phrases that were ideated.

Table 2: List of Mnemonics/ Catch-phrases

Mnemonic / Catch-phrase	Meaning
1. COUGH	Be Observant, Appreciative, work in Collaboration and Harmony, show Gratitude/Hugs
2. HEAL	Humanity, Empathy, Attuned engagement, seeing through the Lens of another
3. SAFE	Sensitive, Accommodating, Friendly, Empathetic
4. B-WARE / WARE	Be Warm, Accept ROCs as they are, respond to needs, Empathise
5. HUGS	Hear emotion, Understand perspective, Grow a plan, Show humanity
6. EARS	Emotional intelligence, acknowledge others, Realistic planning, Sensibility/listening
7. CONNECT	Catch the vibe, Open your mind, Notice without judgemental, Navigate together, Express ubuntu, Collect contact details, Taking action and thrive together

Following ideation, ideas were systematically clustered and prioritised using techniques such as dot voting and decision matrices. These were then developed into early-stage prototypes, which were presented and iteratively refined based on participant feedback.

Workshop participants engaging in ideation and prototyping activities



Three key solution areas emerged from this process: environmental cues to enhance the salience of Uzwelo, recognition systems to motivate and reinforce empathetic behaviours, and digital tools to support messaging and health education. These interventions aim to make the Uzwelo provider-friendliness approach or empathetic behaviours easier to apply, more visible in practice, and more seamlessly integrated into existing workflows.

Table 3 below provides a summary of the key prototypes and their intended functions.

Table 3: Co-Designed Uzwelo Provider-Friendliness Prototypes and Their Intended Functions

Prototype	Short description	Intended function
Prototype 1: Environmental cues to keep Uzwelo top-of-mind 	Visual prompts and job aids embedded within clinical spaces to make Uzwelo behaviours more salient and easier for providers to apply during routine client interactions.	Increase awareness and make empathetic behaviours more visible and actionable in daily practice.
Prototype 2: Recognition systems to motivate and reinforce empathetic behaviours  	Simple recognition and feedback mechanisms to encourage and sustain empathetic provider behaviours through positive reinforcement and social motivation.	Motivate providers and reinforce positive behaviours through recognition and social connection.
Prototype 3: Digital tools for messaging and health education 	Digital solutions, such as messaging and informational content, designed to support consistent communication, reinforce key behaviours, and improve client understanding and engagement.	Improve communication, reinforce key messages, and enhance client understanding and engagement.

Post-Workshop - Generate (G)

The post-workshop - Day 3, a smaller working group comprising participants from OPHID, the Ministry of Health and Child Care (MoHCC), and Indlela reconvened to reflect on the ideas generated during the workshop and to prioritise the most feasible and impactful solution for implementation. This marked the transition into the post-workshop phase, which focused on further strengthening and refining the developed prototypes.

Through a structured review process, the group identified Prototype 2, which was centred on recognition systems, as the most feasible intervention. This approach leverages positive reinforcement and feedback mechanisms to encourage and sustain empathetic provider behaviours. It was informed by the **CONNECT** mnemonic (**C**atch the vibe, **O**pen your mind, **N**otice without judgemental, **N**avigate together, **E**xpress ubuntu, **C**ollect contact details, **T**aking action and thrive together), which emerged as a simple and memorable framework to support the consistent implementation of the Uzwelo approach in practice.

This prioritisation process was complemented by a site visit to Northern Suburbs Clinic, where participants observed Uzwelo in practice and engaged with MoHCC healthcare workers to better understand feasibility, workflow integration, and practical implementation considerations. Insights from this phase informed the iterative refinement of the selected prototype, ensuring that it was both contextually relevant and operationally feasible.

Furthermore, the process highlighted key considerations for scale, particularly the importance of simple, behaviourally informed tools that can be seamlessly integrated into existing workflows. The phase concluded with alignment on next steps, including continued refinement, the development of a CONNECT guide and intervention package, and preparation for piloting.



Closing Reflections:

The co-design workshop concluded on a strong and positive note, with participants expressing enthusiasm about the potential of the Uzwelo approach to meaningfully improve both client experience and provider well-being within HIV service delivery. A key insight emerging from the process is that, while empathy is not always easily actionable within routine care, it can be designed into systems through the use of simple, behaviourally informed tools. Providers require clear prompts, practical guidance, and tools that integrate seamlessly into their existing workflows to support consistent application.

The workshop also demonstrated that light-touch, behaviourally informed interventions, when thoughtfully designed and embedded into routine practice, can significantly enhance the quality and consistency of provider–client interactions. The co-design process strengthened stakeholder ownership and ensured that the solutions developed are both contextually relevant and operationally practical.

The collaborative engagement across MoHCC, OPHID, and Indlela fostered strong alignment and a shared vision for translating empathetic, client-centred care into everyday practice. The co-designed solutions are expected to improve provider–client interactions, increase return-to-care, and strengthen retention. Given their simplicity and alignment with existing systems, these interventions also show strong potential for scalability. Overall, the workshop laid a solid foundation for continued refinement, piloting, and the broader scale-up of the Uzwelo approach.

What's Next?

The next phase of this work focuses on transitioning from co-design to implementation by advancing the developed concepts into implementation-ready tools and preparing for pilot testing. This involves further refining the prioritised prototype to enhance usability, developing supporting materials such as SOPs or process guides and training guides, and aligning with key stakeholders on the pilot approach. The pilot phase will generate critical insights to inform ongoing refinement and support decisions around broader rollout, with a focus on ensuring that the intervention is feasible, acceptable, and sustainable within routine healthcare settings.

There is already strong stakeholder alignment, particularly with the MoHCC, and ongoing efforts are being made to integrate the Uzwelo approach into the Welcome Back package to support sustainability and scale. In parallel, Indlela has adopted a “**Just-Do-It**” approach to maintain momentum and move the work forward through immediate, practical action.

While progress has been somewhat influenced by the current and unpredictable funding landscape, there remains strong commitment from all partners to see this work through. Efforts are underway to secure additional funding to support successful implementation and scale-up of the intervention, while also enabling rigorous assessment of its impact on return to care, retention in treatment, and clinical outcomes among clients with advanced HIV disease and those facing challenges remaining engaged in HIV care. Overall, this work has laid a strong foundation for both piloting and long-term scale, with the potential to improve client experience and provider wellbeing.



References:

1. The NUDGE Handbook: A practical guide to behavioural design based on the NUDGE framework (2023). <https://indlela.org/nudge-handbook/>
2. Lau JMH, Rashid AJ, Jacob AD, Frankland PW, Schacter DL, Josselyn SA. The role of neuronal excitability, allocation to an engram and memory linking in the behavioral generation of a false memory in mice. *Neurobiol Learn Mem.* 2020 Oct; 174:107284. doi: 10.1016/j.nlm.2020.107284. Epub 2020 Aug 1. PMID: 32745601; PMCID: PMC7583262.

Contact and Collaboration:

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