

Concept Note and Facilitator's Guide
Prototype 1:
CLIENT-PROVIDER DIALOGUE USING FISH-BOWL APPROACH

Introduction:

Dialogue is an informal forum to discuss ideas, voice out opinions and ask questions. This technique can be used to address provider bias by bringing transparency, as well as increased trust and understanding of the topic discussed.

NURHI 2 implemented the Human-Centred Design (HCD) in Lagos and stepped own in Kaduna and Oyo States. The training was designed to address provider bias amongst FP service providers in these three states. Interesting findings showed that poor communication and lack of appropriate information fuelled many of the beliefs regarding FP and further encouraged the biases exhibited by many service providers.

As a fallout, this approach was designed to explore how the continuous dialogue between providers and clients can improve client-provider interactions, provide correct information and enable FP service providers to reflect on the effect of their biases on actual people. The prototype will explore the effect of dialogue on behavioural change between FP service providers who are exposed to this approach compared to FP service providers not exposed.

Target Audiences

- FP service providers
- Clients
- Influencers

Involving clients and influencers in the dialogue sessions with providers will enable the following:

- *Clients:* Clients play critical role in uptake of FP and this is an opportunity for providers to see, hear and feel the pulse of the clients i.e. putting a

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face to the problem which helps to generate providers reflecting on their actions.

- *Influencers*: These are gatekeepers, friends, community and family members who play a role in the client's FP decision making. They usually accompany the client to the health facility and are also instrumental in providing a feedback to the community about their experiences at the health facility.

Objectives:

- To improve client-provider interaction and feedback
- To improve understanding of other person's views
- To improve reflection on pertinent issues
- To address the issue of provider bias through participation of clients and providers and improve uptake

Proposal for Implementation:

- ✓ A pilot implementation should be conducted in each project state (this is due to the peculiar differences in socio-demographics, culture etc. within the three states).
- ✓ The pilot should involve 4 LGAs in each project state.
- ✓ Criteria for selecting LGAs should be based on:
 - LGAs with the highest population density
 - LGAs with facilities with the highest FP service data.
 - LGAs close to the capital city to reduce travel time and costs for participants.
- ✓ Service providers will be selected from 2 LGAs using findings from QISS reports to identify service providers with continuous biases and without biases.
- ✓ Clients should be randomly selected from the remaining 2 LGAs. Clients will be those currently using a method, intending users, or simulated clients where necessary (i.e. where a specified type of client is not available to participate in the dialogue).
- ✓ A venue and a date will be agreed on, which will be communicated in advance to participants with a brief description of how the process works and the role they would play. The use of existing halls such as Local Government town halls or halls in the State Ministry of Health will be encouraged to reduce cost and promote sustainability.

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Main Activities:

- I. The fish bowl approach will be employed to conduct group discussions using two circles; an inner circle of participants surrounded by an outer circle of participants.
- II. There should be equal numbers of participants in each circle.
- III. The total participants should not exceed 25. This should include the facilitator and participants.
- IV. The participants will be made up of two groups - service providers and clients (Where necessary, a third group comprising of influencers can be involved in the process).
- V. The facilitator will moderate the entire process, guiding the discussion to remain within context and relating participants' responses to recommendations from the National service protocols and guidelines.
- VI. The entire meeting should not exceed 2 hours
 - Group discussions - 30 minutes' maximum.
 - General discussion and wrap up by facilitator – 30 minutes

Format of discussions

- ✓ Service provider participants will be assigned to the inner circle and the clients will be assigned to the outer circle
- ✓ Participants in the inner circle will start the discussion process while the outer circle will listen without contributing.
- ✓ At the end of the first discussion, there will be a swap in the sitting arrangement of participants such that the participants initially in the outer circle will move to the inner circle and participate in the discussion process.
- ✓ All participants should be given the opportunity to participate, listen, share their views, reflect and outline a way forward.
- ✓ At the end of both group discussions, the facilitator will allow both groups to interact, resolve matters arising including any follow-up questions raised and share insight into the issues surrounding the topic at hand. This is also the time when the influencers share their comments and concerns.
- ✓ The facilitator will close the session with a summary of the proceedings.

Content of discussion

- ✓ Facilitators will initiate the discussion by asking questions using the facilitators guide.

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- ✓ Facilitators will also encourage participants to share good or bad testimonial.

Expected Outcome:

- This technique will bring to light consequences of provider's actions if clients are denied services based on age, marital status, parity or socio-economic status.
- Client-Provider interaction will be improved and providers will be more aware of the content of the FP protocols and guidelines.

Indicators of Achievement:

- Consent forms
- Feedback from participants

Summary Budget:

- Participants will be paid for transportation and provided with light refreshment.

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AGENDA FOR CLIENT-PROVIDER DIALOGUE.

TIME	SCHEDULE	NOTES
10 – 15 mins	Introduction and objective of client-provider dialogue	The facilitator need to encourage confidentially; no right or wrong answer and emphasise on the objective of the meeting. Participants do not need to state full name and location
30 mins	<p>Discussion for service providers- Talking point:</p> <p>It could start with one or two general opening questions such as</p> <ul style="list-style-type: none"> - How do you describe family planning to your clients? Why? Why? Why - What should I expect from you if I come in for FP services? Why? Why? Why <p>Quickly move to more provocative issues like youth, religion, culture, return to fertility, spousal consent, such as:</p> <ul style="list-style-type: none"> - Should FP be provided to unmarried young girls and women? Why? Why? Why - Should FP services be provided to newly married couples? Why? Why? Why - Who is eligible to receive family planning services? Why? Why? Why? 	
30 mins	<p>Discussion for clients – Talking Points</p> <ul style="list-style-type: none"> - Do you require clients to get consent from their spouse before rendering services? Why? Why? Why? - What are some of the challenges you 	The facilitators need to address the same discussion points raised during the service providers’ session.

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	<p>face when accessing family planning services and why? Why? Why? Why?</p> <ul style="list-style-type: none"> - What are some of the beliefs that you have heard/exist regarding family planning? Why? Why? Why? - What are your views about the service provider at the health facility? Why? Why? Why? - Are you happy with the way you have been attended to at the clinic? If not, why would you like to go back or revisit the services? Why? Why? Why? 	
20 mins	Intergroup reflections and Discussions	
10 mins	Summarise next steps and recommendations	

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FACILITATOR'S GUIDE: CLIENT- PROVIDER DIALOGUE

Activity #1: Fish Bowl

Objectives

- To improve family planning client-provider interaction and feedback.
- To improve providers' understanding of clients' views, and clients' understanding of providers' views.

Implementation Arrangements

Four (4) LGAs per state will be selected in the pilot phase (see Appendix A for a list of the LGA sub-groups).

Timing: 2 hours maximum

Preparation

1. Identify the venue, date, and time for the session. Wherever possible, use existing halls such as Local Government town halls or halls in the State Ministry of Health to reduce cost and promote sustainability.
2. Recruit an equal number of family planning service providers and current/potential clients from the same LGA sub-group (see Appendix A). Aim for 8-10 providers and 8-10 clients per session. Do not exceed more than 25 total participants, including the facilitators.
3. Communicate the venue, date, and time to participants in advance. Briefly explain the process and ensure they understand and agree to their role in the activity.

NOTE: You may want to have a mixture of client profiles in the session, or you may want to conduct sessions with a particular group of clients, for instance: young, unmarried women; mothers of young, unmarried women; newly married women or couples; pregnant women; women with young children; women who have never used family planning; family planning users; intending users; etc.

4. Prepare refreshments and other logistics for participants, if necessary.

Facilitation Instructions

1. Welcome participants and thank them for coming.
2. Explain that the purpose of the session is to hear other perspectives and understand others' point of view about issues of reproductive health and family planning. Emphasize that this is a safe space, and that

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everything discussed in the session will remain confidential. Encourage everyone to speak freely. Clarify that there are no right or wrong answers or beliefs.

3. Ask everyone to briefly introduce themselves by saying their name and acting out one activity that they enjoy doing (e.g. dancing, singing, cooking, reading). They can create a “workshop name,” and do not need to share their real/full names or locations.
4. Invite clients to sit in a circle in the middle of the room or space. Ask the providers to sit in an outer circle around the clients.
5. Explain that first, the clients will have a chance to share their views. Providers should remain silent and not interrupt. They will be able to share once the client session is finished.
6. Set a timer for 25 minutes.
7. Facilitate a discussion with clients using the questions below. You do not need to address all the questions, but try to get through as many as possible in the time allowed.

Family Planning Users	Intending Users
Why did you decide to use family planning? Why? Why? Why?	Why would you like to use family planning? Why? Why? Why?
What has your experience been like using family planning? Why? Why? Why?	Why haven't you started using family planning yet? Why? Why? Why?
What are some of the challenges you have faced when accessing family planning services? Why? Why? Why?	What are your concerns around using family planning? Why? Why? Why?
What has your experience been like with the family planning service providers at your health facility (e.g. your interaction with the provider, the way you were counseled)? Why? Why? Why?	What are your concerns around going to the health facility, in particular? Why? Why? Why?
What recommendations do you have for how family planning service providers might improve the experience for family planning clients? Why? Why? Why?	What would encourage you to go for family planning services? Why? Why? Why?

8. Ensure everyone has a chance to speak. Encourage anyone who has not spoken to share their views.
9. When time is up, summarize the conversation and thank the clients for sharing freely.
10. Invite the providers to come into the inner circle, and ask the clients to move to the outer circle. Explain that now the providers will speak and the clients will remain silent and listen.
11. Set a timer for 25 minutes.
12. Facilitate the discussion using the questions below. Again, ensure everyone has a chance to speak, and encourage any quiet participants to contribute.

Family Planning Service Providers	
1.	How do you describe family planning to your clients? Why? Why? Why?
2.	What should I expect from you if I come in for FP services? Why? Why? Why?
3.	Who is eligible to receive family planning services? Why? Why? Why?
4.	Should FP be provided to unmarried young girls and women? Why? Why? Why?
5.	What number of children should people have before they are offered FP methods? Why? Why? Why?
6.	Are there FP methods that providers should not offer to certain people? Why? Why? Why?

13. When time is up, summarize the conversation and thank the providers for sharing freely.
14. Reflect together as a group on what has been discussed for no more than 30 minutes. Ask both clients and providers:
 - What did you hear from the other group that surprised you? Why?
 - What are the similarities between what the clients said and what the providers said? Where is there common ground?
 - What are the differences between what clients said and what providers said? How might we reconcile those differences?
 - How might this session impact what you think or do in the future?

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15. Conclude the discussion by recapping what has been discussed, and emphasizing the importance of considering things from the other side's perspective.

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