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NURHI 2
Nigerian Urban Reproductive Health Initiative

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NURHI 2
Nigerian Urban Reproductive Health Initiative

JOURNEY IN HUMAN CENTRED DESIGN

NURHI 2

JUNE 2018

Journey
in Human
Centred Design

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NURHI 2
Nigerian Urban Reproductive
Health Initiative
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Journey in Human Centred Design

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The Nigerian Urban Reproductive Health Initiative (NURHI 2) a five-year project based at the Johns Hopkins Center for Communication Programs and funded by the Bill & Melinda Gates Foundation. Its vision is to eliminate supply and demand barriers to contraceptive use and make family planning a social norm in Nigeria.

In its determination to ensure improved maternal, newborn, and child health in Nigeria, NURHI 2 employed an innovative approach - The Human Centred Design (HCD) to address “service providers bias”, which is a major barrier to the uptake of family planning services in Nigeria. This document highlights a step-by-step process that the project followed in learning and implementing the HCD process in Kaduna, Lagos, and Oyo.

NURHI 2 would like to recognise the participation of the Kaduna, Lagos and Oyo State Ministries of Health, the States' Primary Healthcare Development Agencies, Local Government supervisors, Family Planning providers who made immense contributions in realising this new approach within the family planning landscape. Our sincere gratitude also goes to all the clients and community members who gave their consent to be interviewed.

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ACRONYMS AND ABBREVIATIONS

APP	Application
ARFH	Association for Reproductive and Family Health
CCSI	Centre for Communication and Social Impact
DLE	Distance Learning Education
HCD	Human Centered Design
NURHI 2	Nigerian Urban Reproductive Health Initiative
SRH	Sexual and Reproductive Health
TV	Television

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INTRODUCTION

When the Nigerian Urban Reproductive Health Initiative (NURHI 2) project's work in Human Centered Design (HCD) first began, issues of provider bias around family planning in the states of Kaduna, Lagos, and Oyo were at a peak. Evidence from a midterm learning evaluation conducted by the Measurement, Learning, and Evaluation project in 2013 and a baseline survey conducted in 2016 showed that providers' personal values and beliefs influenced which methods they would or would not offer certain clients. Many, for example, reported that they would not offer family planning to young, unmarried women or provide hormonal methods to women who have not had children. These biases, whether explicit or implicit, limit women's contraceptive choices—and, in some cases, deny women access to contraception completely.

> *"Many, for example, will not offer family planning to young, unmarried women or provide hormonal methods to women who have not had children."*

With the aim of quickly addressing the problem, NURHI 2 applied the HCD approach in two ways. First, the team decided to use the approach directly with providers to better understand family planning (FP) service provider biases. Secondly, the Distance Learning Education (DLE) application, a post-training tool for service providers was reviewed using the approach. These two approaches were conducted between November 2016 and November 2017 in Kaduna, Lagos, and Oyo. Findings from the HCD intervention led to the development of prototypes specific to addressing the issue of family planning service provider bias within the states.

Inspired by materials adapted from IDEO.org and Acumen's "Design Kit" platform, which provide HCD materials for public use, the NURHI 2 team was ready to test what HCD could do to address provider bias and steer providers towards better family planning practices.

Well established in other industries, but new to family planning service delivery, HCD is an intense, hands-on, creative way to get to the root cause of a problem by deeply engaging your audience. HCD puts the desired audience at the centre of the problem and asks participants to walk a mile in their shoes. The process challenged family planning service providers to understand, create, evolve, and test workable solutions, repeating the cycle for as many times as necessary to find a good solution.

In the past two years, NURHI 2 has experimented with HCD techniques in designing communication approaches that help address provider bias issues. The prototypes developed are suited to the local geographies and

reflect current family planning best practices and preferences. Contrary to other organisations that have hired design firms to implement HCD work, NURHI 2 brought together social and behaviour change communication professionals, family planning service providers, monitoring and evaluation experts, program managers, representatives from the state ministries of health, advertising agency creatives, and radio producers to generate insights and design prototypes. By the end of the process, the team developed ten concepts and three prototypes.

In this document, we describe how NURHI 2 used the HCD approach to facilitate the design of three main interventions to address provider bias and positively change service provider's attitudes towards providing modern contraceptive methods, irrespective of the client's age, marital status, or parity.

What Is HCD?

HCD is an approach to creating products, services, and systems that places the end-users, that is the people that the design is meant to help, at the centre of the entire design process. This creative approach to problem-solving offers innovative solutions that are tailor-made to suit the end-users' needs by building deep empathy for the intended population, generating ideas and building prototypes to be shared with the people they are designed for, and testing the solution in the real world. By engaging the end-users from start to finish and learning their perspective, the design team is better able to understand and create more appropriate solutions to address the problem.

The use of iterative testing throughout the process incorporates user feedback to ensure that the final result is accessible, usable, and useful.

HCD consists of three phases: inspiration, ideation, and implementation. The **Inspiration Phase** involves learning directly from the people the design is meant for. In this phase, the designer tries to put themselves in the end-users' shoes to better understand why the users think the way they do. In the **Ideation Phase**, the designer uses the learnings from the inspiration phase to focus on offering solutions through the identification and development of prototypes. The prototypes are then tested with the users, and the approved one is used for implementation. During the **Implementation Phase**, the product or service, based on the final prototype, is used by the end-users within the identified geographic area. By using the HCD approach, the design team ensures that the end-users' perceptions and experiences inform the final product design.

NURHI 2 Human Centred Design Experience

In November 2016, NURHI 2 invited 26 participants to an accelerated 4-day design workshop in Lagos. Workshop participants included social and behaviour change communication professionals, family planning service providers, monitoring and evaluation experts, program managers, representatives of the state ministries of health, advertising agency creatives, and radio producers. The aim of the workshop was to develop service communication prototypes, the outcome of which included the client–provider dialogue approach and a modified values clarification exercise currently being rolled out in NURHI 2 project states (Kaduna, Oyo and Lagos). Step-down trainings ran concurrently in Kaduna and Oyo states from 21st - 24th November 2016, bringing together 61 participants. During the training, participants were exposed to the entire HCD process using resources adapted primarily from IDEO.org and Design Kit. The workshops brought together a diverse group of participants to help give a variety of perspectives and to cross-pollinate ideas.

Using the lessons learnt from its first experience implementing the HCD approach, NURHI 2 then developed a design challenge to use the HCD approach to review the DLE platform in November 2017. The inspiration and ideation phases of the HCD process were implemented in Kaduna (1st - 3rd), Oyo (8th - 10th), and Lagos (13th - 15th). After the training, information and ideas generated were further analysed at the NURHI 2 head office from November 2017 to May 2018. During this design process, NURHI 2 worked with a total of 74 participants in the three states, all of whom had been

Goals of the Workshop

- participants will have a hands-on experience of the HCD approach by getting their hands dirty (in a very beautiful, colourful way)
- participants will be able to apply the HCD approach directly to the NURHI 2 design challenge.

NURHI 2 HCD Challenges

Provider Bias

"How might we encourage providers to counsel and offer all clients the full range of contraceptive methods, regardless of the client's age, marital status, parity, partner consent, or socioeconomic status?"

DLE Design Challenge

"How might we better improve the consent, accessibility and acceptability of the DLE application for use by all family planning service providers post training across Nigeria?"

PHASE 1: INSPIRATION

The inspiration phase describes what the team learnt directly from the end-users. The teams interacted personally with them, listening to their perceptions and experiences in their own words. By immersing themselves in the end-users' lives and deeply understanding their needs, the team was better prepared to design an appropriate solution.

What We Learnt

The NURHI 2 HCD process was accelerated; it was not a full end-to-end design project, which can take months or even years. The workshop was an introduction to HCD, which gave participants skills to use this applied research technique to develop solutions to implementation challenges, such provider bias.

The workshop included:

- An overview of HCD mindsets and methods
- Hands-on practice getting inspiration from real people
- Making sense of real-world interviews and observations
- Brainstorming a lot of potential solutions
- Building and testing tangible ideas through rapid prototyping

Step 1: Mini Design (Provider Bias Challenge)

On the first day of the training in Lagos, participants dived into their first mini design challenge. Grouped in pairs, the teams began by understanding their morning commute. The questions probed not only the logistics of the trip but also how the commute made them feel, what they wished could be different, what they enjoyed, and what got in their way.

Photo credit: https://iheanyiigboko.wordpress.com/tag/living-in-lagos

The participants began by narrating all the difficulties, inconveniences, and frustrations they encountered commuting from their homes to the office in the morning. They described the routes they frequently took to work, talked about the type of transportation they used to move around, and described all the associated factors that made the commute easier or more difficult. All of the descriptions helped the teams think about how they could develop new and innovative ways to improve the commuting experience. The interviews lasted seven minutes, then each pair switched roles.

Each participant interpreted three unique aspects of their partner's commute and three needs they faced each morning. In the next step, the pair brainstormed and drew four to six sketches showing new ways to improve their commute. Ideas were explored to resolve commuting difficulties, such as changing your work time—so you do not have to wake up very early or spend all your time in traffic in the morning and evening—or relocating your home to live closer to your office.

One of the participants in Oyo explaining her commute

During the subsequent trainings in Oyo and Kaduna, the first design challenge focused on participants describing an activity they first ever engaged in. Examples mentioned included inserting and removing a contraceptive implant, fixing an intrauterine device (IUD), replacing a flat tyre of a vehicle, and giving a presentation to a large crowd.

Similarly, during the review of the DLE videos, the first activity involved reviewing existing DLE videos to enable the team better understand the needs of the community, service providers, end-users, and program implementers who use the mobile platform to design solutions according to their needs. Taking the learnings from the first HCD approach (provider bias design challenge), the teaching methodology was adapted for the DLE videos review to include using local context examples; using flip charts, role play, and discussions; and reducing the use of PowerPoint presentations. This process helped the teams understand the HCD approach.

Key Questions for the Brainstorming Session

Interprete needs

- What are three unique aspects of your partner's commute?
- What are three needs that your partner faces each morning?

Brainstorm

- Sketch four to six radical new ways to improve the commute.

Prototype

- Make something visual or physical that will help you imagine the pros and cons of your solution and explain it easily to others.

Share and get feedback

- Share your favorite idea with the group.

Explain it simply and find out what they really think.

- What excites them? How would they change or improve the idea? How would you further refine your idea based on this feedback?

Step 2: Review of Existing Data

Existing data were reviewed to give a first insight into the problem of provider bias. The NURHI 2 research team presented evidence of the problem of provider bias based on findings from a NURHI 2 baseline survey conducted in 2016. The data included client age, marital status, parity, and spousal consent, and provided a good baseline picture of provider bias in the three NURHI 2 states of Kaduna, Lagos, and Oyo.

Perceptions of Family Planning Providers About the Provision of Contraceptives to Women Based on Marital Status, Parity and Age

I do not feel comfortable providing long-acting contraceptive methods (IUDs or implants) to an unmarried woman - **42.9%**

I do not feel comfortable recommending that a woman with only 2 children consider sterilisation - **47.7%**

I do not feel comfortable providing contraception to a client younger than age **15** **61.9%**

I do not feel comfortable providing contraception to an unmarried woman **33.6%**

What We Know and What We Do Not Know about Provider Bias and DLE Videos

As the teams gradually began to think about provider bias, each member wrote what they already know and what they did not know on coloured paper or post-it notes and pasted them on the wall.

Feedback from participants on the research findings

Step 3: Who are We Designing For?

Before digging deeper into research, it was crucial for the team to know who they were designing for. The team reviewed the problem statement once more, and then conducted a brainstorming session to think about the people or groups who are directly and indirectly affected by the problem.

Each participant wrote down the people or groups they believed were directly involved on a post-it and then placed it on the wall, so they could visualise their primary audience. Each participant then considered the groups of people who were indirectly relevant to or associated with the primary audience and then added those post-its to the wall.

The team members reflected on the identified audiences as they related to the design challenge topic 'considering them by priority and who you need most on your side.' The post-its were arranged into a map of the people involved in the challenge; the map was then used to identify how the target audiences were affected by the challenge and what other information the team would need to know from the two audiences that could help address the problem.

During the first training, where the challenge was provider bias, the target audiences were narrowed to service providers, potential clients, and influencers. Subsequently, the target audiences were clearly defined and classified as either primary or secondary audiences.

For the review of the DLE platform (i.e., the current videos and outline of the application), the primary target audience identified were the service providers. This was influenced by the primary objective of the DLE platform, which was to serve as a post-training tool for service providers. However, it was also noted that the videos could have some relevance or influence on the clients. Thus, clients were identified as a secondary audience.

Below are points to consider in identifying who you are designing for.

Determine Who You Are Designing

- Write down the people or groups who are **directly involved in or reached** by your project.
- Add people or groups who are **peripherally relevant** to or are associated with your direct audience.
- Consider who the fans and sceptics of your project are and who you most need on your side and add them.
- Consider what we know or do not know about the relationship of the target audiences with the design challenge/problem statement.

Step 4: Discovering Unmet Needs

While other forms of qualitative surveys would point to incremental improvements, the HCD uses a bottom-up approach reaching into the pertinent needs of the target audience, the challenges they face and how that would be resolved. This to a large extent reveals insights that ordinarily the target audience will not divulge. The HCD approach made us get out from behind our desks, go into the communities where we implement our activities, and talk with and learn from the people who lived there.

As we prepared for the data collection, the key points we considered were:

- Determining who we wanted to talk to, who we really needed to hear from, and what key factors we should identify, such as age, gender, ethnicity, class, and social position.
- Being sensitive to potential gender bias when we were making our interview plan. Some communities may not be comfortable with men interviewing women, and many times men are left out of conversations exploring issues around contraceptive use. We made sure the team

understood the social and gender dynamics before beginning interviews.

- Interviewing groups is highly useful. Focus group sessions helped us identify people we wanted to speak with in an individual interview.
- Referring to extremes and mainstreams to make sure the team talks with a broad spectrum of people.

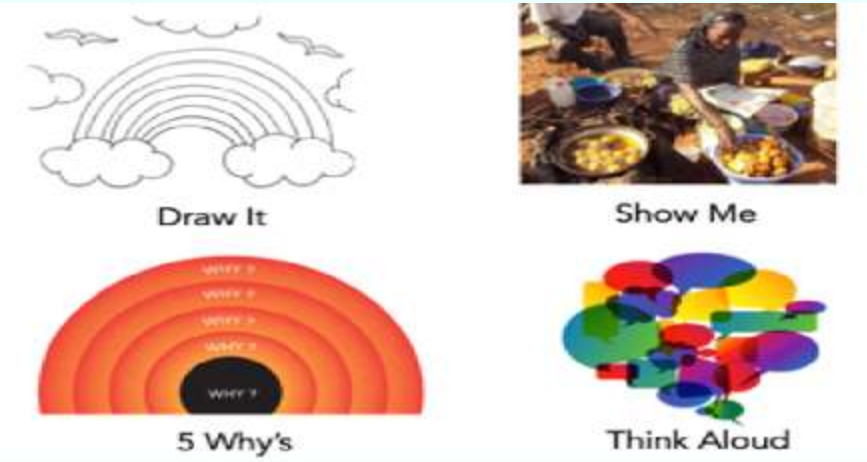
Participants built the interview guide by using an array of methods, including:

- Learning from people
- Learning from experts
- Immersing yourself in context
- Analogous inspiration

The groups were formed, with each group tasked with the development of an interview guide for an identified target audience.

In addition to the interview guides, NURHI 2 applied other interview techniques to generate in-depth responses during the interviews. Some of the favourites used by NURHI 2 included the '5-whys', where we continued to ask 'why' until we got to the root cause of the problem, and 'Show me', where we showed pictures or clips of videos depicting different scenarios, such as a newly married couple just coming from their wedding celebration and seeking contraceptives methods, or a picture of a young university student asking for family planning.

Examples of Interview Techniques Employed by the Team



Some of the participants conducting a field interview in Kaduna

The interviews are the key to the inspiration phase. HCD is about engaging the people you are designing for and hearing from them in their own words. To do this, we sat in the health facilities, visited their businesses, and shopped with them in the markets. In Lagos and Kaduna states, participants went into the field to interview identified target audiences—service providers, clients, and influencers. In Oyo, prior to going into the field for the interviews, the facilitators tested the provider's interview guide by role playing with providers who were participants. The aim of this activity was to address biases and provide a guide on how the interviews should be administered.

The interviews were a bit daunting, but each group followed the key steps to conducting an interview and were able to unlock insights and gain understanding which are difficult to get sitting behind a desk. In each interview session, a maximum of three research team members attended to a single participant so as not to overwhelm them. Each team member also had a clear role: interviewer, note-taker, or photographer. After this activity, the teams went into the field with a set of questions they were going to ask.

The teams began by asking broad questions about the person's life, values, and habits before asking more specific questions that related directly to the provider bias challenge. Each team ensured that they correctly captured the interview by making an audio recording of the conversation as well as writing down exactly what the person said, not what they thought they meant. In addition to the interviews, the teams also observed each participant's body language and surroundings to better understand the person's context.

One of the service provider being interviewed in Kaduna

All teams sought permission before taking pictures of the respondents. Immediately after the interviews and observations, the teams took some time to reflect upon the moments they found the most interesting. These included identifying the most memorable quotes they had heard and discussing why they were memorable; the surprising stories and interesting facts from the way they interacted with the respondents within their environment; and how the environment influenced the richness of the interviews.

Building Your Interview Guide

Open with general questions

- Begin with questions participants are comfortable answering, such as basic demographic information or something unrelated to the research topic
- Move into "safe" questions about your research topic

Then go deep

- Ask more profound questions about their hopes, fears, and ambitions. Example: "Draw the five important things you are saving money for over the next ten years. How do those things fit into your life goals?"
- **Frame questions in an open-ended way:**
  - Tell me about an experience when…'
  - What are the best/worst parts about...'
  - Can you help me understand why...'
- **Use tangible conversation starters**
  - Create a sketch, show an object, or describe a scenario to elicit a reaction or response from participants

Personal details

- Ask them to provide more in-depth demographical information, such as their profession, age, and location

Motivations

- What do people care about the most? What motivates them?

Frustrations

- What frustrates them?
- What needs do they have that aren't being met?

Interactions

- What is interesting about the way they interact with their environment?
- During the interviews; treat your interviewee as an expert. You're interviewing them about their life, and in that, they are the experts.

PHASE 2: IDEATION

The ideation phase transforms your research into meaningful and actionable insights that become the foundation of your design. You begin by making sense of what you have learnt drawing from everything you observed and heard from the people you are designing for. Then, you identify key themes and insights that will help you define opportunities for design.

Following the field visits, each team wrote down memorable quotes, observations, and new/surprising information about provider bias from each interview on post-its. Each person interviewed was assigned a colour and all of their information written on post-it cards of the same colour.

One of the participants displaying her profile

In plenary, participants shared their stories from the field, making sure that they did not miss any details related to bias, how they interacted with the environment, and what further questions they would like to ask next time.

Synthesising what the teams learnt is the hallmark of the HCD process, and the hardest without being guided. The main task was to look for patterns and 'gems' across the learnings noted and to pull bigger connections into themes.

Step 5: Gems Spotting and Creating Themes — Capturing Learnings and Finding the Best

Once all of the transcribed material had been neatly placed on the walls next to the names and photos of the persons interviewed, participants spent time walking the length of the wall to read all of the input. Each person chooses the three post-its they found the most interesting, insightful, and related to the design challenge. The post-its were then transferred to a different wall titled 'Gems', which signified the key learnings from the field visits. After the gems wall was populated, the participants were asked to pick one additional gem about the problem statement that they felt was missing from the gem wall.

Once the task of gems spotting was completed, participants again gathered at the gems wall to devise, refine, and sometimes discard ideas. They then discussed the themes stated in their broad headings, reoccuring statements, clustered phrases, and similar content about the problem statement that came from different interviews. The overall themes identified from the three states were, attending to adolescents and youth, lack of training, advocacy, economic situation, side effects, and socio-cultural beliefs.

The participants appreciated both old and emerging views about family planning norms and perceptions in relation to gender, rights and equity. Most of them also acknowledged that they shared some of these views; while, in other cases, the views were new, allowing participants to question their own views.

Some of the gems identified.

Design Challenge: ***'How might we encourage providers to counsel and offer all clients the full range of contraceptive methods, regardless of the client's age, marital status, parity, partner consent, or socioeconomic class?'***


Participants during the HCD training in Lagos heading to the field office

'Irrespective of training and professional background, the perceptions and practices of providers were strongly related to the societal beliefs and practices.'

'Family planning providers and clients had similar biases related to fear of side effects mostly from poor information on bleeding resulting from the use of contraceptives.'


Participants during HCD training in Oyo.


Participants interviewing a respondent in Kaduna.

'Service provider's knowledge and skills on family planning also influenced their attitude and biases towards family planning service delivery.'

Step 6: Developing Insight Statements

Insight statements provide a new understanding of the problem statement in relation to the theme. They are not recommendations; rather, they clearly state what all the phrases and points under each theme heading is saying about the design challenge.

Working in groups, participants spent time reviewing the content under each theme and, where necessary, further consolidating similar themes into one broad theme. Participants then drafted three concise sentences describing each of the identified themes in relation to the design challenge. This was followed by a vote to select the most insightful statement about each theme that resonated with the participants.

Some of the most distinct insights identified include:

Theme 1: Economic Status

- Rich clients are not counselled well because providers think they are educated.

Theme 2: Side Effects

- Bleeding, as a side effect, is a major constraint in the use of modern contraceptives.

Theme 3: Provider's Capacity

- A provider's attitude can discourage clients from accessing family planning services.

Create Insight Statements

Vote on your favorite insight for each theme by drawing a star next to it in marker. Select statements that:

- Convey a new perspective
- Convey a sense of possibility
- Are related to our design challenge

Step 7: "How Might We" Questions About Provider Bias and Distance Learning Education Videos

"How Might We" questions are the starting point for turning the identified challenges into opportunities for design. All the groups wrote their "How Might We" questions in direct response to the insights that were generated and in line with the design challenge.

Kaduna Provider Bias Challenge

- How might we address bleeding as a side effect among contraceptive users before it happens?
- How might we encourage providers to counsel clients on all family planning methods?

Oyo Provider Bias Challenge

- How might we integrate family planning into existing youth hangout centres?

- How might we deploy more engaging training approaches for family planning?

Lagos Provider Bias Challenge

- How might we use non-conventional methods to change providers' perspectives and attitudes?

During the review of the DLE videos, the "how-might-we" questions were developed with combined effort of participants at the state level. Findings from Kaduna influenced the process in Oyo while findings from Kaduna and Oyo fed into the process in Lagos. The final design challenge was:

- How might we use the DLE videos to provide updated information on management of side effects.
- How might we use the DLE videos as a post-training tool to reinforce providers learning, enhance providers' skills and improve client satisfaction?
- How might we use the DLE videos to get more male involvement in family planning and to show partners support in family planning decision making?
- How might we use the DLE videos to address myths and misconceptions and to target multiple audiences that influence uptake of family planning services?
- How might we ensure that the DLE videos are relevant to the target audiences, using simple non-technical language, effective communication, and 'Nollywood-style' storylines?

- How might we ensure that the DLE videos are accessible and shareable using WhatsApp, as it is the preferred means of communication among providers?

Step 8: Prototypes on Provider Bias

In the next part of the ideation phase, teams turned their knowledge and innovative concepts into prototypes. This is the fun part of the HCD process!

Prototyping is the point in the process to make ideas come to life. This process allows the teams to learn more about the idea. Based on the "how-might-we" questions developed, participants worked in groups to brainstorm innovative ideas to address the "how-might-we" question. Teams then selected a few of the most promising ideas to move forward with.

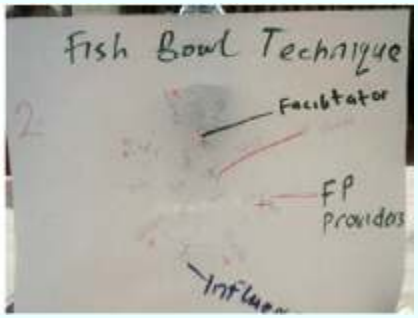
The participants came up with designs and sketches to demonstrate how the idea would work. They determined what exactly to prototype by breaking apart ideas into smaller components that each group could easily test.

Lagos

Prototype 1: Enhanced Feedback and Open Discussions on Family Planning Between Providers and Clients Through the Fish Bowl Technique

The fish bowl technique involves a small group of clients seated in two circles discussing experiences about family planning delivery in full view of larger group of providers and influencers. This technique can be done in many ways: with providers and clients, with providers and religious leaders, with providers and the community, with young people and their parents, with women and their partners, with "biased" and "unbiased" providers, and so on. The "client" category could be broken down even further to include providers and young women, providers and just-married couples, and providers and women who have one child.

A group working on their storyboard during the provider bias HCD training in Lagos.



A sample prototype of the fish bowl technique.

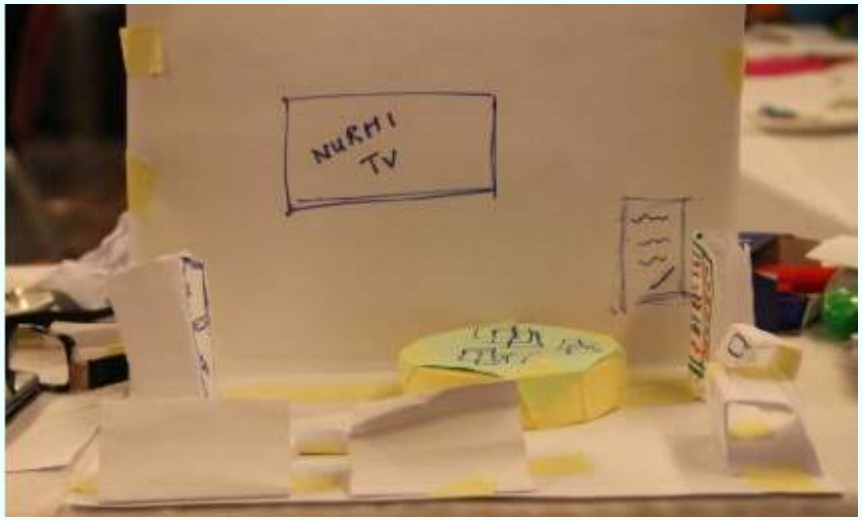
Prototype 2: Promote the Use of Unconventional and More Engaging Family Planning Training Approaches to Enhance Providers' Knowledge and Skills

Unconventional methods recommended:

- Create WhatsApp groups and strengthen existing ones.
- Create interactive forum for experiential learning amongst providers.
- Introduce computer-based competency tests into the system for family planning supportive supervision and integrating questions relating to providers' bias.

Prototype 3: Create a Relaxation Room Within the Facility

The relaxation room can help the provider relax and refuel. The room should be equipped with resources to watch or read videos; and materials that contain testimonials, cultural nuances, and updated information that address biases. This will help the provider to relate to a client without any



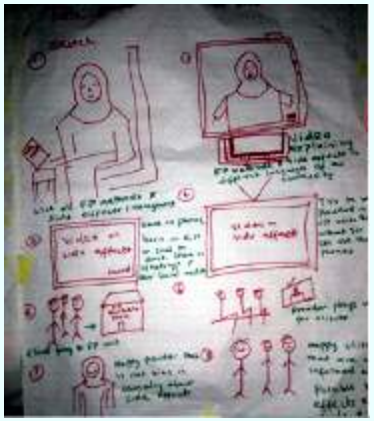
A sample of the proposed relaxation room.

Kaduna

In Kaduna, participants found it difficult to decide on what to prototype. They proposed many innovative ideas/solutions but had difficulty figuring out how to get started. After repeatedly reviewing their steps, the groups finally came up with their prototypes. The participants also emphasised the need for more unconventional trainings and creating a safe space for openness and dialogue on family planning. Although the current training built the capacity of service providers to offer quality family planning services, it did not address their own personal perceptions and inhibitions.

Prototypes 1 & 2: Create TV and Radio Drama/Skits in Hausa to Address Family Planning Myths/Misconceptions and Potential Side Effects, Specifically Bleeding

Radio drama



Hausa Video on TV in family planning units

Prototype 3 & 4: Create WhatsApp Group for Reproductive Health Providers in Each Local Government Area and Platforms/Forums that improve dialogue between Service Providers and Clients

WhatsApp group/forums for providers to discuss side effects.

Town hall meeting on family planning issues.

Prototype 5: Create an Application that Answers Questions on Gynaecological Bleeding and Prompts Clients to Seek Medical Attention or Direct Them for a Clinic Visit

Proposed Prototypes for the Distance Learning Education Videos

Prototype 1: Male Involvement in Family Planning

- Depict a male provider.
- Depict a male client seeking family planning services.
- Depict a man following his wife to the clinic for antenatal or postnatal care and them being referred for family planning.
- Depict a man following his wife for family planning counselling.
- Depict a man following his wife to the clinic for management of side effects.
- All scenarios should depict positive benefits of male involvement.
- Develop a video on male family planning methods, such as vasectomy and male condoms, depicting a scenario that disabuses myth surrounding vasectomy.

Prototype 2: Address Myths and Misconceptions While Targeting Multiple Audiences Who Influence Uptake of Family Planning Services

- Depict a religious leader using appropriate scriptural quotations from the Bible or Quran to support a couple's choice on family planning.
- Depict a community leader discussing the benefits of family planning and encouraging adequate care and responsibility for all children in a family.
- Scenarios should put more emphasis on information that, apart from condoms, other family planning methods do not protect against STIs.

Prototype 3: Short Video 'Nollywood-Style' Storylines

- The video should have a storyline showing unsupportive behaviour with negative consequences, followed by supportive behaviour with a reinforcement of the appropriate lessons learnt.

- Videos should not be longer than 10 minutes (preferably 5 to 8 minutes).
- The videos' messages should be clear, concise, straight to the point, and of value to the target audience.
- Videos should be translated into local languages: Pidgin English, Yoruba, and Hausa.
- Develop a video showing consequences of a sexually active youth who did not access youth-friendly reproductive health/family planning and had an unsafe termination with resulting consequences or complications.

Prototype 4: Video on Socio-cultural Bias Towards Youth Accessing Sexual and Reproductive Health Services

- Depict a client seeking family planning services from an unlicensed or untrained provider and then returning to health facility due to negative consequences, which could simply be unexplained side effects.
- Develop videos that address side effects.

LESSONS LEARNT

By directly implementing the HCD approach, the NURHI 2 project identified some key lessons that were relevant to its general operations and engagement with the beneficiaries of the project.

- The HCD training provided participants the opportunity to see and understand the effect of their own/provider's biases from the clients' and influencers' perspective. By introducing a reflective approach, NURHI 2 was able to incorporate users/providers' perspectives, while also better understanding the challenges and opportunities providers' face within their working environment. Likewise, rich insights and experience shared by experts in various fields related to the design challenge made the process more interesting and engaging.

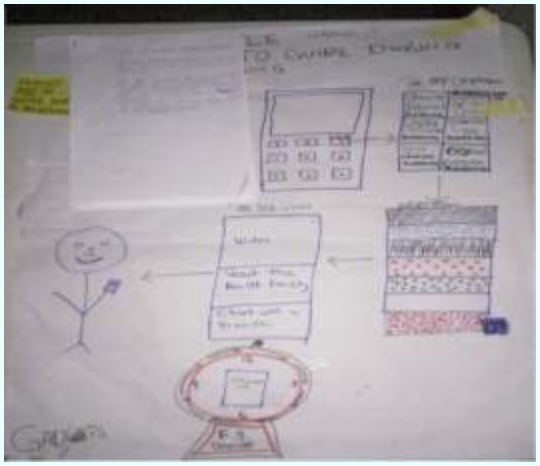
> *"The HCD approach has to do with a lot of iteration while ensuring the users (in this case, family planning service providers) are engaged all through the process of designing the solution in addressing the design challenge. The approach also takes into consideration users' needs, putting ourselves in their shoes and empathising with them to better understand why they act the way they do and to come up with solutions that can address such behaviours."*
>
> **Mrs. Kemi Oluwagbohun, NURHI 2 Program Officer, Abuja**

- NURHI 2 used an interactive teaching approach, relying on the use of examples within the local context, using drawings and illustrations on flip charts, holding multiple group discussions (encouraging constant changes in the composition of groups to enhance interaction among participants), and engaging in role plays. These activities helped increase participant understanding of the HCD approach.

- The concepts of prototyping and storyboarding were difficult to understand. These tasks were too vague for participants. They found it challenging to know what or how to prototype and, as a result, the task became frustrating and reduced participant morale. Repeated explanations made a slight difference, but not enough to continue with the intended exercise. Participants resorted to old ideas in order to move on to the next step.
- During the HCD training in Oyo, no prototypes were created. This was because the process was too overwhelming for the participants. Based on the "how-might-we" questions generated, several ideas for prototyping were considered and discussed such as providing more avenues for open discussion and interaction on family planning through:
    - Sharing the evidence on provider bias. This was definitely an eye-opener in Oyo.
    - Holding debates amongst providers on controversial issues.
    - Having more opportunities for providers to hear feedback from a range of clients.
    - Consider also holding interactive sessions with mobilisers, clients, influencers, and others. Placing emphasis on continuous medical education and direct mentoring and supervision.

In Lagos and Kaduna states, participants got a good grasp on prototyping and storyboarding by outlining each step entailed in bringing the idea to fruition – this means thinking it through and defining how it would work. Participants felt that the steps would become more clearly defined as they discussed and tested the idea. However, many times, participants also

wondered if going through the process of storyboarding and prototyping was not a futile exercise – because after spending a lot of time and effort to develop a storyboard and prototype, it can be listed as low priority and so its kept aside and never prototyped or tested.



An application to answer questions on bleeding and prompt for clinic visit

Notwithstanding, on the long run, NURHI 2 noticed that it was better to come up with a lot of innovative ideas such that we had a pool of prospective innovations to select from at different stages of implementing the NURHI 2 project. During the HCD training in November 2016 in Kaduna, a prototype of a mobile-based application to answer questions on bleeding and prompt for clinic visit was developed and tested but dropped along the line as low priority. However, by November 2017 during the DLE review, this prototype was reviewed and prioritised for using as a model to update the DLE application and videos.

> *'HCD is an amazing research approach that allowed providers to take part in finding solutions to their problems.'*
>
> **Mrs. Hafah Isah, service delivery consultant, Kaduna**

More information about the implementation of the prototypes can be found on the NURHI 2 website: www.nurhi.org.

INTERVIEW GUIDES

This is a one-on-one interview between the researcher and the service provider. The interview is conducted in a conducive environment within the healthcare facility. The following are steps in conducting an effective researcher-service provider interview:

Introduction

- Greet the participant and thank them for agreeing to speak with you.
- Introduce the team and their roles (interviewer, note-taker, photographer).
- Explain the purpose of the interview: "The Nigerian Urban Reproductive Health Initiative is collaborating with the state government to implement a family planning project in three states in Nigeria (Kaduna, Lagos and Oyo). The goal of the project is to improve family planning. We'd like to talk to diverse types of people on their thoughts about family planning. This is the reason we have come to you today."
- Assure the participant that the discussion will be kept confidential.
- Remind the participant that anything said in the discussion should not be talked about outside of the group.
- Ask if there are any questions.
- Ask them to sign the consent form.

General Questions

We'd like to begin with just some basic information about you.

- Can you tell us your name?
- How old are you?
- Are you married?
- Do you have any children? How old are they?

- What do you like to do in your spare time, when you aren't at the health facility?

We'd also like to find out about your role here at the health facility.

- What is your designation?
- How long have you been working as a family planning provider?
- What motivates you to do this work?
- Have you had any training on family planning? Where/when? What was it on?
- What methods are you personally able to provide here at the facility?
- What happens if a client wishes to receive a method that you are not able to provide here? How often does this happen? A lot, sometimes, rarely, never?

We'd also like to hear about counselling here at your facility.

- How do you describe family planning to your clients?
- What should I expect from you if I came in for family planning services? Can you describe the process?
- Which days of the week do you provide family planning services? Why?
- Who is eligible to receive family planning services? Why?
- Do you require clients to get consent from their spouse before rendering services? Why?

Now we'd like to show you some pictures.

- Show a picture of an ADOLESCENT GIRL.
- How would you counsel this client if she came in for family planning services? Why?

- What methods would you recommend for this client? Why?
- How would you counsel this client if she told you she wanted to get an IUD? Why?
- Show a picture of a YOUNG COUPLE.
- How would you counsel this client if they came in for family planning services? Why?
- What methods would you recommend for this client? Why?
- How would you counsel these clients if they said they wanted to wait to have children and use an implant? Why?
- Show a picture of a NEW MOTHER.
- How would you counsel this client if she came in for family planning services? Why?
- What methods would you recommend for this client? Why?
- How would you counsel this client if she told you she wanted to start using family planning right after she gave birth? Why?
- Show a picture of a COUPLE WITH TWO CHILDREN.
- How would you counsel this client if the woman came in for family planning services? Why?
- What methods would you recommend for this client? Why?
- How would you counsel this woman if she wanted to get an IUD but didn't have her partner's consent? Why?
- Show a picture of a COUPLE WITH MANY CHILDREN.
- How would you counsel this client if she came in for family planning services? Why?
- What methods would you recommend for this client? Why?

How would you counsel this client if she told you she wanted bilateral tubal ligation? Why?

In-depth Questions

Now we'd like to ask some questions about other family planning providers.

- Can you help me understand why some family planning providers don't like to give family planning to adolescent girls? Why?
- Can you help me understand why some family planning providers don't like to give family planning to unmarried women? Why?
- Can you help me understand why some family planning providers don't like to give family planning to couples without any children? Why?
- Can you help me understand why some family planning providers don't like to give family planning to women who don't have their partner's consent? Why?

We'd also like to hear about the community more generally.

- What is your relationship with the community and key opinion leaders?
- What do people in your community think about family planning? Why?
- What are the common cultural and religious beliefs in your community pertaining to family planning? Why?
- What factors within the community affect your work, and how?

Now we'd like to see more about the counselling process.

- Can you show me which counselling tools you use? What do you like about them? What don't you like about them? [*Take note of how accessible these tools were. Were they readily available? Did it seem like the provider uses them a lot or not very often?]*

- Could we observe you counsel a client, if the client agrees? We will only listen. Everything we see or hear will remain confidential.
- After the counselling session, if any issues of bias come up, ask why she approached things the way she did.

Interview Guide for Influencers

This is a one-on-one interview between the researcher and the influencer. An influencer is anyone who accompanies a client to the facility. The interviewee is randomly selected. The interview is conducted in a conducive environment within the healthcare facility. The following are steps in conducting an effective researcher-influencer interview:

Introduction

- Greet the participant and thank them for agreeing to speak with you.
- Introduce the team and their roles (interviewer, note-taker, photographer).
- Explain the purpose of the interview: "The Nigerian Urban Reproductive Health Initiative is collaborating with the state government to implement a family planning project in three states in Nigeria (Kaduna, Lagos and Oyo). The goal of the project is to improve family planning. We'd like to talk to diverse types of people on their thoughts about family planning. This is the reason we have come to you today."
- Assure the participant that the discussion will be kept confidential.
- Remind the participant that anything said in the discussion should not be talked about outside of the group.
- Ask if there are any questions.

- Ask them to sign the consent form.

General Questions

We'd like to begin with just some basic information about you.

- Can you tell us your name?
- How old are you
- Are you married?
- Do you have any children? How old are they?

In-depth Questions

- In your opinion, what do you think is a family or who makes up a family?
- How big do you think a family should be?
- Let us talk about family planning, in your own words what do you think family planning is?
- What are the various family planning methods that she knows?
- Where can you get this information about family planning (e.g., radio, media, from people at the hospital)?
- Do you think it is important to get a consent letter from a husband before family planning is done? (Why or why not?) If there is no consent letter, should the providers offer this service?
- Who do you think family planning is meant for?
- Young women (Why or why not?)
- Unmarried women (Why or why not?)
- Married women without children (Why or why not?)
- People with more than 4 children (Why or why not?)

- Young men (why or why not?)
- Unmarried men (Why or why not?)
- Married men without children (why or Why not?)
- As an influencer in this community, what can you say about the family planning in this area? How do you assess them? If a method is not available in a facility, do the providers refer?
- Have you or your spouse used any family planning method before?
- What are your concerns about family planning?
- What are the challenges faced in the health facilities you are using?
- Is there any forum where family planning is discussed? Where?
- Are the costs of service affordable? How?
- What benefits does family planning give to your family and our nation? How?
- Can you allow your wife/daughter/in-laws to do any family planning? Why?
- Can you follow your wife for family planning (if a man)? Why?
- Do you think family planning is only for women? Why?

Interview Guide for Clients

This is a one-on-one interview between the researcher and the client. The interview is conducted in a conducive environment within the healthcare facility. The following are steps in conducting an effective researcher-client interview:

Introduction

- Greet the participant and thank them for agreeing to speak with you.

- Introduce the team and their roles (interviewer, note-taker, photographer).
- Explain the purpose of the interview: “The Nigerian Urban Reproductive Health Initiative is collaborating with the state government to implement a family planning project in three states in Nigeria (Kaduna, Lagos and Oyo). The goal of the project is to improve family planning. We'd like to talk to diverse types of people on their thoughts about family planning. This is the reason we have come to you today.”
- Assure the participant that the discussion will be kept confidential.
- Remind the participant that anything said in the discussion should not be talked about outside of the group.
- Ask if there are any questions.
- Ask them to sign the consent form.

General Questions

We'd like to begin with just some basic information about you.

- Can you tell us your name?
- How old are you?
- Are you married?
- Do you have any children? How old are they?
- What do you like to do in your spare time, when you aren't at the health facility?

In-depth Questions

- ·Tell me what generally motivates you?
- ·Have you heard of family planning before? If yes, what are some of the common methods you have heard of?

- What are some of the challenges you face when accessing family planning services, and why?
- What are some of the beliefs that you have heard/exist regarding family planning?
- How many people close to you have accessed family planning services?
- Would you recommend these services to other people? [If so, would she become a family planning advocate?]
- What are your views about the service provider at the health facility?
- Does your partner have concerns about accessing family planning services? Do you have to get permission from your spouse before you take family planning?
- Can you tell me, were all your needs met when you visited the health facility? (Probe further why they were or were not.)
- What is your view about this clinic and the service providers who work here?
- 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?
- Would you like to tell your friends about the family planning methods or tell them to come to the clinic?
- How comfortable is the facility?
- How well does the facility you use provide family planning services?
- Tell me more about your experience at the clinic. Were you comfortable with the waiting time, your interaction with the provider, and the way you were counselled?

Photo Credits

1. https://iheanyiigboko.wordpress.com/tag/living-in-lagos