

Integrating Social and Behaviour Change Communication in Service Delivery To Address Provider Bias Using A Human Centred Design Approach

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BACKGROUND

- ❖ Family planning service providers often limit access to certain family planning methods to clients based on age, marital status, partners consent and parity.
- ❖ A 2016 survey among health care providers showed that about half of the service providers interviewed restricted provision of injectables based on woman's parity and about two-thirds restricted provision of IUD based on partner's consent.
- ❖ To address this issue, NURHI 2 project used the Human Centred Design to develop 2 prototypes; Modified Values Clarification session, and the Client-Provider Dialogue intervention and take it to scale.
- ❖ Client-Provider Dialogue Intervention was designed on how continuous dialogue between service providers and clients can improve client-provider interaction, provide correct information on FP and enable FP service providers to reflect on the effect of their biases on people.

OBJECTIVE

The objective of the paper is to describe the use of dialogue between service providers and clients in reducing provider bias.

INTERVENTION



- ❖ Dialogue is an informal forum to discuss ideas, voice out opinions and ask questions. It brings transparency, increased trust and increased understanding of the topic discussed. The Client-Provider Dialogue uses a fish-bowl approach to enable dialogue between service providers and clients.

BEFORE THE DIALOGUE

- ❖ Three (3) facilitators were assigned to anchor the dialogue sessions; one facilitator handled the clients' session while the other handled the providers' session and the third facilitator acted as the rapporteur, responsible for taking notes while the dialogue session was on-going.
- ❖ Clients (users & non users) and service providers are selected from different LGA to ensure that identities are covered. To avoid biases and encourage free expression, service providers dressed in casual clothes
- ❖ On the day of the activity, using the fish bowl arrangement chairs were arranged in two circles. The inner chairs were arranged for clients (10 chairs) and outer circle of chairs for providers (10 chairs).
- ❖ Before the activity commences, FP service providers filled a questionnaire which assessed bias level.

DURING THE DIALOGUE

The dialogue started with the clients who sat in the inner circle. They were asked questions bordering:



Personal Experiences



Myths and Misconceptions



Interaction with FP service providers



Recommendations for service providers



METHODOLOGY

While clients responded, service providers in the outer circle observed the proceedings and listened without making contributions. After 30 minutes, service providers and clients swapped positions, so that clients could also observe and listen to the service providers. FP service providers are asked questions such as how FP is described to clients, clients' expectation, their views about offering FP methods based on age, marital status, parity and spousal consent. This session also last for 30 minutes. The outer circle allowed the participants seated there to reflect on the discussion without making contributions. At the end of both session, participants form a circle and facilitators addressed comments and questions about the dialogue process. Facilitators also stressed the importance of using national guidelines and job aids in counselling clients to eliminate bias.

During both sessions, facilitators use the "5-Why Technique" to further probe and get to the root of the matter

AFTER THE DIALOGUE

Outcome of dialogue was collated as a report and disseminated to all relevant stakeholders.

Based on the outcome of the dialogue, providers that require further training are provided with on-site technical assistance and follow-up. The intervention was implemented from November 2017 to August 2018, reaching a total of 195 service providers in Kaduna, Lagos and Oyo states.

RESULT

Provider bias has decreased from baseline (2016) to midterm (2018) across NURHI2 project states. Proportion of providers that reported restrictive practices to the provision of any FP methods based on marital status has decreased.



Kaduna 6.9



Lagos 19.2



Oyo 19.2

PROGRAM IMPLICATION/CONCLUSION

Client-Provider Dialogue in addition to several service delivery interventions such as training, family planning supportive supervision can help shift service providers behaviour towards understanding perception of clients and removing barriers to service uptake.