

My Family Planning Guide: A Post-Training Tool for Family Planning Service Providers

This document is produced by the Nigerian Urban Reproductive Health Initiative (NURHI)



The NURHI 2 Distance Learning Education My Family Planning Guide

Introduction

The Nigerian Urban Reproductive Health Initiative is a ten-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.



Working with health care providers has been an integral objective as part of the overall project. During the first phase of the project (2013), an Android-based Distance Learning Education (DLE) application, a post training tool was developed for family planning (FP) service providers. The objective of the post training tool was to strengthen FP service provision skills and address provider bias.

The DLE application consisted of a set of learning videos, educational resources including job aids on family planning counseling and clinical service provision, Standard Operating Practices (SOP), and short quizzes. The application was made available to FP service providers from a smartphone or tablet. The platform provided an opportunity for self-learning and self-evaluation and addressed common challenges encountered in FP service delivery.

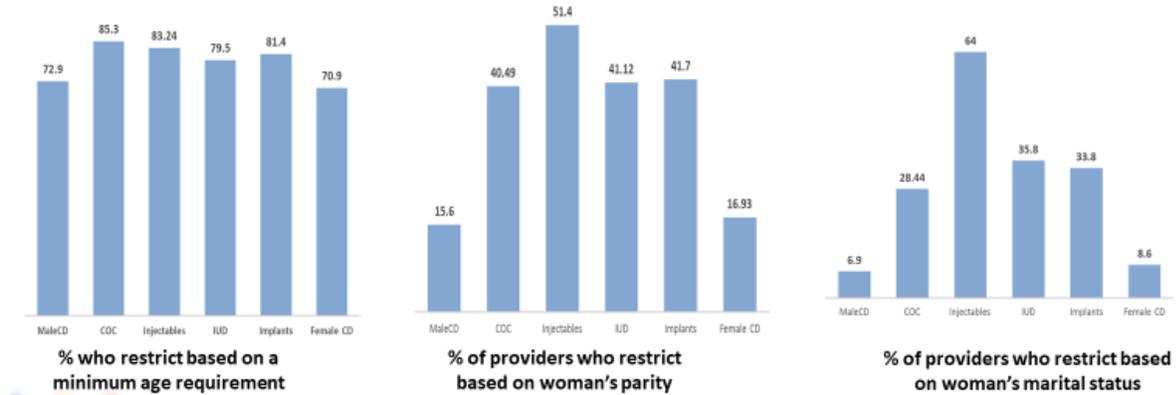
At the end of NURHI 1 project in 2014, data showed that FP service providers still restricted FP methods to clients based on marital status, parity, spousal consent, and age. Evidence from the NURHI 2 midterm learning evaluation showed that providers' personal values and beliefs influenced which methods they would or would not offer certain clients. Many 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.

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Provider Bias

Percentage of Provider Who Restrict FP Methods



Data source: NURHI baseline provider survey, Nigeria, 2016

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At the same time, the NURHI project was observing the expanding landscape of digital health technology. In line with the World Health Organization's (WHO) classification of Digital Health Intervention (DHI), 2018 there has been increased need especially in low- and middle-income Countries such as Nigeria, to leverage on technology (mobile devices) to strengthen their health systems. Therefore, the NURHI 2 project sought to improve on its existing DLE application and address healthcare providers poor delivery of FP services using a DHI.

NURHI applied the Human Centered Design (HCD) approach to gain insights and address challenges within two key areas:

1. How to better understand (FP) service provider biases
2. How to develop and improve the Distance Learning Education (DLE) application

NURHI 2 Human Centered Design Experience

Human Centered Design (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 center of the entire design process. This creative approach to problem-solving offers innovative solutions that are tailor-made to suit the FP service providers needs by building deep empathy, generating ideas and building prototypes and testing the solutions in the real world.

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The HCD approach was adopted as the methodology for reviewing the existing DLE application in 2018 so that NURHI 2 could understand the needs of FP service providers, who used the application and design solutions accordingly. By adopting this approach, NURHI 2 also aimed to improve the traffic and use of the DLE application among FP service providers across the country.

Using the HCD approach, the review of the DLE platform was designed to evaluate:

- Content, including a review of the available resources
- Acceptability, or quality of resources, including the relevance
- Access or availability of the content, including distribution platforms

The review process was implemented as a 3-day activity in each of the three NURHI 2 project States (Kaduna, Lagos and Oyo). Participants included service providers, FP managers/administrators and NURHI 2 State teams were actively involved throughout the entire process which was interactive and participatory.

The review process included:

- Reviewing the current videos to gain perspective
 - Defining the design challenge
 - Identifying the target audiences
 - Developing interview guides based on target audiences identified
 - Field visits to gather information from target audiences
 - Developing prototypes from key findings based on the information gathered on the field.
- The prototypes developed addressed the focal areas reviewed during the activity.

Key insights generated from the workshop were:

- The videos targeted only FP service providers without focusing on other FP stakeholders
- Most providers preferred watching the videos collectively as a group which generated discussions and promoted learning
- Increased male involvement in FP promotes healthier families

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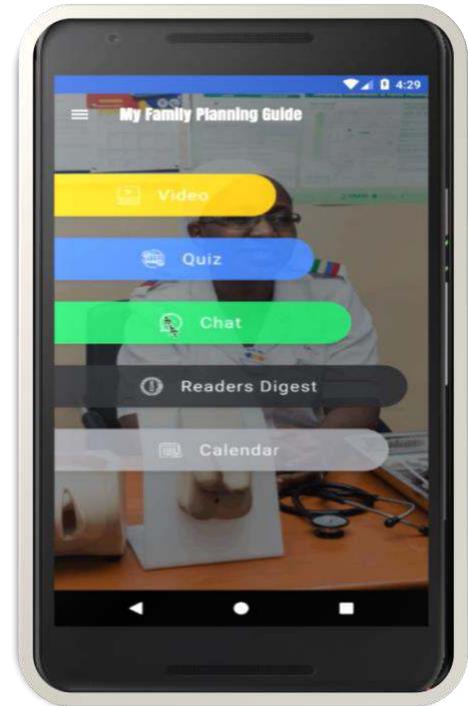


My Family Planning Guide

The insights gained informed the content of the reviewed DLE Application, now called *My Family Planning Guide*.

My Family Planning Guide was launched in July 2019, through a webinar attended by 200 participants. The Reproductive Health Division of the Federal Ministry of Health, State and LGA FP Supervisors have all been mentored on its use during supportive supervision sessions in order to coach FP service providers on the use of the tool for self-assessment and learning.

“[My Family Planning Guide](#)”, is currently available on the Google Play Store free. [My Family Planning Guide](#) has a new improved user interface with new videos demonstrating quality interpersonal communication and FP service delivery skills. The content depicts scenarios involving adolescents and youth, post-pregnancy family planning, male involvement, reflective approaches to learning, FP referrals, and integration to promote self-learning and self-evaluation.



My Family Planning Guide aims to:

- Enhance the counseling skills of family planning service providers
- Address provider bias, myths, and misconceptions
- Improve adherence to clinical protocols
- Enable family planning providers to maintain correct CLMS
- Improve the technical competence of providers

How it works

The insights emerged from the HCD process helped frame the sections for the *My Family Planning Guide*. Messaging for the providers and being interactive were based on feedback provided. This led to five key sections:

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- **Videos** - Newly developed videos which depict both supportive and unsupportive provider behaviour and the consequences of such action. Entertainment-Education (Nollywood style) videos were developed and delivered via Android devices, including fictional drama, personal stories, and sample dialogues.
- **Family Planning Digest** is a hub for family planning related publications, newsletters, contraceptive updates and current trends in family planning programming. The platform contains links to other family planning websites where FP information can be obtained. FP Digest also prompts and displays upcoming public health related events and conferences.
- **The Quiz** section is deployed in modular format. There are four modules. The first module, contraceptive methods, contains story-like questions such as practical scenarios which healthcare workers can relate with on family planning with True or False responses; while the other three modules contain direct questions, where questions are asked without a story-line with also True or False responses.

To make the quizzes more engaging and challenging, they are designed in such a way that the health care providers are required to complete and pass each module before moving to the next section.

- **Calendar/Personal Diary** section is for the user to be able to enter and schedule events, and meetings. The calendar also has prompts for important events related to family planning, maternal and child health, and reproductive health.
- **Interactive Chatroom** of the DLE App is a community of practice for family planning providers designed to encourage experience sharing and communication among providers. The aim of this chat room is to foster interaction and discussions which is seen in real time by all participants.

Lessons Learned and Recommendations

Lessons Learned

By directly implementing the HCD approach, the NURHI 2 project identified lessons:

- 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.

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- 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.

Recommendations

- Consider each State's nuances when deploying the HCD approach. This will encourage participation and ownership of the process.
- It is important to use simpler terms and language when deploying the HCD approach. This will help for better understanding of the process and harnessing feedback from the FP service providers.

Testimonials from Healthcare Providers

“Many FP providers have shared experiences on how practical the application has been in improving their clinical and counseling skills.

I love the new videos most-I am a fan of Nollywood. The videos have sensitized me to be very conscious of how I counsel my clients and adhere to protocol. The Chatroom is another exciting place! I just type my questions and I receive immediate response from my fellow nurses. I frequently interact and brainstorm with other service providers and FP experts. Learning about current happenings around the world is also another good opportunity that makes me log onto the app all the time.”

-Dr. Oreoluwa Finnih, Reproductive Health Program Officer at the Lagos State Primary Health Care Board (LSPHCB).

“They say knowledge is power, and this is one great learning tool for me. The Interaction among colleagues is good... ohh imagine chatting to a nurse in Niger, Bauchi, Ogun, Enugu, Anambra in real time. I also watch the videos all the time after downloading them.”

Mrs. Abimbola Justina, Family Planning service provider at Oniyanrin Primary Health Centre, -Ibadan

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