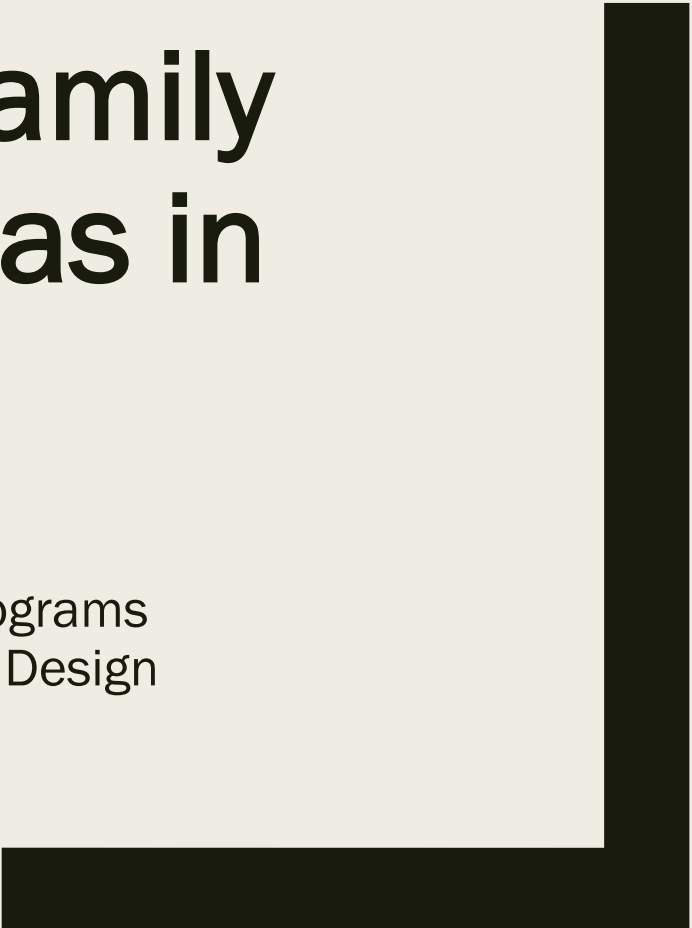




# Using Human-Centered Design to Address Family Planning Provider Bias in Nigeria

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Johns Hopkins Center for Communication Programs  
HC3 Innovation Webinar on Human-Centered Design  
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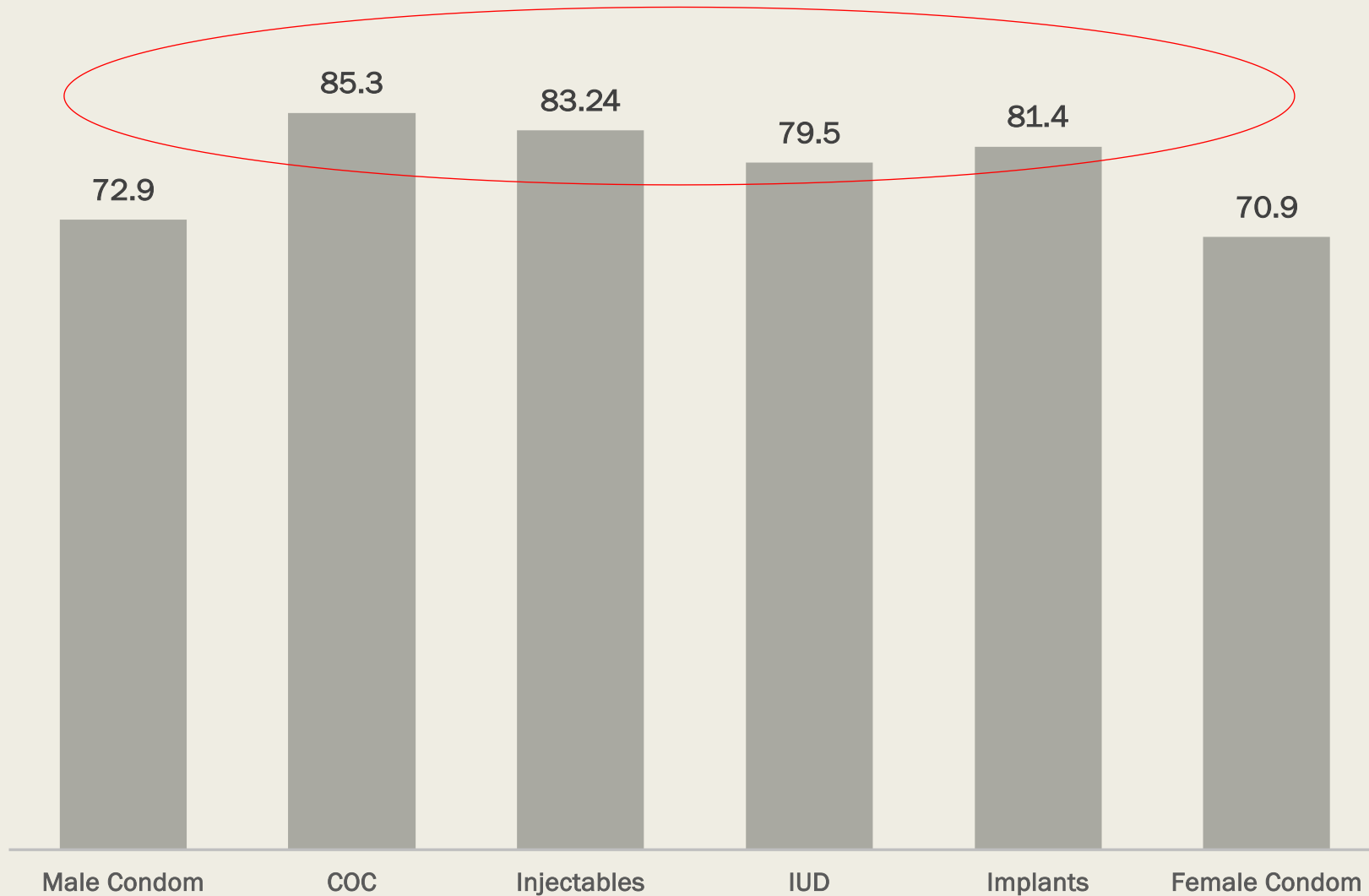


# Nigerian Urban Reproductive Health Initiative (NURHI): Phase 2

- 5-year Bill and Melinda Gates Foundation project (2015-2020) implemented by CCP
- Aims to increase modern contraceptive use in 3 states: Lagos, Oyo, Kaduna
- Advocacy, service delivery, demand creation, and RM&E objectives



## % of FP providers who restrict methods based on a minimum age requirement



*Data source: NHURI baseline provider survey, Nigeria, 2016*

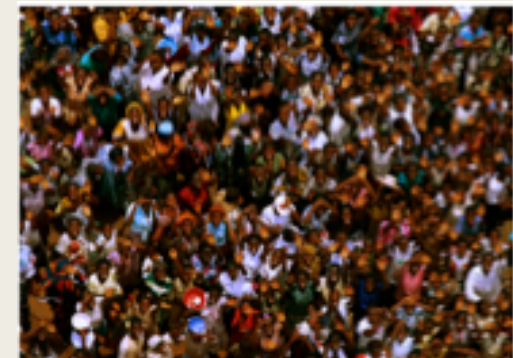
# The NURHI II Design Challenge

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 socio-economic class?

# From Inspiration to Ideation



# Inspiration



# Inspiration



# Research Methods

- Direct observation
- Show me
- Card characters
- Mock counseling sessions
- Guided tours
- In-depth interviews
- Group interviews
- Analogous inspiration
- 5 Why's





# In Their Words

- “First I would ask if she had her parents’ consent to be here.”
- “First I would say it does not prevent HIV.”
- “I will not do it... Because of my own beliefs... Religious beliefs.”
- “Pre-marital sex is fornication. It is a sin before the Lord.”
- “I would tell her this one is intrusive. It is going to break the hymen. There are other methods.”
- “She will have to sign for me to give her IUD.”
- “I would give condoms.”



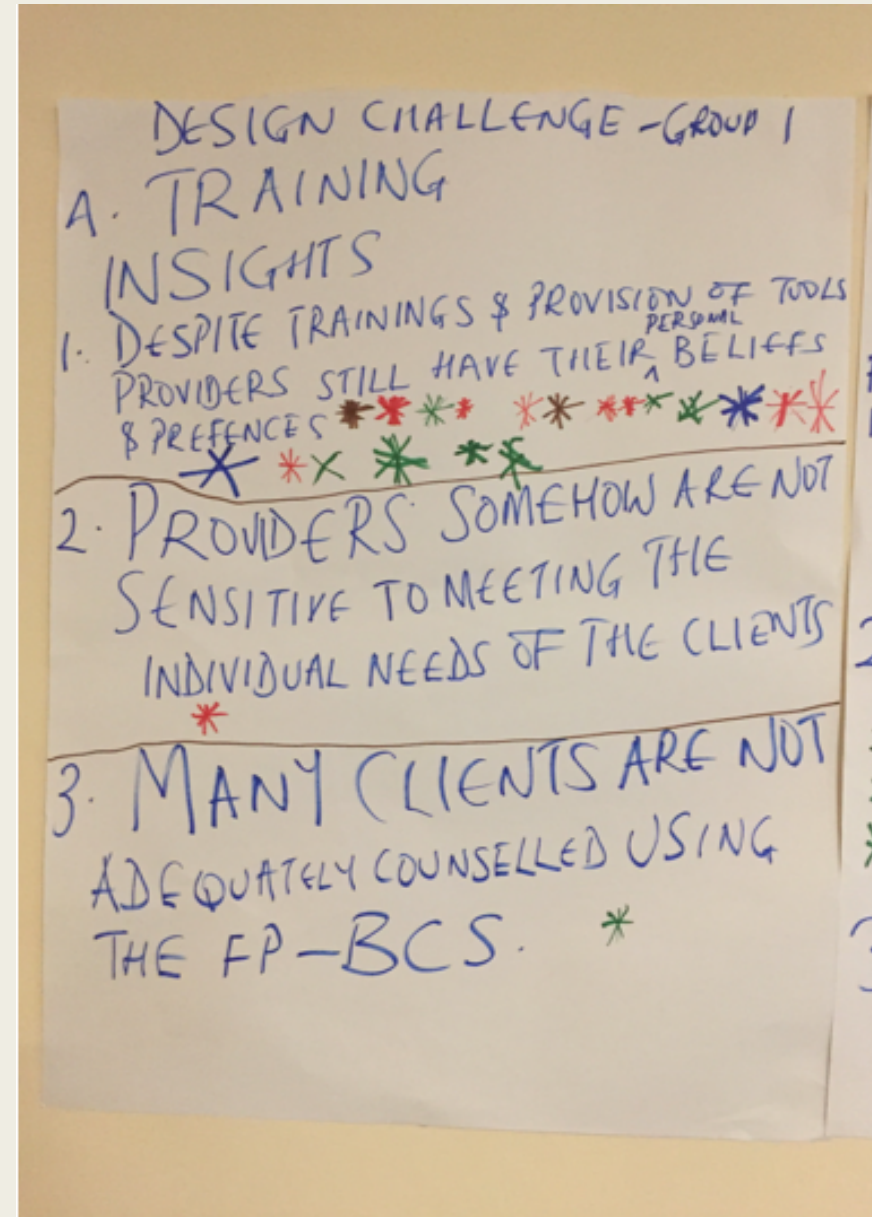
# In Their Words



- “Pre-marital sex is a sin but I will provide it because I don’t want them to go and die.”
- “The provider who refused give a method to a teenage girl will share in the consequences if she dies.”
- “Some will be permanently barren if they have an abortion.”
- “Even if you cannot give service, you **MUST** give counseling. Call another colleague [to give the method].
- “It is not a thing of sin to protect someone who is likely going to die.”
- “It depends on which issues. If the MEC wheel allows me to give her, I will give her.”

# Insights

**\*\*Despite trainings and provision of tools, providers still have their personal beliefs and preferences**



How might we...

use unconventional  
methods to change  
providers'  
perceptions and  
attitudes?



use unconventional  
methods to change  
providers'  
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Make counseling more social

Regular exercise before work

Volunteering

Develop a community of practice

Evidence sharing

Storytelling

Client suggestion box

Role playing

Support groups for providers

Monitoring of providers

Responsible based financing

FGD

Recognition of best provider

Exchange program

Create a suggestion box for clients

Employment of more providers

Regular meeting

Informal meetings

Drama

CCTV in counselling room

Playlets

Feedback mechanism from clients on base complaint box

Games

Organise healthy competitions among providers

Relationship building

Form social groups

Provide feedback from clients

Include local resources in curriculum

Provide safe space for decision

Include environment for health care providers

Regular on job training

Regular community sessions

Retreats involving both providers and clients

Include environment for health care providers

# Prototype 1: Values Clarification

- My religious beliefs do not allow me to provide certain methods to certain clients
- I would require parental consent before giving any family planning to an unmarried adolescent
- I would give a young person family planning to help prevent unsafe abortion or death
- A woman must have had a child before using the IUD



## Prototype 2: Fishbowl



## Prototype 2: Fishbowl



# Nuggets

1. Getting the design challenge “just right”
2. Developing insightful insight statements
3. MVPs
4. Merging simultaneous processes
5. Embracing ambiguity



# Thanks!

