Fishbowl Discussions

A GUIDE TO STRENGTHENING LINKAGES BETWEEN HEALTH CARE PROVIDERS AND COMMUNITIES

Breakthrough ACTION-Nigeria

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Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

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Acronyms

ACT	Artemisinin-based combination therapy
CHEW	Community Health Extension Workers
CHO	Community Health Officer
LGA	Local government area
PHC	Primary health care facility
PPMV	Proprietary and patent medicine vendor
RMC	Respectful maternal care
SBC	Social and behavior change

Background

According to the 2018 Nigeria Demographic and Health Survey, health service utilization rates are low. Only 67% of pregnant women sought antenatal care, 58% caregivers of children under five sought advice or treatment from a health facility or community health worker within two weeks of a child's onset of fever, and only 39% of live births in the five years preceding the survey took place in a health facility.

Common reasons for low service utilization include dissatisfaction or distrust of health services and a perception that proprietary and patent medicine vendors (PPMVs), traditional healers, and traditional birth attendants provide better care. While public facility-based providers are often well-meaning and care deeply about serving clients, gaps in knowledge, incorrect beliefs, poor communication skills, inattention to the rights of clients, and challenging work environments challenge their ability to provide quality health services. Through formative assessments, which included a literature review and learnings from other projects, Breakthrough ACTION-Nigeria identified a set of insights around provider attitudes and the community–provider relationship:

Mothers in a "fishbowl" or discussion group sitting in a circle, with observers sitting in a second circle outside the discussion group. Credit: Breakthrough ACTION-Nigeria

Key insights that informed the development of the approach

People are deterred from using health facilities because of poor health care experiences, their perceptions of quality, and low confidence in providers and modern treatment effectiveness.

People believe the health care they can receive within their own community from traditional healers and PPMVs is just as good as, if not better than, health facilities, which are only necessary in case of emergency.

A forum for ongoing communication between communities and facilities can help them align expectations, share feedback, and address psychosocial and structural factors undermining care-seeking, provider behavior, and client-provider trust.

To help support health providers to provide client-centered and respectful care in line with recommended guidelines and policies, Breakthrough ACTION-Nigeria organized dialogues between community members and health care providers, using the fishbowl method to build trust, promote adherence to malaria guidelines, and ensure provision of respectful and dignified care during facility-based childbirth.

Purpose of this Guide

Breakthrough ACTION-Nigeria developed this guide to assist implementing programs in operationalizing the fishbowl discussion approach. It is also useful for social and behavior change (SBC) practitioners interested in implementing approaches to increase trust between providers and community members. The guide offers two different templates for facilitating fishbowl discussions: (1) fever case management and (2) respectful maternal care. Each section also provides step-by-step guidance on how to implement the approach along.

Summary of the Fishbowl Approach

The fishbowl dialogue methodology is a group discussion technique that involves arranging participants in two concentric circles, with one group of individuals sitting in the center (the "fishbowl") and engaging in dialogue while the outer group observes. This format encourages active listening and discussion.

During each session, community members and health providers exchange stories on their perspectives about fever or maternity services to encourage mutual understanding and empathy about the challenges each faces. Health care providers hear from their clients and have the chance to reflect on how their attitudes and behavior influence the uptake of health care services at their facilities. At the end of the discussion, participants identify actionable "low-hanging fruits" to implement to improve both provider behavior and client health service uptake.

Breakthrough ACTION-Nigeria adapted an approach originally designed and implemented to increase the uptake of family planning services in Nigeria by Johns Hopkins Center for Communication Programs' Nigeria Urban Reproductive Health 2 Project.

Purpose of the Fishbowl Approach

- Improve client-provider interaction and interpersonal communication.
- Improve providers' understanding of the client's views and perceptions of the care they receive at the facility.
- Identify and address barriers to quality health care delivery.

Summary of the Fishbowl Approach

- **Health care providers:** Nurses, midwives, Community Health Officers (CHOs) and Community Health Extension Workers (CHEWs) practicing in primary health care facilities (PHCs).
- **Clients:** Community members who have recently accessed care at PHCs.
- **Influencers:** Other community and family members (for example, mothers, mothers-in-law, or husbands) who may play a role in the client's decision to seek care in the facility. These are people who sometimes accompany clients to the health facility.

Facilitators

- Trained government stakeholders (such as local government area (LGA) maternal and child health focal persons).

Implementation of the Fishbowl Session

Before the Fishbowl Session:

- Select the community representatives. Selection criteria can be shared with CHEWs, who can then recruit representatives.
    - Frame the fishbowl session as an opportunity for clients to share experiences and provide feedback, so providers can understand what they are doing well and how their services can improve.
    - Consider a diverse group that includes representation from different ages, marital status, and other factors that influence provider attitudes.
- Identify and train facilitators.

- Identify providers. Select providers from facilities with low attendance despite a high community population (according to Health Management Information System data) and those with low client satisfaction using client satisfaction surveys or as reported during community-based SBC activities.

During the Fishbowl Session:

- Discussions are conducted using a fishbowl approach of two separate groups: providers and clients.
- A pre-session assessment helps identify the extent of the provider's behavior problem and the clients' perception about the providers.
- A facilitator moderates the process, using a facilitator's guide, to keep the discussion within the intended context. They relate responses to reference materials on service delivery protocols. A second facilitator obtains participant consent for recording the discussions, records them, and takes notes.

After the Fishbowl Session:

- After each discussion session, facilitators hold a separate meeting with the providers to address specific action points they could employ to improve quality of service in their individual facilities.

Expected Outcomes

- The providers have the opportunity to hear from community members and become aware of the effect their attitudes have on clients during service provision and how that affects maternal and child health.
- Increased empathy from providers to clients during childbirth.
- Clients better understand the providers' responsibilities and the challenges they experience.
- Improved interpersonal communication between providers and clients, increasing client satisfaction.
- Improved social norms and behaviors related to fever case management and labor and childbirth.

Measures of Achievement

- Increased self-reported efficacy to provide respectful maternal care and fever case management by providers (source: pretests and posttests).
- Increased facility attendance (source: service statistics).
- Improved adherence data (source: service statistics).
- Increased client satisfaction (source: exit interviews, community surveys, and qualitative discussions during community activities).

A mother speaks during a fishbowl discussion.
Credit: Breakthrough ACTION-Nigeria

Fishbowl Guide:

Fever Case Management for Children Under Five

Fishbowl Guide: **Fever Case Management** for Children Under Five

Background

Fishbowl sessions for fever case management for children under five fishbowl aim to find out the following:

- What are the issues contributing to delayed presentation at health facilities?
  For example:
  - Are clients underestimating the risk of delayed care-seeking for young children, or do any facility/provider factors affect timely care-seeking?

- What are the issues surrounding the appropriate management of fevers?
  For example:
  - Are providers over-estimating client preferences (such as for injection, antibiotics, antimalarial treatment, or saving money)?
  - Are clients and providers underestimating the risk of overusing treatments, such as injections, antibiotics, or antimalarial medication?

Objectives

- To improve providers' understanding of clients' views and clients' understanding of provider's views, particularly around care-seeking and management of fever in children.

- To improve client-provider feedback and interaction about child health, especially around care-seeking and management of fever.

Agenda

- 15 minutes: Introductions and overview
- 25 minutes: Client-focused discussion
- 25 minutes: Provider-focused discussion
- 30 minutes: Joint reflections
- 10 minutes: Conclusion

Total: 1 hour and 15 minutes

Participants

Identify eight to 10 clients and eight to 10 providers. The fishbowl discussion should have a maximum of 25 people, including facilitators. If facilitators deem this helpful, consider having a third group of participants present who are influencers, e.g., client spouses, mothers, or mothers-in-law.

Clients are caregivers for children under five with a fever within the past three months.

These can include:

- Mothers
- Fathers
- Female relatives

Providers include:

- CHEWs
- CHOs
- PHC nurses

Fishbowl Facilitation Guide

1. Welcome participants and thank them for coming.
2. Avoid explaining to clients that some co-participants may be providers. This ensures clients speak freely.
3. Explain the purpose of the session is to hear other perspectives and understand others' points of view about child health issues.
    a. Emphasize that this is a safe space and that everything discussed in the session will remain confidential.
    b. Encourage everyone to speak freely.
    c. Clarify that there are no right or wrong answers or beliefs.

d. Remind participants not to share the names of other participants outside the group.

e. Reassure participants that the fishbowl serves as a learning experience, so the program can understand how to improve health services. The intention is not to attack participants or cause any negative repercussions to result from the discussion.

4. Ask everyone to briefly introduce themselves by saying their name and acting out one activity they enjoy (e.g., dancing, singing, cooking, reading). They can give themselves a "workshop name," i.e., an alias name so they do not feel pressure to share their real/full names or locations.

5. **Client-focused discussion:** Invite the first group (clients) to sit in a circle in the middle of the room or space. Ask the second group (providers) to sit in an outer circle around the clients.

6. Explain that the inner circle participants will have a chance to share their views first. The outer circle group should remain silent and not interrupt. They will be able to share once the first session is finished.

7. Set a timer for 25 minutes.

8. 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. Below are some sample discussion questions:

DISCUSSION QUESTIONS FOR CLIENTS
• Tell us about the last time your child had a fever. What did you do? [*Probe about sources of care: home, PPMV, private facility, public facility, number of days or severity of disease until care was sought at each source.*]
• For those who went to a medicine shop or cared for the child at home first: why did you decide to start there? Why? Why? Why? [*Keep asking why—about three times—to get to the root of the issue.*]
• For those who went to a clinic/hospital: why did you decide to seek care there first? Why? Why? Why?
• What is the general impression of public health facilities? What has your experience been like using public clinics/hospitals for a sick child visit? Why do you feel that way? Why? Why? [*Probe into the details of the about interaction with the provider, such has how they interacted with the client or examined the child.*] • If the discussion has been largely negative, ask: What were the positive aspects of your recent visit?
• If your child were to develop a fever again, what would be your concerns about going to the public clinic or hospital? Why? Why? Why?
• What recommendations do you have on how providers might improve the experience for children and their caregivers? Why? Why? Why?

8. Ensure everyone has a chance to speak. Encourage anyone who has yet to speak 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.

DISCUSSION QUESTIONS FOR PROVIDERS
• How do you describe fever diagnosis and treatment to your clients? [*Probe for interpersonal communication skills and providers' knowledge of the guidelines. Ask how they can communicate the guidelines to clients.*]
• What would you do if a child five years or younger has a fever? Why? Why? Why? [*Probe for expertise and adherence.*]
• Are there situations when you do not need to give certain medications to a sick child (specifically: injections, antimalarial drugs, or antibiotics)? Why? Why? Why? [*Probe to find out whether providers feel confident in their diagnosis and treatment.*]
• Are there situations where you feel a parent/caregiver is expecting certain medications from you, for example, antimalarial drugs, antibiotics, or injections? Is it difficult for you **not** to give them? Why? Why? Why? [*Probe providers' perception of client pressure and how they try to handle it.*]
• Are there situations when you feel that a caregiver would not follow your advice? For example, when they may not take all prescribed doses, self-medicate with herbs or drugs, or do not complete a referral. Why might this happen? Why? Why? [*Probe the providers' counseling skills.*]
• Are there other factors that affect **how** you **treat** the child's illness and **how much** you charge? What are these factors? Why are they present? Why? Why? [*Probe providers' bias, commodities availability, and quality assurance for rapid diagnostic testing.*]

13. When the time is up, summarize the conversation and thank the providers for sharing freely.

14. Joint reflection: Reflect together as a group on what has been discussed for up to 30 minutes. Ask both clients and providers:

REFLECTION QUESTIONS
• What did you hear from the other group that surprised you? Why is it surprising to you?
• What are the similarities between what the clients and 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?
• What did you hear from the other group that surprised you? Why is it surprising to you?
• What are the similarities between what the clients and providers said? Where is there common ground?

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

17. Emphasize the benefits of timely care-seeking from a provider who can perform differential diagnosis and emphasize adherence to treatment guidelines and appropriate prescriptions.

18. At the end of the session, the clients should understand the following:

    a. Treating a child with fever promptly (i.e., the same day a fever starts or the next) helps their child.

    b. Seeking testing before treating for fever prevents additional problems and ensures the right treatment. For example, Artemisinin-based combination therapies (ACTs) are only meant to treat malaria. The child will not get better if malaria is absent in the blood.

    c. The provider has the client's best interests at heart, even though they may experience challenges that may limit their ability to showing that.

d. When children have malaria and receive ACT, even if they improve, they will only benefit fully if they take all doses of the treatment. If they or a caregiver forget a dose, the child should take the medicine as soon as this is discovered. No doses should be left under any circumstances.

e. Talking to and asking the providers questions will ensure the child gets all necessary care.

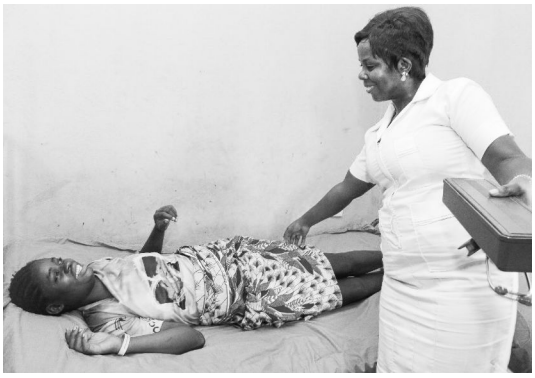
6. Meet with providers separately afterwards to develop an action plan and methods for follow-up and accountability.

A health care worker speaks to a client.
Credit: Breakthrough ACTION-Nigeria

Fishbowl Guide:

Promoting Respectful and Dignified Care During Labor and Childbirth

Fishbowl Guide: **Promoting Respectful and Dignified Care** During Labor and Childbirth



Background

This discussion session is designed to elicit the following:

- Factors affecting utilization of health services during childbirth and general community and providers' perceptions of childbirth health services.
- Community understanding and interpretation of disrespect and abuse.
- Service provider understanding and interpretation of provider-client relationship.
- Manifestations of abuse and disrespect in facilities during childbirth.
- Drivers of disrespect and abuse in the community and among service providers.
- Client and provider perceptions and expectations of respectful care.
- Future recommendations from clients and providers for improving client–provider interactions during labor and delivery.

Objectives

- To improve client–provider interaction and interpersonal communication during labor and delivery.
- To improve providers' understanding of the client's views and perceptions of the care they receive during labor and delivery at the facility.
- Identify and address barriers to providing respectful and dignified care during labor and childbirth.

Agenda

- 15 minutes: Introductions and overview
- 25 minutes: Client-focused discussion
- 25 minutes: Provider-focused discussion
- 30 minutes: Joint reflections
- 10 minutes: Conclusion

Total: 1 hour and 15 minutes

Participants

Identify eight to 10 clients and eight to 10 providers. The fishbowl discussion should have a maximum of 25 people, including facilitators. If facilitators deem it helpful, they can consider having a third group of participants present who are influencers.

Clients are (1) women who have given birth in a health facility within the last two years and (2) mothers who gave birth at home or with a traditional birth attendant.

Providers can be from any cadre which provides care to women in labor at health facilities. This includes CHEWs, CHOs, nurses, midwives, physicians, and influencers. Influencers may include community and family members, e.g., mothers, mothers-in-law, husbands, and other people who may play a role in the client's decision to seek care at the facility.

Fishbowl Facilitation Guide

1. Welcome participants and thank them for coming.
2. Avoid explaining to clients that some co-participants may be providers. This ensures clients can speak freely.
3. Explain that the purpose of the session is to hear other perspectives and understand others' points of view about child health issues.
    a. Emphasize this is a safe space, and everything discussed in the session will remain confidential.
    b. Encourage everyone to speak freely.
    c. Clarify that there are no right or wrong answers or beliefs.
    d. Remind participants not to share the names of other participants outside the group.

e. Reassure all that this discussion serves as a learning experience, so the program can understand how to improve health services. No one intends to attack anyone, nor should anyone fear negative repercussions as a result of the discussion.

4. Ask everyone to briefly introduce themselves by saying their name and acting out one activity they enjoy (e.g., dancing, singing, cooking, reading). They can give themselves a “workshop name” i.e., an alias, so they do not feel pressure to share their real/full names or locations.

5. Invite the first group (clients) to sit in a circle in the middle of the room or space. Ask the second group (providers) to sit in an outer circle around the clients.

6. Explain that the inner circle participants will have a chance to share their views first. The outer circle group should remain silent and not interrupt. They will be able to share once the first session is finished.

7. Set a timer for 25 minutes.

8. Facilitate a discussion with clients using the questions below. Only some of the questions need addressing but try to get through as many as possible in the time allowed.

DISCUSSION QUESTIONS FOR CLIENTS

Warm up.

Please tell us about your most recent delivery experience, such as:

- How many children do you have?
- How many birth deliveries in health facilities have you experienced?
- Who was with you?
- How long you were at the facility?

Women's choice to deliver at a health facility

1. What made you decide to go to a health facility for delivery?
2. How did you choose which facility to go to for delivery?

   Probes:

   a. *What characteristics of the facility influenced your decision?*
   b. *What had you heard about the facility?*
   c. *What other factors influenced your decision?*
   d. *What other options did you consider? What made you rule out those options?*

Women's expectations and experiences with provider interactions?

1. How did you expect health care providers to treat you during your stay?

   Probes:

   a. *What expectations did you have about their attitudes, behavior, or communication?*
   b. *Where did these expectations come from?*

   If they had no expectations, ask:

   Tell me about a time when you felt particularly good about interacting with a provider. What made it a good experience?

1. How did the health care providers act towards you?

   Probes:

   a. *Is this a common experience in your community?*
   b. *How did it make you feel?*
   c. *What did you do?*
   d. *Where do you think you would want to deliver your next baby? Why?*

Experiences of disrespect and abuse

Ask either question 1 or 2, depending on what is contextually appropriate:

1. During your stay at the health facility for childbirth, did the health workers do or say anything that you thought was disrespectful or abusive?

   If any participants say yes, probe:

   a. *What happened?*
   b. *How did it make you feel?*
   c. *What, if any, were the consequences for you or your baby?*
   d. *Why do you think the health worker behaved or acted in this way towards you?*
   e. *Who did you tell about it? Why that person(s) or why no one?*
   f. *What, if anything, did you or your family do in response? Why or why not?*

      If nothing was done, probe: What do you wish you could have done about it?

2. Have you ever heard about or seen a health worker behave towards another woman in a way that you thought was disrespectful or abusive?

   If any participants say yes, probe:

   a. *What happened?*
   b. *How did it make you feel when you saw or heard that?*
   c. *What, if any, were the consequences for her or her baby's health?*
   d. *What, if anything, did you, or the woman, or the woman's family do in response? What do you wish you had done?*
   e. *Why do you think some health providers behave this way?*

Positive experiences and conflict resolution

1. Were there any particularly positive aspects of your experience with health providers during your stay at the health facility?

   Probe:

   a. *Were there any specific interactions or services that stood out to you?*
   b. *What did the health providers do?*
   c. *How did it make you feel?*

2. Did you have any concerns, or did you disagree with the health provider about something? How did the health provider respond to any concerns or disagreements?

Accountability and recommendations

1. What do you wish had been different about your experience delivering at this facility?
2. What do you think could be done to improve the way that health workers care for women who are giving birth?

   Probes: What could be done….

   a. *To reduce cases of disrespect and abuse?*
   b. *To help women feel respected and cared for?*
   c. *Through the health facility?*
   d. *Through the community?*

9. Ensure everyone has a chance to speak. Encourage anyone who has yet to speak to share their views.

10. When time is up, summarize the conversation and thank the clients for sharing freely.

11. **Provider-focused discussion:** 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.

12. Set a timer for 25 minutes.

13. Facilitate the discussion using the questions below. Again, ensure everyone has a chance to speak, and encourage any quiet participants to contribute.

DISCUSSION QUESTIONS FOR PROVIDERS

Perceptions of health workerand patient interactions

1. What are yourtypical daily activities in the maternityward?
2. How would you describe the typical interaction between providers and patients in the maternity ward in your facility?

   Probe:

   a. Positive? Negative? What makes you say so?
   b. How do you thinkthe labor and delivery services at this facility is perceived by the community?

Understanding disrespect and abuse and its causes

1. What would you consider to be disrespectful or abusive care towards a patient?
2. Have you ever seen a woman in labor experiencing disrespectful or abusive care from a health worker? What happened? What, if anything, did you do?
3. How common is disrespectful or abusive care towards women during childbirth?
4. What do you think makes a provider act disrespectfully toward clients?

   Probes:

   a. Is workload the only reason? Can providers be respectful even when they have a high workload? What are other reasons for disrespectful behavior (e.g., providers' personal beliefs about how clients should act, training, professional development opportunities, provider status)?

   b. What are the effects of this type of behavior (e.g., on the community, provider, facility, client, family)?

Understanding of dignified and respectful care

1. Can you share examples of colleagues who consistently demonstrate respectful and compassionate care during childbirth? What specific behaviors do they exhibit?
2. What specific practices or strategies do you or your colleagues use to ensure respectful and compassionate care during childbirth?

   Probe: Of every 10 women in your maternity ward, how many do you think are treated this way, on average? Why that number?

3. What do you understand are patients' rights?
4. How are patients' rights reinforced in your facility?

   Probe: How is it monitored? What corrective actions are taken?

Recommendations

1. What do you think could be done to improve the way that health workers care for women who are giving birth?

   Probe: At your facility? In the communities? At national level? At the LGA level? At the state level? Who else can be involved? And what could they do?

14. When time is up, summarize the conversation and thank the providers for sharing freely.

15. **Joint reflection:** Reflect together as a group on what has been discussed for up to 30 minutes. Ask both clients and providers:

REFLECTION QUESTIONS
• What did you hear from the other group that surprised you? Why?
• What are the similarities between what the clients and 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?

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

17. Conduct a debrief session with the providers to address specific action points they can employ to improve respectful and dignified care in their facilities.

For more information, please see other Breakthrough ACTION-Nigeria provider behavior change resources by scanning the QR code

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