



Strengthening Links between Providers and Communities

Fishbowl
Activity Brief



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Strengthening Links Between Providers and Communities

Background/Rationale

To help support service providers to provide client-centered and respectful care in line with recommended guidelines and policies, Breakthrough ACTION-Nigeria organized client-provider dialogues, using the fishbowl method, as an approach to promote adherence to malaria guidelines, and respectful and dignified care during facility-based childbirth. 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, promotes diverse viewpoints, and allows for dynamic interaction among participants.

During each session, community members and health providers shared stories on their perspectives about malaria and maternity care service delivery in order to encourage mutual understanding and empathy about the challenges each faces. Healthcare providers got to hear from their clients and got the chance to reflect on how their attitudes and behavior influenced the uptake of healthcare services at their facilities. At the end of the discussion, "low-hanging fruits" that are doable and actionable were immediately identified and applied to improve provider behavior and health service uptake.

Audiences

- Healthcare providers: Nurses, midwives, Community Health Officers and Community Health Extension Workers practicing in Primary Health Centers
- Clients: Community members who have recently accessed care at health facilities
- Influencers: Other community and family members (mothers, mothers-in-law, husbands etc) who may play a role in the client's decision to seek care in the facility. They sometimes accompany clients to the health facility; their experiences will be very valuable.

Objectives

- To improve client-provider interaction and interpersonal communication
- To improve providers' understanding of the client's views and perceptions of the care they receive at the facility
- To identify and address barriers to quality healthcare delivery

Implementation strategy

- Activity was conducted in selected LGAs and communities
- Facilitators were drawn from the government stakeholders (LGA MCH focal persons) and trained.
- Providers were selected from facilities with low attendance despite a high community population (using HMIS data) and those with low client satisfaction using client satisfaction surveys.
- Discussions were conducted using a fishbowl approach of two separate groups - providers and clients.
- A pre-session assessment helped identify the extent of the provider's behavior problem and the clients' perception about the providers.
- A facilitator moderated the process, using a facilitator's guide to keep the discussion within context, making references and relating responses to reference materials on service delivery protocols. A second facilitator took notes and recorded the discussions with the consent of the participants.
- After each discussion session, a separate meeting was held with the providers to address specific action points they could employ to improve quality of service in their individual facilities.

Outcomes

- The providers got to hear from real people and became aware of the effect of their attitudes during labor and delivery and how that contributes to maternal health.
- Increased empathy from providers to clients during childbirth
- Clients better understood the responsibilities of the providers
- Improved interpersonal communication between providers and clients, increasing client satisfaction
- Improved social and behavior norms on labor and childbirth

Indicators of Achievement

- Increased self-reported efficacy to provide RMC by providers (post-test)
- Increased facility attendance
- Improved adherence data from facility registers
- Increased client satisfaction from client surveys (exit interviews, community surveys)

Fever Management for Children Under 5

Background

Among other essential discoveries, this session is designed 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 are there facility/provider factors affecting 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, antimalarials, saving money)? Are clients and providers underestimating the risk of overusing injections, antibiotics, antimalarials, etc.?

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.

Participants

8-10 clients and 8-10 providers each. Maximum of 25 people, including facilitators. Consider having a third group of influencers present (such as husbands/female relatives) if helpful.

Clients: Caregivers for children under 5 with a fever within the past 3 months

- Mothers
- Husbands/fathers
- Female relatives

Providers

- Community Health Extension Workers (CHEWs)/Community Health Officers (CHOs) and Nurses from PHCs

Facilitation Instructions

1. Welcome participants and thank them for coming.
2. It is important that the clients do not know that some of the co-participants are providers. This is so that they 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. Emphasize that this is a safe space and that everything discussed in the session will remain confidential. Encourage everyone to speak freely. Clarify that there are no right or wrong answers or beliefs.
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 create a "workshop name" without sharing 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.

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.

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Clients
1. 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].
2. 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 real root of the issue]
3. Those who went to a clinic/hospital – why did you decide to seek care there first? Why? Why? Why?
4. All: What is the general impression of public health facilities? What has your experience been like using public clinics/hospitals for a sick child visit? [Probe about interaction with the provider, how the child was seen, etc.] Why? Why? Why?
5. [Optional] 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?
6. What recommendations do you have on how providers might improve the experience for children and their caregivers? Why? Why? Why?

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. 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.

Providers

1. How do you describe fever diagnosis and treatment to your clients? (You are to probe for interpersonal communication skills and providers' knowledge of the guidelines. How they can communicate it to clients)
2. What would you do if a child 0-5 years old has a fever? Why? Why? Why? (Probe expertise and adherence)
3. Are there situations when you do not need to give certain medications to a sick child (specifically: injections, antimalaria drugs, or antibiotics)? Why? Why? Why? (Probe to know whether providers are confident in their diagnosis and treatment)
4. Are there situations where you feel that a parent/caregiver is expecting certain medications from you, and it is difficult for you NOT to give them? For example, antimalaria drugs, antibiotics, injections, etc.? Why? Why? Why? (Probe providers' perception of client pressure and how they can handle it)
5. Are there situations when you feel that a caregiver would not follow your advice? [i.e., taking all doses, self-medication with herbs or drugs, not completing a referral]. Why? Why? Why? (Probe counselling skills of the providers)
6. Are there other factors that affect how you treat the child's illness and how much you charge? What are these factors? Why? Why? Why? (Probe providers' bias, commodities availability and quality assurance of RDT)

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

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

1. What did you hear from the other group that surprised you? Why is it surprising to you?
2. What are the similarities between what the clients and providers said? Where is there common ground?
3. What are the differences between what clients said and what providers said? How might we reconcile those differences?
4. How might this session impact what you think or do in the future?

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

Emphasize the importance of timely care-seeking from a provider who can perform differential diagnosis and emphasize adherence to treatment guidelines/appropriate prescription.

For facilitators' emphasis at the end of the session.

At the end of the session- the clients should understand that;

1. It is good to treat a child with fever promptly (same day or next)
2. It is good practice to test the child/person before treating for fever
3. The provider has the client's best interest at heart though they may have challenges that may limit them in showing it.
4. ACTs are only meant to treat malaria. The child will not get better if malaria is absent in the blood.
5. When the child has malaria and is treated with ACT, even if s/he improves, it is important to complete treatment.
6. It is a good thing to talk to and ask the providers questions.

Promoting Respectful and Dignified Care Labor and Childbirth

Fishbowl Discussion Guide I

Background

The fishbowl method is used to help bring together diverse perspectives on “hot” issues and form a common understanding. There is a large body of evidence on provider biases affecting family planning and there is experience in Nigeria around using the fishbowl methods for this purpose. Maternal and child health is another health topic where provider attitudes greatly influence client experience and service uptake. The fishbowl technique can thus help bring together clients' and providers' perspectives and expectations during childbirth. This can increase empathy for clients and improve respectful and dignified care during labor and childbirth. Some issues to explore during these discussions include:

- 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
- 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.

Participants

8-10 clients and 8-10 providers each. Maximum of 25 people, including facilitators. Consider having a third group of influencers present (such as husbands/female relatives) if helpful.

- Healthcare providers: Nurses, midwives, CHOs and CHEWs) practicing in PHCs
- Clients: Women who have had at least one facility birth in the last 2 years and mothers who gave birth at home or with TBAs.
- Influencers: Other community and family members (mothers, mothers-in-law, husbands, etc) who may play a role in the client's decision to seek care in the facility.

Facilitation Instructions

1. Welcome participants and thank them for coming.
2. The clients mustn't know that some of the co-participants are providers. This is so that they 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. Emphasize that this is a safe space and that everything discussed in the session will remain confidential. Encourage everyone to speak freely. Clarify that there are no right or wrong answers or beliefs.
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 create a "workshop name" without sharing 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. Set a timer for 25 minutes. Facilitate a discussion with clients using the questions below.
7. You only need to address some questions, but try to get through as many as possible in the time allowed.

Clients---English	Hausa
<p>1. What factors affect where pregnant women seek delivery services during childbirth in this community?</p> <p>What makes you think this way?</p> <p>PROBE: Where do most women deliver?</p> <p>What are the reasons for this?</p>	<p>Wadanne abubuwa ne ke shafar shawarwarin da akeyi dangane da inda mata zasu nemi taimakon haihu a wannan karkarar?</p> <p>Me yasa kake tunanin haka?</p> <p>BINCIKA: A ina mafi yawancin mata ke haihuwa?</p> <p>Menene dalilin yin hakan? Yi mani Karin bayani dangane da</p>
<p>2. Tell me about a time when you felt particularly good about interacting with a provider.</p> <p>PROBE: What makes a good healthy interaction and provider-client relationship?</p>	<p>wata tattaunawa da kukayi da ma'aikatan lafiya wadda tayi maka dadi</p> <p>BINKCIKA: Me kake/kike ganin shine tattaunawa mai inganci tsakanin mai neman kiwon lafiya da ma'aikacin lafiya?</p>

<p>What enhances a good relationship with providers?</p>	<p>Mai ke inganta alaka mai kyau da ma'aikatan lafiya?</p>
<p>3. Tell me about particular challenging interactions you have had with service providers</p> <p>PROBE: Do you ever have disagreements with providers?</p> <p>How are they resolved?</p> <p>What hinders your relationship with providers?</p>	<p>Yi mani bayani dangane da wata tattaunawa mai wuyar sha'ani da ka yi da ma'aikan kiwon lafiya?</p> <p>BINCIKA: Ka taba samun rashin fahimtar juna da ma'aikatan kiwon lafiya?</p> <p>Da yaya aka warware rashin fahimtar junan?</p> <p>Mai ke hana ka/ki samun alaka mai kyau da ma'aikatan kiwon lafiya?</p>
<p>4. In this community, what do people see as wrong treatment/mistreatment and abuse of pregnant women when they seek delivery services for childbirth?</p>	<p>A wannan karkarar me mutane ke dauka rashin kula da wulakanci ga mata a lokacin da suke neman taimako wajen haihuwa?</p>
<p>5. In this community, why do pregnant women think providers treat them with disrespect and abuse during childbirth?</p> <p>EXPLORE lack of autonomy, empowerment and financial barriers, community knowledge on patient rights/human rights.</p>	<p>Me yasa mata masu ciki suke ganin cewar ma'aikatan lafiya a wannan karkarar na yi musu wulakanci lokacin haihuwa?</p> <p>BINCIKA - rashin cikkaken iko da kwarin guiwa da karancin kudi da rashin masaniya akan hakkin marrar lafiya da kuma hakkin dan adam.</p>
<p>6. What do you think needs to be done to ensure all pregnant women in this community are treated with respect when seeking care in health facilities during childbirth? By whom and how? What would you do if you had a say?</p>	<p>A ganin ka/ki me ya kamata ayi don girmama mata masu ciki a wannan karkarar a lokacin da suka je asibiti don haihuwa? Waye ya kamata yayi hakan kuma me ya kamata yayi. Idan ace kana/kina da dama me zaka/ki ce?</p>

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. 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.

Providers---English	Hausa
<p>1. What factors do you think affect the decision of where pregnant women seek delivery services during childbirth in this community (either at a facility or use of traditional birth attendants)? What makes you think this way?</p>	<p>Waddane abubuwa akanyi la'akari da su don yanke shawarar inda mace mai ciki zata nemi kulawa a wannan karkarar (a asibiti ko a wajen ungozoma ta gargajiya)? Me yasa ka/ki ka yi tunanin haka?</p>
<p>2. Tell me when you or a colleague felt particularly good about interacting with a client.</p> <p>PROBES: What constitutes a good healthy interaction and provider-client relationship?</p> <p>3. What enhances a good relationship with clients</p> <p>What words would you use to describe your relationship with colleagues and clients?</p> <p>How do you decide on the quality of care you or your colleagues provide to clients?</p>	<p>.Fadamin wani lokaci da kai/ke ko wani abokin ka/ki yaji dadinn tattaunawa da wani mabukacin taimako.</p> <p>BINCIKA – Me tattaunawa mai armashi tsakanin mai neman taimako da ma'aikacin lafiya ta kunsu?</p> <p>Mai ke inganta muamala da masu neman taimako?</p> <p>Wacce kalma zaka/ki iya yin amfani da ita wajen bayyana mu'amalarka/ki ko ta abokan aiki da masu neman taimako?</p> <p>Ta wacce hanya kai/ke da abokan aikin ka/ki kuke kimanta ingancin aikin da kuke yiwa masu neman taimako?</p>
<p>4. Tell me about challenging interactions with a client experienced by you or a colleague.</p> <p>PROBES: Do you ever have disagreements with clients?</p> <p>What kind of disagreements?</p>	<p>Yi mani bayani a kan wata tattaunawa mai kalubale da kai ko abokan aikin ka/ki kuka samu lokacin ganawa da mai bukakar taimako.</p> <p>BINCIKA: Ko ka/kin taba samun rashin yarda da juna tsakanin ka/ki da masu neman taimako?</p> <p>Wanne irin rashin yarda da juna ne?</p>

<p>How are they resolved?</p> <p>What hinders provider relationships with clients?</p>	<p>Ta yaya aka warware su</p> <p>Me ke kawo rashin jituwa tsakanin masu aikin kiwon lafiya da masu neman taimako?</p>
<p>5. In this setting, what is perceived as wrong treatment/mistreatment and abuse of pregnant women when they seek delivery services during childbirth?</p> <p>PROBES: Physical abuse, non-consented clinical care, non-confidential care, non-dignified care, including verbal abuse, lack of privacy, discrimination based on specific patient attributes, abandonment of care, and detention in facilities.</p>	<p>A awnnan karkarar, me mutane suke dauka a matsayin wulakanci ko rashin kulawa ga mata masu ciki?</p> <p>BINCIKA: Amfani da karfi, yin aiki ba tare da yarda ko amincewa ba, rashin sirri, rashin girmamawa da hada da zagi, rashin kebancewa, nuna banbanci dalilin wata tawaya da rashin ko-in-kula da bata lokacin masu neman kiwon lafiya.</p>
<p>6. In your own opinion, what do you think causes providers to subject pregnant women to disrespectful and abusive treatment during childbirth?</p> <p>Why do you say so?</p> <p>Probes: Effect of provider personal prejudices, training, poor professional development opportunities, provider status and respect.</p> <p>Do you think the community is responsible for encouraging a poor client-provider relationship?</p>	<p>A ganinka/ki me yake kawo rashin girmamawa da fahimtar juna tsakanin masu aikin kiwon lafiya da mata masu ciki lokacin haihuwa?</p> <p>Mai yasa ka/ki fadar haka</p> <p>BINCIKA: Mai nene tasirin son kai, irin horon da aka samu, rashin damar ci gaba ta wajen aiki da kuma abin da ya shafi matsayi da girmama ma'aikacin kiwon lafiya.</p> <p>Kuna ganin mutanen karkarar ku suna da hannu wajen lalacewar dangantaka tsakanin ma'aikatan kiwon lafiya da masu neman taimako?</p>
<p>7. What needs improvement in provider-client interaction during childbirth in this setting?</p> <p>By whom and how?</p>	<p>Mai kake/kike gani ya kamata ayi domin inganta tataunawa tsakanin ma'aikatan lafiya da mata masu haihuwa a wannan wurin?</p> <p>Wa ya kamata yayi kuma ta wacce hanya?</p>

What would you do as an OIC?	Me za ka/ki yi a matsayinka/kin a shugaban wannan wurin?
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When time is up, summarize the conversation and thank the providers for sharing freely.

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

1. What did you hear from the other group that surprised you? Why?
2. What are the similarities between what the clients and providers said? Where is there common ground?
3. What are the differences between what clients said and what providers said? How might we reconcile those differences?
4. How might this session impact what you think or do in the future?

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

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

Promoting Respectful and Dignified Care Labor and Childbirth

Fishbowl Discussion Guide II

Background

Client-provider dialogues through the fishbowl discussion method help to strengthen the relationships between communities and facilities. This approach aims to improve providers' understanding of the impact of their behaviors and biases on community members and build mutual trust and empathy. Provider morale improves through improved relationships with communities. And community members have increased appreciation and understanding of providers' challenges.

An example of how a Fishbowl dialogue can be a powerful way to change attitudes is by having providers listen in to a group woman who have recently given birth describe the way they were treated during ANC and delivery. Many providers believe they are acting in a woman's best interest even if they may be rude or physically abusive, however when they hear women say how this treatment made them decide to have their next delivery at home, the providers are forced to reflect on the importance of respectful maternity care and commit to improve the way women are treated in their facility.

Objectives

- To improve client-provider interaction and interpersonal communication during labor and delivery
- To improve providers' understanding about the clients' views and perceptions on the care they receive during labor and delivery at the facility
- To identify and address lingering barriers to the provision of respectful and dignified care during labor and childbirth.

Facilitation Instructions

1. Welcome participants and thank them for coming.
 2. It is important that the clients do not know that some of the co-participants are providers. This is so that they are able to speak freely
 3. Explain that the purpose of the session is to hear other perspectives and understand others' point of view about issues of child health. Emphasize that this is a safe space, and that everything discussed in the session will remain confidential. Encourage everyone to speak freely. Clarify that there are no right or wrong answers or beliefs.
 4. Ask everyone to briefly introduce themselves by saying their name and acting out one activity that they enjoy doing (e.g. dancing, singing, cooking, reading). They can create a "workshop name," and do not need to share their real/full names or locations.
- 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 first, the inner circle participants will have a chance to share their views. 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.

Clients

General perceptions of health facilities and services:

1. What makes you think a health facility has good quality services? What makes you think a health facility has bad quality services?
2. What do you think about the quality of services at the government health facility in this community?
3. What do you think about the health workers at the government health facility in this community?
4. How do health workers act towards patients at government health facilities?
5. Do attitudes differ between male and female providers? If yes, PROBE: Why do you think so?

Women's expectations and experiences with delivery services at a health facility

1. Why did you go to a health facility for delivery?
2. How did you choose what facility to go to for delivery? (PROBES: Who decided? Characteristics of the facility? Heard anything about that facility? Any other factors?)
3. What did you expect from services during labour and delivery? Did the services meet your expectations?
4. How did the health workers act towards you during the delivery? (PROBE: Is this a common experience in your community?)
5. Where do you think you would want to deliver your next baby? Why?

Perceptions of disrespect and abuse

1. What actions, attitudes, or behaviors by a health worker would you consider disrespectful or abusive?
2. Do you think it's important for a health worker to behave respectfully towards you? Why? (PROBE: What do you think you are entitled to?)

Witnessed or heard about disrespect and abuse

1. 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 do in response?

Experiences of disrespect and abuse

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's health?
 - 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?)

Accountability and recommendations

1. What efforts has your community been involved in to improve health services in your area?
2. What do you think could be done to improve the way that health workers care for patients?
(PROBE: at national levels? in the health facility? in the community?)

3. What could be done to reduce cases of disrespect and abuse?

9. Ensure everyone has a chance to speak. Encourage anyone who has not spoken to share their views.
10. When time is up, summarize the conversation and thank the clients for sharing freely.
11. 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.

Providers

Perceptions of health worker and patient interactions

1. What are your typical daily activities in the maternity ward? (Probe: responsibilities, tasks they do which may be outside of their formal responsibilities)
2. How would you describe your typical interaction with patients? a. How would you describe your health workers' relationship and interactions with the surrounding community?
3. How do you think most patients perceive of health workers and the services that you provide? Does this differ between different cadres? How?
4. What do you think could be done to improve the relationship between patients and health workers?
5. What have you learned in pre- and in-service trainings about providing good interpersonal care to patients?
6. Do your supervisors ever discuss or review your interpersonal interactions with patients? What have you discussed about this?

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 patient experiencing disrespectful or abusive care from a health worker? What happened? What if anything did you do? (Probe: specific to childbirth?)
3. How common is disrespectful or abusive care towards patients? specifically for childbirth?
4. What do you think makes a provider to have disrespectful and abusive behavior? Probes: Effect of provider personal prejudices, training, poor professional development opportunities, provider status and respect. Do you think the community is responsible for encouraging a poor client provider relationship?
5. Who is responsible to prevent disrespectful and abusive behaviour? Why?

Understanding of rights and regulations

1. What do you understand are health workers' rights?
2. What do you understand are patients' rights?
3. What are your rights as health workers? (PROBE: what is the basis of these rights?)
4. What regulations are there regarding your interactions with patients? How are they utilized?
5. How are violations of these regulations identified and addressed?
6. Are you aware of any disciplinary measures that are in place in regard to abusing a patient? What are they?

7. Have you ever seen any disciplinary measures for medical staff who have abused their patients? If yes, what happened?

Recommendations

1. What do you think could be done to reduce the instances of disrespect and abuse? PROBE: At national level? At the state level? At the LGA level? At your facility? In the communities?
2. Who has the power to make change? (PROBE: at each of these levels?)

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

Reflect together as a group on what has been discussed for no more than 30 minutes. Ask both clients and providers:

1. What did you hear from the other group that surprised you? Why?

2. What are the similarities between what the clients said and what the providers said? Where is there common ground?

3. What are the differences between what clients said and what providers said? How might we reconcile those differences?

4. How might this session impact what you think or do in the future?

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

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

