

HCD EXCHANGE CONVENING REPORT

January 29th – 31st, 2018

Dar es Salaam, Tanzania



HCD EXCHANGE

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About HCD Exchange

HCD Exchange brought together 59 implementers, practitioners, donors, and partners to share experiences and learnings, and to start building a community of practice around applying Human-Centered Design (HCD) to the field of adolescent sexual and reproductive health.

Day 1 of the convening focused on building connections between participants, creating a space of belonging and sharing insights across projects. On Day 2, participants split into four groups to brainstorm areas of opportunity and potential solutions around the following key focus areas: Adolescent Insights, HCD Partnerships, Scaling HCD, and Monitoring, Evaluation & Learning. The convening resulted in a wealth of ideas, as well as exciting opportunities for future collaboration and exchange.

HCD Exchange will be working closely with HCD Uncut to coordinate our collective efforts in advancing the application of HCD in different areas: global health (HCD Uncut) and adolescents, sexual and reproductive health (HCD Exchange).

The goal of this report is two-fold – to consolidate the key ideas and themes that were discussed and, most importantly, to share the early stage solutions and commitments that were developed, as a foundation for continued engagement as a community on these opportunities and future outputs.

Overview of Key Sessions

DAY 1:

- **Understanding Perspectives: Conversations that Move** – The group explored differences and similarities in perspectives by moving around the room and voicing out individual stances.
- **Evaluating HCD** – Itad presented on findings from past and ongoing evaluations, followed by a panel discussion on evaluation in HCD-ASRH.
- **A360 Offsites** – 4 groups went to the following A360 site visits: 2 Girls Clinics, a Parent Clinic, a Pop-Up Event.
- **A360 & Beyond Bias Onsites** – PSI shared on operations and engaging youth; Pathfinder shared their work on providers and bias.
- **HCD Value Session** – PSI led a session exploring the roots of HCD skepticism and concerns, and the group developed HCD “pitches”.

DAY 2:

- **Community of Practice: Opening Session** – Incandescent presented a picture of a future world, the barriers to overcome to get there and the opportunity of a Community of Practice.
- **Exploring Focus Areas** – The group brainstormed key needs and opportunity areas within 4 focus areas: Adolescent Insights, HCD Partnerships, MEL and Scale.
- **Focus Areas: Road-mapping** – Focus area groups explored opportunity areas in depth, drafting plans and solutions to meet collective needs.
- **Community of Practice: Wrap-Up** – Focus area groups shared out solution ideas and commitments, and the organizing team closed with a call to action to advance the work of the community of practice.

Conversations that move

To open and frame the convening, HCD Exchange ran a workshop called Conversations that Move to generate an understanding of each participant's perspectives in real-time, share out interview insights via the prompts below and to build on the theme of belonging.

Key Topic Prompt	Perspective 1	Perspective 2
I like to work towards a solution through:	A step by step logical path once I've gathered all the data	Quick iterations - letting the work and feedback teach me
Thriving partnerships are best achieved through:	Getting to a consensus of expectations	Decisiveness from a lead party
Capacity building is most important when:	In the service of fostering understanding HCD and how to integrate design professionals in the work	In the service of training so that I can do HCD without outside support
Success as a field should be measured by the degree by which:	Solutions can be scaled	HCD as a process can be widely used
At a project level, we should:	Set clear standards for evaluation up front	Let the goals emerge as we understand what's important to measure

After an invigorating exchange of diverse perspectives on the prompts above, some patterns that emerged are:

1) **The importance of language.** Given everyone's background, individuals might use different words to express the same underlying opinion or interpretation. We found that individuals were often in alignment or agreement when at first glance, may not necessarily seem aligned.

2) **The overall group tends to operates around the norm of a consensus driven approach.** Uncovering this overall cultural norm means that individuals should ensure that one is taking the time to set expectations between different parties to cultivate thriving partnerships.

HCD-ASRH Projects

Adolescents 360: Overview

The PSI team hosted two onsite sessions – focused on engaging with young designers and on the operations of HCD-ASRH projects – and 4 off-site sessions, including 2 girls clinics, 1 parent clinic, and 1 pop-up event.



Picture source: HCD Exchange

= Key Documents

A360 Offsites

- A360 1-pagers: Tanzania, Nigeria, Ethiopia
- A360_HCD Exchange Tanzania At-a-Glance
- A360_HCD Exchange Field Visit One Pagers

A360 Onsites

- A360_HCD Exchange Operations Discussion
- A360_HCD Exchange Youth in the drivers seat

A360 Offsites

Overview



Picture source: HCD Exchange

- **Girls Clinics** – The Girls’ Clinic Day is a clinic-based learning and service delivery experience, targeted to younger users who have little knowledge of puberty, sex or contraception. It uses menarche and puberty as an entry-point to discussing contraception with girls, and also engages parents in building support and encouraging their girls to participate. The event allows girls to build trust with providers and includes an opt-out private moment with a *Kuwa Mjanja* provider for judgment-free counseling and services.
- **Parent Clinic** – The Parent Clinic Session is an opportunity for parents of adolescent girls to experience *Kuwa Mjanja* and what it offers their daughters. The session addresses parents’ concerns, reminds them of what it’s like to be young, and connects contraception to the positive role it can play in a young person’s life.
- **Pop-Up Event** – The pop-up event is a *Kuwa Mjanja*-branded, community-based pop-up event aimed at inspiring girls to dream. The pop-up event de-medicalizes the contraceptive experience and allows users to experience and learn about a variety of subjects, not just contraception. The experience helps users connect contraceptives with the ability to reach their goals.

A360 Offsites Key Takeaways

- **Skill of practitioners** – Practitioners created a casual and friendly environment in which girls were comfortable asking questions and there was a feeling of genuine warmth and openness.
- **Community acceptance** – The A360 team has succeeded in gaining acceptance in religious Muslim communities. That being said, community members have requested more directness and openness regarding project activities.
- **Brand strength** – Branding is consistent – “The pineapple was everywhere!” – and has been tied together well for a coherent experience.
- **Opportunity to strengthen offerings** – The program could go a step further to connect avoiding pregnancy with fulfilling dreams; it might achieve this by offering skill-building services.
- **Scaling challenges** – The clinics are highly resource-intensive given the rate of take-up of contraceptive services. Providing high quality services requires time and individualized attention, a challenge for scaling and a challenge for current programs serving large numbers of clients.
- **Operational challenges** – Constraints vary significantly by site, raising operational challenges around ensuring privacy and a consistent level of service across sites.

A360 Onsite: Operations Key Takeaways (2 of 2)



Flexible support to staff in policies and physical space

- Adapted travel advance policy for non-travel needs to give staff access to funds when they need it.
- Increase collaboration and creativity through restructuring their office space, to create an environment more conducive to HCD (refer to picture above).

Engagement of outside experts, advisors, and partners

- Include both design and technical experts in regular reviews and check-in. (e.g., During preparation and framing phases, PSI reviews the project design with their “taskforce”, examining whether the design is supported by the evidence.)
- Engage government from the beginning through participation in key moments of the project, in order to avoid having to spend time and resources justifying the HCD process later on and to bring them along the process
- Establish shared language and expectations early with donors, as it takes time (and iteration) to reach a strong level of alignment.

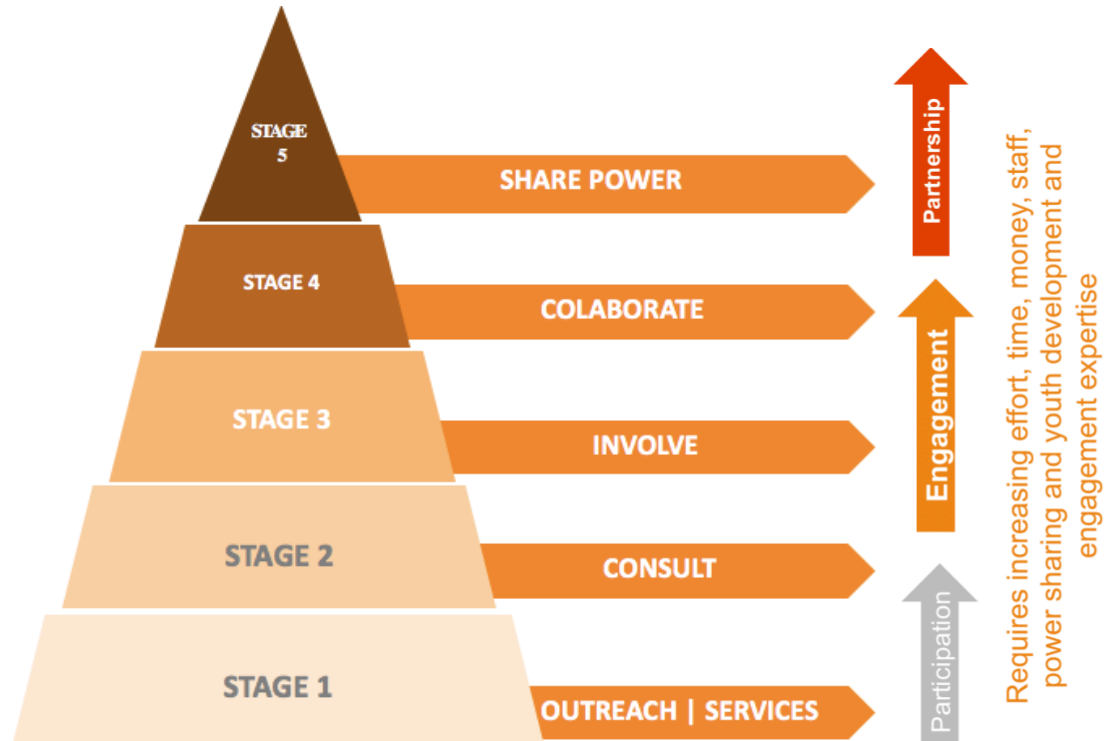
A360 Onsite: Young Designers Key Takeaways

Youth-adult partnership definition:

A working relationship between youth and adults in which:

1. The unique expertise of youth and adults is acknowledged and valued;
2. Responsibility for decision-making is shared; and
3. Youth and adults work in partnership on issues that affect the lives of youth.

The A360 Young Designers session explored what it means to have true co-design with youth, rather than casting youth simply as recipients of services.



Youth engagement: results when young people participate in understanding problems that affect their lives and the lives of people in their communities and in developing plans to address them. Youth have rights and responsibilities to create positive social change. The pyramid above shares that a true partnership between youth and adults are reached when there is shared power (refer to definition above).

Beyond Bias: Overview

The Pathfinder team shared their approach, and learnings and challenges they have encountered in three sessions, led by Muhammed Sharjeel, Upendo Laizer and Anna Temba.

Key Documents

- Beyond Bias 1-Pagers: Pakistan, Burkina Faso, Tanzania
- Beyond Bias_HCD Exchange Onsite Session

Beyond Bias: Highlights (1 of 3)

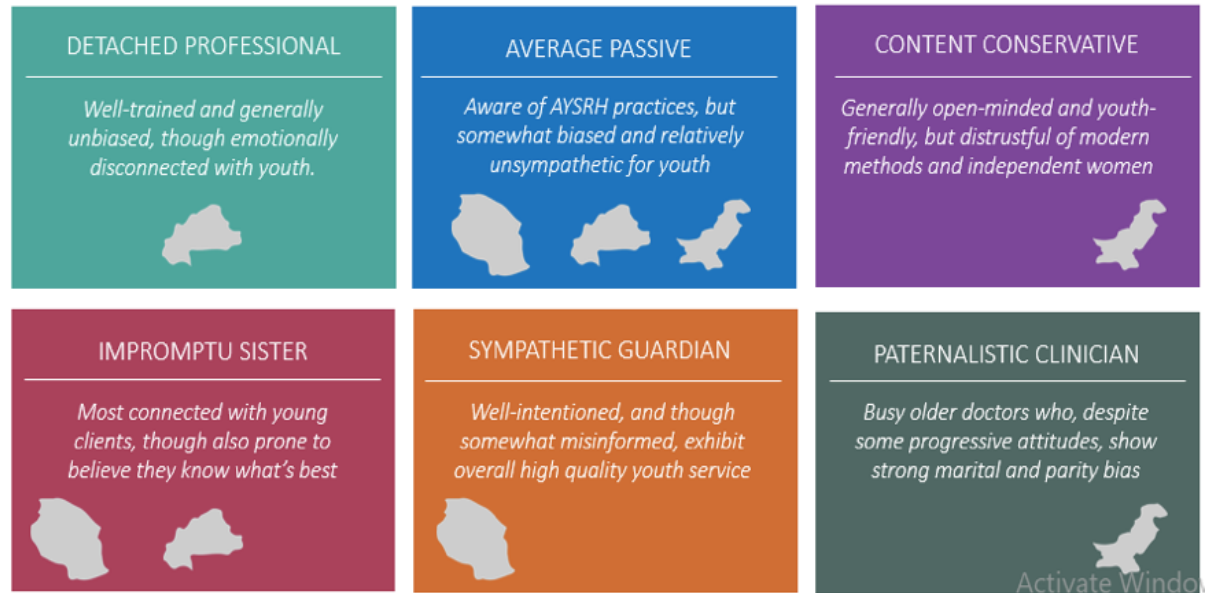
The Pathfinder team shared on the progress of the Beyond Bias program, which has operations in Tanzania, Pakistan, and Burkina Faso. Discussion surfaced a number of questions and themes that resonated with other participants.

HCD's value & challenges

- HCD's key value is the **degree to which users are involved from the start**. The project has done this in a number of ways, including in-depth interviews, focus groups, co-design workshops, youth role play, journey mapping, and mystery clients.
- The same process was conducted in all three countries, though in Pakistan, the revenue model of private clinics created a substantially different context than the other two locations.
- **Flexibility in timelines** is critical in HCD, as is **clear communication with donors** about those timelines. Donors need to better understand the HCD process and its need for flexibility.
- The complexity of the HCD process calls for **greater clarity on key questions** for implementers:
 - What does good look like?
 - How do we best integrate pre-existing research?
 - How much time should be allowed for different components of the process?
 - How do we best handle segmentation, e.g. to give it sufficient time and resources, and effectively integrate existing research where available?
 - In the midst of all the complexity of operations, how do we stay guided by underlying HCD principles?

Beyond Bias: Highlights (2 of 3)

- **Provider segmentations** (refer to the right) have proven to have similar themes across several different countries. Hence, there is value in comparing and sharing insights to see what overlaps with other projects there might be.
- **The research process included both field-based interaction and a literature review with quantitative inputs:** The project has been a demonstration of how to integrate design methodology with traditional research, and shows that the approaches are not mutually exclusive.
- Human centered design focuses on **“building to learn rather than learn to build”** approach
- **The insights that are generated need to talk to one another:** Building a solution or prototype based on one big insight (e.g. patients lack written information about their health rights) while ignoring another (e.g. patients are not all literate) leads to ideas that will lack relevance (e.g. the Youth Bill of Rights – an idea that was generated but “failed fast” when introduced to youth, many of whom couldn’t read or didn’t choose to engage with the material).



Beyond Bias:

Highlights (3 of 3)

- **Provider bias insights:**

- Providers often have misconceptions about contraceptive options, leading to fear among patients that contraception causes infertility.
- Many providers are aware of the importance of improving adolescent and youth sexual and reproductive health information and services, but are morally conflicted over non-marital sexual activity and believe it is not their role or responsibility to educate youth or provide contraceptive services.
- Providers wish to protect adolescents' reputations and may have conservative values. Given the conservative environment, the focus should be on effective strategies to help these "content conservatives" improve their perspective of the effectiveness and safety of hormonal contraception in young married youth.

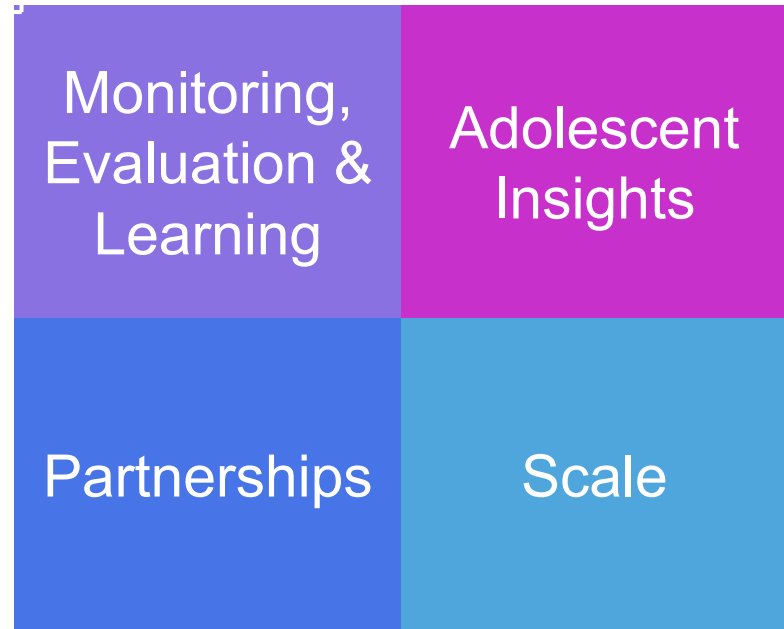
- **Changing social norms at scale requires strategy at a systems level:**

- Scaling can require taking advantage of changes in local conditions (e.g. a change in laws in favor of contraception).
- There may be need for interventions that target levers in a system around adolescents, rather than targeting adolescents directly.

Community of Practice: Focus Areas

Focus Areas for a Community of Practice

We began Day 2 with a presentation on the importance of a Community of Practice (CoP) and then dived into four key focus that a CoP might address. The focus areas were drawn from themes that emerged in the interviews, project documents and evaluations.



Monitoring, Evaluation & Learning

Monitoring, Evaluation & Learning: Overview

Monitoring, evaluation and learning was a key focus area on Day 2, and a central theme across several sessions of the convening. Discussion topics from sessions and workshops fell into 3 areas:

1. **Purpose: Clarifying goals of evaluation** – How to achieve clarity around the goals of evaluation, and balance between sometimes competing goals of *demonstrating impact* and *learning*.
2. **Process: Frameworks for evaluation in HCD** – How best to integrate evaluation into inherently iterative HCD-ASRH projects, and how to hold HCD to clearer standards.
3. **Communication: Addressing concerns & conveying HCD value** – How best to communicate HCD's value and address the concerns of various audiences through M&E.

Key Documents

- Itad_HCD Exchange_Evaluating an HCD Approach to ASRH
- Itad_HCD Exchange_Hewlett HCD-ASRH Project Evaluation Summary
- A360_HCD Exchange_Value add of HCD in A360
- A360_HCD Exchange_Let's stop talking about THE design process_Stanford D. School

Relevant sessions & Workshops

- Itad evaluation presentation & panel discussion
- HCD Value – Pitch Session
- M&E Focus Area on Day 2

MEL: Clarifying Evaluation Goals

Several ideas and considerations emerged around establishing a clear purpose for evaluation, particularly during the evaluation panel discussion following Itad's presentation.

Balancing the need for learning and for impact measurement:

- What is needed for learning-focused evaluation will usually differ from what is needed for effective demonstration of impact:
- Rather than defaulting to “one size fits all,” it is important to distinguish between when **innovation is the paramount objective vs. when rigorous assessment of a prospective innovation is the paramount objective**. We should aim to prioritize one or the other.

Impact considerations:

- It is difficult to disentangle “what is the unique contribution of HCD,” and more valuable to **ensure that baseline levels of impact per unit invested are understood** (specifically for adolescents), and then measure whether new solutions can achieve significant lift above these baselines.
- We should not expect new solutions to be superior out of the gate, but like any new “technology”, to achieve early indicators that then require a path of continuous improvement to drive down cost.

Regardless of the purpose of evaluation, evaluation plans should **stick to a tight logic** of why something is being measured. E.g. “Do the hypothesis and theory of change make sense?” This theme was explored further as the group considered questions of what evaluation frameworks and standards should be applied in MEL within HCD-ASRH projects.

MEL: Frameworks for evaluation

Day 1 & Day 2 sessions surfaced key considerations that a MEL framework might seek to answer, as well as operational needs for any MEL process. An initial brainstorm session led to the following:

1) How effective is the HCD-devised solution?	2) How well is the HCD process being carried out?	3) Operational needs for any MEL process
Hypothesis-testing <ul style="list-style-type: none">Assessing a project's theory of changeAssessing whether HCD is appropriate How pre-existing data will be incorporated <ul style="list-style-type: none">Validating project evidence, insights, and prototypes against existing dataHow best to integrate data / insights from other disciplines into the HCD process (for multi-disciplinary investments) How + when evidence will be used in decision-making <ul style="list-style-type: none">Decision gates + key questions to be answered"Phase champions" – expertise to be weighed at different points in the project timeline	Hypothesis-testing <ul style="list-style-type: none">Testing hypotheses around the processFidelity in implementation Standards <ul style="list-style-type: none">Practice & Design standardsMarket analysisWhat standards are held constant? How decisions are made and documented <ul style="list-style-type: none">Capturing tensions	Resources & organizational structure for evaluation <ul style="list-style-type: none">HR challenge – Need for people who understand both evaluation and the project, yet there is high turnover.Evaluation shaped by expectations and perspectives – how to create the right balance of each?Structure of MEL with regard to other teamsFunctions around HCD not residing in one organizationFunding structure & phasing has implications for evidence needs and how well those needs can be met Process & procedures for evaluation <ul style="list-style-type: none">Timing – Evaluation should be "in the room" from the beginning.Documentation of decision-makingTools that support design teamsGaining feedback in a structured way

MEL: Addressing concerns & conveying HCD value

Communicating HCD's value and addressing the concerns of various audiences is a key role of the M&E process. Day 1, the HCD Value session explored skeptics' concerns and ways of "pitching" HCD.

What we hear from skeptics

Theme	Example questions / concerns
Time and resources	<ul style="list-style-type: none">• How "long" will it take?• We have a failing economy - why should this matter / be a priority?• Can't we do this in-house and save money?
Rigor	<ul style="list-style-type: none">• How do you measure the impact of HCD?• Is this as rigorous as traditional research?
Value-add of HCD	<ul style="list-style-type: none">• How is HCD different from what we're already doing?• Why is HCD the approach you selected to solve this problem?
Risk and control	<ul style="list-style-type: none">• How can I pay for this without knowing the outcome?• What processes are you going to follow to ensure government control?• How can we do this when it's not established global best practice?

Pitching HCD

Theme	Elements for HCD Pitch
HCD offers unique value-add	<ul style="list-style-type: none">• Addresses both supply (of products) and demand (from users)• "Beautiful things work better"• Prototyping allows for testing and iterating
HCD can mitigate risk for inherently risky ASRH interventions	<ul style="list-style-type: none">• It allows interventions to "fail fast so they don't fail big"• We have hit a plateau and need to do something differently with adolescents• It allows for approaching an intractable problem in a different way
HCD can, in combination with other methodologies, improve the rigor of an intervention	<ul style="list-style-type: none">• HCD is <u>one</u> tool toward a solution, not a silver bullet• HCD can strengthen a broad set of approaches• HCD is a huge opportunity to inform quantitative measures, and can bring out knowledge behind the numbers

MEL: Solutions & commitments (1 of 2)

Based on our brainstorm and working session on Day 2, we developed 3 early stage solutions for the Community of Practice to advance.

SOLUTION 1: HCD Quality Standards for ASRH Programming

Purpose / Objectives:

- To create quality standards for implementing an HCD approach for ASRH programming.
- The challenge is to not be too prescriptive, but to create a framework for implementers and donors alike that embodies a consensus among the group as to what quality HCD looks like across insight generation, synthesis, prototyping, and implementation.

= See the [HCD Quality Standards for ASRH Programming](#) here

SOLUTION 2: Mapping Concerns & Audiences, Draft Guide

Purpose / Objectives:

- This is a guide first and foremost for this community of practice, to clearly identify where concerns arise for different audiences, and then to map what outputs / tools / approaches are needed to address these concerns.
- These outputs in turn could become additional solutions to be created by the community. This solution is building upon ideas generated during the HCD Value session on Day 1.

= See the [Mapping Concerns & Audiences, Draft Guide](#) here

MEL: Solutions & commitments (2 of 2)

SOLUTION 3: An Evolving Measurement Framework for HCD

Purpose / Objectives:

The framework lays out an approach which sees the focus and form of M&E evolve through the design cycle, described below:

- During **preparation and inspiration** phases, set the foundations for effective measurement down the line. Establish theories of change, integrate existing evidence and align expectations for success.
- During **early prototyping** rapid iteration is underway. Testing is small scale, qualitative, and largely led by design / programme teams. Measurement should enable rather than impede creativity, to allow teams flexibility to experiment and innovate.
- In **live prototyping** introduce more quantitative tracking and begin to assess solutions against agreed results frameworks.
- From **pilot** onwards, measure solutions designed through HCD using frameworks and methods that meet established development sector standards for M&E. Note, this will require design cycles and resources to be planned in a way that enables these measurement systems to be put in place alongside the solutions to be piloted.

= See the [Evolving Measurement Framework for HCD](#) here

Adolescent Insights

Adolescent Insights: Overview

Insights specific to adolescents are a fundamental aspect of the application of HCD to ASRH. The group discussed how insights are best generated, understood and, especially, disseminated across projects – a key concern of the CoP.

Discussion around Adolescent Insights focused on several main ideas and questions:

1. **What is an insight?** – This is a pressing question for this community, alongside how to build insight generation capacity.
2. **A platform for sharing ideas and insights across ASRH projects** – There are common themes and insights across projects and sharing this information would greatly strengthen application of HCD and of HCD-designed solutions.
3. **Stronger communication about insights and within insight generation** – This could enable better integration of different expertise in insight generation and more buy-in of insights and the solutions they spark.

Relevant sessions & Workshops

- A360 & Beyond Bias Onsite presentations
- A360 Offsite
- Adolescent Insights Focus Area on Day 2

= Key Documents

- HCD Exchange_Compiled Insights on Adolescents, from 1-Pagers

Adolescent Insights: Opportunity Areas (1 of 2)

We developed 5 opportunity areas through the ideas and themes generated by identifying questions. Additional bold ideas relate sub-groupings.

1. Develop a platform that allows the community of practice to exchange insights / ideas:

- Share learning across all public health domains
- Have real-time HCD insights translate into real-time opportunity for programs
- Share best insights from across the COP and the solutions they led to

2. Define and integrate a complementary approach with the research community

- Elevate existing research processes within HCD
- Build / share models of complementary research and HCD processes
- Build a more complementary relationship between the research and HCD communities

3. Align on key questions related to adolescent insights generation as a CoP:

Align on what an insight is and how to use it

- Drive toward a stronger communal intuition about what is a good insight

Share and improve process & models for insight generation

- Share best practices to identify, see relationships between, and select insights
- Increase the credibility of the HCD process while remaining as fun and empathetic as possible
- Determine how to communicate insights - best practices + frameworks

Increase cost / time efficiency of projects

- Use the understanding / insights beyond one program, in the service of increasing effectiveness of other / existing programs
- Validate common / universal insights efficiently / quickly

Adolescent Insights: Opportunity Areas (2 of 2)

4. Build local capacity to generate adolescent insights

- Develop and test various models to build capacity to identify good, locally-driven insights
- Use the understanding locals have in the process of insight generation
- Extend the HCD approach in ASRH to refugee & IDP populations. This is a complex public health (humanitarian) concern which requires comprehensive multi-component, multi-sectoral, mutually sensitive responses. It is “the perfect storm”.

5. Better understand & communicate the value of HCD to external ASRH stakeholders:

Define and understand a community of influencers within ASRH

- Define girls’ community of influencers that need to be included
- Map donors, implementers, etc. that need to hear insights
- Learn from non-traditional actors who may also work with / aim to appeal to adolescents (e.g. commercial actors)

Build emotional connections

- Use design research (insight generation) for behavioral change amongst service providers
- Convey the understanding of insights so that it moves the people that matter

Communicate the value of our work to the public health field

- Build consensus on the purpose of insight in design
- Educate the global health community about insights and their value
- Set strategies on insight measure / value

Solutions & Commitments (1 of 2)

The group considered what specific initiatives the CoP might take on related to the opportunity areas identified for Adolescent Insights and identified two potential solutions

SOLUTION 1: Design digital platform for ASRH / HCD community

We are inspired: to build a virtual playground where the ASRH community of practice can:

- Share and discover what is possible
- Inspire and be inspired to take action and
- Give and get practical help from peers and experts

We believe in order to achieve this: we need 2-3 committed leaders to lead a steering committee, resources to support the effort and content.

We are committed to:

1. Set up a WhatsApp Group for participants from this convening, to generate insight about the playground
2. Set up a prototype on FB
3. Have a call with Incandescent about what it takes to build such a community
4. Establish a small editorial board which would include: a big project, donor, design firm, young person, etc.
5. Develop a concept note to submit to Hewlett by the end of March/Mid April

This will set us on the path of:

- Soliciting and generating seed content;
- Setting up metrics; and
- Launching a live platform by the end of 2018

Solutions & Commitments (2 of 2)

SOLUTION 2: Database of design research synthesis and prototypes

We are inspired: to create a database that captures insights, ideas, and experiences from prototyping, including successes and failures to build on learnings of other programs.

- Rationale: HCD programs tend to work in silos and build mostly from scratch, despite many core insights, opportunity areas, and prototype ideas being similar across projects.

We believe in order to achieve this, we will need:

- Buy-in of funders, evaluators, designers and implementing partners of HCD. This will ensure standardization of documentation which will make sharing easy. This can also be aligned with reporting processes and evaluation to eliminate duplication of efforts.
- Ease of use for people to engage and significant value to be gained for their own work.
- Back-end design of the software for the database needs to be easily accessible for entry and use.

We are committed to (in the next 3-4 weeks):

- Collecting insights in a standard format and sharing these with each other (e.g. between A360 and Udaan projects)
- Hold a conference call / webinar for cross exchange between the A360 and Udaan teams on the top 10 prototypes that failed, or Design Research Tools and Facilitation Tips.

This will set us on the path of:

- Creating more energy in the system for writing and sharing

HCD Partnerships

HCD Partnerships: Overview

In our working session in Dar, we began to build a model for effectively targeting the application of HCD and positioning HCD projects for success in different contexts.

The focus of our team discussion and next steps following the Dar convening:

1. **Build a model for when HCD can best be applied** - how to set up HCD efforts for success at different levels of implementer “maturity”, and different options for building implementer capabilities.
2. **Develop shared norms and disciplines** - how to build reflection points into “expeditions into the unknown,” where it is clear up front that the scope and core assumptions may need to be rethought.
3. **Conceptualize, model and orchestrate resources** behind a well-formulated business case behind “R” and “D,” to get to “new peaks” in the field.

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Key Documents

Relevant sessions & Workshops

- A360 & Beyond Bias Onsite presentations
- HCD Partnerships Focus Area on Day 2
- AVAC_HCD Exchange_HCD in Global Health & Development
- A360_HCD Exchange_HCD Readiness Quiz

HCD Partnerships: Priorities to advance

Connection to HCD Uncut:

Create a clearer articulation of how *design for the user* and *design for context* come together in complex projects that require nuanced engagement strategies.

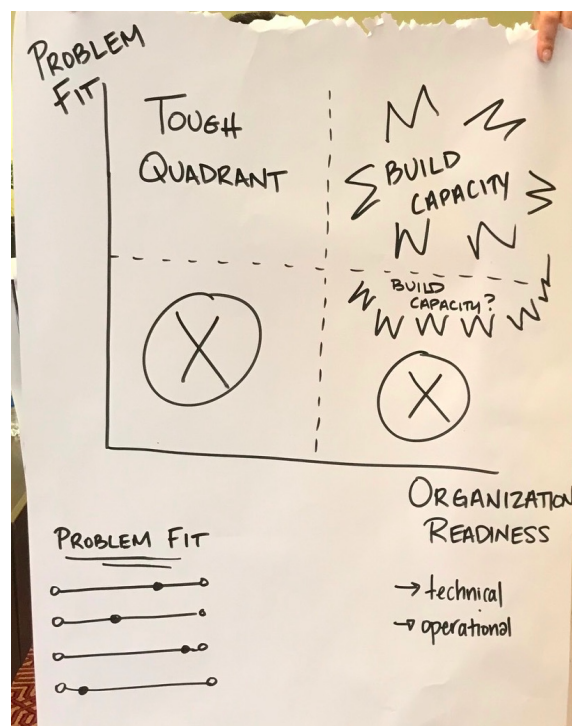
Several areas stand out as important dimensions of building the partnerships that the field will need to advance robustly.

- **Shape and fund constellations of projects** positioned to do work and make discoveries that are difficult to drive at a project-by-project level
- **Build context and culture for effective co-opetition** (among design firms, among implementers, etc.), where players have both strong shared interests *and* intense competitive pressure
- **Develop roadmaps to build powerful collaborations with governments**, and coordinate collective action to engage in the ways these roadmaps lay out
- Invest systematically to **build local design talent**, in ways that require sustained action from multiple players
- **Establish more explicit disciplines and mechanisms to build bodies of knowledge as public / semi-public goods**, fed by, and informing, projects in the field. Develop good models for how to draw on these bodies of knowledge in work that requires sparks of design insight and innovation (beyond application of what's known today)

HCD Partnerships: Developing a model of problem fit

During Day 2's working session, the partnership group began to develop the beginnings of a model that begins to tackle the challenge of whether an organization is ready to take on a HCD project, and whether there is a right problem fit.

In the draft model below, the x-axis - "Problem Fit" - indicates whether a problem is well-suited for building HCD capacity. The y-axis - "Organizational Readiness" - indicates whether an organization is ready to build its HCD capacity.



- The upper right hand corner is most ideal for HCD capacity building, as the problem being tackled is appropriate and the organization is well-positioned.
- Organizational readiness is defined as both technical and operational.

Note: PSI has separately developed a draft document that attempts to answer when an organization/ team is ready to take on a HCD project :

Refer to the [HCD Readiness Quiz](#) in the DropBox folder

Solutions & Commitments

The working team locked arms and agreed to advance work on a specific early deliverable that would build on the thinking from our workshop.

We aspire to:

- Support implementers in determining the 'fit' of an HCD approach for their organization and the problem they are trying to solve.
- Build a taxonomy of useful models for capacity building to drive HCD work & effective practices.

We believe that:

- Organizations working on a particular project can be mapped along an x-y axis.
- There is a "maturity model" for implementing organizations.
- There are various engagement models from "full in-house" to "full outsource", and everything in between.

We commit to:

- Co-create a 1st draft resource / tool that will help frame HCD engagements & capacity building opportunities / models.

Potential content:

- Engagement structure
- Maturity model
- Staffing & R+R & People → High level
- Problem fit assessment
- Funding and costing → Later
- Case studies of past experiences
- Potential capacity building models

Scaling HCD

Scaling HCD: Overview

Relevant sessions & Workshops

- A360 & Beyond Bias Onsite presentations
- A360 Offsite
- Scaling HCD Focus Area on Day 2

The ability to scale HCD-ASRH solutions is of critical importance in any attempt to achieve the impact that we all seek. On Day 2, we brainstormed and began to outline key elements to be considered when building a “roadmap” for scaling a given project.

The scale team discussion focused on several main ideas and questions around the topic of scaling HCD:

1. **What is the unit that is being scaled?** Should it be the solution itself, or the HCD process or some combination of elements? And how do we effectively respond to changes in context when operating at a different scale?
2. **Impact** - What kind of demonstration of impact is sufficient to consider scaling, and at what point in the HCD process? How do we ensure that we keep this element at the center of our focus, remembering that any solution is in service of impact, the girls and the communities that we are serving?
3. **How do we relate to constraints while scaling a HCD solution or process?** How do we know whether a constraint is really a constraint? What fidelity of the HCD solution should we be scaling? How do we maintain design integrity of a solution/ approach but also take into account the constraints around us?

Scaling HCD: Key questions (1 of 3)

Using post-its, the team recorded the questions they found most important to address together, relating to scaling HCD. Overarching questions are in bold.

How are we relating to impact (what works) before continue on to scale HCD?

- What are the measures of impact that can lead to scale? (Should include cost effectiveness)
- What is the lifecycle to impact?
- There is a need for adaptive evaluation at pilot stages to inform scale
- We need to solve the problem before we scale
- There is a need for capacity to envision impact and to bring others along – especially government

What constraints needs to be considered from the start to enable scale?

- Scale partners to be involved in the design process, e.g. government. It is a big ask for governments – time, resources, impact – and needs examples.
- Can we create “business models” of solutions first?
- Resources – there needs to be a plan.
- Is audience receptivity there?
- How do we account for breakthrough solutions vs. feasibility vs. reality of what can be rolled out
- How do we account for sustainability from the start?
- Risk that we are willing to take with partners, governments and relationship with communities
- Funding available and cost of solution

Scaling HCD: Key questions (2 of 3)

What are some considerations for scale from a solution/ process/ principles/ systems standpoint?

How is it different than other non-HCD projects?

- What should be scaled will vary based on the context of the problem. It's not either / or. Scaling options include: package, solution, principles (HCD or solution itself), process, documentation, way of working, innovation, valuing client-centeredness
- Will need clarity of mutual expectations
- Uncomfortable tensions with competitors – intellectual property
- What happens when project funding ends? We can't assume it will continue
- Scale user-centricity: the solution can evolve and be contextualized
- Will vary from project to project + type of replication and adaptation
- Team approach to decision making and addressing issues

What is the balance between learning and listening continuously to get to scale and what is being delivered to the girls?

- Identify incentives to change behaviour to get to the balance
- Must maintain quality whilst scaling
- Balance changes with: priorities, solutions and providers
- How do we embed listening to our customers as a way of doing business – develop feedback loops as you move from pilot to scale
- Ensure that there is accountability for different stakeholders
- Develop different modes of learning and listening to integrate it into the process

Scaling HCD: Key questions (3 of 3)

What does a project at scale look like for a team? How is this similar or different from earlier stages of a project? How do roles change from "build" to "launch" to "scale"?

- Identify HCD skills needed for each stage, map to the skills of the team and re-org as needed
- Data can be used to identify what's not working
- Team to be multi-disciplinary

How might we start from scale and work backwards from there?

- Scaling gives you a push to achieve targets but it has a flipside of limiting innovation. Bias develops if you introduce scale too early because you may stifle ideas
- The HCD process can "see" your context and match it to the right issue
- Ensure that the we are matching the scale of the solution with the right scale of issue

What is applicable across contexts - Can a solution in one country be applied to another?

- Have the right customer segmentation and understanding of market dynamics
- Map the key gaps which require iteration in new contexts. Develop decision trees for a new context
- If user-centricity is done well, then the new context needs can be understood through HCD at low cost / with fast fail

How might we engage government stakeholders in order to get projects to scale? What kinds of partnerships do we need to get to scale?

- Two-pronged approach – on the ground delivery + advocacy / policy
- Identify an internal government champion and create data for accountability

Scaling HCD: Key considerations for scaling

The scale group brainstorm yielded 4 key take-away points on scaling HCD-ASRH:

1. Instead of thinking about scale as an HCD-ASRH solution, we should be thinking about **scaling the underlying design principles of the solution**, in order to allow for flexibility and iteration of the solution over time but still keep the fundamentals of the experience.
2. A key consideration while scaling is to ensure that there is a **match between the scale of the issue and the scale of the solution** (i.e., solutions need to be scaled to the right problem areas) – to ensure that we aren't just scaling a solution for the sake of scaling.
3. Continued **focus on impact** – while discussions on process are key, let us not forget that in the end we have engaged in HCD because the sector has failed to adequately provide SRH services to adolescents.
4. The scaled solutions needs to **take into account context and partnerships** and in particular, government stakeholders.

In addition to these takeaways, the scale group began to brainstorm a potential initial checklist or guide that would help extract out what principles need to be scaled, cost considerations, cultural norms, policy, urgency and need. This will help stakeholders decide if, when, and how to scale up an HCD-ASRH project.

Thank you!

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We want to thank all of you for your active participation and for the contributions that made this convening possible – hosting site visits and presentations, creating inputs and sharing thoughts via interviews – none of this would have happened without you!

We see this as just the beginning of more significant collaboration as a Community of Practice. As such, we would especially value your continued engagement with the materials that we collectively drafted at this convening, all of which are included in this document or stored on the [HCD Exchange DropBox](#).

We will be reaching out in the coming weeks about further plans for developing and launching this community. Stay tuned!