



HCD EXCHANGE

INTERNATIONAL YOUTH DAY CONVENING

AUGUST 12, 2020 | POST EVENT REPORT



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EXECUTIVE SUMMARY

International Youth Day 2020: A focus on youth-powered design

The HCDEExchange commemorated International Youth Day (IYD) on August 12, 2020 with a virtual event that brought together designers, young people and their advocates, funders, evaluators, and youth-focused implementing organisations to unpack a range of topics at the intersection of human-centred design (HCD) and sexual health for youth and adolescents. The event united youth with partners in the HCD and adolescent sexual and reproductive health (ASRH) fields to generate and share learnings, exchange perspectives, showcase the global and southern nature of the community, and bring to life the different personas of HCDEExchange's community of practice (CoP) in a blend of live and pre-recorded video formats.

The theme of the event, ***'tackling the global challenge of adolescent sexual health through youth-powered design,'*** invited participants to contemplate how young people can become more centrally integrated in the effort to leverage HCD for interventions to address their sexual and reproductive health (SRH) needs.



IYD2020 AT A GLANCE

**55**

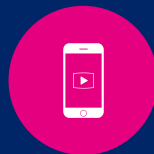
SPEAKERS
FROM **27**
ORGANISATIONS

**14**

PLENARY
SESSIONS

**2000**

PARTICIPANTS
ONLINE

**8 HOURS**

LIVESTREAM
CONTENT

Plenaries on the day explored such topics as centering youth voices in ASRH programme development and implementation, curating learning and evidence on the impact of HCD within ASRH, paths to mainstreaming HCD as a credible methodology for solving ASRH challenges, and deepening the HCD+ASRH community's commitment to inclusive intervention design.

This report summarises the key themes and questions that emerged from these discussions. It also features links to the videos of key addresses and panel sessions, including a video on community engagement in curating evidence and learning on HCD and ASRH.

AGENDA SNAPSHOT

The agenda for the day balanced youth voices with the experience of practitioners from the HCD+ASRH space, including funders, evaluators, designers, implementers, and government representatives. Speakers were drawn from 27 organisations.

[View public program »](#)

TIME (EAT)	ACTIVITY	TOPICS DISCUSSED
14:00	Opening plenary	The opening plenary focused on diagnosing important barriers to youth in accessing sexual health services. View here.
14:30	Youth plenary	Youth advocates discussed ways to integrate youth-powered design more centrally in all aspects of ASRH programmes. View here.
15:30	Meet the Youth Leadership Hub	HCDEXchange's Youth Leadership Hub shared their experiences engaging their peers on ASRH in their respective countries. View here.
16:30	Voice-Up	This session highlighted Voice-Up, an online resource helping the HCD+ASRH community to find sexual health resources.
17:05	The HCDEXchange Journey	This session catalogued key achievements and learnings from the CoP, and shared the latest vision for creating a community platform that advances evidence, learning, and collaboration on HCD+ASRH. View here.

AGENDA SNAPSHOT CONT.

TIME (EAT)	ACTIVITY	TOPICS DISCUSSED
17:35	Vision for the HCD+ASRH Field	Participants explored how we might sustain value and catalyse investment in HCD to address adolescent sexual health. View here.
17:40	Designing for Youth, with Youth	Participants explored the role of design thinking in addressing adolescent SRH challenges in low resource settings. View here.
17:50	Implementing ASRH Programmes and Policy through an HCD Approach	Participants explored how we might move from policy to practice in tackling ASRH challenges for young people, and examined challenges and opportunities within implementation of HCD+ASRH programming. View here.
18:10	Youth Leadership Hub	Participants discussed the role of youth leadership in tackling persistent ASRH challenges and advancing the practice of HCD in ASRH. View here.
18:40	Intergenerational Panel	Participants explored system-level questions on developing effective, scalable ASRH programs that are informed by HCD. View here.
19:30	Opportunities for HCD+ASRH COP Engagement	The HCDEXchange launched several opportunities for engaging with the new community website through activities such as the Design Fellowship, Design for Adolescent Sexual Health (DASH) Master (Gaming for ASRH), Community Calls, and more. View here.
20:00	Virtual Concert	This concert consisted of a DJ mix and performances from young artists drawn from sub-Saharan Africa and South Asia. View here.

SEVEN KEY THEMES EMERGING FROM THE DAY

1



Youth centrality is critical to successful programme design and delivery for adolescent sexual health

2



Increased partnerships and collaboration are essential to advancing and scaling effective HCD+ASRH models.

3



Governments have an important role to play in scaling HCD+ASRH models through intentional policymaking and buy-in.

4



Policy can be a significant enabler for HCD+ASRH programming, but policy implementation is suboptimal.

4



Inclusion of marginalised young people, especially LGBTQ+ youth and young women, is still lacking in ASRH programmes. HCD can be used to generate greater inclusion.

6



Effective programming using the HCD approach requires clear measurement based on evidence and data-driven processes.

7



HCD has demonstrated success in improving ASRH programmes, but the HCD+ASRH field must generate additional evidence to ground investment in learning and experience.



BACKGROUND TO THE HCDEXCHANGE

BACKGROUND

The HCDEExchange is an emergent community advancing learning and practice related to the integration of human-centered design (HCD) and young people's sexual health. We work closely with youth advocates from the HCDEExchange Youth Leadership Hub (YLH) and an Advisory Committee representing programmatic and geographic diversity. ([Read more here](#))

In its role as a convenor, the HCDEExchange has been working to develop resources and platforms for stakeholders in the HCD+ASRH space to accelerate their work.





Significant moments for the HCDExchange

The HCDExchange Tanzania Convening

In 2018, three funders, the Bill & Melinda Gates Foundation, the William and Flora Hewlett Foundation, and the Children's Invest Fund Foundation, held a [convening](#) in Tanzania where people and organisations working at the intersection of HCD and ASRH came together to share insights, develop connections, and kickstart the process of creating a community with a shared agenda.

The development of [ethical guidelines](#) and principles of working with adolescents using HCD:

These ethical guidelines and principles provide a framework for youth participation in HCD research and outline strategies to guarantee the physical, psychological, and emotional safety of young people in research processes, while ensuring that their voices remain central. The guidelines and principles have been made available as a [public good](#) that the community can access to shape their engagement with adolescents in the field.

The constitution of various working groups: HCDExchange [Working Groups](#) are a key component of our efforts to boost learning and evidence about applying HCD in ASRH programs. Supported and coordinated by the HCDExchange Secretariat, Working Groups consist of members who are ready to collaborate on a learning topic, curate existing experiences, or generate new evidence for the broader community. The HCDExchange community has identified several thematic areas for working groups. Some groups, such as Voice-UP, have already begun engaging, while others are earmarked for the future.

Working group areas:

- Advancing [Voice-Up](#)
- Adolescent Insights
- Kenyan Sexual & Reproductive Health Partnerships (led by the Kenyan Ministry of Health & Council of Governors)
- HCD Measurement & Evidence
- HCD Quality and Standards
- Scaling HCD in ASRH
- Francophone HCD+ASRH Priorities (in collaboration with the Ouagadougou Partnership Youth Think Tank / Think Tank Jeunes.)



Looking Ahead



What is the vision for the HCDEExchange going forward?

The HCDEExchange is catalysing the expansion of an emerging community of practice around the use of HCD in ASRH. Our primary purpose is to consolidate and advance evidence on HCD+ASRH to inform future policies and practice and foster growth and development within this field. Our current emphasis is on generating evidence about what works, and providing a focal point for learning and coordination. With support from the original set of funders, this phase focuses on:

- Mapping and implementing a learning agenda
- Defining a shared vision and collaborative models
- Establishing a dynamic, supportive community infrastructure
- Consulting with and engaging the community
- Building youth leadership and decision-making in the community.

DEEP DIVE

INTERNATIONAL YOUTH DAY KEY THEMES EMERGING





Youth centricity is critical to successful programme design and delivery for adolescent sexual health

A recurring theme across several panels was the continuing lack of youth representation and participation in all stages of ASRH programme design and implementation, and throughout the project cycle. Participants cited some of the root causes of youth exclusion from programming and offered ideas to improve youth participation:

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HCD offers us a chance to activate our values of being youth-powered. Youth are not just data points, but real partners in designing their own interventions.

Claire Cole, Population Services International

KEY TAKEAWAYS

- **Though implementing organisations often consult young people, the integration of youth perspectives is often superficial**, and does not extend through the entire intervention lifecycle. Applying the deeply consultative elements of HCD can generate useful qualitative information that can push interventions closer to meeting the reality of youth experiences with SRH.
- **There is a need to move away from viewing youth as ‘data points’** for knowledge extraction, and towards viewing them as colleagues and genuine thought partners in executing programs. HCD’s focus on understanding human behaviours, desires, and aspirations can enable ASRH programmes to design better interventions that serve the ‘whole person.’
- **Programme design often does not take into account the diverse interests and concerns of young people.** Programme designers frequently perceive young people as a monolithic bloc, rather than a collection of individuals with widely different, dynamic concerns. This perception leads to blanket interventions that cannot account for the nuanced, changing experiences of young individuals. HCD can play an important role in parsing out young people’s many personas and tailoring interventions that provide flexible, meaningful responses to their unique needs.
- **The more successful models of ASRH programming leverage peer-to-peer learning and training.** Peer-to-peer ASRH interventions that involve young people, trained as SRH advocates to deliver programming to their peers, have been shown to deliver genuine youth leadership and participation. Such programmes enable young people themselves to define problem statements that align best with their lived experiences, shape project priorities, and spearhead the strategic approaches needed to deliver the outcomes that they believe will add the most value for them and their peers.



Partnerships and collaboration are essential to advance and scale effective HCD+ASRH models

The significance of partnerships as a catalyst for information exchange and a vehicle for scaling HCD+ASRH models came out strongly across most panels.

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Seeing that HCD+ASRH reflects concepts such as continuous learning, collaboration and practice, partnerships, and collaboration are key to successful impact.’

Dr. Rose Bempah, FindMyMethod

KEY TAKEAWAYS

- **HCD is by nature a facilitator of interdisciplinary and multi-stakeholder collaboration.** HCD, by its consultative nature, provides an important platform for connecting multiple ASRH partners who might be working in silos, and placing them all in one conversation with users.
- **Innovation will happen at the intersection of perspectives, experiences, and expertise.** To generate novel ideas, it is essential to find the intersection of thinking across sectors, functional areas, and lived experiences. Innovation is more likely to occur through increased interaction among various stakeholders and key players in the ASRH and HCD space than in siloed conversations. Furthermore, continuous collaboration enables HCD+ASRH actors to expand their reach by tapping into new platforms and audiences outside their usual circles of influence.
- **Young people are driving new partnerships through digital platforms.** Young people are broadening access to sexual and reproductive health information in new and powerful ways. For example, through a website called [FindMyMethod](#), one of our event participants, Dr. Rose Bempah from Ghana, highlighted that the site has helped 2.9 million web visitors to access information on contraception and reproductive health issues. Implementers and designers can learn directly from youth about effective ways to reach more people through digital technology.
- **Young people’s online advocacy is sparking offline partnerships.** Online advocacy is real and effective, and can lead to tangible offline partnerships. For example, through online mobilization and advocacy carried out by the Kenyan organisation [Maisha Youth](#), young people were invited to join working groups at Kenya’s Ministry of Health.



Governments have an important role to play in scaling HCD+ASRH models through intentional policymaking

Governments are potentially important levers for advancing HCD approaches in ASRH programming because they work at scale, shape and control policy and regulations, and manage large health care systems in Africa and Asia. Participants identified opportunities for government actions to strengthen ASRH in general, and to create an enabling environment for embedding HCD in both public and private ASRH programming:

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Implementing an HCD+ASRH programme becomes more effective in a conducive policy environment that supports and appreciates the role of key actors involved, including young people.

Maria Bakaroudis, UNFPA, ESARO

KEY TAKEAWAYS

- **Governments play an important role as a path to scaling HCD within ASRH programming.** Governments lead public health service delivery and provide a clear path to scale for HCD. However, advocates of HCD need to form partnerships with frontline ministries to demonstrate the value of design, prove the concept through collaborative projects, and share evidence that can accelerate adoption of HCD.
- **Governments have a responsibility to protect people's rights in regards to ASRH.** Governments can improve the ASRH policy environment by enacting laws that protect reproductive rights and repealing laws and policies that restrict autonomy and limit rights or access to resources for sexual or reproductive health.
- **Governments have a responsibility to capacitate public duty-bearers and rights-holders alike on the legal and policy frameworks that affect ASRH.** There is a gap in legal literacy and policy awareness on ASRH issues, both among young people and the public servants and institutions whose role it is to address SRH needs. Governments can strengthen general awareness of ASRH policies through public campaigns, and can train public servants to build greater awareness of and sensitivity towards SRH policies and their implications for the delivery of public services. This would facilitate better design of HCD-led ASRH programmes.



Policy and advocacy can be a significant enabler for HCD+ASRH programming, but existing policies are not being implemented optimally

Participants identified the role of policy at local, national, and international levels as important for enabling implementation of ASRH programs through an HCD lens. They also highlighted some of the important changes needed to make ASRH policy making more successful:

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Tracking and accountability of policies is a big gap we need to address. We need to ensure an enabling environment for young people to be able to hold policymakers to account for existing policies.

Jenny Njuki, Y-Act

KEY TAKEAWAYS

- **Youth need greater engagement to inform the execution of SRH policies designed for them.** SRH policies often lack grounding in young people's lived realities. Participants highlighted HCD as a way for governments and implementers to integrate youth perspectives into policy review and implementation.
- **There are already many progressive policies and strategies on building youth-centred ASRH programming** at regional, national, and local levels. However, governments often have insufficient capacity, resources, and/or political will to implement these policies. Design thinking approaches would ensure that implementation stays true to youth's changing needs and heterogeneous nature.
- **Youth are not involved in tracking accountability for the implementation of existing policies.** Because young people are not involved in the creation of policies, they have no access to key performance indicators or mechanisms to track progress on policy implementation. Thus, they find it difficult to meaningfully hold policymakers to account. Participants highlighted the need to equip young people with information on tracking indicators for ASRH policies, and to give them roles that enable them to exercise greater oversight and accountability in ASRH programming. HCD was again highlighted as a potential tool for designing youth-led accountability tracking mechanisms for existing policies. Participants also discussed the meaningful youth engagement scoreboard as an example that implementers can use to ensure design-powered, youth-led accountability in ASRH.



Inclusion of marginalised young people, especially LGBTQ+ youth and young women, is still lacking in ASRH programming

Participants across panels said youth from marginalised identities are often excluded from ASRH programming and messaging. They felt that HCD can play an important role in bringing out the unique ASRH perspectives of these young people, so that programmes can respond with specialised approaches that meet their needs.

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We often do not incorporate the hardest-to-reach young people, who often have the most need. We should be designing for equity and inclusivity, and design teams should be representative of marginalised groups.'

Dr. Rebecca Hope, YLabs

KEY TAKEAWAYS

- **LGBTQ+ youth are particularly excluded from ASRH programming.** Mainstream ASRH interventions proceed from heteronormative assumptions and do not take into account the unique information and programming needs of queer youth in relation to their sexual orientations and gender identities. These youth communities often face additional stressors, such as social societal stigma and criminalisation, in addition to their own concerns about their sexual health. There is a great need to diversify the content, approaches, and perspectives of ASRH programming to take queer youth into account, and to also to create safe spaces where these young people can discuss ASRH topics.
- **Young women's voices in particular are not taken seriously within SRH conversations.** Young African women lack autonomy in decision-making on their own sexual and reproductive health. They are also often silenced due to prevalent patriarchal norms in their societies. This gap creates an opportunity to leverage HCD to create safe, accessible platforms to listen and act on the SRH concerns of young women.
- **National laws and policies often expressly exclude marginalised youth,** such as those who are queer or living with disabilities. ASRH policies should include both mainstream and targeted components to capture and address the needs of youth who have historically been left behind.
- **HCD can be the mechanism used to generate inclusion.** Participants said that HCD is well suited to emphasize the priorities of marginalised youth and craft more relevant programming that specifically targets their unique circumstances.



Effective programming using the HCD approach requires clear measurement anchored on evidence and data driven processes.

Measuring the efficacy of HCD interventions was a recurring theme across most panels. Participants discussed ways in which evaluation and measurement can complement and strengthen HCD+ASRH, and identified opportunities for strengthening the evaluation of HCD programs overall.

KEY TAKEAWAYS

- **A broad concern was the tension between traditional approaches to evaluation and HCD-led programming.** HCD embraces iteration, pivoting, and changing intervention strategies as part of the design process, whereas evaluation often uses standard metrics to measure the success, value, and effectiveness of a programme developed using a predetermined design. Participants emphasized that measurement and evaluation can be used to enhance the credibility of HCD by offering relevant metrics that resonate with stakeholders whose buy-in is required. They also highlighted the role that measurement can play in improving prototyping and iteration by supplying ongoing data.
- **In general, there is insufficient measurement and evidence curation** in HCD interventions. There is a need to generate a critical mass of evidence that demonstrates the rigor and effectiveness of HCD approaches.
- **Measurement can further advance HCD** by providing a data-driven case for its efficiency, inclusivity, and cost effectiveness relative to other methods of intervention design.
- **Traditional evaluation frameworks can broaden their lens** and approaches to accommodate the dynamic nature of HCD by including both 'soft' and 'hard' methods of evaluation.
- Participants identified **youth-led evaluations** as an underused method for gathering genuine feedback on the performance of ASRH programs.

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'As a community that brings together practitioners in the field of HCD to learn from each other, one of our most important investments has to be on how we measure and document these learnings.'

Anne LaFond, JSI



Effective programming using the HCD approach requires clear measurement anchored on evidence and data driven processes.

Several panels explored opportunities and roles for HCD in grounding ASRH programs in lived reality. Panelists agreed that HCD can be a powerful tool for developing interventions that reflect young people's SRH priorities, but that continued evidence generation is critical to make a compelling case for its comparative advantage over mainstream intervention design methods.

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*My hope is that the HCDExchange will ignite a diverse community of curious problem solvers committed to ASRH. I hope that this will lead to the community **accelerating our pace of learning and action** for not only what to do, but how to do it.*

Laura Hahn
Bill & Melinda Gates Foundation

KEY TAKEAWAYS

- **The use of HCD in ASRH improves intervention design by combining lived experiences with existing data.** Participants emphasized the value of HCD's unique focus on lived experiences, which enables implementers to capture real-time information on how trends and social shifts affect people's behaviors and aspirations during design of programmes. This real-time information, when combined with existing historical scientific evidence, provides a more nuanced basis for intervention design that takes into account both historical and current data.
- **Despite their demonstrated success in enhancing user voices in design, participatory processes in HCD still run the risk of focusing on 'checking boxes for engagement.'** Programme designers must remain vigilant and honest about the extent and quality of users' participation in design. They must constantly re-assess HCD frameworks and re-tool them when they do not capture the concerns of the communities whose health and agency they seek to improve. This will require robust, routine collection and analysis of evidence throughout programme implementation to see where potential gaps may lie and, in the spirit of HCD, lead to continuous iteration and testing of new approaches.
- **For design to have impact at scale, there is a need to generate compelling evidence and then build the capacity of governments and local actors to understand the value of design.** To sustain gains made to date, and to support the long-term sustainability of design approaches, it is critical to enhance the understanding of governments and local stakeholders of design as a credible and effective tool for achieving ASRH outcomes. Participants stressed the importance of continuing to generate evidence on HCD initiatives to accelerate adoption of the approach. They also highlighted the need for designers and implementers to work closely with local institutions that can absorb HCD approaches within their programmes to share evidence, transfer design knowledge, and investigate new opportunities to sustainably embed design in local contexts.

NEXT STEPS

The International Youth Day event generated a wealth of insights from speakers and discussants that give us a clear-eyed view of the challenges and opportunities facing designers and implementers who seek to embed the practice of HCD within ASRH programming. The HCDEExchange will package these insights to share with the broader community of practice as reference materials to inform their work. The videos and documented learnings from this day will be disseminated through our **website, social media channels, and online learning events.**

The HCDEExchange will also initiate community calls to further examine these learnings and key questions, and will use them to develop a shared strategy and learning agenda for the broader HCDEExchange community of practice.

Using the community-building momentum generated by this event, we will continue to work with the community of practice to identify and share new opportunities for partnerships and collaboration to advance learning, evidence, and practice at the intersection of HCD and ASRH.



OPPORTUNITIES TO ENGAGE

1



[VoiceUp](#) is an online website that provides sexual health information for youth. The resource was developed through a collaborative design sprint with HCDEExchange, Jhpiego, Maisha Youth, In Their Hands, and IDEO.org. Currently, the VoiceUp platform features a repository of audiovisual assets that teach youth about sexual health, as well as a list of youth-friendly sexual health services.

How do I use Voice-Up as a resource? VoiceUp can be accessed online at [VoiceUp.space](#). The platform includes various audiovisual materials, such as stories from youth on condom use and self-testing for HIV, a Q&A with health professionals on methods of contraception, and digital campaign assets to drive key messages on SRH topics. The resources can be used or downloaded for free by youth-focused organisations, or young people themselves, for learning and teaching.

2



DASHMASTER GAME

Through the Atingi platform (www.atingi.games), the HCDEExchange has rolled out competitive and mind-mining learning games on sexual health for youth. The gaming series, called **Design for Adolescent Sexual Health (DASH Master)** provides an opportunity for youth to learn about sexual health topics in a fun, engaging way.

The quiz-based games are themed around WHO ASRH topics, and provide a gradual path for youth to incrementally build on their knowledge by advancing through interconnected levels of the games.

These monthly games are released on the last Friday of each month, with bi-weekly updates for every game. Gamers with the highest scores are eligible to win bi-weekly prizes such as airtime and internet data, with a grand prize awarded every six months.

OPPORTUNITIES TO ENGAGE

3 THE HCDEXCHANGE FELLOWSHIP

With a vision of making HCD+ASRH southern and youth-focused, the annual HCDEXchange Design Fellowship will place human-centred designers in host organisations to work on ASRH initiatives.

Designers will gain experience working on ASRH challenges and advancing the HCD+ASRH field. In turn, host organisations will build skills and capacities in HCD as applied to ASRH program design and implementation. In 2020, we will award one to two initial six- to nine-month pilot fellowships, one based in Sub-Saharan Africa and another in South Asia.

More information on the selection criteria, the roles of the host organisations and fellows, and key dates can be found on the [HCDEXchange website](#).



4 THE HCDEXCHANGE YOUTH LEADERSHIP HUB

The [Youth Leadership Hub](#) (YLH) guides and works alongside the Secretariat to advance the HCDEXchange, primarily ensuring robust and meaningful youth engagement. The Hub catalyses partnerships with youth-focused organisations and advocates globally in Sub-Saharan Africa and South Asia. The YLH provides the HCDEXchange with local insights on the realities and needs of youth in their communities and countries. In addition, our YLH members engage youth-serving organisations in their countries to help them consider ways to align their priorities closely with young people's SRH needs by HCD.

The advocates are passionate and committed to advancing integration of HCD and ASRH through learning, best practices, and evidence curation carried out by youth and the rest of the HCDEXchange community. The Youth Leadership Hub will continue to participate in and lead activities like virtual town halls, live gaming sessions for [DASH Master](#), and live discussions on HCD/ASRH topics on social media.

Meet the Youth Leadership Hub Associates [here](#) and watch their keynote plenary [here](#).



HCD EXCHANGE

THANK YOU

www.hcdexchange.org



MaqC Eric Gitau

Director, HCDEExchange