

# Quality and Standards Framework

Principles and Tips to Drive the Effective Application of Human-Centered Design on Adolescent Sexual and Reproductive Health and Global Health Programming



# Acknowledgments

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# Introduction & Overview

Practitioners applying human-centered design (HCD) on adolescent sexual and reproductive health (ASRH) are forging a new path of solution development for young people by combining two distinct sectors that work at the nexus of design, public health, and innovation. Given the relative nascency of this practice, there is a lack of robust evidence to determine what are quality approaches to design and implementation in order to achieve desired ASRH outcomes. As the evidence base in this sector continues to build, there is an opportunity to leverage best practices related to ASRH, design, and youth engagement to guide in the creation of quality standards when applying HCD to ASRH interventions. The framework presented here, developed in partnership with the HCDEXchange Community of Practice, draws upon the aforementioned best practices to deliver eight principles with corresponding tips and resources. As a whole, the framework is intended to guide the safe, effective, and inclusive practice of HCD to ASRH programming. Although these principles were developed for the application of HCD on ASRH interventions, they also have relevancy to broader global health programming.

We recognize that organizations may have different names for each phase of the design process, but share a common set of activities (see the [DesignforHealth guide](#) for more information). The tips presented here map to those activities. This framework should be treated as an adaptable resource based on the needs of different audiences (i.e., implementers, designers, young people, and evaluators).

# Timeline

The Quality and Standards Framework has been developed through a strong youth and community-driven approach chaired by YLabs and in partnership with HCDEExchange.



# The Principles

- 01** Engage youth as design partners.
- 02** Ensure equitable inclusion of different subsets of young people.
- 03** Develop and implement safeguarding plans for young people.
- 04** Embrace an iterative approach to program design and implementation.
- 05** Integrate primary and secondary learnings and evidence.
- 06** Engage the ecosystem of influencers.
- 07** Integrate disciplines essential for adolescent wellbeing.
- 08** Document methods and key design decisions.

**Principle**  
**Engage youth as design partners.**

**Explanation**

Project teams should engage young people both as team members and co-design research participants throughout the design and implementation process in order to ensure solutions are driven by the needs and preferences of young people. Involving young people as partners not only provides them with the skills to co-design and make decisions with adult team members but also allows them to work with their peers to navigate ASRH challenges.



**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Tip #4**

**Tip #5**

**Tip #6**

**Tip #7**

**Tip #8**

**Planning**

Build in budget and time in workplans to recruit, hire, and train local young people on HCD.

Conduct a values clarification session with adult and youth team members to examine any unconscious bias adults may carry towards youth team members. Young people and adult team members may collectively benefit from training on effective communication and collaboration approaches, as well as knowledge and values surrounding AYSRH.

Ensure there is a clear strategy to actively and continuously engage young people throughout the project lifecycle. Engagement strategy might include outlining roles/ responsibilities and opportunities for growth/ advancement, depending on the training and experience young people have been provided.

Develop a scorecard and schedule routine feedback loops to assess young peoples' experience as project team members.

Be prepared to certify the skills young people receive from engaging in the project.

Develop a MOU for all project teams on how to work with youth team members.

Keep track of key points of youth engagement (eg., working with youth team members, youth advisory boards), documenting successes, challenges, and ways to advocate for partnering with young people.

With respect to remuneration, youth team members should be compensated according to the principles of “equal pay for work of equal value” outlined in the Sustainable Development Goals. All salary ranges should be based on the position level within the respective organization and competitive to regional and national salary benchmarks in the country the position is based in.

**Research**

Ensure youth team members contribute to setting the research agenda and actively taking part in the creation of design research tools.

Create opportunities for young people to plan and lead design research and co-design sessions with their peers.

Ensure young people are helping to lead the synthesis of research findings and, where possible, validate research insights with affected youth participants. Ensure that all members of the project team are committed to supporting a free, open, and the non-judgmental sharing of ideas that challenge conventional thinking.

Youth team members join the shareback of research findings to partners and donors and co-present findings where appropriate.

Youth team members help develop a dissemination strategy to feed back research findings to participating community members.

**Prototyping**

Youth team members advise on the prototypes to develop and test.

Young people lead prototyping sessions with other young people, supported by adult team members, and ensure their feedback is integrated in future iterations.

Young people help determine which prototypes to advance, based on a selection criteria that they have helped to develop.

Youth team members present a selection of prototyping findings to funding partners.

**HCD PHASES**

**Tip #1**

**Tip #2**

**Implementation**

Hire young people who were part of the design phase to lead or support key intervention activities.

Plan for refresher trainings and other skills-building of youth team members to support youth-driven and youth-led implementation and refinement of HCD projects long after handoff.

**Evaluation**

Hire and train young people to lead data collection processes that are used to guide iterations to the project's designs during implementation.

Create opportunities for young people to shareback evaluation findings to local and global stakeholders.

## Links to relevant open-source resources (e.g. case studies, checklists, tools, trainings)

### A360 Youth Engagement Plan

<https://a360learninghub.org/open-source/inquiry/youth-engagement-plan/>

### Youth-driven, youth-centered or youth-led design? Which approach are you taking?

<https://www.ylabsglobal.org/blog/what-is-youth-driven-design>

### Girl Boss: Case Study of Youth-Driven Design in Ghana

<https://drive.google.com/file/d/1rKliCcjRENmqwMWyNOPxhP3NZd4JIH0/view>

### What is Meaningful Youth Participation? | Youth Do It

<https://www.youthdoit.org/themes/meaningful-youth-participation/>

### MYE Scorecard

<https://www.yactmovement.org/mye/wp-content/uploads/2021/03/MYE-Scorecard.pdf>

### Youth Engagement Measurement & Indicators

<https://www.youthpower.org/ye-measurement-and-indicators>

### Youth Engagement in Monitoring & Evaluation

<https://www.youthpower.org/youth-engagement-m-and-e>

### List of Resources

<https://www.youthpower.org/ye-resources-and-references>

### How can play rebalance power in design?

[https://www.ideo.org/project/power\\_and\\_play](https://www.ideo.org/project/power_and_play)

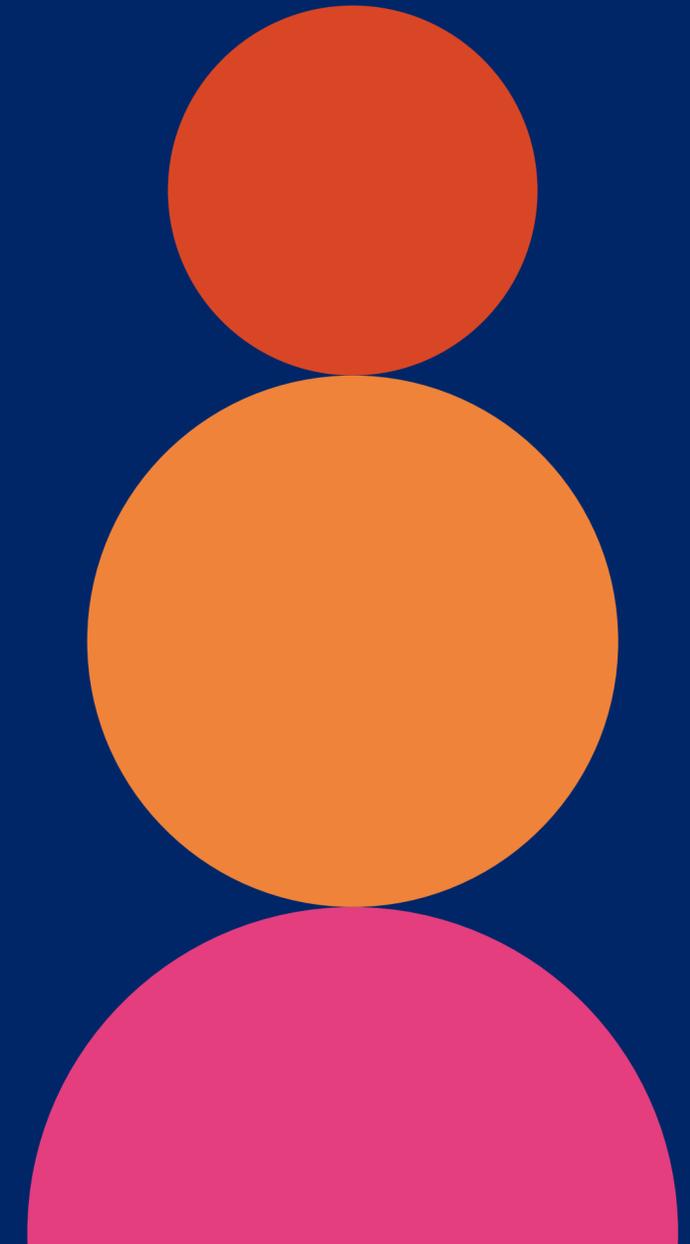
### But is it co-design?

<https://g8mvf9i2x72.typeform.com/to/K6PpU2xZ?typeform-source=www.google.com>

**Principle**  
**Ensure equitable inclusion of different subsets of young people.**

**Explanation**

Project teams need to be intentional about which vulnerable subsets of young people to include (e.g. those out of school, or living with disabilities) as priority to the particular challenge at hand. These subgroups need to be involved in the design of solutions as well as benefit from the resulting ASRH programming. An intentional focus on inclusivity throughout the HCD process increases accessibility to the intervention among priority subsets of young people.



**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Tip #4**

**Tip #5**

**Planning**

During the proposal development process, conduct a rapid desk review to understand which priority youth segments have been traditionally underrepresented from projects focused on similar outcomes.

Based on the findings from the desk review, work with consortium and funding partners to: select priority youth segments for inclusion, refine research questions to include the appropriate beneficiaries, and ensure alignment on the strategies and resources needed to meaningfully engage the priority youth segments throughout the HCD process.

Create an advisory board of paid representatives from the priority youth segments to provide input throughout key moments of the HCD process. This input could include setting research priorities, setting learning objectives for prototyping phase, and providing feedback on research and prototype findings.

Ensure there is sufficient budget and resources to support active engagement of different subsets of young people throughout the design process. This might include transportation stipends for rural or digitally-disconnected young people, translators for young people who do not speak the dominant local language, design support to create visual assets that support effective engagement of lower literacy users in co-design or prototyping sessions.

Ensure young people from priority segments are hired and trained to serve as members of the design team.

**Research**

Develop a sampling/participant selection criteria that ensures a true representation of all subsets of young people that are relevant to the project and challenge at hand.

Employ a diversity of purposive-driven recruitment strategies to effectively reach priority youth segments. This may include using local affinity groups as fixers, snowball recruitment, or venue-based recruitment (i.e. youth centers, bars/clubs, relevant workplaces, etc.). Build in extra buffer in work plans for recruitment to ensure sufficient time to recruit segments who are often harder to reach.

Engage the youth advisory board and youth team members to support in developing research tools that are responsive to the lived experiences of priority segments. For example, research tools should include questions asking how the identification with a particular vulnerable group has an impact on the project outcome. Additionally, research tools could be translated to the relevant languages spoken among priority youth segments who do not speak the dominant language.

**Prototyping**

Ensure that co-design and prototyping sessions are held in locations that optimize accessibility and comfort for different priority segments.

Ensure the youth advisory board has an opportunity to provide feedback on the prototypes to be tested with young people.

Use pause and reflect moments to ensure the evolution of prototypes are responsive to the needs of ALL priority segments.

Engage the youth advisory board (representing different subsets of young people) to identify any power differentials that may exist between groups and also have an impact on potential interventions. The youth advisory board should work with the consortium partners to devise a plan to address these power dynamics.

**HCD PHASES**

**Implementation**

**Tip #1**

The youth advisory board should assign roles to different subsets of young people to support implementation and review the outputs/outcomes of the intervention.

**Tip #2**

Engage different priority subsets of young people to develop a scale-up vision of the promising intervention ideas based on their experience throughout the implementation phase.

**Evaluation**

Review mid-line evaluation data to determine whether small modifications to the intervention model can be made so that other vulnerable populations can benefit. For example, if designing a digital intervention for urban youth, consider ways in which the intervention can be tailored to reach those living in rural or peri-urban sites with access to a feature phone.

## Links to relevant open-source resources (e.g. case studies, checklists, tools, trainings)

### Equity-Centered Design Framework

<https://dschool.stanford.edu/resources/equity-centered-design-framework>

### Global Symbols to Aid Communication

<https://globalsymbols.com/>

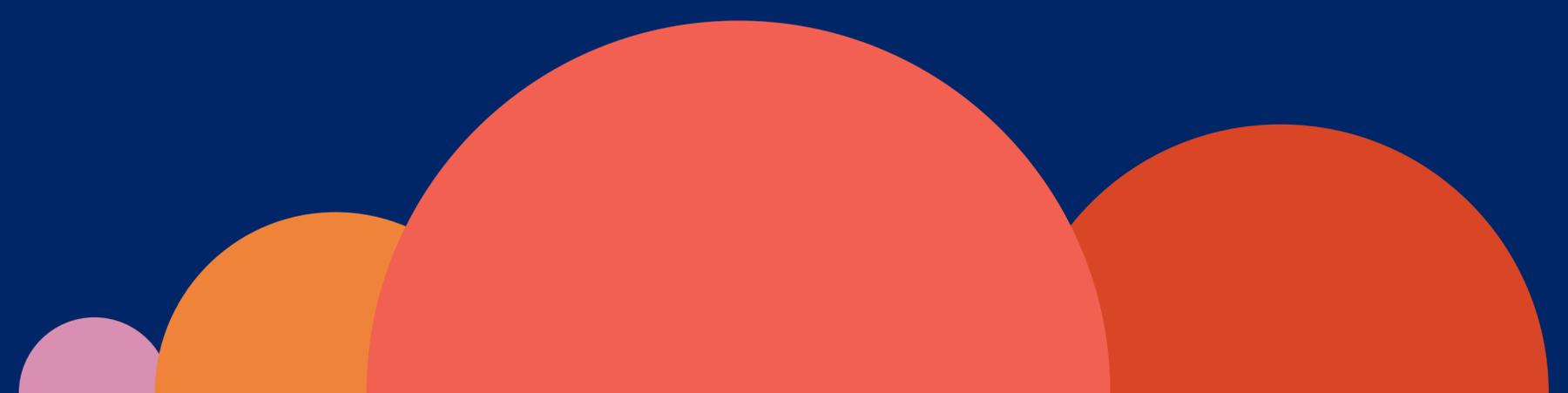
### Using Human-Centered Design to Develop, Launch, and Evaluate a National Digital Health Platform to Improve Reproductive Health for Rwandan Youth

[https://www.ghspjournal.org/content/9/Supplement\\_2/S244/tab-figures-tables](https://www.ghspjournal.org/content/9/Supplement_2/S244/tab-figures-tables)

**Principle**  
**Develop and implement safeguarding plans for young people.**

**Explanation**

Project teams should engage young people in a safe and ethical manner. This includes paying particular attention to differentials in power and agency between young research participants, youth team members, and adult team members due to factors such as age, socioeconomic status, language, and education levels. Those commissioning, conducting, and funding HCD for ASRH have a shared responsibility to protect the safety, dignity, and wellbeing of young people, as research participants, as team members, and as intended users of the program being designed and/or evaluated. The focus on ethics and safeguarding requires intentional training, planning, protocol development, and preparation throughout the HCD process.



**HCD PHASES**

**Planning**

**Tip #1**

Ensure all team members are trained in human subjects research, including child and youth safeguarding measures to ensure a safe environment for children and young people.

**Tip #2**

Develop and submit a protocol for submission to an Institutional Review Board (IRB) local to the site(s) of activities. IRB review and approval is a critical step in protecting the safety of human research subjects, particularly when working with young and/or vulnerable populations. This review mechanism ensures that HCD teams are working to adhere to and promote ethical standards with respect to informed consent, voluntary participation, and safety among research participants.

**Tip #3**

Ensure there is a clear strategy to actively and continuously engage young people throughout the project lifecycle. Engagement strategy might include outlining roles/ responsibilities and opportunities for growth/ advancement, depending on the training and experience young people have been provided.

**Tip #4**

During the planning phase, project teams should map the different populations who may be engaged throughout the project, and identify any additional measures that need to be taken or training needs for the team. Examples might include additional training and accommodations in: research methods when doing HCD in a humanitarian or post-conflict context; training on child protection for young people with disabilities; and training in trauma-informed methods when working with violence survivors. Assess whether you have the expertise on your team or whether you need external advice or capacity building to ensure safeguarding and protection of all young people engaged.

**Tip #5**

Conduct carefully planned, visible community sensitization to create awareness about the project and intended outcomes. Ensure that formal and informal leaders are involved in any key decision points, provide input on potential risks to participants, and have provided visible consent and support for the project. Leverage community expertise to identify unforeseen risks to young people and maximize the acceptability of the program activities to protect participant involvement from community backlash.

**Tip #6**

Understand local traditions or restrictions for reproducing personal images (photo or video) of participants and make a plan to comply with them to the best of a project's ability.

**Tip #7**

Map appropriate social/medical support services that participant interviewees can be connected to if requested (e.g., FP, GBV, mental health counseling). This is especially important if the research topic is highly sensitive and post-interview counseling support might be needed. Ensure that all team members are aware of the safeguarding protocol for the project so that they know how to refer young people appropriately.

**Tip #8**

Ensure project team understands that photos can only be taken and used with specific consent from the young participants.

**Research**

Understand national and local policies that impact young people's access to quality and comprehensive ASRH information and services. For example, this might include understanding legal requirements around parental consent to access contraception prior to prototyping.

With local partners, develop a detailed risk and mitigation plan for research participants, team members, and the community at large. This should include strategies to prevent the physical, sexual, or emotional abuse of young people and a clear protocol on how to respond to any disclosure of abuse or potential risk of abuse by participants. All staff should be trained on this protocol and a designated Safeguarding and Protection Lead nominated for the project. This staff member should have completed training in safeguarding and protection of young people.

Steps should be taken to ensure that the environment in which research is being conducted protects young people's privacy, confidentiality, and safety. All research staff should sign confidentiality agreements and be screened for potential biases or prejudices that might lead to stigmatization of young people. Research should be conducted in a private space, where the conversation cannot be overheard. When necessary, to protect participants safety, one to one interviews are preferable to focus group discussions where sensitive or stigmatizing topics are being discussed. Participants should be assured of confidentiality throughout the process and of their right to refuse to answer questions or terminate the interview at any time without reason.

Ensure that strong data protection measures, such as de-identified data and use of secure servers, or encrypted drives, are in place to safeguard user identity. If data which identifies participants is used, ensure the team have a strategy for the access and eventual destruction of these datasets.

Ensure that all potential participants provide freely given (written or verbal) consent prior to their enrollment in research activities. During the informed consent process, participants must be fully informed of the purposes of the research, the measures that will be taken to ensure their confidentiality, the expected duration of the research activity, a description of all foreseeable risks or discomforts to participants, and information about any compensation and benefits.

Ensure that any compensation or benefits are given prior to the onset of the interview, so that participants are not coerced or pressured to sit through a potentially uncomfortable interview to receive their compensation if it's being given at the end. Compensation should be carefully benchmarked to local norms, to ensure that it is not coercive but also appropriately compensates participants for their time. Consideration should be made to how the compensation is delivered to avoid risks to participants (e.g., discreet delivery of envelopes rather than openly distributing cash in public).

If the research focuses on highly sensitive topics that could be triggering or re-traumatizing (e.g., sexual abuse, unsafe abortion, mental health challenges), make sure the research team conducting interviews is trained on appropriate techniques in trauma-informed interviewing and de-escalation. Links to locally appropriate resources should be provided verbally and in written format to participants. Participants should be provided with a contact person where they can ask follow-up questions about the project and seek advice as needed.

**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Tip #4**

**Tip #5**

**Tip #6**

**Prototyping**

For each prototype, determine and document the relative risk for participants (especially young people). Ensure that the prototype features and process of testing mitigates these risks. Ensure that individuals have access to supportive services and resources that they may need either during or at the conclusion of the prototyping time period. Develop a plan for how the project team will monitor and report risk throughout prototyping.

Ensure that prototype content is evidence-based and factually accurate in order to prevent the spread of misinformation.

Ensure that rough prototyping is done with participants in closed and private sessions, and that participants have given full consent and are aware that this product or service is not final or live.

Do not test rough prototypes in ‘live’ settings (e.g. with real clients in a health facility) so as not to give the impression that prototypes are final or “implementation-ready.”

If the prototypes contain sensitive content, take steps to prevent leakage of materials outside of your prototyping session.

Ensure that no pictures of youth can be interpreted as sexualized, degrading or shaming in any way. Do not use photographs of young people in prototype materials without explicit written consent for use of their image for that purpose, even if those materials are intended to be discarded.

**Implementation**

Implementing partners must conduct a risk assessment to determine the potential safeguarding and protection risks that may emerge during the pilot and implementation period. Part of implementation planning should include an escalation plan for when safeguarding or protection concerns or disclosures arise. Escalation plans should revisit the mapping of supportive services previously carried out in the planning phase and identify referral agents that are verified, accredited, and can be easily leveraged. Populations who are especially at risk should be mapped with distinct safeguards identified to support their safety.

Ensure that all implementation staff that may come into contact with young people in their role during implementation have been trained on child protection and safeguarding. Plan for annual refreshers if the implementation period exceeds one year.

Ensure implementation staff who support direct service delivery to young people have access to specialist advice, support and regular opportunities to update their skills and knowledge.

Ensure implementation partners also have robust safeguarding policies and practices in place. They should also maintain a risk register that can be used to identify and mitigate risks as they arise.

**Evaluation**

Ensure that strong data protection measures, such as de-identified data and use of secure servers, or encrypted drives, are in place to safeguard user identity. If data which identifies participants is used, ensure the team have a strategy for the access and eventual destruction of these datasets.

Impact evaluation of interventions should include ongoing inquiry to identify and address any unintended harms or risks of the program to users. Process evaluation might also include monitoring of how safeguarding and protection measures have been implemented throughout the design and implementation phase.

## Links to relevant open-source resources (e.g. case studies, checklists, tools, trainings)

### Child Protection and Safeguarding

Free Course (Harvard) Child Protection: Children's Rights in Theory and Practice  
<https://www.edx.org/course/child-protection-childrens-rights-in-theory-and-pr>

Protecting Children in Humanitarian Settings

<https://www.edx.org/course/protecting-children-in-humanitarian-settings?index=product&queryID=baff87c200e43960e2d2a9ff71a053e4&position=2>

Link To Unicef's Agora Platform With Free Safeguarding Training

<https://agora.unicef.org/local/catalogue/index.php?query=child%20protection>

Free Course: International Women's Health and Human Rights

[https://www.coursera.org/learn/womens-health-human-rights?ranMID=40328&ranEAID=D8u8CTDRU0o&ranSiteID=D8u8CTDRU0o-XhwLwkPQ6lbyuC3xe7N\\_jw&siteID=D8u8CTDRU0o-XhwLwkPQ6lbyuC3xe7N\\_jw&utm\\_content=10&utm\\_medium=partners&utm\\_source=linkshare&utm\\_campaign=D8u8CTDRU0o](https://www.coursera.org/learn/womens-health-human-rights?ranMID=40328&ranEAID=D8u8CTDRU0o&ranSiteID=D8u8CTDRU0o-XhwLwkPQ6lbyuC3xe7N_jw&siteID=D8u8CTDRU0o-XhwLwkPQ6lbyuC3xe7N_jw&utm_content=10&utm_medium=partners&utm_source=linkshare&utm_campaign=D8u8CTDRU0o)

The Alliance for Child Protection in Humanitarian Action

<https://alliancecpha.org/en/online-learning-materials/online-short-course-researching-gender-based-violence-methods-and-meaning>

Researching Gender-Based Violence: Methods and Meaning

<https://alliancecpha.org/en/online-learning-materials/online-short-course-researching-gender-based-violence-methods-and-meaning>

How To Explore Taboo Topics With Young People During Design Research

<https://www.ylabsglobal.org/blog/how-to-explore-taboo-topics-with-young-people-during-design-research>

### Trauma-Informed Design

Trauma-Informed Youth-Centered Health Design

<https://yth.org/projects/tiychd/>

Navigating The Ethical Maze: Storytelling For Organizations Working With Vulnerable Populations

<https://www.forensichealth.com/2018/04/05/navigating-the-ethical-maze-storytelling-for-organizations-working-with-vulnerable-populations/>

Training: Trauma-Informed Design Research

<https://socialdesignsydney.com/training-trauma-informed-design-research-practice-process-methods/>

Trauma-Informed Design: Understanding Trauma And Healing

<https://uxmag.com/articles/trauma-informed-design-understanding-trauma-and-healing>

Trauma-Informed Design Research, Jax Wechsler

<https://uxdesign.cc/trauma-informed-design-research-69b9ba5f8b08>

### Ethics

The Commitment To Ethics in Youth-Powered Design

<https://www.psi.org/news/the-commitment-to-ethics-in-youth-powered-design/>

The Design Ethics of Youth Engagement

<https://www.psi.org/2018/08/hcd-ethics-youth/>

Ethical Research Involving Children

<https://www.unicef-irc.org/publications/pdf/eric-compendium-approved-digital-web.pdf>

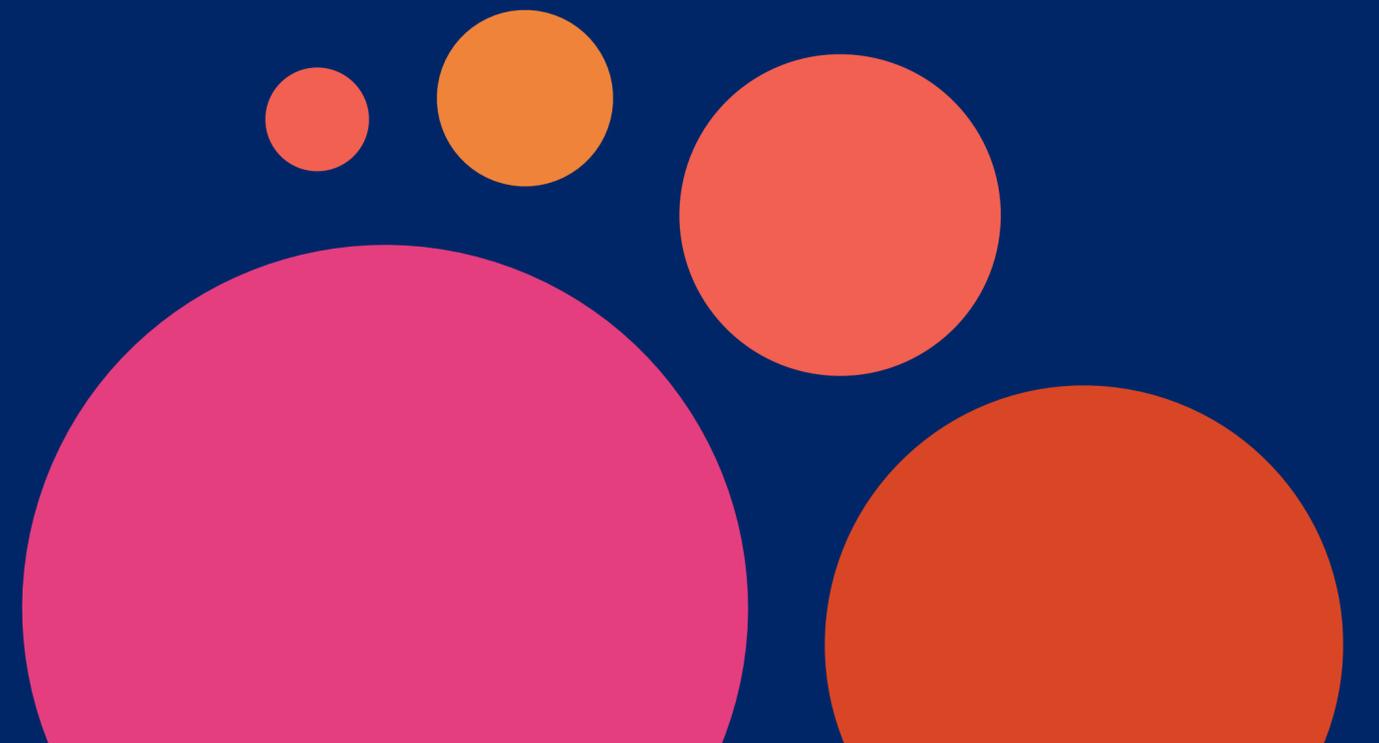
“Guidance On Ethical Considerations In Planning And Reviewing Research Studies On Sexual And Reproductive Health In Adolescents”

<https://www.who.int/publications/i/item/guidance-on-ethical-considerations-in-planning-and-reviewing-research-studies-on-sexual-and-reproductive-health-in-adolescents>

**Principle**  
**Embrace an iterative approach to program design and implementation.**

**Explanation**

Project teams, particularly implementing partners, must adopt a design mindset that leads with curiosity, questions assumptions, defers judgment, and is rooted in co-creation. Throughout all phases of the HCD process, it is essential to uphold an iterative mindset that allows for continual learning and refinement. Specifically, project teams need to use flexible and evolving approaches in order to respond to the HCD findings as they emerge.



**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Tip #4**

**Tip #5**

**Planning**

Structure budgets and work plans to accommodate pause and reflect moments, particularly during periods of divergence in the design process. During reflection moments, partners should align on a clear definition of the challenge to be addressed, from a young person’s point of view, and determine where there is room for modification/ flexibility within the project structure.

Establish a MOU that articulates the consortium’s commitment to their shared values and culture, which should focus on being user-driven, open-minded, patient, and flexible.

Set targets related to the outcomes of interest with the intention of revisiting them once the problem has been clearly defined and a theory of change articulated.

Align with all partners and stakeholders on what the highest priority impacts of the intervention should be. Partners and key stakeholders should develop a theory of change to outline how they would like to see young people’s lives improved after the intervention has been implemented. There should be an understanding that the theory of change will evolve as it is informed by young people’s perspectives on the challenge at hand.

**Research**

Create a variety of research tools for different levels of engagement (ones that are more participatory versus ones that are more individual reflections). A diversity of research tools allow project teams to select the most appropriate tool based on the sensitivity of the topic as well as the young person’s age.

**Prototyping**

Project teams should select prototypes for testing that align with the learning objectives of the prototyping phase. Teams should not exclude or prioritize specific prototypes simply based on the form or function of that prototype, as those aspects may evolve organically through user feedback.

Create a theory of change (“program impact pathway”) that describes the way the intervention is hypothesized to achieve the desired changes. Based on this theory of change, project teams can identify which program elements could be modified to better fit the needs of the population.

Measure all parts of the user experience to understand where there are opportunities for improvement within the intervention or in best meeting the needs of the population.

Make the appropriate changes to the prototypes based on feedback received through prototype testing with the young people and key stakeholders.

Review and revise short- and medium-term outcomes at the end of the prototyping phase to align with any changes in the intervention design before going into implementation.

**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Tip #4**

**Tip #5**

**Implementation**

Have at least 1-2 key members of the design team engaged as part of the adaptive implementation team in order to ensure continuity between the design/research phase and the implementation phase.

The needs of adolescents and young people change rapidly, especially if a program has a multi-year implementation timeline. Build in quarterly or semi-annual reflection points with the design, implementation, and MEL team to reflect on whether the project team is: a) still delivering a solution that meets young people’s needs; and b) measuring the most appropriate indicators.

Continue to take regular feedback from adolescents and course-correct to ensure their needs are met.

Adapt training, pilot, and implementation strategies to fit operating context such as security constraints, access restrictions, or health policies (e.g., the COVID pandemic & lockdown).

Thoroughly examine the local context to assess if any changes need to be made to the program design before or during implementation (e.g. changes in digital access among youth, changes in national SRH policies for adolescents).

**Evaluation**

Budget and plan for a qualitative component to the program evaluation in order for beneficiaries and stakeholders to provide ongoing and more detailed insight into why the intervention is or is not working as intended.

When designing the data collection system, look for opportunities for real-time or near real-time data collection. This will enable the program team to review and adjust intervention rollout in a more adaptive and flexible manner.

Be open to short- and medium-term outcomes adapting based on what project teams learn about the intervention and how it works in the real world.

Periodically revisit process indicators and targets to adapt to evolutions in the implementation model.

Use a flexible MEL plan that is accessible to the whole project team to keep everyone informed on project assumptions, learnings, and potential next steps.

## Links to relevant open-source resources (e.g. case studies, checklists, tools, trainings)

### Adaptive MEL at the Heart of Implementation

[https://www.inasp.info/sites/default/files/2018-10/Adaptive%20MEL%20paper%202\\_0.pdf](https://www.inasp.info/sites/default/files/2018-10/Adaptive%20MEL%20paper%202_0.pdf)

### How to Set Up and Manage an Adaptive Programme

<https://www.opml.co.uk/files/Publications/8617-action-on-climate-today-act/act-adaptive-programme-management.pdf?noredirect=1>

### Design Kit | Mindsets

<https://www.designkit.org/mindsets>

### Design Kit | Methods

<https://www.designkit.org/methods>

### Design Thinking: Select the Right Team Members and Start Facilitating

[https://www.interaction-design.org/literature/article/design-thinking-select-the-right-team-members-and-start-facilitating?gclid=Cj0KCQiAoNWOBhCwARIsAAiHnEhEVFWbbKD-b16OWMnYBIJjVsqwSKSgGYI7t4twRGHHq6QOoUGS8aArXrEALw\\_wcB](https://www.interaction-design.org/literature/article/design-thinking-select-the-right-team-members-and-start-facilitating?gclid=Cj0KCQiAoNWOBhCwARIsAAiHnEhEVFWbbKD-b16OWMnYBIJjVsqwSKSgGYI7t4twRGHHq6QOoUGS8aArXrEALw_wcB)

### A360 Learning Hub | Adaptive Implementation

<https://a360learninghub.org/open-source/adaptive-implementation/>

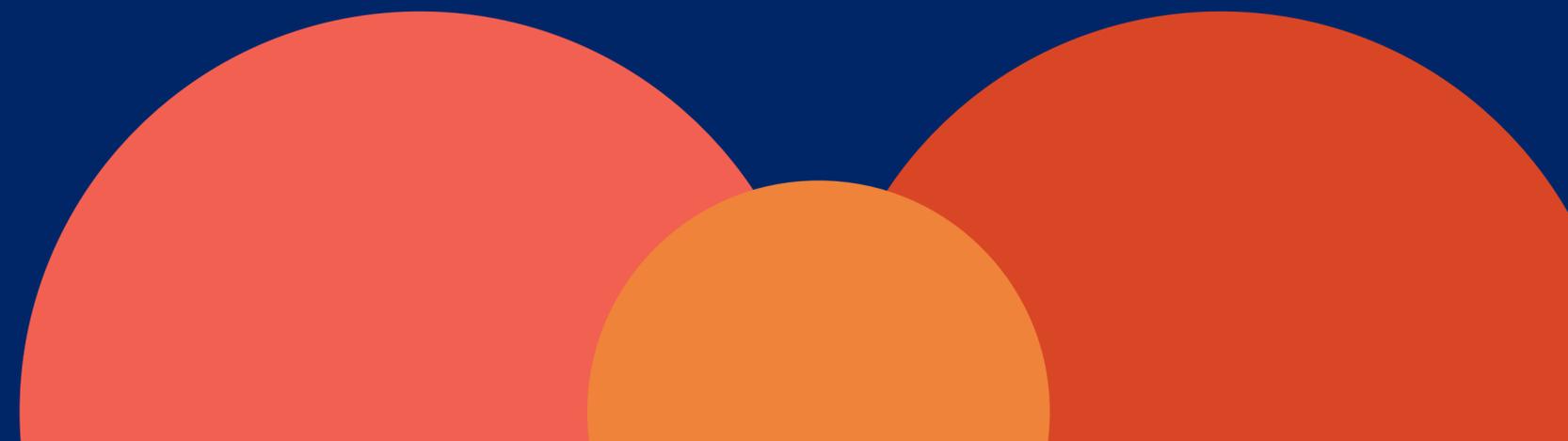
### Using Human-Centered Design to Develop, Launch, and Evaluate a National Digital Health Platform to Improve Reproductive Health for Rwandan Youth

[https://www.ghsjournal.org/content/9/Supplement\\_2/S244/tab-figures-tables](https://www.ghsjournal.org/content/9/Supplement_2/S244/tab-figures-tables)

**Principle**  
**Integrate primary  
and secondary  
learnings and  
evidence.**

**Explanation**

Project teams should use secondary evidence and consult with technical experts throughout the project life cycle in order to advance the sector's understanding of an existing challenge. Use of evidence helps enhance design efficacy and ensures that the lessons learned from the field of public health are acknowledged.



**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Planning**

Conduct a literature review, inclusive of expert interviews, to understand the ASRH needs and challenges experienced by the population of interest.

Identify technical advisors who would be responsible for reviewing findings and guiding evolving design directions of the intervention. If possible, budget honoraria for their time and expertise.

Determine which evaluation model will be best suited for continuous learning and adaptation throughout the program cycle and, if relevant, is also in line with budget and resource constraints.

**Research**

Use secondary evidence as a benchmark to help determine what information is new and insightful versus what is already known in the field.

During ideation and the selection of prototypes, generate ideas/ interventions beyond what has already been tried by examining secondary evidence and consulting with technical experts.

**Prototyping**

Review the literature to compare and build upon selected prototypes based on what interventions have and have not worked with the population of interest.

Consult with technical experts to help assess which prototypes are most feasible and scalable for the population of interest.

Identify areas where the leading prototype could be enhanced with evidence-based techniques from behavioral science.

**Implementation**

Use frequent feedback loops and low-lift but rapid data gathering to inform adaptations to the implementation model. The rapid data gathering can come from in-depth interviews or, if a digital solution, user-engagement metrics collected through digital platforms (e.g., Google Analytics).

## Links to relevant open-source resources (e.g. case studies, checklists, tools, trainings)

### Design Kit

<https://www.designkit.org/methods/secondary-research>

### MeasureD

<https://measured.design/>

### Methods and Benefits of Measuring Human-Centered Design in Global Health

[https://www.ghspjournal.org/content/9/Supplement\\_2/S274#T1](https://www.ghspjournal.org/content/9/Supplement_2/S274#T1)

### A360 Ethiopia Prototype Plan for Design

<https://a360learninghub.org/wp-content/uploads/2019/05/ET-Prototype-Plan.pdf>

### Secondary Research

<https://www.thisisservicedesigndoing.com/methods/secondary-research>

### Preparatory Research

<https://www.thisisservicedesigndoing.com/methods/preparatory-research>

## **Principle** **Engage the ecosystem of influencers.**

### **Explanation**

Project teams need to take into consideration the broader ecosystem in which young people live and engage the stakeholders within that ecosystem. Involving government and community stakeholders early in the design process increases the perceived value of the project and can pave the way toward sustainability of the intervention. Additionally, project teams need to consult with key influencers in young people's lives (e.g., parents, teachers, romantic partners) in order to increase the robustness of the solution concepts and the likelihood of solution uptake by the intended beneficiary.



**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Tip #4**

**Tip #5**

**Planning**

Develop a formal strategy that outlines when local stakeholders (e.g., government and non-government) will be involved during the design, implementation, and evaluation process. Participatory engagement at key points is recommended to increase buy-in, such as during project kickoff, idea generation, and synthesis of research and prototype findings. Make sure to brief all stakeholders on what HCD is and how it might be different from what they are used to.

At the project outset, solicit input from key decision makers at the local and national levels to understand what evidence they would need to see (and with what frequency) in order to make the case for continued support and investment in this programming.

Create an ecosystem map to understand key actors (including key supporters and opposers) relevant to the focus challenge and their relationship to each other. This should also include identification of any relevant policies or regulations that affect the focus challenge (e.g., restrictions on CSE or abortion access). Create this collaboratively with a team of key stakeholders or at least get their input on it.

Create a mitigation strategy in the event that stakeholders have opposing views from one another (or opposing views toward the research findings) that could derail progress of the intervention.

Remain updated on the changing political and policy climate and how it might affect the stakeholders' relationship to the project.

**Research**

Assess who the most relevant and key influencers are in young people's lives (i.e., parents, teachers, romantic partners, peers). Conduct formative research interviews with individuals from these key influential groups to better understand their motivations, constraints, and beliefs.

Research power dynamics and cultural norms to understand the role that key stakeholders have in young people's lives (e.g., parents). Consider how you may need to tailor the design and implementation of the program to accommodate the power dynamics in young people's lives.

**Prototyping**

Identify points when stakeholders (community, government) will provide relevant feedback on the prototypes in a timely manner, without delaying the design process significantly. Conduct a shareback session in the local language at the end of the prototyping phase to share learnings.

Conduct prototyping sessions with key influencers, in addition to youth, to assess how the solution ideas might benefit, burden, excite, or alarm these influencers who affect the young people's lives.

**HCD PHASES**

**Implementation**

**Tip #1**

Ensure buy-in from government and community leaders prior to implementation in order to ensure sustainability.

**Tip #2**

Hold regular shareback meetings with community and governmental stakeholders to provide updates on implementation, receive feedback, and identify opportunities for scale up of promising intervention components.

**Tip #3**

Allow for opportunities to tweak the intervention model based on feedback from key stakeholders who are actively involved in the implementation.

**Evaluation**

Create dissemination pieces about program results that are accessible and understandable for community stakeholders, not just academics or the global health research community.

Outline actionable recommendations for future implementation for each stakeholder type.

## Links to relevant open-source resources (e.g. case studies, checklists, tools, trainings)

Improving Data Integrity in Public Health: A Case Study of an Outbreak Management System in Nigeria  
[https://www.ghspjournal.org/content/9/Supplement\\_2/S226](https://www.ghspjournal.org/content/9/Supplement_2/S226)

Using Human-Centered Design to Develop, Launch, and Evaluate a National Digital Health Platform to Improve Reproductive Health for Rwandan Youth  
[https://www.ghspjournal.org/content/9/Supplement\\_2/S244/tab-figures-tables](https://www.ghspjournal.org/content/9/Supplement_2/S244/tab-figures-tables)

Designing Drug Shops For Young Women In Tanzania: Applying Human-Centred Design To Facilitate Access To Hiv Self-Testing And Contraception  
<https://academic.oup.com/heapol/article/36/10/1562/6329132>

Stakeholder Engagement Navigator  
<https://dicemethods.org/HumanCenteredDesign>

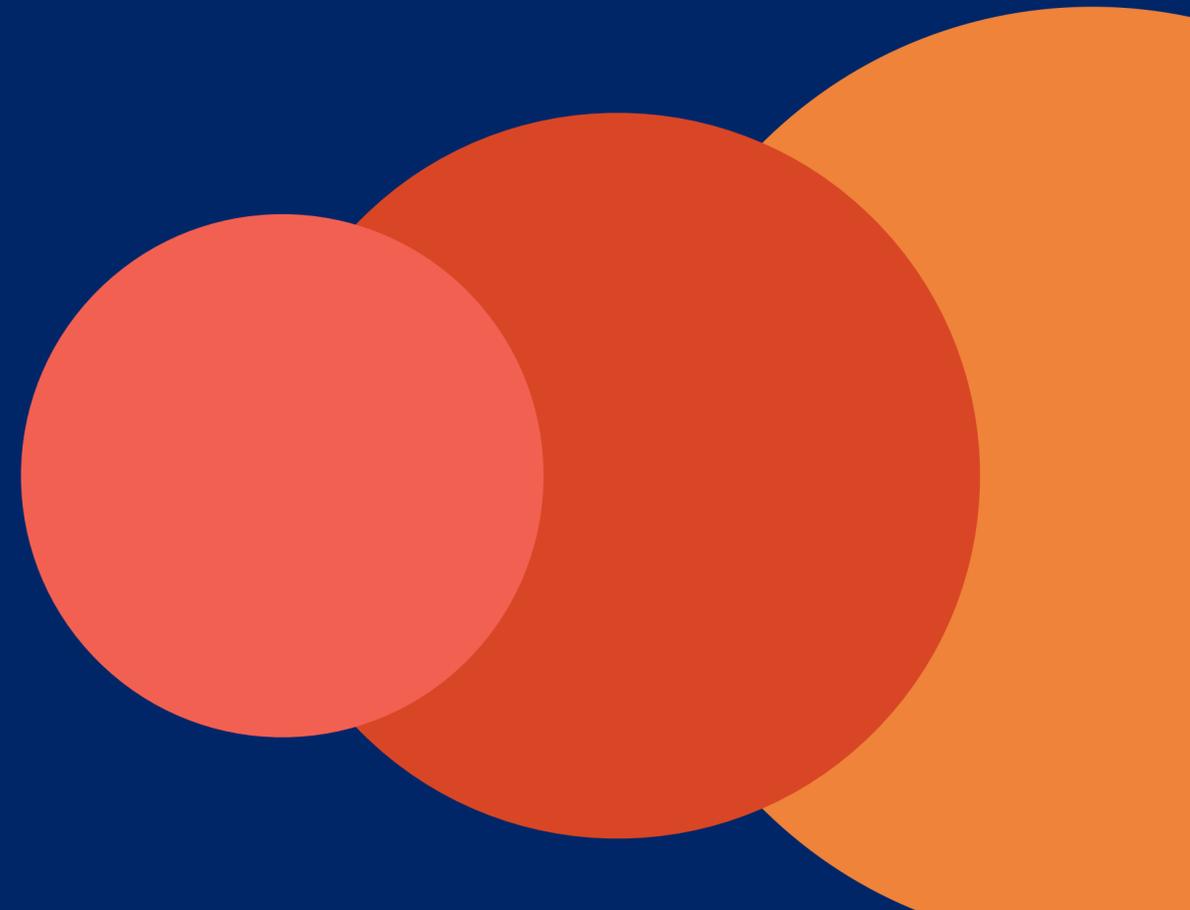
Stakeholder Engagement Toolkit for HIV Prevention Trials  
<https://www.fhi360.org/resource/stakeholder-engagement-toolkit-hiv-prevention-trials>

Ecosystem Map  
<https://servicedesigntools.org/tools/ecosystem-map>

**Principle**  
**Integrate disciplines essential for adolescent wellbeing.**

**Explanation**

Project teams should take an interdisciplinary approach when addressing the needs of the adolescent population. The goal should be to combine different disciplinary perspectives (e.g., behavioral science, public health) that are particularly relevant to adolescents' positive development and wellbeing.



**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Tip #4**

**Tip #5**

**Tip #6**

**Tip #7**

**Planning**

Identify the various disciplines that are critical towards achieving the desired outcome of the intervention. For example, previous interdisciplinary ASRH/HCD programs have leveraged behavioral science, social marketing, gender, artificial intelligence and machine learning.

Form consortiums or advisory boards that are reflective of the various disciplines previously identified as essential towards achieving the desired outcome. If creating an advisory board, consider whether compensation is feasible and/or desirable for members who dedicate their time and expertise. Be careful about adding on too many partners or members, as the program design process will become more complex when more disciplines are added.

Ensure the roles and expectations of all contributing members or partners are defined in order to ensure complementarity. Make sure to outline a clear vision for the role that each partner would play and how their expertise would add value to the program effort.

Create an interdisciplinary learning agenda that includes research and evaluation questions of interest relevant to the various partners represented.

Invest time setting norms, forming relationships, and allowing partners to better understand each other's expertise and ways of working, in order to create a solid foundation for collaboration.

To manage large consortiums, prime partners should budget 50-100% more of project management and coordination work than a normal project to ensure all actors are working in a structured and cohesive manner.

Select T-shaped individuals as partners, where the T stands for the combination of a depth of knowledge and experience in their own fields (the vertical bar of the T) as well as their ability to reach out and connect with others and create meaningful collaborations (the horizontal bar of the T).

**Research**

Develop areas of inquiry that span the topic areas of various relevant disciplines.

Refer to accepted frameworks related to the range of disciplines that are relevant to the desired outcome and ASRH programming.

**Prototyping**

Allow advisory board members or consortium partners to provide input on the prototyping concepts to ensure prototypes build upon existing learning and evidence from their respective disciplines. They should also provide feedback on the evaluation criteria and data collection tools for each prototype to ensure results from the prototyping phase are well-positioned to support discipline-specific learning and potential for impact.

**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Implementation**

Budget time and resources to retain advisory board members or consortium partners through the implementation stage to provide discipline-specific expertise to any iterations of the intervention model that have been revealed through process findings.

**Evaluation**

Consider including a range of outcomes and high-priority questions from relevant disciplines.

Document and disseminate reflections of any disciplines or perspectives that would have been beneficial towards achieving the project outcome but was not integrated due to time or resource constraints.

Conduct a structured reflection process with all members of the consortium to identify successes, tips, and challenges in interdisciplinary collaboration that the sector would benefit from learning.

**Across Phases**

Build in opportunities for all partners to reflect, offer input, and review evidence after each project phase. This helps ensure that HCD is grounded in evidence and that each partner's expertise is respected and incorporated in the process.

## Links to relevant open-source resources (e.g. case studies, checklists, tools, trainings)

**Integrating Human-Centered Design in a Multidisciplinary Effort to Address Provider Bias: The Beyond Bias Experience**  
<https://partenariatouaga.org/wp-content/uploads/2021/07/BeyondBias-Brief-2-Application.pdf>

**Minimum Standards for Disciplinary Engagement**  
<https://a360learninghub.org/open-source/prototyping/standards-disciplinary-engagment/>

**Complexity in Health: Can Design Help Support Interdisciplinary Solutions?**  
[https://www.ghspjournal.org/content/9/Supplement\\_2/S217](https://www.ghspjournal.org/content/9/Supplement_2/S217)

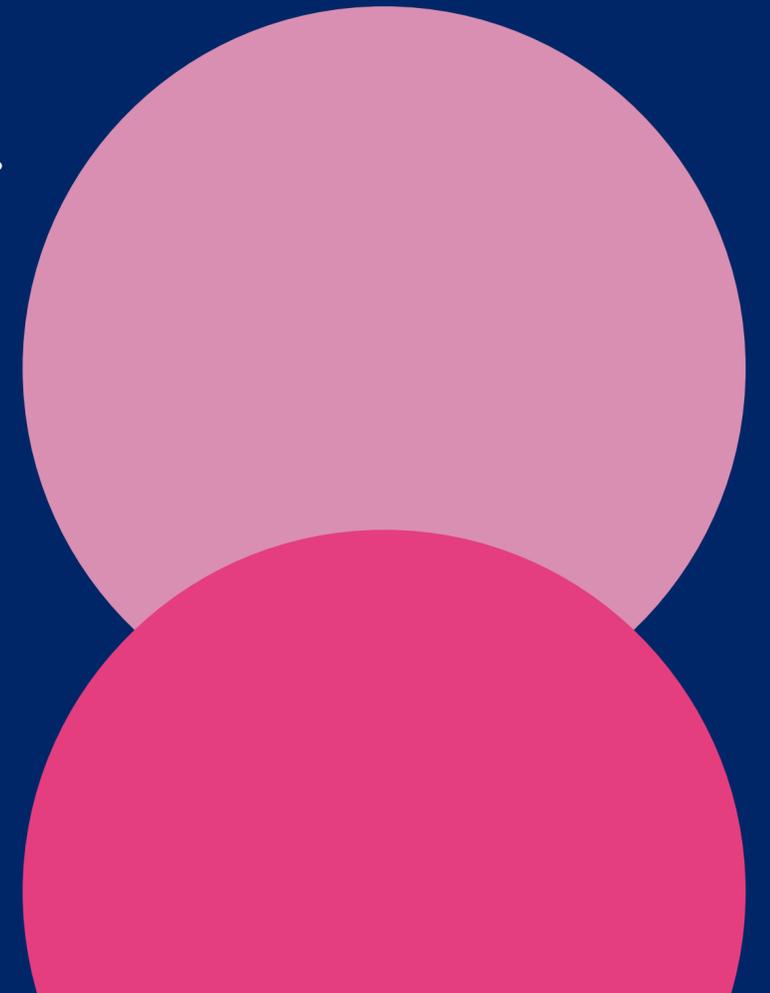
**Design And Impact Evaluation of a Digital Reproductive Health Program In Rwanda Using a Cluster Randomized Design: Study Protocol**  
<https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-09746-7>

**Four Big Insights from HCDEXchange**  
<https://www.psi.org/2018/02/four-insights-hcd-exchange/>

**Principle**  
**Document**  
**methods and key**  
**design decisions.**

**Explanation**

Documentation should be used to provide transparency, clarity, and track progress. Through documentation, project teams can provide justification for the connections made between the data, insights, prototypes, and the intervention being implemented. From the start, project teams should come to an agreement about the types of documentation necessary, who needs to provide documentation, and how documentation will occur.



**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Tip #4**

**Tip #5**

**Tip #6**

**Planning**

Create a plan to be shared and agreed upon with all partners that explicitly states what needs to be documented throughout the design process and the rationale for the documentation. This should be a plan created collaboratively with the design partner, implementing partner(s), and donor (if relevant) in order to ensure that the documentation tasks are helpful for ensuring shared clarity but not overburdensome on the design partner and process.

Draft a “protocol” that permits flexibility in the methods used in the design phase but that outlines the general process that the project will follow.

Create simple tracking tools that can be used by team members to easily document activities (who, what, where, when).

Develop a data analysis plan that documents how data will be collected, stored, synthesized, and used.

Create a theory of change (“program impact pathway”) that describes the change process that needs to occur in order to achieve the desired outcome.

**Research**

Document all insights identified from design research interviews with youth and key stakeholders.

Consider using digital tools like Mural or Miro to streamline documentation of the synthesis and ideation process.

Document the number of interviews, recruitment criteria, methods used, who participated, and their key demographics.

Keep track of the general number of ideas generated, the number of ideas that advanced to the prototyping phase, and those that were abandoned and why.

**Prototyping**

Map the insights identified in the research phase to the prototypes, as they are created, to ensure that justification for each prototype is documented and links to the needs of the youth.

Note the criteria by which the prototypes are selected and advanced through the cycles of iterative testing. It may also be useful to document prototypes that were not selected to advance in the event that the learnings are useful for future projects.

Make note of significant changes made to prototypes during iteration that helped to address any barriers or better meet the needs of the youth population of interest.

Document how many people each prototype was tested with and their relevant key demographics (e.g., age).

Document the key questions and assumptions that each prototype is seeking to test and explore.

Towards the end of the prototyping phase, evaluate the selected intervention against the theory of change. Document any iterations that need to be made to the theory of change based on prototype findings.

**HCD PHASES**

**Tip #1**

**Tip #2**

**Tip #3**

**Tip #4**

**Implementation**

For the purpose of scalability, outline the steps to implement the intervention to ensure that it is implemented with fidelity by future project teams.

Make note of significant changes that are made to the intervention during implementation and justification for making the changes.

Document key barriers and facilitators to real-world implementation.

Define and document the terms of handover of the intervention from the design team to the implementation team that accounts for iterations.

**Evaluation**

Create a process evaluation plan to measure whether the intervention was implemented as intended, according to the original design of the intervention.

Whenever possible, engage with an evaluation team to plan intervention rollout in a way that can enable a robust evaluation.

Document how an HCD approach affected young peoples' (and other stakeholders') involvement on the project and HCD's impact on achieving ASRH outcomes.

Develop a diverse range of dissemination outputs (technical briefs, webinars, social media bursts, and videos) to share the process of developing the intervention and the impact it had on outcomes of interest.

## Links to relevant open-source resources (e.g. case studies, checklists, tools, trainings)

**The Future of Knowledge Management for FP/RH programs**

<https://knowledgesuccess.org/the-future-of-knowledge-management-for-family-planning-and-reproductive-health/>

**StoryEngine**

<https://storyengine.io/>

**A360 Minimum Design Standards Reference Tool**

[https://a360learninghub.org/wp-content/uploads/2019/05/Design-Standards\\_16-August.pdf](https://a360learninghub.org/wp-content/uploads/2019/05/Design-Standards_16-August.pdf)

**Building a Report - Sharing Back Findings From a Human-Centered Design Process**

<https://drive.google.com/file/d/1v5MN4rmLX5IOcvOIRV9BOebh4CLHVIS3/view>



For more information, visit  
<https://community.hcdexchange.org/>