

A Summary Report:

Key Findings from a Landscape Review on measurement and evaluation in HCD+ASRH



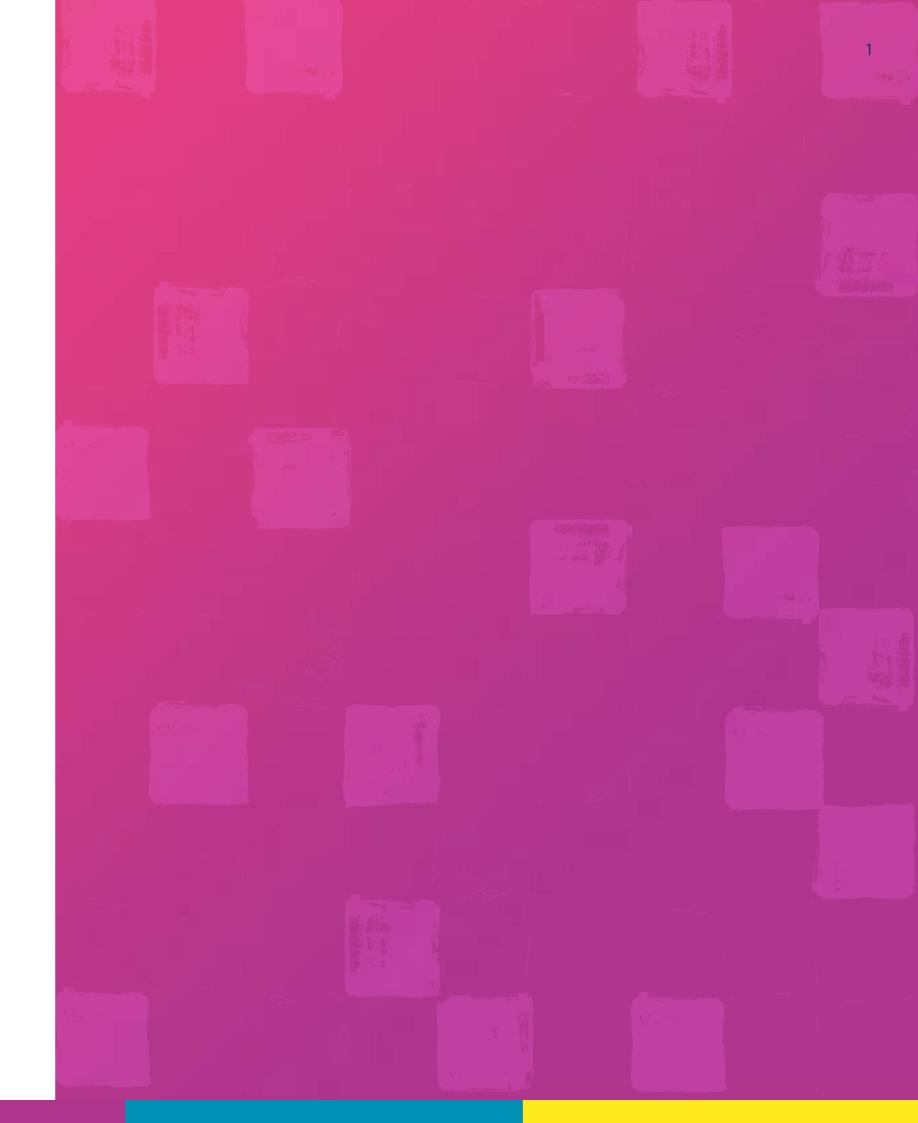
List of Acronyms

MLE - Measurement, Learning and Evaluation

HCD - Human-Centered Design

ASRH - Adolescent, Sexual and Reproductive Health

SRH - Sexual and Reproductive Health



Introduction, Rationale and Methodology

In recent years, the field of public health has witnessed a growing interest in applying human-centered design (HCD) approaches to adolescent sexual and reproductive health (ASRH) programming. This increased focus was accompanied by significant investments in evaluation to understand the effectiveness of integrated HCD+ASRH programming and explore how HCD might enhance program processes and outcome. In this context, in 2022, the HCDExchange conducted a landscape review of evaluation and measurement practices in the HCD+ASRH programming in collaboration with the Vihara Innovation Network.

The HCDExchange Landscape Review on Measurement and Evaluation in HCD+ASRH aimed to increase understanding of the application of measurement, learning and evaluation in ASRH programs that employed HCD processes and tools. At the time, practitioners who applied traditional measurement approaches to HCD-influenced programs faced significant challenges because of HCD's

qualitative, experimental, and iterative nature. This situation underscored the need for new thinking and some advanced and mixed methods techniques to effectively assess and evaluate HCD+ASRH programs.

The landscape review aimed to answer two learning questions:

How have measurement and evaluation been integrated into HCD within the context of ASRH programming?

How have the design and its value been measured and assessed in HCD+ASRH programming?

To address these questions, the team applied a qualitative research approach, including: interviews with experts and a review of publicly available literature on projects that applied monitoring, learning, and evaluation (MLE) in ASRH programs that applied HCD. The landscape review approach included five steps that are depicted in Diagram 1 on the following page.

This document summarizes the status, lessons, and future areas of learning within MLE in HCD+ASRH projects at the time of the landscape review.

The Landscape Review: Measurement and Evaluation in Human-Centered Design and Adolescent Sexual and Reproductive Health provides an expanded and more detailed view of the learnings.

Diagram 1: Steps for the landscape review



STEP 1

A rapid review of publicly available literature, technical briefs, and program documents representing eight selected programs.



STEP 2

Categorization and synthesis of literature on the basis of learning questions and sub-questions.



STEP 3

A rapid review of shortlisted documents following the HCDExchange Practical Guidance for Rapid Review.



STEP 4

Phased expert interviews with 17 experts with experience in HCD+ASRH MLE to supplement information from the secondary data.



STEP 5

A thematic and case summary analysis to distill challenges, reflections, and key findings.

A. Summary of measurement strategies

Most of the HCD+ASRH projects reviewed applied process assessments to measure project outputs and outcomes where HCD was embedded within the implementation strategy. All projects were evaluated to understand the effectiveness of the outcomes and the impact of the final intervention.

In terms of approach, most projects applied mixed-methods measurement and evaluation strategies and adopted HCD-inspired frameworks and tools within MLE. For example, Adolescents 360 (A360) adopted continuous measurement across the program cycle using techniques such as participatory action research (PAR), report cards, user journey frameworks, and sounding workshops alongside more traditional MLE approaches. Additionally, the program employed a user journey framework to structure its evaluation and explore implementation.

These approaches were implemented alongside cross-sectional survey designs with a one-stage or two-stage cluster sampling along with secondary analysis that consisted of dose-response and secular trends analysis. The (re)solve project applied mixed methods using cluster randomized trials with blended quantitative and qualitative techniques in the baseline and endline. Findings were fed back into the scale-up and the piloting period of implementation.

Only one project intended to document and explore whether and how design works; its feasibility, potential, and limitations; and factors impacting its successful use. No project explicitly applied measurement or evaluation with the intent of assessing the influence of design and its pathway to outcomes. None of the projects explicitly used measurement to gather data that would be fed back to strengthen early design decisions with a view of strengthening the design process and decision-making.



B. Challenges in measurement and evaluation in HCD+ASRH

The MLE landscape review revealed six challenges in applying measurement and evaluation in the context of HCD+ASRH.

Challenge #1:

Lack of frameworks to define the influence of design in ASRH programming (for instance, the absence of a mutually agreed theory of change).

Challenge #2:

Lack of metrics to track the influence of HCD (the inability to systematically track influence of HCD processes, such as empathy building and user-centric solution development), leading to poor understanding of the role of HCD in ASRH programming.

Challenge #3:

Limited documentation of HCD processes and decision-making in the program cycle, which has been attributed primarily to HCD's inherently fast-paced and iterative nature.

Challenge #4:

Lack of standard measurement to inform the early phases of design decision-making. This has been signaled in the lack of instances of the use of MLE in the design phase to inform the evolution of prototypes and related decisions that would support implementation and scale-up.

Challenge #5:

Methodological challenges ranging from:

- a) integrating traditional impact evaluation into HCD-led projects
- b) evaluating the influence of specific approaches in cross-disciplinary projects
- c) observing research fatigue among study participants due to repetitive solicitation of experiences through multiple teams, and
- d) lacking the time and space to discuss, reflect, and incorporate M&E findings into the subsequent phases, leading to limited

Challenge #6:

Integration of design and measurement, which relates to challenges around the effective use of MLE in HCD+ASRH programming. uptake of findings.



C. Key findings and lessons

When HCD approaches are applied to public health, they change the fundamental nature of programming and measurement, presenting challenges and opportunities for implementers and evaluators. The landscape suggests a need to build a set of evolved and integrated approaches to measure design-led programs that are creative, experimental, and iterative, and whose approaches challenge evaluations when applying traditional public health measurement strategies.

HCD's influence on a program's impact is not well understood and increased investment in fit for purpose measurement approaches are needed. In the design field, there are gaps in design practice, specifically in its ability to link design priorities and indicators with traditional public health indicators and account for these in design approaches.

Respondents suggested the importance of developing a symbiotic relationship between design and measurement to improve design practice and outputs through continuous integration of measurement learnings, strengthening evaluation through greater attention to insights generated through HCD, and incorporating new user-centered techniques of learning into measurement practices.



Given the nascency of the field and paucity of literature on measurement and evaluation of HCD+ASRH, it is too early to make definitive recommendations or define best practices. Analysis of a small set of program experiences in this landscape review yielded a set of early reflections, learnings, and some steps to mitigate challenges to advance measurement and evaluation in the context of HCD+ASRH programming. These include:

- 1. Planning for integration of design and MLE across all programmatic stages
- 2. Considering intermediate outcomes indicators that emerge from HCD processes
- 3. Managing cross-disciplinary approaches, methodologies, and indicators
- 4. Using adaptive M&E approaches
- 5. Framing the value of design before undertaking assessments
- 6. Integrating practices

D. Future Areas of Learning

The landscape review proposes the following areas for future research:

Examine the linkages Between Design Priorities and Public Health Metrics:

Investigate how the integration of design-specific indicators with public health measurement frameworks can enhance MLE practices, potentially creating a more robust and interdisciplinary approach.

Explore Hybrid Practices Across MLE, HCD, and ASRH:

Identify and develop hybridized methodologies that draw upon insights from MLE, HCD and ASRH. These methodologies should be applied to inform and improve future programmatic interventions.

Study Design and Measurement in Adaptive Implementation Context:

Investigate the dynamics of design and measurement within adaptive implementation frameworks to better understand how iterative processes can be refined and applied in real-world settings.

Integrate Youth, Measurement, and HCD for Enhanced Accountability and Efficacy:

Research processes that effectively combine youth engagement, measurement practices, and HCD. Focus on integrating these elements to promote more accountable power dynamics and achieve more effective programming outcomes.





