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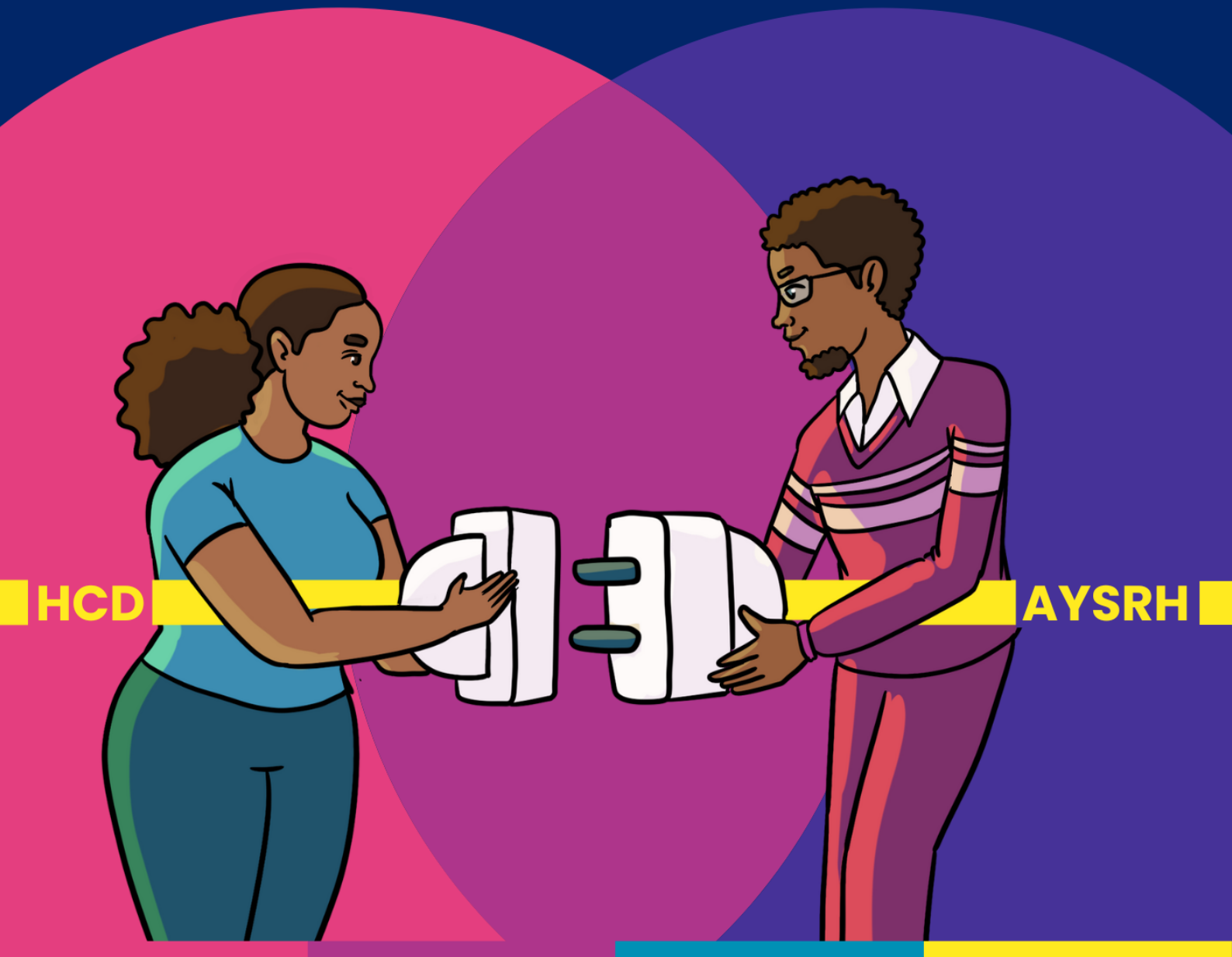
HCD+AYSRH Learning Gap Analysis

A review by Funders, Public Health Implementers, and HCD Designers



In late 2019, when the HCDExchange was conceptualized, stakeholders recognized the imperative of initiating an exploration to understand the prevailing landscape. A group of experts formed a Think Tank with the mandate of exploring areas with the greatest need for learning and evidence related to Human Centered Design (HCD) and Adolescent Sexual and Reproductive Health (ASRH),identifying the learning gaps in the field, and determining the learning gaps that HCDExchange should focus on. Guided by expert feedback, the Think Tank proposed two broad learning areas:

01 Learning about HCD+ASRH in theory/practice: how it is evolving; how HCD works; why HCD works in the context of ASRH; and the influence of HCD+ASRH?

02 Learning about how to do HCD+ASRH better: practical actions related to collaboration, tools, communication, and building capacity in HCD+ASRH; and how to communicate about HCD+ASRH?

The HCDExchange Research and Learning Agenda was developed based on these two broad questions, and four areas were identified as priorities for learning. These are summarised below:

Adolescent Insights in HCD+ASRH

This emphasizes the crucial role of HCD in enhancing ASRH outcomes by generating and contextualizing insights. While HCD may not always reveal new knowledge about adolescents' SRH challenges, it effectively frames insights that foster empathy, allowing practitioners to better understand adolescents' needs and aspirations. Integrating insights generation and utilization within the HCD process enhances solution development and promotes more relevant ASRH interventions.To fully leverage HCD in program design, it is essential to clearly articulate how its principles and mindsets contribute to effective interventions, supported by thorough documentation and exploration.

Youth integration in HCD+ASRH

This explores how ASRH programs can significantly enhance service delivery and health outcomes by prioritizing the perspectives and aspirations of young people. This task is best achieved through the meaningful engagement of young people in all stages of program development. By employing HCD principles and tools, programs can encourage creativity and collaboration among youth and adults,allowing young people to co-design solutions and offer valuable feedback actively. This engagement not only helps to understand the unique needs of young individuals better but also promotes their awareness of the broader context of the program. Ultimately, incorporating HCD in ASRH initiatives can lead to more effective interventions that align with the desires and requirements of young people, thereby improving health outcomes.

Measurement and Evaluation in HCD+ASRH

Integrating HCD approaches into public health reshapes programming and measurement, revealing challenges and opportunities. There is an urgent need for measurement methods that effectively capture design-led programs' creative and iterative nature. To understand HCD's impact, innovative measurement strategies must link design priorities with traditional public health indicators,fostering a symbiotic relationship that enhances outputs through continuous feedback. This integration requires flexible resourcing to support user-centered techniques in measurement practices. However, due to the nascent stage of this field and limited literature on HCD+ASRH evaluation, it's still too early to establish definitive conclusions or best practices. Initial insights from program experiences can guide improvements in this evolving landscape.

Quality and Standards in HCD+ASRH

Applying HCD to ASRH merges design, public health, and innovation to create effective solutions.Despite the emerging nature of this field, there needed to be a framework to provide evidence to determine the approaches to designing and implementing ASRH programs to achieve the desired outcomes. As a result, eight guiding principles and best practices to establish quality standards for ASRH interventions were developed with the HCDExchange Community of Practice, promoting the safe and inclusive practice of HCD in ASRH programming. Although these principles were developed for applying HCD to ASRH interventions, they also have relevance to broader global health programming.

Approach and Results

In light of the breadth of work done under the HCD+ASRH research and learning agenda, which spanned diverse themes and generated an extensive body of knowledge, the decision was made to conduct a focused gap analysis through a Learning Circle. While the broader learning agenda identified numerous areas of interest, the Learning Circle was designed to narrow the focus to a more manageable yet meaningful scope. This approach allowed for an in-depth exploration of critical, unresolved questions and emerging issues that stakeholders believed were key to advancing the field. To assess the efforts made since 2020, the HCDExchange invited funders, public health implementers, and HCD designers to review how HCD+ASRH has evolved, what has been achieved,what gaps still exist, what new gaps have emerged, and which areas they would like to focus on as future areas of learning. Rather than attempting to address every theme broadly, the gap analysis focused on specific areas directly relevant to current challenges and opportunities in HCD+ASRH,offering actionable insights for practice and future research. This targeted inquiry, informed by the expertise of key stakeholders, was essential for refining strategies, bridging gaps, and deepening understanding of how to drive effective, user-centered interventions in ASRH programs.

A Learning Circle is a format that brings experts in a field to discuss a common topic of interest and learn through open, exploratory dialogue. Participants share their experiences and perspectives to learn and exchange with their peers. Key findings from the discussion are synthesized and documented to contribute to institutional and programmatic learning across the field.

This report synthesizes key findings from the discussions and activities during the learning circle.Due to the sensitive nature of discussions, participant information has been removed to protect them from any prejudice they may face for any statements made during the learning circle.

Theme 1: Documentation and Decision-Making in HCD

Learning Circle participants discussed the pressing need for better documentation of decision-making processes within HCD projects. It was agreed that proper documentation validates the design choices and showcases the HCD methodology's rigor. Adequate documentation has also contributed to a better understanding of the application of HCD within programs. Participants recommended that designers consistently develop and adopt systematic documentation practices that capture the decision-making processes within HCD projects, providing a clear rationale for design choices and demonstrating the rigor of the methodology.

> *"Documentation is key to supporting decision-making and helping us to validate assumptions. So I need more documentation on how decisions get made in [the] design process."*
>
> *"[Documentation is] a way for designers to show more rigor, process and expertise."*

Theme 2: Commitment to HCD by Donors and INGOs

While the increased incorporation of HCD into the strategies of donors and international non-governmental organizations (INGOs) was noted, participants agreed that there was still a gap between donor commitments and the practical application of HCD in public health programs,especially regarding the alignment of expectations. It was highlighted that donors and INGOs need to adopt a design mindset to have realistic expectations of what HCD can achieve. Participants recommended that to improve the commitment of donors and INGOs to HCD, those who have used HCD must communicate the value of HCD to fellow donors and INGOs.

> *"Donors are changing their strategies to be more intentional about the needs of the population they seek to support through their funding."*
>
> *"We're seeing some intractable challenges with donors that have not bought into [HCD] or are buying into it with unrealistic expectations of how change happens."*

Theme 3: User-Centered Approaches and Partner Engagement

Participants noted that HCD has significantly enhanced the ability to reshape service delivery around the needs of target populations. There is a growing trend toward involving users as equal partners in the design process.

Note: You can read more about how HCD enables meaningful youth engagement and partnership (MYEP) in the context of ASRH projects here.

> *"The greatest value of HCD is its improvement in our ability to reshape service delivery around the needs of people we target with the intervention. We are now more intentional in terms of engagement with them as equal partners, and their contribution significantly influences the overall design outcome."*
>
> *"HCD is helping processes become more participant-centric by mainstreaming co-creation and co-design"*

Theme 4: Capacity Building and Understanding of HCD

Participants highlighted the need for capacity building in HCD, particularly for public health practitioners who often need support with the terminology and the integration of HCD with other methodologies. Investments are required to improve the understanding and application of HCD among practitioners, particularly in how it can complement existing methods. The value of HCD was heightened when it's used with other methodologies, especially those that public health practitioners are already familiar with, such as social psychology, gender, etc. HCD should not be treated as a standalone process but as a complementary approach within a broader methodological framework.

> *"Design terminology needs to be used accurately, as findings are often packaged as insights."*
>
> *"We still need to work in more transdisciplinary ways. We cheat ourselves when we fail to integrate the vast evidence bases of behavioral science, psychology, social psychology, social work, education, etc.*

> *"HCD works better when it integrates with other methodologies."*

Theme 5: Challenges in Scaling and Timelines

Participants noted that implementers and donors face challenges in scaling HCD processes due to incorrect procedures and short timelines that do not allow for a profound impact. It was agreed that the focus should be on scaling the HCD process rather than replicating specific solutions. Funding timelines need to incorporate the needs of the HCD process to allow for a more profound impact and sustainable outcomes, significantly when scaling.

> *"How do we design for scale when most donor-funded ASRH programs have very short timelines?"*
>
> *"We don't have a sophisticated discussion around what scale means. It's not about scaling the solutions; it's about scaling the process."*
>
> *"The idea is not to replicate the solution but the process and the model itself."*

Theme 6: Evaluation and Measuring HCD

Participants highlighted the need to adapt monitoring and evaluation (M&E) frameworks to measure the HCD process rather than just the outcomes. This shift is essential to capture the exploratory nature of design processes.

> *"I think there is a growing understanding that HCD as a process, or any design process for that matter, is going to be heavily contextual."*
>
> *"Evidence continues to emerge that an HCD approach to design makes for more effective interventions. We can use M&E to continue to build this evidence base and understand when, why, and how this is true and for whom. We can also use M&E as we work toward design standards and maturity models that help us better understand quality in the design approach and process."*

Conclusion and Reflection

The application of HCD in ASRH demonstrates significant potential to address complex public health challenges by centering the needs of young people. However, as this analysis shows, there are critical gaps in documentation, capacity building, and the alignment of donor expectations with the realities of HCD processes. Addressing these gaps will not only strengthen HCD's effectiveness but also unlock new possibilities for innovation in sexual and reproductive health interventions. By improving documentation practices, refining communication strategies to convey HCD's value better, and fostering a deeper understanding of design processes among donors, HCD can shift from a complementary tool to a cornerstone of public health innovation.

Key insights from the Learning Circle discussions revealed that while HCD plays a crucial role in generating empathy and understanding of adolescent needs, there is still a gap in effectively utilizing these insights to inform programmatic decisions. Youth engagement remains a challenge, with more intentional efforts needed to involve young people at every stage of program development.Participants underscored the urgent need for innovative M&E frameworks that capture both the creative and iterative nature of HCD. There was a consensus that more than traditional evaluation methods are needed to measure the value and outcomes of HCD-led programs. Moving forward,there is a call to refine evaluation tools and establish frameworks that more accurately assess the impact of HCD within ASRH interventions.

The Learning Circle participants agreed that while there is an apparent demand for quality standards in applying HCD to ASRH, current efforts are still in their infancy. Developing guiding principles and best practices was seen as a critical step forward. However, work must be done to ensure these principles are widely adopted and refined through ongoing practice. These findings underscore the necessity of refining strategies, improving documentation, and building capacity to effectively support the integration of HCD into public health programs.

The integration of HCD with other methodologies, such as social and behavioral science, positions it as a transdisciplinary approach capable of driving scalable and sustainable change. This Learning Gap Analysis highlights the critical need for stakeholders to implement HCD and measure and scale its processes to achieve long-term impact. As we look ahead, these insights provide a roadmap for public health practitioners, donors, and designers to enhance their collective efforts and foster meaningful, participant-centered innovations in ASRH.