

Capturing What Matters: A Human-Centered Design Documentation Guide

A guide for HCD practitioners working in global
public health and international development

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Authors: Mary Phillips, Bram Brooks, Catherine Wanja Gitau, Muthoni Wachira, Peter Nasokho,
Meghan Cutherell, Liz Royea, Aissatou Thioye, Angelica Mercado, Musau Abednego, Katrina Mitchell



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Quick Start Guide

The goal of this guide is to orient you to the importance of documenting your HCD work and give you practical tools and real-world examples to strengthen your own documentation approach.

If you're in a hurry, use the list below to go directly to the resources you need most.

I'm looking for...

Orientation



on

- The **importance of documentation** in HCD
Page 3
- Defining my HCD **documentation needs**
Page 7
- The **ethics of documentation** in HCD
Page 15

Templates



to document

- **Why** I'm doing this project
Page 19
- What I **learned during insight gathering**
Page 41
- What I **learned during prototyping?**
Page 94
- My **final product or service** so others can use it
Page 124

Inspiration

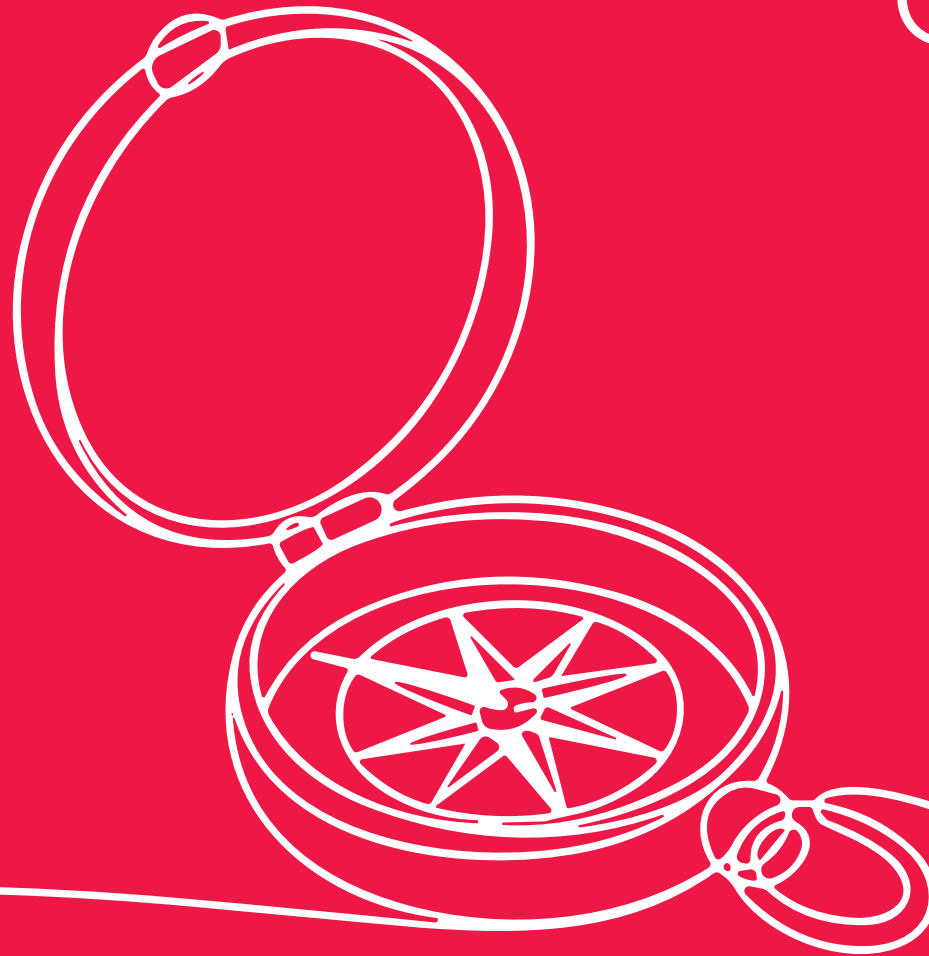


on how to

- **Explain my HCD process** to external audience
Page 151 or Page 162
- **Share insights** in a compelling way
Page 173 or Page 174
- **Document prototype iterations**
Page 196 or Page 198
- **Teach someone else** how to run innovation I developed
Page 205 or Page 214

PART I

Orientation

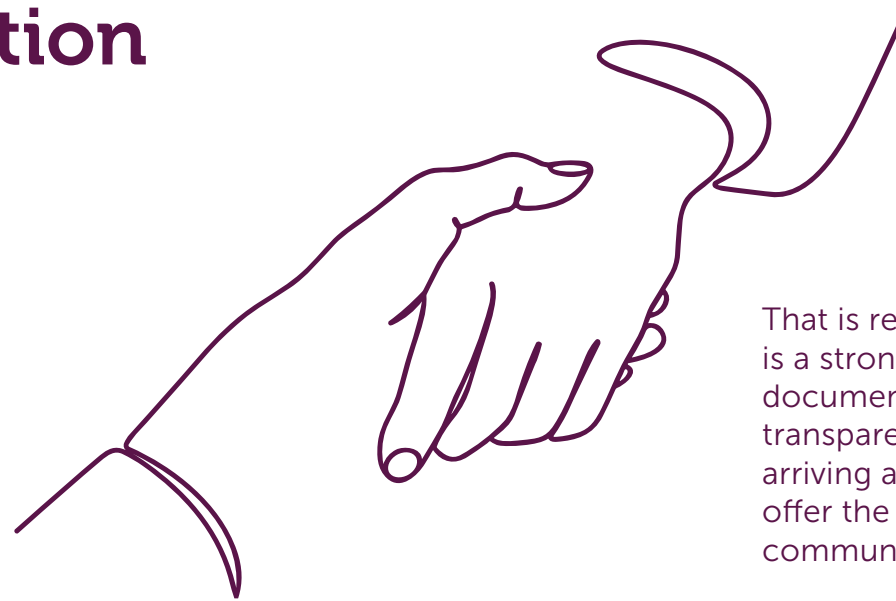


PART I - Orientation

Introduction

Why this guide?

Interest in human-centered design (HCD) continues to grow, even as confusion persists regarding its precise definition and its application within public health. There is increasing recognition of the importance of participatory approaches in public health as a way to make development work more equitable and effective. Solutions created in partnership with end users are likely to be more reflective of their true needs and what is desirable and possible in a specific context. HCD is a practical, applicable tool for participatory work, but for many public health practitioners and researchers, HCD can feel like a “black box,” with very little understood about its internal workings. While frameworks increasingly provide guidance on the theory and approach for HCD, gaps exist in the documentation of how theory is put into practice.



This lack of documentation is not surprising, given the effort associated with the HCD process, even before considering requirements for simultaneous record-keeping. HCD is also a challenging process to document, as its fluid nature requires capturing not just what happened, but also why decisions were made – understanding pivot points, decision-making processes, and the generative “leaps” from one idea to another. What’s more, development practitioners and designers are busy, focused on impact, and may deprioritize process-level outputs.

That is regrettable, however, as there is a strong need for high-quality documentation of HCD. Increased transparency about the experience of arriving at final design solutions could offer the following benefits to the community:

- Greater understanding of how HCD frameworks are applied in real-world settings
- Richer, more nuanced understanding of the end users
- Faster, more effective prototype design and development, if others can build on and adapt tests from external organizations and settings
- Improved record-keeping for design processes, which could be used to enhance research and outcome evaluations seeking to understand the impact of HCD in development

To offer practical, actionable guidance on the documentation of HCD, representatives from Population Services International (PSI), JSI/HCDEXchange, Pathfinder, Jhpiego, ThinkPlace, and FHI360 came together to develop this guide. Together, they have decades of experience in HCD for international development and are passionate advocates for the importance of high-quality, well-documented HCD. Given the authors' backgrounds, this guide was crafted based on experience using HCD in global public health, often with a focus on adolescents. As such, the tools and templates included may be more readily applicable to those domains, but we hope that this work is useful for a broad range of practitioners.

What is this guide intended to do (and not do)?

The objective of this guide is to help organizations and individuals think through what parts of the HCD process to share so audiences can understand the design team's choices, insights that influence the final design product, and what the final product or solution is designed to do.

This guide is designed to:

- ✓ Help teams define their documentation goals
- ✓ Make the case for the importance of resourcing documentation during HCD
- ✓ Provide guidance on the most important elements to share from an HCD process
- ✓ Offer practical tools for capturing outputs
- ✓ Be flexible and adaptable to meet the needs and constraints of your team

This guide is not:

- ✗ A how-to guide for HCD
- ✗ A repository for insights
- ✗ A rigid tool that provides "must-do" instructions



Who is this guide for?

- Designers
- Program managers and health practitioners
- Monitoring, evaluation, learning, and knowledge management professionals
- Donors and funders

The resources in this guide have been designed for a range of users, from those new to documenting HCD to those who are looking to strengthen existing practices. Users who are already familiar with HCD and its steps and key activities will benefit the most from this guide, as we do not provide instructions on how to execute HCD.

How this guide is organized

Part I is designed to help orient you to documenting an HCD process. This includes identifying your own objectives for documentation and planning for the level of effort required. Next, there is guidance on documenting throughout the process using both real-time and retrospective tools. Parts II and III of this guide are divided into sections that align with the phases of the HCD process.

Although different designers and organizations have their own approaches to design, including the names of the phases and what each one includes, the approaches follow the same broad outlines. We have chosen the following set of phase names and definitions to serve as a common reference throughout the guide. Parts II and III are organized using this same four-phase structure.



Problem Framing and Preparation

All planning and preparation for the design process, including elements that are not always considered part of HCD, such as literature reviews, ethical approval, and other preparatory work done to align on the key design challenges and approaches for identifying solutions.



Insights and Design Principles

Work done to gather and analyze insights or outputs from initial interviews or co-designs, as well as the direction the team intends to head following that work, often framed as “How Might We” questions or design principles.



Promising Prototypes

The process of developing concepts, turning those concepts into prototypes and the subsequent testing and refining with the target audience.



Hand-off

Decisions made about the final product or service and transition to implementation teams. In instances where projects are exploratory in nature, hand-off includes the key questions, answers, and areas for further inquiry.

¹ Design is an Essential Medicine

If these sections do not align perfectly with the design process you are using, you may need to adapt the assessments and templates to reflect your approach.

Part II focuses on hands-on documentation support, with guidance on what to capture, templates, and simple examples.

Activity and Documentation Assessments

Each section opens with a table designed to help you organize your documentation efforts for the phase by providing a quick overview of key activities and a way to track your project's status documenting each one. The table provides an overview of common activities conducted during this phase. You will indicate whether this activity was part of your process, whether documentation already exists, where that documentation is, and if no documentation exists, your plan to capture this information. The table also includes links to templates that provide guidance on what to document and how to do so. If your team did not complete an activity, then there is no need to document it.

Templates

For many activities, we have provided a documentation template and instructions for use. After the first sentence in this paragraph, let's add. The editable templates are available on Canva at this link: <https://canva.link/2zjansd819aqsd0> These simple templates are designed to help your team capture essential information. Based on your own documentation goals, you may want to capture information in greater detail. Adapt the templates as needed and provide as much detail as is required to meet your objectives. The templates are unbranded. You may want to adapt them to your organization's colors or work with a designer to enhance the visual appeal of the templates. Again, this depends on your documentation goals, available resources, and your expected audience.

To help you understand these templates better, we have also used them to document a fictional project. By seeing the templates in action, you can get a sense of the type of information that can be added to them and the level of detail that is appropriate for the most basic type of documentation (the bare-bones style, described in more detail below).

Part III highlights the work of organizations that are already doing great work documenting their HCD processes.

We have gathered examples of documentation to help illustrate how the templates are only a starting point – there are many ways to enhance or restructure the templates to fit your needs. We have annotated the examples to call out features of interest and show how, even though they look much more polished than the templates, they contain much of the same information. We hope they will inspire you to make your documentation approach fit for your own purposes.

Choose your own adventure

This guide is designed to be as flexible as possible, and there is no need to read the full guide or approach it linearly. If you are in the middle of a project, feel free to jump to the most relevant section. Your role on the project may mean that only certain sections are useful. Or the way your organization approaches HCD may mean that you only need to review certain sections. Make this guide work for you.

Assessing Your Documentation Needs

There is no one-size-fits-all documentation guidance.

Three factors will drive your approach to documentation: your documentation goal, how you are incorporating HCD into the project, and the resources you have available. Individual differences in these elements will dictate the level of detail with which you document, which parts of the process are most important to capture, and the overall level of effort you spend on documentation.

The *Documentation Needs Self-Assessment* (Table 1) allows you to consider three levels of intensity (high, medium, and low) across each of the three factors (goals, HCD approach, and resources).

This self-assessment and the corresponding documentation styles are designed to get your team thinking about your approach to documentation. Ideally you can complete this before beginning your project, but the assessment can be used

at any point to clarify your approach to documentation. Use the self-assessment to spark a conversation among your team or with program leadership so you can align on expectations for documentation. *Documentation Styles* (Table 2) provide a description of two different approaches to documentation. If you find that most of your needs are low-intensity, you will be fine with bare-bones documentation. If you tend to be in the high-intensity category, you will probably want enhanced documentation. If you're in between, you may find yourself moving between the two styles, based on your team's priority areas for documentation. As with everything in this guide, use what makes sense for your own team and feel free to adapt. You may also find that your needs shift over time as resources and priorities change.

It can be easy to feel overwhelmed when it comes to documentation. Being clear about your goals for documentation and ensuring you have the resources available to support those goals will make your documentation journey much easier.

Our hope is that, rather than finding the documentation process so overwhelming that you document nothing, this guide can help you capture what's most important to your team in a way that is manageable.

Link your documentation goals to your project's learning goals

HCD projects are, at their core, learning efforts—you're trying to solve a problem by understanding it more deeply. As you define your documentation goals, tie them directly to your project's learning agenda or theory of change. Start by naming the key questions that prompted the project in the first place and design your documentation plan to help you capture evidence that speaks to those questions.

Because HCD is dynamic and adaptive, your project may head in unexpected directions or early insights may shift your intended outcomes. That's normal. Clear, intentional documentation will help you track how your understanding evolved and show the path from your starting assumptions to where the work ultimately led.

Table 1. Documentation Needs Self-Assessment

	Low intensity	Medium intensity	High intensity
Documentation goals	Documentation provides a basic picture of activities and outputs. The primary use is internal.	Documentation is a tool to share the key findings from the design process and justify decision-making. Both internal and external audiences will use the documentation.	Documentation allows your approach to be nearly replicable by others. Documentation provides a clear record of the evidence gathered and the decisions made. The project may have a clear, robust learning agenda. The primary audience is external.
Type of HCD process	Minimal. May include selective use of the HCD process or use of HCD only to solve discrete parts of a larger problem or challenge.	Moderate. HCD is an important part of solving the design problem or challenge, although other approaches may be involved.	Rigorous. HCD is a primary tool for solving the problem or challenge.
Available Resources			
Money	Documentation has minimal or no discrete funding.	Discrete funding for documentation is available in moderate amounts or through the larger project budget.	Discrete funding is available for documentation and/or knowledge products are required project deliverables.
Time	Limited or no dedicated time to documentation. Documentation will need to be quick and low lift.	There is interest in and recognition of the need to take time to document, although dedicated time is limited.	Specific time is dedicated for documentation.
People	There is no dedicated person for documentation.	There is a person who is responsible for documentation alongside other roles.	There is a person dedicated to documentation.

Table 2. Documentation Styles

Bare bones documentation	Enhanced documentation
Documentation is not a priority of the project, but you still want to capture something. Your documentation will likely not be pretty or highly stylized, but you can still capture the most essential outputs for internal records or to share with interested stakeholders. Use the basic templates in this guide to help you record the most important information.	Documentation is a priority for the project. You are willing and able to spend time and resources on making your documentation ready for external sharing. Use the basic templates as a starting point and expand on them as needed to document outputs that are most important to your team, in some cases providing more detail than the templates instruct. Take inspiration from examples in Part III. You may choose to document elements that aren't included in this guide depending on your design process and what's most important to your team.

The elusive bare-bones approach

The bare-bones approach to documentation is an approach for internal audiences. It's meant to be functional, not pretty. This means it's rare that you will see examples of it. Instead, most publicly available examples of HCD documentation are the opposite – beautiful, in-depth, and highly synthesized summaries designed to communicate the quality of the design to external stakeholders. The lack of bare-bones approach can make documentation for a smaller, or lower-resourced team feel impossible. To help demonstrate what a bare-bones approach looks like and remind us all that basic documentation is much better than no documentation we have created a fictional project: a sexual and reproductive health program in the imaginary country of Zambelea. Zambelea was invented deliberately to keep the focus on documentation practice rather than the specifics of any real context, though the examples are grounded in real project experience. This fictional project demonstrates how simple, straightforward record-keeping throughout the design process can support robust documentation with a relatively low level of effort.



Documentation Capacities

After deciding on your documentation style, make sure that you have the skill sets to meet your requirements.

Table 3 on the next page provides a breakdown of the different competencies required for the different styles. Use it as a guide as you build out your own team. Consider how you can bring in these skills through pre-existing roles on the design team (such as program managers, monitoring and evaluation professionals, knowledge managers, communications and technical experts). Also, rather than relying on a single person, expect to meet your needs by tapping the skills of several different people. You can see from the bare-bones list that any team can manage documentation with some organization, simple tools, and common sense. Those with enhanced documentation needs may consider outsourcing design work to a graphic designer, if that capacity is not available within your existing team. If your documentation needs are robust, consider assigning one person to organize and oversee these efforts.

Table 3. Documentation Competencies by Documentation Style

Competencies Required	Bare-Bones	Enhanced
Project Management		
Track timelines, deliverables, milestones		X
Proficiency with project management tools (Trello, Asana, MS project)		Optional
Stakeholder Management and Communication		
Coordinate across multiple stakeholders	X	X
Clear and concise written and verbal communication for updates	X	X
Graphic and Visual Design		
Use of visual communication skills to effectively convey ideas		X
Mastery of design software (Adobe Photoshop, Illustrator, InDesign, Figma).		Optional
Understanding of color theory, typography, and layout		Optional
Ability to interpret briefs and brand guidelines		X
Data Synthesis and Report Writing		
Ability to translate complex information into clear and structured, reports	X	X
Strong narrative-building skills to tell a compelling story, backed by data		X
Experience with data visualization		Optional
Proficiency in basic reporting tools such as MS word, Google Docs, PowerPoint; comfortable adapting existing templates	X	X
Attention to Detail and Organizational Skills		
Able to ensure accurate documentation of key activities	X	X
Organizing and maintaining project files and data	X	X
Flexibility and Adaptability		
Ability to adjust reporting formats as new requirements emerge	X	X
Comfort working with uncertainty and evolving scopes	X	X
Ability to refine outputs based on feedback	X	X

Inclusivity in Documentation: Bringing in Diverse Perspectives

As you document your work, take a moment to reflect on who is participating. In addition to having the right skills on your team, it's also important to think about representation. This is as true for HCD documentation as it is for the HCD process.

Do a quick gut-check with your team:

- Are multiple perspectives represented in who is capturing and reviewing documentation?
- Is anyone's voice or experience missing?

Table 4. Core and Specialized Documentation Tools

Core Tools	Specialized Tools
Everyday, accessible tools that can be relied on across all phases.	Tools for deeper analysis, refined prototypes, or more formal handoff.
Google Drive / OneDrive / Dropbox Storage, organization, handoff	Trello / Asana / Monday Project management
Miro / Mural Mapping, early prototypes, synthesis	NVivo / Dedoose Qualitative coding + synthesis
Google Docs / Word Planning, capturing insights, reports	Canva Digital prototypes
Slides (PowerPoint / Google Slides) Storyboards, reports, handoff	Figma Wireframes, digital prototypes, feedback
Phone Camera Capture prototypes, feedback, context (only after informed consent)	Loom Prototype walk-through, handoff

Documentation Tools

Good, high-quality documentation does not require any fancy tools.

All you really need are word processing and slide deck capabilities, available through Google or Microsoft Office. However, there are more and more digital tools to support design and documentation work especially with the proliferation of artificial intelligence. Listed in Table 4 are a few more common tools, broken down into 'core tools' likely to be useful throughout documentation and 'specialized tools' for use in more narrow functions.

Real-time, Near-time, and Retrospective Documentation

Human-centered design can be a challenging process to document. Why?

- HCD relies on a combination of looking at evidence and making intuitive “leaps” based on that data.
- Decisions to pivot can happen quickly based on real-time feedback that’s obvious in the moment, but hard to capture on paper.
- There are a lot of inputs, so it is difficult to sort through what’s most important to capture.
- Much of what is tried “fails,” although you still learn. The trial is essential for decisions, pivots, and refinement, but it can be hard to know what to capture about the ideas that are discarded.
- Processes are often much more informal than in qualitative research, so there may not be the same systems to capture data (i.e., no transcripts of interviews).
- The process is designed to go quickly, so documentation can feel like it’s slowing the process down unnecessarily.

As you begin documenting your work, consider when and how your records are being created. Some aspects of a project are captured in real time as the work unfolds; others are documented shortly afterward through routine reporting and reflection; and still, others require more intentional, retrospective effort to reconstruct and synthesize what happened. The sections below describe these different documentation timings in more detail. In practice, most projects rely on a combination of all three approaches.

Real-time Documentation

There are times when the HCD process naturally produces documentation. For instance, records of interviews, meeting notes, prototype feedback, passion votes, and more. This documentation can and should be used in your own formal record-keeping of the project. Sometimes, you can take what has been produced for the project and insert it directly into your documentation record. Feel free to use your own records at any point in place of the templates in this guide if they suit your documentation needs better. This is especially likely if you are taking a bare-bones documentation approach. Alternatively you may prefer to

transfer the relevant information into the existing templates. At other times, your raw documents require some additional organizing in the form of synthesis, review, or redaction before they are suitable for the formal documentation record. In these cases, the templates available in this guide are designed to help you transform that pre-existing documentation into something that is ready to be shared with a wider audience.

Near-time Documentation

At other times, you will document in the hours, days, or week after activities occur. Near-time documentation is a powerful tool for reflection and early insights. Common design process outputs such as insight reports, design principles, How Might We questions, and prototype reports are all examples of near-time documentation. Trip reports, which may capture summaries of current thinking, observations, or major considerations, are also a great example of near-time documentation. As with real-time documentation, your team is likely already producing these. The templates in this guide are designed to help enhance these existing products or provide an easy-to-follow outline for near-time documentation.

Retrospective Documentation

Finally, some documentation will happen on a later timeline. You may either realize that you need to capture progress that did not produce any documentation or that you need to synthesize outputs from several smaller steps. An example of when retrospective documentation is required is when teams find themselves in a new phase of the design process without having a written record of how they arrived. Although team members are likely aligned and can justify the choices made, it can be challenging to document this on paper.

You may realize it's important to go back and document how or why choices were made. We hope that the templates in this guide can prompt this retrospective reflection. They may be completed by your documentation lead, or the team can do it together. For more complex decisions or key pivot points, the team may need to engage in a collective process of reflection to fully capture how and why important decisions were made. Times where this might be useful include:

- Deciding to narrow project scope or target audience
- Explaining why certain insights were prioritized over others
- Demonstrating how prototypes evolve from one round to another
- Determining what will and will not be included in the final product or service

An approach that might be useful is an adapted version of an **After Action Review** or **Retrospect**. See the guidance below for more information.



Design tool or documentation tool? *It might be both.*

In HCD, many common tools serve as both practical sense-making tools and documentation. For example, a journey map developed following insight gathering might be a real-time way to make sense of your interviews and to build your team's understanding of the user experience. The very act of building the journey map is a form of synthesis. What's great is that the journey map is then ready-made documentation of your team's current understanding. These tools can be used to show the evolution of your thinking, as well. In the case of the journey map, as you develop new tools and products to improve the user's experience, you can update the journey map to reflect your updated thinking. So, a quick, annotated, journey map packed full of questions may serve as a useful way to document outcomes from insight gathering while a more polished, idealized journey embedded into a theory of change can be an important part of documenting hand-off of your design.

How to conduct an After Action Review or Retrospect

These are facilitated conversations guided by key questions that allow team members to reflect on the process of what happened, why it happened, and surface lessons learned. While these approaches are often used for assessment or evaluation, the questions can be powerful tools used to capture organizational learning.

Suggested questions:

- What did you set out to achieve?
- What was your plan to achieve this?
- How did this change as you progressed?
- What influenced this change (new data, intuition, past experience, organizational or funder priorities, etc.)?
- What trade-offs or uncertainties factored into your decision?
- What was the final decision made?

Tips for success:

- Assign a facilitator to guide the conversation
- Assign a note-taker to capture key discussion points
- Be flexible about the format – while meeting in person is ideal, it may be more practical to meet online or discuss over a WhatsApp group. If in-person, keep them to 30 minutes to an hour
- Ideally, pause after key project milestones (after the end of each phase, for example) to capture essential decisions and give team members time to reflect on what happened.

Additional ideas to strengthen the discussion:

- Bring in an outsider (even someone within your organization but not involved in the project) to interview the design team about what happened.
- Set-up a panel discussion with the design team and invite an audience to come and ask questions about the process or product. Their questions can help you see gaps that exist in your current documentation.
- As a team, look at older and newer versions of the part of the design process you are reviewing (draft insights, early vs late prototypes, etc.). Identify the differences and discuss the rationale for changes.

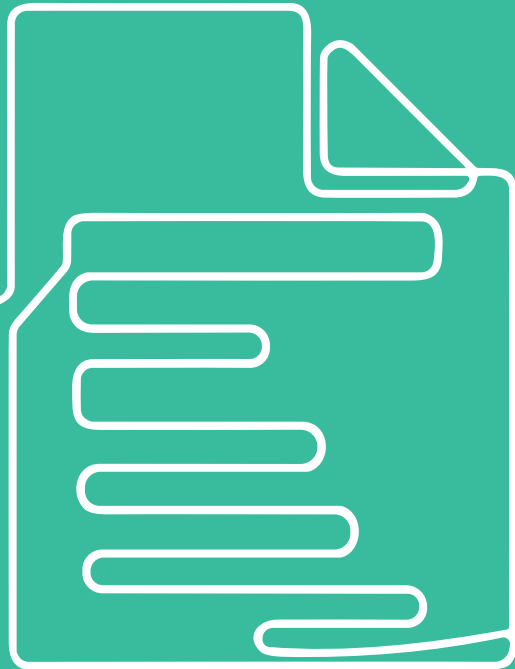
Ethical and Responsible Documentation

In HCD, you are often collecting sensitive, personally identifying information such as photographs, quotes, or recordings. The design team has a responsibility to store and share this data ethically and responsibly. Regardless of whether your HCD activities undergo a formal ethical review, all data collected during the design process should be held to the same standards of care and “do no harm” as Ethical Review Board-approved research—bearing in mind that, in many cases, components of HCD work do require such approval. Here is some guidance to follow and, if in doubt, speak with your research team or a local ethical review board.

- 1. Minimize data collection:** Only collect what is needed for your design work.
- 2. Explain your project and gain informed consent:** Use simple, clear language to communicate with all participants of the design work. Explain your objectives, the kind of information you will be collecting, and how it will be used, stored, and shared. Ask for, receive, and document consent.
- 3. Redact during synthesis:** Design outputs should never show names, places, faces (unless consent for photography has been received and documented), or sensitive details. Have a protocol in place for removing any information that isn't necessary before inviting the wider team in for synthesis. Review your data again for sensitive information before sharing beyond the design team.
- 4. Store data securely:** Use encrypted institutional services, trusted synthesis tools (such as NVivo or Dedoose for transcripts), and control access to identifying data using password and documented controls.
- 5. Destroy identifying data on time:** raw images, notes, and videos should be destroyed once design and evaluation cycles are complete, unless consent specifies otherwise.

For more on this topic, see PSI's [Ethics in Youth-Powered Program Design](#) and the UK Statistics Authority's [Ethical considerations associated with Qualitative Research methods](#).





PART II Templates

Tools, tips and, examples by phase

PART II - Templates

Overview

Part II provides a set of templates to help you document the HCD process. The section is organized by phase, and each begins with a brief introduction that outlines the core documentation goals and major activities. This is followed by a short, optional assessment to help you identify which activities apply to your project, whether you have the information needed to document them, and which tools may support you.

Each template includes a brief explanation of why and how to use it. To illustrate their application, every template is paired with a completed example drawn from a fictional project focused on improving sexual and reproductive health for adolescent girls in Zambelea — a fictional African country created for this guide. Zambelea was invented deliberately to keep the focus on documentation practice rather than the specifics of any real context, though the examples are grounded in real project experience. These examples are included throughout to show how the templates can be used for bare-bones documentation that prioritizes capturing essential information efficiently. All templates are fully editable. For editable versions of all templates, see the template pack Canva available here: <https://canva.link/glbqhl6my7ghp4l>

For the hand-off phase we provide general guidance rather than templates, given the wide variation in hand-off goals and the limited value of one-size-fits-all formats.



Templates overview

Problem Framing & Preparation

- [Timeline and Approach to HCD](#)
- [Design Team Roster](#)
- [Problem Statement](#)
- [Lit Review Snapshot](#)
- [Insight Gathering Plan](#)
- [Insight Generation Methods](#)

Insights & Design Principles

- [Methodology Summary](#)
- [Interview Notes](#)
- [Interview Reflection](#)
- [Synthesis Process Summary](#)
- [Data Theming](#)
- [What? So what? Now what?](#)
- [Observations & Guesses](#)
- [Pain points & Opportunities](#)
- [Point of View](#)
- [Insight Statement](#)
- [Personas](#)
- [Journey Map](#)
- [Opportunity Areas](#)
- [Design Principles](#)

Promising Prototypes

- [Co-creation Workshop Overview](#)
- [Concept Brainstorm & Prioritization Summary](#)
- [Prototype Description](#)
- [Prototype Testing & Learning Plan](#)
- [Prototype Feedback](#)
- [Prototype Evaluation Criteria](#)
- [Prototype Iteration](#)
- [Prototype Iteration Summary](#)

Hand-off

- [Background](#)
- [Principles](#)
- [Product Overview](#)
- [Product or Service Map](#)
- [Implementation Guidance](#)
- [Data Collection Tools](#)

Problem Framing and Preparation

Section overview

Documentation goal

Clearly state the problem you're trying to solve and how you intend to learn about it. Define scope and justify your choice of boundaries.

Major activities to document

Your approach to design, including your HCD process and who is on your team, what you know about the challenge, and what is in and out of scope.

Tip

The work in this phase often overlaps with traditional research techniques (i.e. literature reviews and qualitative research). You may choose to follow established procedures and use existing documentation tools for some of these more common activities. If that's the case, those approaches can compliment or replace what's here.



Problem Framing & Preparation

Activity & Documentation Assessment

Activity	Was this part of our process?	Does documentation already exist?	If so, where is it?	If no, what will you do to capture the required info?	Documentation templates	Examples of documentation sources
Activity						
Activity timeline					Timeline & Approach to HCD	Gantt chart, standard project management tools
Approach to HCD						
Teaming						
Identify the design team members					Design Team Roster	Job descriptions, scopes of work, partnership agreements, team charters, RACI matrix; training curricula
Define responsibilities and ways of working						

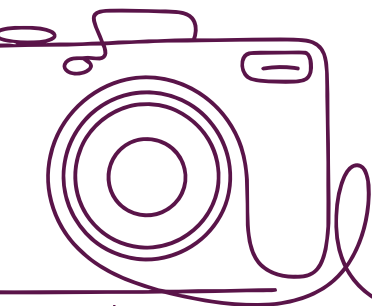
Activity & Documentation Assessment Continued

Activity	Was this part of our process?	Does documentation already exist?	If so, where is it?	If no, what will you do to capture the required info?	Documentation templates	Examples of documentation sources
Refine the problem or challenge						
Define problem statement					Problem Statement	Project proposal or bid; use/need analyses or other reviews of quantitative data; meeting minutes
Clarify target geography and audience						
Review what is already known about the challenge: Expert interviews						Literature review, bibliography of sources, interview transcripts
Define responsibilities and ways of working						
Plan for the inquiry / insight phase						
Plan overview (including recruitment plan)					Insight Gathering Plan	Detailed schedule, recruitment approach; approved ethical protocol
Tools for inquiry / insight					Insight Generation Methods	Interview guides, tools used during interviews

Timeline and Approach to HCD

Provide a snapshot of your project activities and their planned or actual dates.

Although HCD approaches generally follow the same broad outlines, different organizations and design firms use different language to describe phases or key activities. Certain projects may also require additional phases or activities, depending on the objectives. Use this template to define the phases and timing of your HCD process.



Tip

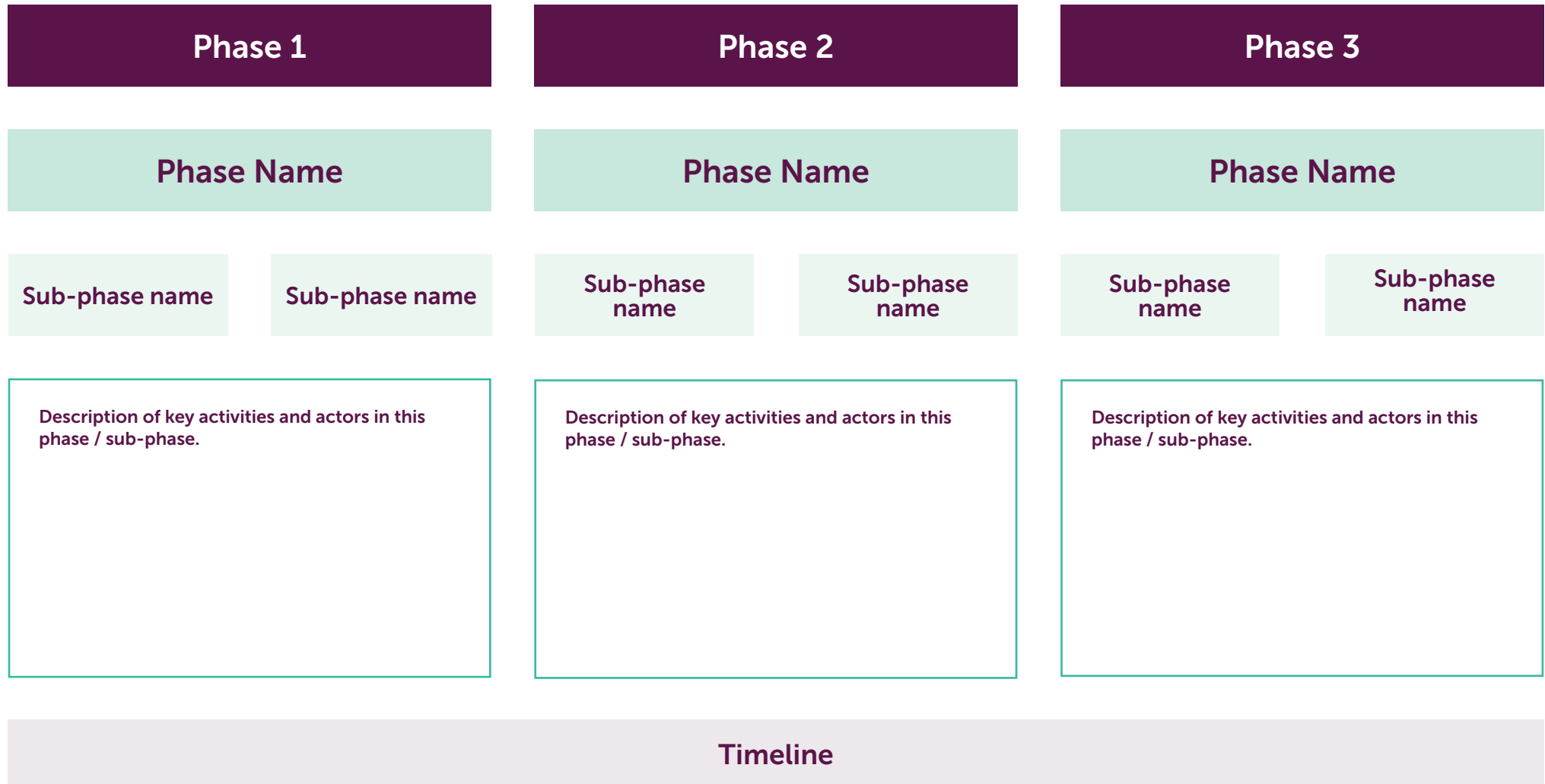
If your organization already has a visual representation of your HCD approach, use it instead of this template.

Tip

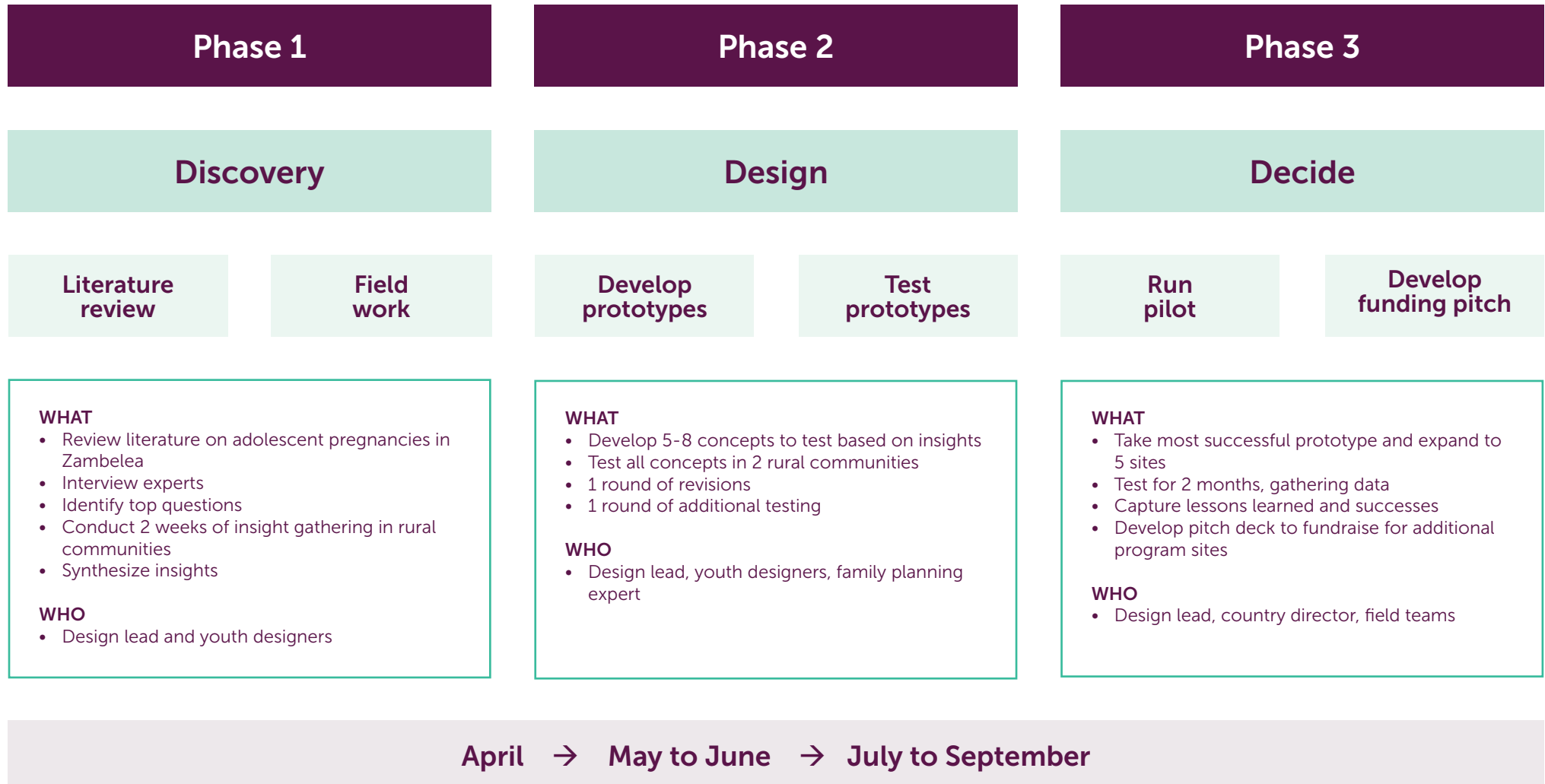
Timelines change! If documenting in real time, the timeline is your plan. If documenting in near-time or retrospectively, the timeline represents what actually happened. Either works. You could also document both and explain the differences in timing to offer a more detailed look at your process.



Timeline and approach to HCD



Timeline and approach to HCD



Design Team Roster

Capture the individuals participating in your design process and their role.

HCD is a process that is heavily reliant on the people involved. Documenting who participated in the design process can help internal and external audiences understand how individual or institutional perspectives shaped the outputs



Design Team Roster

Name	Organization / Affiliation	Title	Role in design team	Level of engagement

Design Team Roster

Name	Organization / Affiliation	Title	Role in design team	Level of engagement
Maya Ellington	ABC NGO	Manager, Health Innovation	Team Member	Part-time
Jordan Lavoie	ABC NGO	Support, Health Innovation	Team Member	Full-time
Selina Hartell	ZYX Design	Design Strategist	Team Leader	Full-time
Tomas Rivera	ZYX Design	Graphic Designer	Graphic Designer	Part-time
Nadine Okoro	Independent	Youth Innovation Lead	Team Member	Full-time

Problem Statement

Capture the key challenge your design process plans to address and what you hope to learn.

A clear definition of the problem you are trying to solve, and for whom, helps your audience understand why you have undertaken this work and your anticipated outcomes. It also provides important information on what is out of scope for this process and justifies future decisions.

This is an area where there is likely to be large variation depending on the intensity of documentation style. The process of gathering background information, synthesizing it, and setting priorities can take many different forms, and approaches will differ from one organization to another. Check out the Inspiration Gallery (Part III) for additional inspiration.

Tip

If completing this step of documentation is hard, your team may need to do more work to define and agree on the project scope. Check out this resource on [Framing Your Design Challenge](#) for some additional guidance.



Problem Statement

Problem statement:

Learning questions:

Intended audience:

Target geography:

- Design process objective:**
- Solution (this problem is solvable and will result in a product, service, or program)
 - Better understanding (this is a complex problem and we are trying to learn more about it)

Problem Statement

Problem statement:

Teenage pregnancy rates remain stubbornly high in Zambelea – most girls report that these pregnancies are unplanned. Unplanned pregnancies limit the potential of Zambelian girls.

Learning questions:

- What is the experience of becoming a mother like for young women, including the physical and mental health challenges faced?
- What information do girls wish they had before pregnancy?
- How does pregnancy affect the pursuit of education among young women?
- What are the current aspirations of young women and what do they see as a barrier to achieving those aspirations?

Intended audience:

Young women aged 15-19 at risk for pregnancy or already with a child

Target geography:

Tindora Province, Zambelea

Design process objective:

We propose to design an intervention, in partnership with the Ministry of Health, that addresses the high rates of unplanned teenage pregnancy and improves uptake of modern contraception.

Lit Review Snapshot

Distill the lessons learned during your initial review of existing evidence to demonstrate your work builds on what is already known.

Use the worksheet to summarize the key takeaways from any background research your team has conducted. This may come from published studies, review of grey literature, or discussion with subject area experts, among others. Be sure to include what is known and what is unknown, as both shape your design process. Include a few notes on the methodology you used.

For many projects, the literature review may be very informal; for example a team brainstorm on what you do and do not know. That's fine. The goal here is just to document what you did and what you learned.

Tip



Lit Review Snapshot

Summary of Lit Review

Key facts:

What is known about what works or does not work:

Known gaps:

Background on decision-making process:

Who was involved?

What were key considerations for the team?

Lit Review Snapshot

Summary of Lit Review

Key facts:

- While contraceptive uptake has improved for women over 20 in the last 10 years, it has remained stable for adolescents aged 15-19.
- Most adolescent pregnancies are happening outside of marriage, but after girls drop out of school.
- Providers are uncomfortable supplying girls in this age category with contraception, believing that they should practice abstinence.

What is known about what works or does not work:

- There was a successful pilot in the region which worked with parents to speak with girls about preventing pregnancy, but it was very expensive and could not be operated at scale.
- Initiatives that engage both girls and boys have proven more successful.
- Existing programs tend to target in-school girls, who are known to be at lower risk for unplanned pregnancy than those out of school.

Known gaps:

- The best way to address provider stigma.
- Whether young women are knowledgeable about and feel comfortable with modern contraception.

Background on decision-making process:

Team presented a literature review conducted by a research consultant to the organization's leadership team. There was a two hour meeting to review, synthesize, and identify priorities.

Who was involved?

Full design team, SRH director, country director.

What were key considerations for the team?

Donor priorities, funding availability, and designing an approach that leads to behavior change (instead of knowledge or attitude change).

Insight Gathering Plan

Provide an overview of the process your team will use to capture insights to build confidence in the rigor of your process.

Make a record of your field work, particularly any ethical approvals you received, where you will go, with whom you will speak, and what methods you will use. This template is a high-level overview. If your research team requires more detail or you have received ethical approval, you may choose to add additional information. Providing information on who you spoke to and why is important background information for interpreting the data that is collected in the next phase.

Tip

Remember, plans change. After the completion of insight gathering, update your documentation and make sure it accurately reflects what happened during interviews.

Tip

If you developed a full data collection protocol for an ethical review process, you can share that document if it's easier. You may also choose to summarize your protocol using this template.



Insight Gathering Plan

Ethical approval? No Yes (_____) [Link to approved protocol \(optional\)](#)
Approving body

Recruitment Plan

Location(s):

Participant Category	Participant Type	# Recruited	Interview Format

Insight Gathering Plan

Ethical approval? No Yes (Zamebelea Ethical Research Review Committee)
Approving body

Recruitment Plan

Location(s): Tindora Province, Zambelea

Participant Category	Participant Type	# Recruited	Interview Format
Primary Target Group	Adolescent Girls	34	Individual interviews (10) Group interviews (24 individuals over 4 sessions)
Key Influencers	Mothers	6	Individual interviews + card sort
	Male Peers	6	Individual interviews
	Teachers	6	Individual interviews
	Religious and community leaders	6	Group interviews

Insight Generation Methods

HCD draws on participatory approaches to deepen understanding of complex, persistent problems. Showcasing the methods you used helps your audience see how your process leads to richer, more authentic insights.

Capture the specific methods used during insight gathering. For each method, provide brief background information on what it is, why it was chosen, how to facilitate it, and the resources needed to employ it. You can also link directly to the tool or open source resources if using or adapting existing tools. Complete one template for each method used.

By documenting your methods, you may be benefiting your future self. Having a record of methods used can save you time on future projects. Just return to your list and pick what's applicable.

Tip



Insight Gathering Methods

Method Name

Time Required:

Tools / Materials Required:

of Participants:

What is it?

Provide a short description of the method.

Why this method?

Provide a short description of the functionality of this method and what questions it will help answer.

Activity Steps:

List what is required to facilitate the method.

Additional prompts, scripts, or facilitation advice.

Insight Gathering Methods

Roleplay

Time Required:

30 min

Tools / Materials Required:

N/A

of Participants:

2

What is it?

Provocative roleplay in which two participants act out difficult conversations between married girls and their husbands.

Why this method?

Roleplays allow us a window into typical community interactions (or what is considered typical) without us having to ask people to reveal specifically what happens in their own home or relationship.

Activity Steps:

- Introduce the activity and explain the roles.
- Provide the story prompt
- Ask the participants to roleplay for 5 minutes
- Interview participants about why their characters acted the way they did (use interview guide).

Insights & Design Principles

Section overview

Documentation goal

Documentation during this phase is about making a map that links the data you collected with the insights and other outputs you develop. The documents that define the outputs of this phase – a design brief, insight and opportunity statements, design principles – define the choices that will drive the design forward. In this phase, you choose what to prioritize and deprioritize.

Core activities

Data Collection

Capture your data – quotes, observations, reflections, audio files, etc – in a way that makes sense for your project and is aligned with the ethical standards laid out in your data collection protocols. We recommend that you save and store this (confidentially). The original data may be required if you ever need to resynthesize data, onboard new team members, or publish your work.

Synthesis

The line between doing HCD and documenting HCD can be very thin here. By documenting your synthesis process (often the outputs from active, meaning-making activities) you can help demystify the 'black box' that surrounds HCD. Even if you do not share these documents externally, they are an important record of your work and help bridge the gap between the raw data and your design outputs.

Design Outputs

These are the key documents of the phase and state clearly to your audience how the design team has made sense of the insights gathered and where the design is headed. There are multiple possible outputs, several of which are overlapping. Use only what makes sense for your team and your design challenge.

Insights & Design Principles

Activity & Documentation Assessment

Activity	Was this part of our process?	Does documentation already exist?	If so, where is it?	If no, what will you do to capture the required info?	Documentation templates	Examples of documentation sources
Activity						
Methodology Summary					Methodology Summary	Research protocol, field notes
Collected or generated data					Interview notes; Interview reflection	Notes, audio recordings, transcripts, photos, daily downloads
Teaming						
Initial Synthesis					Synthesis Process Summary; Data Theming; What/So What/ Now What; Observation & Guesses	Data generation debrief memo, research memos, theming, meeting notes, Miro/Mural board

Activity & Documentation Assessment Continued

Activity	Was this part of our process?	Does documentation already exist?	If so, where is it?	If no, what will you do to capture the required info?	Documentation templates	Examples of documentation sources
Activity						
Insight statements					Point of View; Insight statements	
Personas					Personas	Synthesis meeting notes, recording, Miro board, in-person stickies
Journey Maps					Journey Maps	
Opportunity Areas					Opportunity Areas	Synthesis meeting notes, stickies
Design Principles					Design Principles	Synthesis meeting notes, stickies

Documenting data collection

Accurately capturing what you hear from conversations with the community is essential. The ideal form for this will depend on the methods you've chosen for insight gathering, as well as the ethical protocol guiding your insight gathering process. You may choose to rely on field notes, interview recordings, or pictures of participatory tools. Save this data and store it in a secure place to preserve confidentiality.

If you are looking for guidance, use the templates in this section to **quickly summarize your data collection process, capture interview notes, and synthesize field interviews**. If your approach does not require interview transcripts, then these tools can be used as a primary source of documentation. If you do have transcripts, then these templates can be a useful tool to capture main ideas and begin the synthesis process.



Methodology Summary

Provide a snapshot of the work your team did to collect insights.

After your team has completed all interviews, create a summary record of the activities. While you had a plan, it's likely you had to adapt the plan based on real world conditions. Make sure you capture what actually happened so that there is a clear record of the data collection process that led to your insights.

Tip

Having good documentation of the procedures you followed and showing that you adhered to ethical processes is essential for your credibility. This is especially important if you hope to share or publish work externally.



Methodology Summary

Location(s):

Interviewees:

Type 1 + Number

Type 2 + Number

Type 3 + Number

Total interviews:

Recruitment approach:

Consent procedure:

Research methods used:

Methodology Summary

Location: Kembala South (coastal, peri-urban region)

A fast-growing, peri-urban area along the southern coast. This is a very young region with many adolescents balancing school and informal work. While clinics are present, stigma around adolescent contraceptive use means that there are few clients under the age of 20.

Interviewees:

- Adolescents girls 15-19: 36 interviews, 10 IDIs and 26 in groups (over 4 sessions)
- Mothers of adolescent girls: 6 IDIs
- Adolescent boys ages 15-19: 6 IDIs
- Religious and community leaders: 6 in a group
- Teachers: 2 IDIs (note: we had initially planned more but teachers were hard to find as school was out of session)

Total interviews: 56**Recruitment approach:**

We worked with community health workers who identified girls in the community who fit our criteria (15-19, some experience with the health system, a mix of married and unmarried). We invited them to an interview. All participants who accepted received the equivalent of USD 2.00.

Consent procedure:

All participants were read the consent script and signed the consent form.

Research methods used:

Card sort, day-in-the-life, vox pops, tell me the interview + standard interview guide

Interview Notes

Capture what you heard and saw during interviews.

Use this template to make sure you accurately capture details from interviews in real or near time. Don't forget that in HCD, you document not just what people are saying but also their non-verbal language as well. Capture a few quick details about what you asked and any unique methods used so that you can contextualize the responses during synthesis.

Tip

Make this template work for the way you do data collection. Print it out and use it to take notes by hand, convert it into a Word document that you can type into, or reduce it to just a few short prompts in your notebook. Change the prompts to record what's most important for you.



Interview Notes

Interview questions

- 1.
- 2.
- 3.
- 4.
- 5.

Additional interview techniques

What did you hear?

Write down specific quotations. Listen for stories, emotions, motivations and behaviors. Listen for surprising or contradictory information.

What did you see?

Look for emotions (sadness, excitement, joy) in the person's body language and facial expressions.

Source: Human-Centered Design Toolkit | Schools 2030™

Interview Notes

Interview questions

1. How do you spend a typical morning?
2. What are you most excited about when you think about the future?
3. What do you worry the most about?
4. Would you say you have a best friend? If so, who? What do you do together?
5. Have you ever visited the health center? If so, what was your experience there?

Additional interview techniques

Circle of Trust

What did you hear?

"In fact, I have never visited the health center. I know where it is, of course, but I never go. I don't need to. I am very healthy, so there is no reason to visit."

"When I think about the future, it's hard to be excited about anything. Mostly, what I feel is worry. Even though I am a good student, I am not sure I will find a job. I know so many people who graduated at the top of their class and then they just sit at home, waiting to get married."

"Ah! My best friend lives in town. We have been going to school together for years. We tell each other all our secrets. If I have a question, I know I can go to her."

What did you see?

Was very talkative and happy to speak with me. Seemed to especially like talking about the future and her friends, even if she was worried. Got a bit quieter when asked about health services. She didn't have too much to say on the topic.

Interview Reflection

Take a moment for rapid synthesis following interviews.

Using your interview notes, complete this worksheet to begin synthesizing what you heard and observed. This process helps move you into the “so what” of your field work and gives you a chance to make meaning from what you are hearing. This reflection can help inform lines of questioning in future interviews as the process gives you a chance to see what is clear and what is still unknown.

Tip

It may not be possible to complete this worksheet after each interview, so completing it at the end of each day can be a more manageable way to approach it. You can then use the reflections to inform your planning for the next day’s interviews.



Interview Reflection

1. Describe who you interviewed

Age, gender, role, likes, disliked, etc. (NO NAMES)

2. What stories did you hear?

Source: [Human-Centered Design Toolkit | Schools 2030](#)

3. What emotions did you observe?

4. What are the most important things you learned that are relevant to the problem you are exploring?

5. What questions or gaps have emerged that you want to explore?

Interview Reflection

1. Describe who you interviewed

Age / Gender: 17, female

Location: Peri-urban community in southern Zambezia

Schooling: Two years behind peers but determined to finish secondary school

Likes: Dancing with friends, listening to radio dramas, dreaming about opening a small clothing shop one day

Dislikes: Being judged for asking questions about relationships, teachers who shame girls, and the gossip in her neighborhood

2. What stories did you hear?

She started secondary school late because her family couldn't afford a uniform at first. She's determined to stay in school but struggles to balance studies with helping her mother sell vegetables at the market. Recently, she overheard conflicting rumors about getting pregnant "just by sharing a soda" and feels confused but too embarrassed to ask anyone she trusts.

3. What emotions did you observe?

Curiosity: Leaned forward, asking clarifying questions quietly

Frustration: Wrinkled forehead when describing rumors she's heard

Caution / Distrust: Lowered her voice when speaking about relationships and contraceptives

4. What are the most important things you learned that are relevant to the problem you are exploring?

- She seemed to really want accurate information, but feared being judged if she asked the questions she really wanted to ask.
- Contraception doesn't seem at all linked to health, but instead is all about the benefits of avoiding pregnancy right now, being able to stay in school and working towards her current goals.

5. What questions or gaps have emerged that you want to explore?

Is it common for girls to be in school, but several grades behind? How does this affect social aspects such as dating and sex? Do they receive health information on time or is it delayed?

Synthesis Process Summary

Record your approach to the (often messy) sense-making phase

Use the question prompts to rapidly note the key elements of your synthesis process. Capturing this information helps reduce the feeling that HCD is happening within a 'black box' in which everything is a mystery. Having this record helps audiences understand how you arrived at your final conclusions, building a case for the rigor of your process and quality of your work.



Synthesis Process Summary

Who was involved?

What process did you follow?

How did you assess the quality of your insight gathering?

How were decisions made?

Synthesis Process Summary

Who was involved?

All design team members, including our 3 youth members of the team.

What process did you follow?

Each evening, we debriefed as a group on our interviews using a “daily download” process and capturing key ideas in the interview download sheets. This helps us start to see emerging ideas and know what to explore in the next day’s interviews. Once interviews were over, we looked at all our notes and started to create themes based on data that was similar. We then had a lot of discussions (over 3 days) using the point-of-view worksheet to help us identify the key insights for design. From this, we also realized that we had a clear sense of the design principles (or what we had to keep in mind as we moved forward).

How did you assess the quality of your insight gathering?

We worked in pairs for each interview and reminded ourselves daily about not being biased and to really listen to what people were saying before we jumped to any conclusions. Overall, we talked to every type of person we planned to and heard many diverse experiences. We felt confident that the insight gathering was strong, although we realized that we did not hear much from rural girls, given the setting where we were doing interviews. If we need to design for this group later, this is a gap we will have to address.

How were decisions made?

Most decisions were made by consensus, as we were all learning and synthesizing in real time. The one time there was a disagreement over which insight to prioritize, the team leader made the decision based on her understanding of the project’s goals.

Documenting synthesis - a menu of options

The process of moving from raw data to analysis can be complex and hard to capture, especially in HCD where more formal methods of qualitative analysis may not be appropriate. Remember, the goal here is not to record everything, but to capture enough to make it clear why you made the decisions you did.

Perhaps more than any other process, the line between doing synthesis and documenting is thin. It's the work of writing about, reflecting on, and manipulating your data that helps you make sense of it. By the end, you have a record of your thinking. This guide doesn't go into how to do insight synthesis—there's already a lot of good advice out there on that. Still, the way you approach synthesis will shape how you document. We have offered a few options for synthesis templates. The functionality of these templates overlaps, so it's not necessary (or even advisable) to use all of them.

If your team has an approach for this phase of HCD that works well, we urge you to continue using it and focus just on documenting the major outputs. Your team may choose to spend very limited time documenting the sub-phase of analysis and focus instead on documenting insights and design principles. Your project and corresponding documentation goals should guide your level of effort.



Data Theming

Make sense of your mountain of data by grouping common themes together.

Data theming is a way to make sense of the conversations your team had. Lay out all of the data (either in person or on a virtual whiteboard) and start to group things that are similar together. Once you have data sorted, start to name the groups. Move things around as much as needed and try out different names until the group is satisfied.

Resource

For additional guidance on data theming see: <https://www.designkit.org/methods/find-themes.html>

Tip

This is messy! Don't feel like you have to share this with external audiences, but it's great to have a record of this (saved pictures or archived digital whiteboards) in case you ever need to go back and review the supporting data in more detail.



Data Theming

(Theme 1)

(Theme 2)

(Theme 3)

Data Theming

Lack of reliable SRH information

"Everyone says different things... one friend says you can get pregnant just by sitting where a boy sat." -Girl, age 17

"I don't trust the clinic. If someone sees me there, they'll start talking." Girl, age 16

"Teachers just tell us to 'stay away from boys.' They don't explain why." -Girl, age 15

She avoids asking questions in school because she fears being laughed at. (observation)

Friends are her main source of SRH info, but they mostly share rumors (observation)

Girls report that peer-to-peer conversations are the most common way to get info, but over half find the info confusing (from lit review)

Optimistic for the future

"I want to finish school and start my own business one day." -Girl, aged 18

"Yes, I have big dreams. I know I am capable of a lot." -Girl, aged 16

"When I think about the future, I don't know what it will be, but I know it will be good. Better than what I am experiencing today." -Girl, aged 17

74% of girls aged 15-17 say staying in school is their top priority (from lit review)

A lot of variety in plans for future career – shop owner, doctor, teacher, hairdresser (observation)

Close to mum

"My mother is the person I trust the most." -Girl, aged 15

"Even when she [my mum] is strict, I know it's because she loves me." -Girl, aged 17

"I know she [mum] wants the best for me, so I don't want her to think I'm doing bad things." -Girl, aged 17

Girls value their mum's opinions but perceives SRH conversations as taboo (observation)

Many girls seemed to feel more relaxed and happy if their mums approved of their actions

What? So What? Now What?

Use this tried-and-true three question approach to move from facts to action.

After reviewing your data, work together as a group to reflect on the three questions in the worksheet. In the first, the 'what' stage, you identify the situation without getting distracted by feelings or opinions. In the next, the 'so what' stage you interpret the data and give it meaning. In the final stage, the 'now what' stage, plan what needs to happen next.

Tip

Rather than conduct this activity for all your data at once, it may be more manageable to do it by themes or sub-categories of the data that are related.



What? So What? Now What?

Date:
Location:
Participants:

What?

So what?

Now what?

What? So What? Now What?

Date: August 15, 2025
Location: Zambelea, Main Office
Participants: Full design team

What?

There is a lack of reliable SRH information for girls. There are many reasons for this, including girls' own embarrassment about asking questions related to sex and sexual health, teachers' lack of confidence, and a general sense that this information isn't important or relevant for girls.

So what?

If we are going to tackle improvements in SRH information provision, we're going to have to deal with a lot of interconnected barriers at once. We will also need to deal with multiple audiences, since girls and teachers are both part of the problem and part of the solution.

Now what?

We need a way to address girls' shame at asking these questions, make the information feel essential, and build up the adults' courage to deliver this information. It may be that teachers aren't the right adults – who else could we target?

Observations & Guesses

Reflecting on what you have seen and heard, make some hypotheses about why it matters.

Pick the top five most interesting things you heard or saw during insight gathering and record your data (or move a sticky note) to the left side of the worksheet. Next, make a guess for why you think each thing you noticed is important. Write each guess on a post-it note and stick it on the right side of the sheet.



Observations & Guesses

We noticed:

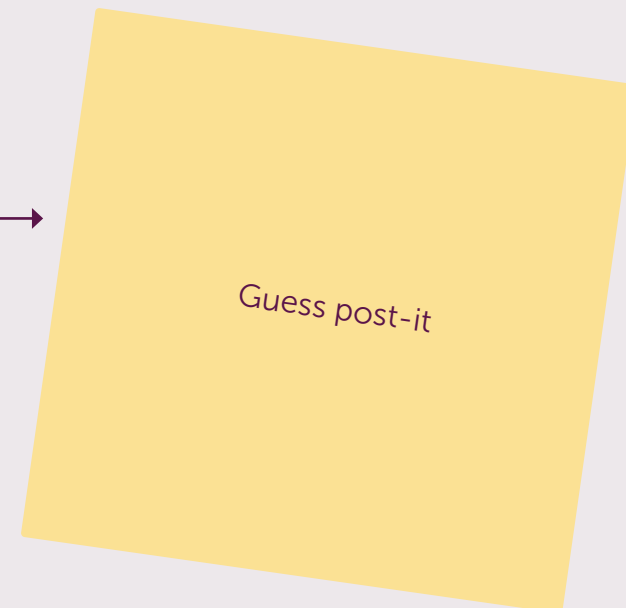
(What did you hear? What did you see? Think of surprises, conflicts, or contradictions.)



I infer

We think this is important because:

(What is your guess about why this matters?)



Source: *Human-Centered Design Toolkit | Schools 2030*

Observations & Guesses

We noticed:

(What did you hear? What did you see? Think of surprises, conflicts, or contradictions.)

Although moms seemed to feel like their daughters didn't care about their opinion / were upset if they tried to be too restrictive, we heard from girls that they really wanted their mom's approval and looked to them for advice.

I infer

We think this is important because:

(What is your guess about why this matters?)

Moms seem like an untapped resource for giving girls' important SRH information, if we can build their confidence and skills to discuss this information.

Pain points & Opportunities

Turn your summarized data into insight statements that will shape the rest of your design process.

If you have clustered your findings into themes, this template can help you begin writing your insights. Use this table to gain a better understanding of your data points. By identifying both the opportunities and the challenges, your team can start defining where it makes the most sense to intervene.



Pain points & Opportunities

Pain points (-):

What experiences, context, attitudes, and feelings make it hard to do the desired behavior?



Opportunities (+):

What positive experiences, context, attitudes, and feelings support the desired behavior?



Key Finding:

What did you discover? What are the surprising observations? The most significant?



Source: *Human-Centered Design Toolkit | Schools 2030**

Pain points & Opportunities

Pain points (-):

What experiences, context, attitudes, and feelings make it hard to do the desired behavior?

Girls can't make healthy choices about their sexual health because they don't have the information they need or the confidence to make decisions. They are so shy and feel they will be punished for any action (and they may be right!).

Opportunities (+):

What positive experiences, context, attitudes, and feelings support the desired behavior?

Girls want to know more and moms seem to want to help them. Although sex is taboo, there is an even stronger sense that mothers want their daughters to succeed and are ready to try something different (break with tradition) in order to help them.

Key findings:

What did you discover? What are the surprising observations? The most significant?

We think we can harness moms as educators and supporters of their daughters' sexual health.

Point of View

Based on what you've heard, try defining your challenge from a specific user's perspective.

Fill out each section of the worksheet. As you work through the sections, you slowly build up to a draft insight statement. In some cases, you will be able to easily complete the sections using data from interviews. In other cases, it may take some guesswork or 'leaps' to complete.

Tip

You can complete one worksheet per user. If a single user is facing several distinct challenges, feel free to complete additional worksheets for that same individual.



Point-of-View

1. We met:

Describe one person you interviewed.

2. We noticed:

What did you hear or see? Think of surprises, conflicts, or contradictions.

3. We think this is important because:

What is your guess about why this matters?

4. Needs a way to:

Describe what your stakeholder needs.

Point-of-View

If the statement feels too big and overwhelming, ask yourself: what's stopping us from meeting this need?

Then, rewrite the need around what you identified as a barrier.

If the needs statement feels too much like a solution, ask yourself: Why would we want to do this?

Then rewrite the needs around the motivation.

5. Point of view statement

Put it all together.

_____ is struggling with _____
(Stakeholder) (their problem)

because _____
(why this matters)

She/he needs a way to _____
(needs statement)

Source: *Human-Centered Design Toolkit | Schools 2030**

Point-of-View

1. We met:

Describe one person you interviewed.

17-year-old girls who is in school, delayed but determined to finish. She is curious, but wary. Is mostly worried about her future and hopes education will get her there, but doesn't know if she can rely on that. Let's call her Aliya.

2. We noticed:

What did you hear or see? Think of surprises, conflicts, or contradictions.

The conflict between wanting moms to be helpful and moms really not knowing how to help.

3. We think this is important because:

What is your guess about why this matters?

It seems like moms could be the right people to deliver information, especially on SRH, that girls desperately need.

4. Needs a way to:

Describe what your stakeholder needs.

She needs a way to get more information so that she can feel more confident in making choices and pursuing the future of her dreams.

Point-of-View

5. Point of view statement

Put it all together.

Aliya is struggling with feeling optimistic about the future because there is so much she doesn't know, especially her sexual health because she doesn't have anyone she trusts and she hears bad news all the time. She needs a way to get information that makes her feel more confident about the future.

Synthesis Outputs

These are the documents you are probably most familiar with when it comes to HCD – insight statements, design briefs, How Might We questions and other supporting documents that help make sense of the insight gathering work.

Often, these are presented as highly polished documents that have undergone extensive work by a graphic designer. If that's something your project has the resources to do, that's great. If not, you can still present a compelling summary of your insight gathering period using the templates here.

As with the synthesis tools, it is not required, or advisable to use all of them. Choose what makes the most sense for your project, based on the data you have available and your learning goals..



Insight Statement

A simple template for defining and supporting your insight statements.

Once you have developed your insights (use the templates in the previous section to help you), go ahead and create a clear, simple record of each one. This template is designed to be used for just one insight, so create as many copies as you need.

Tip

Crafting concise, provocative insights is notoriously tricky. If this template isn't working for you, check out the inspiration gallery for alternative ways of presenting your insights

Tip

You may go through several drafts of an insight statement before you land on the 'right' one. There's no need to share old versions, but if you reach consensus about something that is no longer important or is being left out, you can note that separately so you have a record of it.



Insight Statement

Insight Name

Additional description

Supporting quotes or other data

How Might We question / Opportunity area

Source: [Insights 101 Playbook](#) | Breakthrough ACTION

Insight Statement

Girls are optimistic about the future, but need accurate SRH information from their mum to stay on track.

Adolescent girls in peri-urban Zambelea, are **deeply motivated to stay in school and pursue their goals** but are navigating a confusing landscape of **conflicting, unreliable SRH information**. While they want guidance, **trusted adults rarely initiate open conversations**, leaving girls dependent on peers and rumors. Girls' **aspirations for a better future** and their **desire for support from people they trust—especially their mothers—create an opportunity to design solutions that:**

- Provide **accurate, stigma-free SRH information** in ways that feel private and safe.
- **Connect contraceptive choices to personal dreams** rather than fear-based messages.
- **Equip parents with tools** to start open, judgment-free conversations at home.

"Yes, I have big dreams. I know I am capable of a lot." -Girl, aged 16

"My mother is the person I trust the most." -Girl, aged 15

"I know she [mum] wants the best for me, so I don't want her to think I'm doing bad things." -Girl, aged 17

How might we **support girls' dreams** by giving them **accurate, trustworthy SRH information** when they need it most?

How might we **equip mothers** with the confidence and tools to **guide their daughters** through informed SRH decisions?

How might we help girls **stay focused on their future plans** by ensuring they receive **reliable SRH guidance from someone they trust?**

Personas

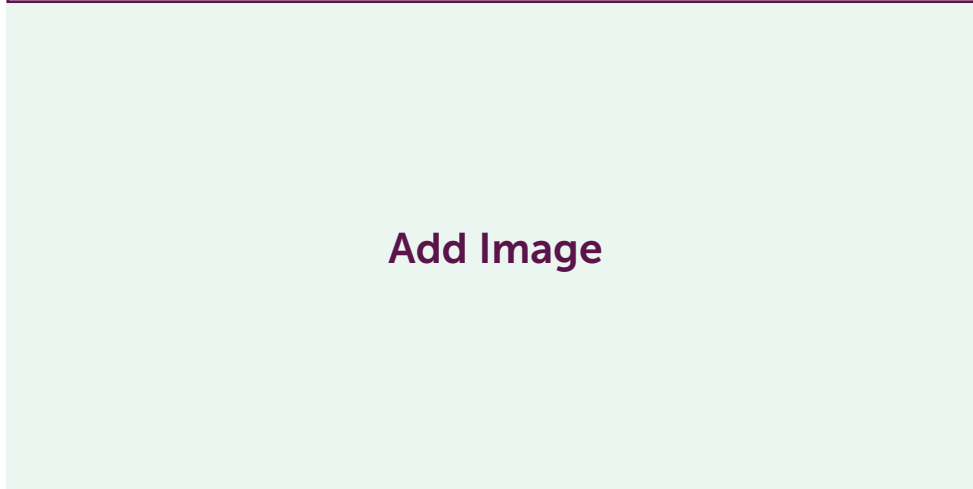
Create a profile of your user based on your research to help the design team stay focused on the user's needs, motivations, and constraints.

It may be helpful to bring your typical user to life by creating a 'persona' or 'archetype.' These characters can be a tool to synthesize your field research and also help the design team stay grounded in the user's needs as you develop services or products. Personas can be a nice way to summarize what you have learned in a manner that is easy-to-understand and lends itself to action.



Personas

Persona Name



Key Influences:

Relevant Challenges:

Relevant Background:

Relevant Motivators:

Source: *HCD Tools Overview | Human Centered Design 4 Health*

Personas

In-school striver Aliya



Key Influences:

Mom, friends, TV programs (some exposure to social media)

Relevant Challenges:

Poverty, lack of information, lack of awareness of the importance of sexual health to overall well-being.

Relevant Background:

In-school, but behind. She's eager to finish school and wants to work hard to earn money.

Relevant Motivators:

Wants her mom to be proud of her, wants to be successful in the future, eager to invest in herself and do what she can to get ahead.

Journey Map

These maps represent your target audience's journey to achieve a specific goal.

Journey maps provide a visual representation of the steps required to complete a desired action. They are a way to bring learning about complex behaviors together into a single document. Your journey map may represent the actual journey or the idealized one you are trying to achieve.

Tip

During synthesis, creating a record of the current journey to a service or product can help you identify the pain points and opportunities. An idealized journey can be useful during prototyping or during hand-off to articulate your team's vision.



Journey Map

	[User's] Journey to [outcome/behavior]			
	Step 1	Step 2	Step 3	Step 4
Actions				
Emotions				
Supporting data and quotes				
Opportunities:				

Adapted from: [Journey Mapping 101 | NN group](#)

Journey Map

Aliya's Journey to learning about pregnancy

	Step 1	Step 2	Step 3	Step 4
Actions	No action – doesn't know what she doesn't know	Listens in class as her teacher explains biology	Tries to ask her mom about pregnancy, but is too embarrassed	Asks her friends and is given a mix of correct and incorrect information.
Emotions	Neutral	Curiosity, frustration, confusion	Shame, courage, confusion	Curiosity, shame, uncertainty, interest
Supporting data and quotes	"What is there even to know? Babies come when women are married."	"My teacher said something about ovaries and sperm, but it didn't make sense to me."	"One time, I tried to bring it [pregnancy] up with my mom, but at the last second I was too ashamed to say anything."	"After the unhelpful class, I realized I can just ask my friend. She's the one who told me about condoms and how, at our age, it isn't possible to get a serious disease."

Opportunities: Reduce the feelings of shame, confusion, and uncertainty throughout the journey by making SRH information more accessible and positive.

Opportunity Areas

Transform your understanding of the problem or challenge into possibility.

Also known as *How Might We* questions, in this step you turn challenges into opportunities for design by reframing them as open-ended questions that will be used during ideation and prototyping. Documenting your opportunity areas helps communicate the direction you anticipate taking during the next phase of the design process and signals your priorities.

Tip

For more guidance on How Might We questions, check out the description and instructions for the method from [IDEO.org's design kit](https://www.ideo.org/design-kit).



Opportunity Areas

Brief reminder of topic / theme

How Might We question 1

How Might We question 2

How Might We question 3

Related Insight:

Opportunity Areas

Area of focus: Girls & Mums

*How might we **support girls' dreams** by giving them **accurate, trustworthy SRH information** when they need it most?*

*How might we **equip mothers** with the confidence and tools to **guide their daughters** through informed SRH decisions?*

*How might we help girls **stay focused on their future plans** by ensuring they receive **reliable SRH guidance from someone they trust**?*

Insight: Girls are optimistic about the future, but need accurate SRH information from their mum to stay on track.

Design Principles

Value statements that frame and guide design decisions.

As your team moves into the prototyping and creation phase of HCD, many decisions will be required. Design principles, which should be grounded in the lessons learned during insight gathering and your team's choices about what matters most, help guide that decision-making process. They provide a shared understanding for what 'good' looks like as you move forward into prototyping.



Design Principles

PRINCIPLE

Supporting statement

PRINCIPLE

Supporting statement

PRINCIPLE

Supporting statement

PRINCIPLE

Supporting statement

Adapted from: [Design Principles - why they matter and defining yours | Llara](#)

Design Principles

Make Girls' Aspirations the Entry Point

The interviews shows that girls are optimistic about their future and see education and independence as priorities. Anchor SRH tools and conversations in what matters most to girls, rather than starting with fear-based messaging about risks or consequences.

Design for Trust and Privacy

Girls lack reliable SRH information and distrust clinics, teachers, and peers. Create solutions that feel safe, private, and stigma-free, while delivering accurate, actionable information.

Reflect the Real Lives of Girls

Girls juggle school, chores, and caregiving. Prototypes should fit within their daily realities – low literacy, shared phones, irregular schedules – while acknowledging their resourcefulness and agency.

Promising Prototypes

Developing, testing, and refining solutions

Section overview

Documentation goal

During this phase, you'll document what you prototyped, how you tested it, the criteria you used to assess it, and the conclusions you reached. The goal is to bring others along with your decision-making by clearly showing what you built and why. Because you're now working with tangible or experiential concepts, include photos or artifacts wherever possible, and connect each element you tested back to the insights or design principles from earlier phases.

If you're documenting in real time, you'll build the story forward as you go—capturing early ideas, test results, and shifts in direction. This often produces a large volume of material, since it's not yet clear which pieces will matter most. If you're documenting retrospectively, start with the final design and work backward to show how you arrived there. You'll likely include fewer pieces of content, but it may take more effort to synthesize the journey and highlight only the elements that shaped the final solution.

Core activities

Ideation & prototype development

Testing for user feedback

Iteration to final product/service



Promising Prototypes

Activity & Documentation Assessment

Activity	Was this part of our process?	Does documentation already exist?	If so, where is it?	If no, what will you do to capture the required info?	Documentation templates	Examples of documentation sources
Prototype Development						
Ideation					Concept Brainstorm and Prioritization Summary	Notes, stickies, recording of brainstorming session
Prioritization						Evaluation criteria, meeting notes
Co-creation workshop					Co-creation workshop overview	Recordings, meeting notes, photos
Prototype description/ goals					Prototype Description	Physical prototypes, meeting notes
Prototype testing and feedback						
Testing plan					Prototype Testing and Learning Plan	Facilitation guides

Activity & Documentation Assessment Continued

Activity	Was this part of our process?	Does documentation already exist?	If so, where is it?	If no, what will you do to capture the required info?	Documentation templates	Examples of documentation sources
Prototype testing and feedback						
Evaluation Criteria					Prototype Evaluation Criteria	Meeting notes, feedback synthesis
Feedback					Prototype Feedback	Interview notes or recordings, feedback sheets, physical changes to prototypes
Prototype refinement						
Changes made					Prototype Iteration	Field notes, physical changes to prototypes
New prototype(s)						
Additional testing					Prototype Testing and Learning Plan; Prototype Evaluation Criteria	Interview notes or recordings, feedback sheets, physical changes to prototypes
Refined prototype					Prototype Iteration	Before/After photos, change logs, annotated sketches, etc.

Co-creation workshop overview

Provide an overview of the collaborative process used to develop prototypes or pre-prototype concepts.

Document who was involved in your workshop and the priority outcomes so that the path from insights to prototypes is clearly marked. Rich, real-time documentation can ensure that ideas and decisions, especially from end users who may not always be able to participate, are captured and can feed into future work.

Tip

A co-creation workshop is not right for every project. If your prototypes are developed in a more informal way or using a smaller team, just document that process and those outputs.



Co-creation Workshop overview

Date:

Location:

Participants (Who was involved?)	Reason Involved (Why were they chosen?)

What training or preparation was given?

What was the agenda/goals?

What were the major outcomes of the workshop?

Other notes:

Co-creation Workshop overview

Date: July 10-12, 2025
Location: Zambelea City

Participants (Who was involved?)	Reason Involved (Why were they chosen?)
Adolescent girls ages 15-19 (10)	Target audience - they need to feel the intervention/product is desirable
Nurses (3)	Responsible for implementing intervention - they need to feel that the intervention/product is feasible
Mothers (3)	Key influencers - their approval is important
Project staff (3)	Core implementers, played facilitation role as well as contributed ideas

Participants were selected from the group who contributed to insight gathering. They were chosen based on high levels of engagement and willingness to contribute. All participants received a half-day orientation to the goals of the project and rules for brainstorming before the co-creation activities began.

Goal of the workshop was to identify promising concepts to test with girls in the areas of: making contraception relevant, making service sites more adolescent-friendly, and engaging with parents on issues of sexual and reproductive health. 10 concepts were identified and developed into prototypes across these 3 areas.

Concept Brainstorm & Prioritization Summary

Provide a record of how you arrived at your top ideas

Document the key steps in the process to arrive at the prioritized concepts. This provides clarity on how decisions were made and the logic underpinning those decisions.



Concept Brainstorm & Prioritization Summary

Who was involved?

What were the brainstorm prompts?

What were the principles for prioritization?

What approach did you follow for prioritizing concepts (passion vote, high level decider, other)?

What were the final concepts prioritized?

Concept Brainstorm & Prioritization Summary

Brainstorm Participants: All workshop participants (see previous slide)

Prompt 1: HMW make contraception more relevant to adolescent girls ages 15-19 in Zambelea?

Prompt 2: HMW make existing service sites more friendly to adolescent girls ages 15-19 in Zambelea?

Prompt 3: How might we equip mothers with the confidence and tools to guide their daughters through informed SRH decisions?

Concepts were reviewed and prioritized based on the following criteria:

1. Excitement - does this idea feel exciting and interesting to the participants?
2. Relevance - does this idea respond to the opportunities or challenges we identified during insight gathering?
3. Testability - Can we identify a way to test this idea (or elements of it) cheaply and quickly?

We used the following approach to prioritize concepts:

1. All ideas were reviewed and similar ones were combined.
2. All complex ideas were broken down into their component parts.
3. Every participant received 3 votes. They reviewed all ideas against the three criteria and picked their top 3. For each *how might we* question, the 2 ideas receiving the most votes were moved forward to prototyping.

Concepts prioritized: MyLife, MyMap, Method Match, Hello Hub, Clinic Confidential, TalkTime Tokens, "From our House" Radio Hour

Prototype Description

Document what you tested.

As tangible objects, prototypes can be some of the easiest part of documentation. Pictures, mock-ups, and scripts all make it easy to keep a record of what you tested. In addition to documenting the prototypes themselves, it's also important to record assumptions behind the concept and how they connect to the insights, *How Might We* questions, or design principles.

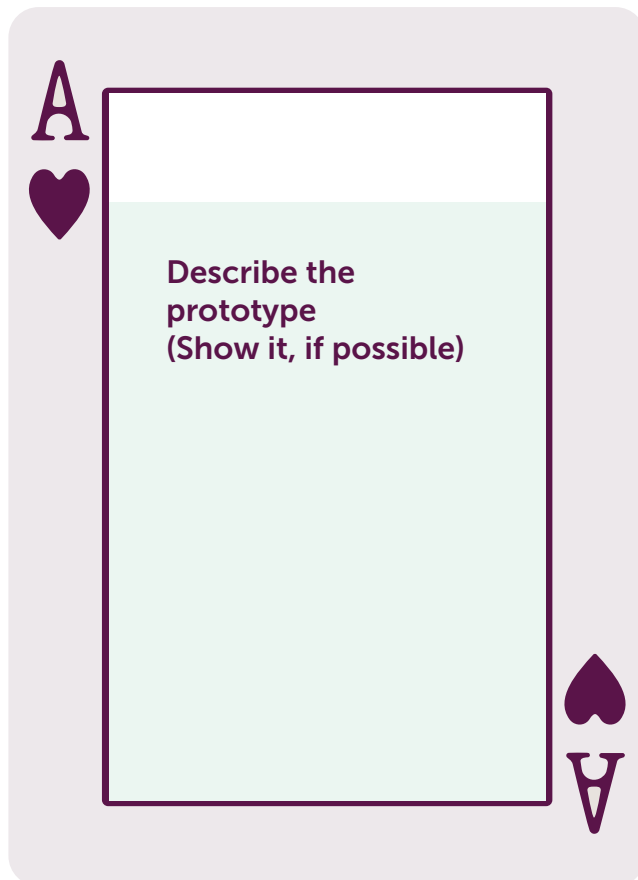
Tip

If your early stage prototypes are not tangible (i.e. skits or activities) then you may want to link to or include any facilitation notes or guides to provide complete information on the prototype.



Prototype Description

Heading



- What is it?
- What opportunity is it aligned to?
- Who is the primary audience?
- What is the prototype designed to do?
- Which insight or design principle does it respond to?

Prototype Description

TimeTalk Token

Conversation starter kits for parents



- **What is it?**
A set of wallet-sized, color-coded cards for parents with simple phrases, stories, and questions to start age-appropriate conversations about relationships, bodies, and contraception.
- **What opportunity is it aligned to?**
How might we equip mothers with the confidence and tools to guide their daughters through informed SRH decisions?
- **Who is the primary audience?**
Parents and caregivers of adolescent girls and boys (ages 15–19) in Zambelea, particularly those who feel unsure or uncomfortable talking about puberty, relationships, and contraception with their children.
- **What is the prototype designed to do?**
Increase parents' confidence and ability to initiate and navigate open, values-based conversations with their adolescents about sexual and reproductive health (SRH). The cards offer simple prompts, language, and age-appropriate framing to reduce discomfort and spark dialogue.
- **Which insight or design principle does it respond to?**
Girls are optimistic about the future, but need accurate SRH information from their mum to stay on track.

Prototype Testing & Learning Plan

Capture your plan for testing your prototype and articulate what you want to learn.

Providing additional details on how you will get feedback and what you expect the impact or experience of the prototype to create for the user anchors the prototype in the initial insight gathering work. It can also be helpful to review this information post-testing to see if the reality of testing lined up with your expectation and, if not, what you have learned about the user's needs.



Prototype Testing & Learning Plan

- Who will you test with?

- What will your test be? (Skit, demonstration, A/B test, etc.)

- What is the biggest assumption you are testing with this prototype?

- How will you know if the prototype is successful? (What behaviors will you see? What feedback will you get?)

- What questions will you ask?

- What behaviors will you observe?

Prototype Testing & Learning Plan

- **Who will you test with?**

6-8 parents/caregivers of adolescents, with a mix of family structures (i.e. single moms, extended family households)

- **What will your test be? (Skit, demonstration, A/B test, etc.)**

Small, facilitated group sessions with parents (1–2 hours). Parents will receive a sample set of tokens and try out one or two with a facilitator or peer. Afterward, they'll be invited to take the tokens home and use them with their adolescent over 3–5 days. Follow-up interviews or WhatsApp check-ins will gather feedback. Adolescents will also be asked (with consent) about their experience of the conversations

- **What is the biggest assumption you are testing with this prototype?**

That simple, concrete conversation tools will reduce anxiety and increase parents' willingness to talk about SRH—and that they will actually use the tools once they leave the session.

- **How will you know if the prototype is successful? (What behaviors will you see? What feedback will you get?)**

Parents initiating at least one SRH-related conversation with their child, parents reporting that the cards made it easier to start or continue conversation, adolescents reporting that their parent started a conversation and it felt different or more open than usual, requests more tokens or topics.

- **What questions will you ask?**

Did you try using the tokens with your child? How did it feel to use the token? Did it make the conversation easier or harder? Was there anything on the token you didn't agree with or didn't want to say? Would you use the token again? Why or why not? What other topics would you want a token for? Did your child react in a way that surprised you?

- **What behaviors will you observe?**

Parents' ease or hesitation when practicing with the tokens during the session. Whether parents try to personalize or adapt the language on the tokens. Non-verbal signals of engagement (laughing, nodding, eye contact when reading aloud). Whether parents bring up their own beliefs or past experiences while using the token. Whether they ask to keep or take more tokens home (unsolicited interest).

Prototype Feedback

Accurately capture reactions to your prototype to fuel continued learning.

The feedback you get from users on prototypes drives decisions around iterations and the final product or service design. Accurately capturing what you hear from users, as well as what you observe, is a crucial part of HCD documentation.



Prototype Feedback

Prototype Name:

Main takeaways:

- 1.
- 2.
- 3.

of people tested with: (breakdown by sub-populations if relevant)

Illustrative quotes from testers

Optional: Images of testers interacting with prototype / feedback made directly to the prototype

Prototype Feedback

TalkTime Tokens Feedback

1. Parents found the tokens made difficult conversations feel easier and more natural

Many parents expressed surprise at how the simple, friendly language on the tokens gave them "permission" to speak about topics they had previously avoided.

2. Adolescents responded positively when conversations were framed as guidance, not discipline

Parents who used the tokens in a calm, conversational tone reported more openness from their children, especially when sharing stories or personal reflections from the past.

3. Some parents were unsure when or how to introduce the tokens at home

Without structured follow-up or cues, a few parents said the tokens stayed unused, or that they feared disrupting household norms or being seen as "too forward" by their children or other adults.

Tested with 10 parents (6 moms, 4 dads), 10 adolescents (7 girls, 3 boys)

"I always wanted to say something, but I didn't know how to begin. With the token, it felt like someone gave me the first sentence." — Mother of 15-year-old girl

"When I used the 'Growing Up' one, my son laughed and asked me about when I was a teenager. It turned into a real talk, not a lecture." — Father of 16-year-old boy

"I kept them in my bag but didn't find the right moment. I was scared she would think I was accusing her of something." — Mother of a 16-year-old girl

Prototype Evaluation Criteria

Provide clarity on the criteria for your evaluation and how you rated each prototype post-testing.

User feedback data can be interpreted in many ways. By providing clarity on the elements your team has chosen to prioritize, you create structure for the assessment process and make it easy to justify the design team's decisions.



Prototype Evaluation

	Question	Team's Assessment
The Prototype	To what extent is this prototype likely to be effective in achieving our goals?	
	To what extent is this prototype likely to be feasible in the real world ?	
	To what extent is this prototype likely to be supported by key stakeholders?	
The Challenge	To what extent is this prototype scalable for bigger impact?	
	What are we learning about the challenge we are trying to address?	
	What are we learning about the broader context and/or the systems in which our challenge and opportunity are embedded?	

Adapted from: [Evaluating Prototypes | Aids 4 Action](#)

Prototype Evaluation

	Question	Team's Assessment
Prototype	To what extent is this prototype likely to be effective in achieving our goals?	Effective, it seems to be promoting conversations between parents and their teenagers.
	To what extent is this prototype likely to be feasible in the real world?	High- It's low cost to produce and easy to use.
	To what extent is this prototype likely to be supported by key stakeholders?	Unsure. We need to test this in the next round.
	To what extent is this prototype scalable for bigger impact?	Unsure. We need to explore means of distribution at scale (for instance, at a district or national level, who would introduce parents to the cards?)
Challenge	What are we learning about the challenge we are trying to address?	We've reinforced our insight that parents and teenagers are eager to discuss sensitive health issues, if given the right circumstances.
	What are we learning about the broader context and/or the systems in which our challenge and opportunity are embedded?	Young people tend to live with extended families, so there may be an opportunity to use these cards with other trusted adults, like aunts or older sisters.

Prototype Iteration

Capture the changes you are making to your prototype and why.

Explicitly note the changes you are making to your prototype from one round of testing to the next. In some cases, the changes will be minor tweaks, but in others the changes may require a complete shift (including a completely new prototype). By documenting these changes and why you've made them, you create a record of how user insights fed into the product or service design.



Prototype Iteration

Prototype Name

**Describe the prototype
(Show it, if possible)**

- What is it?
- What are the major changes from the last round of testing?
- What is the prototype designed to do?

Prototype Iteration

“TalkTime Toolkit”



- **What is it?**
The evolved prototype builds on the original concept of pocket-sized conversation cards but expands into a “TalkTime Toolkit” — a flexible, low-literacy-friendly package. Now includes updated token cards and a conversation companion guide with tips and FAQs.
- **What are the major changes from the last round of testing?**
 - Added guidance to reduce hesitation around how/when to use the tokens
 - Age-targeted sorting to give clearer starting points for different developmental stages
 - Increased contextualization with local stories and visuals that reflect life in Zambelea
 - Reinforced peer modeling through real voices and WhatsApp-accessible audio
- **What is the prototype designed to do?**
Maintain the original goal of helping parents feel confident starting SRH conversations but also reduces challenges around the first use of the token and supports sustained, repeated use over time.

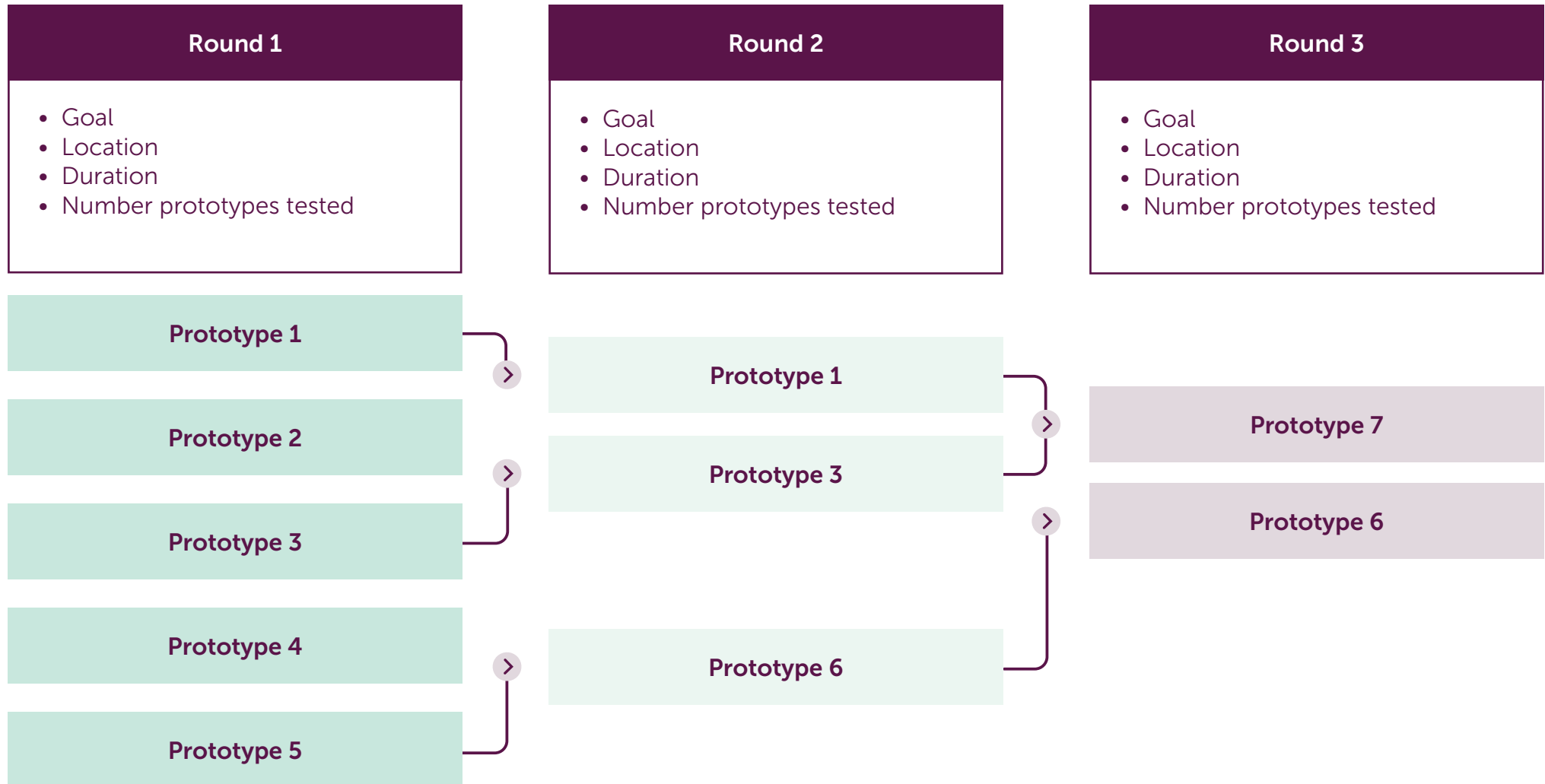
Prototype Iteration Summary

Provide details on your prototype's evolution from start to finish.

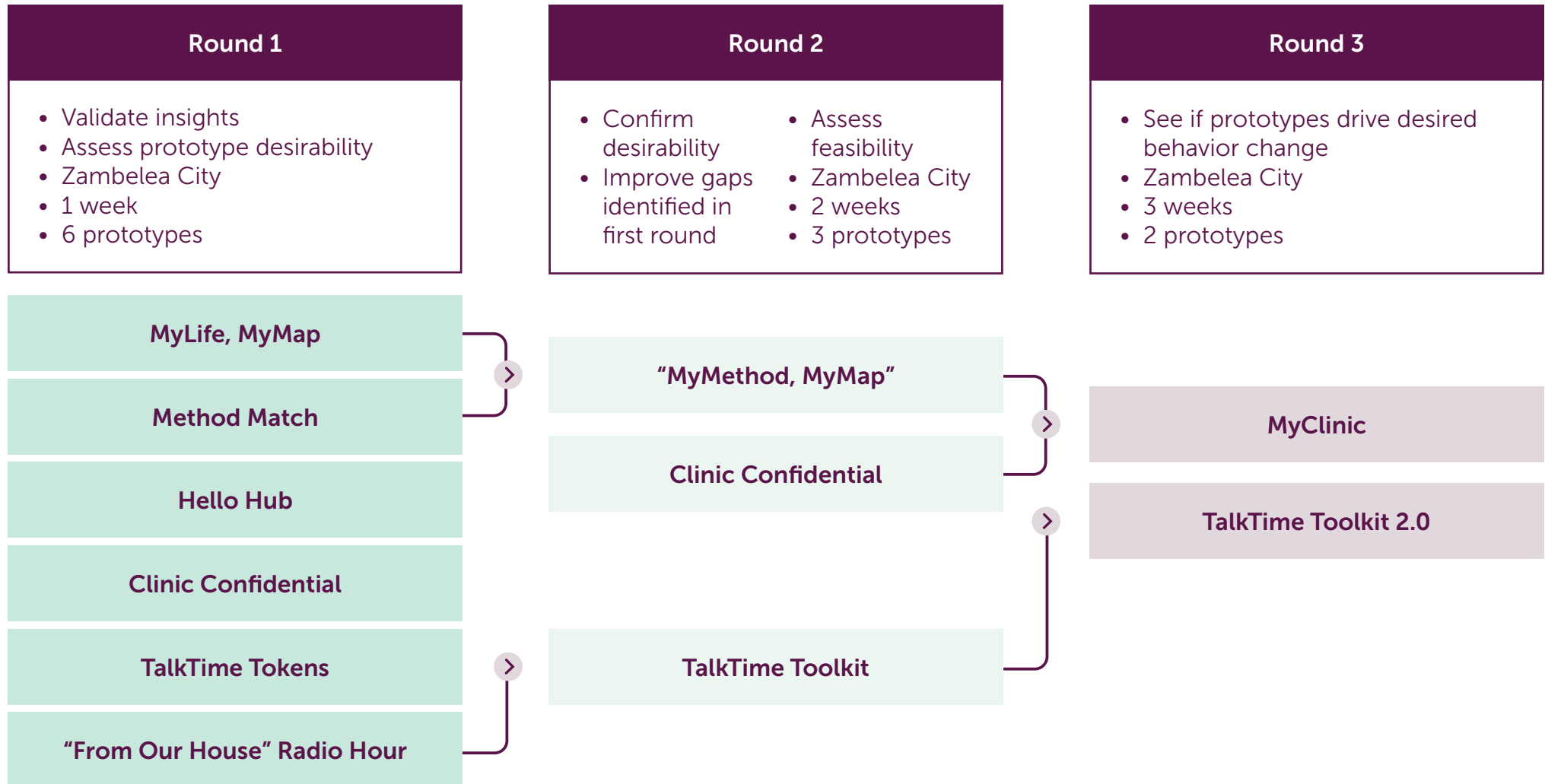
While happening, the iterations to prototypes made to each phase may feel slight. However, often by the end of the design process, the lessons learned about user needs and feasibility mean that your original concept has undergone significant shifts. It can be helpful to provide one, clear summary of these shifts. It both illustrates the deep thought that has gone into your final product, as well as the rigor involved in your HCD process.



Prototype Iteration Summary



Prototype Iteration Summary



Hand-off

Transitioning your product or service out of the design phase

Section Overview

Eventually, the design phase will end. What happens next depends on your project's priorities, budget, and timeline, among other factors. If your work has been exploratory in nature (i.e. trying to understand and identify opportunities to solve big, complex problems) then the documentation you have developed in previous phases may be enough.

If, however, you have a product or service, then you will need to package your innovation so that others can take it forward. This may be into a pilot program or perhaps even to a sub-national or national scale. To do this, you will need to provide some kind of how-to guide. The exact format of this guide will depend on what you have designed and your vision for the product or service. In this section, there are some templates, but you will also find the introduction of 'guidance' where we offer suggestions on what type of content to include, but are not prescriptive about how to present it. Pick and choose what to include based on your objectives. Check out the examples in the inspiration gallery for more ideas on how to format and share this work.

While documentation can support this successful hand-off, additional in-person and relationship-building and advocacy work is also needed. To learn more about scaling public health innovations check out ExpandNet's scaling up framework.



Elements of a hand-off guide

Element	Description	Is this relevant for our hand-off?	Template or Guidance	Documentation sources
Background	Describe why and how the product or service was developed.		Background	Program reports, literature reviews
Principles	Design principles that guide implementation and any future decisions about changes or adaptations		Principles	Note: These may need to be intentionally developed by the team as part of the hand-off
Product, Service, or Approach how-to	This is the core of what you have developed. Describe what it is and how to use it.		Product Overview Product or Service Map Component Map	Facilitation guides, instruction manuals, field notes
Implementation guidance	Additional guidance on prerequisites for success, roles and responsibilities, training guides, lessons learned, etc.		Implementation Guidance	Field notes, team brainstorm, reports
Data Collection Tools	Guidance on what should be measured or tracked and tools, if applicable		Data Collection Tools	Field notes, early measurement tools
Assets	Associated program assets (editable)		N/A	Final assets as developed through the design process

Background

Give your audience the essential information needed to understand why you undertook this design process and the resulting design.

Providing context on the scope of the challenge your product or service is designed to address can help make the case for its importance. This is also an opportunity to share essential information on the process and key lessons that shaped the final design.

Tip

In general, it's wise to keep the background section brief and to the point. It can be tempting to provide full details on everything that led up to this point, but your audience does not need that. Focus on only the most essential details.



Background

What problem does this innovation address?

How does this innovation address the problem?

If successful, what will the outcomes be?

Background

What problem does this innovation address?

In Zambelea, adolescent girls reported limited opportunities for open, supportive conversations about contraception, relationships, and future planning. Mothers often wanted to support their daughters but lacked the confidence, language, or tools to initiate these discussions. This silence contributes to early pregnancy, reduced school continuation, and constrained opportunities for girls.

How does this innovation address the problem?

TalkTime helps mothers and daughters have structured, guided conversations that build trust, increase comfort discussing sensitive topics, and connect girls to age-appropriate SRH information and services. The tool gives mothers a culturally resonant way to start conversations they previously avoided.

If successful, what will the outcomes be?

- More frequent, higher-quality conversations between mothers and daughters
- Enhanced comfort when discussing sexual and reproductive health
- Higher likelihood that girls seek accurate information or services
- Stronger mother–daughter relationships that support long-term wellbeing

Principles

Update your design principles to reflect your most up-to-date learning.

This is a chance to revisit the design principles established in the insights gathering phase and update them to reflect what you learned during prototyping. Having clear principles to guide decision making during implementation helps maintain fidelity with the original design, while also offering 'guide rails' for decision-making around future adaptations.



Background

Principle 1

Principle 2

Principle 3

Principle 4

Background

Start where families already are

TalkTime should feel like an extension of existing mother-daughter conversations, not a formal lesson.

Keep it small and simple

Materials and prompts should be low-burden and easily integrated into daily life.

Prioritize safety and emotional comfort

Protect the privacy of the conversation, avoid judgment, and build warmth and trust.

Support mothers as much as daughters

Mothers need confidence, language, and reassurance to engage fully.

Product Overview

If you have developed a product, provide a snapshot of what it is, who it is designed for, and the goals for use.

It's important to give people a sense of the 'what' you have actually developed. Make sure people are clear on the tangible object before going any deeper with the embedded lessons or special features.

Tip

This template is primarily for use with products or tools. If you have developed a service or intervention, you may highlight certain products within the service pathway using this template and show how they fit together using the Product or Services Map Overview template.



Product Overview

**Describe the prototype
(Show it, if possible)**

Name:

Purpose:

Target audience:

Product Overview



Name:

TalkTime

Purpose:

A simple conversation tool that helps mothers and daughters have open, supportive discussions about goals, puberty, relationships, and contraception

Target audience:

- Primary: Mothers and their daughters ages 13-19
- Secondary: Community members or female relatives who support adolescent girls

Product or Service Map

If you have developed an intervention or something that requires multiple steps to use, this map can help orient your audience to the required steps.

Using the template, identify the steps required for your user to reach their intended goal. Then, in the sections below, identify who needs to do what for that desired outcome to be a reality. Your intended audience will be one of your users, but there will likely be other stakeholders who need to take supporting actions to arrive at the desired end state.

Tip

If desired, you can turn your map into a theory of change by adding further details on the expected outputs, outcomes, and high-level change expected.



Product or Service Map

Product/Service Name

	Step 1	Step 2	Step 3	Step 4
Description				
User 1				
User 2				
User 3				

Product or Service Map

TalkTime Product Map

	Step 1	Step 2	Step 3	Step 4
Description	TalkTime Intro	Initiates TalkTime	TalkTime conversation	Reflections / Actions
Girl			Girl listens and participates in the conversation	Girl shares the experience with mum, they agree to keep talking
Mum	Hears about TalkTime from community mentor	Mum introduces TalkTime to daughter at quiet moment at home	Mum chooses a card and starts a conversation	Mum shares with girl her experience, they agree to keep talking
Community Mentor	Introduces TalkTime to mums at community meeting			Follow-up as needed to support mums on initiating or continuing conversations using the deck

Component Map

Provide detailed operating instructions for each step of implementation.

Give instructions so detailed that, even if you're not there, another person can effectively use the product or set up and run the system. Work step-by-step and provide information such as what materials are needed, facilitation instructions, tips and tricks for success, and other elements as necessary.

Tip

Component maps look different depending on the complexity of your product/service and operating environment. One way to simplify is to leave room for implementers to fill in gaps where you're not sure what is best or indicate where more testing is needed. Check out the gallery for inspiration.



Component Map Overview

- Activity Summary:
- Activity Objectives:
- Considerations / Prerequisites:
- Materials required:
- Steps:
- Tips and Tricks:

Component Map

Product or Service Step-by-step Instructions

Steps:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Objectives

Considerations / Prerequisites

Materials Required

Component Map

TalkTime is a guided conversation between a mother and her adolescent daughter, using simple cards to spark discussion about personal goals and SRH topics.

Steps:

1. Mother chooses a calm moment and invites daughter to try TalkTime.
2. Mother selects 1–2 prompt cards relevant to their current concerns or interests.
3. Both sit together and read the prompt.
4. Mother asks the first question, listens without interruption.
5. Daughter responds; mother affirms and reflects back.
6. They continue the conversation using follow-up questions.
7. Mother closes with a supportive message and identifies any next steps.

Objectives

- Strengthen communication and trust
- Build daughter's confidence to ask questions
- Help mothers provide accurate, supportive guidance

Considerations / Prerequisites

- A quiet, private space
- Mother has reviewed the TalkTime facilitator card
- Both participants feel safe and unhurried

Materials Required

- TalkTime prompt cards
- Mother's facilitator card
- Pen/paper (optional)

Implementation Guidance

Offer your experience (or best guess) as to what it will take to actually run your product or service in the real world.

Provide the details necessary to make implementation a success, including information on staffing, timing, and resourcing.



Implementation Guidance

This section can be quite brief or extremely detailed, depending on what you have designed and your intended users of this guide. Some elements to consider include:

- Anticipated role and responsibilities
- Prerequisites for success
- Lingering questions from prototyping
- Guidance on adapting to the local context
- Timing, resources required
- Expected outcomes
- Additional unknowns
- Additional resources

Implementation Guidance

Anticipated Roles & Responsibilities

- **Mothers:** Primary facilitators of conversation.
- **Community Mentors:** Train mothers, troubleshoot challenges.
- **Implementing Partners:** Provide materials, support, and monitoring.

Prerequisites for Success

- Mothers must feel confident; short orientation sessions are key.
- Prompts must be culturally appropriate and easy to understand.
- Safe spaces for conversation must be available.

Lingering Questions from Prototyping

- How frequently should families use TalkTime for best results?
- Do mothers require refreshers over time?
- What additional topics might girls request?

Guidance on Adapting to Local Context

- Swap images or prompt examples to reflect local language and norms.
- Allow communities to co-create new prompt cards as they gain confidence.

Resources Required

- Printed cards
- Orientation facilitation
- Light supervision or check-ins

Expected Outcomes

- Improved communication and trust
- Increased SRH knowledge
- Clearer shared expectations between mothers and daughters

Data Collection Tools

Provide guidance on what information to collect and measure.

Offer suggestions on what information to monitor so that implementers can be confident the product or service is operating as intended, as well as what indicators or outcomes should be included in an evaluation to assess the overall impact of the product or service.

Tip

There is ample guidance on monitoring and evaluating global health and adolescent programming. Seek additional resources if you need more support in this area.

Tip

These tools should be developed in partnership with your monitoring and evaluation team.



Product or Service Step-by-step Instructions

- To develop monitoring systems, consider what needs to happen for the product or service to operate (meetings, training, counselling sessions, etc.)
- In addition to program outputs, consider what behavior changes you can measure (service uptake, purchases, new activities, etc.)
- Identify what needs to be measured to assess product or service effectiveness (i.e. are you having the intended outcomes?). These things – contraceptive prevalence rate, improved confidence, school retention – will likely need to be tracked, documented, and verified through formal evaluation processes.



Data Collection Tools

We recommend developing monitoring and evaluation systems that track the following:

Monitor Fidelity

Track whether TalkTime is being run as intended:

- Number of mothers oriented
- Number of TalkTime conversations held
- Topics selected
- Challenges raised

Monitor Behavior Change

Track whether TalkTime is resulting in the expected changes:

- Mother reports greater confidence in discussing puberty/SRH
- Girl reports increased comfort asking questions
- Observed increase in frequency or depth of conversations

Assess Effectiveness

In a formal evaluation, measure:

- Girls' knowledge of puberty/SRH
- Girls' confidence or communication self-efficacy
- Uptake of services (disaggregated by age)
- Relationship quality indicators



PART III
Inspiration gallery

PART III - Inspiration Gallery

Overview

The inspiration gallery showcases real-world examples of HCD documentation. Organized by phase, it illustrates a range of ways to present and describe project processes and outputs.

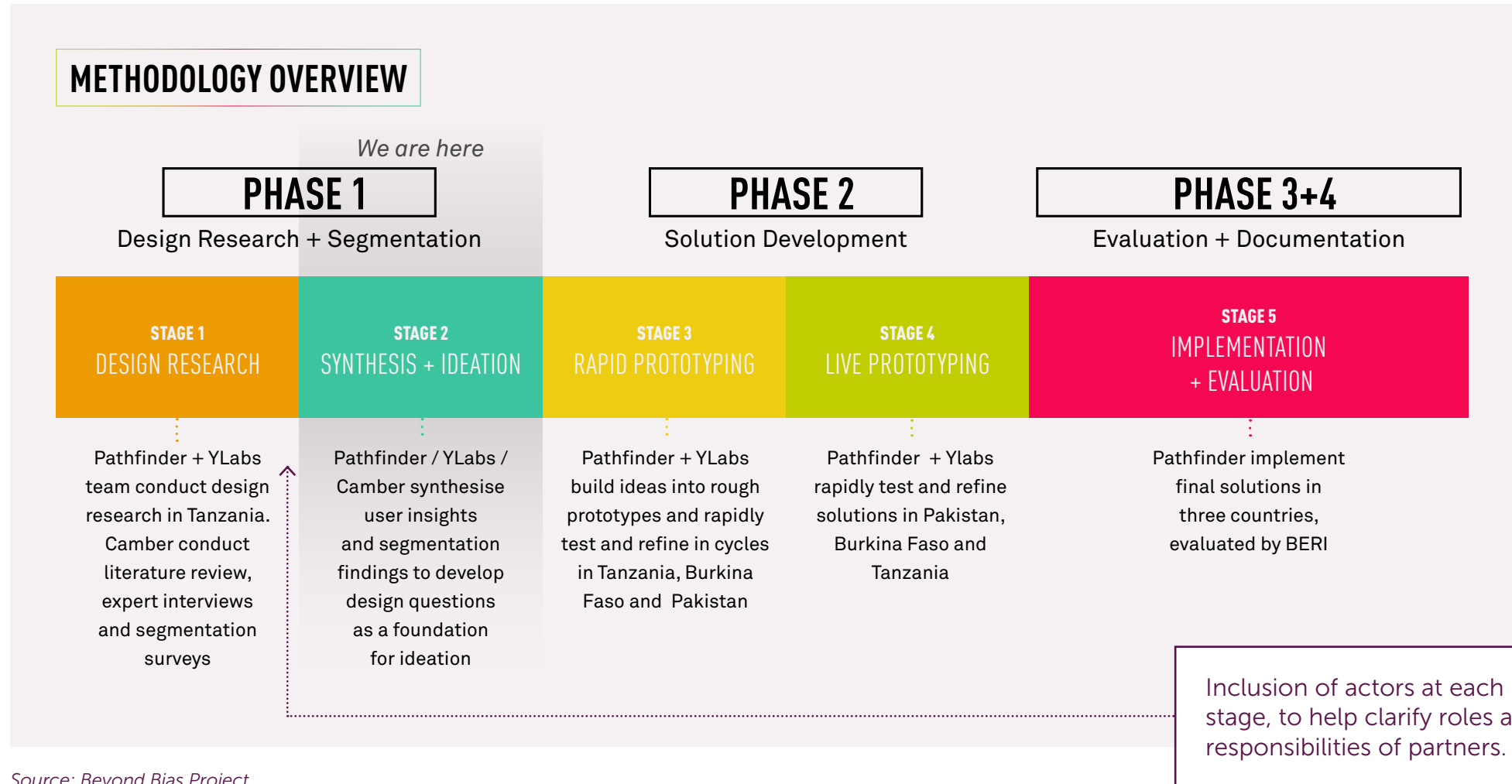
Many examples draw on the same types of content included in the templates in Part II, but they often use more visual, branded, or narrative approaches. Others go further, offering richer detail or covering aspects of the design process beyond what a bare-bones documentation package would require. The examples come from a variety of projects—primarily in low- and middle-income countries, with a few from the United States—and each image is annotated to highlight specific features of the approach. This section is meant to demonstrate what is possible in documentation and inspire you to document your own work in ways that feel both powerful and meaningful.

Original sources are provided for each image. For more information on the featured projects, please see the Annex 2.

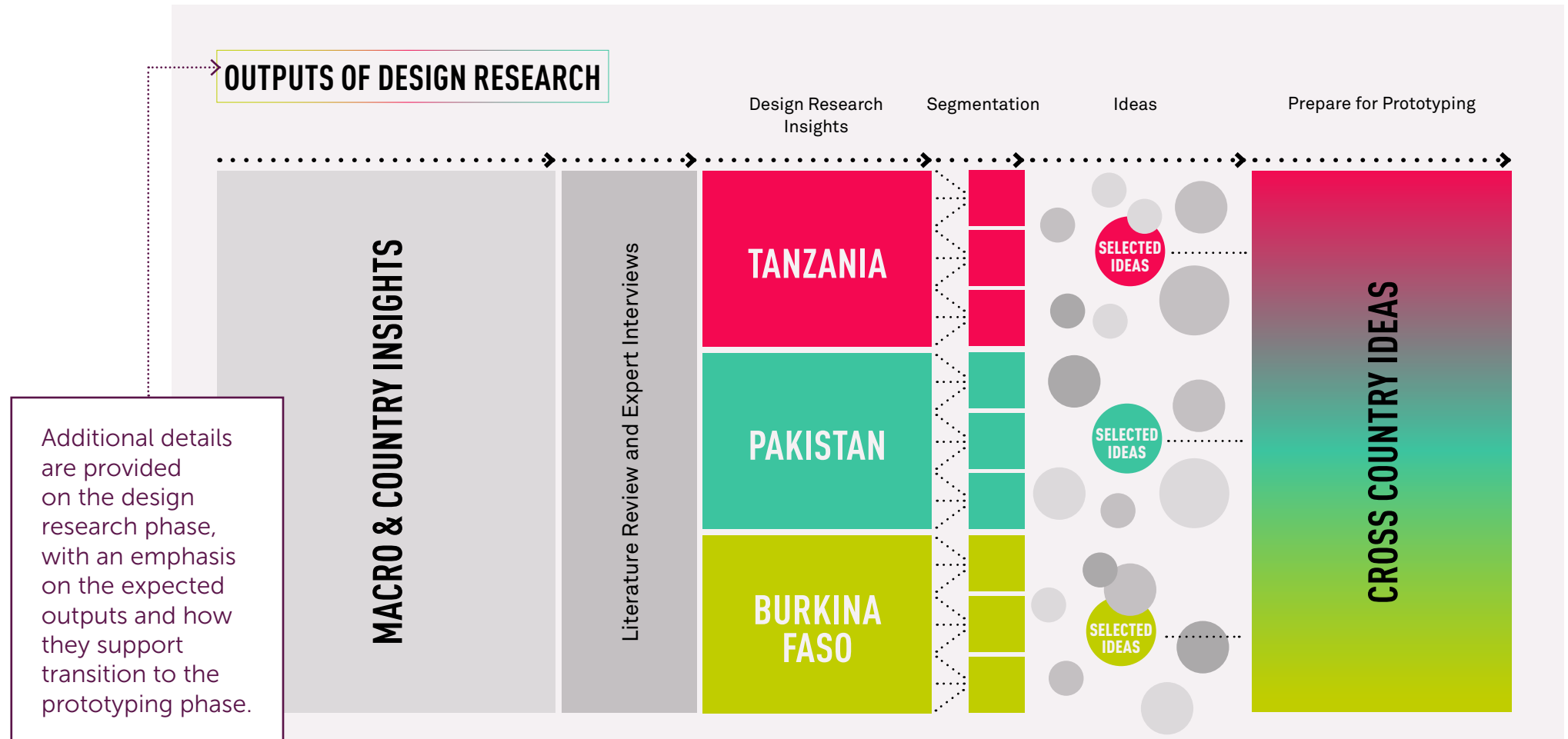


Problem Framing and Preparation

Timeline and Approach to HCD | 1 of 2



Timeline and Approach to HCD | 2 of 2



Source: *Beyond Bias Project*

Design Team Roster

Beyond Bias Project

Goal: To design and test scalable innovative solutions to address provider bias toward serving youth ages 15-24 with family planning services in **Burkina Faso, Pakistan, and Tanzania.**



Technical expertise on AYSRH

Behavioral economics and evaluation

Human-centered design for adolescent health

Segmentation analysis



Combined problem statement (framed as project goal) with the team roster.

Team roster is at the institutional, rather than individual level.

Source: *Beyond Bias Project*

Problem Statement 1 of 3

**SAIDA,
TANZANIA**



SAIDA IS 16 AND LIVES IN ILALA, DAR ES SALAAM.

When I was a little girl, I was told to focus on my studies. But when I became a woman, I was told to focus only on getting married and having children. Growing up shouldn't mean giving up on your dreams. I have a boyfriend, so getting pregnant right now will ruin our futures. I learned about contraception from my older sister, but unlike her, I'm not married. The journey into the clinic was awful - I was judged silently and verbally as I waited for hours. Once I met the provider, I wasn't helped. I was scolded for even thinking of contraception when I haven't had a child yet.

135 PER 1000

ADOLESCENT
FERTILITY RATE¹

28%

OF WOMEN HAVE GIVEN
BIRTH BY AGE 18²

37%

OF SEXUALLY ACTIVE ADOLESCENTS
(10-19) USED CONDOMS AT LAST SEXUAL
INTERCOURSE³

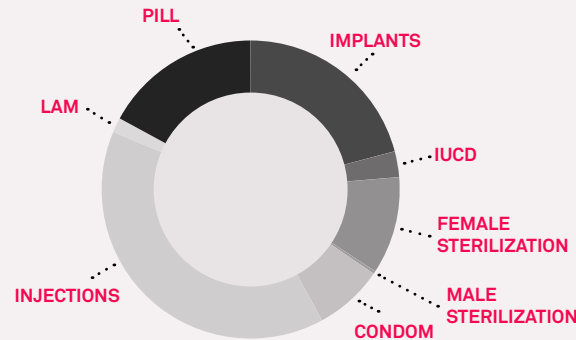
Problem framed in a human-centered way. Stories or examples like this may not be available under after the first round of insight or inspiration work is completed, so only retrospective reports that combine information from multiple phases would be able to provide this.

Selected statistics on topic of interest.

Source: [Beyond Bias Project](#)

Problem Statement 2 of 3

Tanzania: Policy & Legal Context



MODERN CONTRACEPTIVE
METHOD MIX, TANZANIA

“All men and women including young people (10-24 years of age) irrespective of their parity and marital status, are eligible to access accurate, complete family planning information, education and services.”

– National Family Planning Guidelines and Standards, 2013.
Republic of Tanzania

- Clients under 18 can legally access contraception.
- A married teen does not legally need spouse consent to access contraception.
- Tanzanian guidelines specify all modern methods of contraception can be safely used in adolescents

Quote from policy document to highlight government’s stand on topic of interest.

Summarizes policy environment relative to topic of interest.

1 FP2020, Data and Measurement Hub: Tanzania, 2017
2 Kazaura MR et al. BMC Public Health. 2009;9:373
3 Exavery A, et al. BMC Public Health. 2011;11:490

Source: Beyond Bias Project

Problem Statement 3 of 3

RESEARCH QUESTIONS

- What are provider, youth and community perspectives on providing sexual and reproductive health (SRH) services to adolescents?
- What are the social, economic, and technological contexts that influence attitudes, behaviors and decision making among providers?
- How does environment, education, activities and influencers including social norms, peer providers, family, social media, and religion affect provider and youth decision making?

Learning questions (here called “research questions”) based on gaps identified in the literature review that the insight gathering is designed to answer.

Source: [Beyond Bias Project](#)

Lit Review Snapshot

WHAT WE KNEW

Prior to design research, Camber Collective conducted a literature review on provider bias and compiled data from expert interviews.

We define provider bias as judgmental, non-empathetic, and/or low-quality provider behaviors targeted to a specific client subset, that compromises client health outcomes.

Key Findings

SOCIETAL OR COMMUNITY ATTITUDES DRIVE MOST DOCUMENTED PROVIDER BIAS, THE MOST PREVALENT BEING EXPECTATIONS FOR:

1. Young people to abstain from sexual activity before marriage
2. Young, married women to bear children and 'prove' fertility



Additional problem definition

THE MOST CONSISTENT DRIVERS OF PROVIDER BIAS WERE:

- Lack of understanding and poor communication in provider-youth interactions
- Disincentives to work with adolescents, who require more time and sensitivity
- Incorrect guidance on side effects and fertility risks of contraception for youth, particularly for long-acting hormonal methods
- An empathetic, protective, parental attitude can lead to discrimination against youth
- Heavy workload and stress may exacerbate existing biases
- Bias exists on a spectrum, and our understanding needs to take into account the severity of bias and the repercussions for youth

CLIENT CHARACTERISTICS

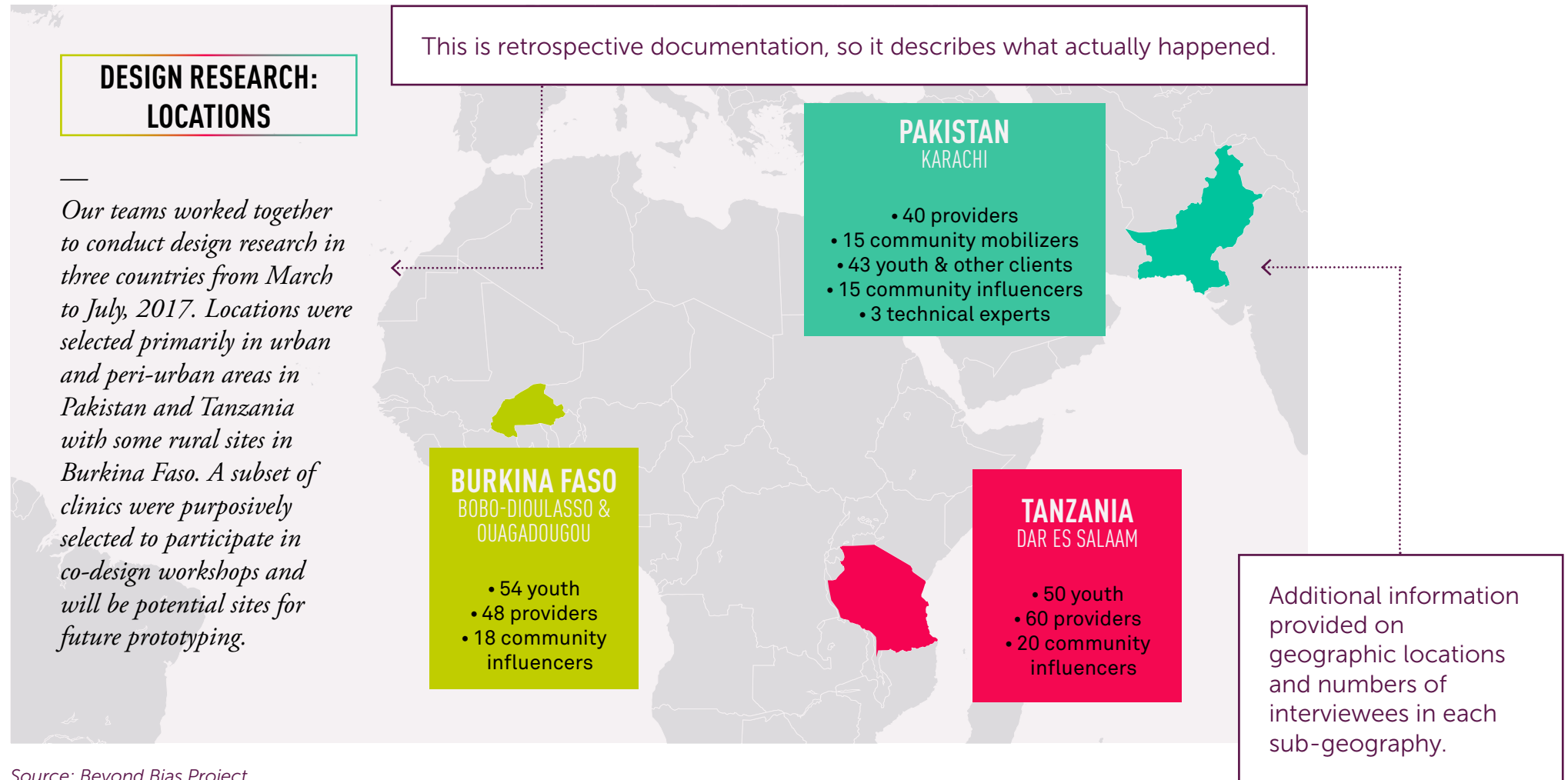
- Young clients' appearance, maturity, intelligence as well as age, education level, gender, marital status can exacerbate or ameliorate the bias drivers in providers
- Young clients prioritize confidentiality and privacy in clinical settings
- Youth often want adult involvement in critical decision making, which might violate their own general desires for privacy and independence

Synthesized, targeted findings from a more extensive literature review (full review available [here.](#))



Source: [Beyond Bias Project](#)

Insight Gathering Plan



Additional Information Team Training

TRAINING IN HUMAN-CENTERED DESIGN

—
One of our goals was to build understanding of the HCD process among the Pathfinder teams, as well as confidence and competence to conduct design research, synthesis and insight development with youth and providers.



HCD WORKSHOPS

What we did

- Introductory workshop, USA
- Design research workshops
- Co-Design workshops
- Synthesis workshops



IN-PERSON COACHING

What we did

- One-to-one support during research activities
- Detailed debrief and reflection sessions



REMOTE SUPPORT

What we did

- Preparation with all country teams
- Research packs and materials describing process and activities
- Remote support to Pakistan team
- Follow-up support to prepare for ideation sessions in country

Additional documentation is provided on an element important to this specific project – building capacity in HCD.

Source: [Beyond Bias Project](#)

Timeline and Approach to HCD 1 of 2

Opens with the problem statement to help put the approach and timeline in context.

How might we design a supportive gender equitable environment for VYAs to grow and thrive in Indonesia?

Project approach

Breakthrough ACTION leveraged insights from the GEAS research (which includes its evaluation of the Setara program) as well as the evidence base of VYA programming, to identify opportunity areas to explore in a co-design process. The team, comprised of Breakthrough ACTION, GEAS, PKBI - *Perkumpulan Keluarga Berencana Indonesia* (Indonesian Planned Parenthood Association) Bali Chapter, and youth representatives, conducted a virtual intent workshop, virtual and in-person capacity strengthening workshops focused on prototyping and testing, and a 3-week in-person design and test sprint in Denpasar, Indonesia.

The design concepts that were tested during this first sprint (low-fidelity) were designed by young people and thus guided by their needs, ideas and creativity. The concepts went beyond the individual adolescent and considered interventions for VYA reference groups including parents, family members, teachers, and community leaders, as well as integration with systems and other structural factors impacting gender norms across the social-ecological model.

Following the low-fidelity testing, Breakthrough ACTION will conduct a medium-fidelity prototyping and testing sprint in Semarang, Indonesia to validate the feasibility of the design concepts that proved to be desirable in Denpasar. After medium-fidelity testing, high-fidelity testing will be conducted in Denpasar and Semarang to assess the concepts' scalability.

Once high-fidelity testing concludes, Breakthrough ACTION will package the interventions that proved to be desirable, feasible and scalable. These packages can then be used by partners to seek funding for intervention implementation.

The intervention packages will include all the needed physical assets of each intervention (i.e., graphical pieces for in-country printing), testing recommendations/considerations, discussion guides, and advice for collecting feedback. The packages will be disseminated in-country to relevant stakeholders, including government partners and youth-led and youth-serving organizations.

Principles for innovation

- 1 Design for youth and with youth
- 2 Design the whole system
- 3 Drive collaboration and conversation
- 4 Seek exploration and innovation
- 5 Prioritize early visualization and prototyping
- 6 Seek a balance of desirable, possible, and viable
- 7 Follow a flexible but disciplined process

Provides principles guiding the design team.

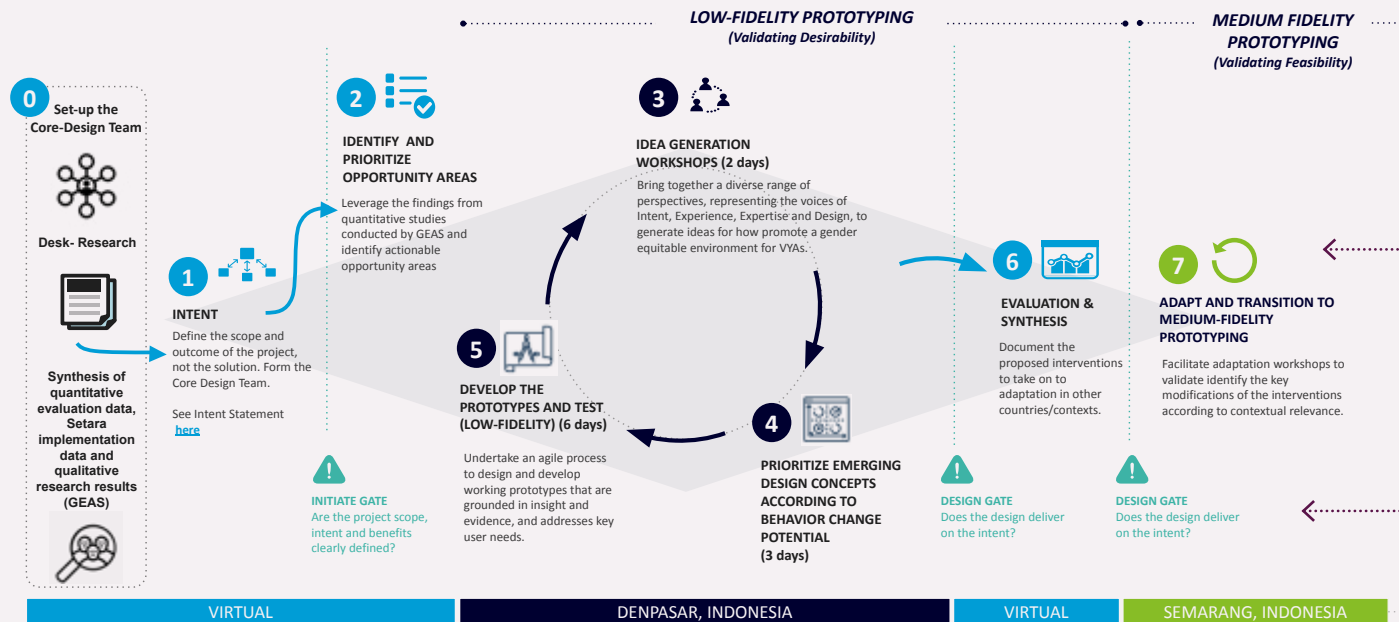
Design approach is presented both in text (this slide) and visually (next slide).

Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

Timeline and Approach to HCD 2 of 2

Methodology overview

Breakthrough ACTION's SBC design process integrates research, behavioral sciences, HCD, communication, and community capacity strengthening into a cohesive, flexible approach. The methodology centers around divergence and convergence: a broad exploration of possibilities, then decisive action about which to execute. The process requires getting visual and tangible as quickly as possible to externalize ideas, accelerate collaboration, iterate through possible solutions and scenarios, to quickly learn what is desirable (through a low-fidelity test), what is feasible (through a medium-fidelity test), and what is scalable (through a high-fidelity test).



Here, the approach to HCD is presented in a more visual way.

Specific checkpoints were set to confirm that quality standards were met before advancing to the next step.

Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

Design Team Roster

Whole-systems approach to collaboration

In complex systems, no single expert can comprehend all facets of a design challenge. While design in complex systems is a creative process, it is also a disciplined process. Central to that discipline is understanding that there is a time for divergence and a time for convergence. Divergence generates opportunities and options. Convergence evaluates them and makes decisions. Both are important. The approach to ensuring human-centered co-design in this activity draws inspiration from the Four Voices of Design Model © created by ThinkPlace, the HCD lead for Breakthrough ACTION. The intention of leveraging this model is to suspend the power that comes from rank and ensure that all participants have equal power and the opportunity to contribute. Therefore, one of the first steps was to establish a Core Design Team (CDT): a multi-disciplinary group that coalesces the four voices of design—intent, design, experience and expertise—and the necessary diversity of skills and experience to drive the design process..

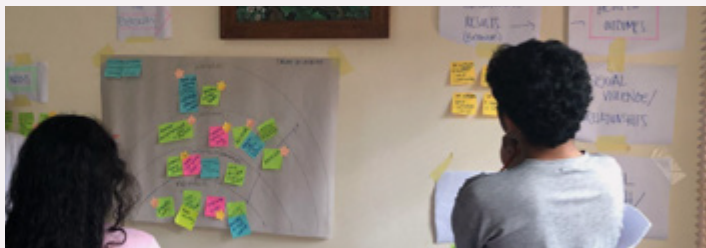


Photo from the synthesis process with the Core Design Team (Denpasar, Indonesia)

CORE DESIGN TEAM [12 people]

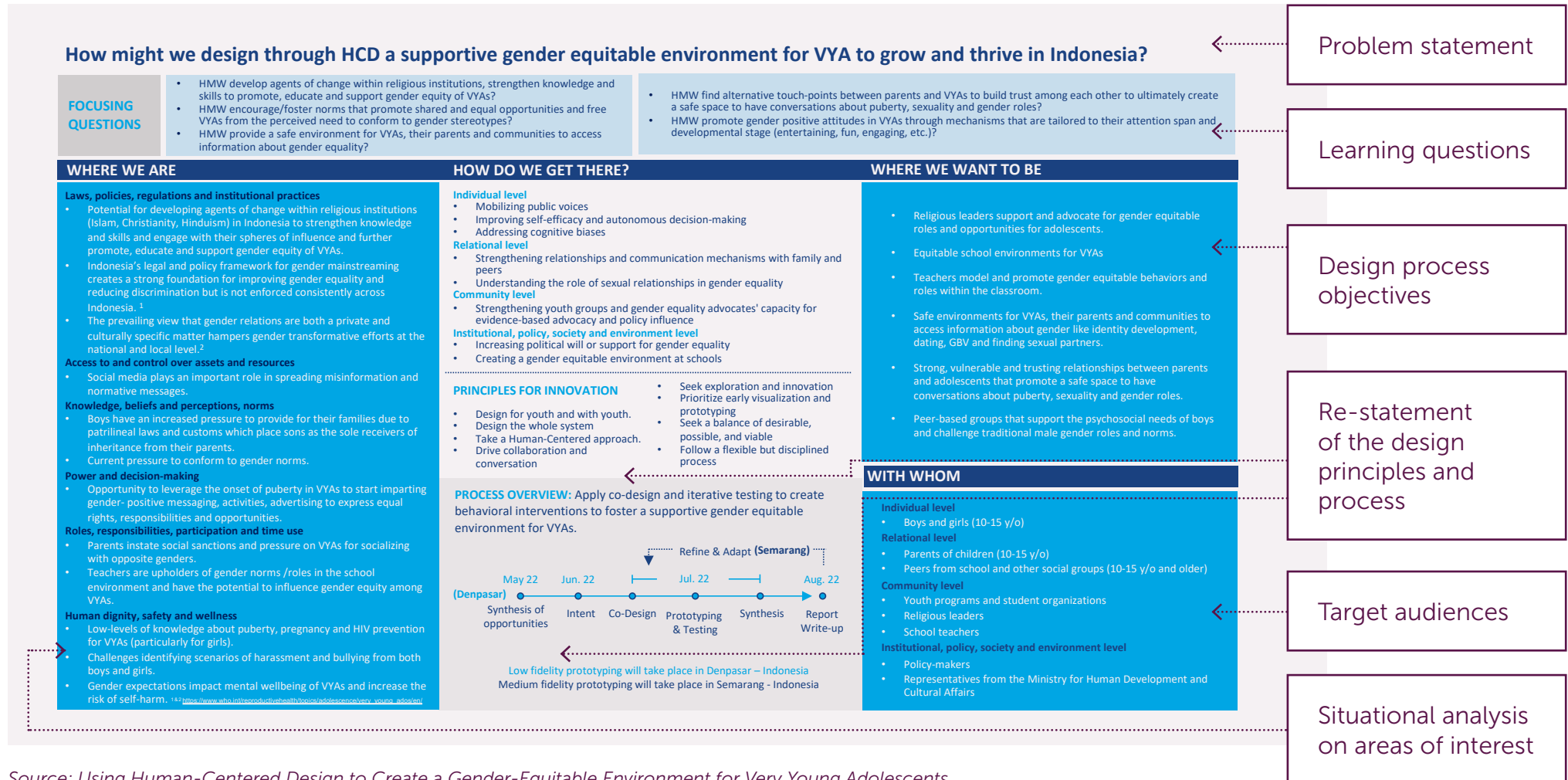
- **The voice of intent** set direction, exercised authority and took accountability for key decision-making during the activity. This voice sponsored co-design ensuring alignment to the desired future VYA's experience (**USAID and GEAS**).
- **The voice of experience** was represented by Indonesian youth and PKBI. These voices contributed real contextual and practical knowledge (**Youth members and PKBI Bali**).
- **The voice of expertise** included behavior change, health and gender experts and ensured that the change being designed was theoretically viable (**Breakthrough ACTION, GEAS and PKBI Bali**).
- **The voice of design** acted as a broker for the other voices, ensured all were heard in the right balance. These are the voices of practitioners that championed the creative, rapid, divergent and convergent design activity. They developed the strategic vision and created the plan to achieve the vision. They balanced a desirable outcome, within the constraints of what was possible, and what was viable (**ThinkPlace**).

This intro text explains the structure of the design team, but also speaks about their HCD process.

Explanation of the Core Design Team, its function, and the roles played by different organizations involved in the project.

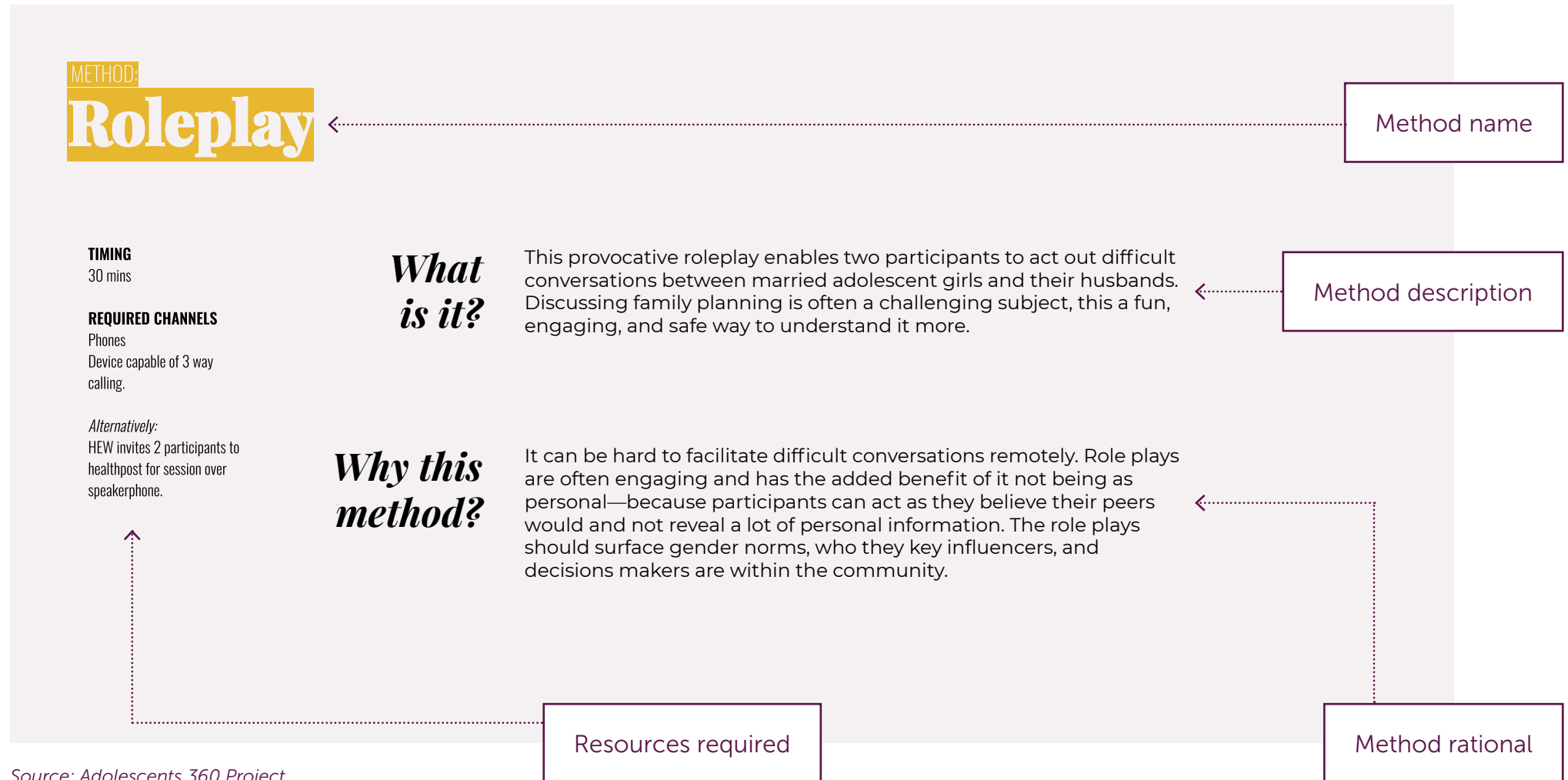
Source: [Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents](#)

Problem Statement



Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

Insight Generation Methods 1 of 4



Insight Generation Methods 2 of 4

METHOD: **Roleplay**

Guidance on fielding the method

PARTICIPANTS

2 Married Adolescent Girls
or
2 Community Leaders

Can be adapted to use with:
2 Husbands of MAGs
2 Older Ladies

Activity Steps

- **Roleplay** (5min x 2)
 - Introduce the activity: *We are going to do a roleplay game where you play out a scenario between husband and wife. [Name of first person] you will play the husband, and [Name of second person] you will play the wife. In this scenario you will [Introduce scenario from next page]*
 - When participants have finished the scenario, switch roles with a new scenario. If there was low engagement with the roleplay, switch to a story prompt.
- **Story prompt** (5min x 2)
 - Introduce the activity: *I am going to share a story of someone, and we'll then discuss what you think she or he should do.*
 - Share story from next page.
 - Ask what the character should do, and ask why they think so.
- **Interview** (20min)
 - Explain you have some additional questions
 - Run the interview with questions from the following discussion guides.

RECRUITMENT SPECIFICS

Participants per session

Source: Adolescents 360 Project

Insight Generation Methods 3 of 4

GUIDE: Roleplay

Interview guide with prompts and questions

Activity	Prompts & Questions	Timing
Roleplay	<ol style="list-style-type: none"> You think it is a good idea to wait longer to before trying to have another child. Talk to your husband about child spacing and waiting to have another child. You would like to start using a family planning method. Ask your husband to come with you to speak to a HEW about family planning methods. You want to take up a long term family planning method. Talk to your husband about this idea and try to convince him that it is a good idea. 	5 mins
Story Prompt 1 <i>Use as backup if Roleplay doesn't work.</i>	<p>Jamila is 17 year old and married to a popular herder. She is her husband's third wife, has been married for eight months now and is expecting their first child. Her husband is excited about the arrival of the newborn, however he made it clear that he wants five children with Jamila. Recently, the family has experienced tough financial circumstances. Jamila is hesitant about having five children because of the financial strain.</p> <ol style="list-style-type: none"> What do you think about this story? Who do you think Jamila would seek advice from on how to change her husband's opinion? What do you think her husband would say about FP How would Jamila convince her husband about considering FP as an option? 	5 mins
Story prompt 2	<p>_NAME_ lives in a pastoralist community and has recently moved to a new settlement with her husband. They are sexually active however they do not want to have children until they are fully settled. _NAME_ is looking for ways in which she can avoid pregnancy.</p> <ol style="list-style-type: none"> What do you think she should do? What do you think her husband should do? 	5mins
Story Prompt 3	<p>_NAME_ is 16 and has just gotten married to _NAME_. She would like to finish her studies before having her first child. She has spoken to her husband about starting a business once she finishes her studies, but he wants her to give up school and have a baby right away.</p> <ol style="list-style-type: none"> What do you think about this situation? What should she do? 	5mins

Source: Adolescents 360 Project

Insight Generation Methods 4 of 4

ALTERNATIVES:

Other participants we might want to try this with:

- Individuals from Community-based organisations
- Individuals from government structures

If this didn't work as planned, try these other methods:

- **Peer to Peer Reporters** - This method could be adapted with very specific prompts to understand beliefs and behaviours around FP. *The reporter would need to be carefully selected and prepared for this sensitive topic.*
- **Vox pops** - With pre-recorded prompts, this method would enable a HEW or member of the Woreda office to gather responses from those within the health system as well as community members.
- **Interview** - Interviews with key stakeholders from within the health system, the government structure as well as community leaders would enable you to uncover insights for this learning aim.
- **Group Chat** - This method, would enable members of the health-system or community-based organisations to share their experiences and insights from their work with FP in pastoralist communities.
- **Focus Group Discussion** - If possible to set up in person with participants adhering to social distancing rules.

Alternative and adaptations that can be made based on experience testing the method

Source: Adolescents 360 Project

Insights & Design Principles

Methodology Summary

PARTICIPANT PROFILE



154
YOUTH &
VULNERABLE ADULTS

— Participants were recruited by Pathfinder teams with a focus on providers who offer contraceptive services. All participants gave informed consent to take part. All photos are used with consent.

Included:

- Young men and women
- Married and unmarried
- With children and without children
- In-school and out-of-school
- Marginalized groups eg. 10 sex workers were interviewed in Pakistan

Basic description of recruitment methodology

Lists the number and type of individuals interviewed.



163
PROVIDERS & ALLIED STAFF

- Staff with diverse training (e.g. medical officer, nurse, receptionist, CHW)
- Public, private for profit and non-profit clinics
- Staff with varied levels of training in youth friendly services



56
COMMUNITY INFLUENCERS & EXPERTS

- Community influencers from both rural and urban settings
- Included health service administrators, technical experts, national government officials, religious leaders, teachers, village chiefs and city government officials

Source: [Beyond Bias Project](#)

Interview Notes

Excerpt from Miro board used to rapidly record interview notes. Note that this is likely to stay internal, but is still an important record for the project.

Key information about who was interviewed and methods used.

Date and activity name

Participant Code

Images

Major Takeaways

What did you learn?
What was exciting?
What interesting facts did we find?
What did you value the most?
What surprised you?
What is the major takeaway?

Quotes and Stories

What did the participant say?
Please capture stories that stood out here: [attached with the pictures]

Quotes

Prompt questions to guide the reflection, based on this project's objectives for insight gathering.

Quick reflections on the most important lessons or information from the interviews. Opportunity for multiple team members to contribute their reflections.

Room to capture specific quotes and examples, to justify reflections above and help remind the team of why they arrive at the conclusions they do.

Source: [A360 Internal Records](#).
Not available publicly due to data confidentiality concerns.

Insight Statement

YOUTH ≠ CLIENTS

Young people are not valued as clients by providers and other clinic staff, and clinics are unwelcoming places.

Insight Statement

They Don't Even Give You A Chair

'Carole' arrived at her local clinic at 8am. Without any signage she was lost and no-one gave her information about where to go. She stayed in the line for almost 2 hours. Once it was her turn, she was told she was in the wrong place, and sent elsewhere to wait again. Finally she entered the consultation room, where she was met by five providers.

"I'm here for family planning information" she said. "We only see those who want the methods. You must go back out and wait,"

the providers responded. She waited again until 12pm. Once it was her turn, they called her back. She was not given a chair, as she was only there for information. "I felt like they were watching a movie of me. There were five providers and all eyes were on me."

-
Mystery Client Experience, [Burkina Faso](#).

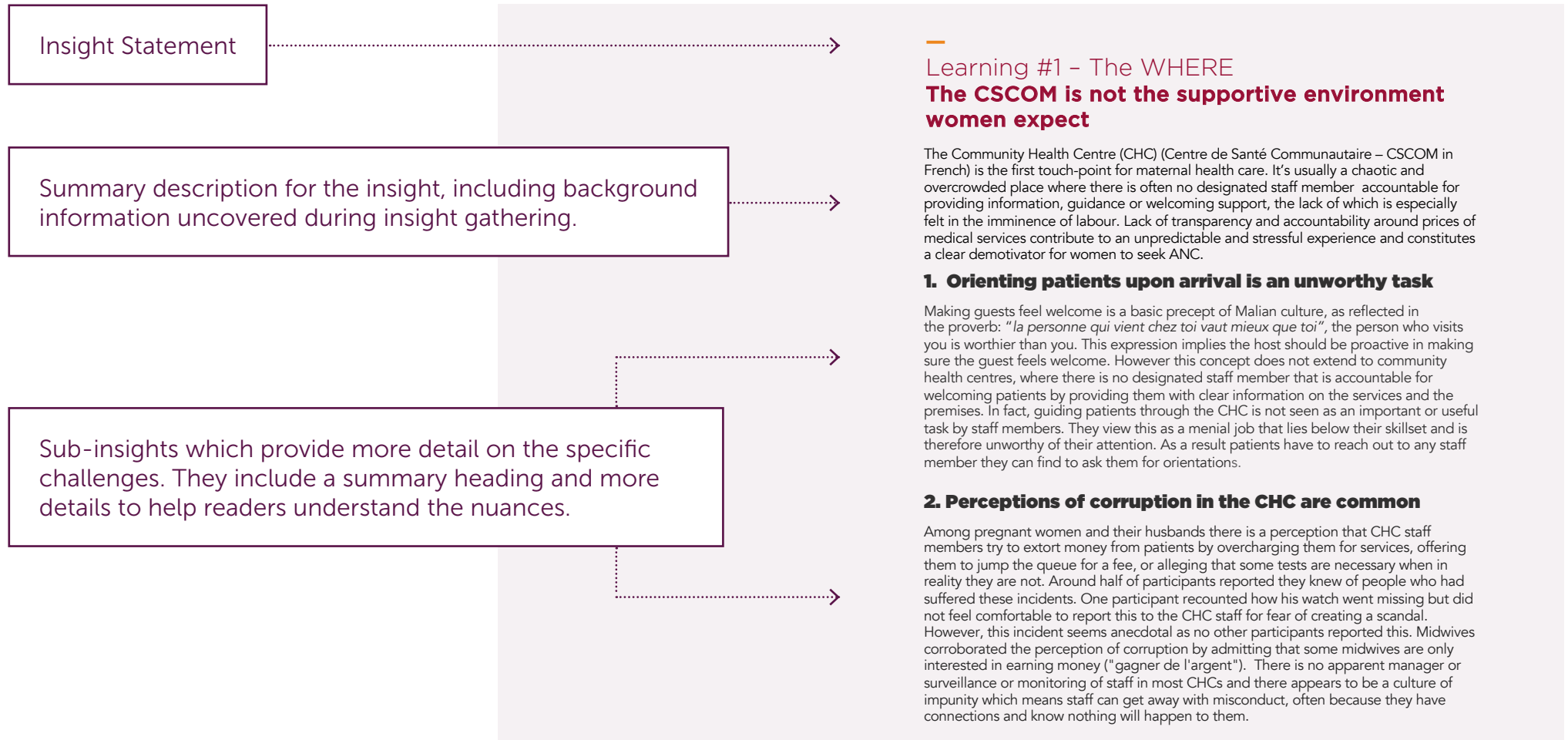
Insights Providers

Quotes and data to support the insight



Source: [Beyond Bias Project](#)

Insight Statement



Learning #1 – The WHERE **The CSCOM is not the supportive environment women expect**

The Community Health Centre (CHC) (Centre de Santé Communautaire – CSCOM in French) is the first touch-point for maternal health care. It's usually a chaotic and overcrowded place where there is often no designated staff member accountable for providing information, guidance or welcoming support, the lack of which is especially felt in the imminence of labour. Lack of transparency and accountability around prices of medical services contribute to an unpredictable and stressful experience and constitutes a clear demotivator for women to seek ANC.

1. Orienting patients upon arrival is an unworthy task

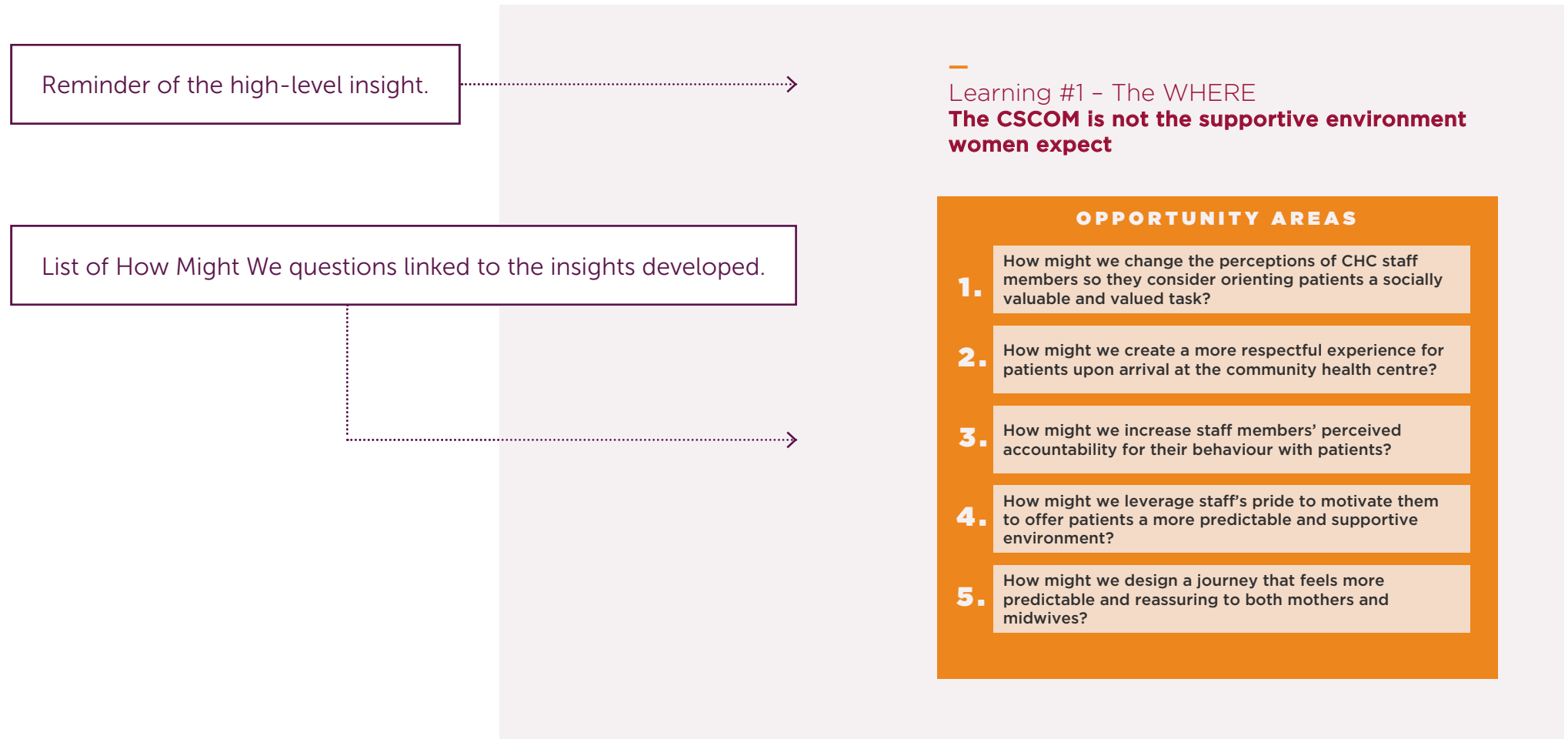
Making guests feel welcome is a basic precept of Malian culture, as reflected in the proverb: *"la personne qui vient chez toi vaut mieux que toi"*, the person who visits you is worthier than you. This expression implies the host should be proactive in making sure the guest feels welcome. However this concept does not extend to community health centres, where there is no designated staff member that is accountable for welcoming patients by providing them with clear information on the services and the premises. In fact, guiding patients through the CHC is not seen as an important or useful task by staff members. They view this as a menial job that lies below their skillset and is therefore unworthy of their attention. As a result patients have to reach out to any staff member they can find to ask them for orientations.

2. Perceptions of corruption in the CHC are common

Among pregnant women and their husbands there is a perception that CHC staff members try to extort money from patients by overcharging them for services, offering them to jump the queue for a fee, or alleging that some tests are necessary when in reality they are not. Around half of participants reported they knew of people who had suffered these incidents. One participant recounted how his watch went missing but did not feel comfortable to report this to the CHC staff for fear of creating a scandal. However, this incident seems anecdotal as no other participants reported this. Midwives corroborated the perception of corruption by admitting that some midwives are only interested in earning money (*"gagner de l'argent"*). There is no apparent manager or surveillance or monitoring of staff in most CHCs and there appears to be a culture of impunity which means staff can get away with misconduct, often because they have connections and know nothing will happen to them.

Source: [Behavioral Design for Maternal Health](#)

Opportunity Areas



Source: *Behavioral Design for Maternal Health*

Design Principles 1 of 2

Select a principle to begin

- Amplify Trusted and Familiar Sources →
- Recognize and Respond to a Seeker's Understanding of Care →
- Leverage Health Data to enable Seekers →
- Complement and Enhance Physical Touchpoints →
- Proactively Reach Seekers →
- Foster Integrated Communities →

← List of design principles, with option to click and learn more (see next slide).

Source: [Amplifying Resilient Communities](#)

Design Principles 2 of 2

How Might We questions linked to the design principle and corresponding challenges.

Data from the research which supports the need for the principle and/or explains its importance.

Provocations

1. When targeting a specific health seeker group, *how might we* identify and tap into online communities that influence their health behaviors?
2. *How might we* reach individuals and communities who are digitally disempowered and excluded?
3. *How might we* create and incentivise a steady decentralized cohort of good faith influencers within communities and empower them with the right knowledge from a regulated source?
4. *How might we* promote good faith influencers, while delegitimizing bad faith ones?

The Challenge with Centralized Health Messaging

We needed local ways and forms of communication, the presidential address and radio announcements were not enough. Each community has their own way of accessing and spreading information.

55 year old respondent from KwaZulu-Natal, South Africa

Our research highlights a number of factors that make it challenging for distant authority figures to effectively communicate health messages.

1. These authority figures are at times not trusted by members of communities who may not believe that these authorities have the community's best interests at

Additional explanation of the principle.



Amplify Trusted and Familiar Sources

Channels of communication that include trusted and familiar sources should be used to amplify health messaging and seeking but with appropriate moderation and regulation.

Source: [Amplifying Resilient Communities](#)

Methodology Summary 1 of 2

Details on why the team chose the specific field sites.

Visual explanation to demonstrate the diversity of sites the team visited.

Discovery fieldwork

Where did we go?

Access to reliable sources of water and household water management practices vary in the peri-urban areas around Kingston. Therefore, the research team wanted to visit communities that represented a range of conditions from relatively high access to municipal piped water delivered into the household to low or no access to piped water and reliance on captured rainwater, spring water or other sources. In consultation with the Ministry of Health Vector Control Programme, the following communities were selected as data collection sites:



Reliable Access to Piped Water

📍 Hughenden

Generally had access to treated, piped water in households, with some occasional outages



Inconsistent Access to Piped Water

📍 Kintyre and Correville Gardens

Generally had access to piped water somewhere in the community, but with more frequent outages by location, more use of rainwater



Little or No Access to Piped Water

📍 Rock Hall and Carr Hill

Limited or no access to piped water, with primary reliance on captured rainwater, spring water or other sources

Who did we speak to?

VC workers who were familiar with the communities helped the research team gain access to homes and made introductions to household water users who were available and willing to be interviewed about their water use and management practices.



In addition, the team interviewed community leaders, health workers and volunteers from several communities and from two organizations that do community outreach and disaster response: the Jamaican Red Cross and the ZAP project.



To understand perspectives from the private sector, the team also interviewed sellers and manufacturers of water containers in the areas of Spanish Town and Bedford Rd.

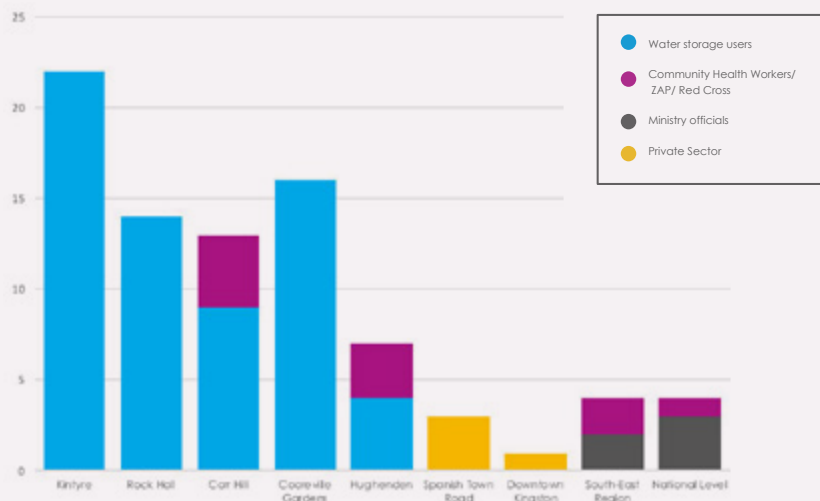
Finally, the team interviewed national and regional health professionals from the MOH and the National Water Commission.

Details on how the participants were recruited and the distinct profiles of the types of participants.

Source: *Breakthrough Action Zika*

Methodology Summary 2 of 2

Discovery fieldwork
Location, type and number of interviews



Source: *Breakthrough Action Zika*

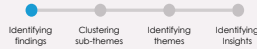
Discovery fieldwork
Location, type and number of interviews

Location	Water storage users	Ministry Officials	Community Health Workers/ZAP/Red Cross	Private Sector	Total
Kintyre	22				22
Rock Hill	14				14
Carr Hill	9		4		13
Cooreville Gardens	16				16
Hughenden	4		3		7
Spanish Town Road				3	3
Downtown Kingston				1	1
South-East Region		2	2		4
National Level		3	1		4
TOTAL	84	7	7	3	101

Two different ways of visualizing the diversity (as measured through location and profile) of interviewees.

Methodology Summary 2 of 2

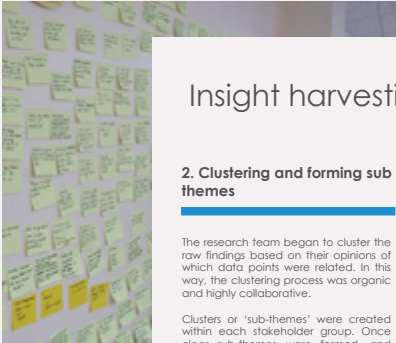
Insight harvesting approach



1. Identifying research findings

Following the fieldwork, the research teams convened in Kingston to document findings onto post-it notes. One finding was written per note and posted to a wall. A finding could be an observation, quote or something interesting that was found as a result of the research. To identify these findings, the team reviewed their notes, photos and recordings of the interviews.

Findings were color coded by post-it note color to differentiate which stakeholder group it relates to.



Insight harvesting approach



2. Clustering and forming sub-themes

The research team began to cluster the raw findings based on their opinions of which data points were related. In this way, the clustering process was organic and highly collaborative.

Clusters or 'sub-themes' were created within each stakeholder group. Once clear sub-themes were formed, and there were no remaining unclustered data points, titles were given to each sub-theme. These sub-themes ranged from 'Motivation to Work', 'Challenges to Provide Services', 'Mosquitoes and Water Storage' and 'Challenges in Accessing Piped Water'.

The sub-themes were then numbered for easier navigation, and a total of 111 sub-themes were generated.

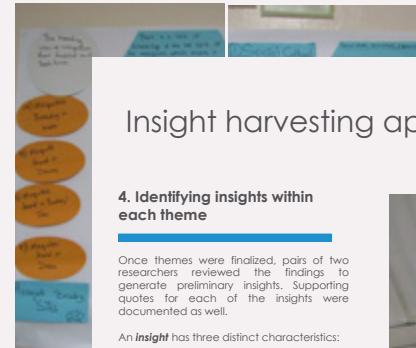


Insight harvesting approach

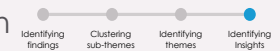


3. Identifying themes of findings

Using the titles and content of the sub-themes, the research team worked together to identify higher-level themes across stakeholder groups. For example, the sub-themes regarding mosquitoes breeding in water, mosquitoes breeding in drums, and perceived times of day when mosquitoes are active, were combined to make the larger theme of 'Mosquito breeding sites, habitat and peak times'.



Insight harvesting approach



4. Identifying insights within each theme

Once themes were finalized, pairs of two researchers reviewed the findings to generate preliminary insights. Supporting quotes for each of the insights were documented as well.

An *Insight* has three distinct characteristics:

1. Comprises two or more disparate pieces of information that are combined
2. Allows the team to re-perceive the situation
3. Leads to an opportunity for action

One insight was generated per theme. The Breakthrough ACTION team provided input to refine the insights and ensure they met the above criteria.



Slides explaining each step of the project's synthesis process, with an accompanying picture from that stage.

Source: [Breakthrough Action Zika](#)

Insight Statements

1

Perceptions of mosquito life cycle and breeding Sites

People's understanding of the life cycle of the mosquito is limited, which makes it difficult for them to manage all the various locations and times around the home where mosquito breeding might occur.



Insight statement, including a high-level theme and then further explanation below.

Relevant picture and supporting quote.

Source: *Breakthrough Action Zika*

Synthesis from insight gathering work which supports the insight. Includes both data summary and quotes.

Corresponding opportunity areas.

1 Mosquito Breeding Sites, Habitat & Peak Times

What did we discover?

1.1
People know that mosquitoes are commonly found in damp places and around water, but the details of the breeding cycle are little understood. Few people know what mosquito eggs look like or that Aedes eggs are laid on the walls of artificial water containers; few know that eggs hatch into a larval stage before becoming adults who fly away in search of a blood meal.

1.2
People also are more likely to think that mosquitoes breed in stagnant water and water that collects in discarded containers. They are less likely to think that mosquitoes can breed in clean drinking water. They also do not realize that different mosquitoes are active at different times and breed in different sites.

1.3
In many areas, garbage collection is irregular/unreliable and many people believe garbage attracts mosquitoes. People may blame "garbage" as the problem without differentiating the specific types of garbage -- that which results in significant accumulation of containers exposed to rainwater -- that can breed mosquitoes. In addition, there are no sanctions for improper garbage disposal.

"When the government comes by, they do not spray the bush, when the bush is the breeding site for mosquitoes."

"Mosquitoes lives in water and damp places."

"Have to use a microscope to see mosquito eggs."

"There is no specific time to worry about mosquitoes. They come at any time."

"If you clean up the environment, mosquitoes won't be a problem."

"Garbage is breeding mosquitoes and the people don't care about their rubbish."

"People don't monitor themselves in terms of garbage disposal and this can cause pollution and that can cause disease."

"Police should charge persons for their garbage practices."

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Emerging design opportunities

How might we connect consistent and effective preventive behaviours with knowledge of the mosquito life cycle?

How might we help stakeholders identify the specific types of discarded items that attract Aedes mosquitoes?


How might we make eliminating containers that breed mosquitoes from public spaces everyone's business?

Personas

PERSONAS

Prisca

Unmarried, 0 children, in education



"I don't know what's happening with my body, and I don't know who to talk to."

PROFILE

NAME: Prisca
AGE: 14
GENDER: Female
MARITAL STATUS: Unmarried
NO OF CHILDREN: 0
OCCUPATION & EDUCATION: Secondary school student

RELIGION: Islam
LOCATION: Morogoro
HOBBIES: Drawing, netball, goes to madrasa
ASPIRATIONS: To be a doctor, get married, have children one day (around age 25), make her parents proud
ACCESS TO CELL PHONE: None. Only father has phone.

SRH DATA

SEXUALLY ACTIVE: No
VISITED A CLINIC OR A PROVIDER: No
FP METHOD(S) USED: None
KNOWLEDGE ABOUT FP/SRH (ON A SCALE OF 0 TO 5): ○ ○ ○ ○ ○

PAST EXPERIENCE:
 With sex being a taboo in the community, Prisca's family never talked about sex, puberty or menstruation. Prisca started her period, but she didn't know where to learn about what's happening to her body. Prisca only ever hears reasons not to have sex such as rape, so she has developed a fear of even approaching the subject in conversation.

Profile, based on interview data.

More information on the topic of interest to the project

Each persona has a name and image to make them feel more real.

NEEDS

- Information on body changes and menstruation.

Representative quote, taken from interviews.

PAIN POINTS

- Community: Fear of rape which can result in shame, friends are starting to talk about sex
- Family: Heavy expectations to protect family honor
- Providers: Not even thinking about clinic, and no idea how to access information about sex and contraception, given her age and parents' opposition

BARRIERS

- Bringing shame on family
- Fear of rape or attack by boys
- Curious but timid to ask questions, started periods but so afraid since her mother told her nothing beforehand

Descriptions of needs, pain points, and barriers based on interview data. Together, this provides support for the insights and corresponding opportunities shared by the design team.

Source: *Beyond Bias Project*

Additional Information: Synthesis Mapped to Frameworks

What drives provider bias towards youth? Here are the common themes that we identified from our design research in Tanzania, Pakistan and Burkina Faso

Drivers Of Behavior & Bias: Providers

- PROVIDER/FACILITY RELATED**
 - Multiple providers per room
 - Conflicting opinions from peer providers
 - Low confidence in giving methods, especially LARC
 - Demographics: age, sex, type of provider
 - Barriers to consent:
 - Need for marriage certificate or identity card
 - Need for family / spouse consent
- YOUTH RELATED**
 - Youth not seen as valuable clients
 - Playing parental/protective role
 - Protect client from risk, promiscuity and shame
 - Protect client's fertility
 - Prevent HIV among youth
 - Youth have little power to hold them accountable
 - Longer time to counsel
- COMMUNITY**
 - Stigma of sex or contraceptive use before marriage
 - Expectations and norms about timing of marriage/childbirth
 - Expectation of woman's reproductive role
 - Fear of community and family backlash
 - Serve community to improve health
 - Male child preference
- STRUCTURAL / HEALTH SYSTEM**
 - High workload
 - Shortage of commodities
 - Competing priorities or targets
 - Lack of incentives/low profit for SRH services
 - Lack of accountability for quality
 - Lack of training in youth-friendly services
 - Lack of supportive policy or legal context
 - Confusion about law and policy for youth

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Drivers Of Behavior & Bias: Moment of Consultation

They then showed how these drivers interacted to create the challenge of interest for the project - bias during health visits.

What drives youth behavior and perceptions regarding sexual and reproductive services?

Drivers Of Behavior & Bias: Youth

- STRUCTURAL / HEALTH SYSTEM**
 - Services are unaffordable
 - Youth are unaware of their rights to access information and services
 - Lack of CSE in schools
 - Few 'safe' sources of information
 - Lack of safe, legal access to abortion
- COMMUNITY**
 - Stigma of sex or contraceptive use before marriage
 - Fear of community and family backlash
 - Expectations and norms about timing of marriage/childbirth
 - Expectation of woman's reproductive role
 - Lack of agency and autonomy to make decisions
 - Little information from parents or extended family
- YOUTH RELATED**
 - Negative stories from peers
 - Fear of stigma or shaming from peers for visiting clinic or using contraception
 - Lack of experience making decisions
 - Use of social media and internet to find and share information
 - Lack of confidence to ask questions of providers
 - Lack of economic independence
- PROVIDER/FACILITY RELATED**
 - Lack of confidentiality and privacy
 - Unfriendly and judgmental staff
 - Fear of being seen waiting
 - Difficulty navigating clinic
 - Inadequate opening hours
 - Information overload
 - Refusal of chosen method
 - Demographics: age, sex, type of provider
 - Coercion or abuse

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To support synthesis of the insights this project took this additional step of sorting their findings by user (providers and youth) and along elements of the socio-ecological model (structural, community, youth, provider).


These slides offers an example of how applying different frameworks to your findings and looking at alternative ways to sort the data can be a tool for stronger synthesis and understanding of your challenge, especially if the problem you are examining is rooted in complex systems.

Source: *Beyond Bias Project*

Personas

Names and representative image

Mbuyi and Safi: The struggling but united couple



Background on the couple, based on interview data

Mbuyi, 38 and Safi, 34, have been married for 20 years. He feels that they married too early but they had parental pressure because Safi was pregnant at 15. At first, her parents threw her out of their house and he had to find a job to take care of them both. His mother accepted the whole family in her house so now she still wants to rule their life and the life of their six children. Mbuyi takes all the decisions regarding the children but not without consulting his wife and always taking her opinion into account. The same is done for the household expenses that they plan together. For the last 3 years Mbuyi, who used to work in a mine, is now unemployed, so Safi is the only one providing for the family by selling vegetables and seeds at the market. Only two of their children go to school but it is sometimes difficult to find enough money to pay for their supplies. The other children work in the field so she can go and sell in the market in the nearest city.

Important information on key behaviors related to the project's objectives.

KEY BEHAVIORS

- Apart from their first child, who was born at home for shame of going to the hospital without being married and at 15, all their children were born at the hospital and Safi attended ANC for most of them except the last two because she claims she already knows everything they will tell her and she doesn't have time anymore as she now has to work to provide for the whole family.
- When children are sick Safi will ask her husband to take them to the health center that is located at half an hour walk.
- Most of the time, Mbuyi's mother gets mad because they don't listen to her advice about child care and she would prefer that they take the children to the traditional healer who she believes is more competent than the nurses at the health center.
- However, when they don't have enough money to pay for the medicine, they will give the children plants and local roots until they can find the needed money.

Background on the couple, based on interview data

Key info on elements important to the project (in this case, decision-making drivers)

SBC FACTORS

INTERNAL MOTIVATION	Low	High
EXTERNAL INFLUENCE	Low	High
PERCEIVED RISK - KNOWLEDGE	Low	High
SELF EFFICACY	Low	High

RELEVANT INSIGHTS

- 3
- 10-11-12

QUICK GUIDE TO THE RELEVANT INSIGHTS FOR THIS PERSONA.

Important information on key behaviors related to the project's objectives.

Quick guide to the relevant insights for this persona.

ASPIRATIONS

Mbuyi and Safi would like to have more money to put all their children in school and also afford to rent their own house one day to be free from Mbuyi's mother's influence. For that, Mbuyi needs to find a job soon.

MOTIVATIONS

The well-being of their children and their education are the two most important things for them both. They strongly believe that by investing in their children they will go out of poverty one day as one of them could emerge and get a well paid job in the city in a few years.

OPPORTUNITIES

Although they don't have much disposable income, Mbuyi and Safi still trust the health center's capacity to provide the necessary treatments for their children and they remain optimistic about the future.

KEY PAIN POINTS

The husband is unemployed and has no clear perspective of finding a job in the near future.

VALUES

The couple is open to discussion and prioritize their children. Mbuyi gives his wife a key role in the household decisions and values her financial contribution.

In this case, the persona is actually 2 people – a couple. That's the group the project is targeting, so it made sense to develop couple personas, rather than individual personas.

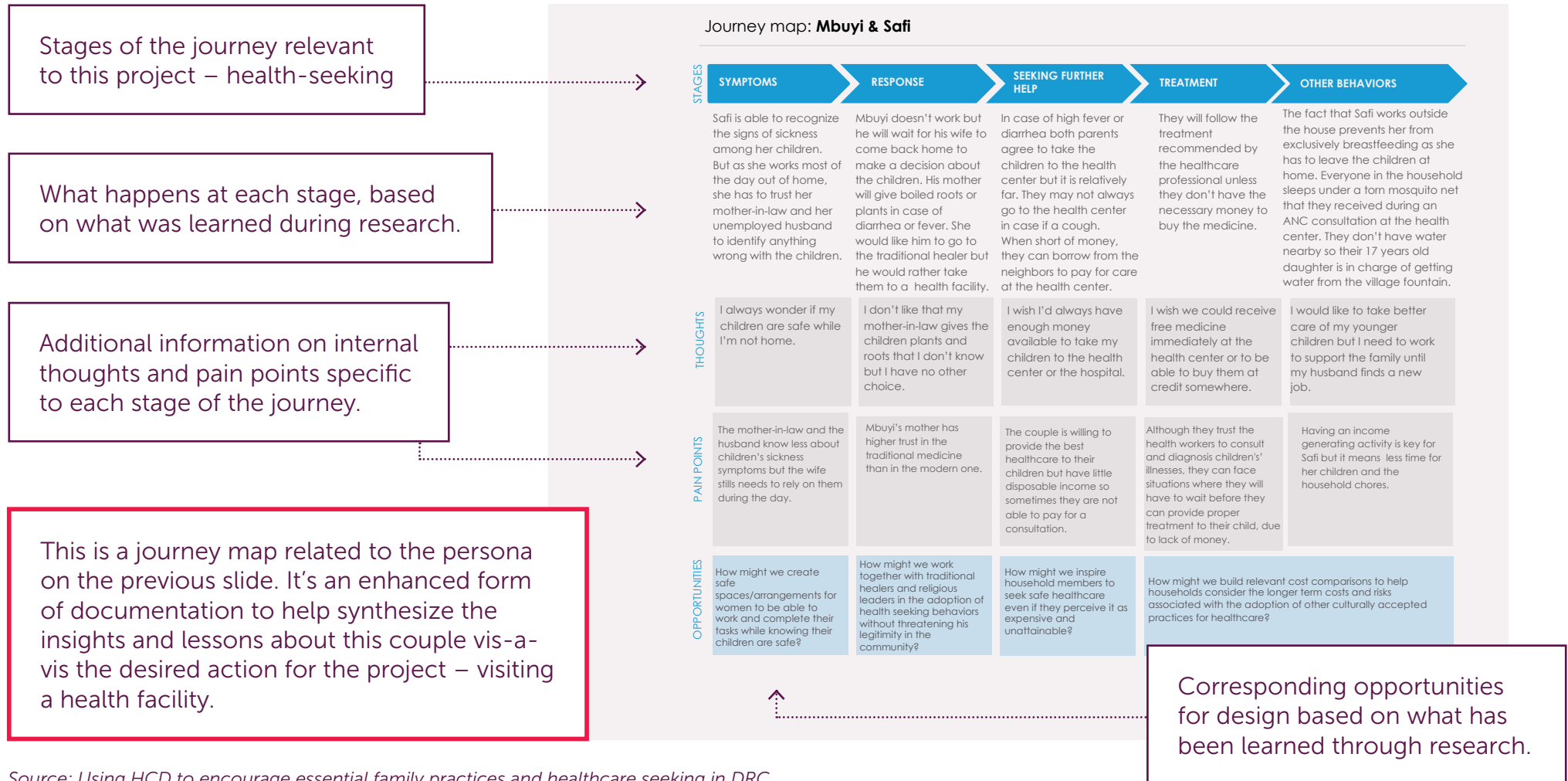
Source: *Using HCD to encourage essential family practices and healthcare seeking in DRC*

A Human-Centred Design Document Guide | PART III

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Journey Map



Source: *Using HCD to encourage essential family practices and healthcare seeking in DRC*

Promising Prototypes

Developing, testing, and
refining solutions

Co-creation Workshop Overview



Idea generation: Diverging and converging

The team facilitated two full-day, in-person idea generation workshops: Day 1 was with VYAs, day 2 was with adult influencers. Each day, participants worked in small groups to design intervention concepts that would address a set of “how might we” questions related to improving gender equity. The workshops repositioned VYAs, their parents, teachers, community leaders and others, from being outside ‘targets’ of the interventions to being central stakeholders whose opinions, behaviors, and experiences mattered most.

The CDT consulted the GEAS research and prioritized eight out of twenty three design challenges (*HMW questions*) according to their potential impact on the global design challenge and their novelty. The selected HMWs were the frame that invited participants to generate a wide range of solutions during the idea generation workshops. Participants created a total of 27 early stage concepts. From the 27 ideas, the CDT combined and refined the concepts with the highest potential. A final total of 8 concepts were then transformed into testable prototypes. [See diagram on Page 12](#)

As these concepts emerged, the CDT created a working theory of change, mapped on [Page 13](#).

Description of the co-creation workshop, including who was involved and why.

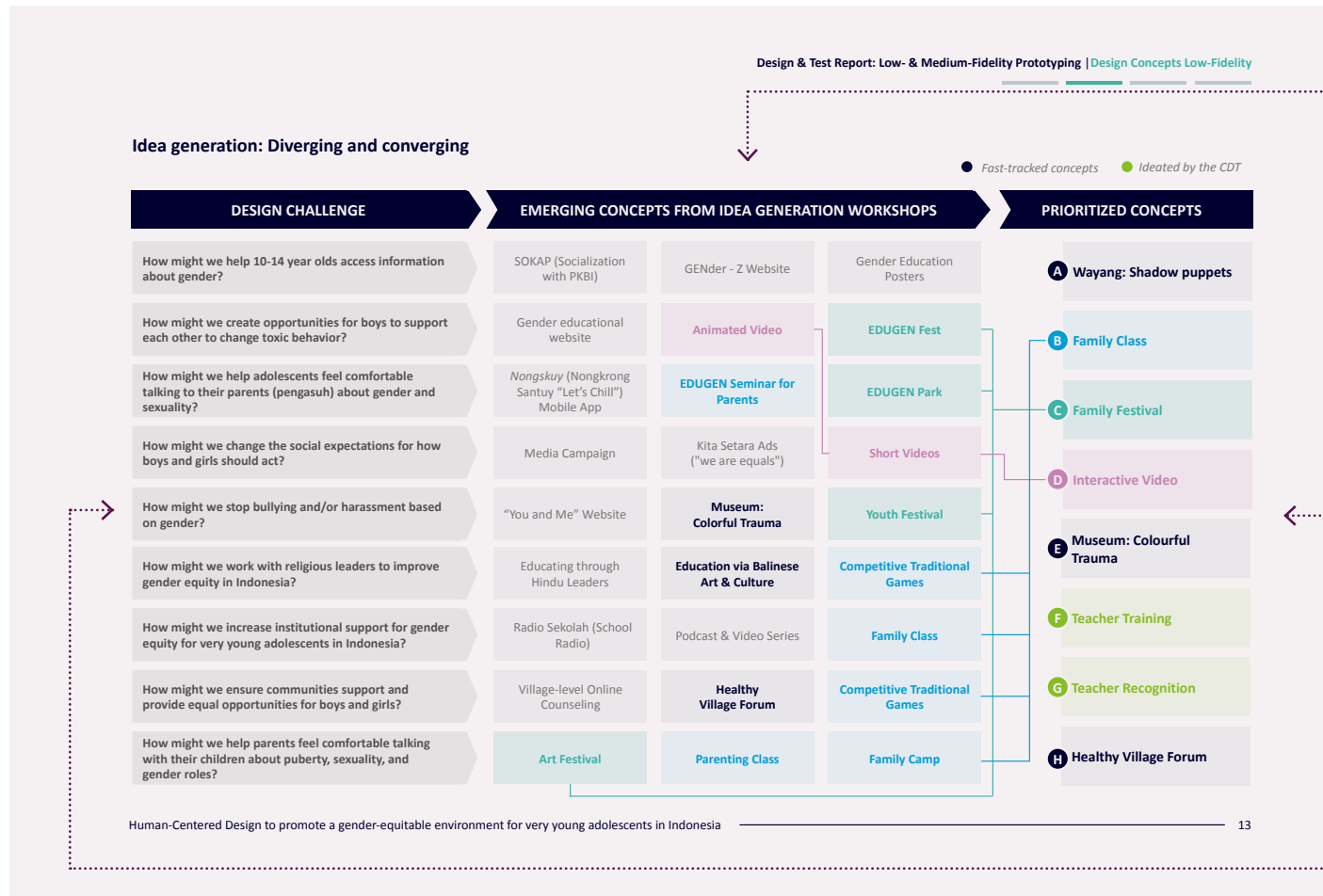


Description of process used to develop initial concepts, criteria for evaluating concepts, how many were developed, and how many moved forward.



Source: [Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents](#)

Concept Brainstorm & Prioritization Summary



Demonstrates the variety of concepts developed by the team

Visual representation of which concepts moved forward and how concepts were combined or shifted to identify what will be tested.

HWM question that inspired the emerging concepts

Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

Prototype Iteration Summary

Approach

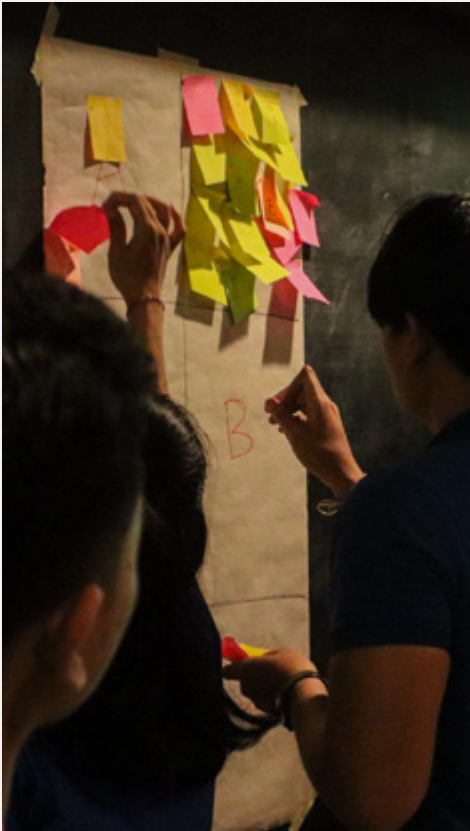


Photo of participants voting during the Interactive Video screening at the Exhibition

Breakthrough ACTION led partners and local stakeholders through an HCD process to develop a multilevel package of interventions that reinforce each other and span key audiences across the VYA environment. The team engaged in three Design & Test sprints across low, medium, and high levels of fidelity, testing different components of each prototype and validating and strengthening other aspects.

Low-fidelity: *Desirability*

Site: Denpasar, Bali
 When: July 2022
 Co-design: 2 days
 Prototype building: 3 days
 Testing period: 6 days
 Prototypes tested: Eight

Medium-fidelity: *Feasibility*

Site: Semarang, Central Java
 When: August 2022
 Co-design: 1-day adaptation workshop
 Prototype building: 3 days
 Testing period: 5 days
 Prototypes tested: Six

High-fidelity: *Potential for Scalability*

Site: Denpasar, Bali
 When: May–July 2023
 Co-design: 4 days
 Prototype building: 4–6 weeks (asynchronous virtually)
 Testing period: 4–6 weeks
 Prototypes tested: Five

Low-fidelity prototypes

- A Wayang: Shadow puppets
- B Family Class
- C Family Festival
- D Interactive Video
- E Museum: Colorful Trauma
- F Teacher Training
- G Teacher Recognition
- H Healthy Village Forum

Medium-fidelity prototypes

- Family Class
- Family Festival
- Interactive Video
- Museum: Colorful Trauma
- Safe Schools Toolkit
- Multi-Stakeholder Forum

High-fidelity prototypes

- Family Space Program
- Exhibition Event/Installation
- Interactive Video Entertainment Education
- Safe Schools Program
- Multi-Stakeholder Forum Integration Strategy

Snapshot of prototyping rounds, with relevant details provided for each

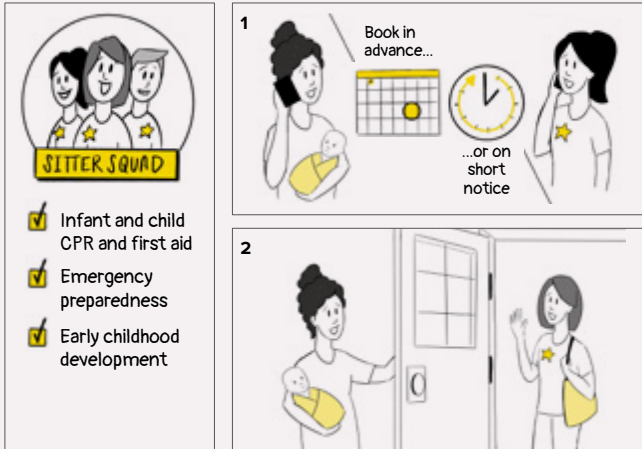
Visual representation of how prototypes evolved from one round to the next

Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

Prototype Description

Sitter Squad

An organized team of trained babysitters that can be booked in advance or on short notice.



The Experience

- People who want to babysit enroll in a babysitter training course. After completing the course, babysitters are eligible to join the Sitter Squad.
- Families call the Sitter Squad Coordinator to book a trained Sitter Squad babysitter in advance, or at the last minute. The coordinator identifies a babysitter who can meet the needs of the family, and schedules them.
- The babysitter shows up at the family's house at the time and date requested.

4

Simple, visual representation of the concept, including its key features and how it is designed to work.

Additional information provided in text form to reinforce and expand on the visuals.



Source: [Co-designing community-centered solutions for rural childcare](#)

Prototype Testing Plan

Researcher's name: _____
Participant's name: _____

Sitter Squad | Discussion Protocol

General Questions

What do you think about this idea?

Notes

What about this idea works well for you?

What would make this idea work better for you?

Specific Questions

What training topics, experiences or certifications would babysitters need in order for you to feel comfortable using them?

If a parent/caregiver: How much would you pay a babysitter from the Sitter Squad?
If a potential babysitter: How much would you expect to be paid for babysitting?

How would you want to coordinate with the service? (Make a phone call, text, Facebook DM, etc.)

5

General questions that work for any prototype

Prototype-specific questions used to advance this idea and make it more concrete. Note that these relate to how and under what circumstances clients would use this service.

This represents a piece of the testing plan. This form shows what questions were asked and what the team wanted to learn.

Source: [Co-designing community-centered solutions for rural childcare](#)

Additional Information: Prototyping Process Overview

High level summary of prototyping process.

Details on the process for brainstorming, including underlying insights, where brainstorming took place, and who was involved.

Beyond Bias used HCD to generate more than 100 early brainstorming ideas and to winnow them into one integrated intervention through multiple rounds of testing, selection, and iteration. As of the time of writing, this intervention is being piloted and evaluated in 227 facilities across 3 countries.

Idea Generation

YLabs employed a structured and systematic approach for facilitating HCD in Beyond Bias. Using provider segments, drivers of bias, and qualitative findings, Beyond Bias country teams and partners facilitated [six ideation workshops across four countries](#) (Tanzania, Pakistan, Burkina Faso, and the United States) to generate a wide range of early brainstorming ideas to address provider bias. Brainstorming participants included clinical managers, local stakeholders, providers, and youth.

While terminology may vary across practitioners, this document uses the word *idea* to describe a simple headline thought and the word *concept* for a more fleshed-out idea that includes a preliminary behavior-change hypothesis and a set of articulated assumptions that can be tested with users through prototyping. *Concepts* are tested and refined (and sometimes combined) into *solutions*.

A summary of global research on drivers of bias, along with primary research, including segmentation analysis and findings from design research interviews in each of the three countries, informed the workshops. The workshops consisted of multiple rounds of brainstorming, using "How might we..?" statements.

Each ideation workshop was guided by three overarching design prompts:

How might we help providers guide informed contraceptive choice by youth?

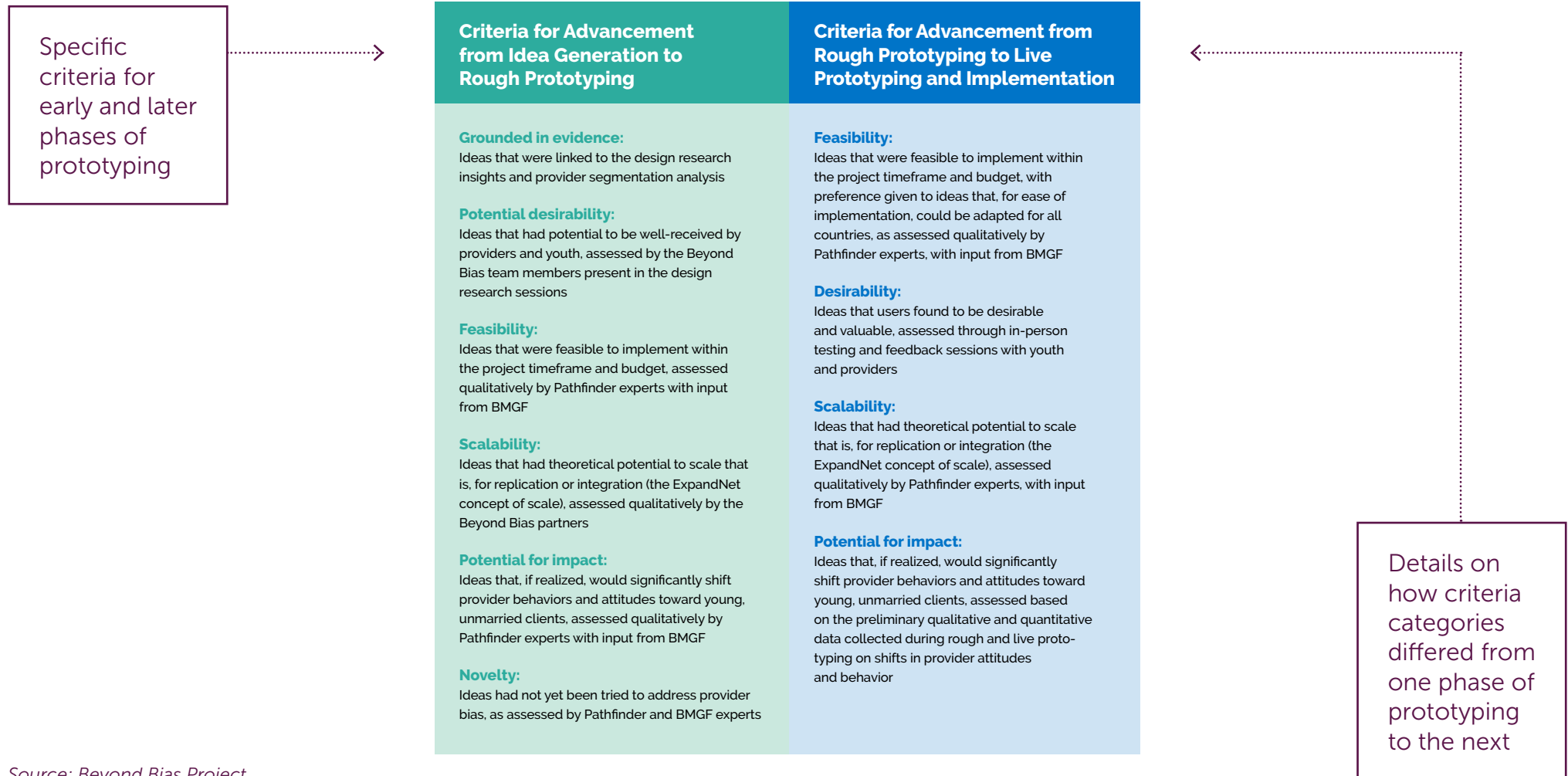
How might we support providers to have the time and space to honor young people's needs in the clinic?

How might we measure and reward quality service for youth?

For each country context, the project team created several additional design prompts. The combination of overarching and country-specific design prompts helped ensure that the idea generation process would produce ideas that had potential for scale across contexts but that responded to the nuanced differences among the three focus countries. Each brief considered the dominant segments in each >

Source: [Beyond Bias Project](#)

Prototype Evaluation Criteria



Source: [Beyond Bias Project](#)

Prototype Description

PROTOTYPE PLAN SMART START PASTORALISTS 17

Target audience

Concept Name

Brief description

Prototype goals and underlying assumptions

The Concept
Ullatinas Motherhood Coaching Club

WHO IS IT FOR?
Ullatinas (traditional birth attendants)

WHAT DOES IT SOLVE FOR THEM?
Ullatinas receive recognition from the community by providing an essential service, and governmental approval for working to support regional and national priorities.
Young girls receive quality information on family planning from a trusted source.

WHAT'S THE BIGGEST ASSUMPTION?
Ullatinas are willing to learn and teach about family planning.
Girls are willing to learn about family planning from the Ullatinas.



Source: [NEEDS TO BE UPLOADED TO A360 WEBSITE](#)

Prototype Feedback


PROTOTYPE TESTING SMART START PASTORALISTS 21

Ullatinas Motherhood Coaching Club

Synthesized lessons from testing

Synthesized reflection on whether the assumptions held true.

Quotes from testing to support lessons.



Key Learnings

- The Ullatinas loved the prototype because it is visual and offers them a chance to help married girls, which they view as their purpose and duty. The prototype made them feel recognized and appreciated.
- Ullatinas wanted to learn more about family planning, and they were eager to tell other Ullatinas what they learned. They were very comfortable answering questions and sharing their experiences.
- Ullatinas reported that they want to teach girls about sexual and reproductive health. They felt they were best placed to do so because they understand the married girls in their community and care about their well-being.
- The team was surprised to hear that many Ullatinas are in favor of family planning and some are already recommending the use of family planning to married girls when they help them deliver babies.

Answers to key assumptions

Ullatinas expressed interest in learning about family planning. They said they would be happy to speak with girls in the community about the benefits of family planning.

"I want to help girls, so yes, I'm interested to be in the coaching club."
-Ullatina

"I would like to tell other Ullatinas about this, because we understand married girls better in the community and this poster will help us teach them better." - Ullatina

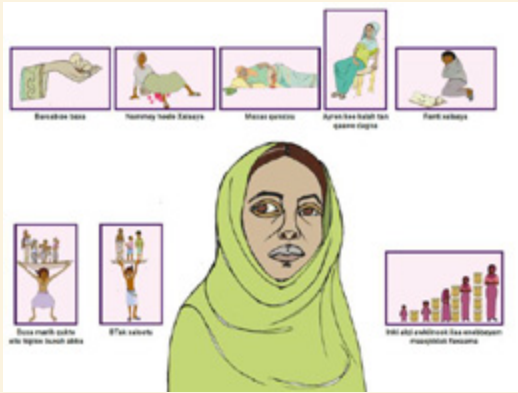
"Spacing will help a girl gain her health before her other pregnancies."
-Ullatina

Source: [NEEDS TO BE UPLOADED TO A360 WEBSITE](#)

Prototype Feedback

PLANNING FOR ROUND 2
SMART START
PASTORALISTS
40

Up Next: Ullatinas Motherhood Coaching Club V2



Key Assumptions

- Using a visual, low-literacy tool Ullatinas can be effective promoters of family planning. Following a session, married girls will accept a referral to the health post for service uptake.

Key Elements

- Ullatinas will be trained to give girls information on the benefits of family planning
- The information will be divided into two parts—health benefits, based on the first round of testing and financial benefits, using materials adapted from Smart Start.
- The session will be highly visual
- At the end, girls will receive a referral card to the health post

Young designers will briefly train Ullatinas how to use the visual tool. For this round of testing, PSI and MOH will recruit girls to participate in the trial sessions with Ullatinas. The team will observe the testing to assess the competency of the Ullatinas (retention of message, accuracy, etc.) and girls' reactions. A key measure of success will be whether girls choose to take a referral card. Girls and Ullatinas will be interviewed about their experience.

Updated version of the prototype based on lessons from initial testing.

Updated assumptions driving decision-making around the prototype.

Brief description of the prototype's key elements.

Brief information on how the prototype will be tested and evaluated.

Source: [NEEDS TO BE UPLOADED TO A360 WEBSITE](#)

Prototype Description & Feedback 1 of 3

Prototype description

Target audience

Highlights unique design elements that underpin prototype's success

Synthesized information on a high-fidelity concept, with the goal of helping readers understand the concept and why it evolved the way it did, so it also incorporates feedback received during the prototyping process.

DESIGN CONCEPT

Family Space

DESIGN CONCEPT

Family Space

OVERVIEW

What is it?
The Family Space is a series of dynamic, activity-based classes for caregivers and VYAs that focuses on strengthening caregiver-VYA relationships, using known change mechanisms: building empathy, envisioning alternative futures, and participating in collective reflection and discussion about gender norms.


Who is it for?
Caregivers and VYAs

Why does this exist?
The original ideation workshops generated several ideas for parenting classes as a way to reach caregivers. What makes this offering unique is that it:


- **Is for caregivers AND children.** Parenting classes in Denpasar were for parents only, usually mothers. This class creates room for the whole family, as evidenced by the fact that entire families showed up to the high-fidelity test—mothers, fathers, VYAs, and siblings.
- **Is highly interactive.** The Family Space is designed to be an engaging environment where families can have fun, build skills, and strengthen bonds. Existing offerings consisted of one-way, lecture-style communication that left parents feeling bored and inadequate.
- **Reflects participant interests.** The Family Space topics were workshoped and refined during co-design sessions and reflect what is important to both VYAs and caregivers.
- **Allows time for parents to talk to professionals.**

DESIGN & Test Report: Low-, Medium-, and High-Fidelity Prototyping | Arriving at High-Fidelity Prototypes


Low-fidelity



Medium-fidelity



High-fidelity




Photos showing how the prototype and corresponding tests evolved over time.

Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

Prototype Description & Feedback 2 of 3

Design & Test Report: Low-, Medium-, and High-Fidelity Prototyping | Arriving at High-Fidelity Prototypes



DESIGN CONCEPT **A**

Family Space

CONCEPT EVOLUTION

	LOW-FIDELITY	MED-FIDELITY	HIGH-FIDELITY
Facilitators	PKBI Bali	PKBI Bali Local guidance counselor	PKBI Bali Local psychologist
Components	Topic: gender-based bullying Key content: 1. Empathy-driven card activity* 2. Interactive Video and discussion 3. Commitment card	Topic: Communication skills building Key content: 1. Empathy-driven card activity 2. Communication skills building activity 3. Commitment card	Topics: Class 1: Cultivating and exploring interests Class 2: Communication skills building Key content: 1. Empathy-driven card activity 2. Short animated videos about gender 3. Communication skills building activity 4. Journal reflection
Testing site	Banjar (Denpasar)	Middle school (Semarang)	Village office (Denpasar) Kubu Kopi semi-outdoor restaurant (Denpasar)
Audience	Caregivers	Caregivers	Caregivers VYAs
Dose/Duration	Cohorts: 1 Classes: 1	Cohorts: 2 Classes: 1	Cohorts: 2 Classes: 2
Mobilization	Community leader invitation	School invitation	PKBI Bali invitation Organic interest via Exhibition and Safe Schools training
Cohesion with other prototypes	Content: Used Interactive Video during the class	Audience exposure: Tested among parents at same schools where Interactive Video was screened among students and caregivers	Audience exposure and mobilization: Recruited participants during Exhibition and Safe Schools training Social media promotion via Exhibition

*This activity was adapted from Breakthrough ACTION's Empathways card game, which was originally designed for providers to facilitate discussions about family planning. <https://breakthroughactionandresearch.org/empathways/>

Human-centered design to promote a gender-equitable environment for very young adolescents in Indonesia

Additional details on how the concept was tested at different phases, providing credibility to the rigour of the testing process and giving insight into how testing evolved and became more complex.



Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

Prototype Description & Feedback 3 of 3

Design & Test Report: Low-, Medium-, and High-Fidelity Prototyping | Arriving at High-Fidelity Prototypes

[Click here to view all resources](#)

DESIGN CONCEPT A

Family Space

HIGH-FIDELITY TESTING DETAILS

KEY DECISIONS INFORMED BY CO-DESIGN + PREVIOUS TESTS

CONTENT

Infused gender norms and adapted existing materials across a sequence of classes that progress from “easy” to “difficult” to discuss. Tested only the first two classes due to time constraints.

1. Cultivate and explore interests (tested)
2. Communication skills building (tested)
3. Bullying around gender norms (not tested)
4. Transition from childhood to adolescence: puberty and SRH (not tested)
5. Healthy romantic relationships (not tested)

Introduced **AMAZE videos**—short animated videos about a variety of gender and SRH topics—to spark discussion.

PLACE AND AUDIENCE REACH

Participant mix. Although the VYAs (boys and girls) and caregivers (mothers and fathers) are the intended audience, entire families, including siblings, were welcomed to all classes with breakout sessions to allow for separate discussions.

Number of classes, cohorts, locations. Two classes among two cohorts in two places to assess willingness to return for future classes, completion of take-home activities, location appeal, and change in participants.

PACKAGE COHESION

Recruitment. Even though personal invitations from schools or a community authority are very effective, organic motivation was assessed for this round of testing. Recruitment included personal invitations from PKBI Bali, a pre-event “bingo” activity at schools, and organic sign-ups from the Exhibition.

Human-centered design to promote a gender-equitable environment for very young adolescents in Indonesia

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Class 1: Cultivate and explore interests

Learning objectives

- Create opportunities for parents and children to connect without distractions from the outside world
- Establish environment of open communication for the rest of the series
- Create opportunities for VYAs to reflect on and voice their own interests
- Help caregivers create a supportive environment for VYAs to explore their interests unencumbered by gender norms
- Generate excitement about continuing with the family class and getting to know each other

Activities

1. Icebreaker
2. Empathy-based card game between families
3. Discussion and AMAZE videos
4. Journaling reflection

Incentives: Transportation voucher, family photo cards

Class 2: Communication skills building

Learning objectives

- Build parents’ knowledge and skills to communicate with their children openly, effectively, and without judgement
- Help parents create a supportive environment for VYAs to communicate unencumbered by gendered expectations
- Reduce emotional and tangible barriers for VYAs to communicate with their parents

Activities

1. Icebreaker
2. Communication skills building overview and discussion
3. Role play to practice skills building
4. Empathy-based card game between families
5. Visioning exercise

Incentives: Transportation voucher, quiz prizes, and participation certificates

Facilitators: PKBI Bali + psychologist

Mobilization methods

- Direct invitation from PKBI Bali
- Organic recruitment through the Exhibition via a Google Form

Testing site: Village office

Testing audience: Families with VYAs

Dose: ~2.5 hours

Cohort 1: Class 1

- Family 1: Mother, father, VYA girl, 7- and 1-year-old siblings
- Family 2: Mother, father, VYA boy

Cohort 2: Class 1

- Family 1: Mother, father, VYA boy, 9-year-old sibling
- Family 2: Mother, father, VYA boy, 7-year-old sibling

Testing site: Semi-outdoor restaurant

Testing audience: Families with VYAs

Dose: ~2.5 hours

Cohort 1: Class 2

- Family 1 + Family 2
- Family 3: Father, VYA boy
- Family 4: Mother, VYA boy

Cohort 1: Class 2

- Family 1 (minus VYA boy) + Family 2
- Family 3: Mother, VYA girl
- Family 4: Mother, VYA girl

Resources

- Materials: Facilitator guide, Intimacy challenge, Empathy cards
- Ice breaker games, Overview presentation, Communication skills building handout
- Promotional Materials: Google Form, Poster, Social media, Bingo
- People: Two PKBI Bali facilitators, One psychologist, Facilitator
- Logistics: Class location, Refreshments, Transportation vouchers

Link to specific materials used in the prototype.

Overview of the content covered in each class.

Details on how the prototype was operationalized – who attended, where testing happened, how long classes ran, and who facilitated the sessions

List of key materials and resources required.

Description of key design elements and their intended purpose, as informed through insight gathering and previous tests.






Deep dive into the details of the prototype. This slide gives information on what the participants experienced and how the prototype was operationalized.

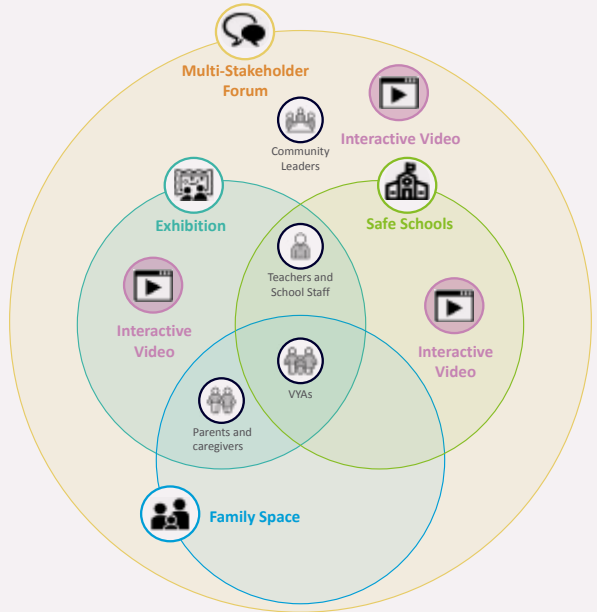
Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

Addition Information: Multiple Prototypes as a Single System - 1 of 3

Design & Test Report: Low-, Medium-, and High-Fidelity Prototyping | Executive Summary

Overview of prototypes tested at high-fidelity

-  **Family Space:** A progressive series of five classes for caregivers and VYAs, this concept focuses on strengthening caregiver-adolescent relationships, surfacing gender norms, and creating space for critical reflection and discussion.
-  **Exhibition:** The Exhibition provides an interactive and immersive art experience for adults and VYAs to understand bullying and gender-based bullying, empathize with VYAs, release and express their emotions through participatory art, and engage in a community dialogue around gender norms.
-  **Interactive Videos:** Designed for community leaders and school staff, these videos are embedded with "choose your own ending" decision points that aim to initiate collective identification, reflection, and discussion about gender norms.
-  **Safe Schools:** A whole-school program for middle schools that complements existing bullying prevention programs and aims to equip schools to respond to bullying in a gender-equitable way through three main components:
 1. Training for faculty and staff
 2. Reporting system for VYAs
 3. External referral system for complex cases
-  **Multi-Stakeholder Forum:** An approach for integrating the package within local programs and initiatives, the forum is a steering committee-type convening of village leaders that aims to increase knowledge and gender-equitable attitudes among community leaders and provide a gateway for package implementation and prioritization of gender-equitable programming.



This diagram illustrates how the prototypes collectively reach key audiences across the VYA environment and provide multiple exposures to the interventions within a community.

Human-centered design to promote a gender-equitable environment for very young adolescents in Indonesia 6

After several rounds of testing, this project has refined multiple prototypes that fit together to form a single program serving their overall project objective. This slide and the next two provide inspiration on how to communicate about the individual components and how they fit together.

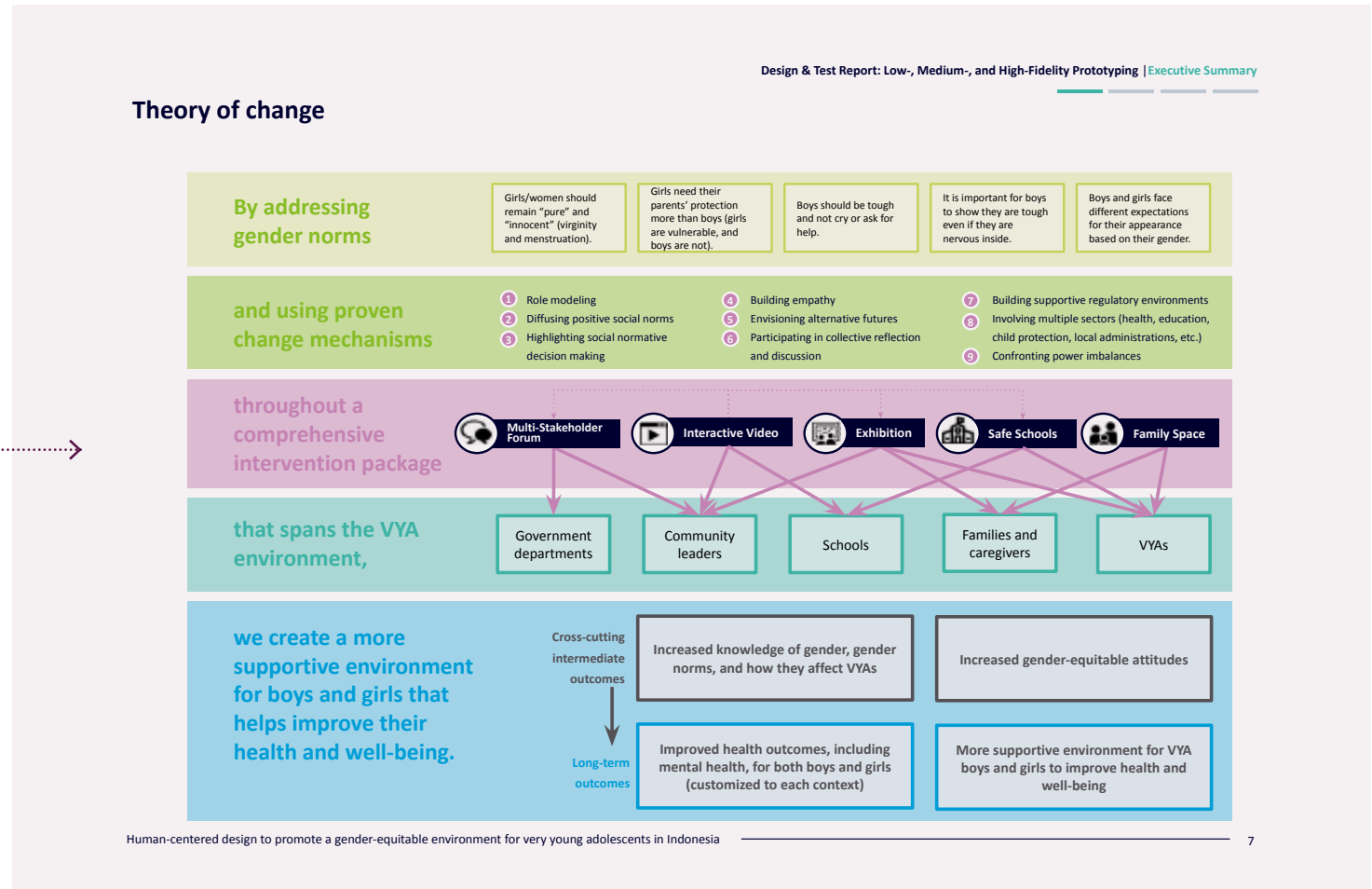
Visual representation of which audiences are reached by which prototypes.

List of individual, refined prototypes

Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

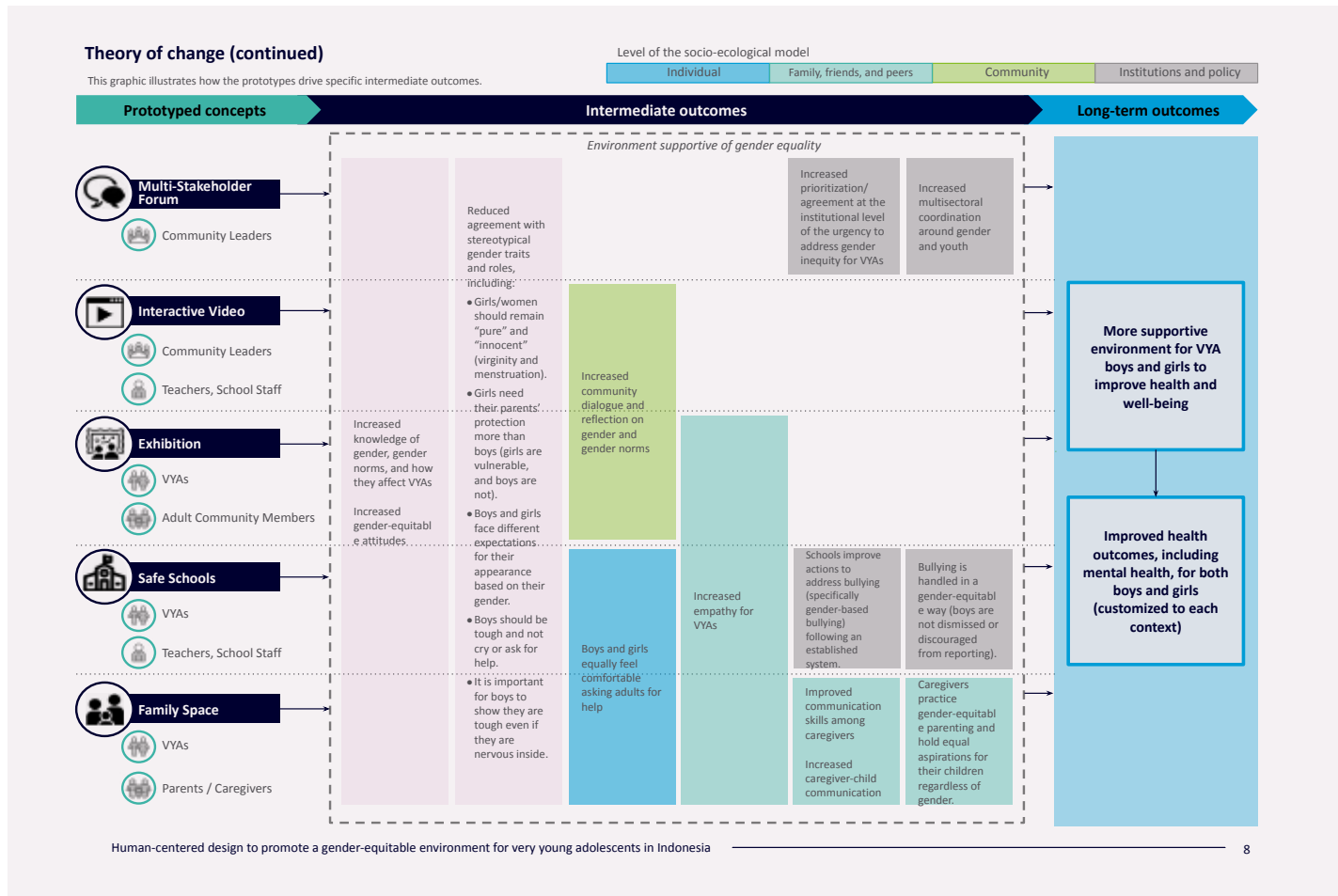
Addition Information: Multiple Prototypes as a Single System - 2 of 3

Prototypes are placed into the theory of change to show how they support the goals of the project and lead to desired outcomes.



Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

Addition Information: Multiple Prototypes as a Single System - 3 of 3



More detail on how the prototypes lead to intermediate outcomes (by audience) which feed into long-term outcome required by the project.

Source: *Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents*

Addition Information: Multiple Prototypes as a Single System

This visual diagram maps how the elements in the prototypes are designed to drive behavior change.



Source: *Beyond Bias Project*

Hand-off

Transitioning your product or service out of the design phase

School Culture Champions Playbook

This playbook is a guide to using the tools and approaches developed through the design process.

In this instance, the goal was to improve school culture in public schools in the US, so the playbook is designed for use by teachers, administrators, and students.

The link to the full playbook is [here](#).

In the next few slides, we have pulled out a few pages to demonstrate how this project has chosen to document key elements of what has been designed so that it can be used by anyone.

Source: [School Culture Champions Playbook](#)



Background

Students, teachers, administrators, and community members built these new ideas and approaches.

Project Background

Across the country, our schools are struggling to support students with "bad" behavior. Under pressure to move quickly through the curriculum, schools often favor efficiency above all.

In 2024, IDEO.org and a Dallas-based education non-profit collaborated with Garland Independent School District (GISD) and teachers from four of their schools to reimagine student accountability and school culture.

Teachers are most tuned in to what kids need, but they rarely get the time, trust, and resources to fully use their expertise and creativity. This process centered teacher expertise and used creativity to move from crisis to new solutions.

A Holistic Approach

The School Culture Champion solutions are a holistic and interconnected approach to innovation; one that prioritizes the experiences of students, teachers, district leaders, and community members equitably. The approach helps schools to:

- 01 Establish Expectations**
Clearly establish community agreements about how everyone should show up.
- 02 Build A Classroom Community**
Tools and approaches to facilitate both deeper connection and frequent check-ins between students and teachers.
- 03 Empower Teachers & Boost Morale**
Build connection amongst teachers, creating spaces and ways to celebrate, connect, decompress, and learn from each other.
- 04 Call-in Community Support**
Build new bridges to community members, fostering mentorship or connection between students and their communities.

Brief background on the problem and project

Innovation objectives



Source: [School Culture Champions Playbook](#)

Principles

Principles

To change school culture, mindsets are just as critical as ideas. Follow these principles to build buy-in and adapt School Culture Champion solutions to work in your school.

Explanation of the importance of principles, helpful to an audience unfamiliar with HCD norms and practices.



Elevate teachers' expertise

As you introduce school culture champions to your campus, center implementation and problem solving with teachers. They have many ideas and solutions for how to adapt the approach to your context— they just need to feel supported and trusted, and given the space to lead the charge.



Build shared ownership

To change school culture, everyone needs to play a role and feel ownership over where we are going. The solutions are designed to work across the entire school ecosystem, and everyone from students to teachers to community members need to take part, not just traditional school leaders and admin.

Principle name and explanation.



Prioritize care & relationships

Prioritize face-to-face conversations and joyful, interpersonal connection; create ample opportunity for deep relationship building between adults at school and the students in their care.



Make it your own

Every student, teacher, and classroom culture is unique. There is no one size fits all. The tools are intentionally open to adapt and change per teacher and scenario, so the new rituals thrive whether in P.E. or Algebra class.



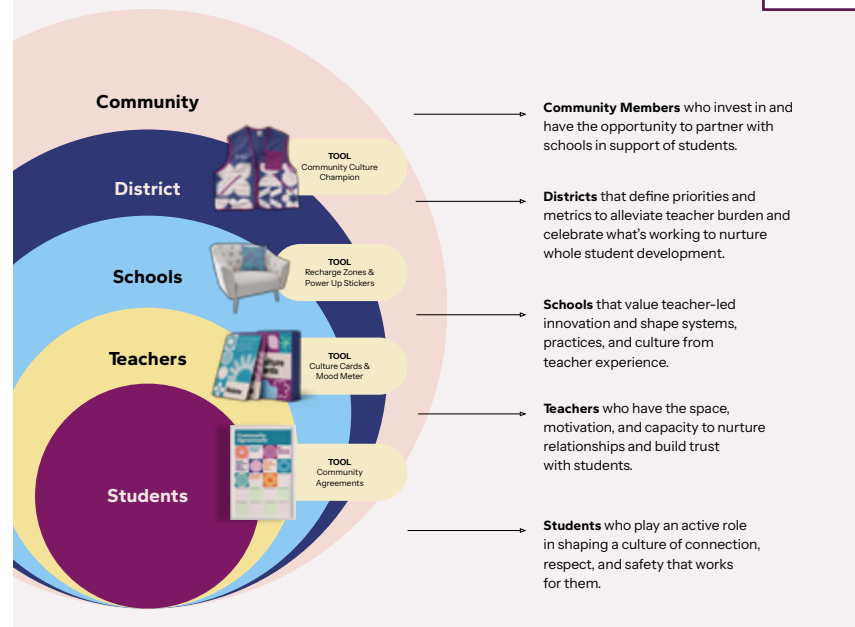
Source: [School Culture Champions Playbook](#)

Theory of Change

Theory of Change

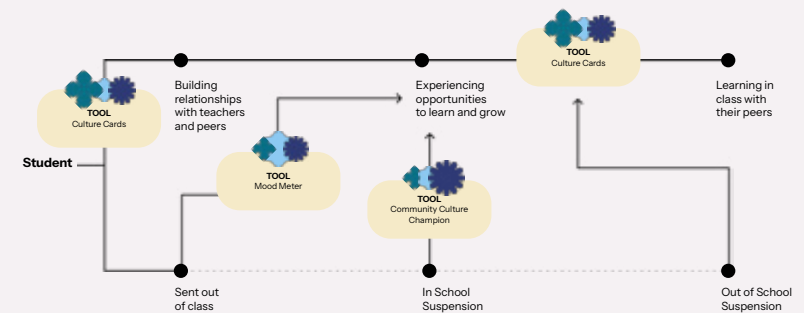
Everyone has a role to play when it comes to shifting school culture. Our approach & tools are designed to sit at various levels, supporting everyone from teachers, community members, and students themselves to do what they can to shift the culture for the better. **Our goal is to have:**

Explanation of how the different tools are designed to work at different levels of the school's ecosystem.



The tools are designed to both prevent and respond to challenging student behaviors.

For most students, the School Culture Champion tools and approaches help to proactively build classroom and school connection. This reinforces positive behavior and also establish deeper connections to adults at the school.



Expected outcome at each level if tools are used as designed and have the desired effect.

Explanation of when and how tools work for different types of users.

Source: *School Culture Champions Playbook*

Prototype Overview

This page provides a quick overview of the entire approach and corresponding tools.

The objective of each step is described in the title.

Visual representation of each asset / element.

Corresponding tools and assets and their specific roles are listed for each step.

Source: *School Culture Champions Playbook*

Approach & Tools


The tools work cohesively as a system, but they are also designed to mix and match according to what works best for your school.

01

Establish Expectations

Agreements to help set the tone for the culture conversations.

Poster



02


Build a Classroom Community

Culture Cards to help facilitate connection and repair conversations.

Tool

Mood Meter to check-in on a classroom and see how everyone is doing.

Poster



03

Empower Teachers & Boost Morale

Recharge Zones for teachers to decompress, lean on each other, and safely share their experiences.

Space

Power Ups to celebrate positive connection and culture through peer to peer shoutouts.

Stickers



04

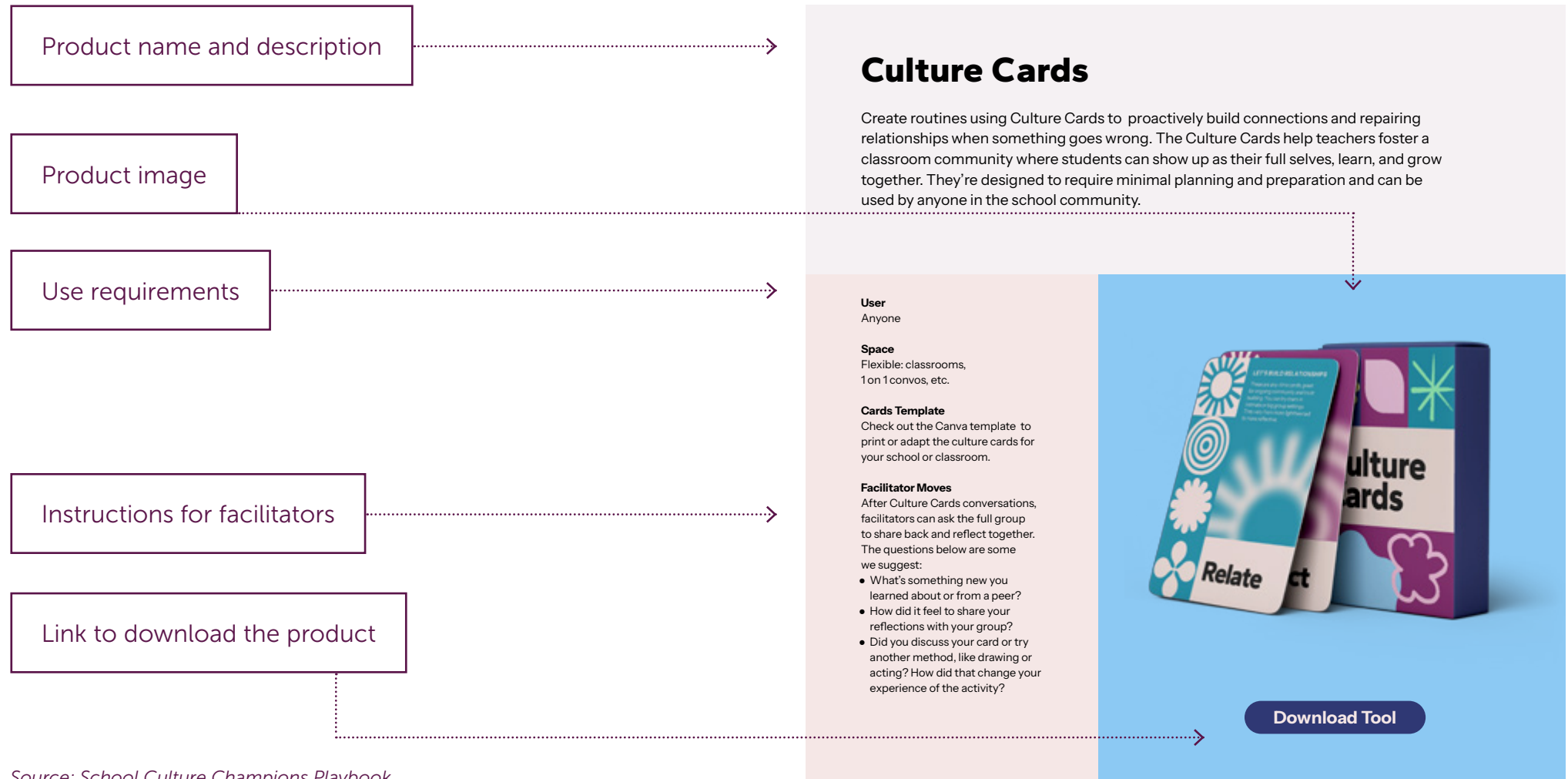
Call-In Community Support

Community Culture Champions to offer additional support and resources, as well as build trust.

Role



Product How-to 1 of 2



Source: *School Culture Champions Playbook*

Product How-to 2 of 2

Culture Cards

The Culture Cards have different categories for different moments.



Build a solid foundation

Connect and get to know one another as people. Make space for connection and relationship building, so we have a moment to get to know each other beyond academic content.

When something goes wrong

Follow-up on classroom incidents or not-so-great choices with guided questions and conversations to repair the harm and learn how we can make better decisions in the future.

Write your own!

Take ownership over building a positive and supportive school culture by creating your own questions or activities! We all have a role to play in building a positive and supportive school culture!

Dig a little deeper

Move beyond the get-to-know-you questions and start to build understanding and trust. Create space to check-in when things feel challenging.

Take a break

With the stresses of life and school, sometimes we just need a moment. See a student about to make a not-so-great decision? Give them one of these cards. Take a break now to avoid having to address a bigger problem in the future.

Source: [School Culture Champions Playbook](#)

Additional information on product elements and how they work.

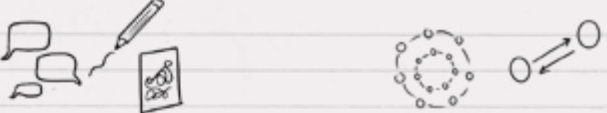


Implementation Guidance: 1 of 2

Culture Cards

Make it your own!

Culture Cards have a mix of engagement strategies and modalities we recommend using. Consider trying different ways to get students up and moving, discussing, and reflecting, beyond the activities they may traditionally experience in the classroom.



Activity Modalities

Each card has more than one way of interacting with it. There are different modalities for the cards: Discuss, Draw, Build, Act, Move, Sing, Dance, Write

Engagement Strategies

For cards that have the **Discuss** modality, there are many ways to arrange them in groups. Here are four strategies we suggest:

- Think, Pair, Share
- Concentric Circles
- Gallery Walk
- Small Group Discussion

Adapt the Tools

As you use the Culture Cards, feel free to:

- Write additional "Ask Further" follow up questions
- Make a copy of the Repair [reflection sheet](#) and edit the questions as you'd like
- Change the questions themselves (on the physical cards or in [Canva](#))

Additional guidance on facilitating use of the product.

Tips for adapting the tools based on the user's context or needs.



Source: [School Culture Champions Playbook](#)

Implementation Guidance: 2 of 2

Tips on how often to use the different tools and additional guidance on how to make them most effective.



Rollout Suggestions

Here is a suggestion for **how** and **when** to try out the tools

Daily

Use the **Mood Meter** everyday to do a vibe check. Aim to do this at the same time to build a routine—right at the beginning of class, as students enter, etc. Stay consistent so students warm up to answering honestly and investing in the practice.

Every Few Days

Use the **Agreements Poster** and **Culture Cards** to facilitate a deeper check-in. Consider doing culture cards conversations once a week during advisory or homeroom periods or at the end of class if you have a couple minutes to spare.

Use the **Power Up Stickers** to give your fellow teachers a boost! Notice if folks are having a particularly challenging day and let them know you have their back.

Once a Week

Visit the **Recharge Zone** to fill your own cup! The moments when you feel the most stress may be the best to take a quick break. Create a practice of when you'll visit the space so that you don't forget it's there for you when you need it.

A few Times a Month

Find moments for **Community Culture Champions** to support. Whether it's inviting them in for bi-weekly mentoring sessions or a volunteer shift for them to support school events, regular invitations can keep folks engaged.

Source: *School Culture Champions Playbook*

Adapting and Implementing the Beyond Bias Model

This guide provides information on implementing and adapting a program to reduce bias against adolescents in health care for a range of potential users, including government leaders, program implementers, funders, and NGO staff.


This guide contains detail about the project background and robust implementation guidance, as this is a complex, systems-level approach. It is designed not for healthcare workers, but for those who oversee and manage programs for healthcare workers.

The link to the full guide is [here](#). In the next few slides, we have pulled out a few pages to demonstrate how this project has chosen to document key elements of the hand-off.

Source: *Adapting and Implementing the Beyond Bias Model*

May 2022

Adapting and Implementing the Beyond Bias Model: Solutions to Reduce Provider Bias in Contraceptive Service Delivery for Youth and Adolescents



beyond bias > PATHFINDER y-labs RAND CAMBER COLLECTIVE

Background

Why is Provider Bias a Problem?

Preventing unintended pregnancy is essential to improving adolescents' sexual and reproductive health and their social and economic well-being.

About half of pregnancies among adolescent women aged 15-19 living in developing regions are unintended, and more than half of these end in abortion, often under unsafe conditions. Modern contraception plays a crucial role in allowing women to control the timing and number of their pregnancies. Yet, out of 32 million adolescent women in LMICs who want to avoid a pregnancy, 14 million (43%) have an unmet need for modern contraception.¹ Research shows² that provider bias and judgmental behavior is a major barrier to the use of contraception by young people, including newly marrieds and first-time parents.

Decades of training and supervision have been insufficient in addressing biases held by sexual and reproductive health providers. Recognizing this reality, the Beyond Bias project was conceived with a mandate to disrupt the status quo by developing new innovative solutions to address this enduring barrier to care.

¹ Sedgh G, et al. 2016. Unmet Need for Contraception in Developing Countries. Examining Women's Reasons for Not Using a Method. New York: Guttmacher Institute.

² See:

Warrenius L.U, et al. 2006. Nurse-midwives' attitudes towards adolescent sexual and reproductive health needs in Kenya and Zambia. *Reprod Health Matters* 14(27):149-28

Wood, K and Jewlers, R. 2006. Blood Blockages and Scolding Nurses: Barriers to Adolescent Contraceptive Use in South Africa. *Reproductive Health Matters* 14:27, 109-118

Tishun, M, et al. 2012. Health Workers' Attitudes toward Sexual and Reproductive Health Services for Unmarried Adolescents in Ethiopia. *Reproductive Health* 9, 9.

Calhoun, L.M, et al. 2013. Provider imposed restrictions to clients' access to family planning in urban Uttar Pradesh, India: a mixed methods study. *BMC Health Services Research* 13, 534

Chandra-Mouli, V, et al. 2014. Contraception for adolescents in low and middle income countries: needs, barriers, and access. *Reproductive Health* 11, 1.

What does bias look like?

Multiple barriers prevent youth from accessing the contraceptive method of their choice. Many AYSRH programs focus on helping youth overcome barriers, such as social stigma, that prevent them from going to health facilities. Provider bias, however, occurs at the point of service. The few minutes a young person spends with a provider can have long-term consequences on the client's health, education, and future.

Beyond Bias's formative research found that specific biases manifest differently from country to country and from provider to provider, though overarching commonalities do exist between settings. In some cases, bias may prompt a provider to avoid counseling youth about long-acting reversible contraceptives (LARCs) and hormonal methods or to refuse service altogether for unmarried clients. In another setting, bias may motivate a provider to only promote abstinence as a family planning method to unmarried youth. In yet other settings, provider bias may result in a denial of LARCs to nulliparous clients or a requirement that a youth client obtain spousal or parental consent before services will be provided. Though the specifics may vary, a common outcome of provider bias is that youth clients are discouraged from accessing and utilizing sexual and reproductive health products and services.

"If you don't meet youth in family planning, you meet them in labor."

—Nurse participant in Beyond Bias prototyping, Tanzania

6

Why Should I Adopt the Beyond Bias Approach?

As implemented in Burkina Faso, Pakistan, and Tanzania, the Beyond Bias project led to a significant reduction in biased attitudes and beliefs among providers in all three countries and to more comprehensive counseling and better perceived treatment of young family planning clients in Tanzania and Pakistan.

As documented in Beyond Bias' external evaluation report, the project's results contribute to the global evidence base that negative provider biases can be shifted in favor of attitudes and beliefs that support youth in accessing sexual and reproductive health care.

As a result of the implementation context³, limited evidence was found in the evaluation that Beyond Bias' intervention produced significant levels of change in FP method uptake, types of FP methods received by clients, or likelihood that youth clients



³The relatively high rates of FP uptake that already existed within Beyond Bias project clinics, most likely a result of layering the intervention on top of existing AYSRH projects, in addition to having no demand generation activities to disseminate the intervention within the community, meant that the Beyond Bias project did not have a lot of room for improvement within the 1-year timeframe. In contexts where there is significant room for improvement, this model when combined with demand generation activities has the potential to improve FP uptake in the long run.

7



AS IMPLEMENTED IN BURKINA FASO, PAKISTAN, AND TANZANIA, THE BEYOND BIAS PROJECT RESULTED IN:

A significant reduction in biased attitudes and beliefs among providers in all three countries.

More comprehensive counseling and better perceived treatment of young family planning clients in Tanzania and Pakistan.

Compelling insights and lessons learned about the limitations of current tools used to measure provider bias and client experience of bias.

received their method of choice (see evaluation report for a full discussion on results). Despite this, positive effects of the intervention are still critically important given that improved provider attitudes and beliefs, improved counseling quality, and improved client experiences are all results anticipated to influence more young women to seek FP care in the future. Current disparities in FP uptake appear to exist because many young women avoid clinics altogether, out of fear of experiencing bias. For example, across the three Beyond Bias countries, only 8% of clients seeking care at facilities were age 15-19 and only 6% did not have a child. In Pakistan, fewer than 1% of clients were unmarried. Adoption/integration of the Beyond Bias approach within national AYSRH programs may, over time, result in more young women who traditionally avoid FP clinics successfully accessing high-quality care. This may be especially so if bias reduction solutions are paired with complementary demand generation/community outreach activities. Lowering barriers for young, hard-to-reach, underserved women is an important step toward reducing disparities and achieving universal health care.

Description of the problem and the solution the innovation offers to help users of the guide determine if the approach is appropriate in their context.

Source: *Adapting and Implementing the Beyond Bias Model*

Approach Overview 1 of 2

FIGURE 2. Beyond Bias Behavior Change Strategy

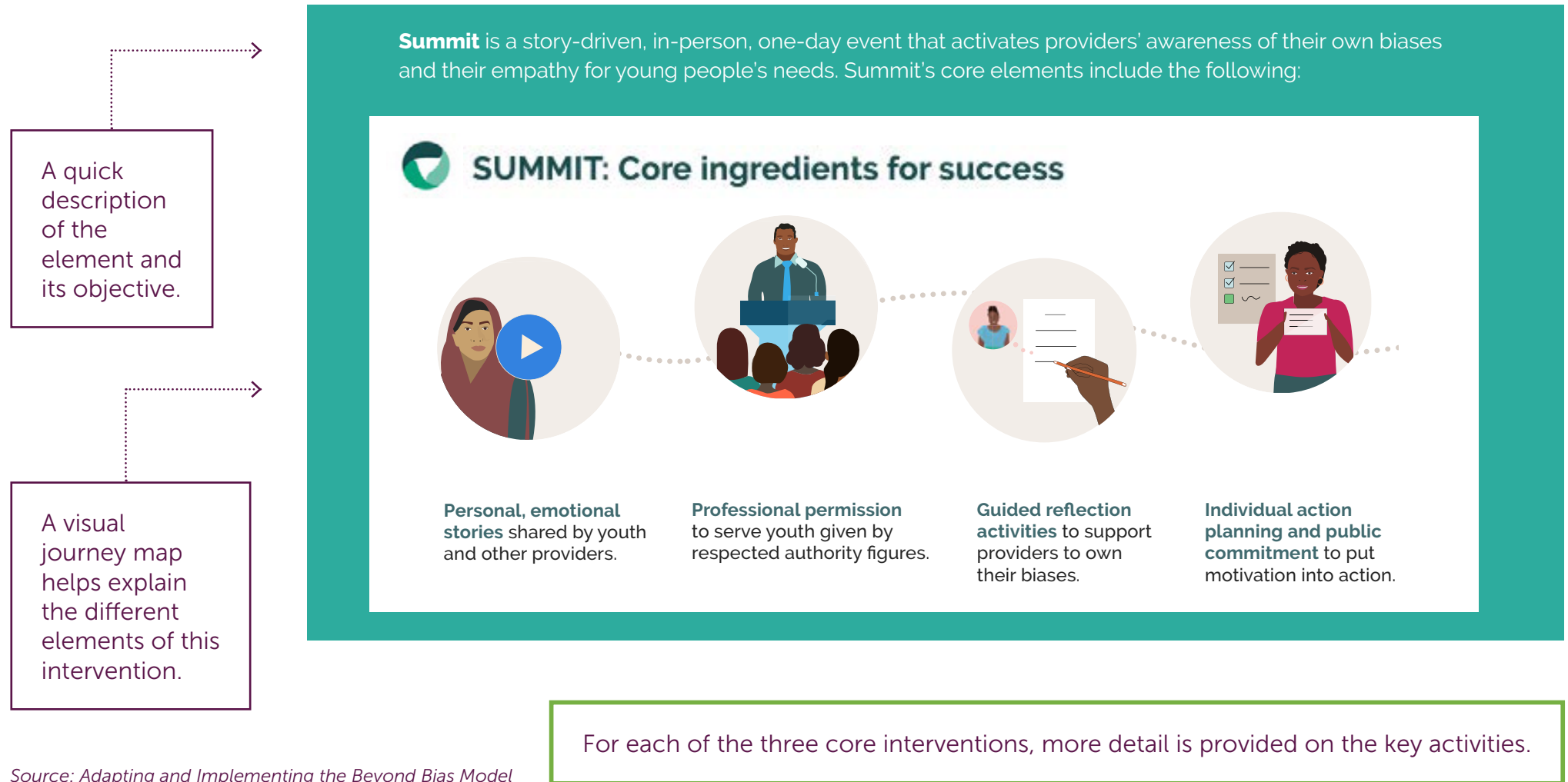


Graphics: Ylabs

This overview combines the key elements developed through the design process with the overall theory of change, which explains how the designed elements support the desired outcomes.

Source: *Adapting and Implementing the Beyond Bias Model*

Approach Overview 2 of 2



How-to Guide

More detailed guidance for running each step. Info not pictured includes sample agendas, materials required, and outcomes.

STEP 3 Implementing Summit

Summit is the foundation of Beyond Bias.

It is a one-day, in-person event that **activates** providers' motivation to actively examine and eliminate their own biases. A facilitated series of small-group discussion and reflection activities introduce providers to the program and the Six Principles framework. The following activities comprise the core ingredients for Summit success:

- Youth and providers share personal, emotional stories.
- Respected authority figures give professional permission to serve youth.
- Providers learn to own their biases through guided reflection activities.
- Providers make individual action plans and public commitments.

Summit Objectives:

- To improve providers' ability to emotionally connect with youth
- To support providers to develop awareness of their own biases
- To prepare and motivate providers to participate in Beyond Bias with their peers

WHY DOES THIS STEP MATTER?

Summit is the first of the three Beyond Bias pillars. During this event, providers come together and start developing awareness of their own bias. This is an important first step toward learning how to apply unbiased practices in their own work and becoming advocates for improved contraceptive services for youth in their community.

ABOUT SUMMIT:

Summit is a story-driven, in-person event that activates providers' self-awareness of their own biases and their empathy for young people's needs. Summit lasts 4 to 6 hours and engages up to 40 providers per event. Each event includes testimonials and interactive group exercises and content is proportionally tailored to the provider segments in that country (e.g., including a story of a young woman to whom a provider advised abstinence in Burkina Faso versus including the story of a young woman who was only offered condoms in Tanzania).



Ingredients for a Successful Summit:

A manageable group size: We recommend a maximum of 40 participants per event. The number of participants per event and number of Summit events you need to organize will depend on the number of participating facilities, the number of available facilitators (Summit requires one facilitator for every eight participants to ensure engaging, interactive small-group discussions), and venue size.

A central location: Summit should be hosted at a central location that providers from a given cohort of facilities can easily reach. The venue must have audio-video capabilities and space for enough tables to hold small groups of six to eight participants. Appropriate timing: Summit should take place within the first four weeks of the launch of the program. Each provider will attend one Summit. Participating facilities are divided into cohorts, based primarily on geographic proximity and client volume. To enable multi-provider facilities to continue normal operations during Summit, at least two Summit events should be held per cohort.

Trained staff: At minimum, each Summit will need:

- Beyond Bias coordinator to lead event coordination and preparation.
- Event emcee to guide event and activity transitions (this role may be played by the coordinator).
- Senior technical expert to deliver key content during the event.
- Facilitators to lead small-group discussions with providers.
- Logistics coordinator and logistics assistant to support event materials preparation and logistics throughout the day.

Compelling guest speaker(s): This should be a respected technical or policy expert who will make opening remarks. This high-level local stakeholder/advocate/influencer should be a compelling speaker, should be well-aligned with national priorities, and should be seen as someone who is contributing to an enabling policy environment for AYSRH. For example, Beyond Bias invited respected public sector leaders to speak in Tanzania and Burkina Faso and a senior OB/GYN to speak in Pakistan. The guest speaker should be able to help address myths and build agency among providers to take the next step in their behavior change journey.

Youth and provider storytellers: The most powerful youth/provider stories are authentic and emotionally compelling. Stories should be recorded (we recommend video recordings) in a way that makes the storyteller comfortable and able to be honest about their experiences, without fear of judgement. See ANNEX 3 for a guide for recording Summit video stories.

Attendees: All FP/SRH service providers (nurses, midwives, assistant midwives) in participating facilities, divided into cohorts of facility managers and lead nurses, if possible.

LESSONS FROM THE FIELD

The success of a Summit event is best assessed by the extent to which providers are able to reflect on and own their biases. When Summits were held in Burkina Faso, Pakistan, and Tanzania, facilitators found that different methods were required from setting to setting to help participants open up to reflection and sharing activities. For example, while Tanzanian providers spoke openly about their experiences and struggles in the presence of their colleagues and project staff, providers in Pakistan were more reserved, prompting the team to devise "reflection circles" in which providers sat in discussion circles with their backs facing each other. This arrangement, in which participants could share stories more anonymously, made them more comfortable about talking about their own biases and experiences with bias. Meanwhile, in Burkina Faso, written anonymous personal accounts were used as a sharing device, as providers there were not comfortable discussing their biased behaviors openly.

Importance and objectives.

Source: *Adapting and Implementing the Beyond Bias Model*

Tips and tricks based on experience.



Key activities.

SUMMIT PRO TIPS

Preparing compelling youth stories – the project team found that showing pre-recorded videos of adolescents telling their family planning-related stories was a highly effective way to start conversations during Summit events. During the Beyond Bias project, providers in the three countries reported feeling connected to adolescents featured in the videos and, once emotionally drawn in, often responded by sharing their own personal experiences and stories with other Summit attendees. The videos were an excellent launching point for subsequent Summit discussions because they made the subject "come alive" for participants and prompted them to reflect on their own behaviors.

To make high-quality videos, Beyond Bias country teams worked with local organizations skilled in video development and production. Key steps in the process of making quality videos included sketching out a loose "script" identifying major topics and themes to be discussed; identifying a local adolescent willing to (and providing written consent to) share her story; holding rehearsals to build the adolescent's comfort level with the material and production; and, after filming, editing raw footage into a 5-7 minute final product.

Through trial and error, the team found that the most effective videos were those that featured true (non-fictional) stories of adolescents' interaction

with FP providers, highlighting their experience of bias and the immediate and long-term negative consequences of the bias they faced. Compelling stories should speak to the real environments in which Summit participants and adolescents live. The tone should be personal and able to bring out empathy and foster connection between youth and providers.

Engaging key stakeholders in Summit can facilitate program sustainability and scale-up. Invite a national-level MOH representative to be the Summit guest speaker (see ANNEX 3 for sample talking points for keynote/guest speakers) and/or invite district MOH officials to attend Summit. Guest speakers should link the importance of serving young people with existing national health strategies. If working with private sector providers, invite a relevant high-level medical professional to be the Summit guest speaker.

Invite providers who are youth champions (positive deviants) to serve as Summit facilitators to lead small group activities.

Focus on the Six Principles of Unbiased Care Cards and Action Planning cards (see example cards in ANNEX 3).

Implementation Guidance - Adaptation

Description of the elements that should remain the same if implementing in a new context (fidelity).

Description of the elements that can be changed based on contextual needs (adaptation).

Adapting and Institutionalizing the Beyond Bias Model in Your Setting

A critical factor in adopting, scaling, and eventually institutionalizing an intervention or program successfully is understanding which of its elements require fidelity and which can be adapted depending on the context.

Within the Beyond Bias model, the following elements require **fidelity**:

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Behavior-change mechanisms • Personal, impactful stories shared by youth and other providers • Professional permission to serve youth given by respected authority figures • Guided reflection activities to encourage providers to own their biases • Individual action planning and public commitment to turn motivation into practice | <ul style="list-style-type: none"> • Enabling environment • Safe space for providers to express concerns and struggles • Motivational and collaborative learning environment • Endorsement from respected authority figures (professional and community) • Technical expertise and practical tips that dispel misinformation | <ul style="list-style-type: none"> • Review and feedback, given regularly for reinforcement over time • Regular review of unbiased service delivery goals based on the Six Principles of Unbiased Care • Client feedback, captured directly after counseling • Institutional recognition for improvement and maintenance of quality |
|--|---|---|

The delivery format of many Beyond Bias components, however, can be **adapted** as needed to better fit with local needs, to accommodate local constraints, and to facilitate institutionalization within ongoing programs. For example:

- | | | |
|---|--|--|
| <p>Summit and Connect content can be divided into multiple sessions and integrated into other health care training or capacity strengthening activities. For example, training on the Six Principles of Unbiased Care framework can be integrated within provider in-service family planning training packages and continuous learning/license renewal programs.</p> | <p>Summit can also be institutionalized in pre-service training packages for health care providers. Summit can be included in curricula for nursing, midwifery, and medical schools so that new graduates enter the health system conscious of provider bias (and its ill effects) and committed to providing unbiased care in their own practices.</p> | <p>For Rewards, data collection modalities can be changed. For example, client exit surveys can be completed quarterly by community health workers or mentors at district level, rather than by paid enumerators. Further, digital data collection could be an option in some contexts in the near future with advances in mobile phone access and use. Another option would be use of mystery clients in contexts where actual client volume</p> |
|---|--|--|

Source: [Adapting and Implementing the Beyond Bias Model](#)

Implementation Guidance 1 of 2

In addition to the three core elements of the intervention, the guide provides information on other preparatory steps and follow-up steps.



Source: *Adapting and Implementing the Beyond Bias Model*

Overview of the Process: A MAP TO THE HOW-TO GUIDE

The remaining sections of this guide contain detailed instructions for how to plan for, adapt, and implement the Beyond Bias approach in your setting.

The length of the preparatory phase (including Steps 1 and 2 below) will vary from setting to setting depending on factors including local resource availability and staff capacity and training needs. Steps 3-5 were designed to take approximately 12 months to complete for the purposes of testing this model, but Steps 4 and 5 can be extended for as long as your budget and timeline allow. From Step 3, ongoing provider follow-up, support, and monitoring activities should ensue, to facilitate sustained provider behavior change.



Implementation Guidance 2 of 2

Consolidated lessons based on experience from the design phase testing.

Before Diving In: KEY LESSONS WE'VE LEARNED ABOUT EFFECTIVELY ADDRESSING PROVIDER BIAS

OUR TOP 5 "DO'S"

As you begin your own Beyond Bias journey, here are five recommended "do's" to keep in mind:

NAME BIAS BUT DON'T SHAME BIAS.

Create environments and conditions where providers feel supported and safe from blame or fear of punishment in admitting their own biases.

ACKNOWLEDGE CONSTRAINTS; ACTIVATE AGENCY. Help providers focus on feasible actions they can take to address biases in their facilities, such as improving the way they listen and speak to a young person and ensuring they provide comprehensive, medically accurate information about the full range of available contraceptive methods.

REWARD GROWTH OVER GOOD. Recognition for good work is a powerful motivator to change behavior. Reward providers' progress toward standards of unbiased care (see the Six Principles on p. 13) rather than their ranked performance alone.

CONNECT BIAS TO WHAT PROVIDERS CARE ABOUT.

Tackling their own biases is not usually a priority for providers. For providers to be willing to engage, they need to see the value of changing their attitudes and behaviors. Show public sector providers that they will be recognized and valued by their team, supervisor, and the Ministry of Health for providing high-quality care. Give private sector providers integrated advice on business sustainability and customer retention.

CELEBRATE PROVIDERS' KNOWLEDGE, EXPERIENCE, AND COMMITMENT.

Providers are Beyond Bias' experts and collaborators. They can support their peers to improve service and support a bright future for youth.

Source: *Adapting and Implementing the Beyond Bias Model*

Data Collection Tools

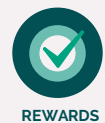
Indicators: Measuring Solution Implementation

The following indicators were used to measure Summit, Connect, and Rewards implementation under the Beyond Bias project.

Data were collected for various indicators through internal process documentation and facility/provider engagement; qualitative surveys and interviews; structured debriefings with participants; and standardized training and event reporting forms.

Indicators you might adopt include:

# & % project facilities and providers who attended Summit (by cohort)	# & % of providers who attend facility Rewards event
Level of engagement among providers in Summit	# & % of facilities that complete the facility-level Rewards ceremony
# & % of moderators trained on Connect modules	# & % of facilities that have management staff present at facility Rewards events
# & % of Connect modules completed	Level of enthusiasm for recognition & Rewards artifacts
% of providers who stated that the Connect session was a valuable use of their time	Degree of difficulty in execution as perceived by implementers
% of providers who would recommend Connect event to their colleagues	



Under the Beyond Bias project, frequency of data collection for these indicators was:

Once per event (Summit)	Monthly (Connect continuous learning phase)
Weekly (Connect intensive phase)	Quarterly (Rewards)

Data collection timing should be adapted to your team's needs, if for example, you have changed the timing of Connect or Reward activities.

A list of process-level indicators to assess the quality of implementation.

Indicators: Outcomes and Impact

Clients receive the method of their choice	% of clients who were discouraged from using a FP method
Clients are treated in a non-judgemental, non-biased manner	% of clients who felt satisfied with their chosen FP method
Clients are counseled on a full range of modern methods	% of clients with whom both short-acting and long-acting methods were discussed
% of clients to whom service was refused	% of clients who felt forced to choose a method
% of clients who felt welcomed by the health provider	# of new modern contraceptive users at facilities by age (15-19, 20-24) and by method
% of clients who were invited to ask questions by the provider	# of repeat visits for modern contraception at facilities, by age (15-19, 20-24) and by method
% of clients who were asked if they had received spousal/family permission to access services	% of youth clients aged 15-24 reporting that they received their contraceptive method of choice
% of clients who were asked about their preferred FP method	% of youth clients who received long-acting, reversible contraceptives
% of clients who felt they were given privacy	

A list of outcome-level indicators to assess the impact of the intervention..



Source: *Adapting and Implementing the Beyond Bias Model*

Annex 1

Featured Resources in Part II

Part II Sources

Resource Name	Source	Link
Design Kit	IDEO.org	https://www.designkit.org/index.html
Schools 2030 Human-Centered Design Toolkit	Schools 2030 / Aga Khan Foundation	https://schools2030.org/wp-content/uploads/2021/10/Schools-2030-Educator-Toolkit_FINAL.pdf
The Insights 101 Playbook	Breakthrough ACTION	https://breakthroughactionandresearch.org/resource-library/insights-101-playbook/
Human Centered Design for Health	Unicef and Firsthand	https://www.hcd4health.org/resources
Journey Mapping 101	NN group	https://www.nngroup.com/articles/journey-mapping-101/
Design Principles - why they matter and defining yours	Llara	https://medium.com/design-bootcamp/design-principles-why-they-matter-and-defining-yours-2a1d7f79bdf9
Evaluating Prototypes	Aids 4 Action	https://www.tamarackcommunity.ca/hubfs/Resources/Tools/Aid4Action%20Evaluating%20Prototypes%20Mark%20Cabaj.pdf

Annex 2

Featured Projects

Adolescents 360

Project	Adolescents 360
Lead	PSI
Consortium Partners	SFH Nigeria, PS Kenya, IDEO.org
Funders	Children's Investment Fund Foundation, Gates Foundation
Geographies	Ethiopia, Kenya, Nigeria
Website	https://a360learninghub.org/
Objective	A360 is reimagining how girls understand, value, and choose contraception across Nigeria, Tanzania, Kenya, and Ethiopia. A360's interventions position contraception as a tool that can help girls pursue their self-defined aspirations, expand girls' contraceptive method choices, and strengthen health systems to be more responsive to the unique needs of adolescents.

Amplifying Resilient Communities

Project	Amplifying Resilient Communities (ARC)
Lead	Ipsos MORI
Consortium Partners	Quicksand, Matchboxology
Funders	Gates Foundation
Geographies	Bangladesh, South Africa
Website	https://projectarc.design/
Objective	Project ARC sought to learn from the health seeking experiences of vulnerable populations during COVID-19, to Inform the design of future health system interventions to become more health seeker-centric.

Behavioral Design for Maternal Health

Project	Behavioral Design for Maternal Health
Lead	Jhpiego
Consortium Partners	ThinkPlace
Geographies	Ethiopia, Kenya, Malawi, and Mali
Website	https://hcdformnh.jhpiego.org/
Objective	Jhpiego and ThinkPlace collaborated with hundreds of women, their families, providers, and community members in Ethiopia, Kenya, Malawi, and Mali to explore how we might develop service delivery approaches that provide safe, respectful and valuable experience for women and their health providers.

Beyond Bias

Project	Beyond Bias
Lead	Pathfinder
Consortium Partners	BERI, Camber Collective, Y-labs
Geographies	Tanzania, Pakistan, Burkina Faso
Website	https://www.pathfinder.org/projects/beyond-bias/
Objective	The Beyond Bias project seeks to ensure that young people have access to empathetic, nonjudgmental, quality counseling and provision of a full range of contraceptive methods regardless of their marital status or parity.

Breakthrough Action Zika

Project	Breakthrough Action Zika
Lead	Breakthrough Action
Consortium Partners	Jamaica Ministry of Health Vector Control Team
Geographies	Jamaica
Website	https://breakthroughactionandresearch.org/resource-library/sbc-flow-chart-jamaica-mosquito-control-spotlight/
Objective	As part of the U.S. Agency for International Development's (USAID's) coordinated response to Zika, Breakthrough ACTION + RESEARCH reviewed evidence to determine the behaviors with the greatest potential to prevent Zika and Congenital Zika Syndrome and produced several tools for program implementers: a matrix of priority prevention behaviors, a technical specifications guide, and an online guide.

Co-designing community-centered solutions for rural childcare

Project	Co-designing community-centered solutions for rural childcare
Lead	Greater Good Studio (GGS)
Consortium Partners	H.E. Butt Foundation
Geographies	Texas, USA
Website	https://greatergoodstudio.com/projects/hebfoundation/
Objective	Real County is a sparsely populated area of southwestern Texas. Residents there face complexities including lack of quality child care, healthcare, and early learning opportunities. The H. E. Butt Foundation wanted to work on promoting the health of children and families in the region. Even more importantly, they wanted to build local capacity to take initiative and co-create these locally-driven solutions. Greater Good Studio partnered to explore human-centered solutions to these issues, and worked closely with a “design team” of local leaders to research, design, and eventually pilot new approaches to childcare.

School Culture Champions

Project	School Culture Champions
Lead	IDEO.org
Consortium Partners	Dallas-based non-profit
Geographies	Texas, USA
Website	https://schoolculturechampions.com/
Objective	In 2024, IDEO.org and a Dallas-based education non-profit collaborated with teachers from four schools in Garland Independent School District (GISD) to reimagine student accountability and school culture, creating safer schools and classrooms where students and teachers can be their best.

Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents

Project	Using Human-Centered Design to Create a Gender-Equitable Environment for Very Young Adolescents
Lead	Breakthrough ACTION
Consortium Partners	The Global Early Adolescent Study, PKBI Bali, ThinkPlace
Funders	USAID
Geographies	Semarang and Denpasar in Indonesia
Website	https://breakthroughactionandresearch.org/resource-library/gender-equity-today-for-youth-pilot-package/
Objective	The project applied human-centered design to develop gender-equitable interventions with very young adolescents in three of the Global Early Adolescent Study multi-year cohort sites: Kinshasa in the Democratic Republic of the Congo and Denpasar and Semarang in Indonesia.

Using Human-Centered Design to Encourage Essential Family Practices and Healthcare Seeking in DRC

Project	Using Human-Centered Design to Encourage Essential Family Practices and Healthcare Seeking in DRC
Lead	Breakthrough ACTION
Consortium Partners	Ministry of Health
Geographies	DRC
Website	https://breakthroughactionandresearch.org/resource-library/viva-healthy-family-thriving-family-integrated-campaign/
Objective	<p>This activity sought to encourage parents to systematically follow essential household health practices (use of insecticide treated nets, exclusive breastfeeding, vaccination, handwashing) and seek care in health facilities during pregnancy, cases of fever, cough and diarrhea in order to improve maternal and child health, in particular by reducing malaria, tuberculosis, and increasing the use of family planning.</p> <p>The project also included focused activities addressing social and behavior change priorities within the education and democracy, human rights, and governance sectors.</p>

Feedback or Suggestions?

We'd love to hear from you!

Mary Phillips | mphillips@psi.org

Catherine Wanja Gitau | gitao.wanja@gmail.com

Bram Brooks | bbrooks@pathfinder.org

Liz Royea | lizroyea@gmail.com

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