Spotlight 2: The A360 experience of Human Centered Design

Adolescents 360 (A360) is a four-year, $30 million initiative (2016 – 2020) to increase adolescent girls' access to and demand for modern contraception in developing countries, beginning with Nigeria, Ethiopia and Tanzania. The project is implemented by a Population Services International (PSI)-led consortium, and co-funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation. Itad is working in collaboration with the London School of Hygiene and Tropical Medicine and Avenir Health to independently evaluate and distil lessons from A360. This brief draws out lessons from the Mid-Term Review on the A360 experience of Human-Centered Design.

Despite growing interest and investment in Human-Centered Design (HCD), there are few rigorous evaluations of the impact of HCD interventions in public health.[1] Early evidence includes a theory-based evaluation of the Hewlett Foundation's strategy to apply HCD in family planning and sexual and reproductive health (SRH) in Sub-Saharan Africa. This concludes that interventions using HCD in Kenya and Zambia resulted increased access to SRH and family planning services for adolescent girls, although *found 'less evidence of its ability to design sustainable solutions quickly at scale.'*[2]

While it is too early for the A360 evaluation to determine the impact of the interventions developed using HCD, the approach has been widely valued for placing the adolescent girls at the center of design and shifting ways of working. There is some valuable learning from A360 for those applying HCD in other projects:

- **Engage Ministries of Health and external partners from the start to change mindsets and increase buy-in:** The evaluation has observed new ways of thinking about designing interventions and working with girls among those involved in the design process, including government officials. A360 actively facilitated the involvement of Ministry of Health representatives in the design process. Conversely, external stakeholders who were not involved found the HCD process confusing to follow.
- **Broaden your definition of 'user' during the design process – who will implement the solution?** In A360, service providers are fundamental to the delivery of the solutions but were not fully considered in the initial design phase. Both the Ethiopian and Nigerian country teams sought additional support during the Optimization phase to understand more about the service providers implementing the solutions.[3] In the words of one implementer: *'[I wish we had] … designed for health providers at the same time we designed for girls.'*
- **Consider the design parameters around feasibility and scalability from the start.** The desirability of solutions to users is a key aspect of HCD, but there were concerns about whether feasibility and scalability were considered early enough in the process. For example, in Ethiopia, the Inspiration phase was completed with data collected from both married and unmarried girls, before a decision was taken to focus on married adolescents. Human and financial resources could have been saved if this this decision was made earlier.

- **Consider time-zones and locations of the team.** In the earlier phases of A360, as relationships were still being formed and partners understood, there was a real tension around the design process taking place in San Francisco and a lack of clarity around the input of the country team. These complications were ironed out as the design process progressed but could have been avoided if design teams were based in the countries from the outset.
- **Break down language barriers:** Those working in HCD and in public health use different language around program design and implementation. Getting on the same page is important to mitigate potential confusion as teams work together.
- **Build in time for relationship building.** Pairing country teams (with contextual, cultural and technical expertise) with design experts in A360 worked well but a productive dynamic took time to develop, with a notable improvement between Inspiration and Ideation.
- **Embrace ambiguity:** Embracing ambiguity was perceived as an exciting part of the process, although one that requires a mind shift from 'business as usual' in terms of entering into a design process that can be unclear.
- **Prepare to implement:** Shifting from a design mind set to thinking about implementation and scale-up was a challenge for some of the country teams. Ensuring that standard program cycle management and business processes are deliberately considered in the design phase as part of feasibility and scalability, could ensure that the solution and organization is better prepared for scale-up.
- **How much time do you have for design?** As much as HCD was appreciated as the guiding discipline in A360, it was apparent that a 'HCD light' or shorter design phase would be pursued by implementers if they were embarking on a process like this again.

Read more from the Mid-Term Review:

Spotlight 1: Lessons from evaluating A360
Spotlight 3: Meaningful youth engagement in A360
Spotlight 4: Service providers— the battle to serve
Find the full Mid-Term Review **here** and a short visual summary **here**.

Notes:

[1] See Bazzano, A.N., Martin, J., Hicks, E., Faughnan, M., Murphy, L. (2017) Human-centred design in global health: A scoping review of applications and contexts. *PLoS One.* 12 (11).
[2] See Calder, R., Shorten, T., Wallach, S., Cooper, J., Mulhern, E. (2017). *Evaluation of The Hewlett Foundation's Strategy to Apply Human-Centred Design to Improve Family Planning and Reproductive Health in Sub-Saharan Africa*. Itad. [Link]
[3] In 2018, the PE evaluation team conducted a Participatory Action Research case study in Ethiopia, focusing on the integration of Smart Start into the HEP; and another in Nigeria, focusing on potential service providers' bias towards providing adolescent girls with modern contraception. [Link]