

Designing for scale

From human-centered design to a scalable, sustainable social and behavior change intervention

On October 29, 2019, Breakthrough ACTION hosted a [Springboard discussion](#) on strategies for achieving scale when solutions are developed through a human-centered design (HCD) process.

Moderators

- Nikki Tyler, Senior Market Access Advisor in USAID’s Center for Innovation and Impact
- Tracy Johnson, Senior Program Officer, Bill & Melinda Gates Foundation
- Betsy Tolley, Director, Social and Behavioral Research Division, FHI360
- Rohan Doherty, Studio Lead, ThinkPlace USA
- Juanita Rodríguez, Senior Strategic Designer, ThinkPlace USA

Discussion Summary

Human-centered design is a structured methodology that relies on an iterative and participatory approach to co-creating products, services, and programs that meet the needs of users and other critical stakeholders to achieve greater health impact. As Betsy Tolley writes, “[HCD] aims to modify or tailor the product or system within which it is delivered so that it better fits the needs and contexts of the people who use them.”

Although HCD has been in use for several decades, its application to global health and social impact challenges has rapidly accelerated in the past few years. As the interest and application of HCD in development has grown, so too have the questions about this approach, including evidence related to the scalability and sustainability of solutions identified through design-driven work. It is not yet clear how insight generation and iterative prototyping, for example, can most effectively support social and behavior change (SBC) interventions in a manner that is appropriate for large-scale implementation.

On October 29, 2019, Breakthrough ACTION hosted a Springboard Discussion on strategies for achieving scale when solutions are developed through a HCD process. The two-hour written discussion was moderated by Nikki Tyler, Senior Market Access Advisor in USAID’s Center for Innovation and Impact; Tracy Johnson, Senior Program Officer focused on user experience and innovation for the Bill & Melinda Gates Foundation’s integrated delivery team; Betsy Tolley, Director of the social and behavioral research division at FHI360; Rohan Doherty, Studio Lead for ThinkPlace USA; and Juanita Rodríguez, Senior Strategic Designer with ThinkPlace USA.

Through this discussion we learned that one of the most important steps in applying HCD to SBC is to first determine how to use design to help reach your project's vision depending on the challenges, timelines, and resources available. DesignforHealth, co-led by Tyler and Johnson, identified three different roles to consider when using design for your global health program: design as a spark, ingredient or end-to-end. Regardless of how HCD is being applied, Rodríguez emphasizes that an important step in the process is co-designing with stakeholders from the initial stages to help build understanding of the approach, to foster a spirit of empathy across the project team toward each other and target audiences, and to define the objectives and parameters of the project.

When HCD leads to a promising output, we then consider whether to replicate or scale the intervention. Typically, the qualitative research design is intensive and immersive and the resulting design output is hyperlocalized. We know context matters and solutions that are audience-specific are more likely to produce a benefit for that audience segment. How then should we approach replication? In Doherty's experience, responsible replication considers the following: risk (how can possible risks during this phase be mitigated?); capacity (what kind of resourcing will be needed to carry out the testing of the different interventions?); cost (how much will it cost to execute these interventions?); and capability (what skills and expertise are required to ensure the effectiveness and sustainability of the interventions?). A clear roadmap taking into account these four factors can contribute to making the interventions more sustainable in the long-term. Rodríguez' answer to addressing the possible limitations of translating the insights from HCD's qualitative approaches comes from an experience in Kenya where quantitative tools played an important role in validating those insights and segmenting the target population. The research phase informed the creation of a quantitative tool used for segmenting female sex workers into clusters based on self-reported sexual behaviors, decision factors and objective-subjective risk levels. Following this, personas were defined in the quantitative data to make population level inferences and provide clues on ideal intervention strategies.

Useful Links

- The [Design for Health Project Library](#) is a project database meant to share knowledge and learnings from the application of design across a diverse range of global health projects and [Engage HCD](#) presents case studies as well as information on the HCD process
- Breakthrough ACTION HCD projects in Jamaica, Nigeria, and Zambia: <https://www.thinkplaceglobal.com/work/world-leading-behaviour-change-save-lives>
- *Chitenge* as a length-for-age chart in Zambia: https://ccp.jhu.edu/2019/05/28/chitenge-nutrition-stunting-zambia/?fbclid=IwAR104Cy25XSTp_Wl8BpgW7bqinCdloHMAXgnWPg6Qx8gD1I5TMWTnklDxwY
- Designing a visual brand in Togo, Côte d'Ivoire, Niger, and Burkina Faso: <https://www.thinkplace.co.ke/insights/how-do-brand-design-thats-human-centred>
- TEGA in Nigeria, Malawi, Tanzania, Rwanda, India, Bangladesh, and the USA: <https://www.girleffect.org/what-we-do/mobile-platforms/tega/>
- "Sex work is real work" communication campaign in Kenya: <https://designawards.core77.com/Strategy-Research/75627/Sex-Work-Is-Real-Work>

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