CONTRACEPTION DISCONTINUATION

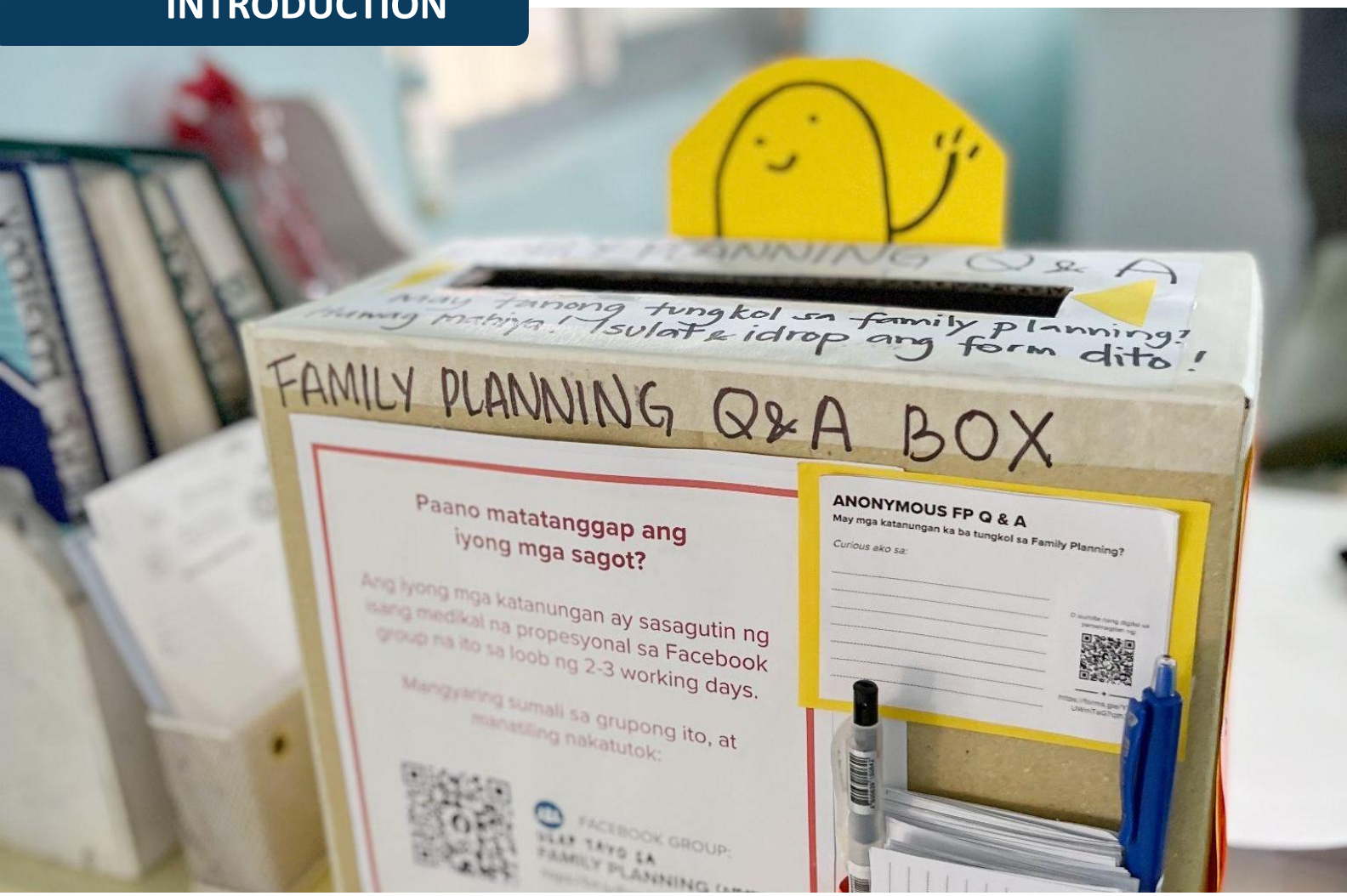
Testing Toolkit

USAID FROM THE AMERICAN PEOPLE
ThinkPlace
JOHNS HOPKINS Center for Communication Programs
RTI INTERNATIONAL
Breakthrough ACTION FOR SOCIAL & BEHAVIOR CHANGE

CONTENTS

INTRODUCTION	**4 - 9**
Purpose of this testing toolkit	**4**
Overview	**5**
Summary of activity background	**6**
TESTING PROTOTYPES	**10 - 18**
Why test again?	**10**
Prototyping	**11**
From insights to prototypes	**12**
Description of prototypes	**13**
PREPARE FOR TESTING	**19 - 22**
Testing steps	**19**
Testing roles	**20**
Mindset and must-haves	**21**
Supportive tools	**22**
FROM TESTING TO ADAPTATION	**23 - 26**
Methods and tools for analyzing results	**23**
Prototypes adaptation guidelines	**26**
Supportive tools	**26**
IMPLEMENTATION OF SOLUTIONS	**27 - 29**
Implementation objectives and steps	**27**
Implementation tips	**28**
Contents, monitoring, and evaluation	**29**
ADDITIONAL RESOURCES	**30 - 32**

INTRODUCTION



Purpose of this testing toolkit

This document guides social and behavior change (SBC) and family planning (FP) practitioners on how to test six solutions (i.e., prototypes) addressing contraception discontinuation in their local context. Tested once in the Philippines, these prototypes are meant to be tested again and adapted for local use so that they meet the needs of FP providers and of women seeking contraception in a variety of countries.

Prototype
noun

Simple, experimental model of a proposed solution used to test or validate ideas, design assumptions and other aspects of its conceptualization quickly and cheaply so that designers involved can make refinements or changes according to user feedback.

Note: Think of a prototype as a prop inviting others to experience your idea and help you transform an abstract concept into a meaningful product or service.

Overview

What can I find in this testing toolkit?

Information for SBC and FP practitioners leading the test

- **Guidance for practitioners leading the testing activity**
- **Capacity-strengthening facilitation guide**
- **Test results analysis and implementation guide**

QR codes to access practical resources

- **Six prototypes**
  - Files to print for testing
  - Files in editable forms for adaptation
- **Capacity-strengthening workshop presentation for the testing team**
- **Documents to prepare the testing team for field work**

HOW TO SCAN A QR CODE

1. Open the camera app.
2. Select the rear-facing camera in Photo or Camera mode.
3. Center the QR code that you want to scan on the screen and hold your phone steady for a couple of seconds.
4. Tap the notification that pops up to open the link. (You will need to be connected to the Internet to do this.)

Summary of activity background

Phase One: Define

In 2021, Breakthrough ACTION, in conjunction with USAID ReachHealth Philippines, embarked on a project to examine and design human-centered solutions to reduce rates of contraceptive discontinuation in the Philippines, with the support of ThinkPlace, the global human-centered design expert of Breakthrough ACTION.

An initial "define" phase started with a workshop involving key stakeholders collectively defining clear objectives in one page: the *intent statement* (see full statement on slide 30).

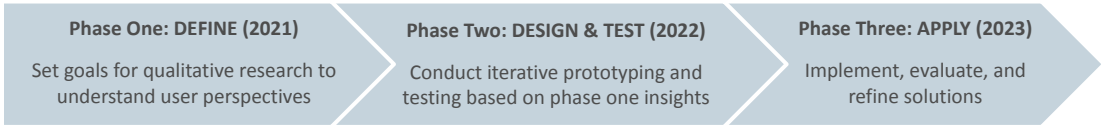
Intent statement summary

Central question

How might we understand the Filipino woman's contraceptive journey and improve the approach of healthcare providers (HCPs) to lower discontinuation?

From	>	To
Assumptions of women's reproductive journeys (e.g., transition points, circle of influence in their decision-making around contraceptive usage)	>	Becoming aware of women's individual reproductive journeys as a whole (e.g., views, biases, barriers, and circle of influence)
Assumptions on the views and barriers of partners, family, and immediate community around contraceptive usage	>	Identifying potential barriers and areas for intervention within the family (including partner) and community
Spoon-feeding mentality, which prevents clients from thinking for themselves	>	Creating equal and sustainable partnerships with clients
Lack of knowledge around relationship dynamics and inconsistencies in client relationships	>	Identifying potential areas for improving interpersonal trust, communication, and HCP channels of support and assistance

Activity phases



Deepen understanding through discovery

Insight gathering (field research) → Insight synthesis & prioritization → "How might we?" questions → Insights report with opportunity areas for the Design & Test phase

Following the intent statement activity, the team developed lines of inquiry guiding the field research in search for new insights. This phase culminated in a deep dive into the main findings uncovered during fieldwork (i.e., themes and insights around users' and related influencers' attitudes, behaviors, and habits leading to discontinuation of contraception).

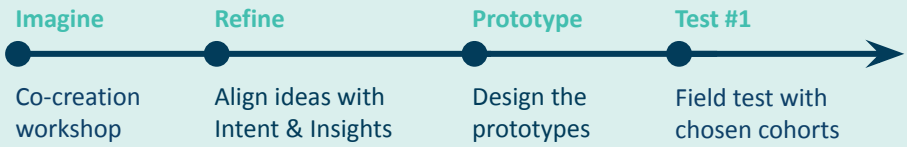
Insight *noun*

A significant shift in perspective that helps to uncover never-thought-of opportunities. Insights connect information and inspiration in new ways to re-perceive a situation in a way that leads to an opportunity for action.

INSIGHTS: Contraception users' relationship with FP	Design questions
1 **STRUCTURAL CONSTRAINTS** Access to medical services, FP commodities, and trained professionals is not consistent across health sectors or regions.	**How might we provide consistently good service and supplies across health areas?**
2 **RELIABLE INFORMATION** Users do not always receive reliable and accurate FP information from their current sources.	**How might we ensure the dissemination of accurate and consistent FP information to existing and potential users?**
3 **TRUSTED CHANNELS** Users do not have a consistent relationship with HCPs. They turn to info networks for ad-hoc advice and help when FP challenges arise.	**How might we generate trust and confidence in HCPs?**
4 **SUPPORT CHANNELS** Users do not have a consistent guide or companion on their FP journey. They base FP decisions on situational judgement of what and who they know.	**How might we build a more consistent client-HCP relationship so that HCPs are the preferred resource for FP matters?**

INSIGHTS: Healthcare providers' challenges	Design questions
1 **STRUCTURAL CONSTRAINTS** HCPs do not have sufficient time and energy to handle their assigned responsibilities due to ongoing resource shortages.	**How might we improve the efficiency and adaptability of HCPs for FP to remain a pillar of health care services?**
2 **RESOURCES AND TRAINING** HCPs want more training and medical capabilities to update their current skill sets. Health centers often lack structure for training and providing resources.	**How might we strengthen exchange of knowledge between HCPs and build their confidence and motivation?**
3 **RELATIONSHIP BUILDING** Barriers in relationships between HCPs and clients include inconsistent follow-ups, lack of trust and confidence, and increasing distance from younger users.	**How might we reimagine the HCP-client relationship of the future, built on trust and confidence across various cohorts?**

DESIGN & TEST PHASE



Phase two: Design & test

After creating ideas with key stakeholders, ThinkPlace transformed the ideas into **ten user-centered and testable prototypes for reducing rates of contraceptive discontinuation**. Design experts facilitated a full-day, capacity-strengthening workshop for human-centered design with all test team members in Manila. Tests were then conducted over five days in each area to understand how the prototypes would evolve in real-world situations with HCPs, clients, peers, and influencers.

Capacity strengthening workshop, prototyping, and testing with identified users in the Philippines

Summary of testing round #1

Ten prototypes were tested.

84 contraception users, peers, partners, and HCPs (in total) tested the 10 prototypes and were interviewed.

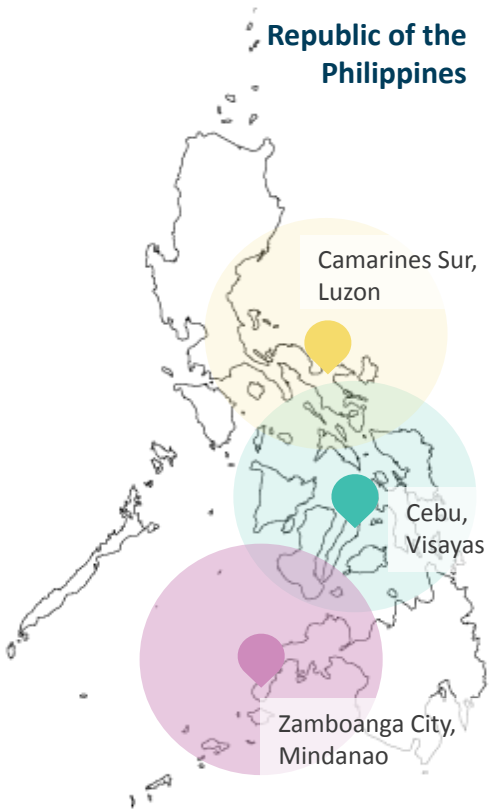
Each field testing team included

- **One ReachHealth (RH) local lead**
- **One ThinkPlace designer**
- **Two ReachHealth or Philippine Commission on Population support staff**

Regions where the ten prototypes were tested:

3

- **Visayas** (rural area)
- **Luzon** (urban area)
- **Zamboanga** (peri-urban and rural area)



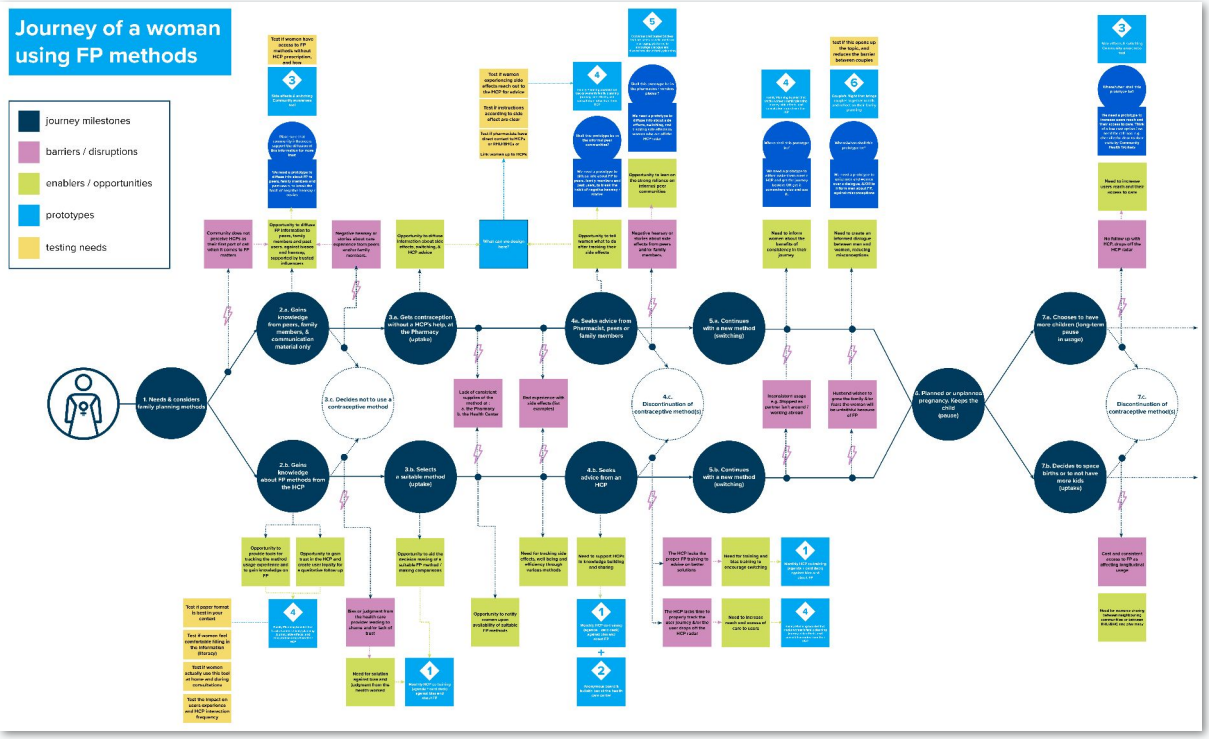
From test results to this testing toolkit

Test results are usually analyzed according to the *indicators of success* (see slide 23). By progressively assessing each prototype's desirability, viability, and feasibility over three rounds of testing (as recommended for best results), prototypes are discarded, added, or improved after each analysis according to user feedback and activity objectives. **Human-centered design prioritizes the user's voice in solution development and is based on the belief that the success and durability of a solution relies on its future users' context, needs, and motivations.**

Following a thorough classification and visualization of data, as well as the use of human-centered design analysis tools (e.g., user journey map below), **six prototypes emerged from the first round of analysis for further testing.**

Why develop a testing toolkit?

Considering the available timeline and the need for innovations to reduce rates of contraception discontinuation in diverse areas across the Philippines (and globally), the most viable prototypes will be included in the testing toolkit.



Analysis tool example. The user journey (shown above) enabled the design team to analyze barriers and opportunities in women's experience with contraception, including those not in touch with HCPs.
See slide 31 for the full mural board, including this journey map, and a link to the interactive version.

Why test again?

The human-centered design approach

Human-centered design is a mindset using evolving tools and techniques to best address complex and changing human needs. Its main goal is to engage, reflect, learn, and create solutions **with**, **not for,** users. As contraception discontinuation has not yet been widely addressed by health programs, the Breakthrough ACTION team chose to explore, map, and address its complexity.

From

> **We** created it, and **you have to** use it.

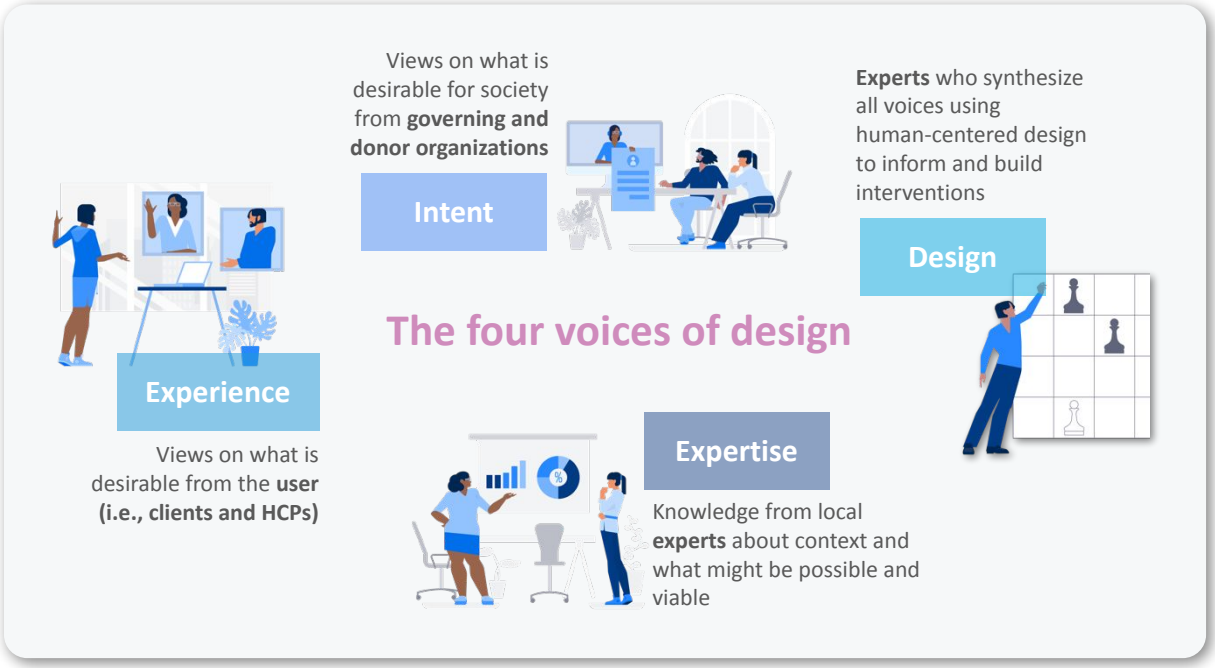
To

> Tell me the what, how, why, and when of your point of view, and **let's create it together.**

Approach applied during field research and tests

This approach uses qualitative research techniques for a deep understanding of users in their own contexts and from their own perspectives. It requires multiple touch points with users, such as discovery and several rounds of testing. By interacting and asking "why," the design team can uncover each audience's unspoken needs, motivations, challenges, and influences.

Various steps include communicating with key stakeholders (i.e., "the four voices of design" presented below) to determine which needs and barriers need to be prioritized and informing the development of solutions most likely to be adopted and maintained by all key actors in the system.

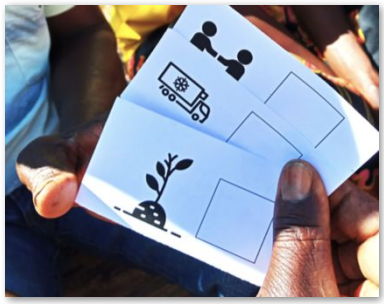
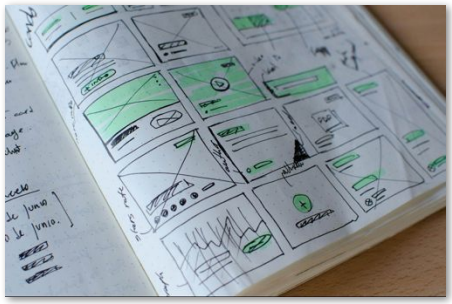


Prototyping

What is a prototype?

A prototype is a product, service, or draft created to share and try out an idea with a minimum investment and flexibility to improve it several times.

Typically, a prototype is used to evaluate a new solution, better understand that solution through end-user interaction, and then modify it accordingly. Prototypes are crucial to the design process and used in many disciplines (e.g., production, service, and industrial design, engineering, and architecture) to test ideas.

Prototype examples from various projects

Why are prototypes useful?

Prototypes often fail when tested, which is a good thing because failures reveal flaws based on actual user feedback that can be corrected or refined in an iterative manner. Such failures provide a lot of feedback to help the design team understand users' needs.

In fact, prototypes that fail early can save a project by avoiding wasted energy, time, and money on developing weak or irrelevant solutions from the users' point of view.

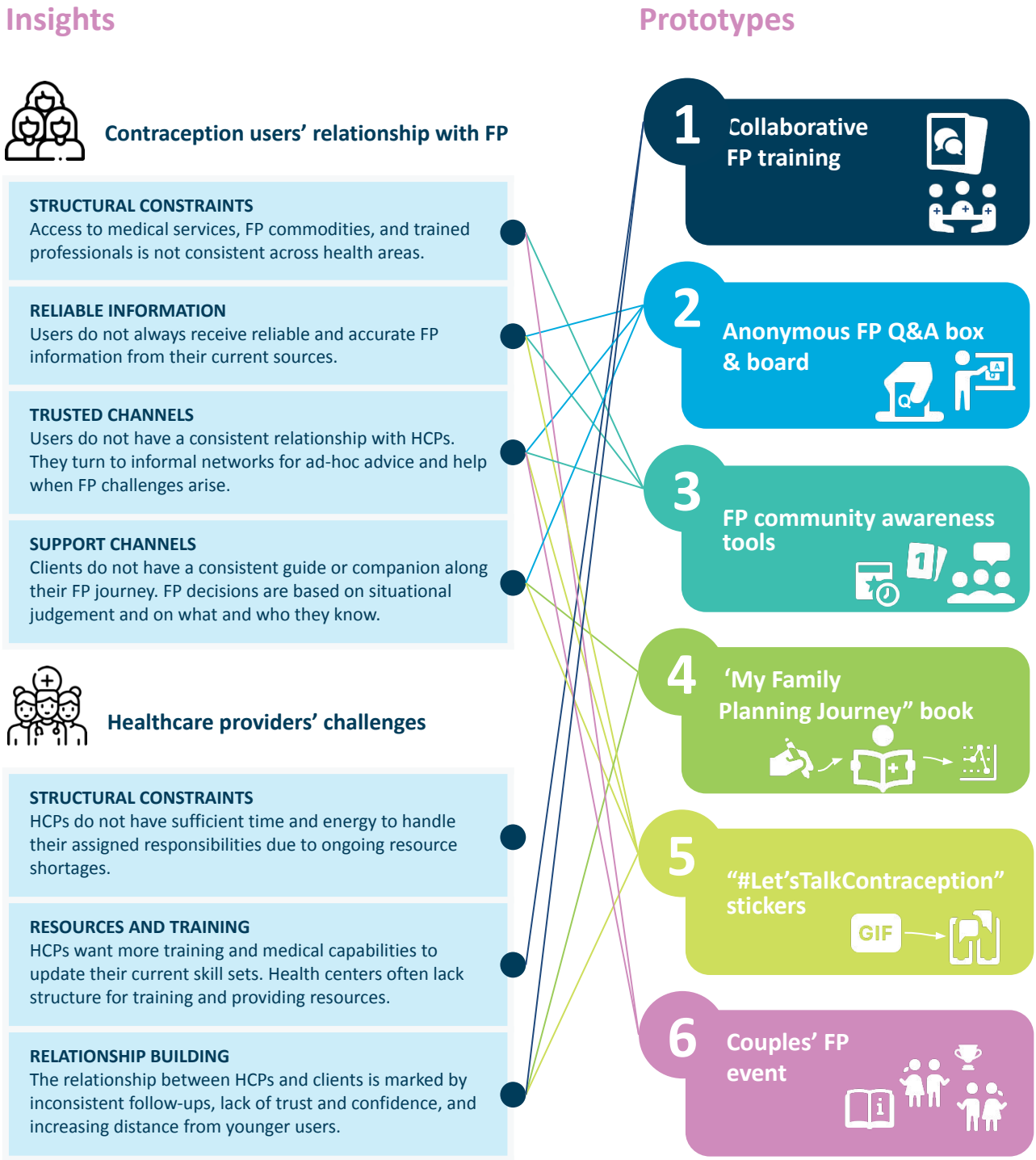
How do we collect feedback while testing?

- ☑ Test each prototype with the right people (i.e., users).
- ☑ Provide users with the activity context (who, what, why, how). Introduce the solution in a few words.
- ☑ Ask focused or open questions according to the situation (e.g., ask "why" to uncover motivations behind yes/no responses).
- ☑ Be as neutral as possible when presenting the ideas. Do not influence users with your beliefs.
- ☑ If more clarity is needed, slightly improve a prototype while testing.
- ☑ Allow users to share their own ideas and to be enthusiastic about what the prototype could become.

From insights to prototypes

During the creation of ideas (called “co-creation” or “ideation”), the *four voices of design* imagine new solutions according to the insights and design questions identified during the define phase.

The activity insights below connect to the six prototypes developed from the analysis of the first round of tests. *Note: The project scope may not allow for addressing all insights (e.g., a country’s infrastructures).*



Description of prototypes

1 Collaborative FP training

A card deck and a facilitation roadmap for monthly co-training sessions about FP methods, FP switching, client empathy, trust, biases, and misconceptions. The card deck can be played during HCPs' spare time.

Users and direct beneficiaries

FP HCPs

Connected questions: How might we …

… re-imagine training programs for HCPs to build their confidence and FP knowledge?

… inculcate a client-centric HCP mindset to support clients in normalizing method switching and building a customized FP journey with them?

… ensure HCPs do not bring personal biases about FP into their client relationships to ensure consistency and avoid the spread of misconceptions?

… strengthen the exchange of knowledge and capabilities between HCPs to support peer learning and create a community of practice?

Identified needs

- HCPs need better knowledge of available methods to prevent discontinuation (e.g., breaking misconceptions, advising on side effects, and method switching).
- HCPs need training to address biases, including their own.
- HCPs need to build skills to assess side effects and encourage the right switching path for clients.
- HCPs need to build patient trust in their practice via confidentiality, empathy, and so on.
- HCP reputations in the community need to be improved by building positive client experiences.

Connected benefits

- Encourage virtual collaboration between HCPs.
- Enable inter-HCP discussions to break taboos and biases.
- Increase FP visits, method uptake, and long-term use.

Potential barriers

- HCPs lack time to meet monthly or use the cards spontaneously.
- It may be difficult to identify someone to be in charge of organizing and facilitating the gathering on an ongoing basis.
- HCPs may feel uncomfortable with the written format due to literacy, comprehension, or other issues.

Questions and considerations before testing

Find answers:

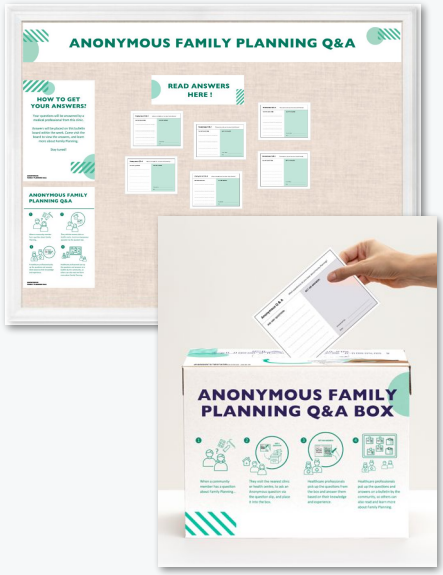
- Ask HCPs when the collaborative training best fits their busy schedules (e.g., informal opportunities beyond breaks, co-training session).
- Determine the best timing (duration and frequency) for the co-training sessions.
- Ask if HCPs are comfortable with the written format (i.e., assess literacy).
- Ask if they would prefer accessing the cards online as an additional option.

Tips & tricks:

- Propose a (paper or online) checklist to track card use (e.g., which cards are played, how many times a card has been played).
- Provide testing participants with a tool to take notes and anonymously share their insights, tips, or questions (guidance).

2 Anonymous Q&A box & board

A physical bulletin board filled with HCPs' answers to clients' FP questions submitted to an anonymous "Q&A box" near the board. This system creates a safe space for clients to ask about sensitive information without feeling shame.



Users

Discontinuers | Current users | FP HCPs

Direct beneficiaries

Discontinuers | Current users

Connected questions: How might we …

… encourage openness when sharing about contraception use as a sensitive and personal topic?

... help clients troubleshoot challenges or obstacles along the FP journey to support them in continuing or switching methods?

... prevent wrongly held beliefs and miscommunication about FP from spreading within the community?

... build peer support networks if and when current and past users encounter FP challenges or obstacles?

Identified needs

- Clients need a way to get credible and accurate information about contraception and other FP matters.
- Clients need a way to ask sensitive or intimate questions while maintaining their privacy and protecting their identity.
- Clients need a more informal way to learn more about FP and contraception.
- HCPs need a way to share their knowledge outside of the consultation context, where clients may feel embarrassed or judged.

Connected benefits

- Encourages sharing about personal issues surrounding contraception
- Provides professional advice and support
- Promotes sharing of experiences
- Fights stigma surrounding FP issues

Potential barriers

- HCPs may not have sufficient knowledge of FP topics.
- Only women who already go to the health care center will benefit.
- Answers are not immediate.

Questions and considerations before testing

Find answers:

- Where is the safest place for the Q&A box (e.g., inside or outside the healthcare center) to protect users' anonymity?
- Would a digital version of this prototype work in your context?
- When will the HCP gather and answer the submitted questions?
- Would a readily available FAQ sheet or Q&A cards be useful for HCPs to use to save time?
- Can additional Q&A boxes be placed in high-traffic areas in the community? Where would these areas be?
- Where can HCPs go for answers to questions they may not be familiar with?

Tips & tricks:

- For less literate members of the community, gather questions and answers for verbal sharing.

3 Discontinuation community awareness tools

Three posters displayed in community spaces, pharmacies, and health facilities with questions focused on side effects to promote community discussions led by local community leaders and HCPs, along with a set of flashcards used by community leaders and HCPs to facilitate group discussions and address biases.

Users

FP HCPs

Community leaders

Direct beneficiaries

Discontinuers

Current users

Women out of HCP network

Husbands & influencers

Connected questions: How might we …

… encourage openness when sharing about contraception use as a sensitive and personal topic?

… improve HCP outreach methods to increase relevance with clients across different age cohorts?

… engage existing community groups in conversation about FP and its benefits?

… get key influencers (e.g., husbands, family members, peers) more involved in supporting clients' FP journeys?

Identified needs

- With support from trusted influencers, diffuse accurate FP information to peers, family members, and past clients to counter biases and hearsay.
- Reach out to all women outside of the HCP's network.
- Raise awareness and break stigmas at the community level.
- Have a trusted person (e.g., community leader) support FP information and its diffusion.
- Share familiar scenarios and experiences to encourage women to reach out to their HCP.

Connected benefits

- The playful and celebratory aspect of the debate fits usual ways of community outreach and helps desensitize stigma around FP topics.
- Teenagers, young women, and influencers (e.g., husbands, other family members) can attend.

Potential barriers

- Community influencers may not support the diffusion of FP information, which can jeopardize users' trust in the prototype.
- Some gaps in information about FP switching and side effects may persist.

Questions and considerations before testing

Find answers:

- Will HCPs and community leaders continue to hold these debates?
- Could this gathering be integrated into existing meetings, and if yes, how?

Tips and tricks:

- In the guidelines, recommend choosing the right person to facilitate the event (e.g., private midwives).
- Test what works best with targeted cohorts and keep them entertained and engaged so that they attend meetings regularly.
- Determine if community leaders want to be associated with this event and with FP in general.
- Determine if the event is suited to everyone and if all cohorts can easily gather and actively participate.

4 My Family Planning Journey Book

This booklet is a visual tool for women to track their FP experience. HCPs then use it during consultations to share notes and follow-up instructions. HCPs and pharmacists who distribute the booklet should help clients fill in their medical and reproductive history and prompt them to track their own FP use and experiences (e.g., side effects, emotions).

Users

FP HCPs | Discontinuers | Current users | Women out of HCP network

Direct beneficiaries

Discontinuers | Current users | Women out of HCP network

Connected questions: How might we …

… enable HCPs to better track a client's FP journey?

… help women troubleshoot challenges or obstacles along the FP journey and support them in continuing or switching methods?

Identified needs

- HCPs need a reliable way to understand clients' medical history quickly and holistically so that they can provide better follow-up recommendations.
- Clients need to track their side effects, well-being, and the efficiency of various FP methods.
- Women need a way to understand their experience along their reproductive journey.
- HCPs and their clients need to form relationships so that HCPs can effectively monitor and advise clients.

Connected benefits

- Encourages women to track and share personal experiences, good and bad, with their HCP
- Provides an opportunity to build trust in the HCP and create user loyalty for a qualitative follow-up
- Enables both HCPs and clients to learn about FP based on client's experience
- Supports HCPs in tailoring feedback and advice to clients

Potential barriers

- Effectiveness of the tool depends on user literacy and comprehension.
- Some users may not want to share personal data.

Questions and considerations before testing

Find answers:

- Do women experiencing side effects usually reach out to the HCP for advice?
- How does the booklet impact clients' experience and HCP interaction frequency?
- How and how often do women use this tool at home and during consultations?
- Do women feel comfortable filling in the information (i.e., are there literacy issues)?
- Would an electronic version of the booklet be a good alternative (consider accessibility to network and phone credit for updates)?
- Do HCPs have records and do they usually take notes in these records?
- How do HCPs take notes during the consultation and for how long? Can they use notes at the same time as using the booklet?
- Where and when should this tool be introduced to clients?

5 "#Let'sTalkContraception" stickers

This sticker set is designed to trigger FP conversations on Viber, WhatsApp, Messenger, or other social media platforms. The stickers depict an iconic character and encourage users to talk about contraception and side effects and to visit an HCP. HCPs send the sticker sets to clients, who then share them within their social circles, reaching women outside of the HCP's reach.

Users

- FP HCPs
- Discontinuers
- Current users
- Women out of HCP network

Direct beneficiaries

- Discontinuers
- Current users
- Women out of HCP network

Connected questions: How might we …

- … reduce clients' fears and anxiety around starting their FP journey?
- … provide continuity in the HCP-client relationship beyond formal consultations at the health center?
- … improve HCP outreach methods to increase relevance with users across different age cohorts?
- … encourage openness when sharing about contraception use as a sensitive and personal topic?

Identified needs

- To build informal social support and networking, women need a way to talk with one another or their HCPs about FP, FP methods, switching methods, their FP journeys, and their experiences.
- Health centers and HCPs need to recognize clients' strong reliance on informal peer communities.

Connected benefits

- Creates social support, especially useful to women beyond the reach of the HCP
- Enables community members to share and talk about contraception experiences more freely

Potential barriers

- Technical requirements and limitations may hinder use.
- It may be difficult to identify someone to moderate and monitor hashtags and links.
- It may be difficult to link clients to correct information and support.
- Preventing spread of negative information may be a challenge.

Questions and considerations before testing

Find answers:

- Do digital platforms work? Where do online users gather in your community?
- Can users identify the side effects as shown on the visuals?
- Do these prompts help users to speak organically about their personal experiences with one another?
- What is the best online platform in your country for trusted information?
- How are the stickers introduced? How do they get used and promoted?

Tips and tricks:

- Identify how, when, and with whom the stickers are most used.
- Include avenues where users can find credible information.
- Encourage users to find reliable platforms to exchange information.

6 Couples event on FP

At this fun event, couples can engage in candid conversations about FP and contraception and learn about the benefits, challenges, and potential side effects. The prototype includes a facilitation guide, activity flash cards, and a certificate.

Users

FP HCPs

Community leaders

Discontinuers

Current users

Women out of HCP network

Husbands or partners

Direct beneficiaries

Discontinuers

Current users

Women out of HCP network

Husbands or partners

Connected questions: How might we …

… encourage openness in relationships when discussing a sensitive topic like contraception use?

get key influencers (e.g., husbands, family, peers) more involved in a woman's FP journey to ultimately support her?

Identified needs

- Diffuse FP information to peers, family members, and past clients that challenges biases and hearsay and is supported by trusted influencers.
- Reduce the barriers to help couples talk about contraception with less apprehension.
- Get partners more involved in supporting women's journeys, encouraging women to continue using a method.
- Create an informed dialogue between men and women to reduce misconceptions.

Connected benefits

- Encourage candid conversations about FP and contraception within the family unit.
- Learn about the benefits, struggles, and potential side effects a woman may experience to help partners understand what to expect.

Potential barriers

- HCPs may lack time and availability.
- Community leaders may lack time and availability.
- Potential conflicting beliefs among community leaders may hinder effectiveness.

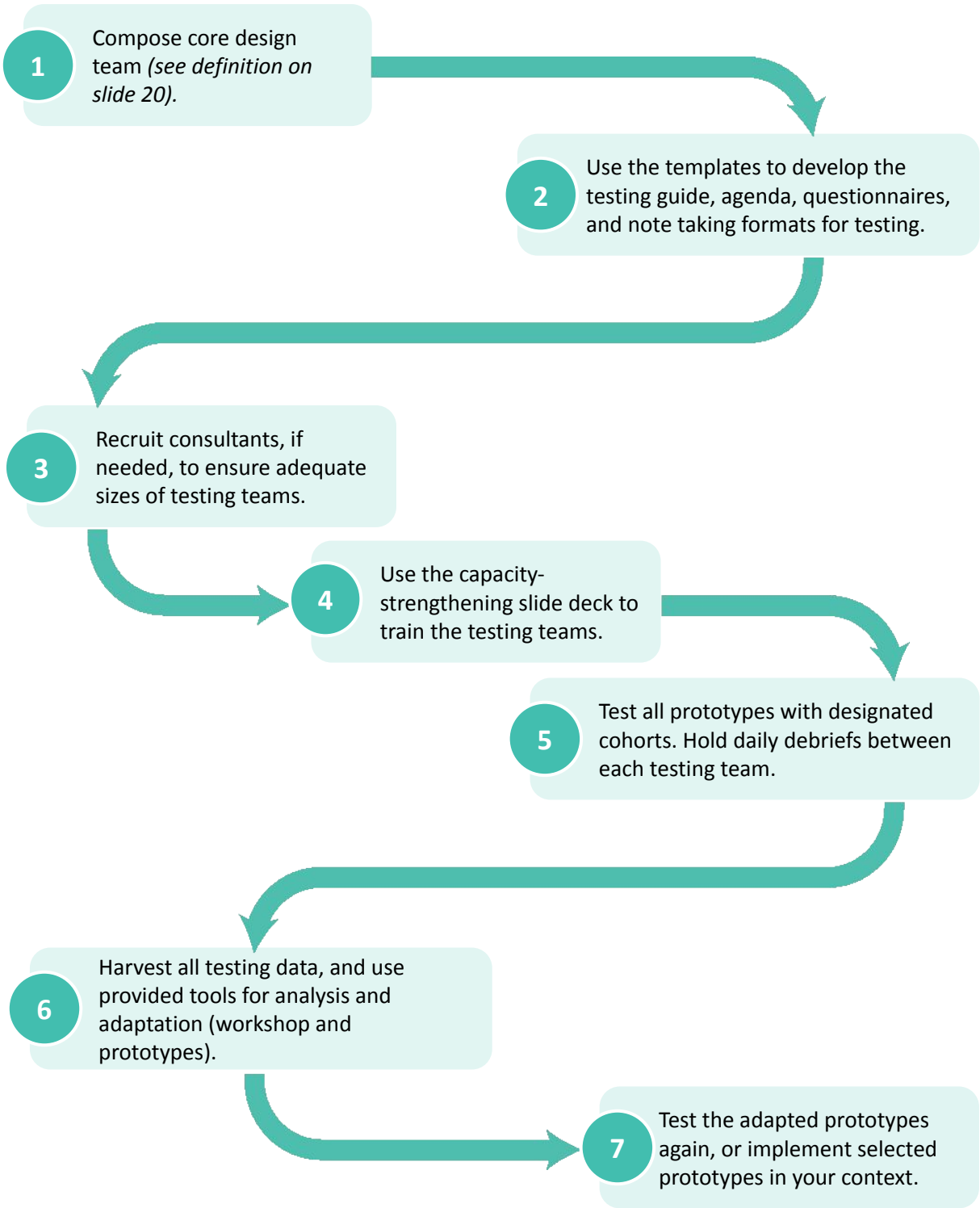
Questions and considerations before testing

Find answers:

- Does this prototype increase FP knowledge among couples in your community?
- What other FP events could you leverage to promote this event?
- Will HCPs have sufficient time to run these programs?
- What is the best schedule, duration, and setting for these programs? What is the best format (e.g., picnic)?
- Who would be in charge of organizing and facilitating the gathering so that it is sustainable?
- Does this prototype reduce barriers between couples so they can freely discuss the topic?
- Do couples respond well to the questions? Are they able to create conversation with one another?

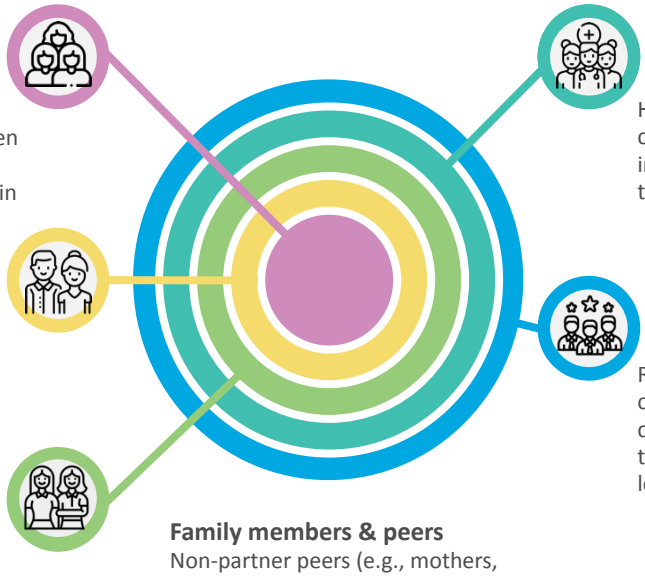
Testing steps

From start to implementation



Testing roles

Who tests the prototypes?



Contraceptive users and discontinuers
Single and married women aged 18 to 45 years, with or without children, within and not within the HCP network

Partners
Men over age 18 who are boyfriends or husbands of users

Healthcare providers
Health providers disseminating FP counseling and contraception, including pharmacists (if allowed to provide contraception)

Community leaders
Relevant persons identified by clients and others within the community as influential and trusted (e.g., local and religious leaders)

Family members & peers
Non-partner peers (e.g., mothers, sisters, mothers-in-laws and friends) from whom clients take advice

Who prepares and leads the testing activities?

The core design team includes the people responsible for leading the test process to success from beginning to end. Members participate in all meetings and in the field to gain deep understanding of their organization's objectives, the testing toolkit, and the prototypes.

What is the difference between the core design team and the testing teams?
To stay agile and efficient, the core design team is restricted to a few members (we recommend four to six). Additional members are often needed to conduct field-testing only. Together, they form the testing team.
Note: Prototypes against contraception discontinuation benefit from being tested with diverse audiences, such as rural and urban users and users with various religious backgrounds. This diversity requires several testing teams to test simultaneously in two to three places.

Each testing team should have three to five members (larger teams can intimidate participants), including at least one member of the core design team. To ensure good coordination, assign members the following communication and recording tasks:

- ❑ Team and participant coordinator
- ❑ Timekeeper (holding the agenda)
- ❑ Consent form manager
- ❑ Translator (if necessary)
- ❑ Prototype & equipment supervisor
- ❑ Note & transcription manager
- ❑ Communication & debrief supervisor
- ❑ Photographer

Mindset and must-haves

Empathic listening

Follow people's stories rather than trying to elicit the answers you want.

- Talk less and listen more to what the participant is telling you.
- Listen to understand. Do not judge the information being shared with you.
- Be curious and deepen the information obtained with new questions.
- Ask "Why?" when participants answer with "yes," "no," or short or generic answers.
- This human-centered project aims to improve understanding of all the complexities of participants' behavior. Avoid sharing your opinions with participants, which may prevent them from sharing theirs.
- Encourage feedback by using statements such as "Tell me more about this … " Humans like to feel heard, so take the opportunity to ask for all the details.

Good practices

Communicate within and between teams.

Communicate with the team before you decide on something important.

Trust the human-centered design process.

Trust the methodology and proceed according to the original intent, even if stakeholders are hesitant.

Find solutions to small inconveniences.

Propose solutions as much as possible to avoid interrupting a test activity.

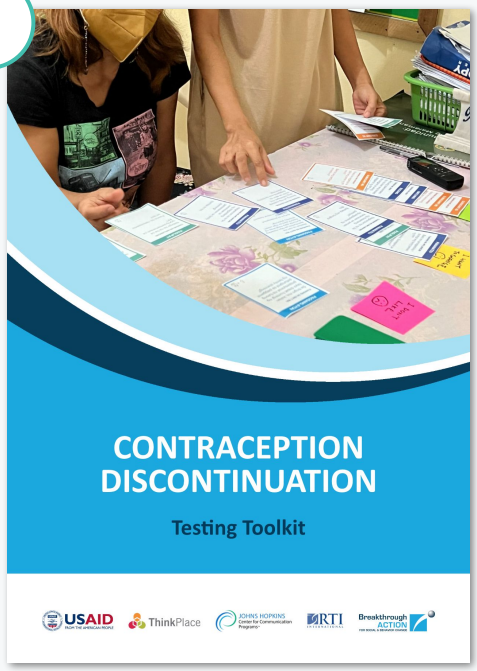
Must-haves for testing

- [x] **Prototypes**
- [x] **Testing guide**
- [x] **Questions & notes**
- [x] **Device with camera**

Supportive tools

What resources do I need to prepare and lead a round of test?

1



The testing toolkit is designed to help the core design team deepen their understanding of the background, approach, and prototypes.

2 **Capacity-strengthening slide deck.** This PowerPoint presentation is destined to train the testing teams.

3 **Testing guide.** This document summarizes important information and advice to guide teams before and during the test round. It must be adapted by each team before testing.

4 **Documentation for the six prototypes.** Information in these six folders should be printed for each testing team.

5 **Questionnaires and note taking templates.** These two documents provide a structure and tips for the interviewer and notetaker of each testing team. The questions must be written by the team before testing.

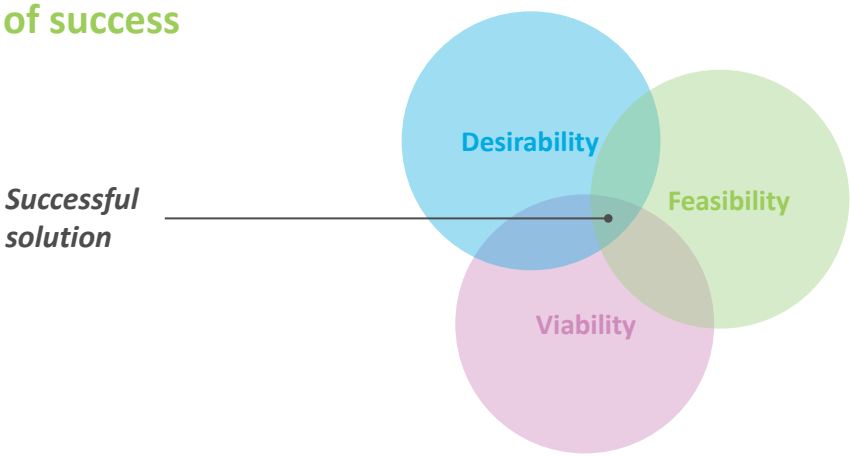
Scan this QR code to download the documents listed above.

See slide 5 for instructions on how to scan a QR code.

Methods and tools for analyzing results

After testing and collecting participants' feedback, analysis is conducted for each prototype to identify insights and learnings from the in-field user testing. In this process, findings from the test sessions are consolidated, and a thorough analysis is conducted to identify where prototypes can be improved and any opportunities that emerged. Below are the indicators of success for measuring each prototype's user feedback.

Indicators of success



Desirability

Often assessed during test round #1

Engagement: Did the solution generate enthusiasm? Is it perceived as fitting into their routine without problems?

Perceived value: Was this solution considered useful and relevant by the user? Are there important needs and pain points that have been or could be relieved by this solution?

Future commitment: Does the solution engage users to act and take ownership? Are they motivated to improve it and to practice the behavior in the future?

Feasibility

Often assessed during test round #2

Validity: Does the solution meet a real need of the majority of the targeted users? Would it have a positive impact on intermediate and countable outcomes?

Adoption: Can users easily understand the solution and practice the new behavior? Is the solution easy to use on a daily basis in terms of time, material, and human resources? Can it be adapted if needed?

Implementation: Can this solution be effectively implemented and replicated in its context by organizers, programs, or donors in terms of knowledge, production costs, logistics, personnel, location, and literacy level?

Viability

Often assessed during final test round #3 or a pilot

Independence: Are the perceived benefits of practicing the solution sufficient for users to adopt the new behavior over time? Are their underlying motivations sustainable?

Support: Does the solution have buy-in and commitment from institutions and partners to scale and sustain its impact? Does it complement existing programs?

Impact: Does the solution achieve results beyond the individual user level (e.g., increased usage of a service, improved data at the area level)? Is it replicable in various contexts and easy to publicize?

Synthesis and evaluation

Voice of experience

After gathering all data from the testing teams, the core design team uses the indicators of success to assess users' experience of each prototype. They will synthesize the voice of experience, without adapting it, on to the indicators of success file (see example below).

Indicators	Prototype 1	Prototype 2	Etc. …
Engagement			
Perceived value			
Future commitment			
Validity			
Etc. …			
Score			
Ranking (from most to least successful)			

Find a link to this tool on slide 26.

Core design team prioritization

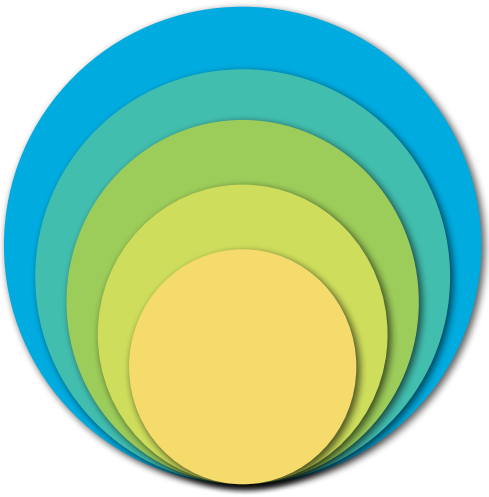
In this prioritization exercise, each core design team member ranks each prototype on a scale from one to five across the criteria listed below.

Criteria	Prototype 1	Prototype 2	Etc. …
Freshness			
Impact on design challenge			
Alignment with insight and "How might we?" questions			
Pertinence for the stakeholders			
Capacity to solve a problem for all, anywhere			
Score			
Ranking			

Find a link to this tool slide 26.

Analysis tools

The socio-ecological model helps team members understand how each prototype meets design objectives at each level, from public policy to the individual. This tool is used simply by placing the prototypes on the various levels. It is crucial to ensure that across all prototypes, some address current local policies and others target the organizational environment, as well as interpersonal and individual contexts and dynamics.



Public policy
Developing and enforcing policies or media campaigns promoting the need for and advocacy of change

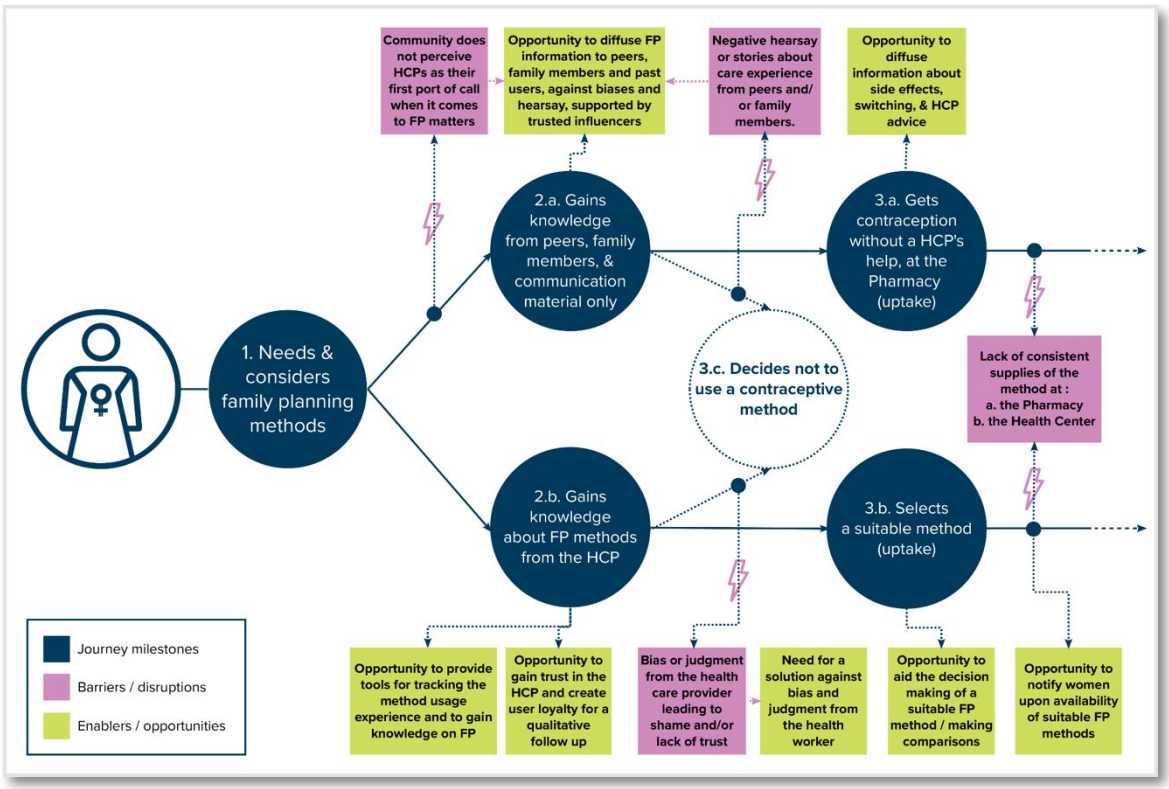
Community
Coordinating community members to bring about change

Organizational
Changing the policies, practices, and physical environment of an organization to support behavior change

Interpersonal
Targeting groups, such as family members or peers, to provide social identity and support

Individual
Motivating individual behavior change by increasing knowledge, influencing attitudes, and challenging beliefs

The user journey map visualizes a user's experience, opportunities, and barriers along the contraceptive journey. This tool helps identify how users actually experience contraception versus how one might think they do. Most importantly, it helps identify new opportunities for adapting prototypes. The core design team can draw a journey based on the example below.



Prototype adaptation guidelines

Adaptation workshop

After synthesizing and analyzing testing data, the core design team invites the four voices of design to an adaptation workshop, where they will decide what to improve, add, and discard after reviewing the results and prioritization of prototypes (presented on slides 24-25) based on the activity objectives. The adaptation workshop seeks to respond to the following questions:

- *How might each prototype be improved based on the insights found during the define phase and testing?*
- *Do the analysis tools (socio-ecological model and user journey map) reveal any missing opportunities or gaps in addressing important barriers? What can we create to address them?*
- *What would the new improved prototypes look like?*
- *If implementation is the next step, will all prototypes be developed further? Will they be developed together or separately?*

The ideas resulting from the adaptation workshop provide the core design team with changes to complete and a final list of prototypes to be implemented or retested according to the activity scope and local needs. *Note: The adaptation workshop prioritizes the user's voice by considering user feedback and the core design team's field observations and by deemphasizing individual assumptions and decision-making.*

Supportive tools

What resources can I use to analyze and adapt the prototypes?

6 **Analysis files.** These two Microsoft Excel spreadsheets provide a structure to analyze test results for participants and the core design team.

7 **Adaptable prototype files.** These Adobe files contain each prototype in its original format, enabling the core design team to modify each according to the adaptation workshop results.

Scan this QR code to find and download documents 6 and 7.

Implementation objectives and steps

After one or two testing rounds and adaptation of the prototypes according to the test data analysis, the prototypes will be ready for implementation and scale-up in their context. The following steps help ensure a successful implementation of solutions:

1

Prepare stakeholders to scale the solutions and achieve the change objectives. Stakeholders decide which prototypes to implement, how to monitor the effects, and how to scale up. These decisions include how to integrate solutions into community action plans and existing national and program strategies, how to obtain advocacy and support from public-sector decision makers, and how to determine the phasing, reach, and intensity of implementation. Stakeholders also must agree on who will support which aspects of implementation (administratively, technically, and financially) and who will develop an implementation plan; a budget; and a monitoring, learning, and evaluation plan with clear indicators. A new or existing coordination mechanism must be established, clear stakeholder roles and responsibilities must be articulated, and resources must be in place to support implementation.

2

Identify and train the team supporting the implementation process. This team includes community leaders, healthcare providers, and pharmacists in the chosen locations. A "training of trainers" is conducted at the provincial level, after which trainers implement trainings in their selected districts. The training of trainers includes an overview of contraception discontinuation challenges and barriers, as well as detailed information on how to implement the chosen solution(s). These trainings should be conducted annually, and trainers/mentors should conduct monthly supportive supervision visits. Providers and community leaders are asked to share the challenges they experienced during implementation.

3

Implement and monitor solutions in a real-world setting. With monitoring, evaluation, and learning plans and resources in place, solutions are rolled out to implementation areas. Effective implementation requires frequent data collection to troubleshoot any unplanned challenges. This real-time monitoring of outputs and estimated coverage helps determine if interventions are being delivered as planned and achieving their intended results, and if not, how to adapt the program. Local teams meet monthly to assess progress and identify local resources to enhance implementation. These teams also reach out to district, regional, or national stakeholders for additional support where needed.

4

Evaluate results and determine if solutions are achieving desired outcomes. Evaluation helps describe whether, for whom, and at what level the solution delivers results according to the indicators defined in step 1. Sound program evaluation, with results disaggregated by cohort and other factors, leads to program improvements and refinements in the materials, overall strategies, and activities. Alternatively, and simultaneously, it shows what works and how to replicate and scale the positive impacts. Programmers should keep criteria such as efficacy, quality, equity, and sustainability in mind when scaling. Cultural and social contexts also need to be strongly considered. Regular use of knowledge management techniques helps to gauge if the scale-up is successful across geographies and audiences.

Implementation tips

Advice for the implementing team

Based on Breakthrough ACTION's implementation experience, it is recommended to keep the following in mind when implementing the solutions:

1. HUMAN RESOURCES

- Ensure each health facility has adequate numbers of trained staff in relation to the targeted number of clients.
- Assign different roles and responsibilities to health staff and ensure all staff are aware of their roles.
- Train all participating staff and volunteers in the chosen solutions implementation.
- Ensure all persons supporting the implementation deeply understand the solution(s) and feel trusted and responsible for their use.

2. OPERATIONS AND LOGISTICS

- Schedule convenient dates for trainings and implementation steps for all involved partners.
- Conduct preparatory meetings with local and regional offices and partners to plan for staff deployment and supplies.
- Work with health facilities to estimate how many people will attend activity event or receive solutions.
- Immediately after each activity, take inventory of printed event materials or solution distribution to ensure sufficient time for replacement supplies.

3. MOBILIZATION

- Start to mobilize participants at least three days before an event.
- Use multiple social mobilization channels to reach participants, such as radio, community centers, and health centers.
- Target the right audiences for each solution (consider genre, age, and role in FP solutions uptake and discontinuation).
- Clarify dates and services to be offered in all invitation and announcements.
- Have facilities engage prominent community members and community health workers to encourage participants to attend an event or receive a solution.

4. SERVICE PROVISION

- Develop strong partnerships with local community-based, nongovernmental, and other health organizations.
- Encourage healthcare providers to help participants feel comfortable from the initial screening process through to the final consultation.
- Have health providers and community leaders encourage participants to ask questions, especially around topics such as FP side effects and other reasons for discontinuation.

Contents, monitoring, and evaluation

Implementation contents

- Chosen solution(s) material (e.g., printouts)
- This guide for implementation steps and tips
- Clear roles, budgets, and agendas, as well as monitoring, learning, and evaluation strategy for the entire implementation
- Implementation material (training slides and monitoring, learning, and evaluation surveys, tracking sheets, and interview scripts)

Monitoring and evaluation

To monitor changes motivated by the applied solutions, implementing partners should work closely with partners, communities, and health centers to apply community-based monitoring systems to record each solution's results. Health facility data should be gathered to understand how and to what extent the solutions contribute to preventing contraception discontinuation. Implementers also should use existing health systems to track program reach and coverage and monitor outcomes at the health facility and community levels. Data collectors thus should include health facility staff and implementing partner staff. The following tools are suggested to capture performance data and inform implementation evaluation and learning:

- **Project records:** To track the number of women participating in events or using solutions and the overall number of persons reached by the solutions.

- **Distribution tracking tool:** To record the number of materials produced and distributed to intended audiences and beneficiaries (e.g., distribution of "My FP Journey Book").

- **Community-based tracking sheet:** To compare the number of distributed solutions against the expected outcome (e.g., how many couples attend an FP consultation after a couples' FP event or how many women bring their "My FP Journey Book" to a consultation).

- **Mini-surveys at the community and household levels:** To assess changes in intermediate outcomes and to estimate behavioral changes influenced by the intervention (e.g., the percentage of women and husbands who know about usual side effects or switching contraception methods).

- **Client exit interviews:** To assess women's perspectives on contraception discontinuation and their intentions to act and durably adopt new behaviors.

Intent statement

A project to examine and design women-centred solutions to reduce contraceptive discontinuation in the Philippines

CURRENT STATE

Project Context

High contraceptive discontinuation has been documented in many countries, including the Philippines (PH), and it is an important contributor to unmet needs. While many programmes focus on bringing in new users, maintaining those who have already adopted contraception at least once is not something that has received as much attention. Little is known about the decision-making processes leading to discontinuation.

Hence, Breakthrough ACTION will be conducting a HCD process in PH to explore the decision-making processes and service experiences around contraceptive adherence and discontinuation and identify specific touchpoints and/or opportunities to intervene.

What are drivers for change?

Dire lack of knowledge around discontinuation in region : There is little data around what is driving discontinuation in PH which is a barrier to effective and necessary Family Planning (FP). Little is known about what misconceptions users have around contraceptives.

Gap in knowledge of user's POV: Taking a supply-driven approach in FP is currently insufficient to understand low demand – requires stronger understanding of the context, gaps and barriers faced by women and couples

Gap in health information systems: Currently, discontinuers are not tracked adequately by health providers, there is little data on drop-outs, their intentions and nature of issues faced

An opportunity for social and behavioural interventions: With this research, more specific touchpoints can be identified to prevent discontinuation from taking place

Who is involved?

Funders: USAID, Breakthrough ACTION, ReachHealth

Government Representatives: Ministry of Health, Commission on Population and Development (POPCOM)

Implementers: Healthcare providers (HCP), coordinators

Influencers: Partners, family members/elders, community leaders

Users: Filipino women themselves

HOW DO WE GET THERE?

Strategic shifts

From	>	To
Reducing contraceptive discontinuation in PH		
Assumptions of the woman's reproductive journey i.e. transition points, circle of influence in woman's decision making around contraceptive usage	>	Awareness of the **woman's individual reproductive journey as a whole i.e. her views, biases, barriers and circle of influence**
Assumptions on the views and barriers of the woman's partner, family and immediate community around contraceptive usage	>	**Identification of potential barriers and areas for intervention** within the woman's family (including her partner) and community
HCPs having a 'spoon-feeding' mentality	>	HCPs **having an equal and sustainable partnership** with clients (the woman)
Lack of knowledge around relationship dynamics and Inconsistencies within HCP and client (the woman) relationships	>	Identification of potential areas for **improving interpersonal trust and communication** and HCP channels of **support and assistance**

What are we making?

In this project, we will deliver the following:

- Insights into the current experience of women with regards to their current FP and contraceptive journeys via i.e. personas, user journey maps and pathways
- Future state concepts representing possible interventions to develop a tangible service offer and delivery model
- An implementation roadmap

What are the key phases of this project?

Phase 1: Define	Phase 2: Design & Test	Phase 3: Apply
HCD research to understand user perspectives	Iterative prototyping and testing based on Phase 1 insights	Implement, evaluate and refine solutions

FUTURE STATE

Project Outcome

A tangible set of behavioural interventions and delivery model to reduce contraceptive discontinuation in the Philippines.

Success from different perspectives

Women themselves will say:

I have autonomy and agency to make the best FP choices for myself and my family – this makes me more confident and stress-free. I do not need to depend on hearsay or blindly follow someone else's FP pathway. I have the knowledge of the full range of contraceptive possibilities, risks and benefits. Thus, my decision making to start, stop or switch is based on what suits me best to achieve my desired outcomes.

Partners, family members around them will say:

We have more control over our finances, quality of life and future planning as a couple/family as we can make the best FP decisions for ourselves.

We feel a sense of pride and confidence in being able to plan for our families well – we have less fears or doubts when it comes to decision-making around contraceptive usage/switching.

Healthcare providers will say:

We see our clients as equal partners in our relationship with them and are committed to co-creating solutions with them instead of going with the solution we think is best.

We seek to establish relationships based on trust and communication, so our clients feel confident in approaching us for advice. This also enables us to prevent potential discontinuers by engaging with them prior to their lapsing.

Healthcare administrators and policy planners will say:

We have the data management system to record our client journeys in an organised manner. This enables us to create better client strategies moving forward with the rich evidence on hand.

Focusing question

How might we understand the Filipino woman's contraceptive journey and improve the approach of healthcare providers to lower discontinuation?

Mural board: from insights to testing toolkit

As this activity lasts two years and gathers a lot of information, the design team has developed a detailed mural board synthesizing all human-centered design tools and information harvested from the field, from the define phase to the design and test phase. *View the interactive board in detail at* https://app.mural.co/t/baknowledgemanagement0579/m/thinkplaceus8304/1656042075579/29e0e7840f95e3b6da9899c394e031ecfbbf4ecc?sender=uf04a6abc8e9259fc2c757940.

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ThinkPlace

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