

The background of the entire page is filled with various colorful geometric shapes, including hexagons, pentagons, circles, and polygons in shades of yellow, green, purple, teal, and brown. Some shapes are solid, while others are semi-transparent or layered.

# HCD UNCUT

—  
BEHIND  
THE SCENES  
OF HUMAN  
CENTRED  
DESIGN

**7-8 November 2017  
Berlin, Germany**

***Workshop  
Documentation***

# **About**

**HCD Uncut was an immersive and interactive expert workshop held in Berlin Nov 7-8 2017 to critically reflect on the current practice of Human Centred Design in the context of global health and development and path a visionary way forward.**

48 experts working with Human Centred Design in Global Health and Development from the perspectives of providing design services, funding human centred design programs as well as program implementation came together to share and discuss challenges, failures and roadblocks in the successful application of HCD. The workshop ended with a co-created vision on the future of HCD in Global Health and Development and a set of thematic priorities to guide funders in their efforts to support this work.

This document provides a detailed documentation of the discussions and ideas co-created during the two days.

# Participants

## DONORS

**Elizabeth Russell**  
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**Kelly Alleen-Willems**  
Vulcan, Sr. User  
Experience Researcher

**Maaya Sundaram**  
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The Measured Lab at DSI  
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**Divya Datta**  
Vihara Innovation  
Network, Director -  
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Veryday, McKinsey Design,  
Director of Design Meth-  
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Co-founder and Manag-  
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**Mari Tikkanen**  
M4ID, Co-CEO

**Noel Wilson**  
Catapult Design,  
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**Zoe Stanton**  
Uscreates,  
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## IMPLEMENTORS

**Anabel Gomez**  
AVAC, Global Marketing  
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**Anila Gopalakrishnan**  
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Director

**Melissa Higbie**  
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**Michelle Risinger**  
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**Patricia Coffey**  
PATH, Leader, Health  
Technologies for Wom-  
en and Children

# Impressions





# Some voices

*We need to apply HCD to HCD.*



*We need a shift from problem sufferers to system owners.*



*Sometimes we use the term scale as synonymous to impact or change.*



*We have beginnings of a community of practice here, lets use it, lets stay in touch and grow it.*



*Let's bring back the D in HCD.*



*We need some demonstration that HCD has been a catalyst to SCALE interventions.*



*Having typologies or which "dose of design" has been used?*



*How might we create an emotional impact- not just for the core team, but the greater stakeholder team?*

# **Recap**

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## **Day 1**

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Key objectives were:

### **Looking back**

#### **Analysing failures and roadblocks and sharing ideas**

Some of the key questions that were addressed:

Who are we as professionals?

What have been some of our 'fuck-ups' so far?

What ideas do we have to address the key issues?

Which ideas have the potential for greatest impact?



# Profiles

## 3 Profile

A VERY CATCHY NAME

FROM THEM

WHAT ARE THEIR WORRIES AND FEARS

NOT HAVING EVIDENCE  
OR CLEAR OUTCOMES

WHAT

WHAT

3 | Profile creation

## 1 Profiling

WHAT MOTIVATES YOU TO DO YOUR BEST WORK?

being valued by others  
if working with other  
then create a  
interpersonal stimulating  
engaging people - projects

WHAT HELPS YOU TO DO YOUR BEST WORK?

energy from others  
people's engagement in  
a topic  
autonomous  
intellectual

WHAT ASSUMPTIONS DO OTHERS

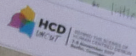
assume  
that I am  
think right - most  
I am well  
I am

WHAT WORRIES YOU?

everything about  
in work - not judgement -  
what made in system  
is a lot of money that could be used  
to do things that could be used  
to do things that could be used  
to do things that could be used

WHAT DIFFERENTIATES YOU AS A PROFESSIONAL FROM OTHERS?

should have clear outcomes that shows what it means



HCD  
HUMAN-CENTRED DESIGN

1 | Profile

# **Profiles**

## **OBJECTIVES**

Creating empathy and better understanding among participants of the workshop

## **SUMMARY OF ACTIVITY**

In this exercise participants were asked to interview each other and find out more about the different roles, motivations and worries the different professional profiles in this field of work have. Teams were then asked to summarize their interviews into a profile template and share them with the group through role play and enactment.

## **REFLECTIONS**

The interviews yielded a richness of information and better understanding of each other's professional challenges and motivations. The templates helped to distill these insights but the limited time frame prevented teams from going deeper and synthesizing learnings. The enactment of the profiles left people a bit concerned that the format did not allow for a sharing of the richness of the discussions, and instead led to an over-reliance on existing stereotypes.

## **LOOKING AHEAD**

The exercise showed that a lot is to be learned from each other's roles and how the different professional groups perceive each other. A deeper dive into better understanding the different needs and expectations among the different professions in this field could be a useful tool to build effective consortiums and improve collaboration.



# **Profiles**

## **Designers**

### Worries

Wrong metrics for design work  
HCD isolated as a solution, not a tool  
Not looking at our impact on our environment  
Lack of urgency  
Lack/insufficient understanding of social/cultural context  
Western judgement and outlook for outcomes being pushed  
Lack of sustainability  
Too great a focus on numbers  
Not being taken as seriously as other professionals  
Full benefit of HCD won't be realized, it will disappear as a fad

### What makes them happy and fulfilled

Ongoing engagement with users  
Freedom to think and space to be creative  
Openness and iteration  
Trust with client  
Getting to the truth  
Resolving deep-rooted problems  
Helping people see problems  
When work gets implemented, iterated and disseminated  
Placing aside judgement  
Impact on people's lives  
Having time to focus

### Characteristics

Optimistic  
Self aware  
Curious  
Passionate about users  
Social  
Emotionally invested  
Passionate  
Multi-disciplinary  
Collaborative  
Good communicators  
Insightful  
Engaged with People  
Empathetic  
Flexible  
Out of the box  
More than just a designer

“ Stories are my best currency.  
No more band aid solutions!  
Please don't fence me in! ”



# Profiles

## Donors

### Worries

- Sustainability - their work is too siloed
- Bureaucratic piggy bank
- Commodification of HCD
- Design colonialism
- Too great a distance between science and creativity
- Not understanding people well enough
- Being too removed
- Not having evidence or clear outcomes
- Reluctance of their peers to deal with uncertainty

### What makes them happy and fulfilled

- Committed to and passionate about impact
- Feeling useful as a collaborator
- Ability to forge relationships that self-perpetuate & create impact
- Being in the field, experiencing the difference
- Connecting with people
- Innovation evidence framework
- Taking their organisation forward
- Case studies of when it's worked
- Resources to leverage
- Trusted network

### Characteristics

- Risk averse but forward thinking
- Have to deliver
- Bias toward action
- Concrete, tactical
- Strategic focus
- Architect/Facilitator of change
- Being held up to specific indicators
- Not to miss a chance or waste money to make the world a better place

“Necessity is the mother of invention.

I am not just a piggy bank,  
I am a collaborator as well.”

# **Profiles**

## **Implementers**

### Worries

Rigidity and limitations of the bureaucracies we have to be associated with  
The set demands, targets and indicators of development  
Design is too abstract and “fluffy” - at odds with the reality of our organisations  
Unclear how to integrate and fit in design in their organisations  
Getting things done  
Not being on the ground  
Investing in the wrong things  
Scope and time  
HCD as a buzzword and flavor of the moment  
Donors asking for the solution upfront

### What makes them happy and fulfilled

Creating real, positive impact for people  
Build on existing impact theory  
Creating HCD measurement and proof points  
Ability to enable new ways of doing things and being creative  
Autonomy in our work  
Freedom to be honest  
Connecting with users  
Connecting with the missions of our organisations

“ I really want to believe in HCD, but I have questions.

It seems at odds with my organizational imperative. ”

### Characteristics

Strategic thinkers in tactical organizations  
Organizational navigators, able to maneuver and negotiate between different scenarios  
Unique in the global health space  
Synthesizer (from young girl to CEO)  
Connector  
Overseer

# Enablers & Disablers along the journey

AS A LEADER, I...

Help design team establish baseline understanding of topic

Provide input on research methods

Provide connections in-country to shape research

In-country user research to develop insights

synthesis and reports

Provide real-time needs based

AS A IMPLEMENTER, I...

Help product team understand what users can and cannot do based on criteria.

Help product team understand what users can and cannot do based on criteria.

Provide guidance on what is feasible in country/project context.

PLAN + CO-FACILITATE CONCEPT WORKSHOPS

AS A DESIGNER, I...

Review existing literature and identify gaps / focus areas.

Conduct key stakeholder interviews.

Develop research approach, tools and any IRB submission.

Test out research tools and refine based on what worked and what didn't.

Conduct immersive field research with users.

Analyse and synthesise raw research data into insights.

**Enabler**  
Helping the team understand the problem and the users' needs.

THE HCD JARGON TAKES A WHILE TO DECODE.

THESE AREN'T "INSIGHTS"... THEY'RE WELL-ESTABLISHED FACTS...

SO DO THEY THINK WE DO ALL THESE THINGS JUST FOR FUN? WE CARE ABOUT END-USERS TOO...

THERE'S DECADES OF RESEARCH ON THIS... ARE WE SUPPOSED TO THROW ALL THAT OUT THE WINDOW?

**Enabler**  
Helping the team understand the problem and the users' needs.

IMMERSION GETS CUT BECAUSE NO ONE WANTS TO PAY US TO GET UP TO SPEED.

**Disabler**  
COMPETITION BETWEEN AGENCIES BLOCKING COLLABORATION & DATA SHARING

**Enabler**  
KNOWING 'USERS' ISN'T A HOMOGENEOUS GROUP, ACCOUNT FOR DIFFERENCES

**Disabler**  
Users involved too late

**Enabler**  
Setting expectations right. eg. the truth might not be new but the way you look at it might be new.

**Disabler**  
Western methodologies & tools eg. writing on post-its



# ***Enablers & Disablers***

## ***along the journey***

### **OBJECTIVES**

Build a shared understanding of our failures and empathise with each other's experiences/stories, map the connected enablers and disablers and identify concrete ideas and solutions to address them

### **SUMMARY OF ACTIVITY**

Three personal "Fuck up" stories were shared out loud in front of the whole group, one from each perspective of implementer, funder, designer. Participants split into groups and took turns to share more honest stories about failures, disappointments, and questions inspired by the examples given. Each group captured the Enablers (winning moments, high points, joy points, value-adding moments) and Disablers (pain-points, constraints, roadblocks, frustrations) along a project journey and share them with the whole group.

### **REACTIONS**

The stories shared offered rich insights and a strong foundation to identify opportunity areas for ideas and solutions. The groups discussed intensively and mapped their insights on the disabler and enabler cards. However the pre-defined program journey to which these enablers and disablers were thought to be mapped to was received with criticism. The team jointly decided to omit spending time with the journey and instead continue to ideate opportunities for design.

### **LOOKING AHEAD**

Even though the journey was not used during the exercise,....



# Enablers

Designer  
perspective

Implementer  
perspective

Donor  
perspective

**Step 1** → **Step 2** → **Step 3** → **Step 4** → **Step 5** → **Step 6** → **Step 7**  
Project Shaping and planning    Intent and problem definition    Immersion and research    Ideation and concept development    Prototyping, testing and detailing    Piloting and evaluation    Roll out and dissemination

*Staged Project funding*

*Co-created problem definition*

*A well-considered and thought-out design brief.*

*Internal alignment around design brief.*

*Flexible fund pool of experts*

*Understand the nuances of designers*

*Thinking fast and slow routine- it's automatic and easy to builders*

*Setting expectations right. For example, the truth might not be new, but the way you look at it might be new*

*Knowing that users aren't a homogeneous group. Account for differences.*

*Continuous alignment and communication between all groups*

*Translate findings and ideas into usable context. What is the value?*

*Continually adapt methodology for local context and people*

*How might we create an emotional impact- not just for the core team, but the greater stakeholder team?*

*User test, repeat and repeat*

*It's trainable*

*Infected by design thinking for the better*





# Disablers

Designer perspective

Implementer perspective

Donor perspective

**Step 1** → **Step 2** → **Step 3** → **Step 4** → **Step 5** → **Step 6** → **Step 7**  
Project Shaping and planning    Intent and problem definition    Immersion and research    Ideation and concept development    Prototyping, testing and detailing    Piloting and evaluation    Roll out and dissemination

*Designer elitism /reluctance to really teach "just trust us"*

*No space, time or budget*

*Western methodologies and tools  
EG writing on Post-its*

*Users involved too late*

*Jump to sexy solutions first*

*Can't bring the entire organization along with the design .*

*What lives in the domain of HCD and what in the domain of subject matter expertise*

*Competition between donors and agencies blocking collaboration and data sharing*

*Waterfall projects  
Structuring HCD*

*System prevents productivity  
Predefined issues and assumptions*

*Not realizing that designers often are not the user*

*Bad communication, assumptions and reactivity, "the designers are going off the rails"*

*Sometimes we use models trying to fit a round peg in a square hole*



# Opportunity areas

MISMATCHED  
EXPECTATIONS

NOT BRINGING  
STAKEHOLDERS  
ALONG

FORCED  
APPROACHES

WHEN  
WHEN  
APPLY

MANAGING  
EXPECTATIONS

GET EARLY  
+ CLEARLY

REFRAME GOALS  
USER NEEDS

USERS DON'T  
CARE @ YOUR  
GOALS

RIGID  
FUNDING  
- OUTCOME BASED

"head, heart  
wallet"

TIME TO  
INDEPENDENCE

BUDGET, TIME +  
FLEXIBILITY

TIME FWD  
ONLY

BAD  
COMMUNICATION

ALIGNMENT  
+ COMMUNICATION

REAL USER  
FOCUS

RESOURCES

BUSINESS  
MODEL &  
FUNDING  
MECHANISM

SKILLSET/  
CONTEXT

BUILD ON (DON'T  
START  
AFRAME)  
EXISTING  
KNOWLEDGE

WHAT INFO IS  
HELPFUL FOR  
DESIGNING ON  
CONTEXT

WE'VE TRIED  
IT ALREADY

TASK TO  
TOOL MATCH

COMPETITION \*  
- PROJECT DON'T  
LEARN

SHOWCASE VISIBLE  
+ QUICK  
SUCCESS

FAILED PROJECTS  
NEED SHARED -  
FAILURE IS LEARNING

EARLY VISIBILITY  
TO STAKEHOLDERS +  
SUCCESS

FEAR OF  
FAILURE

STRATEGY  
LEVEL, NOT  
PROJECT LEVEL

FAIL  
EARLY

COMPASS \*  
JOURNEY

SHORTER, MORE  
RAPID  
ITERATIONS

PROJECT TOO  
LONG

AGILITY

RIGHT

FORCING  
APPROACHES

PEH  
(MODEL)

HOVE  
(MODEL)

Continuously adapt  
methodology for local  
CONTEXT

WESTERN \*  
DOESN'T ALWAYS  
WORK

BRING USERS  
IN EARLY

BUILD BUSINESS  
MODEL AROUND  
THE USER

Regular  
checkpoints

BAD  
COMMUNICATION

# ***Opportunity areas***

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## **OBJECTIVES**

Generate concrete and actionable ideas for the identified issues and challenges

## **SUMMARY OF ACTIVITY**

After sharing the enablers and disablers in detail to the whole group, each participant was asked to write down their 3 key ideas for solutions. In a quick sharing session, participants presented their ideas to the whole group and the facilitation team clustered these at the same time into broad themes. The day ended with the identified clusters and themes.

## **REFLECTIONS**

The exercise created a wealth of ideas addressing different kind of challenges and topics. Clear clusters emerged out of structure of the ideas, which were grouped in the post-workshops synthesis into opportunity areas.

## **LOOKING AHEAD**

The opportunity areas formulated propose a wide set of tangible ideas to be taken forward to strengthen HCD on various levels of the practice. These opportunity areas can form a solid structure for a strategy.



# Opportunity areas and ideas



## **DEFINING & COMMUNICATING**

Defining what HCD is, and the lexicon, principles, behaviours and frameworks that surround it for global health and development audiences.



## **FINDING & MATCHING**

Develop clear distinctions between design expertise typologies as well as how to find, identify and select the most relevant expertise for the challenge at hand.



## **STRUCTURING & FUNDING**

Rethinking how projects are funded, structured, sequence and partnered on (with HCD) so they are more flexible and locally inclusive.



## **REFINING PRACTICE & METHODS**

Improving on HCD approaches, particularly for better integration with other disciplines/ knowledge for greater efficiency.



## **LEARNING & SHARING**

Build a community of people integrating HCD in their development projects to openly share experiences and transfer learnings.



## **TRAINING & EDUCATION**

Expanding design capability through educational activities that improve design awareness, design fluency, and design practice in countries where projects are run.



## **MEASURING PROGRESS & BUILDING EVIDENCE**

Building a measurement framework and grow a body of evidence outlining what works, how it works, and what does not work.



## **PRESERVING INTEGRITY & QUALITY**

Ensuring the integrity and quality of both design and research practices and that cross-disciplinary integration doesn't mean dilution.



# Defining & communicating

Defining what HCD is, and the lexicon, principles, behaviours and frameworks that surround it for global health and development audiences.

## **Define it. Adapt it.**

Collectively define HCD terminology and appropriate definitions for the global health and development sector.

## **Cross-Agency Glossary**

An inclusive, consistent and simple HCD language that can together improve understanding.

## **HCD Principles for Funders**

For projects and programs across funders to use certain principles to drive alignment (e.g.. Agile principles, Digital principles)

## **Strategic Communication Framework for HCD to Partners**

How to communicate HCD at different stages and different partners. How much to communicate, when and how to talk about the project from a HCD lens. Would be helpful to have a consistent message.

## **Add “Lobbying” to HCD Uncut Framework**

Creating buy-in is mission critical and takes place throughout all the work. Call it out. Not doing it means failure. Intentionally saying lobbying and not advocating.

## **Define the “Problem” HCD is trying to solve**

Define HCD and the “problem” with HCD in its adolescence that we’re trying to solve (not the problems HCD is trying to solve)





# *Finding & matching*

**Develop clear distinctions between design expertise typologies as well as how to find, identify and select the most relevant expertise for the challenge at hand.**

## **HCD Skillset Map**

An in-depth and detailed map of the many skillsets that interact with HCD – within its many definitions. This will help people navigate the ambiguity around HCD expertise.

## **Design Directory**

A directory of different types of design, different types of design firms – All firms and designers have particular strengths, so we need to understand which is right for different needs.

## **Match.com for HCD and development**

A 'match-making' facility for HCD practitioners/firms and development organizations.

## **Team Diagnostic**

To understand and plan the best and most effective team make up depending on the nature of the challenge.

## **Donor Exposure to Different Design Types**

To help donors understand variations in design practice and strengthen the different groups to form the right partnerships based on their needs.



# Structuring & Funding

Rethinking how projects are funded, structured, sequence and partnered on (with HCD) so they are more flexible and locally inclusive.

## Go - Return - Continue - Stop

A common stage gate process for donors, implementers and designers that describes the overall innovation process (including HCD) and framework linked to the development program cycle. Each gate will include evidence and metrics. This will incorporate common definitions and language. Showing the bigger picture around the process could address discomfort.

## HCD Upfront to Define Project

HCD to define project problem and objectives, so have the HCD process upfront so that there is an opportunity to challenge the framing of the problem(s) prior to the RFP. For example, is IFA consumption / compliance a behavior change problem or a product design problem?

## Smaller Batch Pilot Funds

For rapid iteration cycles to set up proposals and longer term work that includes the research and learning from earlier phases.

## Exploration Funds

For interdisciplinary research and problem definition. These can be measurable funding pots that can make smaller investments in better understanding problem spaces (with end user involvement) before a development project is defined.

## Flex Funds

Flexible funds to define the problem definition better, bring in experts, tweak projects and fill gaps in knowledge. This can provide support for unanticipated needs in a project.

## Co-create the Design of Projects with Governments

Funders and governments come together to define the problem locally and then co-design the Request for Proposal (RFP). Making the problem definition happen locally makes it more relevant and building a shared definition through co-design leads to buy-in and sustainability.

## Early Stakeholder Exposure to Design in Projects

This is to ensure every stakeholder who touchpoints (in-country) is involved in the planning so that stakeholders are engaged early and research takes their needs into account. Poor stakeholder engagement means poor take-up generally.

## Design Infiltration With Others

Building project teams that are multidisciplinary and ensure designers infiltrate and work with content experts, implementers and vice versa. Design groups should not work alone, selling services to donors, they need to be working with health experts.

## Funding Workshop to Improve Partnerships and Implementation

A workshop with the output that granting mechanisms are optimized. Eliminate the blame game and lack of coordination between parties and enhance donor grant design.



# Refining practice & methods

Improving on HCD approaches, particularly for better integration with other disciplines/ knowledge for greater efficiency.

## **Kick-off Immersion**

Spend a week together in the field to scope the project and align as partners. Additionally, users are involved in scoping and grounding the shared experience of partners.

## **Mixed Method Tool for Program Design**

Develop out what the best use tools are for mixed methods use along the program development life cycle. Establish when to use what and where.

## **Insights to Action - Make it visible**

For designers to communicate to donors and partners how they reached actions and solutions from research findings in order to align them to the HCD process. For donors and partners to incorporate Insight to Action mindset in building the program from the start, as well as communicate what the action(s) should achieve by being more specific than “increase uptake” while still allowing room for creativity and exploration.

## **HCD 3.0**

Integration of behavioural science, data science, and other near disciplines into HCD activities. We need to bring together these problem solving methodologies.

## **Kaleidoscope**

Reframing existing knowledge to look at data in different ways to find new answers.

## **Design Sprint for Global Health**

Global health challenges clustered, and multi-country insights and ideas are developed at the fundamental human level. Many organisations gather around the same issues.

## **“Body of Knowledge”**

Have a strong base of user research across certain topics, so we don’t need to regenerate insights and stories every time, we can point to that and not duplicate research.



# Learning & sharing

**Build a community of people integrating HCD in their development projects to openly share experiences and transfer learnings.**

## **HCD Community of Practice (physical)**

A week or two week summer camp or institute with diverse players and champions in the field to build up the network of advocates in all arenas.

## **HCD for Social Impact Association**

A community of practice with convenings, standards and cases. This will provide a consistent community that comes together to share and learn.

## **One-Stop-Shop HCD Resource Centre**

A collection of case studies, what worked, what didn't, and provide opportunities to learn from other's failures and successes. This will also be bringing together a community of practitioners and collaboration opportunities.

## **Already Done!**

A place where we get to know what has already been done in terms of both research and interventions.

## **International Development Knowledge Base**

A central resource for all past and ongoing work, with open source data and tagging to surface cross-project insights and learnings for more informed designs.

## **HCD for Health Learning Hub**

Incorporating best practices and failures, collated from HCD / global health projects. This can be packaged in a variety of ways (e.g.. Podcasts) as there is currently little reflection time to look laterally and learn.

## **Talk Shit Conference**

Governments, implementing partners, donors, share their design successes and failures without design firms or practitioners present. This encourages honesty and expands design networks.



# Training & Education

**Expanding design capability through educational activities that improve design awareness, design fluency, and design practice in countries where projects are run.**

## **HCD Training for Development Community**

To provide training on when to use HCD, how to incorporate, what to expect, the timelines, how to find the right designer for the problem, how to plan and pay for projects, what makes for good partners, and what to avoid etc.

## **District Innovation Labs**

Design fellowships at the community and district level so that design isn't isolated to foreigners. This kind of capacity building will enable access to design thinking at the lowest levels and makes sure communities can co-create and design their own solutions.

## **AMP for Health Model**

For capacity building, bring the AMP Health model to design where we embed designers in national Ministries of Health. Check out [www.ampforhealth.org](http://www.ampforhealth.org).

## **Funded Capability Sustainability**

Ensuring local stakeholder involvement and skills transfer throughout implementation. That way, they have the skills for continuation and supporting entrepreneurship and access to resources.

## **HCD Core Curriculum**

Establish a curriculum with standards and credentials and accreditations. Funders should practice and understand what good design work is, this prevents people who don't know what they're doing from intervening in other people's lives.

## **HCD Primer**

Including principles, industry standards, case studies showing what has worked, and an evidence framework (e.g.. If a good process, what should I see when...). Some questions are what type of measurement is appropriate? Operational Research. How do not limit the creative process?





# Measuring progress & Building evidence

**Building a measurement framework and grow a body of evidence outlining what works, how it works, and what does not work.**

## **Systematic Review of Design in Development**

Understand where, how, with what resources, and possibly to what effect design is having in development. We currently don't know and we must know.

## **M&E Convening**

A discussion on M&E for creative and HCD processes.

## **Phased Evidence Framework for HCD Innovations**

Stage gating across the process, having data capture tools for different stages as the project grows in scale, moving from qualitative to quantitative, a de-risking tool, and ensuring accountability and discipline.

## **Global Health Portfolio Review**

Get a project from a few different challenges to educate, level-set, inform and explore.

## **Data Capture Tools**

Have these at the outset of the project, sit down with the team of technical folks to understand indicators and populations that matter.

## **ROI for HCD**

A 'clinical trial' for HCD versus no HCD, also look at 'cost' versus 'status quo cost' – and the package the deliverable in a trusted health journal (i.e.. Lancet) to speak the global health language.

## **Create Evidence of HCD Impact**

Develop a resource with cases for anyone who wants to understand and measure its impact.

## **Learn from the Past**

Investing time and energy in quantitatively and qualitatively measuring, evaluating and learning from past and current efforts to help show impact. This can advocate other organisations on success and can result in better informed future efforts.



# *Preserving integrity & quality*

**Ensuring the integrity and quality of both design and research practices and that cross-disciplinary integration doesn't mean dilution.**

## **Bring back the 'D' in HCD**

Reinforce the craft and solution creation part of design by ensuring the skills of professional designers are understood and valued.

## **"Good HCD"**

Clarify what makes good or great HCD. For example X process, Y people, Z problem. Then once we know what these inputs and outputs are we can measure.

## **Educate Designers**

On the value of subject matter experts and prior research. Obvious insights may turn organisations off design.

## **Questions and Assumptions Workshops**

Facilitated workshops at various stages of the process to map assumptions and prioritise research needs. This results in better understanding of evidence, more clarity on what matters. These workshops will be on the goal, the problem, the scenario, the people, etc. They will also map "what we think we know" on a quadrant of high negative consequences and low negative consequences if we got it wrong and "how well we know that its true" (known and unknown). Currently too much time and money wasted on strategic and tactical decisions that are based on biased assumptions.

## **Reliable Researchers - HELP!**

Utilise and train up skilled researchers to develop research strategy, conduct studies, analyse, synthesise, present and evangelise methods and findings rather than rely on people to occasionally wear the researcher hat without a solid skillset. This avoids bias in who participants are, what methods, how questions are asked, how data is analysed and how decisions are based on such.

# **Recap**

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## Day 2

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Key objectives were:

### **Looking forward**

#### **Building scenarios towards a collective future vision**

Some of the key questions that were addressed:

How is design evolving and how can this inspire us?

What is our vision for HCD in global health and development?

What are ideal future scenarios and implications?

What are the actions and commitments to take this forward?

# ***Vision***

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## **OBJECTIVES**

To collectively envision the future purpose/intent and value proposition for HCD in health and development.

## **SUMMARY OF ACTIVITY**

Participants were grouped into diverse teams to jointly envision the future of HCD for global health and development with the following questions:

What are the key intent / purpose statements for HCD in health and development?

What new value can we create if we can better integrate HCD in health and development initiatives?

How will we be doing/thinking/speaking HCD differently in the future to enable this purpose and value to be realised?

Teams had time to discuss and share their thoughts and were asked to physically prototype their vision and communicate it back to the group.

## **REFLECTIONS**

The teams created tangible and well articulated value propositions for HCD in development. The prototypes allowed teams to communicate the key elements and ingredients of their solutions. The groups shared their vision with great energy and enthusiasm. The presentation ended with a discussion on some of the emerging themes from the vision.

## **LOOKING AHEAD**

The vision exercise helped to identify different ways to articulate a vision statement for HCD in development, which resonate with the community as well as highlight some of the key elements and ingredients that are important to include in the next steps. Common elements identified among the different vision statements will allow the post workshop working group to begin to articulate a structure for a shared vision.

# Group 1





# ***Vision & Manifesto***

## ***Group 1***

### **HCD should be...**

Structured  
Critical  
Contextual  
People centred  
Iterative  
Continuous  
Creative  
Solution oriented  
Multidisciplinary  
Integrative  
Historical  
Evidence based  
Ethnographic  
Distributed  
Shared  
Non-linear  
Multi-staged  
Perspectival  
Generative (data, evidence)

### **Skills that are needed**

Good listening

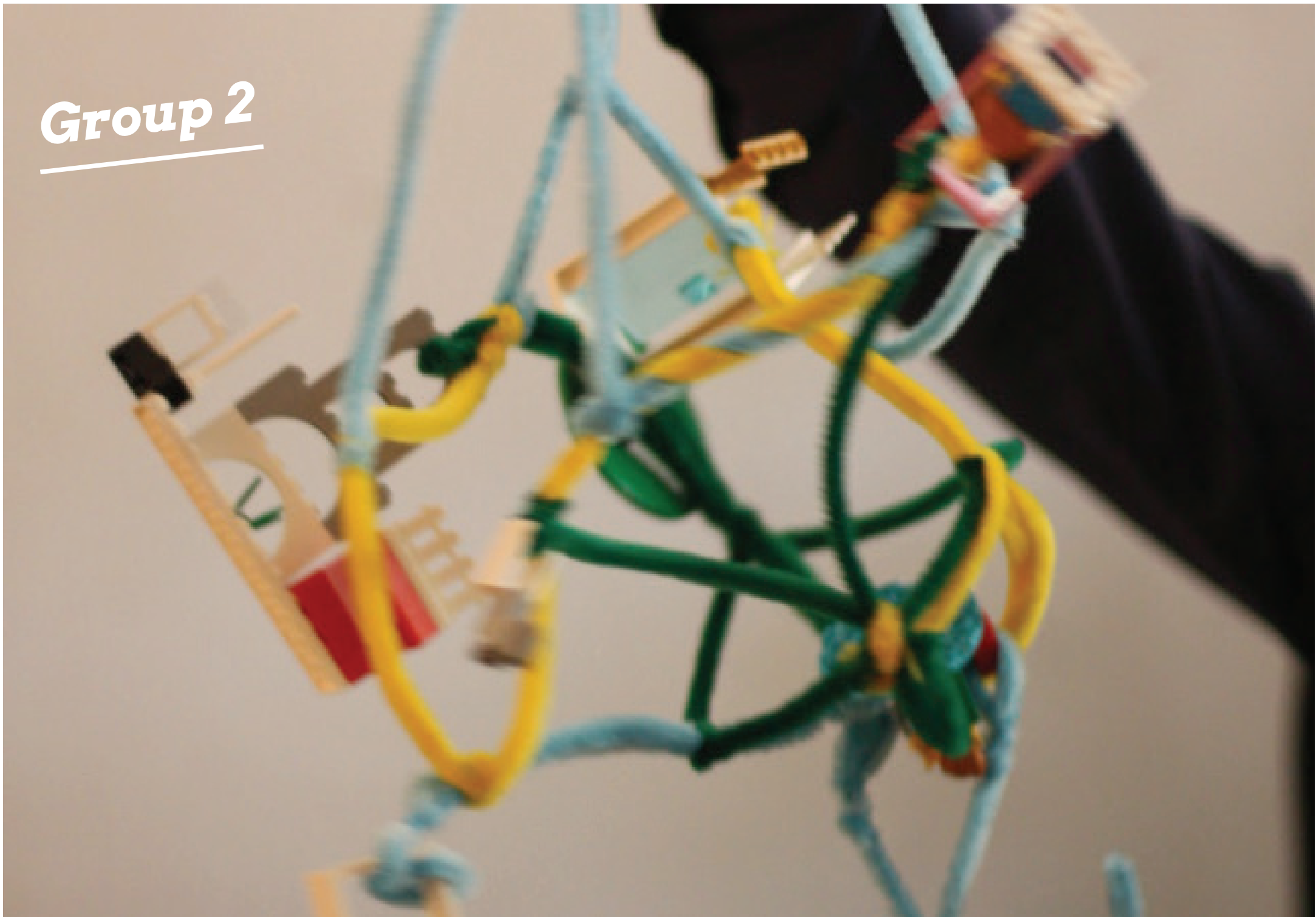
Systems thinking

Some organisations bring specialist skills such as behavioural science but then we will need shared skills and capabilities

Which skills are shared and who needs to come in as specialists?

**“** We need a modular approach,  
where the weight is redistributed,  
if you change one component. **”**

## Group 2



# ***Vision & Manifesto***

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## ***Group 2***

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### **Put people on the top and turn problem sufferers into system owners**

Currently with the SDGs, we are trying to reach people through different silos and verticals.

Our vision: Put people on the top and turn problem sufferers into system owners.

How do we enable countries to deliver on and achieve global health goals, beyond grant writing.

Help countries entirely reframe their healthcare systems in terms of ownership, agency and practices.

Make individual actors and their practices the core of a new system of health and wellbeing.

**“** Make HCD process thinking and philosophy ubiquitous within donors, governments and implementer organizations and systems and in communities **”**

### **Help countries to graduate to be independent**

Ecosystem approach to HCD.

Break down system and intervention silos.

Build more self aware systems that have continuous feedback systems in real time.

Simplify process and language.

Knowledge management, easily accessible success and failure stories.

Make data work for people.

Performance based payments for development professionals.

In order to achieve the SDGs in 2030 HCD will need to be more holistic and inclusive of more stakeholders, communicate its value across programs, services, products. Address equity, capacity building and systemic change.

Make HCD a set of practices/principles for centering on human & content, usable for implementers, local partners, funders etc.

# Group 3



# ***Vision & Manifesto***

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## ***Group 3***

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### **In 2030, HCD will need to...**

Be widely accepted so users are consistently elevated in the practice of development.

Reach all stakeholders, including ministries, iNGOs, CSOs, and the private sector, so that they are human centred, practice design thinking, and know when and how to bring in designers.

Build a cadre of high caliber local designers working within and outside these institutions.

Integrate other problem solving methodologies, including behavioral science, data science and participatory research.

Develop solutions, that cut across sectors, including global health, economic development and education.

Influence donors to collaborate, promote, and share cross-cutting approaches and solutions.

Operate under a common set of standards and ethics.

Ensure solutions are delivering cost-effective outcomes.

Have demonstrated evidence of its effectiveness throughout the process.



# Group discussion

## Idea of an integrated community

So no longer designers are over there - it is a holistic group of people. What does it mean for institutional integration? We will need to think about civil servants, and others outside of donors and NGO implementers.

## Idea of us working ourselves out of a job

Where countries on their own are enabled to do this.

## Idea of elevating the user

What does it mean to put the user at the top? It is changing the power dynamic and empowering the user more. This model of the user being elevated - how do we do that? What is required to actually get there?

“

For this to become ubiquitous and for people to buy into it, we need to **generate evidence**. For example, just the way google maps doesn't go to users and asks them how people are using maps, they have self-aware systems. So how do we **create self-aware systems** that are constantly **learning and evolving** as opposed to this process having to be applied very deliberately every single time.

”

“

There are large, clunky, bureaucratic systems that don't necessarily understand what their citizens want and how. So HCD can play a role in creating more informed and self-aware systems, both tactically - how do we use data better and make decisions better - but also emotionally - looking at empathy building capacity and toolkit designers have.

”

# Group discussion

An ecosystem approach is needed

Currently, several micro problems in public health are using design thinking as an approach, when it comes together, it is actually for that same person who is transitioning from adolescence to motherhood or whatever it is, so looking at it more from the user journey. Also looking at how these **micro behaviour changes come together into something as macro as health.**

Differentiating HCD is important

Differentiating HCD is important, even if it is integrated as one tool in a toolbox, the point around **repeated multiple iterations is what makes it different from a traditional pilot approach.** How can this be packaged in a way that before you make these large, sweeping, population-level public health measures, to go through this repeated iteration as a rite of passage.

What is the focus area?

Are we looking at HCD and how that integrates within global health and development or are we looking at global health and development and how HCD contributes to it achieving its goals? Perhaps the shift is back and forth due to different timeframes. So the short term goal (5 years from now) more about inclusion, and the more long term goal (10-15 years) is how we use this to audaciously shift what is expected from global development and how it is done.

“ **We don't want to see HCD as this other separate entity that is imposing a methodology.** But if we can embed these processes in the very roots and structure of development industry, you can still have other tools and approaches, while achieving this 'elevating the user' philosophy. ”

“ **The word user - it is a placeholder.** There is the health consumer, then there are people who facilitating health, - civil servants, in education, in economic development. ”

# Group discussion

*Future-proofing is important...*

...**given risks around facts**, as well as risks with political changes affecting particular approaches. Integration is important and embedding it into existing development structures will be how to make it stick.

*Not completely devalue the worth of having trained designers*

Part of this is a democratisation of design, making the tools/processes/mindsets more accessible - while at the same time making sure we are building the capacity of more local "capital D" designers to be able to practice this work.

*Linking in to scale, systems thinking and transition design level*

We have committed to achieving those SDGs by 2030 and HCD has a massive role to play in that bigger scale (from donor's perspective).

*Not consider scale as synonym for impact or change*

Sometimes we use the **term Scale as synonymous to impact or change**. This is a problem when we say we need to scale something for a whole state or a whole nation. Maybe **smaller, self-sustaining communities or blocks of villages could have better context response and modules of change**. We need some parallel prototyping of what impact actually means and when it has to be 'scaled' and when it can be more local... At the moment, scale sits at the end of the design process, when it should sit more at the beginning - for example, if we train more designers, this scale could be happening at the beginning and not at the end of the work.

*Are we actually empowering people currently?*

At present, we are the ones who own HCD. How do we move from having the **right kind of conversation with communities so they feel empowered to giving governments and communities access to the tools to deliver on their own solutions?** Are we actually empowering people currently? Are we actually breaking down the structures that perpetuate the power in the system?



# Scenario presentations



# Scenarios

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## OBJECTIVES

To create concrete ideas and solutions of how the vision can be implemented near, mid and long term.

## SUMMARY OF ACTIVITY

Based on key themes that came up in the previous day and vision work, groups were formed based on interest. These key themes are illustrated on the next page. During a longer session, the teams were asked to deep dive into the themes and develop concrete scenarios for solutions in the near, mid and long term.

## REFLECTIONS

This exercise merged the opportunity areas and themes with the ideas collected on the previous day with the vision work. Teams developed concrete solutions develop the thematic areas and assess priorities. Teams shared their ideas during a long and lively discussion, allowing the audience to contribute their thinking and questions. The facilitation team plotted detail notes of the whole discussion.

## LOOKING AHEAD

The solutions identified in this groupwork form a realistic and prioritized set of solution ideas that can be developed further in the post workshop strategic work. The detailed discussion is a useful account of questions raised and areas for exploration, that need to be considered in the next steps of the global good development.



# **Scenario areas**

**BROADER EDUCATION &  
CAPACITY BUILDING**



**FUNDING STRUCTURES  
& BUSINESS MODEL**

**EVIDENCE  
& MEASURING**



**COMMUNITY OF PRACTICE  
& KNOWLEDGE SHARING**

**IMPACT & SCALE**



**ORGANIZATIONAL CHANGE**



# Broader education & Capacity Building

## *Near Term*

Build a cadre of high caliber local designers working within/outside global health institutions

Map what exists and what has worked in the past

Define who this is for and define investments to participate

Define what success would look like and determine business model and investment case

## *Mid Term*

Network with 5-7 local institutions who are operating under same set of principles and practices

Connection with global health organizations - combine public health masters level to understand language and how to apply design

Global health specialization at Masters level. Base curriculum of HCD with opportunities to specialise in different design specializations.

## *Long Term*

Robust ecosystem where design is respectable profession and designers are everywhere within institutions

Designers have started firms, education programs, organizations

Funders, media & government understand and advocate for HCD

Programs have been more effective because of involvement of designers / HCD - from perspective of non-designer practitioners



# Broader education & Capacity Building

## *Discussion*

**Do we know how big is the current base for designers in the area?  
How many designers are "there"?**

**Talked about accreditation - how do you know if someone has the competencies to do this work? There are people who are calling themselves that and doing a version of it, and people not calling themselves that who are doing the work.**

**Should it be designers? Should it be nurses who understand their system better?**



**Group 1**

# Evidence & Measuring

## *Near Term*

Shared definition of HCD.

Design is a process to integrate with other things, difficult to pull out an independent variable linked to an outcome. We need to map out pathway from intro design to activity and outcome.

Integration with generic M&E

Case-based methods - take several examples where projects had excellent outcomes, and not so, and look at "pathways" between them to see what we can learn about them.

## *Mid Term*

Case study methodology:

Building on case studies, getting more and more, putting in body of evidence and data.

## *Long Term*

Evidence is available on effectiveness of HCD along stage gates along way

Metrics are measured

Confidence in HCD rises





**Group 1**

# **Evidence** **& Measuring**

## *Discussion*

**We are challenging the evaluation community but we need to be agile with our measurement approaches.**

**We are not necessarily creating new methods, all these already exist.**

**How will you assess different approaches to HCD and the different design groups? Is it about matching similarities? Having typologies or which “dose of design” has been used? We need to differentiate was design just a short term add on early on, or was design integrated all the way along.**

**How do you define success in outcomes - perhaps HCD was successful but implementation fell apart due to other reasons - need to look at this case by case.**

**Thinking of “stage-gates”.**

**If you set design you get a better problem definition - added value when you involve user - which leads to more effective solution in the end.**

**Who are the evaluators? Should it be 1-2 groups? What skills do they need to have? What familiarity with design do they need to have? How do we evaluate process & outcomes separately?**



**Group 2**

# Evidence & Measuring

## *Near Term*

What do you need to measure and how are you going to do it.

Our audience for measurement was a lot of audiences - what are we doing it for? Are we doing it for ourselves to improve our own art and science?

THE HOW - measurement toolkit or framework that could guide. Nothing rigid with indicators, but guides you to understand the what/how for different types of projects. And look at different "doses" of it.

## *Mid Term*

Use of testing those tools, exploring and integrating with other methodologies such as lean and rapid RCTs, testing those with early adopters and evolving that into living prototype.

Having a real platform for sharing all the learning coming through - active learning hub on methodologies and bringing it into community of practice.

## *Long Term*

Utopia and happiness, wouldn't need to measure anything because we would already know!

Proceeding this conference on measurement, should look at projects with: HCD with non-designers, with designers, with children, with an octopus (for a humour), no HCD



# Impact & Scale

## *Near Term*

Case booking (what has been successful in specific areas we are interested in MNCH, FP, etc.).

We could learn a lot from implementation science, and engaging more with implementation plans / teams.

Capacity building in core system development plans - inserting commitments in national development plans - part and parcel and not separate.

## *Mid Term*

“SCALE CHECK” at milestones within the project to reflect on scalability based on what we are doing at that point in time. Who do we need to influence? Who do we need to plug in?

For donors architecting grants to have implementers and designers submit proposals - not what the donor wants to hear - but how will they work together.

## *Long Term*

We need some demonstration that HCD has been a catalyst to SCALE interventions.

Have a more granular definition of scale - if you're doing product, or behaviour change, or change mindsets within the system, scale will look differently, we will think about it differently, how will it work?

Applying the principles of HCD - that we mostly apply to interventions - to entire impact cycle (and include partnerships)



# Funding structure & business model

## *Near Term*

Grand challenge: rethinking problems in global health. Builds on existing data with new lens, should be issued by neutral body. Builds knowledge base of case studies and coordination of donors from multiple disciplines/sectors.

Shifts to demand based framework.

## *Mid Term*

Speed partnering: designers, donors, implementers. Capacity building donor + designer. Bringing in new capabilities. Exposes donor to the whole team

Results: increases quality of outcomes and reduces time by matching the right teams to each other. Donors learn about different types of design, could also build a directory.

## *Long Term*

Kickstarter campaign for global health and development. How do we elevate the beneficiaries to the point where they have enabled their voice, so they are actively shaping the development process.

Local communities submit their needs, then donors fund trends.

KEVA exists already as platform.

Where digital democracy and design come together.



# Community of practice & knowledge sharing

## *Near Term*

Share glossary and design language.

Need to look at funding models, could be self-funded or membership models and others. Someone to look at and grow that.

Invest in a community manager, journalist, editor - almost a small start-up to properly host that community.

## *Mid Term*

Access each others people's content. Wiki-leaks of design. Trusted community to share sensitive documents. Bibliography of what is existing there. Place to continue to capture.

Accreditation in education. Platform can support design course. Data protection. Integrate ethics in this.

## *Long Term*

Autonomous platforms, resources for integrating opportunities. Good analogy can be spotify for HCD, where HCD is used in different contexts by different agents, and informs a combined knowledge base and future projects.

Can't just be only designers, so probably at 20 years from now, HCD will be integrated within institutions and governments.





# Organizational Change

## *Near Term*

How can we use HCD to assess a health system? How as a community can we have better impact?

How do we use this information to influence organisations?

The intent of development is to serve and empower people. Budgets and timelines and resource constraints, reality means we tend to affect change “over there”.

Shifts that they need to happen short term/ mid term and get feedback along the process.

## *Mid Term*

Broaden definition of HCD to implementers - otherwise it becomes a niche and special thing. It is about demystifying it.

Understand capacity in country - technical / financial / infrastructure.

But how do we take a more bespoke approach to institutional mapping to understand when HCD and what other approaches are needed.

Some implementers are better than other doing HCD and being people centred.

## *Long Term*

Selling without all the evidence, quality metric. Not everyone has to believe it. It is a choice.

Think about desirability. The only way it is going to be desirable to ‘local’ government - it needs to be something they want.

We need to use HCD to HCD. Begin by showing products, outcomes and solutions at first. Then move to in the longer term to this process, and then to the principles.

**Wishes**  
**& commitments**

YOUR  
WISH

YOUR  
COMMITMENT

# Wishes

## A strong community of practice

A strong community of practice  
Consortium of HCD practitioners in....  
Uncut learning hub (fast)  
Establish a committed CoP that develops action items based on workshop outputs  
A community of practice that meets annually  
This group to continue collaboration / discussion to move field forward  
I wish HCD uncut become a beautiful collaborative practitioner community  
2018 in Istanbul  
This group continues to meet and forming the foundation of a CoP  
We have beginnings of a community of practice here, let's not use it, let's stay in touch and grow it  
That this isn't the last HCD uncut

## HCD to be an established discipline

More people to understand that HCD is the most natural process of design  
For the mystery of HCD to be replaced by understanding  
All of our visions are realized, HCD is commonly understood and communicated  
A clear sense of terminology and principles in global health for use of HCD

## Creating a strong evidence base

A follow up more rooted workshop – in country donor / implementers  
Push more on M+E that makes sense ....  
M+E workshop  
Share your measurement experience  
Deeper dive on stories and evidence – they go together  
more evidence and resources

## Evolve the practice

Outstanding designed interventions to move the needle on HCD  
Users are at the center (local inst., end users), in that their needs are addressed, prioritized by international community  
We don't isolate & talk about HCD as the best thing since sliced bread & truly integrate with other approaches and with existing development practices  
We find a way to bring government on board in meaningful and sustained way  
HCD opens up to other development challenges & use across SDGs, not just health indicator  
For people to truly be at the heart of their own development and futures

# Wishes

## Communicate better

HCD Rebrand & Accountability  
HCD the new normal  
That we can stop justifying HCD soon

## Advocate more widely

Include corporate practitioners in this convening  
To bring HCD core principles to my organization  
Donors explicitly require HCD in RFPs  
More champions in USAID  
Work more closely and share with others working on ARSH our progress and challenges in using HCD and reward outcomes

## Disseminate learnings

I wish a smaller group would synthesize outcomes from these two days and distribute  
To see some clear outcomes come out of follow-up conversations

## Other

Time & space to reflect on the themes discussed over the last two days and continue the conversation  
Talk less, do more experiment  
Give people what they want, help them want what we give  
Un-weed. Reflect more strategically on the impact  
Report FB

# Commitments

## Share more

Share story of this work with others in my organization

Sharing the social science perspective and experience of and best practices of integrating s.s. with HCD in tech projects

Articulating and sharing HCD experience from my organization

To work with Tj on short term steps & to keep conversation going internally, push the peanut forward

Reviewing everything and sharing

Commit to community of practice and share my learning and experiences

Help share near term ideas emerging from this workshop

Stay in touch & support contribute knowledge

Take part in and support this community

To share my knowledge and experience openly (where legally permitted)

To share across this community

Offer UNICEF experience and access and where possible resources to advance concrete actions

## Focus on quality

I will do HCD with integrity and share my fuck ups and successes globally

To be a valued partner to HCD implementers in Apply design thinking, human centred approach to program design, implementation and evaluation

Be a better partner to HCD newbies

## Develop capacities internally

Look out and bring the best design thinkers to Unilever's sustainability work

Continue to champion HCD at USAID and find best ways of communicating it

Continue to work on being more flexible in bringing HCD to global health

To continue to educate myself on HCD & when & where & how it should be applied in our work

To engage more discussions and help address questions with colleagues

Look opportunities to build capacity within own organization at local level & with ministries we work with



# Commitments

## Focus on measurement and evaluation

I'm committed to measurement & evaluation beyond the point of no return

Begin incorporating measurement: levers, outcomes

Continue measurement conversation in community of practice

M&E workshop for HCD

## Make things real

Eager willing HCD community think tank member

Offer to be a resource to review any emerging public good from today

Community of practice

Continue to work for global good

To prototype outcomes of this convening in our work help curate the discussion around HCD & Measurement & keep advocating, partnering and applying HCD

Do great HCD work with partners that get to 3-5 cases of outcome at scale

I will try and integrate HCD in all new grants

Starting dialogue in India and connecting to the larger group

Continue to support through more flexible funding

To explore ways DFID can support and champion this work with other donors and others within DFID

To build design principles/ practices into sector/ actor specific guides, exercises we do

FY18: Develop & pilot 3 HCD measurement frameworks

To engage more discussions and help address questions with colleagues

Look opportunities to build capacity within own organization at local level & with ministries we work with

# Thank you!

We want to thank all of you for your active participation and contribution, for your empathy and respect for each other, your openness and transparency during these two days.

In addition to this documentation of HCD Uncut, the organizers, facilitators and the Dalberg Design Group are collaborating on an analysis and synthesis process to capture the big take aways from the convening. This process is a first step in determining what the public good coming from HCD Uncut will look like. Please stay tuned for more information on this process and the outputs.

**BILL & MELINDA**  
**GATES** *foundation*

**CENTER** FOR ACCELERATING  
**INNOVATION AND IMPACT**  
USAID | GLOBAL HEALTH

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