CT Innovation Lab

Imagining the future of women's contraception

Process Overview / March 2018

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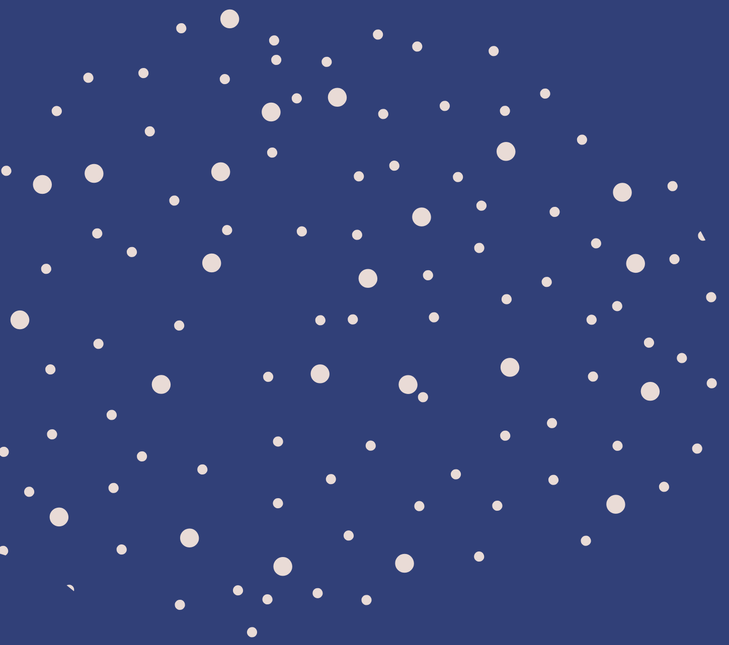
Introduction



This document summarizes the key milestones and the process of a year-long project using human-centered design (HCD) as a methodology to understand women's experience of current contraception in Kenya and India.

As part of the project, ideation workshops were conducted in both countries. Findings from the research were presented to a multidisciplinary audience to generate future-facing ideas grounded in the realities of users.

The project was conducted by multiple partners:

FHI 360, a non-profit organization dedicated to improving lives in lasting ways by advancing integrated locally driven solutions;

Quicksand, a design-thinking and innovation consultancy based in India and working across the global South;

Pabla van Heck, a freelance social intrapreneur who helps organizations navigate the fuzzy front end of social innovation for (women in) emerging markets.

This work was funded by **The Bill & Melinda Gates Foundation** whose goal is to give people the tools to lead healthy productive lives.

Method Landscape

Despite wishing to avoid pregnancy, 225 million women in developing countries are not using contraceptives. When women gain access to more methods, uptake of birth control increases owing to improved choice. Women's voices have had a limited role in influencing contraceptive R&D, and with this initiative we aim to change that.

WITHDRAWAL
India (2.3%)
Kenya (0.0%)

CALENDAR
India (5.1%)
Kenya (0.6%)

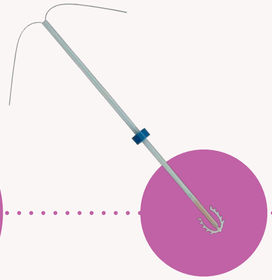
EMERGENCY CT
India (0.4%)
Kenya (1.7%)

ABORTION KITS
India (0.2%)
Kenya (0%)

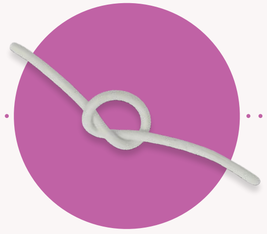
'HERBAL' PILLS
India (0.2%)
Kenya (1%)

CONDOMS
India (6%)
Kenya (1.9%)

INJECTABLES
India (0.1%)
Kenya (28.1%)

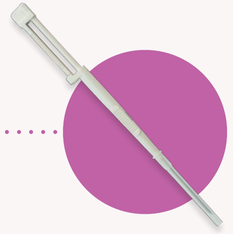


COPPER IUD
India (2.0%)
Kenya (3.5%)



FEMALE STERILIZATION
India (39.0%)
Kenya (3.0%)

ORAL CT PILLS
India (3.9%)
Kenya (8.6%)



IMPLANTS
India (0.0%)
Kenya (10.8%)

United Nations, Department of Economic and Social Affairs, Population Division (2015) - Trends in Contraceptive Use Worldwide 2015, NFHS 4

Leveraging human-centered design methodologies to **facilitate insight-driven ideation**, for generating **new product ideas** in women's contraceptive technology.

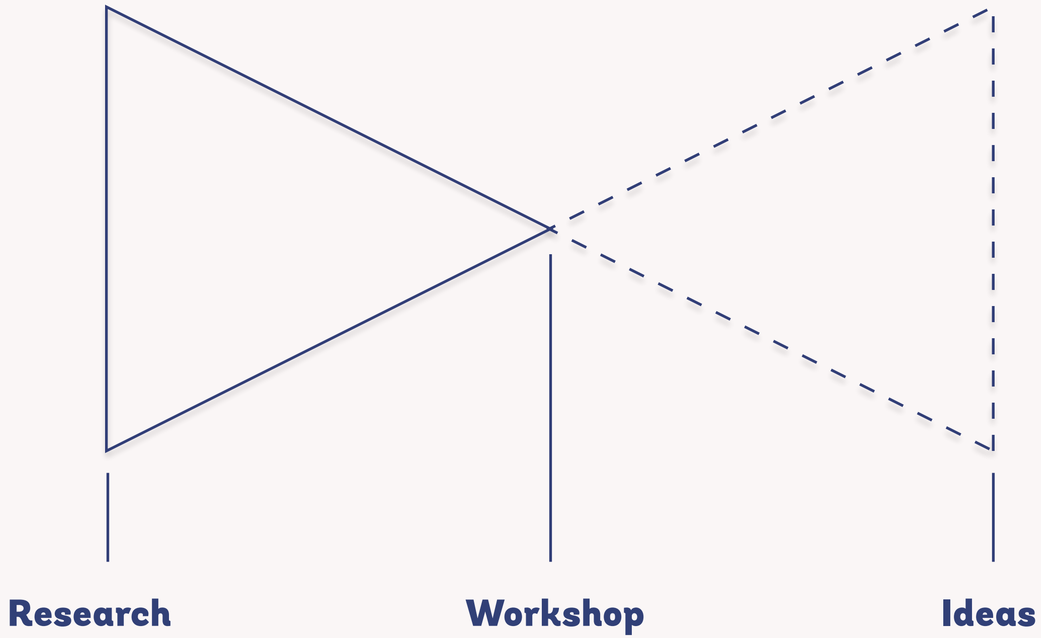
Why Kenya + India?

In seeking to develop new contraceptive technologies that address the needs of women in low-resource settings, the team aligned on Kenya and India as regional 'bellwethers' for (East) Africa and (South) Asia. Selection criteria included a number of factors ranging from economic access to cultural norms and healthcare provision. Kenya and India were strategically selected to generate insights that when compared and contrasted would help represent the broad needs of women in developing contexts and result in technologies that will resonate beyond geographic borders.

> ***Kenya and India as regional 'bellwethers' for (East) Africa and (South) Asia.***

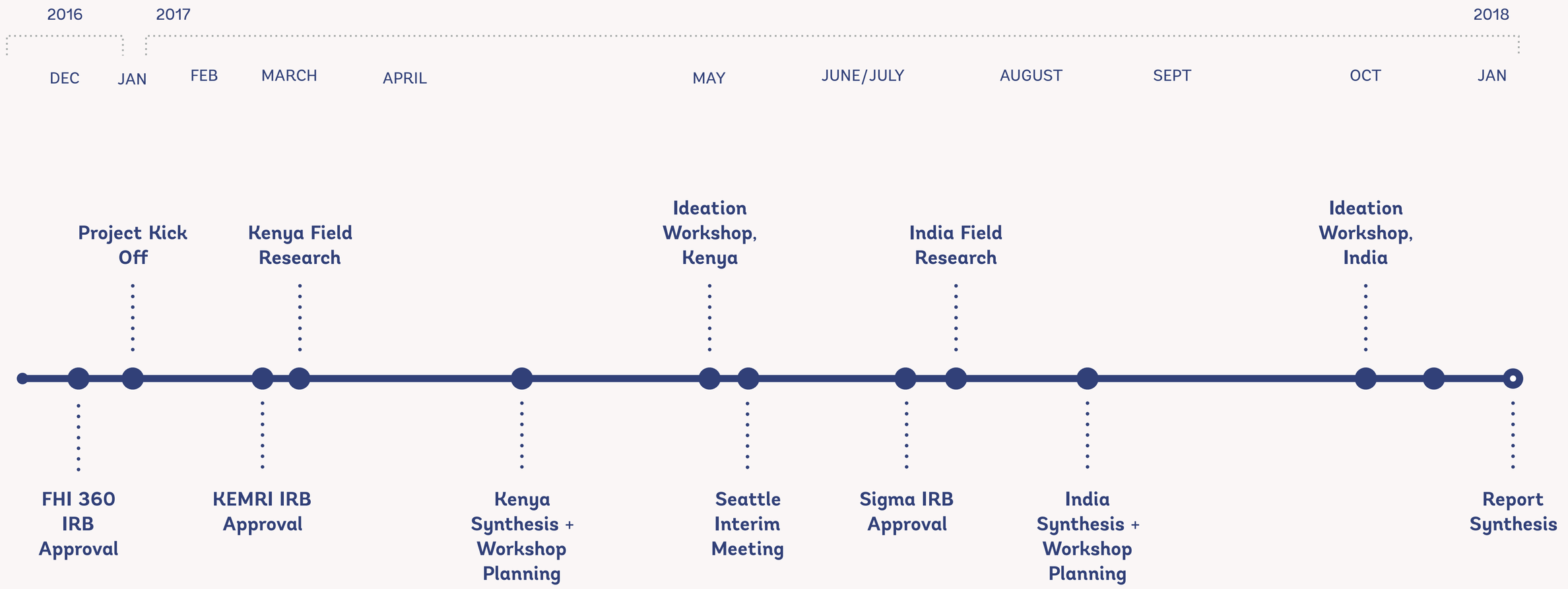
Research -> Workshop

This program followed a simple structure carried out in both countries: an initial field research phase to arrive at user-centered insights, and a second phase, a week-long ideation workshop in which field insights were used to inform and ground idea creation.

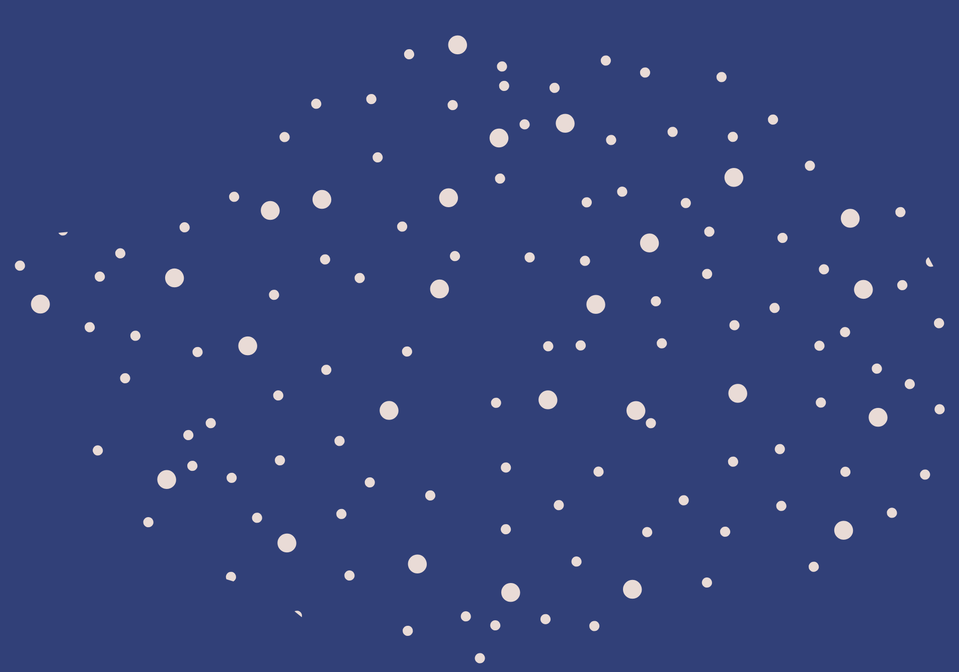


Scope and Constraints

In order to find innovative ideas that built off current user needs but were also future focused, we set a few simple guidelines on how to conduct the research that would later influence idea creation. For one, we wanted to focus on ideas that would improve users' experience, encourage the uptake and use of contraception and still be relevant in a decade or two. Therefore, while current cost and access were not constraints, we nonetheless tried to meet women who had access to a variety of methods as well as women who had difficulty accessing methods. We also met non-users and dis-continuers, along with those who were ahead of the curve in their contraceptive use.

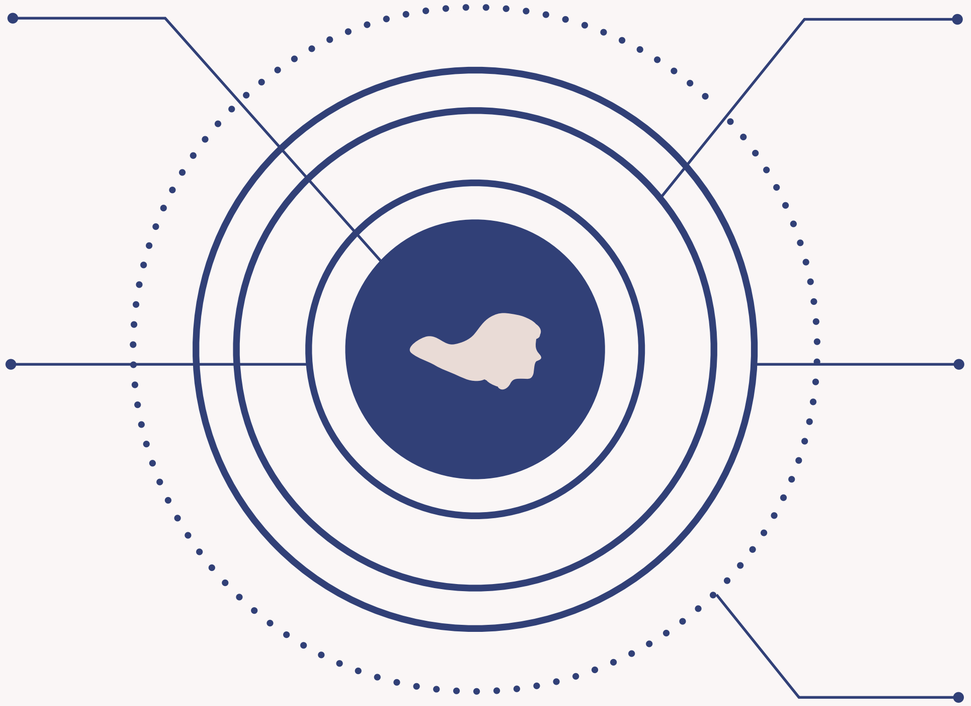

2016
2017
2018
DEC
JAN
FEB
MARCH
APRIL
MAY
JUNE/JULY
AUGUST
SEPT
OCT
JAN
Project Kick Off
Kenya Field Research
Ideation Workshop, Kenya
India Field Research
Ideation Workshop, India
FHI 360 IRB Approval
KEMRI IRB Approval
Kenya Synthesis + Workshop Planning
Seattle Interim Meeting
Sigma IRB Approval
India Synthesis + Workshop Planning
Report Synthesis

Research Approach



Understanding current contraceptive behaviors, practices and unmet needs.

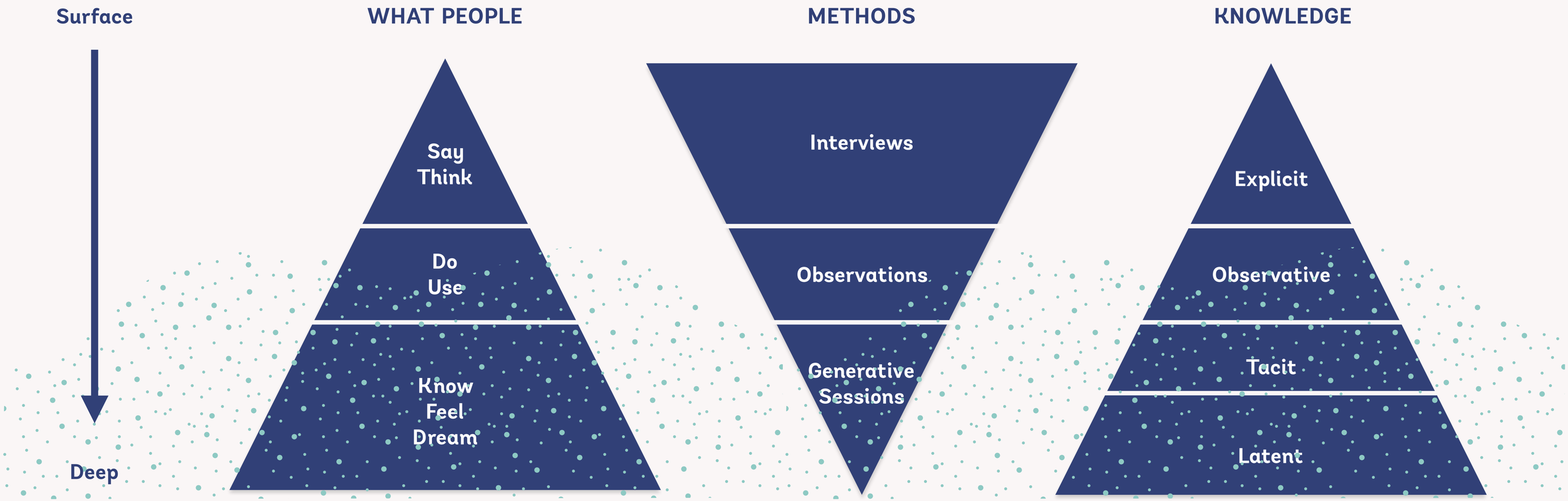
Understanding attitudes, perceptions around sex, birth control and reproductive health.



Understanding the user's domestic ecosystem and support structures within it.

Understanding the user's journey, attitudes and views around family planning.

Understanding their contraceptive and healthcare ecosystem.



For a typical user interaction, the research toolkit would have different tools, techniques and methods to help elicit different kinds of information.

Image Source - Convivial Toolbox

Context Building

Upon kick-off we made ourselves familiar with existing content- this included online research of family planning programs, communication campaigns and recent reports such as the Demographic and Health Surveys (DHS) to get a better understanding of the context of the two countries.

This research allowed us to uncover some meta trends within the contraceptive landscape, which we used later to anchor our research. We were also able to highlight some factors early on that made these contexts unique, which allowed us to go further in our understanding during field research.

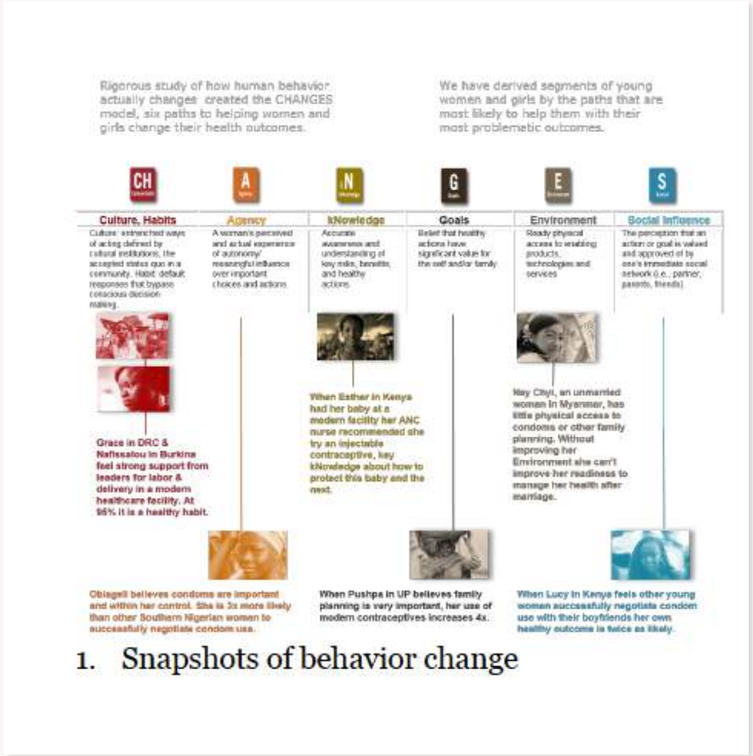
Existing Knowledge

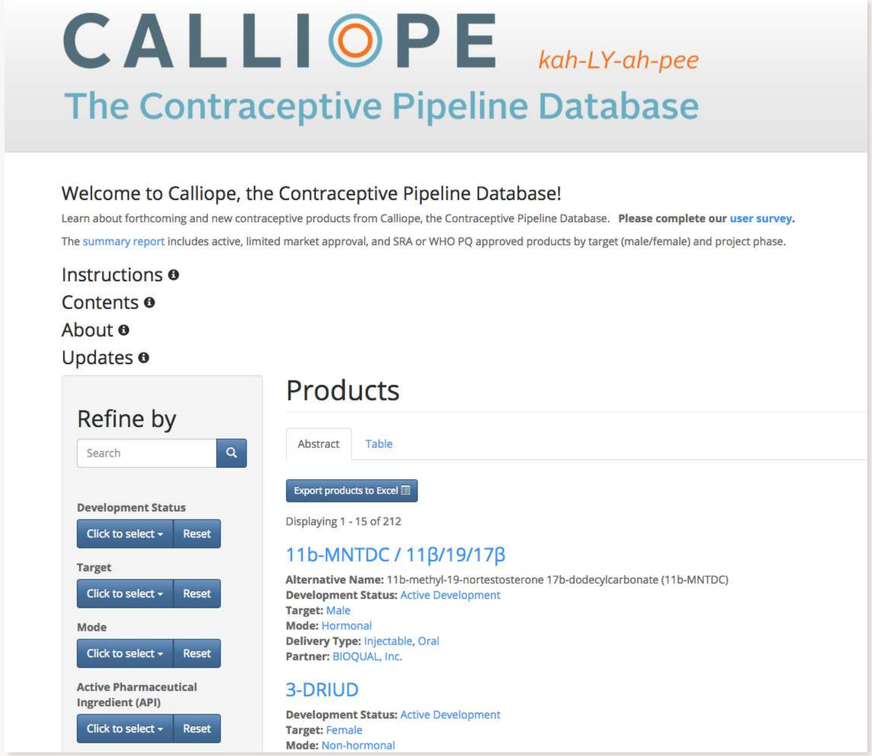
Along with desk research, the team also spent time assimilating learnings from the existing knowledge base of our project partners. Two of these are noteworthy:

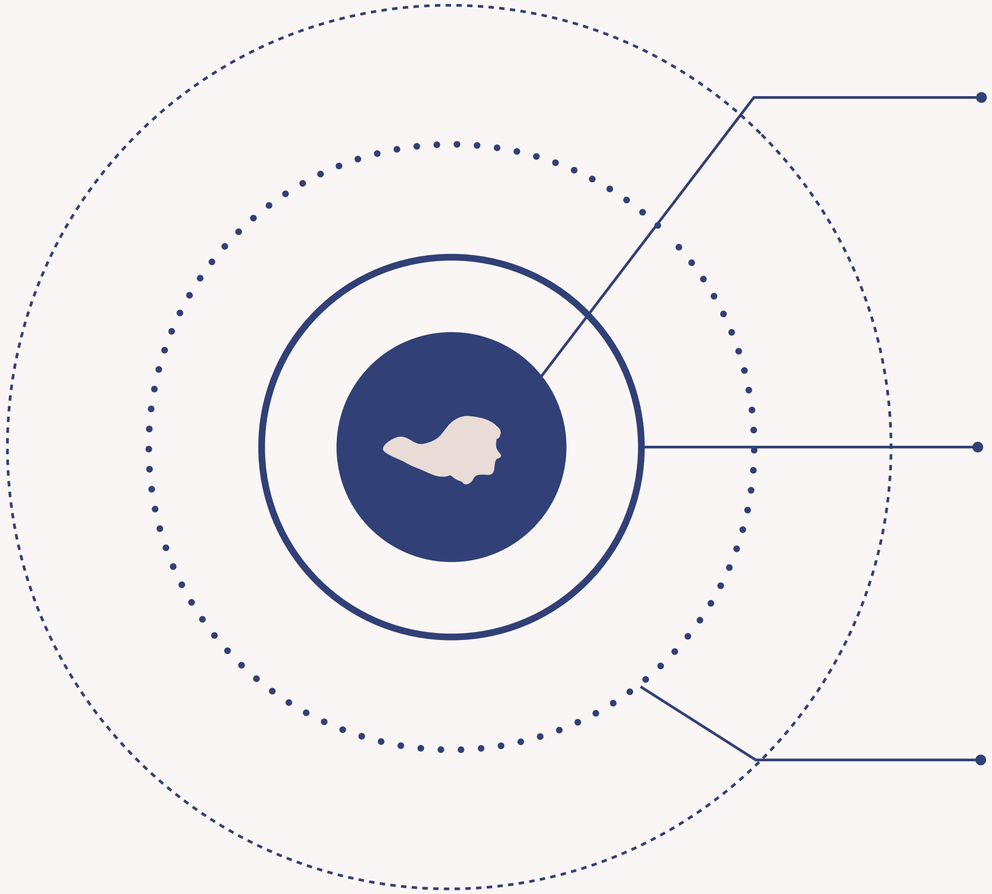
Choosing Health - Published by BMGF - this report introduces a framework for segmenting women and girls by their motivations and barriers for healthy sexual and reproductive behaviors;

Calliope - Created and maintained by FHI 360 - is a comprehensive database of the contraceptive technology pipeline.

Both of these resources, along with others, helped us take some confident steps in the early phases of the project when framing our research enquiries and methods.







Who did we research?

WOMEN (Age 16 and upwards)

Spanning **users, non-users and discontinuers of contraceptive technology**, across various types of demographic profiles, primarily in lower socio-economic segments.

ECOSYSTEM OF INFLUENCERS

Spanning **social** (family, relatives, friends, co-workers); **cultural** (community heads, spiritual leaders, markets); **institutional** (teachers, family planning clinics); **health** (health centers, pharmacists, midwives) and related influencers in their immediate ecosystem.

CONTRACEPTIVE VALUE CHAIN

Macro ecosystem of providers who contribute to last mile delivery of contraceptive technology, communication and support systems - from **women empowerment programs; family planning and contraceptive health agencies**; to different **supply chains** (clinics, pharmacies).

Younger women
(16-24 yrs*)

Women in the midst of
family planning
(25-34 yrs*)

Women limiting their
family size
(35-50 yrs)

* Some of these age ranges applicable to Kenya were revisited for the India research. Also, under the research protocols in India, we could only speak with women under the age of 18 if they were married.

	Traditional Qualitative Socio-Behavioral Research	Human-Centered Design Research
Overall Objective	Generate information and theories about behaviors that can be used to inform design or intervention goals	Arrive at new solutions based on immersive experience of end-user & context
Recruitment	Priority on defining participant categories to ensure data saturation	Priority on identifying a wide range of experiences through the use of rapid flexible processes
Proximity to Field	Immersion by researchers often "behind the scenes" to reduce participant "reactivity"	Immersion by multidisciplinary research team, allowing for immediate feedback
Data Capture	Audio-recordings and verbatim transcriptions preferred	Field notes and rich media assets preferred
Synthesis of Findings	Step-by-step "auditable" process, with emphasis on scientific rigor	Rapid and iterative review of data to generate creative insights
Outputs & Dissemination	Text to convey the content with dissemination in peer-reviewed journals and other formats	Rich media collateral and a toolkit of assets that facilitate empathetic ideation

Learnings from doing research in this space (*and working in this space while doing research*)

Employing a human-centered design (HCD) approach in contraceptive technology research, an area that is typically explored using traditional socio-behavioral (TSB) research methodologies, was not without its challenges. Seeking institutional reviews and ensuring all participants were made aware of the project's aims, methods and intent prior to participation were at times at odds with the fast, flexible and iterative nature of the HCD process. The systematic review and painstaking audit trail generated during TSB research was not always possible given the rapid and embodied nature of HCD, which hinges on the firsthand experience of researchers, real-time/concurrent analysis and detailed field notes in lieu of coded transcripts.

What our process ultimately achieved was a synergistic hybrid of the two approaches, enabling agile responses to realities encountered in the field and the use of creative elicitation techniques, while retaining some of the rigor, ethics and transparency that are hallmarks of TSB. Moreover, for the purposes of ideation, it was critical that user insights were generated, communicated and presented in a manner that had maximum impact on the individuals tasked with ideating. This would not have been possible with a TSB-only approach, the outputs of which tend to be long-form, text-heavy documents that emphasize process and do not adequately engender the empathy made possible by the rich media assets associated with HCD.

Ethics and Consent

The sensitive nature of the research, particularly in the countries and contexts where primary research was conducted, mandated a flexible approach that ensured participant privacy and comfort. The research team endeavored to provide as much detail as possible in advance of interviews and observations as well as at debriefs following sessions to provide any clarifications participants may have sought.

Ethics and Consent

IRB Approvals – To conduct research in Kenya and India, we sought both FHI and local Institutional Review Board (IRB) approvals (e.g., FHI - OIRE, Kenya - KEMRI and India - Sigma) to ensure our approach met local guidelines for the protection of respondents.

In India, the IRB strictly limited our use of identifiable participant imagery to the ideation workshop. As a result, neither this report nor any other materials disseminated outside of the ideation workshops contain photographs of the actual participants we met in India.

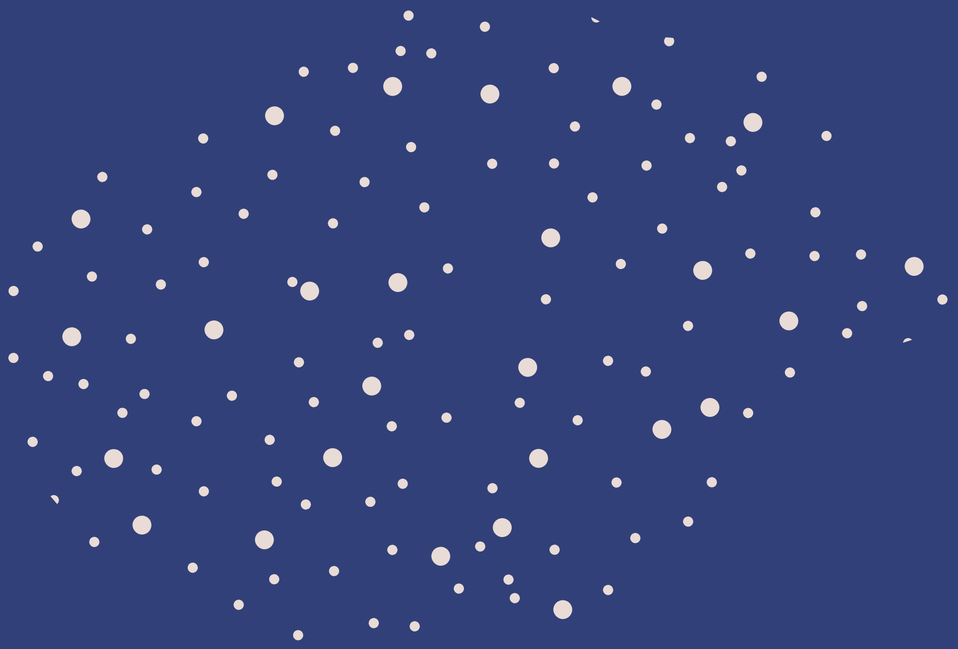
Ethics Training – Prior to the research, our team of international and local researchers underwent research ethics training and certification.

Consent Process – Before each interview and focus group we made sure that we allocated enough time to walk respondents through the consent forms and ensure signed permission. This helped orient respondents to the research, engender trust and empower the respondents to opt out at any point.

For many respondents the research was a positive experience, and they were happy to participate. There was a sense of contributing to something greater than themselves and an opportunity to further women's empowerment.

All photographs used in this report are anonymized and are of users who have given full consent or are of other representative users who were not part of our research.

Field Research



Research Teams

As with any formative qualitative research engagement, it was key for the initiative to harness and capitalize on the contextual knowledge possessed by local communities in as active a manner as possible. Accordingly, research assistants and field coordinators were included in the field teams along with user-centered design practitioners from Quicksand and technical experts from FHI 360. This multidisciplinary approach helped to ensure that a wide variety of perspectives were brought to bear on the research activities.

RA Training Session

The Research Assistant (RA) training kicked off in Kenya and continued in earnest throughout the team's time in-country as well as in India for the following research phase. All of the individuals tasked with conducting research received ethics training as well as sessions on asking open-ended questions, potential effects and breaches, participant well-being, orientation to research processes, working in a team setting, and considerations around appropriate media documentation.

12
Local Research Assistants

04
Behavioral Researchers

03
Local Field Coordinators

04
User-centered Designers

In **Kenya**, we conducted research in **Nairobi, Nakuru** and **Kisumu**. In **India**, the locations included **New Delhi** along with **Kolkata** and **Shantiniketan in West Bengal.**

In both the countries, the locations were picked to allow us access to a range of contexts - across factors such as city size, development stages, occupations, access to healthcare and cultural practices. Nairobi and Delhi, for example, were picked for the big city perspective, whereas Kisumu and Shantiniketan are smaller towns that gave us access to people from rural areas.

Outreach to local organizations for recruitment and leads

The team capitalized on the experiences of other local organizations working in the areas where research was being conducted. This greatly aided in accelerating the acclimation process at locations as well as in identifying salient research participants.

Larger respondent ecosystem

For this project, we did not just meet women across the spectrum from menstruation to menopause. It was instrumental for us to also interview partners, influential community members (e.g., friends, neighbors, coworkers, etc.) and institutional stakeholders (e.g., doctors, nurses, pharmacists, etc.).

Urban / Peri urban / Rural

Other than engaging a variety of stakeholders, the team also conducted the research across a range of settings. The daily realities of residents in urban, peri-urban and rural environments were investigated in order to better understand how income sources, quality of healthcare and other dynamics of women's lives impacted their contraceptive decision-making process.

*Younger Women > Age 16-24**

Women in the midst of family planning > Age 25-34

Women limiting their family size > Age 35-50

Who Did We Research?

Our research primarily focused on women whose needs were not fulfilled by the current portfolio of contraceptive technologies. We also spoke to many women who were already informed about family planning and had agency over their contraceptive use, as a way to get a glimpse into the future.

In addition to end users we also met people from their families, as well as partners and healthcare providers for their perspectives.

KENYA

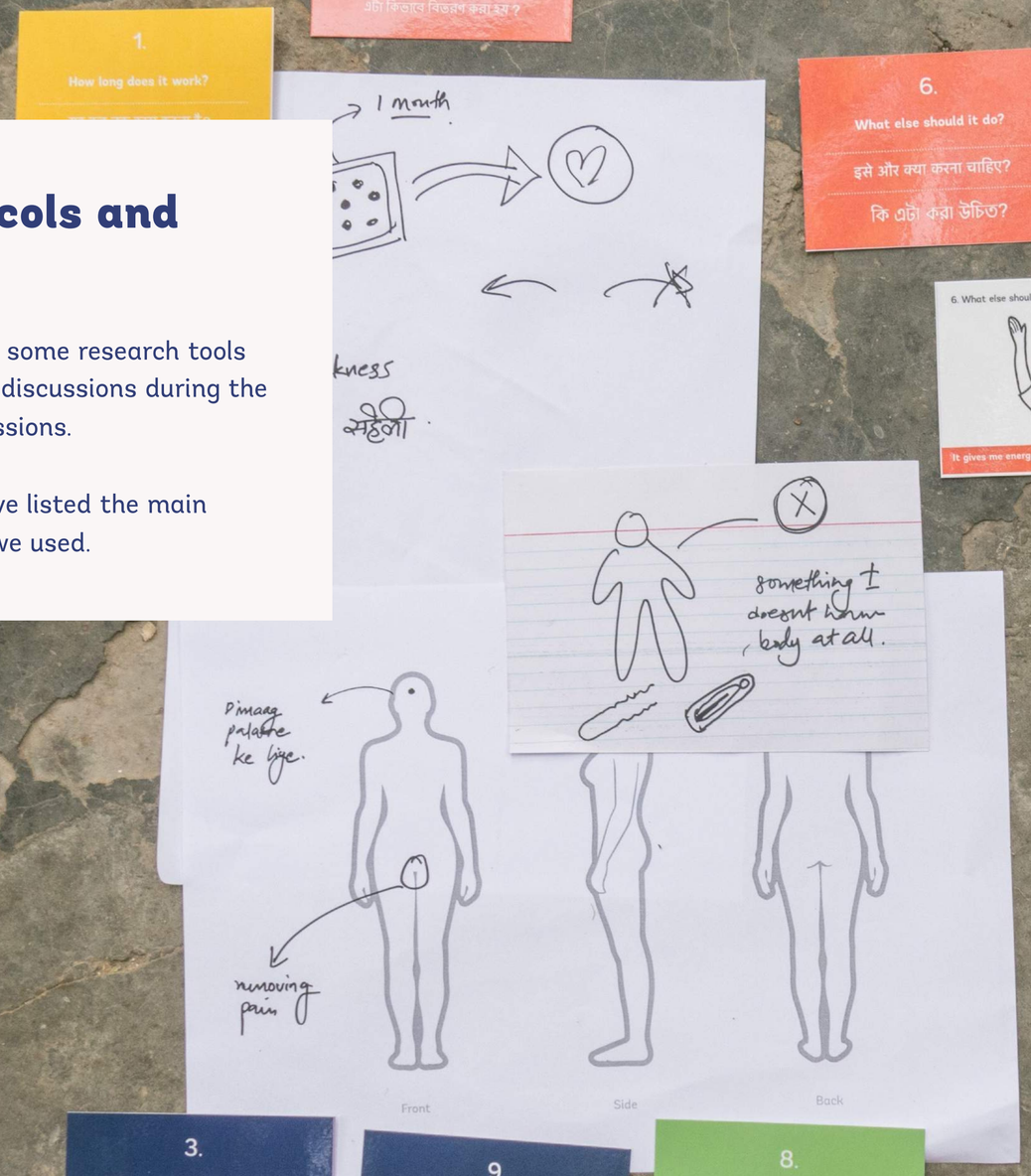
In-depth Interviews	Focus Group Discussions	Stakeholder Interviews	Intercepts
29	**104** in 25 groups	**22**	**31**
27	**96** in 22 groups	**29**	**20**

INDIA

Research Protocols and Tools

Prior to research, we crafted some research tools that would help us facilitate discussions during the various types of research sessions.

In the following slides we have listed the main research formats and tools we used.



In-home Interviews

One-on-one discussions with women about their experience using contraception

Focus Group Discussions

Group discussions on contraceptive use and ideal products

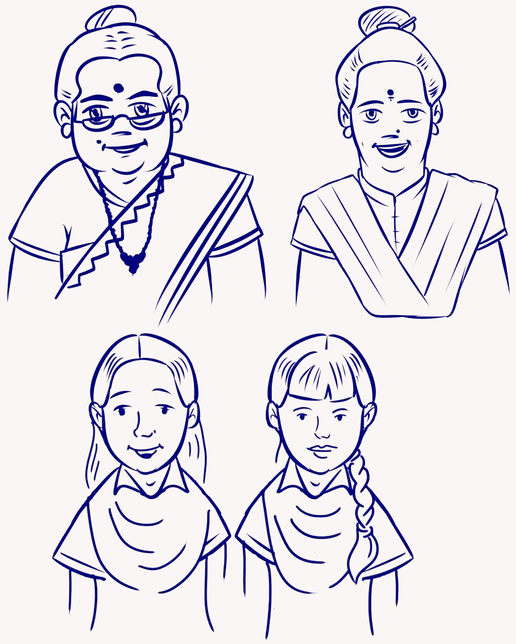
Context Visits

Context visits to gain a better understanding of the environments within which women live, work and access health and family planning services

Intercepts

Intercepts or brief interactions with different members of the communities we visited to get a sense of prevalent social and cultural norms and practices

Morning → Afternoon



Separate in-depth interviews with the school principal, a teacher and two school girls

Intercepts with school girls and boys, neighborhood pharmacists and “chip” shop vendors

Contextual observations outside of school and surroundings, observations of youth groups

A focus group with school girls after school.

In-depth interviews

In-depth interviews provided insights into the everyday lives of women and how contraceptive(CT) use could come to impact them and their communities. We prepared various card decks to facilitate the discussions; some were about identifying values and acceptable trade-offs and others attempted to create proxies to make the discussion less personal but that would still give valuable insights around women's preferences and experiences with CT.

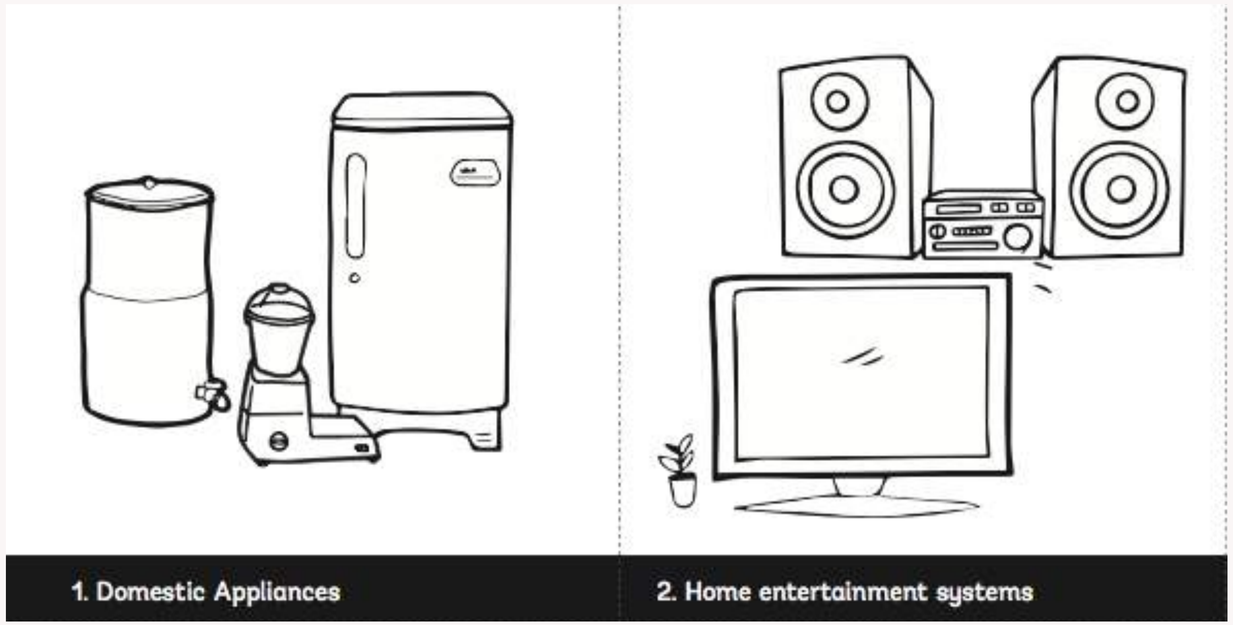
TOOLS USED

Influencers cards
Situation storyboards
New concept stimuli
Aspiration cards
Timeline exercise

INFLUENCERS CARDS

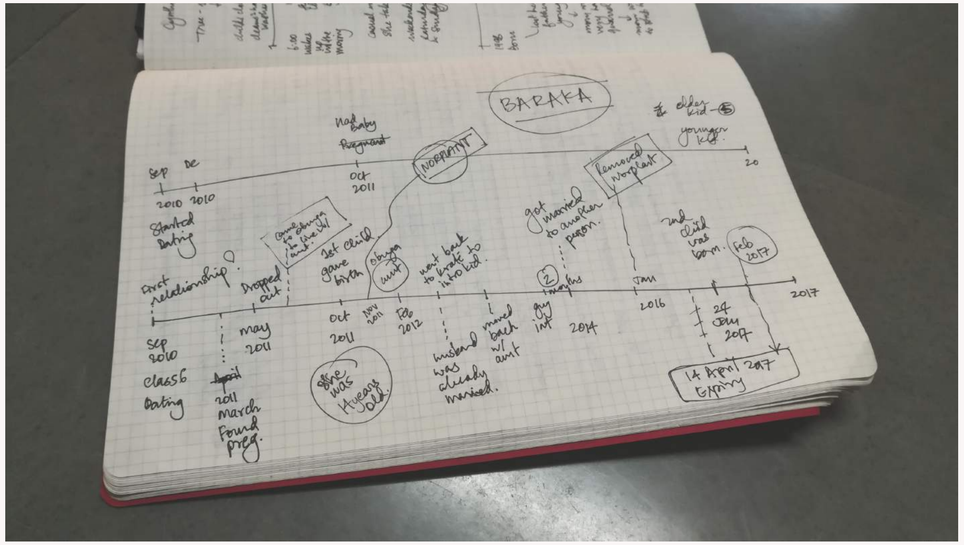
Illustrated influencer cards, composed of different (primary, secondary and tertiary) influencers from the users' context to understand how women we spoke to made decisions, and who influenced them.

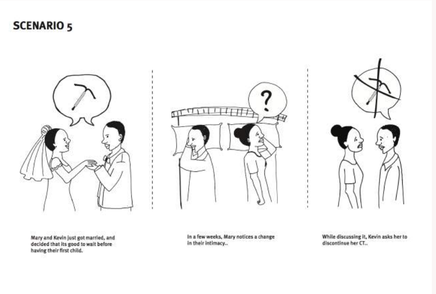
For India, we updated the deck, changing the illustrations as well as some of the potential influencers based on our secondary research.



ASPIRATION CARDS

Aspiration cards were used to better understand the ways in which respondents prioritized their needs for the future. These were an illustrated set of cards with different objects and scenarios that users may wish to have. It helped start conversations around what they valued and aspired for individually as well as for their families, and what they were doing to achieve these dreams.





TIMELINE EXERCISE

The purpose of this activity was to aid our conversation with the respondent about their reproductive journey from menstruation to menopause. Starting with a broad timeline we managed to add more richness to the timeline as the interview progressed. Having a timeline in front of the respondent greatly helped both the interviewer and respondent to identify key inflection points, gaps and specific aspects for further discussion.

SITUATION STORYBOARDS

Situation-based scenarios around sensitive topics such as sex, marriage, relationships and family planning were presented to help users articulate their mental models through fictionalized characters. These were especially useful when talking to adolescents and younger women who felt uncomfortable discussing sexuality and reproduction.

These differed between Kenya and India depending on topics that were found to be sensitive or difficult to broach in both contexts, based on secondary research, expert opinions and iterations following some preliminary fieldwork.

Focus Group Discussions

Focus group discussions were used to gather information about societal perceptions, practices and collective beliefs around community life, health as well as family planning. Tools such as image association cards, future scenarios, contraceptive library and make your ideal CT cards helped facilitate conversations around awareness, experiences and needs around contraception.

TOOLS USED

Influencers cards
Situation storyboards
New concept stimuli
Aspiration cards

IMAGE ASSOCIATION CARDS

Different sets of cards (nature / emotions / abstract) to aid conversations, especially when diving into embedded notions or abstract emotions around CT use, family planning, users' lives, etc. These were used as ice breakers to understand the users' perceptions of themselves, their CT experiences and their ideal methods.

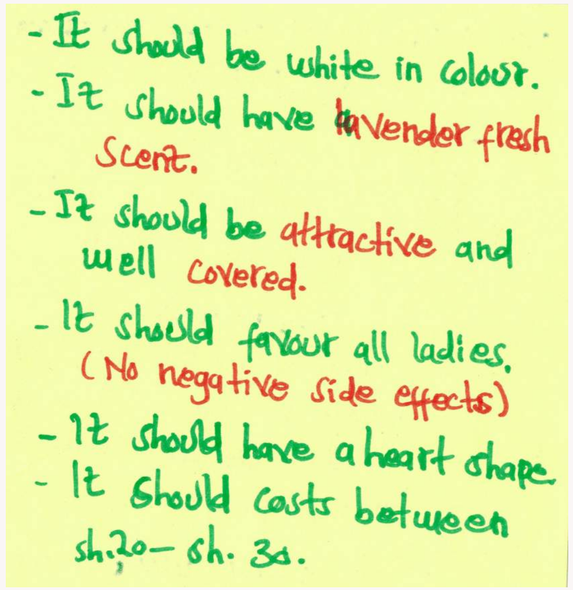
The images used were different for Kenya and India in order to fit the contexts so that respondents were able to relate to them more easily. This also gave us a sense of pre-existing notions around certain settings, animals and emotions that gave some insight into the respective societies.

Context Visits

Context visits to hospitals, clinics and everyday settings allowed us a better understanding of the environments within which women live, work and access health and family planning services. Interacting with providers helped us understand their perceptions, biases and limitations with regard to the services they offer. In some situations, we were able to use tools like the Make Your Ideal CT and Future CT Scenario Storyboards to better facilitate these conversations.

TOOLS USED

Make your ideal CT
Future CT scenarios



MAKE YOUR IDEAL CT CARDS

These were a set of cards with features of contraceptive methods to allow respondents to create an ideal method for themselves and to help us understand unmet needs and features that women desire from a method.

These acted as a vital tool to facilitate conversations around what women felt were missing in the current products. While it worked very well with those more familiar with contraceptive use, it was difficult to navigate for women with lower awareness and use experience.

FUTURE CT SCENARIO STORYBOARDS

Storyboard scenarios around new 'fictional' contraceptive technologies were created to evoke user discussions and contextualize their unmet needs.

These became a way to segue into conversations around what respondents felt was lacking in currently available methods as well as to get their inputs on what they desire from contraceptive methods in terms of how they are delivered, where they can be accessed, how long they last, etc.

Intercepts

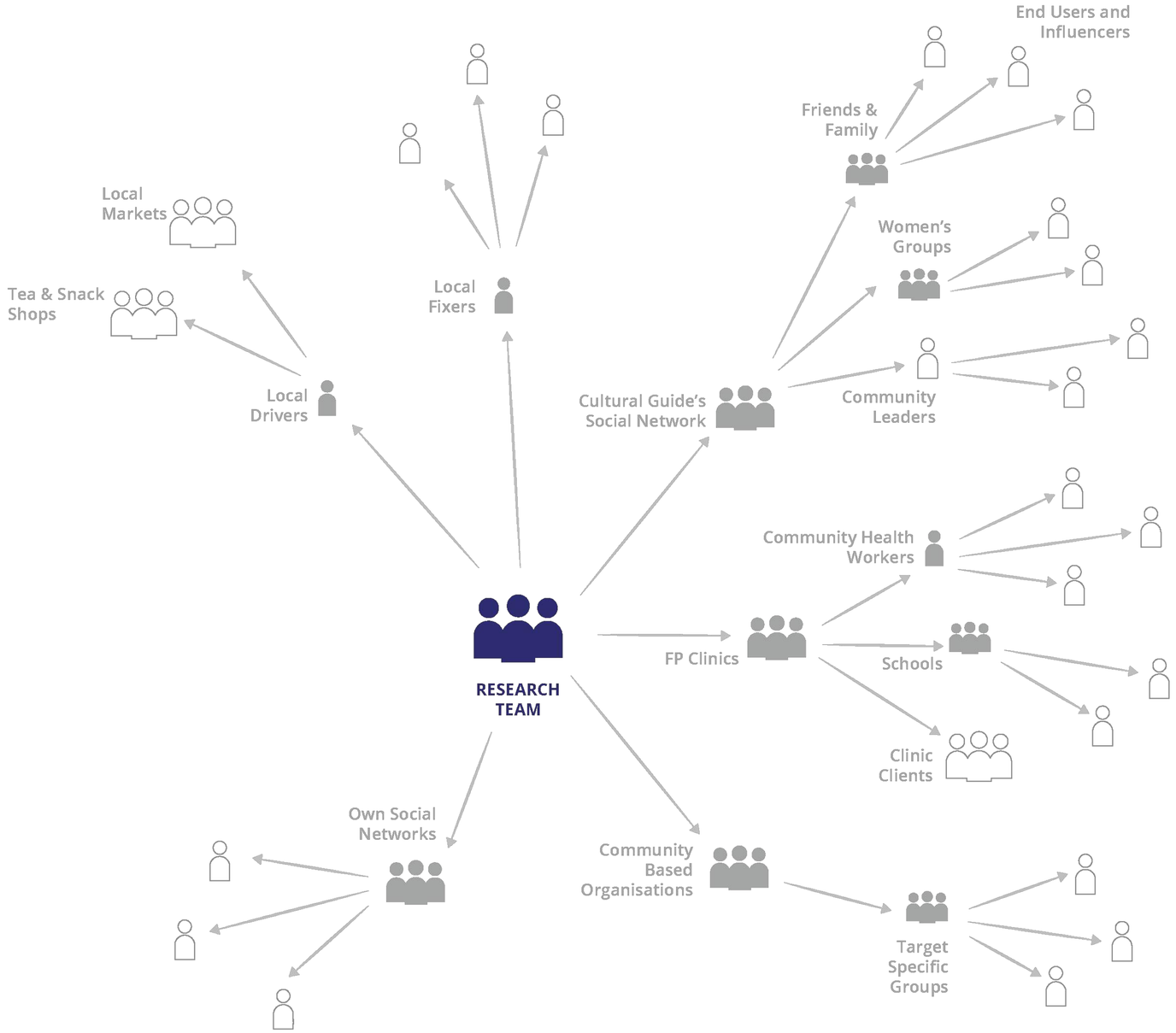
Intercepts or brief interactions with different members of the communities we visited were used to get a basic sense of the workings of the society. While not focused on issues of family planning or contraceptive use, these helped us understand societal perceptions around issues such as gender roles, healthcare, daily rituals as well as the day-to day life of the community.

TOOLS USED

Snowball sampling

SNOWBALL SAMPLING

Conducted informally, the snowballing process gave us access to unique point of views from people we met in the field who might have been hard to reach or recruit otherwise. Some of the intercepts conducted using this method resulted in in-depth discussions.



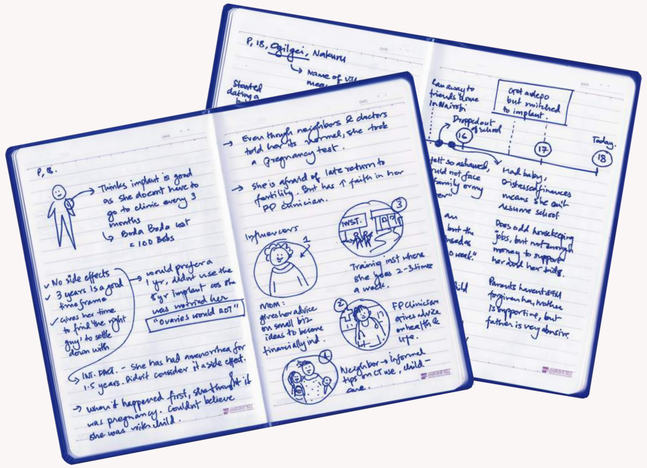
Synthesis

The synthesis took place in multiple parts, one happening in the field after interviews and through daily debriefs while the second happened in a larger multidisciplinary group of researchers and designers during which observations were grouped and consolidated via affinity mapping into tangible insights.

TOOLS USED

Audio-recordings
Note cross-referencing matrix
Affinity mapping

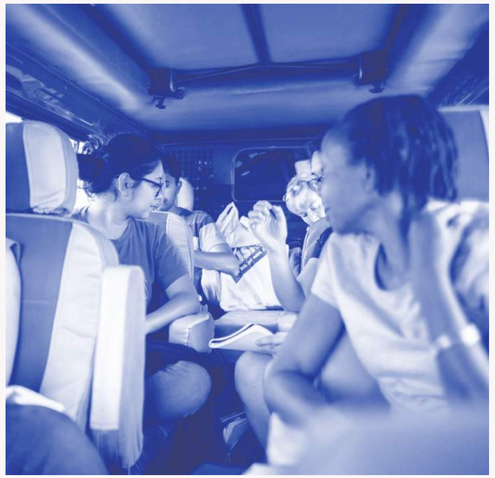
Note-taking during in-depth interviews and focus group discussions



Expanded notes and matrices that capture team members' notes on each interview, intercept and focus group discussion.

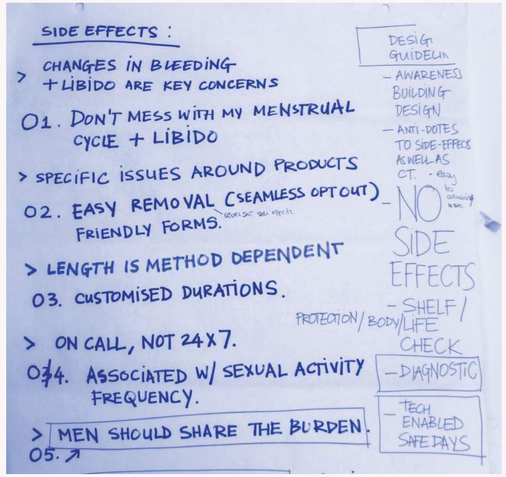
Meeting together at the end of the day to discuss and capture key findings. These team debriefs were a critical aspect of data collection.

User Overview	About the respondent				Relationships					Support systems	Birth control					User Jou
	Typical day	Education/ Job	Rituals/ ideal way to relax	Any other relevant information	Relationship status	Children	Intimacy	Aspirations	Pregnancy and childbirth	Who are their support systems?	perception towards reproductive health	family planning	sex	contraceptive use	knowledge about different methods	HIV knowledge	Sexual initiation t family siz
Josephine (29 years) married mother of 2 lives in Nakuru town with her parents and her husband and children. She is a small town like house from Nakuru. Josephine's daughter lives with her parents in the village because the town centre her husband once a week on sunday.	She wakes up early in the morning around 5:30 a.m. Household staff are given to the shop by 5 AM. She then goes to the kitchen and then she goes back home to her daughter in the village. She lives in a busy area where there are many wholesaler and retail shops. She is the owner/ operator of the shop. Before the baby. Before the baby, she used to be in her shop from 8 AM and then to maternity.	She completed high school and college later on. She is currently not working. Previously, she was a teacher.	Rides the bid, she had been saving up money to go out for lunches, movies and swimming. She enjoys church/church's football activities.		Met her first boyfriend (her husband) in primary school. They became friends after they met in class 7 and her first baby soon after high school.	They have 2 children (him is 6 and girl is 2 years old). Daughter lives with mom, son lives with Josephine and him in Nakuru. Husband lives alone in Thika.		Aspirations: After her first child, she had a lot of stuff married twice both of them didn't find very helpful. Her husband helped her with education.	Pregnancy and childbirth: First child was unplanned and it was right after high school.	Who are their support systems?		family planning: She found a lot of myths around contraceptions so preferred to use natural contraceptives. She said: "I was using a calendar to keep track of my periods"		contraceptive use: **"I am forgetful, so it's better to use a method that is easy to use and I don't forget"**		HIV knowledge	Sexual initiation t family siz
	Her day off is on sunday. She listens or sat evening to Tilisa, to meet her husband and children on the end weeks. On sunday they all go to the church. "I am not very religious"	Shop was setup 3 months ago. She has her brothers who influenced her to set up a shop. Both her brothers are hawkers.	"Unskilled" - a shop that sells all kinds of merchandise. It's an upgrade of a normal Hawkers shop.		Compared to her peers in school, she was an exception in terms of relationship. She said: "Most of the girls don't end up marrying the guy who got the pregnant."			"I want to be settled" she wanted her business to do well.					after her second child, she spoke to her husband and Elora they decided to use contraceptives to avoid. She spoke to her pharmacist to get advice on methods and she suggested the pill.			
	She rammed a bit worried that the shop was not picking up as she wanted get. She went to hospitality training college after high school. Her father and parents helped her with college education.				"I am lucky to have married the guy who was the father of my son." She is hoping that soon all of them can live together as a family and they want to buile a nice some money				She had her second child after marriage and it was planned. She is currently pregnant and has happened while she was on implants				She got the implant in This is a dispensary as advised by her friends. She said that she is a very quiet and painless. While on implants she had 2 side effects: weight gain and bleeding. at one point she also experienced depression. She is one who decided to check with her husband before to go to the main hospital. After seeing Josephine, her pharmacy Nurse advised her to get a pregnancy test. She thought it was a joke but went to the hospital and tested it. She was surprised when she found out that she was pregnant. She said: "I am positive. she doesn't know what happened with implant, she looks like she has been exposed to alcohol. She was furious and very angry that this method failed" she said she would never use contraceptive again			
Observations: she could be an older sister/mentor figure - Yvonne, Nakuru, 5'5	She has a six months old baby girl. Before getting motherhood, her day starts at 5:30 AM. Her husband and her school would drop her baby. Before the baby, she used to be in her shop from 8 AM and then to maternity. There is no waiter in the area but she feels comfortable with the landlord who buys water for them. The place she lives in is not safe in the area but one lot of people moved here and the wall was put around the area. She lives are many new constructions and some people are moving in and set up food stalls for the building workers. Her husband's family owns 200 acres but 5 members! Apart from the water issues, they seem very happy with their life.	She completed high school and college later on. She is currently not working.	Rides the bid, she had been saving up money to go out for lunches, movies and swimming. She enjoys church/church's football activities.	**She is very religious person, goes to church every sunday**	She met her husband in primary school and soon after, the high school they had a baby (twin, who is 2) now! They didn't want to get married because they were financially unstable. They got married almost 5 years after the baby. Even During the 5 years, both of them were dating other people(aged) but Rashed. Rashid went to Dubai for 2 years and during this time - following relationships (ex-Mark) but he came back after 2 years. Rachel's husband reached out to her family and proposed. Then they decided to get married.		"**I am not a big football fan but I support my husband.**" There is a big football fan in the wall among other things. Her son is also a big football fan he supports manchester united	Like her mother, she wants to be a successful business woman. she stopped going to school after the last two std.	She sacrificed a lot of things for the baby. She had a lot of unplanned pregnancy but they decided to keep it. She is taking care of the baby and business to look after the baby.	**Main advices on all things related to** finance, relationship and **marry** many kids. she had 7 kids! Husband advises on things related to finance Her friend (also a nurse) who met her in the church advises on	who had 7 unplanned pregnancy recently and the first one after school was a surprise. After the others were planned		over the last 10 years she has had 7 children (twins, 2 sets of twins, 1 others) overdose. 1,2,3,5		it is the public hospital they said "implants banned with hormones but ILD doesn't hamper with hormones. When using Implanon she used to get headaches and bad dizziness	Word of her contraceptives knowledge comes from her nurse friend. Fill any point her knowledge about other contraceptives is limited to calendar method			After having Sian in 1994 she spent 4 years without getting pregnant. During this time she was actively trying to get pregnant but she had a few miscarriages and she was told that she would never be able to conceive. She was very happy when she found out that she was pregnant with Rachel. She was very happy when she found out that she was pregnant with Rachel.
Rachel, 47 years old is a college graduate and a businesswoman. After her 4th kid she decided to stay at home to take care of the baby. Her husband is a retired coach. He also takes care of her business now.																

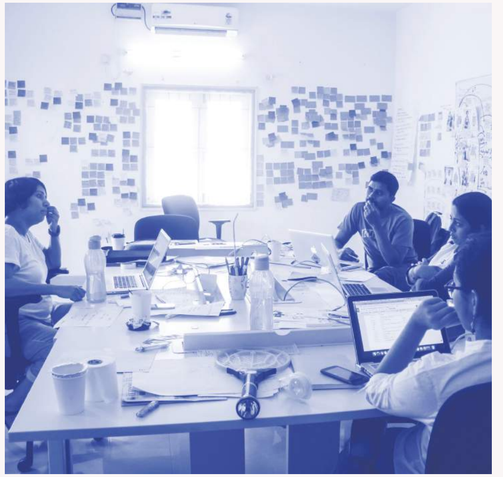


Daily debriefs and en-route downloads among members of the larger team to expand notes and distill formative insights across the three groups.

Interim synthesis to refine research protocols and cross-reference emerging insights across target groups.



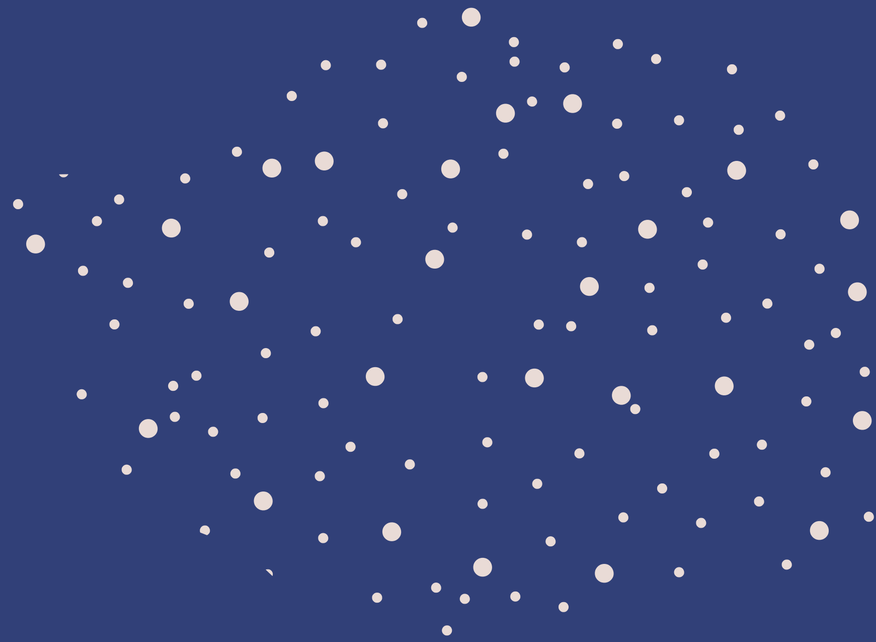
End synthesis to arrive at high-level insights, personas and opportunity areas.



Workshops to refine and represent field data into ideation workshop stimuli.

1. Ideal Contraceptive (CT) Quotes
2. Current CT Experience Quotes
3. Emerging Personas
4. Distilled CT Experience Map
5. Circles of Influence Map
6. Insights Deck for each group
7. Key Influencers Cards

Ideation Workshops



01

Come up with **new disruptive ideas** in contraceptive technologies for women

02

Emphasize the **value of human-centered design** to the field of contraception

03

Cross-pollination across diverse fields - from family planning, technology, design, health to gender studies.

Ideation Workshops > Kenya Workshop Overview

Be GIRL
THE GIRL EFFECT
BSR
The Business of a Better World
PATH
cycle
TECHNOLOGIES | Brilliantly Simple™
JACARANDA HEALTH
RTI INTERNATIONAL
THE KINSEY INSTITUTE
for Research in Sex, Gender, and Reproduction®
Kasha
DESIGN WITHOUT BORDERS
MedImmune
UNIVERSITY OF WOLLONGONG AUSTRALIA
HPA HIGHPOINT ASSOCIATES
innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University
well told story
MARIE STOPES KENYA
Children by choice, not chance
FAMILY HEALTH OPTIONS KENYA
WCG
WomanCare Global
Sustainable Healthcare
SWINBURNE UNIVERSITY OF TECHNOLOGY
World Health Organization
MatCH Research Unit
A division of Wits Health Consortium
Department of Obstetrics and Gynaecology
KENYA MEDICAL RESEARCH INSTITUTE
KEMRI
D-Lab
DESMOND TUTU HIV FOUNDATION

Ideation Workshops > India Workshop Overview

PHSI
SERVICE THAT SHAPES LIVES

Wadhwani Initiative for Sustainable Healthcare
WISH
Scaling up innovations
Transforming healthcare

IDEO
.ORG

RE-IMAGINING FUTURES
TISS

PATH

USAID
FROM THE AMERICAN PEOPLE

UNC NCSU
BME
BIOMEDICAL ENGINEERING

USID
india FOUNDATION
Bringing UX Community Together

MARIE STOPES
VIETNAM
Children by choice, not chance

embryyo

Jatan
JATAN SANSTHAN
Working with young people

psi
India
Healthy lives. Measurable results.

PREGNA
INTERNATIONAL LTD.

innovating to save lives
Jhpiego
an affiliate of Johns Hopkins University

intellecap
InnovationLABS
SCALE FOR IMPACT

Pathfinder
INTERNATIONAL

TEVA
TEVA PHARMACEUTICAL INDUSTRIES LTD.

UNFPA

LANGER
LAB

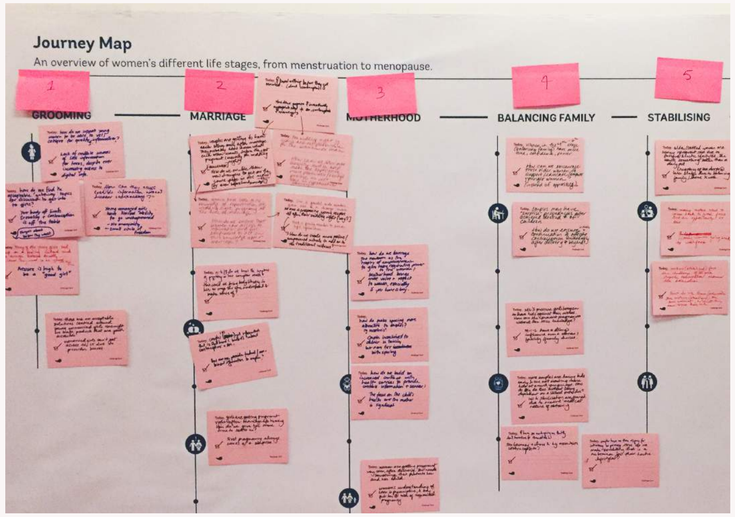
YLabs

Ideation Room

User-centered design is powerful because it attempts to give those benefiting from whatever is being developed a literal voice in the design process. This is inordinately valuable both for the team conducting primary research and for the team endeavoring to facilitate that same vibrancy through the development of interactive workshop collateral to stimulate the ideation sessions. This effort to keep the voice of the user present, and prominent, in the room allows all ideas to be tempered against the user's realities.

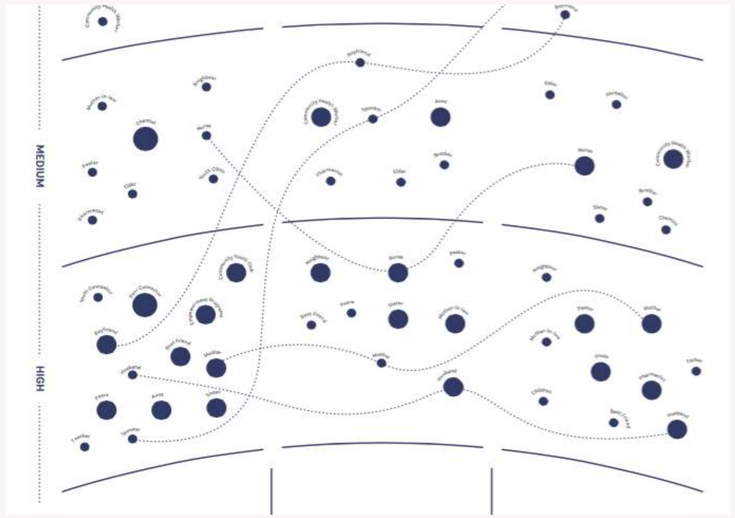
STAKEHOLDER WALL

One of the most visual parts of the workshop materials was a variety of portraits, context imagery and other relevant photographs to help bring to life a wider context for the workshops.



JOURNEY MAP

The CT Journey map is a format we prepared for the India workshop in which we captured an array of touch points, sometimes contradicting each other, to show the breadth of experiences women can face when dealing with CT. A second map was printed, and participants were invited to add their own challenge cards to it, mapped on the chronology of women's journeys.



INFLUENCER MAP

Directly pulled from the influencers card exercise from the field, the influencer map helped show the network of influencers and stakeholders involved in women's CT decision-making.

CT METHODS TABLE

As a great way for participants to engage with and discuss CT options, this table displayed a variety of CT methods encountered in the field. It was presented with a CT quotes poster that provided user feedback and stories tied to each method.

CT QUOTES

The CT quotes poster provided a straight-forward view into the benefits and drawbacks that available CT methods offered to users, based on quotes collected during our research.

FATTA BOX

Fatta Boxes or inspiration tool boxes were curated and exhibited at the workshop. These contained a range of products and items we had come across in the field - from lotions to magazines to hair extensions. This display helped bring to life the women we were seeking to be inspired by and their environments.

I think it's a really important benefit to the field to be able to get all of these people with different experiences in one location to ideate and to think about the development of future technologies. My favorite moment has been interacting with all of the technical experts that you've brought together at this workshop and really listening and learning about a lot of the fields that I have less experience in.

Kevin Peine, USAID

Workshop Walkthrough

The workshops were constructed in a series of complementary phases that not only introduced the participants to the realities faced by the women we met, but also helped them systematically make sense of the information for current and future needs. These phases did not always manifest through chronological sessions, but the workshops followed this overall structure.

Phase 1

Immersion

Phase 2

User Profiles + Challenges

Phase 3

World Building

Phase 4

Idea Generation

SESSION 1

Intro to the workshop
Why Kenya/India?
Expert Inspiration Sessions

SESSION 2

Cultural Immersion

SESSION 3

Headlines Exercise
Research Debrief
User Needs & Challenges

SESSION 4

Idea Generator
World Building
Ideation around User Needs
Refresher on User Needs
Concept Refinement

SESSION 5

Open-floor Share-out
User Challenge Stories & Role Playing
Portfolio Consolidation
Voting on Top Ideas

SESSION 6

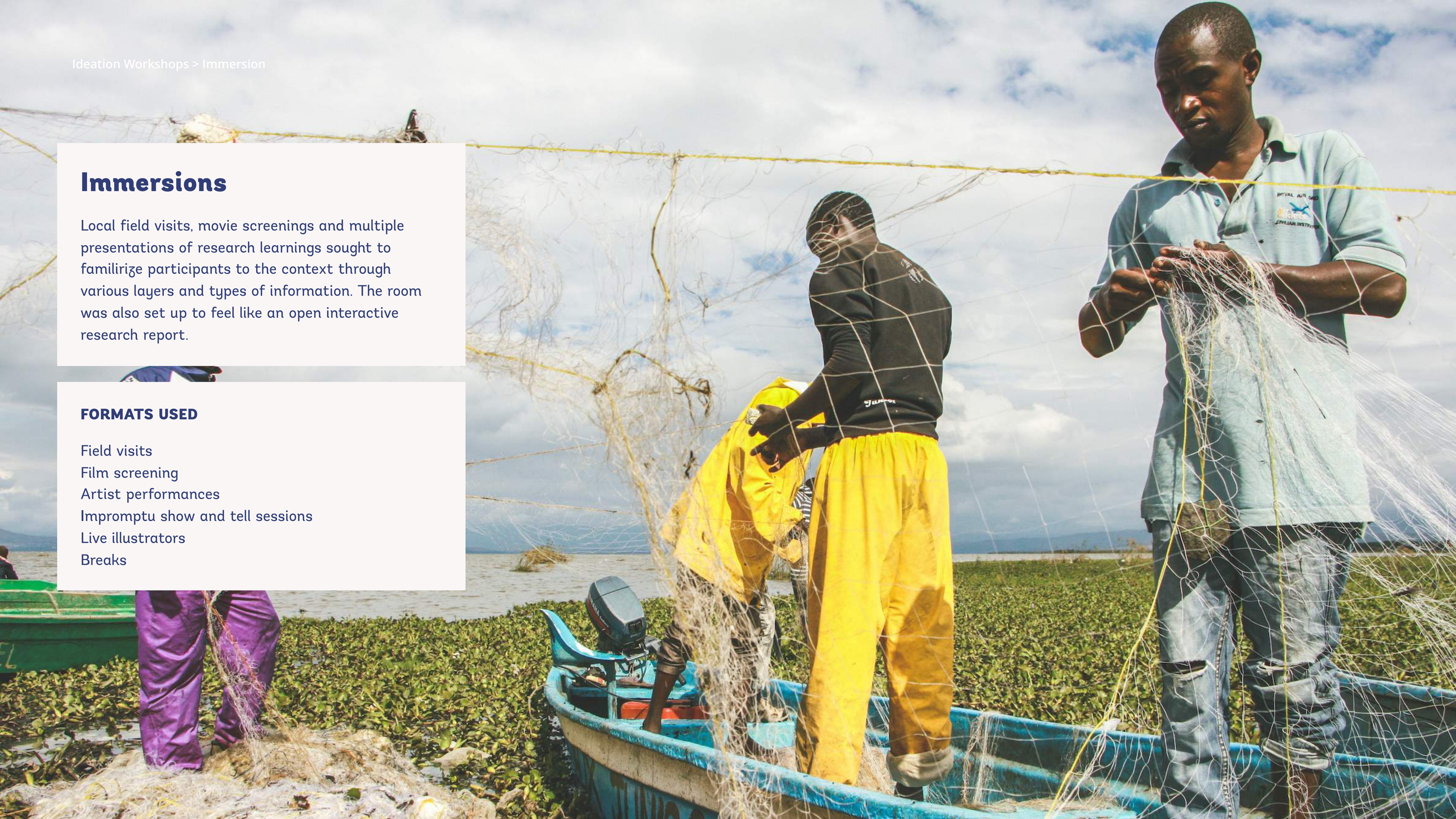
Final Concepts
Concept Feedback with Users

Immersions

Local field visits, movie screenings and multiple presentations of research learnings sought to familirize participants to the context through various layers and types of information. The room was also set up to feel like an open interactive research report.

FORMATS USED

Field visits
Film screening
Artist performances
Impromptu show and tell sessions
Live illustrators
Breaks



FIELD IMMERSIONS

Early on in the workshops, participants visited neighboring markets, villages, communities and hospitals; sites determined in advance to get them to better understand the contexts and everyday challenges faced by the women.

ZINE

We also designed a series of booklets for the participants bringing together stories, family planning ads and other fun but relevant snippets of information.

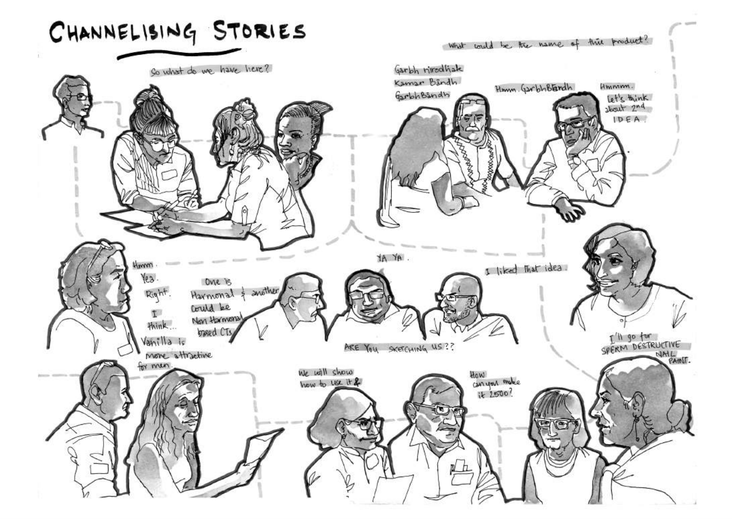
FILM SCREENING

In both the India and Kenya workshops, we screened films that were picked to shed a different light on the context. These films were not direct evidence but helped spark the imagination of participants and inspire them in new ways.

PERFORMANCES

Workshops have a tendency of becoming monotonous and repetitive in spite of the collective enthusiasm of the group seeking to create change. The fact that real ideas are generated outside of the intended sessions is often overlooked. Coffee breaks, cab rides, dinners, gallery visits - these interstitial spaces (a term coined by Hans Ulrich Obrist, a curator) are essential to creating the right settings for serendipitous conversations and meaningful collisions among participants.

We curated interstitial activities and moments- evening performances by local artists, movie nights, inspiration talks, impromptu show and tell sessions as well as many small breaks- in an attempt to create as many 'in-between' spaces within the ideation workshop.



LIVE VISUAL DIARY

Another way to maintain enthusiasm in the group was to have the event documented live by illustrators who alternated between documenting the event and sessions and facilitating discussions between participants by visualizing the ideas being discussed.

"Having that many local participants in the room who could say, 'Well, this is what I know because I grew up here, this is my life', really just puts a different spin on things."

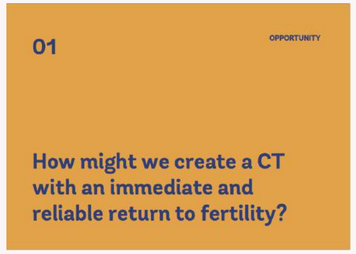
Mary Aikenhead, BMGF

User Profiles and Challenges

User needs are at the heart of any HCD process, and we made sure that we found compelling ways to immerse in new learnings and nuances during the workshop through a variety of activities and games like role plays, journey maps and persona cards.

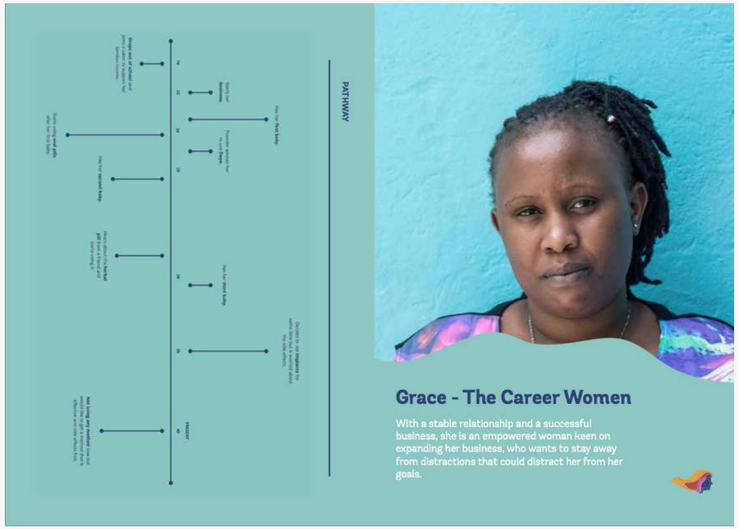
FORMATS USED

Diary pages
Journey maps
Challenge cards
Challenge scenarios



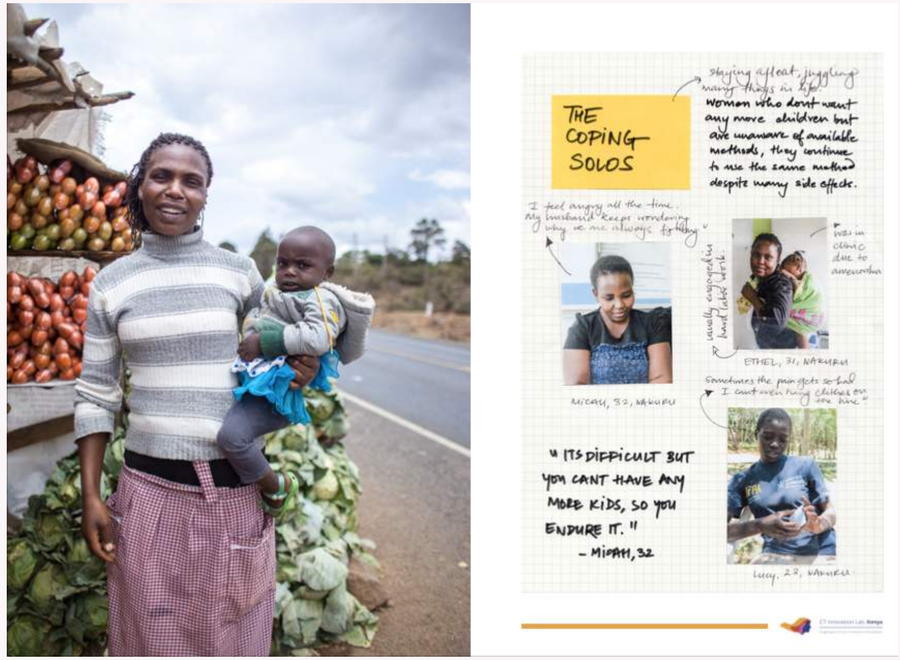
CHALLENGE CARDS

We created a deck of cards on which we captured key challenges faced by users we had spoken to, as potential ideation prompts and provocations.



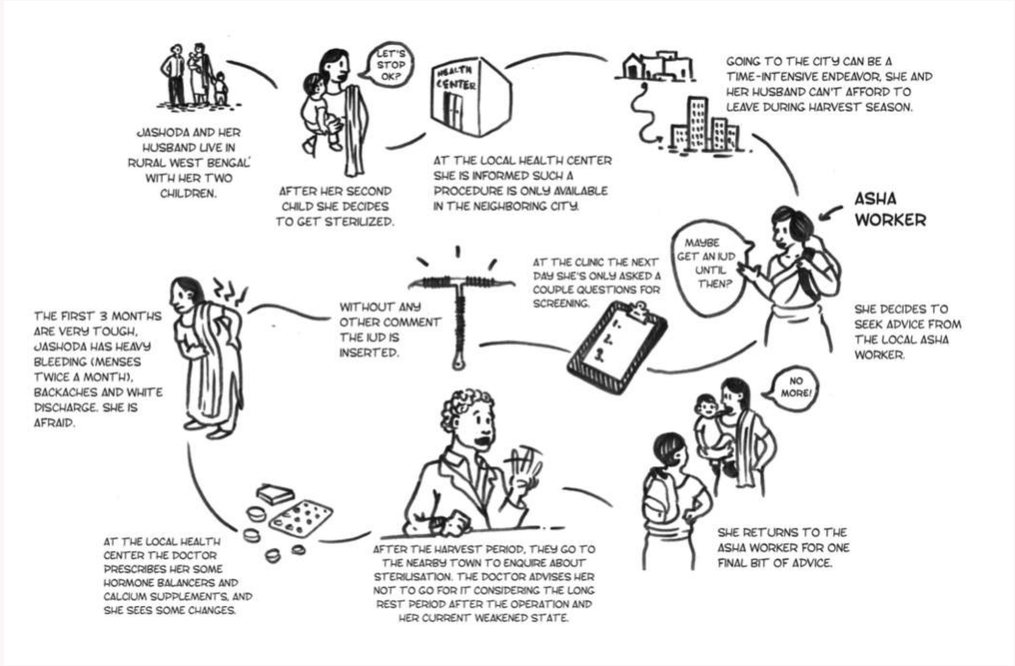
PERSONA CARDS

Used in parallel with the challenge cards, these cards were meant to shed light on the personas we had created from the women we met during research- their environments, aspirations, hurdles and experiences with CT.



DIARY PAGES

A series of posters depicting fictional diary pages helped bring to life these personas and further the objective of deep empathy with our users.



CHALLENGE STORIES

On the third day of the India workshop, we introduced a format we had not used in Kenya. Triads of participants picked a story we had crafted in advance, where a fictional user faces a series of complications and challenges in her CT use. The participants were then challenged to think of ideas for her challenge and present this to another group that played the role of this user for evaluation and critique.

“This meeting made clear to me that there aren’t just 2 or 3 or 4 different types of women. There are dozens of different kinds of women who need contraception and need different kinds of contraception, and that what we do have, while it is substantial, still leaves a lot to be desired.”

Bruce Hay, Caltech

World Building

In order to keep the thinking alive and thought provoking, we organized a series of activities to take into account future trends (and to make up some of our own). This resulted in a series of no-holds-barred, far-future-facing fictional concepts that opened up participants' minds and brought in a renewed spirit of play.

FORMATS USED

Headlines of the future
Futuristic concepts
Concept share-out

HEADLINES OF THE FUTURE

In order to help participants think about moonshot and future-facing ideas, we organized a headline-framing game during which participants wrote down headlines they imagined could exist in a world of the future and placed them on a timeline ranging from the near to the far future.

FUTURE CONCEPTS

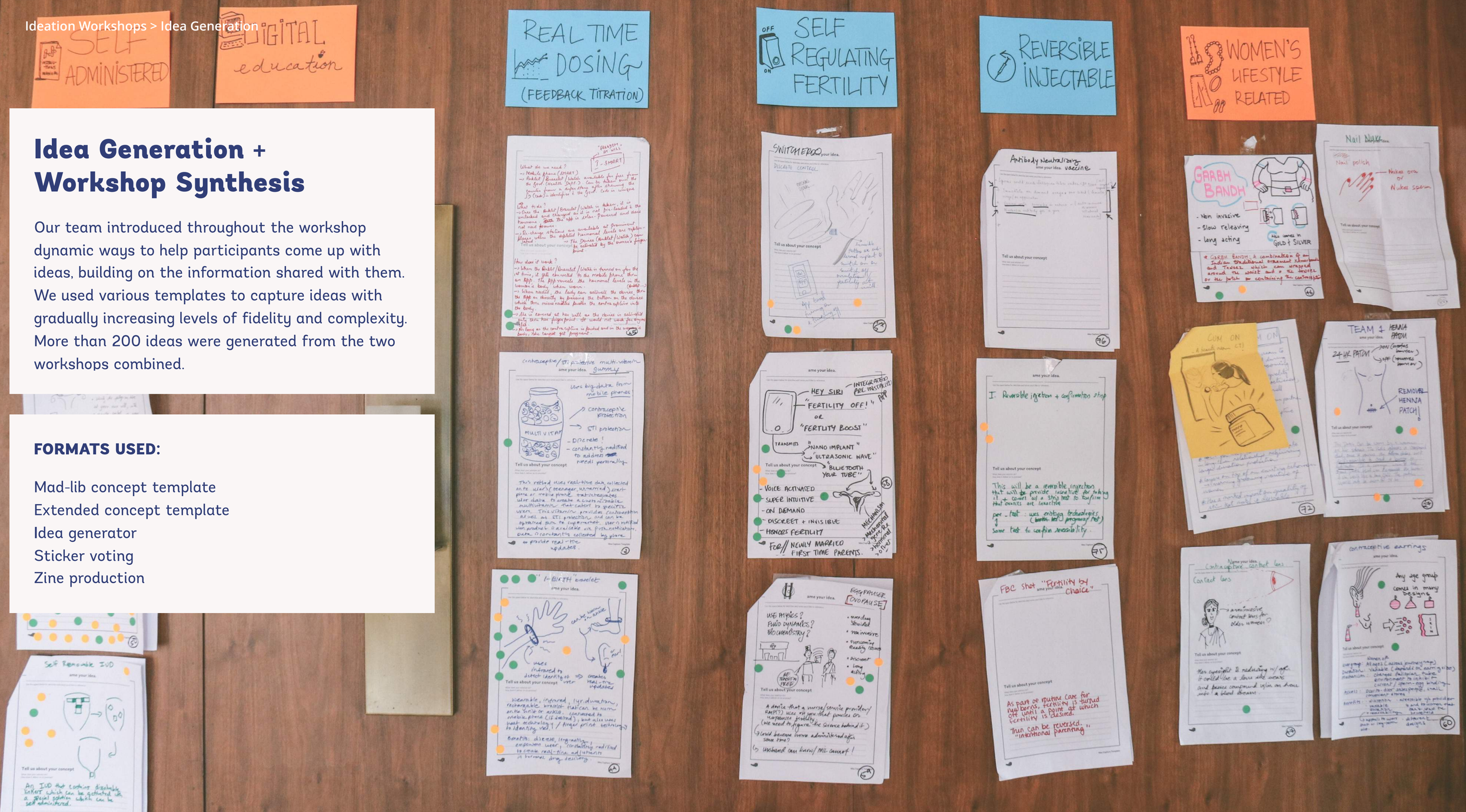
Then the participants were tasked with choosing a few headlines and coming up with a CT that would exist in a world defined by those headlines. This resulted in a fun range of ideas that were shared among participants.

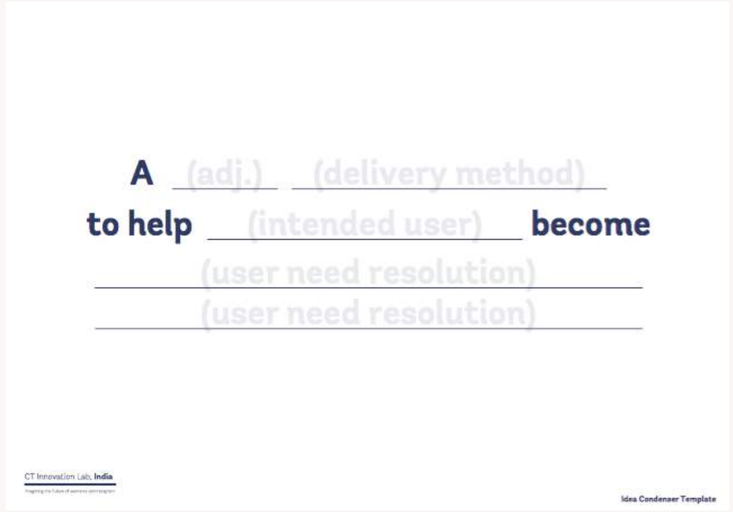
Idea Generation + Workshop Synthesis

Our team introduced throughout the workshop dynamic ways to help participants come up with ideas, building on the information shared with them. We used various templates to capture ideas with gradually increasing levels of fidelity and complexity. More than 200 ideas were generated from the two workshops combined.

FORMATS USED:

Mad-lib concept template
Extended concept template
Idea generator
Sticker voting
Zine production





IDEA CAPTURE SHEETS

We used two formats to help facilitate and guide idea generation. A more concise format was introduced earlier to help structure the participants' thought process, whereas the second format was used to expand on and detail out the strongest ideas.

STICKER VOTING

The workshops ended with a voting session intended to help participants review all the ideas they had come up with and take a first stab at prioritizing some of them. Voting criteria included the ability to increase uptake, improve the current user experience and technical feasibility.

DIGITAL IDEA TEMPLATE

The last step of the workshop was to compile the top fifteen to twenty ideas from the voting exercise. These were then revisited by a new group of participants using a digital template, where these ideas were detailed out further.

A short acting microchip to help young people become less reliant on health facilities.

A non-surgical ovulation tracker to help single mothers take charge of their fertility.

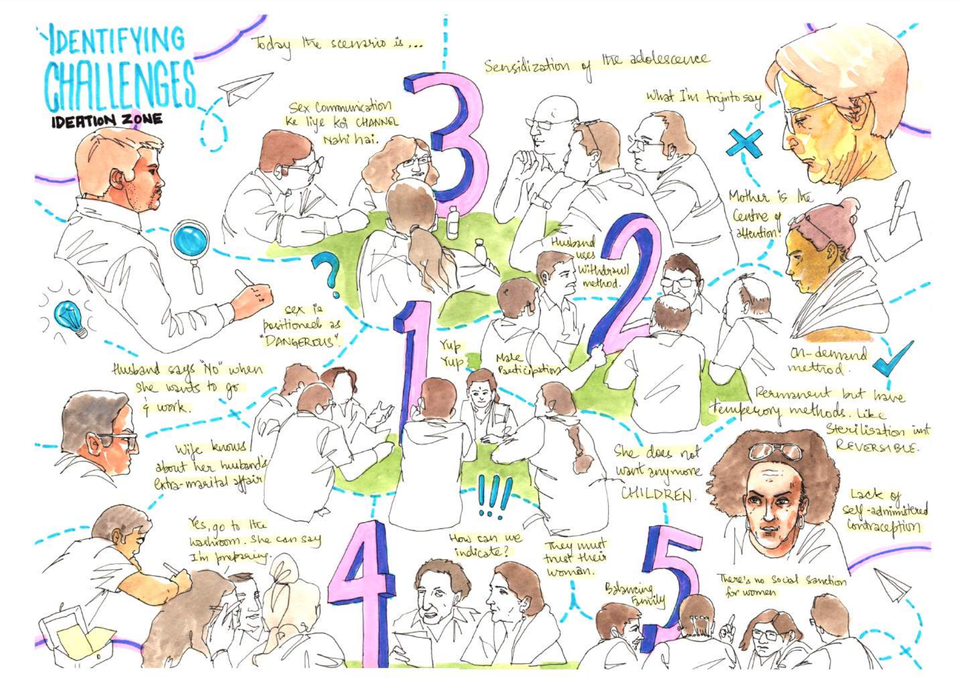
An accessible surgery to help young people empower themselves.

An accessible handheld scanner to help women not using CT due to side effects remain in control of their decisions, even if they want to reverse them.

IDEA GENERATOR

The idea generator was a new digital synthesis tool created for the workshop. It is a software that takes participants' ideas and shuffles them according to method and user to create new ones. These were shared during the second ideation session to reinforce linking new ideas to user needs and encourage the participants to generate a range of ideas.

A permanent physical barrier to help sexually active women regain control over their routine.



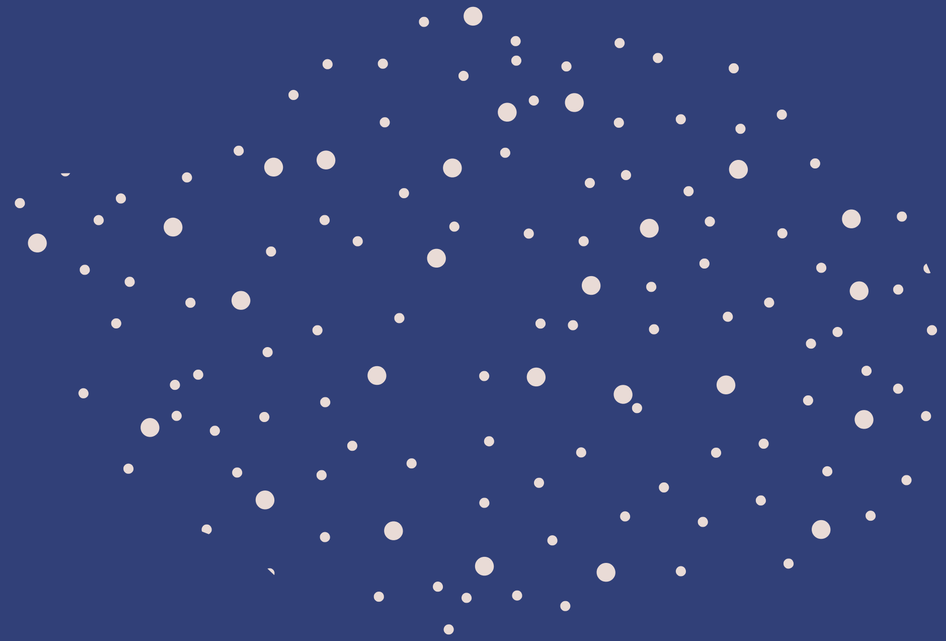
COMMEMORATIVE ZINES

The key to a successful innovation workshop is to get it to live beyond the few days that participants spend in the workshop setting. To extend the experience, zines were created with content generated during the workshop to thank participants for attending and highlight key moments.

“For somebody like me that has been in contraceptive technology development for 30 years, sometimes you get stuck in your old ways and so this was an opportunity to hear new ideas, new thinking, to hear from people whose needs haven’t been met through their reproductive lives and have these fantastic new ideas that they would love to see explored.”

Laneta Dorflinger, FHI 360

Conclusion



For you dear reader

We hope that this foundational work forms the basis for continued efforts in the space - to focus on continuously innovating on revolutionary products that are rooted in user needs and can dramatically improve their contraceptive experience.

Quicksand is a design and innovation consultancy based in India. We facilitate the creation of meaningful experiences through design research and innovation.

quicksand.co.in / hello@quicksand.co.in

FHI 360 is a non-profit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions.

fhi360.org / jmeyer@fhi360.org

CT Innovation Lab

Imagining the future of women's contraception