

Ethiopia DUP Co-Creation

Workshop Report

Prepared by Gobe Group for the Federal Ministry of Health Ethiopia and JSI



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FDRE Ministry of Health



Co-Creation Workshop

Date: November 17 - 19, 2017

Location: Dembel View
International Hotel, Adama

31 participants + 7 facilitators

Objectives:

1. “Do” Human-Centered Design (HCD) and Co-Creation

- Show by doing HCD methods (experiential learning)
- Come to a consensus of the definition of “co-creation” in the context of DUP

2. Engage participants to identify data use challenges in health system

- Explore both the existing data use successes in Ethiopia (health system and beyond) and the challenges to develop non-technology solutions
- Start to identify specific challenges of data use in Ethiopian health system

3. Relationship Building

- Build trust among partners and participants
- Clear buy-in and definition of design challenges in data use for DUP project.
- Identify the innovative thinkers in the room and/or ask who else should be in the process (who is not in the room?)

Co-Creation Workshop in DUP



The Ethiopia Data Use Partnership (DUP) is a Bill and Melinda Gates Foundation-funded collaborative endeavor of the Ethiopian Federal Ministry of Health and a JSI-led consortium currently includes: Regenstrief Institute, University of Gondar, and Gobe Group. The DUP aims to improve the collection and use of high-quality routine information in the health sector, leading to better quality, efficiency, and availability of primary health and nutrition services at all levels of the health system.

The DUP project aims to change the culture of data use throughout the health sector, one strategy for this change is using Human-Centered Design (HCD). The Co-Creation Workshop (CCW) was the kickoff HCD event to introduce key stakeholders to the HCD process and give exposure to HCD mindsets.

The findings from the CCW will inform our next steps in the project, which include:

- Design sprints (a rapid solutions-finding and testing event on a specific data use problem),
- Innovation lab development (an ongoing exploration for infusing HCD mindsets into the everyday work at all levels of the health sector)
- Network of Data Use Innovators (a network of innovators that can amplify the methods of the HCD process and innovation)
- HCD toolkit (an iterative toolkit of HCD methods and best practices)

Participant Overview

FMOH

Dr. Desalegn Tegabu
Eyob Kebede
Hailu Dawo
Bedri Ahmed
Shegaw Mulu
Mebrahtom Haile
Mekdelawit Mengesha
Dawit Birhanu
Alemat Gebru
Abera Merga

RHBs

Oromia
Lamessa Tadesse | Kolato Gemedo

SNNPR
Tilahun Tesfaye | Ayile Lemma

Addis Ababa
Ketema Muluneh | Abas Hassen

Amhara
Dr. Abebaw Gebeyehu | Birkie Hassen

Tigray
Gezae Atsbaha

Universities

Mekelle
Teklit Gebretsadik

Jimma
Dawit Wolde

Haramaya
Admas Abera

Addis Ababa
Wondimu Ayele

Gonder
Binyam Tilahun

JSI

Transform Project
Wondwosen Shiferaw

HMIS project
Hailemariam Kassahun

DUP Project
Theo Lippeveld
Lelisa Amanuel
Netsanet Animut
Zelalem Mehari
Kedir Seid
Benti Ejeta



Day 1 Review

- Introduction to HCD
- Affinity Mapping Icebreaker
 - “What’s your favorite time of the day?”
- What areas of government system are using data well?
 - Who are the data users?
 - What types of data do they use?
- In health system:
 - Who are the data users?
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 - What are the events or moments of data use they encounter?
 - What’s the step-by-step process of this event ideally? (Storyboarding)
 - What’s the reality?
- Introduction to How Might We...?
 - A synthesis tool in a question format



What is Human-Centered Design? (HCD)

Human-Centered Design is a collaborative problem-solving approach that provides creative methods for deeply understanding human behavior to develop new ideas and solutions directly for and with the intended user.

CCW participants were exposed to key HCD mindsets during the workshop.

HCD MINDSETS



BUILD EMPATHY
CHALLENGE ASSUMPTIONS



LISTEN OPENLY
CO-CREATE WITH USERS



OBSERVE IN CONTEXT
BEHAVIORS OVER WORDS



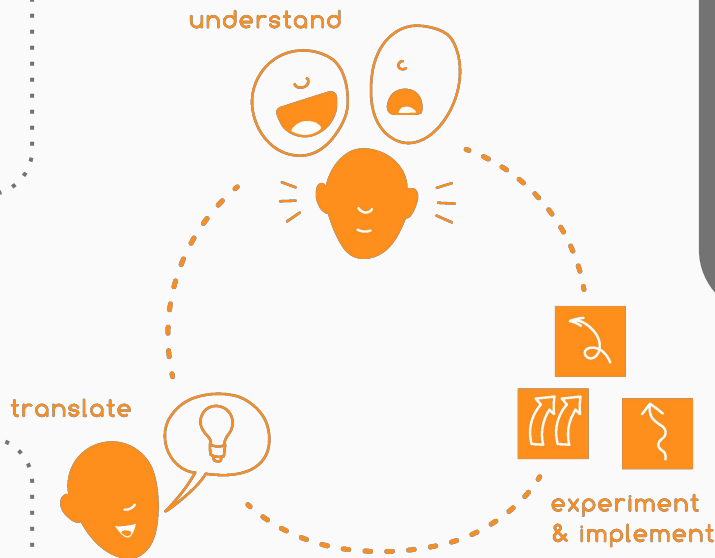
Human-Centered Design: Process

1. Understand Phase

- Landscape Analysis
- Design Research
 - User Engagement + Observation
 - Focus Groups + Co-Creation
 - Surveys + Interviews

2. Translate Phase

- Synthesis of Design Research by design team and defining key assumptions, insights, learnings, observations
- Ideating on items to dive deeper inquiry by prototyping



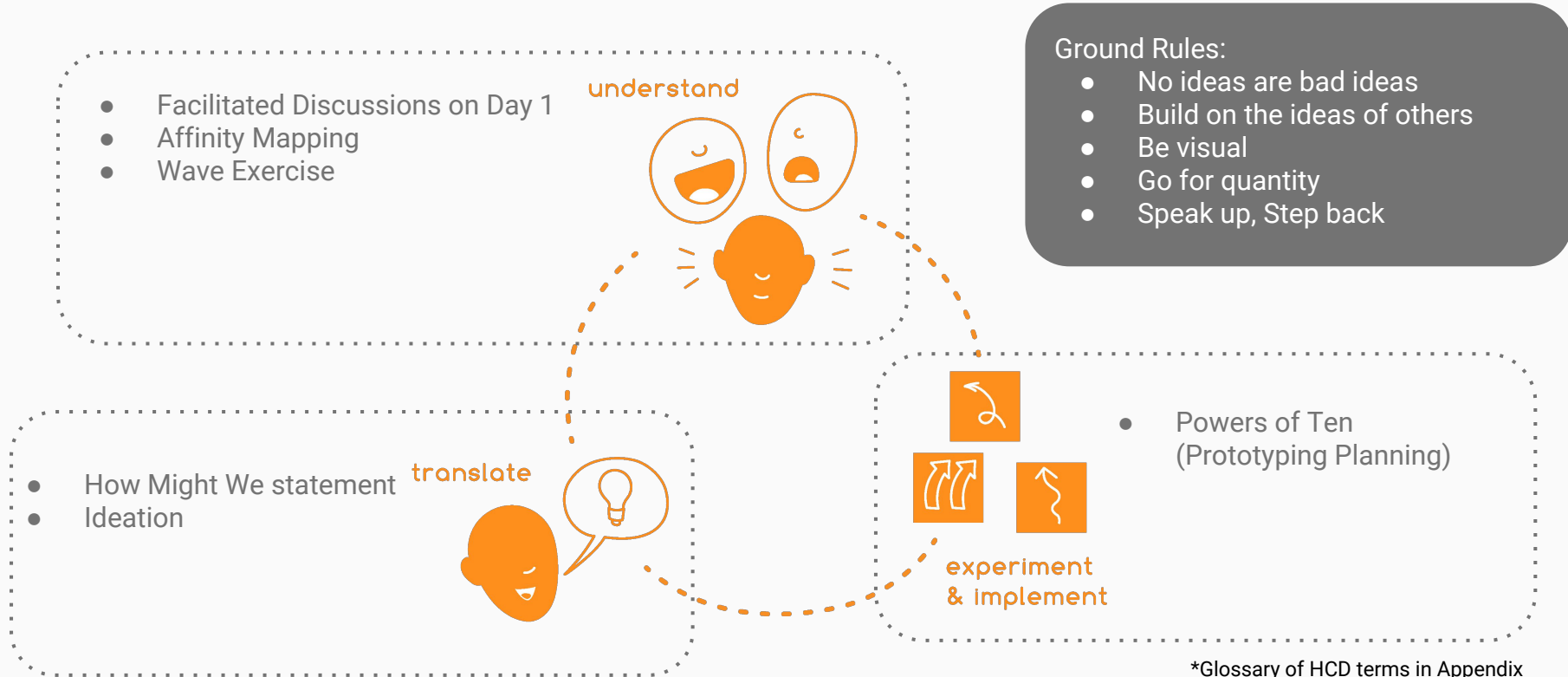
HCD is an iterative process, although the process starts with the Understand Phase and moves through the other phases in order, it may NOT end at the Experiment Phase. The designer may adopt new insights during the process that will require a return to the Understand Phase. An openness to acting on insights is where innovation can emerge.

*Glossary of HCD terms in Appendix

3. Experiment/Implement Phase

- Design Sprints
- Prototyping ideas from ideation
- User testing and feedback
- Translating learnings from user testing, iterating for next prototype

Human-Centered Design: Methods Used at Co-Creation Workshop



*Glossary of HCD terms in Appendix



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What areas of government use data well?

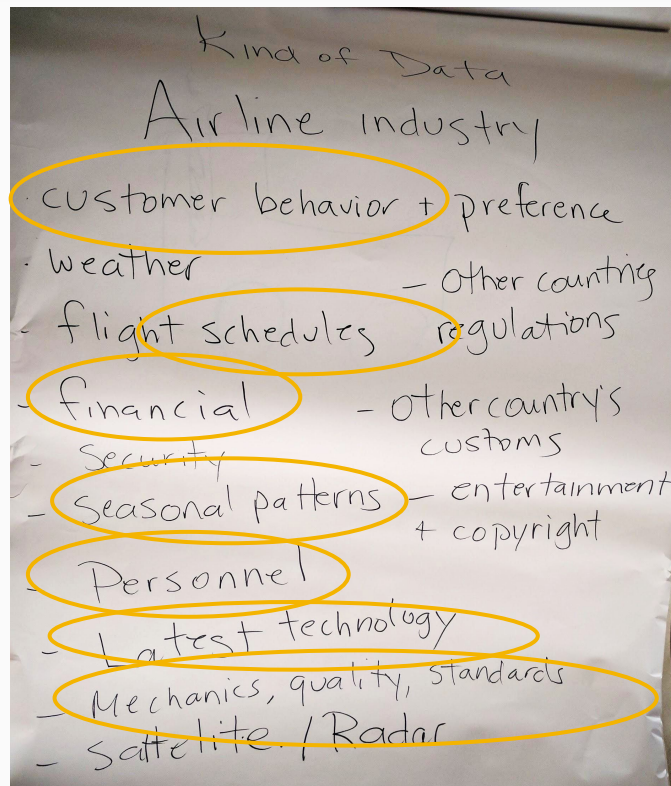
Explore how other sectors have instituted a culture of data use

Cross-sectoral inspiration: Airline Industry

The Data Use Partnership is undertaking a major challenge: a change in culture and behaviors. One way to examine culture is through comparison with other aspects of society. For this activity, participants were asked to examine a government sector that is using data well. One group chose the government-controlled Ethiopian Airlines as an example.

This activity was chosen to help participants think outside of their own work as it can be difficult to come up with new ideas to challenges one faces regularly. HCD requires fresh eyes. In examining Ethiopian Airlines, we can learn what data is used, how it is used, who uses this data and what can be learned as best practices to inform how DUP can change data use culture in the health sector.

A next step would be to connect to Ethiopian Airlines and inquire about their data use culture to help DUP gain inspiration on what “an Ethiopian way of innovation” could look like for the health sector.



This group identified data they believe is used in the Airline Industry.

Note how this industry deals with similar issues faced in the health sector:

- customer behavior
- schedules
- financial
- seasonal patterns
- personnel
- latest technology
- mechanics
- quality
- standards

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Who uses what types of data?

Data users and Types of Data

Groups identified key data users in the health system - from National level to Facility level and how they use the data.

Data users

National: FMOH Program Directors; Directorate staff

Regions: RHB staff; Case teams; M&E Experts; Planning team; Regional management team

Woreda: WorHO managers; PRTs

Facilities: Case team leaders; HEW; PRTs; Management team

Types of data Identified

National: Demographic and survey; Pharmacy stocks; Public health emergency (PHE); University research; Historical Data

Regions: Aggregated woreda data; Supplier information; Private facility; MNCH (immunization, coverage, financial, etc by facility); University research data

Woreda: Aggregated morbidity/mortality; Emerging diseases; Service coverage; GPS; Pharmacy; Financial, Personnel; Facility functionality (buildings, equipment);

Facilities: Patient clinical info; Lab Testing; Etymological; Environmental Health; Referral follow up; Service availability; HR and financial; Physical exam

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What are the moments of data use across system?

Data use events/moments

For the identified sets of data users and types of data, the different groups worked together to come up with specific events where these data are used. A synthesis of their findings are listed below.

FMOH

- Policy making & planning
- System assessment
- Research
- Service coverage
- Service equity analysis
- Performance monitoring
- HR and Budget assessment
- Mobilize resources
- Annual reporting
- Identify population at risk

RHBs

- Capacity building
- Review meetings
- Performance monitoring meeting
- Supportive supervision
- Woreda based planning
- Monthly Reports
- Data quality assessments
- PHEM reports
- Provide baseline for planners
- M&E digest (quarterly)
- Provide feedback for programs

Woreda

- Data quality assessment
- Performance Improvement
- Identify problems & Interventions
- Planning
- Disease trend tracking
- PHEM Data
- Disease and emergency outbreak reporting
- Track Health Post data
- Assess use of commodities
- Budget allocation
- Set baseline (for indicator based planning) using data from previous year annual report

Facility/Health Workers

- Quality Assessment
- Client management
- Drug quantification / Supply prediction
- Monitoring & Performance meetings
- Prioritizing problems
- Immunization coverage
- Case reporting
- ANC visit (for HEW)
- Monthly reporting
- Referral linkage
- Identify service gaps

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What is ideal and what is reality?

One team compared human resource planning:
ideal scenario vs. **reality**

Storyboarding: Ideal vs Reality

In this activity, groups isolated a particular **data user** and **data use event**, then storyboarded the reality of that data use scenario against what the ideal scenario should look like. Most groups focused on the Woreda level. The following is a selected storyboard from the workshop.

Woreda-level, Monthly Performance Review for Case Team Leader/HMIS Officer

Ideal model:

- HMIS Officer would receive quality service and coverage reports from facilities and meet with their Performance Monitoring Team (Head of Woreda, MIN Officer, MNCH Case team leader, HEWP Coordinator, Planning and Monitoring lead, Prevention/Control Case Team) and they would identify KPI's by doing an analysis of data, comparison to targets, discussion of high and low performance of facilities.
- They would acknowledge the KPIs that are doing well and visit those facilities to understand why they are able to do well.
- They would also acknowledge and prioritize those that are having challenges with their KPIs and address with an action plan including root cause analysis, they'd also visit these facilities and understand why so they aren't just using data from facilities only.
- They would also reach out to other non-MOH data to inform their actions with outside data.
- With all this exploration to the "why" of the KPI data, the team would build new insights to inform their decisions.
- They would meet again to discuss actions and feedback the send report to facilities for feedback.

Reality:

- HMIS Officer gets incomplete and untimely data from facilities
- Performance Monitoring Review Team is not the right team composition: too inexperienced, less-focused manager; no accountability to control this group; they are demotivated, don't accept result.
- Team's analysis is not good because they are not the right professional skill level, quality is bad
- Monthly review meeting is irregular (i.e., not done on a monthly basis)
- Even if an action plan is created to improve KPIs or performance challenges, there are no resources to implement the plan.
- As a result, there is no report feedback provided to the facilities to understand how they can improve or that they are underperforming.

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How might we ...?

Day 1: How might we...? - a synthesis tool

At the end of Day 1 we introduced How Might We (HMW) questions to the participants. HMW questions help to reframe your learnings or challenges into opportunities and often are used to launch a brainstorming session. The table below lists the final Day 1 HMW questions from all six teams, along with the team's facilitator and target user.

Olivia	PRTs	How might we increase the analytical capability of PRTs in monthly data analysis and interpretation?
Biruk	PRTs	How might we improve use of information for action for PRTs in regular (monthly/quarterly) performance review meetings?
Jaspal	RHB head	How might we use evidence-based decision-making to improve service delivery for RHBs in a continuous, day-to-day activity?
Miho	District Hospitals	HMW address lack of need-based recruitment for district hospitals when budget and professionals are limited?
Anne	WoHO head	HMW improve private facility reporting for woreda health office in notifiable disease reporting?
Hiwot	Planning & Budgeting at Woreda	HMW get/use real eligible/requirement group for performance monitoring and planning purposes for woreda health officer managers in annual planning woreda health plan?





Sharing out and asking questions

Day 1 Synthesis - *aha* moments and lessons learned

On data users:

The cross-sectoral exercise mentioned the Airline sector as a good data user. But do we know Who, When, and What kind of data is used there? - We don't know, **but we don't exactly know the answer to these questions in the health system as well.**

On the reality of data use events:

Activity planning is mostly *not* based on data. Plans tend to be informed by the previous year's activity plans. In one group, Out of the total of 44 identified data use events, only 5 are happening - **that is only 11%!!**

On source of data use change:

There was overwhelming consensus among the groups that the **shift of culture of data use needs to start at the Facility and Woreda levels.** The work that lays ahead is identifying where within these levels the work needs to start.

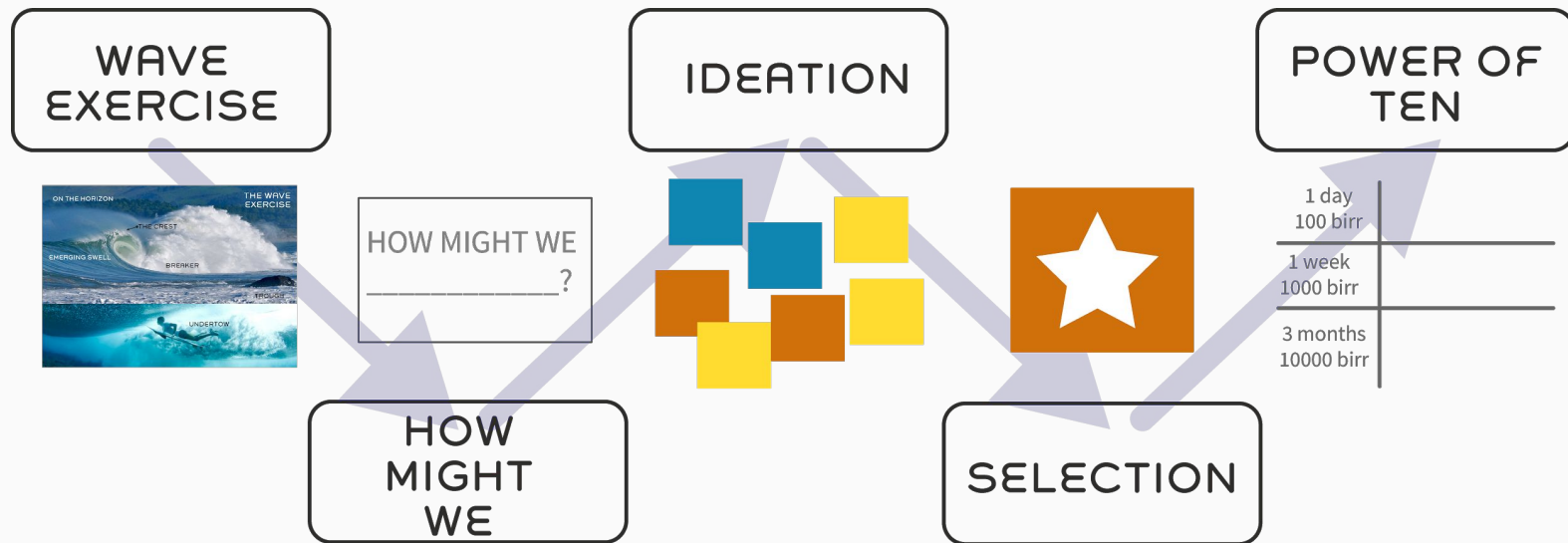
On the current work culture:

Across the board in the health sector, there is a preference, intentional or not, to work in teams for almost any activity or project. There is an **opportunity to harness this culture of teamwork for instilling the value data use** at different levels.

On glaring limitations:

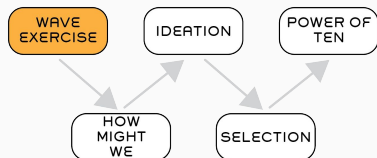
Skill gap in data analysis seems to be a brought up as a barrier to achieving peak data use. Also highlighted were the lack of adequate infrastructure and technologies.

Day 2 Review



Wave Exercise - Overview

DAY 2



The Wave exercise is a scalable approach used by groups to contextualize trends, paradigms and approaches. It's particularly useful in enabling a group to collaboratively **develop an understanding of the “big picture”** that surrounds their shared work. Each section of the Wave helps contextualize the following themes:

Horizon = Next Generation/ Radical Ideas

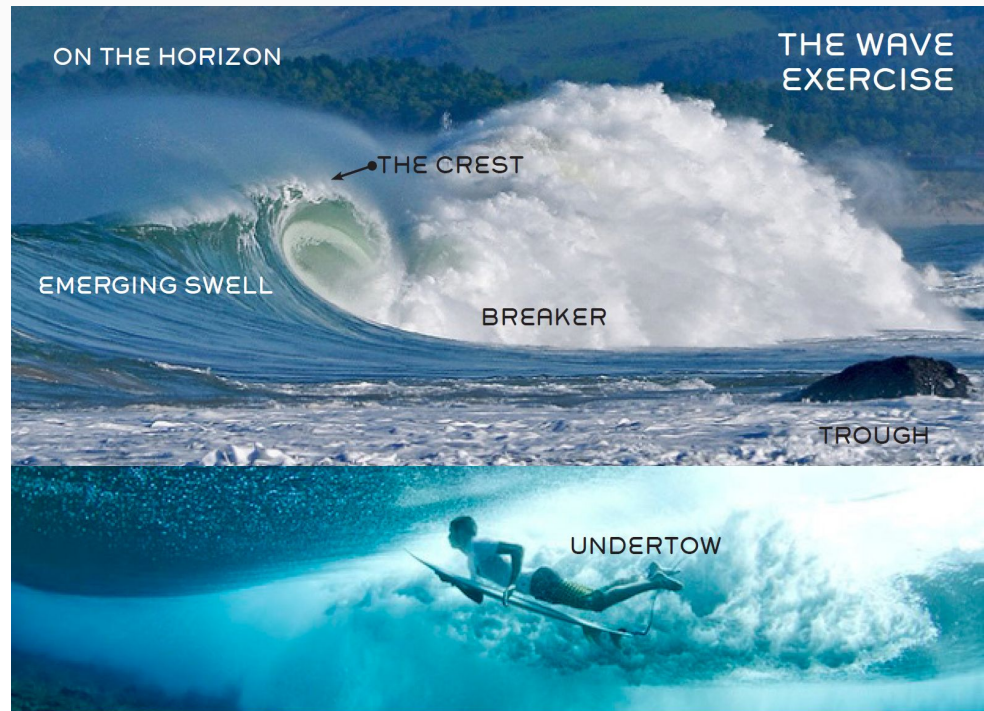
Emerging Swell = Ideas beginning to emerge

Crest = Status Quo, Mainstream practices

Breaker = Barriers to achieve expected implementation

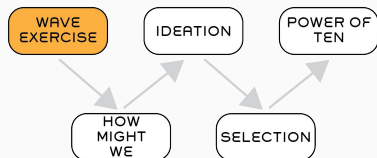
Undertow = Practices and patterns that are a source of concern, even in the midst of success

Trough = Practices that are falling out of favor/becoming irrelevant



Wave Exercise - Overview

DAY 2



Focusing on a MNCH theme, five groups representing the Federal, Regional, Woreda and Facility levels worked on identifying data use systems/practices/products/programs according to the Wave exercise descriptions (see previous page).

Groups were tasked with answering this question for each section:

What are the MNCH data use systems/practices/products/programs at the federal, regional, woreda, or facility level that are _____ (insert description for respective part of wave, i.e.: Horizon, Emerging Swell, etc.)?

The following six pages synthesize results from each group focusing on Data Use issues.



Wave exercise - On the Horizon

ON THE HORIZON | Next Generation/ Radical Ideas

Facility	Woreda	Regional	Federal
<ul style="list-style-type: none"> Tracking patients' record at facilities (e.g. pregnancy tracking) PRT dashboard at facility to track progress Facility level synthesis analysis of data MCH case audit (data driven) Data driven supply chain to accurately estimate and predict needs 	<ul style="list-style-type: none"> Data driven: capacity building, baseline assessment, gap identification, planning, logistics & supply chain mngt, resource allocation Real-time data use for service improvement Multi-disciplinary planning & PR team 	<ul style="list-style-type: none"> HIS program regional data analysis (digitization of MNCH) Sensor based in-home care that is reported to physicians Unique identifier for every newborn (national ID at birth) 	<ul style="list-style-type: none"> Interconnected facilities up to national level (right now data sits at facility) Data Mining capability -- use historical data for analysis and forecasting/prediction Performance-based system for health workforces rewarding actual performance Guidelines, training, and tools for effective MNCH M&E at all levels

Wave exercise - Emerging Swell

EMERGING SWELL | Ideas beginning to emerge

Facility	Woreda	Regional	Federal
<ul style="list-style-type: none"> • Maternal and Neonatal death audit at facility level • Monthly facility HMIS review • Strengthening PRT • Comprehensive data quality assurance 	<ul style="list-style-type: none"> • Baseline assessment • Using national & regional data • Data triangulation • Incentivising system 	<ul style="list-style-type: none"> • Connected Woreda Program • Community-based cancer screening campaign • School-based health programs • Teenage pregnancy screening (<i>moving to crest</i>) 	<ul style="list-style-type: none"> • mHealth for MNCH tracking at community level and service delivery • Equity analysis • Pharmacies: automatically track meds from purchase to patient (wastage, counterfeit) • Functioning HRIS. • Cost-effectiveness and efficiency improvements through analysis • accountable reporting

Wave exercise - Crest

CREST | Status Quo, Mainstream practices

Facility	Woreda	Regional	Federal
<ul style="list-style-type: none"> • CHIS and HMIS reporting • Maternal mortality surveillance • LQAs • Supportive supervision and feedback • PMA - performance monitoring • KPI - key performance indicator • HDA • Review meetings • EHSTG - hospital and HC reform • Woreda based planning (facility) 	<ul style="list-style-type: none"> • Capacity building • Planning • HMIS • CRC • Woreda transformation 	<ul style="list-style-type: none"> • Immunization \geq/$<$5, lowered dropout rate, coverage, SC mgmt • ANC postnatal; SC mgmt, NC coverage • KMC services (underweight); HI and HRIS management • Nutritional screening and growth monitoring • eHMIS, paper-based • PMTCT (for HIV) 	<ul style="list-style-type: none"> • CHIS (manual) • HMIS • DHS every 5 years • Essential indicators including MNCH • MNCH scorecards at every level • Woreda based planning • Geographic information systems (GIS) by woreda • LMIS (logistics) • Maternal deaths audit • EMR • Child Wellbeing Card

Wave exercise - Breaker

BREAKER | Barriers to achieve expected implementation

Facility	Woreda	Regional	Federal
<ul style="list-style-type: none"> • Lack of reporting format standardization and integration • Commitment of personnel • Weak M&E structure • Knowledge/Skill gap on data management • Lack of incentive for data use & accountability/ethics • Overburdened worker • Lack of guidelines and tools at facilities • Low data utilization (i.e. collecting for reporting) • Poor data quality 	<ul style="list-style-type: none"> • Data use for decision making • Data use for M&E with actions • Resource allocation using data • EMR • Gap identification with data 	<ul style="list-style-type: none"> • Lack of Skilled professionals for data management, • culture of poor data utilization and awareness • Lack of equip. maintenance • Poor community awareness on programs • Bad attitude of data use/lack of awareness • Work overload 	<ul style="list-style-type: none"> • Lack of ownership – expect federal level to finance and maintain • Absence of info, culture and valuing information • Poor incentive mechanisms for data use • Shortage of data collection and reporting • No enforcement of data use • Lack of HMIS focus/introduction in pre-service training (nurses, docs) • Unrealistic planning (big goals/targets)

Wave exercise - Undertow

UNDERTOW | Practices and patterns that are a source of concern, even in the midst of success

Facility	Woreda	Regional	Federal
<ul style="list-style-type: none"> False reporting Heavy focus on Digitization & not on Data use culture Low attention to facilities from higher levels Prescriptive intervention Lack of trust for data (from historically bad data) Parallel reporting Decision making based on inaccurate data Low information use 	<p>PRTs:</p> <ul style="list-style-type: none"> Irregular meetings Non-standardized checklist. Results not used for decision making. Not following guidelines. prescriptive decision. <p>Lack of:</p> <ul style="list-style-type: none"> Skills to use data for decision making. logistics management database. using guideline for M&E Communication gap between HMIS officer and decision makers. 	<ul style="list-style-type: none"> Low salaries; lack of incentives; low job satisfaction clinical service focused work only; lack priority for data use Poor management of supply chain logistics and budgets Poor capacity building Poor information dissemination to communities Paper-based HMIS 	<ul style="list-style-type: none"> Lack of skills and knowledge among leadership; lack of communication within FMOH. Donor pressure Lack of skills, poor quality of data and people knowledge Low priority of HMIS; Data not valued Systems from abroad don't integrate user needs (ie HEW) Lack of adaptability - always follow up, maintain forever, revise it!!!



Wave exercise - Trough

TROUGH | Practices that are falling out of favor/becoming irrelevant

Facility	Woreda	Regional	Federal
<ul style="list-style-type: none"> • Irregular review meeting • Unstandardized reporting formats • Parallel reporting • Supervision for controlling / fault finding • Absence of M&E structure • Disease specific data silos • Integrated data management 	<ul style="list-style-type: none"> • Using data only for reporting. • Re-use of last year's plans • False reporting. • Attitude of devaluing data. • Inappropriate assignment on HMIS officers. • Symbolic practice of PRT (false PRT minutes) 	<ul style="list-style-type: none"> • Not prioritizing data • Parallel reporting systems • Paper based reporting 	<ul style="list-style-type: none"> • Calculators • Applications that are desktop • Paper-based systems • Data collection for reporting • Reporting tools/indicators moving to essential indicators • Disintegrated data/information • Fee for MCH services

Wave Exercise Completed - Woreda Group Examples

HORIZON
Use data for gap
identification

CREST
Capacity Building
(Not need based)
(Top-down approach)

BREAKER

M&E with action plan

EMERGING SWELL

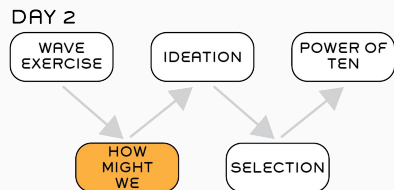
Using national and regional data

UNDERTOW

Communication Gap between HMIS officers and decision makers

TROUGH
False reporting

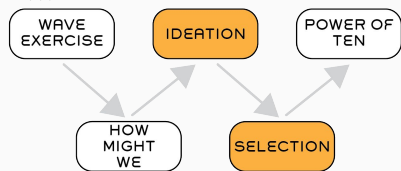
Day 2 - How might we...?



On Day 2 we asked participants to revisit their “How Might We...” questions and assess what was most pertinent considering their insights after the Wave Exercise.

Federal Jaspal’s Team	HMW improve ownership and accountability for MNCH related HIS (data quality and information use) in health facilities (HP, HC, hospitals)?
Regional Olivia’s Team	HMW provide incentives (motivation) for health care workers and program managers to implement e-HMIS (EMR) in MNCH-N program?
Woreda Miho’s Team	HMW change the attitude of woreda PRTs?
Woreda Anne’s Team	HMW address lack of motivation for data use for PRTs to improve performance?
Facility Biruk’s Team	HMW improve the lack of data use incentives for HCWs in health facilities during clinical decisions?

DAY 2



Once the groups picked their top HMW question, they proceeded to an **Ideation** session in which they brainstormed possibilities on how to solve their question. Groups then **selected** one solution to develop low-fidelity prototypes in “Powers of Ten”.

Ideas generated by teams to address their HMW questions:

LEVEL	"HOW MIGHT WE" STATEMENT	PRIORITY IDEA
Federal	HMW improve ownership & accountability for MNCH related HIS (data quality & information use) in health facilities (HP, HC, hospitals)?	- <i>Facility Performance Evaluation using data</i>
Regional	HMW provide incentives (motivation) for HCWs and program managers to implement e-HMIS (EMR) in MNCH-N program?	- <i>Arrangement of additional income sources</i>
Woreda	HMW address lack of motivation for data use for PRTs to improve performance?	- <i>Introduction of Incentive packages</i>
	HMW change the attitude of woreda PRTs?	- <i>Storytelling to change the attitude of woreda PRTs</i>
Facility	HMW improve the lack of data use incentives for HCWs in health facilities during clinical decisions?	- <i>Promotion for the best performer</i>

Ideation from a Woreda team





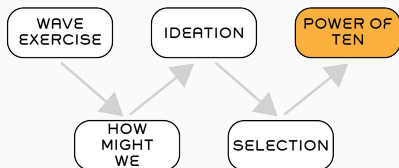
Our ideas and prototyping plan



Our ideas and prototyping plan

Powers of Ten: Prototyping Exercise

DAY 2



The Powers of Ten method is a brainstorming technique that forces the design team to reframe an aspect of their project to develop new insights. It does this by changing the magnitude of the project by increasing and decreasing aspects of the scope. **Teams were challenged to design for different time and budget constraints to test their solutions.** At the co-creation workshop, we asked teams to brainstorm solutions using the three scopes on the flipcharts below. The following is one team's process for answering, "How Might We provide incentives/motivation for HCWs and program managers to implement e-HMIS in MNCH-N program?"

100 BIRR for 1 day

What to build?

- Invite data clerk at facility to lunch; Introduce to data system; Interview them

How to test it?

- Issues they like/don't like about HMIS; what trainings to they need; what gaps are in the system; what issues do they expect in future with HMIS; are they satisfied with work

What to learn? What actions motivate data clerk to improve data management

1,000 BIRR for 1 week

What to build?

- Use money for transport, tea, lunch for a focus group of 5 people to develop "train the trainer" model

How to test it?

- Group of 5 will learn from their 5 units: motivations/gaps for data use; gaps in knowledge of HMIS; how to activate lower levels

What to learn? What leadership skills they need; What challenges they face with data use on their team

10,000 BIRR for 3 months

What to build?

- "Train the trainer" model for HMIS data collection @ facility level with professional fee per training; Proposal to FMOH for this model

How to test it?

- Test quality of data over three months of model with existing process and "train the trainer" incentive model.

What to learn? How incentives (extra earnings) contributes to HMIS implementation; providing improved data quality/mgmt



Day 2 Synthesis

Key lessons learned

- Participatory approach to the day's exercise is something that can seamlessly integrate into the teamcentric culture that is already present in the health sector

Ideations

- Most of the groups' ideas on solving data use issues pointed towards making a behavioral change at the lower levels (Facility and Woreda)
- PRTs were heavily discussed as starting points for cultural change promotion
- Participants shied away from any radical ideas. Ideas considered safe were raised - typically focused on incentivizing employees.

Opportunity for self-assessment:

- Ideas generated pointed at failures of data collection and use at Facility levels, and how to improve them. However, data use happens at all levels.

Day 3



How would you form an effective innovation team?

Day 3 Synthesis: Innovation Team Discussions

In Day 3 of the CCW, we sent teams with similar roles to the DUP project to brainstorm the following question:

How would you form an effective innovation team at your organization?

What was common:

- Multi-disciplinary (teams had different ideas in terms of a mix of different MOH departments \longleftrightarrow including members from outside MOH departments)
- Non-hierarchical but meets regularly
- Established engagement structure clearly defined at team formation (ie: Mission, Vision, TOR, SOP)
- Establish a physical location for the innovation team to meet that feels unique (not regular office) and includes coffee! Also includes a mix of in-person and virtual meetings.

What was different:

- Focus of team: general need, but relevant to needs of the job \longleftrightarrow focused on an emergent need, not tied to any particular job/department
- Terms of participation: as part of job description and permanent \longleftrightarrow 100% voluntary, no strict formal structure
- Length of Team: permanent and job related \longleftrightarrow short-term depending on needs of specific issue

Other considerations:

- Role of Universities: How to work to build innovation lab function together with innovation teams?
- Budget: Resources set aside for innovation team work, independent from MOH?





How would you form an effective innovation team?

Participant Feedback

At the end of the 3 day workshop, participants gave their feedback in the form of an open and anonymous questionnaire. Here are a few excerpts of what they had to say regarding some take away points as well as the skills and mindsets they learned through the process:

Takeaways:

- “How to develop effective innovative team”
- “Thinking different and trying to apply approaches from different context/sector.”
- “Interactive approach and the workshop. It is a workshop that brings the leadership and staff to one table where all interacts on equal footings”
- “There is more than one or two ways of doing something.”
- “Every design of service/program requires knowing the user of the service/program.”

On Skills/Mindset:

- “The prototyping. I can apply it in the SW development process.”
- “Think out of the box: Motivate health workers to think out of the box in order to address data use problems and challenges”
- “How to create scenarios under a lot time and resource limit to implement or test an idea.”
- “Systematic way of program improvement with minimum time and cost; I like to apply wave exercise in my work department”
- “How we improve our data quality of our organization and how we form an effective innovation team in our organization”

Next Steps

The November Co-creation workshop was the first introduction to Human Centered-Design (HCD) for the Regional Health Bureaus and DUP has deeper exposure planned for practical application of HCD. Here are the following next steps:

Priority Areas of FMOH:

- Exploring data use incentive mechanisms; Building capacity for PRTs; Using HCD to support the development of eCHIS

FMOH Engagement with HCD

- Continuous engagement with FMOH and the CCW participants to maintain the principles of design thinking. This is done through dissemination of helpful design materials and articles.
- Active participation within FMOH to instill the concept of HCD among staff.
- Introduce HCD approach at a series of FMOH Consultative Workshops with RHBs, and Local Universities on Major Initiatives of the Information Revolution.

Design Sprints*

- Provide starter materials for design toolkit: HCD Action Guide to prepare for design sprints.
- Conduct design sprints to apply design mindsets and methods on specific challenges facing data users.

Innovation Labs

- Introduce the framework of Innovation Labs to key stakeholders.
- Support and guide the establishment of Innovation Labs.

* See Appendix, Glossary of Key Terms, for explanation of Design Sprints

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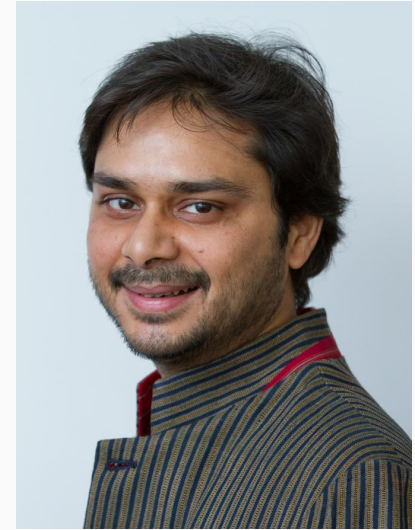
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Appendix

Glossary of Key Terms and HCD Tools

Key Terms of HCD for CCW

- Co-creation: Design practice that actively involves stakeholder participation. Co-creative relationships empower users - for example, healthcare workers or patients - to take ownership of the solutions and process.
- Design sprint: A time-bounded [3-6 days], team-centered process to rapidly generate, prototype, and test ideas to develop “outside-the-box” solutions to a given design challenge. [NOTE: Like previous Gobe design sprints, these EDUP design sprints will be further distinguished by “exemplifying a learning-by-doing model, which builds capacity for client organizations to practice HCD themselves” and that will be focused on viability and implementation of solutions (Vechakul, Shrimali & Sandhu, Maternal & Child Health J, 2015).]
- Design research: Design research involves both qualitative and quantitative research methods to understand “how” and “why” of a specific challenge. Because it allows design teams to understand the fundamental causes of the problems, successful design research leads to the solutions that are more adapted to the culture and context of the users, and more likely to succeed. Design Research is different from scientific or clinical research in the sense that designers are gathering observational information about users and using existing scientific and clinical data to complement this inquiry.
- Personas: Personas are evidence-based narratives that represent the needs of a group of users in rich detail. Personas are a typical product that emerges from synthesizing design research. Personas usually include demographic details - such as age, gender, and profession - and more substantive details such as goals, skills, attitudes, values, motivations, and behavior patterns.

Key Terms of HCD for CCW

- Storyboarding: A method used to help designers communicate concepts in a linear or chronological way, often in a visual format.
- Affinity mapping: A technique used after brainstorming or a design research session that organizes large amounts of qualitative data and/or ideas into categories to help designers identify patterns, themes, issues, etc.
- Ideation: A creative process for generating ideas and concepts; it is part of the “Translate Phase” of HCD
- Prototyping - Prototyping is an integral part of the Experiment Phase of the HCD process. A prototype is a draft version of a product (service or process) that is used to engage potential end users early in the product development. It can quickly test specific features or show the general concept of a product (service or process) to allow for easy iterations based on user feedback. It is important because it identifies challenges early in the HCD process before significant time and money is spent developing the product or service.
- Iteration - A cyclic process of prototyping, testing, analyzing, and refining a product, service or process based on the results of testing the most recent **iteration** of a **design** where changes and refinements are made. (Adapted from: https://en.wikipedia.org/wiki/Iterative_design)

Other HCD Resources

Toolkits

- UNICEF Demand for Immunization HCD Field Guide
http://hcd4i.org/wp-content/uploads/2017/01/demand_for_immunization_fieldguide.pdf
- Catalysts Innovation Program Toolkit
<http://www.wearecatalysts.org/>
- PSI HCD Example in Ethiopia, Sanitation, June 2016
http://static1.squarespace.com/static/56027b5fe4b05297ecce230e/t/578f54d220099ebce368e1f0/1469011162040/W4W_PSIEthiopia_HCDWriteUp2.pdf

Also feel free to contact us with questions and for more resources!

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Peer-Reviewed Articles

- Human-centered design in global health: A scoping review of applications and contexts. Bazzano et al. PLOS ONE. Nov 2017.
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0186744>
- Human-centered design as an approach for place-based innovation in public health: a case study from Oakland, California. Vechakul, Shrimali & Sandhu. Maternal & Child Health Journal. Dec 2015.

Contact Biruk Tammru for a copy of this article. Contact info to right.



Ground Rules for Brainstorming

- 1 **No ideas are bad ideas.**
Go for your 3rd or 4th ideas.
- 2 **Build on the ideas of others.**
This requires one person speaking at a time.
- 3 **Be visual.**
One idea per half sheet post-its.
- 4 **Go for quantity.**
More than quality of ideas.
- 5 **Speak up** if you have said less than others.
Stand Back if you've said more than others.

