



FINDINGS REPORT

Rapid Inquiry and Idea Generation in Oromia

This report documents and catalogues the work of the Oromia team through every step of the human-centred design process. It demonstrates the application of HCD to demand-generated challenges for urban poor populations in their region.

THE OROMIA TEAM

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OVERVIEW

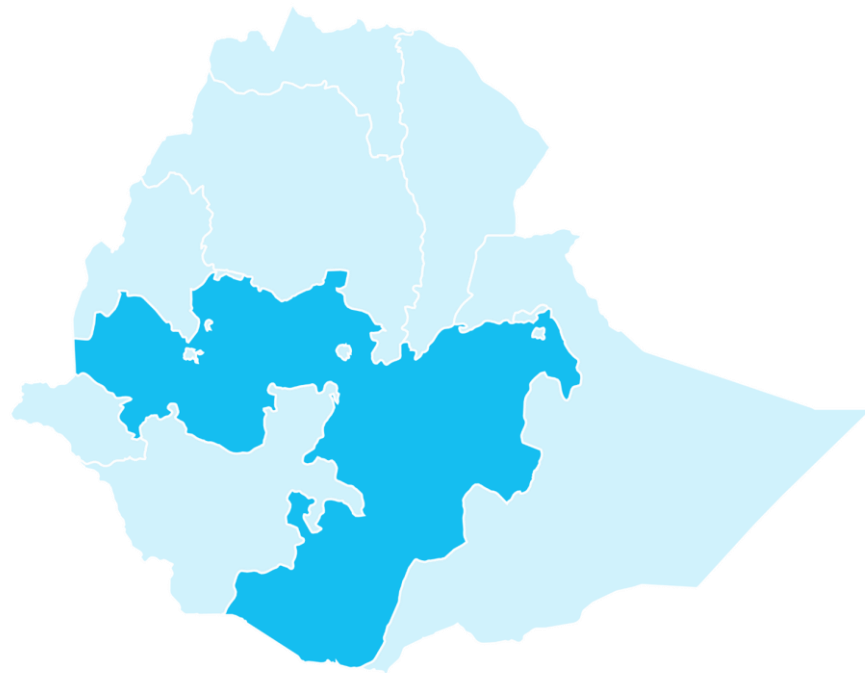
UNICEF Ethiopia and the Ministry of Health are working together to better understand people and what keeps them from seeking and/or supporting health services in Oromia.

BACKGROUND

Starting February 2021, UNICEF Ethiopia and the Ministry of Health started working together to better **understand local constraints and challenges communities and community health workers are experiencing to inform a tailored programme for a holistic approach to reducing hesitancy and dropout rates with a specific focus on the Oromia region.**

Nucleus Impact, the facilitation team, worked closely with the Ministry of Health and UNICEF to conduct a capacity building workshop (5 April to 8 April) to support the development of a system of demand-generation interventions.

Through the course of this initiative, the process of human-centred design was used to rapidly identify and solve underlying barriers to the utilization of vaccination and health services in Oromia. This process is applicable to other issues and programmes as well, including increasing the utilization of all MNACH services.



WHY HCD

All health services are designed—including the way they are operated, promoted and delivered. **The human-centred approach (HCD) helps us improve the design of immunization services and promotions by focusing on how and why people engage, or do not engage, with these services.**

HCD helps us understand the underlying drivers and barriers for desired health-seeking behaviours and what we might do to improve uptake of services. The approach provides a structured process for working directly with users (i.e. caregivers) to address demand-related challenges associated with the acceptability, responsiveness and quality of services. It also **encourages us to start with small investments, test our ideas, and then scale only when we are ready.**



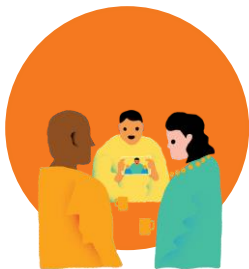
THE INITIATIVE

1 Through this initiative our aim was to **understand the factors influencing immunization in Oromia, identify problems and issues that stand in the way of EPI demand growth and equitable coverage** and bring diverse perspectives together to facilitate ways to promote and create demand for immunization in areas that are most vulnerable.

2 Throughout the training, **human-centred design methodologies and tools were introduced and used** to help stakeholders master opportunity identification and problem solving during this session as well as in future efforts. Participants with diverse backgrounds and from various organizations (UNICEF, MoH, WHO and other partners) worked together, enriching the HCD process and initiative outcome.

3 In parallel to the training, HCD rapid inquiry methods were used to uncover human insights in the Oromia region. Building on the success and effectiveness of demand-promotion initiatives previously led by the UNICEF Ethiopia team, in conjunction with previous research findings, the newly gathered insights will support the **development of EPI demand creation interventions**.

HUMAN CENTRED DESIGN PROCESS



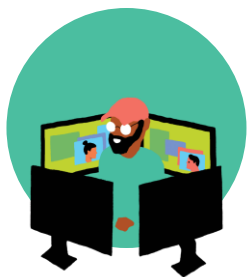
Who are we targeting? What is our objective?

TOOLS:

1 OBJECTIVE

2 PERSONAS

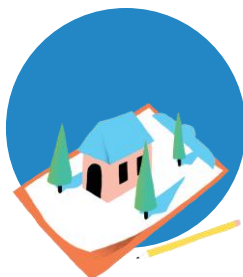
3 JOURNEY MAP



What do we think we know? What do we still need to know?

TOOLS:

4 AREAS OF INQUIRY
& DISCUSSION
GUIDE



What stands in our way? What are opportunities?

TOOLS:

5 RAPID INQUIRY

6 SYNTHESIS



How could we respond? What do people think?

TOOLS:

7 IDEA GENERATION

8 PROTOTYPE +
FEEDBACK



How could we measure? How could we improve?

TOOLS:

9 PILOTING &
ITERATION

PREPARATION

As a first step the team determined a research objective, compiled existing knowledge about the community of focus and identified the gaps in knowledge.

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OBJECTIVE

WHAT IS THE OBJECTIVE?

A statement that guides the work throughout the process.

WHY WE USE AN OBJECTIVE:

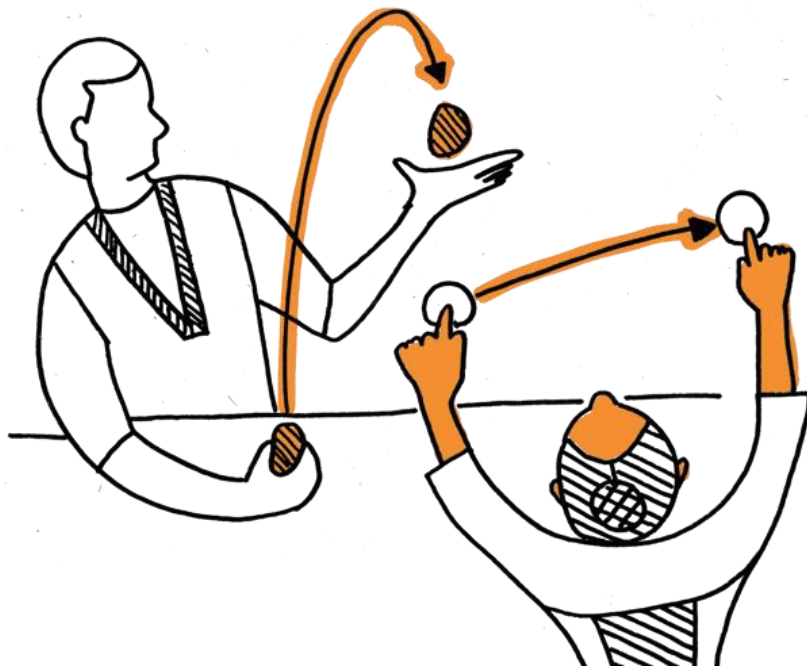
It keeps our work focused on a particular community, behavior change, and obstacle(s).

IF WE DO NOT USE IT:

We lose focus of what we really have to solve, what the real challenge is, and instead focus on solutions that are new and exciting.

IN OROMIA:

The team determined a research objective to guide their work. The objective focused on the perception and use of curative and preventive health services in the peri-urban poor areas of Oromia.



RESEARCH OBJECTIVE

Our objective is for caregivers in peri-urban poor areas to change from not seeking health services to seeking both curative and preventative services by addressing misinformation within the community.

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PERSONAS

WHAT IT IS:

Personas are fictional characters used to understand the needs, values, aspirations, abilities, limitations and character traits of different users.

WHY WE USE IT:

Personas keep the team focused on realistic portraits of the people we want to reach so that we design solutions that are desirable and useful to the community.

IF WE DO NOT USE IT:

Solutions fail to consider personal constraints and day-to-day hardships. The reality is that most people, most of the time, are not thinking about vaccination.

IN OROMIA:

A. Teams identified important types of people affecting the peri-urban poor in Oromia. This included the caregiver, father, health worker and religious or community leader.

B. Personas were drafted for the 4 main actors, to be updated with new data after 'rapid inquiry'.

PERSONA: Caregiver: Mother in informal settlement

Background & Environment

My name is: **Nyala**

I live in *(geography and conditions)*: an area right next to Adama. Our house is very small and made out of iron sheets. We arrived here one year ago.

Responsibilities

In my family and my community, I believe my responsibility is to: **care for my children so that my husband can focus on his work; our whole family relies on his income. I support other mothers like me.**

Motivations

I am most motivated by my desire to: **protect my family and give them the care that they need: I keep them healthy and well fed. If I don't do it, no one else will.**

Frustrations

I worry most about: **not being able to afford or get the approval of my husband to get my children treatment if they get sick.**



Influences

When I am deciding how to act, or make an important decision, the people / platforms that I look to are:

1

Name: **The elders in the community**

Reason: **They have been through a lot and they know from experience.**

2

Name: **My neighbors and friends**

Reason: **I feel close to them and they have the same struggles as me**

3

Name: **The leaders in the community**

Reason: **I respect them and they are the ones who keep the culture alive.**

4

Name: **Experts in the area where I need help**

Reason: **They know best, they have the information. (health workers)**



In the morning, I am

Doing chores around the house so that I can help my husband and he can go to work to bring home money.



During the day, I am

Speaking to my neighbor in between the different things that I have to do. I tell her what I am worried about and she tells me about her experiences.



In the evening, I am

Putting the children to sleep and letting my husband rest because he has had a long day.

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JOURNEY MAP & STARTING IDEAS

WHAT IT IS:

The 'Journey to Immunization and Health' serves as a guiding framework to consider the barriers and enablers at every point of the experience: before, during and after the point of vaccination.

WHY WE USE IT:

Considering every stage in the 'Journey to Immunization' provides invaluable insight into the cultural, social and normative dimensions of demand. Starting ideas, or informed hunches for solutions, are paired with each stage to use during the 'rapid inquiry' phase to prompt community feedback and participation.

IF WE DO NOT USE IT:

We risk focussing on gaps in knowledge alone. Though knowledge and awareness are important, research shows that they are not enough to overcome resistance to adopting a new behaviour.

IN OROMIA:

- Teams considered each persona separately and mapped the main **barriers** and **enablers** to seeking/supporting immunization.
- Teams focused on the top barriers from the 'Journey to Immunization' and discussed initial **starting ideas** to solve these barriers.

CAREGIVER PERSONA

	BARRIERS	ENABLERS	IDEAS
1 Knowledge & Awareness	<ul style="list-style-type: none"> Misconceptions around vaccines: it is to treat illnesses, it can cause infertility, multiple injections are bad. Not sure when or where to go for clinic 	Trust in the elders, leaders and the neighbors.	Organize regular group gatherings during which mothers can discuss their fears and share positive experiences.
2 Intent	Husband makes the decisions indirectly because he controls the expenses for the family.	Fathers want to be able to put money aside in case their children need it.	Empower fathers to support their wives in the decision to immunize, discussing role and responsibilities of fathers for vaccination on popular radio shows.
3 Preparation, Cost & Effort	Can only afford free services, so they start with home remedies. All the money that is saved is put aside in case of illnesses.	Very strong community ties. Possible for mothers to rely on each other to complete the immunization sessions.	Provide 1 bag of lentil for the mother and 1 for the father for each completed immunization session.
4 Point of Service	Long waiting times keep caregiver from other priorities, and her child can get sicker during that time.	Other mothers, peers that also are at the clinic. Time spent in the clinic can be used to share information.	Rotating grandmother community volunteers are outside clinic to entertain children and engage mothers in health discussions.
5 Experience of Care	<ul style="list-style-type: none"> Fear of being in the clinic without the vaccination card. Fear of multiple injections. 	Trust of health worker knowledge.	Create recognition and a visible tracking system so caregivers can easily see their progress toward completion.
6 After service	Not enough information about when to go back to the clinic. No follow up or contact tracing to refer patients from one clinic to the other when they move.	Sharing experiences with friends, neighbors and the community.	<ul style="list-style-type: none"> Give a blanket with the vaccination calendar to all newborns. Provide social proof displays like poster of vaccinated children's name in the community or charm bracelets for caregivers.

FIELD RESEARCH

To better understand people, a team of 4 researchers conducted rapid inquiry, focusing on peri-urban poor areas of Oromia, speaking to the key actors who make or influence decisions.

RAPID INQUIRY INTERVIEWS

13

Caregivers

10

Fathers

8

Community
Leaders

9

Health
Workers

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DISCUSSION GUIDE

WHAT IT IS:

A discussion guide is a checklist for conducting 'rapid inquiry.' It includes reminders of background information to share, open-ended questions to ask and activities to administer.

WHY WE USE IT:

Having a good conversation with a stranger is not easy. To help the person feel comfortable while collecting relevant information, we follow a discussion guide.

IN OROMIA:

1. A discussion guide template was shared with the team.
2. The team reviewed and edited the provided discussion guide template. They changed questions that were unclear and included open-ended questions and appropriate rapid inquiry activities relevant to the research objective.
3. The team practiced asking questions and going over the discussion guide before going to the field.

DIRECTIONS: Below is a template for a discussion guide. For each person you interview (caregiver, health worker, father, leader/influencer), tailor the questions to be relevant to their position and understood in their community. Before using a discussion guide, test the questions and activities by conducting a practice interview with your peers and reworking as needed to be clear.

Introduction

1. Hi my name is ...
2. I am conducting this interview because we would like to learn more about your point of view on immunization and health services.
3. I am going to be asking questions and referencing this discussion guide throughout. The rest of the team will be taking notes and may add a few questions if that is ok.
4. What you say is confidential. There are no right or wrong answers, we are interested in what you think.

4 DISCUSSION GUIDE

TRY AN ACTIVITY

Activities are a great warm-up, so if they are part of your plan, put them towards the beginning. Pick from the below activities by ticking the box.

Example card sort activity: I've brought an activity with me today that I will explain. There are no right or wrong answers.

First, separate out the cards that reflect something you've experienced. Then categorize them as **positive**, **neutral**, and **negative**.

Look at the **positive** pile: Can you tell me about what happened? What went well or worked well?

Look at the **negative** pile: From these, which 2 cards represent something you wish you could change? Why? What could be done to address it?

ROLE PLAY

Role play gives you an idea of how things usually happen: dialogue, reactions, interpersonal dynamics and instincts of the people you are interviewing.

GUIDED TOURS

Request a guided tour of a home, workplace or clinic. This will let you observe the details of daily life as well as the routines and habits of a community.

PHOTO JOURNALING

Visual documentation can help better understand a person's context, the people who surround them, the community dynamics, and their journey.

DRAWING / VISUALIZATION

Visualizing uses a different part of the brain than speaking. A quick sketch, graph, or timeline is a fantastic way to overcome language barriers and keep a record of your research. Drawing can help the interviewee organize his/her thoughts visually — or the interviewer can draw to prompt ideas and guide the conversation.

CARD SORTS

Cards give the person you are interviewing options to prioritize, sequence and explain. Instead of asking them to generate words and images, cards allow the interviewee to concentrate on the deeper meaning or values that the cards illustrate.

GROUP INTERVIEW

Group interviews are a great place to start research, after building your discussion guide, when you are looking for a better understanding of how a community operates and interacts.

PEER OBSERVATION

To gain richer and deeper understanding about the people you are learning about. Make them your research partners and give them the tools to collect and share their own, and each other's thoughts, hopes, fears, and behaviours.

view? These will not be used publicly.
, and we will not include your face in

swering. These don't have to be directly
out them as a person.]

r you?

important to your environment. Can you
at works well? What doesn't? If you
ething you never use? What tools
rounds have you found?

ted about? Why?

CHALLENGES EXPLORED DURING RAPID INQUIRY



Forgetting the card



Elders influence



Transportation



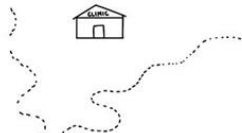
Home deliveries



Vaccine stock-out



Female autonomy



Geographic access



Daily work



Rude health workers



Sick care



Language barriers



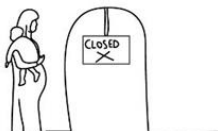
Permission / security



Domestic work



Having many children



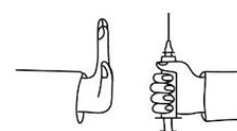
Vaccinator presence



Long waiting time



COVID



Refusals



Literacy / education



Migrants



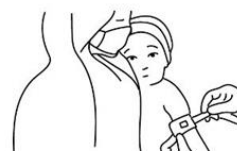
Schedule of vaccines



Side effects



Poverty



Integrated services

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RAPID INQUIRY

WHAT IT IS:

Rapid inquiry is a technique to understand the many social, cultural, political and economic influences and motivations in a community.

WHY WE USE IT:

We use rapid inquiry instead of traditional research for 3 reasons: (1) it focuses on uncovering ideas instead of uncovering patterns alone (2) it helps us to better understand user conditions and experiences and (3) instead of findings that are projectable to a large population, findings are relevant to a specific community.

IN OROMIA:

Participants travelled to various locations in Adama and around Adama in Oromia to interview mothers, health workers, fathers and community leaders to gather their input on what exists, and how we can help them support, attend, and provide immunization services.



FIELD RESEARCH



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SYNTHESIS

WHAT IT IS:

Synthesis is the process of sorting through the unstructured information collected from the field. It uses your analysis skills and intuition to identify important themes from field notes: quotes, observations, artifacts and **rapid inquiry** activities.

WHY WE USE IT:

Completing the synthesis exercise serves two purposes: (1) Catalogue findings and (2) Uncover the root causes.

IN OROMIA:

After returning from the field, the team completed a research record sheet for each of the interviews.

A few weeks later, a larger group reviewed the research records and worked on a more exhaustive synthesis: improving the initial personas and recognizing insights, patterns and possible solutions in the prioritized data.

The synthesis and revised personas are catalogued in the following sections.

A

My name is: *Amadi*

I live in: *My family house in Adama. We have been here for many generations. My wife and I live with my parents.*

I think it is my responsibility to:

Promote important practices and to share important information and mobilize the community when it matters.

I spend most of my time:

Trying to support the community member as much as I can, and being there for them.

I find most of my information through:

Experts because they have access to important information. Sometimes I refer to other leaders because they have experiences similar as mine and can give advice.

I want people to say about me:

That I know how to provide guidance, support my community when they are not getting what they need and encourage them to do what is good for them.

I think health services in general are:

Very important, and I am very glad that they are available in this community even though the means are very low.

And that specifically immunization services are:

not well explained and not accessible enough, there is so much important information that is not being shared.

I wish immunization services were:

Designed with the community's needs in mind, especially in terms of service delivery (date, time, provider).

B

3 AHA! MOMENTS

Diagnose deep insights about this persona that explain **WHY** something is happening.

There is little knowledge about prevention and about vaccines as preventions. People wait to be sick to get treatment.

Lack of collaboration between different stakeholders makes the health systems weaker.

Overworked health workers (HEW) are demotivated.

3 SUGGESTIONS

Choose the 3 most promising 'Suggestions from the Community' out of ALL suggestions collected.

Create an immunization day (or part of a day) specifically for working mothers. Keep the clinic open later on one day of the week.

Share stories about how prevention has saved the lives of many children in the community.

Create a community event that celebrates families that are fully immunized and raises awareness about the importance of prevention.

2 THINGS WE MUST ADDRESS

Prioritize the 3 most important barriers to solve for this persona.

Service delivery is inconvenient and does not respond to the needs of the community (time, dates). It can also be hard to remember the appointment.

Mothers believe that one vaccination is enough to protect the child. So a lot of mothers stop after one.

WHAT WE LEARNED

After synthesizing the collected data, the team updated key personas to include insights about habits and motivations, note community suggestions and prioritize the key issues to be addressed.



CAREGIVER PERSONA

My name is **Lellise**.

I live in **Adama in Oromia**. Our house is very small and made out of iron sheets. We arrived here one year ago.

I think it is my responsibility to **care for my children** so that my husband can focus on his work; our whole family relies on his income. I support other mothers like me.

I spend most of my time **doing chores around the house** so that I can help my husband and he can go to work to bring home money.

I find most of my information **through my neighbors and friends** because I feel close to them and they have the same struggles as me. And also from the elders in the community, because they have been through a lot and they know from experience.

I want people to say about me that I **protect my family and give them the care that they need**; I keep them healthy and well fed.

I think health services in general are **important**, but I always worry we won't be able to afford them.

And that specifically immunization services are **important to treat the children of bad illnesses**.

I wish immunization services were **easier for me to access**, so that I could be able to take my children when they need to go.



3 AHA! MOMENTS


1. Assumes vaccines are curative, given to cure illnesses
2. Associates health service waiting time with productivity loss in terms of her work
3. Health facilities lack contact tracing and referral systems when a client relocate his/her residency/catchment area

3 SUGGESTIONS FROM THE COMMUNITY

1. Redesign vaccine cards to ensure comprehension (consider literacy)
2. Encourage neighbors to go to the clinic together
3. Educate pregnant mothers about PNC vaccinations

2 THINGS WE MUST ADDRESS

1. Mothers believe that vaccines are used to cure illnesses instead of preventing them and **do not know much about the importance of prevention.**
2. **Mothers don't like going to the clinic** because it takes time to get there, the wait is long and they miss house work.

An illustration of a man with dark skin and short hair, wearing a light blue and white striped long-sleeved shirt. He is standing against a solid blue background. Three white speech bubbles with black outlines are positioned around him. The first bubble is to his left, the second is above his right shoulder, and the third is to his right.

Income is my responsibility, and child care is my wife's responsibility.

There aren't enough HEWs — they miss many households.

Immunization is important when people are sick.

HEAD OF FAMILY PERSONA

My name is **Yohannes**.

I live in **Adama in Oromia**.

I think it is my responsibility to be the main **source of household income in the family so that my wife can take care of children**.

I spend most of my time **working as a day laborer. Because of the long hours, I am unable to spend much time with my children.**

I find most of my information **from radio services. I have access to a television as well as basic phone service.**

I want people to say about me that **'He is a great provider for his children and is able to sustain his family.'**

I think health services in general are **within physical reach of the household, but since many people are needy or poor, we only really have access to services that are free of charge, even if the condition is very serious. My wife will rely on home remedies when the condition is less serious.**

And that specifically immunization services are **useful cures when our children are ill, or when my wife and other mothers are pregnant.**

I wish immunization services were **reaching every household. They often miss households because there are too many to visit and they are understaffed. We need more HEWs in our community.**

WHAT WE LEARNED



3 AHA! MOMENTS

1. The purpose of vaccination is misunderstood—seen as a cure rather than a preventative effort.
2. Women were visiting facilities alone; only one husband joined his wife. Both received other health services during their visit.
3. Community and religious leaders are very well respected, so people live according to what they tell the community.

3 SUGGESTIONS FROM THE COMMUNITY

1. Hire and train more HEWs to ensure they can reach everyone in the kebele.
2. Encourage HEWs to include fathers, religious leaders and clan leaders in counseling for any health service.
3. Use the community leader's relationship with fathers to encourage them to support, and sometime attend, health services.

2 THINGS WE MUST ADDRESS

1. Fathers and caregivers **don't know when immunization services should be used**, especially for children and for postpartum women.
2. Fathers aren't prioritized by their community leaders or health workers when it comes to pursuing immunization.



HEALTH WORKER PERSONA

My name is **Feyisa**.

I live in **Adama in Oromia**.

I think it is my responsibility to **make my community feel reassured about immunization and ensure that they understand the benefits of vaccination**. Right now there are some misunderstandings about the experience, but we also need to make the services easier to access.

I spend most of my time **doing house visits**, but there are too few health expansion workers. It is hard to get to every household and transportation can be difficult.

I find most of my information **from other health professionals or through trainings**. I listen to the radio as well when possible.

I want people to say about me that **I provide helpful health information to the community while saving them a trip to the clinic**.

I think health services in general are **essential, but not well understood**. Our goal is to **make it accessible**, but the community does not always trust health information from HEWs. They do not always see me a real health professional.

And that specifically immunization services are **a preventative practice to ensure families do not get sick**. It is so important in the first few years of a child's life.

I wish immunization services were **better tracked and more efficient**. The clinic experience can be uncomfortable for caregivers, so we visit the community to share as much helpful information as we can.

WHAT WE LEARNED



3 AHA! MOMENTS

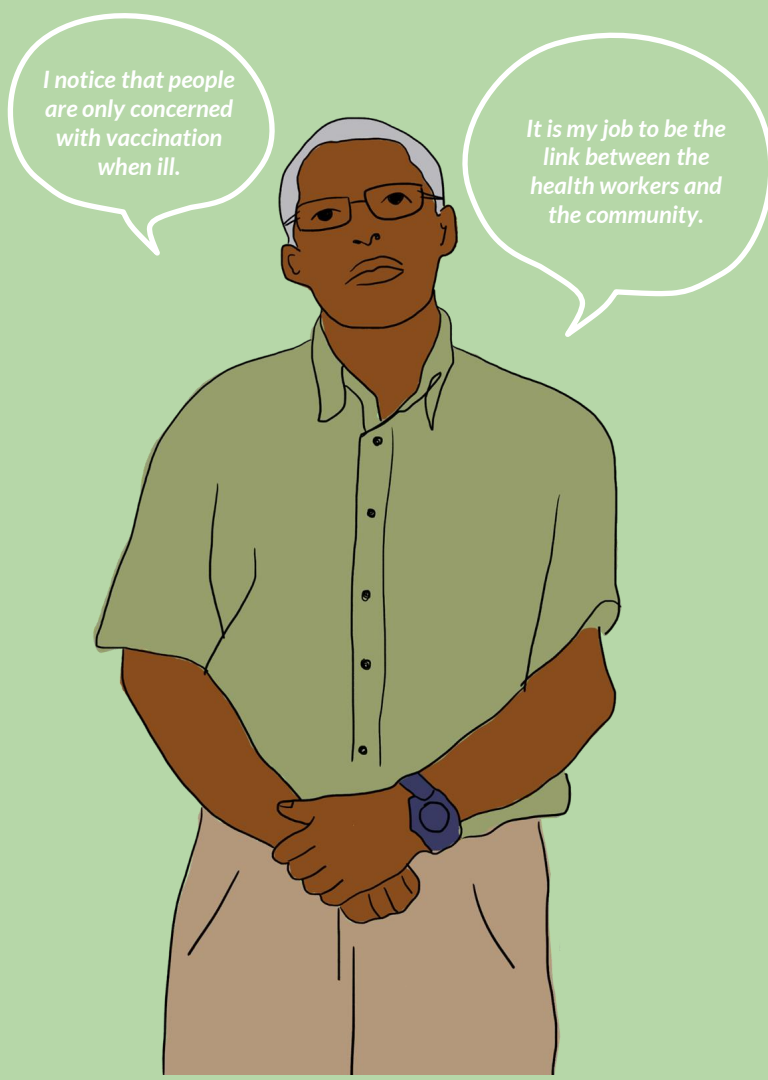
1. Some still believe that a child under 45 days old is physically unable to handle injections.
2. The households in each kebele hosts coffee ceremony where neighbors gather and discuss important issues.
3. The interpersonal experience at clinics feels intimidating to caregivers.

3 SUGGESTIONS FROM THE COMMUNITY

1. Have HEWs join the coffee ceremonies to answer questions or mitigate misunderstandings about immunization.
2. Reward and recognize good health seeking behaviors, especially for mothers and fathers.
3. Childbirth is a great opportunity to have conversations with mothers about MNCH and immunization services.

2 THINGS WE MUST ADDRESS

1. There are not enough HEWs per kebele. They feel **overworked, understaffed, and unsupported**.
2. Caregivers feel so **intimidated by the clinic experience** (long waits, uncompassionate or disrespectful HWs, or lost vaccination cards) that they become unwilling or unable to receive the services they deserve.



LEADER PERSONA

My name is **Ahmed**.

I live in **my family house in Adama**. We have been here for many generations. My wife and I live with my parents.

I think it is my responsibility to **promote important practices and to share important information and mobilize the community when it matters**.

I spend most of my time **trying to support the community member as much as I can and being there for them**.

I find most of my information through **experts because they have access to important information**. Sometimes I refer to other leaders because they have experiences similar as mine and can give advice.

I want people to say about me **that I know how to provide guidance, support my community when they are not getting what they need and and encourage them to do what is good for them**.

I think health services in general are **very important**, and I am very glad **that they are available in this community even though the means are very low**.

And that specifically immunization services are **not well explained and not accessible enough, there is so much important information that is not being shared**.

I wish immunization services were **designed with the community's needs in mind, especially in terms of service delivery (date, time, provider)**.



3 AHA! MOMENTS

1. There is little knowledge about prevention and about vaccines as preventions. People wait to be sick to get treatment.
2. One health center alone cannot create improvement, different health stakeholders need to collaborate to can bring real change to health services.
3. Overworked health workers (HEW) are demotivated.

3 SUGGESTIONS FROM THE COMMUNITY

1. Create an immunization day (or part of a day) specifically for working mothers. Or keep the clinic open later on one day of the week.
2. Share stories about how prevention has saved the lives of many children in the community.
3. Create a community event that celebrates families that are fully immunized and raises awareness about the importance of prevention.

2 THINGS WE MUST ADDRESS

1. **Dates and times for service delivery are inconvenient** and do not respond to the needs of the community. It can also be hard to remember the appointment.
2. Mothers **believe that one vaccination is enough** to protect the child. So a lot of mothers stop after one vaccination session.

WHAT WE LEARNED

I notice that people are only concerned with vaccination when ill.

Caregivers are intimidated when they come to the clinic.

We are overworked and understaffed. We don't get the support we need.

Income is my responsibility, and child care is my wife's responsibility.

There aren't enough HEWs — they miss many households.

It's important to get children vaccinated if they are sick.

Waiting at the clinic keeps me from important tasks at home.

It is my job to be the link between the health workers and the community.

I enjoy speaking to my neighbor, I tell her what I am worried about and she tells me about her experiences.



IDEA GENERATION

A creative 'brainstorming' session was held to translate the 'must address' issues into actionable ideas. During the first session 8 'things we must address' turned into 150+ ideas in response.

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IDEA GENERATION

WHAT IT IS:

Refined ideas are the second round of idea generation: improved ideas based on evidence and human motivation we uncovered during 'rapid inquiry.'

WHY WE USE IT:

The process of design forces us to think in concrete terms about how an idea would work.

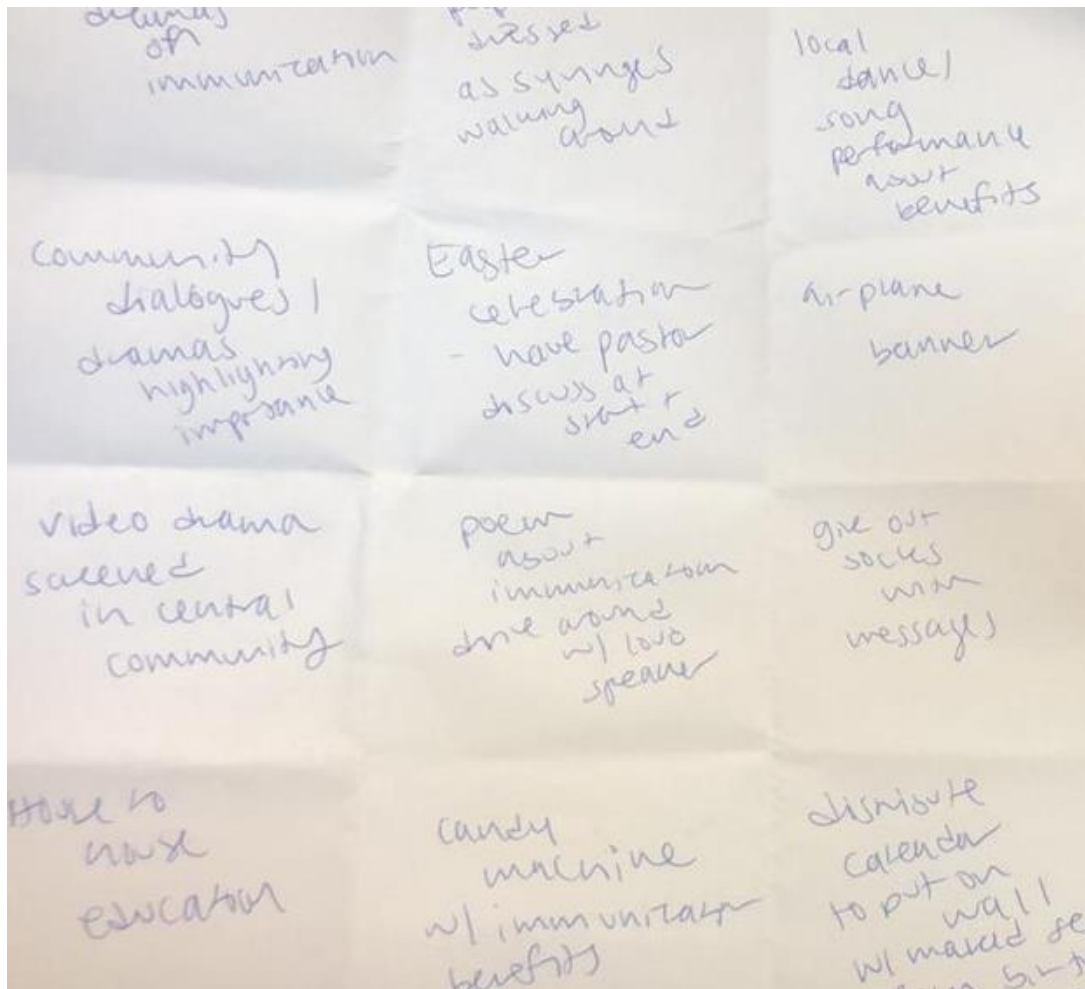
IN OROMIA:

The core team regrouped after the synthesis with additional participants for an idea generation session.

The team first reviewed the 4 personas, the key insights, community suggestions and what "must be addressed"

Participants were then given instructions and guidance for brainstorming solutions: for each 'Must Address', they were given one prompt based on insights from one persona.

Throughout the session, participants alternated between brainstorming, sharing with the group and building on each others' ideas.



top 8 'things we must address' from synthesis



1

How might we reframe immunization as **important preventive medicine** instead of an optional curative treatment?

5

How might we design a more welcoming, reassuring, and efficient **clinic experience**?

2

How might we **reduce the burdens** (time & effort) of attending health services?

6

How might we incentivize new health workers or **recognize current health workers**?

3

How might we create engaging, **helpful reminders** for when families must seek health services?

7

How might we **involve the community** in designing a service experience that is more convenient for them?

4

How might we **put fathers at the center** of immunisation conversations?

8

How might we **recognize immunization progress** and celebrate the completed process?

CAREGIVER



How might we reframe immunization as **important preventive medicine** instead of an optional curative treatment?

1

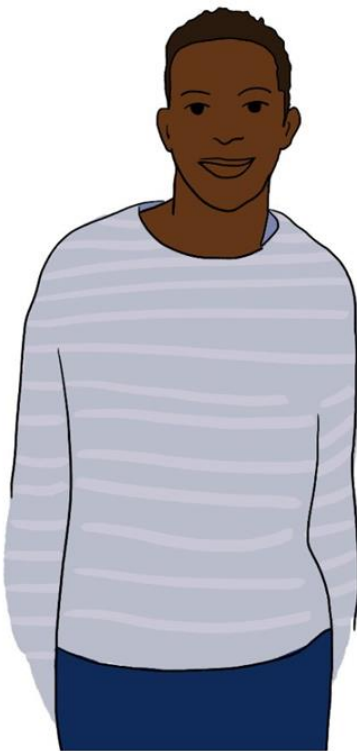
mass comms for caregiver counseling	Strengthening the linkage of integrated services: giving clear ideas.	local dramas or dances highlighting benefits	Use local sayings during promotion	By giving caregivers during vaccination a list of preventive services to be provided, instead of just for treatment.
instead of just offering advice, offer a tangible prize or reward for each child who gets vaccinated	Mother group discussion on how vaccine works and why it's important	By regular education on immunization benefits, using the influencers	Deploying more volunteers to help with misconceptions.	Indicators how vaccine works: illustrations in the immunization card
improving the health status of caregivers: providing health education, skills training, and other services to improve their health	engaging community members in preventive health services	deploying more volunteers to advocate misconceptions	"Aunty grandma" radio shows where elders give advice.	Map the "saved lives" (beads on a necklace).
Creating awareness that immunization is the preventive. Diseases are preventable, giving key messages.	Disseminate the message "Vaccine is a lifesaver for your child, not just a job of vaccine"	Organic education: education at the working place of health center	Appoint local mother as a vaccine advocate: change the vaccine work environment	Local radio PSA on vaccine & vaccination at regular basis
Story book on how vaccine works	Picture of death "reincarnation" and how vaccine can prevent it	Picture of death "reincarnation" and how vaccine can prevent it	Mother group discussion on how vaccine works and why it's important	Adoptive short videos on how vaccine works and show in the clinic waiting place
capitalize indigenous knowledge	Integrate with community members and give a market place and other public places	Illustrative cartoon on how vaccine works and give a market place and other public places	Inclusion on vaccine works in the immunization card	house to house education
Utilize local radio, drama, and other media to promote vaccine	local dance / song performance about benefits	airplane banner	give out socks with messages	sandy matching with immunization benefits.
when caregivers are not available, use a community health worker to provide vaccine	when caregivers are not available, use a community health worker to provide vaccine	when caregivers are not available, use a community health worker to provide vaccine	when caregivers are not available, use a community health worker to provide vaccine	when caregivers are not available, use a community health worker to provide vaccine

How might we **reduce the burdens** (time & effort) of attending health services?

2

Educating husbands to be supportive of household chores and childcare.	expand outreach especially for preventive services, movement stage or facilities to reduce waiting time	Giving CLEAR appointments date and time	increasing the number of VCHs providing services. Maybe the burden will be lighter	Introduce or make the service more mobile: services in the community which is easily accessible	To provide weekly services, instead of once a week
Arrange regular vaccination session with fixed dates	Organize regular vaccination sessions together to clinic or mobile vaccination session	Organize regular vaccination sessions together to clinic or mobile vaccination session	Arrange transport for group of caregivers for vaccination	Animation short video on how vaccine works and show in shop at the clinic waiting place	Linking immunization days with key community festivals and market days
Have community fund for transport on vaccination	Vaccination TRUCK or VAN	Small reimbursement on transport cost by community	Network with local groups for transport arrangement	Create income generation activities at waiting area	Community fund for transportation.
Volunteer transporters	first come first serve at facilities	effective utilization of work time	increase and train providers	Utilizing transport services as they reduce waiting time	build health post close to houses.
Vaccination TRUCK or VAN	using social media to give recognition to hws	transportation services must reduce the cost for mothers during vaccination	Family member or society have to prepare rewarding events	children system with mobile when attending health services	identify the health services where everyone goes to (e.g. to the market)
The grandma club: they take care of the kids when caregivers are not available (vaccination).	Day day: one day per month fathers do chores so that mothers can do other things (vaccination).	Day day: one day per month fathers do chores so that mothers can do other things (vaccination).	The community helps with emergency chores - call a friend.	Integrate the health services at facility to reduce wait times	reduce when services can happen at 10, which require higher 77
mealshare when one night someone gives a 777 provide food	bus service going house to house	ambulance service for emergencies childbirth			

HEAD OF FAMILY



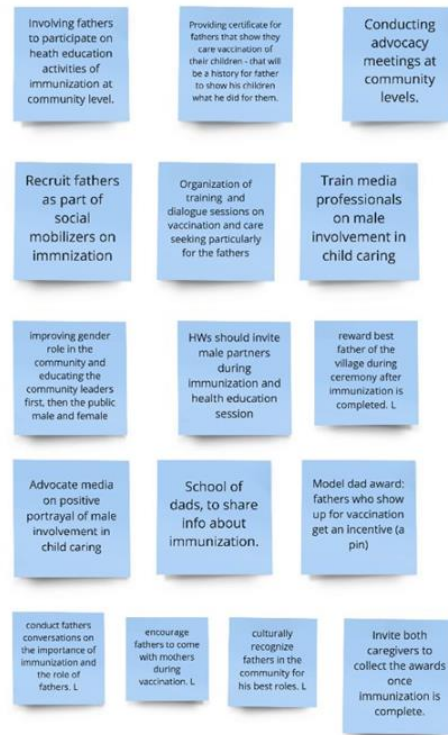
3

How might we create engaging, **helpful reminders** for when families must seek health services?

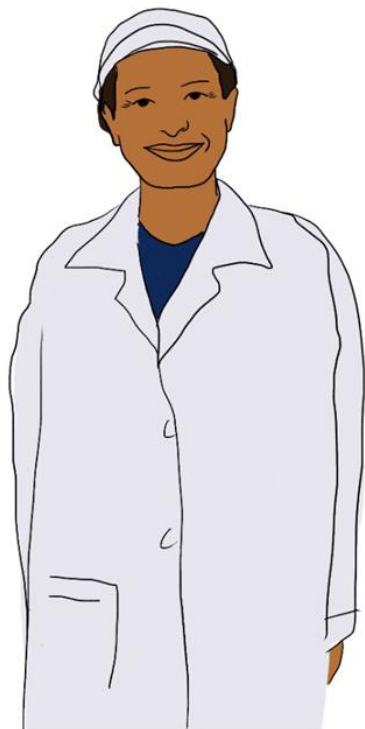


4

How might we **put fathers at the center** of immunisation conversations?



HEALTH WORKER



5

How might we design a more welcoming, reassuring, and efficient **clinic experience**?



6

How might we incentivize new health workers or **recognize current health workers**?



LEADER



7

How might we **involve the community** in designing a service experience that is more convenient for them?

Start planning with the community and involve them in all phases of the programme.

By consulting representatives from women (mothers, fathers and community leaders to make decision for workable schedule.

Involvement of local stakeholders on vaccination micro-planning for community mobilization activities

increase the number of HWs at HF

reconsider the # of ppl

on a day women go for vaccination, men should do chores expected from her on that day. L

Application of HCD with different stakeholders including community leader on improvement of service experience

Building partnership with community groups and leaders for immunization and care-seeking services

Advocacy with community and religious leaders on improvement of service experiences

8

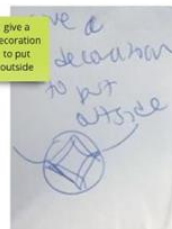
How might we **recognize immunization progress** and celebrate the completed process?

Community members of local area to be selected with different roles in the program, ensure the participation mothers and families concerned from village to that of other in the village in the presence of others.

Publicly recognize those completed, giving priority for other public services for this segment of population, ..

Provision of recognition certificate or banner or treatment or give or change the local service product to the family who completely immunized their children

give a decoration to put outside



catch up sessions

community festival featuring fully immunized

kids meals for fully immunized tied with sessions to catch up

Recognition ceremony

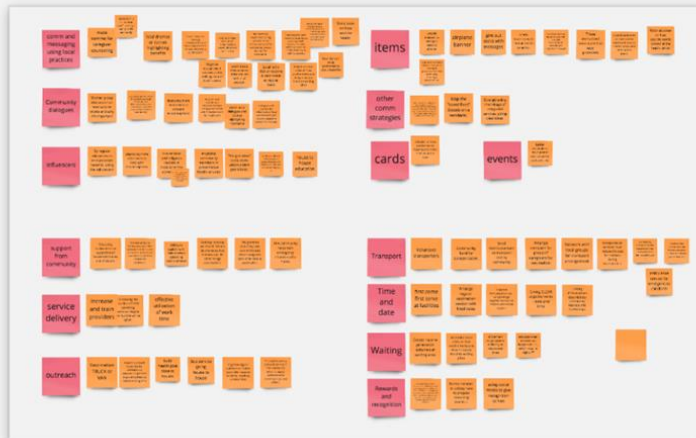
Add a golden or silver seal on the vaccination card when it is completed

reward the family who uses health services at the end of the year. L

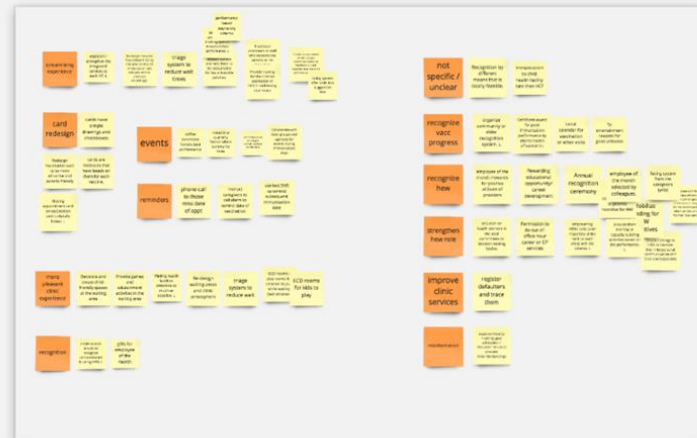
IDEA PRIORITIZATION

Ideas were filtered and clustered during a second creative working session. The team voted for the 8 ideas that were most desirable to the community and the easiest to implement.

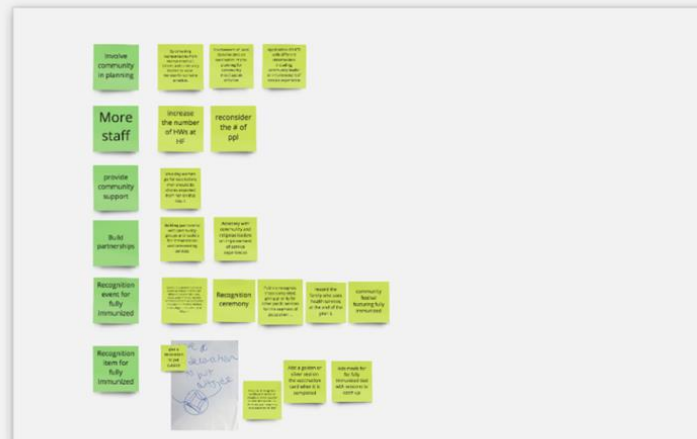
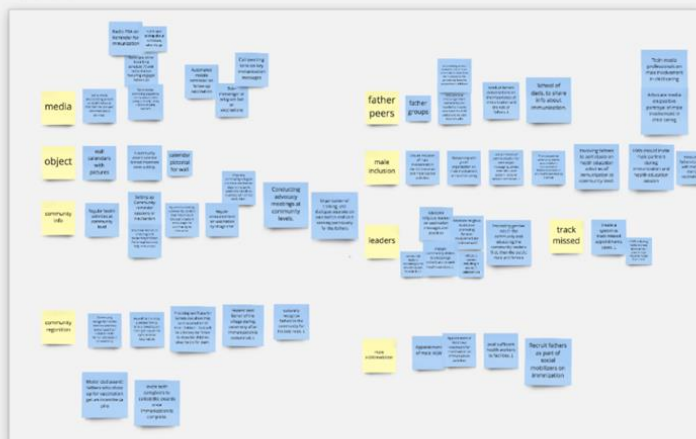
Caregivers



Leaders



Leaders



SELECTED IDEAS

The participants selected the 8 most desirable + easy (feasible / viable) ideas. There is one idea for each 'must address' that moves to the 'prototype + feedback' stage.



1 Community dialogues: mothers groups, leaders and grand mothers to discuss the importance of vaccines as prevention

2 Giving clear appointments - date and time, to reduce waiting time in the clinics.

3 Regular announcement by village crier on vaccination

4 Formal community ceremony to recognize families who fully immunize children

5 Waiting room improvement: triage system to reduce wait times and child friendly spaces

6 Involve local stakeholders in micro-planning for vaccination community mobilization activities.

7 Employee of the month / HW rewards for positive attitude of providers

8 Community ceremony/festival with drama, music, poetry to recognize families who completed their vaccination schedule.

1

2

3

4

5

6

7

8

9

PROTOTYPE + FEEDBACK

WHAT IT IS:

A **prototype** is anything a person can look at and respond to. The act of **prototyping** is a way of collecting feedback by testing an idea with the person who will use it. We collect feedback to determine: (1) is it **desirable** to users? (2) Is it **easy** to implement?

WHY WE USE IT:

The purpose of prototyping is to involve users – those who will be using the solution – in shaping its form and function.

IN OROMIA:

- Teams sketched the ideas to gain an understanding of how they would build a final example in their own community.
- Teams applied the filter of desirable and easy to each idea.

WAITING ROOM//TRIAGE SYSTEM

WHO

- Health Centers

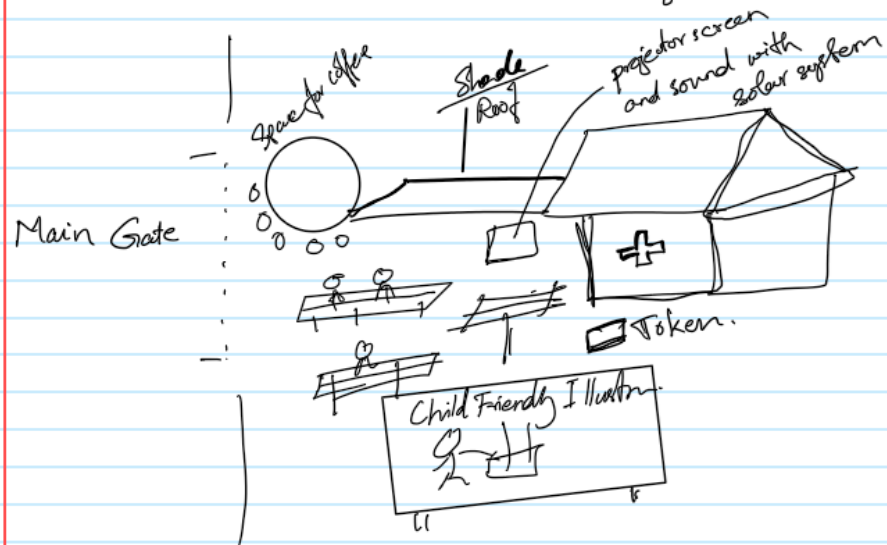
WHY

- Because =>
- ① Space for edutainment
 - ① First interaction
 - ② Space for interaction (caregiver/How)
 - ④ Can target both caregiver & children's services

WHAT

- Pitch/Presentation

- Illustration or Small model of desired triage



1

How might we reframe immunization as important preventive medicine instead of an optional curative treatment?

Community dialogues: mothers groups, leaders and grandmothers must discuss the importance of vaccines as prevention.

Understanding the fellow mothers and matriarchs are a source of trusted information for caregivers, creating a space for community dialogue allows mothers to ask questions and benefit from the experience of others who have vaccinated their children.



2

How might we reduce the burdens (time & effort) of attending health services?

Give clear appointment dates and times to reduce waiting time in the clinics.

A common hurdle to vaccination is missed appointments. A simple step to combat this is clear appointment times or blocks that can prevent long lines at the clinic by staggering appointments.



3

How might we create engaging, helpful reminders for when families must seek health services?

Regular announcement by village crier on vaccination.

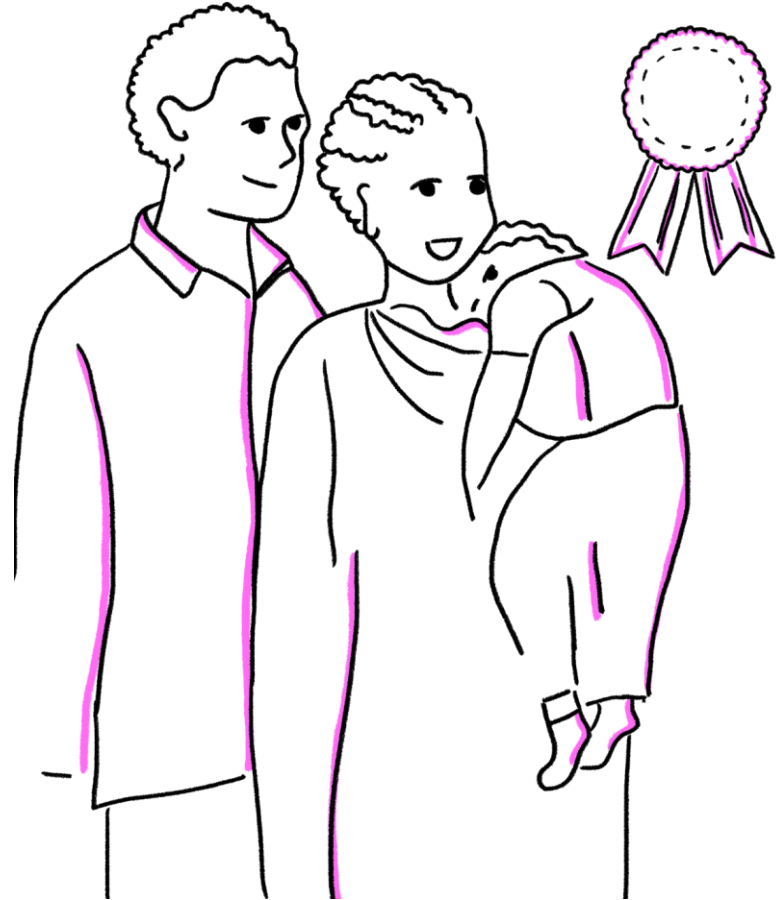
Communities are already accustomed to hearing village criars share important announcements. Vaccination information can also be shared to ensure both knowledge and awareness of immunization.



How might we put fathers at the center of immunisation conversations?

Formal community ceremony to recognize families who fully immunize children.

Recognition of good behaviors is essential to building better health habits. This idea leverages existing communities gatherings and includes a ceremony that praises families who have fully immunized their children.

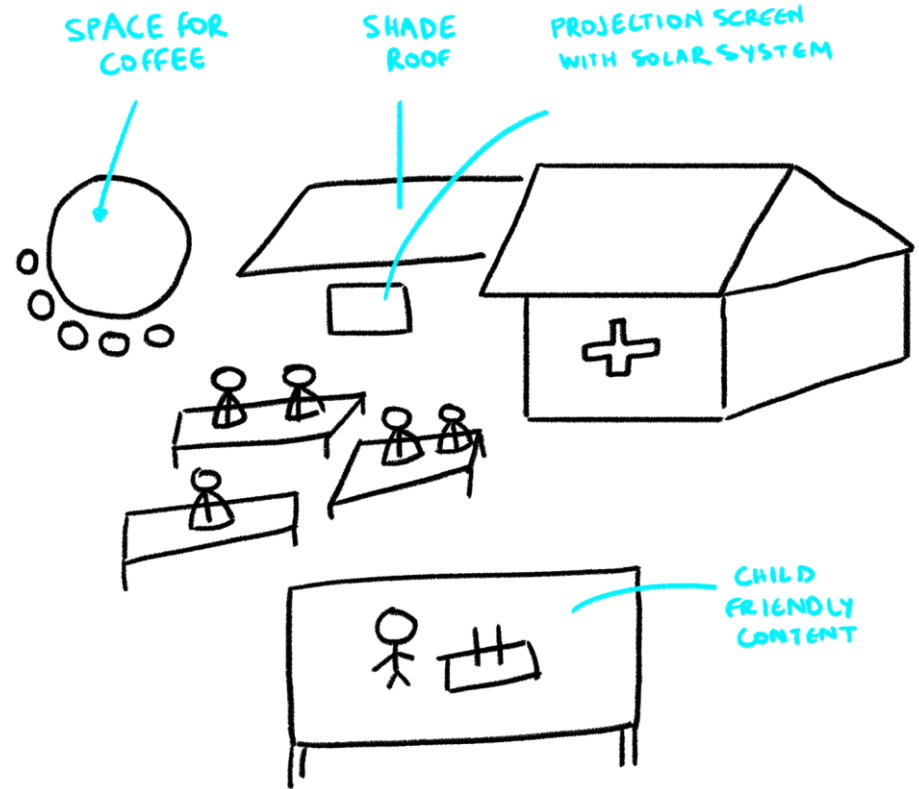


5

How might we design a more welcoming, reassuring, and efficient clinic experience?

Waiting room improvement: triage system to reduce wait times and child friendly spaces.

Sometimes long waits are inevitable when the clinic is busy. Instead of long waits in the sun that result in tired mothers and upset children, the waiting room can become a space that is child friendly, more accommodating and more comfortable.



6

How might we incentivize new health workers or recognize current health workers?

Employee of the month / HW rewards for positive attitude of providers.

Recognition, incentives and praise of great employees are also key for rewarding good performance. This can happen in the form of employee of the month awards or awards that commend positivity and welcoming attitudes from health workers.

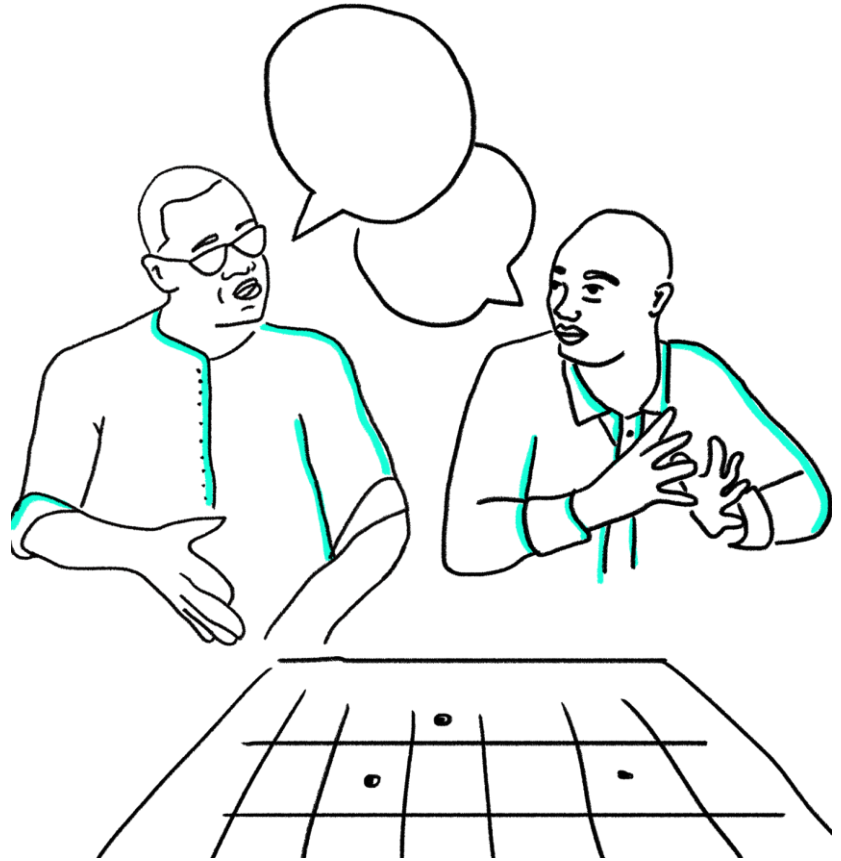


7

How might we involve the community in designing a service experience that is more convenient for them?

Involve local stakeholders in micro-planning for vaccination community mobilization activities.

Building solutions with community input is essential. In planning community mobilization activities, it is vital to involve key local stakeholders who have influence and intimate knowledge of the community.



How might we recognize immunization progress and celebrate the completed process?

Community ceremony/festival with drama, music, poetry to recognize families who completed their vaccination schedule.

Turning knowledge into a fun, memorable experience helps all ages become more familiar with immunization knowledge and more accepting of the practice. This idea relies on role play to demonstrate good behavior, can recognize families who have completed the vaccination schedule, and address concerns or questions through the performance.



NEXT STEPS

The team will continue the work to develop physical prototypes for each of the 8 ideas. These examples will be taken into the community for further testing, feedback, and continuous monitoring after initial improvements are made.

9 PILOTING & ITERATIONS

LEARNING
GOALS

PILOTIN
G

CONTINUOUS INQUIRY

Adapt and improve solutions.

WHAT IS PILOTING & ITERATION?

Piloting is an opportunity to continue to collect feedback as we implement our solutions.

WHY WE USE PILOTING & ITERATION?

As prototypes continue to be tested, improved, and monitored over time, we learn what does and what does not work in the real world.

INSTRUCTIONS:

Complete one worksheet for EACH prototype.

- Identify and list your learning goals: What questions do you want to ask, and what observations do you want to be able to make, during your piloting session?
- Prepare for the interview: Choose relevant locations (remember to look for diverse perspectives) and identify the people you want to interview (fill in the blanks).
- Conduct research and fill out one 'Prototype Evaluation' worksheet (see next page) for each location and plan for improvements before your next piloting session.

Prototype:

Team + Roles:

A

Learning goal #1:

Questions or observations:

Learning goal #2:

Questions or observations:

Learning goal #3:

Questions or observations:

B

District/Woreda:

Supportive location: _____

site 1 example: clinic

Personas to interview:

_____	_____
_____	_____
_____	_____

Hesitant location: _____

site 2 example: market

Personas to interview:

_____	_____
_____	_____
_____	_____

9 PILOTING & ITERATIONS – PROTOTYPE EVALUATION

Testing location:

Directions: Complete one worksheet after each piloting session to synthesize your findings and plan for improvements before your next piloting session. Reference the previous page for more information.

C

3 NECESSARY IMPROVEMENTS THAT EMERGED FROM PROTOTYPING

What did the community think? What did the community suggest?

1

2

3

HOW CAN THE IDEA BE MORE DESIRABLE?

*Does the idea easily fit into people's lives? Is it asking as little of users as possible?
Does it align with persona motivations? Is it inviting?*

HOW CAN THE IDEA BE SIMPLIFIED?

*Is the idea understood and correctly used? Is the technology required easily available?
Can it be sustained over time? Does it fit within the programme budget?*

WHAT DO WE STILL NEED TO KNOW?

*What do you still need to understand about how the ideas will be used, administered,
received by the community or continue to be effective over time?*



Thank you!

For more information about the HCD initiative, research and outcome in Oromia, Ethiopia, please reach out to hsmon@unicef.org

For more information about the HCD process please visit the HCD for Health website at www.hcd4health.org