



# Human-Centred Design (HCD) helps communities address immunization demand-related challenges

Rwanda HCD Workshop Series' Case Study

## Introduction

Behaviours are influenced by a range of factors at multiple levels, as shown in [the Socio-Ecological Model and Behavioural Drivers Model](#). For any behaviour change, it is critical to identify priority drivers, barriers and the SBC approaches most likely to achieve the desired change. Human-Centred Design (HCD) is a participatory SBC approach and technique that puts people and communities at all stages of evidence collection, analysis and design and implementation of programmes. HCD has long played a central role in UNICEF's work. This SBC approach is especially useful in understanding the people we serve in their cultural, contextual and cognitive dimensions, identifying programmatic assumptions, uncovering the reality, and engaging with the community. Therefore, it is important to build capacity on HCD to ensure that the approach can easily be adopted, adapted and scaled up.

There is a high level of awareness of HCD among the Country Offices in the Eastern and Southern Africa region, but less capacity to use this SBC approach. To put HCD into practice, in 2022, the UNICEF ESARO SBC section has conducted HCD training in 4 countries (Botswana, Malawi, Kenya and Zambia). In addition, the UNICEF Rwanda SBC team, with support from the UNICEF ESARO SBC section, organised two HCD workshops on COVID-19 vaccine uptake in July 2022, following the process described and using the tools available at [the UNICEF HCD for health homepage](#). Both Rwanda HCD workshops were highly appreciated by participants and UNICEF partners, so this case study aims to document UNICEF Rwanda's good practice in the organisation of HCD workshops and can offer a useful reference for other Country Offices.



## Rwanda HCD Workshops Series



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In July 2022, UNICEF Rwanda organised two back-to-back HCD workshops in the Western and Northern Provinces of Rwanda, the first of its kind in Rwanda. The workshops brought together 50 participants from government, civil society, faith-based organisations, organisations of people with disabilities and private sector actors/creative agencies to equip them with the requisite knowledge and skills to effectively engage with various audiences to increase the COVID-19 vaccine uptake, especially by adults and children.

The training content was adapted and delivered by the UNICEF Rwanda SBC team with support from the ESARO SBC team in terms of technical guidance with practical demonstrations on the HCD approach and the Journey to Health and Immunisation. The methods that were introduced include Persona building, Journey mapping, Community research/rapid inquiry, Synthesis, Idea generation and Prototyping. Key personas selected during the workshop series were health workers, teachers, mothers, fathers, faith-based leaders and adolescents. Both workshops reached the 'idea generation stage' of the journey with feasible solutions proposed for different personas, for example, job aid for teachers. Many assumptions raised during the workshops were confirmed during the community research stage. (Watch the [video](#) prepared by one of the groups who

worked with adolescents as HCD personas in the Northern Province).

Overall, all the methods that were introduced during the workshops were considered to be very useful by the majority of participants, and the HCD approach was fully embraced by all partners. The Head of Rwanda Health Communication Centre participated in one of the workshops and committed to applying the approach. After the workshops, several civil society partners reported they started applying it in their work for COVID-19 vaccine uptake, youth engagement and other areas.

As a result of the workshops, a number of solutions for improving COVID-19 vaccine uptake have been designed. These solutions will be taken through the next stages of 'piloting' and 'iteration'. Many beneficiaries of this training are also active members of different technical working groups and will be promoting a sustainable partnership approach to implementing HCD for improved health outcomes.

UNICEF Rwanda further plans to work with a variety of partners on scaling up the application of the HCD approach to engage with more people to co-create sustainable, positive social and behaviour change solutions.



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## Recommendations on the Organisation of HCD Workshops

- **Planning:** Liaise with the regional office for support; Arrange for the community research stage early; Plan for logistics and contingencies carefully; Send invitations early.
- **Arrangement:** Select a comfortable location to create a conducive and engaging work environment; A diverse group of partners (Ministry of Health, civil society, faith-based, persons with disabilities, and private sector/creative agencies) makes it possible to look at challenges and solutions from different angles.
- **Facilitation:** Keep people motivated, united and engaged through smaller groups, energizers, competitions, and social activities; Maintain a sense of joint ownership of the purpose and solutions.
- **Documentation:** Documentation (written and audio/visual) of every step of the journey is a critical step to continue advocating for HCD application and resource mobilisation; Soliciting feedback about the HCD approach from various stakeholders adds value; At the national and sub-national levels, clear documentation of the process is also critical for accountability. Click [here](#) to watch the documentation video from UNICEF Rwanda.
- **Treat information with caution:** It is essential to agree within the group that the sensitive data obtained during the community research will not be shared beyond the workshop participants and will only be used for refining the solutions; It is critical that all data collected be anonymised to ensure the safeguarding of research participants.
- **Community research:** It is essential to make sure community research participants feel safe and comfortable to share their views openly and understand their rights as research participants; Remuneration for community members' time and effort is key; The expectations of community members should be managed in terms of which solutions could be implemented immediately, based on the prioritisation of the key objectives, available funds, time, human and other resources.
- **Maintain the momentum:** HCD workshops triggered a lot of interest within and outside UNICEF (Programme colleagues, USAID, UNHCR, WHO, etc.), therefore a series of follow-up sessions are planned in Kigali; It is key to assign responsible UNICEF and partner organisations' staff who will continue leading on the next stages of the process – prioritisation of the solutions, testing, piloting and iterations.



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