Combining human-centered design and costing with an evidence-based approach to design violence prevention interventions for scale

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Build on the **evidence base**
DESIGN THE PROGRAM

FORMATIVE RESEARCH

LEARN

LEARN

PILOT

IMPLEMENT & EVALUATE

LEARN
The way people were targeted and informed when and where the program was implemented, who delivered the program, etc.
How can we learn and improve earlier and more often?
Connect us to our user: their needs AND values
Design Mindsets & Approach

Focus on user’s perspective

Create, Build and Iterate
Example of Becoming One Program

Group counseling for couples by faith leaders to teach skills on
• communication,
• emotional regulation,
• sexual pleasure and consent and
• shared financial control

To prevent IPV

Becoming One is a partnership Between the IRC, IPA and World Vision.
Example of Becoming One Program

Focus on user’s perspective

Create, Build and Iterate
How can we learn and improve earlier and more often?

- **Design the Program**
- **Formative Research**
- **Pilot**
- **Implement & Evaluate**

LEARN

LEARN
COSTING

EVIDENCE

DESIGN MINDSET & APPROACH

COSTING
Understanding costs

FORMATIVE RESEARCH  DESIGN THE PROGRAM  PILOT  IMPLEMENT & EVALUATE  COST EFFECTIVENESS
How can we learn & improve earlier & more often from costs?
Estimate rough costs early
Estimate **total potential for scale**

1.3M people in Monrovia

- ~400K people
- ~200K people
- ~160K people
- ~100K people
- ~80K people
- 47K

- ~30% are in target age range (20-44)
- ~50% are male
- ~85% own a cell phone
- ~60% are interested in program
- ~80% go to a café, bar, or transit center
- ~60% of target population you actually encounter*

*This number is a guesstimate, and can be increased with repeated visits to bars/cafes/transit centers (which are not included in the model)*

Note: Increased cell phone ownership to 85% from 75%, given 75% includes rural areas that likely have lower cell phone use

Source: Demographic and Health Survey, 2013; Liberian Telecommunications Authority; Prototyping
Analyze costs at varying levels of scale

Program cost per person reached ($ USD)

- **Scenario**
  - Reach limited scale in Monrovia
  - Reach full potential scale in Monrovia
  - Scale across ~2 urban centers
  - Scale across 5 urban centers

Note: Excludes cost of translating and contextualizing for new countries
Analyze costs by **program elements** to drive down costs

Programmatic cost per person at estimated scale of ~47k ($USD)

- Helpdesk
- Overhead
- Social Events
- SPC
- Lottery recruitment
- Program Mgmt. Staff
- Messaging

~30% of program cost
Use **cost drivers** to design and test alternative options.

Programmatic cost per person at estimated scale of ~47K ($ USD)

<table>
<thead>
<tr>
<th>Cost Driver</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helpdesk</td>
<td>$30</td>
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<tr>
<td>Overhead</td>
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<tr>
<td>Social Events</td>
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<td>SPC</td>
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<td><strong>Lottery</strong></td>
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</tbody>
</table>

**Questions to evaluate cost**

- Can we decrease the lottery winnings?
- Is radio recruitment less costly?
- Can we do digital recruitment?
DESIGN THE PROGRAM

FORMATIVE RESEARCH

PILOT

IMPLEMENT & EVALUATE

COST EFFECTIVENESS

EFFECTIVENESS IMPLEMENT & EVALUATE
What enabled this approach?

• Flexible funding
• Adapted ethical review
• Multidisciplinary team
Thank You

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A few resources

**Traditional Socio-Behavioral Research (SBR) and Human-centered Design (HCD), Similarities, Unique Contributions and Synergies** By Elizabeth E. Tolley, PhD, FHI 360

**Human-centred Design In Global Health: A Scoping Review Of Applications And Contexts**, PLOS One

[Designforhealth.org](https://designforhealth.org)