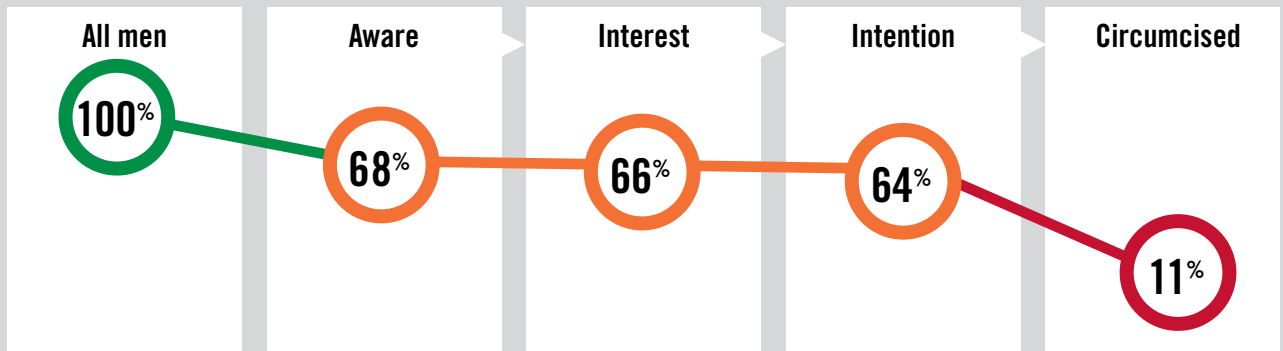


Using HCD to Solve a Problem, Part 1: Defining the problem

To understand low uptake of voluntary medical male circumcision (VMMC) in Zimbabwe, researchers surveyed nearly 2,000 men aged 15-29 in 2013 and realized there was a big gap between intention and action. A team in Zambia did similar work.



Using HCD to Solve a Problem, Part 2: Understanding the client

In Zambia and Zimbabwe, researchers identified multiple different “types”, including champions, scared rejectors and more. They then prioritized a subset of categories for outreach based on the size of the segment, risk, potential for becoming advocates, and likelihood of uptake, such as the three listed below.



21%

Enthusiasts

Large potential for uncircumcised men, high commitment, dissonance issues



19%

Neophytes

Large potential, knowledge gaps, addressing knowledge gap is relatively easy



16%

Embarrassed / Rejecters

Moderate potential, low commitment, embarrassed, afraid—need social support

Using HCD to Solve a Problem, Part 3: Strategies derived from HCD research

Finally, the HCD research was used to guide specific messages for each target segment. Counselors received training and support on how to use simple questions to identify which type of man they were speaking to, and then tailored their approach, while communications campaigns provided broad messages based on men’s feedback.



Segmentation



Honest communication about pain and procedure



Targeted messaging



Improve client experience



Advocacy (e.g., messages about sexual appeal)



Information on demand

These data come from research activities in Zambia and Zimbabwe funded by the Bill & Melinda Gates Foundation, implemented by IPSOS Healthcare and PSI. For a write up of findings, see Sgaier et al. *eLife* 2017;6:e25923. DOI: <https://doi.org/10.7554/eLife.25923>.