

Fail faster to succeed sooner

Rapid Prototyping Guide

How to learn from community members and quickly test new ideas

Note: *This is not a training module or a presentation to be delivered. It is a small guide that can be used to guide a rapid prototyping process. The best way to learn rapid prototyping is to DO IT. You can create an opportunity to test things out, small scale, when there is no risk involved (small group, small investment, etc).*

This guide was adapted from a resource developed by the Ebola outbreak response team within the UNICEF Democratic Republic of Congo country office (2020). English version: UNICEF Nigeria Social and Behavior Change (SBC) team (Maiduguri), in collaboration with the SBC team, UNICEF West and Central Africa Regional Office. [\[V3: 20-6-22\]](#)

What is a "prototype"?

A prototype is an early experiment, a field experience, under real-world conditions - with the goal of learning, rather than seeing if the approach "works."

A prototype is different than a "pre-test" or a "pilot".

If we think we want to make bread, a prototype would happen at the dough stage - very early on. And you don't even know if the final product will be bread - it could be cookies or anything else.

A pre-test is at a much more advanced stage. When you already have a product. It's when you've already baked the bread and you want to see if people like it. Do they want to put jam on it? Or butter? If we are talking about posters: do they understand it? Do they like the colors?

A pilot is like a test of an entire system or service. Will everything work? It's like a miniature project, to make sure everything goes well before scaling up. A pilot is later than a prototype, later than a pre-test, and much bigger - with many variables working at once. For example, you can pilot a new curriculum - in one school, before going to 100 schools.

Let's look at an experiment in context

A community engagement team sought ideas and suggestions from the community for an immunization calendar, designed to encourage parents to vaccinate their children on time during the first year of life.

They conducted two exercises during their first two visits:

1. A **co-creation exercise** to get some initial ideas on what the immunization schedule should look like. The team learned that parents want to see the vaccination sites. They also wanted to know if the vaccines were oral or shots. (Image below, left).
2. An **exercise to test** which immunization calendars - or which parts of the calendars - parents prefer. (Image below, right).

And the team also conducted a **prototyping exercise**, to learn more about the community members (see next slide)

| kukutana ya kwanza | kukutana ya pili | kukutana ya tatu | kukutana ya ine |
|--|--|---|--|
|  |  |  |  |
| Kuzaliwa | Kisha posho sita ao siku makumi iné na tano ao tena mwezi moja na nusu | Kisha posho sita ao siku makumi iné na tano ao tena mwezi moja na nusu | Kisha posho kumi na ine miezi tatu na nusu |



Let's look at an example of prototyping

The same community engagement team had received a suggestion from community members living in a nearby town to create a simply "village-level census" of children under 1 year old.

In a co-creation exercise, community members created a draft version of the form.

The **prototyping exercise**, which came later, was designed to help the team learn what problems the form might have and what adaptations would be needed - they never thought the first version was perfect. For the prototype, community members were asked to identify 10 to 20 homes in their community over the course of a week.

The questions and complaints on the form from community members were used to adapt the form three different ways - to try out the new tool in a real setting.

A key difference between the prototype and the pretest in this intervention was that the **prototype was about action, and learning based on experimentation** - it was not about the "preferences" of community members.

FICHE DE RECENSEMENT DES ENFANTS DE 0-5 ANS

- 1) RESPONSABLE DU MENAGE :
2. TAILLE DU MENAGE :
3. Nombre d'enfant de 0-5 ANS
4. REPARTITION D'ENFANTS SELON LE SEXE ET L'AGE

| * SEXE | AGE | VACCINS RESUS (VOIR FICHE DE VACCINATS) | LIEU DE VACCINATION A REMPLIR |
|--------|-----|---|-------------------------------|
| | | | |
| 2 | | | |
| 3 | | | |

ZONE DE SANTE DE KATWA AIRE DE SANTE MASULI cac NALU

FICHE DE RECENSEMENT DES ENFANTS DE 0-5 ANS

Nom du responsable du ménage : ITABARE NABE Taille du ménage : 5 Nbre d'enfants de 0-5 ans : 2

Nbre d'enfants de 0-23 mois : 1 Nbre d'enfants de 0-23 mois : 0 Nbre d'enfants de 12-59 mois : 1

| N° | Nom de l'enfant | Sexe | Age | Rondes de vaccination (1 contact) | | | | | Raisons non-vaccination (2) |
|----|-----------------|------|-------|-----------------------------------|---|---|-----|-----|--|
| | | | | 1 | 2 | 3 | 4 | 5 | |
| | WASOKI - SHANCA | F | 2 ans | ✓ | ✓ | ✓ | non | non | Ba li ku-gu ya ka na ffida ya ka na ubu ubu (20-2) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Nom et post nom du membre de la CAC
MASIKA - MUPENSA - ALPHONSE

Date: le 02/01/2020

Signature:

Observations:
a na penda ku paleka mabato
mais a na kosa na muna
ka ya na a nna fficha ya ki
kato.

Example 2: Prototyping in Ivory Coast

In 2018, Population Services International sought to better understand young women in Abidjan, Côte d'Ivoire to learn more about their aspirations for the future and their reproductive health needs.

The prototyping process involved experimenting with different ways for girls to learn about reproductive health from each other in groups of their peers. The most important learning from the exercise was not 1) which activity was most effective or 2) which activity was most appealing to the girls.

The most important thing learned was that of the 5 different prototypes with peer-led activities on reproductive health, **none of them were of sufficient quality for peer learning to be considered a viable approach.**

In this case, the principle of "fail faster to succeed sooner" is quite relevant. Prototyping saved PSI a great deal of time, money, and energy because it quickly demonstrated-within 2 weeks-that peer learning as a reproductive health approach did not need to be pursued.



To summarize: Four reasons to try prototyping

Reason 1

It's a great way to learn. Sometimes when asked, people will say one thing but in a prototype, they do something completely different - so learning by doing can be quite revealing.

Reason 2

It is fast. If the process is not fast when you try it, it means you are not doing it right. The purpose of a prototype is to learn quickly, before investing too many resources. Keep it simple and light.

Reason 3

It's inexpensive. If you need a lot of resources for a prototype, you're not doing it right. If you have an idea for something digital, use paper for experimentation with community members.



Reason 4

it puts community members at the center. Sometimes we fall in love with our own ideas. We become convinced that we know what's best for communities. Prototyping is a way to stay grounded in reality and remain humble and curious - always learning!

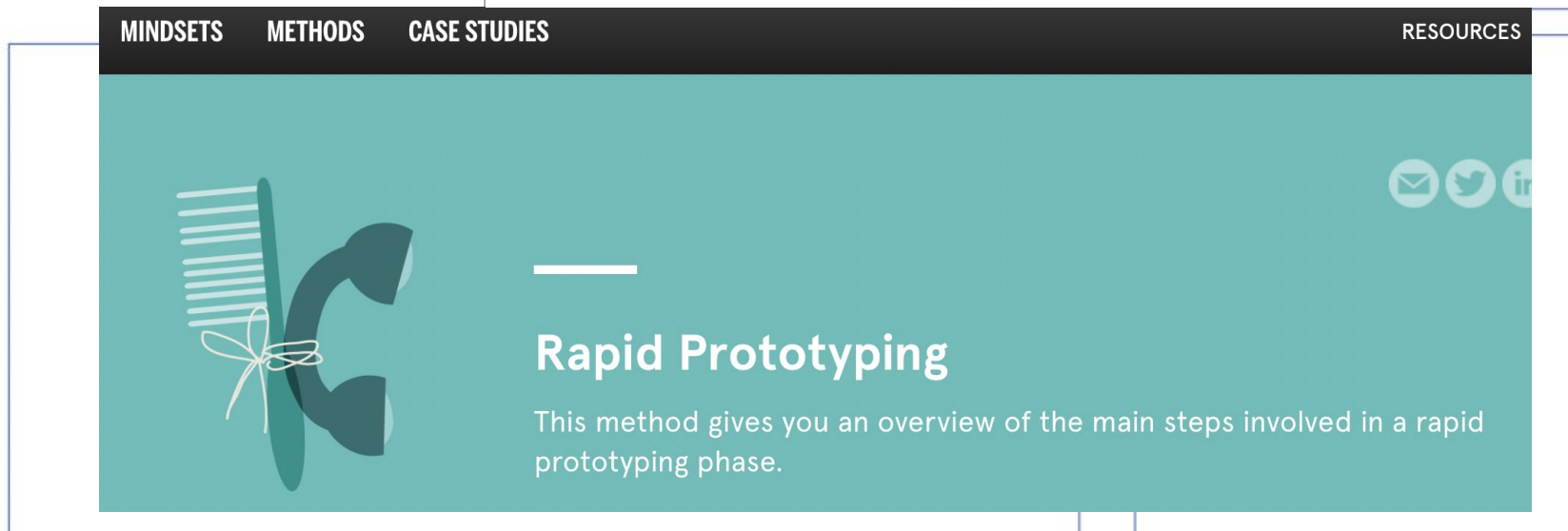
How do I find out more?

Team Course

Human-Centered Design Prototyping

[Free course on prototyping](#)

[Design Kit methods](#)



More resources [Human Centered Design for Health tools \(UNICEF\)](#), [Human Centered Design Guide \(Ideo\)](#), [HCD pocket guide \(Ideo.org\)](#), [Research cards \(Ideo\)](#)
[Mercy Corps HCD research cards](#), [UNICEF “Co-Creation” Guide](#)

Do you have suggestions for improving this guide? Please write to UNICEF West and Central Africa Regional Office: WCARSocBehChng@unicef.org