



LOW-FIDELITY PROTOTYPING

Increasing the demand for family
planning in rural Mozambique

December, 2018

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UK aid from the UK
government

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Introduction

What is the purpose of this document?

This report has been developed as a result of the low-fidelity prototyping phase conducted in December 2018 aimed at testing insights and ideas generated from immersive qualitative research in Gaza and Nampula provinces.

This Human-Centered Design process aims to understand the context and system from the user perspective through use of learning and inspiration processes; co-designing and ideating concepts with users; developing, and testing and iterating prototypes to confirm assumptions.

This report provides results for 15 prototypes tested in 4 districts (Macia, Guijá, Mogovolas and Mongicual) for 2 weeks as well as emerging insights and findings from the process, which can be explored in next phase of medium-fidelity prototyping taking place in January 2019.





RECAP

Insights and challenges that
led us to first round prototypes



01 >

No right place,
no right time

How might we create an enabling space for mothers to be able to motivate their daughters on making the voluntary decision to engage in family planning (FP)?

- ☐ Mother & Daughter Group
- ☐ Xitique Group
- ☐ Mama Kit

02 >

Learning about sex
without talking about sex

How might we create an enabling space where adolescents feel comfortable to express their thoughts and feelings about their aspirations and their sexual and reproductive health (SRH)?

- ☐ Love Capsule
- ☐ Couples Group
- ☐ Girls Group
- ☐ Boys Group

03 >

FP is for the old,
never for the young

How might we encourage adolescent girls to consider and understand FP methods as tools to achieve their aspirations?

- ☐ Testimonials
- ☐ Girls Group
- ☐ Beauty Tent

04 >

A growing distance
between services and needs

How might we build bridges between providers and adolescents? **How might we** create a space outside the hospital that will motivate adolescents to consider engaging in FP methods?

- ☐ Door-to-door
- ☐ Question Box
- ☐ Youth Event
- ☐ Gamification

05 >

FP is her problem, her
responsibility, *his* decision

How might we involve men in empowering adolescent girls to make family planning decisions?

- ☐ Boys Group
- ☐ Boyfriend Kit
- ☐ Condom Shop

06 >

Formal SRH education falls
short and limited

How might we reach out of school adolescents to provide them with tools and information to make informed family planning decisions?

- ☐ Beauty Tent
- ☐ Youth Event
- ☐ Groups
- ☐ Gamification

TESTING

Results and learnings after two
weeks of low-fidelity prototyping



Who were the participants engaged?

393

IN TOTAL* 

NAMPULA

Mogovolas: 105 | Mogincual: 104

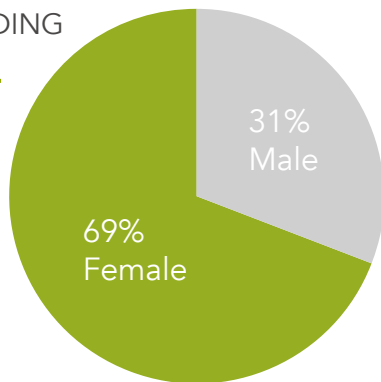
209

GAZA

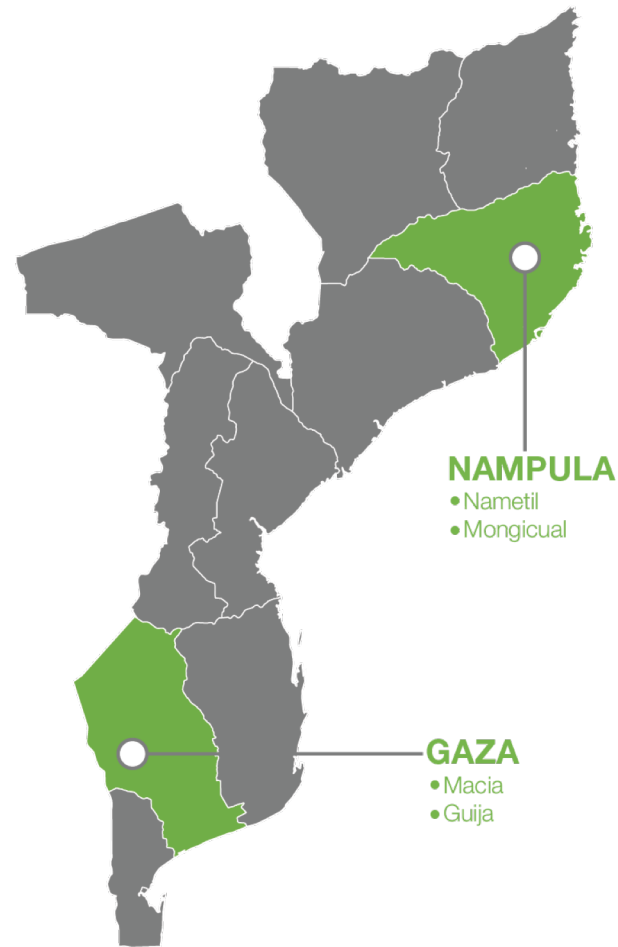
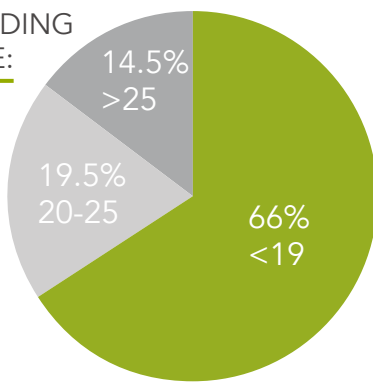
Guijá: 94 | Macia: 90

184

ACCORDING
TO SEX:



ACCORDING
TO AGE:



* We estimate that extra **320** people were impacted by activities like the movie night, service promotions, condom shop and beauty tent.



MOTHER & DAUGHTER

Safe space where mothers and daughters can openly talk and ask questions about FP methods +SRH. After the conversation, girls can voluntarily decide to initiate FP methods or to go to a consultation at the health facility using a coupon.

Testing in detail:

One test per district, with more than **30** participants in Mogincual, **9** in Mogovolas, **12** in Macia and **15** in Guijá.

✓ What worked?

- Peer-to-peer communication, along with testimonials and games/activities, is a good approach to make participants feel more comfortable and open to engage in discussion.
- Meeting in familiar spaces in their neighborhood resulted in higher number of participants – provided safe and accessible environment.
- Good opportunity for sharing information with the mothers and empowering them to talk to their daughters about FP. There is potential for these conversations to continue at home.

✗ What did not work?

- The presence of mothers inhibited daughters who were less talkative from being participative.
- The lack of technical knowledge by the moderator required the presence of a nurse/health provider, which interfered with the ownership of the activity, establishing new power dynamics and not promoting a two way conversation.
- Even though a large number or girls/mothers took the coupons, nobody went to the health facility for consultation.
- Participation required mobilization, there was no spontaneous interest.



MOTHER & DAUGHTER

Learnings

Mothers and daughters normally don't have honest and open relationships and do not discuss sensitive topics like FP or SRH.

Daughters have a mixed sense of respect and fear of their mothers. Many mothers only support abstinence and warn their daughters against any interaction with boys. This encourages secrets between them and forces many girls to have a parallel life outside their homes.

Open dialogue is non-existent between mothers and daughters, and as a result, the intended group interactions were not successful. Mothers were putting too much pressure on the adolescents causing the girls discomfort in sharing information.

Mothers usually only start talking to their daughters about this topics more openly after they are married.

Things our moms say to us:

'You can't hang out with men or you will end up pregnant'

'You can't go out at night or you will end up pregnant'

'You can't date or they will get you pregnant'

We can't really talk to them."

- Girls Group



Recommendations

Mothers are one of the main influencers in an adolescent girls life and providing them with information to talk to their daughters about FP and SRH is important; however mothers should be engaged separately to teach them how to talk to their daughters in private. Others mother-daughter activities aimed at building trust in the relationship, could help facilitate dialogue without putting them in an uncomfortable situation by forcing conversation.



XITIQUE GROUP

Building a safe space for mothers by using existing groups in the community, where they can talk about FP methods and receive counselling on how to talk to their daughters about sensitive topics. At the end of the session, women can decide if they want a coupon to take their daughters for consultation at the health facility or join a mother/daughter group session.

Testing in detail:

4 tests, one per district. With **59** participants in total: **15** in Macia, **18** in Guijá, **12** in Mogovolas and **14** in Mongicual.



What worked?

- Using an existing group to recruit mothers allowed integration of this prototype into local content, making women from the community feel included.
- Using the leaders of these groups as facilitators encouraged other mothers to share their stories and doubts.
- Mothers comfortably interact with their peers. There was no embarrassment, all of them opened up about their thoughts and challenges.
- A lot of women had adolescent daughters and were interested in the topics.



What did not work?

- The moderator usually didn't have time for enough training, resulting in lack of confidence to control and guide the conversation. If trained more, the meeting could take place without outside intervention, creating a sense of ownership among the participants.
- Referral coupons did not work. No mothers used the coupons to take their daughters to the health facility. One interaction is not enough to change their mindset about talking to their daughters.

“

"I know my daughter has a boyfriend and she probably already has an active sex life."

" My daughter is too young for this, when the time comes I'll talk to her."

" I told my daughter to go to the hospital, but she does not listen."

" I've already talked to my daughters, but they do not pay attention. One of them has 4 children and I already told her to do FP, otherwise she will spend her live pregnant as I did."

- Mothers in the Xitique Group.



XITIQUE GROUP

Learnings

Mothers and daughters do not have a strong enough relationship to openly discuss FP or SRH matters, even though mothers are concerned and want to take the role as counsellors.

Mothers are as uninformed as their daughters about FP methods, and sometimes they are the reason for perpetuating myths in young girls' minds.

Mothers are afraid they will encourage their daughters to engage in promiscuous relationships and do not feel confident about encouraging them to use FP.

Mothers want the support to start this conversation because they believe their daughters will not open up to them without being prompted; however they still fear that by talking about FP they will only encourage their daughters to start or intensify their sexual relationships.

Recommendations

Mothers need simple and accurate information about the advantages of FP. They have their own doubts, which need to be dispelled first before they play the role as counsellor to their daughters. The use of groups has proven to be a successful approach for disseminating information and sharing experiences; however it does not drive action. These groups could be used for regular meetings with a variety of agendas integrating sex-sensitive subjects. We should develop tailored materials and ensure facilitator has adequate training.



GIRL'S GROUP

Safe space for adolescents to talk about aspirations for the future +SRH and FP methods through use of peer-to-peer groups and games/activities. Through the session girls will have the opportunity to listen to testimonial stories, ask questions, and voluntarily decide to initiate FP methods after the conversation and/or go for a consultation at the health facility with the use of a coupon.

Testing in detail:

Six tests in total, with **8** girls in Mogincual, **20** in Mogovolas, **24** in Macia and **14** in Guijá. All between the age of 13 and 18 years old.



What worked?

- Peer facilitator sharing personal story about her journey to start FP created trust amongst adolescent girls and encouraged others to share their stories.
- Female health provider present to speak about FP methods using a demo kit, created a safe environment for ask clarifying questions and dispel myths (a majority of the girls had never seen the methods before).
- True or False game helped form a quick bond between the girls and facilitator. The game proved to be an an effective and engaging tool for sharing knowledge.



What did not work?

- Facilitator did not have enough information and training to lead the conversation and provide accurate information on family planning methods.
- The presence of adults, especially males, did not contribute to the creation of a safe space. Consequently, at the beginning of the session the girls were less participative and talkative.
- Mobilizers used to help gather participants often participate in the meetings too creating unequal power dynamics.



Gaza Specifics

"I feel pain in the sexual act, but I do not know what to do. What do you do to not feel pain?"

- Adolescent girl

The experiment was carried out in both districts and was widely accepted. The adolescents were very comfortable during the session and shared their stories, doubts and future plans with the group. In both places, the girls enjoyed themselves and suggested dates and potential topics for the next meeting. As a result, 60% of the girls opted to initiate FP at the end of the session and others participated in other events.



GIRL'S GROUP

Learnings

Adolescents like the feeling of an exclusive girls only group, as they are often overlooked by society. They value the safe space, attention and conversations about their well-being and future.

They feel comfortable interacting with other peers who understand their point of view. They did not feel any embarrassment discussing sensitive subjects around each other.

Adolescent facilitators were able to effectively engage others by sharing their experiences. If trained more they could run the activity alone with the girls, creating further trust and sense of ownership among participants.

Adults, regardless of gender, generally do not provide safe spaces for young people. Consequently in their presence, adolescents were less active than expected.

Nampula Specifics

"I'm interested, but I need to go home and talk to my dad first."

Adolescent girl

The younger adolescents required more time to feel comfortable in the presence of adults. The older girls were more willing to discuss, while the young girls wanted to listen to the information, creating an imbalance in the group. In one group, the three older adolescents (out of 7) initiated FP on site. Nampula requires more effort around games and "breaking the ice."

Recommendations

It is critical to create safe spaces for girls in the community, especially when social structures do not have spaces exclusively for them. Due to existing health programs in Nampula, some girls are familiar with this model and felt at ease. There is a need to build and strengthen this network of girls to ensure safe environments are available. In addition, scheduling regular meetings with the same group is necessary to build rapport and develop diverse agendas covering different topics to compliment the meetings.



COUPLE'S GROUP

Safe space for couples to talk about healthy relationships, plans for the future and FP methods +SRH issues. They will have the opportunity to ask questions and after the conversation they can voluntarily decide to initiate FP methods together or use a coupon to go for a consultation together at the health facility.

Testing in detail:

5 experiments with 18 couples in total, 2 groups with 9 couples in total in Mogovolas; 2 groups with 0 participants in Mogincual, 1 group with 6 couples in Macia and 1 group with 3 couples in Guijá.

✓ What worked?

- Working with leaders to mobilize couples increased presence of couples in the group. Couples did not voluntarily attend groups.
- Female facilitators made couples feel more comfortable, and encouraged women to express themselves in front of their male partners; however males still dominated most of the conversations.
- It is technically easier to work with married couples rather than couples who are dating since their relationship is already public.

✗ What did not work?

- It is difficult to reach casual young couples since many do not publicly announce or acknowledge the relationships.
- When Male APEs act as moderators there is a tendency to give more attention to boys. Power dynamics were consistently an issue.
- Mixing girls and boys is not an effective strategy. In most cases girls were uncomfortable and shy in sharing their experiences next to their husbands/boyfriends. In some cases, women didn't speak at all.

“

"Not even my friends know that I am dating."

- Adolescent boy

"If I take one of my girlfriends to the group the others will know."

- Adolescent boy

"My parents may not know that I have a boyfriend."

- Adolescent girl



COUPLE'S GROUP

Learnings

Mobilizing casual young couples is a challenge since their relationships are normally kept a secret from the community. The discreet nature of relationships allows boys to have multiple girlfriends. This is an additional reason they do not publicly attend events in order to maintain these partnerships.

Couples usually have superficial levels of intimacy, meaning they do not openly share information with each other making it difficult to engage in deep conversations, especially related to issues regarding SRH.

Mixing boys and girls in group settings does not work; however when engaged in isolation their engagement is higher.

Recommendations

To create separate safe spaces to work with the target group and their partners. There is an opportunity to engage newly married couples prior to giving birth in the first year of marriage although there are challenges finding time that works around both of their daily schedules and responsibilities.



BOY'S GROUP

A safe space for adolescent boys to talk about healthy relationships, plans for the future and FP methods +SRH in a peer-to-peer setting through the use of games and activities. They have an opportunity to ask questions and after the conversation they may decide to bring their girlfriends/friends to a consultation at the health facility through use of a coupon.

Testing in detail:

4 experiments, 1 per district. With **59** participants in total: **14** in Macia, **10** in Guijá, **10** in Mogovolas and **15** in Mongicual.



What worked?

- Moderator testimony helps build rapport with participants who are then encouraged to share their relationship stories.
- The use of the FP demo kit allowed the boys to interact with the different methods and ask specific questions.
- The presence of a male provider created a trusted safe space for participants.
- Boys demonstrated a genuine interest in being included in the conversation and learning more about FP and SRH.



What did not work?

- Facilitator did not have enough information and training to confidently lead the conversation.
- Boys 17 and under did not want to ask parent to sign consent forms.
- Coupons were not an effective call to action. None of the boys who took coupons sent to the facility with girlfriends.
- Many boys were reluctant to admit they had girlfriends. The peers were bullying each other throughout the session.

“

"What is Depo? No one ever explains." - Adolescent boy

"I've heard that the implant walks the body, I don't want my girlfriend to use it." - Adolescent boy

"How to you put on a condom?" - Adolescent boy



BOY'S GROUP

Learnings

Boys do not feel like family planning is his decision or responsibility when only casually 'dating' a girl. They do not care if their girlfriend makes the choice on her own, due to the superficial nature of their relationships; however once married everything changes and boys play a bigger role in the decision making process.

They are interested in the subject, but they do not understand – or accept - the role they play in it. They also struggle to understand the advantages of FP for them.

Due to focus on condoms as a HIV prevention method, many boys do not associate them as a method for preventing early pregnancy.

Many boys desire large families and feel if a girl is not providing children, they are "not producing well enough."

Recommendations

Rather than using boys as a method for empowering girls, the focus of the groups should be on educating boys about the role they plan in FP and SRH. There should be a shift in the language used to speak with boys about these topics, in a way that tailors the messages to address their specific needs and barriers. There is an opportunity for boy focused FP program interventions, which frame their involvement in an inclusive approach.



DOOR-TO-DOOR

Distribution model for supplying adolescent girls with FP methods at their home. Through this model, boys/APEs go door-to-door to offer FP counseling, distribute methods and schedule further consultations by phone/SMS.

Testing in detail:

The door-to-door concept was tested through focus groups with different potential providers which included boys/APEs/midwives/grandmothers/adolescent girls. Interest was also measured through posters and flyers offering the service and provided a phone number to gauge/track interactions and interest.



What worked?

- There is interest from potential providers/distributors interviewed because of the opportunity to gain extra money.
- This could address the need for faster and closer consultations, since a lot of girls highlighted barriers related to long distances to health facilities and difficulty finding APEs when needed.
- The model is preferred by girls who fear being exposed or shamed at the health facility.
- Some men called the number provided to ask how they could get FP for their wives.



What did not work?

- The service was rejected by a vast majority of the girls interviewed.
- A lot of potential distributors were not willing to take the risk of providing services at people homes, claiming they would face a lot of challenges and would not be welcomed by the families.
- Requires community leader approval and involvement which would take time.
- Phone and SMS are not good channels for promotion.
- Received many prank phone calls from people. Many people did not use their own phones making it difficult to call back later. Only men called the number.





Gaza Specifics

***"I would love to do it.
I already talk to my nieces
about sexuality anyway."***

- Aunt of adolescent girl

- In Gaza, the concept was tested with boys, APEs, grandmothers and aunts. The only distributor with good feedback from both girls and the provider themselves was the aunt of an adolescent.

- PSI is already providing some variation of the service in the region.

Nampula Specifics

***"I don't see the point in
offering FP for
adolescents if they don't
have a kid yet."***

- Traditional Midwife

- In Nampula, the concept was tested with boys, APEs, girls and traditional midwives. None of the potential distributors proved to be viable options.

- Many APEs in the province already provide door-to-door FP services. They struggled to provide any recommendations for improvements on this model.



DOOR-TO-DOOR

Learnings

FP is still not widely accepted by the community and as a result girls do not want to be seen receiving services at their homes by neighbours or family members.

There are existing outreach services provided by mobile brigades or APEs. These models struggle to provide consistent and sustainable services throughout all the distant rural communities. The providers can usually only revisit a household after approximately 6 months, making it more difficult for follow-ups. These outreach services also leave girls at risk of exposure to judgement by their community members.

The existing programs lack tools and measurement processes for efficient and effective quality service delivery.

Recommendations

There is potential to strengthen existing APE program for FP services in communities through coordination and development of measurement indicators, tools and schedules. There were also suggestions to provide strategic service delivery points located in the communities, where providers can provide services on scheduled days.



FP KITS

Branded package that serves as a tool kit to help mothers/boyfriends/husbands better communicate with girls about FP methods and SRH. These packages could contain various materials such as brochures, condoms, notebooks, flowers, bracelets and other items that appeal to girls.

Testing in detail:

13 interviews with more than 150 people interviewed in total. 5 groups in Guijá, 4 in Macia, 3 in Mongicual and 5 in Mogovolas.



What worked?

- A conversation starter to discuss difficult topics around FP and SRH.
- Demonstration of kits for feedback during other group discussions, at stalls in the market and through door-to-door.
- The kit can also serve as a sign of acceptance/approval from the influencers without ever having to have any difficult conversations.



What did not work?

- The kits and material inside as not effective tools generating dialogue. Mothers want something that speaks for them and boys do not care about the content.
- Mothers and boys are not all willing to pay for the kits, as most items are available for free in the health facilities.
- The kits were misunderstood as gifts for those who have financial resources, and many participants wanted to include items not related to FP.
- Boys were not interested in kits for their girlfriends and recommendations for changes were tailored towards them.



“

“My daughter needs it, I will tell her to come here to talk to you.” - Mother of adolescent girl

“This is great, you should distribute it at schools to say that if girls use FP they will continue studying.” - Mother of adolescent girl

“Why there is so much things in this kit? I only need the condoms and the guide.” - Adolescent boy



FP KITS

Learnings

There is a demand for practical informational materials for influencers.

The first function of the 'Mama kit' is educating the mothers, and secondly to them them reach and speak with their daughters about FP and SRH.

Mothers want something that speaks for itself. Many mothers are still hesitant to have these conversations with their daughters because they believe it will encourage them to begin sexual activity early.

Boys have little interest in giving gifts to their girlfriends and still do not understand the role they play in these conversations. They wanted kits to answer **their** questions about FP (brochure) and needs for SRH (condoms).

Recommendations

The concept of a “boyfriend kit” should not be taken forward due to lack of interest from boys to engage their girlfriends. There is need for materials created specifically for boys themselves to increase knowledge before they are brought in direct influencers. The “Mama kit” should be moved forward to medium fidelity prototyping to test two possible functions – educational tool and conversation starter for mothers and daughters or as a package that represents a mothers approval without active dialogue.



GAMIFICATION

Use of games like “true or false” and other activities as learning tools to disseminate information and dispel myths and misconceptions around FP.

Testing in detail:

The “True and False” game was tested with almost every group we conducted had in all districts. It was iterated several times to become more visually appealing and engaging for participants.



What worked?

- Games prove to be an effective tool for breaking the ice and engaging people in a fun and interactive way. It can also be used to build rapport and make people feel comfortable enough to open up and share their thoughts and feelings.



What did not work?

- General questions and activities that do not speak to the local context.
- Difficult questions that require one right answer or too much time to answer can demotivate and embarrass participants.
- The True and False activity alone is not a useful learning tool.

Recommendations

Games and activities should be tailored and adapted to the local context. Additional games should be co-designed with communities to incorporate familiar concepts. \

Additional activities targeted at building trust between the participants and moderator, not necessarily around the topic of FP could be helpful in developing a series of meetings.



BEAUTY TENT

Creating a safe space where girls can come to receive beauty services while also discussing topics such as FP and SRH in an informal setting. An APE/nurse is also placed outside the space to provide information or administer FP methods to those who are interested.

Testing in detail:

Total of 6 tests providing services such as manicures/pedicures, applying make-up and getting hair braided. A total of **126** participants: **39** in Mongicual, **24** in Mogovolas, **29** in Macia and **34** in Guijá.



What worked?

- This is a successful approach for attracting our target group who are often found inside their homes or doing daily chores.
- This activity allows for one-on-one conversation between the provider and the girls and lead to a high number new users.
- Dedicated space for girls to be themselves and get pampered.



What did not work?

- Nurses need to be trained and prepared to talk to adolescent girls.
- Girls under 13 years were not as confident and uncomfortable in this space.
- Some girls did not participate because they thought they needed to pay for the services.
- Providing contraceptive methods on the spot can seem as opportunistic.

“

"I enjoyed the chance to do something for me."

- Adolescent girl who attended the beauty tent



BEAUTY TENT

Learnings

A beauty tent has potential to mobilize our target audience and provide on-the-spot counselling and peer-to-peer relationship building.

A majority of the girls who were interested in FP counselling and services were older and many were outside of our target audience.

Nurses and providers play a big role in making the girls feel comfortable and need to be well trained on how to speak with adolescents so the approach does not seem invasive or overwhelming for girls.

Many of the younger girls claimed they were not sexually active and therefore were not interested in FP services. The nurses agreed without counselling that FP is not only for sexually active girls and has other benefits.

Recommendations

The beauty tent is a successful approach for reaching the target group, and could be used to explore different pop-up schedules and locations that offer privacy and dedicated services. The nurses and girls providing beauty services in the tents should also be trained to provide accurate information on FP advantages and methods.



TESTIMONIALS

Filmed testimonials by girls and influencers as a sensitization strategy aimed at removing myths and misconceptions around contraceptive methods through use of story-telling. The videos were projected in the community during different activities.

Testing in detail:

We developed 5 different 3-4 minutes videos, in local language, and tested it in different contexts like the love capsule, movie sessions and adolescent groups. We tested both positive and negative stories.



What worked?

- The videos helped promote discussion among adolescent girls.
- Girls enjoyed that the testimonials were in their local language.
- It created enough interest that the audience wanted to know more about the people in the videos.



What did not work?

- We used some of the design team in the videos who were recognized by some of the audience so there was a lack of authenticity.

Recommendations

Testimonial videos are an effective method for sharing stories, and watching videos is highly valued past time among adolescents. For a next phase, there is need to recruit real people from the community and produce longer video that shows the complete journey to adoption of FP.



LOVE CAPSULE

A tent installed in a safe space in the community where adolescent couples can watch testimonial videos, play games and ask questions about FP and SRH matters. An APE/nurse is also placed outside the space to provide information or FP methods to interested couples.

Testing in detail:

4 tests, one per district - 4 participants in Mogovolas, 19 in Mongicual, 16 in Macia and 16 in Guijá.

✓ What worked?

- An intimate and private setting made couples feel comfortable to share experiences and express concerns.
- Participants mobilized for other activities came to the tent showing that multiple exposure at different touch points allows people time to process the information and generates action.
- The tent itself originated curiosity and interest from different age groups and genders.
- The presence of a nurse was a helpful to answering technical questions and distributing contraceptive methods.

✗ What did not work?

- It was challenging to get young couples into the tent together. Most boys and men came alone and girls felt more comfortable coming in in pairs.
- The presence of outsiders sometimes acted as a barrier for people to go inside the tent.
- Too many public announcements took away from the privacy of the tent and deterred some girls from entering.
- It is difficult to only target the adolescents, and many older/pregnant women also wanted to attend sessions.



Gaza Specifics

"I can't go inside the tent, my boyfriend is right outside and he will see it."

- Adolescent girl

The name "Love Capsule" helped generate interest.

Boys were more interested in the tent and felt safer and more comfortable to talk than girls.

Nampula Specifics

"Why are you giving this medicines if having a kid is the greater fortune one can have?"

- Adolescent boy

The name "Love Capsule" did not work and there were recommendations to change it for something such "Live Well" in the local language.

Some girls felt if they went inside the tent they would be obliged to take FP. Some boys complained about the activity and didn't feel comfortable taking part.



LOVE CAPSULE

Learnings

Dating is still not accepted in the community so a lot of adolescents felt the tent too public and did not offer enough privacy. Many boys also have more than one girlfriend and could not risk being seen with one girlfriend over another.

This makes it difficult to identify and mobilize young couples, especially if they are not married yet.

The experiment worked as a safe space for intimate conversations, but did not achieve the objective of engaging couples to discuss FP together.

In some places, the tent actually worked as a pop-up FP event, where people would go inside for games, debates and more information.

Recommendations

Couples activities do not work in the communities and should be recreated in a way that engages mixed gendered adolescents without labelling them as a couple. A safe and private pop-up event has the potential to reach adolescents but further exploration into content, activities and promotion is improved. This activity would serve as an effective method for reaching peers in pairs.



QUESTION BOX

Decorated boxes strategically placed so adolescents can anonymously write down their questions about FP and SRH issues. At the end of each day the box is collected and on the following day, answers are displayed next to the box.

Testing in detail:

11 tests per district, with more than 286 questions in total - **165** in Mongicual, **110** in Mogovolas, **1** in Guijá and **9** in Macia.



What worked?

- Leaving the box overnight in the youth club, during peak evening hours.
- Placing the box in places where adolescents frequent either during the daily routine or free time.
- Putting the box at the secondary school on the last day of classes.
- Having someone responsible for guiding and writing the questions for those interested who are not able to write.



What did not work?

- Placing the box in public places such as the market where there is too much foot traffic and no one present to give instructions and/or write the questions.
- Putting the box in indoors spaces with low and medium circulation, especially places focused on specific audiences, for example, hair salons. The adolescents feel embarrassed and consequently do not interact with the box.



Gaza Specifics

"What do I do to have more children?"

- Anonymous question

The experiment was carried out in 5 different places such as local markets, local bars, hair salons, barracas, hospitals, supermarkets and squares. The box was accompanied by promotional posters and one day by a person responsible for observing the reactions and writing the questions for them. In both districts, adolescents showed no interest in the box.

Nampula Specifics

"Hey, leave the box here to attract more people to my shop!"

- Shop owner

The experiment was conducted in 4 different locations such as schools, clubs, local markets and hair salons. The box was accompanied by promotional posters and by a person responsible for guiding and writing questions for those interested. In both districts the greatest results came from clubs and schools. Many of the questions were around how to have more children.



QUESTION BOX

Learnings

Anonymity is important to adolescents. Even in places where the box achieved significant results, it was observed that adolescents still feel ashamed to ask questions in front of their peers.

The need to create an accessible channel that guarantees adolescents anonymity was confirmed in Nampula, but not in Gaza. The success of the box in Nampula after the elimination of some barriers demonstrates there is a space for this experiment; however low literacy levels compromised the original design and basic awareness is still required for individuals to take action. In Gaza, the experiment was not successful and the embarrassment of exposure combined with literacy barriers was greater than the willingness to ask questions.

Recommendations

Eliminating barriers is crucial to make this experiment work. The box is best suited as an accompaniment to another experiment in Nampula, especially if placed in spaces where educational barriers are not as great such as schools or clubs.



CONDOM SHOP

Portable shop for selling different type of condoms. While purchasing it, boys also receive a brochure and coupon on FP and are encouraged to ask questions about FP and SRH.

Testing in detail:

One test per district with more than **50** participants in Mongicual, **84** in Macia and **30** in Guijá. Gaza sold **39** condoms, **37** in Macia and **2** in Guijá, and **3** in Mogincual.



What worked?

- The delivery of informational leaflets about family planning and condom usage was well received by boys and men who took the time to ask questions.
- Combining condoms with family planning methods created a conducive environment to inform adolescents about various methods.
- Demonstration of condom usage kept boys attention, created space for them to ask questions and served as a link between condoms and other methods.
- Older adolescents and women also approached the stand to ask questions.



What did not work?

- The price of condoms was too high for men in Nampula. In both provinces not many people purchased condoms in comparison to the interest in general information.
- Young people are still not willing to buy condoms and there are still many taboos and myths associated with condoms.
- Most preferred the condoms to be distributed for free, claiming it to be an essential product.
- The individual sale of condoms also proved to be ineffective.



Gaza Specifics

"I can not use a condom, because this is a cultural offense."

- Adolescent boy

The experiment conducted in a local market in Macia and in a popular bar in Guijá. The condom demonstrations and distribution of informational materials was well received by the target population, but purchases were mostly made by men between 25 - 40 years. The local market proved to be the ideal location.

Nampula Specifics

"Is there any pills to increase my sexual potency?"

- Adolescent boy

The experiment was conducted in a local Sunday market in Mogincual where demonstrations and promotion was provided by 4 adolescents. The services were well received; however sales were difficult due to free distribution at the health facility. Older women 19 and above represented 40% of the participants and the majority of male audience was represented by men between 30 - 40 years.

Recommendations

Boys and men are still the main decision makers in sexual relationships so there is need to adapt these stands to be more informational through use of demonstrations. The next experiment needs to have a clear call to action and it should also cater to the interest of women and girls. There could be a more private stand located in a close proximity to the stands for girls and boys to seek services in private.



CONDOM SHOP

Learnings

There is no genuine interest from boys to purchase condoms, and for many in Nampula there is no desire because condoms are distributed for free at the health facility or resold for 1 metical a condom meaning the branded condoms are not competitive in this market.

Across both provinces condoms are also associated as a threat to masculinity in the local culture who mostly practice non-use of preservatives.

Most understand the concept of dual protection, but it is not a priority. "Full" pleasure is more important and they claim they prefer "flesh to flesh."

In some instances condom usage is associated with extramarital relationships.



YOUTH EVENT

Creation of events that capitalize on adolescent “night life” where they can go to meet and talk with friends and partners of the opposite sex. One experiment tested was a movie showing followed by the debut of the testimonial clips and an open Q&A session to provide more information on FP and SRH.

Testing in detail:

One experiment in 3 districts with **96** participants in total, including **51** in Mogovolas, **20** in Guijá and **25** in Macia.



What worked?

- Creation of a recreational space generated interest among the target group and their influencers.
- Adolescents liked the fact that the movie screened was from Mozambique. Everyone watched with interest and it created positive reactions.
- Carrying out the promotion on the day of the screening at strategic locations and doing mobilization one hour before the session made it possible to attract the target audience.



What did not work?

- Adolescents did not openly express their opinion in public, only participated timidly in the debates. They felt exposed during sessions.
- Adolescents felt constrained by the number of peers and did not engage through action (coupons, counselling or question box).
- Using these events to conduct FP counseling on the spot was not well received in the movie setting.





Gaza Specifics

" I liked it because I learned about my country, contraceptive methods and met new people."
- Adolescent girl.

The experiment was conducted in the most popular bar of each district. In Guijá the session was outdoor and in Macia indoor. The outdoor screening helped spontaneously attract audiences from the bars and adults ended up interacting too.

Nampula Specifics

" The first movie was good, but I mostly liked the second one (testimonial) for passing an important message"
- Adolescent boy

The experiment was carried out in an indoor venue with previous promotion. Question box and provider were made available; however there was no open interest in seeking services due to public nature of the event.



YOUTH EVENT

Learnings

Many people came alone. It is not common for people to share personal information with each other.

Adolescents want different spaces for recreational activities where they can be with their friends. There is high interest in new events targeted towards adolescents.

The activity works well for raising awareness and attracting young adolescents.

It can be an effective touch point for reaching our target audience, especially to promote other activities that could also promote action.

Recommendations

There is a real demand for creating spaces where youth can interact, share information and be themselves. Future events should explore theatre performances and games. These events should not be a forum for initiating girls on FP, but should be linked to other activities that call for action.

LEARNINGS

Learnings and recommendations

for medium fidelity prototyping



Learnings

At a glance

#01

When is FP right for me?

How too much emphasis on new users can make us lose sight of a girls full journey.

#02

Let's speak the same language

How peer-to-peer interventions provide a sense of ownership and restore power balance.

#03

Lack of choice inhibits good decision making

How there is limited space and time for adolescents boys and girls to claim as their own.

#04

Provide information where and when males need it

How using boys as a tool to reach girls can cause unappreciation, especially when family planning services spaces are already largely seen as for females only.

#01

When is FP right for me?

Existing FP programs in the districts, as well as the first round of low fidelity prototypes, place emphasis on select stages along the journey to adoption, including awareness creation (information sharing) and first time use of FP.

The 'selective' programming design leaves adolescent girls behind, often times these girls are the most vulnerable such as those who are not sexually active (pre-awareness) or those who are not followed-up after first time use (repeat users or retention).

In addition to programming, there are community perceptions dissuading girls from thinking FP is right for them. For example, FP being associated with sexual promiscuity, failing to discuss the other advantages of FP even for those girls who are not sexually active. Young adolescents overhear FP being spoken about in school or by their mothers and aunts in the home without directly correlating FP as an option for improving health outcomes **for them**.

On the other hand, once a girl decides to start FP, we discovered there are a lack of follow-up processes to ensure adherence for those who want to continue using FP methods. For instance in Mogovolas, APEs assigned to provide services for 6 to 10 neighborhoods with the target being new users. In addition, mobile brigades not keeping consistent schedules for adolescent girls to receive continued care.

In order for long term behavior change to take place, prototypes need to focus on all the touch points of an adolescent girls decision making pathway.

Why is this important?

Observing the complete journey of a FP user allows us to identify gaps and possible solutions to address every touch point – leaving no one behind.

Developing new prototypes accompanied by efficient tracking tools will allow us to obtain more information on our users, tailor messages, determine impact of activities, and ultimately understand how users are interacting with prototypes as they navigate their pathway.

In addition, the development new follow-up methods and processes will allow us to continued quality counseling for adolescent girls.

How might we create interventions that address different touch points along the FP user journey?

How might we change FP communications to include girls who are not sexually active?

#02

Let's speak the same language

When testing and implementing user-centered concepts, the local context is important to keep in mind. Involving users from the beginning creates a feeling of ownership over the process and ensure sustainability for future programming.

As outsiders implementing in these communities we found there is a tendency to receive dishonest answers from users, which could be an indicator for superficial change with little impact as we progress into medium and high fidelity prototyping.

For example when promoting for events or activities, without a local community member present no one would show up for the activities. Additionally, when adults were present in the counseling sessions we observed discrepancies in adolescents answers compared to when they were speaking with another peer in their local language. There is need to engage local community members to develop tailored messages and incorporate culturally appropriate guidelines.

There was an example of nurses explaining why some people experience side effects to certain methods, while others do not.

"It is just like caracata (staple food made of cassava flour and water). Some people love it, some people don't, right? Some people feel stomachaches and some people have no problems. It is different for different organisms."

Why is this important?

When developing branding or materials considerations needs to be made for tailoring communications to the the local culture using local language. The same holds true when using terms such as 'Family Planning' which do not resonate with a majority of our target audience.

In addition the application of local games, jokes and co-creation activities can ensure the community remains at the center of the initiatives and help build advocacy for future programming.

Using metaphors can also help explain complicated topics with things they can relate to and visualize in their own lives.

The power of word of mouth has been seen as an effective channel for disseminating myths and misconceptions throughout the communities. If we can leverage this using peer networks we can will have an opportunities to publicize positive experiences, and ultimately change the dialogue around contraceptive use.

How might we create prototypes that can be adopted to different cultural contexts and ensure local ownership?

#03

Lack of choice inhibits good decision making

There is a lack of dedicated space for adolescents, making it difficult to find them in large groups during the day and often in the evening. There is little emphasis placed on 'social life' or free time due to competing priorities such as household responsibilities and pursuing studies.

When adolescents feel like they have little autonomy to make decisions they tend to either shutdown and stop speaking with parents or rebel against them by making reckless choices.

This threat of being overcontrolled combined with lack of space to be themselves has led to a secret dating culture. This dating scene happens once it gets dark and adolescents are done with their chores. We discovered that 'dating' usually means having sex and oftentimes not in a protected and responsible way.

As a result of this secretive dating scene, young couples are not engaged in open conversations about their lives, emotions and concerns, leading to lack of informed decision making. In the absence of communication, boys care very little about a girl's decision to engage in family planning services.

This sense of responsibility shifts after a couple gets married but still not always in a supportive manner.

Why is this important?

Couples, married or not seem to have one thing in common – they are engaging in sexual activities.

An adolescent girl's social life is limited to talking to peers at school or neighbors/family members, while boys may involve meeting friends in the village to play or watch football matches.

There are few activities or places where girls and boys can openly be together making it difficult to create healthy relationships. These types of relationships are solely based on risky sexual practices hidden from their parents and other members of the community and which are taboo to speak about.

How might we create bridges between boys and girls in a way that allows them to interact and exchange experiences beyond sex?

#04

Provide information where and when males need it

When testing the 'Boyfriend Kit,' the recommended changes to the kits indicated the boys were not interested in a tool to speak with their girlfriends but a package that spoke **directly to them as boys**.

During prototyping there was a lot of curiosity and engagement from men expressing interest to take part in the activities. Men are not shy about asking questions, and a few asked "why are you only giving it to girls?"

It is common for men to only be engaged as influencers or tools to reach the actual target audience. This can cause men to feel underappreciated and neglected, further decreasing their engagement.

Men need to be informed and included in conversation about health related matters such as family planning use; however they are not effective players in empowering young adolescents.

Why is this important?

For decisions surrounding family planning it is common for a woman to feel the need to inform the man about her decision, particularly when they are married.

The lack of interest and knowledge of boys and men about family planning methods (including condoms) creates a barrier to adoption.

It is important for men to receive targeted communication and tailored programs for them in a way that they can see the advantages of FP in their lives leading to more open conversations with the women is their lives.

How might we engage men in FP discussions in a way that makes them feel like a part of the decision not only as a tool to reach women?

MOVING FORWARD

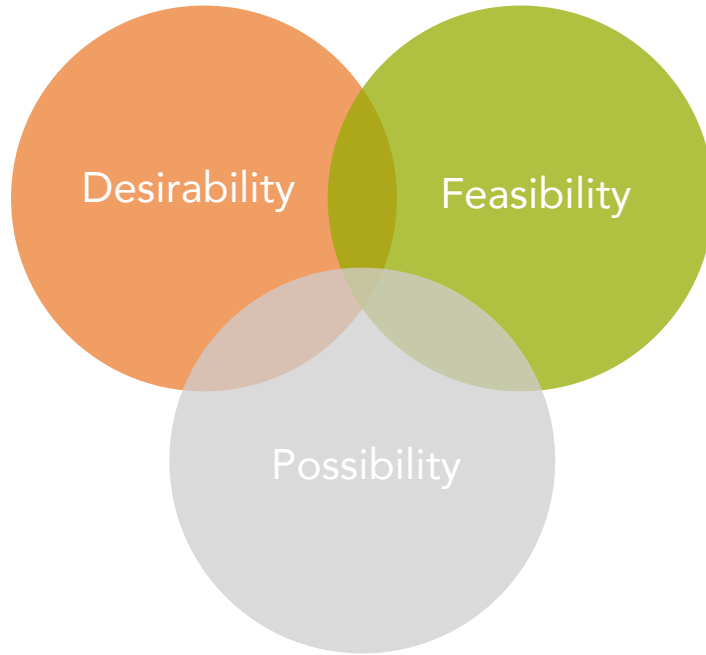
What should we consider

for medium fidelity prototyping



WHAT'S NEXT? EVALUATING PROTOTYPES

When entering medium fidelity prototyping, the focus of prototype evaluation begins to shift from 'desirability' towards 'feasibility' as we begin to further develop our concepts through production of content, technical capacity, logistics and ethical processes.



Low-Fidelity

Desirability

- Novelty
- Trialability
- Visibility (in-peer awareness)
- Advocacy
- Willingness to pay (if applicable)

Medium-Fidelity

Feasibility

- Technical feasibility
- Ethical concerns
- Logistical feasibility
- Financial feasibility

High-Fidelity

Possibility

- Scalability (including replicability and impact)
- Readiness (of context, of user base)
- Affordability (if applicable)

Checklist to keep in mind:

- ☐ Development of tools and processes that considers all the stages of the program
- ☐ Creation of branded communication materials adapted to the local context
- ☐ Content production with technical assistance
- ☐ Mobilization, recruitment and training of health providers
- ☐ M&E tools and strategy
- ☐ Ethics and consent protocol and training

And when promoting, consider:

WHAT WORKS:

- ☐ On-the spot mobilization with music and megaphones (depending on the type of prototype)
- ☐ Word of mouth mobilization using promoters from the community deployed to 'touchpoints' for adolescents
- ☐ Use of community radio messages a few days before the event
- ☐ Use of Portuguese and local language to spread information
- ☐ Peer-to-peer dissemination
- ☐ Images of real people from the community
- ☐ Leaders and influential people from the community to mobilize

WHAT DOESN'T WORK:

- ☐ Posters
- ☐ Flyers
- ☐ Late Promotion
- ☐ Invasive approaches
- ☐ Non-local communication
- ☐ Written promotion

