

A360 Ethiopia

**PROTOTYPING
REPORT CARD**

Trip 1, January 2017

OVERVIEW

8

DAYS

10

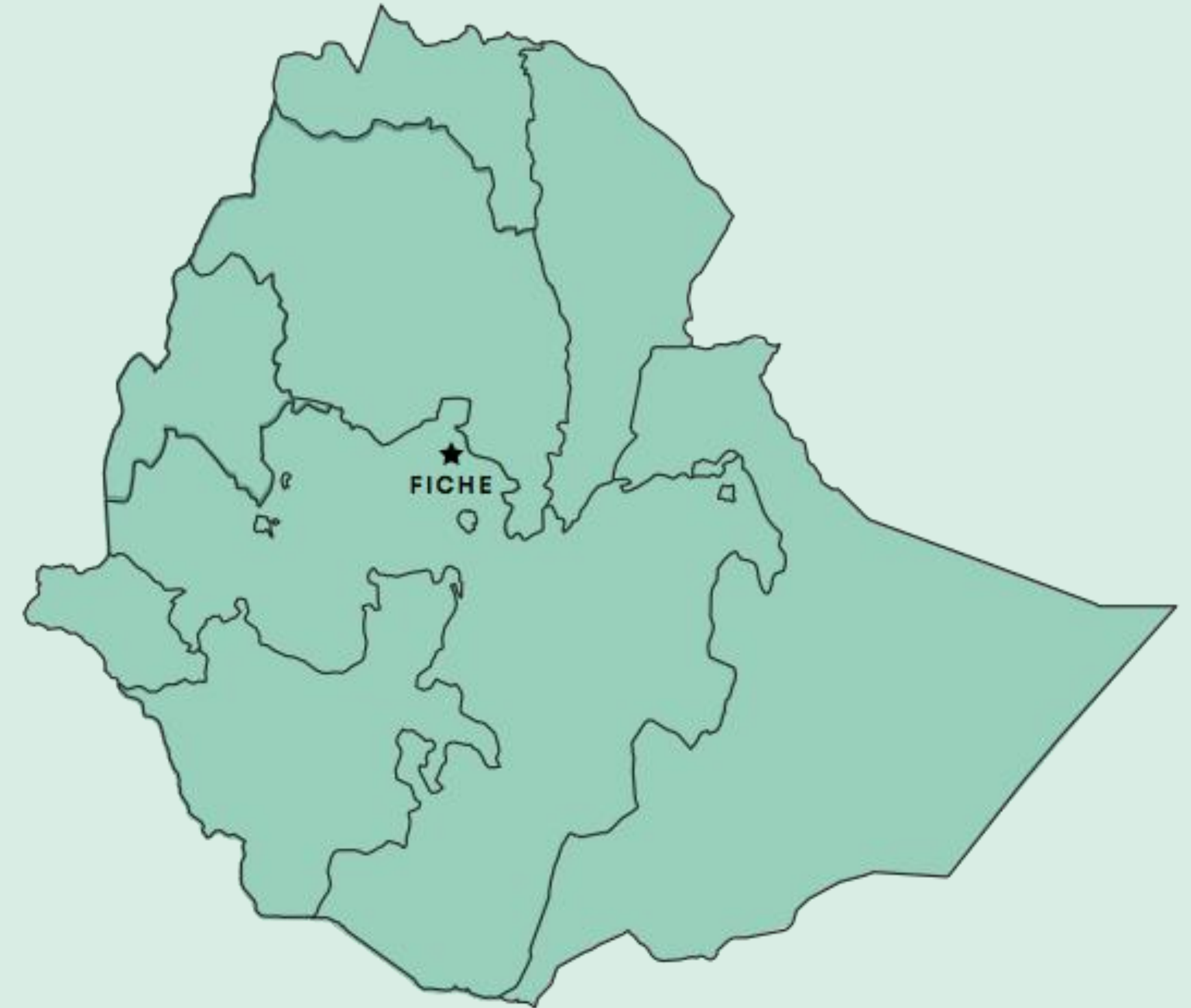
CONCEPTS

25

INTERVIEW
SESSIONS

92

PEOPLE
INTERVIEWED





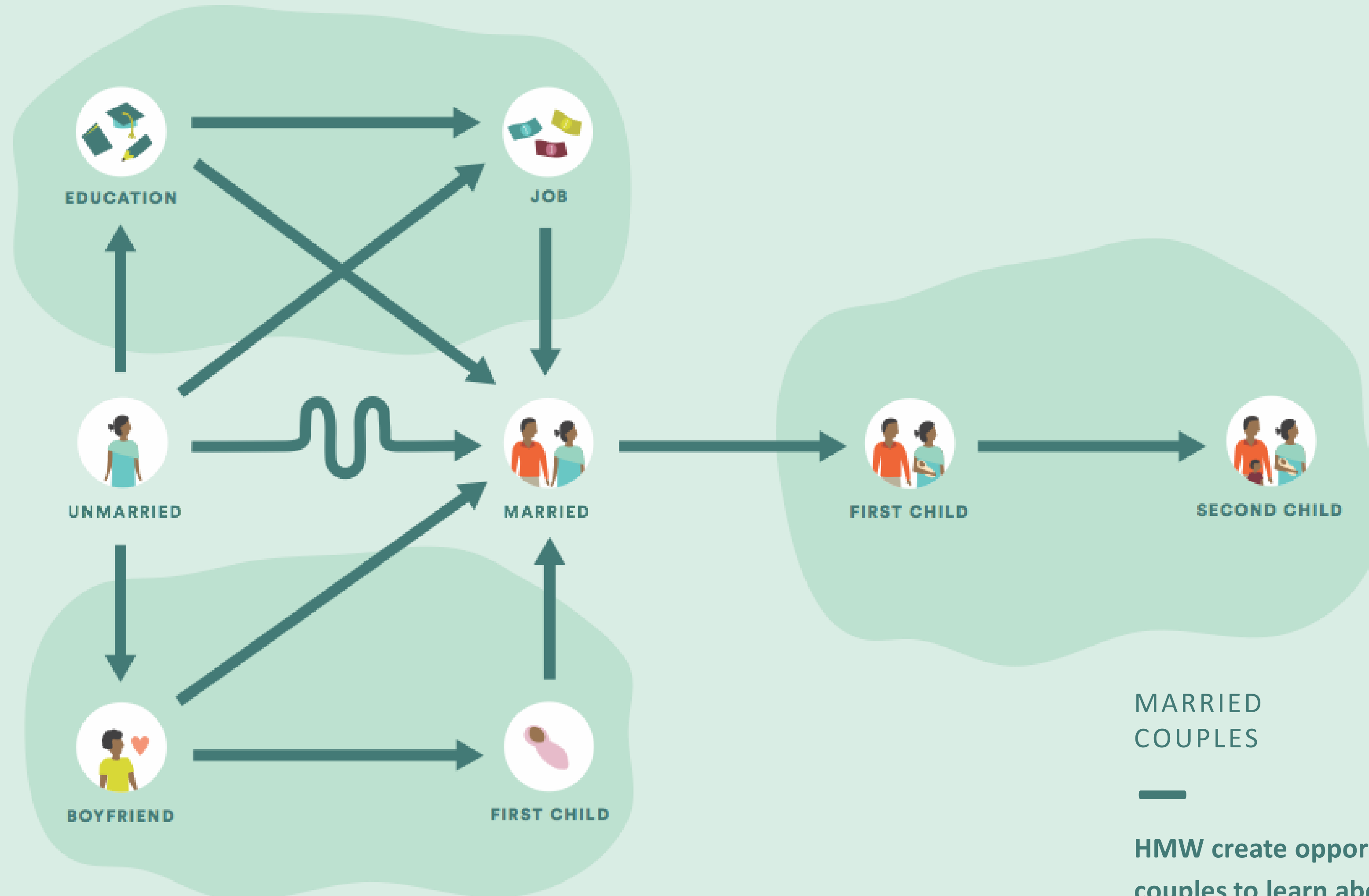


OPPORTUNITY AREAS

TRAJECTORY MOMENTS

GIRLS & EDUCATION

—
HMW use the school environment to help girls explore their agency and aspirations?



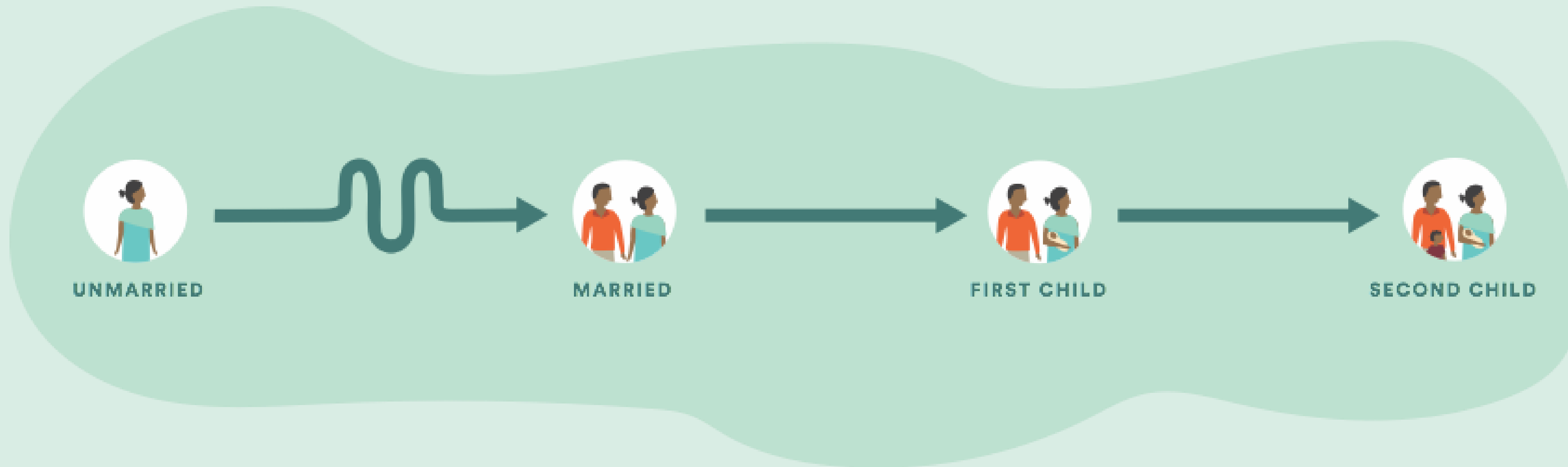
ADOLESCENTS IN RELATIONSHIPS

—
HMW make secret relationships among adolescents safer and healthier?

MARRIED COUPLES

—
HMW create opportunities for couples to learn about contraception and plan for their future?

ACROSS TRAJECTORIES



HMW introduce in-depth and accurate sexual reproductive health learning experiences that grow with the girl?



HMW create new ways for girls to earn social status outside of child-bearing?



HMW position contraception as being appropriate for all girls to safeguard their futures?



HMW design safe and anonymous access points that fit into the environments and lives of girls?

OPPORTUNITIES SPANNING ACROSS ALL TRAJECTORIES

—
HMW position contraception as being appropriate for all girls to safeguard their futures?

—
HMW design safe and anonymous access points that fit into the environments and lives of girls?

—
HMW introduce in-depth and accurate sexual reproductive health learning experiences that grow with the girl?

—
HMW create new ways for girls to earn social status outside of child-bearing?

OPPORTUNITIES FOR SPECIFIC TRAJECTORY MOMENTS

GIRLS & EDUCATION

—
HMW use the school environment to help girls explore their agency and aspirations?

ADOLESCENTS IN RELATIONSHIPS

—
HMW make secret relationships among adolescents safer and healthier?

MARRIED COUPLES

—
HMW create opportunities for couples to learn about contraception and plan for their future?

TOP LEARNINGS

SUMMARY

GIRLS & EDUCATION

- School is considered a safe place for adolescents
- Girls are receptive to learning and accessing health services at school
- Everyone acknowledged that boys need to be included in SRH activities

ADOLESCENTS IN RELATIONSHIPS

- They're in relationships!
- Adolescents prefer to remain in relationships secretly
- Despite their lack of specific contraception knowledge, some boys help their girlfriends access contraception

MARRIED COUPLES

- Joint decision-making is highly valued and desired
- Couples equate family planning with a better financial future
- There is a window between proposal and marriage when couples start planning for their marriage and future together

GIRLS & EDUCATION

CONCEPTS TESTED

- In school health checks
- In school health education
- Mentor talks
- Junior health extension worker
- School nurse

LEARNINGS

- Confirmed that unmarried girls don't relate to current health services, including HEWs
- Confirmed SRH information for unmarried adolescents is spotty and inconsistent
- Within the 15-19 age range there are big differences in how a girl feels comfortable learning and asking questions
- Girls desire learning in small, girl-only groups, and desire 1-on-1 or anonymous forums to ask questions
- Girls trust educated health professionals and desire an adolescent-focused provider (sex and age wouldn't matter)
- Boys are eager to learn, but currently don't have SRH information and access
- Teachers and providers appreciate the need for more comprehensive SRH education and access in schools

"The HEW is for society. She does not reach us daily. A school nurse would be able to meet with us daily and we would have the chance to ask her questions."

— UNMARRIED GIRL

"We would only feel comfortable meeting with the HEW at school. We want confidentiality."

— UNMARRIED GIRL

"We would have enjoyed the opportunity to learn together in school while we were dating."

— ADOLESCENT HUSBAND

ADOLESCENTS

IN RELATIONSHIPS

CONCEPTS TESTED

- Community teen events
- Text for access

LEARNINGS

- Adolescents are indeed in relationships
- There is no desire to challenge the status quo—adolescents want to be in relationships secretly
- School is where most dating adolescents meet, and mobile phones are often used to maintain these relationships
- Adolescents in relationships are planning for their futures together (saving money for marriage, proposal process, etc); however, family planning conversations are often reserved for after marriage
- We continue to hear from providers that abortion and emergency contraception purchasing behaviors are high for adolescents in town centers
- In some cases, boyfriends access contraception at pharmacies for their girlfriends

“We are ashamed and afraid if we date. We would never announce the relationship to our family.”

— UNMARRIED GIRL

“You plan your future together if you are in love, but not if it is an arranged marriage.”

— UNMARRIED GIRL

“The parents would prefer them to marry instead of date, even if they are young.”

— FATHER

MARRIED

COUPLES

CONCEPTS TESTED

- Marriage counseling
- Pre-marriage counseling
- Young wives/husbands club

LEARNINGS

- Confirmed that there is a desire for joint decision-making, but couples aren't sure of the best way to do this
- Currently, husbands are left out of health education, especially contraceptive methods
- Love marriages are more likely to have equal voices and practice joint decision-making
- Family planning decisions are motivated by finances—people equate planning (career, house, family, etc.) with having a better future
- Couples think information is power for helping them make decisions
- There is a short window leading up to marriage when couples are open to discussing their future plans together, including family planning
- Before marriage, it is common practice to get an HIV test
- Couples are open to learning about and using contraception before having their first child

“If we got this advice before marriage and he doesn't listen to me, I would not marry him!”

— MARRIED GIRL

“We want to learn how many children we can have with our economic means... how to manage our money with a changing family size.”

— HUSBAND

“I want to know more about different contraception options. Are there any for men?”

— HUSBAND

OTHER

LEARNINGS

CONCEPTS TESTED

- Parent engagement
- Messaging

LEARNINGS

- The Oromiffa word for ‘contraceptives’ translates to ‘family planning’—unmarried adolescents do not relate to this
- The collective view of relationships is that they are distractions to finishing school and achieving dreams
- Adolescent don’t enter relationships casually— being in a relationship is a direct step toward marriage
- Health, education, and peer-to-peer sharing are valued
- Mobile penetration is more promising in some areas than others
- Literacy and regional dialects need to be considered for messaging
- There are significant cultural, demographic, and health differences even between neighboring kebeles

“If I am healthy, why would I go see the HEW?”

— UNMARRIED GIRL

“Family planning is not for girls in school. It is for married girls, for birth spacing.”

— UNMARRIED GIRL

“I am a student, so I don’t believe it is time to have a girlfriend.”

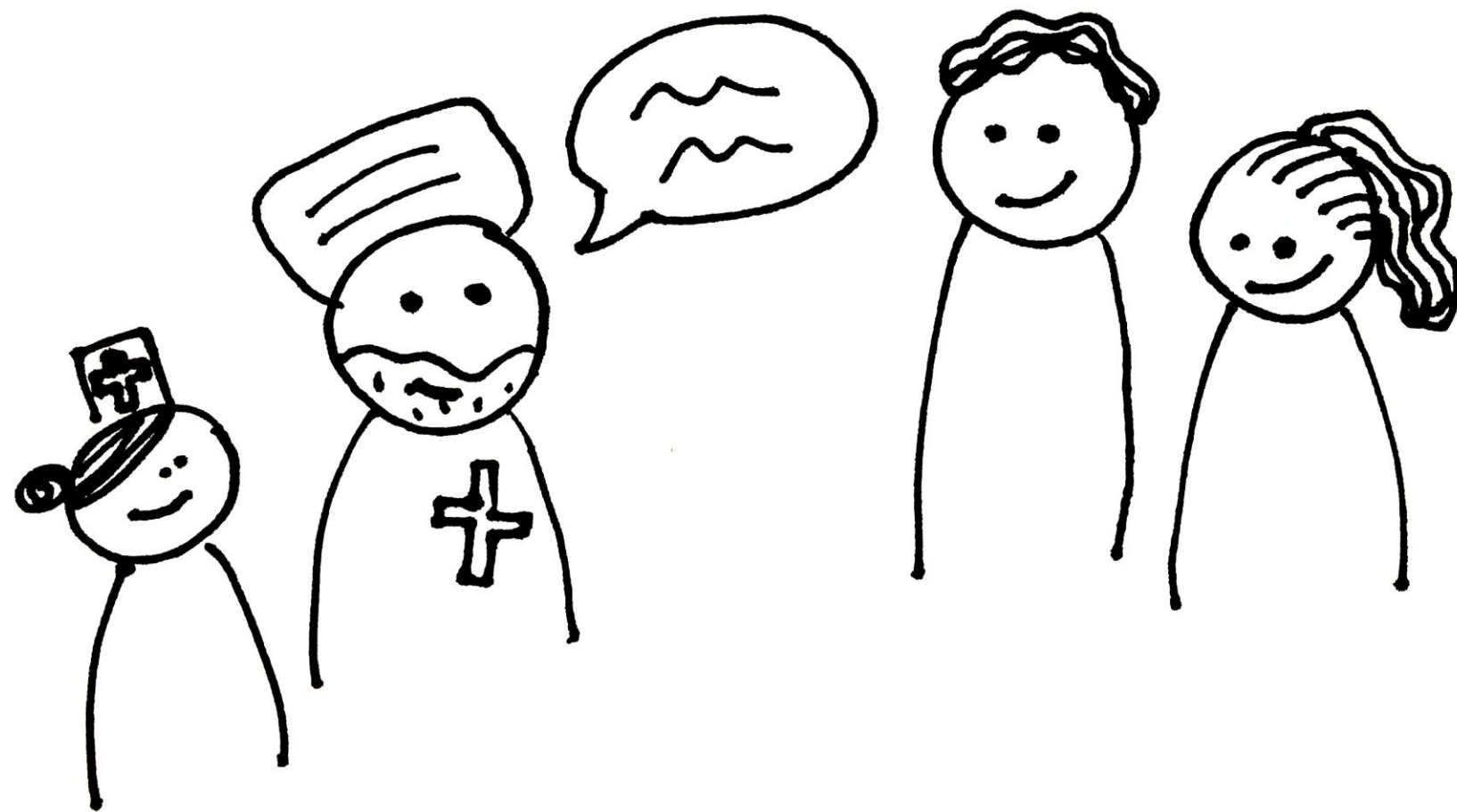
— ADOLESCENT BOY

PROTOTYPE REPORT CARDS

MARRIAGE COUNSELING

INSIGHT

Couples often desire joint decision-making in contraceptive use, yet in reality, knowledge and agency continue to be a barrier.



WHAT IS THE CONCEPT?

Newlywed couples attend counseling sessions to get to know each other, start planning their future, and learn about contraception.

WHAT WE WANT TO LEARN:

- Do young couples like learning with each other or separately?
- Does a joint learning experience empower decision-making in married girls?
- Are young couples receptive to guidance / counseling?
- What message(s) resonate strongest with newly married girls?
- Are young couples open to learning about contraception before having a first child?

WHO IS IT FOR?

- Husbands
- Married girls

DRIVERS



RESEARCH PROMPTS & QUESTIONS:

- Who do young couples trust for guidance? e.g. HEW, Religious Leader, older couples
- With whom do young couples prefer learning? e.g. their partner, a group of couples
- How are decisions currently made?
- How do you act around your husband when you are alone vs. when you are in the community?
- Where would young couples prefer to have this experience? e.g. church, health facility, home
- What topics are newlyweds most interested in learning about and most comfortable discussing? e.g. goals, finances, romance, health, contraception

MARRIAGE COUNSELING

Desirability

MARRIED GIRLS



HUSBANDS



Risks

- Hard to scale
- Small window of opportunity

HOW WE TESTED IT:

- Role plays with group interviews
- Joint decision-making game for married couples

LEARNINGS:

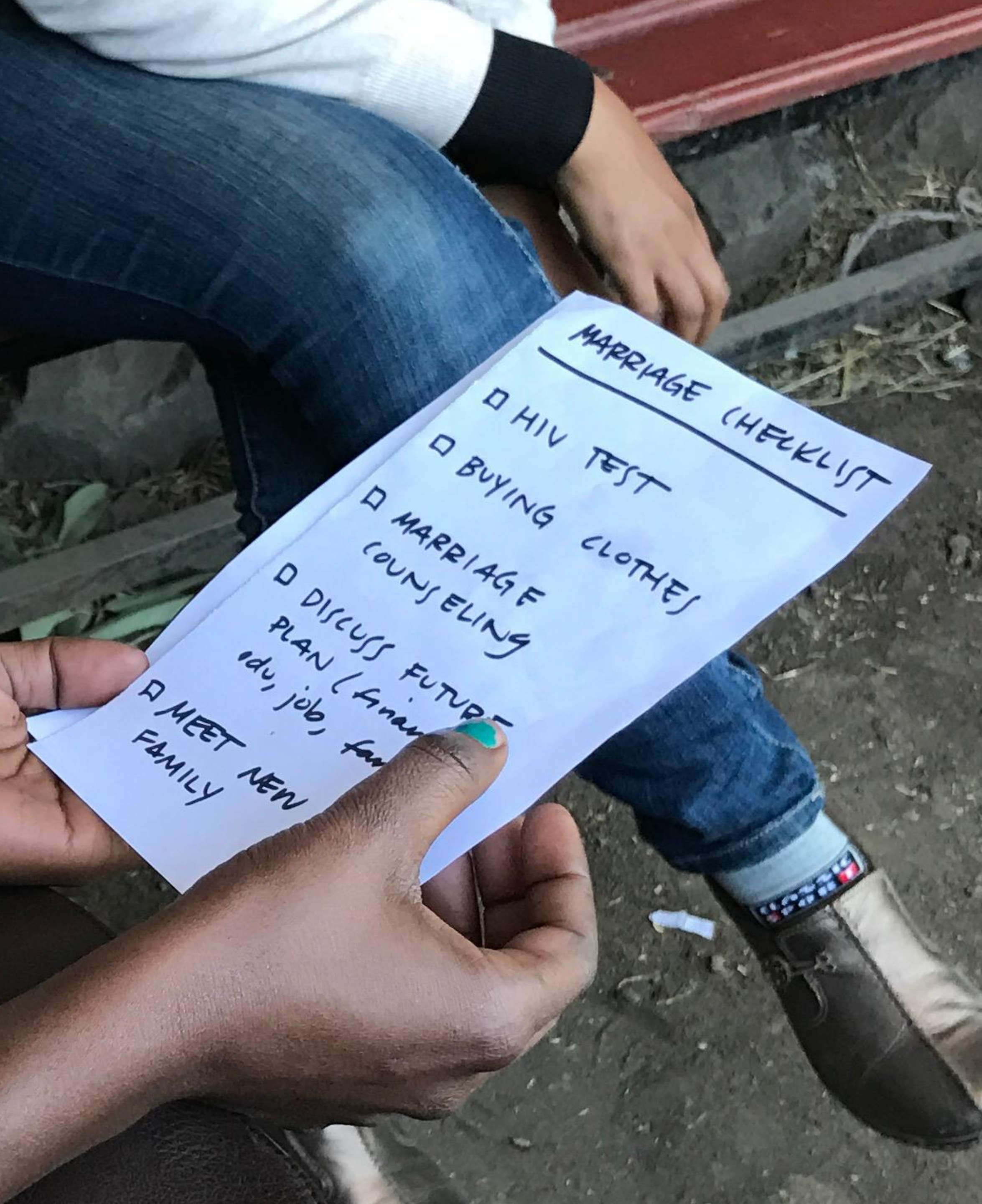
- Joint learning and decision-making among couples is desirable
- Joint learning empowers girls in marriage
- Couples are open to learning about family planning before having their first child
- Economy/finances are the most important motivators for couples

HOW IT EVOLVED:

- Pre-marriage counseling during engagement

NEXT STEP QUESTIONS...

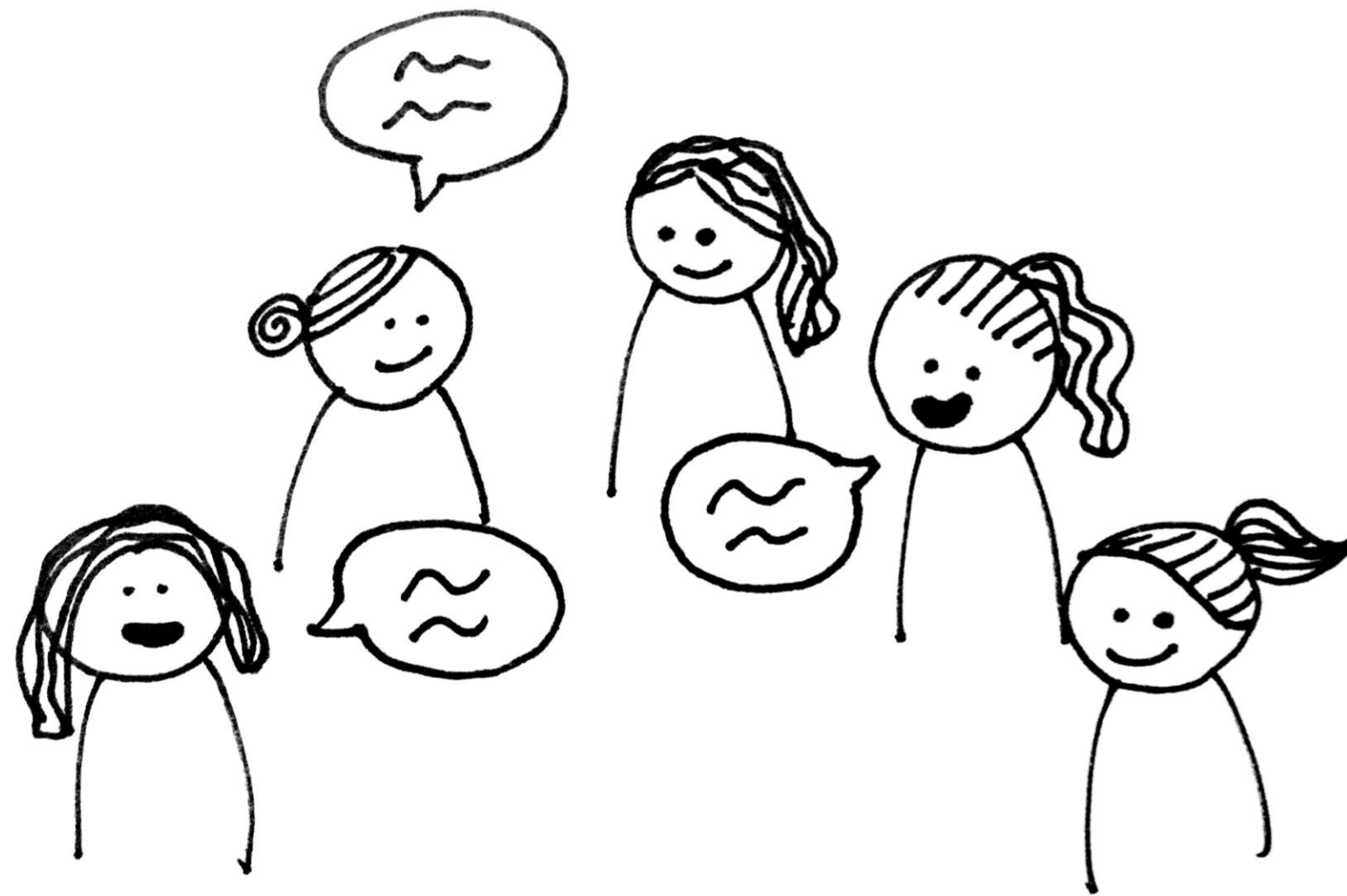
- What is the most appropriate channel? (i.e. HIV testing)
- What relatable tools could make the content more relatable?
- What level of knowledge is needed to spur action?
- What other opportunities could further joint decision-making in young couples?



YOUNG WIVES & HUSBANDS CLUBS

INSIGHT

Couples often desire joint decision-making in contraceptive use, yet in reality, knowledge and agency continue to be a barrier.



WHAT IS THE CONCEPT?

Gender-specific groups for married adolescents to socialize, support each other, and learn about contraception and other health topics.

WHAT WE WANT TO LEARN:

- Do married girls and boys prefer learning with their partners or with their friends?
- What message(s) resonate strongest with newly married girls?
- Are young couples open to learning about contraception before having their first child?

WHO IS IT FOR?

- Married girls

- Husbands

DRIVERS



RESEARCH PROMPTS & QUESTIONS:

- Who do young married wives and husbands trust? e.g. HEW, Religious Leader, older couples
- Would you be excited about meeting new people / friends?
- Where do married adolescents prefer to socialize? e.g. church, health facility, home, mill, etc.
- What topics are married adolescents most interested in learning about and most comfortable discussing in this type of group? e.g. goals, finances, romance, health, contraception
- How would you share information you learn here with your husband / wife?
- Would you need approval from anyone to join this club?

YOUNG WIVES & HUSBANDS CLUBS

Desirability



Risks

- Married girls making decisions on their own risk angering their husbands
- Difficult to connect girls at the same point in their trajectories

HOW WE TESTED IT

- Role plays with group interviews

LEARNINGS:

- Sharing information is highly valued amongst married girls and husbands
- Married girls value peer-to-peer information sharing in addition to discussions with their husbands
- Husbands preferred to learn together with their wives
- Girls have little free time outside of household duties

HOW IT EVOLVED:

- Stopped testing because married girls were indifferent to sex-specific learning platforms

NEXT STEP QUESTIONS...

- Could take home materials help support couples' discussions and decision-making?
- What are other fun ways to share information and testimonials that are integrated into girls' routines and existing structures?



MENTOR TALKS

INSIGHT

Education is valued, yet it is not viewed as a secure and proven path for girls.



WHAT IS THE CONCEPT?

Relatable role models are identified to connect with school-aged girls to reflect on their own paths, help uncover the girls' aspirations, and provide mentorship.

WHO IS IT FOR?

- Unmarried girls

DRIVERS



WHAT WE WANT TO LEARN:

- Is the school environment well-suited to have girls explore their agency and aspirations?
- What message(s) resonate strongest with girls in school?
- Are “realistic” aspirations (i.e. community roles) inspiring for girls?
- Is the school environment where we can impact the most girls?
- Are girls in school more interested in contraception (and likely to adopt/use contraception) than girls out of school?
- Are the 8th and 10th grade inflection points the most critical moments for “intervention”?

RESEARCH PROMPTS & QUESTIONS:

- Who do school-aged girls look up to? e.g. Musicians, athletes, teachers, politicians, older peers, older siblings, etc.
- What topics are school-aged girls most interested in learning about? e.g. education, goals, early marriage, violence, relationships, health, contraception
- How would girls most like to interact with role model figures? e.g. anonymously, via social media, in group settings, 1 on 1

MENTOR TALKS

Desirability

UNMARRIED GIRLS



Risks

- Weaker link to increasing number of contraception users
- Hard to scale

HOW WE TESTED IT:

- Role plays with group interviews

HOW IT EVOLVED:

- Stopped because desired mentors didn't match with profile of a trusted SRH information source

LEARNINGS:

- Girls want to interact with successful people who are relatable and come from a community like their own
- Girls value learning about someone's journey and how they were able to achieve success
- "Success" is defined as finishing their education and having a job

NEXT STEP QUESTIONS...

- How might we make providers more relatable and like mentors?
- How might we make girls' aspirations feel actionable?
- How might we reach girls not in school?



SCHOOL HEALTH CHECK-UP

INSIGHT

For unmarried girls, trusted and reliable sexual reproductive health sources remain few and far between.



WHAT IS THE CONCEPT?

Regular, individual student check ups are introduced at school to give girls and health providers a normalized, private time to offer health education and address personal questions.

WHO IS IT FOR?

- Unmarried girls
- Unmarried boys

DRIVERS



WHAT WE WANT TO LEARN:

- Would girls like to receive tailored and regular SRH information at school?
- Is school an appropriately anonymous yet legitimate environment where girls could access contraception?
- Does normalizing girl - provider interactions lessen the barriers to contraception access?
- Does normalizing girl - provider interactions help to build trust and confidence in the providers and methods?

RESEARCH PROMPTS & QUESTIONS:

- Who do you want to interact with (and trust) for routine health check-ups? e.g. HEW, school nurse, traveling nurse, guidance counselor
- What health topics are you most interested in learning about (for yourself or for your child)? e.g. menstruation, fertility, communicable diseases, violence, contraception, nutrition, etc.
- Where would students prefer to meet with providers? e.g. at school office, at clinic, at home, on walk to school
- What types of services would you expect to be offered? e.g. vaccines, nutrition, sanitation, family planning, contraceptives

SCHOOL HEALTH CHECK-UP

Desirability

UNMARRIED GIRLS



UNMARRIED BOYS



Risks

- Requires broader stakeholder buy-in
- Ensuring privacy in semi-public space
- Community buy-in to using school as a new contraception access channel

HOW WE TESTED IT:

- Role plays with group interviews
- Paper prototypes for trusted information delivery and preferred style
- Paper prototype for positioning contraception for unmarried girls

LEARNINGS:

- Girls and boys want reliable access to an adolescent-focused provider
- Girls desire a private, intimate environment to learn
- School is a safe space for adolescents
- Boys want to be included in SRH education
- Maturity level greatly affects how an adolescent wants to learn and ask questions

HOW IT EVOLVED:

- Separated health awareness and access
- For access, we tested a junior health extension worker and a school nurse/clinic day concept
- For awareness, we tested how girls feel comfortable learning and asking questions

NEXT STEP QUESTIONS...

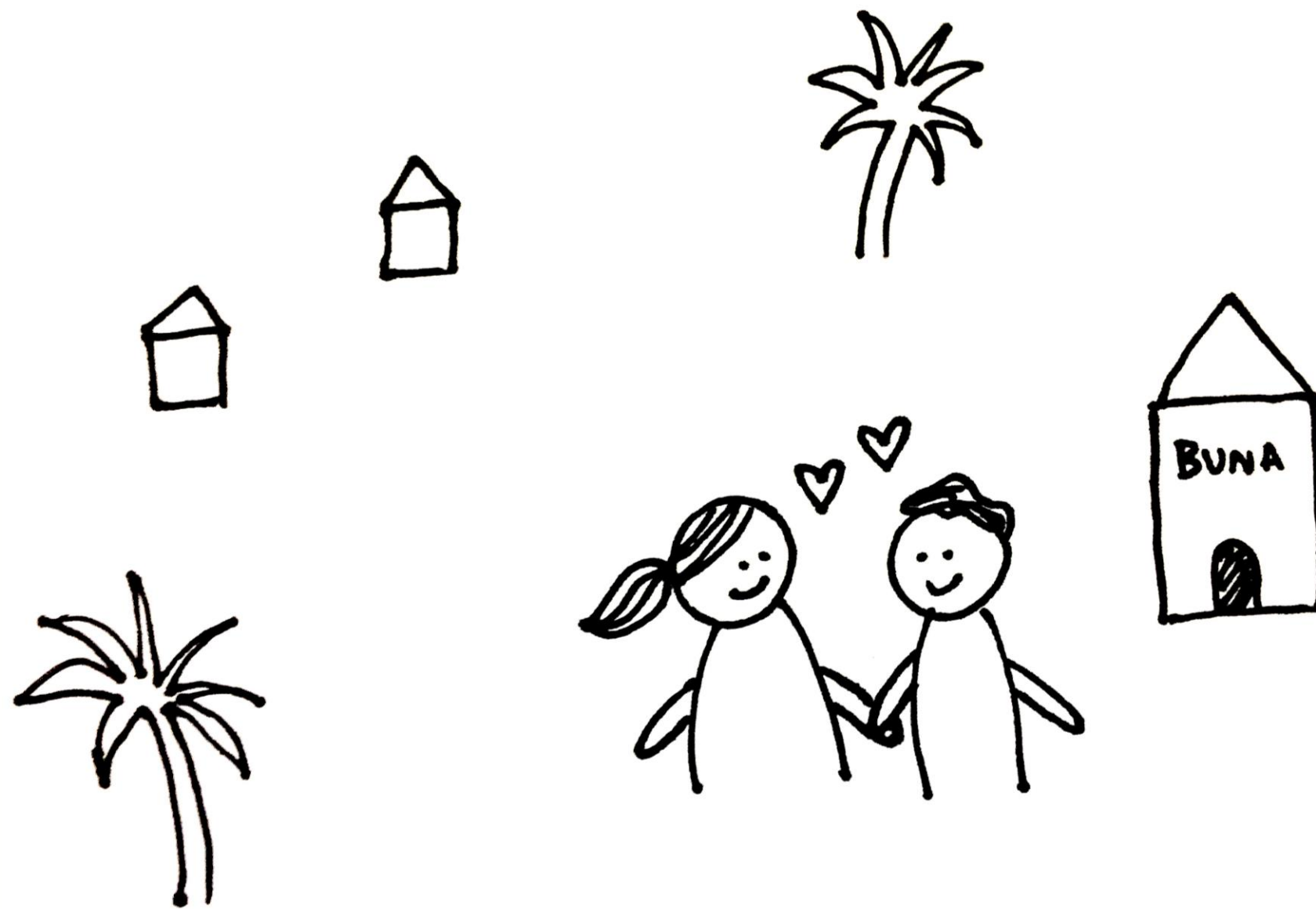
- How might we design an adolescent focused service that gets buy-in from parents and the community, but that protects adolescent privacy?
- How might we make contraception information thorough, relatable and age-appropriate?
- How might we further leverage the “safety” of the school environment to reach adolescents?



COMMUNITY TEEN EVENTS

INSIGHT

Cultural and religious norms are at odds with new interactions between adolescent boys and girls.



WHAT IS THE CONCEPT?

Adolescents publicly spend time with each other on Friday nights at events such as dances, dinners, and etiquette classes.

WHO IS IT FOR?

- Unmarried girls
- Unmarried boys

DRIVERS



WHAT WE WANT TO LEARN:

- Would adolescents in relationships like to be celebrated or stay closeted?
- Are adolescents in relationships more likely to make other counter-culture decisions such as using contraception?
- What message(s) resonate with these adolescents?
- What is the community comfortable with?

RESEARCH PROMPTS & QUESTIONS:

- Where would adolescents like to spend time with each other? e.g. school, church, youth center, market, fields
- Who would adolescents in relationships trust for advice and information? e.g. older siblings, friends, social media
- What topics are adolescents in relationships most interested? e.g. how to talk to boys, etiquette, how to talk to parents, sexual health, love tips, contraception

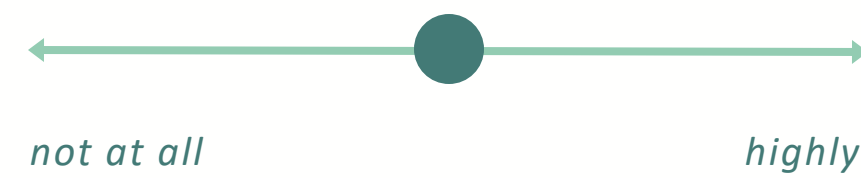
COMMUNITY TEEN EVENTS

Desirability

UNMARRIED GIRLS



UNMARRIED BOYS



Risks

- Lack community support
- Lacks adolescent interest

HOW WE TESTED IT:

- Role plays with group interviews

HOW IT EVOLVED:

- Stopped testing because adolescents still desire to be in relationships secretly

LEARNINGS:

- Adolescents in relationships desire secrecy
- Adolescents meet in school, while fetching water, while washing clothes, at the market, in the forest, at holiday celebrations, etc.
- Currently no community events or gatherings for adolescents

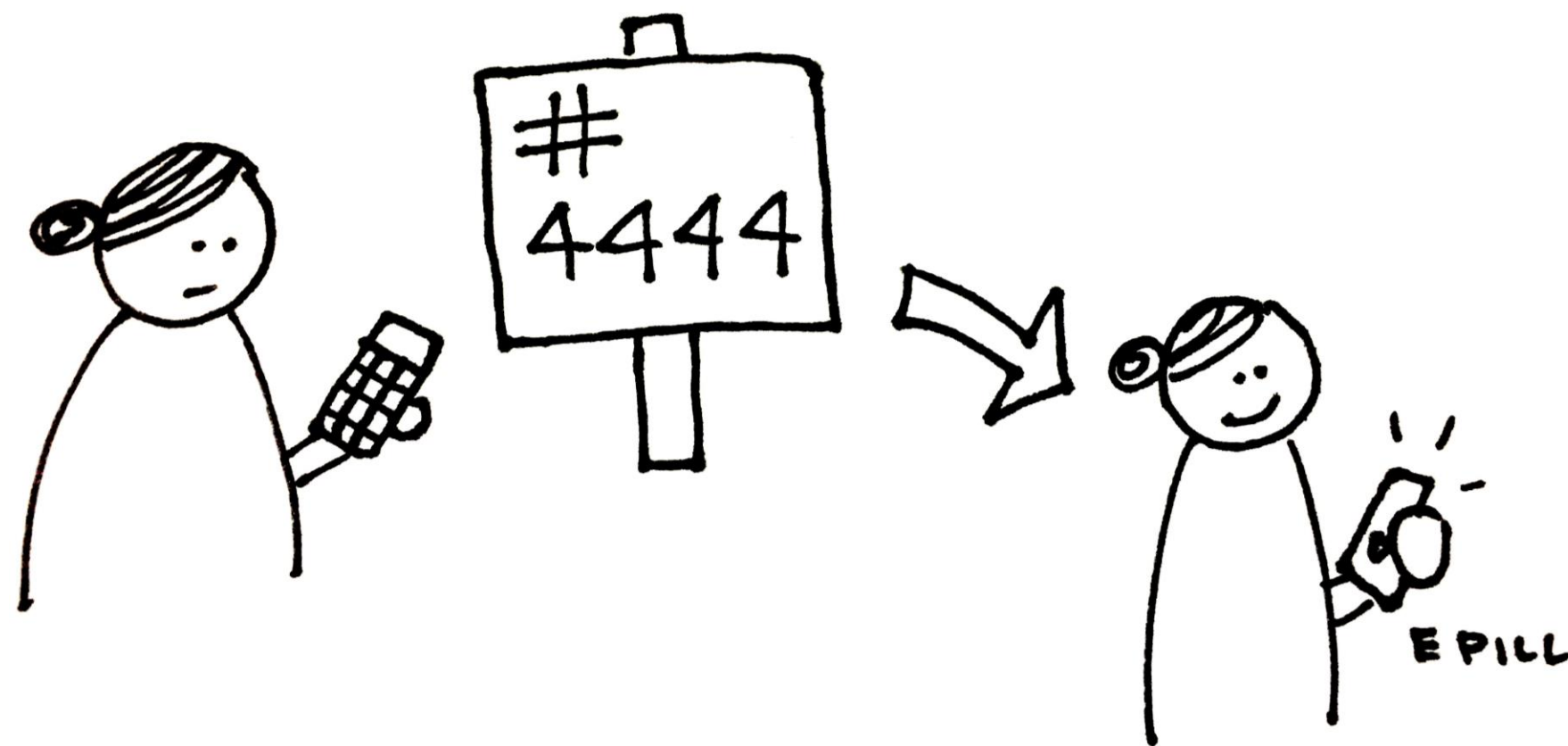
NEXT STEP QUESTIONS...

- How might we take advantage of holiday celebrations and other community gatherings to support adolescents in relationships?



INSIGHT

For unmarried girls, trusted and reliable sexual reproductive health sources remain few and far between.



WHAT IS THE CONCEPT?

Adolescents can text *4444 anytime to receive advice on relationships, accurate information on SRH issues, and delivery of contraception.

WHAT WE WANT TO LEARN:

- Would adolescents prefer and trust super secret and anonymous information channels like this?
- Would adolescents prefer and trust super secret and anonymous access channels like this?
- Do adolescents in relationships seek support systems, advice, and information?

WHO IS IT FOR?

- Unmarried girls
- Unmarried boys

DRIVERS

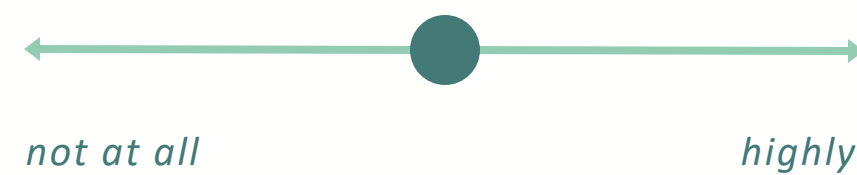


RESEARCH PROMPTS & QUESTIONS:

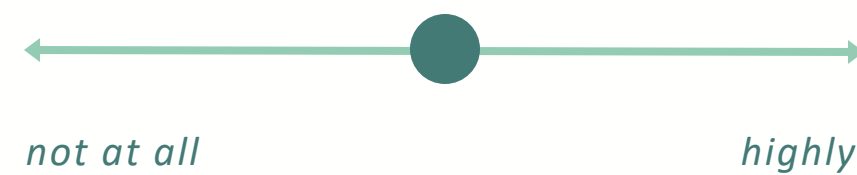
- What topics are adolescents in relationships most interested in learning about? e.g. how to talk to boys, etiquette, how to talk to parents, sexual health, love tips, contraception
- How else would adolescents prefer to receive secret information? e.g. phones, physical locations, network of brokers
- How else would adolescents prefer to get access to contraception? e.g. secret packaging, disguised channel

Desirability

UNMARRIED GIRLS



UNMARRIED BOYS



Risks

- Mobile penetration varies highly among adolescents
- Maintaining privacy when mobile phone sharing behavior is high
- Anything new is obvious

HOW WE TESTED IT:

- Role plays with group interviews

HOW IT EVOLVED:

- Evolved to be text for consultation and contraception access with a junior health worker

LEARNINGS:

- Adolescents were indifferent to the on-demand and immediate nature of the service
- People desire legitimacy when using new services, especially in health
- Mobile phone ownership varies among adolescents - in some areas, it can be as high as ½

NEXT STEP QUESTIONS...

- How might a junior health worker serve adolescents without mobile phone access?
- How might we integrate texting into existing health care interactions? (i.e. reminders about prescriptions or upcoming appointments)
- Would an interaction with an anonymous health provider be preferable?



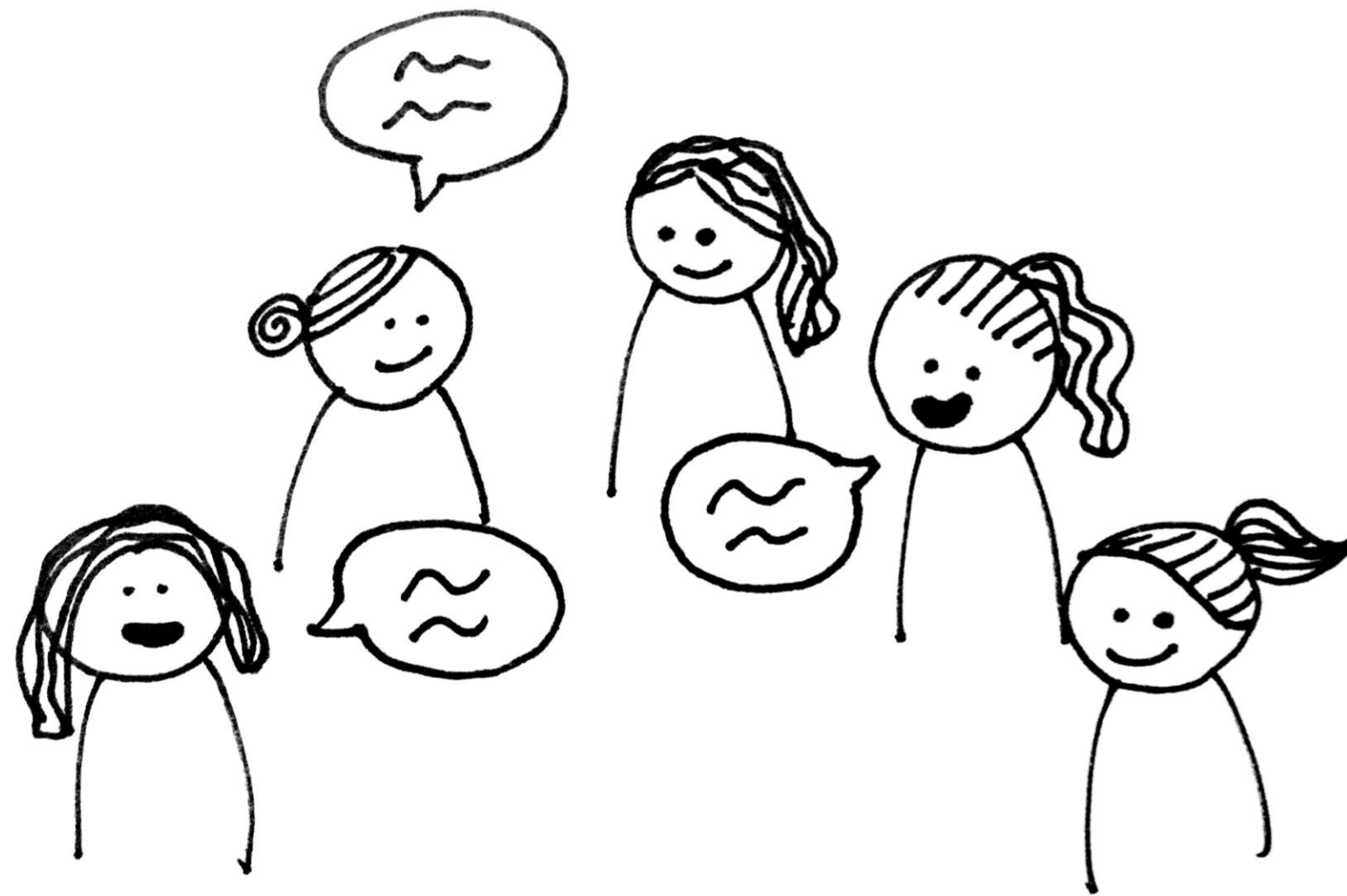
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PARENT ENGAGEMENT

INSIGHT

Parents and the community grapple with how to cope with changing times and the external influences young people are exposed to.



WHAT IS THE CONCEPT?

Parents are invited to participate in community events relating to adolescents and are supported in raising their children in a new generation.

WHO IS IT FOR?

- Parents (mothers & fathers)
- Community influencers

DRIVERS



WHAT WE WANT TO LEARN:

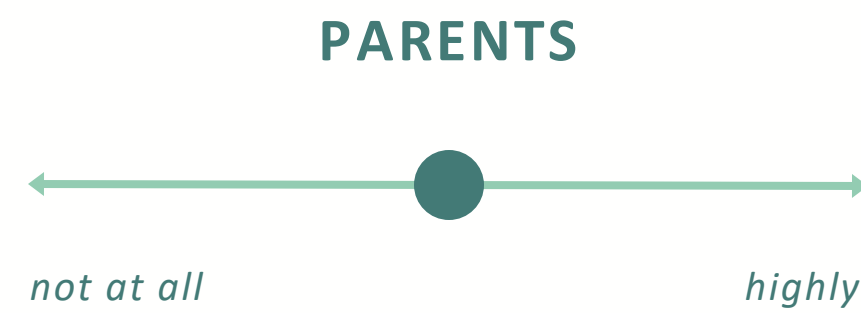
- What degree of normalizing adolescents in relationships will be accepted by the community?
- How involved do parents and community leaders want to be in shaping adolescent lives?

RESEARCH PROMPTS & QUESTIONS:

- What do parents feel comfortable discussing with their adolescent children? Mothers vs. fathers?
- How do mothers vs. fathers view their roles with their adolescents?
- What do parents want someone else to discuss with their adolescent children?

PARENT ENGAGEMENT

Desirability



Risks

- Trade-off between desirability for parents vs. adolescents

HOW WE TESTED IT:

- Role plays with group interviews

HOW IT EVOLVED:

- Paused testing this concept to focus on desirability of concepts by adolescents, first.

LEARNINGS:

- Adolescents getting an education is the most important priority for parents
- Moms are willing to discuss puberty and dating with their daughters, but don't know how
- Parents support their adolescents learning things that will help them have successful futures; they are even open to learning from their more educated children

NEXT STEP QUESTIONS...

- How might we frame a new adolescent contraception services to get the support of parents while maintaining the trust of adolescents?
- How necessary it to target parents in our solution?
- Do adolescents want to have SRH discussions with their parents?



LIVE PROTOTYPING







HASA'A FAYYAA DARGAGGOTA
HASA'YA WAJJIN HASA'I

FUL-DURRII KOO FILANNOO KOO DHA
AKKARTAA MALLII ITTIISAA ULFAA HIN BARBADAMNEF.

GALII OTOO HIN QABARTIIN DHALA GODHACHUUN, XAA'OON ALA SANYII FACARSU JECHAA DHA
AKKARTAA MALLII ITTIISAA ULFAA HIN BARBADAMNEF.

ODEEFFANNOON AANNISAA SHAMMAREE CIMTUU TA'II
AKKARTAA MALLII ITTIISAA ULFAA HIN BARBADAMNEF.

FAYYAAN SOORUMU DHA
AKKARTAA MALLII ITTIISAA ULFAA HIN BARBADAMNEF.

HASA'A FAYYAA DARGAGGOTA

ODEEFFADHU

Results

- Interacted with 9 people in 1 hour
- 8 females, 1 male
- 4 adolescents— 1 in school, 3 out of school
- 4 people placed orders (3 headache pills, 1 toothbrush)—no adolescents

“I don’t get involved in something I don’t know.”

— MARRIED ADOLESCENT GIRL

HOW WE TESTED IT:

- Set up new business to offer same-day delivery service of certain items from Fiche pharmacy, located one hour’s walk away.

LEARNINGS:

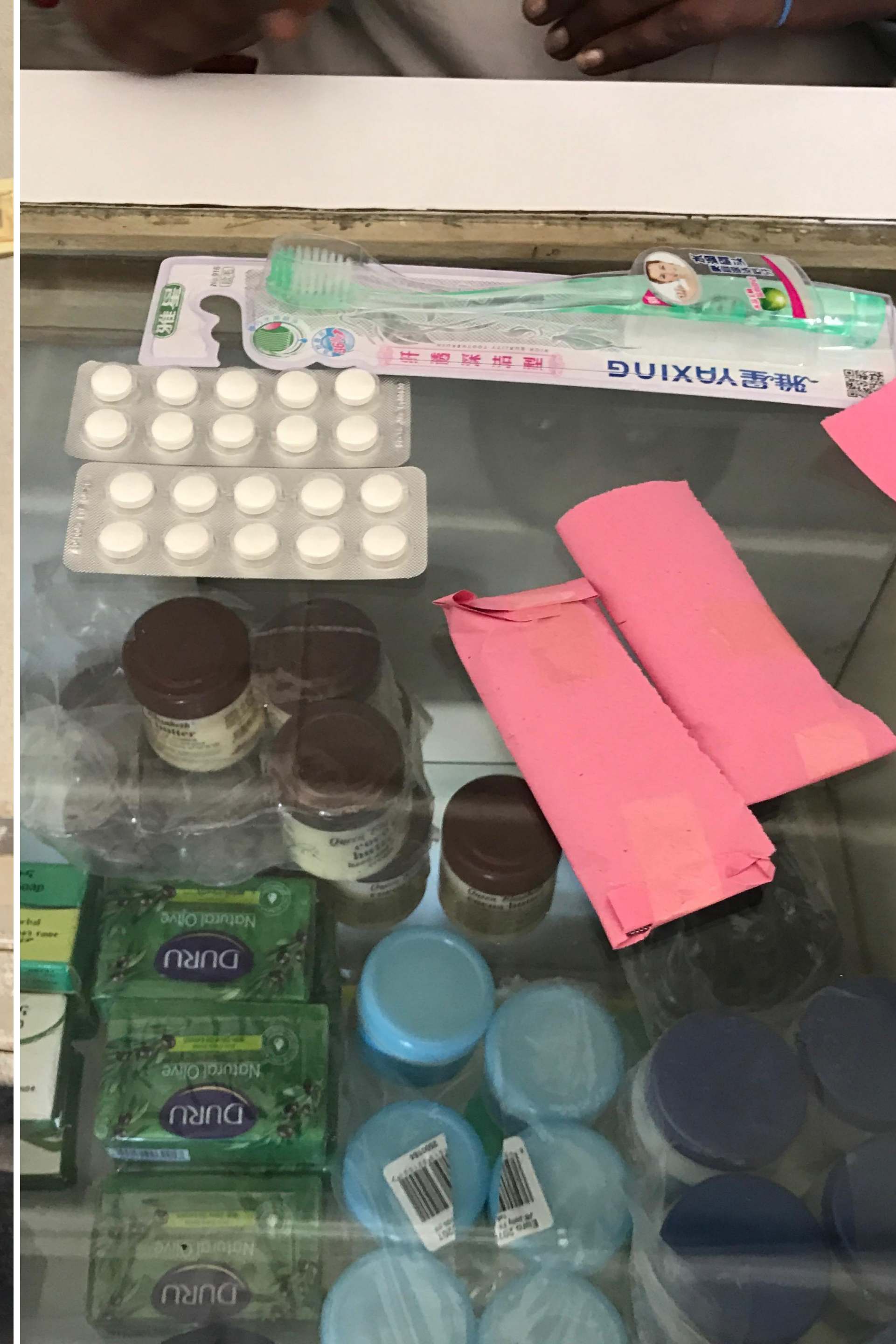
- Legitimacy and qualified health professionals are highly valued
- People highly suspicious of new service (motives, qualifications)
- Long walk to market is a moment of joy and rare chance to socialize for girls
- Some suggested delivery service go to schools
- Lack of literacy makes filling in a handwritten form intimidating

KEY FEATURES:

- Menu of options
- Deliveries wrapped to conceal
- Recruiting on foot in rural kebeles

NEXT STEP QUESTIONS...

- How might we make this service more desirable for adolescents? (i.e. incorporating adolescent products like gum, school supplies)
- Would a mobile pharmacy and pharmacist in rural kebeles be desirable?
- How might we integrate such a service more into the daily routines of adolescents?



Results

- 14 males came to ask health worker questions in 4 hours
- 12 of them were adolescents— 11 in school, 1 out of school
- HIV/AIDS was the most asked about topic
- 2 boys asked about family planning

“If you come here some other time, I will come.”

— UNMARRIED GIRL

HOW WE TESTED IT:

- Rented a market stall that invited teens to come chat with a health professional

LEARNINGS:

- Boys desired the opportunity to ask questions to a health professional
- Girls are busier than boys on market days
- Market is not desired space nor time for girls to learn due to lack of privacy and busy schedule
- Boys wanted condoms for free, not willing to pay for them
- Desire to see more images and pictures rather than just text to communicate information

KEY FEATURES:

- Private space for chat (just provider and adolescent)
- Menu of health topics
- Condoms and pads available for sale
- Health professional not known by community
- Adolescent boy and girl recruiter in market

NEXT STEP QUESTIONS...

- How might we make health conversations and provider interactions desirable and relatable to all adolescents?
- How might we leverage boys interest in health learning to be advocates for contraception adoption?
- How might we leverage boys’ willingness to ask questions to uncover myths and share accurate information throughout the community?



HASA'A FAYYAA DARGAGGOTA

HAAYYU WAJJIN HASA'I

LIVE PROTOTYPE: MESSAGING FOR JOINT DECISION-MAKING

Message 1: Having a baby without income is like planting a seed without fertilizer.

- 177 people stopped to read
- more equally balanced between females/males
- Mostly 20+ years old, split rural/urban

“I believe it’s good to have a planned baby when you have the money.”

— ADOLESCENT BOY

Message 2: Health is wealth.

- 129 people stopped to read
- 87 engaged in conversation
- Mostly males under 30 years old

“Yes, health is wealth. So what?”

— ADOLESCENT BOY

HOW WE TESTED IT:

- Placed 2 posters with different messages on opposite sides of the market road

LEARNINGS:

- Message 1 (with analogy) was more relatable and widely understood
- Married couples and the community found these messages more relatable
- Contraception is viewed as a women’s topic and some men didn’t understand how it related to them
- People had a hard time associating Message 2 with contraception
- Birth spacing is a known and accepted concept

KEY FEATURES:

- Universal tag line: “Find out how contraception can support you.”
- “Talk to me” advocates accompanied each poster

NEXT STEP QUESTIONS...

- What’s the optimal medium to deliver understandable messaging around contraception?
- How much information is needed to grab attention and connect contraception to the hook?
- What’s the most effective strategy to inform people about a new offering? (if not advertising campaign)

Message 1: My future, my choice.

- 37 people stopped to read
- Mostly male, 20+ years old

“Is this about politics?”

— ADOLESCENT BOY

Message 2: Information is power. Be a strong girl.

- 62 people stopped to read
- All were under 30 years old

“Those in school understand written text, others need other medias.”

— ADOLESCENT BOY

HOW WE TESTED IT:

- Placed 2 posters with different messages on opposite sides of the market road

LEARNINGS:

- Literacy is a barrier and audio/verbal messaging is desirable
- Unmarried people found these messages more relatable
- People tended to associate “My future, my choice” with politics.
- People desired more information
- People didn’t connect the primary message with the contraception tag-line
- Adolescent girls are afraid to engage in conversation

KEY FEATURES:

- Universal tag line: “Find out how contraception can support you.”
- “Talk to me” advocates accompanied each poster

NEXT STEP QUESTIONS...

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- How much information is needed to grab attention and connect contraception to the hook?
- What’s the most effective strategy to inform people about a new offering? (if not advertising campaign)

**FUL-DURRII
KOO FILANNOO
KOO DHA**

AKKAATAA MALLII ITTIISAA
ULFAA HIN BARBADAMNEF.

MY FUTURE
IS MY
CHOICE.

**GALII OTOO HIN
QABAATIIN DHALA
GODHACHUUN, XAA'OON
ALA SANYII FACAASU
JECHAA DHA**

AKKAATAA MALLII ITTIISAA
ULFAA HIN BARBADAMNEF.

HAVING A BABY
WITHOUT INCOME
IS LIKE PLANTING
A SEED WITHOUT
FERTILIZER.

**ODEEFFANNOON
AANNISAA
SHAMMAREE
CIMTUU TA'II**

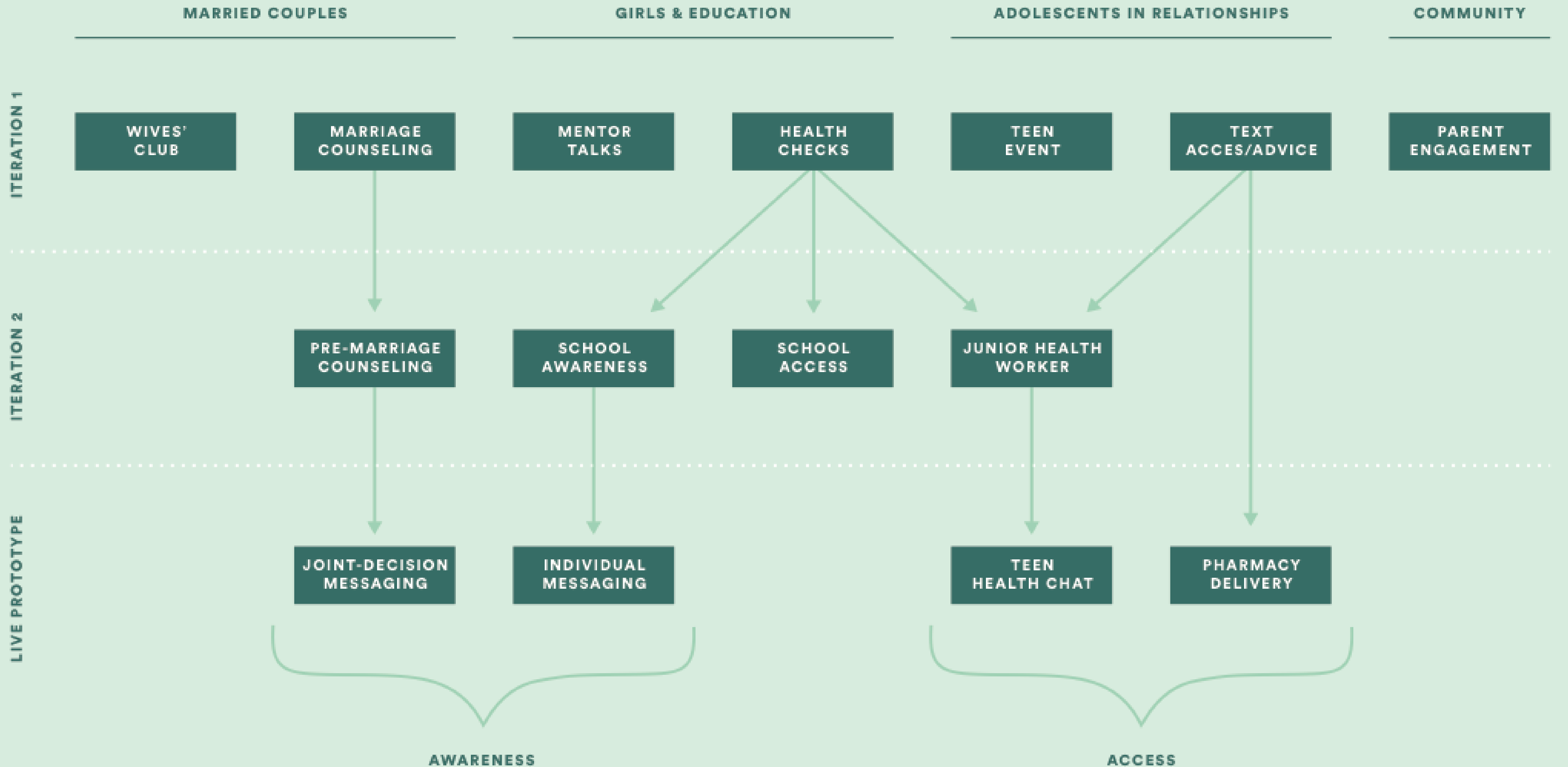
AKKAATAA MALLII ITTIISAA
ULFAA HIN BARBADAMNEF.

INFORMATION
IS POWER.
BE A STRONG
GIRL.



SUMMARY

TRIP 1 PROTOTYPE EVOLUTION



PROTOTYPING TRIP 2: END OF MARCH

