



A360 Marketing Plan 2018

PSI/Tanzania

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A360 Overview

Situation Analysis

Target Audiences

Program Overview

Kuwa Mjanja Brand

Marketing Strategy



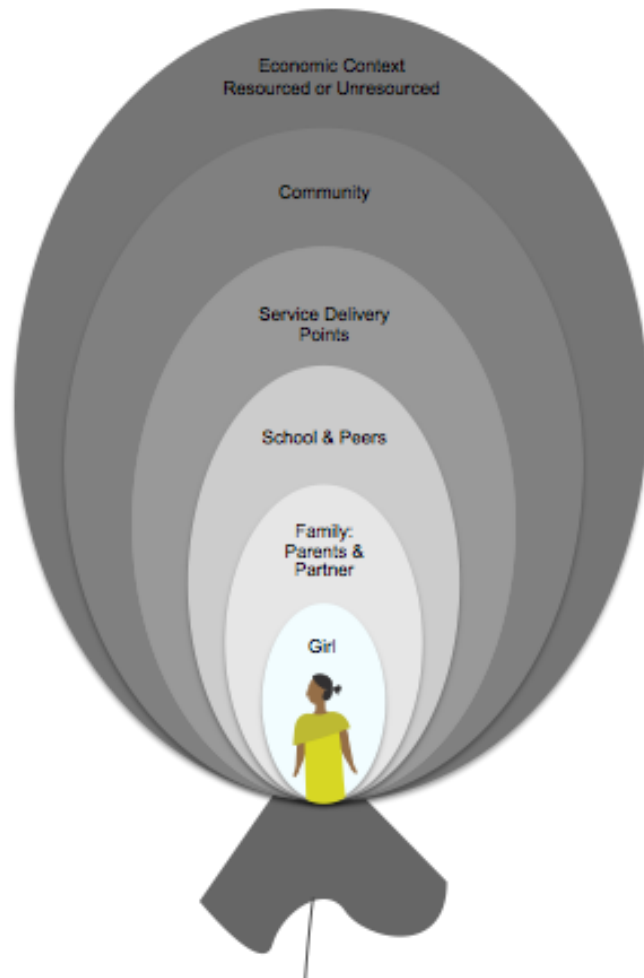
A360 TANZANIA OVERVIEW

GOAL	Improve Sexual Reproductive Health of Adolescents girls
OBJECTIVES	<p>PRIMARY: Increase voluntary mCPR among married adolescents by 13%, and by 14% among unmarried adolescents (incl. 66,751 adopters) in 10 regions</p> <p>SECONDARY: Increased adoption of the A360 approach to designing and scaling interventions for adolescent sexual and reproductive health</p> <ol style="list-style-type: none"> 1. Partners using A360 youth driven, developmentally informed process to design interventions for ASRH 2. Number of states/districts in which models are scaled up beyond intervention zones 3. Number of partners funded by CIFF and BMGF with strategic plans that include a A360 process to programming
2017 OBJECTIVES	<p>2,441 adopters aged 15-19</p> <p>Priorities: Live-prototype, Pilot, Scale</p>
2018 OBJECTIVES	<p>20,134 adopters aged 15-19</p> <p>Priorities: Speed & Scale</p>
2018 BUDGET	US 1.8 million



KEY MARKET BARRIERS

Girls do not make decisions in a vacuum, and the market is failing them



		IMPORTERS/ DISTRIBUTORS/ WHOLESALE	PROVIDERS	ADDOs/ PHARMACIES	CONSUMERS
DEMAND & SUPPLY	PRODUCT/ SERVICE	Challenges in public sector supply management Lack of product options	Product and service not appropriate for adolescent needs		
	PLACE				
	PRICE				
	PROMOTION				Girls unwilling and unempowered to seek ASRH info and services
SUPPORT & RULES	INFORMATION COORDINATION		Providers unwilling/unempowered to serve youth		
	SOCIAL NORMS				
	QUALITY ASSURANCE		Lack of FP providers		
	LABOR CAPACITY				
	REGULATION			Unable to offer the full range of services	Positive policy environment, but key national influencers not aligned with policies
	FINANCING				

STRATEGIC PRIORITIES

	MARKET BARRIERS	STRATEGIC PRIORITIES	OPPORTUNITY AREAS
Adolescent Specific Program Design	Girls unwilling and unempowered to seek ASRH info and services	SP1. INCREASE DEMAND FOR, ACCESS TO AND AVAILABILITY OF YOUTH-SPECIFIC INFORMATION, PRODUCTS AND SERVICES.	Make contraception relevant and valuable to young Sara
	Providers unwilling/unempowered to serve youth		Build credibility of current contraception products to young Sara and influencers
	Product and service not appropriate for adolescent needs		Create a supportive environment for young Sara to access reproductive health services and information
	Key national influencers not aligned with policies		Increase availability of adolescent appropriate products and services
			Ensure sustained use of contraceptives
General FP External Engagement	Challenges in public sector supply management	SP2. INCREASE ACCESS AND AVAILABILITY OF FP PRODUCTS AND SERVICES	Improve public sector supply management
	Lack of product options		Increase number of FP product options
	Pharmacies/ADDOS unable to offer full range of FP services		Increase range of FP products offered in pharmacies and ADDOs
	Lack of FP providers		Increase number of qualified FP providers

STRATEGIC PRIORITIES & OUTCOMES

PRIMARY OBJECTIVE: Increase voluntary mCPR among married adolescents by 13%, and by 14% among unmarried adolescents (incl. 66,751 adopters) in 10 regions

Demand Creation
& Mental
Availability

STRATEGIC PRIORITIES

OPPORTUNITY AREAS

INCREASE DEMAND FOR, ACCESS TO AND AVAILABILITY OF YOUTH-SPECIFIC INFORMATION, PRODUCTS AND SERVICES.	Make contraception relevant and valuable to young Sara
	Build credibility of current contraception products to young Sara and influencers
	Create a supportive environment for young Sara to access reproductive health services and information
	Increase availability of adolescent appropriate products and services
	Ensure sustained use of contraceptives
INCREASE ACCESS AND AVAILABILITY OF FP PRODUCTS AND SERVICES	Improve public sector supply management
	Increase number of FP product options
	Increase range of FP products offered in pharmacies and ADDOs
	Increase number of qualified FP providers
INCREASE ADOPTION OF THE A360 APPROACH TO DESIGNING AND SCALING INTERVENTIONS FOR ASRH	Garner support for existing A360 program
	Identify, educate and support ASRH partners to use A360 approach to design ASRH interventions
	Attract new funding/partners to support scale up of A360 models in new regions

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SITUATION ANALYSIS – Sexual Behavior, Marriage and Childbirth

of girls 15-19...

52% HAVE HAD SEX

Tanzania DHS 2015/2016

APPROXIMATELY

25% HAD SEX WITHIN THE PAST 4 WEEKS

Tanzania DHS 2015/2016

APPROXIMATELY

14% HAVE BEEN MARRIED

Tanzania DHS 2015/2016

APPROXIMATELY



17.2
MEDIAN AGE
OF SEXUAL
DEBUT

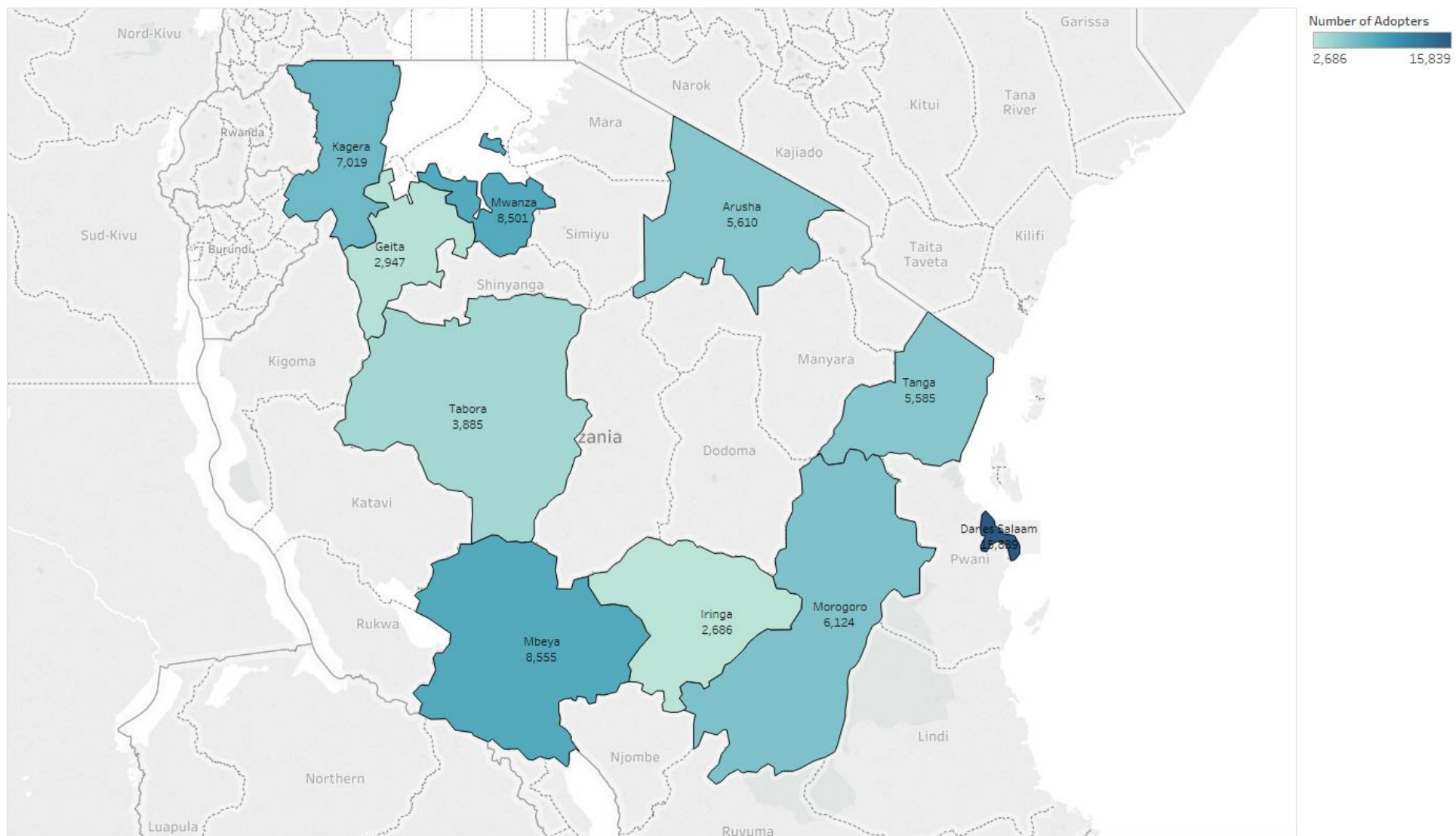
19.2
MEDIAN AGE
OF MARRIAGE

19.8
MEDIAN AGE
OF FIRST BIRTH

* Tanzania DHS 2015/2016

ADDRESSABLE MARKET – A360 Regions

Number of A360 Adopters of Modern Contraception by Region, Tanzania

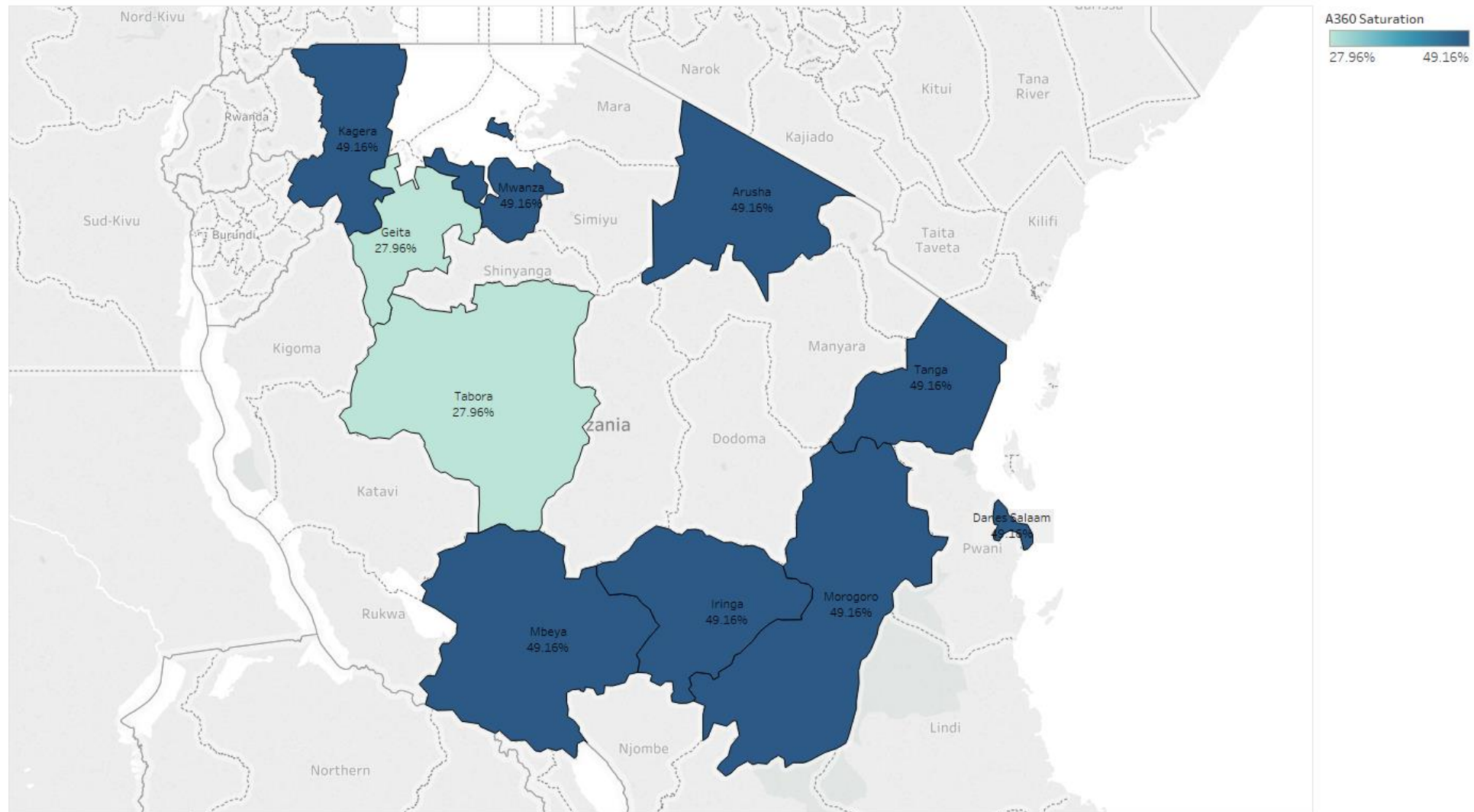


*Projected number of A360 Adopters of Modern Contraception by Region.

**Projections to be finalized when ITAD completes baseline survey for impact evaluation

SATURATION RATES– A360 Regions

Number of A360 Adopters as a Percent of Married & Sexually Active Unmarried Girls 15-19 with Unmet Need for Modern Contraception



*Projected number of A360 Adopters as a percent of married and unmarried sexually active girls ages 15-19 with unmet need for modern contraception. Assumption of unmet need per region based on national average, DHS.

SITUATION ANALYSIS – An Updated Landscape



Policy	Projects	Partners	Environment
<ul style="list-style-type: none">• Change in policy regarding sales of OC and EC in Pharmacies & ADDOS• Strong resistance to Sayana Press	<p>Introduction of new ASRH programs:</p> <ul style="list-style-type: none">• Tulonge Afya• Boresha Afya• Beyond Bias• Vodafone / Girl Effect	<ul style="list-style-type: none">• ICAP• Pathfinder• Girl Effect• Restless Development• Vodafone• BRAC	<ul style="list-style-type: none">• New policies and pathways for approvals: additional approvals required from TAMISEMI / PO-RALG• Increased involvement of Regional & District Commissioners• Influential government actors unfamiliar / disagree with ASRH policies

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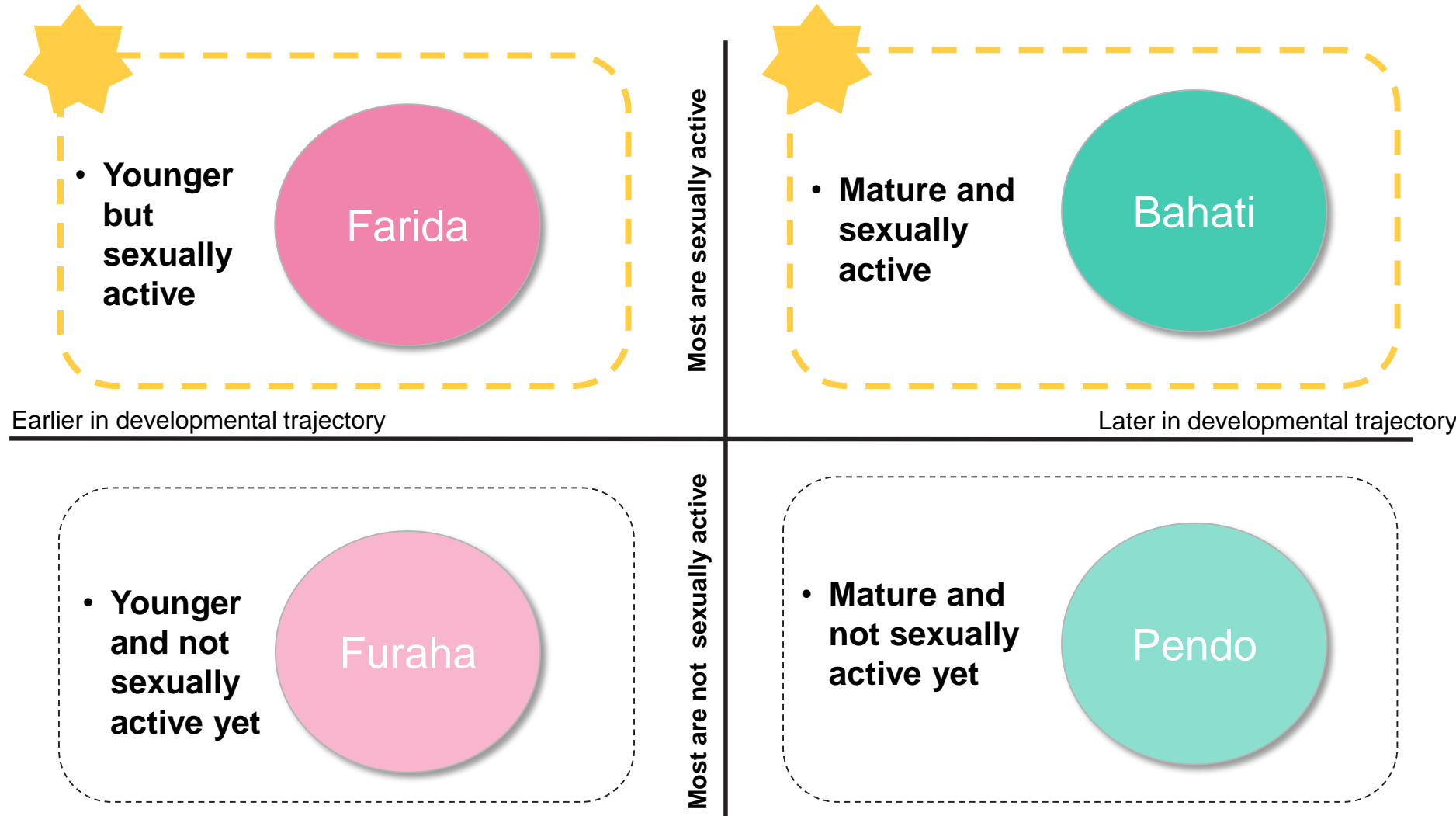


TARGET AUDIENCES: FARIDA & BAHATI

4 segments that differ on (a) their psycho-social development and (b) whether they are sexually active

Farida & Bahati are **priority** segments due to risk of pregnancy.

Furaha & Pendo are secondary segments, grouped with a priority segment based on developmental trajectory.



Developmental trajectory jointly defined by: Age, Physical pubertal development, Children, Dating behavior, Financial independence, Autonomy in daily life. Sexually active defined by whether they have had sexual intercourse with someone of the opposite sex and dating status.

TARGET AUDIENCES: FARIDA & BAHATI

Farida



Demographics

- Average age: 16.9 years
- Currently in school: 30%
- 47% Urban vs 53% Rural

SRH status

- Sexually active: 73 %
- Ever dated: 97%
- Begun menstruating: 99%
- Has children: 7%

Targeting

- Personally owns a phone: 25%
- Goes to doctor alone: 56%
- Ever watches TV: 59%

Influencers

- Learned about sex: Husband/boyfriend (52%)
- Learned about family planning: School/teachers (41%)
- Learned about personal hygiene: Mother (48%)

Bahati



Demographics

- Average age: 18.2 years
- Currently in school: 7%
- 39% Urban vs 61% Rural

SRH status

- Sexually active: 100%
- Ever dated: 97%
- Begun menstruating: 99.9%
- Has children: 47%

Targeting

- Personally owns a phone: 41%
- Goes to doctor alone: 79%
- Ever watches TV: 47%

Influencers

- Learned about sex: Husband/boyfriend (63%)
- Learned about family planning: School/teachers (28%)
- Learned about personal hygiene: Mother (44%)

TARGET AUDIENCES: FARIDA & BAHATI

Farida



Key Insights & Barriers to Uptake

- Doesn't know where to go when she wants to access services because most providers are scary and judgmental.
- Doesn't know what contraception is or how it works—and it's scary!
- Doesn't consider herself sexually active, so contraception isn't relevant.
- Afraid of being judged for accessing services.
- Isn't independent, so will be questioned by her parents if she goes to see a provider.
- Needs a lot of information from a trusted person before she can decide to use contraception.

Bahati



Key Insights & Barriers to Uptake

- Doesn't know where to go when she wants to access services because most providers are scary and judgmental.
- Considers contraception for married women and moms, and doesn't think it's for her.
- Can't think of anything except making ends meet and doesn't see how contraception can help her reach her goals.
- If she does try to access services, the facility likely won't have the method she wants.
- Doesn't have a support network or trusted people to go to with questions, so doesn't have a compelling reason to prevent pregnancy.

DESCRIPTIVE ANALYSIS – Mobile Phone Use

		Furaha	Farida	Pendo	Bahati
Mobile phone ownership and usage					
	Uses a mobile phone she owns	17.1%	24.6%	26.2%	41.2%
	Uses a mobile phone owned by someone in household	41.0%	36.2%	41.1%	29.8%
	Uses a mobile phone owned by someone outside household	16.0%	15.2%	12.8%	8.8%
Who controls when/how mobile phone used*					
	Her	28.0%	39.3%	39.5%	53.8%
	Husband/boyfriend	7.0%	15.3%	7.9%	15.6%
	Parents	49.9%	32.0%	34.2%	21.2%
	Other	15.0%	13.4%	18.4%	9.4%
Can use mobile phone when/how wanted*		60.5%	62.5%	68.0%	68.9%
Mobile phone use frequency*					
	5+ times per day	19.4%	32.3%	29.0%	40.6%
	3-4 times per day	13.9%	11.0%	11.1%	17.7%
	1-2 times per day	33.4%	32.2%	35.7%	22.3%
	Less than one time per day	33.0%	24.5%	24.2%	18.9%
Text messaging frequency*					
	5+ times per day	32.7%	40.5%	37.8%	47.8%
	3-4 times per day	9.1%	7.0%	7.6%	15.4%
	1-2 times per day	22.9%	24.3%	27.3%	13.8%
	Less than one time per day	34.2%	28.2%	27.4%	23.0%

*Among phone users

weighted means and frequencies

TARGETING ANALYSIS – Media Use

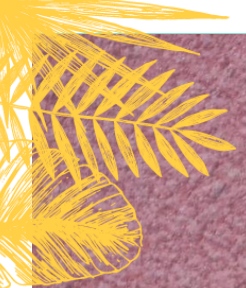
Segment (Weighted Frequency) :	Furaha (25%)	Farida (17%)	Pendo (25%)	Bahati (33%)	Total
Internet Frequency					
Never or < Monthly	96%	81%	77%	81%	84%
< Daily & > Monthly	2%	14%	15%	11%	10%
Daily	2%	5%	8%	8%	6%
% Read Magazines	16%	13%	18%	11%	14%
Days Read Newspaper					
None	77%	77%	72%	82%	77%
1 day	16%	12%	17%	11%	14%
2+ days	7%	11%	11%	7%	9%
Days Listen to Radio					
None	54%	48%	44%	46%	48%
1 day	10%	7%	5%	6%	7%
2-5 days	21%	22%	22%	18%	20%
6-7 days	16%	24%	28%	30%	25%
Days Watch Television					
None	43%	41%	26%	53%	42%
1 day	9%	3%	5%	7%	6%
2-5 days	22%	17%	17%	15%	18%
6-7 days	26%	39%	51%	25%	34%



Farida's Story

Farida is sixteen and lives at home with her parents and younger siblings in a shared house in Mwanza. She has always grown up loving and sharing everything with her mom, but when she got her first menses at thirteen, her mom wouldn't discuss it with her. Instead, her auntie took her aside and explained it, using sands and stones to describe what it means. She learned how to stay clean during her period, that she's growing up now and needs to respect her parents, and that she must stop being friends with boys or someone in her family will get very sick and die. But she didn't learn much else, and no one would give her any information after that day.

Farida just started dating her first boyfriend, an older boy from a nearby neighborhood who comes and picks her up from school. She's scared about what her auntie told her about boys when she was thirteen, but still doesn't really know what it means. She's too scared to talk to her mom about it because she knows she'll be angry and may beat her or lock her in the house. She doesn't know who to go to—she's scared of her mom, her auntie tells her scary information, and her friends will spread rumors. She feels confused—she thought she was a woman now like her auntie told her, but her mom still treats her like a child.



Bahati's Story

Bahati is eighteen years old and has a child. She and her boyfriend got pregnant unintentionally when she was sixteen, but she thought they would get married after the baby was born. They were together for about a year after the baby was born, but then separated. He travelled to another region for work and never came back. Bahati struggles to take care of herself and her baby. She wants to be hopeful but life is hard. She spends all her days just trying to get by and misses the days of being a student when she still had dreams for her future and friends she could share things with. She loves her baby very much but wasn't expecting to do this on her own.

Bahati wants to start a business, but doesn't know where to start. She gets most of her money from odd jobs and sometimes from boyfriends. She isn't regularly dating, but she gets interest from men in her community and knows that they can help her. She knows there's a risk of getting pregnant when she's with men, but she doesn't consider contraception for her—she's not married and not planning a family—and doesn't see how it could help her in her broader aspirations. Bahati can't think of anything except making ends meet.

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KUWA MJANJA PROGRAM DESIGN



Kuwa Mjanja's Vision:

Kuwa Mjanja is a social network of girls, and is a place for girls to make friends and learn about themselves—both their bodies and their dreams. It's a place for them to get inspired, learn what's possible, and take action. Kuwa Mjanja makes girls feel special, capable, heard, safe, loved, respected, and inspired.

Kuwa Mjanja's Goal:

Kuwa Mjanja's goal is to make contraception relevant to adolescent girls' lives. We do this by framing contraception within a larger narrative of helping girls figure out who they want to be and helping them get there.

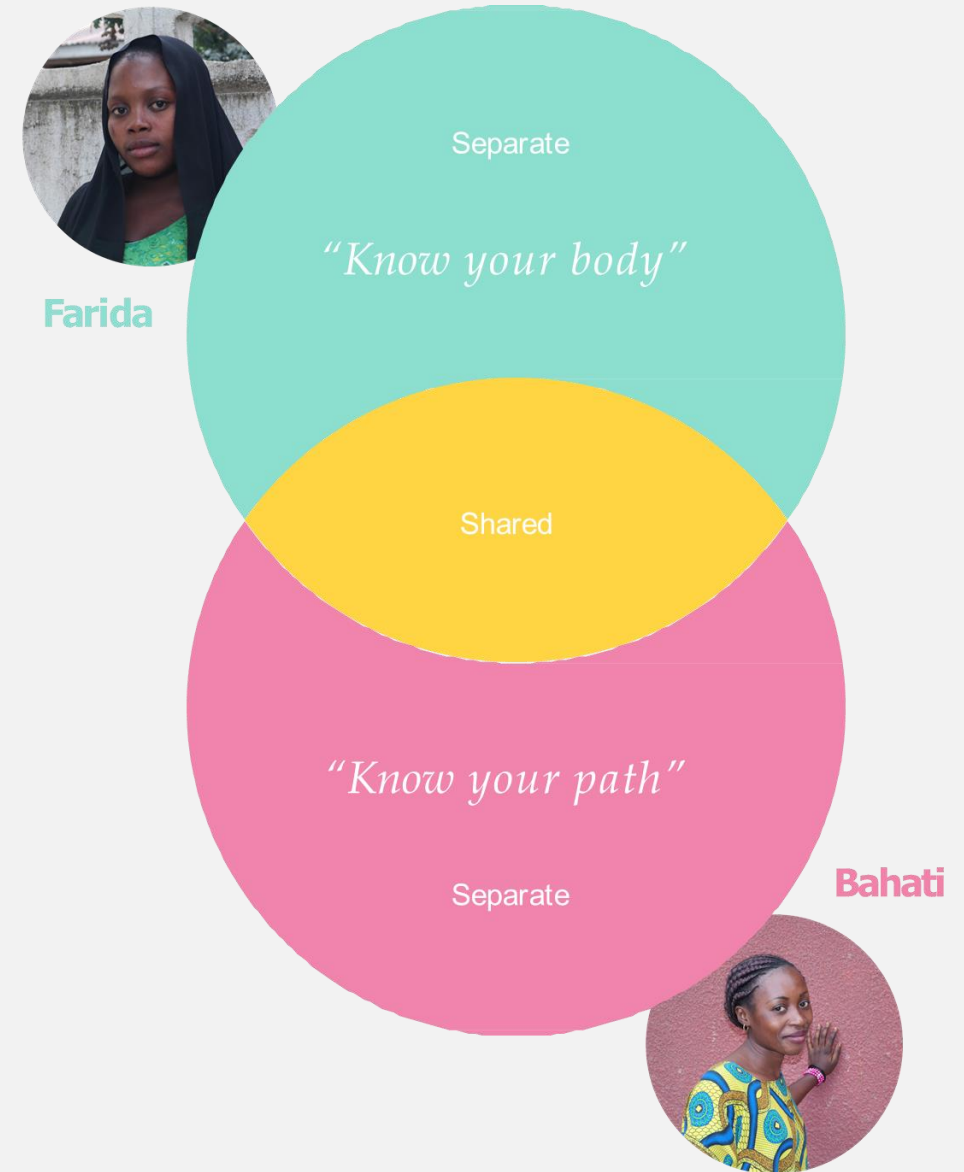


Kuwa Mjanja is where girls match their dreams to amazing opportunities. It's a safe space for Tanzanian girls to discover and learn so they can make informed decisions about their body and life. Like, does she know when she wants to have children? She can take charge.

Let's dream together.

KUWA MJANJA'S KEY SERVICE ELEMENTS

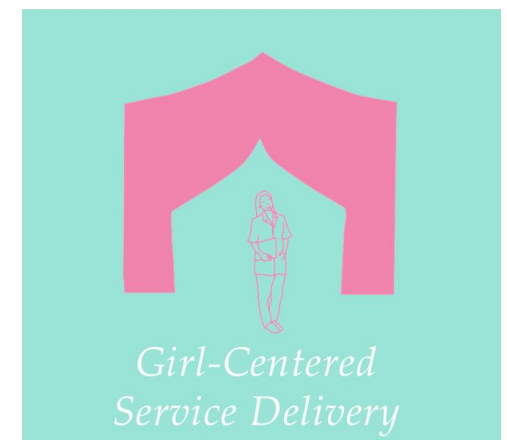
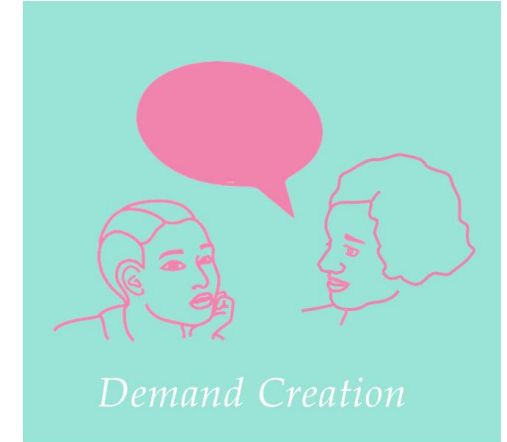
To ensure Kuwa Mjanja remains relevant as girls move through different life stages, we have created two intersecting tracks which allow us to meet the needs of our two segments—Farida and Bahati—through separate and shared moments.



KUWA MJANJA'S KEY SERVICE ELEMENTS

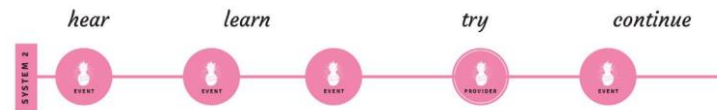
Kuwa Mjanja comes to life through 6 key service elements.

Farida and Bahati will experience each of these slightly differently depending on her track.



KUWA MJANJA'S KEY SERVICE ELEMENTS

And tracks that are targeted at specific users.



A clinic-based learning and service delivery experience using menarche and puberty as an entry-point to discussing contraception with girls. This system engages parents and allows girls to build trust with providers. Events include an opt-out private moment with a KM provider for judgment-free counseling and services.



A community based approach designed around Kuwa Mjanja branded pop-up events inspire girls to dream, help them discover and learn what's possible, and then take action through accessing girl-friendly health providers and contraceptive services on-site.

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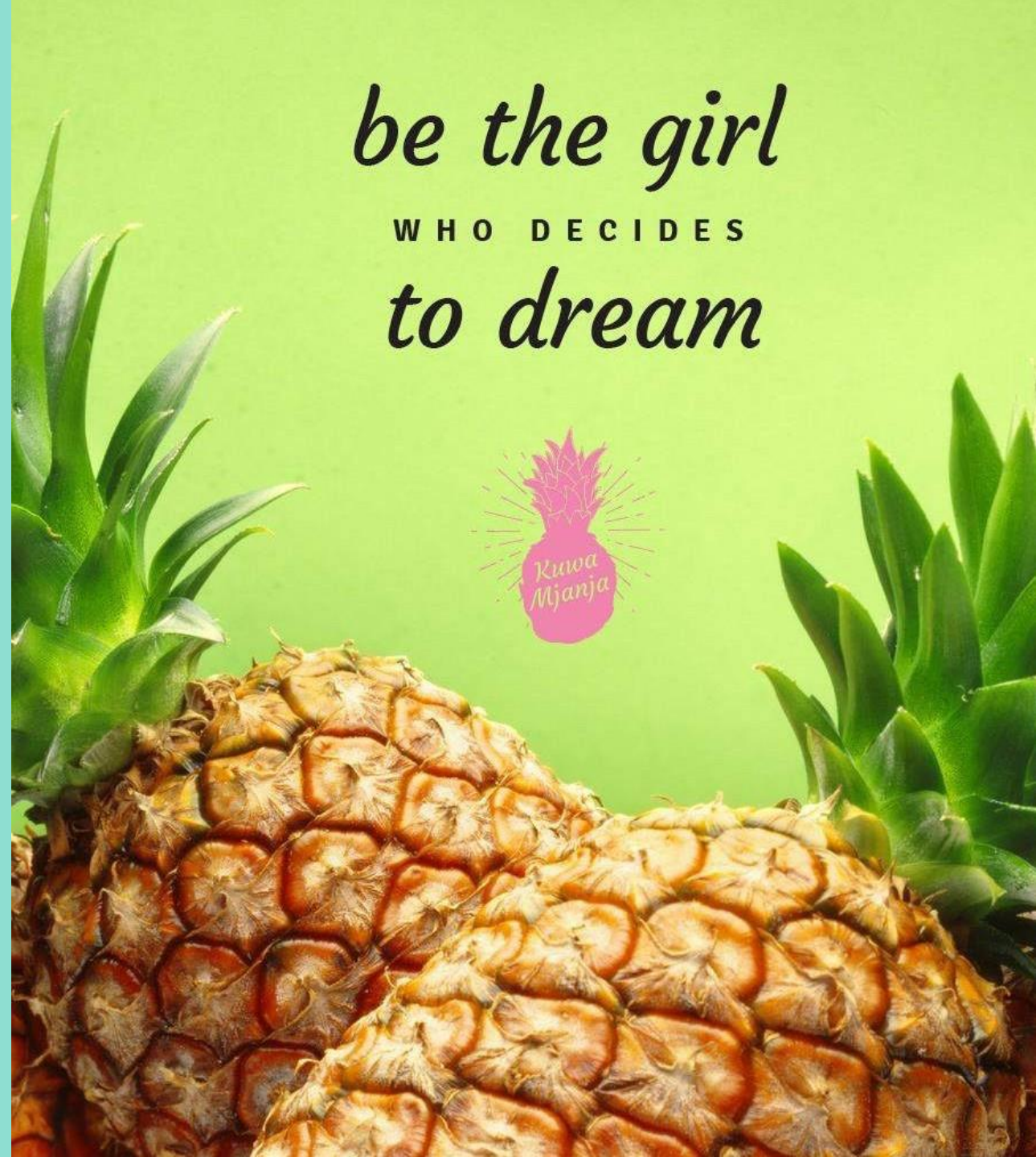
Building a Brand

Building upon what we have learned to date and taking inspiration from Sara's personality, we created a brand that will resonate with her and that will be transferable across geographies.





be the girl
WHO DECIDES
to dream





Pineapples stand tall.
 They stand on their own.
 That's who Kuwa Mjanja girls are.
 You stand up for what you believe in, whether
 it's your faith, your rights or your own body!
 Stand tall.
 Don't let anyone bring you down!
 A Mjanja Girl is worth more than she knows.
 Be a leader. Stand up for yourself.
 Stand up for those who need you.
 Sometime life's like a delicate flower.
 It blossoms. It wilts. So don't despair.
 Be confident. Be independent.
 Show your humanity. Stand tall.
 Kuwa Mjanja.



The beauty of pineapple is in her crown!
 She wears it proudly.
 While you don't need to wear an actual crown
 every day, remember you are a queen.
 You deserve respect, happiness and love.
 Mjanja Girls don't settle for anything
 less. Remember this in life:
 follow your dreams, guard your heart and
 know your worth. Your dream is bright.
 Wear your crown. Wear it with pride.
 Kuwa Mjanja.



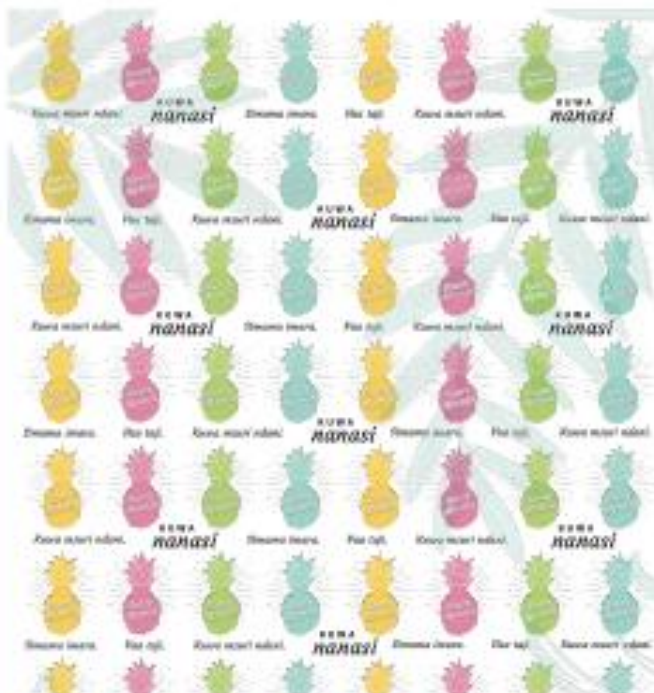
The outside of pineapple can be
 described in many ways. You could
 say it's hard, firm, strong, beautiful,
 thorny. The list is endless.
 Despite its thorns, love the pineapple
 for its inner beauty.
 Just as this is true for pineapples,
 it's also true for Mjanja Girls!
 Be authentic. Be kind to others.
 Life is about love and kindness.
 Bring joy to the world!
 Let your inner beauty shine.
 Choose to follow your dreams.
 Show the world what you can do!
 Kuwa Mjanja.



CLINIC DAY METHODS BANNER



STREET POSTERS



SELFIE BACKDROP



INVITATION CARDS

STYLE GUIDE



hey,
BINTI
mjanja!



Key Design Elements

“Kuwa Mjanja” Origin

Metaphor & Story

Symbolic

Familiar

Pro-social & Sharable

Tanzanian

Adaptable

Beautiful



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STRATEGIC PRIORITIES – Demand Creation

PRIMARY OBJECTIVE: Increase voluntary mCPR among married adolescents by 13%, and by 14% among unmarried adolescents (incl. 66,751 adopters) in 10 regions

Mental Availability

STRATEGIC PRIORITIES

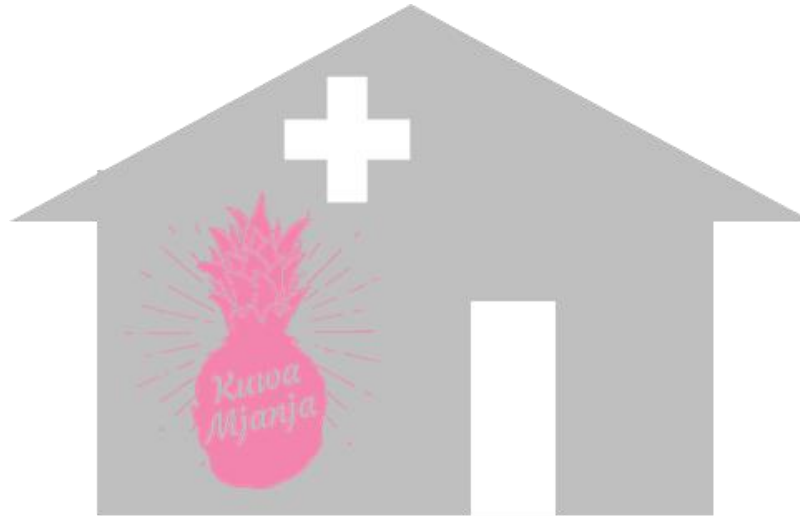
OPPORTUNITY AREAS

INCREASE DEMAND FOR, ACCESS TO AND AVAILABILITY OF YOUTH-SPECIFIC INFORMATION, PRODUCTS AND SERVICES.	Make contraception relevant and valuable to young Sara
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	Ensure sustained use of contraceptives
INCREASE ACCESS AND AVAILABILITY OF FP PRODUCTS AND SERVICES	Improve public sector supply management
	Increase number of FP product options
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	Increase number of qualified FP providers
INCREASE ADOPTION OF THE A360 APPROACH TO DESIGNING AND SCALING INTERVENTIONS FOR ASRH	Garner support for existing A360 program
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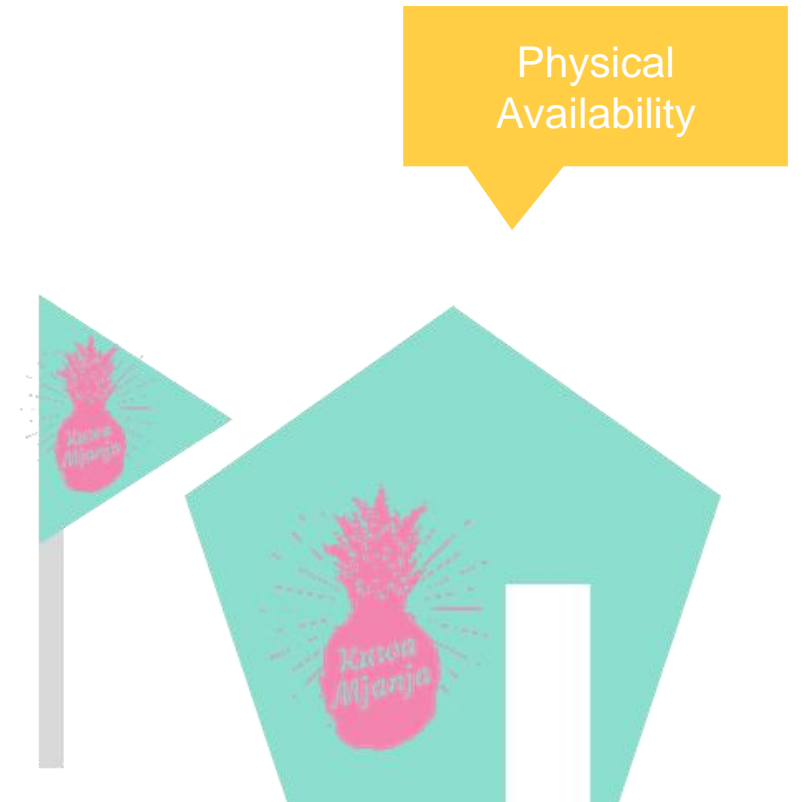
SERVICE DELIVERY CHANNELS



**Direct to
provider**



Clinic Day



Pop up
(In-Clinic & Out-of Clinic)

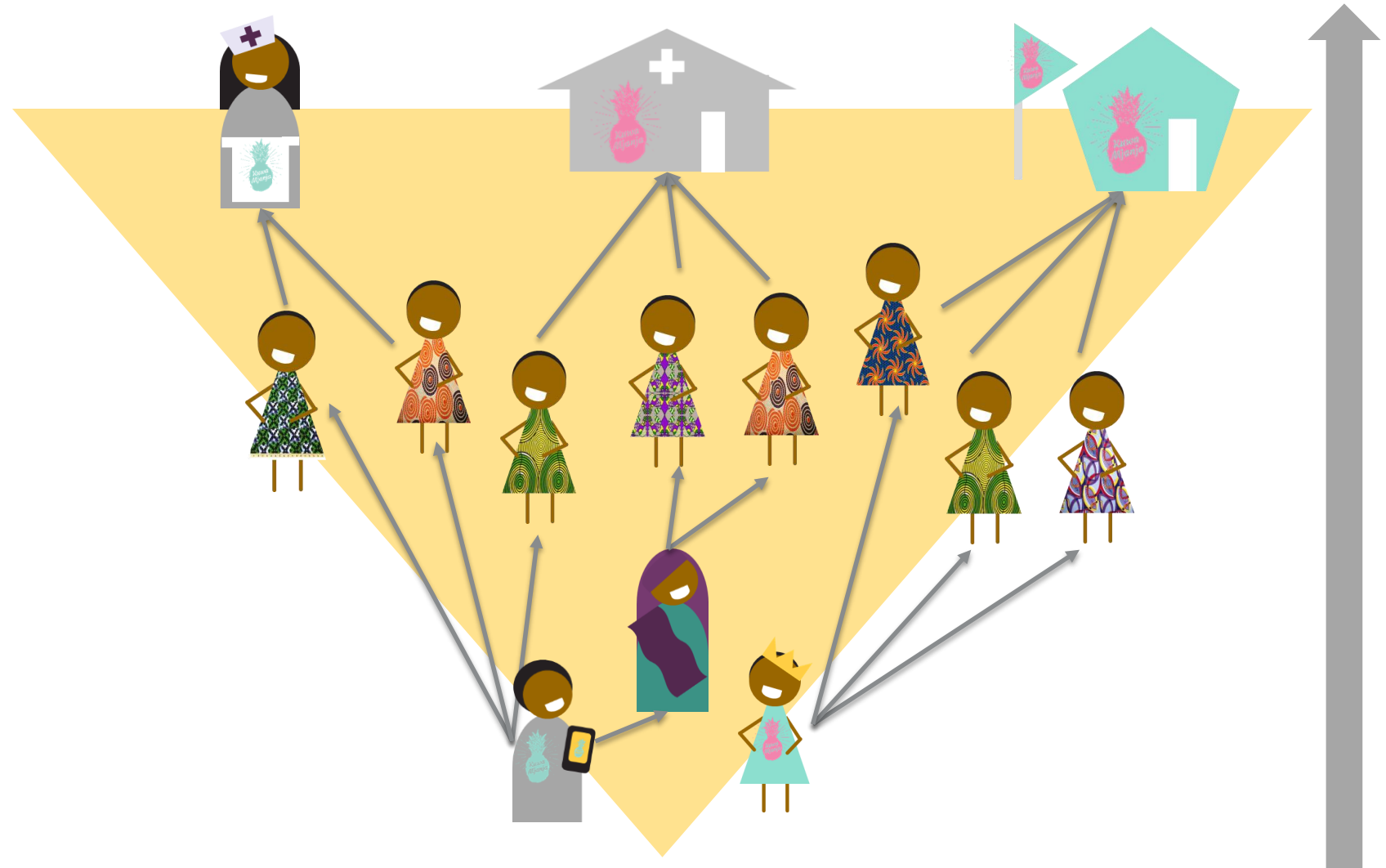
CURRENT FOCUS ON INTERPERSONAL COMMUNICATIONS

This has allowed for:

- Learning
- Testing
- Implementation
- Conversion & adopters

It is:

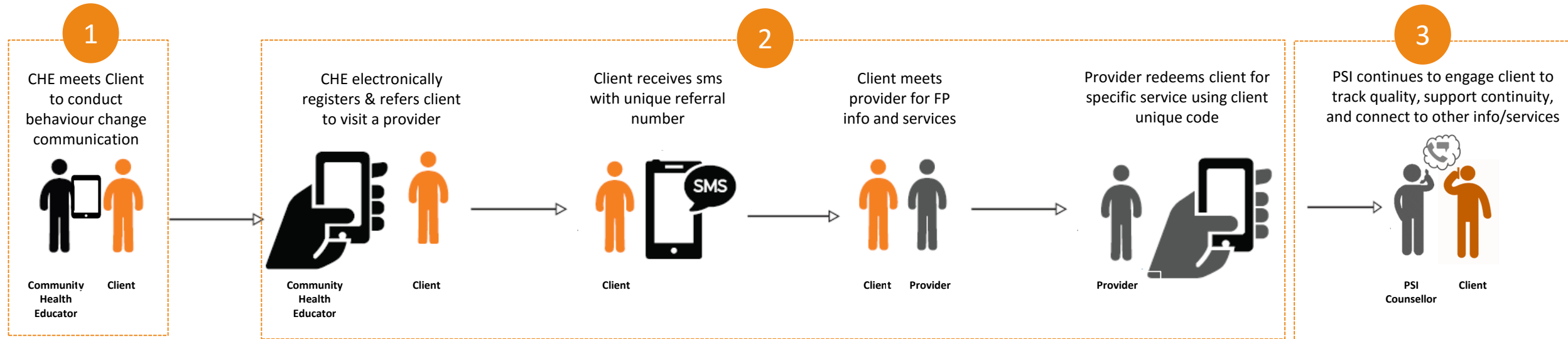
- High touch
- **High conversion**
- Low reach
- High cost/user



KEY COMMUNICATIONS MESSAGES

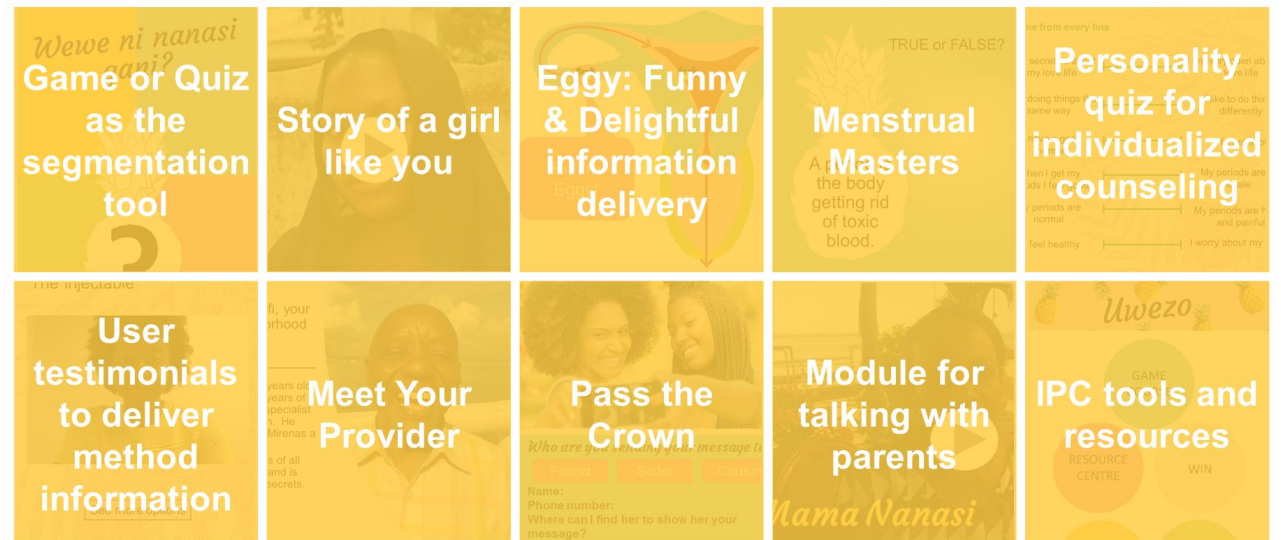
Demand Creation Priority Area	Objective	Girls Message	Parents Message
Make contraception relevant and valuable to young Sara	<p>Reframe the conversation. This isn't about family planning, this is about girls.</p> <p>Bring the brand to life to demonstrate the reframe.</p>	<p>Get inspired, discover what's possible and take action.</p> <p>You are part of something bigger than yourself.</p>	Girls are valuable. To achieve their goals they need support (including, but not only, FP.)
Build credibility of current contraception products to young Sara and influencers	Promote positive, inspiring stories. Demonstrate what is possible and highlight real risks of dismissing this conversation.	Be like these Mjanja girls who have taken control of their lives and are on a path to achieve their goals.	Your daughters can be like these Mjanja girls. They do have opportunity if given the right tools and skills.
Create a supportive environment for young Sara to access reproductive health services and information	Gain support for girls to access KM services among key influencers, including but not limited to: government, parents, partners, teachers, community leaders	The community is talking about this and recognize your value. They support you.	Girls are depending on you. We cannot let them down. We all benefit if girls succeed. Encourage your daughter to engage. Talk to your community about the importance of this.

MJANJA CONNECT - Supporting BTL Mobilizers

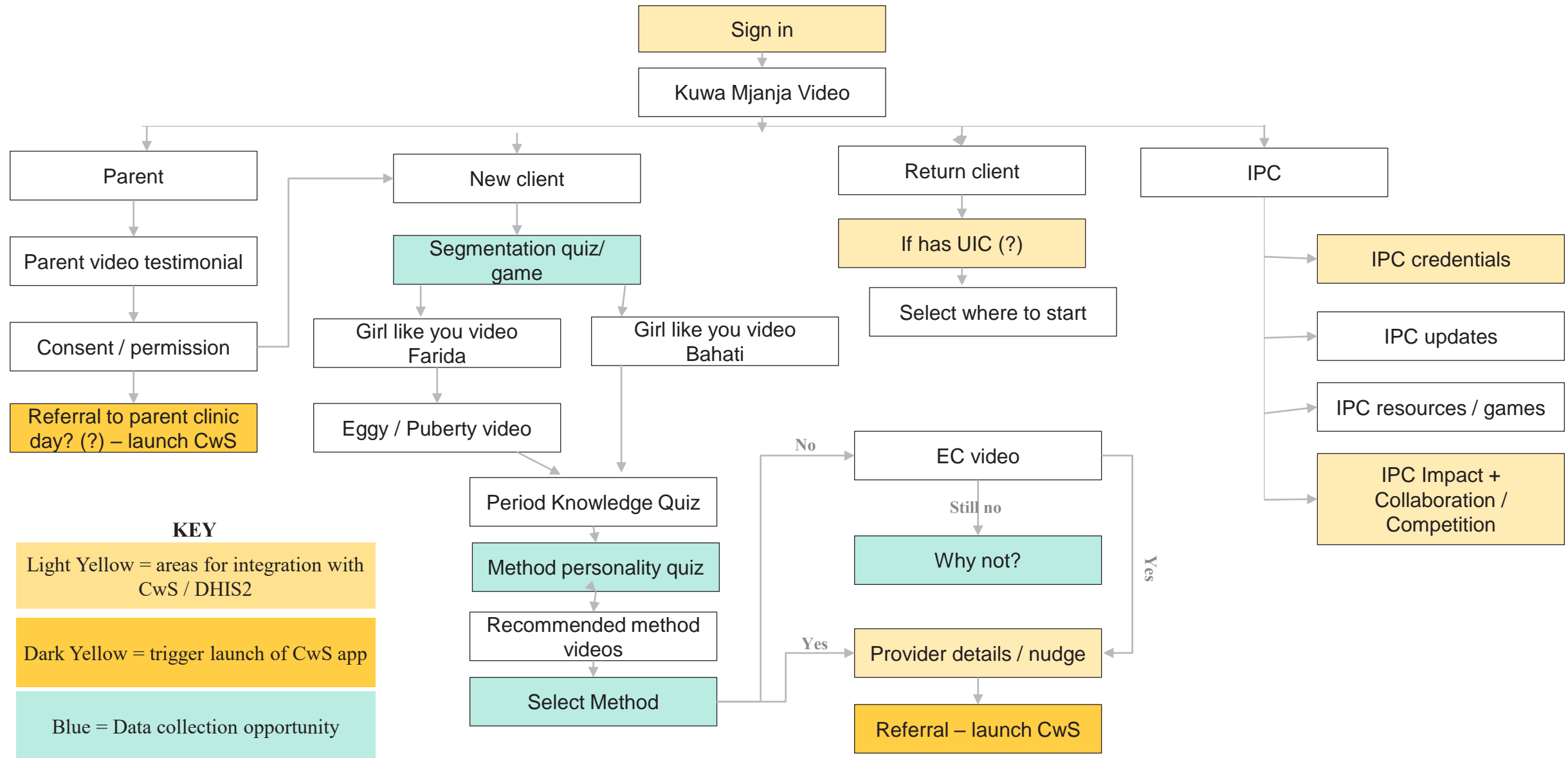


1. A tablet based electronic job aid for improving Community Health Educators behaviour change communication
2. A mobile system for referring, tracking, and supporting clients to FP services and beyond
3. A mobile system for gathering client feedback on providers and services

TARGETED COUNSELING MESSAGES AND EXPERIENCE



DRAFT WIREFRAME OF JOB AID



Thank you



Annex

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Situation Analysis

Target Audiences

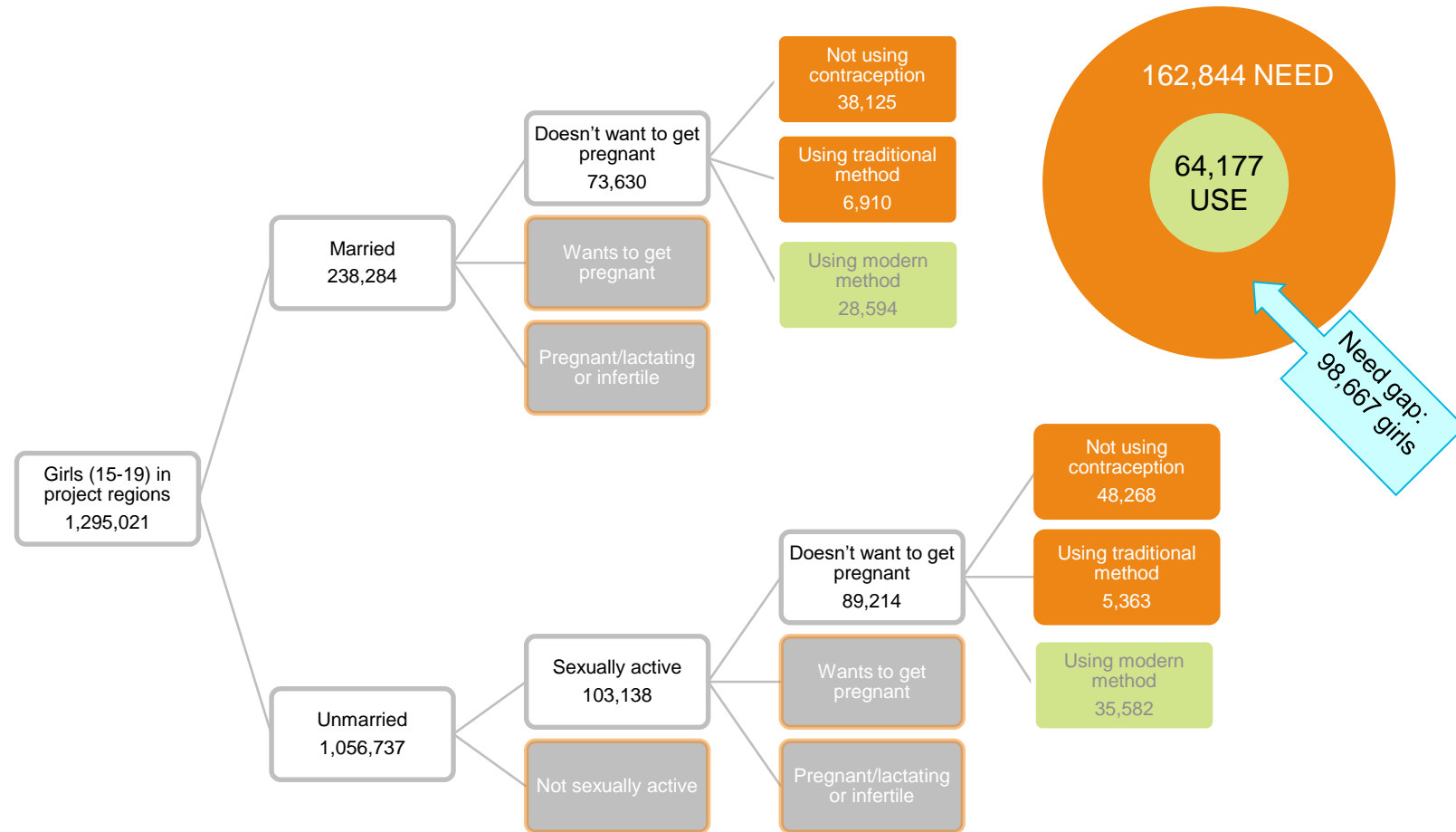
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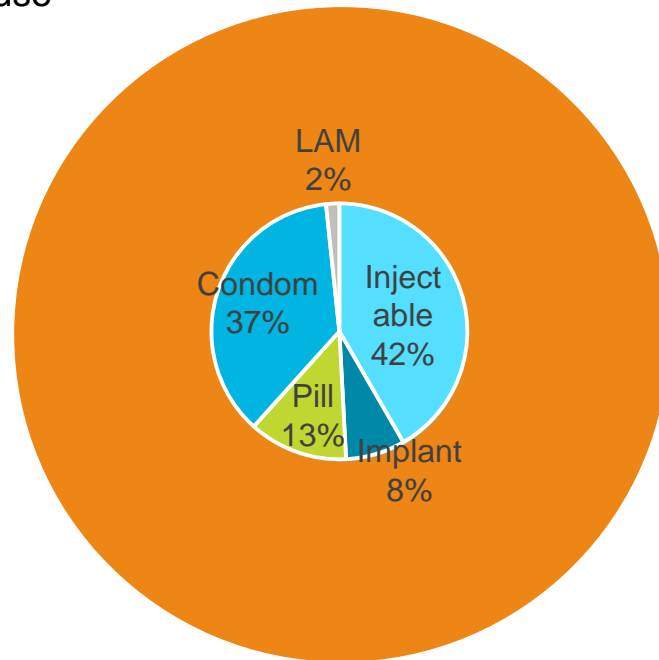
Adolescents 15-19 Contraceptive Use and Need



Adolescents 15-19 Contraceptive Method Mix and Need by Marital Status

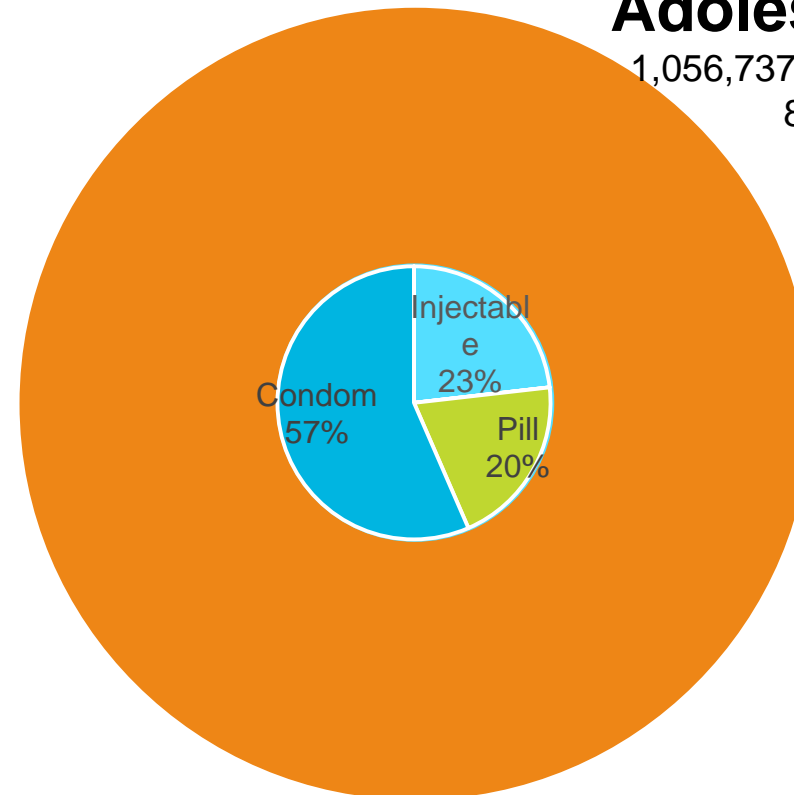
Married Adolescent Girls

238,284 girls 15-19
73,630 need
28,594 use



Unmarried Sexually Active Adolescents

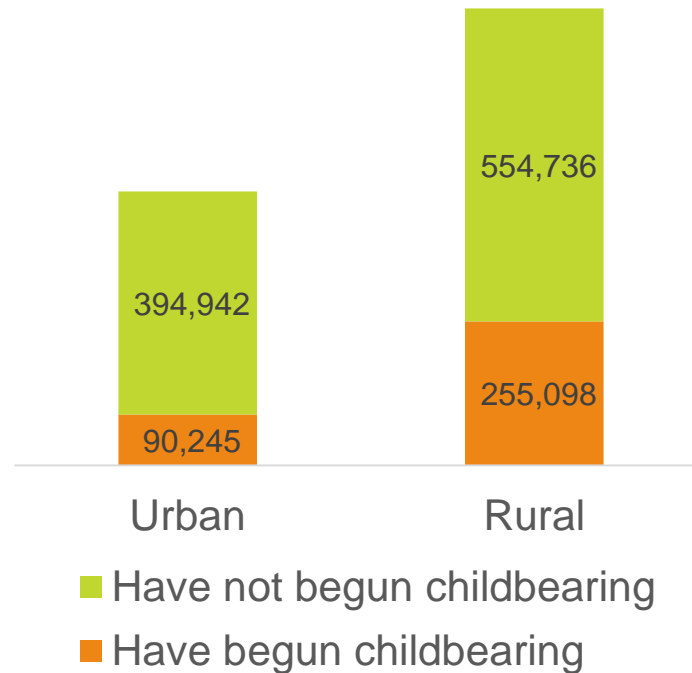
1,056,737 girls, 15-19
89,214 need
35,582 use



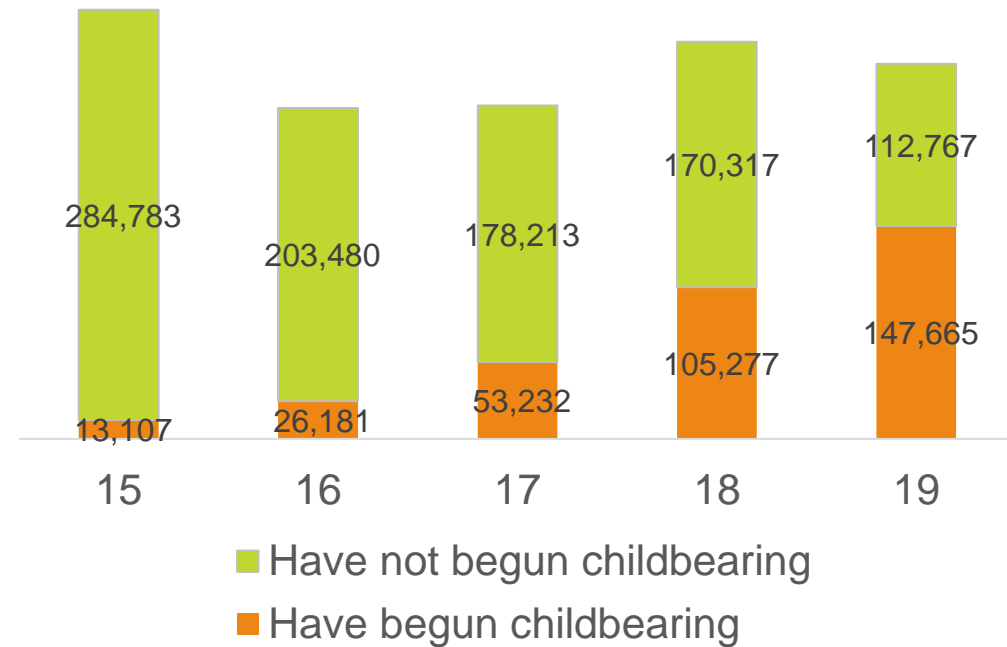
Data sources: 2012 Census, DHS 2010, Geography: Project Regions

Adolescent Childbearing

By Geography



By Age



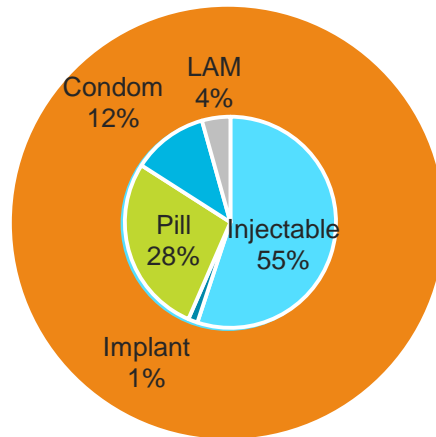
*Urban/Rural Use and Need data not available

*Graphs do not have comparable axes

Data sources: 2012 Census, DHS 2015, Geography: Project Regions

Modern FP Use / Need Trend 15-19 year old married girls

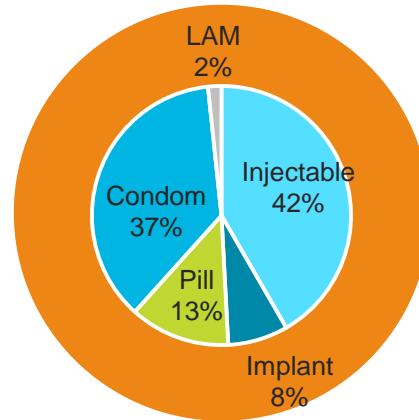
2004
67,296 married girls need
(28% need)



16,584 married girls
(25% use)

mCPR = 6.9%

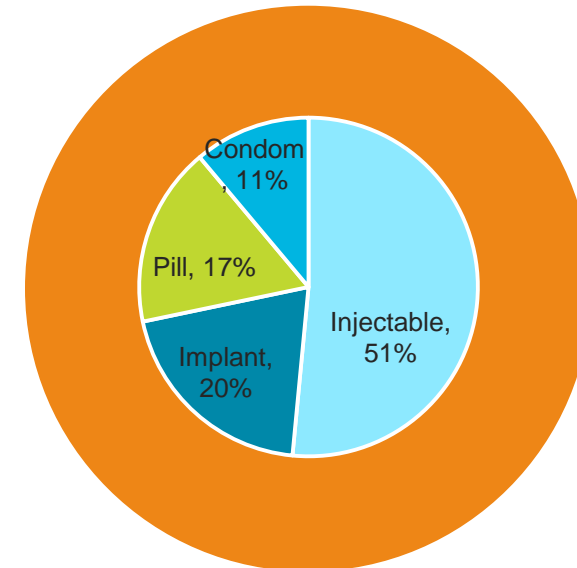
2010
62,234 married girls need
(31% need)



24,247 married girls
(39% use)

mCPR = 12.0%

2015
115,667 married girls need
(38% need)

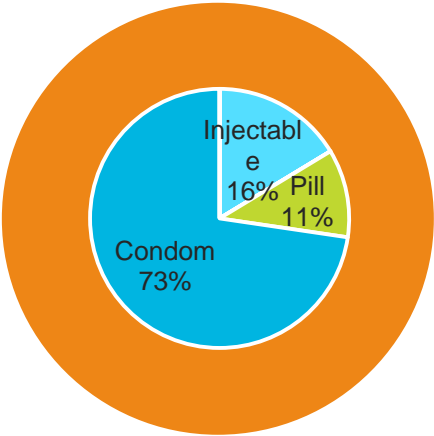


40,806 married girls
(35% use)

mCPR = 13.3%

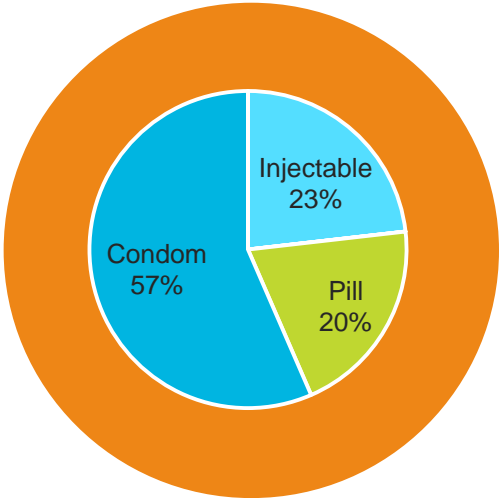
Modern FP Use / Need Trend 15-19 year old sexually active unmarried girls

2004
56,382 unmarried girls need
(84% need)



16,584 married girls
(25% use)
mCPR = 30.0%

2010
74,077 unmarried girls need
(85% need)



24,247 married girls
(39% use)
mCPR = 34.5%

2015

Data not available

mCPR = %

Source: 2002/2012 Censuses, DHS. Geography; Project Regions

Key Ministry of Health Policies

National Family Planning Guidelines and Standards, 2013. “All men and women including **young people (10-24 years of age)** irrespective of their **parity and marital status**, are eligible to access accurate, complete family planning information, education and services.”

National Family Planning Procedure Manual, 2011.

“All individuals **have a right** to receive services from family planning programs, regardless of their socio-economic situation, religion, political belief, ethnic origin, **age**, marital status, geographic location or other characteristics which may place individuals in certain groups. This right means a right of access through various health care providers as well as service delivery systems.”

Systematic Barriers

- **Poor public sector supply management** means facilities often don't have the full range of methods.
- **Lack of product options** means not a lot of choice for girls.
- **Not enough FP providers** means its hard to find a place to get quality services.
- **Restrictions for product distribution** in various channels means the most accessible channels offer the fewest product options.

Interpersonal Barriers

- **Products and services are not appropriate for adolescent needs**, so girls don't see contraception as for them
- **Providers are unwilling or unempowered to serve youth**, so girls don't know where to access those unique providers who do
- **Girls are unwilling or unempowered to seek ASRH services**, so girls who want services are unable to access them because of real and perceived barriers.

A360 Overview
Situation Analysis
3 Target Audiences
Program Overview
Kuwa Mjanja Brand
Marketing Strategy



Intro to Furaha

Furaha

WHO? (segment overview)

Furaha is the youngest segment. She thinks of herself as a girl, is very unlikely to be dating or sexually active but her close friends are. Her main sources of information and support regarding SRH are her mother (regarding hygiene and abstinence) and teachers and friends (regarding sex and family planning). Because she's very unlikely to be sexually active, key outcomes to promote are her knowledge of modern contraception and delaying her sexual debut. She needs help to see modern contraception as acceptable within traditional Cultural Habits and customs and she needs more basic knowledge about how to use modern contraceptives and where to access them in her Environment. Finally, efforts to help her delay sexual debut should focus on building her Agency/self-efficacy, highlighting the personal Goals/benefits she can achieve by delaying, and fostering supportive Social Influence in family and peers.

Demographics

- Average age: 15.8 years
- Currently in school: 60%
- % Urban vs Rural: 44% vs 56%

SRH status

- Sexually active: 1 %
- Ever dated: 3%
- Begun menstruating: 79%
- Has children: 0%

WHAT? (outcomes to target)

1. Knowledge of modern contraception

3. Delay of sexual debut

CH
Culture/Habit

E
Environment

kN
kNowledge

A
Agency

G
Goals

S
Social

HOW? (drivers to target)

Furaha needs to see modern contraceptives as accepted within traditional cultural values/leaders.

Furaha needs to know where to access modern contraceptives.

Furaha needs more basic knowledge about how and why to use modern contraceptives.

Furaha needs to feel she is allowed to control/determine her age of debut.

Farida needs to feel she can personally benefit from delaying her sexual debut.

Furaha needs to feel that her peers and family support delaying debut.

Targeting

- Personally owns a phone: 15%
- Goes to doctor alone: 32%
- Ever watches TV: 57%

Influencers

- Learned about sex: Teachers (18%)
- Learned about family planning: School/teachers (60%)
- Learned about personal hygiene: Mother (59%)

Intro to Farida

Farida

WHO? (outcomes to target)

Farida is the second youngest segment. A strong majority are already sexually active and almost all have dated (although very few have a child). Farida's main sources of information and support regarding SRH are her mother (regarding hygiene), teachers (regarding family planning) and her boyfriend/partner (regarding sex). Because she's likely to be sexually active, key outcomes to promote are her knowledge and use of modern contraception. Both of these outcomes can be promoted through building her knowledge about modern contraceptives and shifting and Social influence/norms among people whose opinions she values (friends, family). In addition, her use of modern contraception can be increased by highlighting the personal Goals/benefits she can achieve through using contraceptives.

Demographics

- Average age: 16.9 years
- Currently in school: 30%
- % Urban vs Rural: 47% vs 53%

SRH status

- Sexually active: 73 %
- Ever dated: 97%
- Begun menstruating: 99%
- Has children: 7%

WHAT? (outcomes to target)

1. Knowledge
of modern
contraception

2. Use of
modern
contraception

kN
kNowledge

S
Social

kN
kNowledge

S
Social

G
Goals

Farida needs more basic knowledge about how and why to use modern contraceptives.

Farida needs to feel that her peers and family support modern contraceptives.

Farida needs more basic knowledge about how and why to use modern contraceptives.

Farida needs to feel that her peers and family support modern contraceptives.

Farida needs to feel she can personally benefit from using modern contraceptives.

Targeting

- Personally owns a phone: 25%
- Goes to doctor alone: 56%
- Ever watches TV: 59%

Influencers

- Learned about sex: Husband/boyfriend (52%)
- Learned about family planning: Teachers (41%)
- Learned about personal hygiene: Mother (48%)

Intro to Pendo

Pendo

WHO? (outcomes to target)

Pendo is the second oldest segment and the majority have left school. Despite this, the segment is not yet sexually active and few are dating (although their friends are). Pendo's main sources of information and support regarding SRH are her mother (regarding hygiene), teachers (regarding family planning) and her friends (regarding sex). Because she's very unlikely to be sexually active, key outcomes to promote are her knowledge of modern contraception and delaying her sexual debut. Modern contraception can be addressed by giving her knowledge about how to use modern contraception and where to access it in her local Environment. Efforts to help her delay sexual debut should focus on highlighting the personal Goals/benefits she can achieve by delaying and shifting the prevailing Social norms around delay among people whose opinions she values (friends, family).

Demographics

- Average age: 17.4 years
- Currently in school: 33%
- % Urban vs Rural: 60% vs 40%

SRH status

- Sexually active: 0%
- Ever dated: 31%
- Begun menstruating: 100%
- Has children: 0%

WHAT? (outcomes to target)

1. Knowledge of modern contraception

3. Delay of sexual debut



HOW? (drivers to target)

Pendo needs more basic knowledge about how and why to use modern contraceptives.

Pendo needs to know where to access modern contraceptives.

Pendo needs to feel she can personally benefit from delaying her sexual debut.

Pendo needs to feel that her peers and family support delaying debut.

Targeting

- Personally owns a phone: 26%
- Goes to doctor alone: 65%
- Ever watches TV: 74%

Influencers

- Learned about sex: Friends (22%)
- Learned about family planning: School/Teachers (57%)
- Learned about personal hygiene: Mother (46%)

Intro to Bahati

Bahati

WHO? (outcomes to target)

Bahati is the oldest segment and the most likely segment to describe themselves as “women”. Essentially all are sexually active and have left school, with almost half having had a child. Bahati’s main sources of information and support regarding SRH are her mother (regarding hygiene), teachers (regarding family planning) and her husband or boyfriend (regarding sex). Because she’s almost certain to be sexually active, key outcomes to promote are her knowledge and use of modern contraception. Both of these outcomes are best influenced by the same three drivers: building her Agency/self-efficacy, highlighting the personal Goals/benefits she can achieve through modern contraceptives and shifting the prevailing Social norms around contraceptives among people whose opinions she values (friends, family).

Demographics

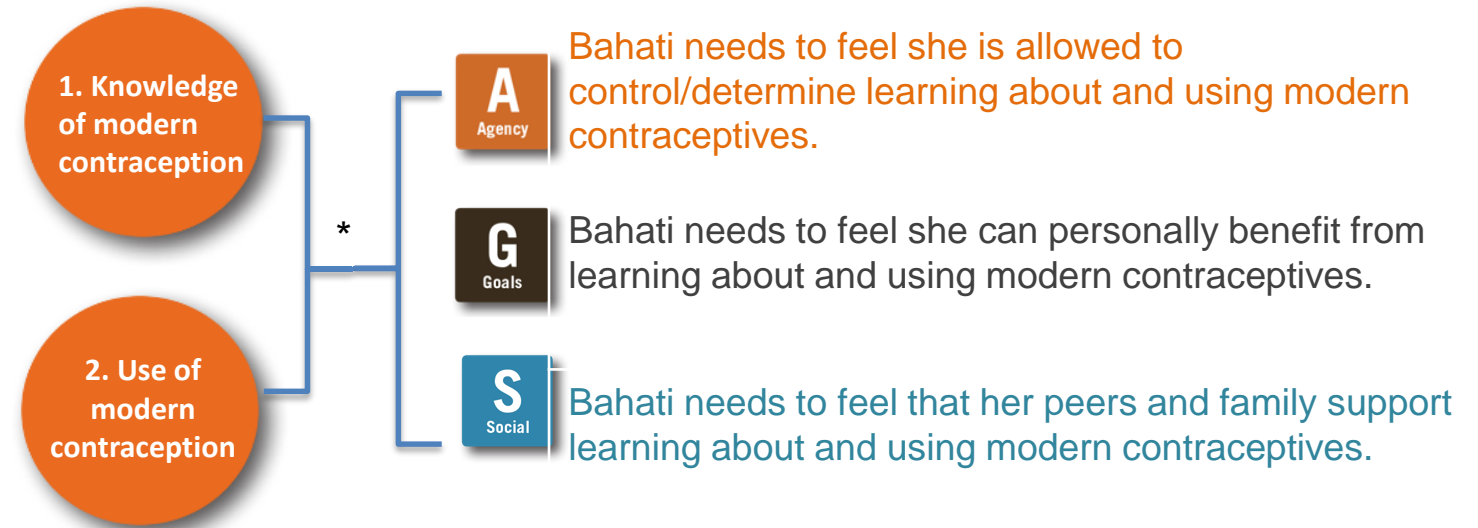
- Average age: 18.2 years
- Currently in school: 7%
- % Urban vs Rural: 39% vs 61%

SRH status

- Sexually active: 100%
- Ever dated: 97%
- Begun menstruating: 99.9%
- Has children: 47%

WHAT? (outcomes to target)

* For Bahati, the same three CHANGES drivers predict both knowledge and use of modern contraceptives. Thus, a combined set of recommendations is provided.



Targeting

- Personally owns a phone: 41%
- Goes to doctor alone: 79%
- Ever watches TV: 47%

Influencers

- Learned about sex: Husband/boyfriend (63%)
- Learned about family planning: School/teachers (28%)
- Learned about personal hygiene: Mother (44%)

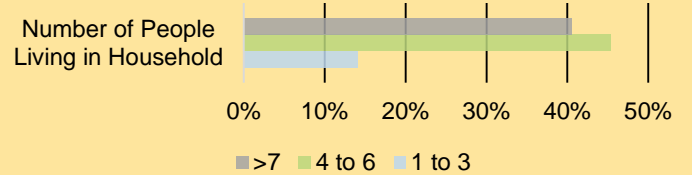
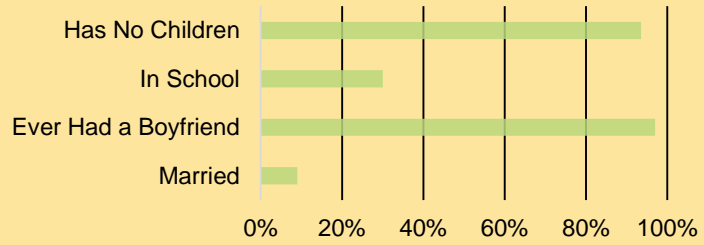
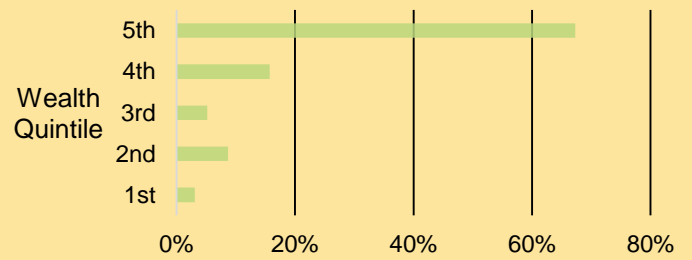
To increase her **knowledge** of modern contraception, we should be targeting:



Farida

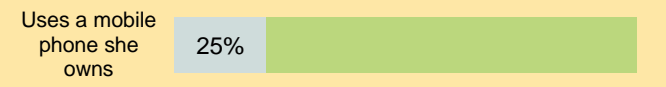
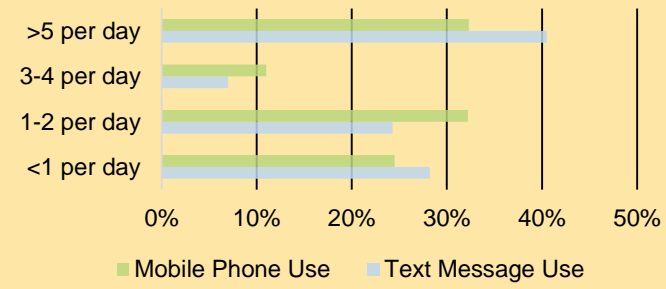
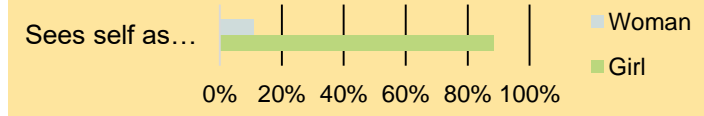


To increase her **use** of modern contraception, we should be targeting:

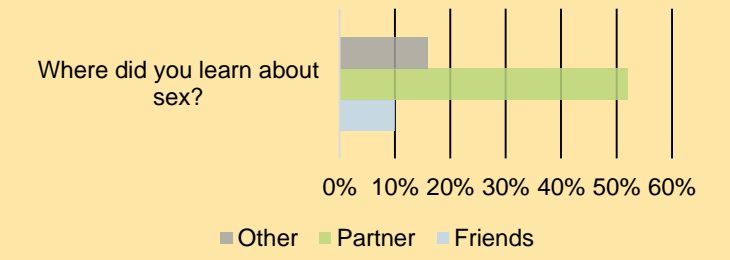
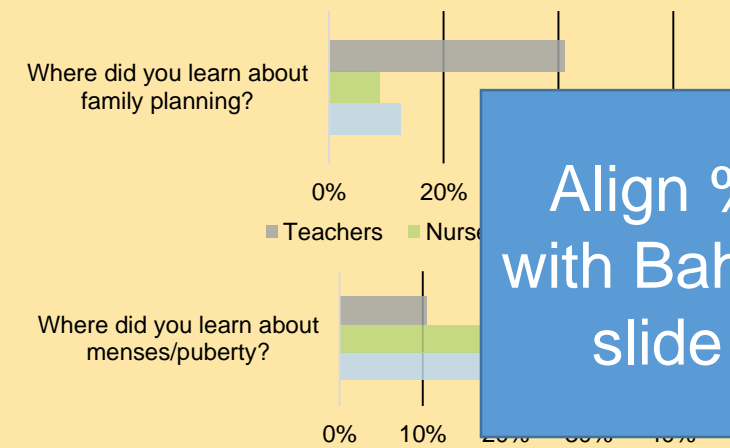


Demographic Info

16.8 years old on average



Tech Use



Sources of Info

Align % with Baha slide

To increase her **knowledge** of modern contraception, we should be targeting:

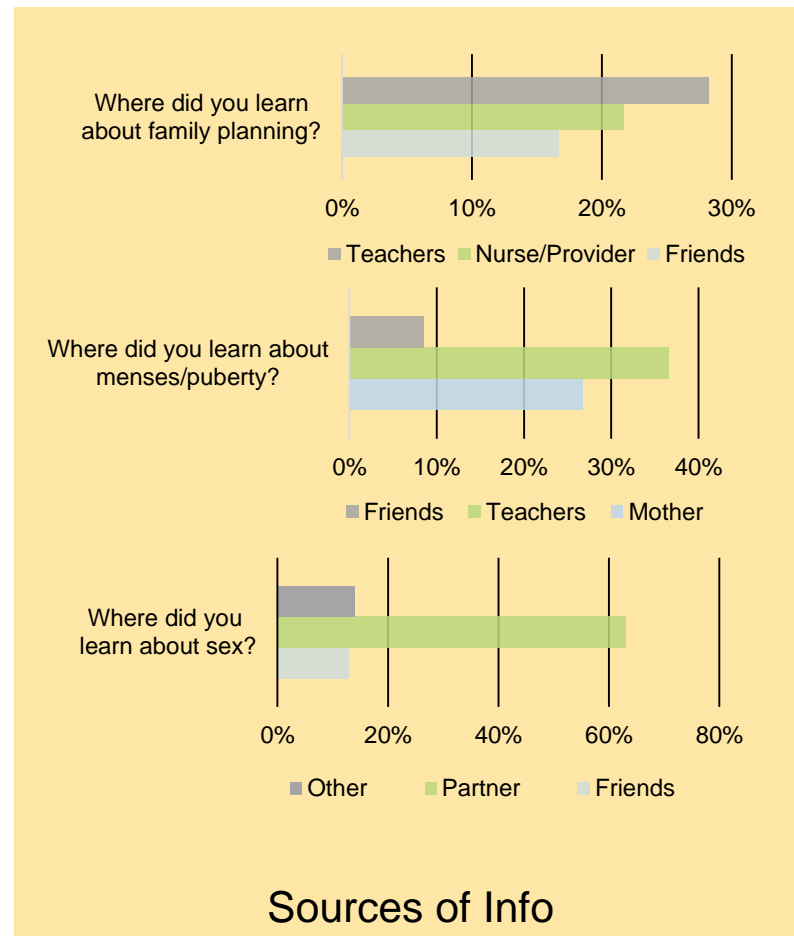
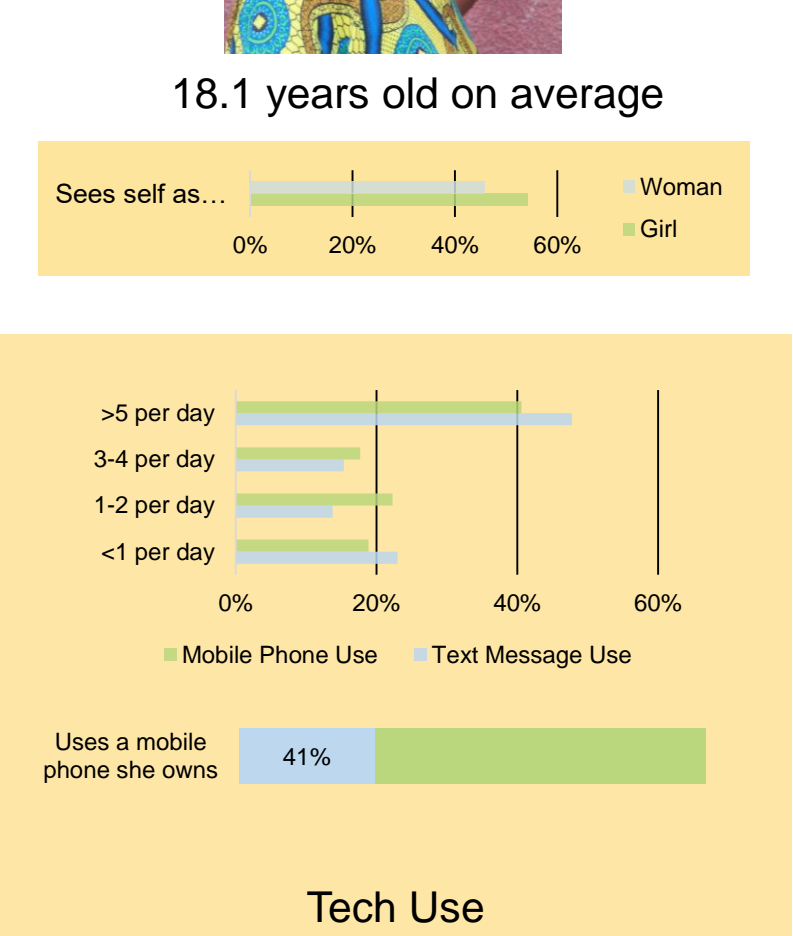
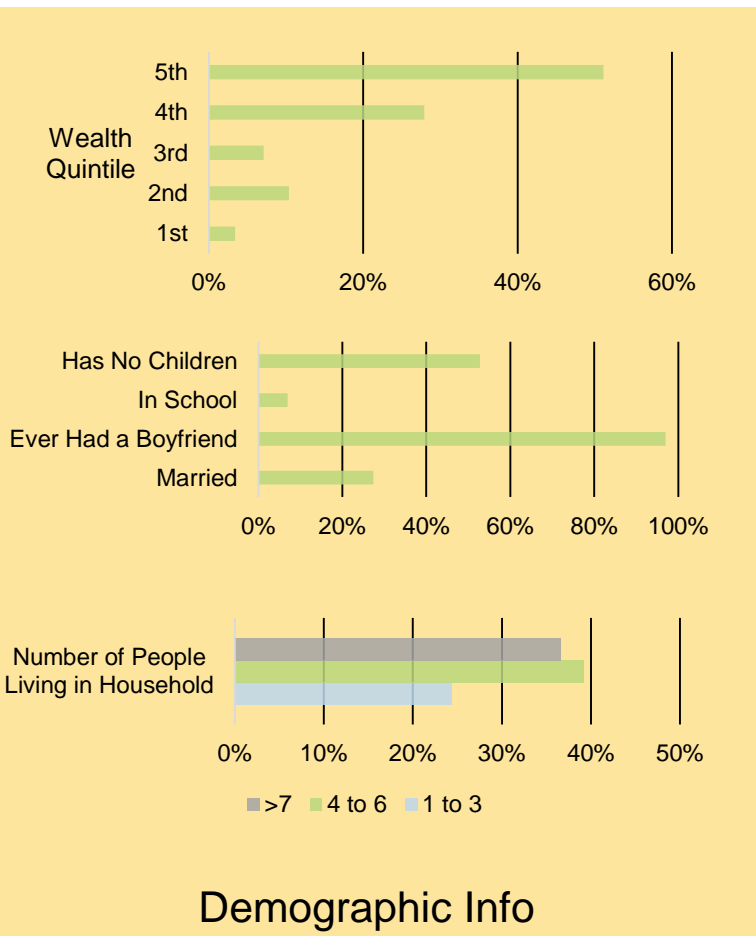


Bahati



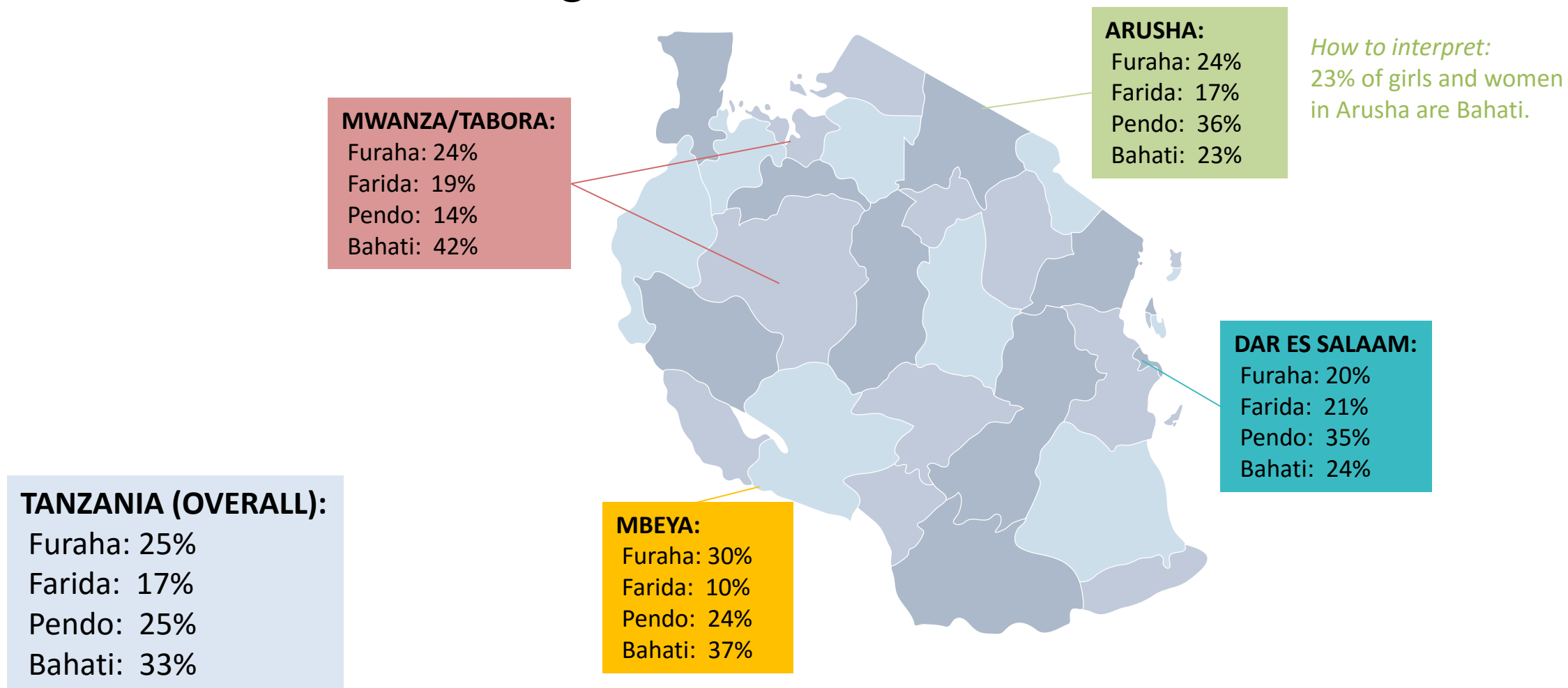
18.1 years old on average

To increase her **use** of modern contraception, we should be targeting:



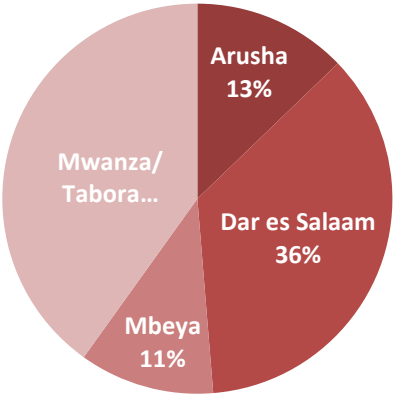
Segmentation detailed data tables and descriptive analyses

The segments are roughly equally sized, but vary in their distribution across regions



Geographic breakdown in each segment

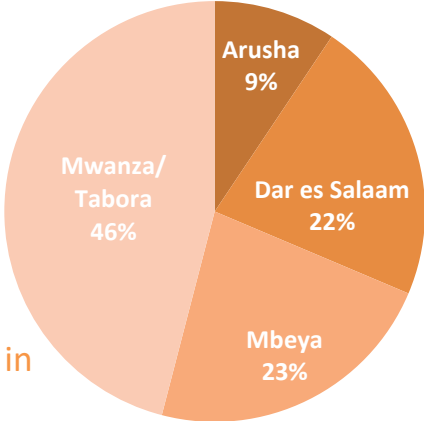
Farida



Earlier in developmental trajectory

Most are sexually active

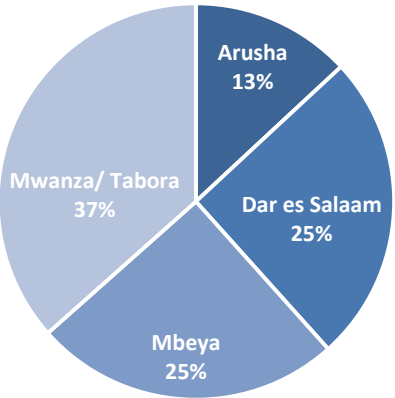
Bahati



How to interpret:
46% of Bahatis live in
Mwanza/Tabora

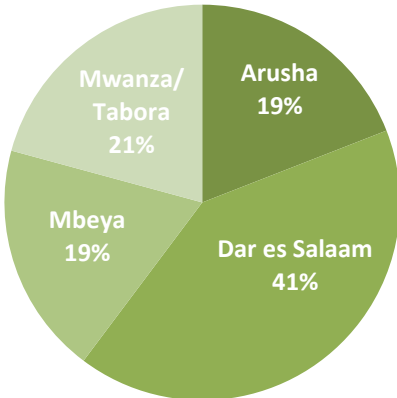
Later in developmental trajectory

Furaha



Most are not sexually active

Pendo



Descriptive analysis of segments

Demographics

		Furaha	Farida	Pendo	Bahati
Age		15.9	16.8	17.4	18.1
Region					
	Arusha	13.1%	12.8%	19.1%	9.4%
	Dar es Salaam	25.3%	35.9%	41.2%	22.0%
	Mbeya	25.1%	11.2%	19.0%	22.7%
	Mwanza/Tabora	36.6%	40.1%	20.8%	46.0%
Marital Status					
	Married	0.0%	9.0%	0.4%	27.4%
	Co-habiting	0.0%	1.3%	0.0%	10.7%
	Widowed	0.0%	0.0%	0.0%	4.7%
	Divorced/separated	0.0%	0.0%	0.0%	0.0%
	Never married	98.3%	85.9%	97.8%	55.7%
Dating Involvement					
	Ever had a boyfriend	3.0%	97.0%	31.0%	97.0%
	Current steady boyfriend*	21.7%	69.0%	64.0%	67.1%
	Has close friends who date	70.0%	97.2%	87.6%	97.4%

* Among those who have ever had a boyfriend

weighted means and frequencies

Descriptive analysis of segments

Demographics - education

		Furaha	Farida	Pendo	Bahati
School Status					
	In school	60.6%	30.0%	33.3%	7.1%
	No longer in school	39.1%	70.0%	66.6%	92.9%
Education Level					
	None	2.0%	4.1%	0.6%	5.0%
	Some primary	15.6%	13.2%	5.5%	8.2%
	Primary complete	29.8%	40.1%	32.7%	44.4%
	Some secondary	46.7%	28.9%	30.9%	21.0%
	Secondary complete	5.1%	11.8%	27.2%	19.5%
	Vocational or technical after secondary	0.0%	0.6%	0.8%	0.2%
	Some University	0.8%	0.8%	1.9%	0.9%
	University completed	0.0%	0.3%	0.5%	0.1%

weighted means and frequencies

Descriptive analysis of segments

Demographics - household size/ SES

		Furaha	Farida	Pendo	Bahati
Number of children					
	0	100.0%	93.5%	100.0%	52.8%
	1	0.0%	4.9%	0.0%	38.3%
	2	0.0%	1.7%	0.0%	7.7%
	3+ children	0.0%	0.0%	0.0%	1.3%
Wealth quintile					
	1st	1.9%	3.1%	0.6%	3.4%
	2nd	10.3%	8.7%	3.4%	10.4%
	3rd	8.0%	5.2%	6.9%	7.1%
	4th	19.1%	15.7%	9.8%	27.9%
	5th	60.7%	67.3%	79.2%	51.1%
Number of people living in household					
	1 - 3 people	6.5%	14.1%	11.1%	24.3%
	4 - 6 people	54.8%	45.4%	48.4%	39.2%
	7+ people	38.7%	40.6%	40.5%	36.6%

weighted means and frequencies

Descriptive analysis of segments

Sources of information on sexuality/growing up

		Furaha	Farida	Pendo	Bahati
Where did you learn about menses/puberty?					
	Friends	3.2%	10.5%	4.5%	8.5%
	Husband/partner/boyfriend	0.0%	1.2%	0.0%	0.5%
	Mother-in-law	0.0%	0.0%	0.0%	0.0%
	Father-in-law	0.0%	0.0%	0.0%	0.0%
	Father	0.2%	0.0%	0.0%	0.0%
	Mother	31.4%	33.0%	31.8%	26.8%
	Parents	0.8%	1.2%	1.0%	4.3%
	Nurse/medical provider	0.0%	0.3%	0.0%	0.4%
	Nyakanga or Auntie	3.6%	3.0%	4.2%	6.5%
	Other relatives	13.0%	11.0%	11.2%	9.3%
	School/teachers	38.6%	29.5%	40.7%	36.6%
	CHW	0.3%	0.3%	0.0%	0.2%
	Other	4.7%	9.8%	6.7%	6.8%

weighted means and frequencies

Descriptive analysis of segments

Sources of information on sexuality/growing up

		Furaha	Farida	Pendo	Bahati
Where did you learn about personal hygiene?					
	Friends	1.0%	3.3%	3.2%	4.8%
	Husband/partner/boyfriend	0.0%	0.4%	0.0%	0.0%
	Mother-in-law	0.0%	0.0%	0.0%	0.2%
	Father-in-law	0.0%	0.0%	0.0%	0.0%
	Father	0.0%	0.0%	0.0%	0.0%
	Mother	59.3%	48.4%	46.1%	44.0%
	Parents	2.2%	3.1%	4.4%	6.4%
	Nurse/medical provider	0.5%	0.0%	0.0%	0.0%
	Nyakanga or Auntie	3.0%	3.7%	6.0%	4.4%
	Other relatives	9.2%	9.7%	12.4%	10.6%
	School/teachers	14.5%	15.9%	17.3%	20.2%
	CHW	0.0%	0.0%	0.0%	0.3%
	Other	9.0%	15.4%	10.6%	9.0%

weighted means and frequencies

Descriptive analysis of segments

Sources of information on sexuality/growing up

		Furaha	Farida	Pendo	Bahati
Where did you learn about family planning?					
	Friends	9.6%	12.5%	14.9%	16.7%
	Husband/partner/boyfriend	0.0%	3.0%	0.0%	4.6%
	Mother-in-law	0.0%	0.0%	0.0%	0.0%
	Father-in-law	0.0%	0.0%	0.0%	0.0%
	Father	0.0%	0.0%	0.0%	0.0%
	Mother	4.5%	5.7%	6.1%	9.9%
	Parents	0.0%	0.5%	1.3%	1.6%
	Nurse/medical provider	1.7%	8.8%	3.3%	21.7%
	Nyakanga or Auntie	0.3%	0.3%	0.5%	0.2%
	Other relatives	3.7%	8.0%	4.7%	6.7%
	School/teachers	60.6%	41.0%	56.7%	28.2%
	CHW	0.6%	1.2%	0.8%	2.6%
	Other	2.7%	7.1%	4.0%	4.3%

weighted means and frequencies

Descriptive analysis of segments

Sources of information on sexuality/growing up

		Furaha	Farida	Pendo	Bahati
Where did you learn about abstinence?					
	Friends	1.5%	6.5%	4.3%	4.2%
	Husband/partner/boyfriend	0.0%	0.6%	0.0%	2.5%
	Mother-in-law	0.0%	0.0%	0.0%	0.0%
	Father-in-law	0.0%	0.0%	0.0%	0.0%
	Father	0.0%	0.0%	0.3%	0.4%
	Mother	35.1%	22.9%	31.9%	28.8%
	Parents	6.7%	10.3%	9.4%	10.7%
	Nurse/medical provider	0.8%	0.9%	0.8%	1.9%
	Nyakanga or Auntie	2.1%	2.5%	2.1%	2.1%
	Other relatives	6.5%	5.6%	5.8%	5.8%
	School/teachers	24.8%	15.7%	19.9%	10.0%
	CHW	0.0%	0.3%	1.0%	0.3%
	Other	16.3%	20.9%	22.8%	24.0%

weighted means and frequencies

Descriptive analysis of segments

Sources of information on sexuality/growing up

		Furaha	Farida	Pendo	Bahati
Where did you learn about sex?					
	Friends	11.0%	10.0%	22.0%	13.0%
	Husband/partner/boyfriend	0.0%	52.0%	1.0%	63.0%
	Mother-in-law	0.0%	0.0%	0.0%	0.0%
	Father-in-law	0.0%	0.0%	0.0%	0.0%
	Father	0.0%	0.0%	0.0%	0.0%
	Mother	2.0%	1.0%	1.0%	0.0%
	Parents	1.0%	0.0%	1.0%	0.0%
	Nurse/medical provider	0.0%	0.0%	0.0%	0.0%
	Nyakanga or Auntie	0.0%	0.0%	1.0%	1.0%
	Other relatives	1.0%	1.0%	2.0%	2.0%
	School/teachers	18.0%	4.0%	15.0%	3.0%
	CHW	0.0%	0.0%	0.0%	0.0%
	Other	12.0%	16.0%	17.0%	14.0%

weighted means and frequencies

Descriptive analysis of segments

Sources of support

		Furaha	Farida	Pendo	Bahati
Active member of...?					
	A religious group outside worship services	27.7%	19.5%	33.1%	24.1%
	A self-help group	16.2%	17.9%	14.3%	17.9%
	An group formed for income generating purposes	3.2%	3.5%	2.1%	5.2%
	Some other volunteer association	1.0%	1.8%	1.3%	4.5%
Who would they go to seek protection/support when distressed?					
	Family	85.2%	74.7%	86.4%	75.5%
	Friends/peers	10.2%	20.7%	10.9%	17.8%
	School teacher/workmate	0.6%	0.6%	0.2%	1.5%
	Community/neighborhood	0.5%	0.3%	0.9%	0.5%
	Religious leader	0.0%	0.0%	0.3%	0.3%
	Social workers/government officer	0.3%	0.5%	0.0%	1.2%
	Police	1.9%	0.0%	0.6%	0.8%
	Other	0.2%	1.1%	0.5%	1.3%

weighted means and frequencies

Descriptive analysis of segments

Independence/mobility

		Furaha	Farida	Pendo	Bahati
Has travelled...					
	to market, shops, trading centers	91.8%	92.0%	94.2%	96.1%
	to hospital, clinic, or doctor	71.0%	71.3%	82.9%	92.0%
	outside village/neighborhood/ward	87.9%	85.5%	87.9%	94.1%
Needed accompaniment to travel to places described above*		31.1%	15.8%	21.2%	12.7%
Sees self as...					
	Girl	97.0%	88.3%	98.0%	54.1%
	Woman	3.0%	10.9%	2.0%	45.7%

* Among those who have travelled to any of those places

weighted means and frequencies

Descriptive analysis of segments

Mobile phone use

		Furaha	Farida	Pendo	Bahati
Mobile phone ownership and usage					
	Uses a mobile phone she owns	17.1%	24.6%	26.2%	41.2%
	Uses a mobile phone owned by someone in household	41.0%	36.2%	41.1%	29.8%
	Uses a mobile phone owned by someone outside household	16.0%	15.2%	12.8%	8.8%
Who controls when/how mobile phone used*					
	Her	28.0%	39.3%	39.5%	53.8%
	Husband/boyfriend	7.0%	15.3%	7.9%	15.6%
	Parents	49.9%	32.0%	34.2%	21.2%
	Other	15.0%	13.4%	18.4%	9.4%
Can use mobile phone when/how wanted*		60.5%	62.5%	68.0%	68.9%
Mobile phone use frequency*					
	5+ times per day	19.4%	32.3%	29.0%	40.6%
	3-4 times per day	13.9%	11.0%	11.1%	17.7%
	1-2 times per day	33.4%	32.2%	35.7%	22.3%
	Less than one time per day	33.0%	24.5%	24.2%	18.9%
Text messaging frequency*					
	5+ times per day	32.7%	40.5%	37.8%	47.8%
	3-4 times per day	9.1%	7.0%	7.6%	15.4%
	1-2 times per day	22.9%	24.3%	27.3%	13.8%
	Less than one time per day	34.2%	28.2%	27.4%	23.0%

*Among phone users

weighted means and frequencies

Targeting Analysis: Segment by Media Access

Tanzania

Segment (Weighted Frequency) :	Furaha (25%)	Farida (17%)	Pendo (25%)	Bahati (33%)	Total
Internet Frequency					
Never or < Monthly	96%	81%	77%	81%	84%
< Daily & > Monthly	2%	14%	15%	11%	10%
Daily	2%	5%	8%	8%	6%
% Read Magazines	16%	13%	18%	11%	14%
Days Read Newspaper					
None	77%	77%	72%	82%	77%
1 day	16%	12%	17%	11%	14%
2+ days	7%	11%	11%	7%	9%
Days Listen to Radio					
None	54%	48%	44%	46%	48%
1 day	10%	7%	5%	6%	7%
2-5 days	21%	22%	22%	18%	20%
6-7 days	16%	24%	28%	30%	25%
Days Watch Television					
None	43%	41%	26%	53%	42%
1 day	9%	3%	5%	7%	6%
2-5 days	22%	17%	17%	15%	18%
6-7 days	26%	39%	51%	25%	34%

Targeting Analysis: Segment Prevalence by Region and Urbanicity

Segment (Weighted Frequency)	Furaha (25%)	Farida (17%)	Pendo (25%)	Bahati (33%)	Total
Dar es Salaam (% of Dar es Salaam in this segment)	20%	21%	35%	24%	
Urban (% of this segment in Dar es Salaam that is urban)	100%	100%	100%	100%	100%
Arusha (% of Arusha in this segment)	24%	17%	36%	23%	
Urban (% of this segment in Arusha that is urban)	35%	39%	41%	4%	31%
Mbeya (% of Mbeya in this segment)	30%	10%	24%	37%	
Urban (% of this segment in Mbeya that is urban)	31%	7%	34%	23%	27%
Mwanza/Tabora (% of Mwanza/Tabora in this segment)	24%	19%	14%	42%	
Urban (% of this segment in Mwanza/Tabora that is urban)	18%	10%	25%	23%	20%

Targeting Analysis: Segment by Media Access and Region

Dar es Salaam					
Segment (Weighted Frequency) *:	Furaha (20%)	Farida (21%)	Pendo (35%)	Bahati (24%)	Total
Internet Frequency*					
Never or < Monthly	89%	63%	67%	49%	66%
< Daily & > Monthly	6%	27%	21%	27%	20%
Daily	6%	10%	13%	23%	13%
% Read Magazines	10%	15%	16%	21%	15%
Days Read Newspaper					
None	68%	70%	60%	68%	66%
1 day	20%	15%	19%	12%	17%
2+ days	12%	15%	21%	20%	17%
Days Listen to Radio					
None	48%	38%	38%	32%	38%
1 day	6%	9%	7%	8%	7%
2-5 days	21%	20%	21%	20%	20%
6-7 days	25%	34%	34%	40%	34%
Days Watch Television*					
None	20%	19%	12%	14%	16%
1 day	5%	1%	4%	12%	6%
2-5 days	25%	18%	16%	20%	19%
6-7 days	49%	63%	69%	54%	60%
* Between-group differences are statistically significant					

Targeting Analysis: Segment by Media Access and Region

Arusha

Segment (Weighted Frequency) *:	Furaha (24%)	Farida (17%)	Pendo (36%)	Bahati (23%)	Total
Internet Frequency					
Never or < Monthly	97%	89%	83%	90%	89%
< Daily & > Monthly	3%	7%	11%	5%	7%
Daily	0%	4%	6%	5%	6%
% Read Magazines*					
	15%	0%	19%	0%	10%
Days Read Newspaper					
None	85%	85%	85%	95%	88%
1 day	15%	7%	13%	3%	10%
2+ days	0%	8%	2%	3%	2%
Days Listen to Radio					
None	45%	63%	51%	55%	53%
1 day	12%	7%	2%	3%	5%
2-5 days	24%	11%	30%	23%	24%
6-7 days	18%	19%	17%	20%	18%
Days Watch Television*					
None	52%	52%	34%	78%	52%
1 day	9%	0%	2%	5%	4%
2-5 days	18%	4%	13%	8%	11%
6-7 days	21%	44%	51%	10%	33%

* Between-group differences are statistically significant

Targeting Analysis: Segment by Media Access and Region

Mbeya

Segment (Weighted Frequency) *:	Furaha (69%)	Farida (22%)	Pendo (54%)	Bahati (86%)	Total
Internet Frequency*					
Never or < Monthly	97%	91%	77%	90%	90%
< Daily & > Monthly	2%	9%	7%	4%	6%
Daily	2%	0%	16%	4%	4%
% Read Magazines					
	10%	9%	16%	11%	11%
Days Read Newspaper					
None	87%	77%	84%	90%	87%
1 day	7%	18%	14%	8%	10%
2+ days	7%	5%	2%	1%	4%
Days Listen to Radio*					
None	57%	55%	50%	45%	51%
1 day	13%	0%	7%	4%	7%
2-5 days	15%	36%	18%	12%	17%
6-7 days	15%	9%	25%	38%	25%
Days Watch Television					
None	36%	41%	32%	53%	42%
1 day	15%	5%	7%	10%	10%
2-5 days	26%	36%	27%	12%	23%
6-7 days	23%	18%	34%	25%	26%

* Between-group differences are statistically significant

Targeting Analysis: Segment by Media Access and Region

Mwanza/Tabora					
Segment (Weighted Frequency) * :	Furaha (24%)	Farida (19%)	Pendo (14%)	Bahati (42%)	Total
Internet Frequency					
Never or < Monthly	100%	96%	94%	91%	95%
< Daily & > Monthly	0%	3%	4%	6%	3%
Daily	0%	1%	2%	2%	1%
% Read Magazines	25%	16%	21%	8%	16%
Days Read Newspaper					
None	75%	81%	75%	82%	79%
1 day	18%	8%	15%	13%	14%
2+ days	7%	11%	10%	5%	7%
Days Listen to Radio					
None	59%	51%	50%	51%	53%
1 day	10%	8%	4%	8%	8%
2-5 days	23%	18%	19%	18%	20%
6-7 days	9%	23%	27%	23%	19%
Days Watch Television					
None	62%	60%	50%	68%	62%
1 day	9%	7%	12%	3%	6%
2-5 days	19%	15%	17%	16%	17%
6-7 days	11%	19%	21%	13%	15%
* Between-group differences are statistically significant					

A360 Overview
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KEY DESIGN ELEMENTS

“Kuwa Mjanja” origin

The name Kuwa Mjanja (Be Smart) came from the framework used by traditional teachers of adolescent girls as a euphemism for not getting pregnant. This was part of a larger framework we heard which was Be Clean, Be Respectful and Be Smart. “Mjanja” meaning both smart, and clever is also used in the wider vernacular in a positive yet edgy way.

Teaching through metaphor and story

In Tanzania, teaching life lessons and educational concepts is often done through metaphors and stories. We are tapping into this existing behavior and creating a story that can be shared through simple visuals and memorable messaging. A story that resonates personally and is entertaining to repeat will allow it to spread.

Symbolic

Fruit is often used as a symbol of youth, vitality and fertility. The symbol of the pineapple allows girls to own this symbol, and connect to it.

Familiar

Pineapples are almost ubiquitous throughout Tanzania and are a familiar object. Girls can see pineapples throughout her day and life and be reminded of its story and symbolic meaning.

Sharable

A key goal for Kuwa Mjanja is for girls to be able to connect and build networks. The brand was designed in a way that it is easily sharable and creates connection. From the Kuwa Mjanja talk, to the easily communicated symbols and visuals to the activities at events, it's built in a way that's easy to share.

Tanzanian

The brand was designed through various branding exercises and activities with adolescent girls and others. It was built using user insights and pulls on imagery from Tanzania's natural beauty.

Adaptable

While the brand is targeted at girls, it was designed to be adaptable enough to boys and other key users if necessary.

Beautiful

We have created a uniquely beautiful experience through Kuwa Mjanja for our users to feel special and loved.





The essence of Kuwa Mjanja lies in its story. The KM story helps bring the brand to life, have a spirit and will be incorporated into key brand interactions.

The story helps girls connect to the brand and see themselves in it.



Pineapples stand tall.
They stand on their own.
That's who Kuwa Mjanja girls are.
You stand up for what you believe in, whether it's your faith, your rights or your own body!
Stand tall.
Don't let anyone bring you down!
A Mjanja Girl is worth more than she knows. Be a leader. Stand up for yourself.
Stand up for those who need you.
Sometime life's like a delicate flower.
It blossoms. It wilts. So don't despair. Be confident. Be independent.
Show your humanity. Stand tall. Kuwa Mjanja.



The beauty of a pineapple is in her crown!
She wears it proudly.
While you don't need to wear an actual crown every day, remember you are a queen.
You deserve respect, happiness and love.
Mjanja Girls don't settle for anything less. Remember this in life:
follow your dreams,
guard your heart and know your worth.
Your dream is bright.
Wear your crown. Wear it with pride.
Kuwa Mjanja.



The outside of a pineapple can be described in many ways. You could say it's hard, firm, strong, beautiful, thorny. The list is endless.
Despite its thorns, love the pineapple for its inner beauty.
Just as this is true for pineapples, it's also true for Mjanja Girls!
Be authentic. Be kind to others.
Life is about love and kindness.
Bring joy to the world!
Let your inner beauty shine.
Choose to follow your dreams.
Show the world what you can do!
Kuwa Mjanja.



The Kuwa Mjanja Promise is a set of principles to guide our design into the future. This is the foundation from which we will grow.

Kuwa Mjanja is...

Kuwa Mjanja is where you and your friends can match your **dreams to some amazing **opportunities**.**

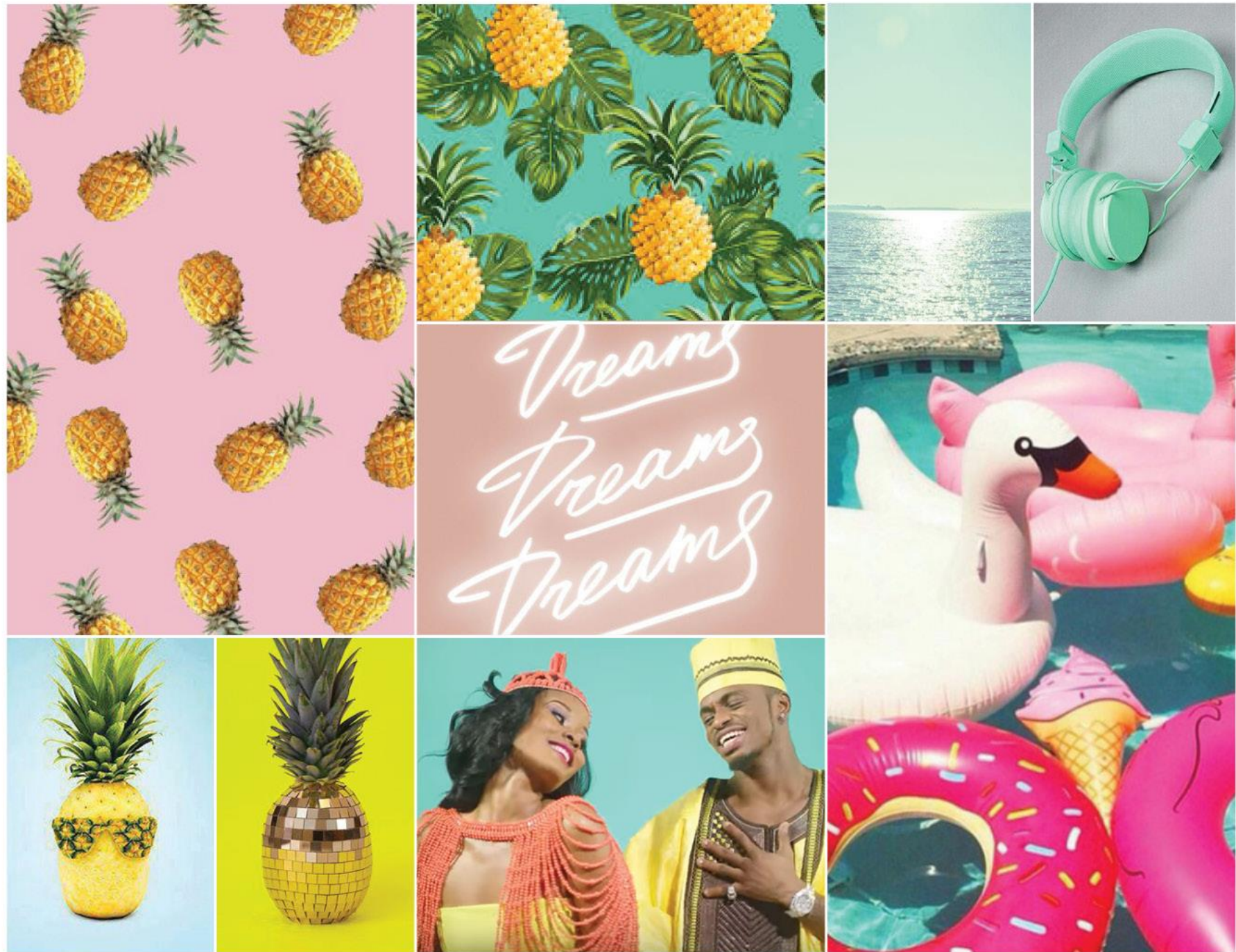
It's a safe space for Tanzanian girls like you to **discover and **learn** so you can make informed decisions about **your body** and **your life**.**

Like, do you know when you want to have children?

You can **take charge.
Let's dream together.**



Every great brand has a soul and a way that it makes us feel. Kuwa Mjanja Vibes is an exploration of how Kuwa Mjanja will make Sara feel.





Every time Sara, or any other person, interacts with Kuwa Mjanja we want the messaging to be clear, and in line with our Kuwa Mjanja promise.

Kuwa Mjanja has a girl's voice, and encourages girls to connect, inspire, learn and share.



BE A
pineapple

hey,
SMART
girl!

hey
DUDE
(FIST BUMP)

(SECRET CODE)
i'm a smart girl
SHHHHH...

dream
DISCOVER
learn



We don't have to deliver the whole message every time Sara interacts with our brand. But we do want every interaction to feel like Kuwa Mjanja. Kuwa Mjanja Flavor gives us a first guide to branded touch points that will exist outside of the core brand experience.

