

A360 Nigeria

**PROTOTYPING
REPORT CARD**

February 2017

Trip 1

OVERVIEW: NORTH

9

DAYS

10

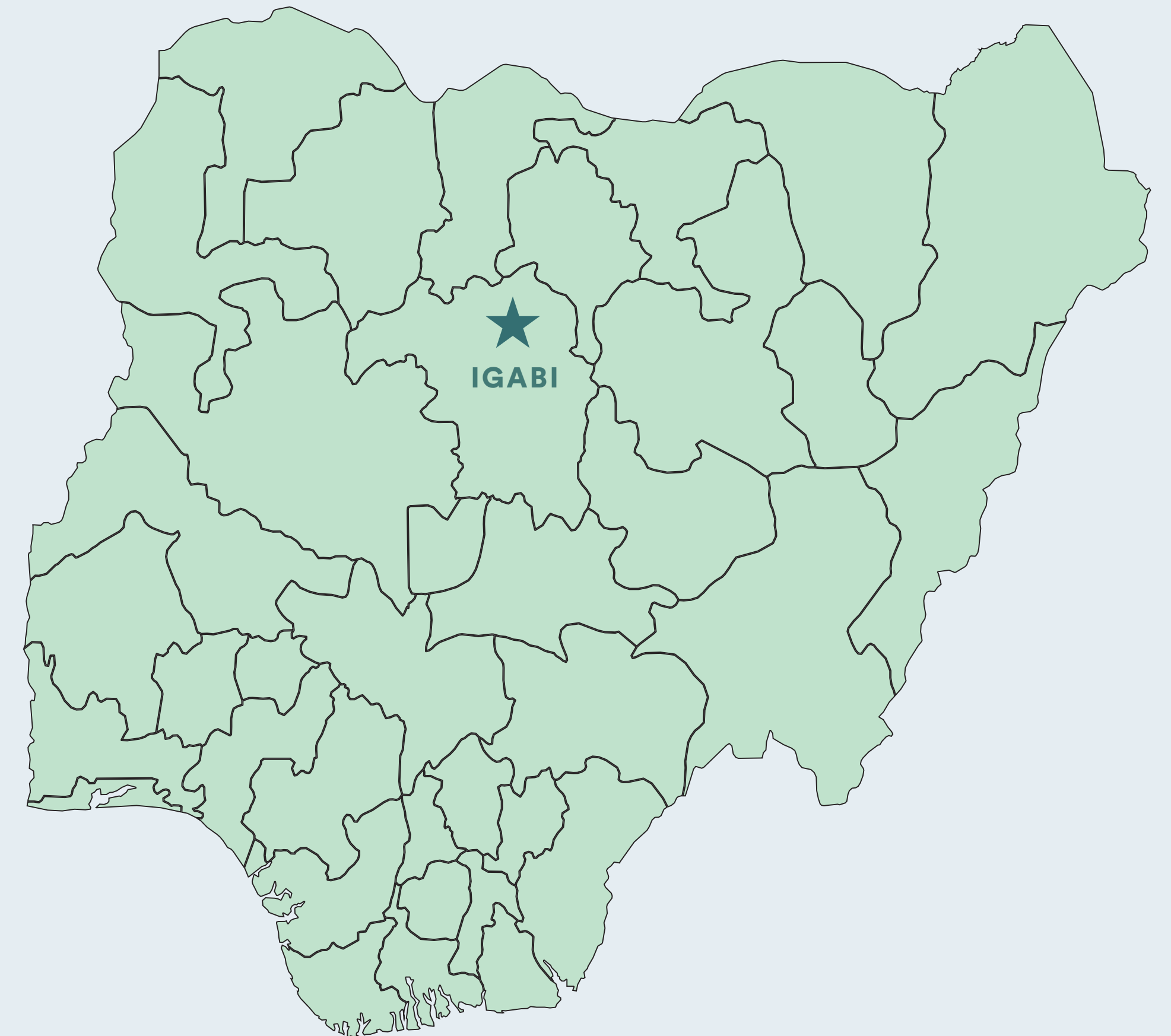
INITIAL
PROTOTYPES

40

INTERVIEW
SESSIONS

6

LOCATIONS



OVERVIEW: SOUTH

9

DAYS

15

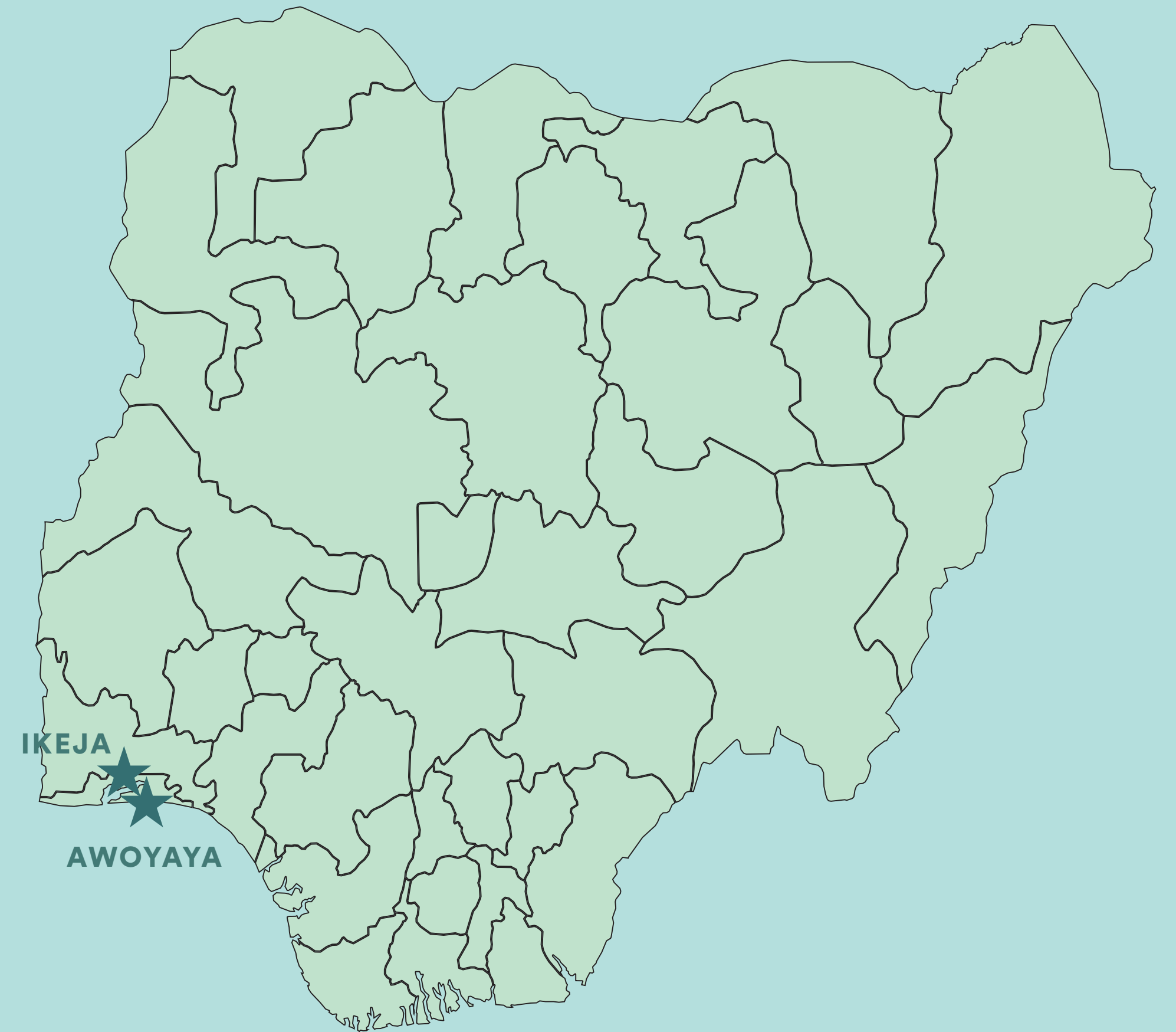
INITIAL
PROTOTYPES

21

INTERVIEW
SESSIONS

10

NEW
PROTOTYPES









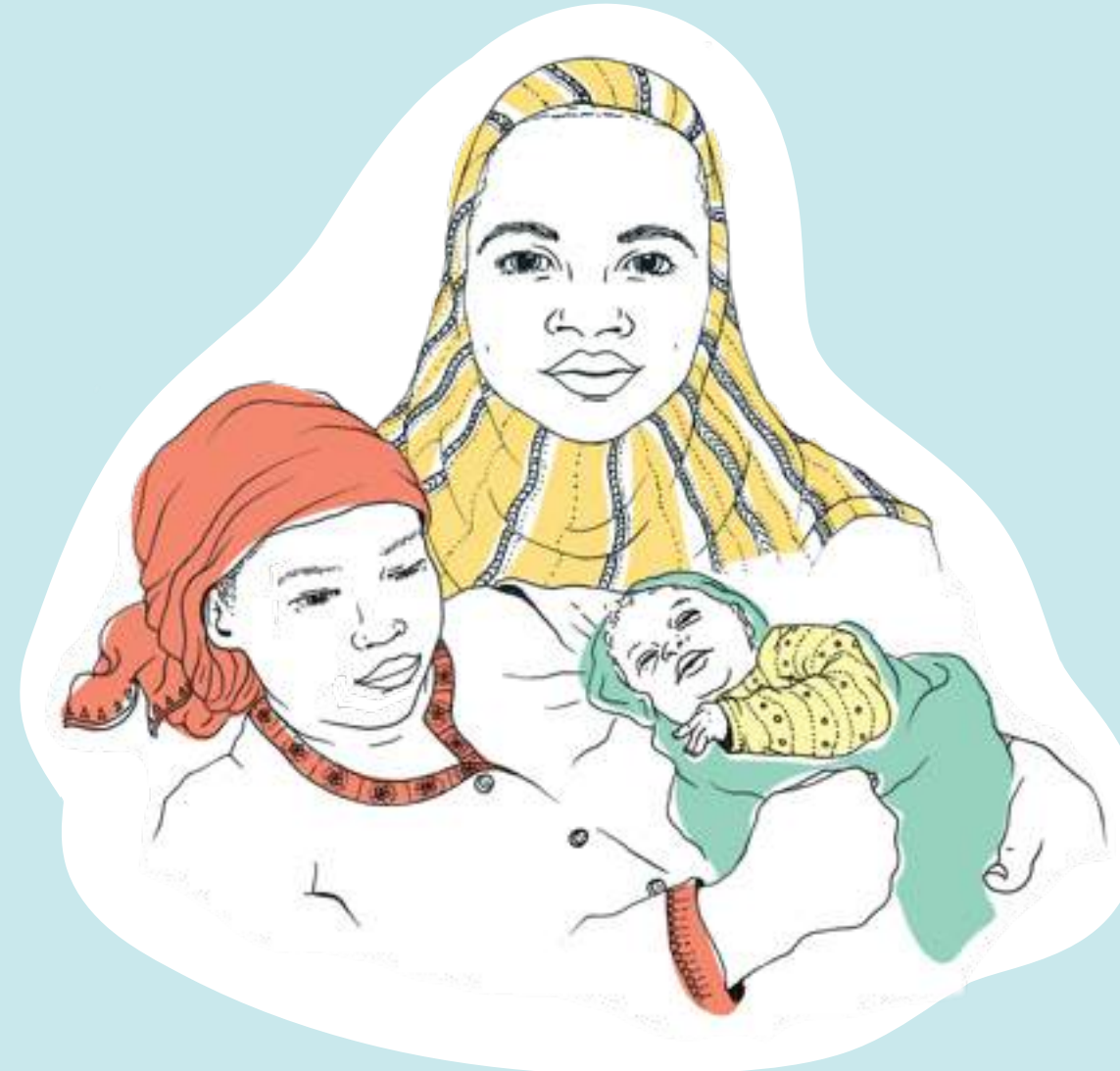


OPPORTUNITY AREAS



OPPORTUNITY 1

**CREATE AN INFORMED AND
EMPOWERED GENERATION**



OPPORTUNITY 2

**CONNECT GIRLS TO SEXUAL AND
REPRODUCTIVE HEALTH AT
RELEVANT MOMENTS IN THEIR
JOURNEYS**



OPPORTUNITY 3

**FOSTER TRUSTED SUPPORT
SYSTEMS FOR GIRLS TO ACCESS
SEXUAL AND REPRODUCTIVE
HEALTH SERVICES**

OPPORTUNITY 1

**CREATE A GENERATION
OF INFORMED
AND EMPOWERED
ADOLESCENTS**



HOW MIGHT WE

**Give girls the choice
and power to choose
contraception?**

HOW MIGHT WE

**Build on existing &
accepted practices to
encourage support for
modern contraception?**

HOW MIGHT WE

**Maximize the positive
potential and limit the
negative impact of
technology on
adolescents' SRH
knowledge?**

HOW MIGHT WE

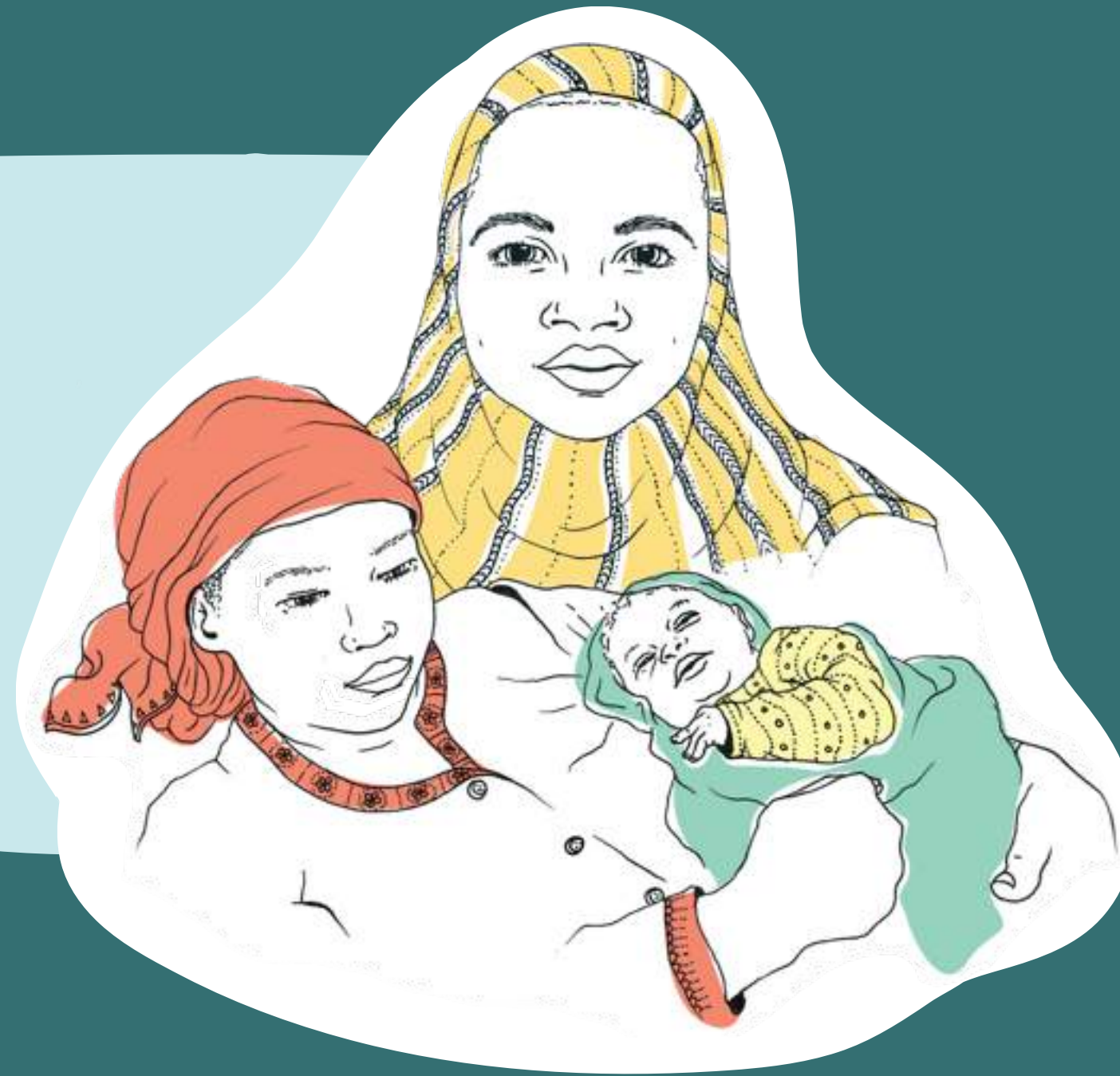
**Design the right role for
adults to play in SRH
education?**

HOW MIGHT WE

**Create ways for girls to
meet personal and
familial financial needs
other than through
transactional sex?**

OPPORTUNITY 2

**CONNECT GIRLS TO SEXUAL
AND REPRODUCTIVE HEALTH
AT RELEVANT MOMENTS
IN THEIR JOURNEYS**



HOW MIGHT WE

**Help adolescents
achieve their vision for
their future?**

HOW MIGHT WE

**Connect the potential
realities and consequences
of unsafe sex to their
envisioned trajectories?**

HOW MIGHT WE

**Help girls internalize the
risks of pregnancy?**

HOW MIGHT WE

**Leverage the acceptability
of talking about sexual
violence as a pathway to
discussing contraception?**

OPPORTUNITY 3

FOSTER TRUSTED SUPPORT SYSTEMS FOR GIRLS TO ACCESS SEXUAL AND REPRODUCTIVE HEALTH SERVICES



HOW MIGHT WE

Educate married girls and the influencers in their lives about contraception, in order to foster support for contraceptive use?

HOW MIGHT WE

Build a network of providers who are excited and equipped to serve all adolescents?

HOW MIGHT WE

Foster trustworthy, proactive, supportive relationships between providers and girls?

Northern Nigeria:
PROTOTYPES

TOP LEARNINGS

SUMMARY

AN INFORMED GENERATION

- Moms want to have a handbook that contains information on SRH but not on contraceptives
- Adolescents also want to learn about SRH from religious leaders who are usually on social media
- Building confidence in the mothers will enhance the creation of space and time for SRH discussion

CONTRACEPTION AT RELEVANT MOMENTS

- Moms and married adolescent girls want girls to be trained on vocational activities to empower them
- Though adolescents can learn skills online, face to face interactions encourage bonding and influence behaviour change

TRUSTED SUPPORT SYSTEMS

- Relaxation spots where men meet is a good place for educating the men on SRH issues to support their wives.
- Religious leaders use social media, yet want television or radio as a platform for training on SRH
- The providers' attitude is more important to the adolescents when compared with the standard of the health facility

OPPORTUNITY 1

CREATE A GENERATION OF INFORMED AND EMPOWERED ADOLESCENTS

CONCEPTS TESTED

- Adolescents: Phone & Connect
- Mom, it's Time
- Mom is Backbone
- Mama Mia
- Celebs & Us

LEARNINGS

- Adolescents would like a healthcare provider for one on one chatting on SRH using social media
- Adolescents would like to have different platforms for SRH messaging, such as TV and radio for general information and internet for private messaging
- Adolescents also want to learn about SRH from religious leaders who are usually on social media
- Adolescents prefer watching drama/TV shows featuring young celebrities who can also pass SRH info in Hausa language
- The attitude of the mother can be a barrier to adolescent girls asking SRH questions to them
- The adolescent girls would like moms to be open and direct when talking to them on SRH
- Drama series on SRH can create an avenue for discussions between moms and adolescent girls
- Moms want to have a handbook that contains information on SRH but not on contraceptives
- Building confidence in the mothers will enhance the creation of space and time for SRH discussion
- Adolescents would also want their older sisters to educate them on SRH

“A lot of adolescents like watching local celebrities on TV. They are considered as role models. Drama series should be with celebrities.”

— UNMARRIED GIRL

“We prefer our moms to tell us ‘as it is’. They shouldn’t hide anything, they should say it the way it is when discussing SRH.”

— UNMARRIED ADOLESCENT

“I prefer having a book with pictures on SRH to increase our knowledge and be able to talk to our girls on such issues.”

— UNMARRIED GIRL

OPPORTUNITY 2

CONNECT GIRLS TO CONTRACEPTION AT RELEVANT MOMENTS IN THEIR JOURNEYS

CONCEPTS TESTED

- Empowered to Achieve

LEARNINGS

- Moms and married adolescent girls want girls to be trained on vocational activities to empower them
- Married girls want a place to meet to discuss SRH and be mentored
- The attitude of the mentor is very important to foster open discussions
- Adolescents want their peers as advocates on SRH in the community
- Adolescents would prefer a provider to be the mentor and there's a divide between the age of the provider

“SRH info should be passed to adolescent in a group so that they can learn from each other.”

— MARRIED GIRLS

“Someone from the community should be picked and trained on SRH to serve as advocates in the community in promoting SRH education.”

— MARRIED GIRL

“They [providers] should be young and old because some adolescents prefer younger providers, while some prefer older ones.”

— MARRIED GIRL

OPPORTUNITY 3

FOSTER TRUSTED SUPPORT SYSTEMS FOR GIRLS TO ACCESS CONTRACEPTIVE SERVICES

CONCEPTS TESTED

- We Support Our Wives
- New Perspective
- What's the Motivation
- Clinic Experience

LEARNINGS

- Fathers-in-law have no direct influence on married adolescent girls
- Male partners believe education on SRH will empower them to support their wives
- Community members and male partners/husbands want religious leaders to educate them on SRH
- Religious leaders use social media, yet want television or radio as a platform for training on SRH
- Providers want more than training—some just want recognition, others want incentives
- The providers attitude is more important to the adolescents when compared with the standard of the health facility
- Providers think adolescents will not access services because they are older, though some adolescents prefer older providers because of their experience
- Increased client flow through community mobilization can be a form of incentive for some providers

“Providers’ attitude and character matters more to adolescent than the standard of the hospital, though they want a neat clinic.”

— UNMARRIED GIRL

“Many Imams use Facebook and WhatsApp, Facebook is faster to pass SRH information.”

— HUSBAND OF AN ADOLESCENT

“I would like the religious leaders to teach us about family planning, because they cannot give us wrong information, they will give us messages through preaching and people will believe them.”

— MALE PARTNERS

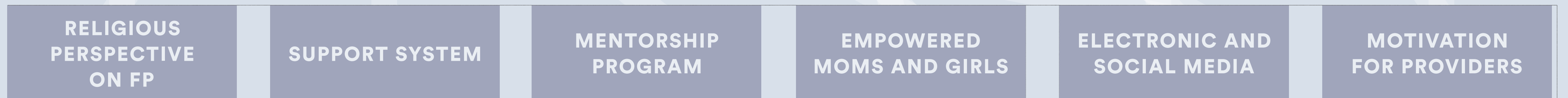
**PROTOTYPE
REPORT CARDS**

TRIP 1 PROTOTYPE EVOLUTION: NORTH

ITERATION 1



ITERATION 2



ADOLESCENTS: PHONE & CONNECT

Access to technology—especially phones—connects adolescents to the outside world and provides privacy, but exposes them to sexual content at a young age. This access scares adults because it feels outside their control.

OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW maximize the positive potential and limit the negative impact of technology on adolescents' SRH knowledge?

WHAT IS THE CONCEPT?

The adolescent accessing SRH information from their favorite applications, e.g., WhatsApp, and using various platforms such as SMS, toll free call, etc., to access SRH information.

WHO IS IT FOR?

- Adolescent Boys
- Adolescent Girls

DRIVERS

- Social
- Environment

WHAT WE WANT TO LEARN:

- How adolescents connect with other adolescents using tech—how can SRH discussions/ information be shared amongst them?
- What SRH information do adolescents want to access or get?
- What do adolescents want or like about their favorite applications used on their phones?



Access to technology—especially phones—connects adolescents to the outside world and provides privacy, but exposes them to sexual content at a young age. This access scares adults because it feels outside their control.

OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW maximize the positive potential and limit the negative impact of technology on adolescents' SRH knowledge?

WHAT IS THE CONCEPT?

Adolescent watching or listening to a program on SRH that is of interest to him/her.

WHO IS IT FOR?

- Adolescent boys
- Adolescent girls

DRIVERS

- Social
- Environment

WHAT WE WANT TO LEARN:

- To assess what they like to watch on TV or stream online
- Who they like to watch or follow on TV, radio or online
- When they watch/listen or stream these programs

Desirability

ADOLESCENT BOYS



ADOLESCENT GIRLS



Risks

- Not all adolescents own a smartphone
- Not all adolescents can afford data for online access
- Some parents might not support the use of smartphones by their adolescents 15–17 years
- Identifying and engaging celebrities pro bono
- If celebrities charge a fee to be involved on the program, will it be sustainable?
- Selected celebrity not appealing to all

HOW WE TESTED IT:

- Interviews
- Sketches of different personalities
- Question and answer session
- Card sorts

LEARNINGS:

- Adolescents use the smartphones not only for chatting and browsing but also as an educational tool e.g. cooking, make-up, dressing, etc.
- Adolescents would like a healthcare provider for one on one chatting on SRH using social media
- To pass general info on SRH, TV and radio are preferred, while internet is preferred for private messaging
- Adolescents also want to learn about SRH from religious leaders who are usually on social media
- Adolescents prefer watching drama/TV shows featuring young celebrities who can also pass SRH info in Hausa language
- Adolescents like to get info on fashion, make up, favorite star/musician, health risk of alcohol etc.

HOW IT EVOLVED:

- Sending SRH info on SMS with a hyperlink to a website (9ja Girls site)
- TV Drama series on SRH featuring a Hausa celebrity
- Documentary on SRH
- One-minute jingle on SRH
- Share video on Shuga, I need to know, Ya Take ne Arewa
- Five-minute radio drama on SRH in Hausa

NEXT STEP QUESTIONS...

- HMW engage religious leaders through social media to reach adolescents on SRH issues?
- What level of involvement will celebrities have in passing SRH info to adolescents using electronic and social media?
- How do we integrate fun things like fashion, makeup, etc., into SRH info for adolescents through social media and electronics?
- HMW create a one-minute jingle and a five-minute radio jingle on SRH in Hausa that resonates with adolescents?
- What kind of SRH info are adolescents interested in getting?
- HMW use 9ja Girls platform for one-on-one chat with providers?
- What TV programs and channels do adolescents like to watch?



Despite adolescent girls' trust of their mothers, there is limited or unclear discussion of SRH issues among parents and adolescents.

OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW build on adolescents' trust for their mothers to enable informed, comfortable discussions on SRH?

WHAT IS THE CONCEPT?

Mothers talking with their adolescents confidently on SRH topics such as menstruation, rape, etc., with appropriate and adequate information.

WHO IS IT FOR?

- Mothers

DRIVERS

- Social
- Environment

WHAT WE WANT TO LEARN:

- How knowledgeable and confident are mothers talking about various SRH topics with the adolescent?
- How would mothers want their confidence/capacity built to have SRH discussions with their adolescent?
- Are there topics they rather not discuss? What topics? Why?
- What tools would help mothers feel more confident and ready to have these discussions?



MOM IS BACKBONE

Despite adolescent girls' trust of their mothers, there is limited or unclear discussion of SRH issues among parents and adolescents.

OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW build on adolescents' trust for their mothers to enable informed, comfortable discussions on SRH?

WHAT IS THE CONCEPT?

Adolescents confidently going to their mothers to ask and discuss about their SRH and other related issues, like relationships, comfortably.

WHAT WE WANT TO LEARN:

- How do adolescents want their mothers to discuss with them?
- What do they want their mothers to discuss or talk about with them?
- What will make adolescents comfortable talking about SRH with their mothers?

WHO IS IT FOR?

- Girls
- Mothers

DRIVERS

- Social
- Environment



Despite adolescent girls' trust of their mothers, there is limited or unclear discussion of SRH issues among parents and adolescents.

OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW How might we build on adolescents' trust for their mothers to enable informed, comfortable discussions on SRH?

WHAT IS THE CONCEPT?

Space and time mothers and their adolescents spend together carrying out one activity or the other, e.g., kitchen, which can be used as opportunity to discuss the SRH of the adolescent.

WHO IS IT FOR?

- Girls
- Mothers

DRIVERS

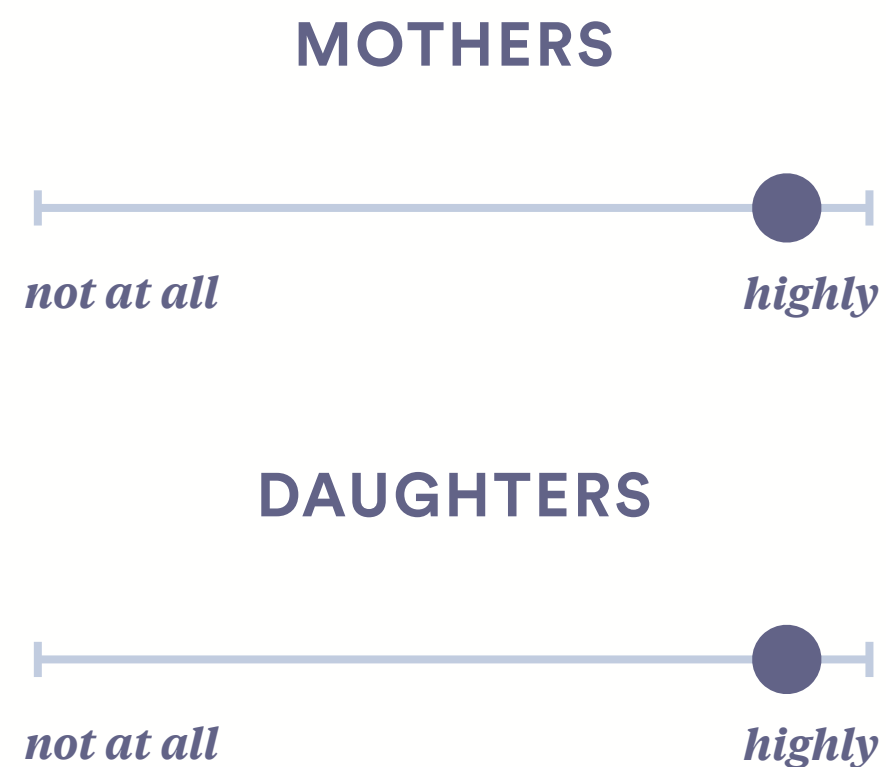
- Social
- Environment

WHAT WE WANT TO LEARN:

- What space and what time are mothers willing to create within the regular/daily routine to have SRH discussions with adolescents?
- How can we help create the special environment for mothers and adolescents to have these discussions?

MOM, IT'S TIME

Desirability



Risks

- Lack of time for moms and daughters to discuss SRH issues because daughters have to go to school in the evening
- Lack of confidence of the daughters on moms to discuss SRH
- Mothers express desire for the book, will they really use it?

HOW WE TESTED IT:

- Story board
- SRH magazine
- Card sort
- Question and answer session
- Me and my daughter booklet on SRH

LEARNINGS:

- Building confidence in the mothers will enhance the creation of space and time for SRH discussion
- Daughters have questions for their moms, but they are shy to ask
- The attitude of the mother can be a barrier to girls asking questions on SRH from them
- Drama series on SRH can create an avenue for discussions
- Moms want to have a handbook that contains information on SRH but not on contraceptives
- Girls would also want their older sisters to educate them on SRH
- Mom and daughter can talk in the evening between 8pm–9pm on weekdays, but they prefer weekend for discussions as everyone is home
- Moms want to have a space where she can have the full attention of the girl, e.g., the bedroom or kitchen

HOW IT EVOLVED:

- Handbook with pictures in Hausa on SRH for moms and appropriate space and time for conversation
- TV drama on SRH
- SRH handbook for girls to prompt moms to start SRH discussions

NEXT STEP QUESTIONS...

- Do adolescents feel comfortable going to moms for SRH discussions?
- Do we want one handbook for both mothers and daughters or separate handbooks for mothers and daughters respectively?
- Who will girls want to go to for discussions on SRH other than their mother?
- Will girls feel comfortable asking married or unmarried elder sisters?
- How can mothers create time for adolescents to have conversations?
- How should the books be distributed to mothers?
- How can mothers meet as a group to share experiences?
- What will be the entry point for contraception into these discussions?



EMPOWERED TO ACHIEVE

In general, adolescent girls want to finish school, learn a trade, and then get married and have children. Parents also see this as ideal, but believe early marriage protects moral standards

OPPORTUNITY 2: RELEVANT MOMENTS

HMW help married adolescents achieve their vision for their future?

WHAT IS THE CONCEPT?

A group of 8–12 married adolescent girls (15–19 years) are mentored by a young woman aged 25–30 years. The mentor will recruit married girls and engage with them using a manual or discussion guide on different topics that will empower the girl. Topics such as hygiene, maternal care, child care, financial management, negotiation skills, sexual and reproductive health, family planning. The mentor meets with the girls weekly for about 6 weeks and graduate the empowered married girls. The mentor goes ahead to recruit another group of girls.

WHAT WE WANT TO LEARN:

- What do married girls need to feel empowered to freely access SRH services and increase contraceptive use?

WHO IS IT FOR?

- Married Girls

DRIVERS

- Culture/Habit
- Agency
- Knowledge

Desirability

MARRIED GIRLS



MOTHERS-IN-LAW



Risks

- Sustainability
- Managing group dynamics
- Attrition due to lack of interest

HOW WE TESTED IT:

- Topic spectrum
- Card Sorts
- Question and answer session
- Storyboards

LEARNINGS:

- Moms and married adolescent girls want girls to be trained on vocational activities to empower them
- Married girls want a place to meet to discuss SRH and be mentored
- The attitude of the mentor is very important to foster open discussions
- Adolescents want their peers as advocates on SRH in the community
- Adolescents would prefer a provider to be the mentor and there's a divide between the age of the provider

HOW IT EVOLVED:

- Mentorship program that includes SRH and skill building
- Type of mentor that will appeal to girls
- Time and space for the program

NEXT STEP QUESTIONS...

- Where is the best place to hold this mentorship program?
- What kind of mentor do the girls want?
- How do you link economic empowerment (skill building) to access to SRH?
- What is the best time to hold these meetings so as not to interfere with house chores?
- What would attract the girls to become part of this program?
- Will male partners support wives to be part of the mentorship program?
- Can the mentorship program for girls be extended to unmarried girls as well?
- What will be the selling or entry point for contraception in the program?

NEW PERSPECTIVE

Married women who want to use contraception have to rely on decision makers in their lives, who may or may not support them due to religious barriers or lack of knowledge.

OPPORTUNITY 3: SUPPORT SYSTEMS FOR ACCESS

HMW educate married girls and the influencers in their lives about contraception, in order to foster support for contraceptive use?

WHAT IS THE CONCEPT?

There are documents on Islamic and Christian Perspective on family planning. Using these documents as a tool to educate religious leaders and build a network of religious leaders who accept and support contraception for married adolescent.

WHO IS IT FOR?

- Christian and Islamic religious leaders

DRIVERS

- Culture/Habit
- Agency
- Knowledge

WHAT WE WANT TO LEARN:

- Are religious leaders familiar with these documents?
- How can we educate religious leaders on the safety of contraception?
- How can we align contraception with existing religious values on familial care using Holy Scriptures?

Desirability

PASTORS AND IMAMS



Risks

- Dealing with different denominations of religious leaders or belief on family planning or contraceptives

HOW WE TESTED IT:

- Interviews
- Card Sorts
- Question and answer session
- Drawings of brochures and books on both Christian and Islamic perspective on contraceptives

LEARNINGS:

- Community members want religious leaders to talk to them
- Religious leaders are willing to be educated with books on family planning
- The male partners/husbands want religious leaders to educate them
- Religious leaders want trainings, workshops or seminars to educate them
- Religious leaders want television or radio as a platform for training on SRH
- Religious leaders use social media
- Some religious leaders support contraception use

HOW IT EVOLVED:

- Simplified version of the book for the religious leaders
- 5mins radio drama on SRH in Hausa
- Facebook group where SRH info can be shared
- Documentary on SRH

NEXT STEP QUESTIONS...

- What chapter(s) of the book will speak to the religious leaders that supports familial care?
- What will be the key selling point using the book to educate the religious leaders?
- What are the social media platforms used by these religious leaders, e.g., Facebook, Whatsapp, Twitter, Instagram, etc., and how can we use these platforms to reach the religious leaders?
- Will the book appeal to older or younger religious leaders or both?

WE SUPPORT OUR WIVES

Married women who want to use contraception have to rely on decision makers in their lives, who may or may not support them due to religious barriers or lack of knowledge.

OPPORTUNITY 3: SUPPORT SYSTEMS FOR ACCESS

HMW educate married girls and the influencers in their lives about contraception, in order to foster support for contraceptive use?

WHAT IS THE CONCEPT?

In the evenings men like to sit out and relax in groups/cliques to talk/gist.

Leveraging these gathering to educate men (husbands/male partners, fathers-in-law) on safety of child spacing through a one man IPC agent working alone or a team of 5 IPC agents working together. They meet the men at their evening relaxation or leisure place to talk and discuss on maternal health, child health, etc.

WHO IS IT FOR?

- Male Partners
- Fathers-in-law

DRIVERS

- Culture/Habit
- Agency
- Knowledge

WHAT WE WANT TO LEARN:

- How can we make contraception a joint and excited decision between husbands and their wives?
- What do men need to know or see to feel comfortable with their wives using modern child spacing methods?

WE SUPPORT OUR WIVES

Desirability

MALE PARTNERS



FATHERS' IN-LAW



Risks

- Leadership tussle among men
- Attrition of support group members
- Sustainability
- Stigma by community members

HOW WE TESTED IT:

- Topic spectrum
- Card Sorts
- Question and answer session

LEARNINGS:

- Fathers in-laws have no direct influence on married adolescent girls
- Male partners believe education on SRH will empower them to support their wives
- Electronic and social media can be a platform for giving information on SRH
- Relaxation spots where men meet is a good place for educating the men on SRH issues to support their wives

HOW IT EVOLVED:

- Provider or trained community member to educate the male partners on SRH at the sessions at the relaxation spots
- Documentary on SRH
- 1min jingle on SRH
- 5mins radio drama on male support for SRH in Hausa (Ya Take ne Arewa)

NEXT STEP QUESTIONS...

- Can a provider be part of the group meetings to educate the men?
- Will providing comprehensive information to men on child spacing make them support/facilitate their support to their wives to access SRH services including child spacing?
- HMW make the relaxation spots a platform where the men can learn about SRH issues?
- What informal gatherings can we explore for the Christian male partner?



CLINIC EXPERIENCE

Providers' personal beliefs, coupled with limited knowledge, often prevent them from providing modern contraceptives, unless an adolescent is accompanied by a parent.

OPPORTUNITY 3: SUPPORT SYSTEMS FOR ACCESS

HMW build a network of providers who are excited and equipped to serve adolescents?

WHAT IS THE CONCEPT?

Adolescent girls confidently going to the health facility proactively to seek or access sexual reproductive health services.

WHO IS IT FOR?

- Married and unmarried girls

DRIVERS

- Social
- Environment
- Knowledge

WHAT WE WANT TO LEARN:

- How, where, when do adolescents want to access SRH Services?
- What do they want to see or know in order to feel confident that the provider has the skills to help or serve?
- What are the major barriers to adolescents accessing SRH services in health facilities?

WHAT'S THE MOTIVATION

Providers' personal beliefs, coupled with limited knowledge, often prevent them from providing modern contraceptives, unless an adolescent is accompanied by a parent.

OPPORTUNITY 3: SUPPORT SYSTEMS FOR ACCESS

HMW build a network of providers who are excited and equipped to serve adolescents?

WHAT IS THE CONCEPT?

A provider being trained to offer SRH services to adolescents in the health facility—either as a standalone FP service or as an integrated service package.

WHAT WE WANT TO LEARN:

- To assess the barriers to the provider providing adolescents with SRH Services

WHO IS IT FOR?

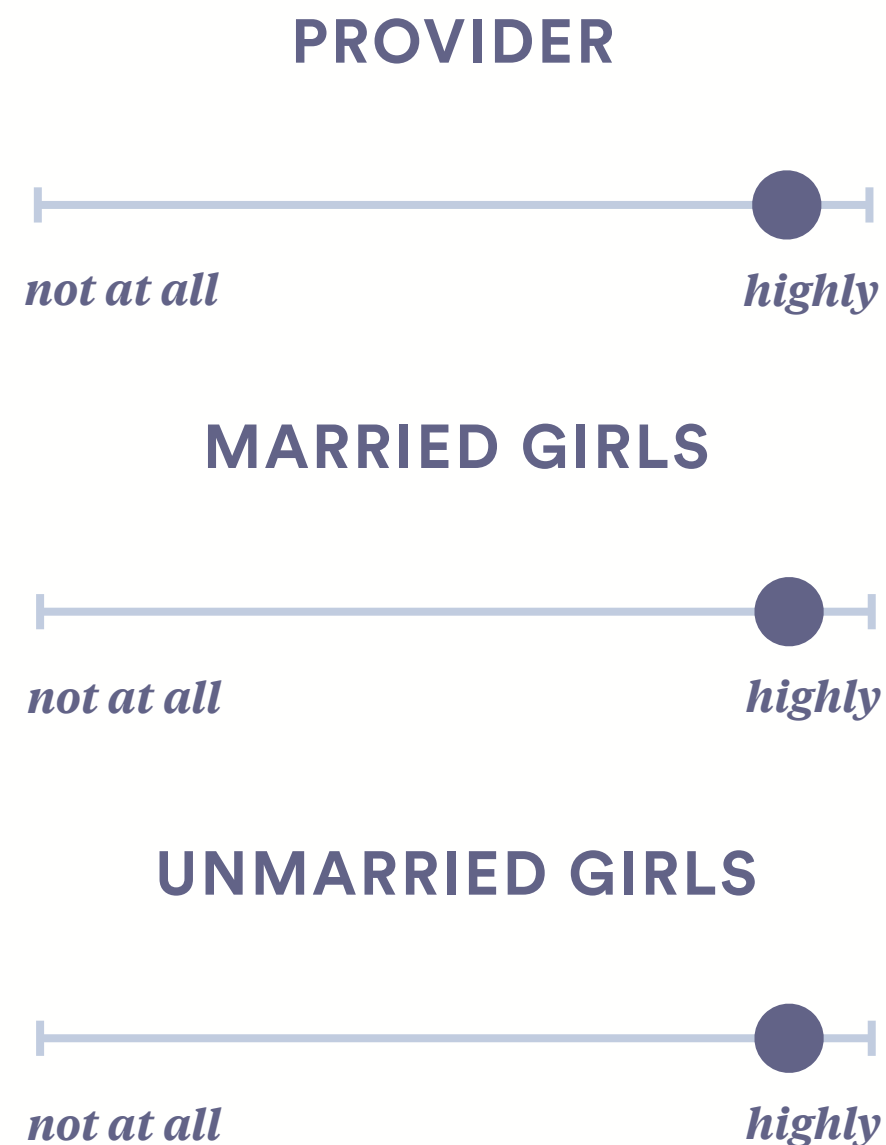
- All level of providers (clinic-based, e.g., nurses, CHEWs and non-clinic-based, e.g., pharmacists, patent medicine dealers, TBAs)

DRIVERS

- Social
- Environment
- Knowledge

WHAT'S THE MOTIVATION

Desirability



Risks

- Funding for training
- Attrition of trained providers through transfers or staff movement
- Violation of third amendment through provision of incentives
- Availability of trained providers
- Provision of performance based incentives and not reward based
- Providers bias remaining unchanged after training
- Lack of policy supporting lower level providers, e.g., TBA, PPMVs

HOW WE TESTED IT:

- Card sorts with different motivation options
- Story board on abortion
- Question and answer session

LEARNINGS:

- Providers want more than training—some just want recognition, others want incentives
- The providers attitude is more important to the adolescents when compared with the standard of the health facility
- Providers may be skilled or trained but still exhibit biases in providing SRH services to adolescents
- Providers think adolescents will not access services because the Provider is older, though some adolescents prefer older providers because of their experience
- Increased client flow through community mobilization can be a form of incentive for some providers

HOW IT EVOLVED:

- A scheme for providers, being part of a club/network (9ja girls network)
- Providing different forms of motivations as one package
- Using professional platforms such as SOGON, NAPMED, NANNM etc. to identify providers who can be part of the network/club
- Youth friendly space in clinics versus standalone centers

NEXT STEP QUESTIONS...

- What kind of training should be developed and how often should the trainings take place?
- For providers who currently have nothing to motivate them to offer SRH Services to adolescents, will presenting contraceptives as a safe way to avoid abortion motivate them?
- What sort of incentives in particular?
- How can we use tech to motivate providers
- How to overcome the stigma of providing youth friendly services?
- Who should be included in the network beyond doctors and nurses?
- What type of Youth Friendly center would be a motivation to the girl and the provider?
- How might we leverage the MNCH week for providers trained on YFS to reach the adolescent girls?

Southern Nigeria:
PROTOTYPES

TOP LEARNINGS

SUMMARY

AN INFORMED GENERATION

- **#privacymatters** Girls want to learn and connect with sensitive health info in a private digital experience
- **#allaboutDskillz** A platform that features practical skill-building could motivate girls to use the platform and provide a good cover to tell parents
- **#bigno-no** Despite good intentions, parents are an unreliable information source and don't believe their daughters should know about contraception

CONTRACEPTION AT RELEVANT MOMENTS

- **#lowhangingfruit** PAC providers should be incorporated into a broader provider training program, but PAC is not a large opportunity itself
- **#iheartchatting** Girls want to share and connect through chatting, reading stories, & participating in forums
- **#made4me** A brand and digital experience that feels like it's designed for girls is delightful, new, and exciting

TRUSTED SUPPORT SYSTEMS

- **#abstinence_luv** Even youth-friendly providers do not encourage modern methods beyond condoms
- **#providerpassion** A provider network and fellowship should focus on finding applicants with a passion to serve girls
- **#make_it_count** Young providers would like to leverage their NYSC year as an opportunity to serve girls

OPPORTUNITY 1

CREATE A GENERATION OF INFORMED AND EMPOWERED ADOLESCENTS

CONCEPTS TESTED

WEEK 1

- No Dumb Questions
- Skills, Bills, and Pills
- Mom's da Bomb

WEEK 2

- Clinic Experience
- 9ja Girls Platform
- Parent Info Session

LEARNINGS

- Girls already find answers to sensitive questions online, and appreciate the privacy a girls-only online platform provides when asking about sensitive topics like SRH
- Girls want to learn practical skills that can help them become financially independent, both through a digital platform and in person
- A platform that focuses on skills-building or attending a skills-building session at a clinic provides a good cover for girls to tell parents
- Despite wanting to talk with their daughters about health, parents are an unreliable and an inconsistent resource for adolescent girls
- Parents agree that unplanned pregnancy is a problem in their community, but they are opposed to talking about contraception with their daughters

“If they teach skills at the clinic, my parents would be okay with me going there.”

— UNMARRIED GIRL

“If I see my daughter with condoms, I will beat her mercilessly.”

— FATHER

“I post pictures of the bags and goods I make on Facebook to sell more.”

— UNMARRIED GIRL

OPPORTUNITY 2

CONNECT GIRLS TO CONTRACEPTION AT RELEVANT MOMENTS IN THEIR JOURNEYS

CONCEPTS TESTED

WEEK 1

- The PAC Moment
- A Teen Like Me

WEEK 2

- 9ja Girls Brand

LEARNINGS

- Abortion & PAC providers should be incorporated into a larger provider training and network solution, but PAC is not an opportunity itself
- Chatting, reading discussions, sharing stories, and asking questions—whether with other girls or providers—is the most appealing part of a digital platform because it provides relevant perspectives, relatable stories, and new information
- A brand and platform that feels like it's for teen girls feels delightful, new, and exciting

“There’s nothing like this [9ja Girls website] that exists for girls in Nigeria! I love it!”

— UNMARRIED GIRL

“Chatting with other girls expands your experiences and helps you learn.”

— UNMARRIED GIRL

“I get a call from a girl every week asking me to help them terminate a pregnancy. They call any time of day or night.”

— PAC PROVIDER

OPPORTUNITY 3

FOSTER TRUSTED SUPPORT SYSTEMS FOR GIRLS TO ACCESS CONTRACEPTIVE SERVICES

CONCEPTS TESTED

WEEK 1

- PFFs
- Clinic Experience

WEEK 2

- Young Provider Fellowship
- Provider Network

LEARNINGS

- Confirmed that most providers teach abstinence to adolescent girls; current youth-friendly providers teach abstinence and condoms but no other modern methods
- Provider network and fellowship should be self-selecting in order to receive applicants with a passion for serving girls
- Current providers are interested in joining a network, receiving a training, and potentially connecting with girls through technology
- Young graduates are excited about a fellowship that provides training and hands-on experience, especially if it is part of their mandatory civil service year (NYSC)
- Girls see value in younger and older providers: young providers are easy to connect to and ask sensitive questions, whereas older providers have good knowledge and experience

“I just want a provider who will talk to me like a sister.”

— UNMARRIED GIRL

“I’m distressed when I think about my next steps. NYSC is worthless — I won’t be living up to my personal expectations.”

— MEDICAL STUDENT

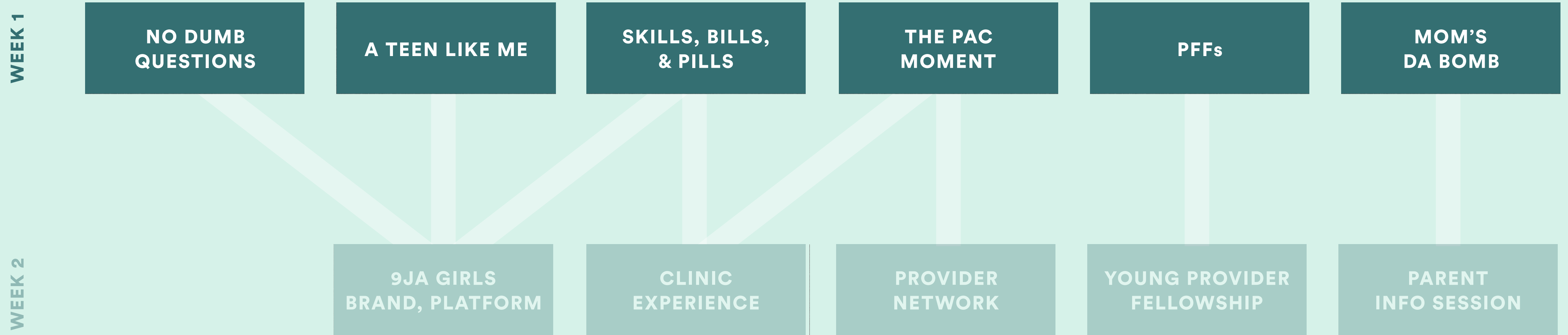
“You have to find providers who have the passion for helping girls, not just ones who want money or to take a vacation at a training.”

— PROVIDER

PROTOTYPE REPORT CARDS

WEEK 1

TRIP 1 PROTOTYPE EVOLUTION: SOUTH



OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW maximize the positive potential and limit the negative impact of technology on adolescents' SRH knowledge?

HMW give girls the choice and power to choose contraception?

WHAT IS THE CONCEPT?

A digital experience that provides a private and safe way for girls to interact with SRH information and connect to services.

WHO IS IT FOR?

- Girls

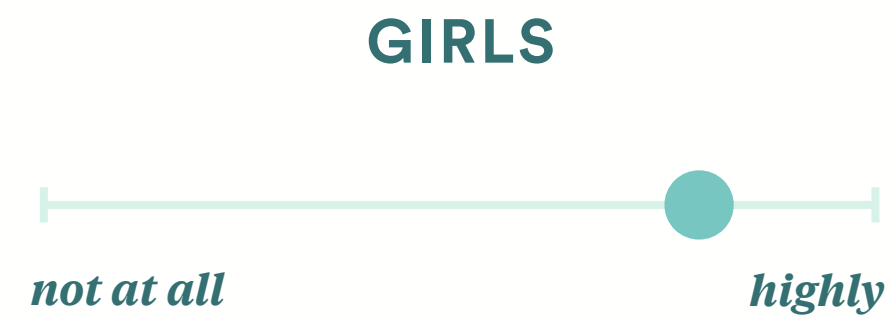
DRIVERS

- Knowledge
- Social
- Agency

WHAT WE WANT TO LEARN:

- Does a digital experience feel like a private, confidential and safe way to learn and ask questions about SRH?
- Do adolescents want to bypass their parents to learn about SRH and/or receive services privately?
Does technology effectively get around parents?
- Do adolescents want a digital experience more like learning, socializing, or both?
- Do adolescents want a social or private digital experience to learn about SRH?

Desirability



Risks

- Excludes girls who lack access to a smartphone, the internet, or media

HOW WE TESTED IT:

- 4 sample wireframes of digital learning experiences
- Pre-existing resources for review (Honey and Banana, Bedsider, Da Subject Matter)
- Interviews with girls

LEARNINGS:

- Girls want to chat with other girls and health providers to learn and share
- A girls-only platform makes girls feel more comfortable learning, expressing their point of view, and asking personal questions
- Girls already use technology to learn skills and share their wares
- Girls already ask questions online or via phone and appreciate the privacy it provides when asking about sensitive topics like SRH

HOW IT EVOLVED:

- Evolved into one platform, primarily accessed through a phone, that features:
 - Chatting and sharing with other teen girls around Nigeria
 - Skill-building tutorials and videos
 - Chatting with providers, reading health articles, and finding youth-friendly clinics

NEXT STEP QUESTIONS...

- What skills or trades do girls want to learn on this platform? Are they different depending on a girl's trajectory?
- What is the balance between health information, skill-building, and chatting?
- Does the experience feel personal or social?
- What information do girls want from the health feature of the platform?



OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW maximize the positive potential and limit the negative impact of technology on adolescents SRH knowledge?

HMW give girls the choice and power to choose contraception?

OPPORTUNITY 2: RELEVANT MOMENTS

HMW help adolescents' achieve their dreams for their futures?

HMW connect the potential realities and consequences of unsafe sex to their envisioned trajectories?

WHAT IS THE CONCEPT?

Girls understand how contraception could fit into their lives through sharing aspirational and relatable stories with each other.

WHO IS IT FOR?

- Girls

DRIVERS

- Social
- Agency

WHAT WE WANT TO LEARN:

- What stories feel relatable and aspirational to teen girls in Lagos?
- What form(s) of storytelling resonate and how do teens want to consume content?
- What does cool look and feel like?
- Do teens want to generate and share their own content?

Desirability



Risks

- Story-sharing without facilitation may result in spread of myths and misconceptions or judgmental posts and bullying

HOW WE TESTED IT:

- 4 storytelling experiences: video, blog, magazine, social media
- Storytelling workshop
- Celebrity and brand brainstorm
- Girl interviews

LEARNINGS:

- Teens share stories, chat, and read about others on social media, Facebook, and private groups
- Teens love to share moments through pictures—selfies, special activities, and inspirational quotations
- Regardless of channel, real teen stories and interactions are key
- Girls like brands that are aspirational and are visible, from Nivea to Domino's
- Girls are interested in stories about relationships, family, guys, and sex

HOW IT EVOLVED:

- Chatting, sharing, posting, and comments integrated into the online platform
- Chatting feature with an older, but familiar, sister-like girl ("Chat with Susan")
- Social media aspect of platform and brand

NEXT STEP QUESTIONS...

- HMW leverage familiar stories to teach girls about contraception and its potential?
- HMW leverage existing stories and platforms (BellaNaija, celebrities, brands)?
- HMW share stories that feel real and facilitate story sharing while keeping information true and stories positive?
- What kinds of stories and content resonate on each social media platform?
- HMW integrate story-sharing online, through social media, with providers, and in the clinic?



OPPORTUNITY 2: RELEVANT MOMENTS

HMW help adolescents achieve their vision for their futures?

HMW connect the potential realities and consequences of unsafe sex to their envisioned trajectories?

WHAT IS THE CONCEPT?

Contraception is integrated into a program for youth that teaches life skills, with a particular focus on gaining financial independence and agency.

WHO IS IT FOR?

- Girls

DRIVERS

- Social
- Agency

WHAT WE WANT TO LEARN:

- What might teens do or sell to generate income that incorporates health or SRH?
- What might make teens excited about being part of a club or program?
- HMW make contraception information and services a tertiary program element but still relevant?

Desirability



Risks

- Significant investment in programming outside of contraception

HOW WE TESTED IT:

- 4 storyboard concepts
- Interviews with girls

HOW IT EVOLVED:

- Focus on trade, skill-building and income generation
- Expanded to include skill- and wares-sharing and selling
- Integration of skill-building into digital platform, social media
- Integration of skill-building into clinic experience

LEARNINGS:

- All girls picked the income-generating storyboard and are motivated by becoming financially independent
- Girls are interested in learning practical, income-generating skills like cosmetology, hair, fashion design, and bead-making
- Girls currently hustle and use innovative ways, like social media, to promote their skills and sell goods
- Learning a trade is a way to generate income in order to return back to secondary school, go to university, or have a business on the side to achieve additional income

NEXT STEP QUESTIONS...

- HMW link skill-building to contraception?
- HMW include supplementary skills, like financial planning?
- From whom do girls want to learn?
- HMW leverage technology as a way to build skills and make money?

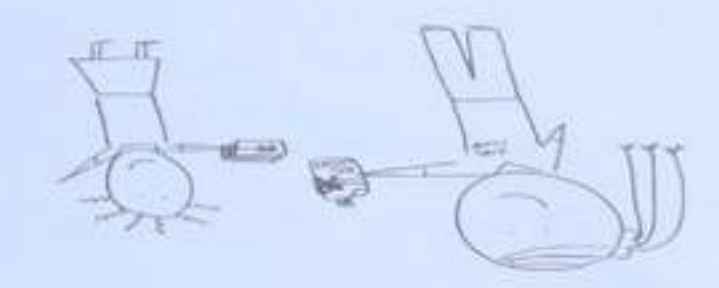


SMARTGIRL SORORITY



1. Toyin recently applied for the Smartgirl Sorority, an exclusive leadership club for leaders in Nigeria. To her delight, she was accepted!

2. As part of the Smartgirl Sorority, Toyin has to make a Great Smartgirl. She has to write a letter to her friends and family about her Smartgirl. She has to write a letter to her friends and family about her Smartgirl. She has to write a letter to her friends and family about her Smartgirl.



3. Toyin is an exceptional girl who takes every day, and finds good making every day. She always has to help her friends and family. She always has to help her friends and family. She always has to help her friends and family.

THE PAC MOMENT

OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW build on existing and accepted practices to encourage support for modern contraception?

OPPORTUNITY 2: RELEVANT MOMENTS

HMW help girls internalize the risk of unplanned pregnancy?

OPPORTUNITY 3: SUPPORT SYSTEMS FOR ACCESS

HMW build a network of providers who are excited and equipped to serve adolescent girls?

WHAT IS THE CONCEPT?

Providers offer information, counseling, and contraceptive services as an integrated part of post-abortion care for adolescent girls.

WHO IS IT FOR?

- Girls
- PAC Providers

DRIVERS

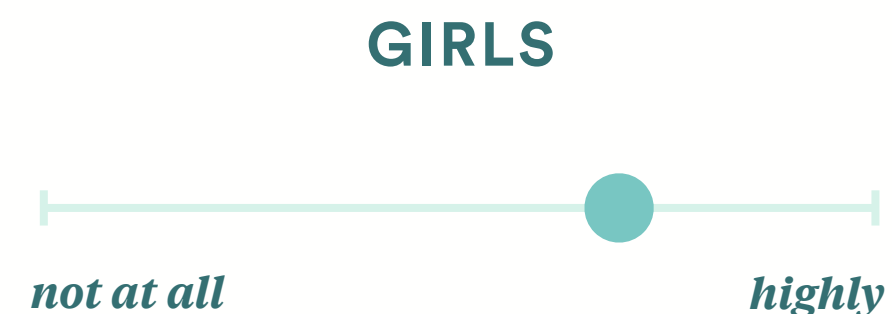
- Knowledge
- Goals
- Environment

WHAT WE WANT TO LEARN:

- What happens during PAC and when is the right moment to introduce contraception?
- What might make contraception uptake at PAC desirable?
- What might make an extended PAC experience desirable?

THE PAC MOMENT

Desirability



Risks

- Low visibility and knowledge
- Legality
- Fragmented PAC provider ecosystem

HOW WE TESTED IT:

- PAC timeline & clinic walk-through
- PAC Package
- Ideal clinic experience mapping
- WhatsApp support group sketches
- Interviews with girls who have had abortions
- Interviews with PAC providers
- Service provision spectrum

LEARNINGS:

- As part of PAC, providers teach girls abstinence or contraceptives based on their perception of each girl
- Even after PAC, providers are hesitant to recommend LARCs to unmarried girls
- Most girls come alone or with a friend; if her mother is present, it's because the abortion was the mother's idea
- Providers would like to have materials and a small "gift" to give girls at PAC
- Abortion providers are known through word-of-mouth, and girls reach out to providers via phone to ask for help

HOW IT EVOLVED:

- PAC is a "low hanging fruit" moment, but not an opportunity itself
- PAC providers will be included in a trained network of youth-friendly providers
- A safe clinic experience for girls includes PAC service points

NEXT STEP QUESTIONS...

- HMW turn providers into champions for contraceptives for adolescents during PAC?
- HMW design a consistent PAC experience for girls?
- HMW find and train providers who are almost ready to serve girls?
- HMW include contraception in the word-of-mouth behavior around abortion?



**OPPORTUNITY 3:
SUPPORT SYSTEMS FOR ACCESS**

HMW build a network of providers who are excited and equipped to serve adolescent girls?

HMW foster trustworthy, proactive, supportive relationships between providers and girls?

WHAT IS THE CONCEPT?

Young providers are an inspiring, relatable, and trusted source for sustained health information and services throughout adolescence.

WHO IS IT FOR?

- Girls
- (Young) Providers

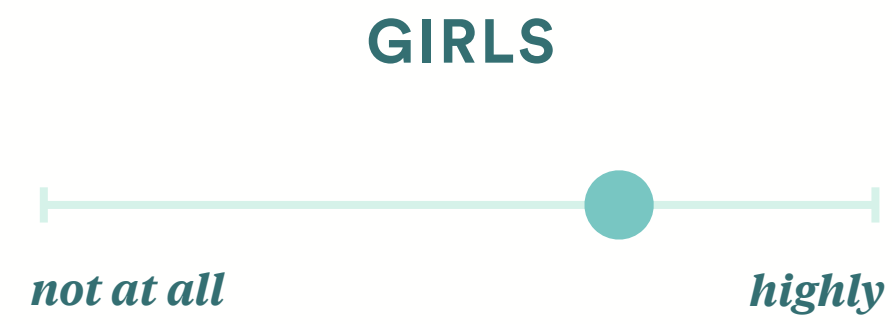
DRIVERS

- Knowledge
- Social

WHAT WE WANT TO LEARN:

- From whom do girls want to receive SRH information and services?
- What might make joining a program for girls desirable for young providers?
- What might make a clinic experience feel safe and inspiring for girls?
- What is the right group of people to recruit for this program (e.g., health officers), and what are their technical capabilities and limitations?

Desirability



Risks

- Investment in training providers for only a year-long program after which they may seek other opportunities

HOW WE TESTED IT:

- 3 sample program brochures
- Program co-design with providers and girls
- Interviews with providers and young providers

LEARNINGS:

- All university graduates, including medical, have a year of compulsory service
- Many recent medical graduates struggle to find jobs
- Building a career and serving girls motivates applicants
- A program focused on passion to serve girls will draw the right applicants
- Girls value young providers because they're relatable and easy to talk to; girls value older providers for their experience, knowledge, and motherliness

HOW IT EVOLVED:

- Program value proposition should be passion-focused in order to recruit the right participants
- Leverage NYSC program

NEXT STEP QUESTIONS...

- HMW discover candidates with passion?
- HMW leverage the NYSC program?
- What topics and services are young providers willing to discuss with and/or provide to adolescents?
- Might ObGyn students be more open to serving girls?



OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW design the right roles for adults to play in SRH education?

OPPORTUNITY 2: RELEVANT MOMENTS

HMW help adolescents achieve their vision for their futures?

WHAT IS THE CONCEPT?

Mothers take a proactive role in their daughters' SRH experience, from leading a future-focused SRH talk to helping them access services.

WHO IS IT FOR?

- Girls
- Mothers

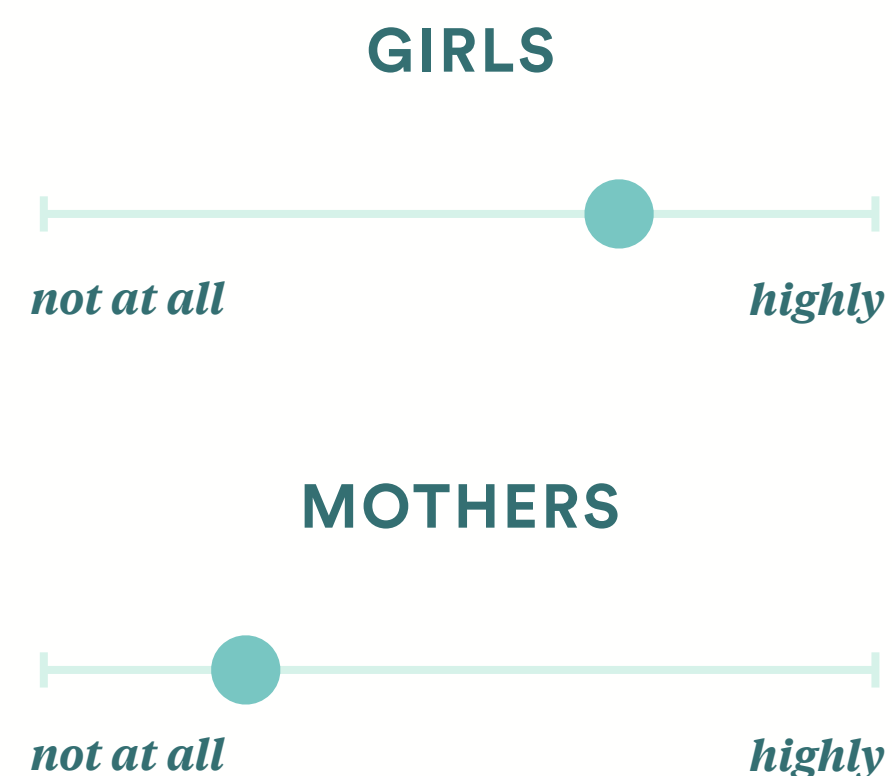
DRIVERS

- Knowledge
- Social
- Goals

WHAT WE WANT TO LEARN:

- What is the right role for mothers to play, along a spectrum from no role, to permission-granters, to active educators?
- Do girls want to learn about sex, health, and contraception from their mothers?
- Does future-focused messaging resonate with girls and mothers?
- Why might SRH education and contraception matter to mothers?

Desirability



Risks

- Moms who are opposed to contraception may become influential, vocal detractors in communities

HOW WE TESTED IT:

- “The Talk” Q&A, training session, and “The Talk” homework for mothers
- DIY teaching tool: “My Daughter and Me” booklet
- Debrief interviews with mothers and their daughters (separate and together)

LEARNINGS:

- Girls want to talk with their moms about SRH, but they won’t start the conversations because they’re scared of their mother’s reaction
- Mothers believe that a good relationship with their daughters is important and want to talk to them about health, but health does not include contraception
- Mothers believe they can have SRH conversations with their children, but when it came time to have the conversation, none actually did
- Mothers liked having a learning tool to help them talk to their daughters

HOW IT EVOLVED:

- Book for moms to give their daughters that included information on future–planning, health, dating, sexual violence, and contraception
- Developed educational video for mom that explained the importance of talking to your daughter about sex
- Brought in an adolescent girl as a speaker to Parents Group

NEXT STEP QUESTIONS...

- What is the level of information mothers are willing to discuss?
- Would parents be excited to give permission rather than be educators?
- HMW develop teaching tools for moms and daughters?
- Do non–pregnancy value propositions for contraception resonate with parents?
- Does hearing adolescents’ stories change mothers’ willingness to talk to their daughters about sex and contraception?
- Role and interest of fathers?

Our Relationship



Our Relationship



Menses



Abortion



Menses



Your future



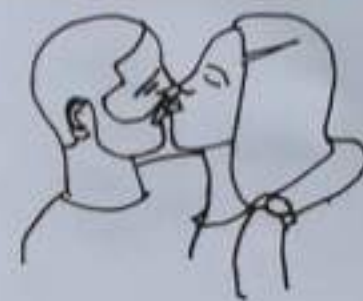
Menses



Resources



Boys & Dating



Resources



Your future



Menses



Abortion



Pregnancy



Abortion



Our Relationship



Boys & Dating



Our Relationship



Resources



Resources



Menses



Your future



Our Relationship



Your future



Menses



Hygiene



Our Relationship



Rape



Menses



Boys & Dating

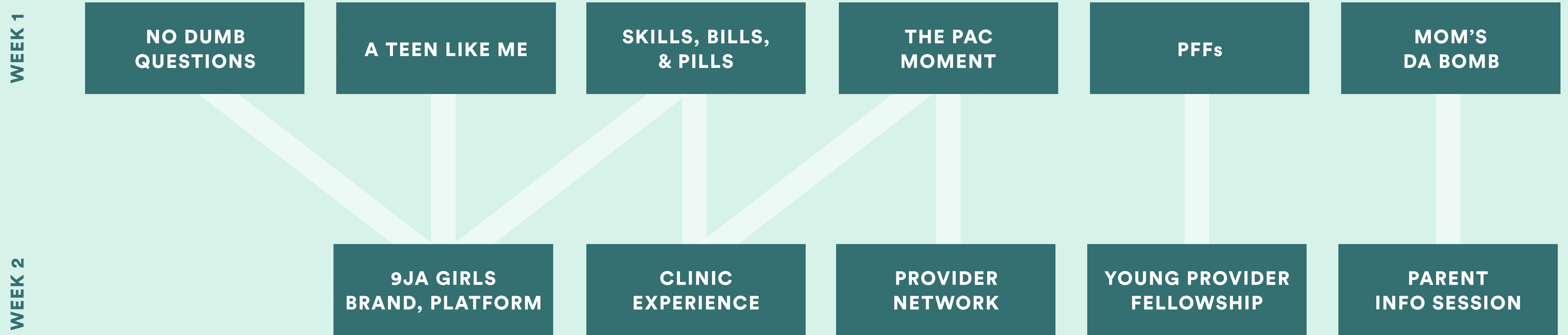


Our Relationship



WEEK 2

TRIP 1 PROTOTYPE EVOLUTION: SOUTH



OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW maximize the positive potential and limit the negative impact of technology on adolescents' SRH knowledge?

HMW give girls the choice and power to choose contraception?

OPPORTUNITY 2: RELEVANT MOMENTS

HMW help adolescents achieve their dreams for their futures?

HMW connect the potential realities and consequences of unsafe sex to their envisioned trajectories?

OPPORTUNITY 3: SUPPORT SYSTEMS FOR ACCESS

HMW foster trustworthy, proactive, supportive relationships between providers and girls?

WHAT IS THE CONCEPT?

A girls-only digital experience and brand platform where girls can:

- Chat with other girls
- Learn skills through video tutorials
- Chat with providers
- Post questions and read articles about health
- Find a youth-friendly clinic

WHO IS IT FOR?

- Adolescent girls
- Providers

DRIVERS

- Knowledge
- Social
- Agency
- Goals

WHAT WE WANT TO LEARN:

- Does a girls-only platform appeal more to girls than something more general?
- Which parts of the platform are most compelling to girls and why?
- Do girls prefer chatting with young or older providers, and/or older girls? Why?
- Do girls think this platform offers a level of privacy where they feel safe asking questions and learning? Why?
- How do girls react to the brand overall?

Desirability



Risks

- Excludes girls who have a lack of access to a smartphone, the internet, or media
- Privacy v. secrecy, especially related to parents' awareness of the platform

HOW WE TESTED IT:

- 9ja Girls wireframe
- 9ja Girls brand: signs and stickers
- Played “Shuga” trailer for girls
- Interviews with girls (focus groups and larger groups at school)

NEXT STEP QUESTIONS...

- HMW design a platform for low to high technological access?
- HMW leverage social media and other brand platforms?
- HMW design a brand experience that is familiar yet aspirational?
- What is the core value proposition or incentive to get girls on the platform?
- HMW partner with or feature other platforms, like BellaNaija?
- What are the right educational elements and provider interactions?
- HMW get the word out about 9ja Girls?
- What is the right positioning of SRH?

LEARNINGS:

- Chatting and reading discussions— with other girls or providers—is the most appealing part of a digital platform
- Options to chat with a variety of providers allows girls to be open about questions from medical to relational
- A platform can motivate girls to find a great clinic, and feel more comfortable going
- Skill-building and learning allows parents and adults to feel comfortable with girls using a 9ja Girls platform
- Even girls in school want to learn practical skills like bead-making, fashion and tailoring, cosmetology, and hairstyling
- Girls should not only be able to learn skills, but also post and sell their goods
- A brand and platform that feels like it's for teen girls is delightful, new, and cool
- Providers think a branded clinic could help girls feel comfortable and some would be happy to chat with girls through the platform as part of their employment



Arc OX

9JA GIRLS

LIFE INTERNATIONAL SCHOOL

LIFE INTERNATIONAL SCHOOL



CLINIC EXPERIENCE

OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW design the right roles for adults to play in SRH education?

HMW create ways for girls to meet personal and familial financial needs other than through transactional sex?

OPPORTUNITY 2: RELEVANT MOMENTS

HMW help adolescents achieve their vision for their futures?

OPPORTUNITY 3: SUPPORT SYSTEMS FOR ACCESS

HMW build a network of providers who are excited and equipped to serve adolescent girls?

HMW foster trustworthy, proactive, supportive relationships between providers and girls?

WHAT IS THE CONCEPT?

A girl-friendly clinic experience.

WHAT WE WANT TO LEARN:

- What kinds or elements of a clinic experience most appeal to girls? Why?
 - Existing youth-friendly centers with games, SRH education & counseling, with a secret back door to access services
 - A girls-only space that focuses on learning skills, and also has a clinic and counseling
 - A youth-friendly room in a PHC
 - A “mobile” health worker whom girls can text to meet at a location of their choice
- What elements make a girl feel safest visiting the clinic to access services? Why?

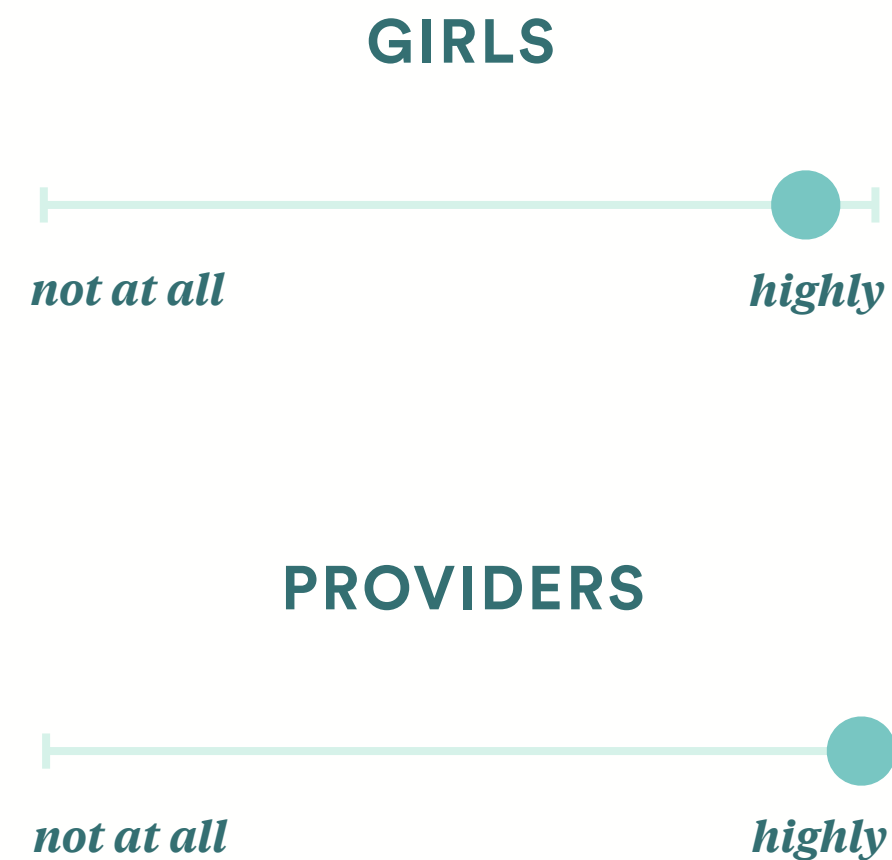
WHO IS IT FOR?

- Girls
- Providers

DRIVERS

- Knowledge
- Goals
- Environment
- Agency
- Social

Desirability



Risks

- Infrastructure investment in standalone clinics
- Partnership with MOH and existing youth-friendly clinics
- Integration into existing clinics
- Potential negative backlash from communities for providing contraceptives

HOW WE TESTED IT:

- Clinic experience illustrations
- “My Body, My Pride” book
- Youth-friendly center and sex education program observation
- Interviews with providers, current youth-friendly providers, and girls

NEXT STEP QUESTIONS...

- HMW make the clinic experience feel truly private and safe, but not secret?
- Does a skill-building center with a clinic mitigate parents’ concerns?
- Does a skill-building center incentivize girls to come to the clinic?
- HMW design a skill-building program that leads to service uptake?
- HMW spread the word about the clinic?
- HMW design a multi-modal strategy that accommodates existing facilities, outreach programs, and new facilities, from large to small?
- What are the defining elements of the experience, or the minimum standard?

LEARNINGS:

- Girls fear being seen going into clinics, and require privacy but not secrecy
- A skill-building space is appealing to girls: it would give her a cover to tell her parents
- A girls-only space feels safer for girls and easier to get parental permission
- Girls usually come alone, and almost never with their moms
- Some girls liked a teen-only room at a PHC because it raises fewer questions, but still fear being seen and questioned by community members
- Currently, youth-friendly clinics offer condoms but not other modern methods
- The clinic needs to be open before school, after school, and on weekends so girls can come
- Community sensitization and outreach improves the clinic experience



OPPORTUNITY 3: SUPPORT SYSTEMS FOR ACCESS

HMW build a network of providers who are excited and equipped to serve adolescent girls?

HMW foster trustworthy, proactive, supportive relationships between providers and girls?

WHAT IS THE CONCEPT?

Build a network of providers who are both trained and willing to educate and provide ASRH services—including contraception—to adolescent girls.

WHO IS IT FOR?

- Girls
- Providers

DRIVERS

- Knowledge
- Social

WHAT WE WANT TO LEARN:

- Are there types of providers or specialists best suited to join this network of providers?
- What kinds of trainings and programs would appeal to providers in this network?
- What would motivate providers to become part of this type of a provider network?
- What are the current networks and associations that we might tap into or leverage?

Desirability



Risks

- Recruitment of wrong providers
- Ensuring consistency of youth-friendly service delivery
- Stigma for providers who provide contraception to adolescents

HOW WE TESTED IT:

- Clinic Experience co-design
- 9ja Girls website
- 9ja Girls clinic signage
- 9ja Girls video
- “My Body, My Pride” book
- Clinic Experience illustrations
- Interviews with providers and young providers

NEXT STEP QUESTIONS...

- How will we motivate providers to join?
- How will we overcome stigma of providing youth-friendly services?
- How will we design a training to create truly youth-friendly providers?
- What makes a good candidate?
- How will we recruit for passion?
- How will we make contraception a standard, proactive, and stigma-free part of counseling?
- How will we create consistency across the network and across a girl’s journey?

LEARNINGS:

- Currently, youth-friendly providers promote condoms but not other modern methods
- Currently youth-friendly trainings are often attended by providers who are near retirement and see trainings as a “vacation”
- For a successful and friendly experience, youth-friendly services require outreach (physically or through technology), counseling, and clinical services
- The demeanor of youth-friendly providers is calm, non-judgmental, and loving
- Recruiting and training providers with a passion for youth-friendly services is key
- Receptivity from providers to join and promote a 9ja Girls provider network
- An effective network should include both clinicians and outreach/educator roles
- O&G specialists, nurses, and midwives seem like providers who would be most interested in joining the network



OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW design the right roles for adults to play in SRH education?

OPPORTUNITY 3: SUPPORT SYSTEMS FOR ACCESS

HMW build a network of providers who are excited and equipped to serve adolescent girls?

HMW foster trustworthy, proactive, supportive relationships between providers and girls?

WHAT IS THE CONCEPT?

A one-year fellowship program for young providers (e.g., recent graduates) focused on ASRH.

WHO IS IT FOR?

- Young and/or aspiring providers

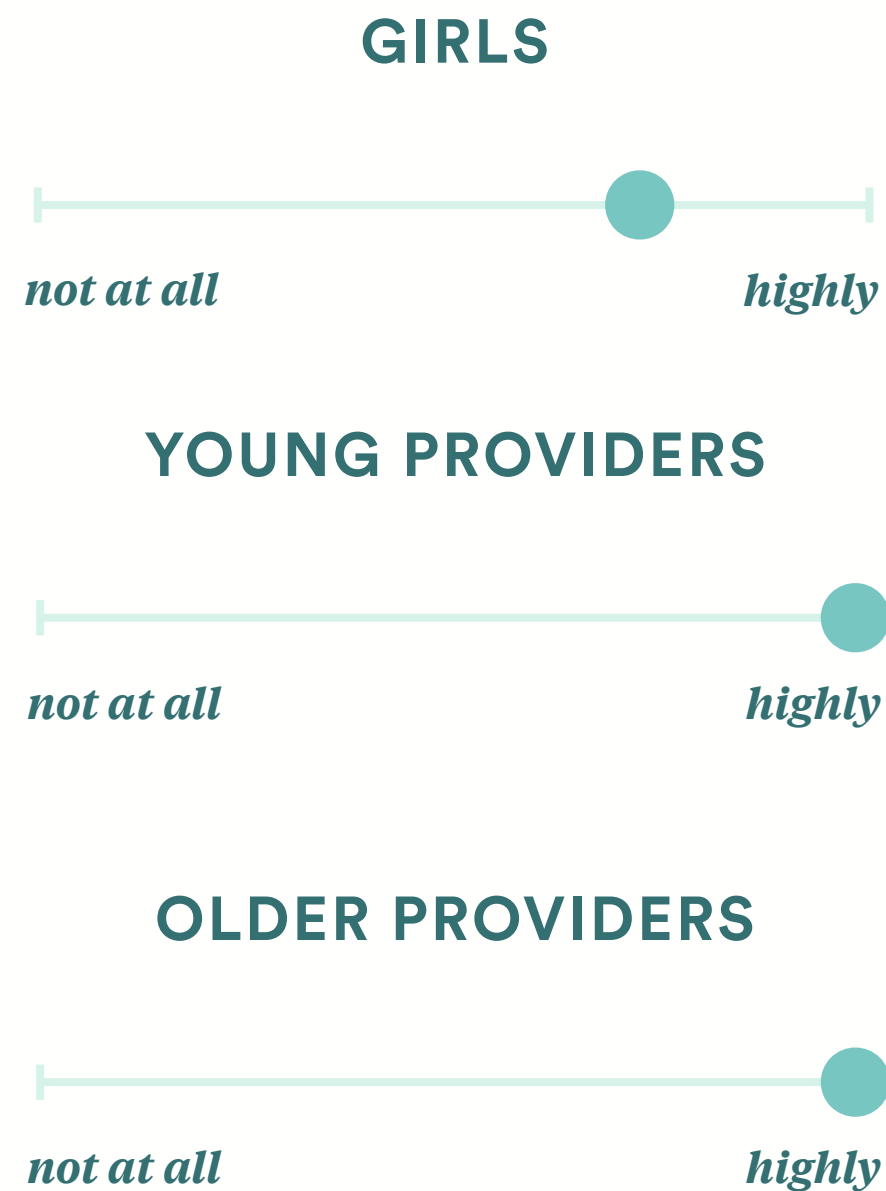
DRIVERS

- Agency

WHAT WE WANT TO LEARN:

- Are young and/or aspiring providers more open and willing to serve girls than older providers?
- What parts of a fellowship would be most compelling to young providers—e.g., serving girls, career development, mentorship, financial rewards?
- What is the current path for young providers after graduation?
- What program structure appeals to young providers? Could it build on the existing mandatory NYSC service year?

Desirability



Risks

- Investment in training for a one-year program
- Stigma of providing contraception to adolescents
- Ensuring consistency of youth-friendly services

HOW WE TESTED IT:

- Young Provider Fellowship brochure
- “Serving Adolescents” topic sort
- Interviews with girls, medical students, and older providers

NEXT STEP QUESTIONS...

- Who are the right candidates for this program, from ObGyn students to a non-medical background?
- What is the right gender mix?
- HMW work with the government to become a part of the NYSC program?
- HMW recruit passionate candidates?
- What is the right criteria and application process?
- What are the types of activities or positions within the fellowship?
- HMW design a training that ensures young providers will serve girls?
- HMW link the fellowship to the provider network?

LEARNINGS:

- A post-medical school fellowship could provide hands-on experience that current graduates lack
- NYSC does not currently add much to recent graduates, medical or otherwise
- Older providers would appreciate additional help and are interested in providing mentorship
- Most young providers are happy to inform girls about contraception; most are willing to serve short-term methods like condoms; some are willing to serve LARCs
- Connecting and chatting with girls through technology is desirable, even while in medical school
- Girls want a female young provider who is more of an older sister, one who is “socialized,” with whom to discuss sensitive topics like relationships
- Older girls (17–19) typically prefer younger providers, while younger girls (15–17) seem to prefer older, more motherly providers



OPPORTUNITY 1: AN INFORMED AND EMPOWERED GENERATION

HMW design the right roles for adults to play in SRH education?

HMW build on existing & accepted practices to encourage support for modern contraception?

OPPORTUNITY 2: RELEVANT MOMENTS

HMW help adolescents achieve their vision for their futures?

HMW leverage the acceptability of talking about sexual violence as a pathway to discussing contraception?

WHAT IS THE CONCEPT?

An information session on ASRH for moms and dads, using different techniques to build empathy for adolescents and in turn, openness to contraception.

WHO IS IT FOR?

- Parents of adolescents

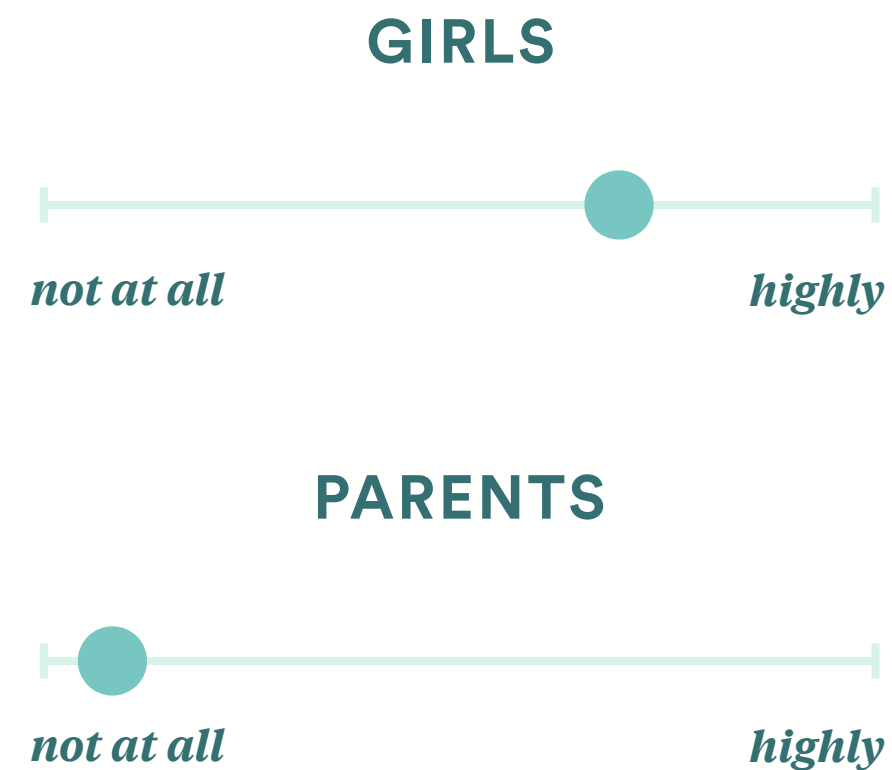
DRIVERS

- Knowledge
- Goals

WHAT WE WANT TO LEARN:

- Does sharing adolescents' real stories with parents create more openness to contraception?
- Does engaging parents and adolescents in a dialogue create more openness to contraception for adolescents?
- Does including contraception in an educational book about puberty and health make parents more comfortable teaching adolescents about contraception?

Desirability



Risks

- Excluding moms from the solution may create secrecy or potential backlash if moms discover their daughters using contraception without their knowledge

HOW WE TESTED IT:

- Group session and debrief with parents and girls
- “Talking To Your Daughter” video prototype
- Esther, an adolescent girl, as a speaker at parent info session
- Updated SRH educational booklet, “My Body, My Pride” for parents to give their daughters

NEXT STEP QUESTIONS...

- HMW engage, inform, and serve girls without involving their parents?
- HMW design a teaching tool for girls and parents to use together?
- HMW engage girls in a way that makes parents feel comfortable?
- HMW separate conceptions around promiscuity from contraception education and/or use?
- HMW gain parents’—and especially moms’—permission to teach their daughters about contraception?

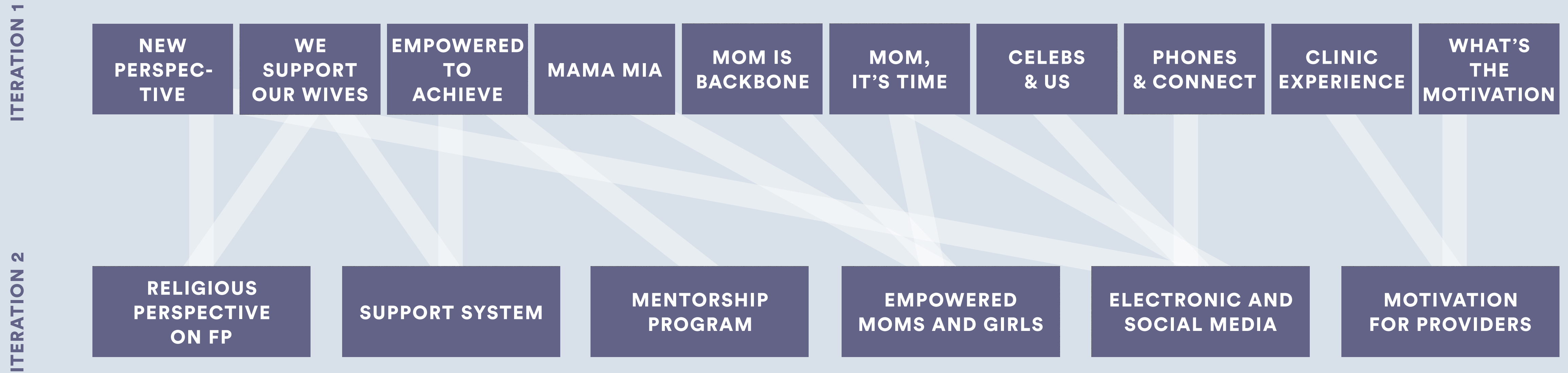
LEARNINGS:

- Presenting information and stories to parents from the adolescent point of view helps them acknowledge the community reality of unplanned pregnancy
- Despite hearing stories about and agreeing that unplanned pregnancy is a problem in their community, parents are unwilling to discuss contraception with their daughters
- Parents may not be as involved in their adolescent’s lives as they believe: many parents have little time to spend with their children, and many teens spend weeks at boarding school
- Parents recognize providers as a reliable person to educate youth about SRH, but they believe contraception is not appropriate for adolescents
- Boarding school providers may be providing contraception to adolescents and may be an opportunity

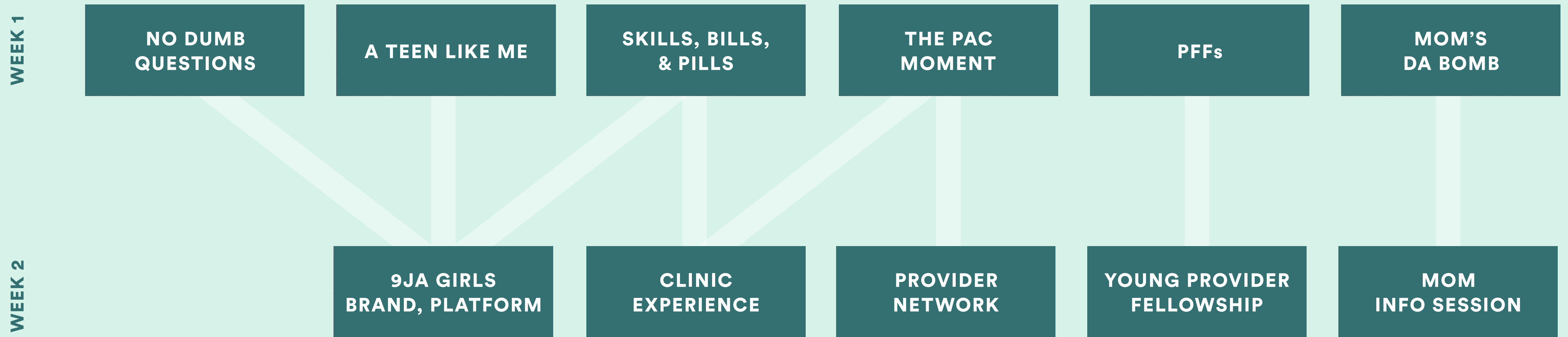


SUMMARY

TRIP 1 PROTOTYPE EVOLUTION: NORTH



TRIP 1 PROTOTYPE EVOLUTION: SOUTH



Looking forward:

**PROTOTYPING ROUND 2
IN KADUNA & LAGOS**

***Building on learnings and prototypes
from Prototyping Round 1 in Kaduna,
SFH will test concepts
in the following six areas during
Prototyping 2 in Kaduna.***

TRIP 1 PROTOTYPE EVOLUTION, NORTH

ITERATION 1

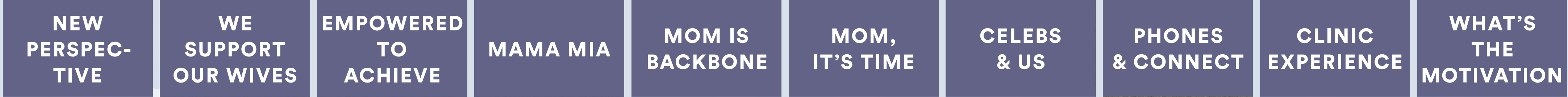


ITERATION 2



LOOKING FORWARD: PROTOTYPING ROUND 2, NORTH

ITERATION 1



ITERATION 2



PROTOTYPING 2



LOOKING FORWARD: PROTOTYPING ROUND 2, NORTH

RELIGIOUS PERSPECTIVE ON FP

HOW MIGHT WE

Design a book on religious perspective on FP that will appeal to both older or younger religious leaders that supports familial care?

SUPPORT SYSTEM

HOW MIGHT WE

Make the relaxation spots a platform where the men can learn about SRH issues?

MENTORSHIP PROGRAM

HOW MIGHT WE

Link economic empowerment (skill building) to access to SRH and make male Partners support their wives to be part of the mentorship program?

EMPOWERED MOMS AND GIRLS

HOW MIGHT WE

Create an environment where adolescents feel comfortable going to their moms for SRH discussions?

ELECTRONIC AND SOCIAL MEDIA

HOW MIGHT WE

Engage religious leaders and celebrities through electronic and social media to reach adolescents on SRH issues?

PROVIDERS NETWORK

HOW MIGHT WE

Build a cohort of professionals who are passionate about and effective in providing SRH information and services, including contraception, to adolescent girls?

LOOKING FORWARD: PROTOTYPING ROUND 2, NORTH

RELIGIOUS PERSPECTIVE ON FP

HOW MIGHT WE

Design a book on religious perspective on FP that will appeal to both older or younger religious leaders that supports familial care?

DESIGN CONSIDERATIONS

- Training
- Audience
- Location
- Content
- Messaging

SUPPORT SYSTEM

HOW MIGHT WE

Make the relaxation spots a platform where the men can learn about SRH issues?

DESIGN CONSIDERATIONS

- Training
- Audience
- Location
- Leveraging existing networks

MENTORSHIP PROGRAM

HOW MIGHT WE

Link economic empowerment (skill building) to access to SRH and make male Partners support their wives to be part of the mentorship program?

DESIGN CONSIDERATIONS

- Recruitment, application, & selection
- Network activities
- Incentives
- Training
- Parent and community acceptability

EMPOWERED MOMS AND GIRLS

HOW MIGHT WE

Create an environment where adolescents feel comfortable going to their moms for SRH discussions?

DESIGN CONSIDERATIONS

- Audience
- Location
- Content
- Messaging
- Training

ELECTRONIC AND SOCIAL MEDIA

HOW MIGHT WE

Engage religious leaders and celebrities through electronic and social media to reach adolescents on SRH issues?

DESIGN CONSIDERATIONS

- Recruitment & selection
- Incentives
- Roles of religious leaders and celebrities
- Leveraging existing networks
- Accessibility
- Content
- Social media integration
- Mom and parent acceptability

PROVIDERS NETWORK

HOW MIGHT WE

Build a cohort of professionals who are passionate about and effective in providing SRH information and services, including contraception, to adolescent girls?

DESIGN CONSIDERATIONS

- Training
- Recruitment, application & selection
- Network activities
- Incentives
- Types of roles (e.g., doctors, nurses, CHEWs, PPMVs, and pharmacists)
- Leveraging existing networks

***Building on learnings and prototypes
from Prototyping Round 1 in Lagos,
IDEO.org and SFH will test concepts
in the following six areas during
Prototyping 2 in Lagos.***

TRIP 1 PROTOTYPE EVOLUTION, SOUTH

WEEK 1

NO DUMB
QUESTIONS

A TEEN LIKE ME

SKILLS, BILLS,
AND PILLS

THE PAC
MOMENT

PFFs

MOM'S
DA BOMB

WEEK 2

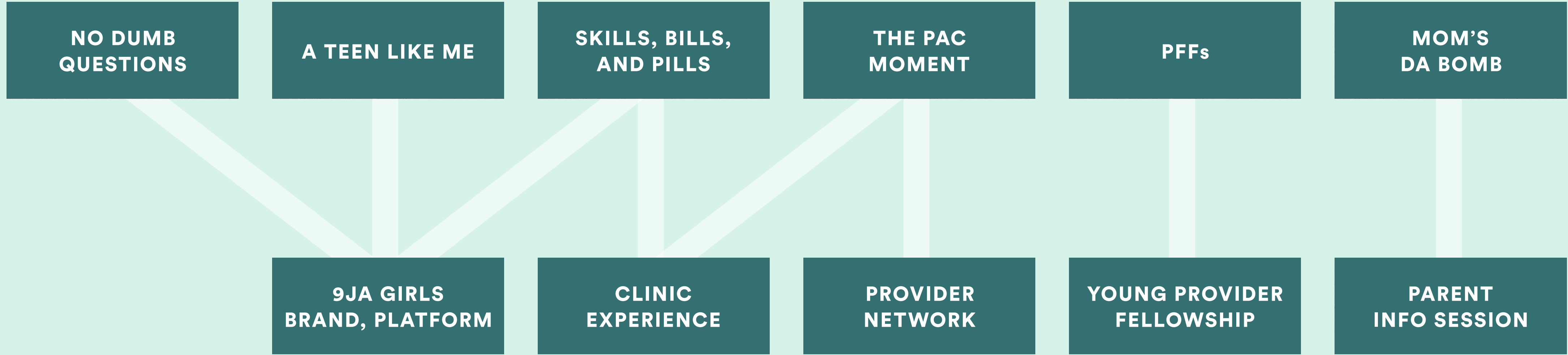
9JA GIRLS
BRAND, PLATFORM

CLINIC
EXPERIENCE

PROVIDER
NETWORK

YOUNG PROVIDER
FELLOWSHIP

PARENT
INFO SESSION



LOOKING FORWARD: PROTOTYPING ROUND 2, SOUTH

WEEK 1

NO DUMB QUESTIONS

A TEEN LIKE ME

SKILLS, BILLS, AND PILLS

THE PAC MOMENT

PFFs

MOM'S DA BOMB

WEEK 2

9JA GIRLS BRAND, PLATFORM

CLINIC EXPERIENCE

PROVIDER NETWORK

YOUNG PROVIDER FELLOWSHIP

PARENT INFO SESSION

PROTOTYPING 2

BRAND

DIGITAL PLATFORM

CLINIC EXPERIENCE

PROVIDER NETWORK

YOUNG PROVIDER FELLOWSHIP

OUTREACH & TOOLS

9JA GIRLS PROGRAM

LOOKING FORWARD: PROTOTYPING ROUND 2, SOUTH

9JA GIRLS PROGRAM

BRAND

HOW MIGHT WE

Design a multi-touchpoint brand experience of which girls and providers want to be a part?

DIGITAL PLATFORM

HOW MIGHT WE

Design an accessible digital platform that connects girls to services through information, social interactions, and skill-building and sharing?

CLINIC EXPERIENCE

HOW MIGHT WE

Design a flexible clinic experience that makes girls feel safe getting information and SRH services through physical space and provider interactions?

PROVIDER NETWORK

HOW MIGHT WE

Build a cohort of professionals who are passionate about and effective in providing SRH information and services, including contraception, to adolescent girls?

YOUNG PROVIDER FELLOWSHIP

HOW MIGHT WE

Create a win-win program for young, aspiring professionals to reach and serve adolescent girls?

OUTREACH & TOOLS

HOW MIGHT WE

Build awareness about “9ja Girls” and SRH for girls and her surrounding community?

LOOKING FORWARD: PROTOTYPING ROUND 2, SOUTH

9JA GIRLS PROGRAM

BRAND	DIGITAL PLATFORM	CLINIC EXPERIENCE	PROVIDER NETWORK	YOUNG PROVIDER FELLOWSHIP	OUTREACH & TOOLS
<p>HOW MIGHT WE</p> <p>Design a multi-touchpoint brand experience of which girls and providers want to be a part?</p> <hr/> <p>DESIGN CONSIDERATIONS</p> <ul style="list-style-type: none">• Brand principles• Audience• Name• Logo• Brand experience• Look and feel (e.g., typography, color)• Tone• Messaging	<p>HOW MIGHT WE</p> <p>Design an accessible digital platform that connects girls to services through information, social interactions, and skill-building and sharing?</p> <hr/> <p>DESIGN CONSIDERATIONS</p> <ul style="list-style-type: none">• UX / UI• Accessibility• Content• Social media integration• Learning experience• Value proposition• Mom and parent acceptability• Connection to providers & clinics• Content-sharing oversight	<p>HOW MIGHT WE</p> <p>Design a flexible clinic experience that makes girls feel safe getting information and SRH services through physical space and provider interactions?</p> <hr/> <p>DESIGN CONSIDERATIONS</p> <ul style="list-style-type: none">• Modularity• Minimum viable experience• Clinic activities (e.g., skills)• Clinic learning tools• Environment design• Privacy• Parent and community acceptability• Location• Audience	<p>HOW MIGHT WE</p> <p>Build a cohort of professionals who are passionate about and effective in providing SRH information and services, including contraception, to adolescent girls?</p> <hr/> <p>DESIGN CONSIDERATIONS</p> <ul style="list-style-type: none">• Training• Recruitment, application & selection• Network activities• Incentives• Types of roles (e.g., O & G, boarding school nurses, PAC)• Leveraging existing networks	<p>HOW MIGHT WE</p> <p>Create a win-win program for young, aspiring professionals to reach and serve adolescent girls?</p> <hr/> <p>DESIGN CONSIDERATIONS</p> <ul style="list-style-type: none">• Program structure• Track types (clinical, counseling, & outreach)• Training• Placement and mentorship• Incentives/compensation• Recruitment, application & selection• NYSC	<p>HOW MIGHT WE</p> <p>Build awareness about “9ja Girls” and SRH for girls and her surrounding community?</p> <hr/> <p>DESIGN CONSIDERATIONS</p> <ul style="list-style-type: none">• Educational book<ul style="list-style-type: none">• Audience• Tone• Content• Modularity• Distribution• TV + Media<ul style="list-style-type: none">• Channel• Content• Brand touchpoint integration• Audience• MTV partnership• School information sessions



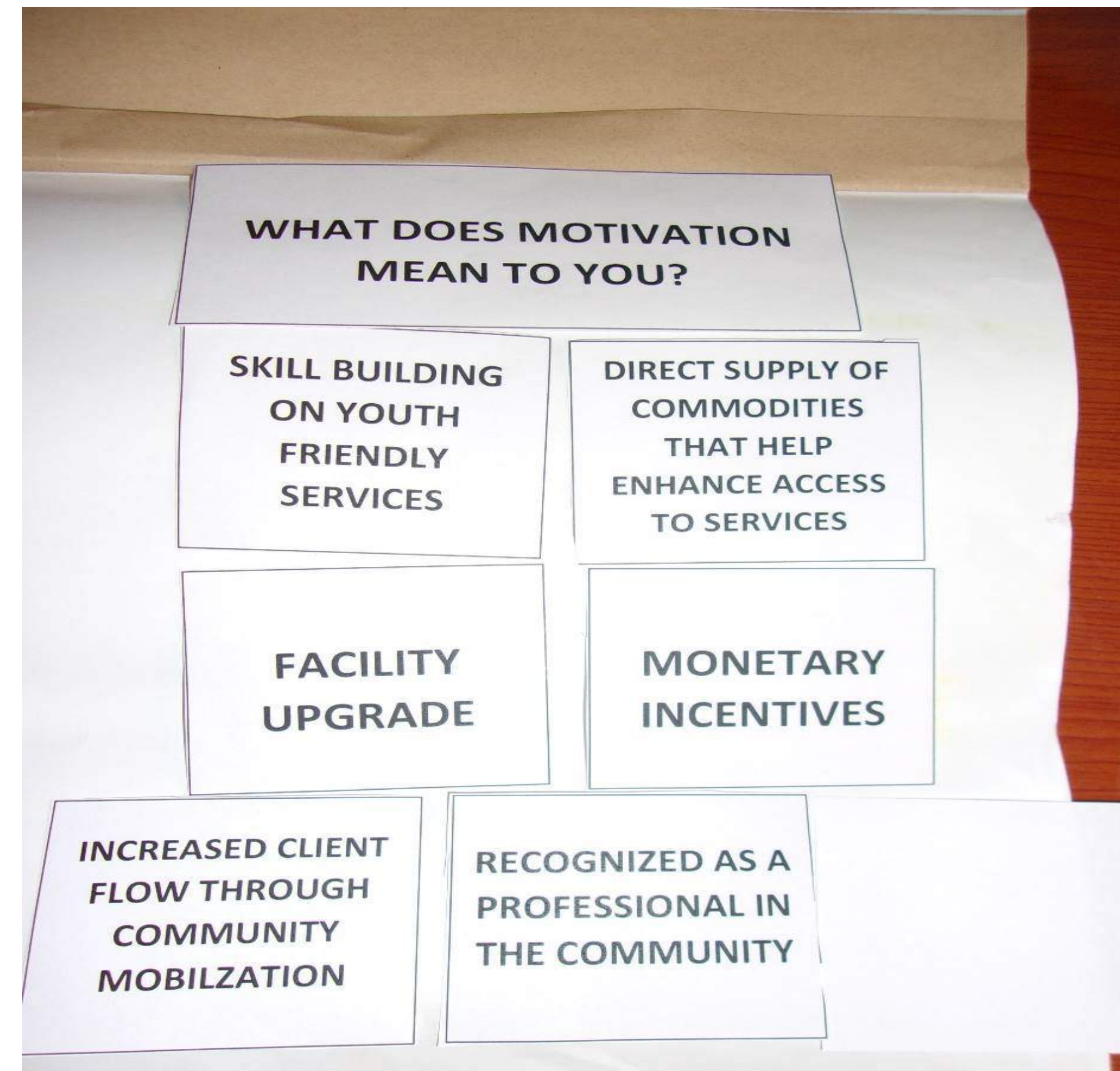
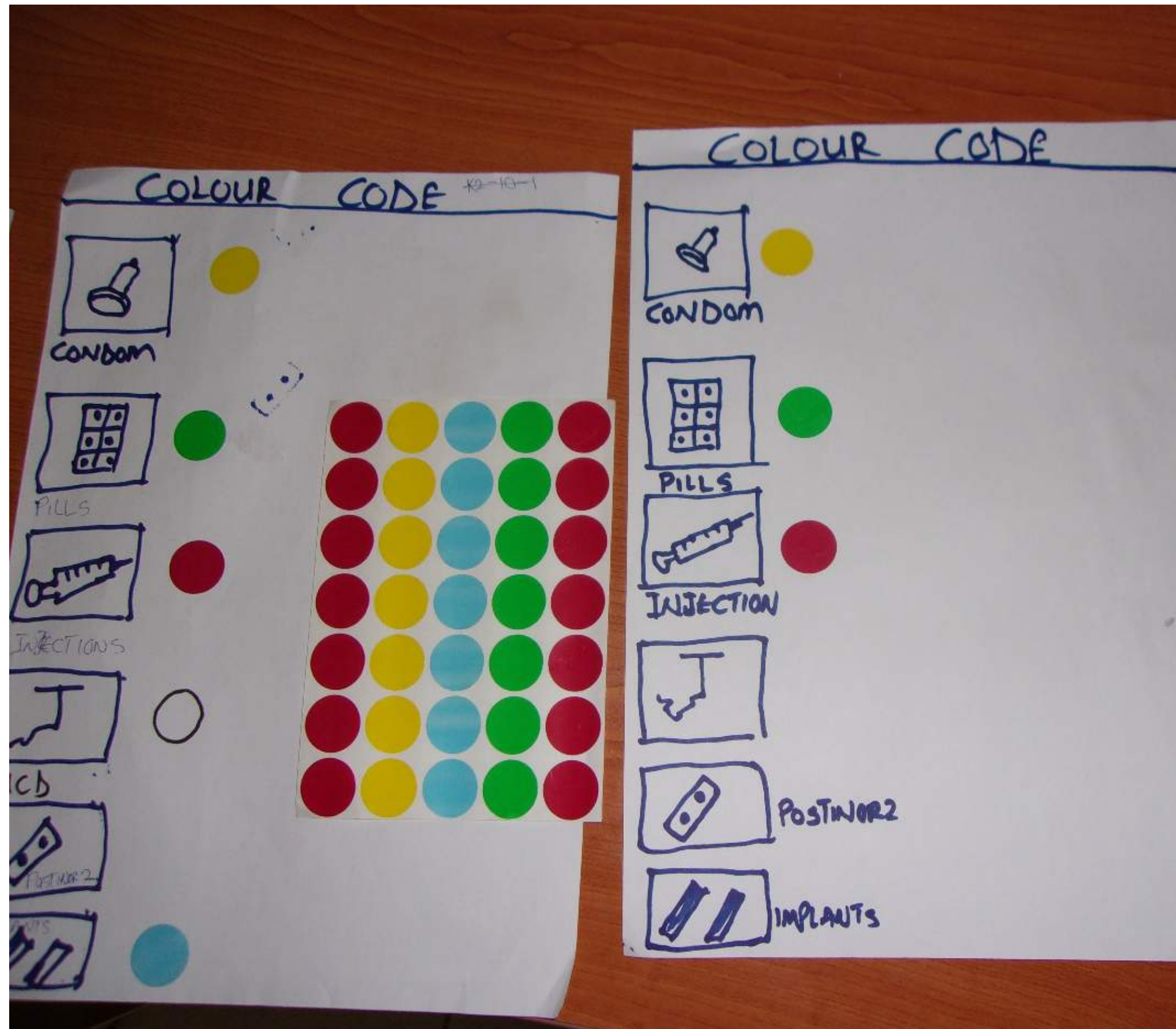
PROTOTYPING TRIP 2: APRIL 2017

Thank you!

APPENDIX: PROTOTYPES

PROTOTYPES & LEARNING TOOLS: NORTH

PROVIDERS & ADOLESCENTS



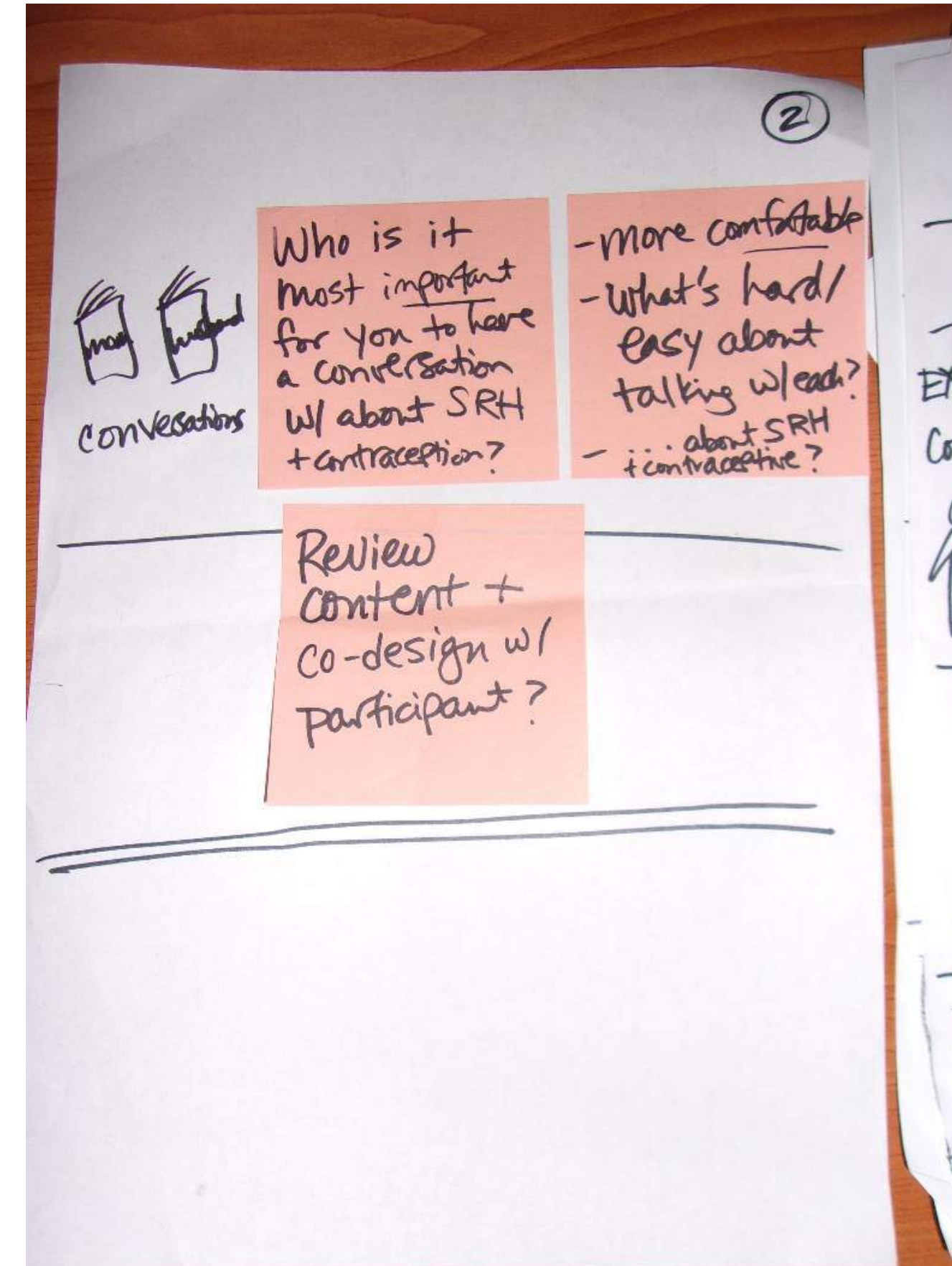
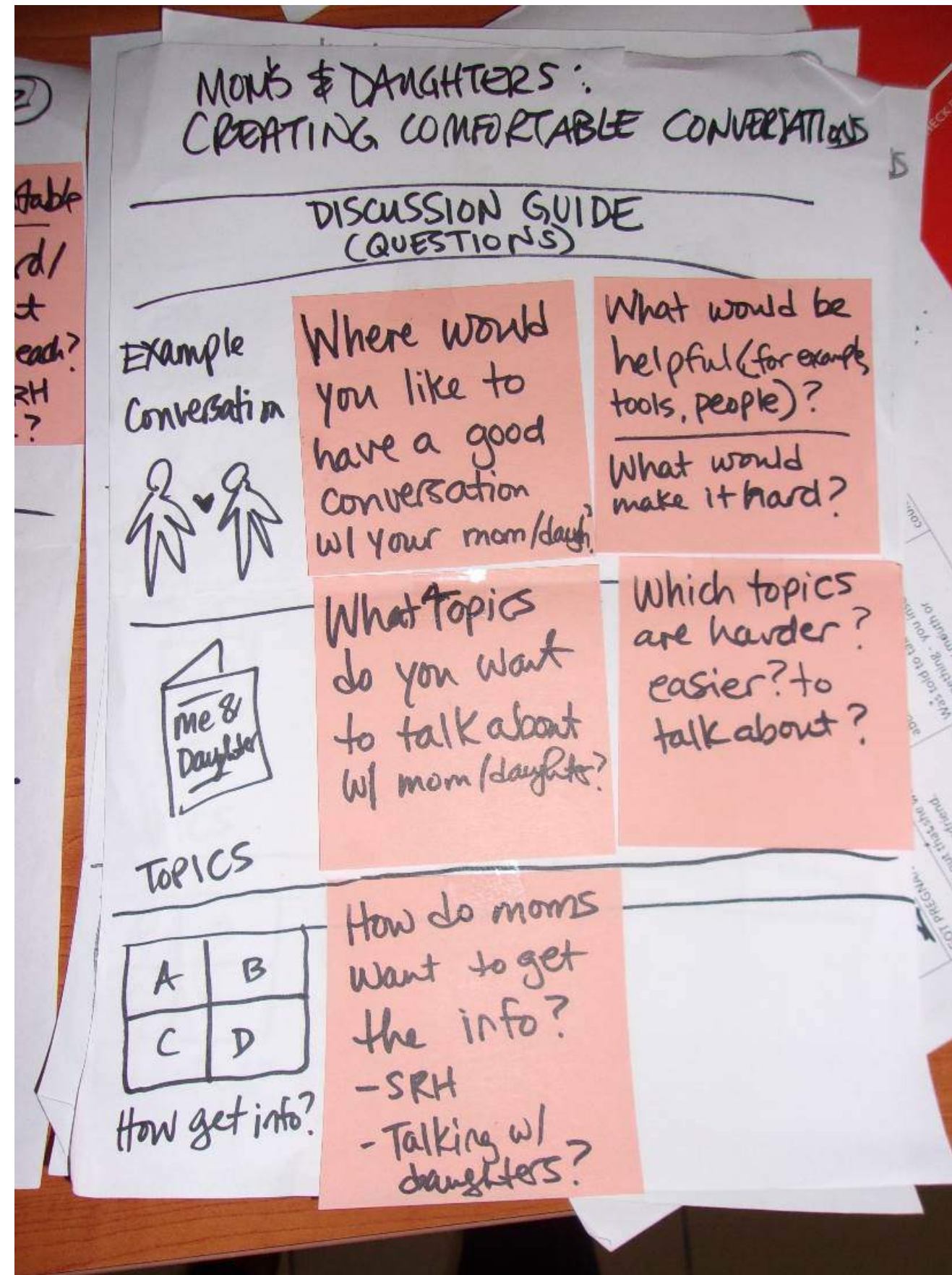
PROTOTYPES & LEARNING TOOLS: NORTH

MOMS & DAUGHTERS SRH DISCUSSION



PROTOTYPES & LEARNING TOOLS: NORTH

TIME & SPACE FOR MOMS & DAUGHTERS TO HAVE SRH DISCUSSIONS



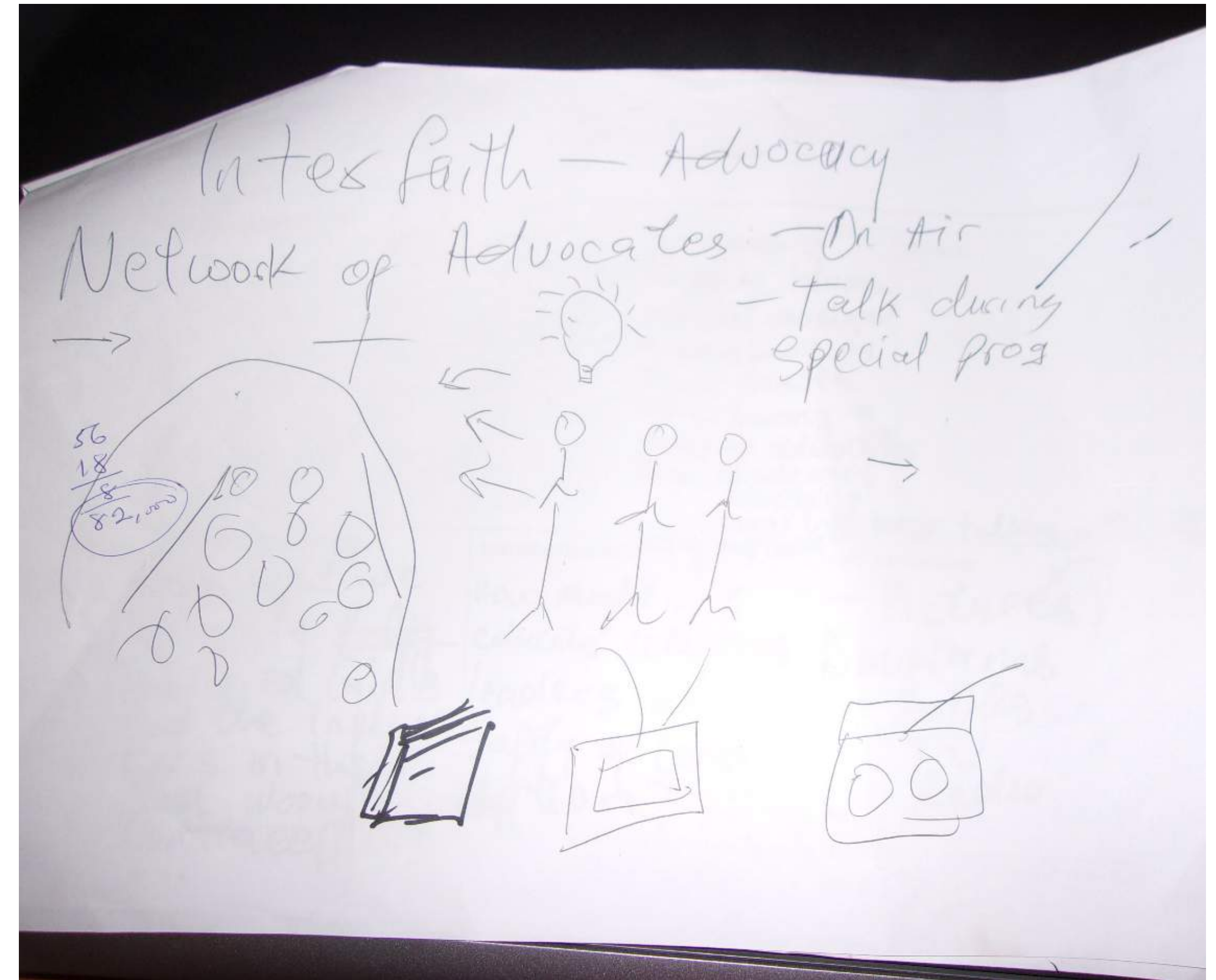
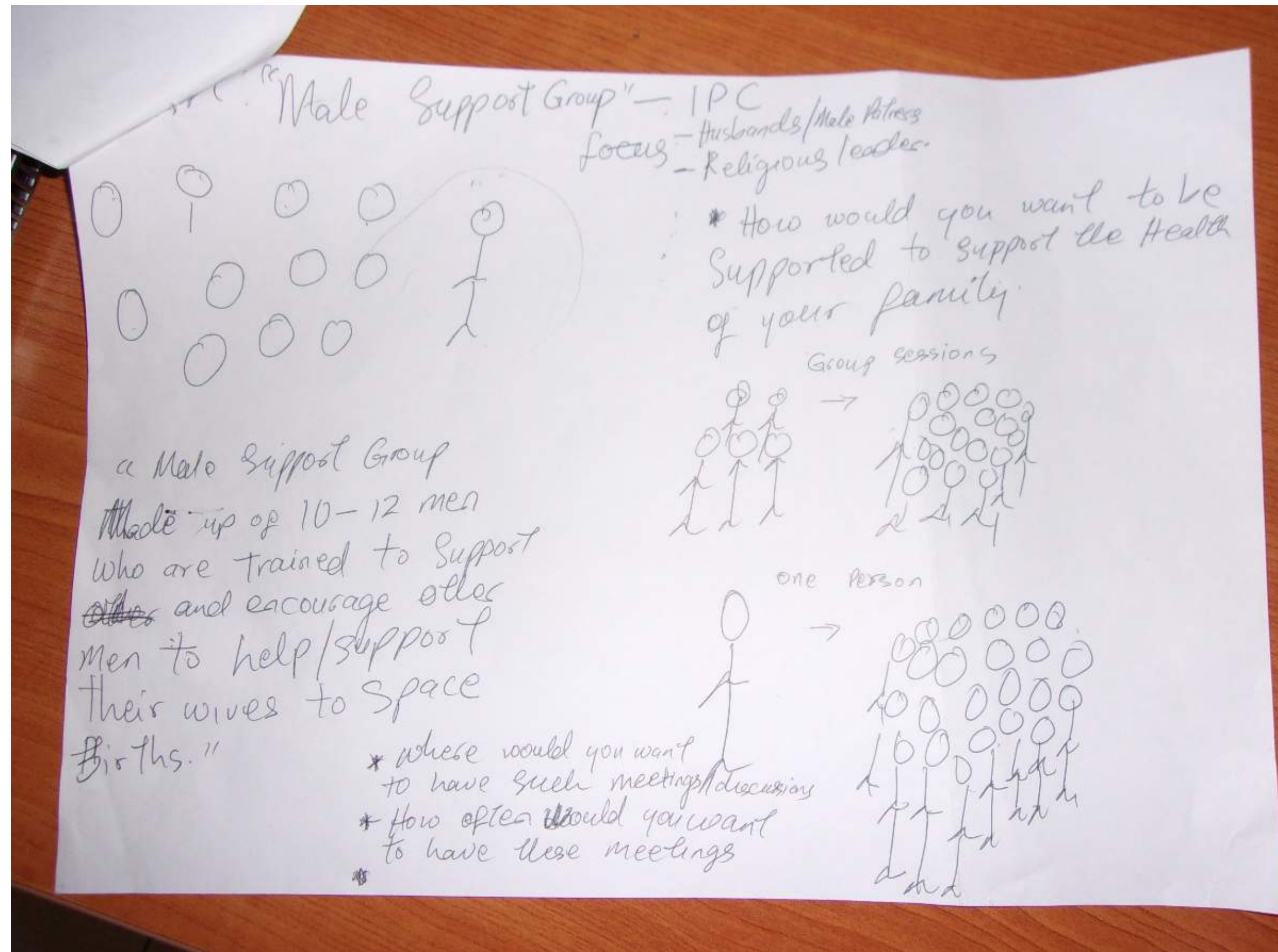
PROTOTYPES & LEARNING TOOLS: NORTH

TESTING PERSONALITIES & PLATFORMS FOR SRH INFORMATION



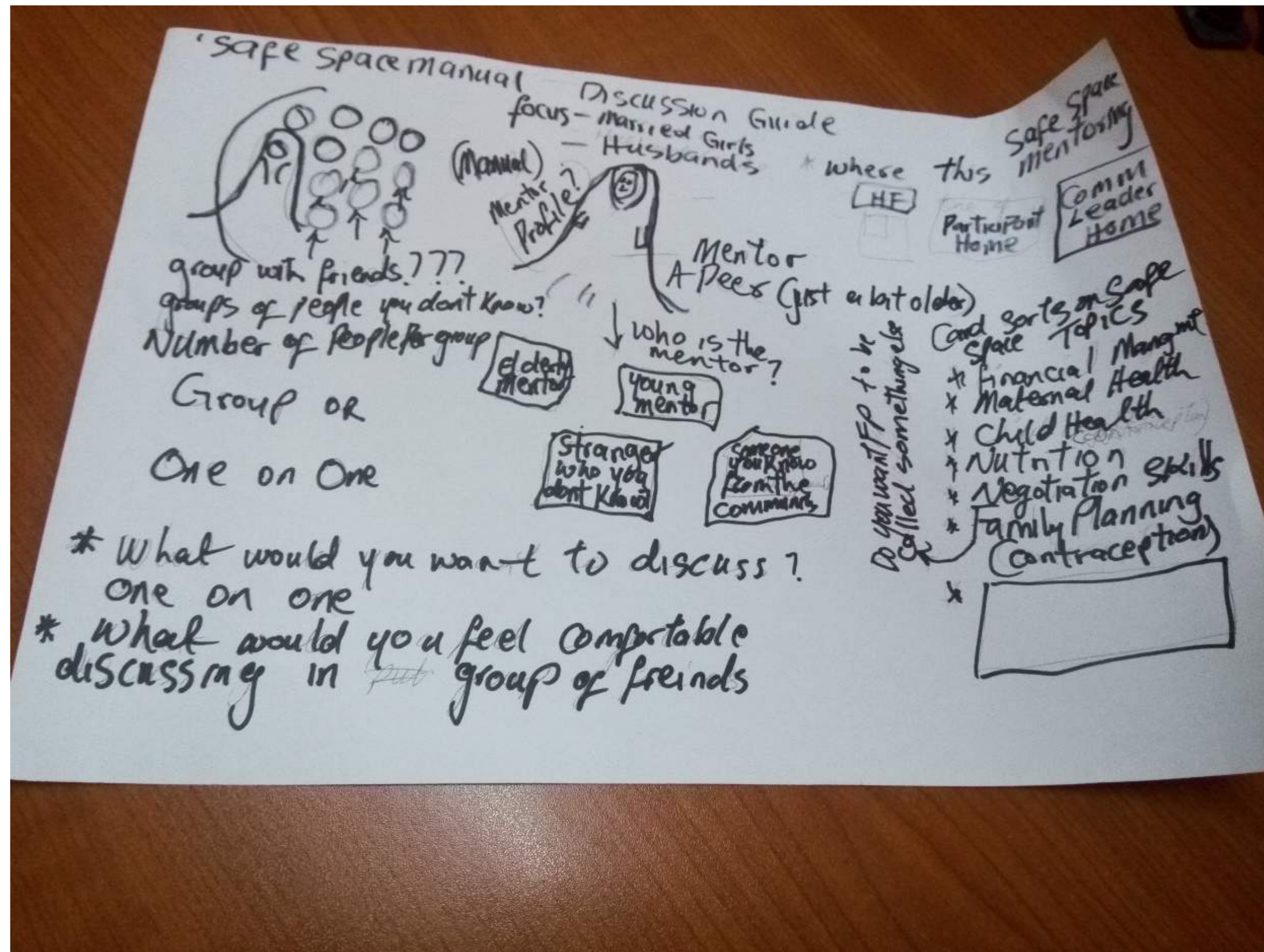
PROTOTYPES & LEARNING TOOLS: NORTH

EDUCATING MARRIED GIRLS INFLUENCERS: MALE PARTNERS AND RELIGIOUS LEADERS



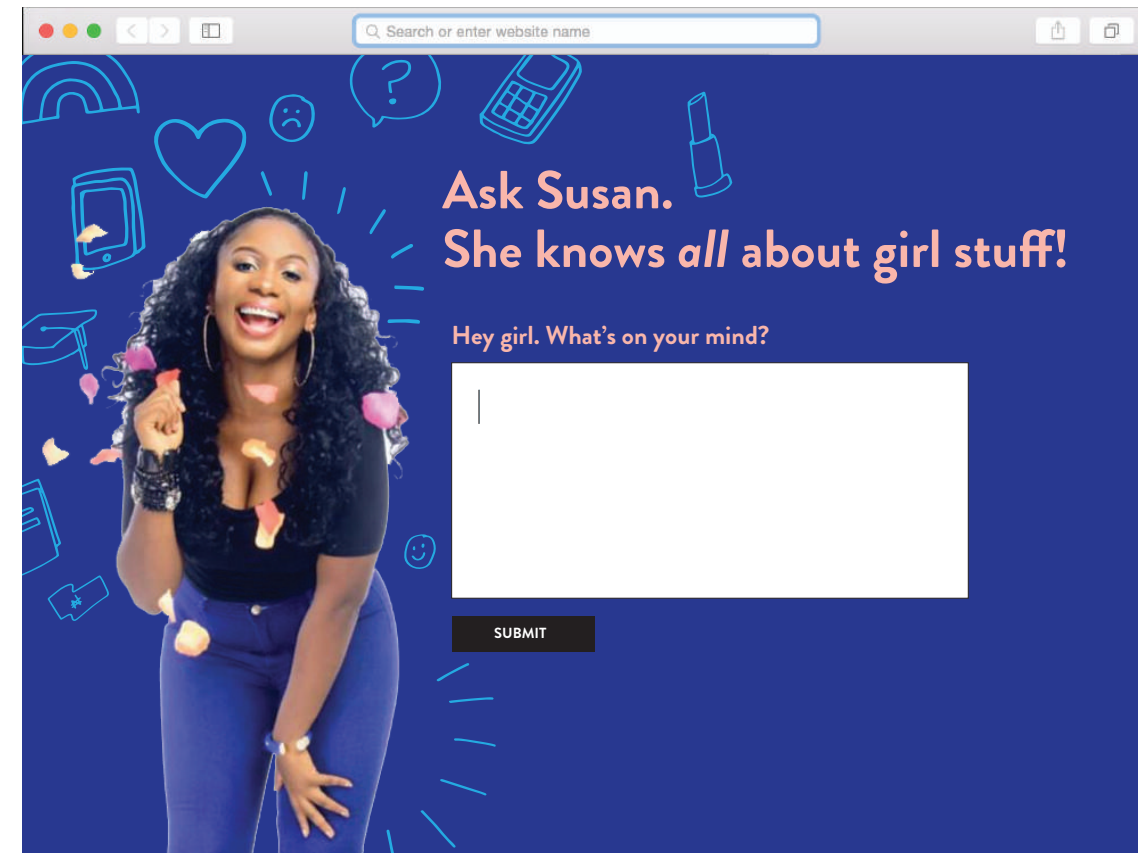
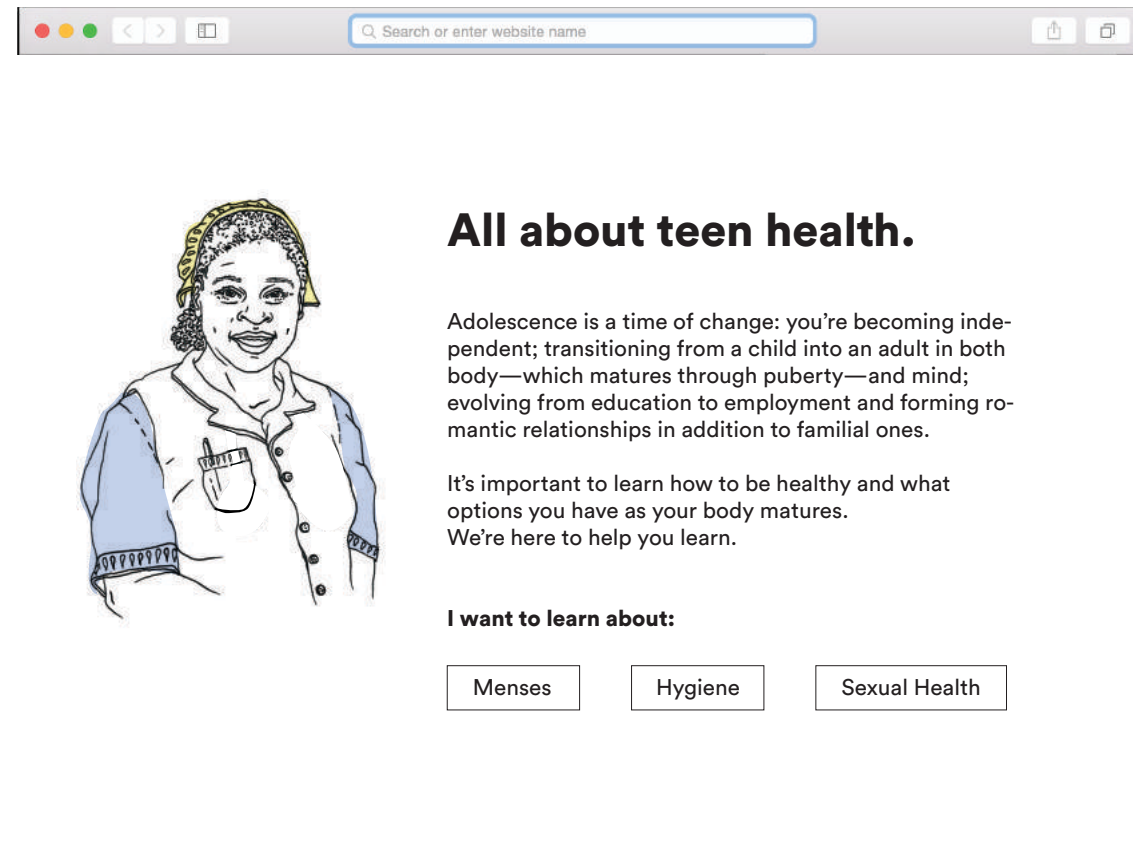
PROTOTYPES & LEARNING TOOLS: NORTH

SAFE SPACE FOR MARRIED GIRLS TO DISCUSS THEIR SRH

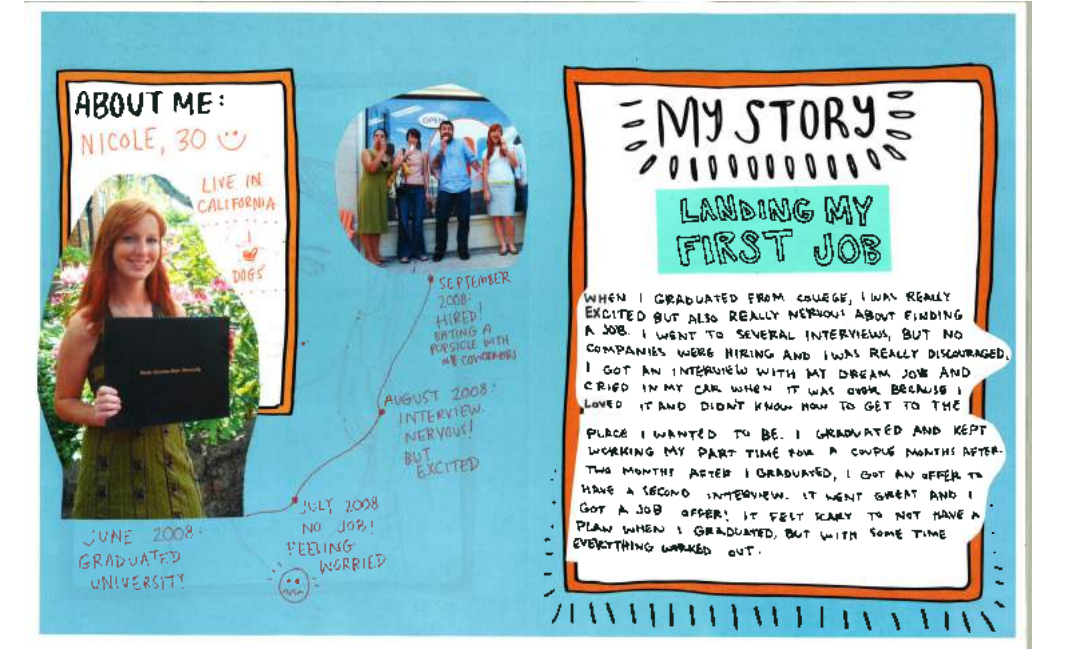
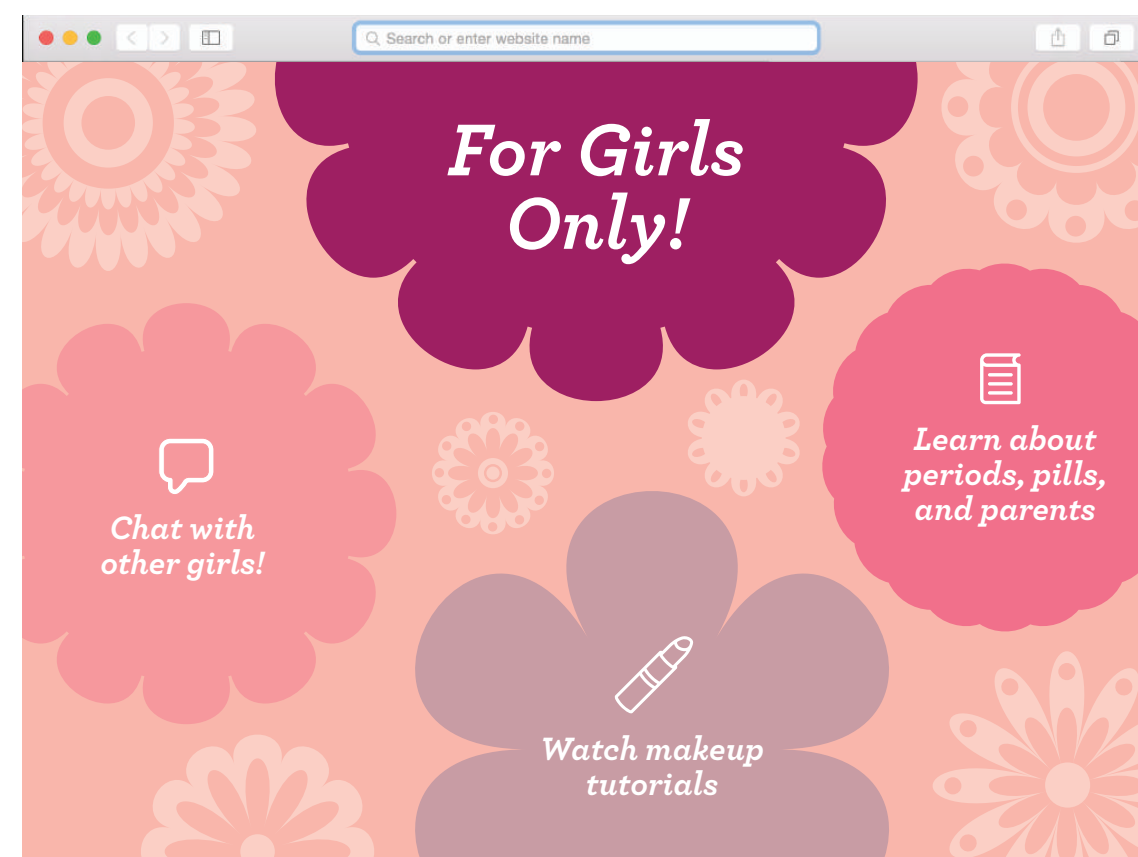
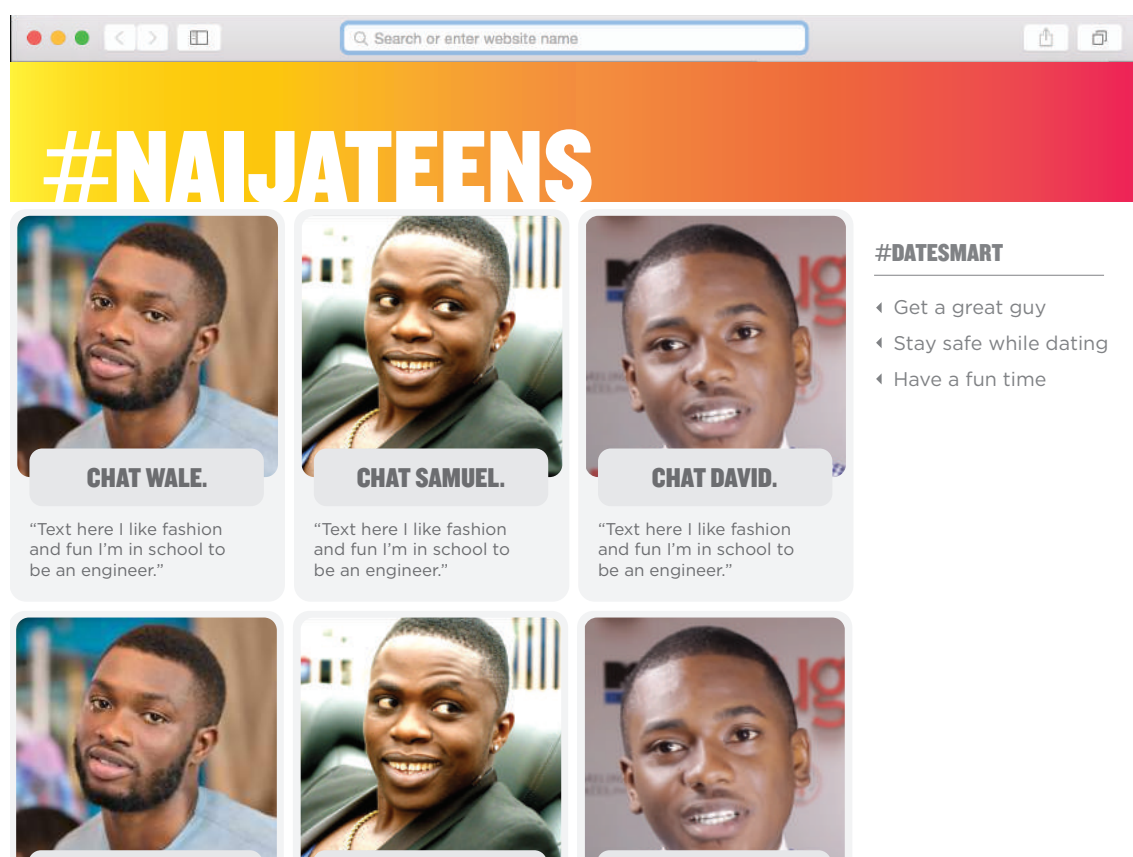
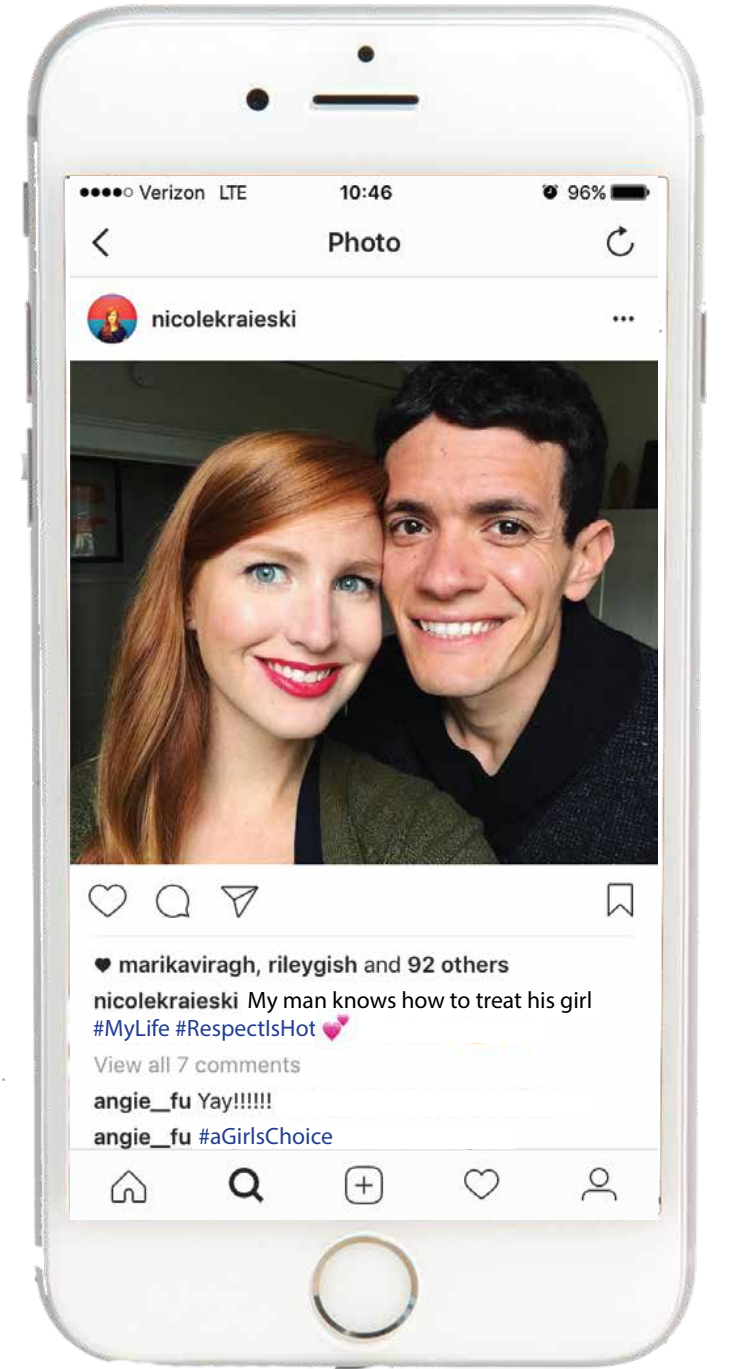


PROTOTYPES & LEARNING TOOLS: SOUTH WEEK 1

NO DUMB QUESTIONS



A TEEN LIKE ME



SKILLS, BILLS, & PILLS

SKILLS 4 TEENS



1. Joy was so proud of graduating secondary school! But she wasn't done learning, and wasn't able to go to university or trade school right away. Joy joined a learning club called "Skills 4 Teens."

2. At Skills 4 Teens, Joy learns all kind of professional and life skills. She learned how to do hair, how to manage finances, how to apply to university, young women's health, and other skills for adulthood that she didn't learn in school—but are so important!

3. With the support of her coaches and friends at the Skills 4 Teens club, Joy opened a "Pop-up" hair salon in her neighborhood. Joy has customers lining up, and she gets to keep all money she makes with her new skill to save for university fees.

SMARTGIRL SORORITY



1. Toyin recently applied for the Smartgirl Sorority, an exclusive leadership club for girls who want to be the next generation of leaders in Nigeria. To her delight, she was accepted!

2. As part of the Smartgirl Sorority, Toyin goes to meet-ups, where she meets other smart, ambitious girls like her. She learns how to be a great leader at trainings with her Smartgirl Sorority "sisters."

3. With the help of her Smartgirl sorority sisters, Toyin organizes an event for girls in her community, which is all about encouraging girls to stay in school. It goes so well, and Toyin feels happy about her new leadership skills and how she can help her community.

ARTSPACE



1. Aisha just joined a new program for girls, called Artspace. Every day after she leaves school, Aisha walks to Artspace, a safe place where she spends a few hours before her parents are home.

2. At Artspace, Aisha has lots of tools to learn and express herself—anything from painting to recording her own version a song she hears on the radio. She loves hanging out with the other girls and teachers at Artspace, who always support and encourage her.

3. After a few months, Aisha enters one of her paintings into an art competition for teenagers in Lagos. She wins first place, and feels so proud of what she has achieved and expressing herself to other teenagers!

GIRL CLUB GOODS



1. Recently, Susan signed up for Girl Club Goods, a company where girls make money selling products to other girls, like lipstick, lotion, tampons, a girls' health magazine, and even condoms. She's so excited!

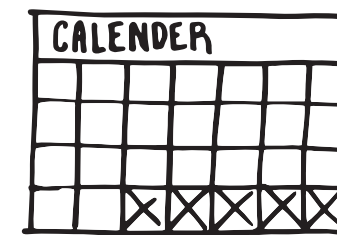
2. Susan loves her new job. Every day, she talks with other girls, shows them the products she's selling, from fun lipsticks to new products like pads or condoms.

3. Susan is so successful! She makes sales every day, and feels good making money so that she doesn't have to rely on her parents or boyfriend for money. Plus, she gets cool products like new lotions and learns from Girl Club magazines!

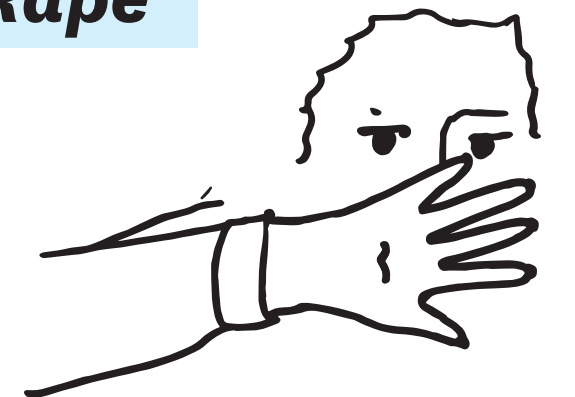
MOM'S DA BOMB

Me & My Daughter

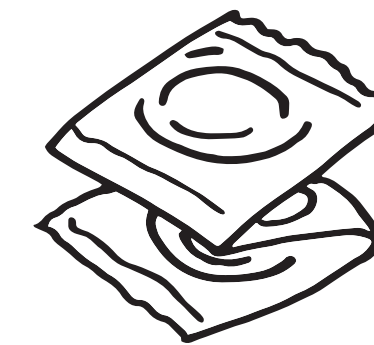
Menses



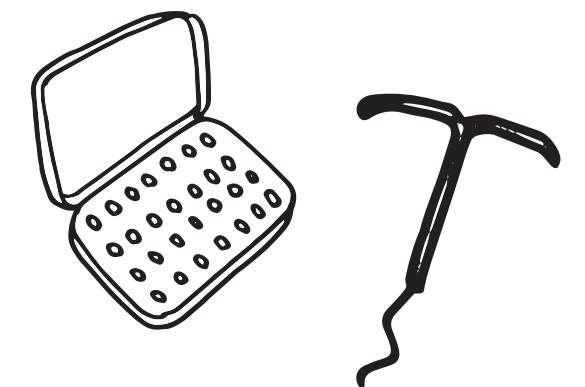
Rape



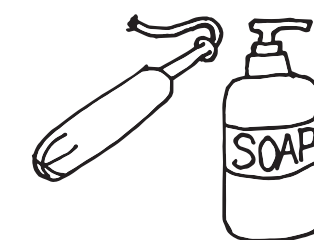
Condoms



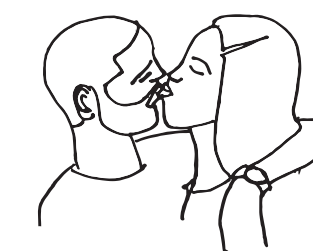
Contraception



Hygiene



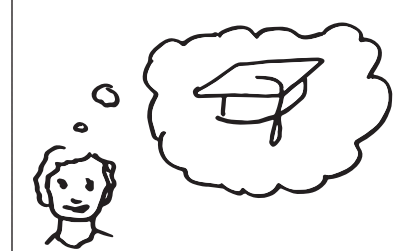
Boys & Dating



Abortion



Your future



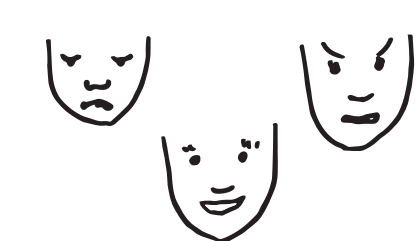
Our Relationship



Resources



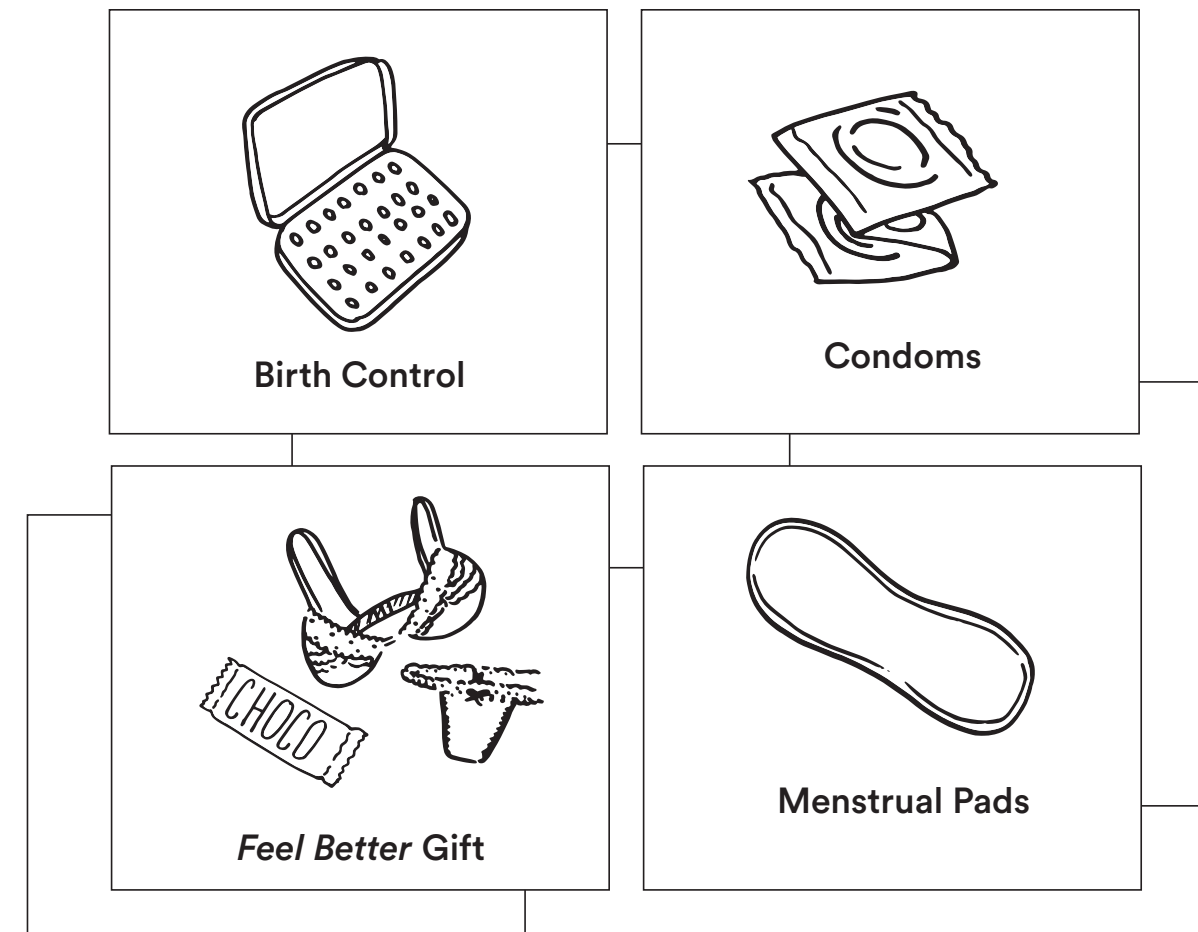
Feelings



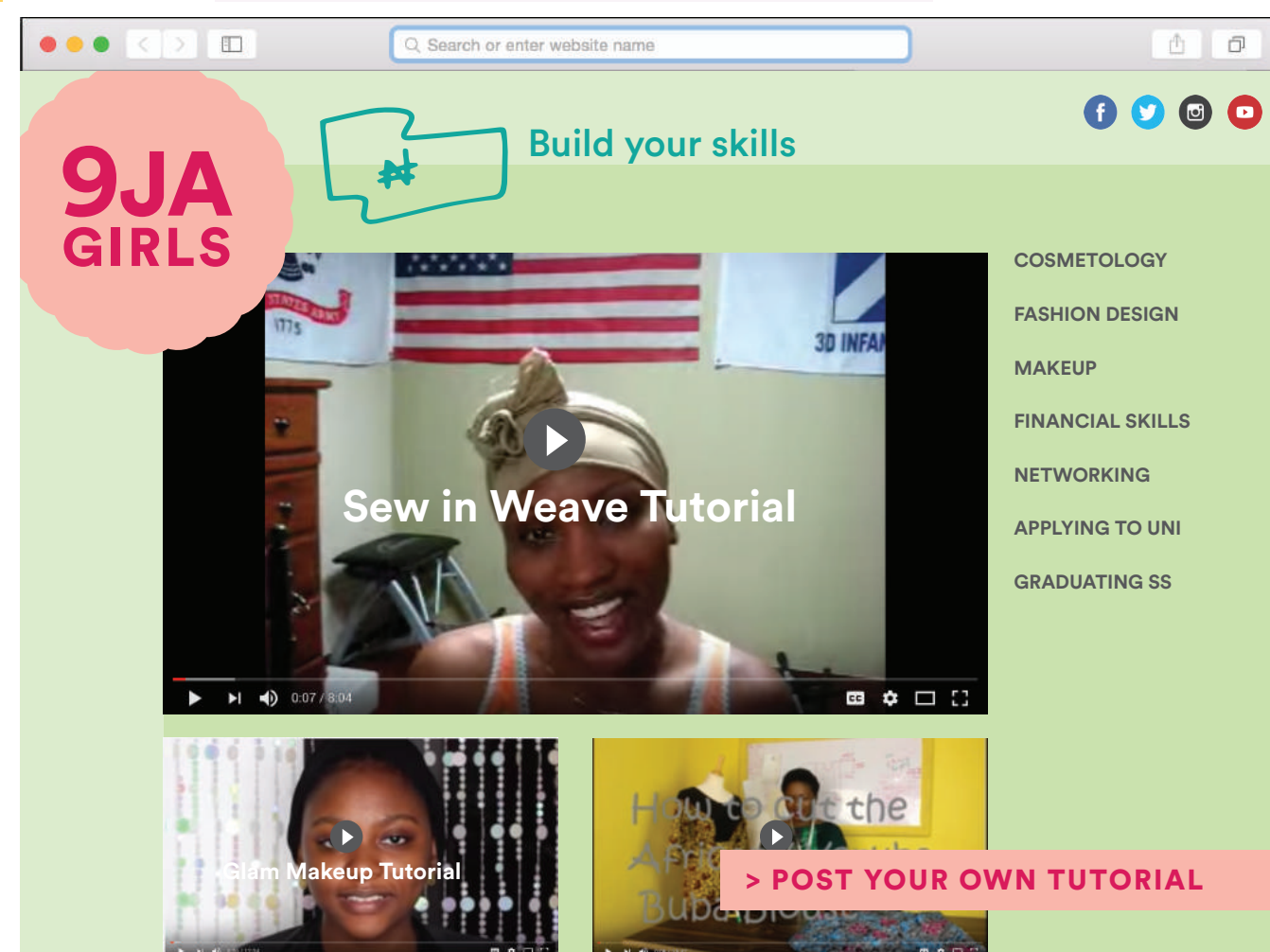
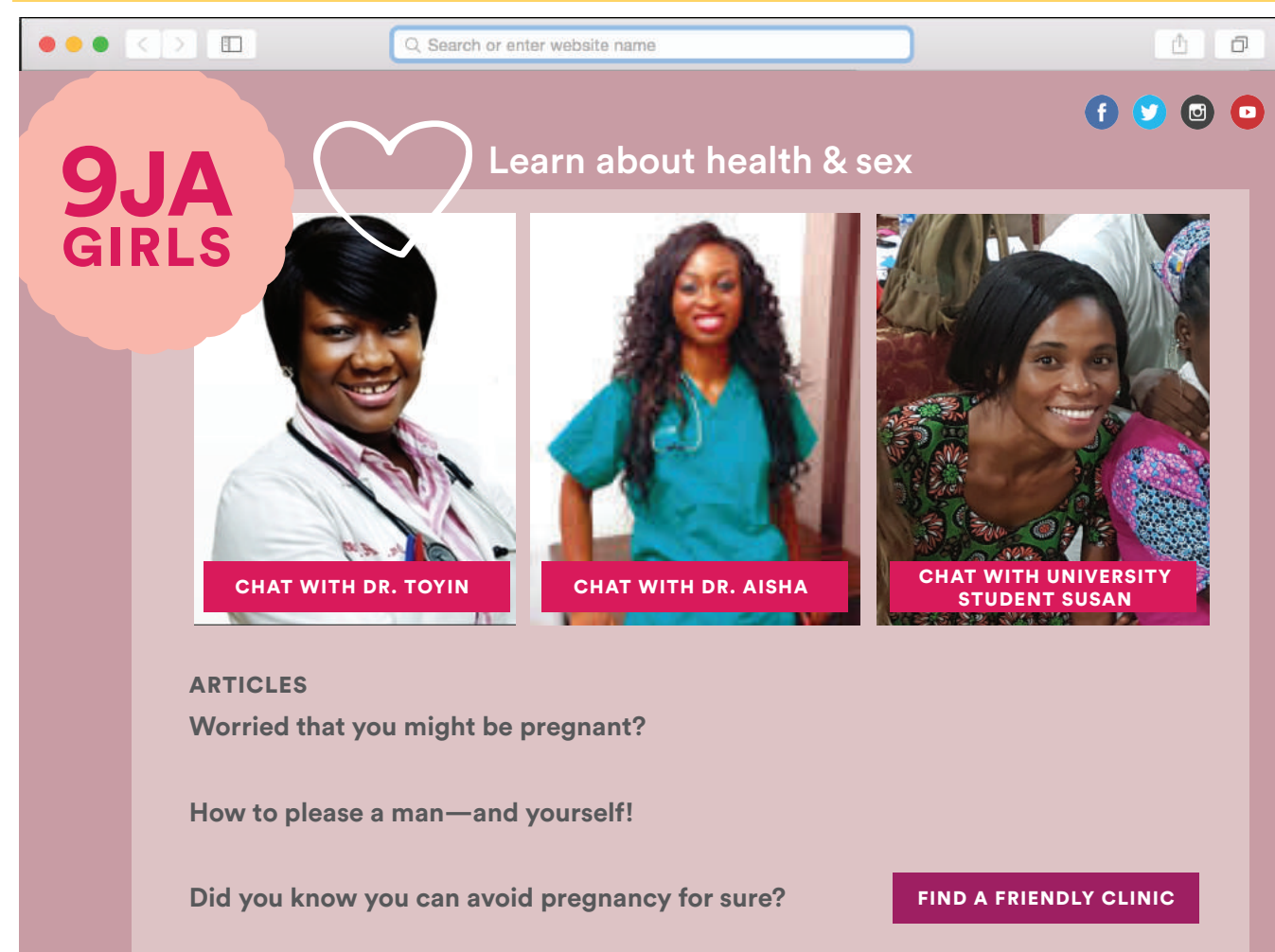
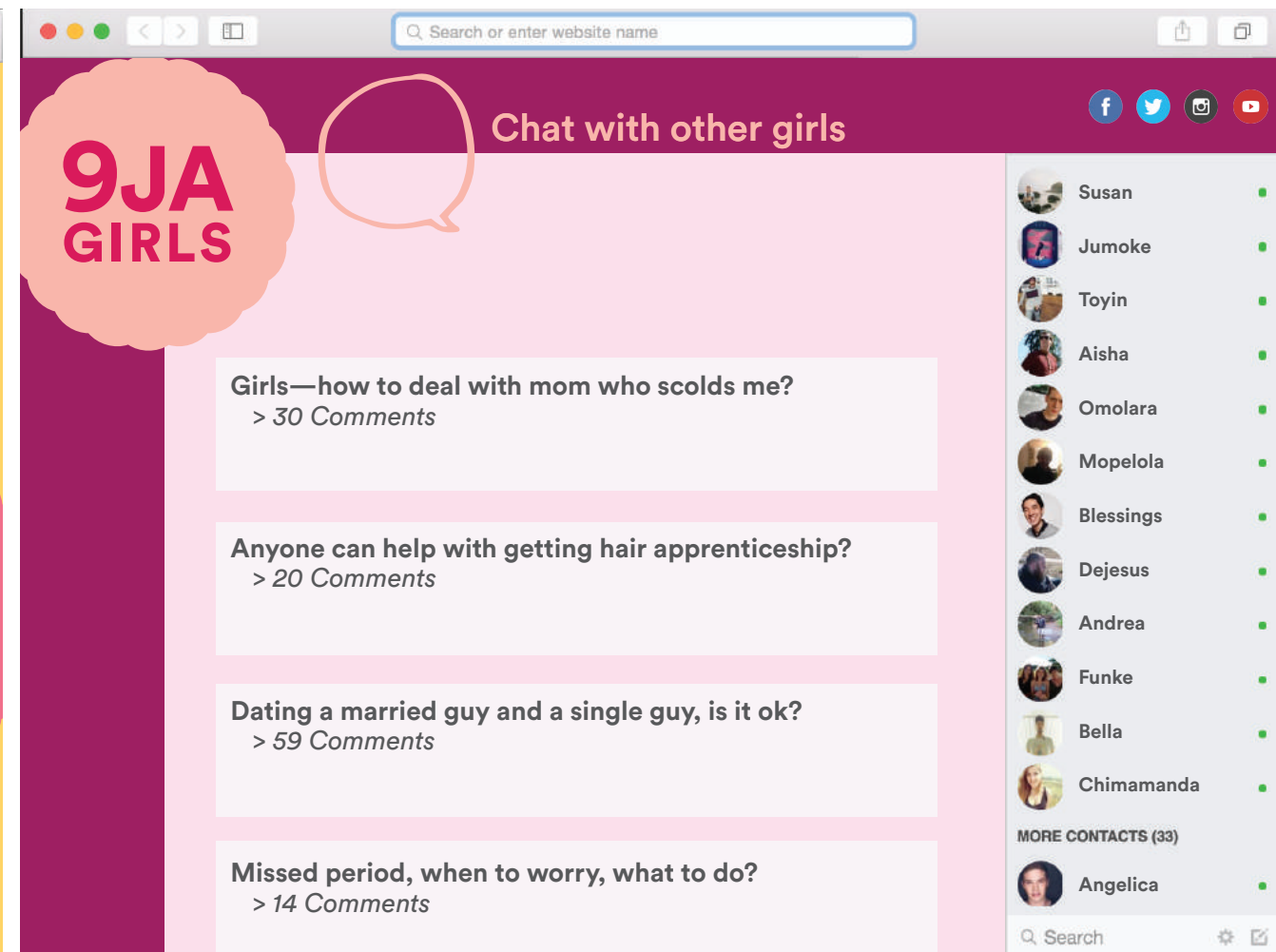
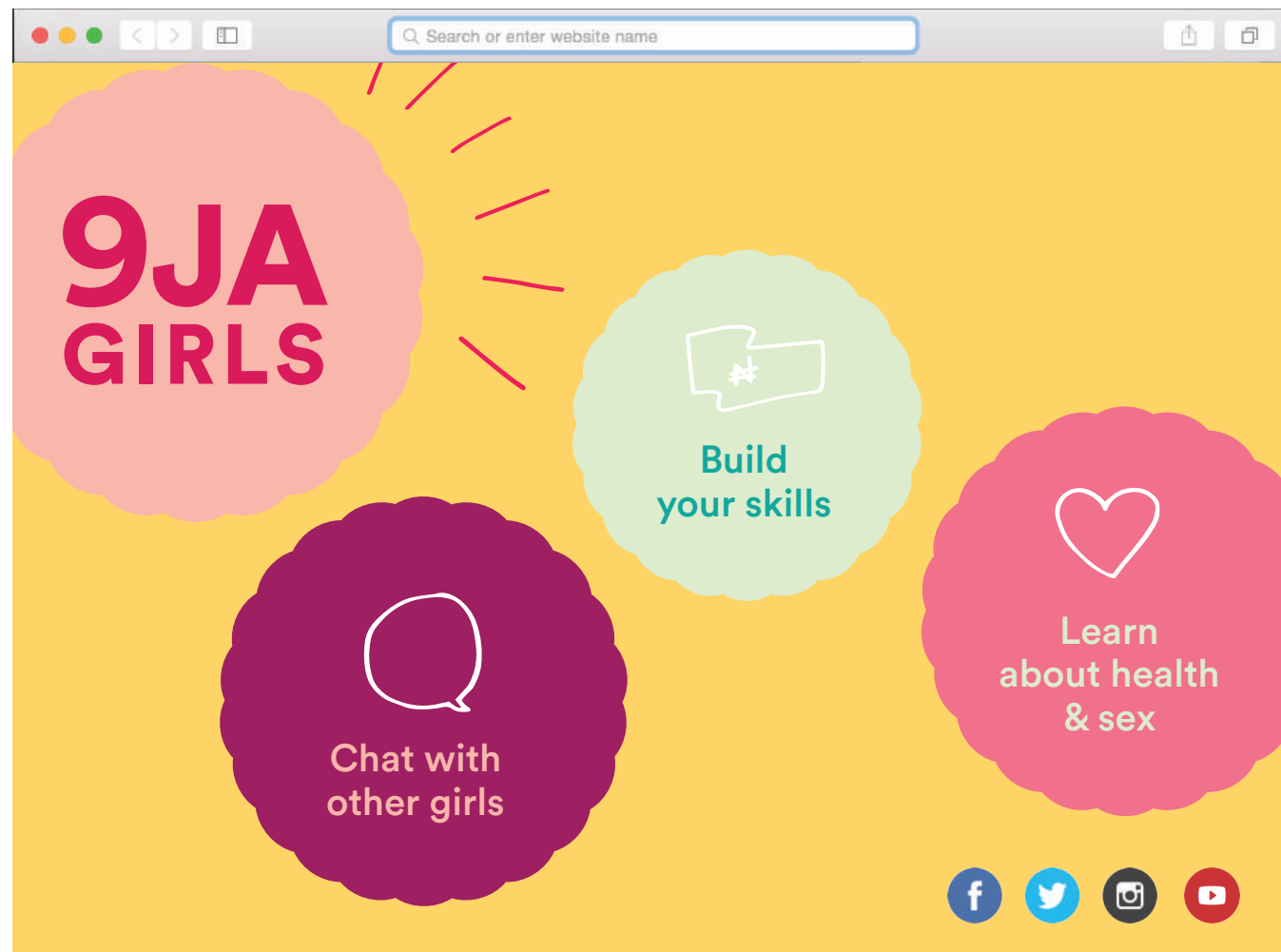
Pregnancy



THE PAC MOMENT



9JA GIRL PLATFORM & BRAND



MOM INFO SESSION



PREVENTING HIV, STIs, AND PREGNANCY

The best way to protect yourself against HIV, STIs, and pregnancy is through abstinence. However, for those who are sexually active, there are many ways to protect yourself.

FROM HIV & STIs

To protect yourself from HIV & STIs, you must use a condom every time you have sex. Male and female condoms are available at chemists, pharmacies, and your local healthcare center.

PREVENTING PREGNANCY

There are many ways to protect yourself from pregnancy, including:



For more information, visit your local healthcare center and speak with your provider.

Discussion topics for you and mom:

- Once you become sexually active, how will you protect yourself from HIV & STIs?
- Once you become sexually active, how will you prevent an unplanned pregnancy?

The following methods **do NOT** prevent pregnancy:

- Salt water
- Sprite with lime
- Alabukun
- Jumping up after sex
- Washing yourself after sex
- Etc.

BOYS & DATING



Boys, love and dating are a natural part of growing up and becoming a woman. It's normal for girls to like boys. Sometimes, dating a boy can lead to other things. It depends on each relationship.

Using the questions below, talk with your mom about boys, love and dating.

Discussion topics for you and your mom:

- What do you do when you like a boy?
- Who do you tell?
- Have you ever had a boyfriend?
- What do you do when you're together with a boy?

CARING FOR YOUR BODY DURING MENSTRUATION



Menstruation is what tells you that you've become a woman. It's perfectly normal, and usually lasts 3-5 days. When menses come, there are 6 key ways to stay healthy:

1. Take your bath every day
2. Wear clean underwear every day
3. Use a sanitary towel (menstrual pad), cloth, or tissue. Change it at every day and often.
4. If you have menstrual pain, take pain killers.
5. Note the date your menses arrives on a calendar. Most women cycle every 28 days. Don't be scared if it comes a few days early or late, as each woman's cycle varies.
6. If your cycle is more than one week late, we advise you to see your doctor.

Discussion topics for you and your mom:

- How old were you when you first saw your menses?
- How did you feel?
- How long does it usually last?
- Who do you talk to when you experience menstrual pain, and what do you do?

TALKING ABOUT SEXUAL VIOLENCE & RAPE



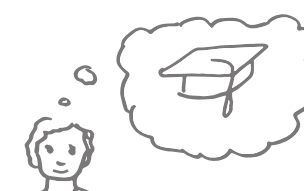
Sadly, many girls in our community get raped and feel ashamed to talk about it. If something ever happens to you, here are some things you should do:

Remember it is **NOT** your fault. Tell a trusted adult about what happened, such as your mom, or a healthcare provider. Get treatment from a healthcare provider. You can contact the Mirabel Centre of Hello Lagos (0701349769, 08184243468, 01-2957816). Report it to your local authority. Seek counseling if you feel emotionally distressed.

Discussion topics for you and mom:

- Have you ever felt unsafe in your community?
- Do you know anyone who threatens you or makes you feel unsafe?
- Have any friends experienced sexual violence or rape?
- If it happened to you, what would you do?
- What healthcare provider would you trust most for services if this happened?

CREATING A VISION & STICKING TO IT



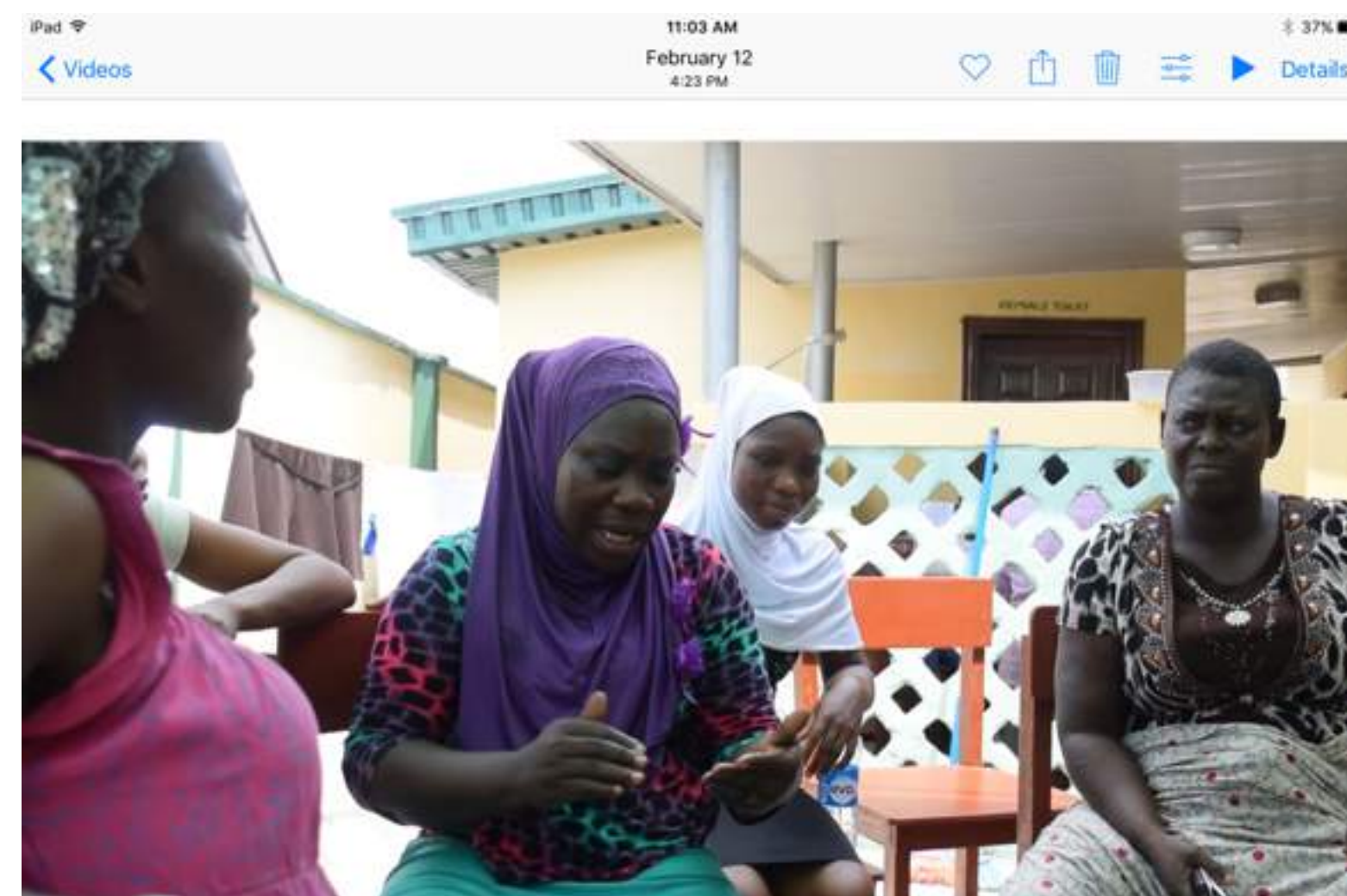
Your future is the most important thing in your life. Your mom loves you and wants you to achieve all your dreams. But how can you make your dreams come true?

Mapping out your future starts with 3 simple steps:

1. Determine your dream and what you hope to achieve.
2. Make a plan! What do you need to learn or do, and how long will it take? (like going to school, becoming an apprentice, or learning a new skill)
3. Get going! The journey of a thousand miles begins with one step.

Discussion topics and activities for you and mom:

- Write your dream
- Write 3 steps you need to take to work towards that dream
- Write down any obstacles you might face to achieve your dream
- Write down how you might overcome these obstacles.
- Discuss together how your Mom can help you achieve your dreams.



CLINIC EXPERIENCE



YOUNG PROVIDER FELLOWSHIP

The 'YOUNG PROVIDER FELLOWSHIP' section features a central title card and four benefit boxes. The title card reads 'THE Presidential Provider Fellows' with the tagline 'Where Passion Meets Promise' and a portrait of a man. The four benefit boxes are:

- Help Adolescent Girls in Nigeria:** Counsel girls on adolescent sexual and reproductive health (ASRH) issues, like pregnancy, HIV, and contraceptive methods. Provide contraceptive services to adolescent girls, including condoms, pills, injections, implants, and IUCDs.
- Receive Advanced Training in ASRH:** Receive mentorship and training in ASRH from top medical professionals. Receive certificate upon program completion.
- Jumpstart Your Career:** Gain valuable experience to boost your CV. Participate in career skills workshops.
- Join Elite Collective of Passionate Healthcare Providers:** Be one of 50 providers accepted annually into this prestigious, competitive fellowship. Become part of an elite cohort of providers passionate about helping girls.