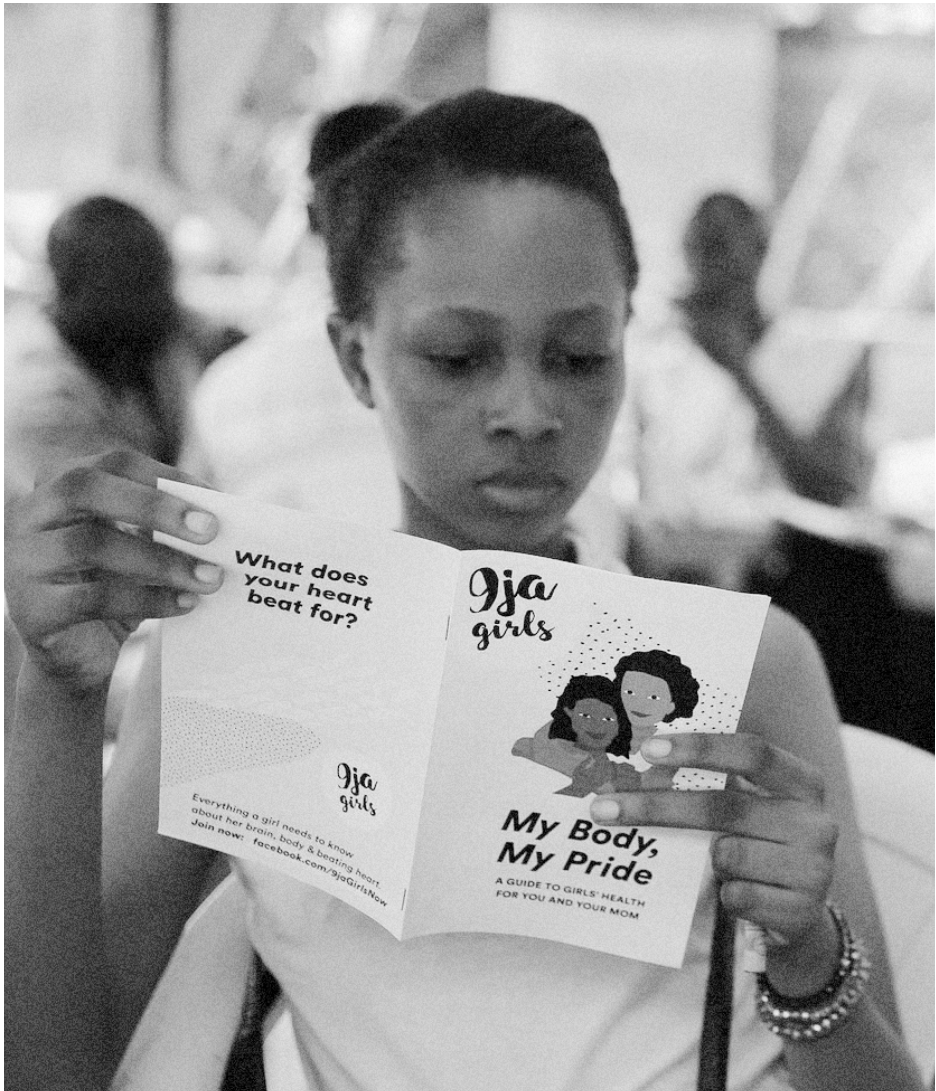


# 3

A360'S SPARK PLUG

# START

How Do You Start Prototyping?



---

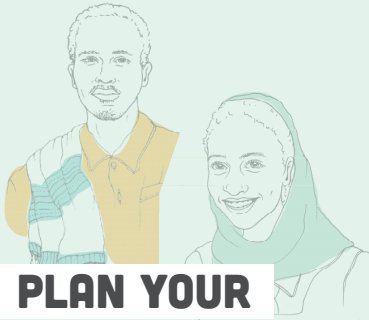
# INSPIRE HER



## TEST

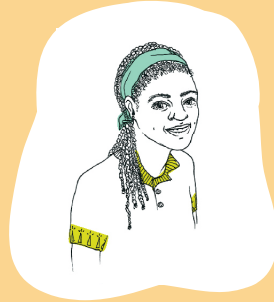
With a group of girls, introduce these pamphlets as four different events that girls can attend and ask them to place a dot sticker on which one they'd like to attend.

You're using these pamphlets to test whether income generation, skills building, relationship advice, or family health would be the best hook for your program. In addition to these value propositions A360 tried, what other ones might be resonant in your community?



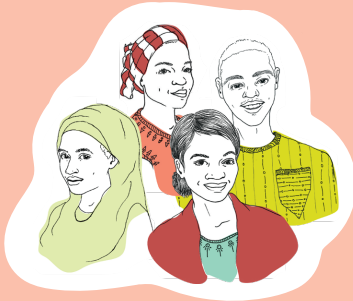
## **PLAN YOUR FAMILY'S FINANCES**

Guide for a prosperous  
and financially stable family.



## **GAIN NEW TRADE SKILLS**

BEADING • HAIR BRAIDING  
TAILORING • SOAP MAKING



## **THE LOVE CORNER**



TEEN LOVE STORIES AND  
RELATIONSHIP ADVICE

## **HEALTHY MOM, HEALTHY BABY**



HOW TO KEEP YOUR FAMILY  
HEALTHY AND HAPPY

[PRINT THESE OUT!]



### ASK:

- Why did you choose this?
- What about this excites you?
- What do you hope to learn?  
How will that be helpful?

### OBSERVE:

- Girls' gestures and expressions (excited, repulsed, engaged, bored, etc.)
- Girls' social interactions (crowding, debating, curious, sharing, etc.)
- The questions girls ask

### REVIEW:

**As a team, review what really stood out to you in the session. You should be able to answer:**

- Which session got the most votes?
- Which session were girls most excited by?
- Which session created some controversy?
- Do you have a better idea of why girls were drawn to one session?

### Measures of success:

Which pamphlet/event received the most votes?





### REVIEW:

**What questions do you still have after running that prototype? What more do we need to learn in order to make this concept a reality?**

- Who do girls want to learn from?
- Where is the best place to run this session?
- Do girls want to learn alone or together?
- What specific message and information about finance / relationships / skills do girls want?

### MAKE/MODIFY:

**Provocations when making the next prototype:**

- Think about ways to test a girl's behavior—does it match what she said she would prefer?

*Example: Have girls sign up for the session and hold the session the next day; do they show up? If not, why?*

- Think about who else may be involved in the concept—can we bring them into the next iteration?

*Example: Train a provider to conduct the session and invite girls to attend; do girls feel comfortable? Do providers find this experience valuable as well? If not, why?*

In prototyping phase 1, A360 saw girls get really excited about two concepts: financial planning and being a good mother. In prototyping phase 2, A360 hosted 2 real classes about financial planning and healthy children to test how girls actually reacted to these ideas when they were real, not just on paper.

# ITERATING

**Iterating is the foundational step in the prototyping process. When you iterate on a prototype you are incorporating the learnings you gained from running earlier versions of a prototype with users into a new, more informed evolution of that prototype.**

The iterations you make to a prototype relies entirely on evaluating the feedback you hear from users and your observations while running a prototype, and then identifying the ways you might improve it to better meet the needs and desires of your user. Since we are not there to run the prototyping sessions with you we cannot direct you in the specifics of how to iterate on your prototypes.

What we are able to provide is a glimpse of what it looked like to build iteration into Prototyping Phase 2 and Live Prototyping for A360 through a specific case study. The following section is an abbreviated case study of the prototype iterations for the intervention developed under A360 in Ethiopia. Use the following section as a reference guide as you begin iterating on A360's phase 1 prototypes.





## JALQABA GABINA KAROORA

START STRONG PLAN

---

**MAQAA**  
NAMES

---

**LAKKOFSA BILBILAA**  
PHONE NUMBER

---

**GUYYAA**  
DATE

---

**KAROORA KEENYA**  
OUR GOAL

















**FEDHIIN NUTI QUSANNOOF  
GABNU HAMMAMI**  
HOW MUCH WE WOULD LIKE TO SAVE:

---

**JI OOTA KAROORA KEESSAN  
BIRA GAHUUF SIN HAFE**  
MONTHS TO REACH YOUR GOAL

---

**JI ATTI HAMMAM QUSANNAA**  
HOW MUCH WE CAN SAVE PER MONTH:

---

**JI A JI AAN SINIIF BILBILLEE WAAN  
IRRA GEESSAN ISIN HUBACHUUF  
GARGAARSA NI FEETUUF?**  
WOULD YOU LIKE TO RECEIVE A MONTHLY  
PHONE CALL TO HELP YOU STAY ON TRACK?

**EYYEN** YES       **LAKKII** NO

Strong Start financial savings plan

MOM BABY'S  
MEMBER

**YOUTH EXTENSION WORKER**

---

**CONTACT NUMBER**

---

**BABY'S NAME**

---

**MOMMY'S NAME**

---

**BIRTH DATE**

---

Start Healthy mom and baby health tracker

8

# TEST PROTOTYPE PHASE 2

In Ethiopia **Prototyping Phase 2**, A360 tested two distinct concepts: “Start Healthy” and “Strong Start.”

Start Healthy helped moms transition to motherhood, promoting family planning as a way to keep mom and baby healthy. Strong Start offered financial counseling sessions for young couples to help them better plan their finances and starting a family.

## **A360 wanted to learn:**

- What would be a stronger motivator for girls to access contraception?
- How did girls prefer to learn? With their partners or with their peers?
- Where would girls feel most comfortable accessing contraception? In a new, private channel or at an existing, known location?

# LEARN PROTOTYPE PHASE 2

## A360 LEARNED:

- Indirect entry points for contraception are more palatable to communities; financial stability resonated the most as an entry point for family planning
- Existing channels are most trusted by girls and the community
- The moment between learning and decision is quick, and girls need to be able to access services right away
- Health workers' skills, will, and confidence impact their ability to deliver comprehensive services

## A360 HEARD:

- “Today I learned the link between economic capacity we should have and the number of children we can have.”
- “First I should have 1 baby. After 1 baby, I will plan.”
- “Going to the clinic is costly. Getting the implant would be good because it requires less follow-up.”

## A360 OBSERVED:

- In practice, it was hard to get husbands and wives to attend sessions together, despite interest.
- Counseling young people on financial planning is not in the current scope and skillset of health workers
- Health workers are already knowledgeable and educating women on other maternal and child health topics like immunization, so the information is duplicative and not as novel for girls



Strong Start  
in action



Start Healthy  
in action

**Start Strong results:**

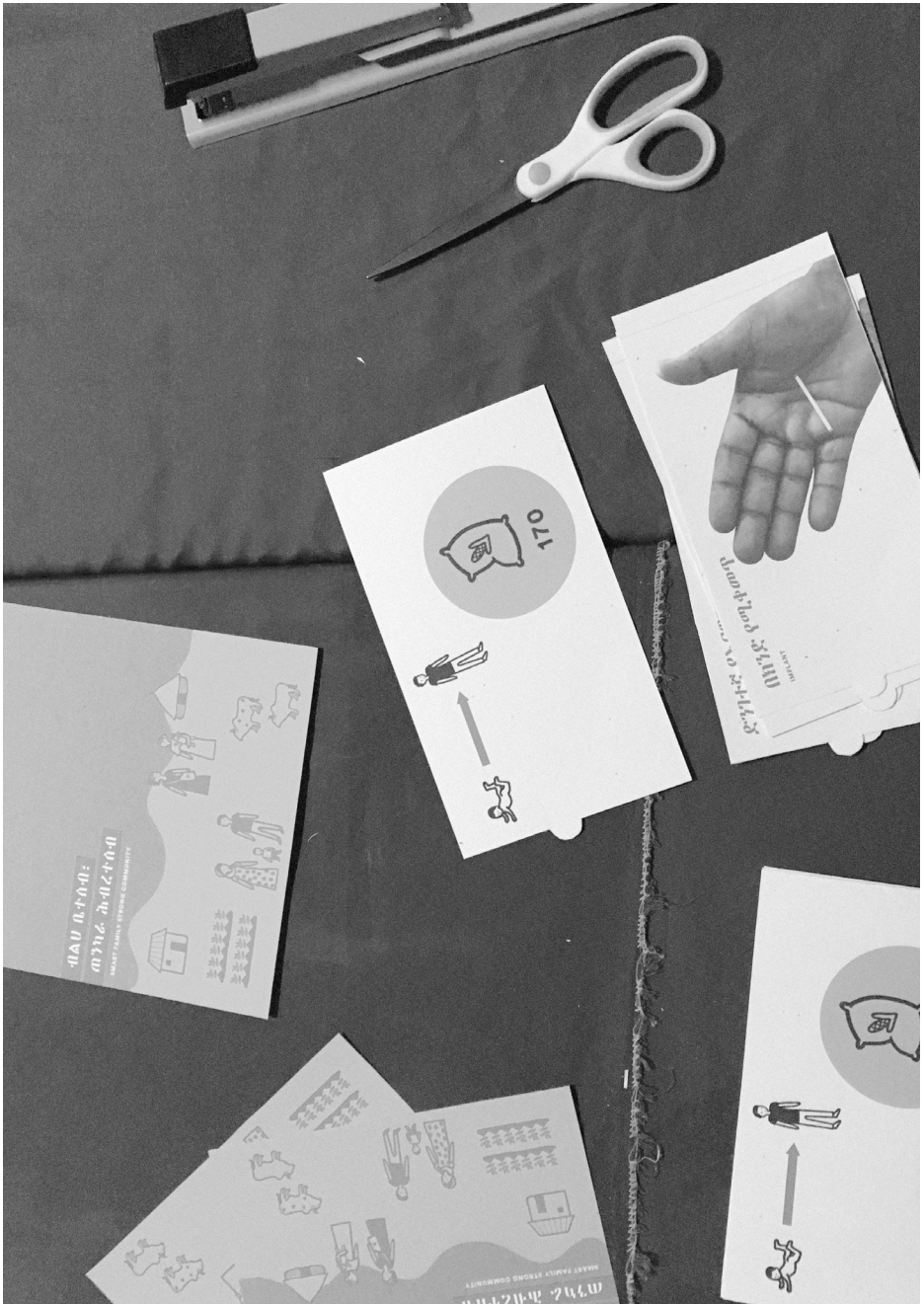
- 6 couples attending together
- 4 couples intending to use
- 1 couple attempting to access

**Start Healthy results:**

- 14 girls attending
- 11 counseling sessions
- 3 girls intending to use,
- 2 girls attempting to access



# ITERATION CASE STUDY



# REVISE PROTOTYPE PHASE 2

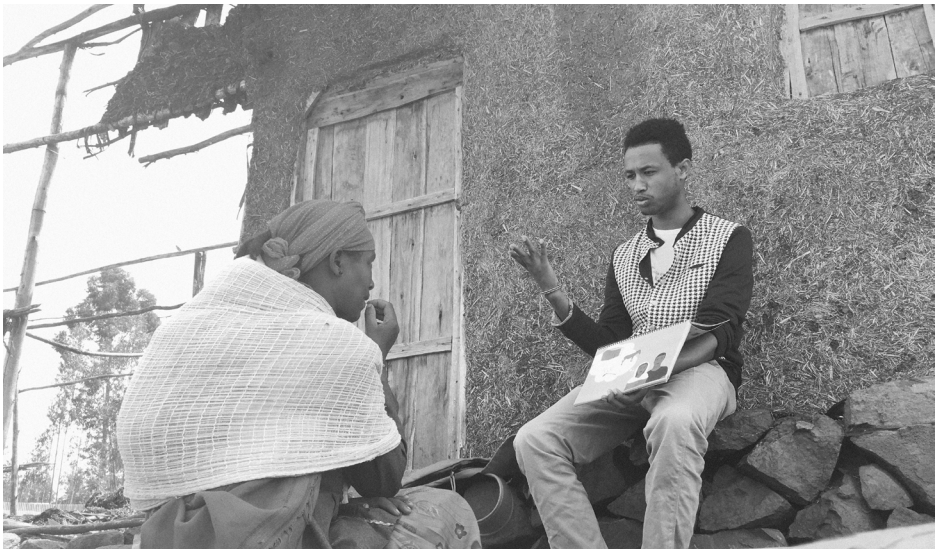
The next iteration sought to create and facilitate a smoother and shorter transition between financial planning topics and contraception for the girl and the couple. It was taking providers a long time to conduct these sessions with girls!

The outcome was a consolidated discussion guide for providers to use with financial planning, child health, and family planning counseling modules. Providers and girls loved it! This iteration helped reduce the number of materials needed for sessions and shortened the amount of time needed per session.

A360 also got feedback from our providers that this new discussion guide shortened the time it took to walk girls through all the materials and helped the providers have a more personal, tailored conversation with each individual girl.



## 1. Integrated Model



## 2. Plus Model

# TEST LIVE PROTOTYPE

During **Live Prototyping**, A360 began to test solution feasibility and scalability. A360 sought to learn what roles and touch points will ultimately lead to method adoption? How could A360 leverage the existing health provider network to create a system that could serve girls in diverse and rural communities?

To answer these questions, A360 tested two models against each other to see which one would yield better results.

1. The Integrated Model used existing community structures to recruit girls and relied on existing health workers to do financial planning education, family planning counseling, and follow up with girls.
2. The Plus Model created new roles such as Youth Champions to peer recruit girls and a Counselor to counsel young couples, while relying on existing health workers to only conduct family planning counseling and follow up.

# RUNNING A LIVE PROTOTYPE

**In setting up a Live Prototype, it's important to be able to set up systems to make sure you execute the program in a controlled way and can collect qualitative and quantitative results.**

In Live Prototype A360 set up a comprehensive measurement roadmap that allowed us to track how our program was performing at each stage (recruitment, counseling, adoption) and the primary and secondary and user experience. A360 also designed a data collection form that our health workers could use to track detailed information on our prototype. In this phase, it's often helpful to collect a broader set of indicators, so that there is rich information to learn from. At later stages of implementation, the set of indicators to measure can be slimmed to the minimum necessary program requirements.

A360 also set up a checklist of activities required to ensure the Live Prototype continued to run smoothly after launch, including a data collection plan, a communications plan, and a coaching plan.

# ITERATION CASE STUDY

## SMART START MEASUREMENT ROADMAP V1, LIVE PROTO

	HEAR	LEARN + CONSIDER	ADOPT	CONTINUE
ACTIVITIES	<ul style="list-style-type: none"> <li>Community kick off meeting</li> <li>WDA/champions recruit girls door-to-door</li> </ul>	<ul style="list-style-type: none"> <li>Smart Start session (group + individual)</li> <li>Follow up appointments made</li> </ul>	<ul style="list-style-type: none"> <li>HEWs provide desired method to girl at home or health post</li> <li>HEWs refer girl to clinic for desired method if HEW cannot provide</li> </ul>	<ul style="list-style-type: none"> <li>Follow up appointments made to check on adopters and continue method use</li> </ul>
INDICATORS	<ul style="list-style-type: none"> <li># of target girls who learned about Smart Start</li> <li># of girls attending session, by referral channel</li> </ul>	<ul style="list-style-type: none"> <li># of girls attending session (group + individual)</li> <li># of follow up sessions completed vs. scheduled</li> <li># of sessions before adoption</li> </ul>	<ul style="list-style-type: none"> <li># of adopters</li> <li># of girls referred above HEW</li> </ul>	<ul style="list-style-type: none"> <li># of follow up visits made to adopters</li> </ul>
TOOLS	<ul style="list-style-type: none"> <li>Recruitment sheets at community meetings</li> <li>Appointment cards handed out</li> <li>Tally sheet: HEWs / Champions tell Coordinator number of people talked to on a weekly basis</li> </ul>	<ul style="list-style-type: none"> <li>Session tracker</li> <li>Result Tracker Excel Spreadsheet</li> <li>Qualitative interviews (2 per week) of girls / stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Session tracker</li> <li>Referral Cards</li> <li>Result Tracker Excel Spreadsheet</li> </ul>	<ul style="list-style-type: none"> <li>Session tracker</li> <li>Referral Cards</li> <li>Result Tracker Excel Spreadsheet</li> </ul>
INVESTIGATE	<ul style="list-style-type: none"> <li>How feasible is it to get tallies of girls reached through recruiters?</li> <li>Are Coordinators keeping attendance at all sessions (group, 1:1, community)?</li> <li>When 1:1 forms vs. group forms used?</li> <li>Community Assessment "adoption"?</li> </ul>	<ul style="list-style-type: none"> <li>Are girls bringing appointment cards and folders to sessions?</li> <li>Are HEWs/Coordinators using and keeping appointment cards? How?</li> <li>How are girls/HEWs using goal sheets?</li> <li>How are IDs being used?</li> </ul>	<ul style="list-style-type: none"> <li>Are follow ups at the clinic happening?</li> <li>How is method adoption at clinic being tracked?</li> <li>How are HEWs using backpack and binders?</li> </ul>	<ul style="list-style-type: none"> <li>Are HEWs following up with girls when they want a follow up?</li> <li>Is Gino data being cross entered from government forms?</li> </ul>

## Measurement roadmap

<b>JALGABBI GAARI!</b>	<b>GUYTA</b> / 020	<b>MAGAA TAJAJILAA</b> / PROCEED EARLY		
	<b>KEBEE</b> / FOLDER	<b>GAREE TAJAJILAA</b> / PROCEED EARLY		
<b>GOOGAANNOO MACHO MAAKAA</b> / 020				
<b>MAGAA MADDA WAREE</b> / 020		<b>JALGABI GAARI LAKKOOPA</b> / SMART START ID		
<b>UNNE</b> / 020	<b>SAAYIRA DA'IMMAANI</b> / NUMBER OF CHILDREN	<b>SILFA YERO AMMA</b> / CURRENTLY PREGNANT		
		<input type="checkbox"/> SEYYEE / YES <input type="checkbox"/> LAKKE / NO		
<b>GOOGAANNOO SAAGANTAA</b> / INTERVIEWED				
<b>TYPE OF SESSION</b>	<input type="checkbox"/> MAREE MALINI / GROUP	<input type="checkbox"/> SAASHO HANAA / 1:1	<input type="checkbox"/> JESSAA HANAA / 1:1	<input type="checkbox"/> KAN BIRAA / 1:1
<input type="checkbox"/> KAREESHAAN / 1:1	<input type="checkbox"/> MATA DUREE IBRATI / MARI ATARE / GROUP	<input type="checkbox"/> KAROORSI / DINGAODE KEENYA / 1:1	<input type="checkbox"/> KAROORSI / HAATI KEENYA / 1:1	<input type="checkbox"/> MALLA HORNATAA / BI MALLOOTA / 1:1
<input type="checkbox"/> BAKKA BELLANNA / 1:1	<input type="checkbox"/> SEENYITU / AKKAA BEESE / 1:1	<input type="checkbox"/> HODDELA / HODDELA / 1:1	<input type="checkbox"/> SEGGESBITTU / GABEE / 1:1	<input type="checkbox"/> SEGGESBAA GAN / BAA / 1:1
<input type="checkbox"/> HODDETTU / 1:1	<input type="checkbox"/> HIRBIYYAA / 1:1	<input type="checkbox"/> ONDEESSAA / 1:1	<input type="checkbox"/> KAN BIRAA / 1:1	<input type="checkbox"/> 1:1
<b>SEENAA MALLOOTA</b> / 020				
	<b>PERSONAL</b> / 020	<b>HEALTH</b> / 020	<b>GROUP</b> / 020	<b>OTHER</b> / 020
<b>AMMAA FAYYIDAMAA JIRAA</b> / 020				
<b>KANLAN DURA FAY YADANE</b> / 020				
<b>KILNEKATTO KAN GARGAME</b> / 020				
<b>MALLA KAROORSA MAATI</b> / 020				
<b>MARI ANAANNA / GOOGAANNOO</b> / 020				
<b>YADANNOO MALLA HORNATAA</b> / 020				
<small>REGISTRATION OF HEALTH POSTS BY MARIAN. PHOTO TAKEN BY HEALTH POSTS. CONTACT: 011-551-1000 AND 011-551-1000/1000.</small>				
<b>BOODHODDI</b> / 020				
<b>HOODHODDI BELLANNA KAROORFANEETI</b> / 020			<b>GUYTA BELLANNA</b> / 020	
<input type="checkbox"/> SEYYEE / YES <input type="checkbox"/> LAKKE / NO				
<b>MATA DUREE IBRATI HARI ATARE</b> / 020			<b>BAKKA BELLANNA</b> / 020	

## Data Collection Form

<b>JALGABBI GAARI!</b>	<b>WEEKLY ACTIVITIES GUIDE / CHECK-LIST</b>
<b>EVERY DAY</b>	
<input type="checkbox"/> Complete appropriate forms at the end of each session	
<input type="checkbox"/> Capture in your notebook:	
<ul style="list-style-type: none"> <li>&gt; What went well</li> <li>&gt; What could be improved</li> <li>&gt; Questions for PSI team</li> <li>&gt; Stories or testimonials from sessions</li> </ul>	
<b>EVERY WEEK</b>	
<input type="checkbox"/> Conduct 8 sessions in site 1	
<input type="checkbox"/> Conduct 2 session observations at site 2	
<input type="checkbox"/> Admin:	
<ul style="list-style-type: none"> <li>&gt; Check on commodity and forms stock at both health posts</li> <li>&gt; Provide on-the-spot coaching where necessary</li> <li>&gt; Collect referral cards and session tracker information from health posts and clinic</li> </ul>	
<input type="checkbox"/> Lead Team Debrief session:	
<ul style="list-style-type: none"> <li>&gt; Review week</li> <li>&gt; Capture feedback: what went well, what could be improved, capture stories</li> <li>&gt; Discuss follow-ups needed</li> <li>&gt; Provide coaching when needed and remind about best practices</li> <li>&gt; Make schedule for following week</li> <li>&gt; Ensure team has what they need and is supported (e.g., commodities, forms, etc)</li> </ul>	
<input type="checkbox"/> Enter data from live prototype sites	
<input type="checkbox"/> Synthesize stories, testimonials, and quotes	

## Checklist of activities

# LEARN LIVE PROTOTYPE

## A360 LEARNED:

- After completing Smart Start sessions, couples saw new value in contraception; that connection between financial planning and family planning was novel to our target user.
- Smart Start is well received across the community.
- Integrating Smart Start activities into the health worker workflow is difficult due to competing responsibilities, varying motivation levels, and lack of strong relationships with girls.
- New roles such as Coordinators could conduct more sessions with greater knowledge depth and consistency than health workers.
- Our target population was highly dispersed, bringing significant operational obstacles and lower program efficiency when trying to reach them.

## A360 HEARD:

- “20 years ago I got married and we only had 1 cow. After I had 8 children, a health worker came to talk about family planning and I stopped having kids. I wish we had Smart Start back then.” – *Community Influencer*
- “This is the first program that helps me introduce family planning before a girl’s pregnancy.” – *Health Worker*

## A360 OBSERVED:

- Commodity stock and supply by the government impacts the ability of the health worker to serve their communities and fulfill their roles.
- It was still hard to ensure husbands and wives would attend sessions together, but girls would go home to talk to their husbands about taking a method.



## ITERATION CASE STUDY



### Integrated Model results:

12 girls counseled,  
5 new adopters

### Plus Model results:

56 girls counseled,  
9 new adopters

# REVISE LIVE PROTOTYPE

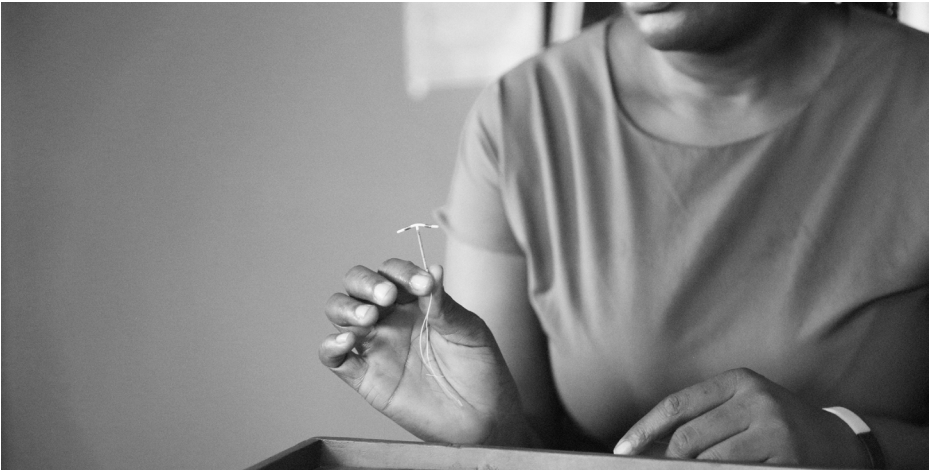
After running the live prototype, A360 had confidence in our Plus Model introducing new roles to help share the burden of the new Smart Start activities with existing health workers.

In our next iteration (Pilot), A360 started to formalize the training curriculum, data collection system, final printed materials, and program management processes.



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# SERVICE DELIVERY

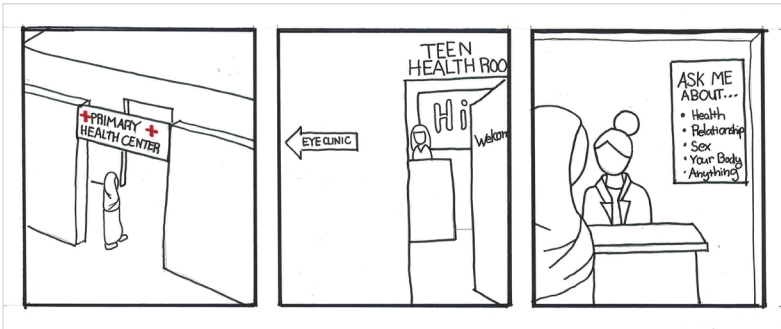
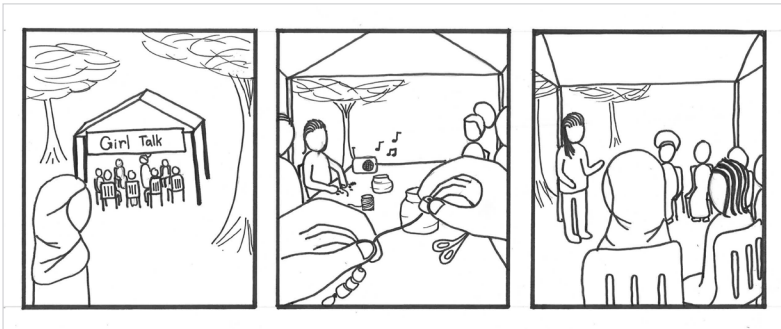
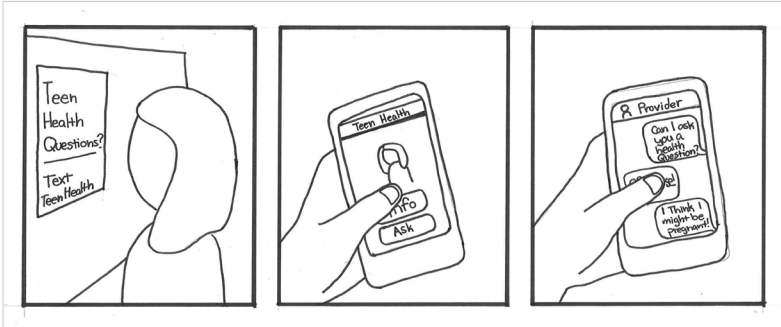


## TEST

With a group of girls, introduce these storyboards as experiences that girls can have when learning and accessing contraception in different places. Read each story to the girls and get their reactions after each story is read.

In addition to these stories A360 tried, what other ones might be resonant in your context?





[PRINT THESE OUT!]



# LEARN

## ASK:

- What do you like / not like about this story?
- Who do you trust to tell you this information?
- Where would you feel most comfortable accessing services?
- Who / what type of girl would like this experience?

## OBSERVE:

- Girls' body language (excited, repulsed, engaged, bored, etc.)
- Girls' social interactions (crowding, debating, curious, sharing, etc.)
- Girls' questions they ask

## REVIEW:

**As a team, review what really stood out to you in the session. You should be able to answer:**

- Which story experience did girls prefer?
- Which story experience were girls most excited by?
- Which story experience created some controversy?
- Do you have a better idea of why girls were drawn to these?

## Measures of success:

Which pamphlet/event received the most votes?



### ITERATE:

**What questions do you still have after running that prototype?**

- How much disguise do girls need when accessing contraception?
- How interactive should a contraception learning moment be?

### MAKE/MODIFY:

**Provocations when making the next prototype:**

- Think about ways to test a girl's behavior—does it match what she said she would prefer?

*Example: Try to draw girls to a special teen-only room in a clinic; do they show up?*

- Think about what the feasible channels are to deliver these services—can we try delivering services there with the features girls want (*example: more private, more teen-centric*)?

*Example: We know we have to deliver services at the health center (in school service delivery is not possible) so we hold special teen-only clinic times after school; do girls show up?*



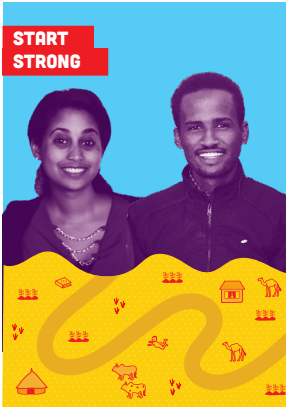
# LOOK AND FEEL



## TEST

With a group of girls, introduce these posters and ask them to vote with dots on which ones they like best.

In addition to these posters we tried, what other ones might be resonant in your context?



[PRINT THESE OUT!]



### ASK:

- What do you like / not like about this poster?  
Why?
- If you could change this poster or add one thing, what would it be?

### OBSERVE:

- Girls' body language (excited, repulsed, engaged, bored, etc.)
- Girls' social interactions (crowding, debating, curious, sharing, etc.)
- Girls' questions they ask

### REVIEW:

**As a team, review what really stood out to you in the session. You should be able to answer:**

- Which poster got the most votes?
- Which poster were girls most excited by?
- Which poster created some controversy?
- Do you have a better idea of why girls were drawn to one poster?

### Measures of success:

Which poster received the most votes?



### ITERATE:

**What questions do you still have after running that prototype? Examples might be:**

- How literal do we have to make visual and verbal messaging?
- How do community leaders feel about this look and feel?
- Is this look and feel resonant across diverse users you might be targeting (regions, education levels, ages, etc.)?

### MAKE/MODIFY:

**Provocations when making the next prototype:**

- Think about ways to test a girl's behavior—does it match what she said she would prefer?

*Example: Try to draw girls to an event using your new messaging and look and feel; are girls attracted to the event?*

- Think about how the look and feel might be manifest in visual materials vs. people's attitudes—can you make it feel coherent?

*Example: If you're going for something bold and sassy, try making a bold and sassy poster in addition to teaching providers how they can be bold and sassy (give them a t-shirt! teach them a song!). Do girls still feel connected to this look and feel?*

# LIVE PROTOTYPING

A Live Prototype is your chance to combine learnings from previous prototyping phases and across all three components to test a cohesive program concept in real-world conditions. You may run a live prototype for a few days or a few weeks. Live Prototypes are all about understanding the feasibility and viability of your idea.

## **Measuring success:**

In a Live Prototype, the goal is to prove your solution and system can achieve better results than the status quo or the existing program. Depending on your subject matter, there may be existing programs and data to compare yourself against, or you may have to set your own quantitative thresholds and benchmarks.



## Trying it out for yourself

Now that you have some loose guidance around the process, structure, and tools of prototyping, it's time to go out and try it! You'll need to process this guidance with your team and come up with your own learning questions—remember, you are the experts in your own context! Once you start putting prototypes in front of users and learning from these users, you'll start to develop your own informed intuition on what will work and what won't. Along with the data, your **informed intuition** will really be the best metric for when a prototype is the right one and when to keep trying something. **GOOD LUCK!!**

# HOW DO YOU START PROTO- TYPING?

**A360'S SPARK PLUG**  
START