

ADOLESCENTS 360 TANZANIA: LIVE PROTOTYPING REPORT CARD





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# Live Prototype Overview





During Live Prototyping, we begin to test solution feasibility and scalability in addition to desirability. In *Adolescents 360*, Live Prototyping marks the beginning of a critical transition from the design phase to implementation and operation.

Live Prototyping is a way to answer questions and test assumptions in our solution. We ran a series of Live Prototypes to test, gather feedback, and refine both individual components as well as how these components work together as a system. During this phase, we prioritized feasibility, scalability, and desirability questions that are key to answer in preparation for pilot.

## Desirability

Is Kuwa Mjanja a desirable program that will attract and engage girls to participate over time? Will participating in Kuwa Mjanja lead to contraceptive uptake?

## Feasibility

Can we leverage existing infrastructure to operate this program, and what additional roles and responsibilities might we need to create?

## Sustainability

How might we design our partner engagement to enable successful scale up of our program and incorporate elements of Kuwa Mjanja in existing programs and ways of working? How can we replicate, institutionalize and commercialize elements of our program design?

**Throughout Tanzania's design process, multiple phases and approaches to prototyping were taken. Among other things, we tested high resolution versions of the prototypes that eventually led to the core concepts. The core concepts were tested through two different models; the Kuwa Mjanja in-clinic model and outreach based model.**

- Prototypes for the in-clinic model were designed to drive adolescent girls traffic to girl-identified youth friendly health facilities where they will interact with Kuwa Mjanja brand experience and receive contraceptive services.
- Outreach-based model prototypes were designed so that adolescent girls were invited to out-of-clinic locations where they would get an opportunity to interact with the Kuwa Mjanja brand experience. Events in this model are set up to allow service offering on site, and in cases where girls need time to consider, girls are referred to nearby girl identified youth friendly health facilities.
- As the two models were tested, we were able to achieve a number of design breakthroughs that enabled us to validate relevance of the two models.

These design breakthroughs coupled with continuous feedback from field testing cemented the need to fuse the two models into two complementary tracks of the Kuwa Mjanja system, under one brand, rather than choosing only one model to go forward with.



*Kuwa Mjanja*



*Menses/ puberty as an entry point*



*Girl-ID'ed providers*



*Opt-out private moment*



*Parents-turned advocates*



*Contraception = tool to your goal*



*Clarified KM Brand Direction*



*Clubs making girls feel special, loved and part of something bigger*



## Desirability

Kuwa Mjanja positioning is effective in making girls to feel more comfortable to engage and learn about contraception in a broader narrative.

Kuwa Mjanja Service delivery on site with a Kuwa Mjanja girl selected friendly provider reduces the barrier to uptake for girls by removing the number of decisions and steps they need to take to access services.

Kuwa Mjanja Opt out Private moment with a girl selected friendly provider helps girls not to feel judged when meeting with a provider.

## Feasibility

Interpersonal Communication Agents are a good channel for demand creation however they are connected to PSI's network facilities and not in public and therefore would require also leveraging Community Health Workers when we work with public facilities.

Existing PSI/Tanzania outreach teams can provide services in Kuwa Mjanja events, but there is a need of additional staff to support coordinating adolescent outreach events which will include demand creation and event set up.

## Sustainability

Kuwa Mjanja positioning gives room for components beyond health and this creates an opportunity for non-health partners to be involved.

Leveraging outreach teams and social franchise teams helps build providers' capacity on Kuwa Mjanja and allows continuous friendly services to girls in the community both in public and private clinics.



# Service Elements





Throughout Live Prototype, we tested the following service elements:



*Kuwa Mjanja Brand*



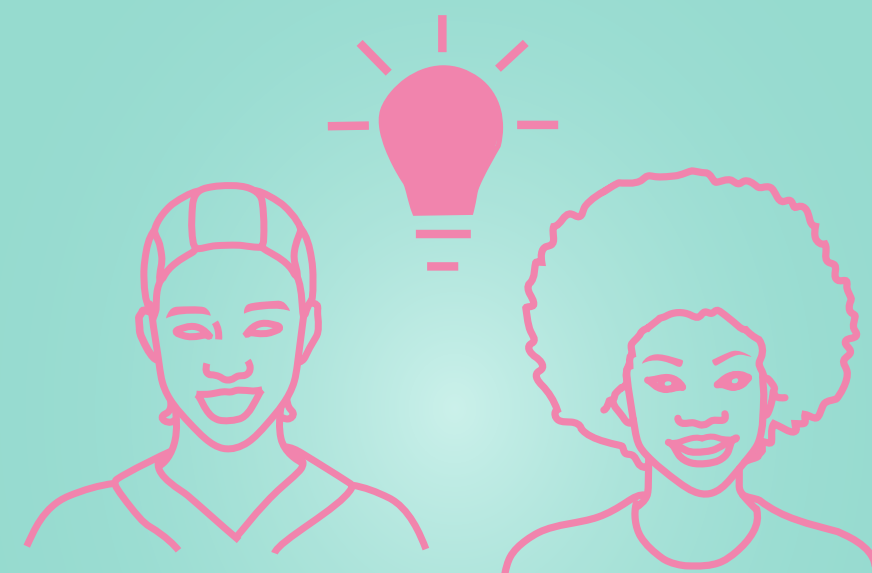
*Relevant Messaging*



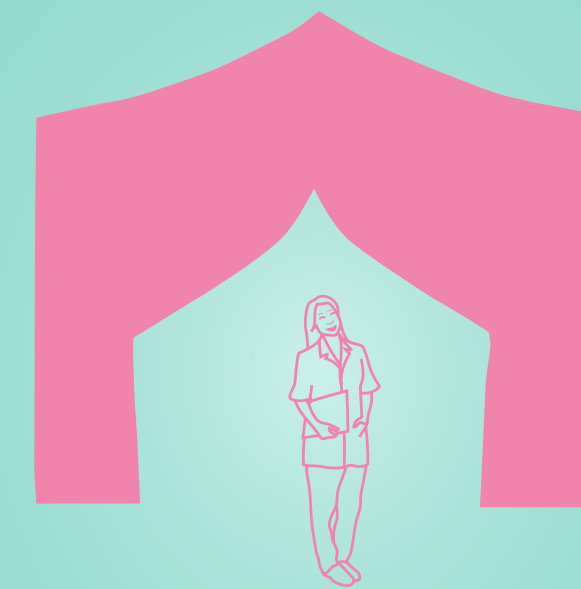
*Demand Creation*



*Sustained Engagement*



*Learning Experience  
with On-site Services*



*Girl-Centered  
Service Delivery*





# **Kuwa Mjanja Brand**





## What It Is

Kuwa Mjanja is a girl-centric brand that leverages storytelling, symbolism and beauty as ways to connect with girls. The brand uses a pineapple motif as an inspirational and familiar symbol—pineapples Stand Tall, Wear a Crown and are Beautiful on the Inside. The Kuwa Mjanja brand story is a way for girls to relate to the brand and make it their own. Kuwa Mjanja is the voice of a girl, and every interaction encourages dialogue, socialization and trust. The brand creates spaces (real and virtual) where girls can feel they belong and can feel special. Kuwa Mjanja uses imagery from Tanzanian nature to make the brand uniquely Tanzanian.

## Why It Matters

Girls need a trusted source of information as they go through adolescence. They receive scary and conflicting messages depending on their stage in life, but have no consistent dialogue about the information they receive. They often feel isolated and have no place to call their own. Kuwa Mjanja creates a space for girls to feel special and part of something bigger than just themselves.



## Related Design Research Insights:

Girls receive bursts of information at key moments in their lives, but this information is often conflicting and is not consistent. Girls need a trusted and consistent source of information related to their reproductive health.

Many girls feel socially isolated and confused during this period in their lives, and few have positive role models they can follow. Because they see no realistic alternative, many girls don't have a strong reason to delay pregnancy.

Contraception is widely considered unsafe and imposed from outside. Despite comfort using traditional methods of family planning, modern contraception is often seen as foreign and imposed.





## How We Tested

During our brand redesign exercise, we gathered ideas based on the insights we had about girls and experiences interacting with our target audience. We shared preliminary brand directions with girls, boys and parents to gather feedback and make changes. We also tested our final iteration with girls – and they loved it. They connected strongly to the Kuwa Mjanja story and felt that the brand was inspirational, fun and for them.

## Scalability Design

The Kuwa Mjanja brand name, symbol, and Tanzanian imagery give Kuwa Mjanja designs a local feel. This makes it easy for girls to connect with in different geographies of Tanzanian mainland where the brand has been tested. The brand was designed to be easily shared and built on, to allow girls to own and share it themselves.





## Desirability Learnings

Girls connected with the Kuwa Mjanja brand and felt it was for them. The Kuwa Mjanja story resonated and girls were able to share examples of times they had stood tall, worn a crown or were beautiful on the inside.

## Feasibility Learnings

Kuwa Mjanja brand has been widely tested with adolescents and other stakeholders across the social ecological model in different geographies of the country. Feedback from these tests show positive responses to both the brand name and its elements.

## Sustainability Learnings

Girls are already showing ownership over the brand in areas we have tested. After the brand story is read in an event, girls have been calling each other “Nanasi” – Pineapples. Also, when the brand and its story was presented to the ASRH TWG, we received very positive reception that signified readiness of partners to also adopt the brand.



## Kuwa Mjanja Story



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



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



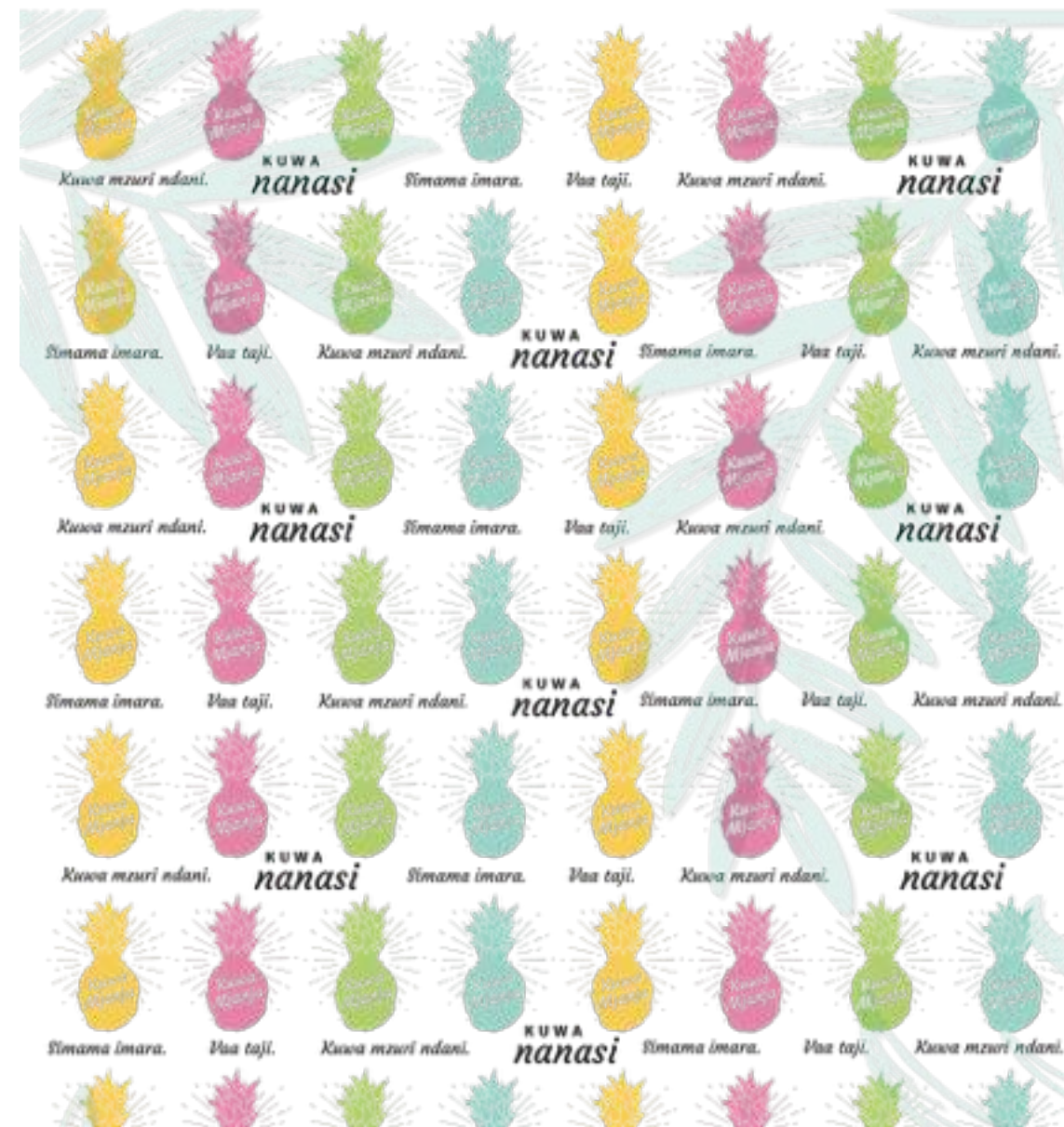
The outside of a pineapple can be  
described in many ways.  
You could say it's hard, firm, strong,  
beautiful, thorny.  
The list is endless.  
Despite its thorns, love the pineapple  
for its inner beauty.  
Just as this is true for pineapples,  
it's also true for Mjanja Girls!  
Be authentic. Be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



Design Assets



STREET POSTERS



SELFIE BACKDROP

STYLE GUIDE







“Pineapples are strong, this means if I am a pineapple my dreams will be achieved.”

— *Adolescent Girl*

“I even had goose bumps when the story was being read, why don't we just make this a national (youth) brand?”

— *ASRH TWG Implementing Partner*





# Relevant Messaging





### What It Is

Embedding contraception within messages and conversations more relevant to girls at their particular point in life, helps reposition contraception as a relevant product for them. We have relevance positioning messages for our two target segments:

**Farida:** KM helps her better understand her changing body as it relates to herself, her role in her family and community and her reproductive health. Incorporating contraception into a narrative about puberty and menses makes it a much more desirable, comfortable, appropriate topic, and equips girls to have a conversation about contraception that they otherwise couldn't have.

**Bahati:** For Bahati, KM messaging taps into her priorities--which is achieving certain goals, finding ways to make money, managing growing responsibility and navigating the transition into adulthood.

Many of these girls are at inflection point – they're not children anymore but they aren't quite adults, despite their growing responsibility (and potentially marriages). KM messages are designed to help Bahati figure out who she is and who she wants to be and decide how to get there.

### Why It Matters

“Family planning” as a category is not relevant to adolescent girls. They are not planning their futures, let alone their families. Family planning is widely positioned as a product for married women with children and adolescent girls do not consider it is for them. Specific messaging and positioning can be targeted at key target audiences, so the messaging continues to stay relevant as they move through different life stages



### Related Design Research Insights:

A girl's fertility is seen as being one of her greatest assets. There is a wave of agreement among Tanzanians that conception harms fertility and should never be encouraged/used by a woman or girl who has yet to have children.

Contraception led conversations, implying a girl is already or about to have sex, can be considered inappropriate and/or irrelevant. Discussions driven around menses and its effects on fertility are considered more age appropriate and girls are more able to relate to them and better understand contraception once they have the most basic understanding of their bodies

Many young couples and young people live their lives in a state of constant financial stress, and say they are "fighting with life." Despite acknowledging the financial burden of having children, contraception is not usually considered a solution.

After marriage or childbirth, girls find it difficult to chase after their dreams and plans for the future. Girls say their "dreams die" as more immediate needs for the family and mitigation of risks take priority over their own ambitions.





## How We Tested

We tested these two relevance positioning by inviting girls to events using separate messaging. The two positionings mentioned above were used in communications about the two types of events and the events were designed to reflect the positioning.

## Scalability Design

We have tested Kuwa Mjanja positioning with adolescent girls and other stakeholders in different geographies across the country. Both tracks that were tested produced positive results along the coastal strip as well as upcountry. Also, we have identified a number of partner organizations that are conducting activities relevant for each positioning and that are willing to partner with Kuwa Mjanja during implementation.





### Desirability Learnings

We learned that girls found both relevance positioning to be desirable, as indicated by attendance at the events, with an average of 35 attendees at our Clinic-based Know Your Body Events and 100+ attendees at our Pop-up Know Your Path events.

### Feasibility Learnings

The positioning messages have been tested in a variety of regions and has been successful. However, we have been getting some clients above or below our age range (approximately 20% of clients outside 15-19 age range), so we will need to continue to measure this throughout pilot to ensure we are reaching our target population.

### Sustainability Learnings

There is an opportunity to partner with organizations that work in non-health areas with adolescents to bridge the gap between much of the programming that is ongoing. Partners have been identified for pilot sites to incorporate in other tools and skills girls need to access.



Design Assets



EVENT FLYERS



INVITATION CARDS





“Kuwa Mjanja is the person who can trust herself and who can believe in her life.”

- Adolescent Girl

“I wish my own parents had had the courage to sit me down and talk to me about pregnancy – like you’re all doing with our kids now! Who knows – I might have reached my goals.”

- Mother of adolescent girl



# Demand Creation





## What It Is

A targeted demand creation approach to Kuwa Mjanja will encourage girls to participate. A bold mass media strategy will work to change the larger conversation about girls and contraception. Targeted interpersonal communication will be used for each target segment to leverage those people most influential in their lives.

**Farida:** Parents are important influencers. Community mobilizers will engage with parents to attend gatherings to share stories, build community support, commit to supporting them and ultimately encourage girls to participate and potentially receive services.

**Bahati:** KM Queens best represent the voice of KM and are influential in creating engagement. Bahati already knows about contraception but doesn't consider it for her. Peers and community mobilizers will invite Bahati to participate, but technical information will be given by a qualified provider.

## Why It Matters

The national and community-level conversations about adolescents needs to change. Adolescent use of contraception remains a taboo discussion and something that is not talked about broadly. We must raise this conversation to create more supportive communities so girls can access services. We also must provide the information that adolescents need. We are using a variety of interpersonal communication streams to reach girls through the most influential people and to saturate neighborhoods, leading to a sense of normalcy and support for these issues.



## Related Design Research Insights:

Given all that is ‘known’ in the community about contraception— myths/misconceptions, stigma attached to using, stigma and barriers attached to seeking out contraception, we must consider that we are not starting our dialogue with girls on neutral territory. We are starting the conversation in the thick of fiercely negative perceptions against our point-of-view.





## How We Tested

We tested a variety of channels and are continuing to test their comparative effectiveness over the course of the pilot. We recognize that different girls may respond better to different messengers and have aimed to include those messengers most relevant and influential in their lives. We are testing two models of engaging people for interpersonal demand creation: leveraging existing structures, and a “step-up” model of engagement.

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By leveraging existing structures, we can engage people who are already trusted by the community, trained in communication skills and overseen by an existing structure. These include:

- IPC agents: IPC agents are part of the Familia Social Franchise network and are trusted members of the community, and often considered health experts.
- Local government: Local government consistently comes out as an influential source for most community members and lends trust and legitimacy.

We have also taken a “step-up” approach of identifying “positive deviants” who are already motivated to support this work. Some of these include:

- Kuwa Mjanja Queens: Peers are extremely influential to adolescent girls, though the level of trust may vary. Peers who have participated and stepped up as champions can help create demand for Kuwa Mjanja, but leave the technical parts to the providers.
- Parents: For Farida, parents are a very important influencer. Parents are engaged as an active referral mechanism, and can serve to build community support at the same time.

## Scalability Design

This program will leverage existing structures such as PSI’s IPC agents and public sector community health workers where possible and incorporate a “step-up” approach whenever possible. We will leverage existing structures and partners when managing any new demand creation channel. This may include incorporating it into IPC selection or partnering with a youth network, for example. These positive deviants (girls, parents and local government) can create demand and shape conversations.



## Desirability Learnings

We learned that different girls respond to different channels and that girls need to receive the same information from several sources to trust it. This will likely need to be a combination of interpersonal communications and media. We learned that IPC agents can successfully initiate discussion with parents. We learned girls don't want technical info from age-mates, but that they can be very successful in getting girls to show up and engage. We also learned that sometimes the person selected for demand creation has their own barriers to participation, and so a step up strategy can be crucial for engagement, consistent messaging and trust.

## Feasibility Learnings

We have been successfully able to leverage existing infrastructure. For example, IPC agents are able to refer as long as they are being compensated the same amount as they would be for other clients.

## Sustainability Learnings

Interpersonal communicators do need compensation for time spent on program activities and for things like transport and airtime used for their activities. It will be important to build these into existing demand creation systems and as much as possible create a word-of mouth network for Kuwa Mjanja.



## Design Assets

KUWA MJANJA  
T-SHIRT



FLYERS FOR PARENTS



INVITATION



PEER BAGS







“It is said out there that if the daughters use family planning services, they are likely to be unable to get pregnancy. So, we were worried about that but when we were advised to bring them here, we were motivated and went to motivate them.”

*- Mother of adolescent girl*





**KM CLUB**

# **Sustained Engagement**





## What It Is

Consistent information and engagement is important for girls to be able to make the decision about contraception and continue to use it. Kuwa Mjanja does not end with services, and continues to be an active voice in girls' lives. We envision this taking form in two ways.

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In-person clubs is one way for us to stay in contact with Sarah, but its also a way for us to spread our message, our brand and the conversation we are trying to have to a wider audience. This engagement strategy would primarily seek to serve girls who can't engage online or via mobile. Creating a network helps girls see that they are part of something bigger than just themselves or just their club. We want KM girls to be able to connect, share stories and inspire one another. This is also a demand creation strategy for events and service delivery.

Online/Mobile KM Clubs/Networks allow us to reach an even broader audience with the KM brand and messages. It's also a way for us to be in direct communication with many girls -- being able to respond directly to their needs. This is also a demand creation strategy for events and service delivery, as event invites can be sent directly to girls based on location. This can serve as a channel to share inspiring stories, for girls to connect and to create a broader movement.

## Why It Matters

Girls don't have a trusted, consistent source of information throughout their adolescence. Kuwa Mjanja is that voice that she engages with over time. While we might be having a slightly different conversation as a girl goes through her trajectory, we want her to have the same feeling and experience, and to feel like she knows and trusts us.

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In person and online engagement with Kuwa Mjanja allows us to continue to stay in touch with girls to continue the conversation, but also to monitor her progress. We can reach out to our KM network for feedback, measurement, stories and upcoming KM leaders. We can track girls to understand how many touch points are needed, and help address their concerns about choosing a method and dealing with side effects. Staying connected is a strategy for managing discontinuation by providing support and answers to questions.



### Related Design Research Insights:

Girls receive bursts of information at key moments in their lives, but this information is often conflicting and is not consistent. Girls need a trusted and consistent source of information related to their reproductive health.

Given all that is ‘known’ in the community about contraception—myths/misconceptions, stigma attached to using, stigma and barriers attached to seeking out contraception, we must consider that we are not starting our dialogue with girls on neutral territory. We are starting the conversation in the thick of fiercely negative perceptions against our point-of-view.





## How We Tested

**Clubs:** We tested a Kuwa Mjanja club model that is led and owned by girls, but that has access to “experts” including FP experts and entrepreneurship teachers. This approach was a learning approach to better understanding the content and topics that would keep girls engaged. It was a learning approach to designing the brand experience, creating a special place for girls and a mobile safe space. We are using clubs to develop content that will also be pushed in mobile format.

**Mobile Engagement:** We have tested mobile engagement through distribution of a Kuwa Mjanja phone number through all communication and events. Girls call, text, and flash the Kuwa Mjanja number to receive a variety of information. Girls call to ask about Kuwa Mjanja, to find providers, to learn about contraception, and a few parents have called to learn more about what Kuwa Mjanja is.

## Scalability Design

At scale, we are looking to partner with organizations that already run youth clubs. We hope to build Kuwa Mjanja material into existing clubs and to work with partners to manage KM clubs. We will cross-promote with partner organizations so girls can access a range of tools and information, and so that Kuwa Mjanja can provide a holistic learning experience. We will use Kuwa Mjanja events and mobile as platforms to connect clubs/networks. We plan to connect KM girls so they can inspire each other and build bigger and stronger networks.



## Desirability Learnings

Girls sign up at all of our Kuwa Mjanja events. Girls attend events, and many are repeat participants. We learned that Farida is more interested in networking and socializing and has requested meet ups with other clubs, but that Bahati wants more than just a social experience and wants a more practical offering. While we are positioning contraception as a tool to achieve her dreams, we also need to connect her with the other tools she might need. Girls are engaging with us via mobile through calling and texting us.

## Feasibility Learnings

The Kuwa Mjanja network is an important element that holds the program together. Running networks of clubs will require strong partnerships, and different club models can be applied. Online and mobile engagement is feasible. It's likely we will reach Bahati through mobile engagement, and a lower touch interaction may be more desirable for her.

## Sustainability Learnings

While girls are participating in the club, we need to make sure our offer and content stays fresh and relevant if we want to keep girls engaged. We will encourage sharing and girl-created content, and will build in systems to be able to capture stories and inspiration and work with partners to develop a wider range of content.



Design Assets

FACEBOOK PAGE



WALL DECOR



hey,  
BINTI  
mjanja!



CLUB FLYER





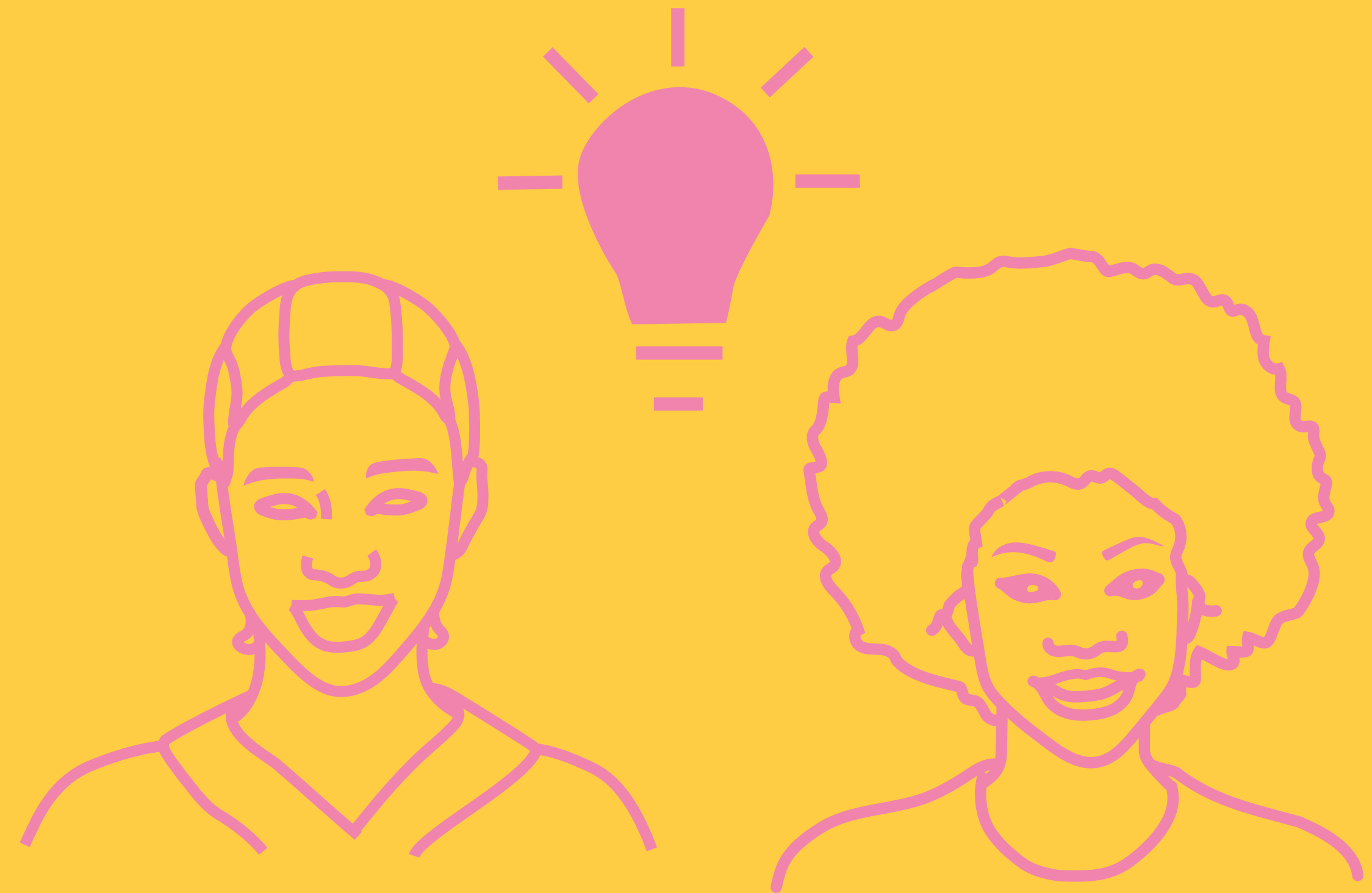
“The first time I came to a Kuwa Mjanja Club, I felt at peace! I’m happy because I’ve learnt so much!”

— *Adolescent Girl*





# Learning Experience with On-Site Services





## What It Is

We have designed fun, engaging and interactive Kuwa Mjanja learning experiences that also have on-site service delivery.

**Farida:** True to the positioning for Farida, her learning experience centers around menses and puberty as an entry point to a discussion about contraception. This is a group learning experience in a clinic environment that includes interactive discussions and demonstrations.

**Bahati:** Also true to the positioning for Bahati, her learning experience is at a non-medical pop-up event. At this event, Bahati has a guided experience to get inspired by positive examples, identify her own goals and set a course for achieving them. Providers are discreetly on-site in case she decides contraception is a tool she wants to look into at that moment.

## Why It Matters

Bringing the learning experience together with service delivery is a way to reduce barriers to uptake and to reduce the amount of drop-out at referral. By reducing the amount of steps and decisions girls have to make, we make it easier for girls to access services. As much as possible, our service delivery is opt-out, as a way of normalizing the discussion with the provider, increasing confidentiality and reducing the opportunity for judgment from onlookers.



## Related Design Research Insights

Many girls feel socially isolated and confused during this period in their lives, and few have positive role models they can follow. Because they see no realistic alternative, many girls don't have a strong reason to delay pregnancy.

Given all that is 'known' in the community about contraception— myths/misconceptions, stigma attached to using, stigma and barriers attached to seeking out contraception, we must consider that we are not starting our dialogue with girls on neutral territory. We are starting the conversation in the thick of fiercely negative perceptions against our point-of-view.





## How We Tested

We tested two different models, an in-clinic model and an out of clinic model. Our in-clinic model leveraged our Social Franchise infrastructure and franchise providers participated and provided services. Our out of clinic model leverages PSI's outreach program and uses PSI outreach team equipment and supplies and public-sector providers for service delivery.

## Scalability Design

We plan to scale our clinic-based activities through our Familia Social Franchise facilities that have girl-identified providers. We also plan to scale to public facilities that participate in the outreach program that have girl-identified providers. Both of these systems have training and supportive supervision structures in place to monitor technical capacity and skill. Our out-of clinic model will leverage PSI and partner outreach programs for service delivery. We will work with regional partners to coordinate the set up and facilitation of the learning experience.



## Desirability Learnings

The learning experiences are fun and interesting and girls enjoy them. Building in a judgment-free opt-out private moment has increased comfort meeting with a provider and has made services easier for girls to access. While some girls still need time or repeat visits before deciding to use contraception, bringing the learning and service together has reduced barriers for girls. For Farida, it gives her a reason and an excuse to go to the clinic, and for Bahati it makes services more convenient.

## Feasibility Learnings

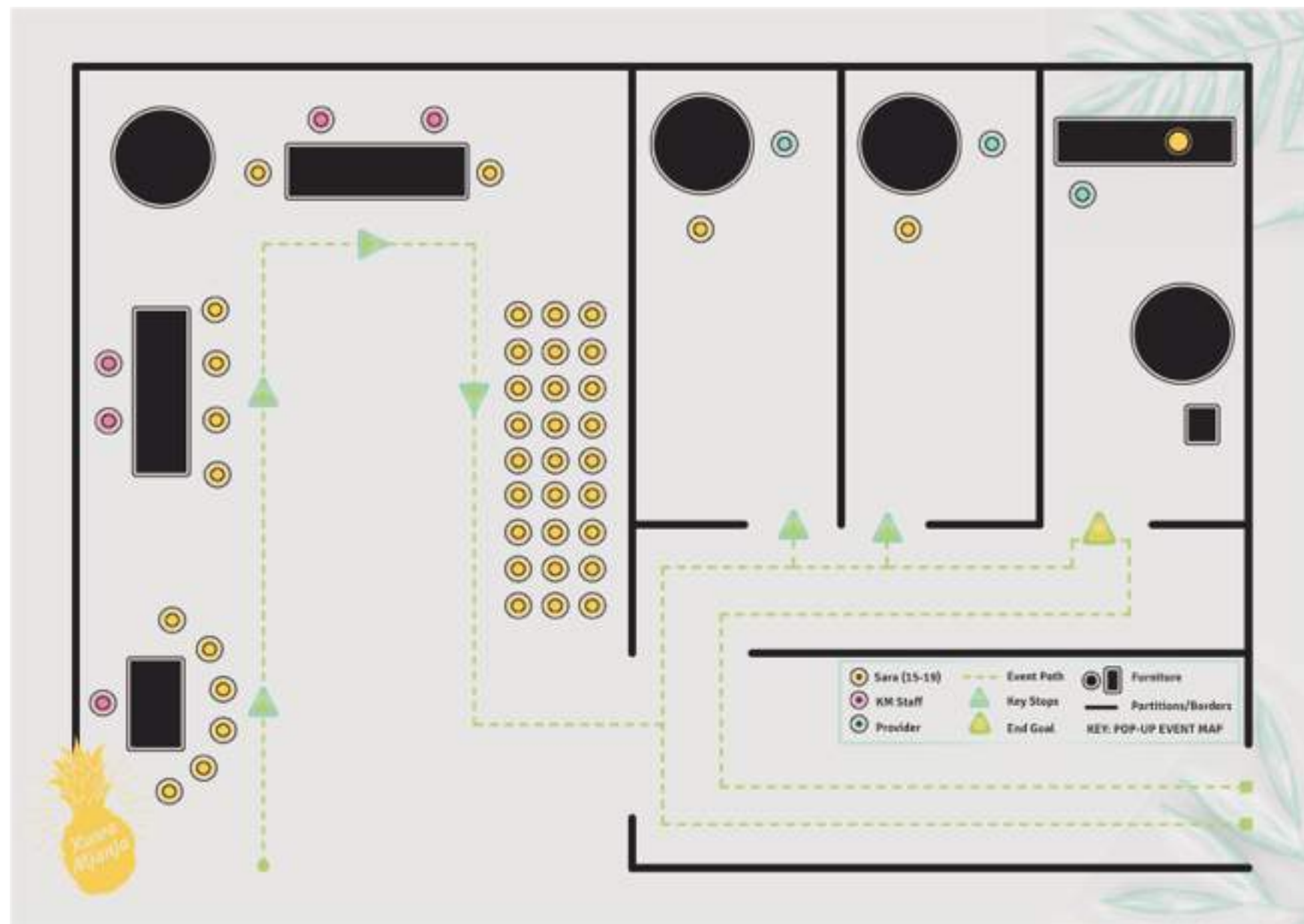
While the design is highly event-based, we anticipate an increase in uptake in static clinics as well as Kuwa Mjanja saturates the site and youth-friendly providers are more easily identifiable. We have learned that it is a heavy load for the clinic-based providers, so supporting them to train or mentor other providers in their clinic is an additional element we will pursue during pilot. The prototype fits within Tanzania's legal frameworks and ASRH guidelines and standards and service delivery has been successful managed by PSI franchise and outreach teams.

## Sustainability Learnings

Implementing partners and MOH are very excited by this concept. They are open and willing to test this concept in partner and public facilities. We can institutionalize this within other partner and MOH programs. For pop-up events, we see an opportunity to engage with corporate sponsors and to participate in existing events (concerts, Shujazz, etc).



## Design Assets



POP-UP EVENT MAP

Three vertical activity cards with a pink background and a pineapple illustration. Each card features a woman's portrait and Swahili text. The top card is for Naitwa Jasmine (miaka 18, MBUNIFU) with the title 'Mambo! Naitwa JASMINE' and 'Ninavyotimiza NDOTO'. The middle card is for Naitwa Anna (miaka 18, NESI) with the title 'Mambo! Naitwa ANNA'. The bottom card is for Naitwa (miaka 18, NESI) with the title 'Mambo! Naitwa'. Each card includes a form with fields for 'Ninapenda:' and 'Sipendi:', and a question 'Rafiki zangu hupenda nini kuhusu mimi?'. The cards also feature circular icons with Swahili words like 'UJUZI WANGU', 'SAPOTI YANGU', and 'NJIA YANGU'.

POP-UP ACTIVITY CARDS



CLINIC DAY METHODS BANNER





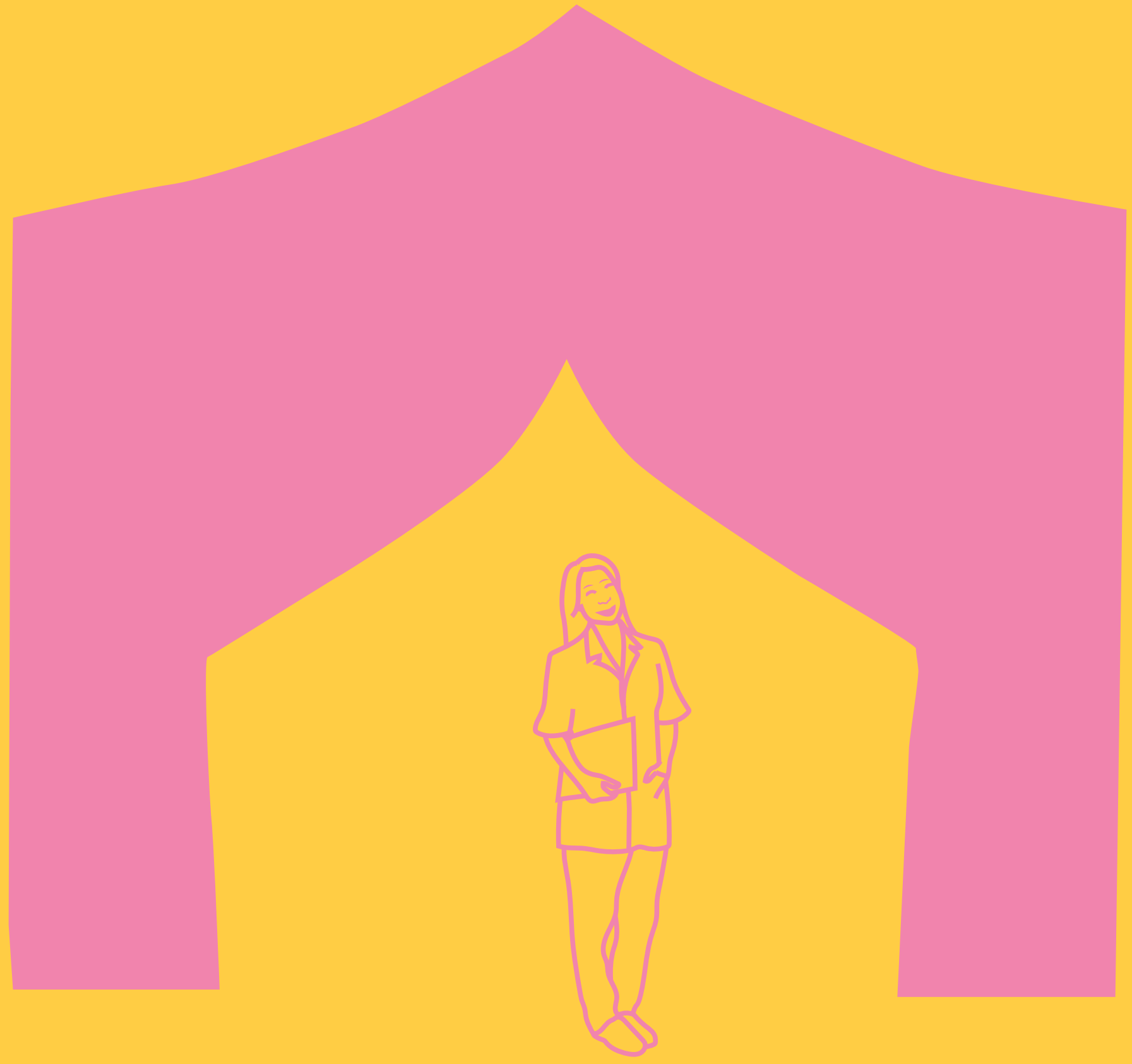
“I might not have much,  
but I think Kuwa Mjanja has  
something to offer me.”

— *Adolescent Girl*





# Girl-Centered Service Delivery





### What It Is

Girl-identified providers offer Kuwa Mjanja services. Girl-identified providers are oriented and trained on Kuwa Mjanja services, and use tools and discussions guides to reframe the counseling moment. Providers discuss contraception in a more relevant way by focusing on attributes girls care about such as bleeding changes, return to fertility and ease of use. Service moments are discreet and opt-out whenever possible.

### Why It Matters

Working with girl-identified providers is a way of ensuring the quality of the service experience, helping girls know where to go, engaging girls at a deeper level in their own care, and shaping the counseling experience to better align with Kuwa Kjanja and girl-specific needs. By working with providers who girls have approved, we can be confident not only in their technical ability, but also their ability to support and communicate with adolescents. Creating discreet service delivery, either through opt-out private moments or discreet event set ups, girls can see a provider without the fear of being judged by onlookers.





**Related Design Research Insights:**

Many providers express that they are or consider themselves to be youth-friendly, when they may not actually offer good service or any service at all to youth. Providers either have misconceptions of what it means to be youth-friendly or simply try to present themselves well, knowing they disagree with offering services to girls.





## How We Tested

We worked with partners and local governments to identify girls at a regional level who could support the girl screener activities. Girls were trained on their role, practiced their mystery client scenarios, and were assigned facilities to screen. For implementation we tested two models:

**High-touch:** PSI facilitates girl's transport, girl receives criteria for evaluation, and debriefs with PSI team to determine if providers meet criteria or not. Girls receive a stipend for the time spent on the activity.

**Low-touch:** PSI provides a transport stipend to cover the cost of transportation to and from facilities. Girls receive facility details and locations and arrange transport themselves. Girls report back to PSI using a form indicating how the provider performed on each criteria.

## Scalability Design

We plan to work with partner organizations to identify which facilities to prioritize for screening. These will include Familia Social Franchise facilities, PSI and partner outreach facilities and providers who have been trained on youth-friendly services (mapping exercise currently being conducted by MOH). This will help us narrow our search for our first cohort of providers. We plan to work with providers who already have relationships with or are part of PSI or partner programs so that quality assurance and monitoring of movement/drop outs is being done through existing infrastructure. As our Vodafone project begins, we will be able to develop a mobile girl-rating system which will allow for ongoing review and feedback on Kuwa Mjanja providers.



## Desirability Learnings

Through our experience with girls screeners, we learned that providers who claim or consider themselves to be youth friendly are often not, but girls can help us find those who are. We worked with girls to develop the criteria that screeners use to ensure that what girls value most is captured when identifying providers. Girls are more comfortable going to a provider that is recommended by other girls. Additionally, by identifying “positive deviant” providers, we’re finding the providers who are intrinsically motivated, and knowing they were selected by girls is a motivating factor in recruitment and participation.

## Feasibility Learnings

Partners are supportive of this approach and have identified the need and support for a national mapping exercise. We learned that girls are able to screen relatively independently and report back. Identified providers will still require Kuwa Mjanja youth-friendly training on new tools and counseling approach but working with motivated and girl-identified providers has helped us find exceptional providers.

## Sustainability Learnings

We have begun working through our existing service delivery channels to ensure clinical quality of service. We intend to institutionalize the screening approach and will use the girl-rating system to better monitor and support our providers. Partners are open to working together to better identify and share information about youth-friendly providers in Tanzania.



Design Assets

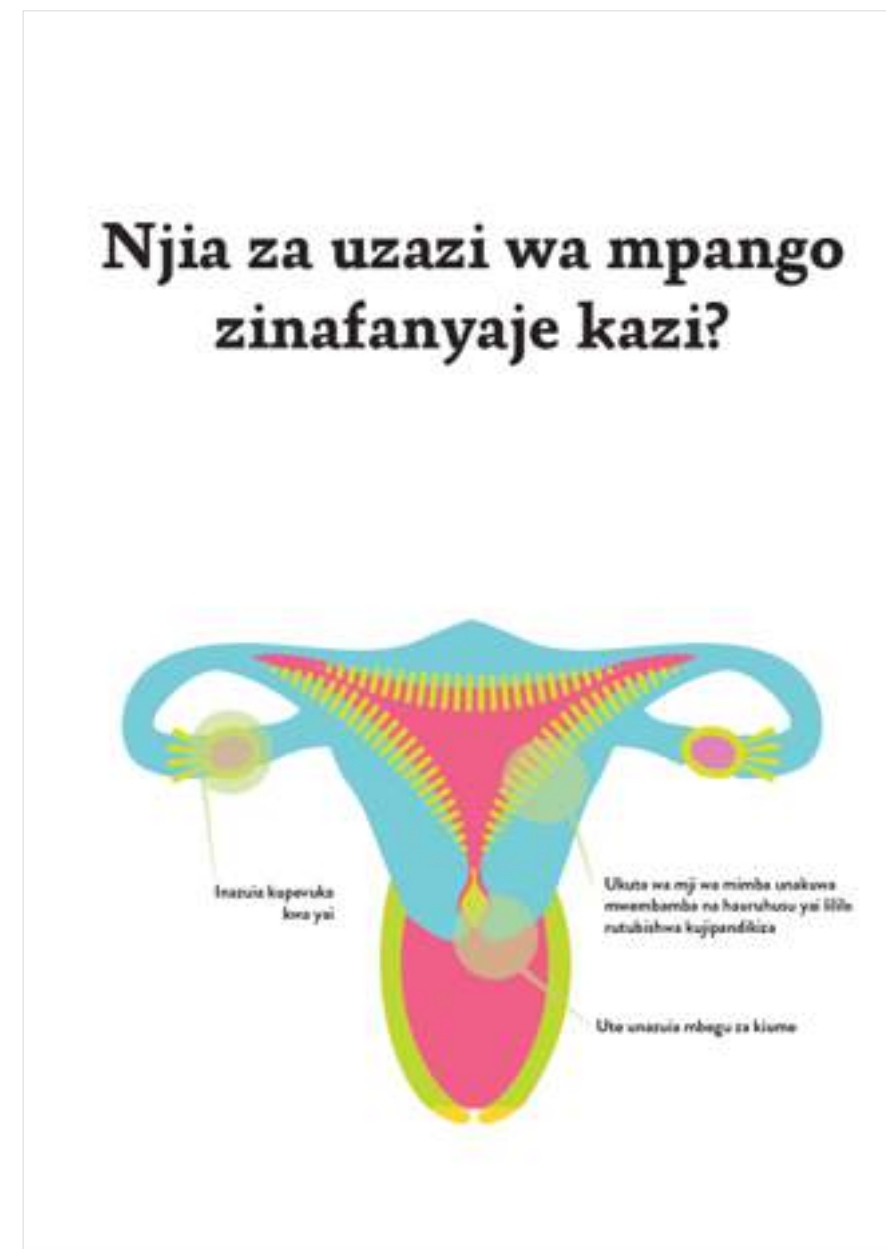
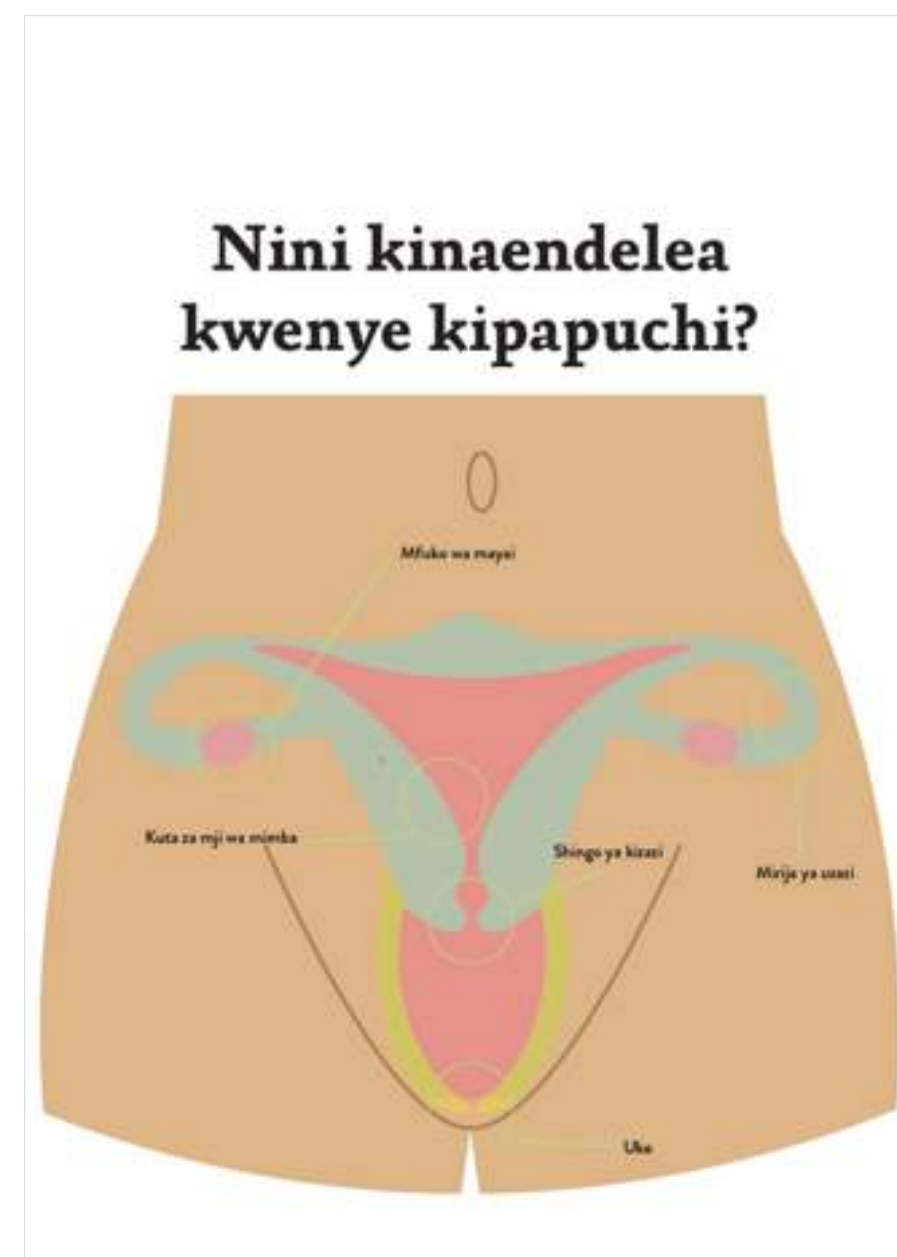
NEXT VISIT CARDS



PROVIDER POSTER



DISCUSSION GUIDES







“I’ve learned to embrace talking to young people – to get them to open up about how they feel. We have to keep going – talk to them, share knowledge, teach!”

*-Service Provider*



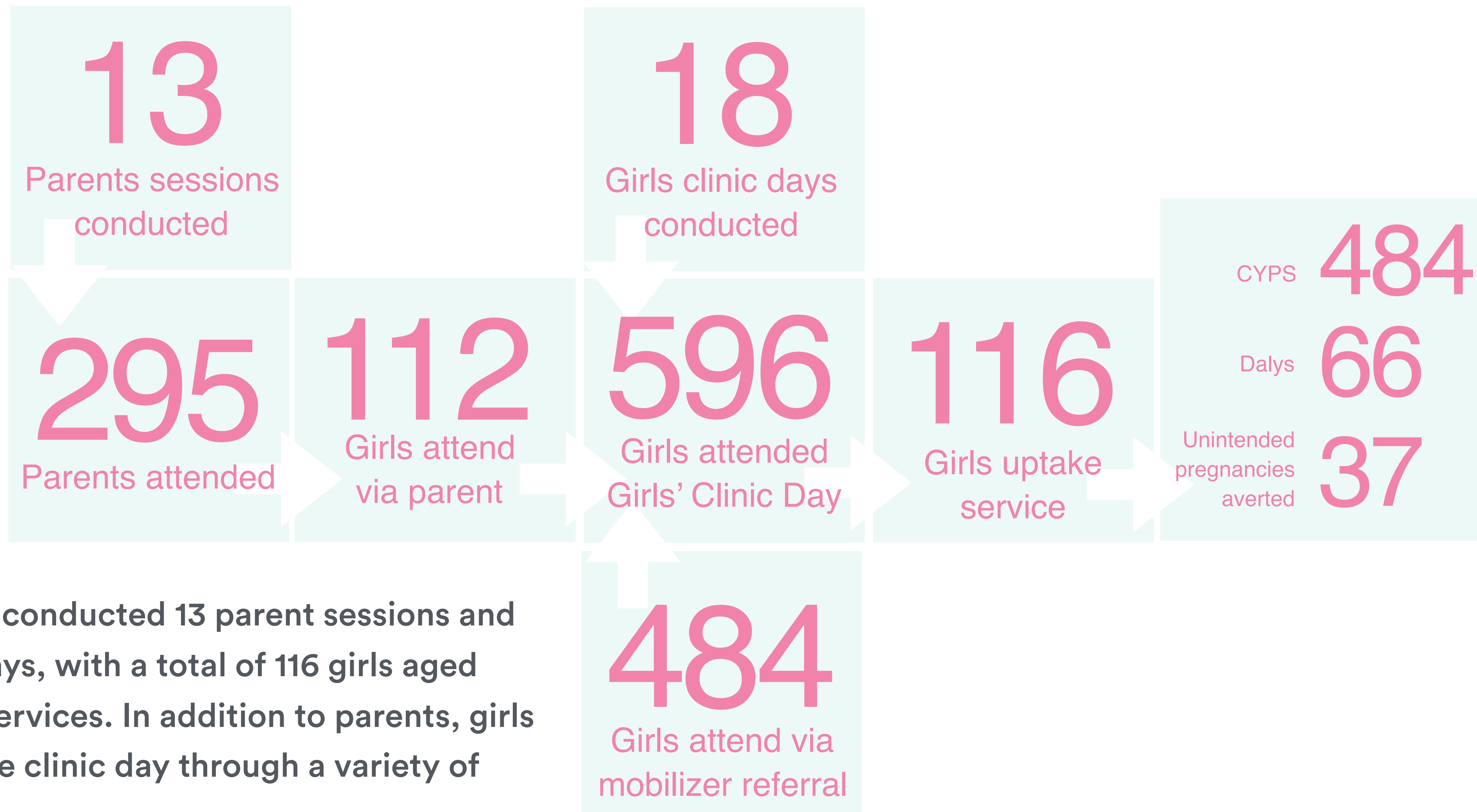
# Early Results





As we have been testing live prototypes, we have been tracking how our users interact with the program to better understand the success of each element. We've been measuring to track method uptake and conversion rates, and talking with users to understand their experiences of Kuwa Mjanja.

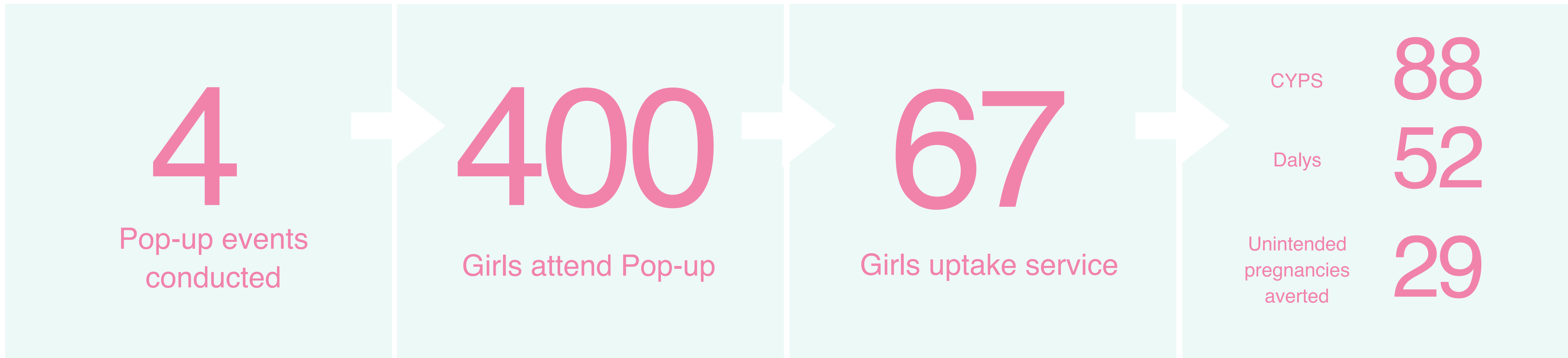




To date, we have conducted 13 parent sessions and 18 Girls' Clinic Days, with a total of 116 girls aged 15-19 accessing services. In addition to parents, girls are referred to the clinic day through a variety of other channels.



So far, we have conducted four pop-up events, reaching approximated 400 girls. 67 girls aged 15-19 have taken services during these events.





Two Kuwa Mjanja Clubs have been set up, one in each of our live prototype sites. To date, 222 girls have signed up to the Kuwa Mjanja Club, with 144 attending and 86 attending at least twice.

8

Club sessions held



222

Girls sign up for KM



144

Girls attend KM club



86

Girls attend at least two KM club sessions





One day as I was walking home from school I met Sister Sarah who informed me of a Kuwa Mjanja event for girls like me where we will learn about our body changes, how to be clean and treat ourselves as girls. She also told me that we will talk about pregnancy and how they can be prevented. I told my mother about the event, and she allowed me to go.

On the event day I was there early and met other girls. We learned a lot about body changes and pregnancy. We also learnt about contraception, there was a provider there who gave services to those who wanted them. I did not take any service during that event because I wanted to think and learn a little more. I went to another event where I learned that I am a pineapple and so I have a crown and I will need to protect myself. I decided to use a method this time because I am planning to be a lawyer and I know at one point I will have feelings and will engage in sex which will put me at risk of getting pregnant. The provider gave me her number just in case of anything. I called her with a question, but now I am completely fine and happy now.

I would like to advise my peers to be confident and make decision like I have done. They should not allow anyone to ruin their life and dreams and should use contraception because it will help them remain protected and achieve their dreams.

- Adolescent girl, 16, Dar es Salaam





This space is for girls like me. A place to know myself. What you're teaching us is more valuable than cash or material wealth.

I'm hopeful about my future. I know there's more to learn – about myself, my health, my goals. I need all this knowledge to reach my potential.

Kuwa Mjanja makes me feel confident, valued, worthy. I'm a pineapple, standing strong.

I'm building entrepreneurial skills! That makes me courageous. I'm learning to make my own money; meet my own needs. I won't be tempted by anyone. I've made progress. I've moved forward. There's lots I can tell my friends because at this point, I feel like I've learnt a lot. I could talk to them about starting a business. Could tell them about contraception.

- Adolescent girl, 18, Dar es Salaam





There's a girl in my neighborhood – about 16 years old. She's in Form Two. She tried to get a method but the doctor wouldn't give it to her because he felt "she was too young!"

You aren't married – and are still in school, the doctor told her. "Instead of focusing on your studies, you're trying to have sex? I'm not giving you contraception!"

What you're teaching is important because I would rather my daughter get contraception than have her get pregnant and attempt an illegal abortion. She has a right to these services if she feels she needs them.

- Mother of adolescent, Dar es Salaam





Out here, lots of girls get pregnant barely out of their teens. Most know very little about contraception. What we've done together has helped me become more attuned to the challenges they face that sometimes make it difficult for them to use contraception.

They constantly worry: about contraception, their health, costs. They don't have a lot of information – and most know very little about their own bodies. I have a better understanding of what they're going through.

I think that makes me a better provider. Kuwa Mjanja is an opportunity to help girls get on contraception – so I honestly wish we did a lot more!

- Service Provider, Mwanza



Adolescents 360 (A360) is a four-and-a-half year initiative co-funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation (CIFF). The project is led by Population Services International (PSI) together with IDEO.org, University of California at Berkeley Center on the Developing Adolescent, Triggerise, and the Society for Family Health Nigeria. The project is being delivered in Ethiopia, Nigeria and Tanzania, in partnership with local governments, local organizations, and local technology and marketing firms. In Tanzania, A360 is building on an investment from philanthropist and design thinker Pam Scott.

**THANK YOU**

