



# Tanzania Design Opportunities & Prototypes

PSI/TANZANIA  
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# Design Opportunities Along Sarah's Pathway

1

Make contraception **relevant and valuable** to young Sarah

2

Build **credibility** of current contraception products to young Sara and influencers

3

Create a supportive environment for young Sara to **access** reproductive health services and information

4

Increase **availability** of adolescent appropriate products and services



Create relevance of family planning to Sarah

Delight Sarah at the point of uptake



# What we have tested

Build relevance and value		Build credibility		Increase access		Increase availability	
Test relevant names	Mothers engaged in "Kuwa Mjanja" community economic activities	Design Q&A session during mothers day	Dedicated toll free call line	Design and conduct Kuwa Mjanja clinic day with parents - Mothers	Test best way to improve waiting time in queue - charger, videos etc	Kuwa Mjanja outreach event at the community	Provider certification program
Build and test brand ID and new look	Use Vicoba (Community financial solutions)	Online providers Q&A	Use facebook page to give information	Parents conducting Kuwa Mjanja clinic day	Special pass for Kuwa Mjanja referred clients	Sports bonanza with Kuwa Mjanja services	Provider rating system
Research what to include in the agreed name and how they fit together (tie back to contraceptives uptake)	Develop guide for mothers on easy answers to awkward questions (app, sms, print, web, ?)	Radio spots advocating for contraception (Bwakila style - humorous)	FP methods information point at newspaper stands	Provider session during VICOBA	Providers and Mothers session in/out of clinic	Kuwa Mjanja services on a market day - rural setting	Free products in special events
Develop communication guidelines and delivery mechanism for the new position	Future "FAM" house	Provider debate sessions with aid from specialist (Skype)	Mass Media Campaign	Parents rating or certification of sale points - referrals	Condoms available at the reception	Provider in-school session - Kuwa Mjanja	Market day at the village level with booth
Develop and test "new identity" information booth and other identified delivery mechanisms	Orientation program for providers	Promotion/Advertisement on "Kuwa Mjanja"	Facts documentary for the waiting area at the facility	Teachers and students alliance in Kuwa Mjanja campaign	Client e-learning in clinic	Mobile providers (Bajaj+Call)	Provider referring provider
Radio program sponsorship for new position talk	Non monetary incentive scheme for providers	Myth buster games during edutainment events	Girls talks with peer educators (see future planners army)	Education through sports and youth seminars - targeting boys	Destigmatized private moment	Train Mobile services administrators	Increase clinic access points (YFS clinics) - geoplan for spread
Recruit and train "future planners"	Provider ambassador program	Parents become trainers/advocates	Success stories sharing - Past&Present/Future media campaign "I am here today...."	Teach boys on pregnancy and how to prevent	Youth-friendly facility database; mobile access for identifying clinics	Walking/Mobile sellers in residential areas	Support unregistered facilities to register RCH
Use branding from consumer testing (1 above)	Gamification for providers to increase compliance	"Myths buster" newsletter in a newspaper	Youth corner in Shujaaz magazine	Kuwa Mjanja campaign	Leverage traditional milestone events as education opportunities	Order-in through mobile	Youth-oriented outreach days
Identify opportunities to unpack the value proposition to girls (beyond the clinic)	MOH approval of the new position	Create product fact sheet for providers	Financial/entrepreneurship/health skills with peer - can be the role models	Private moment in clinic day	Trade school as entry for contraception	Contraceptives sales in hair saloons	Product availability and branding
Develop a media campaign on future success as a result of using FP (Kuwa Mjanja program)	Create awareness among local leaders, authorities etc	Create posters talking about all methods (placed in clinic)	Influential people endorsement - TV,Print,Web "I support this, do you?"	Kuwa Mjanja clinic day	parent-provider-girl relationship/trust building	Vending machines in public places	Girls identify youth-friendly providers
Create the "future planners" army (adults? Teens?)	Edutainment events for community awareness	"Kuwa Mjanja" army meetings (Girl groups)	Ambassadors who will represent "Kuwa Mjanja brand" - role models?	Kuwa Mjanja army membership - Recruit a friend	parent commitment to ASRH	Condoms at local kiosks	training as a reward for providers
Develop "future plan" package for girls	Out of clinic events for awareness	Utilize LG community meetings - IPC? PM Army?	TFDA watermark (on prods? On adverts?)	Mobile peer sellers	parent referrals	Mapping of trusted areas of distribution/sale by girls	Leverage positive deviants to influence other providers
Create "future plan" clubs for girls	Conduct street level exhibitions	Guide to being a Tanzanian woman		Establish a subsidy voucher scheme	parent knowledge of ASRH	Nyakanga/Provider partnership	Girl bajaji
Conduct in clinic session with girls to test the concept (cover additional benefits)	Bonanza at high footprint areas - Beach Bonanza at Mikadi etc			Kuwa Mjanja points system	parent input and permission	Boda-boda condom sales	Youth-friendly ADDO providers
Urban setting events - Booth at the beach with tablet/phone	High visibility campaign - Banners, TV, Radio, Billboards			Saving groups with Kuwa Mjanja complementary	local leaders/ government influence		
Rural setting events - Booth at market days with Q&A sessions	Use of local government community meetings to raise awareness			Pre-order/refill prescription via mobile phone	facilitate parent-daughter conversation		
"Life plan" sms your question to 1234 (sms platform & database) - Agony aunt	Conduct provider session from home (door2door? Mobile app?)			Girls Kuwa Mjanja corner at the waiting lounge	Certificates of completion		
"Kuwa Mjanja" Mobile van	menarche as entry point			husband-wife clinic sessions	Mobile/tech info & link to service		
Mothers and girls day at "Kuwa Mjanja" session	traditional teaching framework			Community day care			
Couples' planning sessions	Expanded branded goods portfolio						

■ Tested 
 ■ Tested, further testing required 
 ■ Tested, failed 
  To be tested

# What has worked

1

Relevant and valuable

2

Build credibility

3

Supportive environment for access

4

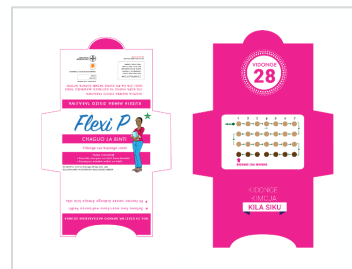
Increase availability

Create relevance of family planning to Sarah

Delight Sarah at the point of uptake



Contraception in the context of menarche



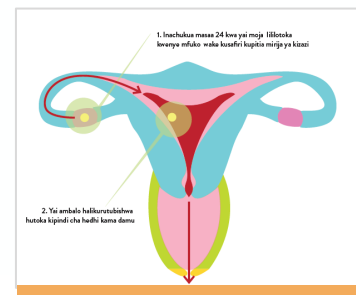
Rebrand OCs to alleviate fears of adolescent use



Parent session + referrals



Girls Identify youth-friendly providers



Age/stage-appropriate services (clinic day)

# Additional Prototypes to Test (examples)

1

Relevant and valuable

2

Build credibility

3

Supportive environment for access

4

Increase availability

Create relevance of family planning to Sarah

Delight Sarah at the point of uptake



Future planning toolkit  
Couples' Planning Sessions



Text / call line for information  
Provider / Nyakanga partnership  
Amplify positive stories



Male partner encouragement  
Savings groups schemes

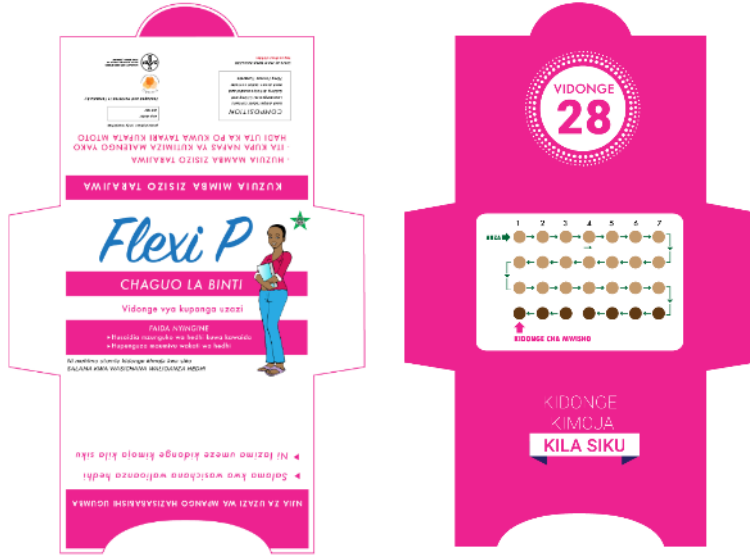


Provider rating and identification system  
Leverage positive deviants to impact detractors

# Prototype Examples



Idea	Contraception in the context of menarche
Design Opportunity Area	Make contraception relevant and valuable to young Sara
Insights	<ul style="list-style-type: none"> <li>• Contraception led conversations, implying a girl is already or about to have sex, are considered inappropriate and/or irrelevant for adolescents.</li> <li>• Contraception is widely discussed in the context of “family planning,” which is positioned for married women or women with children, and does not resonate with adolescents.</li> <li>• Many girls have never received information or guidance on how to deal with physical and emotional changes during adolescence, so contraception is a very foreign concept.</li> <li>• Discussions driven around menses and its effects on fertility are considered appropriate and relevant for girls.</li> </ul>
Overview:	<p>This prototype involves a curriculum for working with girls that puts contraception in the context of menarche and puberty. Girls learn about what changes they go through as adolescents and what that means for them. We use the traditional frameworks of Be Clean (hygiene and menstruation), Be Respectful (social expectations that come with puberty) and Be Smart (protecting against unwanted pregnancy and contraception) to put the conversation into an acceptable and familiar context. By allowing girls to get comfortable with a more easily discussed topic and by helping girls better understand their own reproductive system and how puberty affects them, girls are more able to knowledgably and comfortably discuss contraception, and parents are more willing to allow their daughters to do so.</p>
Critical Questions:	<ul style="list-style-type: none"> <li>• Will discussing contraception in the context of body changes and puberty make it a more acceptable, interesting and relevant conversation?</li> </ul>
Key take aways	<ul style="list-style-type: none"> <li>• Girls are craving information about their changing body and about contraception. Better understanding why they experience these changes during puberty helps them be better equipped to deal with adolescence, and helps them understand how contraception works, reducing a lot of fears about infertility and side effects.</li> <li>• Incorporating a contraception into a larger conversation about menarche and puberty makes the topic more appropriate, more relatable and more understandable.</li> </ul>



Idea	Rebrand Flexi-P Oral Contraceptives
Design Opportunity Area	Build credibility of current contraception products to young Sara and influencers
Insights	<ul style="list-style-type: none"> <li>Family planning is considered <b>only appropriate for married women</b> or women who already have children, and products and messaging reflect this.</li> <li>There's <b>fear that FP causes infertility</b>, so most people recommend having at least two children before starting FP.</li> <li>Providers feel they are making a <b>moral decision</b> when providing teens with contraception.</li> </ul>
Overview:	<p>Rebrand oral contraceptives to make them more acceptable to adolescent girls, parents and providers. Elements of new packaging includes:</p> <ul style="list-style-type: none"> <li>Picture of a girl depicts a responsible person girls can relate to and aspire to be</li> <li>Emphasizing benefits of the pill creates positive reasons for usage</li> <li>Clearly and simply stating that pill does not cause infertility and is safe for anyone who has started menses alleviates fears and makes providers more open to providing</li> <li>Graphic for usage instruction has been positioned inside of the cover for easy readability and higher visibility to support proper usage</li> </ul>
Critical Questions:	<p>Is a new product (with fewer side effects and more benefits like reducing cramps and acne) going to be the game changer to increasing access to adolescents?            Can we make the existing OC products in market more acceptable to adolescents, parents and providers by rebranding/repackaging our existing product?</p>
Key take aways	<ul style="list-style-type: none"> <li>Including an image of an adolescent helps girls relate to the product, and makes adults believe it is appropriate for adolescents. Images of “good girls” resonated much better than “cool girls,” who were thought to be promiscuous.</li> <li>Clear, straight-forward language and imagery where possible critical</li> <li>Highlighting benefits increased support from all audiences; new product with new benefits would be a positive addition, but won't be the game-changer alone</li> </ul>







Idea	Parent Clinic Session
Design Opportunity Area	Create a supportive environment for young Sara to access reproductive health services and information
Insights	<ul style="list-style-type: none"> <li>• Parents tend to be the most trusted source of information for adolescent girls, but they are unable to discuss reproductive health with their parents.</li> <li>• Parents heavily monitor and dictate what adolescents girls can and cannot do.</li> <li>• Many parents are uncomfortable and unable to have a conversation with their daughters about reproductive health, but recognize the importance of the topic.</li> </ul>
Overview:	<p>Prior to inviting adolescent girls for a clinic session, hold a session with parents of adolescents in the community. Key components include:</p> <ul style="list-style-type: none"> <li>• Building <b>trust</b> between parents and providers</li> <li>• Bringing parents together to <b>learn</b> about girl-centric curriculum on ASRH</li> <li>• Doing it through the socially acceptable frame of <b>menarche</b> and body changes</li> <li>• <b>Legitimizing</b> the curriculum through parent input</li> <li>• Building <b>community support</b> through working together and parent testimonials</li> <li>• Getting their verbal and physical <b>commitment</b> to refer their daughters, giving them <b>permission</b> to seek services</li> </ul>
Critical Questions:	<ul style="list-style-type: none"> <li>• How can we help parents give their daughters permission to access contraceptive information?</li> <li>• Can we transform parents from barriers to advocates?</li> </ul>
Key take aways	<ul style="list-style-type: none"> <li>• When consulted, given the opportunity to discuss and share personal stories, parents became much more open to their daughters learning this information.</li> <li>• Social pressure and personal testimonials are influential for parents</li> <li>• Parents were willing to refer their daughters to learn about their changing bodies and contraception</li> <li>• <i>6 parent clinic days held. 72 parents agree to refer daughters. 35 girls attended session were referred by parents</i></li> </ul>



Idea	Girls Identify Youth-Friendly Providers
Design Opportunity Area	Increase availability of adolescent appropriate products and services
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.
Overview:	Adolescent girls helped co-create criteria of what a youth-friendly provider is. Girls visit family planning providers as mystery clients and report back on their experience. Girls help identify which providers are youth friendly, which are detractors, and which are somewhere in between. PSI then recruits those that are identified as youth-friendly.
Critical Questions:	<ul style="list-style-type: none"> <li>• Can girls identify which providers are truly youth-friendly—offering comprehensive services with a positive attitude?</li> </ul>
Key take aways	<ul style="list-style-type: none"> <li>• Many providers who identify themselves as youth-friendly are not when serving an actual adolescent client. Adolescent girls are the best placed people to identify which providers actually offer a positive service.</li> <li>• Clinical aspects of youth-friendliness must also be incorporated into the criteria and evaluation. Specific information and counseling in addition to a pleasant service are critical for identifying providers.</li> <li>• <i>When adults screened facilities, 7/7 providers claimed to be youth-friendly; when screened by adolescents 3/7 identified as youth friendly (with 4 offering poor or no service)</i></li> <li>• <i>Of Familia network facilities screened by adolescents (56), 45% identified as youth-friendly</i></li> </ul>



Idea	Age/stage-appropriate services (clinic day)
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Design Opportunity Area	Increase availability of adolescent appropriate products and services
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Insights	<ul style="list-style-type: none"> <li>• Family planning is widely considered inappropriate and unsafe for adolescent girls, especially if they have not yet had a child. Girls do not relate to the concept of family planning, because they are not planning their family or even necessarily planning to be sexually active.</li> <li>• Girls receive bursts of information at key moments in their lives, but don't have a consistent trusted source of information or dialogue.</li> </ul>
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Overview:	<p>Age-appropriate clinic session co-led by young people and providers, starting with menarche and menses, addressing changes girls will experience and including contraception in the context of growing up and body changes. Services available during session. Key components include:</p> <ul style="list-style-type: none"> <li>• Parents, IPC agents or peers refer girls to clinics</li> <li>• Menarche, hygiene and menses provide a socially acceptable entry point for the conversation</li> <li>• Curriculum based on traditional framework of “Be Clean, Be Respectful, Be Smart”</li> <li>• Create opportunity for a lasting relationship and ongoing dialogue with girls (through provider and/or through technology)</li> <li>• An opt-out private moment is built into the clinic day program for all girls to normalize and destigmatize the decision to talk with a provider</li> </ul>
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Critical Questions:	<ul style="list-style-type: none"> <li>• Can we create an adolescent-specific service that is different and separate from other “family planning” services?</li> <li>• Will creating a new service for adolescents make them more comfortable and more likely to take up methods?</li> </ul>
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Key take aways	<ul style="list-style-type: none"> <li>• Reframing contraception away from “family planning” and into the context of puberty and adolescence made the counseling service more appropriate for adolescent girls.</li> <li>• Using this format (group setting, provider relationship building, parental support, etc), created a new service unlike typical counseling where girls can get the information that is relevant and important to them.</li> <li>• By normalizing the decision to see a provider, girls were more willing to take up services.</li> <li>• <i>12 clinic days (Dar, Mbeya, Mwanza), 482 girls attended, 19% (91) took services.</i></li> </ul>
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## FAILED IDEA



Idea	Youth-friendly ADDOs
Design Opportunity Area	Increase availability of adolescent appropriate products and services
Insights	<ul style="list-style-type: none"> <li>• Clinic settings can be intimidating and scary places for adolescent girls seeking contraception, and ADDOs (Accredited Drug Dispensing Outlets) may be easier locations to access services as they are smaller, more discreet and quick.</li> </ul>
Overview:	Tested applying the clinic-based provider identification and recruitment prototype to the ADDO setting. Mystery client girls would identify ADDO providers who serve them, and those providers would be recruited and identifiable to adolescent girls.
Critical Questions:	<ul style="list-style-type: none"> <li>• Can girls identify youth-friendly ADDO providers?</li> <li>• Can we motivate ADDO providers to serve girls through incentives?</li> <li>• Will girls access services in ADDOs because they are faster and more discreet?</li> </ul>
Key take aways	<ul style="list-style-type: none"> <li>• Many ADDO providers are untrained and not interested or motivated to serve girls. Most providers needed permission from the ADDO owner before feeling they could engage in any program.</li> <li>• Adolescent girls do not trust ADDOs because they don't see them as qualified.</li> <li>• Adolescent girls (especially new users) want a service where they can have an in-depth conversation with a "qualified" professional such as a nurse, and do not want a place where they can get a product without further information.</li> <li>• Girls are extremely skeptical of anyone who would give her a product without being able to counsel on its use or side effects, and would not trust or purchase from that person.</li> </ul>