





INTRO AUDIENCE ARCHETYPE FOCUS PROTOTYPES

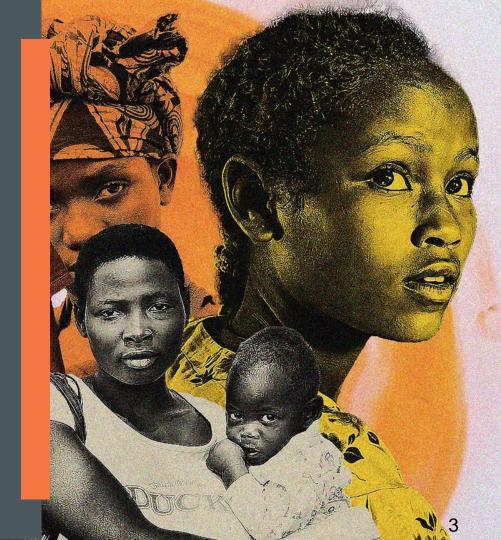
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WHATS INSIDE

This prototype report card deck is a summary of key learnings which surfaced throughout the first round of prototyping in May 2021. These learnings are the first step towards understanding what SRH solutions are desirable for our teen girl archetypes, their influencers and service providers across our geographies of focus in Kenya.

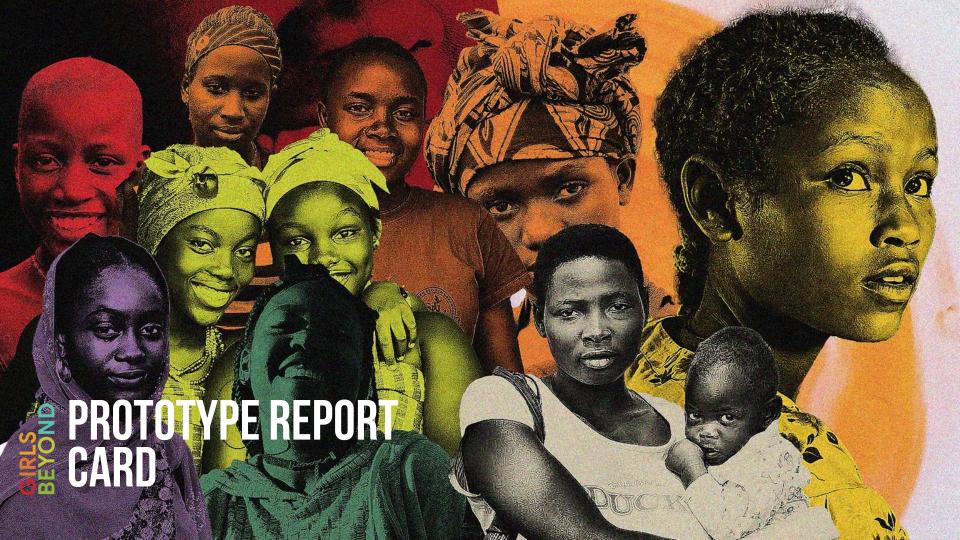
The deck is also a tool to inspire alignment between IDEO.org and PSK ahead of round two of prototyping. We will leverage it to identify key learning goals to focus on and experiments to be tested further in each prototype concept.

We hope this summary will honor the breadth and depth of field work done by the PSK team, and the spectrum of stories shared by girls across three clusters.



SYNTHESIZE, GAUGE & IDENTIFY

TO SYNTHESIZE PROTOTYPE DESIGNS AND GAUGE SOLUTION DESIRABILITY THEN IDENTIFY KEY LEARNING GOALS TO FOCUS ON AND EXPERIMENTS TO BE TESTED FURTHER FOR EACH PROTOTYPE CONCEPT.





Our work together in Kenya is focused on replicating components of existing A360 interventions, to serve adolescent girls in the Kenyan context. This approach has allowed us to build off of the learning and insights which came out of A360's initial program investment.

Thus far, our replication activities have focused on validating the relevance of core SRH program components for married and unmarried girls from past A360 interventions, within local contexts across 5 counties in Kenya.

Where implementing in Homa Bay, Migori, and Kilifi will increase A360's reach, allowing the project to reach higher numbers of girls, implementing in Narok and Kajiado will allow A360 the opportunity to reach an underserved population (married girls).

IDEO.org guided the collaborative synthesis of our research, and both teams played an integral role in finalizing the opportunities for design prototyping. NANCY JONESMUS DAVID MEGHAN



IDEO.ORG TEAM

PSK TEAM

IDEO.ORG NAIROBI + GLOBAL PSI SUPPORT









IUH

ALEX

EDDAH

A

ZACK



GIRLS IN 3 CLUSTERS

USING QUALITATIVE IN-DEPTH INDIVIDUAL & GROUP INTERVIEWS

24 HOMA BAY 30 KAJIADO 24 KILIFI

91 MOTHERS

6 HUSBANDS

34

COMMUNITY LEADERS
(LOCAL GOVERNMENT, RELIGIOUS LEADERS, CHAMAS,

(LOCAL GOVERNMENT, RELIGIOUS LEADERS, CHAMAS, ADVOCACY GROUPS)



DESIGN BRIEFS

SACRIFICIAL CONCEPTS

NSPIRATION Research

SYNTHESIS

IDEATION

PROTOTYPING

REFLECTION & PREP

LIVE PROTO-Typing

JAN-MARCH 2021

APRIL 2021

MAY 2021

JUNE 2021

A CLOSER LOOK:

WEEK 01 03 - 07 MAY WEEK 02 10 - 14 May WEEK 03 17 - 21 May WEEK 04 24 - 28 MAY WEEK 05 31 May - 04 Jui WEEK 06

TRAINING + PREP



+ ITERATION

SYNTHESIS + ITERATION TRAINING + PREP FIELD TESTING

SYNTHESIS + ITERATION

Ideo.org team delivers prototypes and train Country Teams Country Teams lead field testing on the ground and share daily downloads with Ideo.org Ideo.org team leads synthesis & iterate on prototypes Ideo.org team leads synthesis, iterate on prototypes and train Country Teams Country Teams lead field testing on the ground and share daily downloads with Ideo.org Ideo.org team leads synthesis & iterate on prototypes

Country teams receives training and prep for field work

Ideo.org team supports field team

Country Teams support Ideo.org team by reviewing iterations Country Teams receive training and prep for field work

Ideo.org team supports field team

Country Teams support Ideo.org team by reviewing iterations

RESEARCH HOMABAY / MIGORI KAJIADO / Narok KILIFI



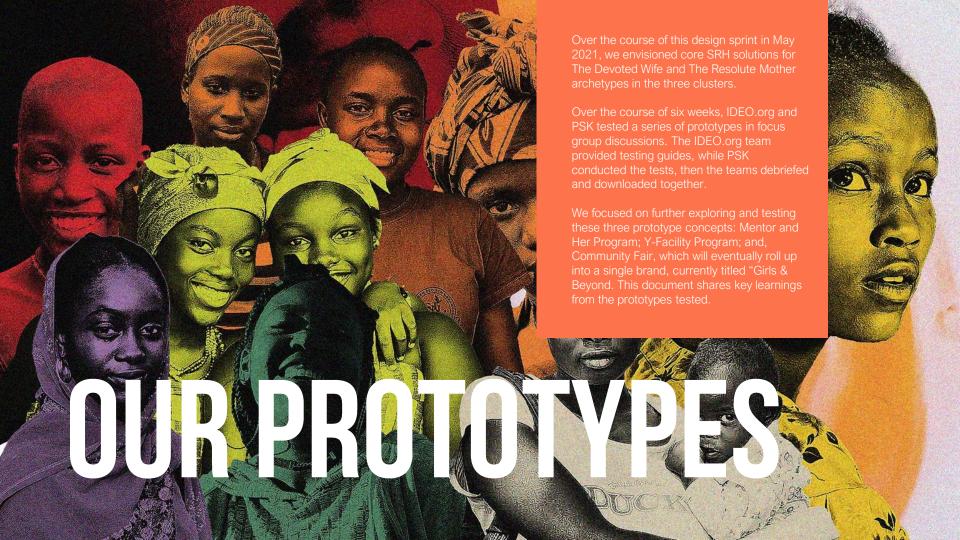
Our prototype testing activities focused on learning about desirability of solutions by teens and their influencers across 3 location clusters in Kenya. 5 counties were divided into 3 clusters. You'll see that some counties have been grouped together in one cluster given their demographic similarities and geographic proximity. In this round, we tested prototypes in Kajiado (rural), Homa Bay (urban) and Kilifi (rural and urban)

For the purposes on this insights deck, you'll see the counties referred to as 3 clusters, colored above.











PROTOTYPE CONCEPTS



'MENTOR + HER' PROGRAM

Mentor and Her is a program for influencers in the community. They come together and share stories from the perspective of young girls. As part of the agenda, the influencers will receive correct information about contraception and understand how it is beneficial to teens. At the end of the session, they have an opportunity to opt into their new role as teen mentors.



Y-FACILITY PROGRAM

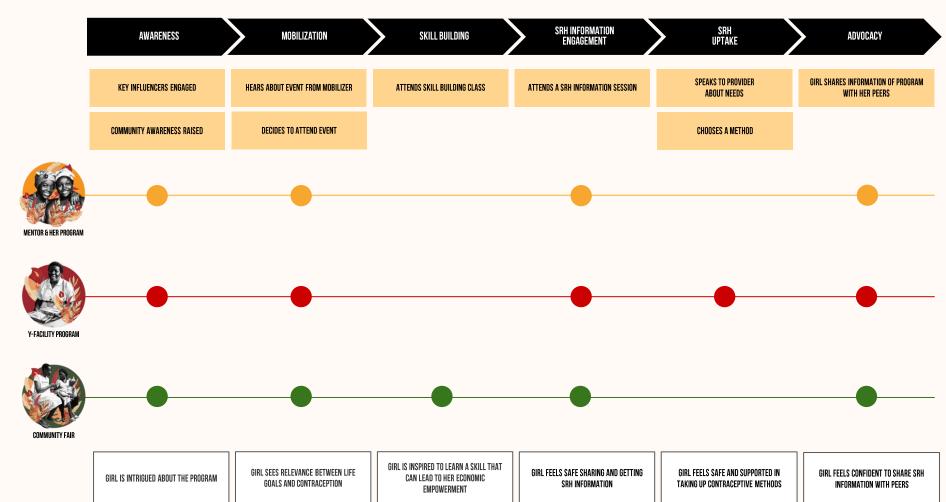
Youth-friendly Facility is a dedicated space for teens wanting contraception services. It is an experience for young girls at the health facility that is welcoming and feels safe. The facility, staff and info packs are branded (language, visual imagery, tone, etc.) to bring in a youthful feel to the facility and attract teens. Service providers are also trained on best practices when engaging teens improving their overall experience at the facility.



COMMUNITY FAIR

Community Fair is an event for the community centered around young people. It includes activities that attract young girls e.g. being able to showcase their talents and skills, or inviting members of the community that teens admire to teach new skills / help them improve their talents. The community fair will provide the platform to highlight why the community should support adolescents and the role contraception can play.

WHERE PROTOTYPES INFLUENCE DIFFERENT SERVICE POINTS



MENTOR AND HER PROGRAM



PROTOTYPE SUMMARY

KEY FEATURES

- Influencer led.
- Storytelling from girls perspective.
- Learning facts about contraception including myth busting and QnA
- Opt in into the role of girl mentor.

WHO WE TESTED WITH

- 36 girls
- 21 mothers
- 34 community leaders
- 16 husbands

WHERE WE TESTED

Sofia, Homa Bay (urban) Mtwapa, Kilifi (urban) Oloorte, Kajiado (rural)



MENTOR AND HER PROGRAM GIRL JOURNEY

MOBILIZATION RECEPTION SRH STORY SHARES SRH TRAINING SRH STORY RECORDING Girl hears about the Girl is received by CHV and CHV shares videos and CHVs give information on Girls record their SRH program through read posters on family audio recording of girls' SRH family planning methods and stories face to face via a mobilizer (CHV or peers) planning methods myth busting information phone call experiences She is invited to attend the CHV shares brochures that Girls are welcomed to session girls can take home comment on recordings / share some of their SRH experiences CHV welcomes girls to record their experiences to be shared with others

WHAT WORKED WELL

- Starting the session with an informal discussion helped the girls open up; teens were generally comfortable talking to their peers about contraception;
- Badges were valued as tokens of confirmation as teen mentors.
- Local chief and some local leaders encourage family planning talks for teens and distribute condoms in Homa Bay
- Girls in Kilifi are quite exposed to SRH information
- There is overwhelming support for teen interventions by local leaders - all leaders except Muslim cleric advocated for contraception methods; he called for talks only.

WHAT WAS CHALLENGING

- Mothers and teens have a poor connections when discussing contraception; teens feel that mothers are harsh and hard to speak to;
- Health providers were cited as harsh and judgmental to teens on contraception matters; teens also have confidentiality concerns and may avoid dealing with them
- COVID lockdowns and 'fish for sex' practice are factors promoting sexual activity among teens in Homa Bay
- Most husbands and boyfriends do not approve of contraception as they feel it promotes prostitution
- Both parents and teens hold many misconceptions on contraception methods
- Language and literacy barriers when it comes to understanding the materials and content.

OTHER OBSERVATIONS

- Mother and community leaders whose teens have been pregnant are more open to help reach teens
- Mentors of young women are seeking a support system (accurate information, engagement methods, mentoring other mentors)
- There was desirability for a group setting / platform like a chama for teens.



1 Young women see value in learning about contraception from trusted sources in their community like their partners, mothers and health workers.

LEADING US TO THE FOLLOWING POTENTIAL SHIFTS IN PROTOTYPE DESIGN:

Create solutions that leverage one or more of the teen's trusted influencers, e.g. mothers and CHVs.

Define the setting, content and methodology to be used to share information on contraception.

Provide information packs that she can keep and share with her peers.

2 Mother and daughters expressed that they find it difficult to connect with each other when it comes to discussing sexual activity and contraception. Mothers and local leaders whose teen daughters have fallen pregnant are more open to helping teens access family planning information.

LEADING US TO THE FOLLOWING POTENTIAL SHIFTS IN PROTOTYPE DESIGN:

Develop a two-sided solution to make mothers and daughters break barriers and biases they have against each other when discussing family planning matters through solutions that bring them together to share stories and information in the same space.

Leverage mothers, religious and other community leaders whose daughters have fallen pregnant as keener mentors of both teens and other mothers willing to reach out to their teen.

QUOTES

"The teens always have someone they always confide in. And it is the responsibility of the parents to trace who this key person of influence is and intervene through them."

Mother

3 Social norms play a huge role in how young women receive information about contraception. Most husbands are against teens using contraception due to beliefs that it promotes promiscuity

LEADING US TO THE FOLLOWING POTENTIAL SHIFTS IN PROTOTYPE DESIGN:

Campaigns through CHVs and other service providers should show the benefits of using family planning methods and demystifing negative beliefs e.g. it promotes promiscuity in teens.

Campaigns should initiate dialogue, support teens' access to accurate information and to encourage visits to service providers.

4 Teens are heavily exposed to bad influences through their boyfriends or through the media. The lockdown resulting from the spread of COVID and the lack of disposable income encourages risky sexual activity among teens.

LEADING US TO THE FOLLOWING POTENTIAL SHIFTS IN PROTOTYPE DESIGN:

Prioritize education campaigns on safe sexual activity as well as information and access to contraception, ensure that these are especially widely available during the lockdown period.

Prioritize campaigns that promote linkages to skills empowerment solutions for teens where they can also learn how to earn money.

QUOTES

"... an intervention targeting men should be formulated in order to sensitize them to support the girl child on their menstrual hygiene concerns." Community Leader

"Sexually active youth lack the information on the usage of e-pills and these are the ones that have long-term negative effects. This is what they share with their peers and build a negative atmosphere towards contraception. And when you initiate a discussion around contraception, you wouldn't find a soft landing pad"

Community Leader

CONCEPT 1 | MENTOR & HER PROGRAM

WHAT WE'RE TESTING NEXT

(AND WHAT WE'RE TRYING TO LEARN)



EXPERIMENTS FOR ROUND 2 TESTING

Stories from the community are recordings which provide the opportunity for teens and their influencers to share their perspective and experience.

The recordings are from girls and influencers from the community and contain real stories about contraception creating empathy across shared experiences.

The recordings also touch on myths and misconceptions in the community and their impact which can be used as conversation starters in these forums.

The stories are shared to teens and influencers in separate sessions, expanding their reach in the community.

WHAT WE ARE TRYING TO LEARN

- 1. Will sharing pre-recorded myths from the community / other girls be an effective education mechanism?
- 2. Which storytelling formats are most desired and effective in the community?
- 3. Does hearing stories from others encourage members of the community / other girls to share their own?
- 4. What are reasons / barriers for girls or members of the community to share their knowledge and experience on contraception?
- 5. What are ways we can collect stories to be shared publicly?
- 6. How can we encourage those who have shared stories to introduce others to do the same?

ADDITIONAL LEARNINGS FROM OUR SECOND PROTOTYPE TESTS & PLAYBOOK CONSIDERATIONS

1 Storytelling is a powerful tool that brought girls together in their shared challenges. It was successful in getting the girls to open up, ask questions and willing to learn more on contraception.

LEADING US TO THE FOLLOWING PLAYBOOK DECISIONS:

Recordings with real stories from girls as part of counselling at the facility to make the session more engaging and interactive and contraception education more impactful.

2 The recordings were effective in highlighting real experiences and in provoking influencers to help teens avoid similar risks to their wellbeing. When influencers are given factual information on contraception and their benefits, they shift their stance in support for contraception and they become more effective advisors.

LEADING US TO THE FOLLOWING PLAYBOOK DECISIONS:

An interactive session targeted at those teen's trust which includes highlighting the costly mistakes of being misinformed and correcting that misinformation is effective in creating an enabling environment for contraceptive uptake among teens.

3 All participants were inspired to tell their own experiences. They felt strongly that their stories should be disseminated in the community to help others.

LEADING US TO THE FOLLOWING PLAYBOOK DECISIONS:

Creating intentional moments post sessions with teens and their influencers to collect fresh stories is a boost for the program's sustainability.

Y-FACILITY PROGRAM



PROTOTYPE SUMMARY

KEY FEATURES

- Confidentiality & safe space.
- Fresh and youthful branding.
- Information is packaged in a straightforward and digestible manner.
- Training the health facility staff on how to serve teens

WHO WE TESTED WITH

- 24 girls
- 6 service providers

WHERE WE TESTED

Sofia, Homa Bay (urban) Vipingo, Kilifi (rural) Naroosura, Kajiado (rural)



Y-FACILITY PROGRAM GIRL JOURNEY

MOBILIZATION RECEPTION **SRH TRAINING** SRH UPTAKE **ADVOCACY** Girl hears about the Girl is received by young Service provider holds Girl speaks to service Girl shares information with program through service provider session on contraceptive provider about her SRH peers outside of the event a mobilizer (CHV or peers) methods and busts needs contraception myths She is invited to attend the Girl encounters information Provider offers SRH choices about SRH methods and session at a health facility and girl chooses a method myths via posters, audio and video Peers share some of their experiences

Y-FACILITY PROGRAM

WHAT WORKED WELL

- Girls liked learning more about the different contraceptive methods. That bit of the session was engaging for them.
- Teens loved being received and served by young service providers staff regardless of gender
- Teens love the idea of a teen-only health facility space
- Teens love a youthful brand representing family planning matters; the posters made them want to attend the session because it showed that it was for young women.
- They seem to enjoy interacting with each other and learning from each other as a group.
- Service providers were well equipped with ASRH information.
- The media used worked well. (audio clips & posters).
- The CHVs and health providers were well prepared.

WHAT WAS CHALLENGING

- Girls observed that flyers did not have enough details e.g. date, time and venue
- Girls needed more information why they had been invited to the facility
- The facilitator had to play the audio clip over and over while translating to Swahili and Maa in Kajiado.
- Low literacy and language barriers stood in the way of understanding the materials and content.
- Mobilization was tough due to rural terrain, distances and rainy weather.
- In Kilifi, girls preferred a tent for the waiting area not inside the health center and suggested seating arrangement could have been better.

OTHER OBSERVATIONS

- Teens want info packs / brochures with detailed family planning methods information
- Can we translate assets to Swahili and Dholuo?
- Can we have a 24-7 teen-only health facility space, and not a normal facility with youth sessions?
- The girls would have wanted a notebook and pen for important notes.
- The mobilizer could be a younger person.
- Girls with children would download like information on how to take care of their children.
- ASRH information can be passed through other media like radio.

1 Teens are attracted to facilities dedicated to them. This includes interfacing with youthful service providers and a brand that resonates with them. They like to connect and to learn from each other. They said the sessions felt like a discussion among friends.

LEADING US TO THE FOLLOWING POTENTIAL SHIFTS IN PROTOTYPE DESIGN:

A stand-alone fully dedicated youth facility, or a fully dedicated section of a health facility to serve teens at prescribed times, e.g. all afternoon, daily. The facility should have youthful service providers to receive the teens. Information on family planning methods to be shared in a branded information posters, and through interactive sessions with video and/or audio.

2 Young women are willing to visit the facility many times to learn and not just when they want to get a contraceptive method.

LEADING US TO THE FOLLOWING POTENTIAL SHIFTS IN PROTOTYPE DESIGN:

The youth friendly facility should host interactive sessions for young people on family planning methods. The information session should include optional service delivery.

QUOTES

That is the first thing I will tell her. Go to the hospital and talk to the doctor. If it is helpful go on but if you see that it is not helpful just remove it

Teen Girl

3 ASRH information for young women can be consumed through multimedia media like video / audio clips. It can be disseminated via radio or through CHVs going into the communities. The teens sought detailed information on family planning in Swahili, Maa and Dholuo.

LEADING US TO THE FOLLOWING POTENTIAL SHIFTS IN PROTOTYPE DESIGN:

Consider sharing teen-focused family planning information programs on radio, or through the CHV in Swahili and local languages such as Dholuo (Homa Bay) and Maa (Kajiado). It is an opportunity to give accurate information on family planning methods and to dispel myths and misconceptions. It can also act as a channel to invite members of the community to local events that address family planning for young women.

QUOTES

"I would like you to use radio because many people don't have TV but even these small phones have radio." Teen Girl CONCEPT 2 | Y-FACILITY

WHAT WE'RE TESTING NEXT

(AND WHAT WE'RE TRYING TO LEARN)



The Y-Facility prototype was received overwhelmingly positively by married and unmarried teen mothers, and service providers in all clusters. Thus, we did not build iterations to take it back to the field for a second round of testing, and are building it out as a final concept.

Y-Facility is a dedicated space for teens wanting contraception services. It is an experience for young girls at the health facility that is welcoming and feels safe.

The facility, staff and info packs are branded (language, visual imagery, tone, etc.) to bring in a youthful feel to the facility and attract teens.

Service providers are also trained on best practices when engaging teens improving their overall experience at the facility.

WHAT WE ARE TRYING TO LEARN

- 1. What messaging entices girls to come to the facility to learn about contraception and get services?
- 2. What is the best way to reach girls to come for youth friendly services?
- 3. Will girls invite their friends to the facility?
- 4. How do we make the girls feel comfortable while at the facility?
- 5. Does a secluded area create a safe space for girls as they wait to get information and services?
- 6. How can we keep girls engaged and entertained with youth friendly content about contraception?
- 7. What are creative ways to tailor the counselling moment to suit teens?
- 8. How do young girls like to learn?
- 9. What topics would young adolescents like to learn when they visit the facility?
- 10. Are young service providers more effective in reaching teens?

COMMUNITY FAIR



PROTOTYPE SUMMARY

KEY FEATURES

- Activities for the youth by the youth
- Centered on young people's skills and talents
- Community involvement

WHO WE TESTED WITH

- 18 girls
- 5 CHVs
- 4 skills experts

WHERE WE TESTED

Sofia, Homa Bay (urban) Mtwapa, Kilifi (urban) Oloorte, Kajiado (rural)



COMMUNITY FAIR GIRL JOURNEY

MOBILIZATION RECEPTION SKILLS TRAINING SRH TRAINING **ADVOCACY** 5 Girl hears about the Girl is received and Skills expert holds training CHV holds session on Girl shares information with Community Fair through registered by young session on economic contraceptive methods and peers outside of the event a mobilizer (CHV or peers) community fair organizer empowerment activity busts contraception myths 4 (optional) She is invited to attend the Girl can showcase / sell fair and learn a skill and get items she has made with information on contraception skills gained from previous fairs

FIELD REPORT

COMMUNITY FAIR

WHAT WORKED WELL

- Girls like the idea of a community fair for teens held consistently e.g. on weekends, to share their issues as peers
- Teen like the idea of acquiring new skills from experts / heroes from their community who have developed the talents they are interested in.
- Most teens are keen on developing their talents.
 They liked dancing and drama.
- There are community events they already attend like 'Dream project' and advertising roadshows.
- They like the idea of having an event led by young women and their peers.

WHAT WAS CHALLENGING

- CHWs needed more time to be prepped to run the session.
- Some posters didn't work well especially the orange ones (they thought the images were of men) and more images needed on posters than text.
- Low literacy levels made it difficult to understand concepts.
- The community will need to be safe and secure especially in urban settings
- Some teens prefer outside voices as mentors / influencers as they feel too familiar with each other in their communities

OTHER OBSERVATIONS

- Girls would like to hear from inspirational heroes as mentors (e.g. admired leaders, Miss Kenya winners, etc., that are known to them)
- Married teens wondered if training the young women's husbands on ASRH related topics was an option.

1 Young women are the caretakers of their family property but do not have economic activities of their own due to social norms. They have a lot of responsibilities, leaving them with little time to themselves. Husbands and other key figures in the community are the gatekeepers of what is socially acceptable economic activities for women to engage in.

LEADING US TO THE FOLLOWING POTENTIAL SHIFTS IN PROTOTYPE DESIGN:

The solution should build bridges for young women between access to SRH information and services, and economic empowerment. The solution should do this in a way that is cognisant and respectful of their daily / weekly routines.

Leverage current societal norms by recruiting husbands as supporters and enablers for young women.

Young women trust CHVs when it comes to ASRH information and other health related topics. CHVs require additional time and training in order to run co-creation sessions with young women.

LEADING US TO THE FOLLOWING POTENTIAL SHIFTS IN PROTOTYPE DESIGN:

The solution should leverage trust in CHVs, as key channels to scaling their reach in communities.

CHVs must be trained in the ASRH curriculum, the required tools and the methodologies for proper delivery. They should be equipped to serve young women via one-on-one interactions, as well as in groups.

QUOTES

"When you are given 100 shillings you won't think of sanitary pads. You will think of your child"

Married teen mother

3 Community fairs are safe spaces for teens to learn about family planning methods while acquiring new skills and new ways to earn income. Girls are interested in self development through local experts and heroes to help them grow their talents or to share insights on starting businesses.

LEADING US TO THE FOLLOWING POTENTIAL SHIFTS IN PROTOTYPE DESIGN:

Consider co-design of the fair or marketplace model. There's opportunity for young women to determine which skills they are interested in learning and/or developing. They should also be part of delineating who their most trusted role models and heroes are, identifying pathways for growth, models for mentorship and eventual entrepreneurship.

QUOTES

"Trains us with skills on beauty salon services and such like things that will enable us to acquire income that will sustain us even when you decide to leave us today we can depend on ourselves."

Teen mother

WHAT WE'RE TESTING NEXT

(AND WHAT WE'RE TRYING TO LEARN)



EXPERIMENTS FOR ROUND 2 TESTING

A Community Fair to be codesigned by young girls together with PSK staff to highlight how the community should support adolescents and the role contraception can play in their lives.

Community Fair is an event for the community centered around young people. It includes activities that attract young girls e.g. being able to showcase their talents and skills, or inviting members of the community that teens admire to teach new skills/ help them improve their talents.

WHAT WE ARE TRYING TO LEARN

- 1. Who are the right girls to invite into a Community Fair Codesign session?
- 2. What activities would attract girls to a community event?
- 3. How can codesign tools help guide girls in designing community fairs?
- 4. Are codesign tools effective as repeatable templates that can be reused diverse locations?
- 5. Would girls be interested in co-creating a community event for young people?
- 6. Do the codesign tools give girls confidence in designing events for themselves?
- 7. Can girls manage community fair codesign or should it always be managed by PSK staff?

ADDITIONAL LEARNINGS FROM OUR SECOND PROTOTYPE TESTS & PLAYBOOK CONSIDERATIONS

1 Young women in every cluster quickly identified skills they wanted to master and discussed how such skills would fill gaps in their villages or neighboring areas.

LEADING US TO THE FOLLOWING PLAYBOOK DECISIONS:

Young women in the codesign cohort will list skills they wish to learn and discuss them in depth, followed by a vote to choose the best one. This conversation will assist them in determining the most viable alternative to focus on, one that is useful to their community and has the potential to be scaled to neighboring towns, e.g. tailoring to supply nearby towns with dresses, or hairdressing to reduce the distances travelled for this in their communities

2 ASRH education should be given as part of the skills training process.

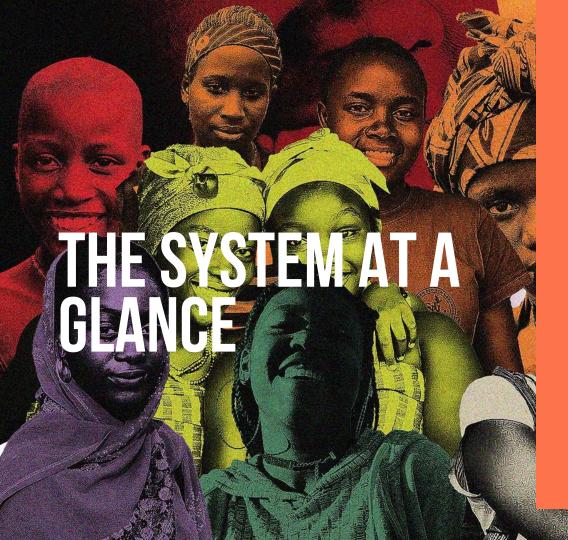
LEADING US TO THE FOLLOWING PLAYBOOK DECISIONS:

The young women codesign cohort will participate in four skill-building sessions, each of which will conclude with an SRH training session lead by CHVs, as well as Q&A and recap sessions.

3 Young women are confident in their ability to co-create and plan a community fair that brings their all their influencers together to support their SRH and economic empowerment needs.

LEADING US TO THE FOLLOWING PLAYBOOK DECISIONS:

Young women will accompany PSK to all planning meetings with community leaders, equipment suppliers, and others, in addition to selecting skills and SRH subjects to focus on, to encourage their ownership of the community fair planning process.



The learnings from testing distinct prototype concepts, informed our vision for the broader systems design of Girls & Beyond.

In the following slides, you'll see an overview of the sphere of influence surrounding the different archetypes we are designing for - which helps us to understand which components of the enabling environment most impact her experience of ASRH and empowerment.

Additionally, we've included a journey map for our archetypes, to clarify how we suggest they move through the system (Girls & Beyond program) and how they ideally will be influenced by the program.

Lastly, these sources of information roll up into a broader ecosystem map, which illustrates the interactions between the different service components, adolescent girls and the environment around them.

Secondary actors influencing adolescent girls.

COMMUNITY LEADERS

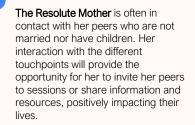


PARTNERS



MOTHERS





The Devoted Wife is often in a position to influence the the Accustomed teen who views her as a role model. She can use her position to expose the accustomed teen to the different intervention touchpoints and influence behavior change early, before she is married or has her first child.



THE RESOLUTE Mother



THE DEVOTED WIFE



THE AUDACIOUS TEEN



THE ACCUSTOMED TEEN

The journey of the adolescent girl before A360 design prototypes.

Before A360 Amplify interventions						
Has sexual contact	Falls pregnant with first child	Delivers her first child				
She has little access to information about contraception.	She drops out of school to tend to her new responsibilities.	She doesn't have access to information to avoid getting pregnant again until she is ready.				
She is exposed to inaccurate sources of advice from those she trusts and looks up to.	She relies on her family and community for support.	She thinks contraception lacks relevance and might undermine her future aspirations.				
Her community does not see contraception as something that is beneficial.	She fears disappointing her family and those who look up to her.	She fears being mistreated by service providers when she visits the facility to request for contraception.				
		She wants to go back to school or learn a new skill so she is financially secure.				

WE ASKED:

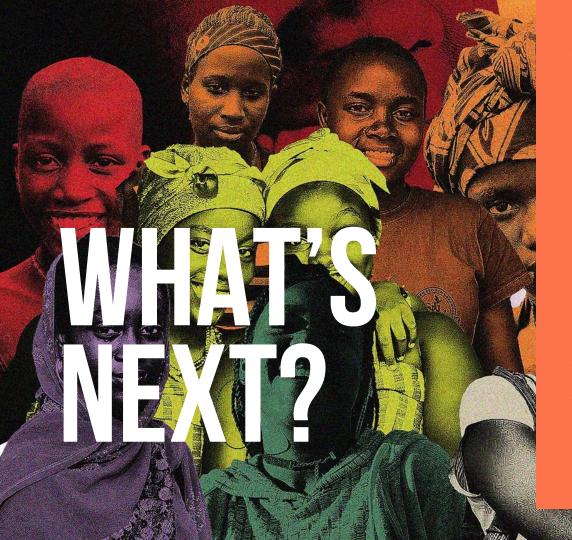
HOW MIGHT WE

Create opportunities for girls to discreetly engage in conversations about SRH, and also support them in building an understanding of their rights to openly express their concerns and shameless desire for informed decision making about their bodies?

HOW MIGHT WE

Design SRH programming that offers girls both the support of an encouraging community, alongside the right amount of discretion and privacy while engaging health facilities in strengthening their provision of youth-friendly services?

Before A360 Amplify interventions		••••••	With A360 Amplify intervention		•••••••••••••••••••
Has sexual contact	Falls pregnant with first child	Delivers her first child	HER INFLUENCERS ATTEND MASTORY ZA KIKWETU	VISITS Y-FACILITY	CODESIGNS & ATTENDS COMMUNITY FAIR
She has little access to information about contraception.	She drops out of school to tend to her new responsibilities.	She doesn't have access to information to avoid getting pregnant again until she is ready.	Community-led stories: mothers, husbands, and community leaders share their family planning experiences	Girl-led stories: listens to and contributes to shares on family planning myths and misconceptions experiences	Girl-led co-design: participates in designing and planning a community fair for girls
She is exposed to inaccurate sources of advice from those she trusts and looks up to.	She relies on her family and community for support.	She thinks contraception lacks relevance and might undermine her future aspirations.	Contraception Advice: Influencers receive accurate information on contraception	Contraception Advice: Consults to find out the best contraception match for her	Skills Training: Receives training on relevant skills for economic empowerment e.g. dress-making, hair styling
Her community does not see contraception as something that is beneficial.	She fears disappointing her family and those who look up to her.	She fears being mistreated by service providers when she visits the facility to request for contraception.	Intervention Interlinkage: Influencers are invited to upcoming Community Fair to support young women	Contraception Uptake: Discovers contraception that works for her and takes up method.	Contraception Advice: Receives accurate information on contraception from CHVs
		She wants to go back to school or learn a new skill so she is financially secure.	Advocacy : Shares information with her peers	Intervention Interlinkage: invited to interview for the Codesign session.	Intervention Interlinkage: gets invited to visit a Y-facility
				Advocacy: Shares information about Y-facility with her peers	Advocacy: Shares information with her peers



The learnings from the six weeks of collaborative prototype testing led by PSK and Ideo.org, will inform the next stage of our process - Live Prototyping.

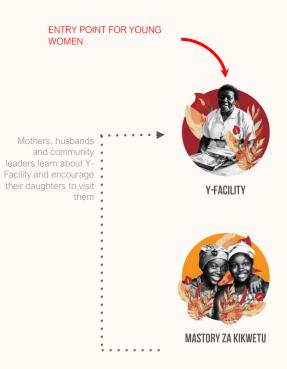
Insights from testing will feed into a **Live Prototyping Playbook** - which will include:

- the final recommended intervention, inclusive of tools and content
- a work plan for testing the intervention in the Live Prototyping stage
- a systems map to identify the influencing actors that will be surrounding girls during Live Prototyping
- a preliminary user journey to help us understand the experience of adolescent girls moving through the program
- impact measurement frameworks to support our learning

The goal of Live Prototyping is to further test our assumptions on all of the above, driving towards increased refinement of interventions.

MOVING FROM LEARNINGS TO A HOLISTIC PROGRAM DESIGN

Based on learnings, we foresee the three prototypes working together to ladder up into a holistic program that supports girls, as well as their surrounding influencers. The core focus would be SRH, with small moments of EE integration.



Young women visiting the Y-Facility are invited to participate in the Community Fair as codesigners and skills trainees

In the Community Fair, young women are invited to visit a Y-Facility



COMMUNITY FAIR

Mothers, husbands and community leaders share their experiences with young women and contraception, and are encouraged to support them in upcoming community fairs

