Tanzania Design Opportunities & Prototypes

PSI/TANZANIA
January, 2017
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

<table>
<thead>
<tr>
<th>Build relevance and value</th>
<th>Build credibility</th>
<th>Increase access</th>
<th>Increase availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test relevant names</td>
<td>Mothers engaged in &quot;Kuwa Mjanja&quot; community economic activities</td>
<td>Design Q&amp;A session during mothers day</td>
<td>Dedicated toll free call</td>
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<tr>
<td>Build and test brand ID and new look</td>
<td>Use VisaB (Community financial solutions)</td>
<td>Online providers CBA</td>
<td>Use Facebook page to give information</td>
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<tr>
<td>Research what to include in the agreed name and how they fit together (tie back to contra-corporate uptake)</td>
<td>Use radio spots advocating for contraception</td>
<td>TV methods information point at newspaper stands</td>
<td>Provider conducting Kuwa Mjanja clinic</td>
</tr>
<tr>
<td>Develop communication guidelines and delivery mechanism for the new position</td>
<td>Provide debrief sessions with all staff from specialist (Skype)</td>
<td>Mass Media Campaign</td>
<td>Parents rating or certification of sale points - referrals</td>
</tr>
<tr>
<td>Conduct provider session from home (door2door? Mobile app?)</td>
<td>Conduct provider session from home</td>
<td>Providers session during VICTORA</td>
<td>Providers and Mothers session in/out of clients</td>
</tr>
<tr>
<td>Develop communication guidelines and delivery mechanism for the new position</td>
<td>Future &quot;FAM&quot; House</td>
<td>Provider in school session - Kuwa Mjanja</td>
<td>Providers rating or certification of sale points - referrals</td>
</tr>
<tr>
<td>Build and test &quot;new identity&quot; information booth and other identity delivery mechanisms</td>
<td>Orientation program for providers</td>
<td>Professional training program</td>
<td>Provider in school session - Fu (referred clients)</td>
</tr>
<tr>
<td>Radio program sponsorship for new position task</td>
<td>Non monetary incentive scheme for providers</td>
<td>Professional training program</td>
<td>Client e-learning in clinic</td>
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<tr>
<td>Recruit and train &quot;future planners&quot;</td>
<td>Provider ambassador program</td>
<td>Client e-learning in clinic</td>
<td>Mobile providers (Baja+Call)</td>
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<tr>
<td>Use branding from consumer testing (1 above)</td>
<td>Gamification for providers to increase compliance</td>
<td>Myths Buster newsletter in a newspaper</td>
<td>Provider referring provider</td>
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<tr>
<td>Identify opportunities to unpack the value proposition to girls (beyond the clinic)</td>
<td>Create product fact sheet for providers</td>
<td>Youth come in Shujaa magazine</td>
<td>Client e-learning in clinic</td>
</tr>
<tr>
<td>Develop a media campaign on future success as a result of using FP (Kuwa Mjanja program)</td>
<td>Create awareness among local leaders, authorities etc</td>
<td>Kuwa Mjanja campaign</td>
<td>Client e-learning in clinic</td>
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<tr>
<td>Create the &quot;future planners&quot; army (bajula? here?)</td>
<td>Create posters talking about all methods (placed in clinics)</td>
<td>Average traditional milestone events as education opportunities</td>
<td>Client e-learning in clinic</td>
</tr>
<tr>
<td>Develop &quot;future plan&quot; package for girls</td>
<td>Education information point at clinics</td>
<td>Private moment in clinic day</td>
<td>Client e-learning in clinic</td>
</tr>
<tr>
<td>Create &quot;future plan&quot; clubs for girls</td>
<td>Create product fact sheet for providers</td>
<td>Child trade as entry for contraception</td>
<td>Client e-learning in clinic</td>
</tr>
<tr>
<td>Conduct in clinic session with girls to test the concept and add additional benefits</td>
<td>Create awareness among local leaders, authorities etc</td>
<td>Contraceptive sales in hair salons</td>
<td>Provider certification program</td>
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<tr>
<td>City setting events - Beach at the beach with tablet/pine</td>
<td>High visibility campaign - Banners, TV, Radio, Billboards</td>
<td>Provider conducting Kuwa Mjanja clinic</td>
<td>Kuwa Mjanja outreach event at the community</td>
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<tr>
<td>Rural setting events - Beach at the beach days with Q&amp;A sessions</td>
<td>Use of local government community meetings to raise awareness</td>
<td>Kuwa Mjanja services on market day - rural setting</td>
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</tr>
<tr>
<td>Conduct provider session from home (door2door? Mobile app?)</td>
<td>Conduct provider session from home</td>
<td>Kuwa Mjanja clinic day with parents - Mothers</td>
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<td>Kuwa Mjanja mobile van</td>
<td>Use radio spots advocating for contraception</td>
<td>Kuwa Mjanja clinic day</td>
<td>Kuwa Mjanja outreach event at the community</td>
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<tr>
<td>Maternal and child health care session</td>
<td>Conduct provider session from home</td>
<td>Kuwa Mjanja clinic day</td>
<td>Kuwa Mjanja outreach event at the community</td>
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</tbody>
</table>

- 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
   - Future planning toolkit
   - Couples’ Planning Sessions

2. Build credibility
   - Text/call line for information
   - Provider/Nyakanga partnership
   - Amplify positive stories

3. Supportive environment for access
   - Male partner encouragement
   - Savings groups schemes

4. Increase availability
   - Provider rating and identification system
   - Leverage positive deviants to impact detractors

Create relevance of family planning to Sarah
Delight Sarah at the point of uptake
Prototype Examples
### Idea

#### Contraception in the context of menarche

<table>
<thead>
<tr>
<th>Design Opportunity Area</th>
<th>Make contraception relevant and valuable to young Sara</th>
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</table>
| **Insights**             | • Contraception led conversations, implying a girl is already or about to have sex, are considered inappropriate and/or irrelevant for adolescents.  
• 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.  
• 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.  
• Discussions driven around menses and its effects on fertility are considered appropriate and relevant for girls. |
| **Overview:**            | 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 knowledgeably and comfortably discuss contraception, and parents are more willing to allow their daughters to do so. |
| **Critical Questions:**  | • Will discussing contraception in the context of body changes and puberty make it a more acceptable, interesting and relevant conversation? |
| **Key take aways**       | • 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.  
• Incorporating a contraception into a larger conversation about menarche and puberty makes the topic more appropriate, more relatable and more understandable. |
Idea
Rebrand Flexi-P Oral Contraceptives

Design Opportunity Area
Build credibility of current contraception products to young Sara and influencers

Insights
- Family planning is considered **only appropriate for married women** or women who already have children, and products and messaging reflect this.
- There’s **fear that FP causes infertility**, so most people recommend having at least two children before starting FP.
- Providers feel they are making a **moral decision** when providing teens with contraception.

Overview:
Rebrand oral contraceptives to make them more acceptable to adolescent girls, parents and providers. Elements of new packaging includes:
- Picture of a girl depicts a responsible person girls can relate to and aspire to be
- Emphasizing benefits of the pill creates positive reasons for usage
- 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
- Graphic for usage instruction has been positioned inside of the cover for easy readability and higher visibility to support proper usage

Critical Questions:
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?

Key take aways
- 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.
- Clear, straight-forward language and imagery where possible critical
- 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
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<th>Idea</th>
<th>Parent Clinic Session</th>
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<td><strong>Design Opportunity Area</strong></td>
<td>Create a supportive environment for young Sara to access reproductive health services and information</td>
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| **Insights** | • Parents tend to be the most trusted source of information for adolescent girls, but they are unable to discuss reproductive health with their parents.  
• Parents heavily monitor and dictate what adolescents girls can and cannot do.  
• Many parents are uncomfortable and unable to have a conversation with their daughters about reproductive health, but recognize the importance of the topic. |
| **Overview:** | Prior to inviting adolescent girls for a clinic session, hold a session with parents of adolescents in the community. Key components include:  
• Building **trust** between parents and providers  
• Bringing parents together to **learn** about girl-centric curriculum on ASRH  
• Doing it through the socially acceptable frame of **menarche** and body changes  
• **Legitimating** the curriculum through parent input  
• Building **community support** through working together and parent testimonials  
• Getting their verbal and physical **commitment** to refer their daughters, giving them **permission** to seek services |
| **Critical Questions:** | • How can we help parents give their daughters permission to access contraceptive information?  
• Can we transform parents from barriers to advocates? |
| **Key take aways** | • When consulted, given the opportunity to discuss and share personal stories, parents became much more open to their daughters learning this information.  
• Social pressure and personal testimonials are influential for parents  
• Parents were willing to refer their daughters to learn about their changing bodies and contraception  
• 6 parent clinic days held. 72 parents agree to refer daughters. 35 girls attended session were referred by parents |
## Idea

<table>
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<tr>
<th>Design Opportunity Area</th>
<th>Girls Identify Youth-Friendly Providers</th>
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<tr>
<td>Increase availability of adolescent appropriate products and services</td>
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## 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:

- Can girls identify which providers are truly youth-friendly—offering comprehensive services with a positive attitude?

## Key take aways

- 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.
- 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.
- 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)
- Of Familia network facilities screened by adolescents (56), 45% identified as youth-friendly
## Design Opportunity Area

Increase availability of adolescent appropriate products and services

### Insights

- 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.
- Girls receive bursts of information at key moments in their lives, but don’t have a consistent trusted source of information or dialogue.

### Overview:

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:

- Parents, IPC agents or peers refer girls to clinics
- Menarche, hygiene and menses provide a socially acceptable entry point for the conversation
- Curriculum based on traditional framework of “Be Clean, Be Respectful, Be Smart”
- Create opportunity for a lasting relationship and ongoing dialogue with girls (through provider and/or through technology)
- An opt-out private moment is built into the clinic day program for all girls to normalize and de-stigmatize the decision to talk with a provider

### Critical Questions:

- Can we create an adolescent-specific service that is different and separate from other “family planning” services?
- Will creating a new service for adolescents make them more comfortable and more likely to take up methods?

### Key take aways

- Reframing contraception away from “family planning” and into the context of puberty and adolescence made the counseling service more appropriate for adolescent girls.
- 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.
- By normalizing the decision to see a provider, girls were more willing to take up services.
- 12 clinic days (Dar, Mbeya, Mwanza), 482 girls attended, 19% (91) took services.
<table>
<thead>
<tr>
<th>Idea</th>
<th>Youth-friendly ADDOs</th>
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<td><strong>Design Opportunity Area</strong></td>
<td>Increase availability of adolescent appropriate products and services</td>
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<tr>
<td><strong>Insights</strong></td>
<td>• 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.</td>
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<tr>
<td><strong>Overview:</strong></td>
<td>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.</td>
</tr>
</tbody>
</table>
| **Critical Questions:** | • Can girls identify youth-friendly ADDO providers?  
• Can we motivate ADDO providers to serve girls through incentives?  
• Will girls access services in ADDOs because they are faster and more discreet? |
| **Key take aways** | • 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.  
• Adolescent girls do not trust ADDOs because they don’t see them as qualified.  
• 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.  
• 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. |