

# HCD for Adolescent Services

*Adolescents 360*

<b>Years:</b>	January 2016- June 2020
<b>Budget:</b>	\$31 million
<b>Countries:</b>	Ethiopia, Tanzania, Nigeria
<b>Focus:</b>	Adolescent contraceptive service delivery
<b>Co-investor:</b>	Children's Investment Fund Foundation
<b>Prime:</b>	Population Services International
<b>Key partners:</b>	Society for Family Health Nigeria IDEO.org Centre for the Developing Adolescent <i>Triggerise*</i>
<b>Evaluators:</b>	Itad, LSHTM and Avenir Health
<b>Performance:</b>	Ahead of KPI goal; on budget

# Agenda

- Background
- Design phase
  - Methods
  - Insights
  - Process evaluation findings
- The intervention design
  - New paradigm
  - ToC
  - User journey
- Tanzania and Ethiopia deep dives

# Key Messages

- **The design approach was distinctive.**
  - Meaningful Youth Engagement in HCD.
  - Insight Synthesis when take multi-disciplinary approach to HCD.
- **The insights changed the way we understand the global evidence base.**
  - How we understood the evidence base; the nuance.
- **There are lessons practice, and management of design-based programming.**
  - Tailoring performance and accountability mechanisms to project phases.
  - Choosing disciplines.
  - Managing the disciplines.
  - Resourcing to do it well.
  - Harnessing adaptive implementation to build on design foundations.



# Background





**JALQABBII  
GAARII**  
SMART START



**QWA  
GIRLS**



# Barriers | What we knew at project start

	Ethiopia (2011)	Nigeria (2013)	Tanzania (2015-16)
<b>mCPR</b> all girls 15-19 currently married girls 15-19	5.2% 23%	4.8%, 1.2%	8.6%, 13.3%
<b>Unmet need</b> all girls 15-19 currently married girls 15-19	6.8%, 32.8%	6.2%, 13.1%	10.8%, 23.0%
<b>Median age at first sex</b> women age 25-49	16.6	17.6	17.2
<b>Median age at first birth</b> women age 25-49	19.2	20.2	19.7
<b>Adolescent fertility rate</b> (Births per 1,000 girls aged 15-19 per year)	79	122	133



→ Understanding the story behind girls' relatively high fertility and low unmet need for contraception.

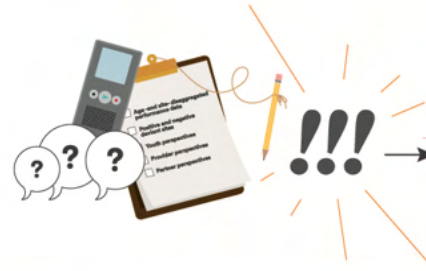
# A360 Process | 2016-2020



## INQUIRY

- Ethical review
- **Recruit youth** as co-designers
- **Team orientation** to A360 disciplines
- Interview guide development
- Semi-structured interviews with **girls, gatekeepers, community, and providers**

Sept. - Dec. 2016



## INSIGHT SYNTHESIS & PROTOTYPING

- **Interpretation and contextualization** of respondent results across disciplines
- **Analysis** of respondent results to develop themes for design
- Development of prototypes
- **Vetting and refinement** through field testing and disciplinary analysis of field test results
- Initial performance metrics **to gauge viability**

Jan. 2017



## IMPLEMENTATION

- Evidence-based **Adaptive Implementation** to ensure interventions' continued "fit" for girls, and the health systems that own and sustain their implementation

Jan. 2018 - Jun. 2020



External Costing Analysis and Process and Impact Evaluation



# Methods





# Methods



- IRB approval
- Addis Ababa, Afar, Oromia, Tigray
- 294 semi-structured interviews



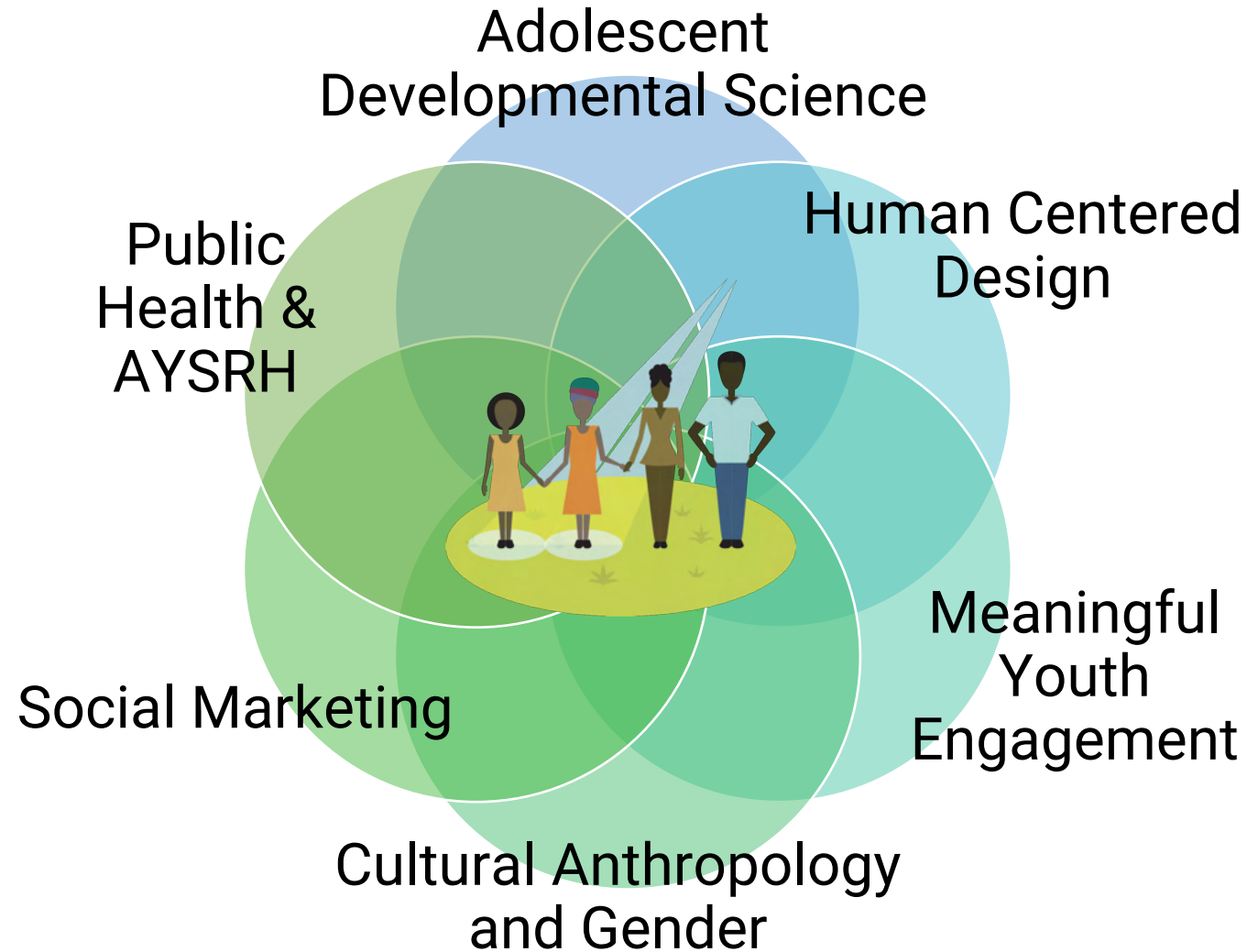
- IRB approval
- Kaduna & Lagos
- 365 semi-structured interviews



- Consent obtained
- Bagamoyo and Morogoro; Dar Es Salaam, & Mbeya
- 100+ semi-structured interviews

**Adolescent girls, adolescent boys, mothers, fathers, male partners, community influencers, providers and caregivers.**

# A360's Disciplinary Lenses





# Design Process Distinctions

1

Meaningful Youth Engagement

2

Insight Synthesis

3

Solutions



# Findings



# Six Dominant Themes Across Countries



**Anxiety and uncertainty about how to secure a stable future.**

**Misalignment between sexual behaviour, contraceptive use and identity.**

**Motherhood as the achievable dream.**

**Contraception as a threat to their dreams.**

**Isolation and mistrust.**

**Girls' complex connections to their mothers.**

## Anxiety & Uncertainty About How to Secure a Stable Future

“  
We want to change ourselves to have a better future with lots of money.  
”

-Married girl, Ethiopia

“  
My parents give me N100 for [all meals]. It's not enough. Not even enough for breakfast. So how do I eat?  
”

**I need to take care of myself.**

-Unmarried girl, Nigeria

**Girls perceive a norm of insecurity, and desire future stability. Having one's own money is seen as a means of asserting control over the current situation. This manifests in entrepreneurialism, a sense of urgency to act, as well as increased exposure to transactional and/or coercive sex— for example, when jobs cannot be found.**

--Unmarried and married girls, Tanzania and Nigeria

## Misalignment Between Self-Identity & Sexual Behavior

Family planning is not for girls in school. It is for married girls, for birth spacing.  
-Unmarried girl, Ethiopia

**I'm not having sex. He had sex with me!**  
-Unmarried girl, Nigeria

What if you are a virgin and your boyfriend said he wants to have sex with you and you use a condom, so are you still a virgin?  
--Unmarried girl, Nigeria

**Self-identification as sexually active (whether to external audiences or to one's self) was complex, at times harrowing. Girls' perception of their sexual activity status itself was often shifting, given infrequent, transactional, or coercive sex, adding layers of complexity to whether girls identify as "sexually active."**

-Girls in Tanzania, Nigeria, and Ethiopia

## Motherhood as the Achievable Dream

Having the first child is respect. You start to be called by the name of your child...

-Unmarried girl, Ethiopia

I want to go to school. Even if I do not work, I will help my children with their school work.

-Unmarried girl, Nigeria

If you don't have a job and can't continue your education, then **having a child is the only profit you have.**

-Married girl, Ethiopia

**Motherhood was near universally discussed as a central, dependable life joy for girls. Where other joys exist, in an unpredictable and challenging life, none were deemed as reliable as the dream, goal, joy of becoming a mother.**

--Girls in Tanzania, Nigeria, and Ethiopia



## Contraception as Threat to Dreams

They say contraception is good, but not for me it's not good. **It will destroy your womb.**

-Unmarried girl, Nigeria

[A girl who uses contraceptives] might age and not get the child when she wants it.

-Mother of adolescent girl, Ethiopia

**The girl will be toad-jumping** if contracepted—from one man to another.

-Father of unmarried girl, Nigeria

**Contraception as a cause for fear due a perceived threat to fertility, as well as (social) security. Though a too-early or mis-timed pregnancy was also a source of shame, this was ultimately a more acceptable, and temporary hardship as it was still a path to motherhood.**

--Unmarried girls in Tanzania, Nigeria

## Isolation & Mistrust

“If a [unmarried] girl is sexually active, **the community will hate her and isolate her.**”

--Unmarried girl, Ethiopia

“Your worst enemy can be your best friend.”

-Unmarried girl, Nigeria

“I don't trust my boyfriend. I don't trust men. Men are the worst!”

-Unmarried girl, Nigeria

**A sense that men, providers, and even friends cannot be trusted, and that girls must navigate a challenging gauntlet to arrive at a secure future— largely on their own and/or in secrecy.**

-Married and unmarried girls, Tanzania, Nigeria, and Ethiopia

## Girls' (complex) Connection to Their Mothers

**“My mom would understand, but she would scold me.”**

-Unmarried girl, Nigeria

**Many girls discussed their desire for support and information from a trusted source, and for some, their mothers served as that figure in their lives. At the same time, girls discussed mothers as figures from whom to hide knowledge about their lives, and/or information they are accessing. Some girls held this dual view. Others fell starkly in one of the two camps.**

-Girls in Tanzania and Nigeria



Evaluation | Design Phase





## What did we learn about A360's experience of HCD?

- An HCD-led design succeeded in 'putting the girl at the center', but there were some tensions between disciplines. Important to ensure that:
  - Existing public health evidence on 'what works' is not sidelined in HCD
  - Health systems and the needs of service providers are considered in the design phase
  - New ways to meaningfully engage youth are put in place, post-design
- Engaging Ministries of the Health from the start helped lay the groundwork for scale and sustainability – but other partnerships have proved challenging
- Some tensions and lack of clarity over role of country teams vs San Francisco designers





## Evaluation findings from the design phase: The A360 consortium

- A360 created a new global cadre of implementers with the capacity to work in a new way – but at the risk of burnout
- Emphasis on adoption and replication: perhaps premature?
- Focus on adoption, conversion and cost-effectiveness reduced incentives to address gender and social norms





# The Interventions



# A Different Understanding

## Conventional messaging to adolescents

1

When you become sexually active.

2

Use contraceptives!

3

So you can finish school and stay healthy.

4

And achieve all your dreams.

## New Insight

Beginning the conversation here means we've lost most girls before we've even begun.

Adolescents have a heightened need to feel respected. It's important to establish trust before suggesting what to do.

It's important to frame programs to respond to girls' self-defined goals for their lives. For many girls, that includes motherhood.

Girls want practical support for their own skills development to track toward their goals. Lofty promises often lack credibility.

## A360's approach

1

Your current needs are important!

2

What's your dream? Set a goal, make a plan!

3

Contraceptives are a first step to achieving your immediate goals.

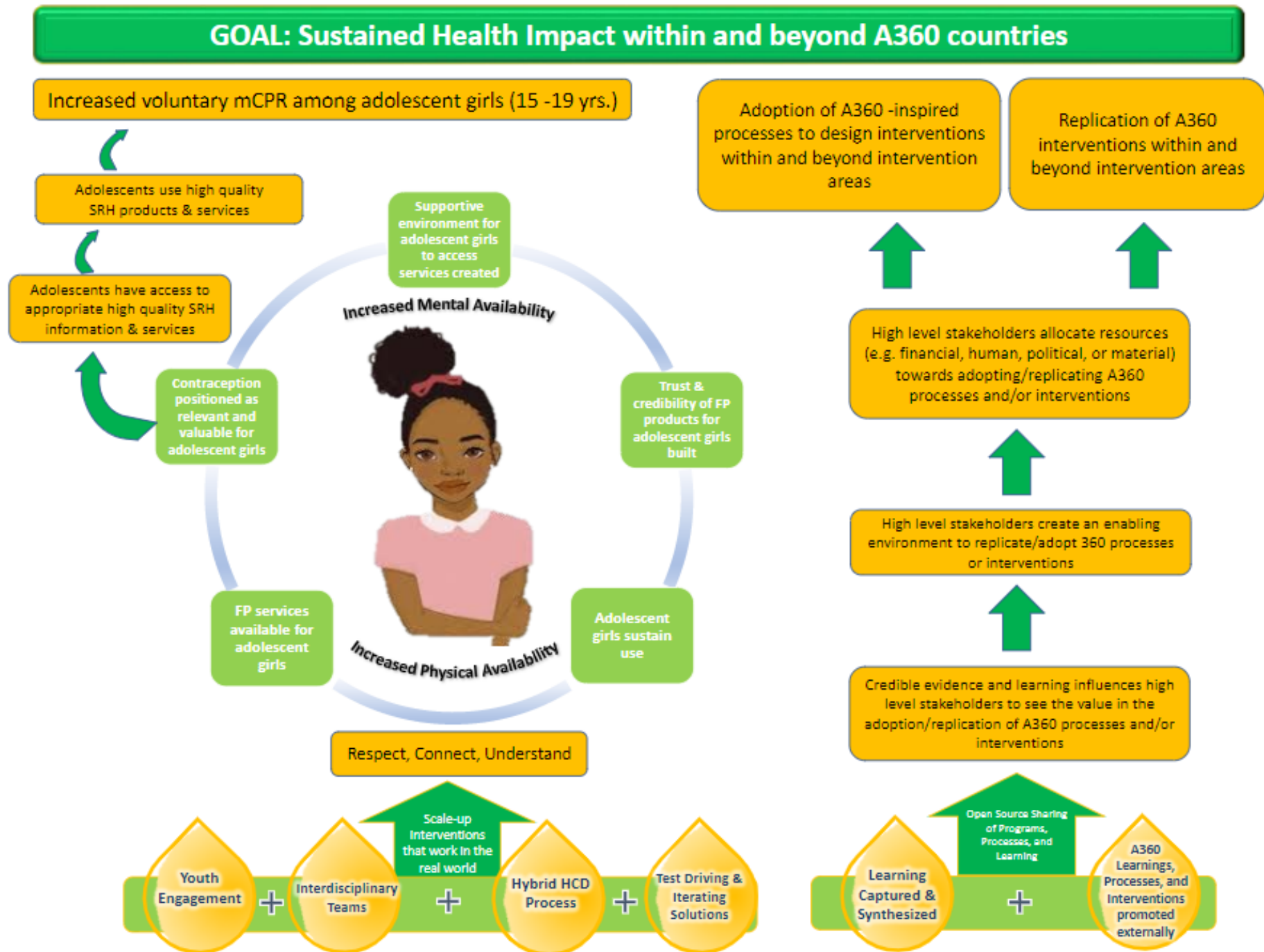
4

Whenever you are ready, you can have a baby.





# The A360 Theory of Change





# A360 Global User Journey



ADOLESCENTS  
360



## Government

Are supportive of A360 as it scales, and work together with A360 to find ways to institutionalize A360 approaches into the health system



## Community

Understand that A360 is serving girls, and are increasingly supportive of girls accessing contraception in order to achieve their dreams



## Service Providers

Empathize with girls, feel happy to provide contraception to girls, and have the skills to counsel them in a youth-friendly way



## Mobilizers

Are able to reach and influence girls where they are, with messages that are relevant to them

**I'm intrigued**

-Mobilization-

- Curious



**I'm inspired & motivated**

-Aspirational Engagement-

- Inspired and delighted
- Girl with a plan: Future Orientation



**I feel respected & safe**

-Contraceptive counseling & service delivery-

- Girl with a plan: Future Orientation
- Safe and comfortable
- Listened to and supported
- Girl with a plan: Future Orientation



**I feel supported**

-Follow up-

- Trust and continuity
- Listened to and supported

# In the backdrop | An Evidence-based Journey



- **Mobilization through local community members** positively affect youth participation and engagement. (USAID Impact Evaluation, 2014)
- **Life and vocational skills acquisition** components have been found to significantly increase adolescent SRH knowledge, HIV knowledge, and condom usage, and decrease the probability of having had forced or coercive sex were also found. (Bandiera, 2015, RCT)
- **Positive beliefs about the future** is a core component of Agency within the Positive Youth Development domains. (USAID, 2017, Systematic Review)
- Adolescents have a **heightened need to be accorded respect and status** (Yeager, 2018, meta analysis and longitudinal study)
- Adolescents are at **higher risk of discontinuation** than all WRA, particularly in the first 12 months post-adoption. (Blanc, 2009, 40 country DHS analysis)
- Support for **active management of side effects and method-switching** supports continued protection from unintended pregnancy. Supportive influencers also support continuation. (Blanc, 2009, 40 country DHS analysis)

**I'm intrigued**  
-Mobilization-

**Curious:** She feels curious and decides to attend an event, because it seems interesting/fun and easy to attend, seems relevant to her, and she has reason to believe she may be supported by her influencers to attend.



**I'm inspired & motivated**  
-Aspirational Engagement-

**Inspired and delighted:** She feels inspired and delighted by what she sees and hears

**Girl with a plan/ Future Orientation:** She identifies her dreams and vision for the future, begins articulating a plan to achieve her dreams, and sees how contraception can help her achieve her plan

**Listened to and supported:** She feels listened to and supported by the programmers, trusts what she is hearing, and feels it is relevant and valuable to her goals for herself



**I feel respected & safe**  
-Contraceptive counseling & service delivery-

**Girl with a plan/ Future Orientation:** She feels invited to share her dreams and vision for the future, to initiate her health seeking experience with her provider re: how contraception can help her achieve her plan

**Safe and comfortable:** She feels safe, and like she can talk to a service provider freely and confidentially, without others judging her and without being rushed or pressured

**Listened to and supported:** She feels listened to and supported by the service provider, trusts and understands what she is hearing, and feels it is relevant to her goals for herself

**Future orientation:** She decides to try a contraceptive method to help her meet her plan, and can access it straight away for free if she desires



**I feel supported**  
-Follow up-

**Trust and continuity:** She trusts the service providers she spoke to, and feels able to come back whenever she has questions or needs more contraceptives

**Listened to and supported:** She feels listened to and supported by the programmers, trusts what she heard, and continues to see contraception as relevant to her goals for herself



# Activity | Experiences



**JALQABBII  
GAARII  
SMART START**

Ethiopia: Smart Start





# Smart Start User Journey



## Government

Government engaged at national, regional and woreda level to support site selection, recruitment, training and supervision. PSI Adolescent Health Officer sits in the local health office.



## Community

Community kick off meeting held to generate buy-in. Community engaged informally through A360 staff, Women's Development Army and Health Extension Workers



## Service Providers

Health Extension Workers trained and supported to deliver Smart Start by A360 staff. Government support HEWs to continue implementing Smart Start after A360 staff transition out of the community



## Mobilizers

Women's Development Army volunteers and youth champions support Health Extension Workers to mobilize girls and couples to participate in Smart Start

### I'm intrigued

-Mobilization-

**Curious:** She and her spouse hear about Smart Start from the Woman's Development Army, Health Extension Worker, A360 staff, community leaders or Youth Champions. She feels curious and agrees to attend a counselling session, because it feels relevant to her and she feels supported by her husband (and mother-in-law)



### I'm inspired & motivated

-Aspirational Engagement-

**Girl with a plan:** She and her husband are invited to identify and share their vision for the future and develop a financial plan

**Inspired and delighted:** She and her husband feel inspired and delighted by the Smart Start tools and branding, and the financial planning messages

**Listened to and supported:** She feels listened to and supported by A360 to make a plan for her future



### I feel respected & safe

-Contraceptive counseling & service delivery-

**Girl with a plan:** She sees contraception as relevant and valuable to achieving her plan

**Safe and confidential:** She feels safe and comfortable to talk to the Health Extension Worker through 1-1 or couples contraceptive counselling, without others judging her and without being rushed or pressured

**Listened to and supported:** She feels listened to and supported, trusts and understands what she is hearing, and feels it is relevant to her goals for herself



### I feel supported

-Follow up-

**Trust and continuity:** She feels able to come back to the health post whenever she has questions or needs more contraceptives. She receives follow up calls and visits from Health Extension Workers and Women's Development Army volunteers, and feels supported to access the services she needs

**Future orientation:** She continues to see contraception as relevant to achieving her financial plan

# Design Research to Technical Strategy

**JALQABBII  
GAARII**  
SMART START



## Insight Synthesis

### Anxiety over the future

Girls and their influencers both experience anxiety and concern over how to secure a stable future for themselves and their communities. They acknowledge that there is resource scarcity and a shifting economic landscape which requires new ways of living. They have limited confidence in their own capacity to secure a desirable future for self and family.

Girls need support to feel a sense of self-efficacy to pursue their goals and shape the lives that they want.

## Technical strategy in response



Smart Start supports girls to map out the steps needed to achieve the future financial security that they desire for their families.



Smart Start supports HEWs to begin the conversation by validating girls' aspirations and beginning to sketch out a financial and family plan in pursuit of those aspirations—whether economic, social, or reproductive.





## Insight Synthesis

### Aspirations

#### Motherhood as the achievable dream

Despite a multitude of aspirations early in life, girls' aspirations reduce to those perceived as attainable. Amidst scarcity of opportunities, motherhood is valued as the primary attainable aspiration.



## Technical strategy in response

Smart Start begins with the affirmation that girls' dreams are valid, and that a wider array of aspirations are attainable and can be pursued—without competing with girls' dreams of motherhood.

## Aspirations

### Insight Synthesis

### Technical strategy in response



#### Contraception as irrelevant to girls' dreams

Adolescents have a heightened need to feel respected and accorded status, increasing the importance for health interventions to establish trust by demonstrating respect for girls' priorities for their lives—as they define for themselves.<sup>39</sup>



Smart Start supports HEWs to build needed trust with adolescent girls by inquiring about girls' and couples' aspirations and supporting them to set financial plans to achieve them, thereby demonstrating respect and legitimating adolescents' power to set their own goals for their lives.

Expectations for early marriage and childbearing lead to married girls' perception of contraception as irrelevant to their life and aspirations.



Smart Start positions contraception as in service of girls' and couples' self-defined aspirations, and as a tool to stay on track to achieve them, protecting her fertility and allowing her and her husband to begin childbearing when they feel it is right for them.

Adolescents' shifting hormonal surges result in shifting motivations between those for stability (intrinsic motivation) and those for peer recognition and social status (extrinsic motivation).<sup>2</sup> As such, traditional public health messages that appeal only to motivations for positive health outcomes do not consistently align with adolescents' own motivations.



Smart Start's messaging resonates with adolescents across the spectrum of shifting motivations. The achievement of financial resources—such as a cow, house, or shade tree—can be perceived both as status symbols (speaking to extrinsic motivation) or ways to pursue stability (speaking to intrinsic motivation).



## Insight Synthesis

### Isolation and Decision-Making

Once married, girls experience isolation from social networks and feel that they have few trusted supports.<sup>17</sup>



Couples voiced that they value shared decision-making but lacked the knowledge and agency to implement this value. Evidence validates the role of shared decision-making in improving health, social and economic outcomes.



## Technical strategy in response

Part of Smart Start's goal is to enable the HEW to have a foundation for building a relationship with each married girl in their catchment area by starting to build trust based on their inquiry about and support of girls' self-defined dreams for their lives. In this way, they gain a tool to help them bond with girls, chipping away at the isolation that these girls experience.

Husbands are invited to be counseled with wives as part of Smart Start. Even when they are not able to be jointly counseled, Smart Start provides girls with a tool (a "goal card") that can be used to change the decision-making dynamic within her household. Smart Start helps girls to recognize her own agency, prompting her to initiate a conversation with her husband, which goes beyond just joint decision-making, to validating her autonomy.

# “I’m Intrigued”

## Mobilizing Girls

Smart Start navigators, Health Extension Workers and volunteers from the Women’s Development Army go door-to-door to find young, married girls and couples in the community.

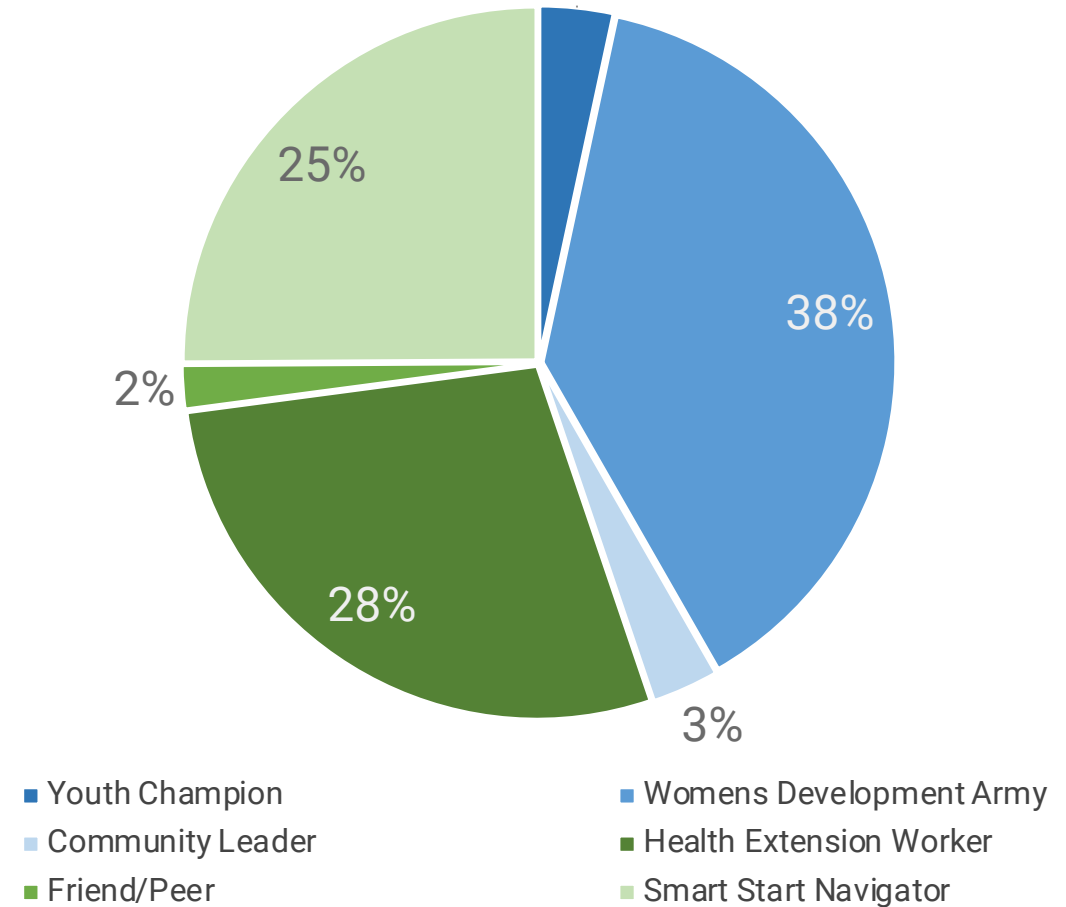


# What the *data* tells us | Monitoring

Nearly **75%** of **Smart Start** adopters are mobilized through existing community structures



Mobilization Channel for Smart Start Adopters  
January 2018 – October 2019



# What the *data* tells us | PE findings from Ethiopia (2019)

*"I'm intrigued"*  
**Mobilizing girls**



## User Journey

She and her husband hear about Smart Start from the Women's Development Army, Health Extension Worker, A360 staff or community member. She feels curious, and agrees to attend counseling because it feels relevant and she feels supported by her husband (and mother-in-law)

**JALQABBII  
GAARII**  
SMART START

- ✓ Smart Start is successfully using existing, trusted local structures to reach remote rural girls, door-to-door
- ✓ Trust of, and familiarity with, Health Extension Workers drives attendance, as well as curiosity
- ⚠ Mobilizers are less successful at reaching husbands
- ⚠ While very effective, the Women's Development Army network is patchy in some parts of the country

*"I personally was happy [to hear about Smart Start]. Because no one else at this time teaches moving house to house. She is there for our benefit. And since it is about planning for a family, we [my husband and I] both were happy"*

- Girl, Ethiopia



Using culturally relevant images, we support couples to understand the cost-savings of delaying pregnancy.

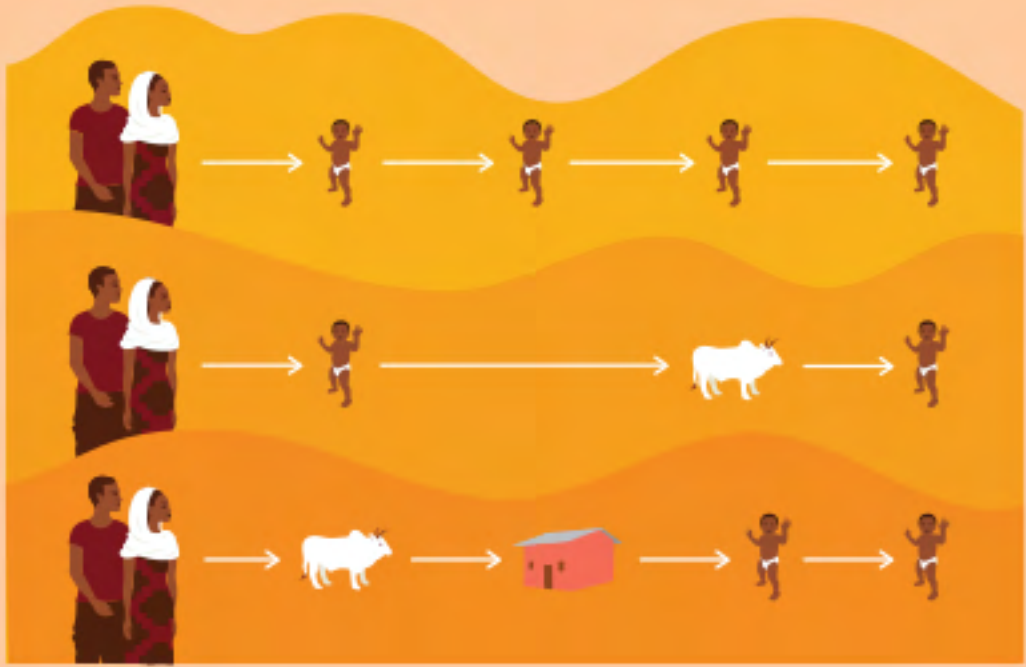


The Smart Start goal card delivers girls and their partners a consistent reference point to track their progress against their life goals.



Smart Start prompts joint decisions between couples around their lives, and desired family.

# “I Feel Inspired and Motivated” Aspirational Engagement

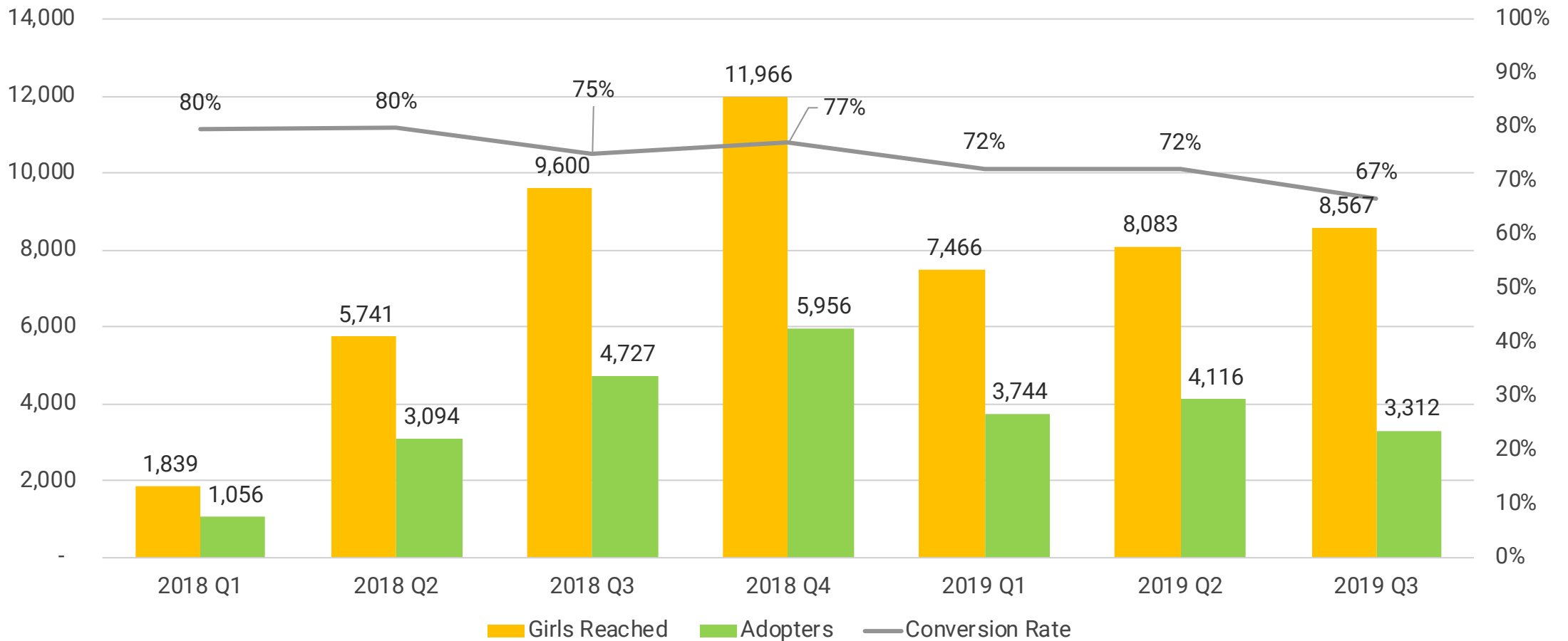




# What the *data* tells us | Monitoring

Speed and scale lead to **higher numbers in 2018**, shifting to more holistic programming but fewer adopters in 2019

Girls Reached, Adopters, and Voluntary Conversion Rate,  
A360 Ethiopia (Smart Start), Q1 2018 – Q3 2019



# What the *data* tells us: PE findings from Ethiopia (2019)

*"I'm inspired and motivated"*  
*Aspirational engagement*



## User Journey

She and her husband are invited to share their vision for the future and develop a financial plan. She feels inspired and delighted, and listened and supported by A360 to make a plan for her future.

- ✓ Financial planning resonates strongly with girls' concerns, and helps girls and their husbands plan for the future
- ✓ Financial planning messaging is shifting girls attitudes towards contraception
- ⚠ The fidelity of the financial planning counseling is at risk after PSI staff transition out of communities

*"I feel happy, because she teaches me by associating family planning with saving, in this way I can help my child and family."*

- Girl, Ethiopia

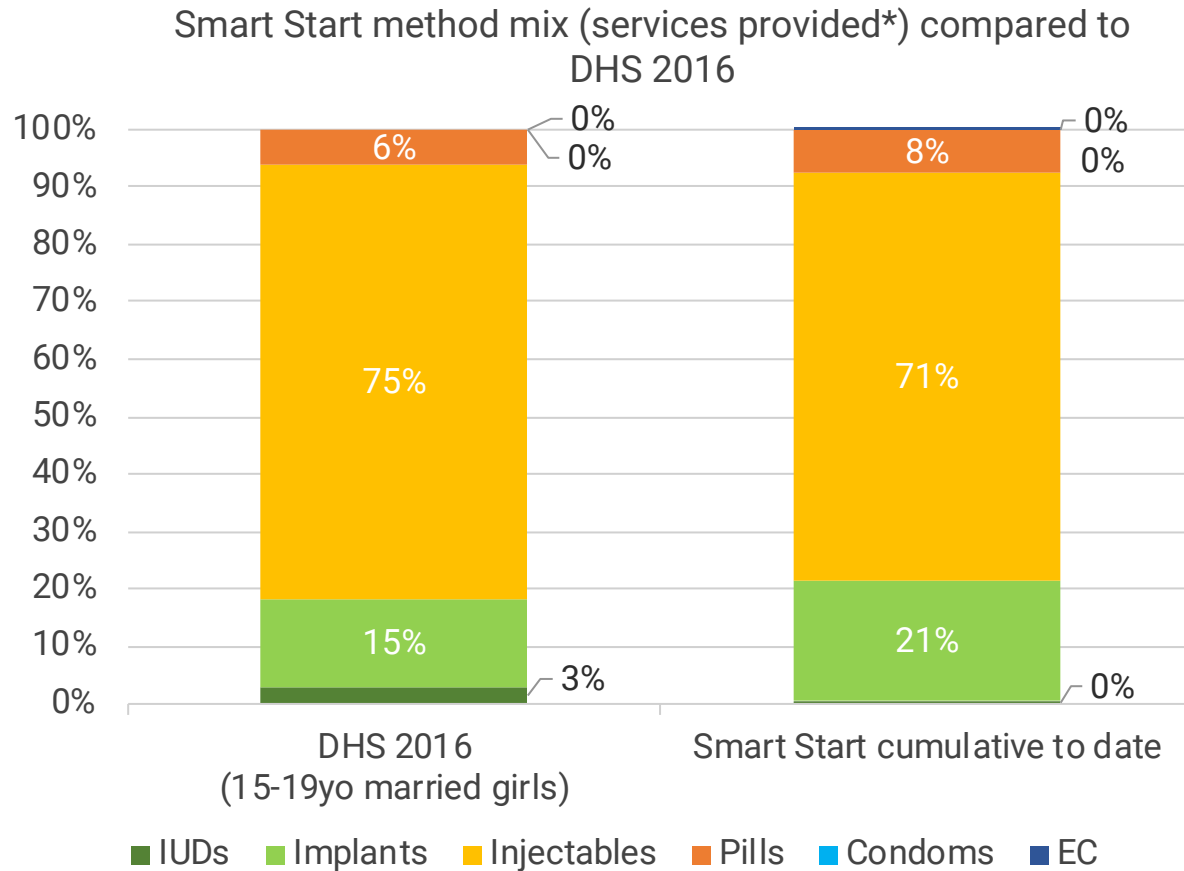


Smart Start becomes the entry point for Health Extension Workers to establish life-long relationships with adolescents.

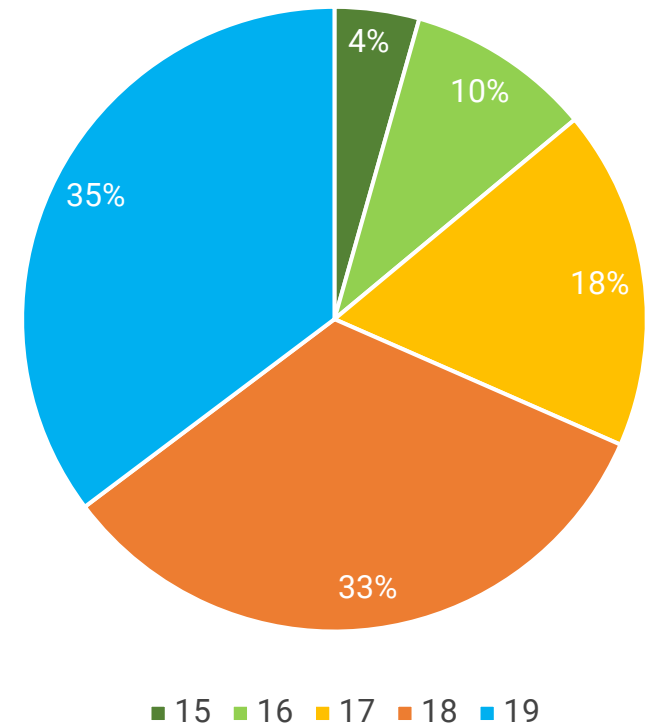
**“I Feel Safe  
and Respected”**  
Serving Girls

# What the *data* tells us | Monitoring

Smart Start adopters take up **LARCs at higher rate than the national average** and most adopters are 18-19 years old.



Age Disaggregation of Adopters (cumulative)



*\*DHS method mix is based on users reached whereas A360 method mix is based on service data. Method mix based on services provided would tend to inflate short-term methods. Some of this inflation is minimized since Smart Start is only present in a community for 6 weeks and therefore is unlikely to see repeat short-term users come back for services.*

# What the *data* tells us: PE findings from Ethiopia (2019)

*“I feel safe and respected”  
Contraceptive counselling*



## User Journey

She sees contraception as relevant and valuable to achieve her plan. She feels safe and comfortable to talk to the Health Extension Worker, without others judging and without feeling rushed or pressured. She feels listened and supported and trusts and understands what she is hearing, and is provided her method of choice, for free, on the spot

- ✔ Smart Start helped Health Extension workers see girls as clients
- ✔ Girls feel safe and comfortable, and counseling helps allay (some) fears
- ✔ Couples counseling helps girls adopt (and adopt LARCs)
- ⚠ Girls are sometimes encouraged to adopt particular methods, and aren't always accurately informed about side effects

“ Previously Health Extension Workers taught us about the importance of family planning...but there was doubt in me. I considered that these methods lead to different health problems. But Smart Start came and our trained friends taught us about the importance of family planning, I and my wife were finally convinced and started using it.”

- Husband, Ethiopia

Thanks to the implant she took, they – together – are saving the resources they need to raise the healthy family they want.

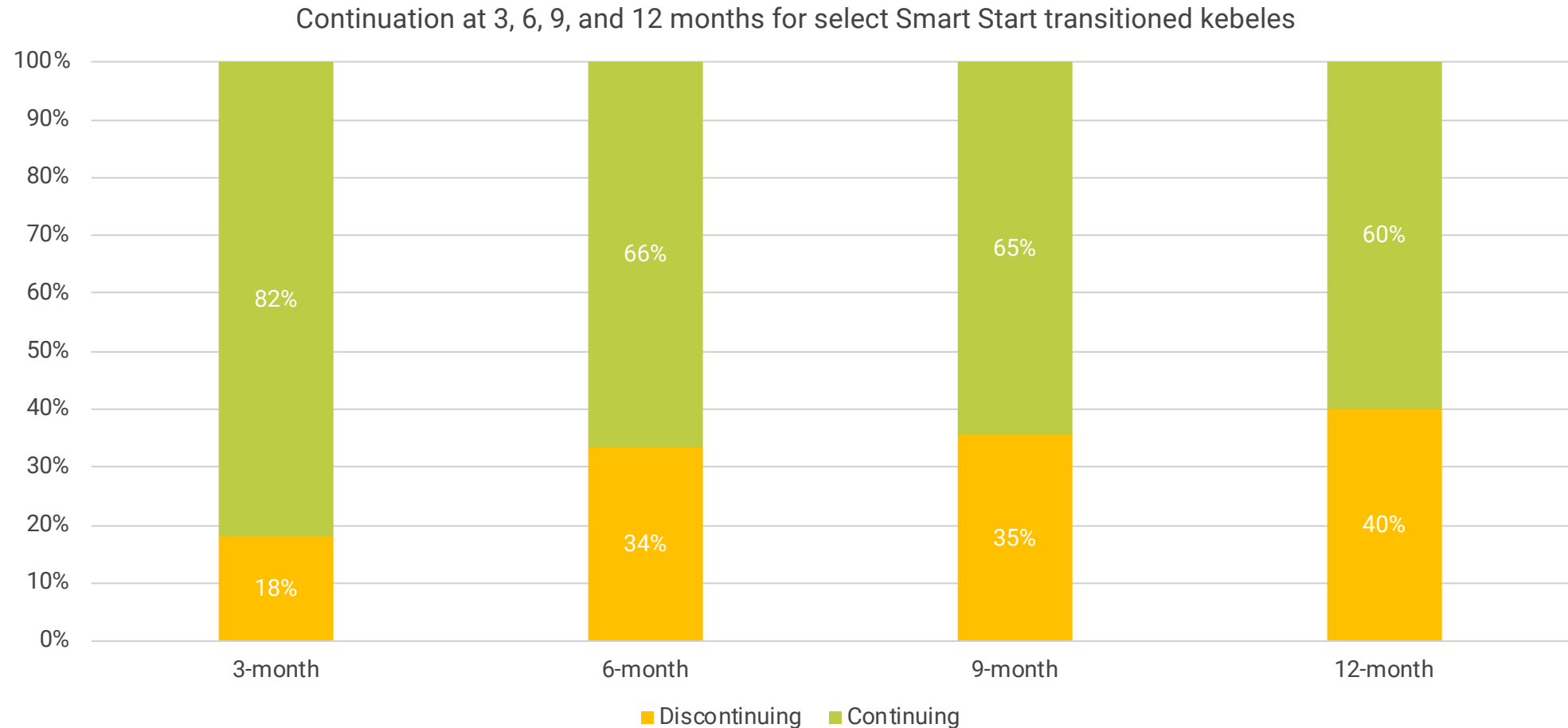
# “I Feel Supported”

Staying with Girls to  
Support Continuation



# What the *data* tells us | Monitoring

In select kebeles, A360 sees **60% of girls who adopted through Smart Start** continuing method use 12-months after A360 transitioned out of the community.



# What the *data* tells us: PE findings from Ethiopia (2019)

*"I feel supported"*  
Follow up



## User Journey

She feels able to come back to the health post when she has questions or needs more contraceptives, and receives follow up calls and visits from Health Extension Workers and Women's Development Army volunteers. She feels supported to access services and continues to see contraception as relevant to achieving her financial plan.

- ✓ Girls are generally happy to reach out to Health Extension Workers and return to the health post.
- ✓ WDAs informally support follow up, as do Health Extension Workers through ongoing presence in communities.
- ⚠ Some concerns that Health Extension workers aren't getting enough support after PSI staff transition out, and are too busy to follow up consistently.

“ The Health Extension Worker, she met me in the market and asked me how I was doing. Then I told her I am building a house for the hens. I told her that and she was very happy.

- Girl, Ethiopia







I feared that it would make me infertile.



## Tanzania: Kuwa Mjanja



# Kuwa Mjanja User Journey



## Government

Government engaged at national and local level to support site selection and implementation. Community Development Officers support outreach teams to set up and run events.



## Community

Outreach teams meet with community leaders to raise awareness and gain buy-in. Parent clinic days engage mothers to support girls' engagement.



## Service Providers

Government service providers experienced in youth friendly service provision are recruited to deliver services at events, and orientated on Kuwa Mjanja



## Mobilizers

PSI staff and community mobilizers deliver public announcements, service providers advertise upcoming events in the clinic, mothers refer their daughters, and Kuwa Mjanja Queens visit house to house

**I'm intrigued**  
-Mobilization-

**Curious:** She hears about Kuwa Mjanja through an influencer or a public announcement. She feels curious, and decides to attend an event because it feels fun, relevant and she feels supported by her influencers.

*She attends a Kuwa Mjanja event, either at a nearby health facility or in a pop-up tent / community space*

**I'm inspired & motivated**  
-Aspirational Engagement-

**Girl with a plan:** She is introduced to contraception via fun, engaging content and the Mjanja Connect app. She takes part in entrepreneurial training and feels confident she can use her skills for income generation

**Inspired and delighted:** She feels inspired and delighted by the Kuwa Mjanja branding and messaging

**Listened to and supported:** She feels listened to and supported by A360 to make a plan for her future

**I feel respected & safe**  
-Contraceptive counseling & service delivery-

**Girl with a plan:** She feels invited to share her vision for the future with the service provider, and sees contraception as relevant and valuable to achieve her plan

**Safe and confidential:** She feels safe and comfortable at the event, surrounded by her peers. Opt-out moments mean she can talk to a provider without being rushed or pressured

**Listened to and supported:** She feels listened to and supported, trusts and understands what she is hearing, and feels it is relevant to her goals for herself

**Future orientation:** She decides to try a contraceptive method to help her achieve her goals, and is provided her method of choice, for free, on the spot

**I feel supported**  
-Follow up-

**Trust and continuity:** She knows where to go whenever she has questions or needs more contraceptives, and feels comfortable to talk to a service provider in her community. Kuwa Mjanja Queens continue to be available locally to talk to girls

**Future orientation:** She continues to see contraception as relevant to her goals for herself

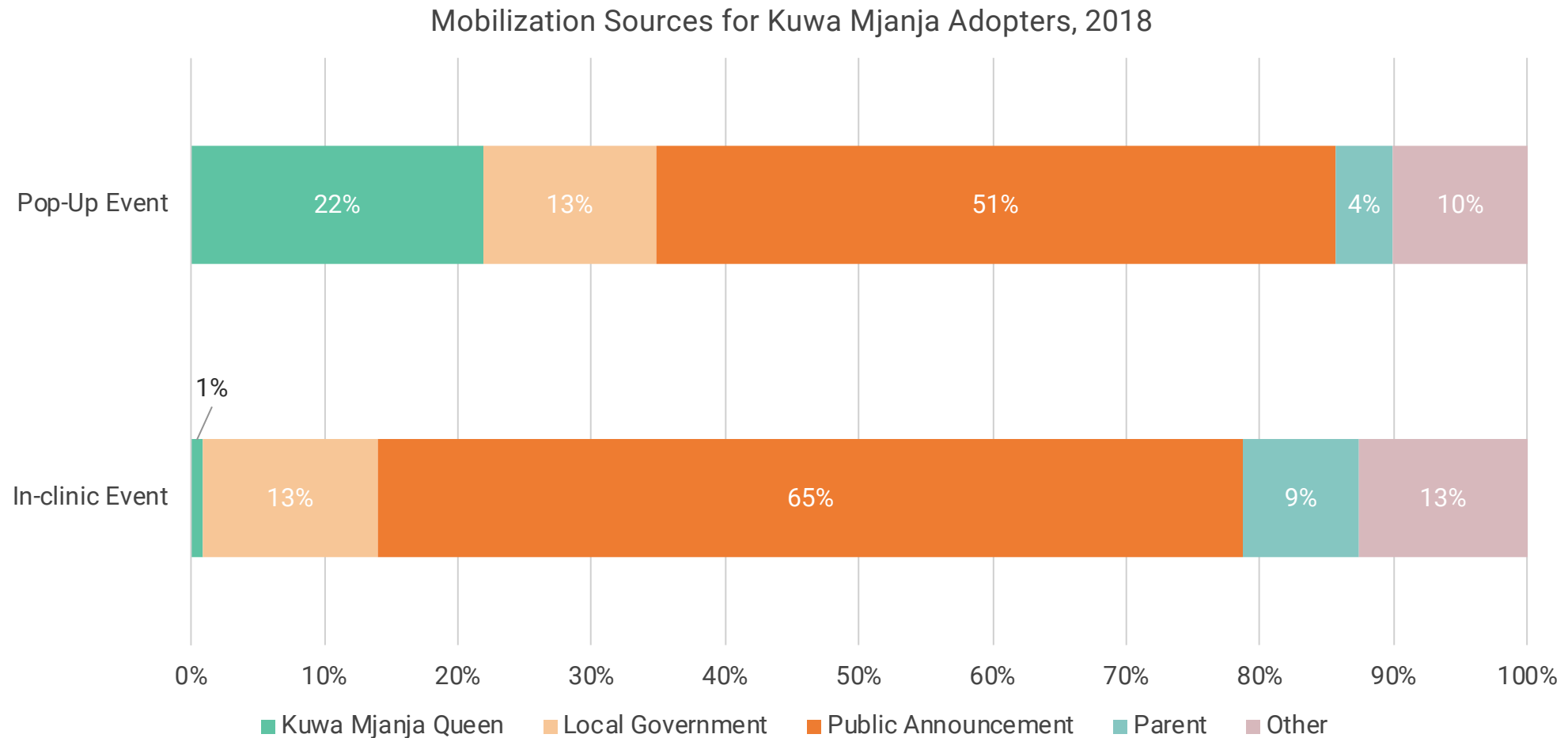


Public announcements are the most effective way to reach girls!

# “I’m Intrigued” Kuwa Mjanja Mobilizing Girls

# What the *data* tells us | Monitoring

Mobilization sources differ between pop-up and in-clinic events, though **public announcements** remain the primary mobilization source for both. **Local government** also plays a role in mobilization.



# What the *data* tells us: PE findings from Tanzania (2018)

"I'm intrigued"  
**Mobilizing girls**



## User Journey

She hears about Kuwa Mjanja through an influencer or a public announcement. She feels curious, and decides to attend an event because it feels fun and relevant and she feels supported by her influencers.



When community health workers and local government support mobilization, this helps channel lots of girls to events – as does the promise of skills training



Kuwa Mjanja events promoted as wellbeing events – helping 'fly under the radar' and avoid community stigma. But this comes with risks



If we let the parents know, we will lose many of the girls because the parents can prevent them from taking part... So, we still keep it a secret because the people are not aware of the importance of such services.



- Mobilizer, Tanzania



The pineapple represents the Kuwa Mjanja slogan: "Stand Tall, Wear your Crown and Be Exemplary!"

# "I Feel Inspired and Motivated"

## Kuwa Mjanja Aspirational Engagement



Our pop-up events invite girls to think through their goals for their lives, and the skills, resources and information they need to achieve their life plan.





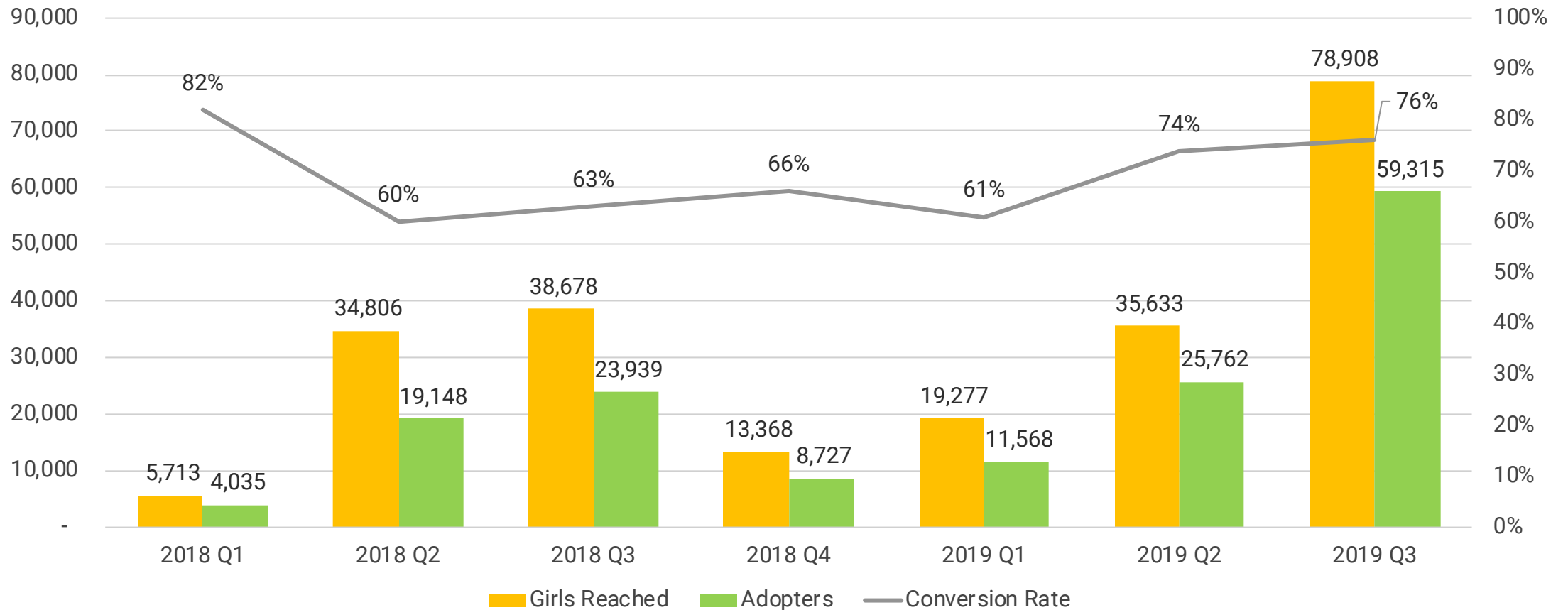
We are good girls, we shine



# What the *data* tells us | Monitoring

Kuwa Mjanja's **conversion rate has continued to increase** throughout implementation. Better event efficiency, mobilization through schools, and more teams led to performance spike in 2019 Q3.

Girls Reached, Adopters, and Voluntary Conversion Rate,  
A360 Tanzania (Kuwa Mjanja), Q1 2018 – Q3 2019



# What the *data* tells us: PE findings from Tanzania (2018)

“I’m inspired and motivated”  
*Aspirational engagement*



## User Journey

She is introduced to contraception via fun, engaging content and the Mjanja Connect app. She takes part in entrepreneurial training and feels confident she can use her skills. She feels inspired and delighted, and supported to make a plan for her future.



- ✓ Girls love vocational skills training
- ✓ The message about ‘girls achieving their dreams’ resonates strongly with girls *and* service providers
- ⚠ Delivering tailored messages to different types of girls proved challenging at mixed events
- ⚠ Girls had high expectations of vocational training



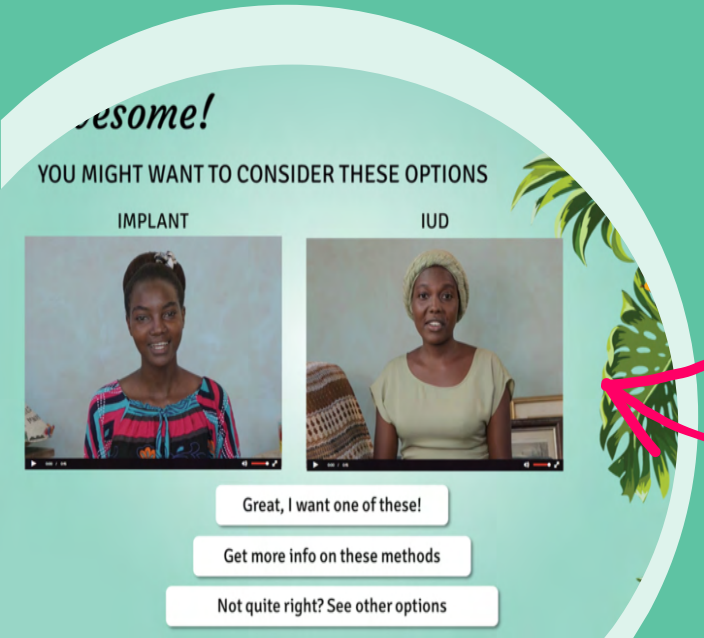
When you get the skills to make those things, it can help you in your future. When you make those things you can...make your own money without depending on anyone else.

- Girl, Tanzania





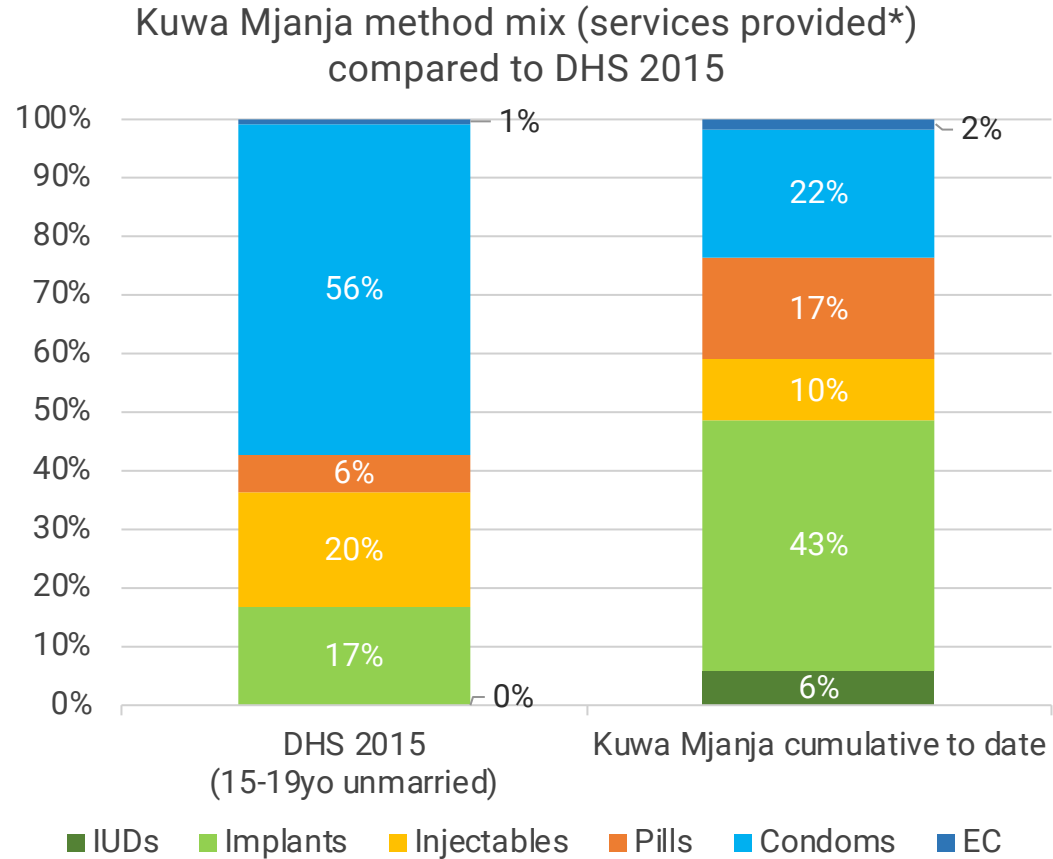
# “I Feel Safe and Respected” Kuwa Mjanja Serving Girls



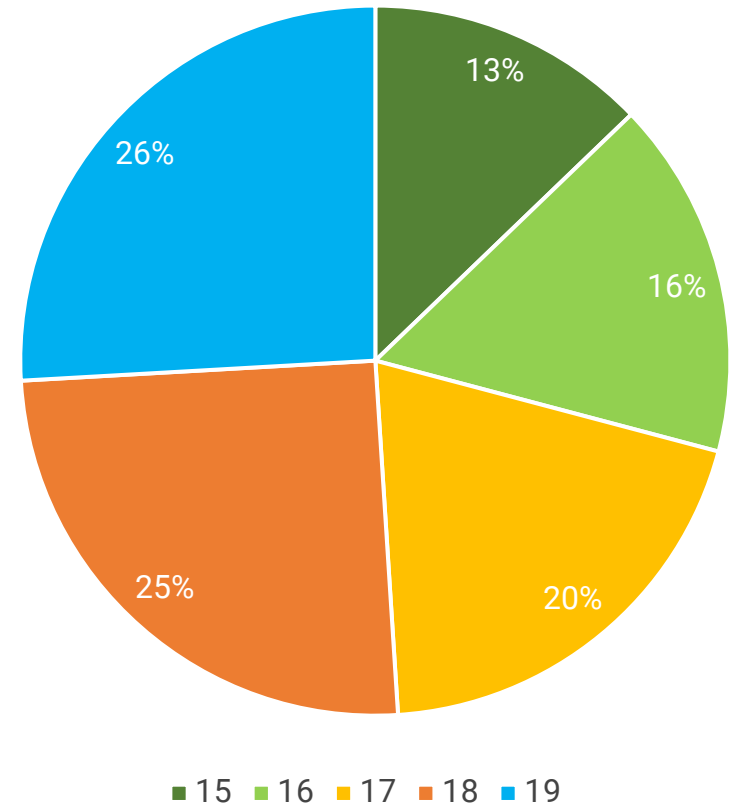
*Mjanja Connect is an interactive pre-counseling Android app developed with girls, for girls.*

# What the *data* tells us | Monitoring

Method mix for Kuwa Mjanja adopters has nearly triple the LARC percentage of the national average. More than one-quarter of adopters are 15-16 years old.



Adopter Age Disaggregation (cumulative)



*\*DHS method mix is based on users reached whereas A360 method mix is based on service data. Method mix based on services provided would tend to inflate short-term methods. If modeled to show users reached, A360's method mix would show even higher percentages of LARC users than the current method mix based on services provided.*

# What the *data* tells us: PE findings from Tanzania (2018)

*“I feel safe and respected”*  
*Contraceptive counselling*



## User Journey

She feels invited to share her vision for the future with the service provider, and sees contraception as relevant and valuable to achieve her plan. Opt-out moments and being surrounded by her peers make her feel safe and comfortable. She trusts and understands what she is hearing, and is provided her method of choice, for free, on the spot



- ✔ Girls felt supported and safe in their moments with providers
- ✔ Opt-out moments and immediate access help girls access services in a context of high stigma
- ⚠ Service provider bias and feelings about abstinence were creeping into counseling
- ⚠ Girls were sometimes misinformed about side effects



*When you get the skills to make things, it can help you in your future. When you make those things you can...make your own money without depending on*

*anyone else*

*- Girl, Tanzania*



SMS-based 2-way programs help girls find answers to their questions, on-demand, for free and with no trace – all on any type of mobile phone, without internet. Plus, call centers allow girls to connect with real people, in real-time.



# “I Feel Supported”

## Kuwa Mjanja

### Staying with Girls to Support Continuation

Fun games allow girls to apply the contraceptive information they've received on side effects, so they know what to expect after they receive their method of choice.

MASTERS

*True or False?*

**CORRECT!**

What comes out during a period is the lining that the womb prepares to nourish a pregnancy. It is full of important nutrients, and not toxic at all!

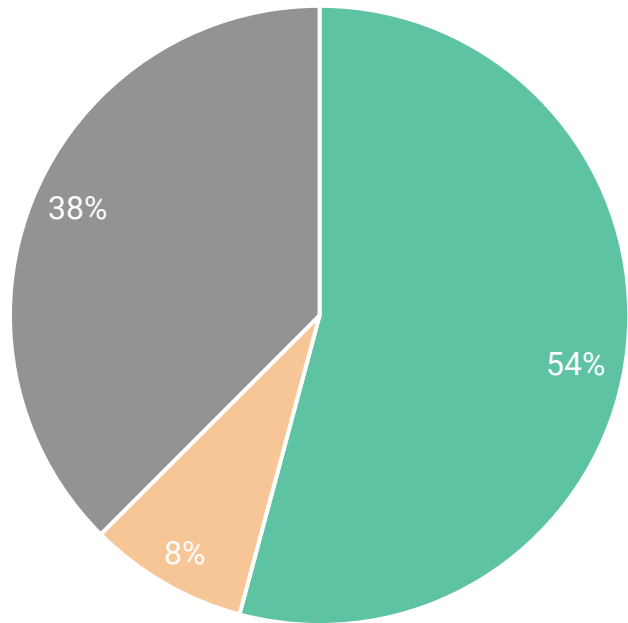
One of the key nutrients in the lining is iron. Losing this iron every month is why girls who menstruate have a higher risk for anemia than boys their age. Periods also contain calcium, potassium and many other vitamins and minerals.

**Got it!**

# What the *data* tells us | Monitoring

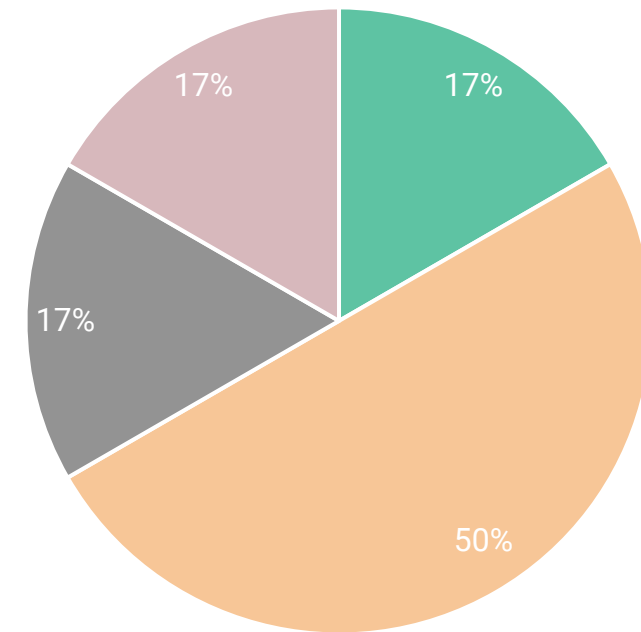
Among girls who received services January – March 2019 at Kuwa Mjanja events who were called for follow-up in July 2019 (n=72), 38% had returned to a clinic for services and only 8% had discontinued.

Return to a clinic or 2nd Kuwa Mjanja event



- Did not return
- Returned to 2nd KM event
- Returned to a clinic for FP services

Reasons for Discontinuation



- Wanted pregnancy
- Heavier bleeding
- Not having sex
- Too far to access

# What the *data* tells us: PE findings from Tanzania (2018)

“I feel supported”  
*Follow up*



## User Journey

She knows where to go when she has questions or needs more contraceptives, and feels comfortable to talk to a provider or local Kuwa Mjanja Queen. She continues to see contraception as relevant to her goals



- ✓ Referral cards and provider phone numbers provided so girls know where to go if they have questions or need more contraceptives
- ✓ Some girls felt their experience at Kuwa Mjanja events makes going to a clinic afterwards easier
- ⚠ For other girls, continued fears about being seen at a clinic, distance to services, and a lack of repeat visits from Kuwa Mjanja to the same communities were seen as barriers to continuation

“ The girls manage to go the facilities afterwards...I think Kuwa Mjanja has helped girls become brave, self-aware, so they can go and access [services] ”  
- Girl, Tanzania







# Prototype *Graveyard*

A branding approach to products and information:

- Pill Packs for Girls
- A Kuwa Mjanja Magazine

# We'd love to keep chatting.

- Questions? Email us at [helloA360@psi.org](mailto:helloA360@psi.org)
- Curious? Explore our learnings at [A360LearningHub.org](http://A360LearningHub.org)
- Want A360 tools? [A360LearningHub.org/open-source](http://A360LearningHub.org/open-source)
- Evaluation reports? <http://bit.ly/ItadEvaluation>
- Online? Engage with us on Twitter at [@Adolescents360](https://twitter.com/Adolescents360)

