Designing for and with Girls
Designing for and with Girls
Using Human-Centered Design to Promote Reproductive Health Choice

This book is dedicated to the thousands of girls around the world who’ve had the bravery to share their stories and to those who stand beside them.
WHAT IS HUMAN-CENTERED DESIGN?

Human-centered design is a creative approach to problem solving and the backbone of our work at IDEO.org. It’s a process that starts with the people you’re designing for and ends with new solutions that are tailor made to suit their needs. The process is all about building a deep empathy with the people you’re designing for; generating tons of ideas; building a bunch of prototypes; sharing what you’ve made with the people you’re designing for; and eventually putting your innovative new solution out in the world.

Human-centered design consists of three phases. In the Inspiration Phase you’ll learn directly from the people you’re designing for as you immerse yourself in their lives and come to deeply understand their needs. In the Ideation Phase you’ll make sense of what you learned, identify opportunities for design, and prototype possible solutions. And in the Implementation Phase, you’ll bring your solution to life and eventually to market. And you’ll know that your solution will be a success because you’ve kept the very people you’re looking to serve at the heart of the process.
The largest generation of adolescents in history is now entering reproductive age. The choices they make today will shape their futures and those of their communities and countries.

Girls’ rights and roles around the globe are shifting and progress made toward the Sustainable Development Goals underscore just how far we’ve come. Rates of female genital mutilation, child marriage, and unwanted pregnancies are decreasing.1 And for the first time in their lives, millions more women—especially across Sub-Saharan Africa—can access sexual and reproductive health services and modern contraception thanks to efforts like Family Planning 2020.2

Despite this progress, our work is far from done. For adolescents, the journey to accessing reproductive health services can be complex and awash with barriers.

To meet these challenges, IDEO.org employs a human-centered design approach to understand the context in which girls live and co-create solutions with them. This approach is based in understanding the context in which girls live and co-creating solutions with them. By partnering with leading sexual and reproductive health organizations across Sub-Saharan Africa, we’ve unlocked innovative new ways to keep girls at the center of programs.

Our work has surfaced key lessons about how we can all better understand girls’ perspectives across a variety of contexts—what they value, aspire to, and struggle with—and design services that speak to them.

This book captures real-life stories, tools, and perspectives that can help guide you in creating services tailored to adolescent girls—whether you’re launching a new program or seeking to improve an existing one.

As a Sexual and Reproductive Health (SRH) practitioner, the girls you serve may have their own set of unique challenges. We believe there isn’t one size that fits all. We hope the lessons and ideas in this book spark conversation, provide inspiration, and make it easier to connect with the people you want to reach.
What does it feel like to be a teenage girl on the cusp of adulthood?
Writing is Kemi’s first love—from poetry to articles about the world around her. She dreams of becoming a journalist. At 16, Kemi attends secondary school in Lagos, Nigeria, where she met her boyfriend, Paul. After dating for a year, they recently started having sex. At first, she suggested they use condoms (just in case), but Paul prefers flesh-to-flesh. To protect herself from pregnancy, Kemi drinks soda with lime after sex. She has lots of questions about her body and being sexually active, but doesn’t have anyone she is comfortable confiding in—not even her closest friends.
Money has always been a struggle for Helen’s family. At 18, she lives with her parents and three siblings in Dassa-Zoumè, Benin, and does the best she can to help her parents provide for the family. Last year, she had sex with a boy in her class in exchange for money for school fees. She did the same a few other times to bring food home for her family. She doesn’t consider herself sexually active, but like a lot of girls who rely on transactional sex, she’s just doing what she needs to do to get by. When one of these encounters left her pregnant, Helen was forced to drop out of school. Three months ago, she gave birth to a son who she cares for alone—the father refuses to recognize the child as his own. Even though she feels excluded seeing her former school mates around town in their uniforms, she’s not giving up yet. Wishing for a better life for her son, Helen is looking for a job to help her save money.
For her entire 17-year life, Metseret has lived in the same rural community, about an hour’s walk from the nearest town. Each day she wakes up early, prepares breakfast for her family, fetches water, and collects firewood. In her community, 18 is widely regarded as the appropriate age to marry. Out of respect for her parents, Metseret will likely accept an arranged marriage with the man they choose. She expects to have a child within a year of marrying, which will please her husband and secure their marriage. While she’s nervous to leave home, she’s excited to become a mother. After all, children are a gift from God.
Consider these five factors when designing for girls’ journeys.

In order to support girls in making informed contraception choices, we must understand the journey from their perspectives. This requires spending time with young people—learning about what keeps them up at night, who they aspire to be, and what life is like in their shoes. By learning what matters to girls, understanding their different layers of influence, and observing the barriers and opportunities in their lives, we are able to design solutions that directly address girls’ needs in a cohesive way.

Using the tools and stories in this book, you’ll learn how to understand the needs of girls in the specific context(s) you’re working in, and how to ensure you’re building a solution with the right ingredients for success. While the solutions themselves may take different forms depending on the context, there is a common set of needs that must be addressed: relevance, acceptance, confidence, guidance, and access.
Human-centered design starts with building empathy for girls’ lives through immersion. This means creating activities that will inform and inspire your team to come up with more resonant, creative solutions. In working closely with girls, it’s critical to adhere to the strongest ethical guidelines to ensure we do no harm—regardless of your project’s IRB status. Always work to ensure confidentiality and the consent and comfort of participants.

A few tips to keep in mind:

• The best interviews feel like conversations—not a set of questions. Don’t be afraid to let her lead and follow where she takes you.
• Listen, don’t advise.
• Find a place to meet that is familiar and private (can’t be heard by others), and try to keep the conversation casual—teens rarely communicate with one another in a scheduled, sit-down session, so try to mirror an interaction that is comfortable to them.
• Be aware of the power dynamic—get on their level (physically) so that you can make eye contact and reduce intimidation.
• Secure informed consent at every step—in language girls can understand. Be prepared to skip questions or stop altogether. Pay attention to what her body language is telling you.
• Embrace play—approaching heavy topics from a light-hearted angle can ease tension and create space for unexpectedly rich conversations.
• Build trust by showing vulnerability—share a story of your own.
LEAD WITH WHAT MATTERS TO HER

RELEVANCE
We can’t always lead with contraception—flip the narrative by starting with something she already cares about. A girl needs a reason to believe—she might think family planning is for married women or that identifying as sexually active could be interpreted as promiscuity. When motherhood is the only path she sees, anything that could risk that is simply too big of a bet to take.

To position contraception so that it’s relevant, get to know girls one-on-one. Find out if her aspirations are grounded in more practical, immediate desires or if she’s looking ahead and daydreaming about what her future might hold. That way, you can ground the conversation about contraception in terms that resonate.

To learn what makes her tick, ask...

• When was the last time you laughed really hard?
• Tell me about the last time you got upset.
• If you could have any three wishes come true, what would they be?
• Who do you look up to and why?
From Building Opportunities to Pursuing Dreams

To help her see that contraception can be relevant, we need to understand a girl's priorities. Present contraception as something in line with, not at odds with, her life.

**Explore her vision of the future**
Look for clues about her expectations and ambitions, which can range from building opportunities for today (having a healthy family or making sure basic needs are met) to pursuing dreams for tomorrow (achieving a career and independence).

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**Building Opportunities**

**SOME CLUES**

“I want my child to have a better life.”

- She has practical, familiar aspirations.
- She feels pride in being a good daughter, wife, and/or mother.
- She worries about her basic needs (food, safety, school) and making ends meet.
- She will likely marry a man her parents choose.
- She has limited opportunities to leave her community.

**ACTIONS TO TRY**

- Run a financial coaching workshop, and show that contraception is part of saving money and smart planning.
- Host a new mom social gathering and demonstrate that contraception leads to healthy families and children.
- Facilitate a skills class where girls learn a new trade, and position contraception as a way to allow mastery in that trade.

**Case Study**

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**Pursuing Dreams**

**SOME CLUES**

“I am the light of my generation.”

- She has big dreams of moving out of her community and pursuing a career.
- There is a culture of dating and romance.
- She has opportunities to shape her own path.

**ACTIONS TO TRY**

- Host a teen talent show, where contraception is positioned to allow them to realize their dreams.
- Invent a teen drama chronicling young love, where contraception is positioned as a way to express love and devotion.
- Foster peer-to-peer support circles where younger girls can connect with older ones.
Girls in Benin face limited educational and economic opportunities, early and forced marriages, and social stigma around sexual and reproductive decision-making. Some have to resort to transactional sex to pay for basic needs like food and school fees. For these girls, the need for contraception is high, yet only 14% of reproductive-aged women use it. They have few sources of reliable information; their parents may have never used modern contraception; and traditional healers often provide methods with unproven effectiveness. Many healthcare professionals withhold information because they believe a message of abstinence is most appropriate. And girls in Benin often don’t trust their peers enough to talk about sex.

Académie de l’Artisanat is a program that helps girls solve their short-term needs for income while laying the foundation for long-term reproductive empowerment. The Académie is a vocational space where girls master new skills and crafts, like beading or soap-making, to make their own income while learning lessons about how to protect their bodies. As a girl progresses through the program, she sees greater possibility for her life. Her mindset evolves from learning skills to building self-sufficiency to ultimately having the power to create her future.

While girls hone their craft, health educators chat with them about contraception as a way to protect their skills and choices. Girls learn that their freedom to create and sell their crafts is directly linked with protecting themselves from unwanted pregnancy. The familiar, safe setting enables comfortable conversations between girls and providers. After participating in the program, girls start to see health providers as a trusted source of accurate information and gain confidence in choosing contraception. Through these sessions, girls feel more security about what concerns them most today—financing tomorrow—as well as the skills and assets that could help them stay in control.

“If she can’t buy a book, and a man helps her, this would not be for free.”

TEEN GIRL, BENIN
In Kenya, a girl’s education and fertility are the two most important factors to secure her status and future. But talking about contraception is still taboo, even though by age 19, one-in-three girls has a child. Many girls believe contraception causes infertility and could jeopardize their ability to have a family in the future.

However, people do openly talk about goals and dreams. Girls glow with pride when they announce a desire to be “a doctor, a journalist, even Miss Kenya!” This presents an opportunity to frame contraception as protecting, rather than risking, that future.

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Celebrating Teens’ Talents and Their Bright Futures

**CONTEXT**

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**THE SOLUTION**

Future Fab is a campaign and corresponding brand that celebrates teens’ talents, dreams, and bright futures—something girls, boys, and the community can get behind. Besides having a magazine, groups on social media, dance contests and fashion shows, the brand facilitates parent meet-ups and small, discreet teen meet-ups.

In those groups, girls get to see other teens like them who tell stories of their goals, favorite hobbies, and how they have decided to “own their futures” through contraception. By giving girls the chance to explore the connection between their dreams and reproductive decisions, they see contraception as relevant to their own lives.

Since launching Future Fab, Marie Stopes Kenya has seen a 7x increase in the number of young people between 15–19 accessing contraception.
A Day in the Life

To understand what really matters to your audience, get immersed in their world. Shadow a girl in her daily life. Watch. Listen. Observe. Ask questions. You’ll learn what is top of mind for her, and that knowledge can create a natural segue into discussing contraception in a practical or aspirational way.

Example
While creating a youth brand in Kenya, we spent time with girls in urban areas, shadowing them as they shopped and socialized. We observed what they spent their money on, the things they talked about when grown-ups weren’t around, and that for these urban girls, viral videos, selfie culture and the latest fashion trends were top of mind. Those windows into girls’ worlds provided critical inspiration when it came time to design the actual campaign elements.
Mood board

Rather than asking open-ended questions, it’s often helpful to give a girl a few options and let her select what speaks to her. It’s not about getting it right, it’s about seeing her reactions. That’s how we’ll learn what resonates.

Gather a range of images, magazines, patterns, and pictures. Present them to a girl or group and lead a discussion about what the different visuals mean to them. Pay attention to what matters and what doesn’t.

Example
We used this design method in rural Zambia and found that girls preferred imagery that reflected practical aspirations. Men responded best to pictures that signaled success in their community (a house, a farm, or a herd of cattle). Everyone liked seeing imagery of a wife, loving husband and a happy family, which symbolizes prosperity.

We collected preferred images together into a mood board to help us hone in on what was most important to girls. Better yet, having tangible visuals made it easier for girls to better articulate their personal visions for the future.
Photo Journal

Equip a girl with a camera and ask her to document images from her daily life and community that are important to her. She can then create a collage out of the pictures that represent what she values most.

A photo journal empowers girls to tell their personal stories and gives a glimpse into their lives. We use this method to go beyond an in-person interview to better understand their context, the people who surround them, community dynamics, and the journey through how they use a product or service. Photo journals can also prime an individual before an interview, helping them to start thinking about the subject in advance.

Card Sort

By asking a girl to rank different things in her life, we can better understand her priorities. Create cards with words or images that represent aspects of her current life or future. You can include images that represent daily activities like hanging out with friends, staying healthy, and doing chores as well as life milestones, like getting married and having a child. After she has sorted these cards from most important to least important, introduce the contraception card and see where she ranks it.

Example

We used this activity in Ethiopia, and found it to be a great conversation starter to learn about girls’ lives and their priorities for the future. Many girls grouped the ‘get married’ and ‘have a child’ cards together, which prompted conversations about the expectations on girls to prove their fertility after marriage. We heard that girls thought contraception was only for those who have had children already, allowing us to identify the need to reposition contraception so that it is relevant for all girls.
BUILD SUPPORT FOR CONTRACEPTION AMONG THE PEOPLE IN HER LIFE
It’s critical that the solutions we design normalize contraception for girls and their influencers. Girls often have to balance the demands of many people in their lives, like strict parents, peer-pressuring friends, boyfriends, and authoritative community leaders. In communities where contraception is still taboo, girls have limited agency to make their own decisions and can even face severe consequences for using a method.

By better understanding a girl’s environment, you’ll learn whether your solution can speak directly to girls or whether it needs to also engage those around her. As needed, uncover the perceptions of other community members (parents, teachers, partners, peers, community leaders, and health workers).

As you explore who might be influential in a girl’s life, ask her things like:

- Who do you listen to most, and in what kind of moments?
- When it comes to a topic like contraception, what advice do you think your mother would give? How does this compare to a friend or teacher?
- When you’ve had questions or concerns about body changes, who, if anyone, have you turned to? Do you have anyone you can talk to about boys and keeping yourself safe?
To effectively address and engage girls, we need to design solutions that are centered on her while considering the influencers in her life. Your solution may only need to include the girl herself, or it may need to incorporate her relationships (e.g., parents or boyfriends) and her community.

Start by mapping the variety of influences in her world—from her family, friends, and boyfriend to the various organizational and environmental factors that determine her behaviors. Then you can begin to explore, through design research and prototyping, the multifaceted reality of a girl’s experience, and understand which people and factors must be addressed.
From Deciding with Her Influencers to Making Her Own Choice

For a girl to be comfortable and safe accessing contraception, the key people in her life must accept her decision—or at the very least, not interfere. Your solution may need to include the broader community or speak to her directly.

Assess her context
Explore which relationships guide her decisions and affect her choices, as well as how much autonomy her culture allows. Do her influencers need to be part of the conversation, or is she able to decide on her own?

Deciding with Her Influencers

SOME CLUES
“I can’t do anything without my parents’ permission.”

- Contraception is highly taboo and not discussed openly in the community.
- There’s a strict code of conduct around acceptable behavior for girls.
- Girls have low agency to make their own decisions.
- Other people in a girl’s life inhibit her contraception access and use.

ACTIONS TO TRY
- Consider reaching girls through community leaders, religious groups, or parents.
- Try hosting parent sessions to address their fears and concerns.
- Try broadcasting a radio show or putting on a play featuring positive community role models.

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Making Her Own Choice

SOME CLUES
“My husband will trust me to make a decision for us.”

- Unplanned pregnancies are an acknowledged problem by the community.
- Contraception is an accepted solution to unplanned pregnancy.
- Girls have high agency and are able to make their own decisions.
- Girls’ influencers are already advocates of contraception use.

ACTIONS TO TRY
- Consider working with girls either individually, in groups with their peers, or with their partners.
- Try hosting one-on-one counseling or couples’ counseling sessions that guide newlyweds through sensitive topics like contraception, finances, and families.
- Try reaching young people at the club through dancers and condom sellers.

Case Study page 46
In rural Burkina Faso, a family’s size (i.e., more wives and more children) is a direct demonstration of wealth. Women want to have an average of 5.5 children and men want 6.3, but birth spacing is increasingly recognized as good practice.

Husbands consider their wives as property, and many married women have low agency. In the Gender Inequality Index, Burkina Faso ranks near the bottom—185th out of 188 countries. Through research, we learned that women understand the benefits of family planning but need permission from their husbands. Many husbands, while acknowledging the benefits, are often still resistant to their wife/wives using contraception.

Fueled by misconceptions that contraception will make women unfaithful and sterile, husbands are unwilling to engage in any conversation about it and forbid their wives from using it.

To change that dynamic, we needed to demonstrate to men that contraception wouldn’t prevent them from having the family they desired. Instead, better planning around when to have each child could make their family even more successful.

La Famille Idéale focuses on convincing husbands about the benefits of contraception and allowing their wives to take control of their reproductive futures. Its goals are not only to increase a woman’s access to contraception but also to start moving the needle on gender equality.

The game, La Famille Idéale, has a simple, culturally important goal: build healthy, prosperous families. It is designed as a community experience, facilitated by a health worker and played in gender-specific groups. The game cultivates husbands’ acceptance of contraception by positioning it as congruent with their desire to have a successful family.

As they navigate a board game version of their lives, they can debate trade-offs and choices that will affect them, their wives, and children. This includes the decision to space pregnancies and using contraception to achieve it. The game lets players and spectators air their fears, dispel myths, and build knowledge.
In Abidjan, Côte d’Ivoire, sex is social currency for men—having multiple sexual partners symbolizes virility, which is culturally valued, and brings bragging rights amongst friends. Yet there’s a double standard for girls. Those who use contraception and have multiple partners are seen as unfaithful. Though pregnancy prevention is considered a woman’s issue, young men frequently act as inhibitors. For example, we heard stories that men will pull off the condom during sex without their partner knowing. With few positive role models or places to talk about sex and love, young men emulate the behaviors of the men they see around them, like their bosses or popular musicians, which further perpetuates behaviors that deter acceptance of contraception.

The Solution

Didier, a telenovela-style campaign, uses storylines about dating, love, and sex to encourage young men to be protagonists in the protection of themselves and their partners. At first glance, it’s a story about 17-year-old Didier’s sex and relationship escapades. At a deeper level, there’s a story about agency and gender equality. The storyline follows a diverse set of characters that are living typical lives of teens in Abidjan—in and out of work, school, and relationships. Didier finds himself having to negotiate advice from Joel, his happily married brother, and Yves, a bus driver famous for his sexual conquests. At the same time, Didier engages in sex and relationship dialogues with two strong women which shed light on contraceptive use and how women should be treated. When the story progresses toward irresponsible contraception choices, Didier experiences the serious consequences of his actions. When Didier makes good choices, he experiences success.

Through SMS, social media, and events, the audience follows along with the story and can vote on how it progresses at key moments. By monitoring the audience’s vote, we can observe change in gender sensitization and contraception choices over time. And by designing for the inclusion of men in the contraception conversation, we start to build an enabling environment for a girl’s contraception access and community acceptance.

Shifting Boys’ Roles from Inhibitors to Supporters

**Context**

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**Storytelling**

Using stories to spark open-ended community conversations can help gain insights into people’s views on contraception. Gather people in a community setting, then read fictional (but realistic) stories about young people to the group and encourage discussion. Ask what advice they would offer the girls, and you’ll often find people open up candidly because the situation is hypothetical. Encourage dialogue and explore disagreements amongst the group. Craft your stories, then gather groups of girls together, boys together, parents together, or even couples together.

Some suggestions:

- A story about a girl who had unprotected sex.
- A story about a girl who is dating a new boy and doesn’t know what to do.
- A story about a girl who is about to be married.

**Example**

In Côte d’Ivoire, the discussions surrounding fictional stories offered important insights. We learned men did not see any personal role in supporting a girl’s reproductive health and resented girls who used contraception. Boys lacked positive role models who could represent an alternative narrative of how to be a man and a partner. Through storytelling, we discovered the need for a multi-step approach to change deeply held social norms around contraception and gender roles. Rather than aiming to make men allies, we needed a more modest initial goal: shift them away from being inhibitors.

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**STORY 1**

Yves is seeing three girls right now and all his friends are jealous. He makes a lot of money to afford all these hot girls. Yves uses condoms with his girlfriends only now and then. Yesterday, Marie, one Yves’ girlfriends, told Yves she’s pregnant.

**STORY 2**

Joel recently got his first girlfriend and they have been having sex with condoms because she is afraid of getting pregnant. He is not afraid of HIV because Kelly told him she was a virgin when they started having sex. Joel told her he will give her the money if she agrees to have sex without condoms. Kelly told Joel she will only accept the offer if Joel buys her the birth control pill.
Community Trivia

A trivia game can help test the community’s knowledge of family planning—especially around common myths and misconceptions. Use crowd-sourced questions to create a Jeopardy-style trivia game. Post an anonymous question box at a health facility beforehand to collect questions from girls and others in the community, gather teens to write down questions they have, or ask doctors and nurses to write down the most common questions they hear. At game time, have a trusted local provider facilitate the answers and help create a respectful, non-judgmental, informative, and also playful environment.

Example

To better understand what husbands knew about contraception in Burkina Faso, we created a trivia game that tested the community’s contraception knowledge. Groups of men and groups of women gathered around to play the game in a public space. It was fun, but it also created a forum for people to voice concerns, hear answers from health workers, and share personal experiences.
Switch Hats

Try to look at a solution or campaign from another perspective. What would the church leader think of this concept? The mother-in-law? The teacher? Famous people like the president? A movie star? How would these people want to change the concept or add to it? Divide your group into small teams and ask each person to embody a different person, role or organization in a role-play scenario. Present it to the group for their reaction.

This technique can help you prototype. By getting feedback on an idea, you can start to understand what your audience thinks about it—good and bad. This exercise also helps you look at the concept through new lenses, which can give you creative ideas to evolve and refine it.

Who’s Responsible

Print out a set of words or images that represent different community roles, such as mothers, traditional healers, religious leaders, teachers, nurses, and fathers. Ask what participants feel the role of each is in relation to providing adolescents with information about reproductive health and why.

This exercise helps gather insights on community norms and values. Pay attention to who participants think should be responsible for providing teens with information and ask follow-up questions to gather additional insights.
CONFIDENCE
HELP HER UNDERSTAND HER OPTIONS
How might we build girls’ confidence and trust in contraception?

Equipping a girl with accurate information is critical, but if it’s her first time learning about contraception, she’s likely to find the clinical language intimidating, impersonal and, let’s face it, confusing. And, if she’s heard of contraception, there is a good chance she’ll be skeptical. After all, when you’re young, what your friends say can have more weight than facts—and one girl’s bad experience with contraception can quickly influence those around her. With few positive examples to point to (especially if no one is talking about contraception), it’s time to spark a new conversation.

Instead of educating her, consider fostering a dialogue. To build trust, create opportunities for her to voice questions, to hear real-life examples, and make a safe space to have her concerns addressed. Each of us learns in a different way, and girls are no different. Consider whether she is more receptive to facts or real-life testimonials, to learning from authority figures or getting advice from peers.

Ask questions like:

- When you think about the people in your life, who are you most comfortable turning to for advice? Why?
- When I say “contraception” or “family planning,” what are the first thoughts that come to mind?
- Think back. Tell me about where you first heard the term contraception or family planning.
- Can you name different family planning methods? Let’s see how many we can list together.
- If you wanted to talk with someone about contraception, would it be the same person you mentioned you feel comfortable turning to for advice earlier? If not, why?
From Following Friends to Trusting Professionals

The person who creates a learning experience for her will likely affect how open she’ll be to contraception. Some girls are more apt to trust real-life stories from their peers, while others prefer more clinical, official messages from health professionals.

Find who she trusts
Explore her attitude, comfort, and receptiveness to learning from health providers, peers, and other influencers in her life.

Following Friends

**SOME CLUES**

“What are other girls doing?”

- There are few, if any, opportunities to learn from accurate sources (i.e., no SRH education in school).
- Girls have friendships and have opportunities to spend time together.
- Stigma in her community is high—she’s not likely to hear examples of positive experiences with contraception.

**ACTIONS TO TRY**

- Hire peer recruiters to approach girls and share their experiences using contraception.
- Create a TV drama series featuring “teens like me.”
- Integrate chats about relationships and health with a school class or afterschool program.

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Trusting Professionals

**SOME CLUES**

“I trust nurses to explain the different methods.”

- Girls are fairly open to contraception and want to understand the specifics of each method.
- Girls trust expertise and trained professionals.
- Girls look up to and respect those in authority roles, like parents, teachers and providers.
- Girls want to hear their options before making a decision.

**ACTIONS TO TRY**

- Hold a class with a nurse to teach contraception and answer questions.
- Host fun teen events, followed by opt-out counseling moments.
- Provide take-home materials that girls can read on their own later.

Case Study Page 62
In Zambia, more than one-third of women give birth by age 18, limiting their ability to finish school, start careers, and begin families on their own terms. Girls’ reproductive health needs are mainly neglected, with most widely-available services targeted to women who are already married or mothers.

Girls don’t often feel a sense of control over their reproductive health, either. Whether or not to use a condom is usually determined by their male partner. And like most teens, their sexual decisions are often impulsive, which makes advance contraception planning a challenge. For girls to understand and welcome the idea of contraception, conversations around it need to feel like the ones they have with friends—a more familiar, less clinical approach.

In 2014, Marie Stopes Zambia opened the Divine Diva Centres, with a colorful, open-minded, adolescent-only approach to accessing birth control. The centerpiece of the Diva concept is five relatable characters—the Divine Divas—with attributes that each relate best to one form of contraception. The Diva Centre materials are designed like a personality quiz rather than a health brochure, and that relatability helps girls enter uncharted territory with greater ease. Instead of using terms like ‘family planning,’ the language is appealing to young people and frames contraception as a way for a girl to achieve her dreams.

The Diva Centres include vibrant adolescent-only spaces where girls can come together informally—no appointment needed. They do their nails or makeup while having informal conversations about boys and sex. They socialize with friends, learn about contraception from trained peers, and, when they’re ready, receive counseling and services from a trained professional in a safe, judgment-free environment.

To help get the word out, trained peers are hired as Teen Connectors to work at and promote the Centres. They’re young women who personify the Diva brand, serving as a trusted resource for girls to confide in. Most can share their own personal stories about contraception, which serve as an entry point for nervous newcomers. Teen Connectors identify hotspots where girls hang out, approach them to have honest conversations about sex, boys, and contraception, and refer them to the Diva Centres where they can access services. These full-time Teen Connectors reaching out to girls directly in their communities have a big impact on generating demand for contraception. Before the Divas launched, Marie Stopes Zambia clinics saw few adolescent patients. But since, the program has resulted in a significant increase—the first three centres counseled more than 11,000 girls in the first year. Of girls who visited one of the three Diva Centres, 82% got contraceptive services and 36% returned for another visit.
Around 600,000 young girls give birth in the DRC every year, and more than 60% of those pregnancies are unplanned or unexpected. These numbers reflect a lack of access to, or knowledge about, contraception.

In Kinshasa, unplanned pregnancies are acknowledged by all as a big problem that needs to be addressed. Even though there is still some skepticism and resistance to contraception, girls and their support systems (including parents and religious leaders) are interested in providing adolescents with straightforward information about contraception options. This is unlike many other contexts, where skepticism and resistance to contraception are more visible.

But despite their interest, girls in Kinshasa have nowhere to go for relevant, digestible information.

**THE SOLUTION**

Batela Lobi Na Yo!, which means ‘Protect Your Future’ in Lingala, is a movement and brand that inspires, informs, and empowers young people in Kinshasa to protect their futures through contraception.

The materials for Batela are straightforward and bold, clearly displaying relevant statistics about the accuracy of each method and imagery about how to use it. For the girls we met in Kinshasa, confidence came from having all the clinical facts.

Girls received these educational, take-home materials at a fun teen event that allows them to learn on their own and invites them to the clinic for counseling.
**Circle of Trust**

The Circle of Trust exercise helps illuminate who a girl does—and doesn’t—trust to give her contraception information and advice. Present a girl with cards that represent different community members, such as a mother, father, sister, peer/friend, teacher, nurse, religious leader, in-law, or aunty. Then on a sheet of paper, draw a bullseye with three rings—label the inner ring “most trusted” and the outer ring “least trusted.”

First, ask her to put the cards on the circles according to who she trusts most and least in her life. This is a good way to make a connection with her, as you ask about why she trusts certain people and not others. Then, shift to asking who the girl trusts with information about her body, relationships, sex, and contraception. Does that change where she places cards?

**Example**

In rural Benin, this method helped uncover the insight that girls wanted to talk to healthcare professionals about contraception more so than their friends. The girls highly respected opinions of people in positions of authority. Also, the girls had few friends since their non-school time is mostly spent doing house chores or being with family. Many girls didn’t feel kinship with their peers—certainly not enough to talk about sex.
To understand what messaging resonates with girls, make multiple posters about contraception with distinct approaches and visual styles. You don’t need graphic design skills to do this exercise. You can make different posters by cutting out magazine clippings, taking stock photos off the internet, or using existing promotional materials. Just be sure to create at least two concepts that look and feel distinct from each other.

**Example**

In the Democratic Republic of Congo, we tested three posters to learn what kind of imagery girls trust. One poster used memorable and relatable products to represent various kinds of contraception; another included personas that made contraceptive methods feel relevant to girls like them; and a final one included information delivered through a doctor’s voice to build permission, credibility, and trustworthiness.

We presented the posters to girls and asked what they understood about the information on each. Because literacy was highly variable, we learned that messaging needed to be clear and simple. Girls liked seeing contraception methods in context (i.e., seeing an implant in the arm). Also photography of “girls like them” instilled confidence that contraception is relevant to their lives.

**OPPOSITE**

In Côte d’Ivoire, we used stock photography to learn what kind of male role model is aspirational. (IDEX does not own the right to the individual portraits captured within the photograph and all rights belong to the original creator.)

**Posters**

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To gauge who a girl trusts to teach her about contraception information, give her a chance to listen to different people talking about it, for example, a peer, a provider, and a mother. Make the stories each sound very distinct in terms of tone, approach, language used, and in any other way you might think of. Record the stories on an tablet or phone in each of their voices and perspectives, then ask the girls to listen to the record and see what they think. Who did they trust? Who were they suspicious of? Who would they talk to about what they just learned?

Personality Quiz

You can use a personality quiz to create a dialogue about a girl’s habits and preferences. To help discover her personality, you could create a decision tree and let her choose which traits or phrases most sound like her, leading her to a certain personality type (with a fun, approachable name). Then you can discuss the different facets of that personality and which contraception method best fits her needs.
GUIDANCE

EQUIP PROVIDERS TO SUPPORT HER JOURNEY
How might we ensure girls have support and guidance each step of the way?

Providers can make or break her experience—by making her feel accepted and supported or dismissed or judged. It’s important to build empathy for providers. As respected leaders in their community, providing a girl with contraception can come with its own set of risks, like community backlash.

Many providers see themselves as every girl’s parent, and they’re not always willing to condone something they wouldn’t approve of for their own daughter. Others might be enthusiastic about serving girls but might have never been given the right information or training.

To best equip providers, get to know them. What’s holding them back? What’s motivating them? What opportunities do you see to transform them into allies for girls?

Observe things and ask questions like:

- What’s the most rewarding part of your job? The most frustrating and challenging part?
- Tell me about the last time an adolescent client came in asking about contraception, what advice did you give them?
- Which contraceptive methods do you have available at this facility? Are there ones you consider more or less appropriate for young people?
- Is teenage pregnancy a challenge in your community? If yes, what do you think could be done to address it?
From Strengthening Skills to Evolving Mindsets

Providers have an important role in a girl’s contraception journey, but unfortunately, they can also be one of the barriers.

Assess how to support providers
For girls to get the guidance they need, assess whether the current providers need improved knowledge and tactics or whether their biases and beliefs need to shift.

Strengthening Skills

SOME CLUES

“I don’t know which type of contraception to recommend.”

• Providers acknowledge the problem of teenage pregnancy, and the role they have to address it.
• Providers don’t have the knowledge to accurately respond to girls’ questions about the methods.
• Providers have a different approach to counseling older women compared to adolescent girls.

ACTIONS TO TRY

• Build a digital tool that supports providers working with young people.
• Identify a new job aide that helps providers facilitate a more engaging, fun counseling session for adolescents.
• Run refresher trainings for providers on contraception methods, featuring answers to questions commonly asked by youth.

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Evolving Mindsets

SOME CLUES

“Unmarried girls shouldn’t be having sex.”

• Providers have a personal belief that unmarried girls are too young to have sex and that contraception promotes promiscuity.
• Providers are afraid of the social or political consequences of serving girls.
• Girls fear and/or don’t trust providers because of harsh judgment and being mistreated.

ACTIONS TO TRY

• Bring in girls to tell their personal stories and build empathy among providers.
• Create a values clarification exercise to help providers identify their biases and address them.
• Add a new role, entirely dedicated to youth health issues.
• Help providers feel safe by equipping them with a youth training certificate and copy of the legal policy they can point to should they have to face an angry parent.

Case Study page 78
In rural Ethiopia, there’s a robust Health Extension Worker (HEW) network throughout the country—but adolescent girls remain underserved. Usually the first time a girl meets her community’s HEW and learns about contraception is after giving birth to her first child.

HEWs are overwhelmed with serving dispersed rural communities for all of their health and medical needs. They don’t have the vocabulary, influence, or resources to introduce girls to contraception any earlier.

In order to make space for this conversation earlier in girls’ lives, it must be positioned differently—as an extension of financial planning for young couples considering starting a family.

Smart Start uses a couple’s desire to achieve financial stability as an entry point to discuss smart family planning. With this resonant message, HEWs are able to engage young married women in discussions about contraception through smart financial planning.

Smart Start created a Discussion Aide teaching tool to provide HEWs with the resources and training to teach contraception in a friendly way tailored to adolescent girls. This tool includes a youth friendly script designed to help HEWs introduce contraception through a financial planning orientation. Helpful visuals assist the delivery of complex information to girls, and the Discussion Aide gives prompts and cues to reinforce key messages.

Since its early pilot in June 2017 through activities ongoing in June 2018, Smart Start records a 53% conversion rate across the 93 kebeles (sites) where the program operates.

“The Smart Start Discussion Aide provides simple visuals to facilitate a discussion about financial and family planning.”

“Almost all the girls we reach through home-to-home visits are married with at least one child.”

HEALTH EXTENSION WORKER, ETHIOPIA
In Southern Nigeria, providers’ lack of knowledge and biases often hinder a 15–19 year old girl’s independent access to contraception. They largely believe such access leads to promiscuity or infertility. And as members of their own communities, providers are also subject to the same restrictive social and political norms that bar unmarried girls from contraception. As a result, they often only serve girls who are accompanied by a husband or parent. When providers lack accurate information and/or impose their personal beliefs, it fuels girls’ mistrust. Some girls pretend to be married to get contraception. Or girls forego it all together because they don’t trust the providers to keep their visit private and confidential.

**THE SOLUTION**

9ja Girls introduces contraception through vocational skills classes on life, love, and health, offered in safe, girls-only spaces that are integrated in public health care facilities. Providers are at the front lines—teaching classes, offering one-on-one counseling, and providing contraceptive services. To get providers on board, we designed trainings that would inspire them to recognize their role in motivating girls and offering quality services. To build providers’ empathy, the training starts with sharing stories of real girls and their experiences. We then use role-play to prepare providers for real-life interactions with young girls. We created governing principles and a mantra that providers sign and recite aloud together, helping them build a greater sense of purpose and community around their role. In doing so, they become a living manifestation of the brand, proud to participate and ready to change their relationship with a generation of adolescents.

To ease girls’ fears about attending the classes, we equipped a set of mobilizers with a handout that contained a “What to Expect” section, including photographs, to ease girls’ hesitations by introducing what would be discussed in class before girls stepped into the session. Second, we created a “Class Coordinator” role who greets, registers, and becomes girls’ point of contact throughout their 9ja Girls experience. Finally, we included opt-out individual counseling into each session, which removed the stigma of private counseling by normalizing it. This created the opportunity for girls to build a close relationship with a provider, ask questions, and access services.

"The use of contraception promotes sexual promiscuity among unmarried girls."
**PROVIDER, NIGERIA**

*Activating a Generation of Provider Ambassadors*
Analogous Inspiration

When designing for a complex problem like delivery and acceptance of contraception, it helps to examine elements of the experience and find analogous inspiration. Getting out from behind our desks and into new situations spurs some of the best creative thinking.

First, list the distinct activities, behaviors, and emotions you’re looking to research. Then write down settings or situations where you might observe something similar. For instance, making sure a girl takes her birth control pill daily is one element of success. Analogous experiences could be other daily habits, like brushing teeth, taking medicine, or even how a girl prepares for her school day. Then determine where might you go to experience these situations.

Example

As we were developing 9ja Girls, we knew a key component would be a sexual education course offered by a provider at a clinic. But we also knew that attending such a class would be extremely taboo in Nigeria. We wanted to understand, as best we could, the intimidation felt by girls who might attend. To put ourselves into a girl’s shoes, we asked ourselves: what is the most embarrassing or taboo class we could imagine taking?

Then we remembered that our home city, San Francisco, houses The Armory—a sex-positive, female-empowerment-focused pornography studio that also offers classes and workshops on healthy sex and safe fetish play. Nervously, we signed up for a class on responsible BDSM—a topic no one on our team knew anything about. In the days leading up to the class, the team felt so vulnerable and anxious that we nearly canceled three times.

The day before, we received an email from Nicole, telling us what to expect from the visit. This email alone calmed our nerves. When we showed up for the class, Nicole was waiting at the door to greet us, introduce the experience, and guide us to the classroom. Even though she wasn’t the instructor, she stayed in the room the entire class, and let us know that if we needed anything we could always leave the room or ask to speak with her privately.

When we reflected on our experience at the class, we noted Nicole’s importance in quelling our anxiety. Repeated touchpoints with her, including her friendly openness during the experience, reinforced our trust. We took several principles from this analogous inspiration and applied them to our design of a “Class Coordinator” role for 9ja Girls.
Role-Play

Role-play is helpful in giving people a sense of what certain interactions might be like. Prior to having a real-life encounter, they can examine what was comfortable or uncomfortable about the trial run, where they struggled, and where they felt the most confident.

Example

In Ethiopia, we knew we needed to equip Health Extension Workers (HEWs) with new messages and communication tactics to reach adolescent girls—a group they hadn’t interacted with before. We wanted to learn if giving HEWs a new script for a session might help, so we had HEWs role-play counseling sessions to see how they would react.

To make our exercise more effective, we selected HEWs in two neighboring communities and used two different tactics. In the first community, we didn’t give any guidance to the HEW. We asked her to role-play how she would normally conduct a reproductive health counseling session with an adolescent girl. In the second community, we gave the HEW a new curriculum tool, including visuals, to use in her counseling. The tool shows how a successful financial plan starts with family planning in a highly visual and simple way.

What we observed was promising. We could see the girls were overwhelmed by the information in the first community, as the HEW tried to rapidly recite five contraception methods, their benefits, and their side effects. In the second community, the HEW had a tangible, less intimidating starting point to talk about contraception, which retained the girl’s attention. The HEW even remarked, “This is much easier and makes me much more comfortable talking to young girls!”
**Immersion**

Providers are an important part of delivering trusted access to contraception, so understanding how they live and work will help you design a solution that can be implemented effectively. Spend a day shadowing a provider to immerse yourself in their world—observe how they prepare, meet and greet patients, interact with staff, and end their day. Ask questions and have them walk you through how they make decisions.

**Heroes and Villains**

This exercise can help uncover new creative ideas by zooming out and dreaming big. This is your chance to forget what’s feasible, what’s affordable, or what’s proven. Just worry about saving the world, so to speak. Imagine providers are the biggest barrier to a girl’s access to contraception. What does a world taken over by this problem look like? Now, if a superhero were to “save the day,” what would that look like? What’s their superpower? Their tools? Their uniform? Now reflect on ways to get closer to making these superpowers a reality.
ENSURE SERVICES RESPOND TO HER NEEDS AND LIFESTYLE

ACCESS
Create access points that affirm a girl’s contraception choice rather than cast doubt on it. Many existing reproductive health services cater to married women’s needs. Services are integrated with antenatal or prenatal care visits and clinics are packed with mothers, so girls don’t feel like they belong. The barriers are numerous, from physical distance to the clinic to perception of clinics as being for the ill to fear of being judged by their communities.

Access points should be designed to make girls feel welcome and comfortable. But for some girls, the barriers that exist will still be too great, and services will need to be designed to meet her where she is.

Ask girls...

- Where in your community do you feel comfortable?
- Where in your community do you feel unsafe?
- Where do you spend your days?
- What about an environment or space makes you feel safe?
- Tell me about the last time you went to a clinic. How did you feel throughout the experience?
From Going to Her to Inviting Her in

The way services are delivered and where those services are located, should be designed with girls’ comfort level and needs in mind. Test different strategies that range from reaching out to finding ways to welcome her in.

Assess her needs
To determine how to make a girl most comfortable with accessing services, look at how much autonomy she has and how open the community is about contraception.

Going to Her

SOME CLUES
“I’m not allowed to go to the clinic on my own.”

• Girls fear being seen going to the clinic.
• Girls don’t have permission to move around the community freely.
• Access points are far from where girls are physically or they don’t have the time or money to make the trip.

ACTIONS TO TRY
• Support community health workers to reach girls earlier, before childbirth, at home.
• Bring a mobile van through communities that can counsel and serve girls when and where they need services.
• Hold pop-up clinics in places where girls already spend their time, like at the market, at school, or at the water point.

Inviting Her in

SOME CLUES
“I get too overwhelmed in the clinic.”

• There are areas within the existing facility to create a safe space for her.
• Girls can move around the community without permission from her parents or partners.
• The clinic is able to offer flexible hours and services to better cater to her needs.

ACTIONS TO TRY
• Create a new girl-only space where she feels welcome.
• Host movie nights and events at the clinic to give her a safe cover to attend.
• Create text message and social media groups where girls can get advice before stepping in.

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Case Study page 94
THE CATCH-UP AND MAINTAIN STRATEGY

After reaching most girls in a kebele, the Navigator transitions to launch Smart Start in the next kebele and the HEW maintains Smart Start activities with existing and new girls. Navigator rotates to another kebele.

THE SMART START MODEL

Over time, Navigators launch Smart Start in all kebeles in a woreda. This model of cascaded expertise allows us to reach girls efficiently and strengthens the HEWs’ ability to continuously serve girls.

CONTEXT

In rural Ethiopia, many girls live far away from basic necessities. It’s often a two-hour walk to get to the closest town. Girls don’t have much autonomy either. Many leave their house only once a week to go to the market and even then they need permission from a family member. As a result, most of them have no practical access to contraception.

A robust Health Extension Worker (HEW) network exists throughout the country. However, in most cases the first time a girl meets her HEW is after giving birth, when the HEW comes to immunize the child. Although some young women are open to learning about contraception, they are not being served by the HEWs. And with limited literacy skills and no access to a phone, girls couldn’t find this information on their own.

THE SOLUTION

To solve for tactical and geographic constraints, Smart Start trained HEWs on a rotating basis. A Smart Start Navigator teams up with a HEW, providing intensive real-time coaching and support for about a month. This helps the HEW feel confident about navigating the cultural complexities to serve married girls aged 15–19 as well as providing assistance to ensure all newly married girls within the kebele (community) are reached with Smart Start counseling. Once that HEW is better equipped to offer services, the Navigator then moves to onboard a different HEW in a new area.

Since finding 15–19 year old married girls in these rural villages can feel like trying to find a needle in a haystack, Smart Start also leverages local community members and strong community structures such as women’s groups and men’s groups to find adolescent married girls and recruit them for Smart Start sessions. These groups are naturally set up to disperse and share information rapidly over long distances. In addition to recruitment, these community structures also play a role in helping the HEW follow up with girls after appointments or when a girl needs to receive a method renewal.

Activating Government Health Systems to Serve Hard-to-Reach Girls

“I want to take the injection, but the clinic is too far. It takes me two hours to walk there.” 
UNMARIED GIRL, ETHIOPIA

Tools created to onboard Navigators and Coordinators to the Smart Start program and rotation model.
Many girls in the Democratic Republic of Congo don’t feel comfortable walking into a clinic to access contraception—even youth-friendly ones. Pharmacies, on the other hand, are ubiquitous, provide more anonymity, and offer over-the-counter methods like condoms, emergency pill, and daily pill.

Pharmacies are an appealing access point for girls because pharmacists ask fewer questions, and no prescription is needed to buy contraception. Unfortunately, the transactional nature of pharmacies also had its drawbacks. There is a widespread problem of girls buying incorrect methods like deworming pills, which they believe prevent pregnancy. And because it is still somewhat taboo for a girl to buy contraception, they would visit different pharmacies every time they needed contraception or condoms to avoid judgement.

**THE SOLUTION**

Batela Lobi Na Yo! Pharmacies are designed to be youth-friendly, equipped with materials and providers to offer a comfortable, safe space. Existing pharmacies are transformed from moments of transaction to moments of learning—welcoming young people through a series of intentionally designed touchpoints. Pharmacists are trained in contraceptive methods and youth-friendly advising strategies, so they are equipped to teach youth about the methods and help each choose the right one for them.

On the outside, a Batela Lobi Na Yo! banner signals that the pharmacy is youth-friendly. Once inside, a branded poster presents all three over-the-counter methods (condom, daily pill, and emergency pill). Teens see a whole category of contraception options as well as easy-to-understand illustrations that explain the difference between the daily pill and the emergency pill.

All these pieces of retail media are designed to stand out in a crowded pharmacy and invite teens to ask the pharmacist for more information. This is a pharmacist’s cue to explain, reinforce correct product usage, and drive behavior change.
**Customer Journey Map**

A customer journey map can be used multiple times during a project—to help synthesize research findings, identify pain points and opportunities, and articulate your vision for a final creative solution.

**Example**
To better analyze how to serve hard-to-reach girls in Ethiopia, we created a map of how girls currently hear about contraception (HEAR), learn about it (LEARN), and access it (ADOPT). This helped us understand what girls were feeling, thinking, and doing during their journey, and helped us hone in on gaps and opportunities. The map helped identify factors like: in what ways is the current service successful? Where do customers disengage? What are the current obstacles to access? We used the customer journey map we created to discover what tools and support Health Extension Workers in providing quality service through every step of a girl’s journey.
Mystery Shopper

We use mystery shoppers to understand providers’ real behaviors (i.e., what they don’t say in interviews). When we are able to send in youth to test the service experience, we can often learn what a providers’ real attitudes and behaviors are. To build empathy and gain insights around a girl’s experience, try putting yourself in her shoes. Have team members visit a clinic to observe the experience of receiving sexual and reproductive health services.

Assign each team member a task such as “Get an HIV test” or “Find birth control,” then have them find the nearest clinic or pharmacy. Each should go through the entire experience (if feasible) of the assigned task, including client intake and getting a test or buying contraception, if applicable.

Example

When working with pharmacies in Kinshasa, we sent out young team members as mystery shoppers to buy contraception. We noticed pharmacists frequently provided incomplete or inaccurate counseling. In Kinshasa, many girls rely on myths or word-of-mouth to choose their contraception and many use ineffective methods, such as deworming pills. The pharmacists, who were mainly concerned with sales, rarely had time or accurate knowledge to help girls understand how to use what they were buying or to tell them that it wasn’t effective (in the case of deworming pills).

This exercise helped us gain better empathy and insight than if we had just interviewed girls. We could experience the embarrassment first-hand: awkwardly waiting to chat with the pharmacist, avoiding eye contact and hoping we didn’t see anyone we know, and asking for contraception in a busy store where other people could overhear. Understanding this environment helped us see the need to create a comfortable, safe learning moment at the pharmacy point-of-sale.
**METHOD 19**

**Flip Your Space**

Look at the physical space where your services will be delivered, and explore how changing that environment might impact a girl’s experience, emotions, and behaviors. Where does the girl enter the space, and what is she looking for? What is most important in this experience? How are people flowing in and out? What behaviors does the space encourage or discourage? Get crazy! Rearrange furniture, put up curtains or sheets of poster paper to divide areas, play with lighting. Now walk through the space and try to get in the mindset of a girl—what feels right and what still needs to change?

This exercise helps you put a new idea to the test or prototype on an existing idea. Making actual physical changes in the surroundings can help you see and consider things you hadn’t before.

**METHOD 20**

**Pop-up Shop**

To prototype your idea, bring your clinic or service experience to life for one day and you will have a quick, real-life learning experience. Maybe you partner with a clinic that will let you make over a room, or maybe you rent a market stall and make it your own. Try to create your pop-up shop with a realistic storefront that mirrors the experience you are trying to design. It doesn’t need to be complicated to look official—some matching T-shirts for staff, clipboards, and a sign will do. Run the experiment for a day and observe how things go. Are people engaging or not engaging? What parts of the solution resonate with people? What parts don’t? What parts do people not notice at all?

What girls say they want from an experience and how they actually behave can differ. Running a real-life version of your service, even in a rough way, can help you get better feedback on what is working and what isn’t.
At the core of human-centered design is the disposition to learn from failure and iterate. It’s okay—and expected—to not have all of the answers from day one of testing a solution. The important thing is to start small and take action on what we learn.

Building something tangible for people to engage with, even if it is a quick, low-fidelity design, lets us observe people’s reactions and gather feedback. From there, we can refine and iterate on our designs and test at increasing scales to get to a proof of concept.

Throughout the design process, we assess our solution against these three criteria, beginning with desirability. Desirability is our starting point, because if we haven’t addressed people’s needs in a way they find compelling, let’s face it, it doesn’t really matter how feasible or sustainable the idea is.

As we learn what resonates with people, we also investigate the context, our partners’ capabilities, and sniff out what is viable and feasible. Even after a solution has been launched, there is always a way to continue to learn and optimize as it scales.

Designing for Sustainability and Impact at Scale

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These are some of the questions we explore to get to the criteria of desirability, feasibility, and viability, as a design cycle progresses.
We take an incremental approach to testing and scaling. First we do rapid prototyping to test many concepts in scrappy, low fidelity ways. That helps us find a concept that resonates, and then we’re ready for the next stage of testing.

In live prototyping, we see how our concept performs in the real world. We learn in real-time what elements of that concept we should keep, drop, and iterate on before we scale it. A live prototype can last from about one-to-three months, depending on (1) how long it takes to observe your target outcomes and (2) how much data you need to gather to ensure you have enough feedback to make your solution effective at scale.

The next testing stage is a pilot. We’re ready to invest in a larger scale test, so we establish a robust proof of concept. The proof of concept data we gathered previously will help us to validate the solution for long-term funding and implementation.

Once we’ve established that a solution is reaching and engaging users, and getting to outcomes as intended, we can start to explore how to optimize for further scale. This usually happens 6-12 months into implementation. We explore things like how to increase the performance we’re already seeing and how to make the delivery more cost-effective. When scaling to new contexts, we explore what can be replicated directly and what might need to be adapted.
Tracking to Learn

To understand effectiveness fully, it’s good to track both high level results as well as quality of implementation.

Your user journey offers a great guiding framework for monitoring your solution’s performance and effectiveness. You have already mapped what the experience should look and feel like for a user at each step. The next step is to define the metrics that show this is happening.

1000 youth attended event
500 discussed contraception
200 took up a method
75 had follow up services

Define a small set of key indicators that reflect success targets: how you reach and engage users, and achieve outcome goals. For example, in the user journey on the right we would track indicators at each of the Connect, Learn, Try, and Continue moments. Cost of delivery is also a key indicator.

“The event was so fun – I loved the dancing.”

“The group discussion was really interesting. I felt like I could ask any questions and not be judged.”

“I was nervous but the provider made me feel comfortable.”

“It is always fast and easy, I come every three months.”

Sometimes a solution that runs successfully at a small scale will face challenges when rolled out to new sites. For instance, some locations may have run out of the girl-friendly informational materials you created and never replenished them. Or a new service provider on the team may not be giving girls the kind of warm welcome you had planned. These finer details are often the most crucial design principles to ensure success. Therefore it’s helpful to track how design details are implemented, so that you can continue learning where a team needs support or solution needs refining.
Tools for Tracking

A combination of qualitative data and quantitative data will produce the richest insights around what’s really going on in a program.

**Quantitative data** is important for ensuring we achieve reach and outcome targets, stay within cost, and have strong data for high-level decision-making. For anything that we track quantitatively we should ensure that it’s feasible to do this reliably and consistently across providers and users.

Use **qualitative methods** to capture things that require a deeper dive, or that don’t need to be monitored in real time.

Remember: rich qualitative data from a smaller number of users can sometimes be more useful than patchy and unreliable quantitative data from a large number of users. Think carefully about the question you need to answer and how the data will be used in making your decision.

Get creative with your tools. Checklists, team leader observations, and regular check-ins can help your implementing teams track the quality of service delivery. Besides relying on quantitative data, talk to girls and other people who are part of your solution to understand the details behind the numbers. We’ve used mystery shoppers to assess quality of service, girl focus groups and anonymous feedback boxes to hear what can be improved, and paired interviews with adults to learn how a solution is being perceived out in the community.

**HOW WE TRACK**

**OPPOSITE TOP**
Prototyping forms to ensure consistent quantitative feedback.

**OPPOSITE BOTTOM**
Small focus groups with users of a similar age.
Assuring Quality in Pharmacies

In the DKT Pharmacies project, besides capturing quantitative metrics of success such as sales of contraception methods, we also wanted to ensure the most important design features of the program were being implemented.

To make sure the quality of the girl-and-provider experiences could be preserved with time, we developed a project tracking and management flow to follow both quantitative sales data and qualitative feedback—from girls’ and pharmacists’ experiences to outcomes like awareness of the program and confidence in it. Specifically, we wanted to know if these components were having the intended effect:

- **Pharmacist trainings**. Were they effectively shifting the way pharmacists interacted with girls?
- **Retail media in the pharmacies**. Were the materials effectively raising awareness about contraception products for girls?
- **Counseling in pharmacies**. Was it improving girls’ contraception knowledge and changing purchasing behaviors?

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**OPPOSITE BOTTOM**

A qualitative and quantitative approach to adaptive implementation.
Optimizing Future Fab

Two years after launch, we realized that the conditions and context in Kenya were changing. Future Fab was successfully generating demand for contraception. It seemed that the program was approaching a tipping point, where Future Fab was well recognized and well regarded in the community.

With Marie Stopes Kenya (MSK), we started to experiment with ways to optimize the model for improved results and cost-effectiveness. We found that demand-generation activities were no longer required at the same frequency and intensity. For example, previously big events and community dialogues were regularly scheduled together to build community awareness; but since the community now had favorable perceptions of the program and participating teens, MSK could scale back resources in community dialogues.

We made two modifications in the optimization phase:

- **Introducing pop-up service tents** to bring contraception and STI/HIV services to the events directly.
- **Streamlining the mobilization strategy.** Smaller parent and teen meet ups were held less frequently, and bigger community events were scheduled more frequently.

Through this process, MSK closely tracked results to ensure that performance was not negatively impacted. Ultimately these shifts successfully reduced operating costs while maintaining the same level of services. As time went on, high program start-up costs were also no longer required, helping to reduce the cost per client served and the program’s overall cost-effectiveness.

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The average number of weekly visits has increased almost 7-fold.

Future Fab initially drove the cost of serving an adolescent client to over £120 per visit, but the cost has come back down to less than £40 per visit.
A challenge often faced in scaling is determining how to bring a solution to a new geographic location or user group. It can be difficult to figure out how much of the solution you can replicate directly and where you need to adapt it to ensure it meets the needs presented by the new context.

Recognizing that solutions are initially designed with a unique context in mind, look carefully when you are replicating and adapting them. For example, while it might seem one creative solution could work for all girls in a country, we know that the social influences on girls in different geographies are very different, and that girls who are in school have quite different needs and experiences than young married girls who are not in school anymore.

If you start with a new user or a new geography, start with testing for relevance and go through all five factors to ensure you are scaling in a way that keeps the girl at the center. You can work out the right approach by revisiting the processes and tools that you used to design your solution the first time around. Use immersion research to explore how the solution resonates in new contexts, how the user journey meets the needs of new users, or how different implementation features sync with the operations of new service providers. Prototype ideas to discover what design modifications you need. Consider your new users as the experts who can guide your replication plan.

Adapting for Scale

Whether you are scaling to a new user or a new geography, you can work out the right approach by revisiting these processes and tools.
Every girl deserves the chance to choose the future she wants. Together, let’s make this vision a reality.
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