

AMUA Accelerator 2025 – Ubundled

Innovator Challenge Statement

Background

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Sexual and Reproductive Health (SRH) services encompass a wide range of essential care and information that enable individuals, especially young people, to make informed decisions about their health, bodies, and futures. These services include family planning, antenatal and postnatal care, prevention and management of sexually transmitted infections (STIs), safe motherhood initiatives, gender-based violence prevention, and youth-friendly counseling. Access to these services is vital to achieving gender equality, improving health outcomes, and reducing preventable maternal and newborn deaths.

During the **Stakeholders' Challenge Definition Workshop**, partners from government, civil society, youth organizations, and development agencies came together to review key SRH challenges facing Tanzania. Stakeholders acknowledged that **maternal health is deeply intertwined with adolescent sexual and reproductive health**. High rates of adolescent pregnancies driven by limited access to contraception, inadequate youth-friendly services, and social stigma significantly contribute to poor maternal outcomes. Many young mothers face additional barriers such as economic hardship, discrimination, and lack of continuous care during and after pregnancy.

Recognizing these realities, stakeholders **agreed that the next focus area for innovation under the AMUA Accelerator should center on maternal health, with a special focus on adolescents and young mothers**. The shared goal is to identify and support innovative, youth-driven solutions that not only improve maternal health outcomes but also empower young people, both girls and boys, to take charge of their reproductive health.

The **AMUA Accelerator** is a national platform that nurtures and supports young innovators in Tanzania to design and implement entrepreneurial solutions that address key Sexual and Reproductive Health (SRH) challenges. For this special cohort, the accelerator is dedicated to tackling the validated and agreed-upon **Maternal Health Challenges**, as defined by stakeholders. These challenge statements serve as the foundation for ideation, solution development, and collaboration between innovators, policymakers, and the health ecosystem to advance equitable and youth-centered maternal health in Tanzania.

The following breakdown unpacks each of the final validated **"How might we"** challenge statements from the AMUA Accelerator 2025. For each challenge, we provide a refined design question and outline key opportunity areas, guiding questions, and potential entry points for innovation. This is designed to be clear, simple, and inspiring, helping entrepreneurs, tech developers, healthcare startups, educators, and community organizations ideate practical and scalable solutions.

Challenge 1 | Reducing Adolescent Pregnancy & Youth-Friendly Maternal Care

Refined Design Challenge:

How might we **reduce adolescent pregnancy and strengthen youth-friendly maternal health services** to prevent maternal deaths among young mothers in Tanzania?

Problem Background

- Tanzania's adolescent birth rate is approximately 114 births per 1,000 girls aged 15–19, showing a persistently high teenage pregnancy rate.
- Early pregnancy contributes to maternal complications, unsafe abortions, and school dropout.
- 65% of women attend 4+ antenatal care (ANC) visits, but adolescents often begin late or attend fewer sessions.
- 85% of births are attended by skilled providers, yet young mothers face stigma, poor communication, and a lack of confidentiality.
- Only about half (51%) of mothers and 54% of newborns receive postnatal checks within 48 hours — missing the critical window for early intervention.
- Social stigma, judgmental providers, and limited youth-friendly spaces deter adolescents from seeking care early.

Key Opportunity Areas:

- **Comprehensive sex education:** Provide accurate, age-appropriate reproductive health education to adolescents, empowering them with knowledge to prevent early pregnancies.
- **Youth-friendly health services:** Establish clinics or mobile outreach designed for teens – with convenient hours, welcoming staff, and privacy – so young mothers and pregnant girls feel comfortable seeking care.
- **Community support:** Involve parents, guardians, and community leaders in supporting pregnant teens and young mothers, reducing stigma, and encouraging early and regular prenatal care to prevent complications.
- **Contraceptive access:** Increase the availability and accessibility of contraceptives for youth (e.g., condoms, pills), alongside guidance on use, so adolescents can safely prevent unintended pregnancies.
- **Education & empowerment:** Keep girls in school and engaged in their aspirations; educational and economic opportunities for girls (like vocational training or scholarships) can reduce the likelihood of early pregnancy by empowering them with alternatives.

Guiding Questions:

- What barriers prevent teenage girls from accessing existing maternal health services, and how can we remove these obstacles?
- How could healthcare facilities be redesigned to make a 16-year-old mother feel welcome, safe, and understood?
- What role can schools and youth organizations play in educating both girls and boys about pregnancy prevention and healthy motherhood?
- How can families and communities better support a pregnant adolescent – emotionally, financially, and medically – so that she seeks care rather than hiding in shame?
- In what ways might technology (mobile apps, SMS hotlines, social media) help deliver critical pregnancy and health information directly to adolescents?

Challenge 2: Expanding Contraceptive Access & Family Planning Education

Refined Design Challenge:

How might we expand access to modern contraceptives (including new contraceptive options) and comprehensive family planning education for both male and female adolescents and youth to reduce unintended pregnancies and maternal health risks?

Problem Background

- **Modern contraceptive prevalence (mCPR)** among women aged 15–49 is **26%**, but much lower among adolescents and unmarried youth.
- Many adolescents **lack accurate information** about contraception and rely on myths or hearsay.
- Health providers and communities often **discourage unmarried youth** from accessing contraceptives.

- **Stockouts, privacy concerns,** and **limited adolescent-focused distribution points** restrict access.
- Male partners are rarely engaged, despite their influence over contraceptive decisions.
- Without inclusive education and access, unintended pregnancies and unsafe abortions remain common among adolescents.

Key Opportunity Areas:

- **Youth-friendly services:** Make contraceptives easy for young people to obtain – for example, through teen-friendly clinics, school health programs, or pharmacies that offer counseling and supplies without judgment.
- **Innovative contraceptive methods:** Explore and introduce new or improved contraceptive options that appeal to adolescents (e.g., long-acting methods that are easy to use, future male contraceptives, or products designed with teens' preferences in mind).
- **Comprehensive education:** Implement inclusive sex education programs (in schools and community centers) that engage both girls and boys, addressing myths and fears about contraception and emphasizing shared responsibility in pregnancy prevention.
- **Peer outreach:** Train youth ambassadors or peer educators to spread awareness about contraception and reproductive health in their communities – leveraging relatable communication channels like social media, youth clubs, and informal gatherings.
- **Supportive policies:** Advocate for policies that enable adolescents to access family planning services (such as allowing teens to seek contraceptives without parental consent) and ensure a steady supply of affordable contraceptives in all regions.

Guiding Questions:

- Why do many adolescents hesitate to use available contraceptives, and what innovations could make these options more appealing and accessible to them?
- How can we involve boys and young men in family planning conversations so that contraception is seen as a shared responsibility, not just “a girl's issue”?
- What myths or cultural taboos about contraception need to be addressed, and who are the best messengers to correct those misconceptions among youth?
- How might digital tools (like chatbots, mobile apps, or online forums) provide private, accurate family planning information to teens who are too shy to ask questions in person?
- What can we learn from the ways products (from tech to fashion) are marketed to youth that could help us design and promote contraceptive solutions teens are comfortable adopting?

Challenge 3: Ending Harmful Practices for Better Maternal Health and Well-Being

Refined Design Challenge

How might we overcome harmful practices such as child marriage, gender-based violence, and female genital mutilation (FGM) to improve maternal health, mental well-being, and overall quality of life for adolescents and young mothers, while strengthening access to psychosocial and post-trauma support (PSDT) and linking survivors to relevant health and social services?

Problem Background

- **29.1 % of women aged 20–24** were married before 18, linking early marriage to early pregnancy and higher maternal health risks.
- **FGM prevalence** remains around **8 % among women aged 15–49**, concentrated in rural and pastoralist communities where traditional norms dominate.
- These harmful practices are **rooted in gender inequality, poverty, and social pressure** to conform to cultural traditions.
- Survivors often suffer from **obstetric complications, psychological trauma, depression, and post-traumatic stress**, yet **mental-health and counseling services are limited or inaccessible**.
- **Gender-based violence (GBV)** is widespread and underreported, worsening maternal outcomes and increasing social isolation.
- **Weak enforcement** of protective laws and **social acceptance** of harmful norms continue to expose girls to abuse.
- There is an urgent need to **integrate mental-health and psychosocial support** into maternal and reproductive health services, ensuring continuous, survivor-centered care after incidents.

Key Opportunity Areas

- **Community-led norm change:** Partner with local leaders, faith institutions, and cultural elders to facilitate open dialogue that challenges beliefs sustaining FGM, GBV, and child marriage.
- **Education & empowerment:** Deliver gender-equality and rights education for girls and boys while creating livelihood pathways so families value girls beyond marriage.
- **Survivor-centered psychosocial care:** Develop integrated mental-health and psychosocial support systems—hotlines, counseling centers, peer support circles, and trauma-informed care training for providers—to help survivors recover emotionally and socially.
- **Post-Support Dedicated Therapy (PSDT):** Establish structured follow-up mechanisms that provide continued emotional care, mentorship, and reintegration assistance to survivors after rescue or treatment.
- **Health-facility linkage:** Create clear referral pathways connecting community responders, safe shelters, and nearby clinics to ensure survivors access medical, maternal, and psychological services seamlessly.
- **Law & policy enforcement:** Work with authorities to strengthen community watch groups, reporting mechanisms, and survivor protection under existing legal frameworks.
- **Alternative rites:** Promote positive cultural ceremonies that preserve tradition without harm, celebrating girls' transition to womanhood safely and proudly.

Guiding Questions

- What social beliefs and family pressures sustain harmful practices, and how might positive alternatives preserve cultural pride while protecting health?
- How can community health workers and local leaders recognize signs of trauma or GBV and connect survivors to immediate psychosocial and medical care?
- What models of **post-incident follow-up (PSDT)** can ensure survivors receive sustained mental-health, social, and economic support beyond initial intervention?
- How might digital tools or youth mentors help young survivors access confidential counseling or mental-health support?
- What successful community approaches—locally or globally—have combined norm change with trauma recovery and empowerment, and how could we adapt them?
- How would our communities look in ten years if harmful practices were replaced by supportive, empowering traditions that safeguard both physical and mental health?

Challenge 4: Making Maternal Health Services Youth-Inclusive

Refined Design Challenge:

How might we adapt maternal health services to better meet the needs of adolescents and young women?

Problem Background:

- While **65% of women** make at least four ANC visits, adolescents still experience **delayed care** and **low retention throughout** pregnancy.
- **Young mothers** report stigma, lack of privacy, and limited tailored counseling during ANC visits.
- **85% of births** occur with skilled attendance, but many **young mothers deliver outside formal facilities** due to fear of judgment.
- **Postnatal care within 48 hours** is only **~51% for mothers** and **54% for newborns**, missing key safety checks.
- Health workers often **lack training to communicate effectively** with adolescents, discouraging return visits.
- **Service hours and locations** are rarely designed for youth needs — for example, clashing with school or work schedules.

Key Opportunity Areas:

- **Adolescent-friendly clinics:** Modify healthcare facilities to be welcoming for young people – for example, have certain days or spaces dedicated to adolescent mothers, employ young peer counselors, and ensure the atmosphere is friendly, confidential, and non-judgmental.
- **Integrated support:** Connect maternal healthcare with other support young women may need. This could mean offering childcare at clinics, linking pregnant teens with nutrition or mental health services, or combining health check-ups with mentorship and life-skills coaching.
- **Healthcare worker training:** Equip doctors, nurses, and midwives with skills to communicate effectively with adolescents. Training in empathy, non-judgmental counseling, and privacy protection can make young patients more likely to seek care and follow medical advice.
- **Mobile outreach:** Bring maternal health services closer to where adolescents are. Utilize mobile clinics, community health workers, or telehealth consultations to reach young women in remote or underserved areas, so that lack of transport or fear of traditional clinics doesn't stop them from getting care.
- **Co-design with youth:** Involve adolescents and young mothers in designing service improvements. Create youth advisory boards, suggestion boxes, or feedback sessions to gather input from young people on what would make clinics and programs more accessible and effective for them.

Guiding Questions:

- What specific challenges do pregnant teens and first-time young mothers face when they try to use existing health facilities?
- How can we redesign a maternity clinic's environment so that a young woman feels it's "for people like her" as soon as she walks in?
- Could bringing services to schools or youth centers (rather than expecting young people to come to hospitals) increase access? What would that look like in practice?

- In what ways could digital tools (like appointment reminder texts or video consultations) make it easier for adolescent girls to stay on track with prenatal and postnatal care?
- How can we continuously get feedback from young women about their needs and their satisfaction with services, so that maternal health programs keep improving for youth over time?

Challenge 5: Challenging Stigma & Social Norms

Refined Design Challenge:

How might we challenge stigma and discriminatory social norms so that adolescents and young women feel safe and empowered to seek maternal health and family planning services?

Problem Background:

- Persistent **stigma and discriminatory attitudes** discourage adolescents and young mothers from seeking maternal or family planning services.
- **Unmarried adolescents** are often shamed for pregnancy, leading to isolation and delayed ANC visits.
- Health workers sometimes **display moral judgment** or breach confidentiality, reinforcing fear among young clients.
- Families and communities often **see contraceptive use among youth as taboo**, perpetuating misinformation.
- Media and community discussions rarely highlight **positive stories** of young mothers accessing care successfully.
- Tackling stigma requires **social norm change**, **respectful care training**, and **community-wide dialogue**.

Key Opportunity Areas:

- **Community dialogue:** Initiate open conversations within communities about adolescent pregnancy and reproductive health. By involving parents, elders, and youth in guided forums or town-hall discussions, communities can dispel myths and begin to see supporting young women's health as a shared value.
- **Positive media stories:** Leverage radio, TV, and social media to highlight uplifting narratives – for instance, a story of a young mother who, with community support, finished her education, or a father publicly supporting his daughter's choice to use contraception. Celebrating such examples helps normalize supportive attitudes.
- **Youth advocacy:** Empower young people to lead the charge against stigma. Form youth-led clubs or committees where adolescents create campaigns, host events, or use art and drama to communicate that it's okay for young women to seek care and that supporting them is the right thing to do.
- **Family involvement:** Engage parents and spouses (and even mothers-in-law, who often influence decisions) in education sessions that address their concerns about contraception or clinic care. When families understand the health benefits and hear doctors or respected figures debunk false rumors, they are more likely to encourage young women to get the services they need.
- **Respectful care training:** Ensure health providers practice confidentiality and kindness. Stigma often gets worse if a teen girl is scolded or gossiped about by clinic staff. Training programs for nurses and doctors can reinforce the importance of privacy, empathy, and non-judgmental communication when serving young clients.

Guiding Questions:

- What are the common fears or negative stereotypes in our community that stop young women from using maternal or family planning services (e.g., "people will judge her," "only 'bad girls' use birth control"), and how can we change these narratives?

- Who are influential figures that teenagers look up to (popular musicians, social media personalities, local heroes, faith leaders), and how might they help champion a new norm that says seeking health care is a responsible and admirable choice?
- How can we highlight the idea that when an adolescent girl cares for her health – whether by avoiding a risky pregnancy or getting proper care as a young mother – it benefits her family and the whole community's well-being?
- Could creative arts or social activities help start conversations on these taboo topics? For example, might a community drama or a youth-made video get people talking openly about teen pregnancy and health in a non-judgmental way?
- What would it take for a community to publicly celebrate girls who make healthy choices (like using contraception or attending all prenatal visits) instead of shaming them? Are there ways to recognize or reward families and community members who support those choices?

Challenge 6: Engaging Men as Partners in Maternal Health

Refined Design Challenge:

How might we strengthen male involvement in maternal and reproductive health (including child care) to reduce adolescent pregnancy and help adolescent girls and young women in Tanzania access youth-friendly services and modern contraceptives?

Problem Background:

- **Men play a decisive role** in whether young women access ANC, deliver at facilities, or use contraception.
- Despite this, many **see reproductive and maternal health as "women's business."**
- Limited male-focused programs result in **low awareness** of reproductive health, pregnancy complications, and childcare roles.
- **Cultural expectations** discourage men from attending clinics or supporting partners publicly.
- Male involvement can reduce delays in care, encourage shared decisions, and improve **maternal and newborn outcomes**.
- Engaging men early as **partners, fathers, and advocates** — transforms community perceptions and improves family well-being.

Key Opportunity Areas:

- **Education for boys:** Include adolescent boys and young men in reproductive health and family planning education. When young men learn early about topics like contraception, maternal health, and respectful relationships, they are more likely to support their female peers and partners.
- **Men as champions:** Encourage men to actively advocate for the health of women and girls in their lives (male involvement has been linked to better maternal outcomes). Fathers can discuss family planning with their children, husbands can accompany wives to clinics, and male community leaders can speak up about safe motherhood – showing that men are key allies in women's health.
- **Shared responsibility:** Promote the idea that preventing pregnancy and raising healthy children is a shared duty. Programs might encourage couples to make joint decisions about contraception and pregnancy, or encourage young fathers to take on tasks like bringing their partner to the clinic or helping with newborn care – so it's not "her job" alone.
- **Couple-friendly services:** Make health services more welcoming to male partners. For example, clinics can offer prenatal classes for couples, or have "Father-friendly" hours where men are specifically invited. Ensuring staff welcome and involve men (instead of ignoring or excluding them) can turn clinic visits into a family-supported activity.
- **Changing norms:** Address cultural norms that label maternal and child health as "women's business." Through community workshops and media, highlight positive examples of involved fathers and husbands – showing that caring for one's partner and children is a strength, not a weakness. As more men visibly take on these roles, it will redefine what is expected and accepted of men in the community.

Guiding Questions:

- What misconceptions or lack of knowledge might young men have about contraception, pregnancy, or childcare, and how can educating them help reduce unintended pregnancies and improve outcomes for young mothers?
- How can we make it "cool" or socially rewarding for men to be seen taking care of their partners and children – for instance, attending doctor visits or learning about childbirth – rather than making them feel it threatens their masculinity?
- In what ways could male involvement ease the burden on young women? (Think about a young man ensuring his pregnant partner gets to the clinic on time, or a new father learning baby care so the young mother can also rest or continue her education.)
- What kind of support might unsure or shy men need to step into these roles? Would male-only discussion groups, mentorship from respected older men, or seeing other guys their age doing the same help overcome the fear of stigma?
- How can technology or community events help reach men and boys effectively? (For example, could a football coach include talks on respecting and supporting girls' health with his team, or could a mobile app or SMS campaign send tips to young men about being a great partner and dad?)

Challenge 7: Inclusive Maternal Health for Adolescents, Young Mothers, and Out-of-School Youth

Refined Design Challenge:

How might we adapt maternal health services to better meet the needs of adolescents, young mothers, and out-of-school youth, ensuring inclusive antenatal and postnatal care?

Problem Background:

- **Out-of-school youth** are among the least likely to access antenatal and postnatal care services.
- Many adolescent mothers face **mobility, financial, and social barriers** to reaching clinics.
- **65% of women** complete 4+ ANC visits nationally, but rates are much lower among teens and those outside formal education.
- **Early postnatal care** remains limited (51% of mothers, 54% of newborns checked within 48 hours).
- Lack of integration between **healthcare, education, and social services** leaves young mothers unsupported after childbirth.
- Stigma and judgment from both providers and communities push out-of-school youth further from health systems.
- Bringing services closer — through **mobile clinics, youth clubs, digital health tools, and peer outreach** — can close these life-threatening gaps.

Key Opportunity Areas

- **Access for out-of-school youth:** Reach adolescents who are not in formal education systems through mobile clinics, community centers, or partnerships with local youth groups.
- **Tailored communication:** Use accessible language and relatable messaging that resonates with both in-school and out-of-school youth.
- **Continuity of care:** Design systems that ensure young mothers are supported from pregnancy through postpartum, especially those who may move or drop out of programs after childbirth.
- **Social reintegration:** Support adolescent mothers in returning to school, accessing childcare, or finding livelihood opportunities alongside continued health care.
- **Integrated service delivery:** Combine reproductive health services with nutrition, mental health, and social support for a holistic approach.
- **Digital access:** Leverage technology (SMS reminders, chatbots, mobile apps) to help track appointments and provide health education for those with limited mobility or literacy.

Guiding Questions

- What barriers stop out-of-school youth from accessing maternal and postnatal health services?
- How can we make maternal health services more welcoming and less intimidating for adolescents and young mothers?
- What forms of communication—music, storytelling, radio, or social media—best reach young people outside the school system?
- How can we bridge the gap between healthcare and social services (like childcare or education) to keep young mothers supported after childbirth?
- What partnerships (schools, NGOs, religious groups, or the private sector) could make it easier to bring health services to where youth already are?
- How might community health workers, peer educators, or midwives identify and follow up with young mothers who have dropped out of the system?

Bundled Challenge Statement | Final

1. How might we reduce adolescent pregnancy and strengthen and come up with youth-friendly maternal health services to prevent maternal deaths among young mothers in Tanzania?
2. How might we introduce new contraceptives and/or expand access to modern contraceptives and comprehensive family planning education for both male and female adolescents and youth to reduce unintended pregnancies and maternal health risks?
3. How might we overcome harmful practices such as child marriage, gender-based violence, and female genital mutilation (FGM) to improve maternal health, mental well-being, and overall quality of life for adolescents and young mothers, while strengthening access to psychosocial and post-trauma support (PSDT) and linking survivors to relevant health and social services?
4. How might we overcome harmful practices such as child marriage, gender-based violence, and FGM to improve maternal health and overall well-being?
Tostan Model (Access to Supportive Services)
5. *How might we adapt inclusive maternal health services to better meet the needs of adolescents and young women?*
6. How might we challenge stigma and discriminatory social norms so that adolescents and young women feel safe and empowered to seek maternal health and family planning services?
7. How might we strengthen male involvement in maternal and reproductive health, including child care, to reduce adolescent pregnancy, increase access to youth-friendly services, and promote the use of modern contraceptives among adolescent and young women in Tanzania? (Consider 3D models in relation to delays MAP model Using systems thinking, Male as Agent of Change)