Innovation Pilot Results

Uganda

POWER TO YOUTH
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Problem

Uganda grapples with one of the highest teenage pregnancy rates globally, with around 24% of pregnant women under 20 (UBOS, 2022). Limited access to contraception for adolescents, exacerbated by unwelcoming healthcare providers, hinders reproductive health services.

In Kalangala district, teenage motherhood is alarmingly high at 48.7%, nearly double the national average, with women having six children on average, one more than desired. Limited knowledge of family planning methods and challenges such as non-functional Youth Friendly Services (YFS) facilities exacerbate the issue.

The Power to Youth baseline survey in Kalangala, Bukwo, and Isingiro districts uncovered a notable lack of knowledge about modern contraceptives among youth, including adolescent girls and young women (AGYW). Misconceptions and caregiver discouragement of contraceptive use pose significant barriers. Addressing these challenges is vital for informed decision-making and access to reproductive health services among AGYW.

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Stakeholders and Target Audience

MAIN TARGET AUDIENCES

- Adolescent Girls and Young Women (AGYW)
- Health workers
- Peer educators

KEY STAKEHOLDERS IN THE ECOSYSTEM

- Adolescent Girls and Young Women (AGYW)
- Parents
- Duty bearers
- Health workers
- Cultural and religious leaders
- Peer educators

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Personas of Target Users

ADOLESCENT GIRLS AND YOUNG WOMEN (AGYW)

Olivia, a 17-year-old fishmonger from Mazinga Island in Kalangala district, became a mother at an early age. She dropped out of school due to community stigma and lack of access to accurate information on modern contraceptives, hindering her ability to re-enter the school setting and access Adolescent Sexual and Reproductive Health (ASRH) services

I, as a young mother, advocate for age-appropriate, accurate information to prevent further teenage pregnancies in our communities.

PEER EDUCATOR

Silver, a 23-year-old peer educator in Kalangala district, encounters challenges in providing comprehensive information to teenage mothers due to the technical nature of some topics, and faces opposition from both teenage mothers and the community, as family planning is perceived as solely a women's responsibility.

Health workers and peer educators must join forces to enhance youth-friendly services, promoting male involvement and Youth Friendly Services (YFS) awareness in communities.

HEALTH WORKER

Patricia, a 38-year-old with 8 years of experience, works at Kalangala Health Centre IV in Kalangala town council. She highlights challenges in family planning provision, including stockouts of contraceptives, poor uptake due to long distances to health facilities leading to contraceptive expiry, inadequate experience in providing long-term methods like IUD and implants, and stigma and community backlash.

My challenge lies in providing long-acting contraceptives like IUDs and implants, crucial for AGYW facing distance barriers to health facilities.

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Research Insights + Design Challenge

OUR DESIGN CHALLENGE

How might we support Adolescent Girls and Young Women (AGYW) to make informed contraceptive decisions that are safe, effective, and meet their needs

MAIN INSIGHTS GATHERED THROUGH RESEARCH

Attitudes & Beliefs: Myths and misconceptions persist, such as using panadol and warm milk as contraception; religious beliefs often oppose modern contraceptive methods; parents not supportive of their children accessing contraceptives in fear of the side effects.

Quality of Services: Access to contraceptives is restricted by; unfriendly service providers, inadequate human resource at facilities, inadequate commodities, unfunctional youth corners, existing socio-cultural norms and Inadequate information on the choice of contraception.

Solutions: Utilize peer-to-peer engagement for accurate information dissemination; Encourage parents to adopt open, non-judgmental attitudes through stakeholder engagement; Empower health workers to debunk myths and enhance youth-friendly services provision.

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Research Insights + Design Challenge

ILLUSTRATION OF RESEARCH INSIGHTS

Religious Leader:
"As a religious leader, I uphold our religious values which prioritize fertility. Modern contraceptives are often seen as a violation of our traditions, emphasizing the importance of abundant children. We believe in the sanctity of life and advocate for natural methods of family planning."

Adolescent Girl:
"You know, some of us girls resort to using methods like panadol and warm milk to avoid pregnancy. We're afraid of the side effects of modern contraception. We trust these remedies more. It's about feeling safe and in control."

Health Worker:
"While our services are accessible, there's a significant challenge in catering to young people due to the lack of effective designated spaces for them. This limits their access to contraception and other vital healthcare resources. We need to create environments where they feel comfortable seeking help without judgment or barriers."

Parent:
"The fear of our children suffering from the severe side effects of modern contraception haunts us. We rarely see healthcare workers addressing our concerns, which only adds to our anxiety. We want what's best for our children, but the risks associated with contraception make us hesitant to encourage its use."

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Our Solution:

Safe Haven: Empowering Youth with Contraceptive Options

"Safe Haven: Empowering Youth with Contraceptive Options," focuses on the journey of Lillian, a fictional character who represents adolescent girls and young women in Kalangala District, to feel confident and make informed contraceptive decisions that are safe, effective, and fit for her needs.

FEATURES:

- Centred on AGYW: By prioritizing the needs of adolescent girls and young women to guarantee they receive contraceptive information and services tailored to their preferences for an ideal youth-friendly experience.
- Addresses Challenges: By overcoming myths, misconceptions on contraception, and limited access to youth friendly services through collaborative efforts
- Safe Environment: Ensures accurate information and quality services for adolescent girls and young women
- Supports Collaboration: By providing a platform for effective youth- adult partnerships, fostering collaboration between health workers and peer providers to deliver quality care for adolescent girls and young women.

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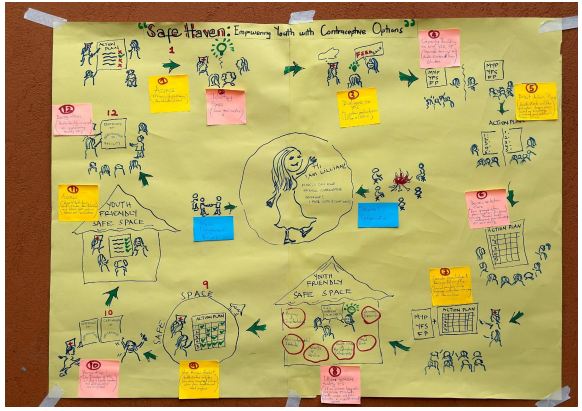
Solution

OUR SOLUTION STATEMENT

For Adolescent Girls and Young Women (AGYW) seeking access to contraceptive options, our product, Safe Haven, transforms the landscape of youth-friendly and responsive service delivery in Kalangala District. Informed by the voices of AGYW , Safe Haven is a user-centered initiative facilitating informed decision-making regarding contraceptive use. By nurturing partnerships between AGYW, peer educators and health workers, providing customized training programs, and advocating for community support through dialogue, we empower AGYW with the necessary tools to access high-quality contraceptive information and services. Unlike existing collaborations within Kalangala's healthcare system that are not equitable and inclusive, Safe Haven ensures AGYW engagement on equal terms with peer educators and health workers, thereby reshaping demand, access and uptake of services to suit their needs.

OUR PROTOTYPE



HOW IT WORKS:

- Capacity building on meaningful and inclusive youth participation, emphasizing equal youth-adult partnerships.
- Training on Youth Friendly and Responsive Service Delivery and Family Planning and contraception.
- Lobbying community support through community dialogues, male engagement forums and “ebyooto” discussions centered on contraception
- Periodic and thorough assessments to ensure accountability
- Recognition of exemplary providers.

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Pilot Activities

Objective:

Empowering adolescent girls and young women (AGYW) with the knowledge and support to make informed, safe, and suitable contraceptive choices.

🔹 **What We Did:**

✅ Conducted training for health workers and peer educators on youth-friendly, inclusive contraceptive service delivery and youth-adult partnerships.

✅ Organized community dialogues, male engagement forums, and “ebyooto” discussions to break stigma and foster community support.

✅ Implemented periodic assessments to monitor service delivery and ensure accountability.

✅ Documented best practices and key learnings from the pilot.

✅ Recognized outstanding health providers championing inclusive contraceptive services.

🔹 **Where:**

📍 Kalangala District – Main Island & Bufumira

🔹 **Who Made It Happen:**

|🚀 HCD Innovation Team |👩‍⚕️ Health workers | 🎓 Peer educators | 🏛️ District leadership

🔹 **Who We Engaged:**

👩‍🦰 AGYW | 👨‍👩‍👧 Parents | 🏛️ Cultural & religious leaders | 👨 Men & boys

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Desirability

"The desirability of our solution is reflected in the quotes gathered during the continuous assessment of our innovation. In the words of our main beneficiaries and key stakeholders, here is what they had to say:"

Service Delivery:

Adolescent Girl: "Before this programme, I didn't feel confident talking about contraception, but now I have the knowledge and the freedom to make choices about my own body. I feel empowered to decide what's best for me."

Health Worker: "Working alongside the community and engaging directly with youth has opened my eyes to how we can better serve them. The Safe Haven initiative isn't just about providing services whose uptake has increased by 31% for AGYWs—it's about creating trust and ensuring that these young people feel understood and supported."

Chairman, Bufumira: "The Safe Haven initiative has made a huge difference here in Kalangala, and there's a growing demand from other communities to adopt it. Expanding this initiative to more areas would ensure that more young people get the same opportunity to access health services in a youth-friendly way."

Male Engagement:

Young Man (Male Engagement Forum Participant): *"The Male Engagement Forums have been a turning point for me. For the first time, I've been able to discuss the challenges we face as young men in relationships and contraception. The open dialogue has helped me become more responsible and understanding."*

Parental Support:

Parent: *"I've seen a shift in my child's confidence around making health decisions. The initiative has provided them with the knowledge and freedom to make informed choices, and I feel reassured knowing they have this support."*

Peer Education:

Peer Educator: *"This approach has allowed us, as peer educators, to connect with young people in a way that feels real to them. We are not just teaching; we are listening and responding to their needs. It's amazing to see the difference it makes in their choices."*

Community support

RDC (Resident District Commissioner): *"The Safe Haven pilot has been an inclusive initiative, empowering both the youth and the broader community. By putting young people at the center, it has fostered a sense of ownership and responsibility, ensuring that every voice is heard."*

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Feasibility

How Easy Was It?

✅ Built-in Support: PTY's established presence in the district and strong partnerships with local leadership made it easier to engage.

✅ Leveraged Networks: Utilized existing structures like youth advocates, community organizations, and male engagement forums.

✅ Ready Resources: The team had the capacity, tools, and strategies already in place for effective delivery.

Challenges: What Was Difficult?

❌ Time Crunch: Behavioral change takes time—short implementation window limited long-term attitude shifts.

❌ Limited Reach: The impact was confined to two sub counties within Kalangala, with high demand for expansion to other areas.

❌ Systemic Barriers: Inadequate health infrastructure and trained staff hindered full access to youth-friendly services.

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Viability

Cost-Effectiveness & Sustainability

✅ Maximized Resources: Integrated activities, such as Male Engagement forums and fireside chats, optimized outreach while minimizing costs. One activity fueled another, ensuring efficient use of resources.

✅ Collaborative Partnerships: Close collaboration with district authorities and Health Management Committees ensured long-term sustainability by embedding the solution into existing work plans, strengthening ownership.

✅ Affordable Outreach: Mass communication platforms, like radio, were leveraged to maximize impact at a low cost, reaching larger audiences without increasing expenses.

✅ Financial Sustainability: District leadership and health committees, as key stakeholders, were invested in the solution's success and have the capacity to continue funding the initiative, ensuring its longevity.

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Evidence of Impact

Our intervention went beyond just sharing information—it created real change! From AGYW and peer educators to health workers and key community gatekeepers, everyone played a role in transforming access to contraceptive services. Here's some of the impact Safe Haven registered:

✅ Empowered AGYW: They now confidently negotiate safer sex practices and seek contraceptive services without fear of stigma.

✅ Increased Service Uptake: More youth are accessing contraceptives, thanks to peer-led community awareness campaigns this was reported by the health care workers but the data in the register also confirmed a 31% increase in contraceptive uptake by AGYWs.

✅ Reduced Stigma: AGYW report feeling more comfortable discussing and using contraceptives.

✅ Stronger Youth-Adult Partnerships: Improved collaboration has enhanced service delivery.

✅ Supportive Peer Networks: AGYW feel safer and more informed, openly discussing SRHR needs.

✅ Male Engagement: More men are actively supporting contraceptive use, reducing barriers for women.

✅ Impact on GBV & Harmful Norms: Male engagement forums have helped shift perceptions, leading to more inclusive decision-making in relationships.

✅ Sustained Behavior Change: Parents and health workers are now more accepting of contraceptive use among young girls.

> *Young girls have often faced barriers to accessing contraceptives due to widespread stigma, particularly misconceptions about side effects. However, since the launch of Safe Haven, we've seen a remarkable shift—health workers and even parents are becoming more supportive. Some parents now openly endorse contraceptive use for girls who seek these services," shared a peer educator from Bufumira.*

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Is This Pilot a Successful Proof of Concept?

YES! 🚀 The Safe Haven initiative under the Human-Centered Design (HCD) trajectory has proven that when young people are co-creators of contraceptive solutions, access and uptake improve significantly. By centering Adolescent Girls & Young Women (AGYW) in decision-making, and fostering youth adult partnerships between peer educators and health workers, the pilot successfully fostered youth-friendly, stigma-free contraceptive services in Kalangala.

🔹 **Key Success Factors:**

✅ Youth-led approach: AGYW were not just beneficiaries but active decision-makers.

✅ Community-driven change: Engaged parents, religious leaders, and male allies to shift attitudes.

✅ Peer-to-peer learning: Young people trust their peers more than authority figures for SRHR information.

✅ Safe spaces matter: Youth-friendly environments increased confidence and service uptake.

Lessons Learned & Key Insights 💡

🔸 Myth-busting is essential! Some AGYW believed in ineffective contraceptive methods like Panadol & warm milk—proving the need for continued education.

🔸 Cultural & religious beliefs shape access. Working with religious & community leaders is crucial for breaking down resistance to contraception.

🔸 Parental concerns are a major barrier. Parents fear the side effects of modern contraception—providing evidence-based education is key.

🔸 Youth-friendly spaces transform access. Creating safe, non-judgmental environments encourages more AGYW to seek services.

🔸 Peer engagement is powerful. Young people prefer discussing contraception with their peers, making peer education vital for reducing stigma.

🔸 Health worker & community collaboration is a game-changer. Bringing health workers, peer educators, and male allies together ensures sustained access and welcoming services for AGYW.

🔸 Gender-transformative approaches are crucial. Engaging boys & men fosters shared responsibility and challenges harmful norms restricting contraceptive access.

🔸 Partnerships ensure sustainability.Collaboration between healthcare providers & community groups secures ongoing contraceptive access & awareness.

🔸 Continuous capacity building is a must! Peer educators & health workers need regular training to effectively engage AGYW and debunk misinformation.

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Scaling - Improved Concept

📌 Scaling Up & Expanding Reach

- 🔹 Increase outreach efforts to reach more AGYW through digital campaigns, community dialogues & school-based interventions.
- 🔹 Leverage community champions & advocates to drive contraceptive awareness and myth-busting at the grassroots level.
- 🔹 Have continuous engagement to strengthen youth-adult partnerships to create safe spaces for open discussions on SRHR & contraception.
- 🔹 Have targeted engagements to engage religious & cultural leaders to counter misinformation and foster community acceptance.

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Scaling - Improved Concept

📌 Strengthening Peer-Led Service Delivery

🔸 **Empowering peers to provide short-term services**

✅ Train peer educators to offer basic contraceptive services (e.g., condoms, emergency contraception, counseling).

✅ Build their capacity in referrals & linkage to health facilities for long-term contraceptive methods.

🔸 **Expanding & strengthening the peer network**

✅ Train more peer educators to ensure broader coverage & accessibility.

✅ Encourage mentorship programs where experienced peers train new educators.

🔸 **Promoting continuous learning & skill-building**

✅ Organize regular refresher trainings to keep peers updated on new contraceptive options & SRHR trends.

✅ Facilitate experience-sharing forums where peer educators can exchange best practices & challenges.

🔸 **Improving youth-friendly spaces**

✅ Refurbish & expand youth corners to make them more welcoming, well-equipped, and accessible.

✅ Ensure continuous availability of educational materials and contraceptive commodities for AGYW.

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Scaling - Delivery Model

- To implement the Safe Haven model at scale, we will focus on onboarding more peer educators and equipping them with the skills to provide short-term contraceptive services, referrals, and SRHR education. By strengthening peer networks and youth-friendly spaces, AGYW will have consistent access to trusted, stigma-free support. Community advocates, including male allies and influential local voices, will play a key role in normalizing contraception discussions and challenging myths. Expanding outreach to new communities, especially underserved areas, will ensure a broader reach and inclusivity.

- Sustainability will be driven by integrating contraception conversations into broader Power To Youth (PtY) activities, making them a natural part of youth engagement efforts. Strengthening health system linkages will improve service delivery, while refurbishing and expanding youth corners will create safe and welcoming spaces for AGYW. Additionally, continuous learning and mentorship among peer educators will keep information accurate and engagement dynamic, ensuring long-term impact and scalability.

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Scaling - Sustainability Model

To ensure the continuity of the Safe Haven model beyond the Power To Youth (PtY) program, we will focus on integrating contraception discussions into existing youth engagement platforms, such as Gen Mix intergenerational dialogues and community-based youth groups. These groups will continue acting as SRHR champions, ensuring that young people have ongoing access to peer-led education and support.

Sustainability will also rely on leveraging partnerships with Community-Based Organizations (CBOs) and health facilities to embed contraceptive services into existing structures. This approach will reduce operational costs while strengthening service delivery pathways. By documenting best practices, lessons learned, and impact assessments, we can create comprehensive resources to support the development of future concepts and proposals, ensuring that key stakeholders have the data and insights needed to advocate for continued funding and expansion.

Additionally, by aligning with future SRHR programs and external partners, the model can be expanded and adapted to new funding opportunities and initiatives, ensuring long-term impact. The ongoing documentation of these efforts will provide valuable evidence to attract new partners and secure the necessary support to maintain and scale the initiative.

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Scaling - Team & Partnerships

🌟 ***Internal Champions**:*

The Country Management Team (CMT) of the PTY programme, including the Programme Manager, will champion and oversee the integration of Safe Haven into some of the existing SRHR interventions. Additionally, the Human-Centered Design (HCD) Innovation Team will provide technical support in refining and adapting the model to better meet the needs of AGYW and communities.

🔗 ***Scaling & Partnerships:***

The model will expand through existing partnerships with district leadership, ensuring alignment with local governance priorities. Health facilities, particularly in-charges and youth-friendly service providers, will continue offering contraceptive services and referrals. Community-Based Organizations (CBOs) collaborating on the PTY programme will integrate Safe Haven within their structures. Furthermore, peer educators, AGYW champions, and community advocates will drive outreach and engagement, ensuring contraception conversations remain accessible at the grassroots level.

🚀 ***Sustainability:***

To ensure long-term impact, the initiative will leverage existing structures and partnerships without requiring additional funding. Contraception discussions will be embedded within PTY activities such as Gen Mix and intergenerational dialogues, utilizing already-formed youth groups for continued engagement. Collaborations with health facilities and CBOs will strengthen service linkages. Efforts have been made—and will continue—to document the pilot phase to capture key learnings, which will inform future adaptations and allow for the development of tailored proposals to attract potential partners and resources for long-term sustainability.

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