

# Empowering adolescent girls as peer advocates for family planning: a peer referral program in Uganda

## KEY LEARNINGS

There is a high unmet need for family planning services among Ugandan adolescents. Social norms, stigma, and limited agency in decisions about sex limit access to reproductive healthcare services. Ideas42, MSI Reproductive Choices, and Marie Stopes Uganda (MSUG) partnered to design and test a behavioural science intervention to support uptake of modern contraceptive methods among adolescents aged 15–19.

This project leveraged MSUG-supported providers and community mobilisers, who introduced a refer-a-friend program to girls who had received FP methods or counselling,

coupled with youth-friendly materials and training to create a welcoming environment at the participating clinics.

The intervention resulted in positive impacts, with an average 45% increase in adolescent clients (about 5.4 more per clinic per month), and an average increase in the proportion of adolescent clients by 5.3%.

This suggests that nearly 2,000 adolescents became new FP users as a result of the intervention, with many more being empowered and counselled, during the six months of implementation.



## THE CHALLENGE

### Reaching adolescents in need

Adolescents bear a disproportionate burden of sexual and reproductive health risks compared to any other age group in Uganda.

In Uganda, 25% of girls aged 15–19 have begun childbearing, with nearly half reporting these pregnancies as mistimed or unwanted. Adolescents also have the highest rate of abortion, which are frequently unsafe. **Of the 2.5 million adolescent girls in Uganda:**

**26%** are sexually active and do not want a child for at least two years.

**39%** use modern FP, leaving 61% with an unmet need.

Through interviews with adolescents, mobilisers, and providers, a number of behavioral barriers for adolescent FP-uptake were identified, even when affordable services are available, including:

- Lack of prompts to **make decisions** about FP or **overweighing FP health risks** compared to unplanned pregnancy risks
- Intangibility of losses** from unintended pregnancy
- Focusing on condoms** as the primary method of FP
- Failing to **follow through with taking up a contraceptive method** even if intending to

## WHAT WE DID

### Removing behavioural bottlenecks

To address these complex behavioural bottlenecks, a peer-referral intervention was designed. Adolescents who had used FP or had received counselling were invited by a mobiliser or MSUG BlueStar provider to give a "Refer-a-Friend" (RAF) card to a friend that was not using FP.

The card creates space for adolescents to discuss FP – sharing information, advice, aspirations, and prompting the recipient to visit a BlueStar clinic that had been outfitted with youth-friendly materials and training.

The peer endorsements encouraged those who might have felt uncomfortable speaking to a mobiliser or provider to seek services, and when a girl endorsed FP to a friend as an "expert", it built her confidence and intention to use FP.



**When a girl redeems a RAF card, she is given two friendship wristbands – one for her and one for the friend who referred her. These wristbands are a small token to motivate girls to make referrals and to follow through on visiting the clinic.**

If a girl receives FP counselling or services after redeeming her RAF card, she receives a new card to give to another friend, becoming an advice-giver herself. In addition to providing an incentive, the wristbands signal that MSUG is a place where adolescents belong, and that using FP is a desirable and accepted behaviour.

## WHAT WE FOUND

### Empowered peers provide effective pathways to care

Using a randomised controlled field trial (RCT), MSUG BlueStar clinics were randomly assigned to a *control* group (offering standard services), a *core* group (implementing the RAF program and clinic materials), or a *core+* group (RAF program, clinic materials, and youth-friendly service training). The clinics implemented the intervention for six months in 2020, interrupted mid-way for 3 months due to COVID-19.

The impact of the intervention was measured on 1) the number of adolescents aged 15-19 receiving FP services; and 2) the proportion of FP clients who were adolescents. Both were measured monthly at the BlueStar clinic level.

**Results showed statistically significant ( $p < .01$ ) positive impacts of the intervention on both outcomes – an average 45% increase in the monthly number of adolescent clients (about 5.4 more per clinic), and an average increase in the monthly proportion of adolescent clients by 5.3%. Nearly 2,000 adolescents became new FP users as a result of the intervention during the six months of implementation.**

### The effects were marginally stronger with the more intensive Core+ package:

**62%** relative increase in monthly clients (7.4 more per clinic) compared to a 26% increase (3.2 adolescents per clinic) when the intervention was implemented without the YFS training.



The average increase in the proportion of adolescent clients (5.4 and 5.3 percentage points, respectively) was more consistent between intervention groups.

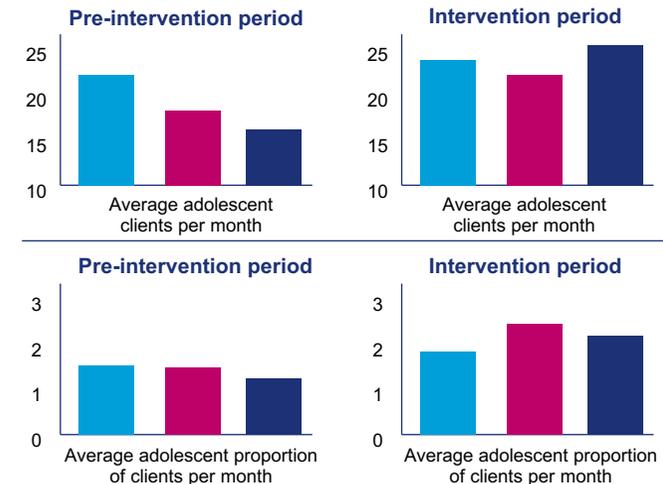
This underscores the importance of addressing barriers across touchpoints. The programme was most effective when it included the YFS training component that built providers' skills, knowledge, and intention to offer youth-friendly care, in addition to the adolescent-friendly clinic materials and RAF cards.

## WHAT WE FOUND

### Refer-a-friend, begin their journey

The number of redeemed RAF cards also offered insight into the reach of the programme among adolescents who visited a clinic but opted not to take up FP. Interviews with providers suggest that virtually all girls who redeemed a RAF card chose to receive free FP counseling and according to provider reports, a minimum of 5,477 RAF cards were redeemed during the study period.

As a greater number of adolescents received FP counseling only, this shows that adolescents visiting the clinics did not feel pressured to take up a method and were supported in accessing information. Although this number is a conservative estimate, it suggests that for every adolescent who took up FP (~2000), another two may have received FP counseling to support them in making an informed choice in the future.



## MORE INFORMATION

For more information on MSI Reproductive Choices and the work that we do, please contact:  
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