

# Challenges Of Meeting Adolescent Needs In Intermediate Cities.

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**Mayor Kira Municipality**

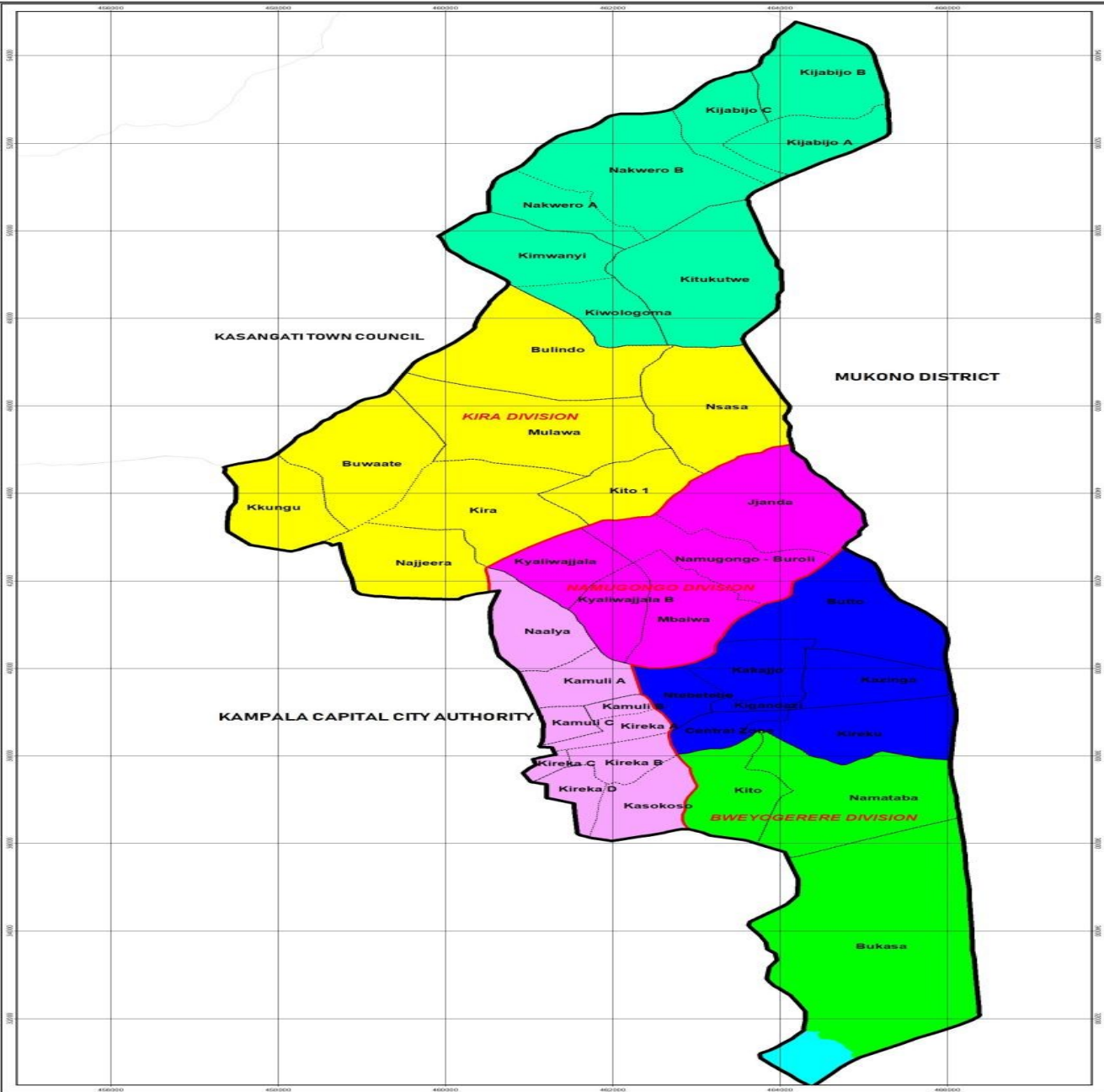
# Introduction

- Historically Kira was a Sub County under Mpigi District until November 2000
- It was carved off from Mpigi to form Wakiso district 2003 and Kira was elevated to a Town Council status. In 2015 was established as a Municipal Council and became operational in financial year 2016/2017.
- This was due to the high urbanization, population, stable revenue base and need to improve service delivery

## Introduction Continued

- Geographically Kira Municipality is located in Wakiso District, Central Uganda, Buganda Region, approximately 10km East of Kampala, the Capital City of Uganda.
- In terms of topography, KMC covers an area of approximately 98.83square Kilometers
- Kira Municipality has a fast growing population currently estimated at 410,911 total population with
- 82,889 HH(**house holds**) and WRA(**women in reproductive age**) 83,004, estimated 88.5 male per 100 female.

# KIRA MUNICIPAL PHYSICAL DEVELOPMENT PLAN 2019 - 2040

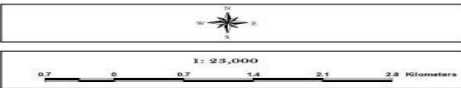


**Legend**

- Municipality
- Division Boundary
- Ward Boundary
- Cells Boundary
- Open Water

**Wards**

- BWEYOGERERE
- KIMWANYI
- KIRA
- KIREKA
- KIRINYA
- KYALIWAJJALA



DRAWING NO: KMC/PDP/002

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Kampala

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## Administrative Units

The Municipality is made up of three divisions namely; Kira, Bweyogerere and Namugongo (Map 1.2). The Municipality also consists 6 Wards and 58 Zones

## MISSION, THEME, Vision

### **MISSION**

- “To ensure sustainable development through efficient and equitable provision of services to the community of Kira Municipal Council.”

### **THEME**

- Good governance, development and social economic transformation.

### **VISION**

- “A transformed population with adequate social services in a well planned environment.

# Kira Municipal Health stand

- KMC has a total of Twenty five (25) health facilities at the level of 10 health center II, 14 health centers III, and 1 Hospital among which the public are only 5 **Health Centres**) Kira HC III, Bweyogerere HC III, Kimwanyi HC II, Kirinya HC II and Kireka HC II)
- The KMC has approximately 150 licensed clinics and 80 drug shops which contribute to the delivery of health services in the municipality.
- Private clinics are the preferred option for treatment to 85% of respondents compared to 53.5% that utilize public health centers.

## Background of challenges for adolescents and youth in Kira MC

- Kira is a dormitory for Kampala and has a lot of youths
- Most of them have no stable earning employments
- Most of them are transit traders, hawking, bar attendants, market vendors
- Some also have challenges of drugs with no supportive families
- Some not in school and no specific structures to organize the youths,
- The young people living a life of to whom it may concern
- Kira has 95% of facilities private for profit and adolescents may not afford the SRH (sexual reproductive health) costs.

## Challenges of adolescents and young people

- There's lack of adequate community youth centers for these youths to come together and discuss their challenges
- They need to have income generating activities which is still a big challenge to the municipality, to cover all the six (6) wards.
- The young people need specific youth friendly corners(clinics) at the health centers and this has ben challenged by the limited space we have at our health centers.



## Status of FP(Family Planning) in Kira

Indicator	In Uganda	In Kira
Un met need	30.5%	37.3% informal settlements
Total demand for FP	65.6%	84.9%
MCPR(modern contraceptive prevalence rate)	35.6%	47.4%
Teen pregnancy	25%	32%
Total Population	48,432,863	410, 911
Population growth	3.3%	10.4%

- FP is an integrated service in most of Health facilities.
- Though was not given much focus in the recent past years.
- Due to high urbanization and fast growing population, Kira was selected by TCI(**the Challenge initiative**) in 2018 after the marketing
- Kira expressed an interest with a commitment letter to receive the catalytic fund to enhance Family

Total population of youth in KMC stands at 84,648 with Adolescents 15-19years 46,844, young people 20-24 years 37,804

# How AY came into Focus

- With the monthly review, FP data shows FP outcomes were improving in slow motion
- On deeper analysis, data showed that AY data was poor and needed to be focused on.
- A gap was identified that needed concerted efforts to improve AYSR indicators
- Our TCI based coordinator introduced the TCI concentric model for improving AYSRH (**Adolescent and Youth Sexual Reproductive Health**) to Kira for their buy in

## TCI's AYSRH Concentric Circles Approach

### Making data on youth sexual and reproductive health visible

*Analyzing and advocating to governments with age disaggregated data on youth sexual & reproductive health.*

### Advocating for youth-friendly cities at the government & community level

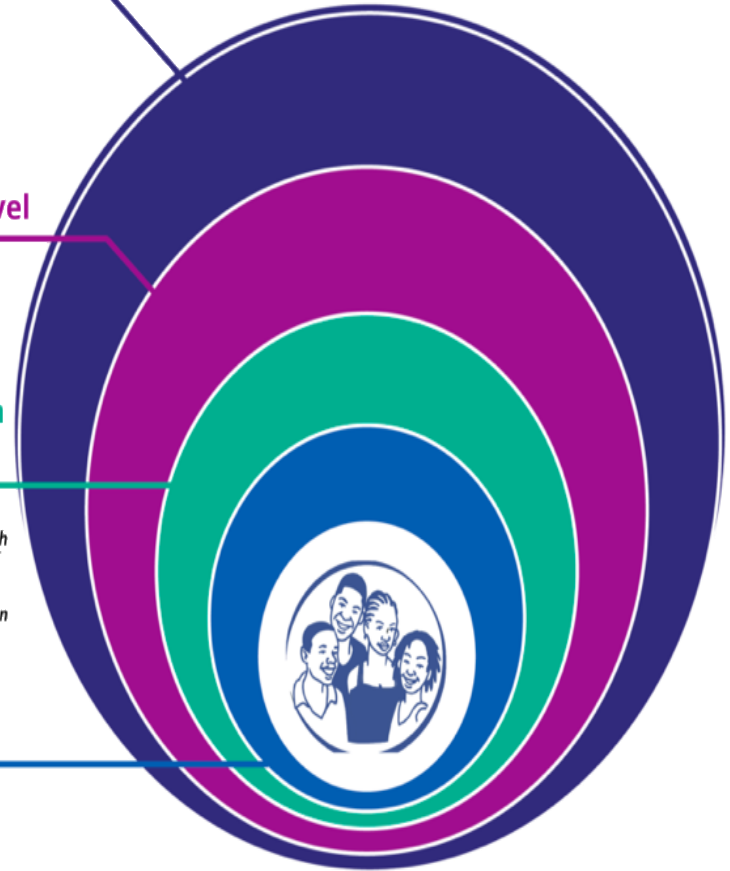
*Ensuring separate government budget line-items committed to AYSRH and elevating youth issues at regular multi-sectoral government and community meetings.*

### Reaching diverse youth cohorts with messages tailored for unique needs

*Developing SRH messages for youth at different life stages (e.g., in-school or out-of-school; unmarried or married; without child or with child) and distributing them through the most relevant channels (e.g., peer-to-peer communication, social media, SMS or radio). Engaging youth leaders and youth groups in the development of communication strategy, messages and materials.*

### Addressing provider bias and service quality

*Improve the quality of contraceptive care for young people by increasing youth-friendly service delivery sites with unbiased, supportive health providers.*



# What Kira has done within the model

## **Data Visibility: Making Data on Youth Sexual and Reproductive Health Visible**

With TCI support KMC has used more often the Adolescent and Youth data in HMIS (Health Management Information System) to make informed programmatic decisions.

The KMC staff were coached on using such data to monitor the quality and impact of the program. Additionally, this data is used to support advocacy for continued financial resource allocation for family planning and adolescents and youth sexual reproductive health interventions.

Now during the quarterly extended Municipal health team meetings (MHT), multi-sectoral review meetings, monthly meetings, AYSRH data is always part of the agenda.

However we still have issues related to data quality since most of KMC health facilities are Privately owned and reporting is not yet 100%.

# What Kira has done within the model

## Use of data at Facility level

At facility level, KMC has supported Health Care Workers to use their data to map-out and prioritize high burden areas for family planning service delivery and AYSRH layered interventions.

It is in these areas that youth focused outreaches are conducted with fully equipped Mobile Clinics spending specified days in communities.

This data also guided the planning and procurement of contraceptive commodities and supplies

## Advocating for Youth-Friendly MC

KMC has supported orientation of technical and political leaders on the role of Family planning for the health and socio-economic development using FP SMART advocacy approach.

This empowered us to advocate for increased commitment and utilization of funds for improving sexual reproductive health services for youth including contraceptive access.

## What Kira has done within the model

### **Meaningful youth engagement (MYE).**

- Kira MC has identify and trained youth champions ages 15-24 years to become community advocates and agents of social change.
- They were integrated into the routine KMC meetings
- This platform provides Youth Champions the opportunity to engage with key decision makers and amplify the SRH needs of adolescents and youth.
- They advocate for increased funding for AYSRH including a respectful and supportive environment that enabled adolescents and youth to access FP/SRH information and services.

## What Kira has done within the model

### **Partnering with community gatekeepers to change norms and perceptions**

- Kira MC has identified gatekeepers in communities
- Coached them to champion gender and sociocultural transformation in their respective communities.
- They hold community dialogue meetings to discuss and challenge harmful socio-cultural norms and beliefs that hindered adolescents and youth from seeking contraceptive information and services.
- This has resulted into safe spaces for adolescents and youth to access contraceptive services with the aim of preventing teenage pregnancies
- Gatekeepers include religious leaders, cultural leaders, mothers-in-law, parents, retired health workers, political and youth leaders among others. After the coaching, the gatekeepers became “change agents”.

# What Kira has done within the model

## **Addressing Provider Bias and improving Health Service Quality**

- Kira conducted technical and values-clarification training for health providers,
- Equipping them with the knowledge and skills to provide non-judgmental, attitudinally respectful, and supportive care to adolescents and youth.
- Training contributed to a safe, welcoming, and conducive environment at health facilities that attracted and retained youth to seek and access contraceptive information and services to some extent

## What Kira has done within the model

### **Whole- site Orientation for Facility staff (WSO)**

- TCI supported Kira to conduct FP/AYSRRH WSO for all health care providers and support staff from TCI supported health facilities.
- In the last 2 years Kira funds have also supported the private health facilities to do WSO in form of diffusion
- Integration of FP/AYSRRH in all different service delivery points within facilities has been enhanced
- Providers and support staff became also primary advocates for AYSRRH, able to direct, counsel and offer AYSRRH and Contraceptive services to adolescents and youth.



## What Kira has done within the model

### Quality improvement in Facilities.

- TCI disseminated the Ministry of Health's Adolescent Health's Adolescent Friendly Health Services Standards, guidelines, protocols, and checklist to the MCHT (**Maternal and Child Health Technical team**) to conduct quarterly AYFHS health facility assessments.
- The assessment findings and scores were discussed at facility level and quality improvement plans jointly developed with the help of the MC teams.

# What Kira has done within the model

## **AYSRH Outreaches & In-Reaches**

Kira has used her MC funds to hold youth-focused integrated family planning outreaches (community events) and in-reaches (in-facility events) to increase access to contraceptives by adolescents and youth.

The outreaches were conducted at busy urban settings and workplaces for youth like markets, factories/industries, trading centers, landing sites and campsites.

This enabled them to have easy access to modern contraceptive information and services

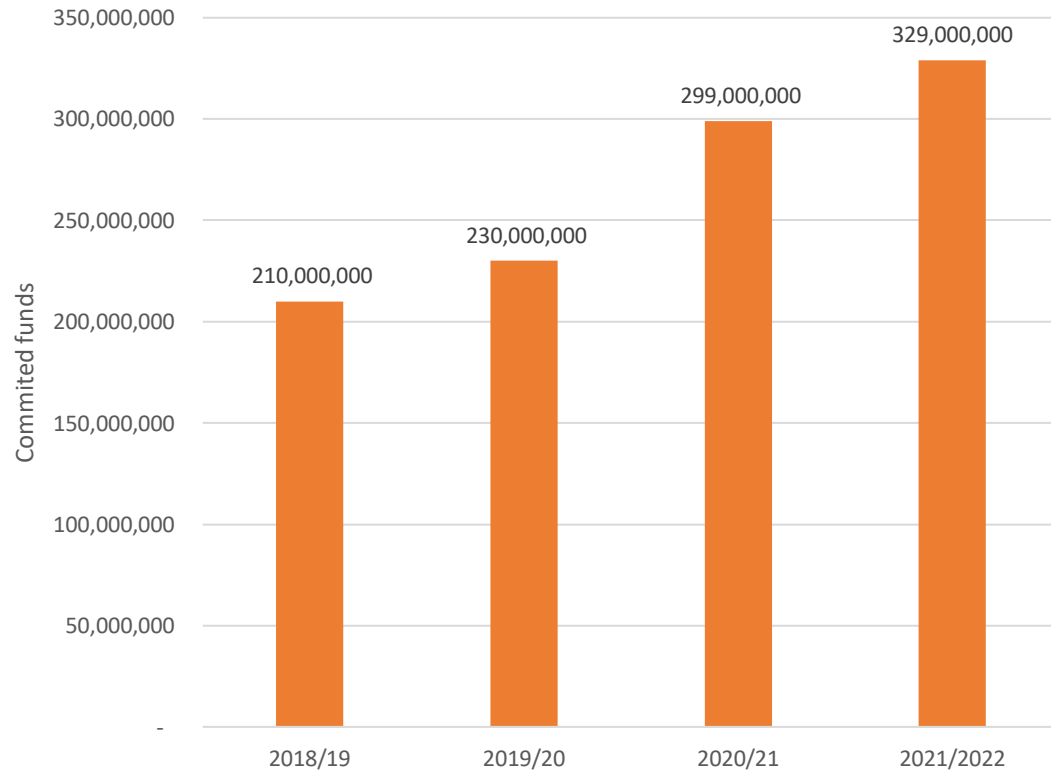
- **Supportive supervision** for providing contraceptives services to youth, including ALL methods as well as long-acting reversible contraceptive (LARCS) methods
- Implementation of the Quality Checklist

## Challenges faced during institutionalization of Family planning in the Kira MC

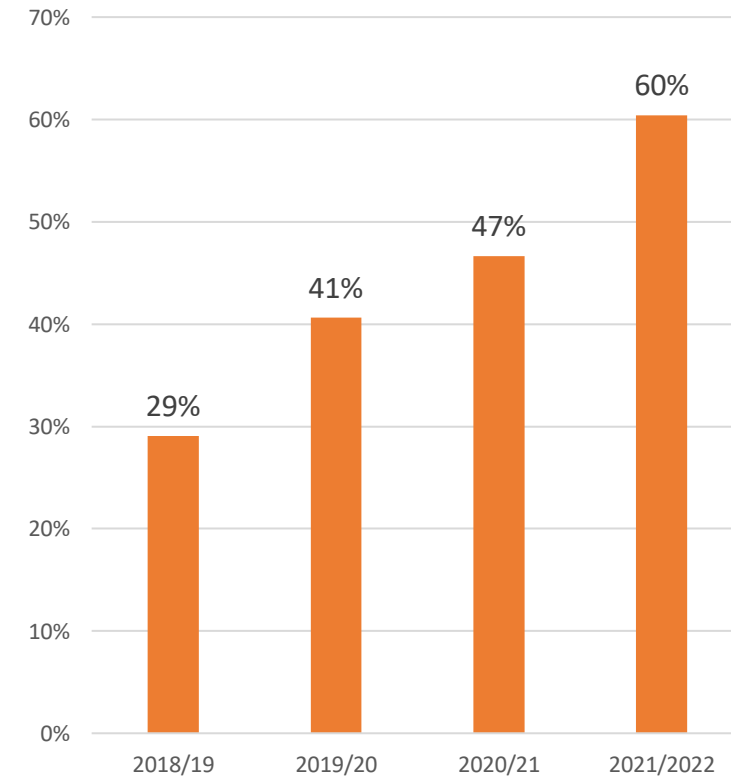
- Staff turn over since most of the health facilities are privately owned
- Fast growing population and yet space not enough to expand Health facilities
- High teenager pregnancy
- Stock outs of family planning commodities and few suppliers and equipment's
- Change in priorities at national and MC level which makes it impossible when its comes to FP funding ESP during and after the pandemic Covid 19
- Still counseling services limiting adolescents from making informed contraceptive choices
- Land tenure system which limits investing in the construction of bigger infrastructure

# FP Advocacy for increased family planning resource allocations

Comparison of FP commitment (UGX) at Baseline and Last/current year of implementation



% of commitment expended



THANK YOU FOR LISTENING TO ME

I WISH YOU THE BEST AND SALUTE YOU  
ALL