



# How to improve the design of Reproductive Health (RH) interventions to meet the health access needs of adolescents (15-19 years) living in urban poor settings of Kampala, Uganda

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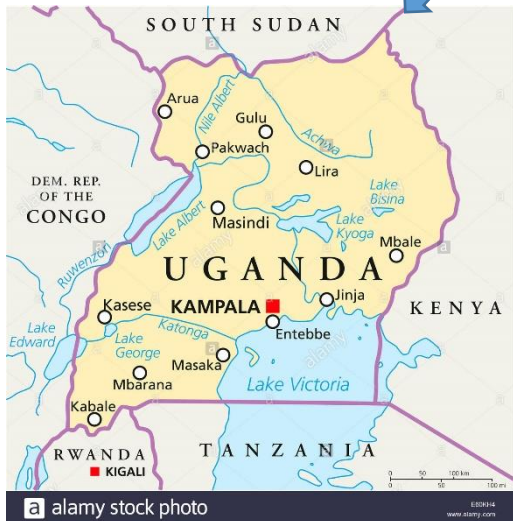
# Introduction

- Access to and utilization of health services has remained a challenge for the urban poor worldwide.
- The high rates at which urban informal settlements/slums are developing in Uganda make health for the urban poor an urgent priority.
- In the 2016 Uganda Demographic Health Survey, 16.8% of adolescents aged 15-19 had begun child bearing in Uganda's capital Kampala
- The situation is worse in urban poor set ups of Kisenyi (the largest slum in Kampala)
- This indicates that reproductive health (RH) interventions/services such as adolescent friendly corners, have not yielded outcomes
- There is need to ensure that the design of current and future RH interventions meet the access needs of the targeted adolescents

# Objectives

- To determine the extent to which the available reproductive health interventions meet the health access needs of the adolescents 15-19 living in the urban poor settings of Kisenyi, Kampala, Uganda

# The Kisenyi Slum in Kampala, Uganda



<https://dispatch.ug/2018/09/13/uganda-among-top-10-african-countries-relatively-good-policies-report/uganda-location-on-the-africa-map/>  
<https://www.flickr.com/photos/sdinet/6058473267>

# Methods

- Focus group discussions (FGDs) held with adolescents 15-19 years in Kisenyi
  - Probed their reproductive Health (RH) access needs.
  - Probed the current RH interventions/services for the adolescents
- Key Informant Interviews (KIIs) with urban authorities and service provider held
  - Described the design and implementation features of the current RH interventions/services for the adolescents
- We evaluated the design and implementation features of the available interventions against the adolescent access needs
  - Identified extent of fit of the intervention design with the identified adolescent RH access needs.

Adolescent reproductive health (RH) needs	Current intervention design parameter(s)	Extent of fit of intervention design parameter with the identified adolescent RH access needs * <i>Poor fit</i> ** <i>Moderate fit</i> *** <i>Good fit</i> **** <i>Excellent fit</i>
Needs: Livelihood, Sanitation, health information, sexual health services (STI management); parenting, substance abuse management	Scope: Mainly target sexual health and health information	**
Key needs: social (livelihood, sanitation, parenting); Sexual RH (STI management)	Focus: Sexual RH needs like family planning products, HIV testing and treatment Less focus on social needs	**
Desired: Interventions that target specific subpopulations (10-14, 15-19, married vs unmarried, out of school vs in-school)	Target group: Generic_10-24 year olds	**
Appropriateness: Interventions appropriate for an “urban poor adolescent”	Appropriateness: Generic_ target general population	*
Desired intervention delivery model: Regular holistic community-based	Delivery model: Mainly facility based with few and inconsistent community outreaches	*
Aspirations: Empowered and self-reliant	Intended outcomes: reduced STI/HIV incidence, reduced unwanted pregnancies, behavior change	**

# Conclusion

- While interventions mainly focus on sexual reproductive health, the key adolescent RH needs are social especially livelihood
- Adolescents in urban poor settings require complex programming to holistically address their reproductive health challenges

# Thank you

Questions?