

# HEALTH IS SOCIAL: Uganda's Health Services Require a Client-Friendly Approach



The Director Gulu Regional Referral Hospital Dr. Peter Mukobi (3rd right) in a group photo with members of the CONSCOV research team which comprises researchers from Gulu University and health workers from GRRH and Reproductive Health Uganda (RHU). Standing second left on the front row is the CONSCOV Principle Investigator Dr. Agatha Alidri. *Photo by: William Odinga B.*

The Ministry of Health (MoH) needs to ensure that health workers are trained to offer client-friendly services. This will improve health service delivery, boost health seeking behaviours resulting in a healthier population.

In addition, health facilities should establish research desks or offices for better understanding and handling of health issues. A research-based approach to health services will enable them handle health conditions, their underlying causes and establish the threat-potential to the community.

The call to action in this policy brief is based on observation and interaction with health workers during a study among the adolescents and youth in northern Uganda.

## Background

Poor client or patient handling is one of the key factors negatively affecting health seeking behaviours in Uganda<sup>1</sup>. In the extreme cases, some people have lost their lives at medical units out of negligence of health workers. In 2020, for example, the Constitutional Court fined the Government over the death of two

### Recommendations

1. Health facilities should be facilitated to manage both the clinical and social aspects of health.
2. Health facilities are recommended to establish research desks or offices for better understanding and handling of health issues.
3. Resources should be made available to health facilities to enable them provide better services to the community.
4. Resources must be allocated to enable health facilities to move health services into communities.
5. Health facilities should be supported to integrate Sexual and Reproductive Health services in schools where the young people spend most of their time.
6. Health workers should be motivated to provide better health services through building their capacity in the area of adolescent reproductive health and adolescent friendly health services.
7. Health facilities should have a well-established adolescent friendly referral point with a focal person specialised in handling adolescent health issues.
8. The MOH, Allied Health professionals and universities should develop academic programs in psychosocial and cultural areas that target training in adolescent friendly health services and counselling.

pregnant women due to poor handling cited among key factors that caused their death<sup>2</sup>

A study<sup>3</sup> led by Gulu University and the University of Copenhagen, under the project CONSCOV, which seeks to establish the impact of COVID-19 on the sexual and reproductive health (SRH) of the adolescents and youth in northern Uganda, has

confirmed that many young people shun health centres because of the attitude of health workers. Those interviewed generally described it as 'rude' and 'insensitive'. The study is being conducted in Gulu City and the refugee-hosting districts of Adjumani and Obongi.

## Approach of the study

1) The research team included health workers from Gulu Regional Referral Hospital (GRRH) Adolescent Unit and Reproductive Health Uganda (RHU)-Gulu. Opting health workers in the team, giving them the basic training in research approaches, and working with them in the field, has revealed the potential for health workers to understand the situation of health seekers, empathise with them, and therefore give them a service with care.

2) The health workers were first trained in qualitative research methods and approaches. They, alongside the academic researchers, were assigned vulnerable adolescents and youth to follow. The purpose of this was for them to apply the knowledge and skills they received from the training to collect data as well as provide information on reproductive health to the young people through one-on-one physical or tele-counselling sessions, care-giving, and treatment where necessary.



Members of the CONSCOV research team analysing data collected from the field

Photo by: William Odinga B.

3) Sessions were regularly organised for the health workers to give health talks to young people in primary and secondary schools, and in the community, observe and ask research questions, and give the learners one-on-one counselling and guidance. They also interacted with "Senior male and female" teachers, school nurses, health teachers and wardens to understand how sexual and reproductive health (SRH) education and issues are

handled in the respective schools.

4) Medical camps were organised for the health workers to interact with vulnerable adolescents and youth in the community, such as street children, and gave them counselling, testing and treatment services alongside collecting data for the project.

## Outcomes of the approach



The Head of RHU in Northern Uganda, Filda Anicia (l) listens to a student of Ebenezer Baptist Secondary School in Obongi District in a one-to-one Sexual and Reproductive Health session.

Photo by: William Odinga B.

**“I have learnt that it is not the number of patients that matters. It is the quality of the service. We have learnt to give time to clients. We have learnt to go deeper into the problem of the patient. We have learnt to critically listen to them.”- Richard Musasizi, GRRH.**

- 1) The 16 participating health workers professed that the project, which started in May 2022 and continues up to July 2025, has changed the way they work and their attitude towards patients and clients. They are now more receptive and bent towards giving the best services and care to their clients as opposed to clearing the queues. Those especially from GRRH said that previously their emphasis was on the number of patients handled regardless of whether they had been served well or not.
- 2) Using the ethnographic research approach, the health workers followed the selected young people up to their homes and interacted with them at a personal level, knowing their lives beyond SRH, created a closer relationship between the health workers and the young people. This ethnographic research approach has created elements of trust, friendship, and personal attachment and confidence. The health workers have applied this attitude to other young people who visit them at the health units or during outreaches for SRH services.
- 3) The health workers said that working with the University researchers during outreach activities, especially among vulnerable socially excluded youth and the refugees, has taught them to be more tolerant and empathetic. Most of the vulnerable young people in Gulu City, for example, are perceived to be criminals. Some of them also turn up for health services with poor hygiene. On the other hand, there can be different and contested cultural perceptions and practices between the refugees and the health workers. But they have to serve all of them. The project is about understanding the adolescents' and youth issues and needs and helping them to better their lives based on the principal of "Leave no one behind."
- 4) The research team has so far interacted with more than 4,000 learners in schools on issues of SRH. At the beginning of the project the health workers were hesitant to, for example, share their telephone contacts with the young people. A few months into the research they were able to share their numbers freely and asking the young people to call them any time they needed help or advice on SRH issues. They are now breaking the barrier of long distances with tele-counselling.
- 5) The result of these interventions is the growth of confidence and trust in the health workers among young people and, consequently, an upsurge in the number of young people seeking medical attention at both GRRH and RHU.
- 6) On the other hand, the training in research approaches, the practice of observing and probing into the feelings, opinions and experiences of the young people using qualitative research methods, note-taking in the field, as well as writing brief reports for the research, has helped improve the health workers' clerking and documenting abilities.

## What should be done?

1. Health is a social issue and therefore health facilities should not only concentrate on the clinical aspect of it. Capacity building programmes in client-friendly service delivery should be designed for health workers to enable them to better manage the social aspect of health. This capacity building can range from making changes in the health schools' curriculum to shorter courses in simple observation, listening and questioning skills as well as public relations and customer care.
  2. Health facilities should establish research desks or offices for better understanding and handling of health issues brought to them. This will enable them to manage conditions and their underlying causes and also boost their preparedness to handle emergencies. Each health facility should determine how research responsibility should be incorporated, whether with a records officer or another health worker.
  3. Universities and other research institutions should collaborate with health facilities for more research and better understanding of issues affecting the health sector and how to manage them. This could be through encouraging students to do studies with health facilities; staff and students can engage with communities cooperatively.
  4. Resources must be allocated for health facilities to conduct outreaches and engage the community. Financial support is needed for extending health work beyond the facility. Facilitation will permit both health education and some testing and treatment for SRH. Community members are more likely to seek help if they know what services are available where.
- ““The commissioner in charge of adolescents Ms. Olivia Kiconco called me from Kampala and inquired why the number of adolescents visiting Gulu hospital had risen. I told her it was because of our participation in this [CONSCOV] project. I told her the number had gone down previously because they were not being received well.” – Emily Uramba Kayeny, GRRH**
5. Nearly 80 percent of Uganda's population is below the age of 30 and most of them are in schools. Outreach to schools will result in early detection and treatment of SRH infections but, most importantly, health talks to the learners will increase the prevention of infections as well as early and unwanted pregnancies. Learners become agents of change in their families and neighbourhoods.
  6. Health workers should be recognised and motivated for them to serve better. This motivation could be in the form of sponsorship for further studies, promotion, accolades, or funding for specific and targeted activities.
  7. Adolescence is a stage of crisis. Health facilities should have a unit or focal person specifically to take care of adolescents. Major hospitals should have an adolescent and youth-friendly unit with facilities suitable for attracting adolescents. Also, each department should have a focal person responsible for adolescent and youth issues.
  8. The MoH, Allied Health Professionals and universities should develop academic programmes in psychosocial and cultural areas that target training in adolescent-friendly health services and counselling.

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### FOOTNOTES:

1. Factors Associated with Healthcare-Seeking Behavior among Health Profession Students in Selected Universities in South-western Uganda <https://www.scirp.org/journal/paperinformation?paperid=124724#:~:text=These%20factors%20are%20similar%20to,of%20relevant%20information%20%5B12%5D%20>.
2. Government Fined 310m over Death of Two Pregnant Women <https://observer.ug/news/headlines/66252-gov-t-fined-shs-310m-in-maternal-health-case>
3. Consequences of the COVID-19 Pandemic for Youth Reproductive Health in Northern Uganda (CONSCOV) project. <https://bsu.gu.ac.ug/index.php/projects/conscov>

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