

**Uganda National Health Users'/Consumers' Organisation (UNHCO)**



## **Study on Patient Feedback Mechanisms at Health Facilities in Uganda**

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## Health consumers and providers' voices

"The suggestion box is there but I've never seen anyone open it."

**Health provider, Naguru HC, Kampala District**

"If you go to a health unit to seek treatment and the doctor gives you a drug, you should take it without questioning because if you ask, he answers you rudely. He says he has no time. So the patient should not ask or complain."

**Focus group participants, Luwero TC**

"If you ask, suggest or complain, some health providers say that you are cunning and want to know more than them."

**Focus group participant, Luwero TC**

"We want to improve the quality of care holistically not just by looking at feedback mechanisms. The problem is much broader and we need to look at the whole picture"

**Prof. Kaijuka, Commissioner for Quality Control, MOH**

## FOREWORD

Welcome to another report of our findings on consumer rights issues.

The goal of the Uganda National Health Users'/Consumers' Organisation (UNHCO) is to create a level of partnership between consumers, providers and policy makers geared at improving the quality of healthcare for all in Uganda.

One of the most important projected outcomes of this partnership is promotion of constructive engagement between the stakeholders through a feedback mechanism that will build mutual trust, confidence and understanding of all stakeholders.

Quality health is a shared right and responsibility and each of us has a role to play in achieving it. We are all patients; it's only a matter of time. Together, there is no limit to what we can achieve in preparation for that critical time.

Dr. Samuel Lwanga  
**Executive Director**

## EXECUTIVE SUMMARY

### **Uganda National Health Users'/Consumers' Organisation, *Patient Feedback Mechanisms at Health Facilities in Uganda, August 2003***

The existence and effectiveness of patient feedback mechanisms is crucial in the quest for patient's rights. Although it is pertinent in observing all ten patient rights as defined by UNHCO, it is especially important in fulfilling two rights.

- The right to redress - "Every patient has a right to redress and have their grievance addressed by health institutions."
- The right to participation and representation - "Patients have the right to be represented in matters of planning and management of the affairs of their own health care as individuals and through chosen representatives."

In order to determine if these rights are being observed at health facilities in Uganda, UNHCO has carried out a study regarding the existence and effectiveness of feedback mechanisms at health facilities. Kampala, Luwero and Bushenyi Districts were chosen as sample sites.

#### **Objectives**

The study was designed to obtain information regarding patient feedback mechanisms at selected governmental, non-governmental (NGO), and private-for-profit (private-FP) health facilities. The specific objectives of the study are the following:

- To determine the existence and effectiveness of patient feedback mechanisms at selected health facilities in Bushenyi, Kampala and Luwero districts.
- To provide recommendations to stakeholders and policy makers in order to improve feedback mechanisms in health facilities.

The study focused on determining the existence of feedback mechanisms at health facilities and whether patients provide complaints, suggestions, concerns, compliments or general queries regarding their health care to providers. It was designed to examine whether the existence of feedback mechanisms varied per district and amongst governmental, non-governmental and private for-profit health facilities

## Methods

The research was conducted in the districts of Kampala, Luwero, and Bushenyi. Both quantitative and qualitative data were collected. The following three methods were used to collect data:

1. **Consumer Focus Group Discussions (FGDs):** A total of six FGDs were conducted (2 per district). Participants included representatives from women's groups, youth groups, and people with disabilities, as well as LCs, parish chiefs and religious leaders.
2. **Quantitative Survey of Health Consumers and Providers -** A questionnaire was designed and applied to health consumers and providers of selected health facilities in the three districts. The following tables 1, 2, and 3, show a summary of the surveyed sample of health facilities, consumers and providers per district.

**Table 1. Number of surveyed health facilities by district, ownership, grade, area**

<b>Variable</b>	<b>Kampala</b>	<b>Luwero</b>	<b>Bushenyi</b>	<b>Overall</b>
<b><u>Ownership</u></b>				
Government	4	6	4	14
NGO (non-profit)	4	3	3	10
Private -FP	8	1	4	13
<b><u>Grade</u></b>				
NRH	1	0	0	1
Hospital	4	1	2	7
HCIV	-	2	1	3
HCIII	4	5	2	11
HCII	7	2	5	14
<b><u>Area</u></b>				
Urban	16	6	5	27
Rural	0	4	6	10
<b>Total Number of Health Facilities</b>	<b>16</b>	<b>10</b>	<b>11</b>	<b>37</b>

**Table 2. Distributions of consumer respondents by study district**

<b>District</b>	<b>Number of respondents (%)</b>
Kampala	199 (41%)
Luwero	131 (28%)
Bushenyi	151 (31%)
Total	481 (100%)

**Table 3. Distribution of provider respondents by study district**

<b>District</b>	<b>Number of respondents (%)</b>
Kampala	30 (42%)
Luwero	19 (27%)
Bushenyi	22 (31%)
Total	71 (100%)

3. Interview with Key Health Officials - The following persons were interviewed: Commissioner of Quality Assurance (MOH), Prof. Emmanuel Kaijuka; Commissioner of Clinical Services (MOH), Dr. Jacinto Amandua; District Director of Health Services for Luwero District, Dr. Joseph Okware; District Health Inspector (former interim District Director of Health Services) for Bushenyi District, Mr. Nyakisa

## Major Study Findings

The overwhelmingly majority of surveyed respondents, FGD participants and health officials, agree that consumer feedback is not only a consumer's right, but also essential in promoting and improving health care. Following is a summary of the major study findings:

- The majority of consumers surveyed, as well as focus group participants, were not aware of a suggestion box or the Health Unit Management Committee (HUMC) as a means to provide feedback. Only 16% of surveyed respondents had knowledge of a suggestion box and 1% knew about the HUMC.
- In Luwero and Bushenyi Districts, mention of the HUMC as a feedback mechanism was non-existent.
- Only 12 out of 37 study sites (32%) actually had a suggestion box. In contrast, the MOH mentions the suggestion box as an available consumer feedback mechanism at government health facilities.
- About half (53%) of the consumers surveyed stated they were aware of the existence of feedback mechanisms at their health facility. The majority of consumers (89%) and providers (63%) however, mention the doctor or nurse as the feedback mechanism rather than the intended suggestion box or HUMC.
- Many providers report that even if the suggestion box is there, consumers do not use it and providers do not open it. Likewise, FGD participants stated that most people were not aware of the suggestion box.
- Kampala District, with only 38% of consumer awareness of the existence of feedback mechanisms, had the lowest percentage of all the study districts
- The highest percentage of awareness of existence of feedback mechanisms was found in NGO health facilities (76%), compared to 44% in government and 40% in private FP health facilities.
- A higher proportion of consumer respondents from rural health facilities (64%) were aware of the existence of feedback mechanisms compared to urban health facilities (46%). In contrast, FGD participants and health officials mentioned there was more awareness and availability of feedback mechanisms in private-FP health facilities and in urban areas.
- Only 9% of total respondents had been advised of how to provide feedback by the health facility.

- A low 28% of surveyed consumers have ever provided feedback to health facilities. In contrast, 91% of surveyed providers state that consumers provide feedback. Although we were unable to confirm why consumers do not provide more feedback, focus group participants suggested many consumers may not provide feedback for fear of receiving poor service
- Consumers surveyed from NGO health facilities provide more feedback (43%) than government (23%) and private-FP (18%). This result suggests NGO health facilities may establish better relationships with health consumers.
- Of the 133 consumer respondents who provided feedback, 118 (89%) stated feedback was received fair to well. In addition, 103 respondents (78%) mentioned that their feedback was addressed.
- Mulago had the lowest percentage of consumers who were aware of the existence of feedback mechanisms (12%), who were informed by the hospital about feedback mechanisms (3%), and who had ever provided feedback (9%).

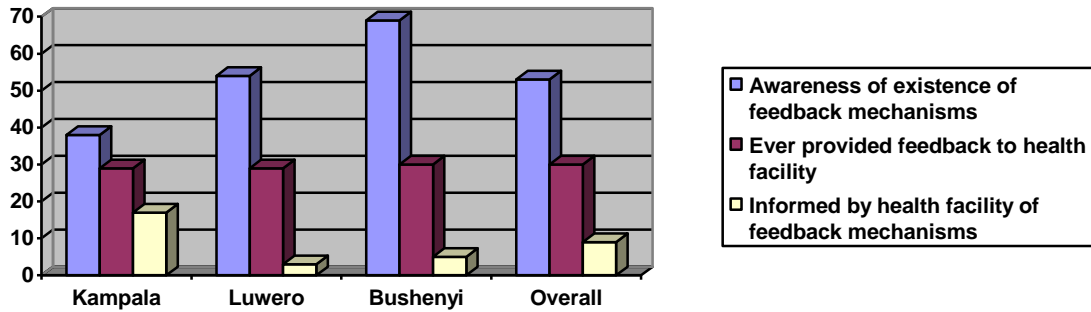
Overall, respondents from NGO health facilities stated to be more aware of feedback mechanism and provide more feedback to the health facilities than respondents from government and private-FP health facilities. Likewise, private-FP health facilities had the least consumer feedback mechanisms in place with only one having a suggestion box and none having written guidelines.

*In conclusion, while the majority of consumer respondents are aware of the existence of feedback mechanisms, consumers are not using the intended feedback mechanisms (suggestion box, HUMC). A formal procedure to provide feedback to health providers is not present at most health facilities.*

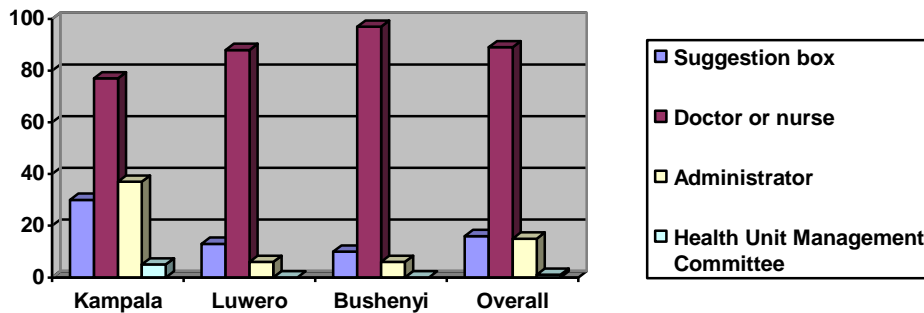


The following figures 1 and 2 and table 4 highlight the major survey findings.

**Figure 1 - Positive Consumer Responses to Selected Questions**



**Figure 2 - Consumer Awareness of Specific Feedback Mechanisms At Health Facilities**



**Table 4. Summary Table of Selected Consumer Responses per Health Facility Ownership, Grade, and Area (%)**

VARIABLE	OWNERSHIP			GRADE					AREA	
	Govt.	NGO	Private-FP	NRH	Hospital	HCIV	HCIII	HCII	Rural	Urban
<b>1.Awareness of existence of feedback mechanisms</b>	n=219	n=139	n=123	n=33	n=140	n=57	n=123	n=128	n=159	n=322
Yes	44	76	40	12	59	65	54	48	64	46
No	56	24	60	88	41	35	46	52	36	54
<b>2.Knowledge of feedback mechanisms available (multiple answers)</b>	n=97	n=106	n=49	n=4	n=83	n=37	=67	n=61	n=103	N=149
Suggestion box	16	24	2	25	28	11	18	3	15	18
Doctor or nurse	93	86	38	100	84	95	90	97	95	87
Hospital administrator	8	26	3	0	29	5	18	2	7	22
Health Unit Management Com.	0	4	1	0	5	0	0	2	0	3
<b>3.Informed of feedback mechanisms by health facility</b>	n=219	n=139	n=123	n=33	n=140	n=57	n=123	n=128	n=159	n=322
Yes	5	42	4	3	19	5	5	6	2	13
No	95	58	96	97	79	95	95	94	98	87
<b>4.Ever provided feedback</b>	n=219	n=139	n=123	n=33	n=140	n=57	n=123	n=128	n=159	n=322
Yes	23	43	18	9	39	33	31	15	28	28
No	77	57	82	91	61	67	69	85	72	72
<b>5. Best way for consumer voice to be heard (multiple answer)</b>	n=219	n=139	n=123	n=33	n=140	n=57	n=123	n=128	n=159	n=322
Create unit and assign staff to receive/address feedback	58	63	37	33	61	56	62	42	60	51
Create a health consumer's committee	19	44	10	0	40	21	26	12	31	21
Strengthen the role of suggestion box	22	33	53	24	34	14	33	43	8	46
Other	15	10	39	42	11	14	11	34	11	24

## Recommendations

The following are a list of recommendations with regards to the introduction and/or improvement of feedback mechanisms at health facilities.

1. **Feedback mechanisms and guidelines on how to provide, receive and address feedback should be present at all health facilities.** MOH should ensure that the guidelines exist and that they are functioning properly.
2. **Health consumers and providers need to be sensitized that providing feedback regarding their health care is their right.** In addition, feedback will assist in the overall improvement of the functioning of the health facility, which will lead to better health care and health.
3. **The Health Unit Management Committee needs direction and focus.** Members need proper training on their responsibilities and especially on how to handle suggestions and complaints, including how to inform consumers that feedback was addressed. Likewise, the HUMC could be in charge of opening the suggestion box and addressing the feedback on a timely basis. There should be monitoring systems in place to ensure that members are chosen from the community and that the committee is functioning properly. Follow up training is needed when new members are integrated.
4. **UNHCO should become an integral part of the health system in Uganda.** That is to say, it should be involved in training workshops sponsored by the MOH. A perfect opportunity to initiate this would be to participate in the MOH training of *Village Health Teams (VHT)*. UNHCO could be responsible for modules dealing with patient's rights, including the right to provide feedback. The more UNHCO works within the MOH framework, the larger impact their efforts will have.

Best practices regarding consumer feedback (i.e. UNHCO initiatives in Kalagala, Luwero, health facilities that have successful mechanisms in place such as Kibuli Hospital or NGOs). should also be analyzed and implemented. This will allow UNHCO to build on an existing foundation.

Finally, in order to generate a sustained impact, consumer feedback has to be addressed and included in the planning component of the health facility. This will assist in promoting lasting collaboration between providers and consumers, which in turn leads to improved health care.

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\_Research Conducted by Astrid Martinez, Independent Consultant for UNHCO

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## **Abbreviations and Acronyms**

AIDS	Acquired Immune Deficiency Syndrome
DDHS	District Director of Health Services
DMU	Dispensary and Maternity Unit
FGD	Focus Group Discussion
FP	For Profit
Govt	Government
HC	Health Centre
HIV	Human Immune Deficiency Virus
HUMC	Health Unit Management Committee
LC	Local Councilor
MC	Medical Centre
MOH	Ministry of Health
NGO	Non-governmental Organisation
TC	Town Council
UNHCO	Uganda National Health Users/Consumers Organisation
VHT	Village Health Teams
UPPAR	Uganda Participatory Poverty Assessment Report

## Feedback Mechanisms

*"Avenues -either a person or place- whereby patients can submit complaints, suggestions, comments, concerns, compliments, or general queries regarding the health care provided by their health facility".*



## 1.0 INTRODUCTION

*"Effective communication is a major factor for achievement of healthcare quality. Communication can only be effective when there are established and functioning user feedback channels in health facilities"*

Dr. Samuel Lwanga - Executive Director UNHCO

The *Uganda National Health Consumers Organisation* (UNHCO) is a non-profit, non-governmental organisation created to provide a platform for discussion amongst health users and providers in Uganda. It advocates for quality health services for all sectors of Ugandan society through consumer participation and, consumer and provider collaboration.

In June 2002, UNHCO conducted the first *Baseline Survey on Patient's Rights in Uganda*. The objective of the survey -which was carried out in the districts of Kampala, Bushenyi and Luwero- was to obtain information concerning the knowledge that Ugandans have about their rights and obligations as consumers and providers of health services. The Baseline Survey was successfully conducted and the findings were presented to stakeholders and health professionals in August 2002.

In order to supplement the information gathered from the Baseline Survey on Patients Rights, UNHCO has carried out additional research regarding the existence and effectiveness of *feedback mechanisms at health facilities*. Following are the results of said research including the methodology used to gather the information, relevant findings, conclusions and recommendations.

As with the Baseline Survey on Patients Rights, the information gathered will assist UNHCO in advocating for patient's right, as well as carrying out projects that promote consumer participation and collaboration with health providers in Uganda.

## 2.0 BACKGROUND

*"For me, Kalagala Health Centre is better. That is because UNHCO staff has been visiting Kalagala Health Centre."*

*Focus Group Participant, Kalagala, Luwero District*

The existence and effectiveness of patient feedback mechanisms is crucial in the quest for patient's rights. Although it is pertinent in observing all ten patient rights as defined by UNHCO, it is especially important in fulfilling two of these rights.

- The right to redress - "Every patient has a right to redress and have their grievance addressed by health institutions."
- The right to participation and representation - "Patients have the right to be represented in matters of planning and management of the affairs of their own health care as individuals and through chosen representatives."

In the Baseline Survey on Patient's Rights it was found that almost none of the health users interviewed recognized the right to participation and representation, and only one out of every three providers expressed knowledge of this right. In addition, more than half of the respondents -with up to 86% in Bushenyi- did not know of any place to submit a complaint, while 84% of interviewed providers said that patient complaints were given directly to the management of the health facility.

Community participation and empowerment are critical aspects of the HSSP and overall Government strategy for poverty reduction. According to UPPAR (2000) "Among the social aspects responsible for poverty is the absence of social support, creating a feeling of isolation and exclusion, powerlessness, deprivation of basic human rights and a feeling of helplessness to influence the conditions around oneself". If we are to empower patients to participate and take responsibility for their health, there must be mechanisms in place whereby the health consumers can provide feedback to the people that provide them with health care. Otherwise, the consumer will remain marginalized from his/her health concerns and the sole responsibility of health care will remain with the provider.

### 3.0 OBJECTIVES

*"When we have feedback mechanisms many things can change. With them we shall improve our health centres and get good care."*

*Focus group participant, Luwero TC*

The study was designed to obtain information regarding patient feedback mechanisms at selected governmental, non-governmental (NGO), and private-for-profit (private-FP) health facilities. The specific objectives of the study are the following:

- *To determine the existence and effectiveness of patient feedback mechanisms at selected health facilities in Bushenyi, Kampala and Luwero districts.*
- *To provide recommendations to stakeholders and policy makers in order to improve feedback mechanisms in health facilities.*

The study focused on determining whether health facilities provide patient feedback mechanisms for their patients to submit complaints, suggestions, concerns, or general queries regarding the health care provided. It was designed to examine whether the existence of feedback mechanisms varied per district and amongst governmental, non-governmental and private for-profit health facilities

If patient feedback mechanisms existed in the surveyed health facilities, further questioning was carried out to understand what types of mechanisms are in place and how the process is managed. The study also measures the effectiveness of existing feedback mechanisms, including gaps and weaknesses in the process. For example, if a suggestion box is in place, who reads the comments? How are they handled? Are patients contacted with regards to their queries?

The overall goal of UNHCO in undertaking this research is to gather data that will be utilized by stakeholders and health officials in order to establish and/or improve existing feedback mechanism, thereby providing consumers with the opportunity to participate in their health care.

## 4.0 METHODS

The research was conducted in the districts of Kampala, Luwero, and Bushenyi. As with the Baseline Survey on Patient's Rights, these districts were chosen as UNHCO feels it is a fair representation of the country. The research focused on public (government), and private (for-profit and NGO) health facilities in the urban as well as rural areas of each district. Both quantitative and qualitative data were collected. The following methods were used to collect data:

- Consumer Focus Group Discussions (FGDs)
- Quantitative Survey of Health Consumers and Providers
- Interviews with Key Health Officials

### 4.1. Health Consumer Focus Group Discussions

In order to obtain qualitative information *Consumer Focus Group Discussions* FGDs were conducted at each of the study sites. The specific objectives of the FGDs were the following:

- Obtain qualitative information regarding the existence and effectiveness of patient feedback mechanisms at health facilities.
- Obtain participants' recommendations regarding the introduction or improvement of said mechanisms at health centres. (i.e. Are mechanisms needed? Would they make a difference? What is the way forward?)

Two FGDs were carried out per district, for a total of 6 discussion sessions. The first FGD included a total of 15 representatives from women's groups, youth groups, and people with disabilities. The second focus group also included a total of 15 participants representing community leaders. The latter included LCs, parish chiefs and religious leaders. UNHCO staff was present at all FGDs. It is worth mentioning that in Bushenyi and Luwero Districts many of the FGD participants were UNHCO members.

A FGD *mobiliser* was assigned in each district. The task of the mobiliser was the following: 1) recruit participants for each of the focus groups; 2) provide participants with background information about UNHCO and inform participants of the objectives, time, and place of the FGD; 3) find and secure a place for the focus group to meet.

The Kampala FGDs were both held at the UNHCO offices in Kansanga. In Luwero, the first FGD was held at the Luwero Community Centre in Luwero TC, while the second session was held in Kalagala at the sub-county offices. Likewise, in Bushenyi the first FGD was in Bushenyi TC and the second group was at the sub-county level, in Rugazi. By holding one FGD at the town council and the other at a sub-county, we were able to obtain a wider representation.

An experienced facilitator conducted all sessions in local language (Luganda or Runyankole) with the exception of the first group in Kampala, which was conducted in English. Participatory techniques and activities were implemented in order to collect the information and promote reflection and discussion on the topic.

Participants were first asked about the types of illnesses which are experienced in their communities and the health facilities available. They then proceeded to answer specific questions about the availability and effectiveness of feedback mechanisms, patient's awareness of feedback mechanisms, and the differences between public and private health facilities. After a general discussion, participants were divided into three groups where they discussed and then presented their views on how to improve existing feedback mechanisms, as well as the "way forward". Please refer to Annex 1 for a copy of the FGD guidelines.

## **4.2 Quantitative Survey: Health Consumers and Providers**

### **4.2.1 Coverage and Approach**

The sample covered 37 health facilities in the three survey areas. We administered two different questionnaires: *Health Consumers Questionnaire* and *Health Providers Questionnaire*. In the case of health consumers, a total of 485 questionnaires were applied to both in and out-patients at the health facilities. Although most respondents were the patients themselves, in the case of children (under 16) or very sick in-patients, the questionnaire was administered to their attendant. This approach was taken primarily as to not exclude children, which represent a large population of health consumers.

The majority of respondents were from out-patient clinics. In the case of hospitals and larger health facilities, respondents were also in-patients from selected wards. With regards to the health providers, a questionnaire was applied

to two providers per health facility: the administrator or "in charge"; a doctor, nurse, allied health worker (i.e. clinical officer, medical assistant), or receptionist, depending on availability.

An interview lasted approximately ten minutes. Interviewers made an introductory statement about UNHCO and the research to each respondent in order to prepare the ground for the interview. They also informed the respondents that their identities would remain confidential. UNHCO brochures were provided to the respondents.

In order to facilitate the process, introductory letters were obtained from the District Director of Health Services from each District, and from UNHCO.

#### 4.2.2. Selection of Health Facilities and Sample

The selection of the health facilities was guided by the following documents:

- Ministry of Health, 2000, *Inventory of Health Facilities in Uganda*
- Ministry of Health
- Uganda Telecom Limited, 2001/02, *Telephone Directory*, Kampala
- Uganda National Health Consumers Organisation, 2002, *Baseline Survey on Patients Rights*, Kampala.

In the case of private-FP health facilities in Luwero and Bushenyi Districts, it was difficult to obtain an updated listing of these health facilities. Interviewers were instructed to obtain additional information from the Office of the District Director of Health Services (DDHS) of each district or community leaders.

The health facilities were chosen using a combination of selective and random sampling according to the following strata:

- Ownership:
  - Government
  - NGO
  - Private-FP
- Grade of Health Facility as per Ministry of Health (MOH):
  - National Referral Hospital: Mulago

- Hospital: District Hospitals, private FP and NGO hospitals
  - Health Centre 4 (HCIV): Most are government health facilities with a doctor.
  - Health Centre 3 (HCIII): The government HCIII normally has a doctor on select days, the NGO HCIII may have a doctor on duty daily.
  - Health Centre 2 (HCII): Usually there is no doctor in these government health facilities.
- Health Sub-District:
    - Rural
    - Urban

In some facilities the grade of the health facility differed depending on what document was consulted. Hospitals are sometimes listed as HCIV and other times as hospitals. For the purpose of this study they were classified as hospitals. In addition, Kitagata Hospital was coded as "rural", even though it may also be considered as semi-urban. In general, health facilities out of the town council were coded as rural. Likewise, private-FP health facilities are not always given an official grade and therefore most are considered HCII, unless they are a hospital.

Since the focus was on the existence and effectiveness of feedback mechanisms at health facilities, emphasis was placed on visiting a wide variety and number of health facilities rather than obtaining a large sample of consumers from each health facility. By going outside of the town centres (i.e. Luwero TC and Bushenyi TC) the sample became more representative of health consumers in each district. The desired sample number according to health unit grade is shown below.

- Hospitals and HCIV = between 18 and 25
- HCIII = between 10 and 15
- HCII = between 8 and 10

It is important to note that in some cases, a smaller number of consumers were interviewed because those were the only patients around while the interviewers were at that health unit.

Kampala, with an estimated population of 902,900 (UBOS,2000) was the largest sample area, as compared to 16,312 in Luwero and 19,205 in Bushenyi. The

following tables (3.1., 3.2. and 3.3.) show the sample characteristics for each study district.

### Kampala

Table 3.1. - Sample Characteristics Kampala District

Health Facility	Health Sub-District (Division)	Sub-County	Ownership	Grade	Sample Size
1. Mulago Hospital	Kawempe South	Kawempe	Govt	NRH	33
2. Galaxy Clinic	Kawempe South	Kawempe	Private FP	HCII	8
3. International Hospital	Kampala Central	Old Kampala	Private FP	Hospital	19
4. Kampala MC	Kampala Central	Nakasero 3	Private FP	HCII	8
5. Busingye MC	Kampala Central	Nakasero 3	Private FP	HCII	8
6. Mengo Hospital	Rubaga South	Rubaga	NGO	Hospital	18
7. Kawala HC	Rubaga South	Kasubi	Govt.	HCIII	11
8. Naguru HC	Nakawa	Naguru	Govt.	HCIII	11
9. Kiswa HC	Nakawa	Nakawa	Govt.	HCIII	11
10. Marie Stopes Namuwongo	Makindye West	Makindye	NGO	HCIII	11
11. Kibuli Hospital	Makindye East	Makindye	NGO	Hospital	18
12. Nsambya Hospital	Makindye West	Makindye	NGO	Hospital	16
13. Frossa Clinic	Rubaga South	Rubaga	Private FP	HCII	8
14. Jussi clinic	Makindye West	Makindye	Private FP	HCII	4
15. SEO Care Clinic	Nakawa	Nakawa	Private FP	HCII	10
16. St. Catherine Clinic	Kampala Central	Nakasero 2	Private FP	HCII	7
Total					201

Source: MOH 2000, Inventory of Health Facilities in Uganda

The above sample covers all five Kampala divisions, and six out of its eight health sub-districts. A total of 16 health facilities were surveyed, including one national referral hospital, five hospitals, two HCIIIs and four HCIIIs from all ownership categories. The total sample for health consumers was 201. Two health providers were interviewed from each health facility (except from St. Catherine Clinic who refused the provider interview) making a total of 30 health providers sampled.

Mulago Hospital issued a letter of permission that facilitated the interviewer in applying the questionnaire. The head of the Tuberculosis Clinic at Mulago Hospital, Alphonse Okwera however, did not allow the interviewers to apply the



questionnaire in that clinic without an additional letter from the Head of the Department of Medicine. Due to time constraints, this letter was impossible to obtain. All other wards sampled (maternity, general, out-patients, and pediatrics) facilitated the interviews. In the case of Naguru Health Centre, the interviewer was delayed considerably, as she had to wait for the administrator's approval in order to carry out the research. Case Medical Centre was dropped from the original sample design, as the administrators never granted permission to carry out the research despite many attempts to obtain it. Kampala Health Centre - another private FP health facility- was added to the sample. Other than these minor instances, the interviewers were well received at all health facilities.

### Luwero District

Table 3.2. - Sample Characteristics Luwero District

Health Facility	Health Sub District	Sub-County	Ownership	Grade	Sample Size
1. Kalagala HC	Bamunanika	Kalagala	Govt.	HCIV	18
2. Nakaseke Hospital	Nakaseke	Nakaseke	Govt.	Hospital	22
3. Kyangatto Dispensary	Nakaseke	Nakaseke	Govt.	HCII	9
4. Nakaseke Life HC	Nakaseke	Nakaseke	NGO	HCII	4
5. St. Luke Namalinga HC	Katikamu So.	Bombo TC	NGO	HCIII	15
6. Bombo DMU	Katikamu So.	Bombo TC	Govt.	HCIII	16
7. Njovu HC	Katikamu So.	Wobulenzi	Private	HCIII	11
8. Katikamu HC	Katikamu No.	Katikamu.	Govt.	HCIII	3
9. Luwero/Kasana HC	Katikamu No.	Luwero TC	Govt.	HCIV	22
10. Bishop Ceasar HC	Katikamu No.	Luwero TC	NGO	HCIII	13
Total					133

Source: MOH 2000, Inventory of Health Facilities in Uganda

The Luwero sample covered all four health sub-districts and six sub-counties. A total of 10 health facilities were included in the sample: six government, three NGO; and one private-FP. The original sample design included three private-FP health facilities in Luwero TC: Hope Medical Centre, Patient's Clinic, and Awebwa Maternity Unit. It was however impossible to interview at these health facilities because there were no patients after approximately an hour wait. The administrators commented that an average of two patients per day was seen at each health facility. Community leaders informed the research team that because there is a government health facility in town (Luwero/Kasana Health Centre), patients tend not to use private health facilities due to higher costs. They advised

the interviewers to visit Njovu Health Centre (private-FP) in Wobulenzi, where there are no government health facilities. Patients were found at Njovu HC and the interviews were carried out successfully.

Health facilities outside of Luwero TC were also included: One District Hospital (Nakaseke Hospital), a rural government dispensary (Kyangatto), and Kalagala Health Centre. Other government and NGO health facilities in Bombo TC and Katikamu were also included as part of the sample for Luwero District.

The total sample for health consumers was 133 and 19 for health providers from Luwero District (only one provider was interviewed at Nakaseke Life HHC). Other than the lack of patients at private-FP health facilities, no other significant problems were encountered. The staff at all health facilities was welcoming and very cooperative.

### Bushenyi District

Table 3.3. - Sample Characteristics Bushenyi District

Health Facility	Health Sub District	Sub-County	Ownership	Grade	Sample
1. Rugazi HC	Bunyaruguru	Ryeru	Govt.	HCIV	18
2. Rugazi Dispensary	Bunyaruguru	Ryeru	NGO	HCIII	13
3. St. Aloysius Hospital (Comboni Hospital)	Igara West	Kyamuhunga	NGO	Hospital	25
4. Kyamuhunga HC	Igara West	Kyamuhunga	Govt.	HCIII	12
5. Bushenyi UMSC	Igara West	Kakanju	NGO	HCII	10
6. Kakanju Dispensary	Igara West	Kakanju	Govt.	HCII	14
7 Kitagata Hospital	Sheema South	Kitagata	Govt.	Hospital	23
8. BB Clinic and Lab	Igara East	Bushenyi TC	Private-FP	HCII	15
9. Chemequip MC	Igara East	Bushenyi TC	Private-FP	HCII	6
10. Ishaka Medical Clinic	Igara East	Bushenyi TC	Private-FP	HCII	5
11. Kyeizooba Farmer's Clinic	Igara West	Bushneyi TC	Private-FP	HCII	10
Total					151

Source: MOH 2000, Inventory of Health Facilities in Uganda

Four out of the seven health sub-districts and five sub-counties were sampled in Bushenyi District. A total of 11 health facilities were included in the sample. The

total sample for health consumers was 151. Likewise, two providers were interviewed per health facility, making a total of 22 providers from Bushenyi District.

As in Luwero District, it was considered important to collect data outside of Bushenyi TC. Therefore, two hospitals at the sub-county level were included in the sample: The district hospital in Kitagata, and an NGO hospital in Kyamuhunga. Other government and NGO health facilities in Kakanju, Kyamuhunga and Rugazi (Ryeru sub-county) were also included in the sample to ensure a wider representation.

#### **4.2.3. Questionnaires**

As previously mentioned, the research applied one questionnaire to consumers and one to providers. The consumer questionnaire contained two sections. Section A focused on respondent/patient characteristics, while section B is a list of 10 questions about feedback mechanisms. It consisted of 20 questions. The provider questionnaire was similar in structure but had an additional verification section (C) where the interviewers noted the feedback mechanisms that were found in each health facility. The provider questionnaire contained 12 questions.

The interviewers received a half-day training and the questionnaire was piloted in Kampala District. No significant modifications were made to either questionnaire after piloting. Please refer to annexes 2 and 3 for a copy of each questionnaire.

#### **4.2.4. Data Processing and Analysis**

The primary objective of the sample calculation was to obtain a representative number of subjects in each key category (district, ownership, grade and location). Questionnaires were reviewed by each interviewer and by the project leader on the same day data was gathered. They were primarily reviewed to ensure that all questions had been filled out properly, that the answers were legible and that there were no immediate inconsistencies. Data was entered into an Excel database. The project leader and data analyst corrected data entry errors and analyzed the data once entered. The statistical package SPSS was used for the analysis.

In a descriptive analysis, we analyzed the distribution of variables according to study districts and shown in tables and figures. Comparisons were performed using univariate ANOVA. Differences at the 0.05 level were considered significant.

#### **4.3. Interviews with Key Health Officials**

Key health officials were interviewed in each district and from the MOH in order to obtain additional qualitative information from policy makers. The following health officials were interviewed:

- Commissioner for Quality Assurance (MOH), Prof. Emmanuel Kaijuka
- Commissioner of Clinical Services (MOH), Dr. Jacinto Amandua
- District Director of Health Services for Luwero District, Dr. Joseph Okware
- District Health Inspector (former interim District Director of Health Services) for Bushenyi District, Mr. Nyakisa

Health officials were asked question regarding official feedback mechanisms and their effectiveness at government health facilities. The interviewers also asked additional questions regarding ways to improve the existing mechanisms and what role the MOH and UNHCO should play with regards to consumer feedback at health facilities.

All health officials interviewed were very welcoming and demonstrated strong support for the research and UNHCO initiatives regarding patients' rights.

## 5.0 RESULTS

### 5.1. Health Consumer Focus Group Discussions

In general, the responses and discussions were very similar in the three study districts, with most participants stating the need to improve feedback mechanisms and awareness through training and sensitization at the grass roots level. The results of the discussions are presented below per district.

#### Kampala

*"People that are chosen for Health Unit Management Committees need terms of reference and proper training."*

*Health Unit Management Committee Representative, Mengo Parish, Kampala*

Although the first focus group engaged in livelier discussions, both groups had essentially the same or similar responses to the questions posed. The representatives of the disabled group -who attended the first session- were particularly outspoken on the subject and provided significant input.

According to participants, the most frequent health problem in Kampala is malaria, followed by cough, colds and diabetes. HIV/AIDS or other sexual transmitted diseases were not mentioned, in contrast to Bushenyi and Luwero Districts. Bushenyi FGD participants mentioned that HIV/AIDS might even be the number one illness in their area.

All participants had visited health facilities, but few were aware of specific feedback mechanisms available to them. These few mentioned the Health Unit Management Committee (HUMC) and suggestion box as available feedback mechanisms at their health facilities. Unfortunately, they added that people were not sensitized about their right to provide feedback and were hence, not using the available mechanisms. All participants agreed that even the consumers who were aware of feedback mechanisms were not inclined to use them. The reason given was fear of not receiving good service, especially if the feedback was a complaint. It was also agreed that, "society has gotten into a culture of not complaining".

Participants indicated that at times people made informal verbal complaints and/or suggestions directly to the provider but in most cases they are treated poorly and their issues were never addressed. This attitude discourages the few patients that do provide feedback. They added that private health facilities were much better because if the patient was not treated properly he/she can go somewhere else.

One participant was a member of a HUMC in Meno Parish and stated that the HUMNC has never received proper training and therefore doesn't know how to handle patients' suggestions or complaints. Although the HUMC discusses certain complaints, there is nothing done to address them. She seemed unaware of the HUMC's official responsibilities .

During the small group discussions, participants came up with several suggestions on "the way forward" with regards to feedback mechanisms at health facilities. They all agreed that consumer feedback was indeed necessary to the improvement of health care. The results of their discussions are summarized below:

- UNHCO should work with LCs and sensitize people at the grassroots level about their rights.
- Providers also need to be sensitized about patient's rights.
- Empower providers with hands-on skills.
- Develop and distribute written information to consumers in local language.
- Provide consumers with protection (i.e. anonymity) so they can more freely provide feedback.
- Establish a "consumer care desk" at health facilities. MOH should provide trained professionals in public relations.
- HUMCs and suggestion boxes are a good way for consumers to provide feedback but they need improving.

#### Health Unit Management Committee

- Properly train HUMC on their responsibilities and especially on how to handle suggestions and complaints, including how to inform consumers that feedback was addressed.
- Strengthen the relationship between the HUMC and the health facility.
- HUMC members should attend village/parish meetings. HUMC should be a link between the health facility and the community.

- Sensitize consumers that HUMCs are there and available to receive feedback.

Suggestion box

- Sensitize people in local language about suggestion boxes and how to use them.
- Suggestion boxes should be managed by the HUMC and the health facility administrator. This arrangement will provide a sort of "check and balance".

Luwero

*"There is a difference between how we can complain at a private health facility and a government health facility. At a private health facility, I go to the head of the health facility, but at a government facility I don't know where to go".*

*Focus Group Participant, Luwero TC*

Again in both focus groups the responses were very similar. The most significant difference is that community leaders in Kalagala feel that in the past six months, providers at Kalagala Health Centre have changed their behaviour towards the patient. "They are now more aware of patient rights and make an effort to treat the patients well", adds one participant. The participants equate the treatment to that received at a private health facility, where everyone agreed that the treatment is better because health care is "a business". This improved consumer/provider relationship at Kalagala Health Centre may be a consequence of extensive UNHCO sensitizing efforts at Kalagala with both providers and consumers.

Nevertheless, community representatives and leaders felt that in most health facilities the patient is not informed about specific feedback mechanisms. The most common feedback mechanisms mentioned were the suggestion box and the HUMC (although in Luwero TC only 5 participants knew about HUMCs). Some also mentioned that the consumer may sometimes speak directly to a nurse or doctor but there was no formal avenue for providing feedback.

Participants added that many patients fear to complain directly to the health provider at government health facilities and instead talked to councilors and local

leaders. Local leaders then informed the health facility but suggestions and complaints were rarely addressed.

The main problem with the suggestion box is that patients don't know if and how their feedback is handled. In addition, many people in the villages don't know how to read and write and therefore cannot use the suggestion box. In Kalagala, a HUMC member stated that they open the suggestion box and inform the provider of its content, but have no way to inform the patient (this was true at other health facilities as well). At other health facilities the HUMC doesn't even bother to open the suggestion box on a regular basis because people don't use it.

Regarding HUMC, most consumers are still not aware that it exists. In Kalagala for example, only people that live in the same community as HUMC members are informed of their existence. Participants stated that HUMCs need additional training and a frame of reference for a more effective operation.

All FGD participants felt that feedback mechanisms at health facilities were very important in order to improve the quality of health care. They gave the following recommendations:

- UNHCO should launch sensitizing campaigns for health consumers, providers and MOH.
- UNHCO should integrate its activities into the routine activities of the health facility.
- Include health consumers' rights in the antenatal package for pregnant women.
- UNHCO posters and brochures should be widely distributed at the community level.
- Radio programmes addressing patient's rights and feedback mechanisms should be reinforced.
- Timely transfer of health workers should be encouraged.
- Religious leaders, local councilors and other community leaders should be involved in supervision of health facilities.
- HUMC members need additional training and sensitization on their roles. There should also be a way to inform consumers on how their feedback was addressed.
- Suggestion boxes are good but only for those who can read and write. Also make sure HUMC or providers read suggestions and address them.



## Bushenyi

*"Doctors own our lives when we are sick. You fear that they may inject you an overdose and you die if you complain about him/her."*

*Focus Group Participant, Rugazi, Bushenyi District*

Both focus groups, but especially the group in Bushenyi TC, emphasized the difference in government versus private health facilities. Participants stated that in private health facilities the consumer can ask or complain and the provider gives you an answer. On the contrary, in government health facilities -especially at sub-counties- they don't bother with you because providers say the service is free.

Even if there are plenty of private clinics in the urban areas around Bushenyi, most people are poor and therefore go to government health facilities where they normally fear to complain. Educated people do not normally seek treatment from government health facilities and therefore are not faced with that problem.

Participants at the Bushenyi FGDs sessions seemed to concentrate on the nature of their complaints more so than the Kampala and Luwero groups. They stated that providers were verbally abusive to them especially regarding their clothes and their general aspect, at times even calling them "dirty". Disabled participants added that some providers made fun of their disabilities and become angry when they could not climb on the bed. The abuse increased with regards to disabled pregnant women.

Participants agreed that although feedback mechanisms such as the suggestion box or HUMC existed at government urban health facilities, most people do not know that it is their right to use them. At sub-county level, in many cases there is not even a suggestion box.

Most participants were familiar with the HUMC and its roles and responsibilities. But they stated that most health consumers were not aware of the HUMC, even if they are supposed to be made up of community members. There is a general lack of awareness about HUMC and other avenues for patients to provide feedback. Participants in Rugazi stated that the HUMC focuses on the providers and drugs but not on the needs of the local people.

As in Luwero and Kampala Districts, all participants felt that consumer feedback mechanisms were very important as they can promote provider and consumer understanding, which in turn leads to improved health care. They gave the following suggestions in order to promote/improve feedback mechanisms:

- UNHCO and MOH should sensitize the community about their rights as patients, including the right to ask questions and give feedback. Sensitizing can be done through churches, mosques, weddings, funerals and other gatherings.
- Sensitize all council systems (from LCI-LCV) and special interest groups such as women, youths and the disabled.
- Sensitize health care providers on how to treat patients and to avoid discrimination.
- Adequately train the HUMC.
- DDHS should visit health facilities and regularly monitor their progress.
- Form groups made up entirely of community members and have them be the contact persons between the community and the health providers.
- Build a sense of personal friendship between health providers and consumers. This should be initiated by the HUMC.

## 5.2. Quantitative Surveys: Health Consumers and Providers

### 5.2.1. Descriptive Analysis

#### Health Facilities

Following is a descriptive table (4.1.) of the health facilities included in the study. The table shows the total number of health facilities per district stratified according to category, grade and area

Table 4.1. Number of surveyed health facilities by district, ownership, grade, and area

<b>Variable</b>	<b>Kampala</b>	<b>Luwero</b>	<b>Bushenyi</b>	<b>Overall</b>
<b><u>Ownership</u></b>				
Government	4	6	4	14
NGO (non-profit)	4	3	3	10
Private -FP	8	1	4	13
<b><u>Grade</u></b>				
NRH	1	0	0	1
Hospital	4	1	2	7
HCIV	-	2	1	3
HCIII	4	5	2	11
HCII	7	2	5	14
<b><u>Area</u></b>				
Urban	16	6	5	27
Rural	0	4	6	10
<b>Total Number of Health Facilities</b>	<b>16</b>	<b>10</b>	<b>11</b>	<b>37</b>

Kampala accounts for a larger number of health facilities as there are more potential patients and health facilities in this district. Likewise, additional private-FP health facilities were added in Kampala to compensate for the lack of this category in Luwero District

The number of urban versus rural health facilities is evenly distributed in Luwero and Bushenyi Districts. Kampala increases the total amount of urban facilities as all of Kampala is considered urban. Ownership is well distributed as well as grade when combining NRH with hospitals and HCIVs.

## Health Consumers

The following tables provide a descriptive summary of the respondents and/or patient characteristics for the consumer survey (section A). A total of 485 people were interviewed. After carefully reviewing the questionnaires, four (two from Kampala and two from Luwero) were excluded from the analysis. The information from these four questionnaires was incomplete and therefore deemed invalid.

Table 4.2. Distributions of consumer respondents n (%)

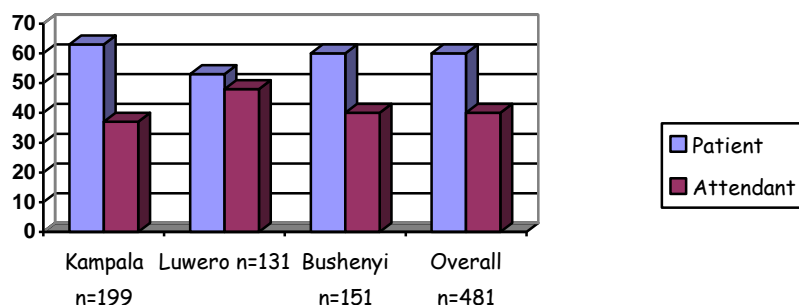
District	Number of respondents
Kampala	199 (41)
Luwero	131 (28)
Bushenyi	151 (31)
Total	481 (100)

Table 4.3. Sex of respondents: Consumers %

Gender	Kampala n=199	Luwero n=131	Bushenyi n=151	Overall n=481
Males	44	36	37	40
Females	56	64	63	60

Female patients account for 60% of respondents overall, with a higher female to male ratio in each district. This can perhaps be explained when we consider that females are the primary caretakers and therefore the ones taking children and other family members to health facilities.

Figure 4.1. Type of respondent %



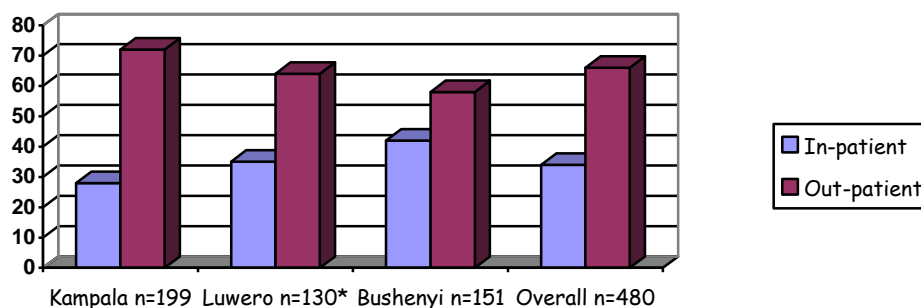
The majority of the respondents interviewed were the patient's themselves. In the case of children and very ill in-patients, their attendant was interviewed instead.

Table 4.4. Age distribution of patients (absolute values)

Age Distribution (whole years)	Kampala	Luwero	Bushenyi	Total
0-10	36	41	28	105
11-18	23	7	16	46
19-30	74	45	60	179
31-50	61	30	43	134
51+	5	8	4	17
Total	199	131	151	481

The total number of patients (whether the questionnaire was applied to them directly or to their attendant) was 481. All age categories are well distributed with the exception of the over 51 population. The mean age of patients was 24 years, while the mean age of respondents was 31.

Figure 4.2. Type of Patient %



In all three districts, the majority of patients interviewed were out-patients. Admitted patients were primarily from hospitals and HCIVs.

Table 4.5. Type of illness or condition %

Illness or Condition	Kampala n=199	Luwero n=131	Bushenyi n=151	Overall n=481
Transitory	36	38	61	44
Chronic	32	40	26	32
Terminal	13	4	2	7
Pregnancy	19	18	11	17

Most patients were seen for transitory illnesses (44%), or chronic illnesses (32%). The majority of terminally ill patients were seen in Kampala District (13% compared to 4% and 2% in Luwero and Bushenyi Districts, respectively). This

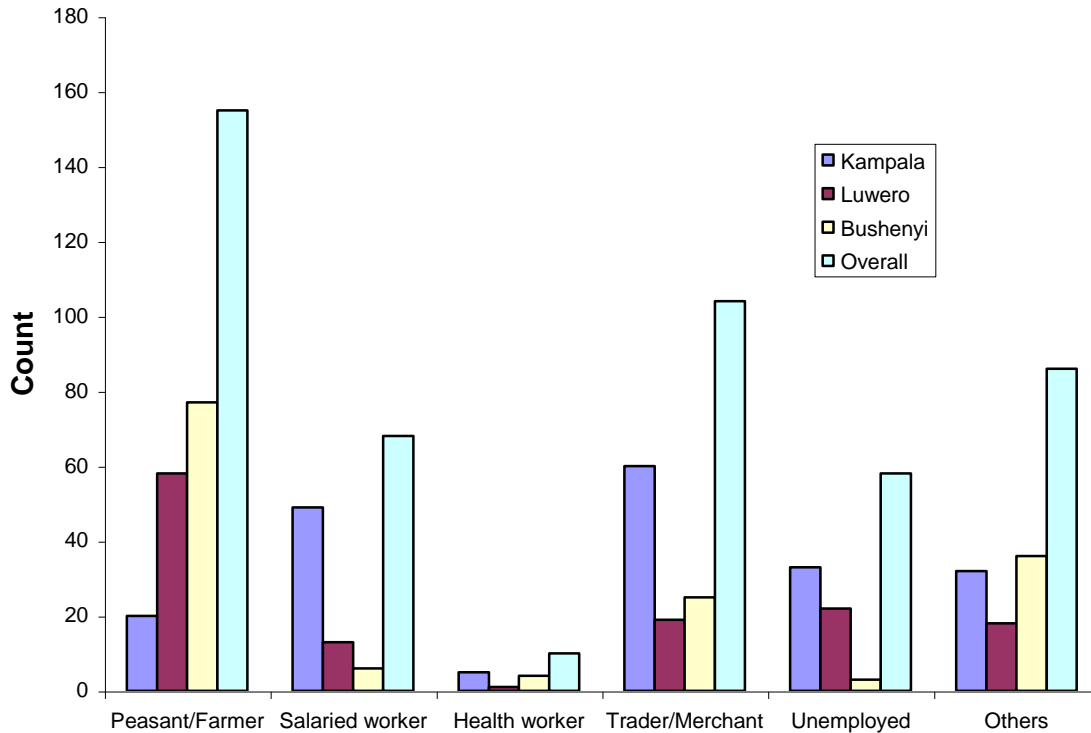
difference could perhaps be explained because many patients come to Kampala from up country when faced with a serious illness.

Table 4.6. Frequency of visits to health facility %

Frequency	Kampala n=199	Luwero n=131	Bushenyi n=151	Overall n=481
One time	23	31	22	25
Two to three times	32	33	54	39
Four to six times	24	16	16	19
Seven or more	21	20	8	17

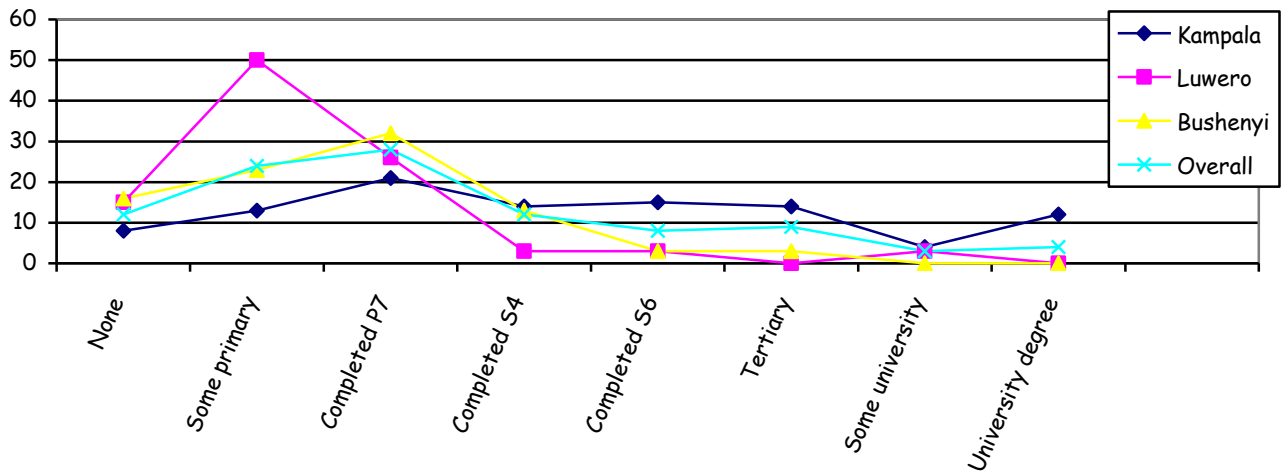
With regards to the frequency of visits to the health facility, most patients visited the health facility one to three times (64%). This coincides with the prior table where the majority of patients stated their illness was transitory.

Figure 4.3. Employment of Respondents (absolute numbers)



The majority of respondents were peasants/farmers. In Kampala, the majority of respondents were traders/merchants followed by salaried workers. Respondents in Kampala also account for the largest group of unemployed out of the three districts. Other employments mentioned were: carpenter, bricklayer, homemaker, mechanic, boda boda driver, shoemaker, and fisherman to name a few.

Figure 4.4. Educational level of respondents %



The largest category of respondents completed P7. Most respondents that had completed tertiary or university were from Kampala District. In addition, approximately 12% of respondents did not have any schooling. This percentage was equally distributed amongst the three districts.

## Health Providers

The following tables provide a descriptive summary of respondent characteristics for the provider survey (section A). The results represent percentage distributions unless otherwise stated.

Table 4.7. Distribution of provider respondents - n (%)

District	Number of respondents
Kampala	30 (42%)
Luwero	19 (27%)
Bushenyi	22 (31%)
Total	71 (100%)

Table 4.8. Sex of respondents: Providers %

Sex	Kampala n=30	Luwero n=19	Bushenyi n=22	Overall n=71
Males	37	32	37	35
Females	63	68	63	65

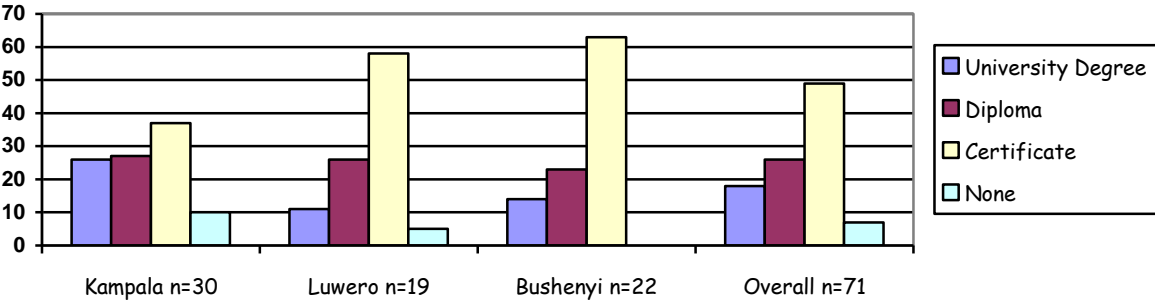
Table 4.9. Respondent positions at health facilities %

Position	Kampala n=30	Luwero n=19	Bushenyi n=22	Overall n=71
Superintendent/In-charge	17	21	4	14
Administrator	13	10	9	11
Doctor	17	0	9	10
Receptionist	6	0	0	3
Nurse	40	37	37	38
Allied health worker	7	31	41	24

The majority of respondents (65%) were females. This proportion was even within the three districts. The majority of providers interviewed were nurses (38%), followed by the superintendent or in-charge (14%). The proportion of nurses interviewed was constant in each of the three districts, while the percentage distributions for the other categories fluctuated within each district. The high percentage of nurses could be explained given that there is not always a doctor on duty in most government (and perhaps also NGO) HCIIIs and HCIIIs. Likewise, not all health facilities have a receptionist.



Table 4.5. Respondent qualifications %



The majority of providers interviewed had a certificate (49%), followed by a diploma (26%). There was a larger percentage of providers from Kampala with a university degree (26%), compared to Luwero (11%) and Bushenyi (14%). It is important to keep in mind that the majority of doctors interviewed were from Kampala, which may explain the higher overall percentage of providers with university degrees.

**5.2.2. Survey Findings: Health Consumers**

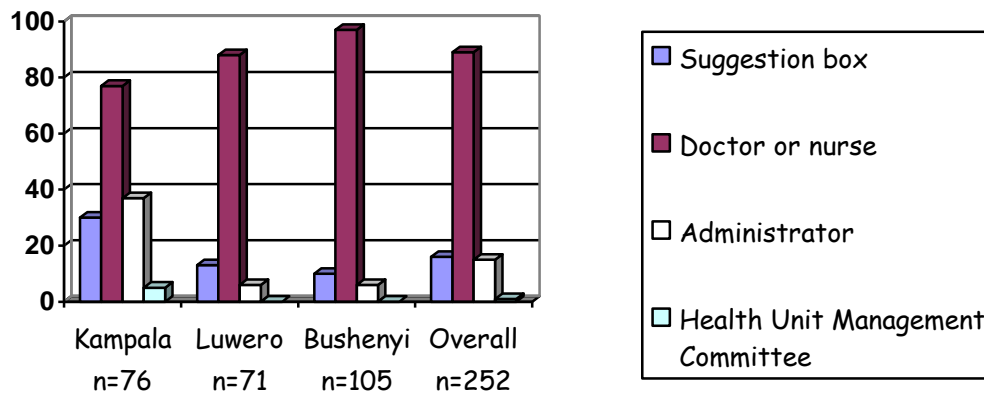
The following tables illustrate the responses to section B of the *Consumer Questionnaire*, where consumers were specifically asked about available feedback mechanisms. The results are stratified by district. Selected responses have also been stratified by health facility ownership, grade, whether in an urban or rural area, educational level, and gender.

Table 4.10. Awareness of person or place to receive feedback at health facilities -n (%)

Awareness of feedback mechanism	Kampala n=199	Luwero n=131	Bushenyi n=151	Overall n=481
Yes	76 (38)	71 (54)	105 (69)	252 (53)
No	123 (62)	60 (46)	46 (31)	229 (47)

Interestingly, 53% of respondents stated that they knew of a person or place at their health facility that could receive their feedback. The proportion of people aware of the existence of feedback mechanisms in Luwero (54%) and Bushenyi (69%) Districts, was higher than in Kampala (38%). During the FGDs and when interviewing key health officials however, the majority stated that health consumers in Kampala (and urban areas in general) were more aware of existing feedback mechanism than consumers up-country.

Figure 4.6. Consumer awareness of specific feedback mechanisms at health facilities %



Note: Question was non-mutually exclusive, multiple answers, therefore % may not add up. Asked only to those respondents who mentioned they were aware of feedback mechanisms.

Almost half of respondents are still not aware of feedback mechanisms at health facilities. Furthermore, from Figure 4.6. we note that of the total number of people who are aware of the existence feedback mechanisms (252), the majority mentioned a doctor or a nurse as the available feedback mechanism, rather than an intended avenue such as the suggestion box or HUMC (please see Section 4.3. *Interview with Key Health Officials*). This suggests they may assume the doctor or nurse is also there to receive feedback since they are the persons that the consumers come in contact with at the health facility.

With regards to the suggestion box, only 16% of the 252 respondents mentioned it as a feedback avenue. Knowledge of a suggestion box was even lower in Luwero and Bushenyi Districts, where only 10% and 13% respectively mentioned it as a possible feedback avenue. If we include the respondents who were not aware of the existence of feedback mechanism to begin with, this results in an overall total of only 9% aware of a suggestion box as a means of proving feedback. This suggests that either the suggestion box does not exist at health facilities or people are not aware that it is there for their use.

Not a single respondent in Luwero and Bushenyi Districts were aware of the HUMC, which is supposed to be functioning at all government health facilities (IV, III, and II) and at some NGO health facilities. In Kampala, there were only five respondents who were aware of the HUMC.

Figure 4.7. Has health facility informed consumers of existing feedback mechanisms %

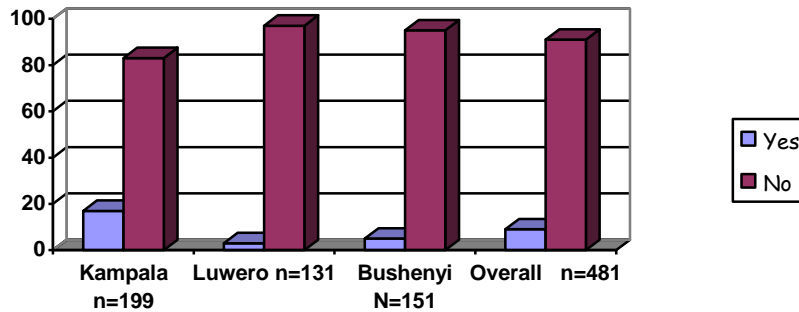
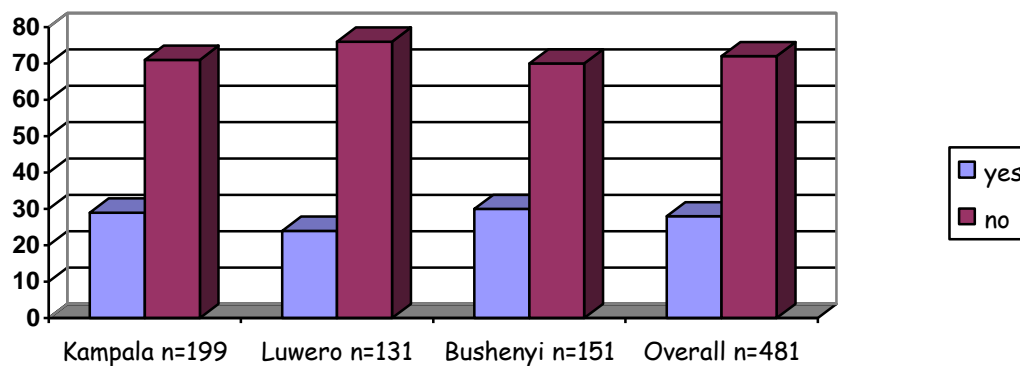


Figure 4.7. indicates only 9% of total respondents stated that the health facility had advised them about available feedback mechanisms, with a higher proportion (17%) in Kampala.

Figure 4.8. Has respondent ever provided feedback to the health facility %



Only a low 28% (133) of respondents (equally distributed by district) mentioned ever providing feedback at their health facility. The survey however, fell short of asking why health consumers do not provide feedback, given the low number that does. Focus groups participants felt that health consumers did not provide feedback because they were afraid of the treatment they would receive as a result of the feedback -especially if the feedback was a complaint. We were unable to confirm this assumption in the quantitative survey.

Table 4.11. Nature of feedback %

Nature of feedback	Kampala n=57	Luwero N=31	Bushenyi n=45	Overall n=133
Related to service	42	26	24	32
Related to medical or technical treatment	58	74	76	68

Note: Only asked to those respondents who mentioned they have provided feedback.

Table 4.12. How was feedback received %

Feedback received	Kampala n=57	Luwero n=31	Bushenyi n=45	Overall n=133
Well	47	61	58	54
Fair	35	29	40	35
Poorly	9	10	2	7
Don't know	9	0	0	4

Note: Only asked to those respondents who mentioned they have provided feedback.

Table 4.13. Was feedback addressed - n (%)

Feedback addressed	Kampala n=57	Luwero n=31	Bushenyi n=45	Overall n=133
Yes	39 (68)	24 (77)	40 (88)	103 (78)
No	10 (18)	3 (10)	4 (10)	17 (13)
Don't know	8 (14)	4 (13)	1 (20)	13 (9)

Note: Only asked to those respondents who mentioned they have provided feedback.

Table 4.14. Period taken to address feedback (%)

Period taken to address feedback	Kampala n=39	Luwero n=24	Bushenyi n=40	Overall n=103
Immediately	64	96	85	79
Less than 1 week	16	4	10	11
Between 1 and 2 weeks	10	0	5	6
Between 2 weeks and 1 month	10	0	0	4

Note: Only asked to those respondents who mentioned they have provided feedback and their feedback was addressed.

Table 4.15. Satisfied with how feedback was addressed %

Level of satisfaction	Kampala N=39	Luwero n=24	Bushenyi n=40	Overall n=103
Satisfied	54	75	58	60
Somewhat satisfied	41	20	40	36
Not satisfied	5	5	2	4

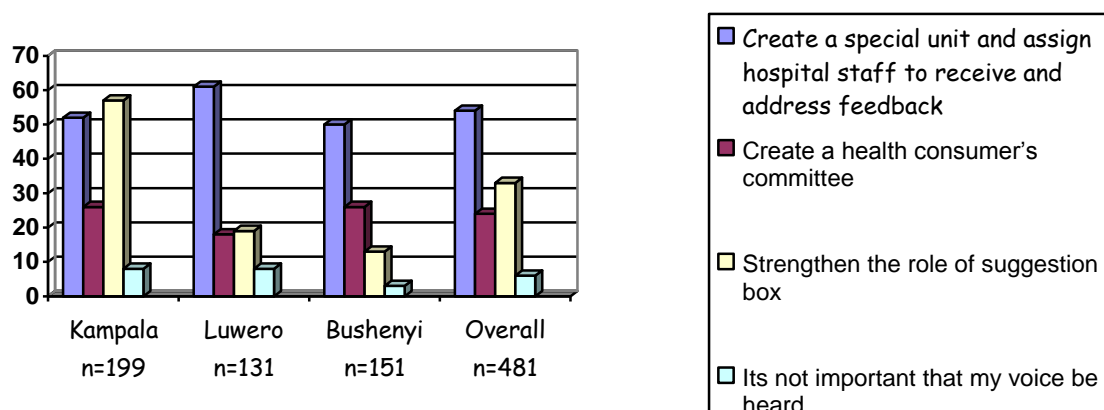
Note: Only asked to those respondents who mentioned they have provided feedback and their feedback was addressed.

Of that 28% who have provided feedback, the majority (68%) stated that the nature of the feedback had to do with medical or technical treatment rather than service. Furthermore, 89% (118 respondents) stated that their feedback was fair to well received, with only 7% mentioning that the feedback was poorly received.

A total of 103 respondents (78%), stated their concerns were addressed, with 81 respondents stating that their feedback was addressed immediately. Of the 30 respondents whose feedback was not addressed (nor are not aware whether their feedback was addressed) the majority did not complain to a higher authority. Only four respondents mentioned taking their concern higher up to the local authorities, with seven respondents stating they were not aware of a higher authority.

The majority (60%) of the 103 respondents whose feedback was addressed were satisfied with how it was addressed, with 36% somewhat satisfied and only 4% stating that they were not satisfied.

Figure 4.9. How can consumer voices best be heard at the health facility %



Note: Note: Question was non-mutually exclusive, multiple answers, therefore % may not add up.

The majority of respondents (54%) stated that the best way for their voices to be heard was to “create a special unit and assign hospital staff to receive and address feedback”. This unit may be one similar to the HUMC, only that the HUMC is composed of community representatives as well.

In Kampala District, respondents favored the suggestion box, as long as providers read and address the feedback. Only 6% of respondents stated that providing feedback to their health facilities was *not* important.

Other ways mentioned to promote feedback were the following: more interaction with staff, constant visits to the wards by providers, through newspaper and radio, and through LCs.

#### Selected Responses Stratified by Variables of Interest

The data was also analyzed by isolating selected variables to determine if there was any correlation between these variables and awareness and use of feedback mechanisms. The following table (4.16.) shows selected consumer responses according to health facility ownership, grade, and area. The following figures (4.10, 4.11., and 4.12.) illustrate selected consumer responses by sex, educational level and type of patient.

Table 4.16. Summary Table of Selected Consumer Responses According to Health Facility Ownership, Grade, and Area (%)

VARIABLE	OWNERSHIP			GRADE					AREA	
	Govt.	NGO	Private-FP	NRH	Hospital	HCIV	HCIII	HCII	Rural	Urban
<b>1. Awareness of feedback mechanisms</b>	n=219	n=139	n=123	n=33	n=140	n=57	n=123	n=128	n=159	n=322
Yes	44	76	40	12	59	65	54	48	64	46
No	56	24	60	88	41	35	46	52	36	54
<b>2. Knowledge of feedback mechanisms available (multiple answers)</b>	n=97	n=106	n=49	n=4	n=83	n=37	=67	n=61	n=103	N=149
Suggestion box	16	24	2	25	28	11	18	3	15	18
Doctor or nurse	93	86	38	100	84	95	90	97	95	87
Hospital administrator	8	26	3	0	29	5	18	2	7	22
Health Unit Management Com.	0	4	1	0	5	0	0	2	0	3
Other	2	0	14	50	5	0	0	5	1	5
<b>3. Informed of feedback mechanisms by health facility</b>	n=219	n=139	n=123	n=33	n=140	n=57	n=123	n=128	n=159	n=322
Yes	5	42	4	3	19	5	5	6	2	13
No	95	58	96	97	79	95	95	94	98	87
<b>4. Ever provided feedback</b>	n=219	n=139	n=123	n=33	n=140	n=57	n=123	n=128	n=159	n=322
Yes	23	43	18	9	39	33	31	15	28	28
No	77	57	82	91	61	67	69	85	72	72
<b>5. Best way for consumer voice to be heard (multiple answer)</b>	n=219	n=139	n=123	n=33	n=140	n=57	n=123	n=128	n=159	n=322
Create unit and assign staff to receive/address feedback	58	63	37	33	61	56	62	42	60	51
Create a health consumer's committee	19	44	10	0	40	21	26	12	31	21
Strengthen the role of suggestion box	22	33	53	24	34	14	33	43	8	46
Other	15	10	39	42	11	14	11	34	11	24

We note from the previous table (4.23.) that 76% of respondents surveyed in NGO health facilities were aware of the existence of feedback mechanisms, compared to only 44% and 40% in government and private-FP facilities, respectively. This result suggests a strong association between ownership category and awareness of feedback mechanisms ( $p < 0.001$ ). In addition, only 12% (4 respondents) were aware of feedback mechanisms at Mulago (NRH), compared to a much larger percentage (between 48% and 65%) at other grades of health facilities ( $p < 0.001$ ). One would expect a higher awareness of feedback mechanisms at NRH, where more evolved systems should be in place.

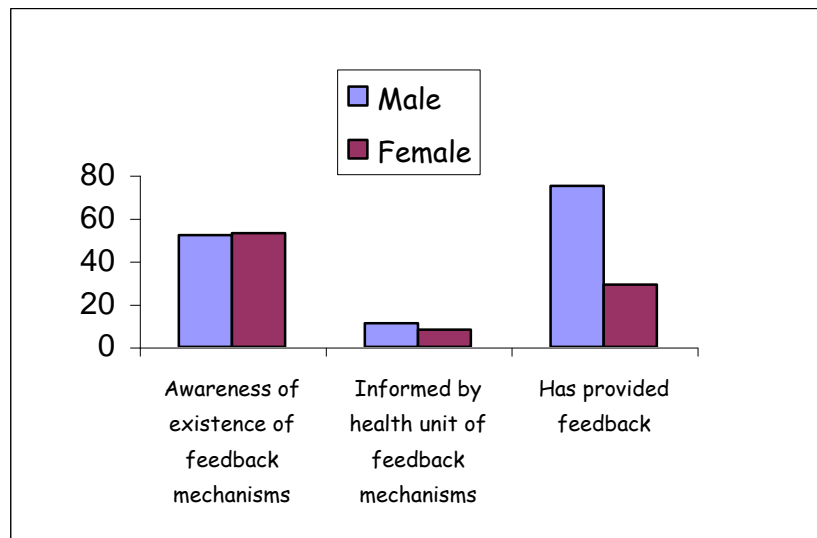
A higher percentage of respondents in rural areas (as opposed to urban) were aware of the existence of feedback mechanisms, although only 28% in either area ever provided feedback. The highest percentage of respondents that provide feedback are from NGO health facilities (43%). Only 23% and 18% of respondents from government and private-FP health facilities respectively, have ever provided feedback. Likewise, the highest percentage of respondents who are informed by the health facility of how to provide feedback are from NGO health facilities (42%). Again, the result suggests a strong link between ownership category and providing feedback ( $p < 0.001$ ). In Mulago, only 3% of respondents reported being informed by the health facility of feedback mechanisms and only 9% have ever provided feedback.

With regards to the doctor or nurse being mentioned as the available feedback mechanisms, there was not a strong association between this response and ownership, grade or area (ownership,  $p = 0.086$ ; grade  $p = 0.107$ , area  $p = 0.056$ ). The percentages that report the MOH intended feedback mechanisms are very low, again without significant differences in any or the stratified categories.

As a way forward, 44% of respondents from NGO health facilities were in favor of creating a health consumer's committee, while only 19% and 10% of government and private-FP respondents, respectively mentioned it as a viable option for consumer voices to be heard ( $p < 0.001$ ). In contrast, 53% of respondents from private-FP health facilities mentioned a "functioning" suggestion box as the best way for their voices to be heard, compared to only 22% and 33% in government and NGO health facilities respectively ( $p < 0.001$ )



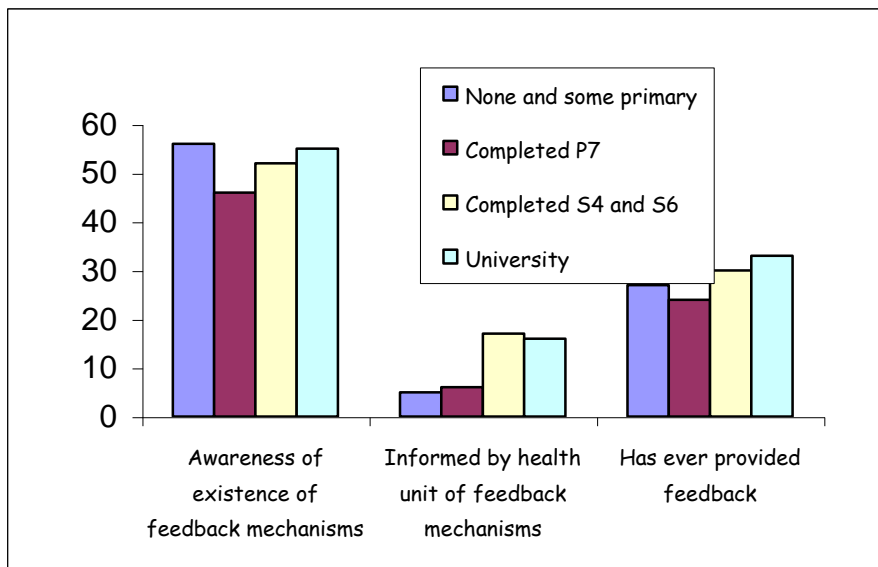
Figure 4.10. Selected consumer responses according to sex



Male n = 191  
 Female n = 290

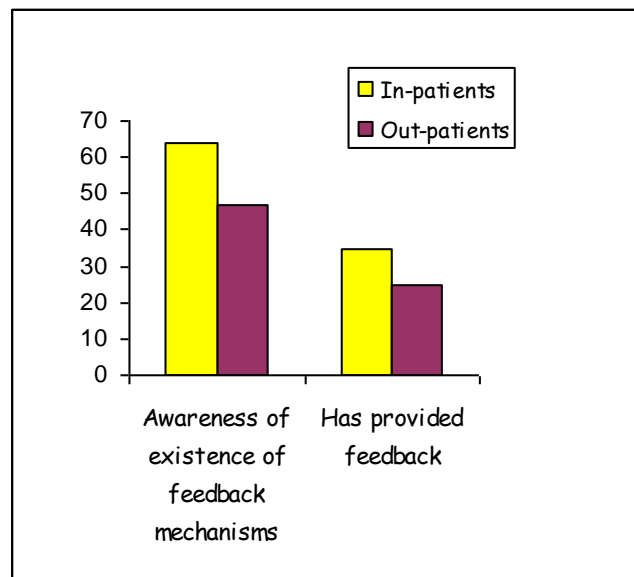
With regards to awareness of feedback mechanisms, there seems to be little difference between males and females. The same is true with being informed by the health facility of existing feedback mechanisms. A larger percentage of males however have provided feedback to their health facilities.

Figure 4.11. Selected consumer responses according to education level %



Educational level does not appear to be significant with regards to awareness or feedback mechanisms ( $p=0.821$ ). Respondents with no or little schooling were just as aware as respondents with a university or tertiary degree about feedback mechanisms. Likewise, the percentage distributions are comparable in all three districts when considering who has provided feedback.

Figure 4.12. Selected consumer responses according to patient type %



In- patients = 165  
 Out-patients = 315

From the previous figure (4.12.) we detect a difference between in and out patients with regards to both awareness of feedback mechanisms and consumers who provide feedback. A larger percentage of in-patients is aware of feedback mechanisms (63%), compared to out-patients (45%). Likewise, the percentage of in-patients who provide feedback (38%) is higher than the percentage of out-patients (28%), ( $p=0.004$ ).

There were however no differences ( $p=0.095$ ) detected when considering the patient's type of illness. Patients (or attendants with patients) with transitory illness were just as aware of feedback mechanisms as were those with chronic or terminal illnesses. The same is true with the percentage of respondents who provide feedback to health facilities, where again no difference was detected ( $p=0.125$ )

### 5.2.3. Survey Findings: Health Providers

The following tables summarize the results of sections B and C of the provider survey by district. Section B of the questionnaire focused on awareness of feedback mechanisms and consumer feedback provided, while in section C the interviewers verified existing feedback mechanisms at each sampled health facility.

Table 4.17. Does the health facility have feedback mechanisms - (n) %

Existence of feedback mechanism	Kampala n=30	Luwero n=19	Bushenyi n=22	Overall n=71
Yes	(24) 80	(12) 63	(19) 86	(55) 78
No	(6) 20	(7) 37	(3) 14	(16) 22

Table 4.18. Specific feedback mechanism available (%)

Feedback mechanism available	Kampala n=24	Luwero n=12	Bushenyi n=19	Overall n=55
Suggestion box	54	25	31	40
Doctor or nurse	83	33	74	63
Hospital administrator	25	16	21	21
Health Unit Management Committee	16	41	37	30

Note: Question was non-mutually exclusive, multiple answers, therefore % may not add up. Asked only to those respondents who stated feedback mechanisms were available at health facility.

The majority of respondents (78%) mentioned health facilities had feedback avenues. Although the lowest percentage is seen in Luwero, there were no significant differences between districts ( $p = 0.189$ ). As with the consumer respondents, the majority of providers mentioned a doctor or nurse (63%) as the available feedback mechanism, with a lower percentage in Luwero (33%), compared to 54% and 74% in Kampala and Bushenyi, respectively ( $p = 0.011$ ). The HUMC and suggestion box were mentioned as available feedback mechanisms by only 30% and 40% of interviewed providers, respectively.

Furthermore, there were no significant differences detected between available feedback mechanisms and the ownership category or grade of surveyed health facilities ( $p = 0.812$ , and  $p = 0.921$ , respectively). However, when comparing private-FP health facilities in Kampala and Bushenyi, we find that 58% of surveyed providers in Bushenyi stated health facilities had feedback mechanisms, compared to only 28% in Kampala ( $p = 0.008$ ).

Table 4.19. Guidelines or procedures on how to provide feedback - (n) %

Health facility has guidelines/procedures	Kampala n=30	Luwero n=19	Bushenyi N=22	Overall n-=71
Yes	(12) 40	(3) 16	(6)27	(21) 30
No	(16) 53	(16) 84	(16) 73	(48) 67
Don't know	(2) 7	0 (0)	0 (0)	(2) 3

Table 4.20. How has health facility informed consumers of guidelines/procedures (%)

Health facility has informed of guidelines/procedures	Kampala n=12	Luwero n=3	Bushenyi n=6	Overall n-=21
Written copy provided	8	33	26	14
Verbally informed	58	100	50	57
Notice placed on bulletin board	33	100	50	33

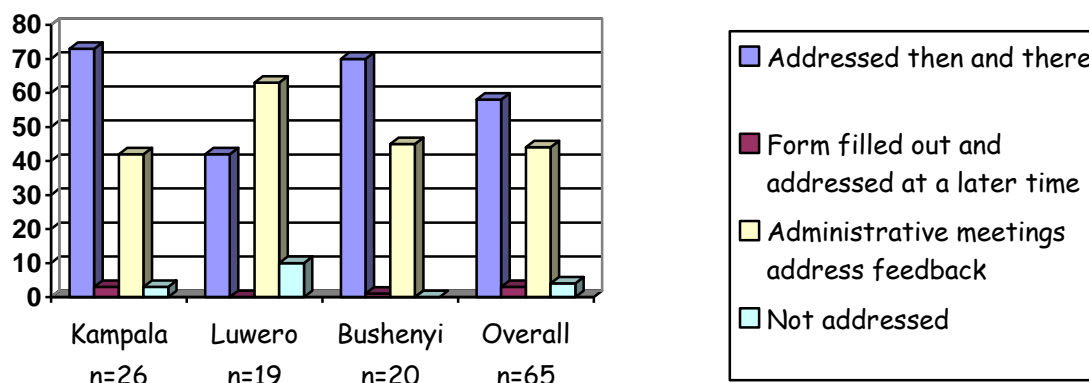
Note: Question was non-mutually exclusive, multiple answers, therefore % may not add up. Only asked to those respondents who mentioned there were guidelines/procedures.

The majority of surveyed providers (67%) mentioned health facilities did not have written guidelines on how to provide feedback. The response was evenly distributed within the three districts and there was no link between this response and district location ( $p = 0.143$ ). Of the providers that responded positively (total=21), the majority stated consumers were advised verbally of feedback guidelines (57%) as opposed to providing a written copy (14%) or placing a notice on bulletin board (33%).

Table 4.21. Do patients provide feedback - (n) %

Do patients provide feedback	Kampala n=30	Luwero n=19	Bushenyi n=22	Overall n-=71
Yes	(26) 87	(19) 100	(20) 92	(65) 91
No	(3) 10	(0) 0	(1) 4	(4) 6
Don't know	(1) 3	(0) 0	(1) 4	(2) 3

Table 4.13. How is feedback addressed (%)



Note: Question was non-mutually exclusive, multiple answers, therefore % may not add up. Asked only to those respondents who stated consumers provide feedback.

A total of 91% of surveyed providers stated patients provide feedback. The result were evenly distributed within the three districts ( $p = 0.532$ ). Among those who stated consumers provide feedback, 58% mentioned that the feedback was addressed then and there, with 44% stating that it was taken up in administrative meetings at a later time.

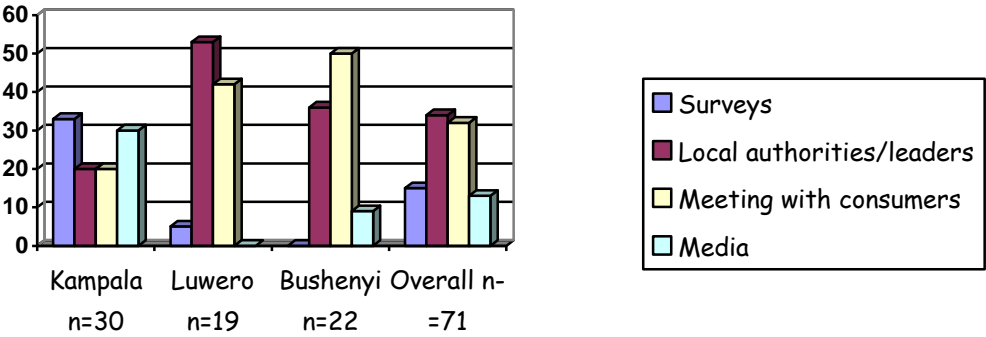
Table 4.22. Consumer satisfaction regarding how feedback was addressed (%)

Consumer satisfaction	Kampala n=26	Luwero n=19	Bushenyi n=20	Overall n=65
Satisfied	38	60	55	49
Somewhat satisfied	24	20	30	25
Not satisfied	3	10	0	4
Don't know	35	10	15	22

Note: Asked only to those respondents who stated consumers provide feedback.

The majority of respondents (74%) stated consumers were satisfied or somewhat satisfied with the way feedback was addressed. Only 4% mentioned consumers were not satisfied and 22% stated not knowing whether consumers were satisfied.

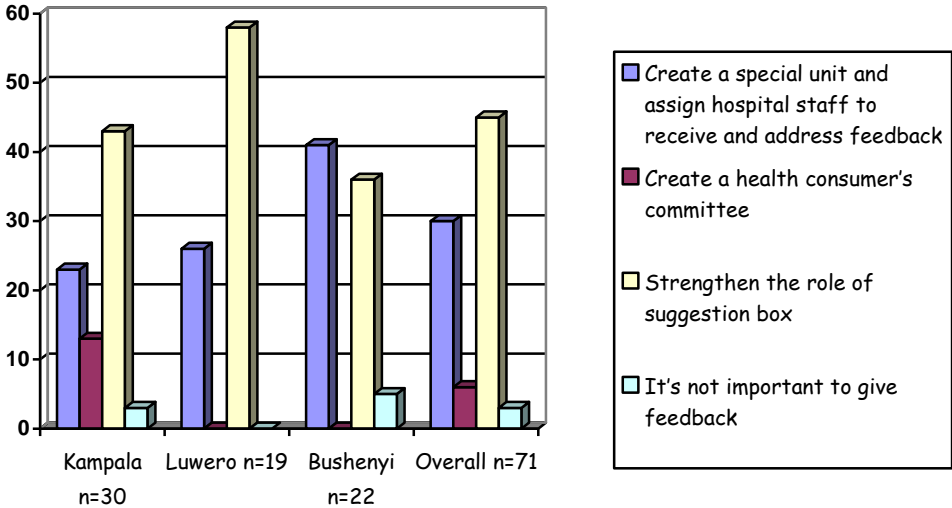
Table 4.14. Other ways consumer feedback is obtained (%)



Note: Question was non-mutually exclusive, multiple answers, therefore % may not add up.

Most respondents mentioned local authorities (34%) or meetings with patients (32%) as other means of obtaining consumer feedback. The Kampala providers mentioned surveys (33%) as a means of obtaining feedback, compared to only 5% and 0% in Luwero and Bushenyi districts, respectively (p = 0.002).

Figure 4.15. How can consumer voices best be heard at the health facility (%)



Note: Question was non-mutually exclusive, multiple answers, therefore % may not add up. Most

With regards to how consumer voices can best be heard, 45% of respondents mentioned the suggestion box and 30% suggested the creation of a special unit to handle consumer feedback.

### Verification of Feedback Mechanisms Available

The following table (4.33.) is a summary of section C of the provider questionnaire where interviewers verified the existence of selected feedback mechanisms at each of the sampled health facilities.

The table indicates only 13 (35%) of the 37 sampled health facilities had a suggestion box. The majority were from government or NGO health facilities, with only one private-FP health facility (International Hospital) having a suggestion box. Written guidelines were seen at only seven health facilities (19%) and notices on bulletin boards at nine (24%), all of them government or NGO health facilities.

Table 4.23. Health facility characteristics by district and available feedback mechanisms

Health facility	Ownership	Grade	Suggestion Box	Written Guidelines	Notice Bulletin Board
<u>Kampala</u>					
1. Busingye Medical Centre	Private-FP	HCII			
2. Frossa Clinic	Private-FP	HCII			
3. Galaxy Clinic	Private-FP	HCII			
4. International Hospital	Private-FP	Hospital	yes		
5. Juusi Clinic	Private-FP	HCIII			
6. Kampala Medical Centre	Private FP	HCII			
7. Kawala HC	GOVT	HCIII			
8. Kibuli Moslem Hospital	NGO	Hospital	yes	yes	Yes
9. Kiswa HC	GOVT	HCIII			
10. Marie Stopes Namuwongo	NGO	HCIII	yes	yes	Yes
11. Mengo Hospital	NGO	Hospital	yes		Yes
12. Mulago Hospital	GOVT	NRH	yes		
13. Naguru HC	GOVT	HCIII	yes		
14. Nsambya Hospital	NGO	Hospital	yes		
15. SEO Care Clinic	Private-FP	HCII			
16. St. Catherine (could not verify)	Private-FP				
<u>Luwero</u>					
1. Bishop Ceasar	NGO	HCIII		yes	Yes
2. Bombo DMU	GOVT	HCII	yes		
3. Kalagala HC	GOVT	HCIV			
4. Katikamu HC	GOVT	HCIII			
5. Kyangato Dispensary	GOVT	HCII			
6. Luwero Kasana HC	GOVT	HCIV		yes	
7. Nakaseke Hospital	GOVT	Hospital	yes		yes
8. Nakaseke Life HC	NGO	HCII	yes		
9. Njovu Medical Centre	Private-FP	HCIII			
10. St. Luke Namalinga HC	NGO	HCII			
<u>Bushenyi</u>					
1. BB Clinic	Private FP	HCII			
2. Bushenyi UMSC	NGO	HCII			
3. Chemequip Medical Centre	Private FP	HCIII			
4. Comboni Hospital	NGO	Hospital	yes	yes	yes
5. Ishaka Medical Centre	Private FP	HCII			
6. Kakanju Dispensary	GOVT	HCII			
7. Kitagata Hospital	GOVT	Hospital	yes		yes
8. Kyamuhunga HC	GOVT	HCIII			
9. Kyeizooba Farmers' Clinic	Private FP	HCII			
10. Rugazi Dispensary	NGO	HCII		yes	yes
11. Rugazi HC	GOVT	HCIV	yes	yes	yes
Total 37			13	7	9



### 5.3. Interviews with Key Health Officials

*In developed countries health consumers have something to consume. In developing countries such as Uganda, there is very little to consume"*

*Dr. Amandua, Commissioner of Clinical Services, MOH*

Although Dr. Amandua, has a point regarding the limited amount of resources available to patients in Uganda, health officials agreed that consumers have a right to participate in their health care by providing feedback. All health officials interviewed stated that consumer feedback is important and should be promoted. Mr. Nyakisa (Health Inspector - Bushenyi) added that consumer feedback mechanisms also promote relations between patients and health providers and increase the utilisation of health services, as well as the quality of health care provided.

Suggestion boxes and the HUMC were mentioned as available avenues for patients to provide feedback at government health facilities. However, although most government health facilities should have suggestion boxes, officials admit there is no structured procedure or guidelines in place at the MOH for handling suggestions. Furthermore, according to Dr. Amandua, it is not known whether information gathered from suggestion boxes is used for planning or improvement of the health facility.

With regards to the HUMC, all government health facilities IV, III, and II should now have a functioning HUMC (hospitals have a Hospital Management Committee). The HUMC is made up of community representatives and the health facility in-charge or administrator. The community representatives should be elected by the community. There are written guidelines for the election and functioning of the HUMC at all levels of health facilities. Unfortunately, health officials feel that the HUMC does not always function as it was intended, as representatives need further training and orientation. It is feared that in some cases, the representatives may not even be chosen by the community at large.

According to health officials, even when formal feedback mechanisms are in place, patients may not always be aware that they exist, especially patients in rural areas. In other cases, patients are afraid to complain because there is "no other choice". This again is especially true in rural areas. Moreover, health officials felt that

giving feedback, particularly in the form of a complaint is a relatively new phenomenon and people still do not consider it their right.

In general, the MOH believes that UNHCO has done a lot to promote patient's rights, but the organisation should not only function as advocates. UNHCO should also implement projects at the district and local levels. Such projects should focus on the following:

- Sensitizing people on their right to complain and how they can best exercise this right
- Creating a dialogue amongst stakeholders
- Promoting collaboration and discussion between health consumers and providers

In addition, the new creation of *Village Health Teams* (VHT) is viewed as a perfect opportunity for UNHCO to sensitize people and communicate patient's rights, including the right to provide feedback. The MOH is in the process of training the districts on establishing VHT. Each district will in turn train counties and sub-counties. "The MOH will train Luwero District on Village Health Teams shortly. UNHCO could be involved in that training. That is another opportunity to communicate patient's rights.", adds Dr. Okware.

## 6.0 HEALTH CARE CONSUMER AND PROVIDER VOICES

In addition to the quotes found throughout the report, further quotes from health consumers, providers, and key health officials that were gathered during the research are included below. It is hoped that these messages provide additional insight into the status of feedback mechanisms at health facilities and health care in general.

- "I can't complain or suggest because I don't know where to go."  
Patient at Mulago Hospital, Kampala District
- The suggestion box is there but I've never seen anyone open it."  
Health provider, Naguru HC, Kampala District
- "You see the person you are going to tell may not help you because it's the same system. They support their co-workers."  
Focus group participant, Bushenyi TC
- "Patients rights and services are viewed as a privilege rather than a right".  
Dr. Joseph Okware, District Director of Health Services, Luwero District
- "We want to improve the quality of care holistically not just by looking at feedback mechanisms. The problem is much broader and we need to look at the whole picture"  
Prof. Kaijuka, Commissioner for Quality Control, MOH
- "If you go to a health unit to seek treatment and the doctor gives you a drug, you should take it without questioning because if you ask, he answers you rudely. He says he has no time. So the patient should not ask or complain."  
Focus group participants, Luwero TC
- "I complained because there were no drugs and the nurse said to ask Museveni who ordered for free services at the hospital."  
Patient, Kitagata Hospital, Bushenyi District
- "If you ask, suggest or complain, some health providers say that you are cunning and want to know more then them."  
Focus group participant, Luwero TC

- "If I don't get good treatment I don't bother complaining, I just go to another clinic. There are too many in Kampala."  
Patient at a private clinic in Kampala District
- "HUMC even address problems related to patients but they haven't got a way to inform the patient once they leave"  
Focus group participant, Luwero TC
- "Having no uniform is a problem. The patient finds it hard to know who is the provider and who is not."  
Focus group participant, Kalagala, Luwero District
- "Whenever you see a problem, it is your opportunity to talk about it before it affects you, for when it does, then you have lost the opportunity to do so and hence you depend on the mercy of others"  
Anonymous
- "The nurses are busy and the number of patients is too high, so one goes after getting the treatment because there is no time to ask."  
Patient, Kyamahunga HC, Bushenyi District
- "I come to the health facility to get treatment not to complain. I mind my own business and the doctors theirs."  
Patient at Rugazi HC, Bushenyi District
- "We removed the suggestion box because people were not using it."  
Health provider, Kampala Medical Centre, Kampala District
- "Most pregnant women fear to talk because they feel guilty of going late to seek treatment. The providers talk to them badly."  
Focus group participant, Luwero TC
- "Patients' rights are seen as a privilege rather than a right"  
Dr. James Okware, DDHS Luwero District
- "If you complain, they say to go to Museveni. It's where you can get things for free."  
Patient at Nakaseke Hospital, Luwero District

- "I don't believe in suggestion boxes. International Hospital has other branches so I can go to those if I don't like it here."  
Patient at International Hospital, Kampala District
- "If I fall sick, I just stay like that, like a dog"  
UPPAR, 2000, MFPED
- "Patients don't know or don't bother placing their suggestions or complaints in the suggestion box."  
Hospital Administrator, St. Aloysius Hospital, Bushenyi District
- "At the hospital, they don't tell us of the avenues through which we can complain. Not even telling us about the suggestion box because they regard it as an enemy."  
Focus group participant, Kalagala, Luwero District
- "You see, we live in a community where people may not be satisfied with the service and not channel their suggestions or complaints because they are not sensitized of their rights."  
Mr. Nyakisa, Health Inspector, Bushenyi District
- "The educated know where to complain but unfortunately we are in an environment where most people are not educated."  
Focus group participant, Bushenyi T.C
- "Sensitizing patients should be emphasized, that way they will know that it is their right to make complaints and suggestions  
In-Charge, Rugazi Dispensary, Rugazi, Bushenyi District
- We want assurance that UNHCO will make follow up after this focus group and give us workshops in the community. We are ready to mobilise our people."  
Community leader and focus group participant, Kampala District
- "You cannot complain when you don't have a choice. People may fear to complain because they have no where else to go. Kampala is different...people can make a choice."  
Dr. Amandua, Commissioner of Clinical Services, MOH

## 7.0 CONCLUSIONS

The study confirmed many assumptions, but also generated results that were not expected. Following are the most relevant findings along with derived conclusions.

The overwhelmingly majority of respondents, FGD participants and health officials, agree that consumer feedback is not only a consumer's right, but also essential in promoting and improving health care. Although the study showed the majority of respondents surveyed were aware of some sort of feedback mechanism at the health facility, most consumers do not provide feedback and their voices are therefore not being heard.

The majority of consumers surveyed in the study, as well as focus group participants, were not aware of a suggestion box or the HUMC as a means to provide feedback. Only 16% of surveyed respondents had knowledge of a suggestion box and 1% knew about the HUMC. In Luwero and Bushenyi Districts, mention of the HUMC as a feedback mechanism was non-existent. Likewise, the majority of health providers did not mention the suggestion box or the HUMC as consumer feedback avenues available at their health facilities. In fact, only 12 out of 37 study sites (32%) had a suggestion box. In contrast, the MOH mentions the suggestion box and the HUMC as available consumer feedback mechanisms at government health facilities.

About half (53%) of the consumers surveyed stated that they were aware of the existence of feedback mechanisms at their health facility. Of those aware of feedback mechanisms however, 89% mention the doctor or nurse as the available feedback mechanism. This suggests consumers may assume the doctor or nurse is also there to receive feedback since consumers may come in contact only with them. The majority of surveyed providers (63%) also mentioned a doctor or nurse as the available feedback mechanism, rather than the suggestion box or HUMC. Furthermore, many providers report that even if the suggestion box is there, consumers do not use it and providers do not open it. This result was concurrent with FGD results, as participants stated that most people were not aware of the suggestion box and the ones that were, do not use it.

Kampala District, with only 38% of consumer awareness of feedback mechanisms, had the lowest percentage of surveyed consumers per district. The highest percentage of awareness was found in NGO health facilities (76%), compared to

44% and 40% in government and private FP facilities, respectively. In addition, a higher proportion of consumer respondents from rural health facilities (64%) were aware of feedback mechanisms compared to urban health facilities (46%). In contrast, FDGs participants mentioned there was more awareness and availability of feedback mechanisms in private FP health facilities and in urban areas.

Only 9% of respondents had been advised of feedback mechanism by the health facility. With regards to NGO health facilities, 43% of surveyed respondents mentioned health facilities had advised them of feedback mechanisms, compared to 5% and 4% in government and private health facilities, respectively.

A low 28% of surveyed consumers have provided feedback to health facilities. In contrast, 91% of surveyed providers state that consumers provide feedback. Although we were unable to confirm why consumers do not provide more feedback, focus group participants suggested many consumers may not provide feedback for fear of receiving poor service. Many also suggested consumers who can afford private-FP health facilities and do not like the service, may go somewhere else rather than make a suggestion or complain. This is particularly true in Kampala where there are many private clinics a consumer may choose from. Moreover, health officials felt that giving feedback, particularly in the form of a complaint is a relatively new phenomenon and people still do not consider it their right.

Consumers surveyed from NGO health facilities provide more feedback (43%) than government (23%) and private FP (18%). This result suggests NGO health facilities may establish better relationships with health consumers.

Of the 133 surveyed respondents who provided feedback, 89% stated feedback was received fair to well. In addition, 78% mentioned that their feedback was addressed; in most cases (79%) immediately.

With regards to the grade of health facilities and feedback mechanisms, Mulago had the lowest percentage of consumers who were aware of feedback mechanisms (12%), who were informed by the hospital about feedback mechanisms (3%), and who had ever provided feedback (9%). As the country's national referral hospital, one would expect a more evolved and effective system of consumer feedback and participation.

In conclusion, while the majority of consumer respondents are aware of feedback mechanisms, consumers are not using the intended feedback mechanisms (suggestion box, HUMC). A formal procedure to provide feedback to the health providers is not present at most health facilities. The majority of surveyed respondents view the doctor or nurse as the feedback avenue. The doctor or nurse however, may not be the best feedback mechanism, as issues pertaining to conflict of interests may arise. In many cases, the feedback may be in the nature of a complaint against a health provider, and should be received by a third party.

Overall, respondents from NGO health facilities stated to be more aware of feedback mechanism and provide more feedback to the health facilities than respondents from government and private-FP health facilities. Likewise, private-FP health facilities had the least consumer feedback mechanisms in place with only one having a suggestion box and none having written guidelines.



## 8.0 RECOMMENDATIONS

*"Advocacy is not enough. NGO's such as UNHCO should also focus on implementing projects at the community level."*

*Dr. Kaijuka, Commissioner for Quality Control, MOH*

Feedback mechanisms are important for both the health consumer and the health provider and the above quote seems to be the favored response of focus group participants and health officials on how the feedback situation can be improved. They suggest that UNHCO be more involved in implementing projects at the grassroots level that will sensitize consumers and health workers about feedback mechanisms and their importance in promoting a solid relationship between the consumers and providers.

In addition, the following are a list of recommendations with regards to the introduction and/or improvement of feedback mechanisms at health facilities>

1. **Feedback mechanisms and guidelines on how to provide, receive and address feedback should be present at all health facilities.** MOH should ensure that the guidelines exist and that they are functioning properly.
2. **Health consumers and providers need to be sensitized that providing feedback at the health facility is a right.** In addition, feedback will assist in the overall improvement of the functioning of the health facility, which will lead to better health care and health. FGD participants suggested that patients' rights be included in the antenatal package for pregnant women.
3. **The Health Unit Management Committee needs direction and focus.** Members need proper training on their responsibilities and especially on how to handle suggestions and complaints, including how to inform consumers that feedback was addressed. Likewise, the HUMC could be in charge of opening the suggestion box and addressing the feedback on a timely basis. There should be monitoring systems in place to ensure that members are chosen from the community and that the committee is functioning properly. Follow up training is needed when new members are integrated.

4. **UNHCO should become an integral part of the health system in Uganda.** That is to say, it should be involved in training workshops sponsored by the MOH. A perfect opportunity to initiate this would be to participate in the MOH training of *Village Health Teams* (VHT). UNHCO could be responsible for modules dealing with patient's rights, including the right to provide feedback. The more UNHCO works within the MOH framework, the larger impact their efforts will have.

Best practises regarding consumer feedback (i.e. UNHCO initiatives in Kalagala, Luwero District, health facilities that have successful mechanisms in place such as Kibuli Hospital or NGOs). should also be analyzed and implemented This will allow UNHCO to build on existing foundation.

Finally, in order to create a sustained impact, consumer feedback has to be addressed and included in the planning component of the health facility. This will assist in promoting lasting collaboration between providers and consumers, which in turn leads to improved health care.

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*"Whenever you see a problem, it is your opportunity to talk about it before it affects you, for when it does, then you have lost the opportunity to do so and hence you depend on the mercy of others"*

Anonymous