CHALLENGES FACED BY PROVIDERS OF SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN KAMPALA.

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A DISSERTATION SUBMITTED TO THE DEPARTMENT OF SOCIAL WORK AND SOCIAL ADMINSITRATION IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF BACHELOR OF SOCIAL WORK AND SOCIAL ADMINSTRATION OF MAKERERE UNIVERSITY

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DECLARATION

I, Kamwine Juliet, declare that this dissertation is entirely a product of my effort. It has not been submitted anywhere else for any purpose and I reserve its copyright.

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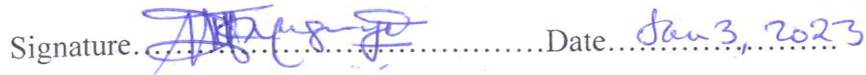
APPROVAL

This dissertation has been submitted for examination with my approval as the student's supervisor.



Signature..Date...........................

Firminus Mugumya, PhD

DEDICATION

I dedicate this research report to my friends who always encouraged me to work hard during the entire process of the academic journey and as well as my parents for their support that has enabled me to pursue my degree that has improved my skills especially my interpersonal skills.

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TABLE OF CONTENTS

DECLARATION .... **i**

APPROVAL .... **ii**

DEDICATION .... **iii**

ACKNOWLEGEMENTS .... **iv**

LIST OF ACRONYMS .... **vii**

ABSTRACT .... **ix**

CHAPTER ONE: INTRODUCTION AND BACKGROUND **1**

1.1 Introduction 1

1.2 Background to the Study 1

1.3 Problem Statement 2

1.4 Study objective 3

1.5 Research Questions 3

1.6 Justification of the Study 3

CHAPTER TWO: LITERATURE REVIEW **4**

2.1 Introduction 4

2. 2 The nature of services demanded by the clients 4

2.3 Challenges faced by service providers of SRH associated with consumers 8

2.4 Challenges faced by service providers associated with provision of SRH services 11

CHAPTER THREE: METHODOLOGY **13**

3.1 Introduction 13

3.2 Research Design 13

3.3 Study Area 13

3.4 Sample size and selection procedure 13

3.5 Data collection method and tools 14

3.6 Data Analysis 15

3.7 Ethical considerations 16

3.8 Limitations 16

CHAPTER FOUR: STUDY FINDINGS AND THEIR INTERPRETATION **17**

4.1 Introduction 17

4.2 Service providers of the sexual and reproductive health care services 17

4.3 The existing sexual and reproductive health services that are demanded by clients 18

4.4 Challenges faced by the providers of sexual and reproductive health services 19
4.5 Actions that have been taken 22
4.6 Response of beneficiaries to different services offered 23
4.7 Services Extension 24
4.8 People's Perception 25
CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS 26
5.1 Introduction 26
5.2 Summary of the Findings 26
5.3 Conclusions 28
5.4 Recommendations 29
REFERENCES 31
APPENDICES 36
Appendix 1: Key Informant's interview guide. 36
Appendix II. Transcript 37
Appendix III: Manual code book 43
Appendix IV: Consent Form 47
Appendix V: Introductory Letter 48
Appendix VI: Images of the observations during data collection 49
Appendix VII: Profile of Respondents 53

LIST OF ACRONYMS

AIDS	Acquired immunodeficiency Syndrome
ANC	Antenatal Care
BTL	Bilateral Tubal Ligation
CBO’s	Community Based Officers
CEDOVIP	Center for Domestic Violence Prevention
CEHURD	Center for Human Rights and Development
COCs	Combined Oral Contraceptives
FP	Family Planning
HCT	HIV Counselling and Testing
HIV/	Human immunodeficiency virus
HPV	Human Papilloma Virus
HRAPF	Human Rights Awareness Promotion Forum
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
ICU	Intensive Care Unit
IPPF	International Planned Parenthood Federation
IUD	Intra Uterine Device
IVF	In Vitro Fertilization
KI	Key Informant
KP	Key Population
MARPI	Most at Risk Populations Initiative
MJAP	Makerere University Joint AIDS Program
NGO	Non-Governmental Organization
PMTCT	Prevention of Mother to Child Transmission
PP	Priority Population
RAHU	Reach A Hand Uganda
RHU	Reproductive Health Uganda
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights

STD’s	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNYPA	Uganda Network of Young People living with HIV/AIDS
USAID	United States Agency for International Development
VHT	Village Health Teams
WHO	World Health Organization

ABSTRACT

I conducted a study on the challenges faced by service providers of the sexual and reproductive health care services in Kampala, Uganda. The study was carried out in different health facilities such as Mulago in the STD clinic, Marie Stopes Uganda, the women's specialized hospital-Mulago and some non-governmental organizations such as Reproductive Health Uganda as well as MJAP-Makerere University hospital. The study was guided by both the specific and general objectives. The general objective of this study was to examine the challenges faced by service providers of sexual and reproductive health care services. The specific objectives of the study were to examine the conceptualization of the SRH care services, examine who the service providers of the sexual and reproductive health care services are and explore the existing sexual and reproductive health services in Uganda.

A descriptive design and a qualitative approach were used to generate the required information from the study participants.

This report therefore presents the findings of a qualitative study conducted in Kampala district in the month of October 2022 among the different service providers including those from hospitals and as well as organizations such as Mulago Women's hospital, MARPI-Most at Risk Persons Initiative, MJAP-Makerere University Joint AIDS Program, Reproductive Health Uganda-RHU and as well as Marie Stopes Uganda. Some of the key existing SRH needs are identified as well as the challenges the service providers face, perceptions people have towards the services etc. Key conclusions are drawn and recommendations made.

CHAPTER ONE: INTRODUCTION AND BACKGROUND

1.1 Introduction

This chapter of the dissertation includes the introduction of the research, the background of the area of interest, problem statement, the objectives both specific and general, the significance of the study and the justification of the study and the scope.

1.2 Background to the Study

Sexual and reproductive Health (SRH) is the physical, mental and social wellbeing and not merely absence of disease and infirmity, in all matters relating to the productive system and to its functions and processes specifically applied to adolescent (United Nations High Commissioner for Refugees [UNHCR], 2019). Good sexual and reproductive health care is a state of complete physical, mental and social wellbeing in all matters relating to the reproductive health. It implies that people are able to have a satisfying and safe sex life, to the capability to reproduce and decide if, when and how often to do so (United Nations Population Fund [UNFPA] ,2022).

Marie Stopes International mentions that the term “sexual and reproductive health” can be defined as a person’s right to a healthy body and the autonomy, education and healthcare to freely decide who to have sex with and how to avoid sexually transmitted infections or unintended pregnancy. Access to sexual and reproductive health care services enables people to exercise the right. It can take form of medical related to the reproductive system, for example to treat a sexually transmitted infection or the facilitation of reproductive autonomy with the provision of contraception and abortion care (MSI). Sexual and reproductive health and rights are critical entitlements best supported through human based approaches empowering rights-holders claim their rights and duty bearers to fulfill their obligations (McGranahan et al..,2021). In addition to that, quality sexual and reproductive health services are essential to the wellbeing to refugees and other persons of concern (UNHCR).

SRHR is an umbrella for various issues that affect men and it is represented in four separate areas such as sexual health, sexual rights which is the ability to decide on your own about sexuality. SRHR also includes reproductive health and reproductive rights which include decision to have children or not (Dickinson, 2014). Some of the sexual and reproductive health services include maternal services, post-natal, pre-natal, and counselling, family planning. HIV testing, STI

screening and it is very important for young adolescents as well as men and women to access and utilize sexual and reproductive health services so as to promote a good well –being. They as well cover a broad spectrum of care including maternal and new born care access to contraception and the treatment of HIV or other sexually transmitted infections (UNHCR, 2022). To maintain ones sexual and reproductive health, people need access to accurate information and the safe, effective, affordable and acceptable contraception method of their choice (UNFPA, 2022).

According to the sustainable development goals, Goal No. 3, target 3.7 by 2030, should be universal access to sexual and reproductive health care (SRH) services including family planning information and education, the integration of reproductive health into national strategies and programs (inter- Agency and Export group on SDG indicators). Access to sexual and reproductive health care services enables people to exercise their right. UNHCR (2022), indicates that access to quality sexual and reproductive health services plays a vital role in the well-being of a human being and is particularly relevant for people living in a situation of forced displacement.

The different service providers of these services include the public and private health care facilities, drop-in centers, referrals and social media (HRAPF, 2021).

Therefore, this research examined the challenges faced by the providers of sexual and reproductive health services in Kampala.

1.3 Problem Statement

Sexual and reproductive health care services are some of the most pressing and desiring services in our societies for both men and women. Despite the tremendous efforts by the government of Uganda, United Nations High Commission for Refugees and the World Health Organization to ensure access and utilization of the SRH services through the SDGs under goal No. 3, target 3.7 to attain universal access to SRH services by 2030, there are still low results exhibited partly because of the challenges that the providers of these services face. In addition to that, few studies have been documented concerning the challenges that the providers of these services face in the due course of the provision of the services. This study therefore seeks to examine the conceptualization of the SRH services, the existing SRH services, who the service providers of these services are and the challenges the service providers face during the delivery of the SRH to the beneficiaries.

1.4 Study objective

1.4.1 Overall objective.

To examine the challenges faced by the providers of Sexual and Reproductive Health services in Kampala.

1.4.2 Specific objectives.

1. To find out the nature of services that clients tend to demand.
2. To examine the challenges faced by service providers associated with consumers of SRH services.
3. To examine the challenges faced by service providers associated with provision of SRH services.

1.5 Research Questions

The study was guided by the following research questions:

1. What are the different sexual and reproductive health services that clients demand?
2. What are the challenges that the service providers of the SRH services encounter?
3. Who are the different service providers of the sexual and reproductive health care services?

1.6 Justification of the Study

Promotion of using the SRH care services is one of the best ways to curb the spread of the sexually transmitted diseases and to promote a better health for the different individuals. Less studies have been documented on the challenges that the service providers but rather focusing a bit more on the sex workers face yet they are at the forefront in the provision of these services and therefore they ought to be looked at so as key role players to ensure effective delivery of these services. This study aims to find out the different challenges that the service providers face during the delivery of the services to the beneficiaries

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter is concerned with analyzing the existing literature which is in line with my study. It is concerned with the different research themes that have been generated in line with the objectives and also it looked at the existing gaps from methodologies, techniques, approaches that were used. The main themes were; the nature of existing sexual and reproductive health service demanded by the clients, the different service providers at the forefront in provision of these services and the challenges faced by the providers of SRH.

2. 2 The nature of services demanded by the clients

Sexual health. This is the integration of somatic, emotional intellectual and social aspects of sexual being in ways that are positively enriching and that enhance personality communication and love (ARC). Reproductive health is a state of complete physical, mental and social well-being and not merely absence of disease or infirmity. reproductive health therefore implies that people are having a satisfying and safe sex life and that they have capability to reproduce and the freedom to decide it when and how often to do it (UNFPA, 2016). Young people are diverse and so are their sexual and reproductive health needs. Some of the services are information on and access to modern contraception, emergency contraception, menstruation HIV and sexually transmitted infection (STI) testing and treatment, gynecology, bilateral tubal ligation, vasectomy, pregnancy testing and services, safe abortion, counselling, obstetric, antenatal and post-natal care services, gender- based violence and harmful practices counselling and referrals (plan international) etc.

2.2.1 Safe and affordable contraceptive methods

Contraception also known as anti-conception and fertility control is the use of methods or devices that prevent unwanted pregnancies (Wikipedia). Some of the contraception methods are condoms that protect against most STIs and as well preventing pregnancy. The oral contraceptive pills, the intrauterine Device (IUD) that is usually used by women, the contraceptive implant and this placed under the skin in a woman's upper arm (Queensland Health, 2022). According to WHO (2020), contraceptive methods include oral contraceptive pills, implants, injectables, patches, vaginal rings, male and female sterilization, lactational amenorrhea methods, withdrawal and fertility awareness-based methods. All these methods have different mechanisms of action and

effectiveness in preventing unintended pregnancies and the effectiveness is measured by the number of pregnancies per 100 women per year. In addition to those, there are also contraceptive injections that are given into a woman's buttocks or the upper arm over the next blood stream, the emergency contraception pill (the morning after pill|) and diaphragm (Queensland health).

2.2.2 Universal access to accurate sexual and reproductive health information

This sexual and reproductive health information is to guide the adolescents on how to deal with their sexuality, the different challenges they face during the stage and the possible ways on how to address the challenges. Accurate sexual and reproductive health information helps one to maintain one's sexual and reproductive health. People must be informed and empowered to protect themselves from the sexually transmitted diseases ad when they decide to have children, women must have access to skilled healthcare providers and services that can help them fir the pregnancy (UNFPA, 2014)

2.2.3 Sensitive counselling

Integrated SRH counselling is defined as a two-way interaction between a client and the provider intended to assess and address the client's over all SRH needs, knowledge and concerns regardless of what health service the provider is working within or what the client has requested (Engenderhealth). Counselling as a service in sexual and reproductive health (SHR) is a three-fold counselling for modern contraceptive counselling and services for sexual health and well-being and counselling and services for infertility (UNFPA, 2019). In addition to that counselling helps the individuals to overcome their various fears, it gives them strength and more awareness and enlightenment of the different services and solutions to the various services and challenges respectively.

2.2.4 Quality obstetric, antenatal post-natal care for all women and girls (UNFPA, 2014)

Antenatal care is the care you get from health professionals during pregnancy and it is sometimes called pregnancy or maternity care and this is to ensure that the mother and the baby are well (NHS,2020). Antenatal care (ANC) coverage is a success in Africa since over two-thirds of pregnant women (69 percent) have at least one ANC contact. The purpose of antenatal care id to ensure good health in every pregnant woman and her unborn baby by checking for any conditions that may cause a risk either during the pregnancy or birth (UNICEF). However, to achieve the full

life saving potential that ANC promises for women and babies, four visits providing essential evidence based interventions a package often called focused antenatal care and these interventions include identification and management of obstetric complications such as pre-eclampsia, tetanus toxoid immunization etc. (Lincetto *et al*). Obstetrics is a medical specialty that focuses on care of pregnant women, the health of the unborn baby, labor and delivery and care immediately following childbirth. Obstetric care is vital to help ensure labor and delivery without complications. Post-natal care is defined as care given to the mother and her newborn baby immediately after the birth of the placenta and for the first six weeks of life (WHO, 2015). The WHO set guidelines for providing post-natal care to women some of which are provide post-natal care in the first 24 hours to all the mothers and babies at birth regardless of where the birth occurs, ensure healthy women and their newborns stay at healthy facility at least 24 hours and are not discharged early and all mothers and babies need at least four postnatal checkups in the first 6 weeks (WHO,2015). Due to the above guidelines, there has been a considerable progress in improving maternal health. Globally 72% of women give birth attended to by the skilled personnel and the maternal mortality ratio has decreased from 380 to 210 per 100,000 live births.

2.2.5 Prevention and management of sexually transmitted infections such as HIV

This is done through the provision of the different contraception methods such as condoms, HIV/AIDS testing, counselling, treatment and partner treatment (Donna, 2016) and these are some of the possible ways of preventing and managing of the sexually transmitted diseases.

2.2.6 Family planning

Family planning is the consideration of the number of children a person wishes to have, including the choice to have no children and the age at which to have the children (Wikipedia). Family planning has been of practice since the 16th century by the people of Djenne` in West Africa. Aspects of family planning include contraceptives such as combined oral contraceptives (COCs) or known as the pill, implants, injectables, IUD's and male condoms (WHO,2020), sex education, pre-conception counselling etc. Ensuring SRH services such as family planning services helps to improve the health of women, children, families and safe lives and also to empower women to participate fully in society and fulfill human rights.

Today more than 218 million women globally want to avoid or post pone their pregnancy but are not using effective family planning (FP) methods. Adolescents and older women face higher risks of severe complications and death during pregnancy, delivery and postpartum period. When women give birth too often and too soon after each birth, it results into poor health. (Reproductive health and family planning 2022).

2.2.7 Cervical cancer screening

Cervical cancer screening the process of detecting and removing abnormal tissue or cells in the cervix before cervical cancer develops. By aiming to detect and treat cervical neoplasia early on, cervical cancer screening aims at secondary prevention of cervical cancer (Wikipedia). Studies show that there are three main ways to screen for cervical cancer such as the human papillomavirus (HPV) test which checks cells for infections with high-risk HPV types that can cause the cancer. The second method is the Pap test also called a pap smear or cervical cytology and this collects cervical cells so that they can be checked for changes caused by the HPV that may-if left untreated –turn into cervical cancer. it also finds conditions that are not cancer such as infections or inflammation. The third method is the HPV/Pap cotest which uses an HPV test and Pap test together to check for both high risk HPV and cervical cancer cell changes (NIH,2022).

2.2.8 Bilateral Tubal Ligation (BTL) and Vasectomy

Tubal ligation is a surgical procedure done to women that creates permanent contraception or sterilization. This is commonly known as having the “tubes tied”. The surgery blocks the fallopian tubes preventing the sperms from meeting the egg, effectively preventing pregnancy. Bilateral means the procedure is being done to both fallopian tubes (Emory University school of medicine). Vasectomy is a surgical procedure that stops the sperm from leaving the male reproductive organ providing permanent birth control. The procedure closes off the ends of the vas deferens, which are the tubes that carry sperms (Cleveland clinic,2022). Bilateral tubal ligation and vasectomy are one of the family planning methods that act as contraceptives that prevent the conception in the due process. Taking a case study of Nigeria. It has a high fertility rate of 5.9 per woman and the maternal mortality ratio of 1000 per 100,000 live births. despite these statistics, the contraception prevalence rate among the married couples is as low as 10% and reports show that acceptance rates of BTL and vasectomy are as 8% among women aged 35-44 years and 1.25% of all deliveries. This low rate of acceptance is blamed on the ignorance of the people about such services,

misconceptions about vasectomy by the males, social-cultural factors, religious and psychological factors (Ebeigbe et al.,2011). In Uganda, 34% of married men and 41% of married women of reproductive age are reported to desire to limit future births. Older men and women were far more likely to want to limit births (94% of these men and 81% of the women were at least 30 years old) although a substantial number of young people are also interested (FHI 360,2022).

2.2.9 HIV Testing Services (HTS)

HIV testing services are the services that are extended to clients to make them aware of their statuses. Studies show that in 2015, men accounted for approximately 49% of all adults (age 15 and above) living with HIV worldwide. Of the estimated 1.9 new HIV infections in 2015,53% of them were men. This makes HTS an important aspect of SRH. HTS is an important component of the continuum of HIV prevention, care and treatment services. It is an entry point for people to know their HIV status while becoming educated about HIV and their own risk behavior, and to be linked to care and treatment, if HIV positive (USAID & HC3,2017). HTS includes pre-testing information, post-test counselling that is done after the client has received results, quality HIV testing, linkages to appropriate HIV prevention, care and treatment services and other clinical and support services. WHO offered guidelines with which should be followed as they extend the HTS services such as consent that should be informed to the clients to be tested, confidentiality where the client's information should not be shared, counselling both pre and post counselling should be offered, correct test results where the providers should provide high quality testing services and care and treatment services (USAID&HC3,2017).

2.3 Challenges faced by service providers of SRH associated with consumers

There are diverse sexual and reproductive health care services that are provided to different categories of beneficiaries like the youth, young adolescents and the adults. As much as success has been registered in extending and delivering these services to the beneficiaries, service providers still face various challenges during the service delivery of which some of the services are client initiated and others arise due to weaknesses of the service providers. Challenges that are client based are the negative attitudes of the clients towards the services, the myths and misconceptions of the services, language barrier to mention but a few and the challenges that are arise due to weaknesses of the service providers include limited skilled and human resource, limited equipment, limited funding etc.

2.3.1 Communication difficulties

Communication is the sending and receiving of messages. Hurdles to counselling (Mangesha *et al*.2018.) Communication difficulties inhibit the provision of adequate counselling to the clients that are in need of the SRH services especially for cases of language barrier. This makes it adequately hard to provide explanations to a client via an interpreter when providing SRH care to the individual. This is because SRH is a complicated area even when trying to discuss through an interpreter and becomes a barrier of communication. A study in Zimbabwe shows that PWDs encounter a challenge of communication when accessing SRH services and this is due to lack of interpreters (Ndangana,2020). However, due to the use of interpreters, it makes it ineffective for the service provider to extend the intended information to the client since sign languages are likely to leave out some vital information that the individual might need since they are receiving second hand information. In addition to that, language barrier has become a concern among the refugees accessing health care services in Uganda whereas Uganda has been praised for being a friendly environment (Monitor,2021). This is because the refugee youth cannot communicate with the local health workers on the challenges they face and cannot clearly express themselves for the services that they need.

2.3.2 Negative attitudes of the clients

Negative attitudes of clients towards service providers have been a great hindrance to the delivery of the SRH services by the service providers (Ajibade & Oguguo, 20220). Studies show that these attitudes are generated from both the client, the family and the community at large. A study in Rwanda shows that the negative attitudes of the family members and the community members challenges them to access the services for example they always spread false information or confidential information concerning the different SRH services (Ndyashimiye et al.,2020) and because of such attitudes imparted in the clients/beneficiaries, it becomes very hard for the service providers to execute their duties with ease and effectively. In addition to this, the negative attitudes that some clients have are due to the influence of the community members where some people have not had good experiences with the different services provided and so they discourage others. By the time of accessing the service, these clients already biased and the service providers find it hard to convince the client and provide the required service with ease and effectively.

2.3.3 Myths and misconceptions about services

Myths and misconceptions have become one of the leading barriers towards successful delivery and extension of the sexual and reproductive health care services to the different beneficiaries. Myths and misconceptions tend to create negative attitudes and biases into the clients and this at the end point strains the different service providers to provide the services. These misconceptions and myths are led by the different socio-cultural norms where some of the religious leaders limit especially the adolescents from accessing the services where by some of them are chased out of prayer places due to access of the services (Ndashimiye et al.,2020). In addition to that, some religious leaders do not believe in family planning methods and when the beneficiaries try to access these services, they do it in the hiding so that they are not seen and this makes most of them not open up to the service providers and hence making it hard for service delivery.

2.3.4 Ignorance of the clients about the existing SRH services.

Despite the fact that sexual and reproductive health care have been put to a forefront to promote good and a healthy living of the different beneficiaries, there are still high levels of ignorance of the beneficiaries about the existing sexual and reproductive health care services. This ignorance is partly due to lack of enough information about the existing SRH service in the communities (Ndashimiye et al.,2020). This lack of enough information about the existing services increases ignorance of the individuals and by the time the clients come to seek for the services from the different service points, most of them do not know what they want and the service provider is expected to teach the client about the different services. This makes the work tiresome and also time consuming as they always have big numbers of people to work upon in a limited time frame and hence ignorance of the clients about the services being a challenge to the service providers.

2.3.5 Low patients' adherence to appointments especially for the HIV/AIDS and failure to disclose the problem due to stigma

Stigma is basically a mark of disgrace associated with a particular circumstance or situation. Most patients/clients have failed to turn up for the different SRH services due to the stigma that is associated with the different services. Looking at the HIV patients, most of them fear to get medication/service especially in the presence of other people because of how people will perceive them and look at them. in addition, pregnant adolescents also suffer from stigma because of how the society looks at them and this hinders them from accessing the services from the different

service providers. In most cases, for such special cases, service providers usually set appointment dates for such categories of people so as to be able to effectively deliver the required service, but because of the stigma that is associated with the service for example taking the ARV's, most clients do not turn up for the appointments. This low adherence makes it very difficult for the service providers to follow up on the clients and to make sure that the drugs are administered effectively hence being a challenge to the service providers because this reflects inefficiency of work.

2.4 Challenges faced by service providers associated with provision of SRH services

2.4.1 Limited funding

Despite the extreme importance of the sexual and reproductive health care services, there has not been sufficient to the services for people across the globe. This is very pronounced in low- and middle-income countries where the funding for SRH is largely donor driven (Akazili et al.,) Following the funding of most of the different service providers like NGO's, hospitals, pharmacies, clinics, most of these providing centers are underfunded either by the government or by the different donors. This underfunding has greatly limited and affected the service delivery of these services to the different clients and beneficiaries. Thus, the responsibility of upholding SRH services ultimately lies with the national leaders who must develop strategies for ensuring sustainable funding in relation to the universal health coverage (UHC) and access to SRH services. This is as well evidenced by some of the responses from the study findings as shown below.

2.4.2 Limited skilled labor and human resource

Inadequate skilled and human resource labor was found to be another challenge in the delivery of SRH services. There is lack of adequately trained medical personnel and diagnostic services that re greatly lacking (Ajibade & Oguguo, 2022). Additionally, inadequate human labor is another challenge where by the providers are understaffed and yet the ratio of the clients to the service providers is very big where by each service provider is found to have over 10 clients and this affects the efficiency and effectiveness of the services delivered to the clients. As service providers are skilled and so should the service providers of sexual and reproductive health care services. It comes to attention that some of the service providers lack the skills and knowledge that are required when dealing with different clients during the service delivery. According to (Ninsiima et al., 2021), the being unskilled by the service providers is one of the challenges they face as they deliver the services to the beneficiaries and this affects the access and utilization of these services by the

different people since the providers do not know how to deliver the expected services. One of the participants from the study findings mentioned that they are understaffed which limits the provision of the services.

2.4.3 Lack of equipment to use for service delivery.

Limited equipment for using during service delivery was found to be another challenge affecting the service providers of SRH services and this is because of frequent stock outs of supplies and commodities in the facilities (Ooms et al., 2022). There is lack of equipment to use such as laboratory equipment, medicines, brochures and advertisement kits like talking shirts that display messages about the various SRH services so that people are able to access the different services. In addition to the limited equipment, there is delayed supply of the equipment in the different facilities hence being a challenge to the service providers.

2.4.4 Unfavorable Policy frame works and Service delivery systems

The lack of appropriate and suitable policy frame works to support service delivery can compromise provider's roles. According to Mac-Seing et al (2022), there are policy and legislation application challenges especially for the people with disabilities (PWDs) in accessing the SRH services which affects the service the service providers as well. Due to lack of enforcement, there is a wide spread lack of awareness and training on disability issues among policy executors particularly the health professionals to focus on the needs of the PWDs and this implementation gap limits the service delivery. In addition to that, the existing laws that do not support some of the SRH services have become a hindrance to the effective service delivery by the service providers. For instance, in Uganda, it's illegal to carry out an abortion and yet it's one of the SRH services that is highly demanded by the adolescent youth and this puts the service providers in a compromising situation hence being a challenge. A participant from RHU, mentioned that one of the greatest challenges they face that is associated to provision of these services is the unfavourable policy framework.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter discusses the research designs, research approach that was used, the description of the geographical area and where the study population was located, the population from which the sample size will was selected, the sampling strategies, data collection methods including instruments and procedures that were used. It also included the data quality control which is the reliability and validity of the instruments and the ethical considerations.

3.2 Research Design

According to Kombo and Tromp (2006), a research design refers to that part of the research plan that indicates how cases are to be selected for observation and in addition it shows all the major parts of the research project work together to address the central research question.

The study employed a descriptive research design. Descriptive research design aims to systematically describe the characteristics of a population or situation in study. The descriptive design was chosen because it specifically helps to answer the what, when, where and how questions regarding the research problem (Voxco,2021) and these concern the research topic.

3.3 Study Area

The study area for the research was Kampala district. The target population for the study were different service providers of the sexual and reproductive health care services in Kampala district taking the case studies of Most at Risk Persons Initiative-Mulago Hospital (MARPI), Mulago women's hospital, Makerere Joint AIDs Program-Makerere University Hospital (MJAP), Marie Stopes Uganda and Reproductive Health Uganda.

3.4 Sample size and selection procedure

Sampling is the selection of a subset of individuals from within a population to estimate the characteristics of the population (Singh and Masuku, 2014)

3.4.1 Sample size

My sample size was determined by the principle of Data saturation and my primary sample was the different service providers of these services. Data saturation refers to a point in the research process when no new information is discovered in data analysis, and this redundancy signals to

researchers that data collection may cease (Faulkaner and Trotter, 2017). My indicative sample were 15 KII interviews and the final sample was 13 KII interviews that were determined by the principle of data saturation. This was achieved through the different interviews that were conducted from the different service providers in the health facilities as well as organizations.

3.4.2 Sampling procedure

The study adopted the non- probability sampling technique. Non probability sampling is a technique in which some units of the population have zero chance of selection. Under non-probability sampling technique, I adopted the purposive sampling technique.

Purposive sampling refers to a group of non-probability sampling techniques in which units are selected because they have characteristics that you need in your sample, they are selected on purpose (Nikolopoulou,2022). Purposive sampling is also known as judgmental, selective or selective sampling and this is where as well researchers rely on their judgement or purpose to choose the population to participate in the research study (Alchemer, 2021).

3.5 Data collection method and tools

3.5.1 Key informant Interview method

The research study adopted the interview method. An interview is a qualitative research method that relies on asking questions in order to collect data and it involves two or more people one of whom is the interviewer asking questions (Tegan, 2022). Some of the key issues that were asked were; the conceptualization of the SRH services, what services are provided, who the different service providers are and the challenges that the service providers face when extending these services to the beneficiaries.

This method targeted the service providers of SRH services both medical and non-medical providers of the services. This method covered a total of 13 participants of which all were key informants. where the key informant interviews were conducted from the professional and service providers.

Recording: I as well also used the recording method during the interviews which enabled me to capture very important information that has been included in the transcripts.

Observation. I as well used the observation method during the process of data collection trying to analyze and understand the rate at which the beneficiaries receive the services that are provided *(see appendix 6*) with evidence of attachment of some pictures of people receiving the services.

During the study, I used interview guides and these were the questions which I used to collect information from the participants during the interviews that were conducted. Data collection tools include interviews guides, questionnaires and observation (Mayflor, 2016). Interview guides are lists of the topics and question an interviewer plans to cover during an interview with an interviewee (indeed editorial team 2021).

3.6 Data Analysis

Qualitative data analysis has been defined as a process, which entails an effort to identify themes formally and to construct hypotheses (propositional statements) as they are suggested by data and an attempt to demonstrate support for those themes and hypotheses (Bogdan and Taylor, 1975, cited in Tesch, 1990). Hence, for data from KI interviews, thematic analysis was employed to identify emerging themes and subthemes based on their level of recurrence within the data collected and in line with the key research questions. The data analysis followed the following procedure (Tesch, 1990).

Data was transcribed from the recorded individual interviews and the transcripts printed out (copy of a transcript attached in appendix 2).

All the transcripts were read through and edited to get a sense of the whole data set.

One transcript was taken and analyzed critically in relation to categories and themes emerging from the whole set.

An organizing system (framework) or code book was developed, based on the research questions and the data collected (See part of the code book attached in appendix 3).

Using the framework (code book) as a guideline, the findings were discussed using actual quotes in relation to the previous literature

In order to ensure in-depth analysis, qualitative data analysis was completed, the results interpreted below.

3.7 Ethical considerations

Ethics are moral principles that guide research to conduct and report research without deception or intention to harm the participants of study whether knowingly or unknowingly (Singh 2019).

Before collecting data from participants, I sought permission and clearance from all relevant authorities for example the department of Social work and Social Administration through a letter that was issued by the head of research (*letter attached in appendix 5*) and as well as my research supervisor. The letter was presented to the different participants from the different health centers so as to get information from them and to also affirm that I was a student from Makerere University conducting an academic research. Consent was sought from the participants in order to involve them in the research and this was done verbally where I assured them of the confidentiality, anonymity and voluntary participation and a paper that required their signatures was presented to them and they signed as seen in appendix 4.

3.8 Limitations

The major limitation was limited transport fares since it was expensive to travel from one area to another to collect data since it involved money expenditure.

There was also too much expectation from the participants especially for money since most of them thought that the research was funded by organizations and others started asking if I had prepared for them "soda" for taking their time until I explained to them that this was an academic research that would later be presented to my supervisor for further analysis.

Another limitation was time. This is because I was interviewing people who were always busy working and on duty and could only spare few minutes to respond. Some even walked out of the interviews so as to handle their duties at work.

CHAPTER FOUR: STUDY FINDINGS AND THEIR INTERPRETATION

4.1 Introduction

This chapter presents the findings of the study on challenges faced by providers of Sexual and Reproductive Health Services to refugees. The findings respond to objectives

a) To examine the nature of the SRH services demanded by the beneficiaries
b) To examine the challenges faced by the service providers of the SRH services associated with clients and the service providers themselves.

4.2 Service providers of the sexual and reproductive health care services

In order to understand the people and the bodies or organs or institutions responsible for the provisions of sexual and reproduction health care services as one of the needs of the citizen, questions were asked; the participants indicated that the service providers of the sexual and reproductive health care services were medical personal which includes doctors, lab technicians, nurses, midwives, clinical officers, specialists in reproductive health care, doctors for fetal and maternal medicine, doctors for ganyn-gyn, midwives, and other non-medical personnel like social workers, counsellors and peer educators.

> *"Some of the service providers that we have are Doctors, Village health teams-VHT's, Nurses as well. Also, Reproductive Health Uganda-RHU as the organization. There are also Peer educators, Centre for Human Rights and Development, Reach a Hand Uganda - RAHU and Uganda Network of Young People Living with HIV/AIDS-UNYPA as some of the other organizations that offer these services" (Volunteer RHU, November 2022).*

> *"All the medical personnel who include doctors, counsellors, peer educators, lab technicians, nurses to mention but a few. But all the medical people" (HTS specialist-MJAP, October 2022).*

Additionally, most of the SRH services were being offered by organizations like RHU and MJAP and as well as hospitals like Marie Stopes Uganda and Mulago Women's specialized hospital. These organizations and hospitals provide services such as HIV prevention services and the treatment, provided post-abortion services to the females, conduct course HIV testing and counselling, offer counselling services and HIV prevention services and as well as PMTCT at a lesser extent

The participant (Clinician MARPI) indicated that they normally have social workers besides the medical team, this was because medical people were few and they extended SRH services up to the community by training social workers and these included village health teams, the parish health teams and they have been termed as social workers. The finding relates with HRAPF, (2021) which states that the service providers of the sexual and reproductive health care services include the public and private health facilities, drop-in centres, referrals and the social media platforms (HRAPF, 2021). However, besides health facilities and social media platforms, there are some Non-Governmental Organizations that are providing these services such as Reproductive Health Uganda (RHU) which is affiliated to the International Planned Parenthood Federation IPPF (RHU,2022) and as well as Marie Stopes International-Uganda.

4.3 The existing sexual and reproductive health services that are demanded by clients

The participants indicated that some of the SRH services provided were; reproductive health care services that included counselling, HIV testing, educating clients about safe use and the challenges involved in the use of the services, educating clients about unwanted pregnancies, the consequences involved in the youth stage of life. There were also services like scan, cervical cancer screening, family planning, antenatal services, post-natal services, BTL and Vasectomy services, IVF services to mention but a few.

> *"We offer family planning services such as pills, condoms, short term and long term methods such as implants, injectables, IUD's, BTL services as well as Vasectomy. We also having counselling, STI's/STD's management and treatment. There is also post-abortion care where young people in cases of rape and GBV whereby the victims become pregnant and then abort, we help to clean them in cases of remained matter and also in cases of miscarriages. We as well carry out HCT services and rolling out ART, information dissemination and giving. We do peer to peer approaches and also community based reproductive health trainings. We offer antenatal care-ANC, post-natal care, cervical cancer screening as well as child growth and monitoring" (Youth Representative RHU, November 2022).*

> *"Reproductive health care services include counselling, HIV testing and HIV counselling and testing as well as educating them about safe use and the challenges involved in the use of services. Then educating them about unwanted pregnancies, the consequences involved in the youth enjoying their life and the things like that" (HTS specialist MJAP, October 2022).*

The finding agrees with (UNFPA, 2014) which acknowledges that some of the SRH services offer are Safe and affordable contraceptive methods. Some of the contraception methods are condoms

that protect against most STIs and as well preventing pregnancy. The oral contraceptive pills, the intrauterine Device (IUD) that is usually used by women, the contraceptive implant and this placed under the skin in a woman's upper arm (Queensland Health, 2022). In addition to those, there are also contraceptive injection that is given into a woman's buttock or the upper arm over the next blood stream. The emergency contraception pill (The morning after pill). The contraceptive Ring, Diaphragm and Sterilization. (Queensland health). According to (UNFPA, 2019) sensitive counselling is one of the SRH services offered. Counselling as a service in sexual and reproductive health (SHR) is a three told counselling and services for modern contraceptives counselling and services for modern contraceptive counselling and services for sexual health and well-being and counselling and services for infertility (UNFPA, 2019). Prevention and management of sexually transmitted infections such as HIV (UNFPA, 2014). This is done through the provision of the different contraception methods such as condoms, HIV/AIDS testing, counselling, treatment and partner treatment (Donna, 2016) are the possible ways of preventing and managing of the sexually transmitted diseases.

4.4 Challenges faced by the providers of sexual and reproductive health services

Participants were asked about the challenges the providers of SRH services faced. It was indicated that the challenges these service providers faced were not only from the facilities of work but also some were client driven challenges and these made the work of the providers a bit bulky and hard to executive effectively.

4.4.1 Challenges faced by service providers of SRH services associated with consumers.

The participants mentioned that some of the challenges they faced were because that were client driven. Some of the challenges that were sighted were the negative attitudes of the clients, the ignorance about the existing services and as well as low adherence rates for medication especially for HIV patients.

> *"There is too much ignorance from the community people and also negative attitude of some clients who come for the service. I remember we had a community outreach and there was this young boy who was misleading others and telling them not to get the services saying that he had evidence of these SRH services such as condoms causing cancer and infertility and he was speaking with confidence and that he had his evidence" (Volunteer RHU, October 2022).*

According to (Ajibade&Oguguo, 2022), studies show that these attitudes are generated from both the client, the family and the community at large. Because of the different negative forces and influence that are imparted onto the different clients, a lot of negative perceptions are created and by the time the clients are to receive the services, they have a fixed mindset and this makes it hard for the service providers deliver quality work. In addition, ignorance of the clients about the existing services is also another challenge and this is partly due to lack of enough information about the existing SRH service in the communities (Ndashimiye et al.,2020).

4.4.2 Challenges faced by service providers associated with provision of SRH services

Besides service providers facing challenges that are as a result of client weaknesses, participants mentioned that the major challenges they face are as a result of organizational or individual weaknesses and failures such as unsustainability of clients due to drug stock outs, limited funding etc.

> *"The challenges we face as service providers some are sustainability of those in rural areas. Me here in the urban city I can sustain what I give to the adolescents but you find in other areas there is a challenge. Now when someone starts with HIV pills, they are going to reach an extent where they are out of stock and then that becomes a challenge on me the health worker as I am following up that patient of mine and that becomes a challenge to also the beneficiary" (ART counsellor-MARPI, October 2022).*

Additionally, it was also indicated that shortage of funds was the major challenge faced by service providers. These funds were needed for transport to communities but were inadequate. Clients were sometimes frustrated because of the long waiting time they spent, they were always in a hurry and were never stable. They always wanted to be worked on within 5 minutes which was sometimes impossible since service providers always had many clients who needed the same services.

> *"The most challenge is lack of funds. You know that most of these organizations are funded and yet to go to different communities, you need funding and you need transport. Another challenge is that when you reach there, the moment people see you, what they think about is money. You are giving them information which will actually help them but they want at the end of the day after giving them information you pay them; you buy something at least and this makes funding the most challenge we get. Funds are not there for them to get what they want. But even the funds that are there are very little and you find that it becomes hard to offer these services." (HTS specialist MJAP, November 2022).*

According to (Azikili e al 2020), despite the extreme importance of the sexual and reproductive health care services, there has not been sufficient to the services for people across the globe. This is very pronounced in low- and middle-income countries where the funding for SRH is largely donor driven. Therefore, the responsibility of upholding SRH services ultimately lies with the national leaders who must develop strategies for ensuring sustainable funding in relation to the universal health coverage (UHC) and access to SRH services

In addition to the limited funding by the different funding agencies, these service providers also face a challenge of understaffing. The service providers are very few yet the people demanding the services are many and this makes the ratio of clients to service providers very abnormal where by one service provider is to work on about 10 clients in the same time frame.

> *"You find that even the staff are understaffed. So, the staff that are there a few so you find that people are many we don't have enough staff that will go to the field and then we leave those that will work and keep on the site. So that's the problem that we have" (HTS specialist MJAP, November 2022).*

Furthermore, participants as well mentioned challenges that emerge as a result of failed policies from the government and other stake holders and that this has been one of the most pressing challenges as to why some services are not freely and openly given in that they contradict with the law and yet the services are demanded highly by the beneficiaries.

> *"Then also on the restrictive laws, the National School Health Policy has not been implemented and also the National Sexuality Framework has also not been implemented. The teachers have also not been trained in these services to offer sex education to the students as well. There are also poor perceptions that we are teaching the children bad manners yet the people they say we are teaching are already doing the bad manners and yet for us we want to help them on how to be safe. There is also rigidity of cultures and religions since some religions do not believe in family planning methods and so people then do not support such services" (Youth representative RHU, November 2022).*

The restrictive and prohibitive laws have to a great extent hindered proper service delivery of SRH services to the beneficiaries. This is evidenced for example with the Ugandan laws that do not support abortions and yet safe and post-abortion services are some of the key services that the adolescent youth demand. Because of the restrictive laws, service providers have failed to perform to the demands of the clients and others have performed illegally and this highly compromises their duties and being a great challenge service delivery.

Continuously, it was indicated that the service providers faced a challenge of shortage of human resource, lack of materials to use such as laboratory equipment, brochures, talking shirts that can be used as an advertisement about the existing services at the given facilities.

> "*Sometimes we lack the materials to use, you know going to the field, you need a lot of materials like the health materials, those brochures, talking shirts that someone can see you and say okay, even if I don't talk to this one now but this where I can get the service from here" (HTS counsellor MJAP, October 2022).*

The lack of equipment by the different organizations or facilities is mainly due to the limited funding since most of the providers of the SRH services depend on the external funding or donors. The limited funding results into equipment and drug stock out in the different facilities (Ooms et al.,2022). Some of the equipment that are used are syringes, HTS kits, contraception methods like IUDs, condoms etc. for the fact that there are limited funding agencies and many are withdrawing their funding, the promotion of SRH care in the societies becomes a concern. limited equipment for using during service delivery was found to be another challenge affecting the service providers of SRH services and this is because of frequent stock outs of supplies and commodities in the facilities (Ooms et al., 2022).

4.5 Actions that have been taken

The findings indicate that in an attempt to solve challenges faced by service providers, peer educators have been used to extend information to the people and their colleagues in the communities. There had been also value clarification exercise conducted, capacity building sessions to train young people about different services have been carried out to reduce on the level of ignorance and lack of information. Some health facility had partnered with different stake holders and worked on different media platforms and worked directly with the young people.

> *"The actions I may not say that there is that much, but just to say that continued talking, guiding and counselling. Just continuously providing information to these people that can benefit them to avoid some of these challenges. Actually, sometimes we go as far as talking to these people on how best to help them, on how to make money that can keep them surviving instead of sitting and yet you don't have food to eat. You are sick and you have to go to hospital and you don't have money and you can't keep depending on other people. And the organization like MJAP they have put in place a community team with a boda rider, someone with a motor bike who can reach out to these people who fail to come" (HTS counsellor MJAP, October 2022).*

"We also have partnerships with different stake holders. We do media work on different media platforms and as well as working directly with the young people and involving them at all stages" (Youth representative RHU, November 2022).

"We have peer educators who extend this information to the people and their colleagues in the communities. These also conduct value clarification exercises. We as well carry out capacity building sessions to train these young people about these different services to reduce on the ignorance and lack of information" (Volunteer RHU, November 2022).

Participants recommended that Government of Uganda should take part in providing funding for SRH services since most of the funding has been provided by external funders/donors which has proved to be inadequate. It was also recommended that Government should take time to train more people to add on the available human resources.

4.6 Response of beneficiaries to different services offered

With regards to the response of the beneficiaries to different services that were provided, it was indicated that for those that come for HIV testing they were willing to test. However, there were some challenges such as some people feared to turn positive and get information for the first time. Some people got ashamed in the process. It was for these reasons that the village health teams had to spread the information so that they are aware of the advantages of knowing their HIV statuses. Additionally, it was also indicated that the response was not so bad because some people wanted to get help though there was also stigma that came with the services.

"People are willing to come and test however there are challenges involved. First of all, getting to know their HIV status for the first time for instance if someone turns positive, that's a challenge so some people fear to turn positive and also fear to get the information for the first time that they are HIV positive. Some people get ashamed to come to the hospital for testing, some people have no time so that's why we have these teams such as the Village Health Teams so as to spread information to these people so that they can get aware of these services and the benefits and advantages of testing" (HTS specialist MJAP, October 2022).

In addition to that, another participant mentioned that the turn up by the beneficiaries was good for those who lived near the health facility and distance and cost of transport involved was not so much. In most cases the turn up ranges from 80%-100% or even more than that. The Health facility has been able to achieve their target through outreaches and they had health week.

"So far, they are turning up for these services and most especially, for instance here we are near the university, we are in the university hospital and we are in the neighborhood of Makerere University hospital so you find that in terms of the percentage we get over 80% of people who come here for testing" (HTS counsellor MJAP, October 2022).

4.7 Services Extension

In terms of service extension, the participants indicated that they had a team that usually goes to the community for instance circumcision team, Family based care team that goes to the communities promoting awareness and teaching people about HIV testing and counselling services and other medical activities. Services for men had been differentiated from the services offered to women. The services were not offered only at the health care facility, they have been extended to the community and as far as the hotspot or the location or home of residence of the person. It was also noted that service providers had engaged peers to support them and designated days where some days were designated for men while some for women.

"We have the service delivery mechanism where we carry out the community-based outreaches and in this we offer services at a free cost such as HTS and cervical cancer screening. we give out free drugs for STI's and as well as some family planning methods like condoms. We also have the advocacy mechanisms where we advocate for policies that are favorable for the youth such as laws concerning abortion. This is because abortion is illegal and many youths have gone ahead to carry out in very unsafe ways due to fear of public perceptions and this has put many lives at risk. We also advocate for SRHC rights; we do a number of projects targeting key populations such as sex workers where we partner with Moonlight clinic in Bwaise. Other key population groups are sexual minorities and these are men who have sex with fellow men-MSM and also those groups of people who use injectables. We as well have partnerships and collaborations such as consortiums, some of the organizations include CEDOVIP. We engage in information giving to the people both static and in the communities that we go to. We also work with police as a stake holder. We use media to reach out to people through our different media platforms for example we run sexuality live skills education that was empowering young people about SRH such as body image and pregnancies and this was done on TV and also the information was shared through radios. We have a toll-free line, it's new but at least we have and we are using it because people call and inquire about services that are provided and they are given to them" (Youth representative RHU, November 2022).

"We actually we have a team that usually goes out to the field for instance the circumcision team. There is also a team called the Family based care team that goes to the communities promoting awareness and teaching people about HIV testing and counselling services and other medical activities. So usually, they make posters and then print them and go on posting them in different halls of residence and then in

other university facilities, they make different timetables and they go on visiting different facilities and halls of residence teaching them as they extend the different services to the beneficiaries" (HTS specialist MJAP, October 2022).

4.8 People's Perception

Participants indicated that 80% of the clients perceived the SRH services they offered with positive attitudes. It was also observed that despite a good number having positive attitudes, there were also a few like 20% that had negative attitudes which called for the service providers to come in and change their attitudes. This is because service providers were interested always on those with negative attitudes so that their life could be changed.

"80% of them have a positive attitude. It is a few like 20% that has a negative attitude where by it is now our work to come in and, because in most cases we are interested in those that have a negative attitude so that we can teach them, enlighten them and make them know about our services and they use them effectively because those 20%, that's the number we are always interested in because you find that those that have a positive attitude in most cases, they come by themselves and they are aware. But the 20% that have a negative attitude that's what we are interested in" (Youth representative RHU, November 2022).

Additionally, participants indicated that some clients had negative attitudes because of the distances they had to travel in order to get the services and end up not getting them. This is strongly backed up by (Ajibade & Oguguo, 20220) whose studies show that these attitudes are generated from both the client, the family and the community at large. Not only that, there was also lack of information about the services, most people actually didn't know what these services were thus had negative thoughts about them.

"Actually, in most cases it is because of lack of information. So, for us when we go there and we take for them information to make them aware that what you think is not actually what it is. And in most cases, most of them come and they get services" (HTS specialist MJAP, October 2022).

Furthermore, participants were asked about what made some people have negative attitudes towards SRH services and the participants noted that people had negative attitudes towards SRH services because of lack of information, limited finance despite the available donors. The services had been extended to the beneficiaries through sensitizations which helped people and created awareness to the community.

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary of the findings, conclusion and recommendation for the study based on study objectives and the result of the study.

5.2 Summary of the Findings

5.2.1 The different service providers of the SRH services

The findings revealed that the services provided were at different agencies such as the hospitals, organizations and as well as the communities.

At the hospital level, the service providers were doctors such as gynecologists, fetal nurses, ICU specialists, lab technicians, nurses, midwives, clinical officers, and specialists in reproductive health care, doctors for fetal and maternal medicine, and *ganyn-gyn* doctors and as well as counsellors.

At the community level, service providers such as peer educators are used, community-based officers (CBO's) Village Health teams (VHT'S) and social workers.

At organizational levels, organizations such as Marie stopes Uganda, Reproductive health Uganda, Makerere Joint AIDs Program (MJAP), Center for Domestic Violence Prevention (CEDOVIP), Reach A Hand Uganda (RAHU), Uganda Network of Young People Living with HIV/AIDS (UNYPA) and Center for Human Rights and Development (CEHURD).

However, the different service providers cross cut in all the sectors where by social workers and peer trainers can as well work in the hospitals and that the different agencies collaborate and work together for example RHU and CEDOVIP and CEHURD. These organizations as well work hand in hand with the hospitals such MJAP organization that collaborates with Makerere University Hospital.

5.2.2 The existing Sexual and Reproductive Health care services that are demanded by clients

The study shows that there are a range of the sexual and reproductive health care services that were extended to the different beneficiaries depending on the need of the service. Services such as counselling, HIV testing, information giving and dissemination about the existing services and

how they work and the different advantages and disadvantages of each service. and the challenges involved in the use of the different services. Services such as CT scan, cervical cancer screening, family planning methods like pills, 's condoms, implants, injectables and IUDs are given to the different people with preference of the client. Antenatal services and Post-natal services are as well provided to the adolescent girls and women, HIV Testing and Counselling (HTC) and as well as HIV Counselling and Testing (HCT) are provided. *Ganyn-gyn* services are also provided, vasectomy, Bilateral Tubal ligation (BTL) and also Intra-Vitro Fertilization (IVF).

5.2.3 Challenges faced by the service providers of SRH associated with clients and service providers themselves

The finding revealed that challenges faced by health care providers for sexual and reproductive health were both clients driven challenges, individual challenges and also weaknesses from facilities and organizations in which they worked. Client based challenges included ignorance from the community about the services offered, the negative attitudes of the clients, low patients' adherence to appointments especially for the HIV/AIDS patients and also the expectant mothers who are supposed to turn up for the antenatal and postnatal care and also failure to disclose the problem due to stigma. There were also challenges of the myths and misconceptions about services that are provided where by some religions don't believe in family planning methods and also language barrier where by some languages that are spoken by the clients are not understood and neither known by the service providers and this makes delivery of services very hard.

Challenges such as limited fund, shortage of human resource such as limited staff members and limited skilled personnel to execute given tasks, lack of materials to use such as laboratory equipment, brochures, and talking shirts that someone can see and be able to identify the service providers and their location and station when in the field so as to be able to access the service when need arise.

5.2.3.1 Actions put in place to address the challenges

Participants mentioned that several solutions have been put in place so as to address some of the challenges that they face during the provision of these services. Some solutions to solve the challenges were through using peer educators that have been used to extend information to the people and their colleagues in the communities and as well aa using community officers to encourage people to get the services. The action of value clarification exercise is conducted,

capacity building sessions to train young people about different services have been carried out to reduce on the level of ignorance and lack of information.

Partnering with different service providers and organs such as police, CEDOVIP, CEHURD as some of the organizations working with RHU has helped to address such challenges.

In addition to that, media platforms have been used where information is given out and extended to the beneficiaries and this as well has helped to reduce on the level of ignorance and the misconceptions and myths about the services.

Bikers have as well been employed so as to extend services such as drug refill for the HIV patients who cannot be able to report to the health facilities to be able to get their medication due to reasons such as limited transport means.

5.3 Conclusions

Basing on the findings of the study, it was concluded that sexual and reproductive health care services are the services that are given to both males and females especially those from the adolescent ages to maturity stage so as to promote good health both for the sexual health and reproductive health. It is noted that the major providers of SRH services are doctors, counsellors, lab technicians, nurses, midwives, clinical officers, and specialists in reproductive health care, doctors for fetal and maternal medicine, and doctors for *ganyn-gyn* services and midwives as the medical personnel and other non-medical personnel like social workers, peer educators and also community-based officers. The services offered are counselling, HIV testing services, educating clients about safe use and the challenges involved in the use, educating clients about unwanted pregnancies, the consequences involved in the youth stage of life, scan, cervical cancer screening, family planning and antenatal services to mention but a few.

However, in a bid to offer the services to the beneficiaries they faced challenges such as ignorance from the community about the services offered accompanied with negative attitudes, low patients' adherence to appointments, limited funding, faced language barriers, failure to disclose by some clients, shortage of human resource, lack of materials to use such as brochures, and talking shirts that someone can see you and say okay in the field.

5.4 Recommendations

Regarding the various issues that were discussed and development from the study findings various recommendations have been drawn basing on the results of the findings concerning the challenges faced by service providers of sexual and reproductive health care services both as a client driven challenges and challenges due to individual or organizational and facility weaknesses.

- The study found out that health facilities and organizations that offer SRH services face a challenge of limited and unskilled human resource/power, it is therefore recommended that health facilities and organizations offering sexual and reproductive health services should be equipped with more qualified human resources to solve the problems of the client ratio to service providers being overloaded.
- The study also found out there is limited funding for the different service providers which makes it hard for the services to be extended to the beneficiaries effectively. It is in this basis that I recommend that more funds should be allocated to the health sector particular in reproductive health sector. This would help in smooth running of the services and some programs such as radio talk shows, TV talk shows and awareness creation within the community about the SRH services.
- In addition to that, the study findings indicate that the facilities that provide these services are understaffed which makes work overwhelming for them and affecting the service delivery to the different clients. It is therefore recommended that more social workers as well should be trained and recruited in hospitals and as well as the communities so as to help extend these services to the people through counselling and as a way of boosting the man power or human resource of the service providers to reduce the overload and ensure proper delivery of quality services to the clients.
- The study as well discovered that there is too much ignorance of people about the existing services that are provided since most of them tend to seek for services that they are not even sure about, in recommendation, more workshops, trainings and continuous sensitizations of the people/beneficiaries about the importance of these services to their wellbeing should be done to increase the awareness of the people about the existing services.
- The study found out that one of the greatest consumers of the SRH services are the young adolescents and youths and therefore it is recommended that sex education should be

encouraged in secondary schools and tertiary institutions since these are key target areas and stages where adolescents are. This will help to improve on the awareness levels of the beneficiaries and hence promote good health.

- The study also discovered that most of the facilities and organizations that offer these SRH services face a challenge of limited equipment such as laboratory equipment due to stock outs and limited funding. Recommendations are made that different service providers should apply for more funding from different donor agencies and as well as the national government to ensure the availability of the equipment and good service delivery to the clients.

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APPENDICES

Appendix 1: Key Informant's interview guide.

For the service providers of the SRH services.

Greetings, I am Kamwine Juliet a student from Makerere University pursuing a bachelor's degree in social work and social administration. I am carrying out research about "Challenges faced by service providers of sexual and reproductive health care services in Kampala" I am requesting that you take part in this interview so as to aid my research because you have the actual information since you are a service provider of these services. We shall use approximately 30 minutes but it also depends on how much time you can give me depending on your schedule. The information given in this interview will be corded to ensure anonymity and confidentiality of the respondent and no names will be mentioned unless the you permit me to do so. All information will be purely for academic purposes and it will be treated with at most confidentiality. Thank you.

Interview questions.

A. THEME 1: SERVICE PROVIDERS AND THE EXISTING SERVICES

1.What is sexual and reproductive health care?

2.Who are the different service providers of the sexual and reproductive health care services?

3.What are the sexual and reproductive health care services?

4.How are the beneficiaries responding to the different services?

5.How have these services been provided to the beneficiaries/what are the different mechanisms that have been used to extend these services to the beneficiaries?

6. To what extent have these services been provided to the beneficiaries?

7.What are the people's reception and response towards the different services?

B. THEME 2: CHALLENGES FACED BY THE SERVICE PROVIDERS.

8.What are some of the challenges that the service providers have faced during the providing of the services?

9.What are the causes of these challenges being faced by the providers?

10.What actions have been put in place to address some of these challenges?

Appendix II. Transcript

Example of a transcript from one of the interviews conducted.

MJAP Participant -HTS COUNSELLOR-Participant 4

Study title	Assessing challenges faced by service providers of sexual and reproductive healthcare services
Participant position	HTS counsellor
Participant gender	Female
Date of interview	25th October, 2022
Interviewer name	Kamwine Juliet
Place of interview	MJAP-Makerere University Hospital
Transcriber	Kamwine Juliet

Interviewer: Maybe you can re-introduce yourself, your name, what you do and the position you hold here.

Interviewee: I am called xxxxxx I work with MJAP, sitting at Makerere University hospital and I am an HTS counsellor and on top of HTS which is HIV testing services, there are other modernities that accompany HTC which is HIV testing and Counselling. We have GBV screening, we have Assisted Partner Notification-APN, we have social Network service, we have priority population-PP and Key Population-KP that we offer services in relation to reproductive health and HIV and STD at large.

Interviewer: What is sexual and reproductive health care in your own understanding?

Interviewee: In my understanding, its anything that affects our bodies sexually. It can be HIV, STD's, those other diseases like gonorrhea, syphilis and many others including HIV. It can affect our system because when someone is HIV positive, you even think twice to have a child. So it affects generally, it can be unwanted pregnancies that involve abortions and we have seen that many girls have suffered the consequences of getting pregnant and then they try to abort and it affects them and it affects their sexual and reproductive health.

Interviewer: So what is reproductive health care?

Interviewee: it is wide but to my understanding it's the care we give people to help either prevent or treat what has happened for example if someone has acquired STD's, we have to test them, treat them. If someone has not may be for example if someone has been raped and we know that this person can end up with STD's and pregnancy, we give them prevention which is like emergency pills then sometimes we say the doctors prescribe some anti STD's to prevent. Then the other thing is like for example some organizations offer safe abortions like Marie Stopes, RHU I don't know exactly whether they handle that, but then they handle post abortion because people abort using even crude methods like inserting things like herbs and funny things then at the end the either affect the uterus or the foetus inside rots and starts coming out into clots and small pieces. Do those are the reproductive care they give. Like they wash, they clean up the system so that those pieces and clots don't remain and it rots and affecting the uterus in the long run.

Interviewer: Who are the different service providers of these services?

Interviewee: Mostly these services are offered by hospitals like RHU, Marie Stopes Uganda including MJAP as an organization. we do provide the care including the HIV prevention services and the treatment and many others.

Interviewer: How are the beneficiaries responding to the different services?

Interviewee: The response is not bad as I may say because what people want is to get help, so the response wouldn't be bad but in most cases you know there is also stigma that comes with these services. It is not easy for a young lady to walk into a clinic or hospital or organization and ask "I hear you people can help me get rid of the pregnancy, or I aborted and I am not feeling well" that is one thing because already you know what I have done is wrong so you are thinking that "should I go, should I stay or" They appreciate those that have succeeded in getting the services, they do appreciate because I remember one time I got a young lady who had aborted and she was not feeling well. I told her we don't offer those services here but I know

where you can get them for further management so I referred her and she said she was handled well and she recovered.

Interviewer: What are the different mechanisms that have been used to extend these services to the beneficiaries?

Interviewee: The mechanisms, there is a lot of demand question and sensitization that helps people. It helps people and creates awareness to the community and it helps them to know that if I need this service, there is where I can get it and these organizations sometimes they offer outreaches and so during these outreaches sometimes, different communities get to know that there is this organization, this is where we can find them and these are the services that they offer.

Interviewer: On a scale of 1-10, or if you are to gage yourselves as MJAP, to what extent have these services been extended to the beneficiaries? Taking into consideration of all the services provided here concerning SRH.

Interviewee: In most cases it s100% or even more than that. We have been able to hit our target through outreaches and we used to have health week and may be going to the different halls at the university but when COVID came, things went down and everything stopped. But we used to have different avenues and sensitization as an organization.

Interviewer: How do these people perceive these services because you find that people fail to come because of the perceptions that they have.

Interviewee: You know a human being is a human being, some have this thinking that whatever you are doing is because you have been given money, you have been given some money maybe the workmate has put some money so that is why you are doing this. For example, safe male circumcision-SMC, some people when you ask them," why are you not circumcised" and they are like but do I need to be circumcised, these whites just come up with their money and just want to do things but what is the benefit. So some people are still living with that naivety like it is not important. They are not looking at the health part of it but they are just looking at what I will I benefit actually when I am circumcised. That is why some organizations will put

in even money to encourage people to come and circumcise. And you see it work, they are not looking at the bigger benefit that they are getting, they think it's the organization benefiting. So others yes, still you know people are not free, people are not open enough, they feel like "someone is going to see me, someone will see me walking in there and they will wonder why have I gone there?" People relate things to a lot, I think they are looking at more public opinion and the situation that they can end up with. For example, there is cervical cancer screening, it is a prevention and we know that it is one thing that helps every woman who is of 23 or 25 years and above and also sexually active because this is also transmitted. But when you tell them to go for that screening, they are asking very many reasons, they tell you that they are not sick, so for them they are not sick, they are waiting to get some pain there but before they can't. This cancer is a funny one, by the time you start feeling pain, it has gone far. You don't get it today and then tomorrow the pain starts, by the time you are getting pain, it is somewhere. So I think we still need to do a lot of sensitization.

Interviewer: What are the challenges that you the service providers here are facing or generally the different service providers of these services?

Interviewee: Challenges, the assumptions and myths that people come with. Everyone understands things differently, sometimes we have a challenge of human resource, sometimes we have a challenge the people we work with, someone may not understand the reason maybe you are pushing so hard for this. They may not understand the reason why you are pushing so hard for this. And sometimes we lack may be the materials to use, you know going to the field you need a lot of materials like the health materials, those brochures, talking shirts that someone can see you and say okay, even if I don't talk to this one now but this when I can get the service I need. Sometimes the funding is not enough, because there is an activity you need to do but that activity you need to pick from your own pocket directly.

Interviewer: Aren't there sometimes when you get a challenge from a client?

Interviewee: Those challenges also be there because sometimes these clients are tired, maybe you have done the counselling, you have over offered the services you can and you are

disappointed when this person decides to go away for example the person has tested positive and you have done everything you are supposed to do and the person refuses to start medication and yet if I am doing prevention and I have seen this person positive, I want this person to start their medicine so that we reduce the chances of spreading the infection to other people. Some of them start and then disappear and then following them up also becomes a challenge. Some expect money from us, I have this problem and maybe I am referring them for further service elsewhere then they ask you "now doctor how will I reach when I don't have money" in most cases we enter our pockets most especially me and the clients to support this person to enable them to get the service you are referring them to get. Others tell you that "I have a challenge, you have given me medicine but I can't take it because I don't have food" and yet you also having nothing to do. The organization is giving medicine but not food to eat. So it can also be a challenge. Then even those follow ups are hard due to lack of airtime, it needs transport because at one point you are following this person physically, at one point you are looking at this person you have to struggle to locate since some of them don't have contacts.

Interviewer: Having looked at these challenges, what do you think are the root causes of these challenges?

Interviewee: That one now I can't tell because if someone tells you that I don't have food, or I don't have transport to bring me to the hospital, you may not tell what has brought all this challenges. On the side of the counsellor you also see that your challenges so you can't start sharing it with or buying things and you have to work within the budget. And yet we are having people from different areas to deal with.

Interviewer: What actions have been put in place to address these challenges and what do you think should be done to better address these challenges.

Interviewee: The actions I may not say that there is that much, but just to say that continued talking and guiding and counselling. Just continuously providing information to these people that can benefit them to avoid some of these challenges. Actually sometimes we go far as talking to these people on how to best to help themselves,

on how to make money that can keep them surviving instead of sitting an yet you don't have food to eat. You are sick and you have to go to hospital and you don't have money and you can't keep depending on other people. And the organization like MJAP they have put in place a community team with a boda rider, someone with a motor bike who can reach out to these people who fail to come. The only challenge there is that some people don't even have contacts, so flowing someone in a slum area with no phone also becomes very difficult. you remember this person comes to the clinic and you ask them something and they are like they don't know.

Interviewer: Thank you so much for your time. I really appreciate.

Appendix III: Manual code book

(Indicating the general objective responses from some of the participants)

Challenges faced by service providers.	• Challenges that service providers face, our clients are sometimes frustrated, the time, the long waiting time they spend, the spend a lot of time at the clinics sometimes, they are always in a hurry and then they are never stable. They come and they want to be worked on within 5 minutes which is sometimes impossible since we always have many clients and we have to offer other service, you have to go counselling, an assessment and probably I have a case meeting. We are also faced by resources as much as we are offering these services we have a challenge. We usually get stock outs for example family planning we get stock outs, ARV's we get stock outs. That is it, ya.I think that's what I can think of (Clinician MARPI, October 2022) • Our challenges, language barriers. We usually wish these people to come as a couple because this project of child bearing needs both sex, gender, man and woman. Sometimes they leave it for the woman. Mothers come in very late of which we need to do some prescriptions first and they take long and yet sometimes a doctor comes in and an emergency arises and he leaves and then he fails to work on the client because she has come late. I think that's all about it. No major challenges (Mulago nurse 2, October 2022). • First of all, language barrier, another thing is sometimes transportation to reach those people in had to reach areas (Anonymous Marie Stopes, October 2022).

	• The most challenge is lack of funds. You know that most of these organizations are funded so to go to different communities, you need funding, you need transport and another challenge is that when you reach there, the moment people see you, what they think about is money. You are giving them information which will actually help them but they want at the end of the day after giving them information you pay them; you buy something at least. You get it, so that's the most challenge we get. Funds are not there for them to get what they want. But even the funds that are there are very little. The service providers for instance transport, yes, so the most problem that is there is lack of funding, you find that even the staff are understaffed. So the staff that are there a few so you find that people, we don't have enough staff that will go and then we leave those that will work. So that's the problem that we have (MJAP HTS-Specialist, October 2022). • Challenges, the assumptions and myths that people come with. Everyone understands things differently, sometimes we have a challenge of human resource, sometimes we have a challenge the people we work with, someone may not understand the reason maybe you are pushing so hard for this. They may not understand the reason why you are pushing so hard for this. And sometimes we lack may be the materials to use, you know going to the field you need a lot of materials like the health materials, those brochures, talking shirts that someone can see you and say okay, even if I don't talk to this one now but this when I can get the service I need. Sometimes the funding is not enough, because there is an activity you

	need to do but that activity you need to pick from your own pocket directly (MJAP HTS-counsellor, October 2022) • Some patients, okay the payments can be there but some of them reach a point of failing to adhere to their appointments and at times the number is overwhelming since the patients might be many compared to the number of staffs around and the client-patient ratio may be high. There are certain things we must be doing and must have but we don't have them yet as the hospital is just starting (Mulago nurse 1, October 2022). • We have challenges of shortages of equipment to use especially when we are going to the field. The negative attitudes of clients also, many clients have negative attitudes and different stresses and when they come to get the services, they have various biases and makes the work hard for us. Then also stock outs of drugs, for example there was a time we had boxes of condoms and people would take as much as they want but now a client will come and they are not available. There is also a challenge of restrictive laws concerning sexuality and SRH education for instance we are restricted from reaching out in schools and a lot of information is left out from the young people because even when we go to the schools, there are some things that the head teacher will tell you not to talk about and yet the young people always have so many questions to ask but because of the restrictions, we are forced to leave out key information. I remember we went to Kalinabiri secondary school and we were talking to s.1,2 and 3 and the students started asking sensitive questions but we couldn't answer because the head teacher refused us.

	• Then also on the restrictive laws, the National School Health Policy has not been implemented and also the National sexuality Framework has also not been implemented. The teachers have also not been trained in these services to offer sex education to the students as well. There are also poor perceptions that we are teaching the children bad manners yet the people they say we are teaching are already doing the bad manners and yet for us we want to help them on how to be safe. There is also rigidity of cultures and religions since some religions do not believe in family planning methods and so people then do not support such services (Youth representative RHU, November 2022)

Appendix IV: Consent Form

CONSENT FORM

NAME	CONTACT	INSTITUTION/ORGANIZATION	SIGNATURE
KATUSHABE GIORRETTI	0702661583	MARPI | STD MULAGO	[illegible]
Kinana Mamuna	0785-746461	STD | MARPI	[illegible]
KENKYA HARRIET	0772335692	SOPD | MSKNH	[illegible]
NAMUSIITWA JANEPHER	0775915041	SOPD | MSWNH	[illegible]
DAISY KANDOLE	0702111515	YA/RHU	Daisy
MARTHA MUGABE	0751451594	Volunteer RHU	[illegible]
OKUMU. ROBERT	0700520869	Mariestopes UGANDA	[illegible]
Olive Katugume	0779566277	Mariestopes Uganda	Olive
Namatovu Grace	0703898858	Mariestopes Uganda	[illegible]
KIGAYEDA LATTIF	0751388862	Mariestopes Uganda	[illegible]
Aduko Christine Gladys	078290979	SOPD | MSWNH	
MUBANGIZI. CHRISPUS	0755553287	MJAP	[illegible]
Nyanuwa Elizabeth	0757714145	MJAP	[illegible]

Appendix V: Introductory Letter

DEPARTMENT OF SOCIAL WORK AND SOCIAL ADMINISTRATION

Tuesday 05th July, 2022.

The Director,
Makerere University
Hospital – MUH

Dear Sir/Madam,

Re: Undergraduate Research

Topic: ASSESSING CHALLENGES FACED BY SERVICE PROVIDERS OF SEXUAL AND REPRODUCTIVE HEALTH CARE SERVICES IN KAMPALA.

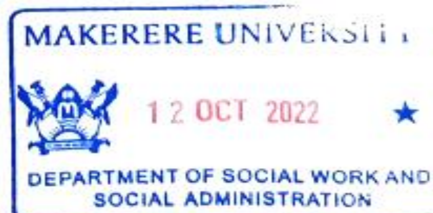
This is to Introduce Mr./Miss/Mrs. ....
Who would like to carry out research in your area as part of the requirements of the Social Work and Social Administration course.

I am requesting you to give him/her the necessary assistance to enable him/her accomplish his/her research.

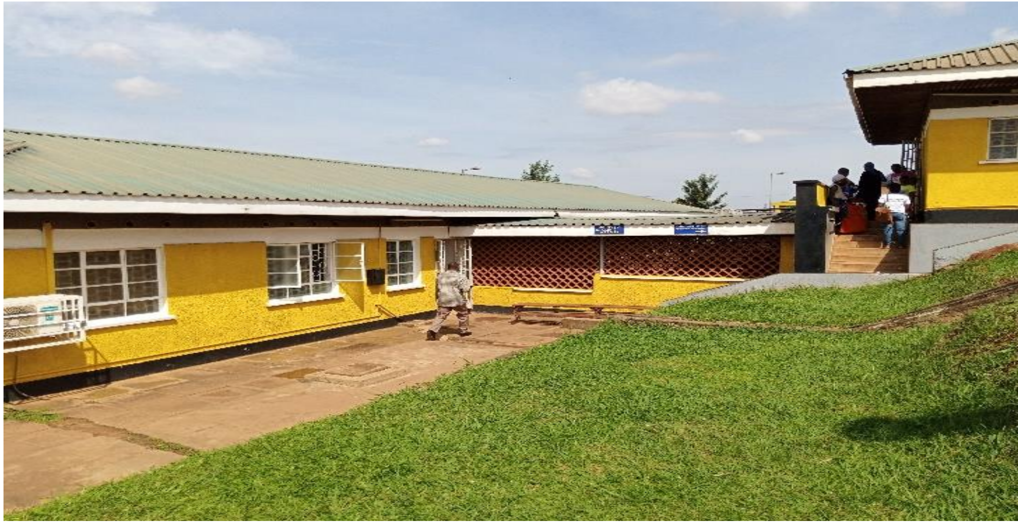
Your cooperation in this regard will be highly appreciated.

Yours faithfully,

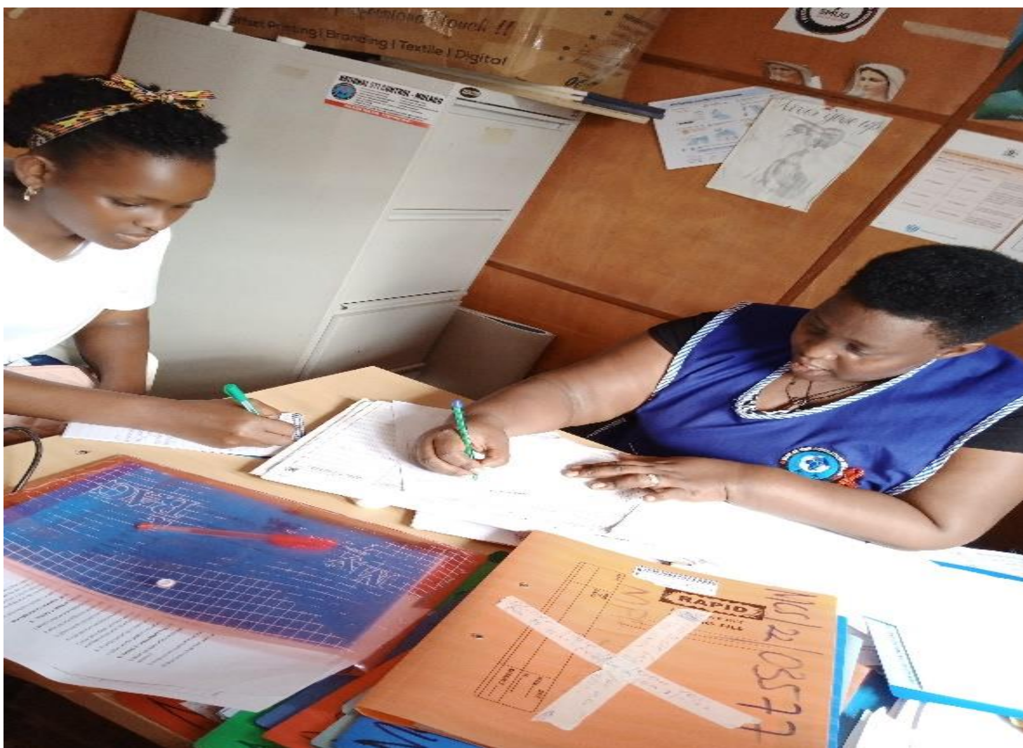
Dr. Laban Musinguzi Kashaija,
Lecturer In-charge of
Research and Dissertation.



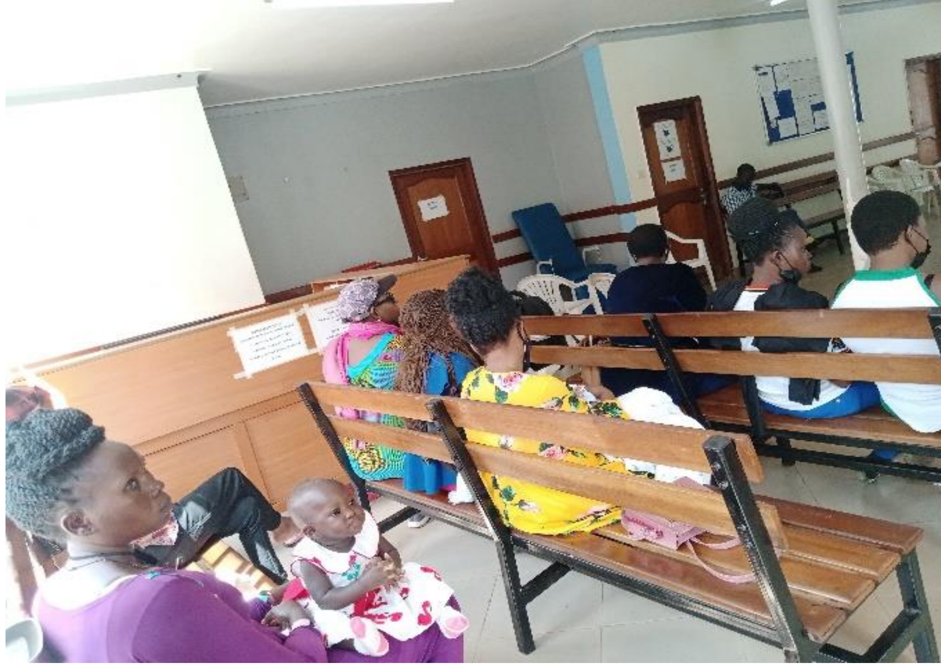
Appendix VI: Images of the observations during data collection



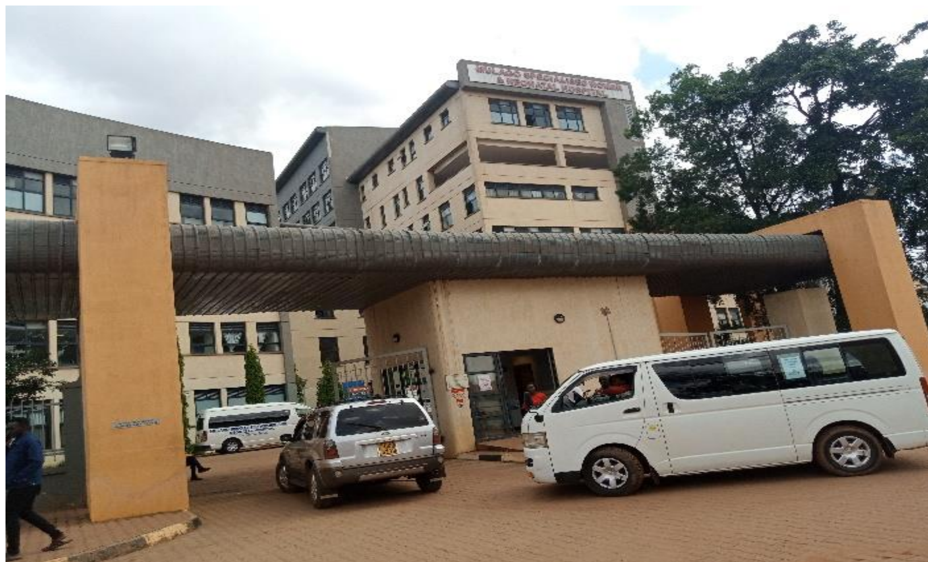
A picture of the STD clinic-Mulago hospital



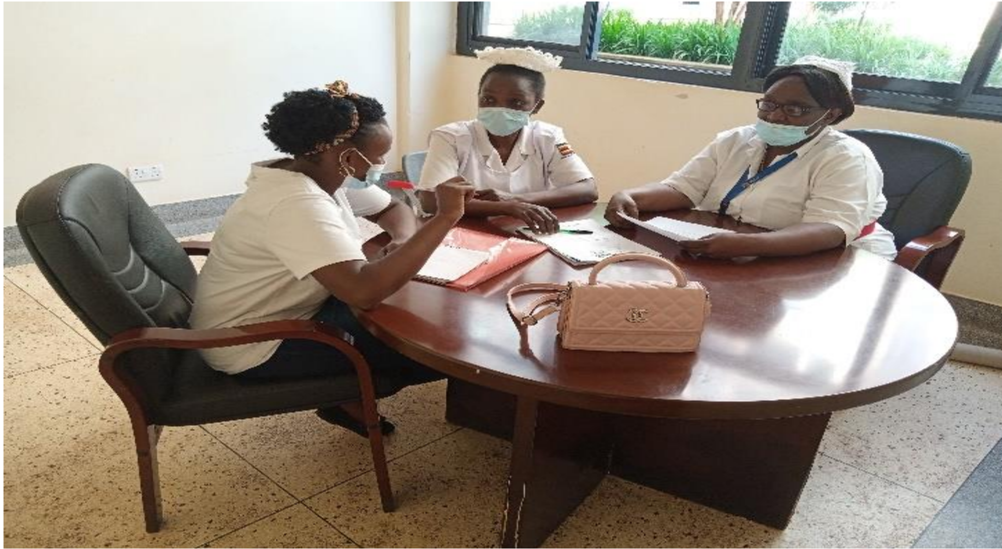
Interview with the ART counsellor-MARPI (STD clinic-Mulago hospital)



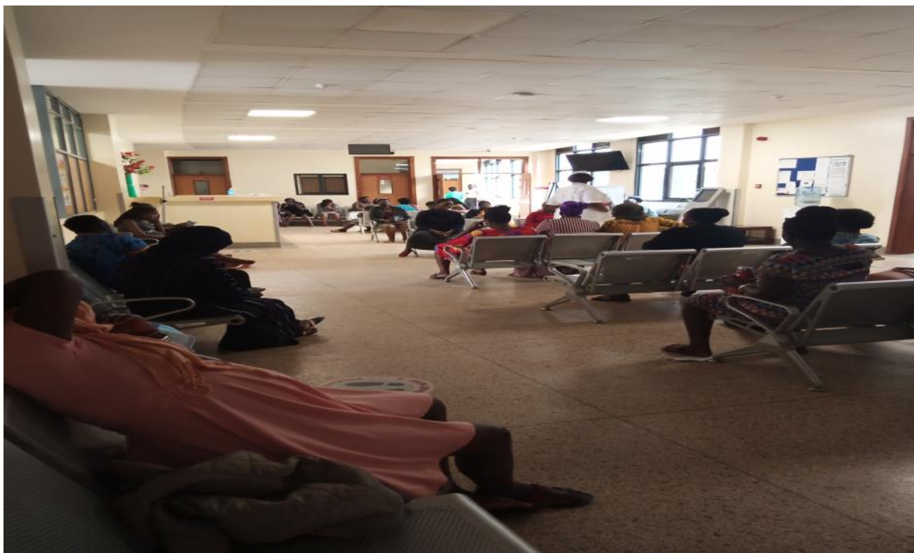
Clients waiting to receive services from the STD clinic-Mulago hospital



Structure of the women's specialised hospital-Mulago

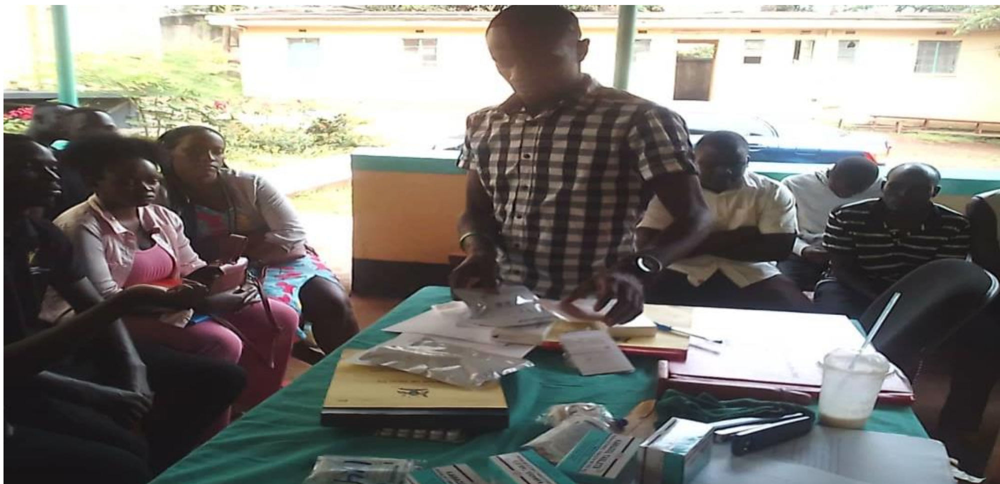


An interview with nurses from the women's specialized hospital-Mulago



A health worker attending to clients waiting to receive the SRH services such as ANC and postnatal care

A service provider extending HTS services to the clients at MJAP-Makerere University Hospital



Clients learning HTS self-testing

Appendix VII: Profile of Respondents

A brief profile of all participants is presented in order to contextualize the findings.

Table 1: Profile of Participants Interviewed

NO	Designation of people interviewed	contacts
Participant 01	Clinician - MARPI	0703131464
Participant 02	ART counsellor-MARPI	0702661583
Participant 03	HTS specialist-MJAP	0755553287
Participant 04	HTS counsellor-MJAP	0754405827
Participant 05	Mulago Nurse 1Assistant nursing officer	0772335692
Participant 06	Mulago Nurse 2-Assistant Nursing Officer	0775915041
Participant 07	Mulago Nurse 3-Assistant Senior Nursing officer	0782909791
Participant 08	Volunteer RHU-Gender and Youth Department	0751451594
Participant 09	Youth Representative RHU	0702111515
Participant 10	Anonymous Marie Stopes-Kavule	0703898858
Participant 11	Clinician Marie Stopes-Kavule	0779566277
Participant 12	Center Manager Marie Stopes-Kavule	0777514255
Participant 13	Doctor Marie Stopes-Kavule	0751388862