

i-Report:

Engaging young people in monitoring health services that respond to their needs

Background and context

In April 2016, Uganda launched the RMNCAH+N Investment Case with the main purpose of overcoming the bottlenecks to scaling up high-impact reproductive, maternal, neonatal, child, adolescent health and nutrition (RMNCAH+N) interventions. The investment case focused on five strategic shifts: (1) emphasizing evidence-based high-impact solutions; (2) increasing access for high-burden populations; (3) geographical focusing/sequencing; (4) addressing the broader multisectoral context; and (5) ensuring mutual accountability for RMNCAH+N outcomes. The investment case, which covered the 2016–2020 time period, informed the Global Financing Facility (GFF) funding priorities for Uganda.

A key role of civil society was to monitor and track Uganda's commitments to A Promise Renewed (APR), a global call to action launched in 2012 to end preventable deaths among women and children. That role also included feeding the findings from the monitoring and tracking back to the national health and development plans and reporting on the global process to stimulate actions at various levels. However, there was limited civil society engagement in monitoring the 2016–2020 RMNCAH+N Investment Case, especially related to its commitments around adolescent health.

In response to these gaps, the Ugandan nongovernmental organization Naguru Youth Health Network (NYHN), with support from the civil society GFF resource and engagement hub (CSO Hub) hosted by PAI, implemented the i-Report; a digital community monitoring platform for young people to collect information on key health issues using exit interviews at health facilities and community or key informant interviews. The information collected is used to hold key decision makers and service providers accountable to providing quality health services that respond to the needs of young people. The initiative is also part of NYHN's efforts to ensure that young people are well positioned to monitor the 2020–2025 Reproductive, Maternal, Newborn, Child and Adolescent Sharpened Plan for Uganda as it continues to unfold.

The process and actors: what was done, by whom?

In 2021, NYHN implemented the i-Report tool in 10 districts of Uganda (Arua, Gulu, Iganga, Kampala, Kyotera, Masindi, Mbale, Mbarara, Moroto and Nakasongola) targeting a total of 14 high-volume public health facilities in 10 districts. Over 400 young people were randomly selected and interviewed (exit interview) on access, utilization and engagement in youth-friendly service provision in the target health facilities. Interview questions covered a wide range of areas, including access to information, education and communication (IEC) materials; friendliness of health service providers; access to clean and functional health facilities; and engagement in designing, implementing and monitoring youth-friendly services.

The results from the assessment were shared with the targeted health facilities to engage and encourage them in improving access to services that are responsive to the needs of young people. Key findings included:

1. None of the health facilities engaged young people in the performance review and monitoring of health services provided at the health facility. Only one health facility engaged young people (peer educators) in provision and planning of health service interventions.
2. Apart from Moroto Regional Referral Hospital, and the four supported Kampala Capital City Authority (KCCA) health facilities in Kampala, the other nine targeted facilities did not have a designated space where young people could access health services. This increased the possibility

that young people's confidentiality would be undermined, which can make many of them less likely to seek out and obtain sexual and reproductive health and rights (SRHR) services.

3. Only one health facility had a patient charter printed and displayed prominently in the waiting area. Eight health facilities either had no patient charters, one health facility had an A4 size charter printed and pinned on the notice board and only in English. Having patient charters only in English limits access to the important information for patients who prefer or only understand a local language. Charters printed in A4 are relatively small and thus difficult for patients to see and read, thus limiting their access to information on their health rights.
4. None of the health facilities scored above 80% in regard to cleanliness and functionality of toilets. During the dissemination meetings, some health facility administrators acknowledged that the toilets were not clean enough and were too few in number to serve the hospital's daily patient population. Limited functionality and poor hygiene of the toilets can be a major inconvenience for patients and, more seriously, a source of infection.

Impacts and benefits

The i-Report assessment findings were shared with health facilities' decision-makers in dissemination meetings as part of the accountability process. The following were among the steps taken in response that aim to better support and accommodate adolescents and young people:

- Mbarara Regional Referral Hospital started a youth-friendly drop-in centre with a health worker designated to serve young people. There is hope that this centre will eventually become a fully-fledged youth centre once all of the systems are in place. Also at this facility, there was an improvement in the hygiene of the toilet facilities and a commitment to increase the number of toilet facilities within the hospital. The same important development occurred at Masindi Hospital, where new toilet facilities have been constructed and water, sanitation and hygiene (WASH) sensitization increased.
- During the dissemination meeting, Iganga and Mbale General Hospitals committed to improving signage indicating services provided, as well as opening and closing hours. This commitment was fulfilled by the time a follow-up visit was conducted. A patient charter was printed and displayed prominently in the waiting area at Mbale General Hospital.
- During dissemination at Kasaali health centre in Kyotera district, findings were introduced about young people not having access to SRHR information. In response, the health centre in-charge requested for support on IEC materials, printing a large patient charter in two languages – English and Luganda, and functionalizing the youth centre. The health facility also built the capacity of a youth representative to support performance reviews.
- At Arua and Gulu Regional Referral Hospitals, space for youth centres has been designated at the newly constructed outpatient wings. As of mid-2022, service provision at Arua Regional Referral Hospital through the youth centre had yet to commence due to staffing gaps, particularly the lack of health care workers who are well trained in providing youth-friendly services. At Masindi Hospital, an adolescent health focal person and a consultation room were designated for young people's health-related services while Gulu Regional Referral Hospital had a health worker designated to the youth centre.
- The creation of youth-friendly spaces in three of the targeted health facilities increased young people's confidence in patient confidentiality by making it easier for them to freely consult health workers without being judged. This will contribute to the quality of services provided to young people.



*NYHN staff during the dissemination of the i-Report findings in Iganga Hospital
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Lessons learned

- Young people’s issues are often not prioritized and may be “swept under the carpet”. They are also rarely consulted and engaged as key stakeholders in designing, implementing and monitoring health services that respond to their needs – based on the assumption that they are less experienced, less informed and lack the knowledge and skills to be involved meaningfully. Therefore, young people are often spoken for rather than consulted and treated as experts.
- Decision-makers and service providers have the capacity and willingness to designate and provide youth-friendly services only when the *why* (reason for providing the services) and *how* (the services should be provided, including best practices from similar settings) are adequately answered with evidence.

Recommendations

- Young people should be empowered with information and their capacity built in data collection, processing the data into meaningful information, and using the information to engage decision-makers and stakeholders in creating a favourable environment for young people to access health services that respond to their needs.
- Innovative community monitoring platforms that provide information to youth advocates such as the i-Report tool should be supported, sustained and scaled up for wide coverage to ensure young people meaningfully and continuously engage in demanding accountability from key decision-makers and service providers.

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