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Improving access and coverage of Physiotherapy services in Gulu Regional Referral Hospital

Lanyero Agnes Patricia
Mentor(s): Dr. Mangwi Richard
Dr. Solome Bakeera (M)
Writing supervisor(s): Valeria Campos Da Silveira

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SUMMARY

Coverage and access to physiotherapy services remains a big challenge both within the hospital setting and in the community. In the history, physiotherapy treatment runs back to 3000 BC by Chinese and 400BC by both Greeks and Roman. Physiotherapy profession historically is linked to need of a specialized service for the World War veterans, and poliomyelitis epidemics victims. However, the improvement in sanitation, aging, research and medical technology is facilitating increase in population of the elderly, high frequencies of elective surgeries worldwide leading into changes in perspective on health and quality of life. The demand for specialized services like physiotherapy is increasing steadily.

In GRRH and its catchment areas physiotherapy services was provided in outpatient department, Community based rehabilitation services was for specific category of beneficiaries; No home visits and special clinics were partially covered; bedridden patients on the wards not adequately attended to; ward rounds irregularly attended; little or no logistical support from the Hospital administration for domiciliary and community-based rehabilitation services. The benefits of timely provision of physiotherapy services was not felt. Knowledge gap about physiotherapy services and its benefits in the medical Practioners manifested in late or no referrals of patients for physiotherapy services

Recognition of physiotherapy services in the health care system for provision of rehabilitation and habilitation services; prevention and risk reduction services is still minimal. Yet tapping this opportunity would improve the health status of the population across their lifespan. This study aimed to gather information on perception of health workers, patients/clients and hospital administration/ managers towards physiotherapy services in order to explore innovations that could improve access and coverage of physiotherapy services in GRRH and its catchment area.

Methodology: The study first employed Qualitative research methodology and used grounded theory approach. This is a qualitative research design used to discover new things or theories (models). It was important to use this approach since the study aimed at using participants' experience to explain process, practice or actions to develop model grounded in the data for the needed suggestions. The second method used was the Future workshop which is about transformation of the actual situation to a desirable one. The four phases of a classic future workshop according to Jungk and Mullert (1987) were thoroughly discussed and planned in time and space. Since the workshop was part of the longer process, background information was from the findings obtained from study on perception of administrators/managers, clients/patients and health workers. This was to help the participants for the future workshop to share the same knowledge base needed to have a healthy discussion of the issues regarding the workshop.

Results: All the participants in their different categories had varying understanding of physiotherapy. Hospital administrators/manage understand physiotherapy services from disability, impairment, and trauma perspective; health workers associated it to conditions treated, mode of treatment whereas clients /patients associated it to massage for cure of accidents cases. Hospital administrators and health workers were not fully aware of service points for physiotherapy services and were confusing physiotherapy services with occupational therapy services. Numerous physiotherapy services were mentioned by both hospital administration and health workers indicating presence of various skills hidden in the profession. Shortage of human resource, equipment, gross lack of knowledge on physiotherapy couple with no valve addition hinders provision of these services.

Image of Physiotherapy was of massage and both hospital administration/Health workers expressed being anxious, hopeful, and ashamed, scared on reaching physiotherapy unit and to them the service was so delicate. The service was of benefits to all the participants but had a missing link with resource allocation. Physiotherapy services could be improved through increasing human resource, awareness on physiotherapy services, equipment and maintenance issues, services organization and funding.

Lobbying and advocacy to in charges of the wards, units/ departments and some of the districts official within catchment areas of GRRH was on going. Physiotherapy services was being recognized has having value addition in the health care service

delivery. Some of the district officials have started requesting for support of physiotherapists from GRRH. Regarding policy issues of staffing levels for physiotherapy; under demand for physiotherapy services noted gradual increase in patients' population over the years; increase in average length of stay in surgical and medical wards. No doubt full institution of physiotherapy services would reduce Average Length of Stay. JICA is considering re-equipping physiotherapy department among other departments in GRRH under the project for rehabilitation and re-equipping hospitals in Northern Uganda.

In conclusion there is gross knowledge gap about physiotherapy as a whole and the demand for the services is increasing steadily amidst the gaps. Thus increasing awareness on physiotherapy services would increase these demands spontaneously yet the health care system cannot met these demands. Therefore increasing awareness on physiotherapy as a service or profession need to move hand in hand with review of policy document on training of the physiotherapy profession and recruitment of physiotherapists.

Secondly the study employed two different methodological approaches. The grounded theory methodology strand used in the study of the perception was the constructivist grounded theory since it emphasizes on the research participants' experience and construction of their view of reality, and knowledge. The theory was constructed by both the researcher and the participants with the aim of interpreting empirical evidence within the context of the research. Therefore it would also be worth to have the same study done using other methodology for comparison purposes.

Last but not least, there it is evidence that increase in the emerging diseases in some district is continuously increasing disease burden thus imposing serious demand for critical cadres like physiotherapist. As a result the health system as a whole suffers then the burden of providing health care services as per the demand but concentrates at the needs instead. There is need to have an avenue of debating possibility of opening up recruitment for special and critical cadres in this situation.

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DEDICATION

This work is my effort and I dedicate it to my lovely Son, Rwot-omiya Pius (RIP), and my Uncle, Mr. Ojera V. Paul (RIP), for having made me who I am today.

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Similarly I acknowledge Mr. Olweny Simon Obari, Mr. Okot Santo, Mr Oyet Francis and his family for being there for me. I would not have come this far without you. I wish you all the best of Luck.

LIST OF ABBREVIATIONS

GRRH – Gulu Regional Referral Hospital

HC – Health Centre

HQ – Headquarter

NGO- Non- Governmental Organisation

UHC- Universal Health Coverage

WHO- World Health Organization

Definition of terms used in this study

Client is defined as a customer or someone who receives services (medical / non-medical) from a health worker and does not matter whether he/she pays for it or not.
Direct access refers to service users being able to refer themselves to physiotherapy without a third-party referral (T.J. Bury, E.K. Stokes, 2011).

Perception refers to the individual internal interpretation of the information gathered from personal experience within their immediate environment. This subjective reality includes the individual's perceptions, thoughts, feeling, values, beliefs, convictions and conclusion. (Corey, 2001).

A **profession** is a rewarded occupation, especially one that involves prolonged training and a formal qualification and interdisciplinary teamwork is defined as combining or involving the expertise of two or more professions (Shafqat S, et al., 2012)

Grounded theory is defined s as *"a research method that will enable you to develop a theory which offers an explanation about the main concern of the population of your substantive area and how that concern is resolved or processed."* Said Valeria Campos Da Silveira

CHAPTER ONE

1 INTRODUCTION

Physiotherapy is known to be the first contact, autonomous, and client-focused health profession that plays a great role in the provision of primary health care,; recognizes and addresses determinants of health from the wider perspective. Nonetheless, there are challenges of access, fragmentation of services, and predominantly the profession lack position and status in the medical environment. This is attributed to lack of health care reforms focusing on integration of services and commissioning of the services for reshaping organization and delivery of physiotherapy services. The primary health care providers are mainly physicians whose focus is more on biomedical care (Baxter, S.K. and Brumfitt, S.M., 2008; Berta Paz-Lourido, n.d; Moni Fricke, 2005).

Coverage and access to physiotherapy services at Gulu Regional referral Hospital (GRRH) remains a big challenge both within the hospital setting and in its catchment areas. Frantz J., (2007) alludes in its position statement clearly that there is limitation to the right of a patient to enter into patient-physiotherapist relationship as access issues categorized into legal, information, geographic, human resources, and financial barriers. According to Frantz J., (2007) *"If physiotherapy is seen as part of essential health care then it should be the right of every person to access physiotherapy service"*. Thus the quest for promoting professional autonomy and recognition through global advocacy for direct Access (DA) and Patients Self – Referral (PSR) for physiotherapy services.

In this study, direct access refers to service users being able to refer themselves to physiotherapy without a third-party referral (T.J. Bury, E.K. Stokes, 2011). Perception refers to the individual internal interpretation of the information gathered from personal experience within their immediate environment. This subjective reality includes the individual's perceptions, thoughts, feeling, values, beliefs, convictions and conclusion (Corey, 2001). A profession is a rewarded occupation, especially one that involves prolonged training, a formal qualification and interdisciplinary teamwork, and it is defined as combining or involving the expertise of two or more professions (Shafqat S et al., 2012)

There is limited access and coverage of physiotherapy services within GRRH and its catchment areas. Patients on the wards are not being reached by physiotherapists hence no data on inpatient treated by physiotherapists. No data on visits by physiotherapists to other service points hence minimum involvement of physiotherapist in activities on health promotion and preventive. Physiotherapy services is designed to cover Outpatients, Inpatients, Domiciliary /home visits (Community services), run special clinics (Cerebral palsy), and provide health promotion and prevention services in different service points. The services are provided in outpatients department mainly and to a few inpatients who can be moved to the department. Community based rehabilitation services is provided on a small scale by development partners for specific categories of clients; home visits done only on request by the patient; and special clinics are minimally covered.

Description of physiotherapy on the signage is as *"Ot Rwec"* meaning *"house of massage"*. Bed driven patients on the wards are not adequately attended to; ward rounds are irregularly attended; limited attention is given to other category of people who need the services from the community; there is meagre support from the Hospital administration for domiciliary and community-based rehabilitation services. The benefits of timely provision of physiotherapy services as reducing *"the number of visits to emergency rooms, length of stays in hospitals and allowing many to continue to live longer in their homes avoiding institutional care"* (Nova Scotia Physiotherapy Advisory Group, 2007; The College of Physical Therapists of Alberta Association, 2011) is not felt . Therefore, although physiotherapy services do exist within GRRH and its catchment areas, the services are scattered disproportionate to the needs and unequally distributed. Thus, this study seeks to establish the perception of health workers, hospital management team and clients towards physiotherapy services to explore mechanisms for improving on access and coverage of physiotherapy services in GRRH.

The inception of Physiotherapy as a distinct health discipline is historically linked to the management of injuries in war veterans. For the case of Uganda,

conflict and violence is a known phenomenon since independence. The health system had been dismantled and services interrupted. However, with restoration of peace and stability in the region the investment in social sector like education and health has not improved the overall levels of service delivery despite the demands. This is coupled with specific changes emerging in the health industry and broader socio-economic trends which include changing population health needs, economic uncertainty, increased competitors, changing workforce, heightened consumer expectations, and health system reforms among others (Australian Physiotherapy Association, 2013; Cindy Carlson, 2004; Moni Fricke, 2005). This therefore makes the study topic relevant for strategic planning for physiotherapy practices/training, hence improving populations' health and relieving country health system from some burdens.

Improving access and coverage of physiotherapy services could be done through integration of physiotherapy profession/services into the Primary Health Care model but this remains an untapped solution to health care needs (Nova Scotia Physiotherapy Advisory Group, 2007). The philosophical underpinning of the physiotherapy profession places the professionals at the forefront of the Primary Health Care Service Delivery Model. Tapping this opportunity would mean improving the health status of the population across the lifespan since physiotherapists handle a wide variety of conditions and disabilities. This could relief the strain on the health care system by having a healthy and economically productive population.

Physiotherapy provides promotive, preventive, curative and rehabilitative services to its clientele, which is as well a key concern for Universal health coverage (UHC) internationally. McKee et al. (2013) stated that *"Universal health coverage is consistent with WHO concepts of Health for All and Primary Health Care"*; therefore, improving on the access and coverage of physiotherapy services means gradual move to achievement of UHC.

This study aimed at answering the following specific questions:

- What is the perception of clients (patients), health workers, and administrators/managers on physiotherapy services in GRRH?
- How can access and coverage of physiotherapy services be improved in Gulu Regional Referral Hospital?

According to Saks (2000) as cited by Baxter, S.K. and Brumfitt, S.M. (2008), in the medical context, physiotherapy is one of the professions that has faced challenges in establishing its position and status. This could be due to the perception of different stakeholders. Thus, in this study the researcher sought to assess the perception of clients (patients), health workers, and administrators/managers on physiotherapy services in GRRH in order to explore ways of improving access and coverage physiotherapy services within the hospital and its catchment area.

CHAPTER TWO

2. PERSPECTIVE

The researcher is a Principal physiotherapist heading physiotherapy services in the GRRH and its catchment area, and a Member of the Hospital senior management team. In addition, the researcher had other assigned duties: chairperson of the Research Committee and publicity secretary of the Nodding Syndrome Committee.

The researchers' viewpoint was first and foremost from the angle of an implementer (service provider) whose reflection was of an insider and, secondly, as a middle-level health manager who has had some experience in Health System Management. The research question used the lens of service delivery. This was to shape the understanding of new phenomenon on how to comprehensively structure the interview guide for data collection and analysis. The unit of analysis in this study was the physiotherapy services.

2.1 POSITION OF GRRH IN RELATION TO THE LOCAL HEALTH SYSTEM

The GRRH is a public provider of health services, formal, professional, allopathic and remunerated by state. The local health system within which GRRH is situated is a complex mix comprising private not-for-profit (PNFP), public and private for profit (PFP) sub-systems. GRRH is responsible for a defined population of Acholi, estimated at 1.5 million people. The mandate of GRRH is *"to provide specialized health care, preventive, promotive, curative and rehabilitative services to the eight districts of the Acholi sub-region; conduct training, research and support supervision to general hospitals and lower level health facilities in the region"*. Thus GRRH is the overseer of specialized services in the eight districts of Acholi sub region on behalf of National Referral hospitals. Curtale et. al., 2016 states that the Alma Ata movement of 1978 politically endorsed district health system (DHS) as a cornerstone for providing Primary Health care (PHC). Thus the Harare Declaration on strengthening DHS underlines the need to organise and coordinate health services at all local level in order to deliver comprehensive, intersectoral approach while ensuring community participation. As cited in HURINE-U (2012) by Paul Hunt and Gunila Backman, (2008) figure 1 shows health system having a *"mix of primary (community-based), secondary (district-based) and tertiary (specialized) facilities and services, providing a continuum of prevention and care"*.

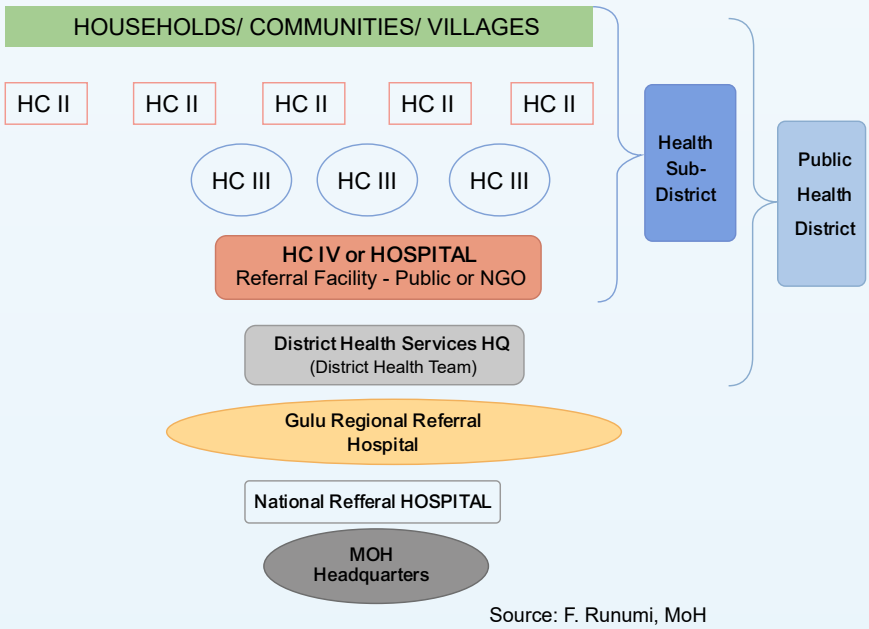


Figure 1: Position of the GRRH within the local health system

CHAPTER THREE

3

3 ORGANIZATION ANALYSIS

GRRH is located in the largest metropolitan area of Northern Uganda, in Gulu Municipality, Laroo division. It is approximately 343 km (213 miles) by road from Kampala. The hospital is a public hospital funded by Ugandan Government under the Ministry of Health (MOH) and health care provided is "free" at the point of care. The hospital is one of the teaching hospitals for Gulu University Medical School and other tertiary medical institutions within the catchment area and beyond. The Hospital is used by medical students from various institutions for clinical placement, supervised by University academic staff and MOH staff. The hospital is designated as one of the fifteen Internship Hospitals in Uganda where graduates of Ugandan medical schools can serve one year of internship under the supervision of qualified specialists and consultants.

3.1 CONTEXT UNDER WHICH GRRH EVOLVED OVER TIME

The GRRH that serves the catchment area of Acholi sub-region (Gulu, Omoro, Amuru, Agago, Pader, Nwoya, Kitgum, and Lamwo) started as a trauma and injury centre for treating war related injuries resulting from the infamous *Lamogi rebellion* in 1911. This was a rebellion by the local chief of Lamogi against British rule between 1911 and 1912. In 1934, this centre was turned into a district Hospital. In 2001 it was upgraded into a regional referral hospital to serve the Northern Region. In addition to the Lamogi rebellion, the Acholi sub-region specifically has been plagued by an intractable decade of long civil war that has claimed many lives and the population was left with scars in *"their hearts, minds and bodies" as well as "the pain and destitution sunk the region into severe levels of trauma"* (GUSCO 2010; Namakula. J, Ssengooba. F., and Ssali, S., 2011).

Agreeable to this intractable decade of long civil war in the Acholi sub region was the fastened expansion and proliferation of the health system in the region (Orach, 2002). Both the hospital and the region experienced high inflow of non-governmental organizations (NGO), some PNFP. The hospital worked with a number of development partners ranging from Community Based Organizations (CBO) to international NGOs like AVSI, SUSTAIN, UNICEF, AMREF among others. However, with the prevailing peace in the region the support from these development partners have greatly trickled down yet the demand for specialized services like physiotherapy still remains unmet.

The government spending on health care was US$ 8 per capita and was quite less than what would provide the minimum package of health services which includes rehabilitation services (Odaga and Lochoro, 2006). Therefore, there was high need to explore avenues for improving access and coverage for physiotherapy services in GRRH and its catchment areas.

3.2 VISION, MISSION STATEMENT, GOAL AND OBJECTIVES

The **Vision** of Gulu Regional Referral Hospital is *"to be a national centre of excellence for handling patients requiring super specialized preventive, curative and rehabilitative care; performing high quality research for community transformation and enabling high quality medical training."*

Mission statement of Gulu Regional Referral Hospital is *"to provide specialized health care, preventive, promotive, curative and rehabilitative services to the eight districts of the Acholi sub-region; conduct training, research and support supervision to general hospitals and lower level health facilities in the region"*.

The **goal** of Gulu Regional Referral Hospital is *"to promote access, equity, effectiveness, efficiency and safety in provision of Health Services while maintaining the highest attainable quality"*.

3.3. Gulu Regional Referral Hospital objectives

a) To improve quality of patient care to a level that conforms to our status as a regional referral hospital;

b) To increase access to an agreed range of specialized and diagnostic services;

c) To support and supervise the delivery of highest attainable level of service at both the referral

hospital, and general hospitals and lower units in the region. But in reality lower facilities are under DHS.

3.4. VALUES AND CULTURE OF GULU REGIONAL REFERRAL HOSPITAL.

Values is defined as a moral standard of a person or a social group of what is accepted, valuable and is important in life. GRRH tries to pay attention to values that put the client and the community at the forefront. GRRH uses values entrenched in the Constitution of Uganda, the National Health Policy and the Patients' charter. These guide in the implementation of GRRH Strategic and Investment Plan. The hospital has a client charter that clearly stipulate what services the hospital is able to provide with the available resources. GRRH tries amidst challenges to abide by the right to highest attainable level of health whereby everyone has a right to access basic health services. A study by HURINET-U (2012) of regional referral hospitals states that the Constitution of Uganda, the National Health Policy and the Health Sector Strategic and Investment Plan are working towards realization of the right to health.

Solidarity: GRRH is to give due consideration to pursuit of regional solidarity in its attempt to achieve its mission with special focus on services responsiveness to the catchment population.

Equity is be taken into consideration at all levels of service delivery with emphasis to equal access to people with the same health condition. Although this is entrenched in the pro-poor policies like the National Health Policy to which GRRH has to adhere in provision of health services; those who are able to pay are treated differently. Therefore achieving equity in GRRH remains under examination in all service points.

Accountability: The hospital accounts to the catchment population as guided by rule of law. Provide information through press and other avenues available. However; GRRH tries exhibit transparency in decision making holding weekly meeting with Head of departments/units, senior managers, top management and Hospital board. Most of the decisions made remain unimplemented especially when it require financial support as evident in the Minutes of senior managers' meeting. This leaves transparency an area of great exploitation at time by all stakeholders.

Even though the Hospital tries to account to the health service users through provision of access to information, it is not yet to the expectation. There are recurrent problems in accountability between the hospital and the health service users caused by the power differences and information asymmetry. Thus, community accountability mechanisms experienced herein are either 'exit' or 'voice' strategies whereby the citizen have got ability to access alternative suppliers of the services or have been able to influence the outcome of the service through participation, articulation of protest/ feedback (Molyneux. et al.,2012).

Respect of cultures and traditions of the people of Acholi. The GRRH respects the culture and tradition of the Acholi people, only disregarding bad practices and behaviours.

Client's responsibility is a social value that encompasses one's ability to make decisions regarding his or her life, seeking care, adhering to treatment and providing mutual respect to the health provider.

Professionalism, integrity and ethics are of paramount importance to all parties involved in service delivery either as a client or a provider. Therefore, the GRRH ensures that health workers perform their duties with the highest level of professionalism, integrity and trust as per requirement of the different professional bodies they subscribed to. On several occasion those who fall short of these are brought to book through reward and sanction processes.

GRRH adheres to the Code of Conduct stipulated in the standing order for all the public servants. GRRH has some social support systems. For example, in case of death of a colleague or close relatives, a paper is passed around the hospital whereby staff collect or contribute money as part of their condolences. They further support the colleague or family of the befallen by standing with them by attending burial where possible.

CHAPTER FOUR

4

4. DESCRIPTION and ANALYSIS OF RELEVANT HEALTH SERVICES EXISTING IN GULU REGIONAL REFERRAL HOSPITAL

Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health which include personal and non-personal health services. Health services are the most visible functions of any health system, both to users and the general public. GRRH is mandated to provide highly specialized health services in obstetrics and gynaecology; paediatrics; psychiatry; ear, nose and throat (ENT); ophthalmology; dentistry; intensive care; radiology; pathology; and higher level of surgical and medical services.

Alongside the mandate of providing highly specialized services, GRRH takes on the responsibility of a General Hospital for some districts without General Hospitals. Thus providing promotional, preventive, outpatient curative, inpatient health services, emergency surgery, blood transfusion, laboratory, maternal child health and other general services. It also provides in-service training, consultation and research in support of the community-based health care programmes. GRRH offers health services as per the Uganda Minimum Health Care Package (UMHCP) as shown in table 1.

Table 1. Health services provided at the Gulu Regional Referral Hospital

SERVICES	Tasks/ activities
Curative/clinical services	Outpatient diagnosis and treatment (OPD), treatment of mental health conditions, Functional laboratory for TB diagnosis, Functional laboratories for Malaria, Treatment of severe Malaria, Anti-Retro Viral Therapy, TB treatment, care for injuries, Dental/Oral care, STI Treatment, and Integrated Management of Child Illness
Preventative services	School health, Environmental Health and Sanitation, Immunizations, Growth monitoring, HCT: HIV counselling, Prevention of STI/HIV, Epidemics and disaster prevention in childhood, Tetanus Immunization in Pregnancy, Nutrition, Adolescent Counselling
Surveillance for special diseases	Acute Flaccid Paralysis/Poliomyelitis, Leprosy, Measles, Neonatal tetanus, weekly epidemiological surveillance, and injuries
Health Education and Promotion	Family planning, Antenatal care, HIV/AIDS prevention and care, Water and Environmental Protection,
Maternal and Child Health	Maternity services, Antenatal care, Intermittent Presumptive treatment, 13 steps to successful infant feeding, Family Planning services, PMTCT
In patient services	Surgical, medical, maternity, Paediatric, Mental, Gynaecology and obstetrics, and TB in patient services
Rehabilitation services	Physiotherapy, Occupational therapy, Orthopaedic (care for people with disabilities/impairment),
Outreach services	EPI outreach, HCT outreach, Environment Health units, Health education and promotion outreach, Rehabilitative outreaches, maternal audit, and Neonatal audits.
Support and management functions	Conducting Support supervision, availability of support supervision reports and plans of action (work plan), availability of financial guidelines for spending PHC condition grants, charges for services if available inseminated or displayed clearly for clients, and availability of functional Hospital management board /committee
Others services provided	Sexual Gender Based Violent and treatment, Safe Male Circumcision, and Cancer screening and treatment

Source: Financial year 2013/2014 Annual report of GRRH (HMIS FORM 107: Health Unit Annual Report

4.1 IDENTIFICATION AND SYNTHESIS OF PROBLEMS

The description and analysis of the organization performance was carried out using WHO health system framework (2007). The processes of identification of problems undertook analysis of the service delivery and some of the management operations. The process was marked by four main activities: review of the relevant documents, collection of data, analysis of the data/interpretation of the findings, and synthesis of the problems identified. The analysis process started with review of relevant documents, in particular the Annual Health Sector Performance Reports of the GRRH from 2011 /2012 to 2015/2016. This was to give the trend of performance in service delivery and management operations. This literature review was followed by interviews using questionnaires addressing both quantitative and qualitative data.

MANAGEMENT SUPPORT PROCESSES: The management support processes are activities or functions that supports the day-to-day operations of an organization that may include accounting processes, communications, and maintenance, e.g. human resources management, IT services, maintenance of equipment, etc.

FINANCING: Ugandan government budget allocation to health on average has been 9.6% which is quite below Abuja Declaration target of 15%. GRRH receives about five (5) billion shillings budget for all its financial needs. According to the Principal Hospital Administrator, the fund include recurrent (1 billion), capital (1.4 billion) and wages and salary (2.8 billion). As this fund cannot meet all its financial needs, the Hospital has resorted into prioritizing activities.

The vulnerability of the region (catchment population) to disease outbreaks such as Ebola, malaria, and Nodding Syndrome among others gives community health department leeway for accessing more funds. This impacts negatively on other areas of service delivery leading into deterioration on other key indicators of quality of care.

SUPPLIES: According to the Annual Health Sector Performance Report 2011/2012, there was remarkable increase in the per capita OPD utilization over the years, which is being associated with improvement in the availability of medicines and supplies. The positive change seen in the utilization of health services and availability of medicines was general to the whole hospital. Senior management meetings minutes frequently reported on the missing supplies hampering service delivery. The summary of the analysis of the management support processes, identified challenges and possible consequences is presented in Table 2 and Table 3.

Table 2 Analysis of management support processes in Gulu Regional Referral Hospital

Management support process	Description	Analysis/Comments
Hospital management	Hospital Management Board comprising of a prominent business persons from one district within the catchment area, retired senior medical officer, Engineer, prominent lawyer, Hospital Director, CAO and DHO of the district where the hospital is located, Head of nursing, Head of personnel and finance, one senior consultant, Dean of medical school Gulu university, Head of clinical school and a staff representative of the hospital.	The institution is governed by the hospital management board that was established according to the guideline for the establishment of Hospital Management Boards. This was to oversee the running of the hospital business.
Committees for inclusive and participatory management of the hospital	Staff welfare committee, Infectious disease control committee, Medicine and therapeutic committee, Training committee, Research and Ethic committee, Reward and sanction committee, Quality improvement committee, Nodding syndrome committee, etc.	*"These committees are established to provide a broad-based consultative process for the management and general administration of referral hospitals for the effective delivery of health services"*, but due to insufficient management and administrative support in terms of logistics, incentives, among others these committees are inactive (HURINET-U, 2012).
Human resource planning and management	This is having the right number of people, with the rights skills, in the right jobs, performing the right activities	There was inadequacy in the right number of staff, inadequacy in skills in most areas, some are possibly deployed in the wrong job in the name of task shifting e.g. kitchen attendant deployed in registry , and some are performing activities that should be performed by other cadres e.g. Nurses performing doctors duties in some clinics.
Support supervision	This is a process of helping, guiding, teaching and learning from staff at their places of work and helping them to improve performance in a joint problem solving manner	Emergency support supervision has been conducted due outbreak of diseases Technical support supervision done under vertical programs with support of the development partners Integrated support supervision is occasionally done

Knowledge is intangible, dynamic, and difficult to measure, but without it no organization can survive. It is either tacit or explicit and it is the intangible assets that must be managed.	Knowledge management is the process to help identify, select, organize, disseminate and transfer information. Systematic and active management of ideas, information, and knowledge residing within organization's employees.	The hospital seems not to be a learning organization. There was an increase in employee dissatisfaction due to less personal development and empowerment as expressed in senior management meetings. The employees of great expertise left the institution and thereby great loss of intellectual capital from highly specialized leaving the institution like paediatrician/ general surgeon, radiologist. Lack of communication within an organization made evident by continually reinventing the same wheel No internal learning communities Lack of psychological safety Lack of workplace trust
Communication: -Down ward -Upward -Horizontal -Diagonal	Information is disseminated through Internal staff meetings, use of internal memo, use of posters for delivery health information to patients i.e. I.E.C materials, use of media (radio station and television in specific clinics), Internet services and use of telephone.	Communication as whole is still challenged. No provision of suggestion box to supplement on upward communication, diagonal communication demands for some degree of equality when interacting freely with the subordinate this was still compromised, technologist like internet services, phone was only for some few individuals and wards.
Performance management	This is a systematic process aimed at establishing a shared understanding and acceptance on what is to be achieved; guiding, leading and developing people by increasing their ability to achieve what they have to achieve in terms of outputs, quality and timeliness.	As much as the individuals should be enabled to have a say and express their views on: What they should do; Why they should do it; How they should do it (quality standards); How they should develop; and How they should be led, a lot is still desired to reach the above level of performance.

Source: Researcher 2016

Table 3. Summary of the identified challenges, observations and consequences

PROBLEMS	Analysis / Remarks	CONSEQUENCES
Limited access and coverage to other specialized services like physiotherapy services, occupational therapy, speech therapy	Limited or no data of inpatient services or inpatient treated No evidence of participation in preventive and promotive activities within hospital and catchment area No clear evidence of management of paediatric neurological conditions	Inpatients were not receiving adequate physiotherapy services hence increase in hospital stay resulting into cost from both the hospital and the client Physiotherapists were not involved in PHC activities and physiotherapy services not integrated Patients move long distance looking for physiotherapy service
Low level of Functionality of lower health facilities	Staff absenteeism in the lower ; Late reporting at work by facility staff; Availability of some services; Lack of support supervision/mentorship of staff in lower health facilities	Overcrowding of general OPD in GRRH; Increased work load at the Hospital compromising achievement of its goal; Overconsumption of medicines and supplies hence frequency out stock; Compromising on quality of care
Responsiveness to patients needs and demands	Information asymmetry between patients and clinician hence less influence on the form of treatment chosen Patients' satisfaction and orientation varied depending on whether outpatient services or inpatient services	Clients' satisfaction and orientation such as prompt attention, amenities, access to social support, and choice of treatment is challenged
Reduced Quality of care	Continuity of care for only vertical program, Patient centeredness compromised in-view of disease centeredness	Limitation in integration of services Limitation in social care for patients e.g. medical social works
Weak management support system for service delivery	No or little attention put on MOU; No resources for supporting management and operation roles like, support supervision, monitoring/evaluation, policy/guidelines' dissemination/ implementation, and some management committees functions	Minimum or no monitoring and evaluation of services delivery hence compromised quality of care Wastage or underutilization of resources/ skills
Service organization in OPD and patient flow	Challenges of infrastructural design of OPD ; overcrowding at all point of services in OPD; Disorganization in patient flow hence In adequate patient waiting area; Few sitting facilities	Some data missed out because no proper; long waiting time to access services; Overcrowding of patients interfering with privacy and confidentiality
Lack of proper Human resource planning and management	Inadequate number of the right human resource for the right job; Poor specialty mix /skills mix; Lack of technical sills	Inadequate staffing in number, task shifting to staff without skills and no provision for mentorship/coaching; In appropriate approaches to performance appraisal.

Health information and knowledge management	Incompleteness data captured in the routine registered; Task shifting without proper plan for mentorship, coaching and capacity training; Inadequate technical skills; Lack of Knowledge on the importance of having complete data	Information from this data would not be reliable, authoritative, useable, understandable and comparative. Planning, decision making and monitoring and evaluation of service delivery not effective or efficiently done

Source: Researcher 2016

CHOOSING A STRATEGIC PROBLEM

From all the identified challenges presented in Table 3, there was need to choose a strategic problem. The selection criteria used for choosing a strategic problem examined the following: appropriateness in terms of being consistent with the vision, mission, values and operating principles of the organization; relative importance in relation to impact; urgency and severity; feasibility of addressing the issue given the available resources and capacity (in terms of technology, sphere of control); leverage and seize opportunities; possibility of addressing organizational weaknesses or helping to deal with threats; acceptability of the strategy to key staff and stakeholders, considering the need and their perception of the problem at hand. The ranking is summarized in Table 4. Based on all these criteria, Limited access and coverage to physiotherapy services turned out to be the key strategic problem that needed to be addressed.

Table 4: Synthesis of problems and choice if the priority problem

Problems → **Criteria ↓**	Limited access and coverage to physiotherapy services	Low level of Functionality of lower H/Cs	Weak human resource planning and management	Weak management support system	Service organization in OPD and Client flow	Services responsiveness to cleints' needs and demands	HMIS and knowledge management
Appropriateness	3	3	3	3	2	2	3
Relative importance	3	3	3	2	3	3	3
Urgency and severity	3	2	3	2	3	2	3
Feasibility	2	1	1	2	1	1	2
Leverage & opportunities	3	1	1	1	1	1	1
Addresses organizational weaknesses	2	3	3	3	3	2	3
Acceptability	3	2	3	2	3	3	2
Total	**19**	**15**	**14**	**15**	**16**	**15**	**17**

Source: Researcher 2016.

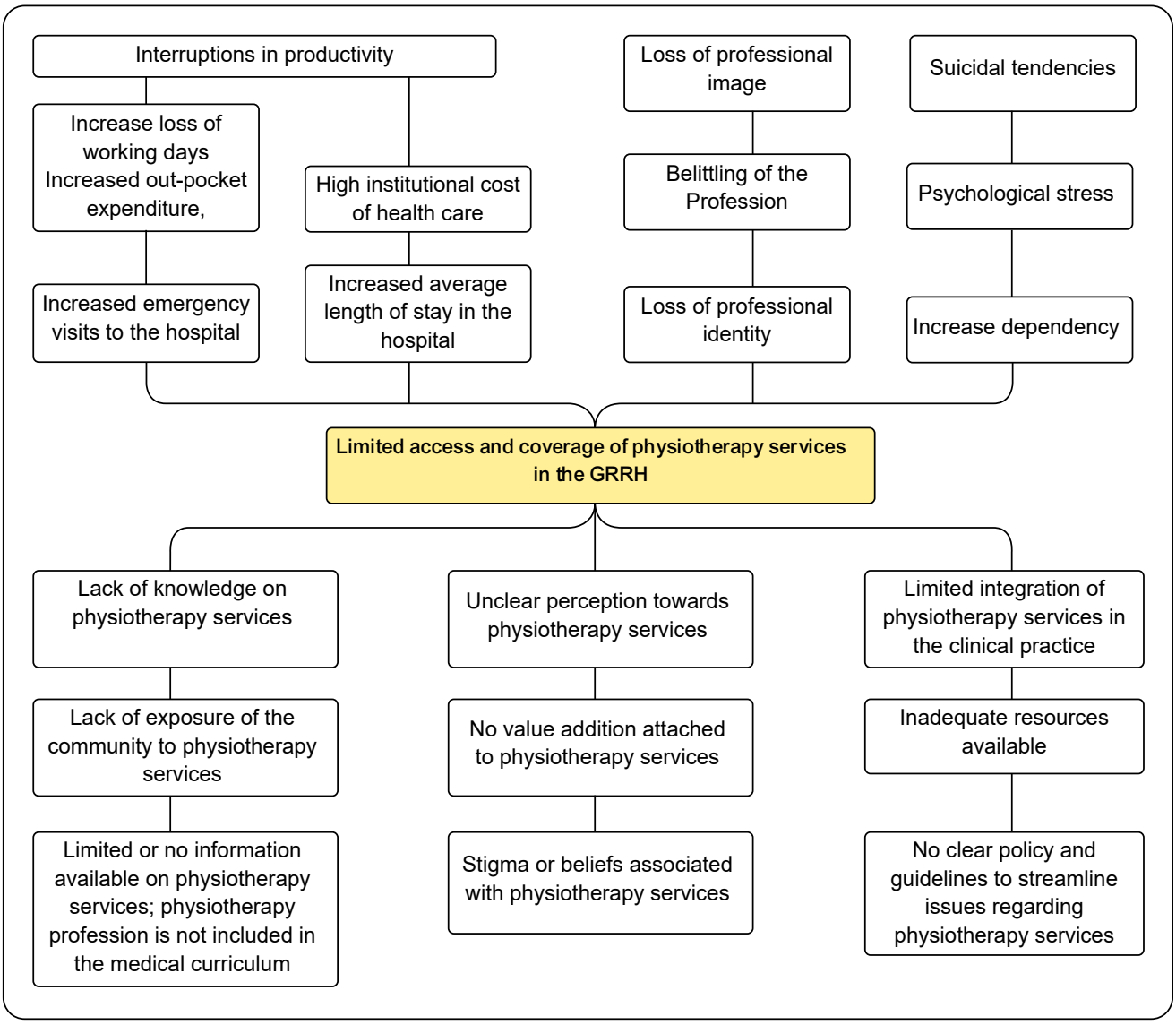
The situation analysis of the Physiotherapy services in GRRH was carried out in order to understand what could be happening and the results are showed in Table 5. Figure 2 shows the problem tree analysis whereby a number of causes were identified as well the consequences of the problem on the health system performance. This was also used to explore strategies.

Table 5. Analysis of the services provided in the Physiotherapy Unit

Services	Comment	Gaps
Outpatient	Provided to patients who come to the unit only But still the space in the unit was quite limited	Other service points like ANC, community department not covered
In patients	Provided to those who can move or taken to the units from the wards	Bed driven patients not adequately attended to, ward rounds irregularly attended by physiotherapists
Community based services	Is supported by development partners with the fund that is earmarked for specific category of beneficiaries like War victims/Amputees, Spinal Bifida, Hydrocephalous.	Limited attention given to other category of people who need the physiotherapy services from home/community
Domiciliary /home visit services	Carried out on the arrangement of individual clients only	No logistical support from the Hospital for domiciliary services, Few patients can afford domiciliary physiotherapy services
Cerebral palsy	Physiotherapy is partially covered in the occupational therapy unit and this provided only when called	No clear duty schedules for cerebral palsy clinic

Source: Researcher 2016

Figure 2: Problem Tree Analysis



Source: Researcher 2016

From the problem tree analysis a number of issues manifested as the cause of limited access and coverage to physiotherapy services. Among the para-medical trainings, physiotherapy is a profession that has registered great challenges establishing its position and status. This is coupled with the perception of the physiotherapists and other health workers towards physiotherapy as a profession that has remained unfulfilled. As a result, service coverage and access has remained low. Studies have shown that demotivating rewards and worst career opportunities and knowledge deficit greatly contribute towards worsening of physiotherapy profession (Karthikeyan Kandamy, 2012; Mukesh Goyal, and Salil Jandyal, 2014; Baxter, S.K. and Brumfitt, S.M., 2008).

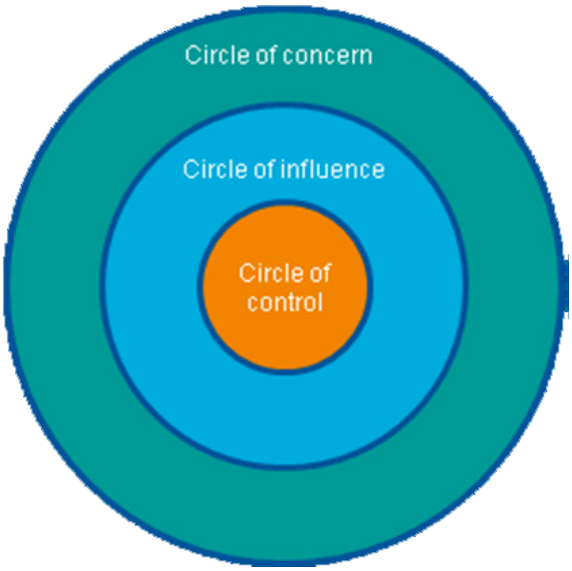
Physiotherapy professionals are extensively educated and trained to respond to challenges of evolving health care system and the profession continues to evolve in order to meet the needs of the client, health care organizations and the health care system. WHO highlighted the chronic shortage of health workers as a result of underinvestment in "education, training, salaries, working environment and management". The physiotherapy profession do suffers from underinvestment in all the areas mentioned above even though there are supporting evidence of physiotherapy interventions' benefits in the health care system (Physiotherapy Association of British Columbia, 2007; Frantz J., 2007).

CHAPTER FIVE

5. LISTING OF POSSIBLE SOLUTIONS AND CHOICE

All issues identified in Table 6 were of concern but the researcher had influence on some and full control on a few. Therefore using the concentric circles by Stephen R. Covey, Simon & Schuster (1992) as shown in Figure 3, there was more influence and control for assessing perception towards physiotherapy services and this proved to be a cross-cutting issue if handled; it was believed that it would lead to a great change in most areas of concern.

Figure 3: Model of concentric circles used to analyse possible solutions and support choice of solutions



Source: Stephen R. Covey, Simon & Schuster (1992)

From an exploration exercise, a number of alternative strategies for solving the identified problems were as presented in Table 6. Possible solutions were assessment of perception of the physiotherapy services by clients, health workers and managers/administrators. Knowledge, attitude and practice of physiotherapy services were the content considered under perception.

Table 6: List of identified problem(s)/issues(s) and alternative solutions

Identified issues	**Possible Solutions**	**Remarks/comments (advantages and disadvantages)**
Lack of knowledge on physiotherapy services and its benefits Lack of exposure of the community to physiotherapy services Limited or no information available on physiotherapy services to the community None or little on physiotherapy profession is included in the teaching curriculum of the medical courses	- Creation of awareness about physiotherapy services and its benefits - Production and distribution of Information, Educational and Communication (IEC) materials on physiotherapy services and its benefits - Lobbying for inclusion of physiotherapy into the curriculum of other medical courses	There are few physiotherapy personnel on the ground who could help in dissemination of the information on physiotherapy services and its benefits. However how much is known to the community about physiotherapy services is not clear, no IEC materials on physiotherapy services and no policy for integrating physiotherapy into the teaching curriculum of medical courses.
Unclear perception towards physiotherapy services **No value addition attached to physiotherapy services** **Stigma or beliefs associated with physiotherapy services**	**Assessment of perception on physiotherapy services by clients, health workers and managers/administrators** **Designing strategies that strengthens provision of physiotherapy services**	**Assessment of perception of the clients, health workers and managers/ administrators on the physiotherapy services provides information that could be used for designing strategies that improve on access and coverage of physiotherapy services**
Limited integration of physiotherapy services in the clinical practice Inadequate resources available No clear policy and guidelines to streamline issues regarding physiotherapy services	Establishing the package of physiotherapy services to be integrated into clinical practice Establishing standard operating procedures for physiotherapy services Advocate and lobbying for addition of resources	Although physiotherapy services are being provided to some degree, there is limited information on what package is to be provided at different levels of service delivery, standard operating procedures, and meagre resources available on ground.

Source: Researcher, 2016

The study findings were presented in a workshop for designing strategies that could improve access and coverage of physiotherapy services. From this workshop a number of activities were designated for implementation by different officers/stakeholders.

5.2 RESEARCH QUESTIONS

- What is the perception of clients, health workers, and administrators/managers on physiotherapy services?
- How can coverage of physiotherapy services be improved in Gulu Regional Referral Hospital?

5.3 GENERAL OBJECTIVE

To improve on the access/coverage of physiotherapy services in Gulu Region Referral Hospital

5.3.1 Specific objectives

- To assess the perception of clients, health workers, and hospital management on physiotherapy services;
- To explore different innovations for improving coverage of physiotherapy services in Gulu Regional

Referral Hospital;

- To develop conceptual framework and service delivery model for improving coverage of physiotherapy services in Gulu Regional Referral Hospital.

CHAPTER SIX

6

6. METHODOLOGICAL APPROACH

The study first employed qualitative research methodology (Grounded theory approach). It was the best suited methodology for assessing perceptions of the clients, health workers, and hospital administrator/ managers on physiotherapy services. According to Susan Gasson (n.d), "Grounded theory research involves the generation of innovative theory derived from data collected in an investigation of "real-life" situations relevant to the research problem". Since grounded theory approach focuses on social process or actions by asking "what" and "how" questions about people interactions. It demonstrates the influence of symbolic interactionism and social psychological approach to human actions (Sbaraini et al. 2011, Khan N. Shahid, 2014). Therefore the real-life situation of access and coverage of physiotherapy services needed a phenomenon that could explain its social situation and identify the essential operating mechanism for improving it. Hence grounded theory was the most appropriate qualitative research methodology to be used to answer the research question on perception of clients, health workers and administrators/managers on physiotherapy services.

6.1 THEORETICAL FRAMEWORK

The study used *grounded theory approach*. This is a qualitative research design used to discover new things or theories or models. It was important to use this approach since the study aimed at using participants' experience to explain processes, practices and/or actions to develop model grounded in the data for the needed suggestions. The theory that was formed was grounded in the data but not based on pre-understanding of either existing theories/models in the available literature or experiences the researcher had in the research area (Karthikeyan Kandamy, 2012).

6.2 METHODS

Sbaraini et al. (2011) states that Grounded theory study should have fundamental components. In this study these fundamental components have been considered as illustrated in table 7. The first method used was the basic principles of grounded theory which involved initially an inductive approach to generate substantive codes from the data, later the developing theory suggested to the researcher where to go next to collect data and which, more-focussed, questions to ask. This is the deductive phase of the grounded theory process. The first data collected from the first participants were coded and analysed concurrently. The formed codes, categories and models were to guide in the selection of the next sample in this study. To identify a core category, the researcher chose to select a category that summarized and explained the entire model. Since theoretical sampling and selective coding focused on objectifying the core category in a highly mental conceptualization which was achieved through theoretical saturation of core category, its subsidiary categories, sub-categories, and their properties.

Table 7: Illustration of the fundamental components of a grounded theory study

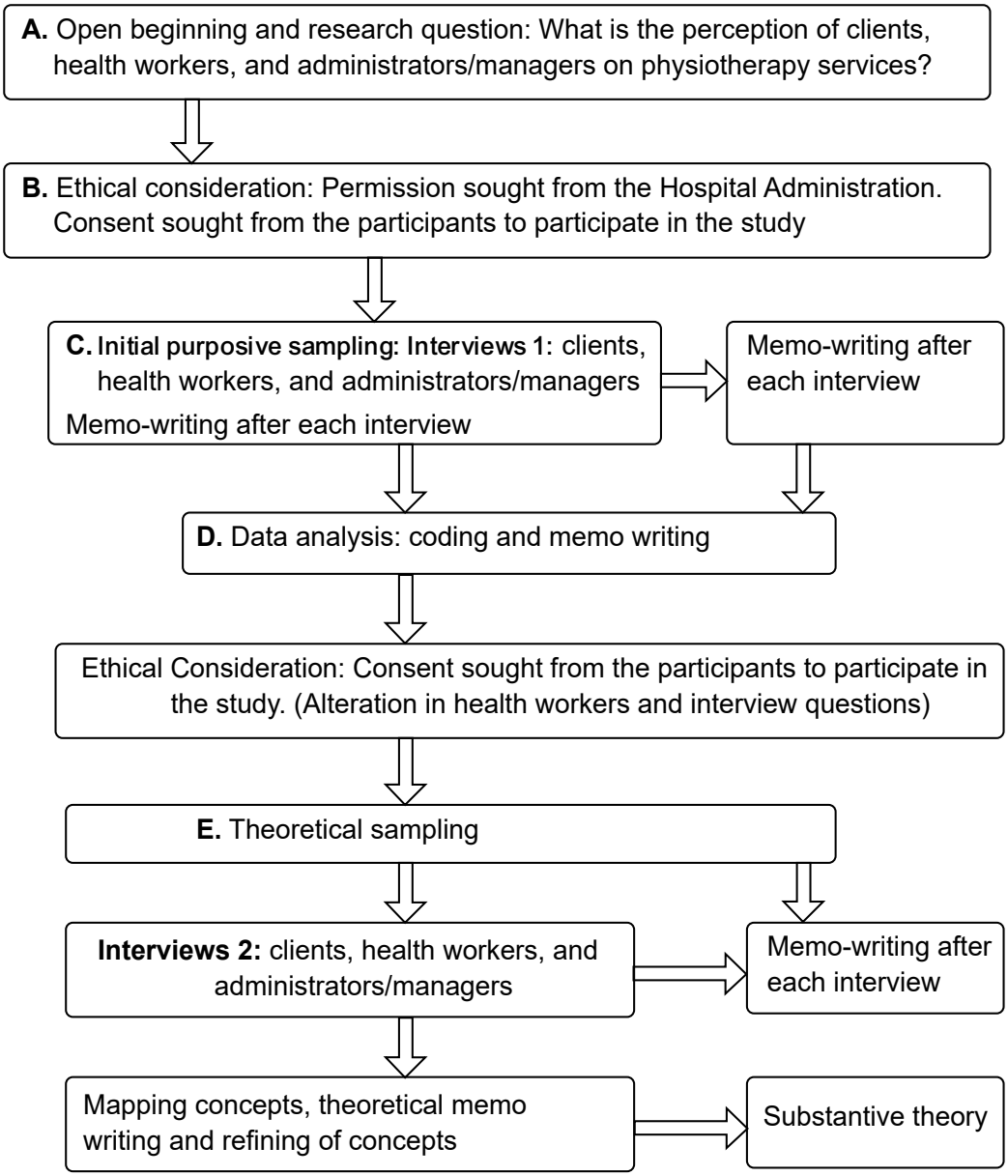
Component	Stage	Description
Openness	Throughout the study	Methodology emphasises on the induction analysis which develop new theories or hypotheses from many observations. It takes on open approach to the process being studied. It evolve as it becomes apparent.
Analysing immediately	Analysis and data collection	Analysis and data collection is done concurrently. This is to allow theoretical sampling.
Coding and comparing	Analysis	"Data analysis relies on coding. A process of breaking data into much smaller components and labelling those components. Comparing data with data, events with events, codes with codes in order to understand and explain variation" finally code are combined and related to one another. Here are referred to as categories or concepts
Memo writing	Analysis	Memo are written about events, cases, categories or relationship between categories. Memo is used to stimulate and record researcher's developing thinking.
Theoretical sampling	Sampling and data collection	This is informed by coding, comparison and memo-writing. This is designed to serve the "developing theory". Here "analysis raises questions, suggests relationship, highlight gaps in the existing" set of data and reveal what need to be known. This helps to carefully select participants, modify the questions being asked to fill the gaps, clarify the questions and build the emerging theory.
Theoretical saturation	Sampling data collection and analysis	This is when all the "concepts in the substantive theory being developed is well understood and can be substantiated from the data"
Production of the substantive theory	Analysis and interpretation	Expression of the substantive theory that is "set of concepts that are related to one another in a cohesive whole. This is dependent on the context.

Source: Sbaraini et al. (2011)

6.3 SAMPLING PROCEDURE

The study used purposive sampling technique. The study population was clients, staff and administrator/ managers. Each category of population had a minimum criteria for participants' selection. In the category of clients, participants were those who had ever received or were receiving physiotherapy services from GRRH. In the category of staff, the participants were purposively picked from the children's ward; acute unit; surgical ward; orthopaedic unit; casualty, physiotherapy unit; and the private wing. In the category of administrators/managers, the participants were purposively randomly sampled from either senior and/or top management of the hospital. Participants' number was not predetermined since it was an emergent design that was guided by grounded theory approach. The indication of the pattern, grounded in the data, helped to achieve the saturation. Where need arose, interviews were conducted for some variations in participants differences in the background so as to ensure theoretical saturation. The process is illustrated in figure 5.

Figure 5: Illustration of the study design



Source: Research 2019 modification from Sbaraini et al. (2011)

6.4 DATA COLLECTION

Individual in-depth interviews were administered using an interview guide for data collection (see Annexes A, B and C). The interview guides were developed with the help of the subject knowledge of physiotherapy services and health system management. Both interview guide and interview questions were checked by mentors in order to ensure relevancy of the research questions. Interview guides comprised of open-ended questions to encourage participants to speak more, gain rich and unanticipated information. They were pretested in order to establish the relevancy of the information being collected, whether the questions were understandable to participants and what new questions or information were to be considered, and the time needed for the whole interview to be conducted.

The researcher made sure the interview environment was friendly for the interview, even after building rapport. The interviews started with appreciation of the acceptance to participate in the study. Cultural talks that related to the topics in context and informed consent were considered. The interviews were conducted in both local (Luo) and English languages and participants were encouraged to use their own words. Probing was used by the researcher what showed active listening and interest in the information

gathered. Probing also helped to obtain details, to elaborate and to clarify whenever it was needed. At the end of the interview, the researcher summarized the information and received remarks from the participant. Debriefing was done at the end of every interview conducted, acknowledging them for their time, information given, and finally inquired about their experience of the interview as well any emotional disturbance encountered, if any. The interviews were recorded after consent by the interviewee.

6.5 DATA ANALYSIS

Already during data collection, after every interview carried out the interviews were transcribed verbatim into English, what facilitated discussion with the mentors throughout the data analysis to look for patterns, the necessary information to build a theoretical model and for saturation. The transcriptions were uploaded in the Microsoft Word document, then they were coded openly, sentence by sentence, in order to break the data into small units. At this point there was low level of abstraction (generalization) for describing the material closeness to the text. This step was followed by the selective coding stage whereby vital codes were selected in accordance to the purpose of the study through focus analysis of the material. These codes were organized to construct subcategories through constant comparison of the codes. Later, the subcategories were grouped to form categories and were compared to establish core categories; this process used a higher level of abstraction. Finally, this was followed by the theoretical coding step for formation of a model. The whole process of data collection and analysis was throughout discussed with the mentors to get fruitful critics and comments in order to ensure credibility in the development of the model..

In summary, the steps of data analysis based in grounded theory is as follows:

Data →open code→selection of codes→subcategories→category core→category formation→model (Karthikeyan Kandasamy, 2012)

6.6 ETHICAL CONSIDERATIONS

The researcher sought permission from the GRRH administration and was allowed to access all the required documents that would be necessary during the study. The research used Kvale's ethical consideration which is the standard for qualitative methodology (Kvale, 1983). The research sought for oral informed consent from the participants before commencing the interview. Participants' identity were only known to the researcher who would had assured them of the confidently of the data and their identities.

CHAPTER SEVEN

7

7. 'FUTURE' WORKSHOP

The second approach used was the 'Future Workshop' which is about the transformation of the actual situation of a system to a desirable one. As Cited in René Victor Valqui Vidal (n.d) Jungk and Müller (1987) states that Classic Future Workshop consists of five phases whereas Ville Lauttamäki (2014) explains that in the textbook there are four phases. In both cases these phases are; *"preparation, critique, fantasy, and Implementation".* The fifth phase according to Jungk and Müller (1987) is *"Follow –up phase".*

The preparation phase – This involves organizing the themes, course scheduled, the methods, the rules and the time table; inviting participants; preparing the conference room (stationaries, equipment, etc) by the organizers of the workshop and the facilitators. In the Critique phase is the start of the actual workshop; *"the problem is critically and thoroughly discussed and investigated. Brainstorming is the preferred creative technique follow up by a structuring and grouping of ideas in some main sub-themes".* The Fantasy phase allows participants to vision different possible futures, try to work a dreamland, to draw an exaggerated picture of the future. Brainstorming and other creative technique are used. The participants develop their *"social fantasies"* hence the name. In the Implementation phase participants check and evaluate the ideas generated in Fantasy phase against their practicability. Then an action plan is expanded for implementation. In the follow-up phase *"the action plan is monitored; eventually changes are performed and if needed new FW's are planned"* (René Victor Valqui Vidal, n.d; Ville Lauttamäki, 2014).

Therefore the future workshop starts by critiquing the actual situation, followed by 'dreaming' about a preferable future situation, and finally finding ways to move from the actual situation to a preferable future. The four phases of a classic Future Workshop according to Jungk and Mullert (1987) were thoroughly discussed and planned in time and space. This approach was chosen because it answers practical questions which in this case were used to establish *"how to improve access and coverage of physiotherapy services within Gulu Regional Referral Hospital and its catchment area".* Therefore, the findings obtained from the study on the perception of health workers, clients/ patients and hospital management team provided background information on key issues regarding the subject of the workshop.

Participants for the workshop were chosen based on the goal of the workshop. Since the workshop's goal was practice-oriented, 12 participants (staff of GRRH, AVSI and clients) were purposively selected and invited to participate.

Preparation phase: Planning and facilitation of the workshop was done by the researcher supported by a co-facilitator (student at 3rd year of Physiotherapy, Mbarara University of Science and Technology). The workshop was held in GRRH-Orthopaedic board room. The main tools used were brainstorming for the divergent stage and convergent stage. The divergent process is coding and comparing whereas convergent process is theoretical sampling in the grounded theory approach. Divergent process is all about breaking data into much smaller components and labelling those components. Comparing data with data, events with events, codes with codes in order to understand and explain variation" finally code are combined and related to one another. Convergent process is informed by coding, comparison and memo-writing. This is designed to serve the "developing theory". Here "analysis raises questions, suggests relationship, highlight gaps in the existing" set of data and reveal what need to be known.

The theme of the workshop was: *"Improving access and coverage of physiotherapy services within Gulu Regional Referral Hospital and its catchment area".*

Critique Phase: As stated earlier this is the start of the actual workshop; *"the problem is critically and thoroughly discussed and investigated. Brainstorming is the preferred creative technique follow up by a structuring and grouping of ideas in some main sub-themes".* Therefore the phase involved use of divergent processes aiming at formulating many critical points as possible. Through brainstorming, ideas were generated in accordance to well-known rule of no criticism, free-wheeling was welcomed,

quantity was required, and fast idea's production and combination was permitted. Ville Lauttamäki, 2014). Many critical points were raised and are summarized in Table 8.

Table 8: Critical points raised by the participants during critique phase about physiotherapy

Critical points	
- Inadequate sensitization/knowledge gap - Static – only offered in one place - Culture interferes with provision of the services - Low integration of physiotherapy services in other health related domains e.g. health curriculum, facilities' activities - Inadequate resources (human, material, financial, and time) - Services associated to high cost - Treatment span is long - Not a priority service - Policy issues	- No services' national indicator - No carrier development plan - Lack of political will - No value attachment to physiotherapy as a service - Inadequate carrier guidance - Inadequate capacity building - Lack of support supervision - Inadequate financial support for physiotherapy services - Poor networking - Lack of decentralization of physiotherapy services

The second step of the critique phase was to systematize the above critical points into clusters in accordance to the topics using the structuring technique mind-mapping. This step was supported by listing all the critical points in order to visualize the entire situation. There were a number of topics generated that were also prioritized through dialogue according to the level of importance attached to each topic. Critical points were clustered under sub-topics and summarized in Table 9.

Table 9: Critical points clustered according to the topics generated and arranged in order of priority

1. Negative attitude (perception) - Associated with cultural practices - High associated cost of receiving physiotherapy services - Long treatment duration - Low value attachment - Not a apriority services - Inadequate resources	**2. Policy related issues** - Lack of decentralization of physiotherapy services - Limited carrier development - Low integration of physiotherapy services in other domain - Lack of integration of physiotherapy services in curriculum of other health medical courses - No national indicator for physiotherapy services - Inadequate carrier guidance - In adequate resources
3. Lack of political will - Physiotherapy not a priority	**4. Lack of Information, Educational, and Communication (IEC) materials on physiotherapy services** - In adequate knowledge /sensitization - Inadequate sensitization materials
5. Inadequate capacity building - Inadequate training opportunities - Inadequate knowledge on physiotherapy services - Inadequate skills of advocacy and lobbing - Lack of support supervision	**6. Multidisciplinary approach challenges** - Poor coordination - Poor networking - Inadequate lobbying and advocacy skills to physiotherapists
7. Service organization - Static:- offered in only one place - Insufficient time allocation for accessing physiotherapy services	

Fantasy Phase: This phase commenced by showing to the participants the clustered ideas under the topics generated in the critique phase. There were few changes made on some critical points. Brainstorming was done to establish the ideal situation for each topic in regard to physiotherapy services. Many plans were reversals of some of the points in the critique phase although new ideas also came up. Negative attitude took the first position and through brainstorming the dream was to have "positive attitude" towards physiotherapy services. Throughout this phase divergent and convergent process took place concurrently. The final outcome is presented in Table 10.

Table 10. The 'dream' situation the participants anticipated for physiotherapy services

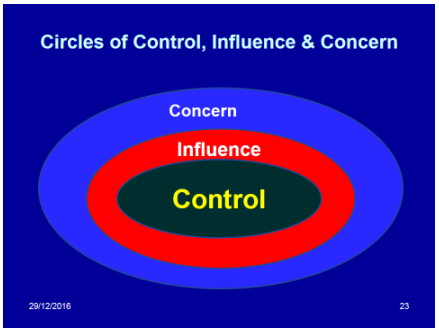
1. Negative attitude (perception)- Dream: Creating positive attitude toward physiotherapy services through creating awareness about on; - What physiotherapy is - Its importance - Conditions handled	**2. Inadequate capacity building- Dream:** Having adequate capacity building activities about physiotherapy services available for health workers through: - Coaching and mentorship - Continuous professional development - Adequate support supervision both internal and external
3. Policy related issues- Dream: Availing Clear Policies regarding physiotherapy training /services provision - Review of existing polices - Physiotherapy involvement in policy formulation - Formulation of new policies on: ➢ Decentralization of physiotherapy services ➢ Restructuring of the current physiotherapy staffing structure for different levels of health facilities ➢ Integration of physiotherapy services in the curriculum of the other health workers course ➢ Integration of physiotherapy services in other health domain like health promotion - Formulation of the national indicator for monitoring physiotherapy services. - Formulating of standard operation procedure for physiotherapy services	**4. Multidisciplinary approach challenges- Dream:** Having a strong multidisciplinary team in provision of specialized services like physiotherapy services through: - strengthened internal and external coordination and networking - Continuous Professional Development /Continuous Medical Education - Information giving or sharing during meetings - Strengthening internal referral systems **5. Service organization- Dream:** Availability of organize, accessible physiotherapy services at all time through: - Provision of physiotherapy services for 24 hours a day and 7 days a week - Deployment of physiotherapists on all wards - Holding mobile clinics or camps in the community or health facility for physiotherapy services

7. Lack of Information, Educational, and Communication (IEC) materials on physiotherapy services- Dream: Provision of adequate Information, Educational and communication materials on physiotherapy as a profession and services through: - Availing published journals on physiotherapy services or any other related issues - Holding radio talk shows on physiotherapy service - Holding press conference on physiotherapy services	**6. Lack of political will- Dream:** Improving Political will on physiotherapy as a profession and a service - Involvement of all stakeholders in issues of physiotherapy services - Creating awareness to all stakeholders on physiotherapy services

The implementation phase begun by presenting all the areas of focus as per the outcomes of the two previous phases. There were a number of clusters and various ideas that had come up and needed more time and long-term solutions. The tool strengths, weaknesses, opportunities and threats analysis was used to undertake this phase. Later, interventions (actions) were developed and assigned to persons for implementation of the agreed actions. The process was very heavy and quite slow since it needed to be more realistic and adaptive to reality on the ground. The prioritization of the topics/clusters in descending order of importance for implementation was done in accordance to concentric circles of concern, influence and control (ref. to Figure 3).

Since the critical issues of concern were already identified in the two previous phases, the participants sorted out all the issues/topics they felt they had control, could develop a plan and take action easily. Later, they also sorted out the issues that they had influence although never had control over them. Those not within their influence were placed in the circle of concern. Those issues potentially under their influence were placed in the circle of influence. Therefore, policy related issues and service organization issues were placed in the circle of concern; capacity building, I.E.C issues, and political will were in the circle of influence as shown in Figure 6.

Figure 6: Topics arranged in descending order using the circles of control, influence and concern (Olico-Okui,2016)

Topics/clusters in descending order	
1. Positive attitude/perception 2. Multidisciplinary approach 3. Capacity building 4. Information, Education, and Communication (I.E.C) materials 5. Political will 6. Policy related issues 7. Service organization	 *Source: Olico-Okui (2016)*

This was followed by the implementation phase that embarked on the development of actions/strategies to be implemented. This is shown in Table 11.

Table 11: Proposed actions to be taken and persons in charge

Topics	Actions to be taken (Activities)	Actors (person responsible)

1) Creating positive attitude/ perception towards physiotherapy	• Creating awareness about physiotherapy to the senior managers during senior management meeting • Integrating information regarding Physiotherapy services in health education talk shows: ➢ all services points ➢ OPD services ➢ outreaches • Documentation of experts clients (show cases) and use as role models for testimonies • Physiotherapy to be slotted in the radio program (media) • Integrating deliberate activities that targets staff welfare and promote good image of the profession	In charge physiotherapy unit/ department: Mrs Amono Jennifer (Senior Nursing Officer)
2) Multidisciplinary approach	• CME/CPD • Introduction of a book for registration of patients who need in wards for recording clients for physiotherapy services • Presentation of need for physiotherapy services in clinician meeting • Physiotherapy services to be integrated into special clinics-	In charge physiotherapy unit Area managers of special clinic will take care of this
3) Capacity building	Physiotherapist organizing a ground ward round once a week On-job supervision/mentorship	Physiotherapists
4) Information, Education, and Communication materials	• Documentation of all physiotherapy activities • Designing cartoons symbolizing physiotherapy related issues • Lobbying for financial support from administration and development partners • Partnering with radio stations in promoting physiotherapy services	In charge physiotherapist: Sanya Richard (Senior physiotherapist)
5) Political will	• Holding consultative meeting with Secretary for health at local councils • Creating awareness to all stakeholders	In charge physiotherapy services
6) Policy	• Review existing policy • Involvement of physiotherapist in policy formulation • Streamlining of physiotherapy issues • Conducting survey to assess the level of knowledge of physiotherapy/rehabilitation to students • Hold stakeholder meeting	Uganda Association of Physiotherapy.
7) Service organization	• Involvement of administration in physiotherapy services • Recruitment of more physiotherapist staff • Financial support through lobbying and advocacy	Administration of GRHH MOH All Physiotherapists

The implementation of some of the actions/strategies went on concurrently. Surprisingly, the topics that were placed in the circle of concerns turned out to be in the circle of influence like policy related issues. Fortunately, a number of conditions underlying the policy issues came out in support for its immediate attention, nationally. The role of stakeholders in supporting the development was very important. Japan International Cooperation Agency (JICA), for instance, supported the re-equipping of the GRRH.

The progress of implementation is presented in Table 12.

Table 12. 'Dream' vision, actions taken to achieve the dreams, and factors influencing implementation

Dream/vision	Actions taken (activities)	What influenced the implementation of the intervention
1) **Creating positive attitude/ perception towards physiotherapy services to hospital managers/ administrators**	Creating awareness about physiotherapy services to the senior managers during senior management meetings. Streamlining physiotherapy services in the client charter for the clients and community at large.	The position of the researcher as a secretary in the senior management team and as well, being head of the physiotherapy department in GRRH was a leverage and an opportunity.
Comment: This was a lobby and advocacy session whereby the findings on the perception were presented, members sensitized on what physiotherapy is, its benefits and who are the beneficiaries.		
2) **Having strong multidisciplinary team and approach.**	• CME/CPD has been held in conjunction with other specialties (Orthopaedics) • Introduction of registers on wards for patients who need physiotherapy services • Presentation of challenges facing physiotherapy services to the hospital senior management team	The coexistence of physiotherapy and orthopaedics facilitated the process of having a joined CME reinforcing the need for a multidisciplinary approach in providing holistic care. The urge to work together and show the demand for physiotherapy services on the ward by use of statistics as evidence. Availability of strong senior management team that would solicit support from the Hospital administration for the provision of physiotherapy services.
Comment: This is a gradual process that involves behavioural change of all the members in the team, acknowledging each other's importance in the team is very vital.		
3) **Capacity building**	Physiotherapist organizing a ground ward round once a week	Not much has been done in this area yet.
4) **Provision of adequate information, educational and communication materials on physiotherapy as services and as a profession.**	• Designing data collection forms to obtain: ➢ demand of physiotherapy services ➢ feedback on physiotherapy services • Documentation of all physiotherapy activities	The initiation of the physiotherapy elders' forum to work together with the Uganda Association of Physiotherapy to improve on the physiotherapy profession. The trend in disease burden, trauma, and disability.
Comment: All the team is working towards generating evidence on the demand for physiotherapy services that could possibly be used to lobby and advocate for policy change, if any.		
5) **Improving political will on physiotherapy as a profession and as a service**	• Creating awareness to health workers, district officials in some of the districts within the catchment area for the need of a physiotherapist in the team.	Participation in the training of health workers at the district level together with the team from MOH on the management of Nodding Syndrome.
Comment: During the training, the need to have a rehabilitation specialist like physiotherapy in provision of health care services was emphasized. This was an advocacy forum to the districts.		

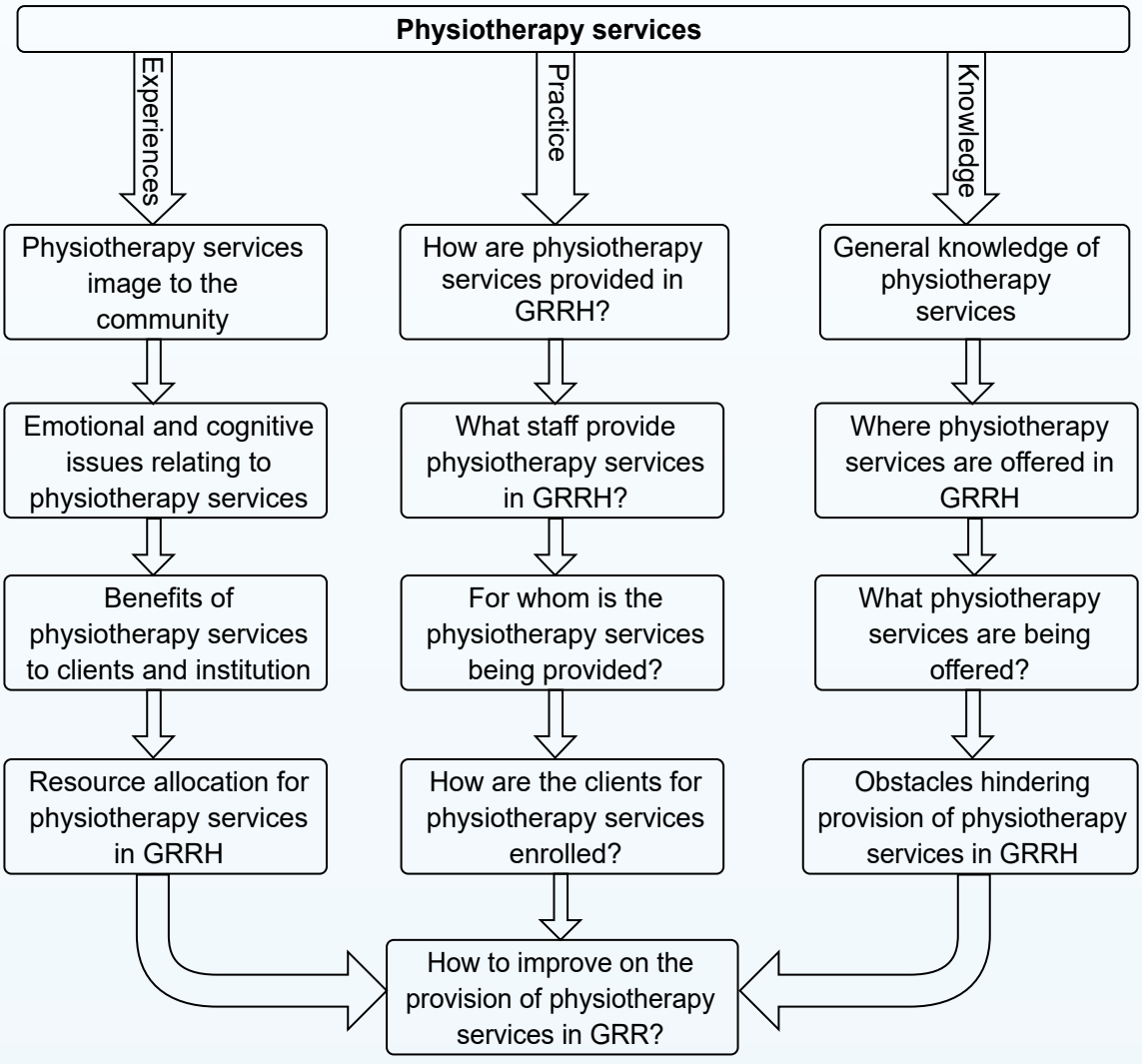
6) **Availing clear policies regarding physiotherapy training/services provision**	• Initiated consultative meetings with all the principal physiotherapists (retired or (and) in-services), those in training institutions, members of Uganda Association of Physiotherapy, Allied Health Professional Council, and other influential people to discuss physiotherapy as a profession. • The meeting gradually considered streamlining physiotherapy issues in the health care system • Conducted survey to ascertain physiotherapy human resources	The initiation of the physiotherapy elders forum to work together with the Uganda Association of Physiotherapy (UAP) to improve on the physiotherapy profession. Increasing population, incidence of disease burden, disability and trauma trend in Uganda posing greater demand for physiotherapy services.
Comment: There is need to have physiotherapy reforms to transition physiotherapy profession practice in line with the challenges and opportunities of a changing healthcare environment.		
7) **Organize accessible physiotherapy services at all times**	• Participation in lobbying and advocacy session in GRRH between JICA and the GRRH Administration provided leverage and opportunities to lobby for equipment for provision of physiotherapy services • Participation in the formulation of the GRRH five years strategic and investment plan provided leverage and opportunity to include all that would be required to improve access and coverage of physiotherapy services in GRRH and its catchment area.	The project for rehabilitation and re-equipping hospitals in Northern Uganda by Japan International Cooperation Agency (JICA) The golden chance/opportunity given by the director to participate in the formulation of the strategic and investment plan as a secretary
In conclusion, the need for advocacy for a broader role of physiotherapy in the health care system; facilitation of strategic partnerships and alliances; standards and guidelines to address future challenges; training and support to develop new skills are very vital in improving this services.		

CHAPTER EIGHT

8. RESULTS

The theory explains perception of hospital management, health workers, and clients on physiotherapy services. Through systematic data collection and analysis, three core categories emerged namely: knowledge, practices of physiotherapy services, and experience of physiotherapy services. Regarding *knowledge*, we explored the understanding of the hospital management team, health workers, and clients on physiotherapy services. They were asked about where physiotherapy services were being offered, services being offered under physiotherapy, and the obstacles hindering provision of those services. The *practice* explored how physiotherapy services were being provided, the kind of staff that provided the services, for whom were the services provided, and how physiotherapy clients were draw. Under *experience*, we explored emotional and cognitive issues, benefits and resource allocation in regard to physiotherapy services. The researcher further explored strategies for improving provision of physiotherapy services in reference to knowledge, attitude, and practices. Figure 7 shows the emergent model substantive theory.

Figure 7. Emergent model of substantive theory on the perception of physiotherapy services by hospital management, health workers, and clients in Gulu Regional Referral Hospital



Source: Researcher, 2016

8.1 KNOWLEDGE

8.1.1 PHYSIOTHERAPY SERVICES

Both the hospital management and health workers' general knowledge of physiotherapy services were indicative of different thoughts depending on the positions they held at the hospital. Hospital managers looked at physiotherapy services from the perspective of disability, impairment, traumatic injuries, accident or congenital cases with the focus on restoring function, and raising the hope to manage patients' life cycle. These services intrinsically took on muscles and bone related problems while putting into consideration psychological aspects of the patients. One of the managers, said:

> *"Physiotherapy services are services given to client who have problem with the muscles and bones – to try to reactivate in order to manage their life cycle so as to be physically able to walk, move, and do their own work. It is a medical type of management whereby clients are helped to avoid disability like not being able to move due to condition that affect muscles and bones".* (KII Manager – 3)

Whereas health workers looked at physiotherapy services from the angle of experience of the services, managed conditions, mode of treatment and restoration of functionality. Differently, before receiving any services, clients associated physiotherapy services to massage (2/5) which was offered as a curative process for accident cases or those with pain. One of the clients even thought there was not assessment and examination in provision of physiotherapy services while another took physiotherapy services as services for those with muscles and bones problems.

> *"I thought when you come for physiotherapy services they would begin to massage you immediately. I thought there was not any history taking. But there is history taking, diagnosing, and prescribing drugs. It makes me certain about the treatment and have confidence of getting well"* (KII Client – 3)

Both clients and health workers interviewed reported that people were very appreciative of the physiotherapy services and this was evidenced in the number of testimonies they were giving during the interviews. However, some clients at the same time registered some of the observable challenges in the unit that needed attention.

> *"People say good things about physiotherapy services. I have never heard anything negative about physiotherapy services because you can see ever the number of patients are increasing"* (KII client – 4)

8.1.2 WHERE PHYSIOTHERAPY SERVICES ARE OFFERED IN GRRH

It was evident from the key informants (health works and hospital management team) that the knowledge of where physiotherapy services were being offered within GRRH was sometimes unclear. The health workers said physiotherapy services were being offered in the Orthopaedics department, at the rehabilitation unit, at the physiotherapy unit and on the wards, mainly on consultation. One of the health workers said:

> *"In the department but there are patients who do not reach there then services are brought to the wards through consultation. Sometimes they are brought in the form of team work or multidisciplinary approach. Sometimes it is like a referral; you have done your part then someone like physiotherapist is to be consulted e.g. discharge of patient"* (KII Health worker 3)

The hospital management team was somehow in correspondence with the health workers except that according to an informant, even the occupational therapy unit would provide physiotherapy services.

This exposed the issue of inadequacy of space for providing physiotherapy services to the extent that physiotherapists share the same space with occupational therapy. Or else, this could be an indicative of confusion that do exists in differentiating physiotherapy from occupational therapy professions.

8.1.3 WHICH PHYSIOTHERAPY SERVICES ARE OFFERED

When asked about the physiotherapy services being provided in GRRH, of the five members of the hospital management team interviewed, four mentioned exercise, massage, psychological therapy, health education, and rehabilitation although the forth informant, in addition, included training on activities of daily living.

Income generating activities, occupational skills and conducting home visits and supporting patients were also cited. This either illustrates a broader spectrum of physiotherapy services that could be provided, or the richness in skills that goes together with physiotherapy services. However, one of the

informants from this group felt that these were cut-cross services and were needed by all age/patient groups. All these comments were said as presumptions what highlights knowledge gaps among the hospital management team.

Health workers pointed out at a number of services as being provided under physiotherapy services. Health workers focused on services that pertain to issues regarding bones, disability, mind, mobility aid, exercise therapy among others. This was not far from what had been reflected in their general knowledge of physiotherapy services. An informant felt that the package of physiotherapy services included application of Plaster of Paris, and wound dressing (nursing care). The package of physiotherapy services being offered is presented in Table 13.

Table 13. Package of physiotherapy services offered according to health workers' interviews

Type of health worker	**Physiotherapy services being provided according to health worker**
Code 1: Casualty (Enrolled nurse)	Counselling, skills training, physical exercises, consultation services for social life
Code 2: Acute Unit (Enrolled nurse)	Massage, giving crutches/wheelchair, receiving patients with bones problems like back cases
Code 3: Surgical ward (Registered nurse)	Massage, psychological therapy, psychoéducation, psychosocial support
Code 4: Senior Orthopaedic Officer	Massage, gait training, exercise, traction, health education
Code 5: Physiotherapist	Exercise therapy, cryotherapy, soft tissue manipulation
Code 6: Children ward (Enrolled nurse)	Massage, exercise, counsel and reassure patients, review patient, clerk, diagnose, prescribe.
Code 7: Private wing (Enrolled Nurse)	Exercise, application of plaster of Paris, psychotherapy, wound dressing (nursing care)

8.1.4 OBSTACLES HINDERING PROVISION OF PHYSIOTHERAPY SERVICES

Numerous hindrances were brought up as affecting provision of physiotherapy services. Six health workers out of seven strongly mentioned issues regarding inadequacy of human resources in the physiotherapy unit. In addition, the health workers felt that equipment were greatly lacking and even the few available were poorly maintained. They even imagined how frustrating it was for the physiotherapists to provide services. They explained the difficulties involved when working under such situation, hence bringing up the issue of physical and mental stress clearly due to work overload. One health worker said, with a lot of sadness, that poor remuneration was significantly affecting service provision.

> *"Since lunch allowance was introduced, 20 years ago, nothing has changed but cost of living has been going up. It was then budgeted for at. 2,000 Ugandan Schillings per day [equivalent to half a dollar a day]. There is need for increment in salary since cost of living is going up".* (KII Health worker – 4)

Still with great concern, the health workers also raised the issue of unit space which was inadequate for the increasing number of patients. They also expressed their concern regarding the knowledge gap that exists about physiotherapy services which was surfacing in a number of ways. One health worker felt that lack of transport for both clients for coming to the department for treatment and for service providers for going for outreach activities were barriers for service delivery.

For the hospital management team interviewed, the most overwhelming hindrance to provision of physiotherapy services was the issue of not making them a priority. This was coupled with lack of fair treatment when it came to responsiveness to the needs of the physiotherapy unit. Indeed, hospital managers felt that not enough was being done. They further raised the issues of human resources inadequacy, lack

of functional integrated specialist care, no value attached to physiotherapy services, knowledge gap about the services and no appropriate resource allocation (in particular financial support).

An informant lamented on the challenges facing the provision of physiotherapy services:

> *"Most of the drugs used in provision of physiotherapy services are not budgeted for, so in the clinic, clients are meant to buy their own drugs, physiotherapy services are never taken as a priority, space is not adequate because it is not considered as one of the important services, yet it should be an independent department hence denied its autonomy and space for decision making. Power at time is off for the machine to be used and if administration is contacted cannot put on power just for physiotherapy services, so physiotherapist are not listened to like any other specialty".* (KII Manager – 3)

Clients felt that there was lack of knowledge of the physiotherapy services whereby they explained that at times they found themselves being referred for services they did not understand. Still, on the same note, while in the unit they experienced lack of equipment, presence of non-functional equipment, and issue of time management on both side of clients and service providers, clients sensed that physiotherapy services were never prioritized and this to them was evidenced in lack of resources that were needed for the provision of the services.

> *"Lack of awareness – people do not understand but only find themselves there when the prescription is made. The opportunity is not being utilized well. Equipment are either expensive or not available easily. I was told the equipment that they would have used on me was not functioning, the missing parts could not be found easily hence they had failed to fix it. There is gross lack of manpower and could be strongly sensed that physiotherapy is highly not prioritized or it is not given any priority or the right treatment in the hospital* (KII client – 1).

In addition, clients had mentioned how physiotherapy officials were good medical personnel. But lamented that they were too few for the ever increasing number of patients and one of the client informants said:

> *"Too many people! More than available physiotherapists - yet this work is manual. 50 patients for at times... only two physiotherapists in a day in Out Patient clinic...If there were enough physiotherapists many people would be getting better because of the commitment they put in doing their work. I see as if there is now too much work load."* (KII client – 4).

8.2 EXPERIENCES

8.2.1 IMAGE OF PHYSIOTHERAPY SERVICES TO THE COMMUNITY

Generally, many people associated physiotherapy services to massage and exercises thus, in the local language (Acholi or Luo), physiotherapy services were called or described as *"rwec"*, meaning massage, which is one of the treatment modalities in physiotherapy specialty. Similarly, health workers interviewed disagreed with the local term *"rwec"* used to describe physiotherapy services. The argument drew a conclusion that *"rwec"* was just a specific component of treatment methods used within the provision of physiotherapy services. As much as one health worker noted that the local language (Acholi/Luo) lacked words to describe physiotherapy services. Some health workers felt that the term left out key aspects in the provision of physiotherapy services.

> *"My opinion about "rwec" and physiotherapy services is that the term is good but except that it does not cover mental, spiritual, and social aspects of the treatment. I wish there was a term that could cover all the aspects of the treatment. If one say you are massaging would not be meaning physiotherapy services because it would have left out counselling, spiritual, and social aspects".* (KII- health worker 3)

Therefore, health workers proposed a few descriptions for physiotherapy services/physiotherapy unit, for example, physical fitness/house of physical fitness or touch and stretch for pain relief/house of exercises. Clients interviewed were in agreement with the health workers that physiotherapy services was not *"rwec"* as considered by many people. They said physiotherapy services was not to be called or described as *"rwec"* but rather *"rwec me juku arem; Tic cing daktar"* meaning *"massage to reduce pain; work of the hands of physiotherapists"*. Two clients agreed with health worker with the concern that Acholi/Luo languages was limited and further noted that the name being used to describe physiotherapy services undermines the profession.

> *"As many people associate physiotherapy services with massage, one can look at physiotherapy services in Luo as "rwec me juku arem" that is what comes into mind immediately. Probably "rwec" in*

the local language undermines the profession. Acholi language is limited. (KII client 1)

During the interview, informants expressed their experience with the service in different ways. According to one of the health workers who has served for 31 years, her experience of the service in her entire work life was that it was being offered wherever she has been but with a lot of challenges.

"Generally physiotherapy services have been availed wherever I have gone but never adequately delivered. There is a lot more to be desired. I think it is not sufficient because the number of personnel are not enough. Now and again they registered fatigue, work load... sometimes you find somebody who should have had physiotherapy services 3 times a week getting only either once or twice. Sometimes people go looking for physiotherapy services very far – this gives me impression that these services are scattered or not concentrated enough to attend to the needs of the people". (Health worker 3)

However, other two clients expressed having felt the goodness of the service providers. This they illustrated by how they were handled on arrival on the first day of their visits to the unit. Of the two, one said he was accorded good hospitality which contributed greatly to his healing. The second client also said on the first day of his visit to the unit the treatment given just made him feel the providers were good at what they were doing.

8.2.2 EMOTIONAL AND COGNITIVE EXPERIENCE OF PHYSIOTHERAPY SERVICES

The interviewees expressed their feelings of the service on their first visit with a lot of emotions. The interviewed health workers strongly expressed feelings of being anxious, merciful and scared among others although some had mixed feelings. They felt scared at the same time well due to other factors. The health workers pointed out that they felt scared and merciful because of the categories of clients they found being given the services.

"It gave me the impression that it was a delicate unit. First of all, I saw the machines and the patients I saw being worked on left me wondering. First time I saw quadriplegia and acute back pain... I felt merciful for the staff. It requires a lot of patience and time to have the patients worked on. If you have five of these patients and you are alone on the ward and in a day it would be too much for you". (KII Health worker – 4)

Cognitively, health workers wondered about what physiotherapy unit or service was all about whereby one thought it was a body building unit for physical fitness. Another health worker was quite impressed and thought it was a delicate unit, and another wondered whether the patients treated in this unit would ever get better.

"I was scared on observing certain conditions. I found a stroke patient being treated. I wondered whether one day they will be better. I saw someone who had loss a limb. I felt good as well. I liked the equipment. They looked attractive like "a globe or a ball" although some scared me like artificial limb which was in one of the room. Stationary bike- attracted me and wanted to ride". (KII health worker – 7)

Emotionally, the hospital management team interviewed expressed feelings of shame, hopefulness, empathy and surprise. A manager openly and precisely explained how ignorant he was about physiotherapy services until he encountered a problem that needed attention of a physiotherapist. That was when he realized how important the unit and the services were. He regretted not to have done something within his capacity as a manager for the unit.

However, cognitively a member thought physiotherapy services were all about massage and physiotherapy unit was a massage unit but after reaching the unit and seeing a number of people doing exercise, it turned out to be an interesting venture. The manager thought of becoming a client and going there for treatment as well. To another manager, the clients found in the unit were an indicative of the importance of the service. He even felt that working in the unit needed a lot of patience and one needed to be empathetic for the clients.

"When I entered that unit I saw patients being worked on, I imagine it is an important service delivery area. You see someone being handled waiting for improvement patiently. Seeing what really happens in this unit, one cannot believe, I wondered what was happening to the clients! I felt you cannot work in these unit when you do not have patience and heart for the clients. When you look at the equipment used plus time used even drugs and machine all looked expensive" (KII Manager – 3).

Clients as well were impressed and challenged with the level of commitment the staff exhibited. On seeing this, one felt at home while two became hopeful for improvement. One client on seeing those lining up for the services just deduced that people valued physiotherapy services. One person mentioned there was a communication gap, a knowledge gap about the services, and inadequate space for their provision. Thus, one client thought critically on how to help the unit overcome some of the challenges and suggested the writing of a project proposal. Some noted that to some clients physiotherapists were doctors.

8.2.3 BENEFITS OF PHYSIOTHERAPY SERVICES TO CLIENTS AND TO THE INSTITUTION

All health workers interviewed greatly acknowledged the benefits of physiotherapy services to clients themselves and as well to the institution. In demonstrating these benefits most of them, at least, mentioned one or two benefits that could be got from physiotherapy services. In spite most of the health workers agreed physiotherapy services helped in the restoration of functional ability, hope and life, one thought physiotherapy helped in prevention of non-communicable diseases (NCD). In as much as this communicates some degree of awareness on the benefits of physiotherapy, they rather expressed these benefits with some degree of speculation. The detailed expression of benefits of physiotherapy as expressed by health workers is shown in Table 14.

Table 14. Benefits of physiotherapy services according to health workers' interviews

Codes	Benefits of physiotherapy services mentioned by health worker
Code 1: Casualty (Enrolled Nurse)	Restore life, hope; and prevent non communicable diseases
Code 2: Acute (Enrolled nurse)	Restores functions (speech/mobility); provide supportive devices
Code 3: Surgical ward (Registered nurse)	Restores muscles tone, function of muscles, hope; provide reassurance; and restores health of the patients.
Code 4: Orthopaedic officer	Restores function; reduces hospital cost through reduced number of days in the hospital; gives patients confidence to go back to their work
Code 5: Physiotherapist	Restores functional ability; prevention of secondary problems
Code 6: Children ward (Enrolled nurse)	Restores hope; heals patients; functional modification
Code 7: Private wing (Enrolled nurse)	Restore ability, improve standard of living; saves life and reduces mortality; reduces psychological torture

The Hospital Management Team expressed the benefits of physiotherapy services to clients in terms of acquiring knowledge on how to remain fit and why one's muscle should be in shape; restoration of economic valves because patients go back to work; reduction of physical torture/psychological worries, avoidance of complications like bed sores/peptic ulcers, and reduce burden to caretakers. It worth noting that clients viewed the benefits of physiotherapy from the angle of pain reduction and functionality of the body except one who said physiotherapy gives the hospital a good name.

> *"High level of 1st cure of some of the manageable health conditions. It seems that many people have recovered from these services. It has improved health of the people who have received these services. It has improved on the awareness on the importance of the unit to the people who have been there or have ever received the services. This is one of the units that gives the hospital a good name, it is a good thing,"* (KII client – 1)

8.2.4 RESOURCE ALLOCATION FOR PHYSIOTHERAPY SERVICES IN GRRH

The Hospital Management Team strongly felt that there was an imbalance between physiotherapy services and resource allocation. All felt that physiotherapy services was not being given the consideration it deserved. The concerns were all about inadequate availability of resources and one noted that this was a neglected

service since it was not being taken as a priority area.. They all had a mention of inadequate funding, infrastructural challenges such as space, non-proportionate ratio between service providers and patients, and increased workload. One participant felt physiotherapy as a services was not given full autonomy, being covered under orthopaedic services which could be contributing, as well, to the low level of support rendered.

> *"Function of the physiotherapy unit is good enough but there are things missing. The hospital needs to put in special consideration for funding. Work load: few staff providing special care; one patient takes a lot of time yet daily visit is demanding and not possible with the few staff. Hence there is human resources hindrances. Service providers to patient ratio need to increase"* (KII Manager – 2)

8.3 PRACTICE OF PHYSIOTHERAPY SERVICES

8.3.1 PROVISION OF PHYSIOTHERAPY SERVICES

According to both health workers and managers interviewed, physiotherapy services in GRRH has being provided through static centralized arrangements; it was facility-based. In some circumstances, it was mobile either as outreaches or on consultation when it came to wards. For patients on different wards, as for the health workers, the provision of physiotherapy services was more on static basis with some aspects of consultation. The managers considered the provision of physiotherapy services to be in combination with other services, decentralized, static and mobile for wards and, in other cases, through outreaches. Nevertheless, some key informants considered static or centralized provision of physiotherapy services as facility-based rather than unit-based, with no admission although the treatment was hand-on. In addition, some imagined that in physiotherapy treatments no medication was given to be taken home.

> *"Outpatient Department patients were never admitted. Appointments were given to them and they come back and get the services and go back home. So, they are given the real services from the unit. So there are not given the medication to be taken from home. No medication but real hands-on services given"* (KII Manager 3)

8.3.2 STAFF PROVIDING PHYSIOTHERAPY SERVICES

Managers stated that physiotherapy services were being provided by the physiotherapists, and other medical staff whereas to health workers, physiotherapy services were under the provision of orthopaedics officers, surgeons, doctors and nurses in addition to physiotherapists.

> *"Physiotherapist, orthopaedic officers, work hand in hand with other staff nurses, doctors-multidisciplinary".* (KII Health worker 6 and Manger 4)

8.3.3 THE BENEFICIARY OF PHYSIOTHERAPY SERVICES

Managers and health workers interviewed listed the beneficiaries of physiotherapy services as shown in Table 15.. Two health workers of those interviewed clearly stated that physiotherapy services were for the entire public provided one needed it. To the health workers, physiotherapy services were for only those with certain conditions who really needed it. To hospital management team it was for almost the entire public.

Table 15. Beneficiaries of physiotherapy services according to health workers and managers interviewed

Health workers	Managers
Diabetes, accident cases (fractures); people with back problems (disc prolapse), obesity, stroke, amputees, abnormalities in children, neck pain, all patients irrespective staff or not/ entire public with need the services	Community, staff and dependents, all patients e.g. stroke patients, mothers in maternity, accidents cases (bones and muscles), elderly, people with musculoskeletal problems, deformity e.g. clubfeet

8.3.4 HOW CLIENTS FOR PHYSIOTHERAPY SERVICES ARE ENROLLED

In real practice, the physiotherapy unit was noted to be getting clients from various places through different channels. According to health workers, patients came through either internal or external referrals. Those coming through internal referral, were from the outpatient department, wards, and other clinics/units within the hospital; whereas those from external referral were from lower health

facilities, outreaches and self-referrals.

> *"Through consultation from wards, OPD, Orthopaedic clinic, Casualty-emergency department, referral from other health centres"* (KII health worker 6)

8.3.5 IMPROVING PROVISION OF PHYSIOTHERAPY SERVICES IN GULU REGIONAL REFERRAL HOSPITAL

A number of strategies came out on how the provision of physiotherapy services could be improved and could trickle down to improving its access and coverage as showed in Table 16. All categories interviewed referred to increasing human resources, the need to improve awareness on physiotherapy services, develop equipment and maintenance issues, better services organization and funding.

> *"Self-motivation by physiotherapists themselves by having interest or willingness to provide the services; Increasing number of qualified staff; Institution to build interest of the staff through encouragement, appreciation/recognition for good work done; Capacity building through refresher courses to enhance their skill and knowledge; Clients who have received the services used to sensitize the community on the benefit of the physiotherapy services".* (KII health worker 7)

Table 16. Suggested strategies for improving physiotherapy services in GRRH by each category of interviewees (health workers, managers and clients)

Codes	Strategies proposed by health workers
Code 1: Casualty (Enrolled Nurse)	Lobbying and advocacy through proposal writing. Request to administration to support provision of physiotherapy services beyond the current state
Code 2: Acute (Enrolled nurse)	Employing more staff, provision of mobility aid to the wards, provision of supplies and sundries
Code 3: Surgical ward (Registered nurse)	GRRH to train more people, motivation of staff through gifts, availing rest to the hard working staff, provision of the necessary requirements
Code 4: Orthopaedic officer	Increasing human resources by GRRH and MOH, prioritization of physiotherapy services in the budget, good remuneration like tea, lunch, and transport and salary increment.
Code 5: Physiotherapist	Sensitization of people about physiotherapy services, decentralization of physiotherapy services to HC IV by MOH and GRRH, acquisition of new equipment and maintaining old equipment.
Code 6: Children ward (Enrolled nurse)	Recruiting more staff, motivation of the few available staff with constant supply of lunch, lobbying for donor support for infrastructural development.
Code 7: Private wing (enrolled nurse)	Encouraging self-motivation, increasing staff through lobbying and advocacy, building capacity, building interest of the staff in providing services, using those who have ever received the services to sensitize community
Codes	**Strategies proposed by managers**
Code 1: Principal Hospital Administrator	Advocacy within staff on the understanding of physiotherapy services; lobbying for funding within/without; interesting more staff through training and human resources support mechanisms; outreaches advocacy for integration of physiotherapy services
Code 2: Doctor	Avail the equipment through stakeholder advocacy meeting; avail enough human resources through soliciting for support from districts, and MOH.
Code 3: Principal Nursing Officer	Awareness creation on importance of physiotherapy services from top to bottom; provision of an independent national indicator for physiotherapy services
Code 4: Senior Nursing Officer	Creation of awareness through: allocation of resources for physiotherapy services; deployment of enough staff in the hospital; increasing the space in terms of infrastructure

Code 5: District Health Officer	Decentralization of physiotherapy services nearer to the community - Health Centre IV Outreaches for provision of physiotherapy services to be initiated or integrated in the curative and preventative services; allocation of resources for physiotherapy services
Codes	**Strategies proposed by clients**
Code 1	Hold a show case e.g. physiotherapy camp; sensitization of the community on physiotherapy services; prioritization of physiotherapy services; avail policy on provision of physiotherapy services; designing projects
Code 2	Effective communication among doctors; monitoring and supervision of subordinates by the in-charge
Code 3	Opening the unit to have its own pharmacy section with medicines at subsidized price; avail commonly used medicines for physiotherapy services
Code 4	Increase human resources, increase on space for provision of physiotherapy exercises
Code 5	Dissemination of the information on physiotherapy services to stakeholders like AVSI, St. Jude, Gwed G, World Vision, TPO Refugee Law project, etc. ...; The outcome of this interview should be for the betterment of this country.

Source researcher 2016

A number of actions were (are) implemented concurrently thus, implementation of some of them are still ongoing. Following the presentation on the difficulties faced by the delivery of physiotherapy services, the wards' in-charge have frequently consulted the Unit on the procedure of discharging patients from their wards. Physiotherapy, as a services and as a profession, is now being recognized within and outside the hospital as having added value in health care delivery. This is evident through requests being put forward by some of the district officials for physiotherapeutic support from the GRRH. This is because some of these districts have no General hospital and, by policy, only hospitals can recruit a physiotherapist. Yet, the need for physiotherapy services increases as the incidence of diseases such the Nodding Syndrome also increases.

The Physiotherapy Elder's Forum (These is a forum comprising retired physiotherapists, all head of physiotherapy departments in different institutions, and academia training physiotherapist) has designed a number of forms as 'tools' that are being used for collecting data in order to demonstrate the increasing demand for physiotherapy. Data are being collected from the hypertension and the diabetes clinics, in-patient wards and OPD among other services points. Part of the data collected has revealed general gradual increase in patients' population in OPD as well in patients over the years Table 17.

Table 17. Out- and In-patients in Gulu Regional Referral Hospital from 2011 to 2016

Type	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
New attendances	107,306	106,740	112,208	107,737	110,812
Re-attendances	68,373	82,438	73,574	71,481	66,782
Referrals to the Unit	882	774	4,206	2,583	3,266
Referrals from the Unit	54	21	35	60	31
Wards	**2011/12**	**2012/13**	**2013/14**	**2014/15**	**2015/16**
Medical	1,719	1,297	1,525	2,135	2,517
Surgical	1,393	1,226	1,434	1,555	1,446
Paediatric	1,689	1,708	2,667	4,138	7,244
Maternity (Obstetrics)	6,606	6,188	6,667	7,013	5,255
Tuberculosis	101	65	114	109	112
Mental	378	347	460	370	407
Note: Gynaecology ward	These financial years Gynaecology and obstetrics were not yet separated and were being jointly reported as one ward.				2,418

Source HMIS 2011 -2016

Table 18 depicts average length of stay (ALOS) whereas for some wards were reducing others were increasing. Where ALOS were increasing like in surgical and medical wards physiotherapy services could have been inadequate in some cases. Possibly full institution of this services would reduce ALOS (Brusco NK, et al., 2007).

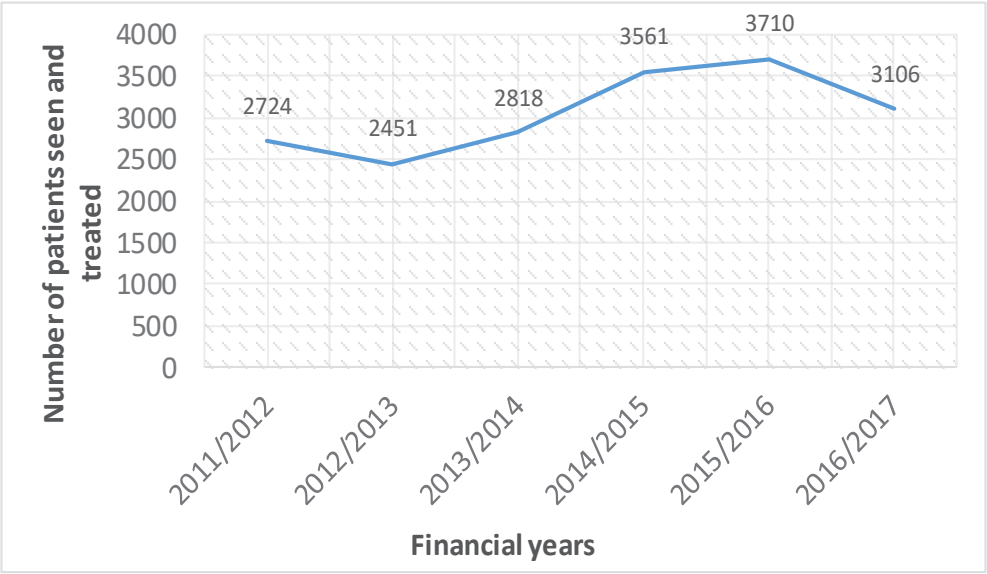
Table 18 Average Length of Stay for each ward from 2011 to 2016

Ward	2011/12	2012/13	2013/14	2014/15	2015/16
Medical	8	13	9	6	11
Surgical (for all surgical cases)	17	20	16	13	25
Paediatric	5	4	3	3	2
Maternity	3	5	3	3	2
Tuberculosis	21	43	41	29	25
Mental	22	19	11	15	12

Source HMIS 2011 -2016

GRRH has been considered in the Project for Rehabilitation and Re-equipping Hospitals in Northern Uganda by JICA. This provided a golden chance for the physiotherapy services to receive equipment. JICA has acknowledged the request and is considering re-equipping physiotherapy department among other departments in the GRRH.

Figure 8: Number of patients seen and treated in physiotherapy from 2011 to 2017



Source: Researcher 2017

The implementation of the agreed points of action took gradual pace as shown in the table 19. In the two years of 2017 and 2018 there was change of leadership in the hospital. This significantly affected the implementation of the program since the system had to adjust to new style of management and administration.

Table 19: illustration of the progress or achievement

Topics	Actions to be taken (Activities)	Actors (person responsible)	Action undertaken
1) **Creating positive attitude/ perception towards physiotherapy**	• Creating awareness about physiotherapy to the senior managers during senior management meeting • Integrating information regarding Physiotherapy services in health education talk shows: ➢ all services points ➢ OPD services ➢ outreaches • Documentation of experts clients (show cases) and use as role models for testimonies • Physiotherapy to be slotted in the radio program (media) • Integrating deliberate activities that targets staff welfare and promote good image of the profession	In charge physiotherapy unit/department: Mrs Amono Jennifer (Senior Nursing Officer)	One CME conducted Participation in the radio program Initiation of exercise program for staff in areas of weight loss, body fitness, and pastoral training for Activities of Daily Living
2) **Multidisciplinary approach**	• CME/CPD • Introduction of a book for registration of patients who need in wards for recording clients for physiotherapy services • Presentation of need for physiotherapy services in clinician meeting • Physiotherapy services to be integrated into special clinics-	In charge physiotherapy unit Area managers of special clinic will take care of this	Register book for inpatient introduced on the wards Held meetings with Head of clinical services (2)
3) **Capacity building**	Physiotherapist organizing a ground ward round once a week On-job supervision/mentorship	Physiotherapists	Not done
4) **Information, Education, and Communication materials**	• Documentation of all physiotherapy activities • Designing cartoons symbolizing physiotherapy related issues • Lobbying for financial support from administration and development partners • Partnering with radio stations in promoting physiotherapy services	In charge physiotherapist: Sanya Richard (Senior physiotherapist)	Documentation of physiotherapy services done
5) **Political will**	• Holding consultative meeting with Secretary for health at local councils • Creating awareness to all stakeholders	In charge physiotherapy services	Support supervision carried out in 6 districts within Acholi sub region and held meeting with DHO
6) **Policy**	• Review existing policy • Involvement of physiotherapist in policy formulation • Streamlining of physiotherapy issues • Conducting survey to assess the level of knowledge of physiotherapy/rehabilitation to students • Hold stakeholder meeting	Uganda Association of Physiotherapy.	Scheme of service is being worked.
7) **Service organization**	• Involvement of administration in physiotherapy services • Recruitment of more physiotherapist staff • Financial support through lobbying and advocacy	Administration of GRHH MOH All Physiotherapists	Orientation of the New administrators on physiotherapy services.

Source: Researcher 2019

In conclusion the a good plan to achieve its goal there is need for all leadership groups (Top management, senior managers and the institutional administrators) to work together, collaboratively exercise the organization's leadership. This happen to be lacking in the implementation hence minimum support.

CHAPTER NINE

9

9. DISCUSSION

This study on the perception of health workers, hospital managers and clients has revealed that the general understanding of physiotherapy services was not clear to all. Physiotherapy services were seen from the perspective of restoration of hope and independence to mostly accident cases with great focus to muscles and bones. These findings are similar to those found by Rabia U. et al (2013) that physiotherapy lacked clarity of its roles and scope of practice. Therefore, the role of physiotherapy in health care still remains a challenge for exploration. Tania Steyl and Felista T. Shayo (2015) study on the role of physiotherapy in the treatment of HIV-related sensory neuropathy (HIV-SN) with focus on the perceptions and referral practices of physicians revealed that there was inadequate knowledge on the role of physiotherapy in the management of patients with HIV-SN. Thus, referral for physiotherapy services depended on the medical doctors which greatly compromises the autonomy of the profession as noted as well by Saks (2000) and cited in Susan K. Baxter and Shelagh M. Brumfitt (2008).

This study revealed inadequate knowledge on where physiotherapy services were being offered within the hospital. According to some of the respondents, they were being offered in the orthopaedic department and the occupational therapy unit. This showed the difficulty in differentiating physiotherapy from either occupational therapy or orthopaedic services. According to the Uganda Association of Physiotherapy, some of the above cadres are masquerading as providing the services hence confusing the population. Karthikeyan Priya and Jones Anne (2015) study already observed the lack of knowledge about physiotherapy services among the health care professionals. These findings, therefore, affirm the need for inter-professional training and communication during medical and health professional trainings.

Yemtiaz Ali Sarkar (2006-2007) study on the perception of physiotherapy students on the profession, revealed lack of knowledge about physiotherapy among people and other health professionals. Our study still showed a knowledge gap among health professionals, what hampers inter-professional collaboration in the service delivery (Shafqat S, et al., 2012; Lee K and Sheppard L., 1998). According to Booysen N. et al. (2012), an increase in the knowledge and positive change in perception are in accordance with years of experience. Thus, even with CME/CPD on physiotherapy services, there is need to give people ample time for adjustment.

In this study, clients revealed that the population to physiotherapists' ratio was not adequate. As survey conducted by Mabarara University of Science and Technology (MUST) Physiotherapy Department revealed that there were only 188 physiotherapists working in Uganda (unpublished). Inadequacy means physiotherapy services are unresponsive to the needs of the population. This is attributed to lack of training institutions, funding gaps coupled with high attrition rate of physiotherapist due little or no government support towards the profession (Frantz, J., 2007).

Physiotherapy services have many benefits to all stakeholders according to this study. To clients, physiotherapy services reduces the average length of stay in the hospital, reducing cost for both the patients and the hospital. These study findings concur with the findings the study conducted by Brusco NK et al. (2007). Cited in the same paper by Duffy (2002), a shorter length of stay in the hospital has got more than financial benefits to the health care system: patients benefits both in terms of spending less time out of home but also in reducing on risks of contracting nosocomial infections.

The study findings revealed general outcry about inadequacy of resources for physiotherapy practice, namely equipment, human resources, overload among others. Park et al, (2003) study on the attractiveness of physiotherapy in the National Health Services as a career choice affirmed that physiotherapy was being challenged by *"high levels of stress and work load, staff shortage and poor equipment"*. Therefore, the study recommended greater publicity in the area of consultant therapists' positions, improved staffing levels, better working environments and increased work flexibility.

Shafqat S. et al. (2012) study observed that only 13.5% of the intermediate students were aware of physiotherapy as a profession. In this study as well, it was observed a lack of awareness

in physiotherapy, its benefits, and which cases can be handled by physiotherapists. Thus, the authors recommended a marketing campaign. Even so, this is a complex issue that requires participation of a number of key stakeholders at all levels. Dhirai el et. (2013), in addition, noted that the variation depended on the environment of the practice either rural or urban and years of practice.

CHAPTER TEN

10

CONCLUSION AND RECOMMENDATION

In conclusion, physiotherapy is a science aiming at enhancing or restoring the normal function of multiple body systems. The profession is *"committed to health, lifestyle and quality of life"* as showed by the study findings on the perception of health workers, clients and managers. 'Future' workshop was chosen as a tool of proactive future creation, whereby stakeholders were called to build up a common opinion on the desired future and, most importantly, together come up with actions needed to achieve that future in terms of service development for improving access and coverage of physiotherapy.

Although noted beyond doubt that physiotherapy as a service or profession is an essential component in the health care system, in GRRH environment it is hardly accepted or believed. There is general lack of knowledge on physiotherapy to most stakeholders that are manifested in responses and gaps in service delivery. The trainings of health professionals need to deliberately focus on understanding the interdisciplinary approach essential to health care delivery.

On the other hand, the urge to streamline issues on physiotherapy as a recommendable service or profession at different levels would take some time. This is because it calls for evidence from the side of the professionals although may not be limited to them only. The gradual process started on having evidence on demand for physiotherapy services from different levels of care. However, this was a deliberate effort being employed to justify for the need to have a special consideration for policy formulation.

The districts hit by increasing disease burden like the Nodding Syndrome need rehabilitation services. This has posed additional demand, encouraging officials to forging ways of having the services available. In such a situation, there is need to have avenues for debating opening up recruitment for special and critical cadres.

REFERENCES

Anonymous (n.d.). *Investigating the public's perception of physiotherapy: Why do people choose not to go to physiotherapy?* Available at: https://www.csu.edu.au/__data/assets/pdf_file/0003/105636/LChapman.pdf viewed on 5/10/2016

Australian Physiotherapy Association (2015). In Public 2025: The future of physiotherapy in the health system. Available at: https://www.physiotherapy.asn.au/DocumentsFolder/APAWCM/Resources/PublicPractice/InPublic_2025_updated%20150925.pdf viewed on 29/11/2016

AVSI Foundation (2006) Gulu District Landmine/ERW Victims Survey Report (online journal) Available at: http://www.avsi.org/wp-content/uploads/2011/09/MinesVictimsSurveyGulu.pdf viewed on 2/2012

Baxter, S.K. and Brumfitt, S.M. (2008) Professional differences in inter-professional working. *Journal of Inter-professional Care* 22 (3). pp. 239-251. Available at: http://dx.doi.org/10.1080/13561820802054655

Brusco NK, Shields N, Taylor NF, Paratz J (2007). A Saturday physiotherapy service may decrease length of stay in patients undergoing rehabilitation in hospital: a randomized controlled trial. *Australian Journal of Physiotherapy* 53: 75–81

Frantz, J. (2007). Challenges facing physiotherapy education in Africa. *The Iinternet Jjournal of Allied Health Sciences and Ppractice.* Volume 5. Number 4.

Goyal Mukesh. Goyal, and Salil Jandyal S. (2015): *Physiotherapy practices across different places: a review of literature.* Available at: https://www.ijmhr.org/ijpr.2.6/IJPR.2014.697.pdf viewed on 5/10/2016

Kandasamy K. (2012). *Perceptions of physiotherapy profession by physiotherapists in Tamilnadu, India*

Karthikeyan P. and Jones A. (2015). Knowledge of physiotherapy services among hospital-based health care professionals in Papua New Guinea. *Papua New Guinea Medical Journal* Volume 58, No 1-4, Mar-Dec 2015.

Lee K. and Sheppard K., (1998). An investigation into medical students' knowledge and perception of physiotherapy services. *Australian Journal of physiotherapy.* 44: 239-245.

Lungu E., (2007). Health service coverage and its evaluation. *Journal of preventive medicine 2007*; 15: 3-4 Available at: http://www.jmpiasi.ro/2007/1%20Editorial.pdf viewed on 7/10/2007

Kvale, S. (1983). The qualitative research interview: A phenomenological and a hermeneutical mode of understanding. *Journal of Phenomenological Psychology*, 14(2), 171-196.

O'Connell T. and Sharkey A., (2013). Reaching Universal Health Coverage through District Health System Strengthening: Using a modified Tanahashi model sub-nationally to attain equitable and effective coverage. UNICEF, New York, Available at: http://www.unicef.org/health/files/DHSS_to_reach_UHC_121013.pdf viewed on 7/10/2016

Park et al, (2003). The attractiveness of physiotherapy in the NHS as a career choice: a qualitative study. *Physiotherapy,* 89(10), pp. 575-583

Rabia U, Nafees F, Farooqui SI, Faruq NM. (2013) Level of Satisfaction of Physiotherapists with Regards to their Profession. *Pak. J. Rehabil.* 2013; 2 (2):41-47

Md. Yemtiaz Ali Sarkar MYA (2006-2007). Perception of physiotherapy students regarding to their profession. Bangladesh Health Professions Institute (BHPI), Department of physiotherapy, CRP, Savar, Dhaka-134, Bangladesh.

Shafqat S, Omer S, Ayub M, Faheem A, Shahid M, Rizvi SAS (2012). Awareness of Physical Therapy as a Profession among Pre-medical Students of Private and Government Colleges *Pak. J. Rehabil.* 1(2):56-67]

Steyl, T. & and Shayo, F.T., (2015). 'The role of physiotherapy in the treatment of HIV-related sensory neuropathy: The perceptions and referral practices of physicians.', South African Journal of Physiotherapy. 71(1), Art. #286, 7 pages. Available at: http://dx.doi.org/10.4102/sajp.v71i1.286

Struber J.C. (2003): Physiotherapy in Australia –Where to Now? *The Internet Journal of Allied*

Tanahashi T., (1978). Health service coverage and its evaluation. *Bulletin of the World Health Organization* 56 (2): 295 –303. Available at https://apps.who.int/iris/bitstream/handle/10665/261736/PMC2395571.pdf?sequence=1&isAllowed=y

UNICEF (2013) Reaching Universal Health Coverage through District Health System Strengthening: Using a modified Tanahashi model sub-nationally to attain equitable and effective coverage, UNICEF, New York. Available at https://www.unicef.org/health/files/DHSS_to_reach_UHC_121013.pdf

UNICEF (2015). What is the bottleneck analysis approach for the management of severe acute malnutrition, UNICEF, New York. Avaialable at: http://www.coverage-monitoring.org/wp-content/uploads/2015/12/BAA-12-08-2015.pdf viewed on 7/10/2016

World Health Organization, (2001) Background paper for the Technical Consultation on Effective Coverage of Health Systems. Available at: http://www.who.int/health-systems-performance/technical_consultations/effcov_background.pdf viewed 7/10/2016

ANNEXES

11

ANNEX A

Interview guide for assessing perceptions of clients on physiotherapy services in Gulu Regional Referral Hospital.

I am Lanyero Agnes Patricia a Fellow at school of Public Health Makerere University. I'm undertaking a study assessing perception of clients (patients and Patients attendants) on physiotherapy services in Gulu Regional Referral Hospital (GRRH). Your contribution toward this study is of great importance in improving on access and coverage of physiotherapy services in GRRH. All information obtain here shall be handled with a lot of confidentiality and shall be used for only for this study. Therefore, I am requesting you to answer truthfully. Only researcher/research Assistants will know what you would have said. This interview shall not take long but I would like you to be patient with me. Do you have any question before I begin? Can I start asking questions now? Yes ☐ No ☐

1) Tell me how did you come to this department/unit (referred or not) for the first time?
2) What was the reason for your visits and for how long have you been to this department/unit?
3) Describe for me what did you think and how did you feel on seeing what is in the unit/department on your first arrival?
4) Explain to me what was your experience in the first, second and third visits or first and latest visit in the unit/department?
5) From your experience of physiotherapy services, what are the benefits of physiotherapy services?
6) What did you know about physiotherapy services before visiting the unit/department?
7) What do people say about physiotherapy services?
8) Now after visiting physiotherapy unit and having experienced it, what do you say physiotherapy services is? How would you call it the local Language?
9) Tell me who would you recommend for physiotherapy services and why?
10) From your experience of physiotherapy services, what obstacle do you think hinders provision of physiotherapy services and how?
11) How could physiotherapy services be improved and by who and why?

Thank you for participating

ANNEX B

Interview guide for assessing perceptions of health workers on physiotherapy services in Gulu Regional Referral Hospital.

I am Lanyero Agnes Patricia a fellow at school of Public Health Makerere University. I'm undertaking a study assessing perception of Health workers on physiotherapy services in Gulu Regional Referral Hospital (GRRH). Your contribution toward this study is of great importance in improving access and coverage of physiotherapy services in GRRH. All information obtain here shall be handled with a lot of confidentiality and shall be used for only for this study. Therefore, I am requesting you to answer truthfully. Only researcher/ research Assistants will know what you would have said. This interview shall not take long but I would like you to be patient with me. Do you have any question before I begin? Can I start asking questions now?

Yes ☐ No ☐

1) Tell me for how long have been in services?
2) What do you know about physiotherapy services? Where is it being offered? What is the offer of the services? How are the services being offered? What staff provide the services? For whom are the services being provided?
3) How does physiotherapy unit in Gulu Regional Referral Hospital get its clients?
4) Which units/departments within Gulu Regional Referral Hospital need physiotherapy services and why?
5) Describe for me how did you feel on seeing what is in the unit/department on your first visit as a staff?
6) From your experience as a health worker, what are the benefits of physiotherapy services to the clients and the institution at large?
7) What do people say about physiotherapy services?
8) What do you say physiotherapy services is? How would you call it in the local Language?
9) What obstacle hinders from provision of physiotherapy services in Gulu Regional Referral Hospital?
10) How could physiotherapy services be improved and by who?

Thank you for participating

ANNEX C

Interview guide for key informants for assessing perceptions of Hospital Management Team on physiotherapy services in Gulu Regional Referral Hospital.

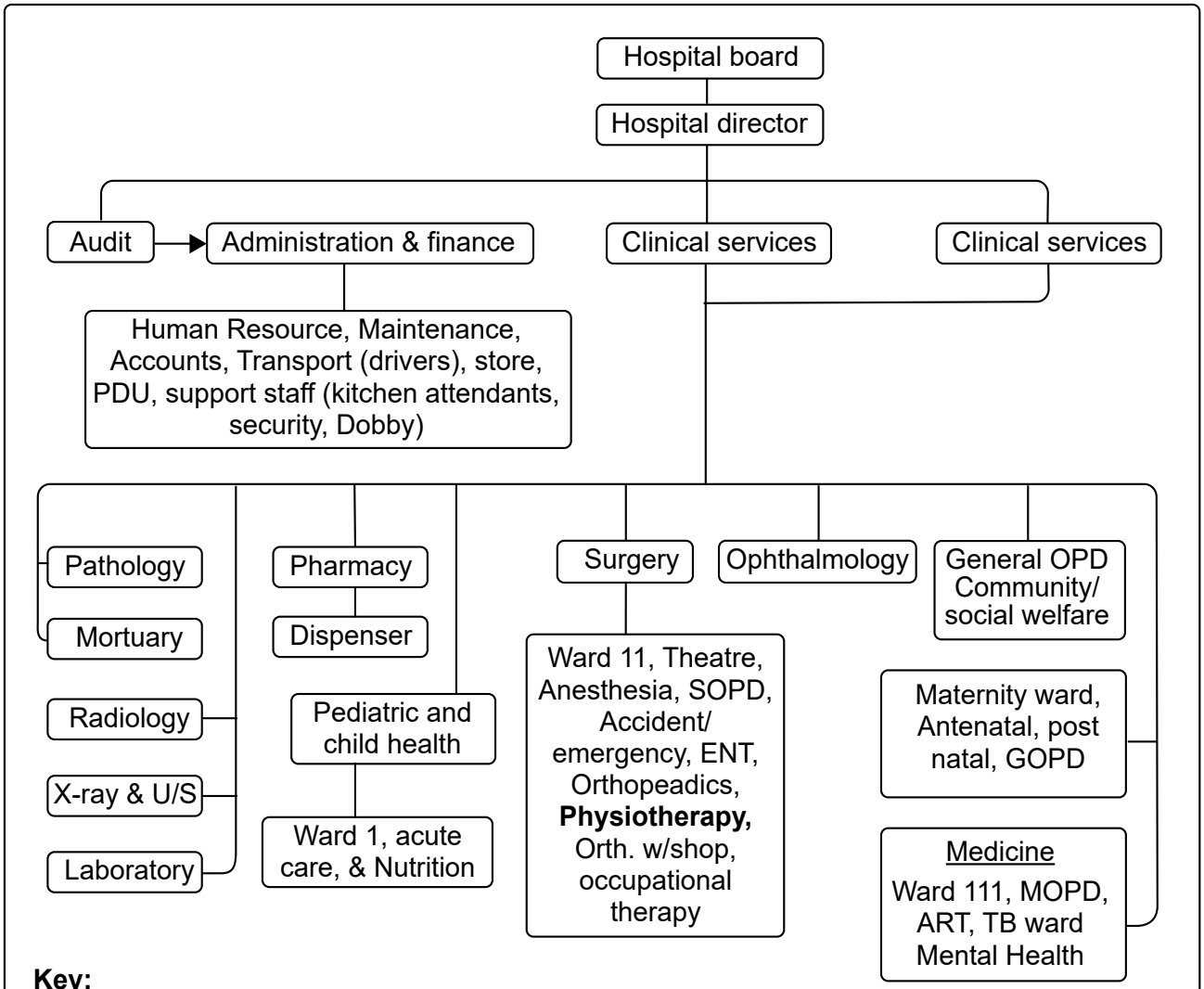
I am Lanyero Agnes Patricia a fellow at school of Public Health Makerere University. I'm undertaking a study assessing perception of Hospital Management Team on physiotherapy services in Gulu Regional Referral Hospital (GRRH). Your contribution toward this study is of great importance in improving on access and coverage of physiotherapy services in GRRH. All information obtain here shall be handled with a lot of confidentiality and shall be used for only for this study. Therefore, I am requesting you to answer truthfully. Only researcher/research Assistants will know what you would have said. This interview shall not take long but I would like you to be patient with me. Do you have any question before I begin? Can I start asking questions now? Yes No

1) Tell me for how long have been in services?
2) What do you know about physiotherapy services? Where is it being offered? What is the offer of the services? How are the services being offered? What staff provide the services? For whom are the services being provided?
3) In your own view, what do you say physiotherapy services is?
4) How does physiotherapy unit in Gulu Regional Referral Hospital get its clients?
5) Describe for me what did you think? How did you feel on seeing what is in the unit/department on your first visit to the unit/department as a manager/staff?
6) From your experience as a manager, what are the benefits of physiotherapy services to the clients and the institution at large?
7) What can you say about allocation of resources for physiotherapy services in Gulu Regional Referral hospital?
8) What obstacle hinders from provision of physiotherapy services in Gulu Regional Referral Hospital?
9) How could physiotherapy services be improved and by who and why?

Thank You for participating in the exercise

ANNEX D

ORGANIZATION STRUCTURE OF GULU REGIONAL REFERRAL HOSPITAL



Key:

U/S (Ultrasound), GOP (Gynaecology/obstetric outpatient), OPD (Outpatient Department), SOPD (Surgical Outpatient department), MOPD (Medical outpatient Department), ENT (Ear, Nose and Throat), and ART (Anti Retro viral Therapy)

SPEED Brief

The Supporting Policy Engagement for Evidence-based Decisions (SPEED) for Universal Health Coverage in Uganda is a 5 year partnership supported by European Union that started in 2015. The partnership comprises Makerere University School of Public Health (Lead Agency), Uganda National Health Consumers' Organization (UNHCO), Economic Policy Research Centre (EPRC), National Planning Authority (NPA), Institute of Tropical Medicine (ITM) Antwerp Belgium and Human Science Research Council (HSRC), South Africa.

For details about SPEED

Makerere University School of Public Health, College of Health Sciences
Level 3, School of Public Health Building, Mulago Hospital Complex
Office: *Room 323, MakSPH Building* ***Website:*** *speed.musph.ac.ug* ***Email:*** *speed4uhc@musph.ac.ug*
Tel: +256 772-509316 *@SPEED4UHC* *@SPEED4UHC*