

# IPQoLES\_fertility services

INFERTILITY IN UGANDA: THE BURDEN, QUALITY OF LIFE, LIVED EXPERIENCES AND AVAILABILITY OF SERVICES FOR DIAGNOSIS AND TREATMENT

*Assessing the Availability of Services for Diagnosis and Treatment of Infertility in Both Public and Private Health Facilities in Uganda.*

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## Informed consent

Title of Study: Availability of Services for Diagnosis and Treatment of Infertility in Health Facilities in both Public and Private Health Facilities in Uganda.

*Principle Investigator: Dr. Zaake Daniel a PhD student in the Department of Health Policy and planning School of Public Health Makerere University college of Health sciences.*

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Introduction: You are invited to participate in a key informant interview as part of a research study investigating the availability of services for the diagnosis and treatment of infertility in public and private health facilities in Uganda. This study aims to explore the current state of infertility care services, including diagnostic procedures and treatment options, in health facilities across the country. Purpose: The purpose of this research is to gather expert insights and perspectives on the availability of infertility care services in Uganda from individuals with specialized knowledge or experience in the field of reproductive health. Your input will help provide valuable information to assess the current status of infertility care services and identify areas for improvement in the country's healthcare system. Procedure: If you agree to participate in this study, you will be asked to engage in a key informant interview. The interview will be conducted either in person or virtually, based on your preference. The interview will be audio-recorded to ensure accurate capture of information. The interview is expected to last approximately 30 to 40 minutes. Participation in this study is voluntary: You are free to withdraw at any time without penalty or consequences. Your decision to participate or withdraw will not affect your current or future relationship with the interviewer. Confidentiality: Your privacy and confidentiality are of utmost importance. All information collected during the interview will be kept strictly confidential and will only be accessible to the research team. Your identity will be anonymized in any reports or publications resulting from this study. Benefits and Risks: While there are no direct benefits to you for participating in this study, your expert insights and perspectives will contribute to advancing knowledge in the field of infertility care services in Uganda and may help improve the quality and accessibility of care for individuals and couples facing infertility. There are minimal risks associated with participating in this study. You may experience discomfort when discussing sensitive topics related to infertility care services. If you feel distressed during the interview, the interviewer will provide support and resources to help you cope. Contact Information: If you have any questions or concerns about the study, please feel free to contact: If you have any questions or concerns about the study, please feel free to contact: Dr. Zaake Daniel on Tel: +256 752325189 or Email: dzaake@gmail.com If you find any problem with the research, you can report to the Chairperson of Ethics committee, Dr. Kagayi Joseph, at School of Public Health Makerere University, and College of Health Sciences, Tel: 0702444154

*I have read and understand the information provided in this consent form. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily agree to participate in this study and consent to the recording of the interview.*

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**I voluntarily agree to participate in this study and consent to the recording of the interview**

☐ Yes

☐ No

**Participant Initials**

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**Date and time of consent**

yyyy-mm-dd

hh:mm

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**Interviewers Initials**

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**Date and time of giving consent**

yyyy-mm-dd

hh:mm

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Introduction: I am Dr. Zaake Daniel conducting research on the study on assessment for the availability of diagnostic and treatment services in both public and private health facilities in Uganda, for a PhD at Makerere University Kampala, school of Public Health. You have been identified as a key resource person in the field of reproductive health, or infertility. You may be or may have been directly or indirectly involved in management of individuals with infertility. The purpose of the study to assess your facility for services in diagnosis and treatment of infertility with the purpose of contributing to the scaling up of infertility care services for the country. The information you give will help us understand your views, concerns, challenges, and country needs regarding infertility care. Everything you say will remain confidential. The conversation will be tape recorded for only the researchers to hear. Any recording of you taken today will not be used without your express consent.

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**Date and time of starting the Interview**

yyyy-mm-dd

hh:mm

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**Baseline information****What is your position at the facility?**

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**Gender of the interviewee**☐ Male☐ Female**Region***Region in which the facility is located*

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**District***District in which the facility is located*

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**Name of Health facility**

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**Facility type**

- ☐ National referral Hospital
- ☐ Regional referral Hospital
- ☐ District hospital
- ☐ General Hospital
- ☐ Specialized hospital
- ☐ Private Clinic
- ☐ Private Diagnostic Centre
- ☐ Private Laboratory

**Is this facility**

- ☐ Public
- ☐ Private (for profit)
- ☐ Private (not-for-profit)
- ☐ Other

If "other" above, state:

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**Facility catchment population**

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**Do you offer infertility services?**

- ☒ Yes
- ☐ No
- ☐ Do not know.

**Infertility services elements**

Which infertility services do you offer?

*Read all the options below and check the case if the service is mentioned*

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**Fertility history taking**

- ☐ Yes
- ☐ No

**Physical examination (female)**

- ☐ Yes
- ☐ No

**Physical examination (male)**

- ☐ Yes
- ☐ No

**Female STI screening**

- ☐ Yes
- ☐ No

**If, "Yes" above, what kind of female STI screening**

- ☐ HIV
- ☐ TPHA
- ☐ High Vaginal swab
- ☐ Hepatitis B& C
- ☐ Other STIs

**Male STI screening**

- ☐ Yes
- ☐ No

**If, "Yes" above, what kind of male STI screening**

- ☐ HIV
- ☐ TPHA
- ☐ Hepatitis B& C
- ☐ Other STIs

**Diagnostic testing (female)**

- ☐ Ultrasound (pelvic)
- ☐ Hormones (E2, PRG, FSH, LH, PRL, AMH)
- ☐ Hysterosalpingogram (HSG)

**Diagnostic testing (male)**

- ☐ Semen analysis
- ☐ Hormones (Testosterone, FSH, LH, PRL)
- ☐ Scrotal Ultrasound scan

**Do you offer any female infertility treatments?**

- ☐ Yes
- ☐ No

If Yes, above (Do you offer any female infertility treatments?) select all that apply below

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**Intrauterine insemination - IUI**

- ☐ Yes
- ☐ No

**Ovulation induction medication (Oral or Injectable Gonadotropins)**

- ☐ Yes
- ☐ No

**Reproductive surgery**

- ☐ Yes
- ☐ No

**If "Yes" above, what type of reproductive Surgery**

- ☐ Laparoscopy
- ☐ Hysteroscopy
- ☐ Tuboplasty
- ☐ Reversal tubal sterilization
- ☐ Other

**If, "other" above (what type of reproductive Surgery) , specify**

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**Tubal flushing**

- ☐ Yes
- ☐ No

**Other infertility treatments offered, please specify**

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**Do you offer male infertility treatments?**

- ☐ Yes
- ☐ No

**If , "Yes" above (Do you offer male infertility treatments), do you offer any of the following male infertility treatments?**

*See options below and select all that apply*

- ☐ Medication for male factor infertility
- ☐ Reversal vasectomy
- ☐ Surgical sperm retrieval
- ☐ Varicocele repair
- ☐ None of above

**Does this facility provide Assisted Reproduction Technologies (ART) ?**

- ☐ Yes
- ☐ No

**Which of the following Assisted Reproduction Technologies (ART) do you offer in this facility?**

*See options below and select all that apply*

- ☐ In-vitro Fertilization (IVF) alone
- ☐ IVF with Intracytoplasmic Sperm Injection (ICSI)
- ☐ Embryo cryopreservation
- ☐ Oocyte cryopreservation
- ☐ Sperm cryopreservation
- ☐ Pre-implantation genetic diagnosis/screening (PGD/PGS)
- ☐ PGD/PGS sex-selection
- ☐ Other

**If "other" above (Which of the following Assisted Reproduction Technologies (ART) do you offer in this facility), please specify**

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**Who is involved in providing infertility services at this facility?**

*See options below and select all that apply*

- ☐ Obstetrician/Gynaecologists
- ☐ Reproductive Endocrinologists
- ☐ Anaesthetists
- ☐ Medical assistants
- ☐ Pharmacists & pharmacist assistants
- ☐ Nurses
- ☐ Midwives
- ☐ Embryologists
- ☐ Laboratory scientists & assistants
- ☐ Andrologists
- ☐ Psychologists or Counsellors
- ☐ Do not know
- ☐ Other

**If "other" above (Who is involved in providing infertility services at this facility), please specify**

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**How frequently are infertility consultations offered? (See options below and select all that apply)**

- ☐ Daily (Mon-Fri)
- ☐ Weekly (once a week)
- ☐ Monthly
- ☐ On request
- ☐ Do not know
- ☐ Other

If "other" above (How frequently are infertility consultations offered), please specify

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**Are infertility consultations stand-alone, or integrated with other services?**

*Integrated = health service is organized so that people get the care they need when they need it; Stand-alone = vertical service provided separately from the health facility)*

- ☐ Stand-alone
- ☐ Integrated

**If "Integrated", within what service(s)?**

- ☐ Gynaecology clinic
- ☐ Family Planning clinic
- ☐ Maternal health clinic
- ☐ HIV clinic
- ☐ Other

If "other" above (If "Integrated", within what service(s)), please specify

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**Approximately, how many patients or clients per week, are seen at this clinic for infertility?**

- ☐ None
- ☐ Fewer than 5
- ☐ Between 6 and 25
- ☐ Between 26 and 50
- ☐ Between 51 and 70
- ☐ More than 70
- ☐ Do not know.

**Approximately what is the percentage of the total time spent, by the health staff, providing infertility-related consultations at this clinic?**

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%
- ☐ Do not know

**Approximately what percentage of all infertility consultations address female fertility issues?**

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%
- ☐ Do not know

**Approximately what percentage of all infertility consultations address male infertility issues?**

- ☐ 0-25%
- ☐ 26-50%
- ☐ 51-75%
- ☐ 76-99%
- ☐ 100%
- ☐ Do not know

**During the first visit for infertility, do couples attend together?**

*(See options below and select the one that applies)*

- ☐ Always
- ☐ Usually
- ☐ Often
- ☐ Occasionally
- ☐ Never

**During follow-up visits for infertility, do couples attend together?**

*(See options below and select the one that applies)*

- ☐ Always
- ☐ Usually
- ☐ Often
- ☐ Occasionally
- ☐ Never



**Do you report data about infertility to the Health Management Information System (HMIS)?**

- ☐ Yes
- ☐ No

**If "Yes" above, how do you report data concerning infertility?**

- ☐ HIMS paper form HIMS electronic form
- ☐ HIMS electronic form
- ☐ Data is added to the total number of outpatient's consultations
- ☐ Other formats

**If "other formats" above, please specify**

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**How often do you report data concerning infertility?**

- ☐ Weekly
- ☐ Monthly
- ☐ Bi-annually
- ☐ On demand
- ☐ This data is not reported

**Does this health facility follow any specific ethical protocols or guidelines when it comes to providing infertility treatment?**

- ☐ Yes
- ☐ No
- ☐ Don't know.
- ☐ Not applicable, the health facility does not provide infertility treatment

**If "Yes", could you explain which ethical protocols are being followed?**

- ☐ Checklist or protocol developed by this health facility
- ☐ National ethical guidelines regarding the provision of infertility services
- ☐ Other

**If "other" above (If "Yes", could you explain which ethical protocols are being followed?), please specify**

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**Does this health facility have an ethical board meeting to discuss ethically sensitive requests regarding infertility treatment?**

- ☐ Yes
- ☐ No
- ☐ Don't know

**Who commonly makes the final decision when it comes to ethically sensitive request for infertility treatment?**

- ☐ The woman wanting infertility treatment
- ☐ The man wanting infertility treatment
- ☐ Decision is always made together by both man and woman wanting infertility treatment
- ☐ The medical doctor providing treatment
- ☐ The ethical board of this health facility
- ☐ Other

**If "other" above (Who commonly makes the final decision when it comes to ethically sensitive request for infertility treatment), please specify**

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**For facilities expected to offer infertility services but are not offering**

Could you say, for each of the barriers listed below, how much each barrier contributes lack of establishment or provision of infertility care?

*For each of the questions below, select either: Not so much, Somehow, Very much, Unsure*

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**Lack of dedicated space and time**

- ☐ Not so much
- ☐ Somehow
- ☐ Very much
- ☐ Unsure

**Lack of trained staff**

- ☐ Not so much
- ☐ Somehow
- ☐ Very much
- ☐ Unsure

**Lack of equipment**

- ☐ Not so much
- ☐ Somehow
- ☐ Very much
- ☐ Unsure

**Lack of drugs and supplies**

- ☐ Not so much
- ☐ Somehow
- ☐ Very much
- ☐ Unsure

**Lack of National guidelines**

- ☐ Not so much
- ☐ Somehow
- ☐ Very much
- ☐ Unsure

**Shortage of fertility medications**

- ☐ Not so much
- ☐ Somehow
- ☐ Very much
- ☐ Unsure

**Shortage of equipment and supply**

- ☐ Not so much
- ☐ Somehow
- ☐ Very much
- ☐ Unsure

**Competition for space for offering privacy and confidentiality**

- ☐ Not so much
- ☐ Somehow
- ☐ Very much
- ☐ Unsure

**Low priority for infertility care**

- ☐ Not so much
- ☐ Somehow
- ☐ Very much
- ☐ Unsure

In the case infertility care is integrated or established along with the existing services in your facility, would this lead to an increase or decrease of the following components?

*For each of the questions below, select either: Decrease, No change, Increase, Unsure*

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**Cost of services (for the facility)**

- ☐ Decrease
- ☐ No change
- ☐ Increase
- ☐ Unsure

**Cost of services (for the client)**

- ☐ Decrease
- ☐ No change
- ☐ Increase
- ☐ Unsure

**Efficiency of services**

- ☐ Decrease
- ☐ No change
- ☐ Increase
- ☐ Unsure

**Workload for the staff**

- ☐ Decrease
- ☐ No change
- ☐ Increase
- ☐ Unsure

**Time spent per client**

- ☐ Decrease
- ☐ No change
- ☐ Increase
- ☐ Unsure

**Equipment, supplies, and drugs for infertility treatment**

- ☐ Decrease
- ☐ No change
- ☐ Increase
- ☐ Unsure

**Improved service delivery to the community**

- ☐ Decrease
- ☐ No change
- ☐ Increase
- ☐ Unsure

**Improved revenue for facility (In case of private facilities)**

- ☐ Decrease
- ☐ No change
- ☐ Increase
- ☐ Unsure

**Date and time of ending the Interview**

yyyy-mm-dd

hh:mm

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Thank you for your time. That will be all for now.

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