

International Congress on **MIDWIFERY AND MATERNAL HEALTH**

April 11, 2022 | Webinar

Mobile based tools for rural women using evidence based digital technologies for increasing uptake of RMNCAH services, experience of Women Health Channel Uganda**Gabala Franco***Women Health Channel, Uganda*

Despite commendable progress made in improving survival and overall quality of life of women, children, and adolescents in Uganda, poor RMNCAH indicators persist. Uganda's 2016 UDHS report estimated maternal mortality at 336/100,000; under five mortalities at 64/1,000; infant mortality at 43/1,000; and neonatal mortality at 27/1,000 live births. Although ensuring that each baby is delivered under skilled supervision is posed as a critical strategy of reducing maternal and infant mortality rates, a significant proportion of pregnant women do not deliver under skilled supervision. Uptake of many life-saving health services such as antenatal care remains low, although 97% of pregnant women attend their first antenatal visit, only 60% complete the 4 WHO recommended minimum with variations in uptake across rural versus urban regions. On the demand side, barriers include poor utilization of services resulting from lack of vigilance attributed to social culture practices and beliefs exacerbated by low education attainment and lack of accurate information about the criticality of seeking help and use of health services. To respond to this challenge, Women Health Channel Uganda piloted "the mobile resources for rural women solution", a mobile-phone based last-mile integrated health system that effectively deliver basic Maternal & Child Health packages and links women to the health system for timely uptake of services. This solution enables clustering of lifesaving-messages across 40 weeks of pregnancy, enables tracking of ANC appointments, scheduling of immunization visits, supported prompt identification and address of pregnancy & new born risk factors. As a result, significant positive healthcare seeking patterns were observed at implementing health facilities, ANC first recipients increased from 107 to 140, fourth ANC visit increased from 25 to 65, facility deliveries increased from 54 to 78 which clearly demonstrates that effective use of appropriate information dissemination tools supports effective seeking and uptake of services.

Biography

Gabala Franco Holds a bachelors of Social Work & Social Administration and Masters of Science in Population and Reproductive Health Makerere university Kampala Uganda pending graduation. Prior to forming Women Health Channel Uganda, Franco started his career at Health Child a women and child health focused NGO in Uganda in 2011 first as a district project officer maternal and child health, Program manager maternal and child health and director of programs respectively. Franco has strong passion for women, children and adolescent health as well as women empowerment and has advanced 10 years expertise in design, implementation and management of RMNCAH programs. He is a member of ministry of health Uganda MCH TWG, Uganda RMNCAH Civil Society Coalition, Health Systems Global, Global Digital Health Network, Core Group community, International AIDs society and the Global Maternal Health Task Force.