

Mobile platforms an important first step

Mobile health platforms are increasingly promoted by health organisations to provide direct access to SRHR information among young people. To learn more about their effectiveness, Amref Health Africa established a campaign that promotes Marie Stopes Uganda (MSU)'s E/M platforms (SMS portal, Helpline, U-report). The promoted E/M health platforms of MSU complement and supplement the traditional information dissemination strategies of Amref (peer education, outreach and radio among others) and open up opportunities to expand the availability of MSU platforms for young people in Amref implementation areas. The study shows that the potential is there, but improvement is necessary.

Over one-third of the 408 young survey respondents said they had accessed at least one of the three m-health platforms, with U-report and the SMS helpline being most popular. U-report is an SMS-based system that allows registered users to send, receive and discuss information on a number of social topics (not only SRHR). Young people heard about the m-health platforms mainly through peer-educators or friends, and sometimes radio. A positive finding is that many young people who access a platform tend to use it more than once. Over 88% of the U-reporters even access this platform every week.

Access to m-health platforms

For youth in Northern Uganda, having a phone is still quite a privilege: more than half of the young respondents do not. Those who do have a phone often face difficulties with charging their gadgets because of limited access to electricity. One male participant said his biggest challenge was *“charging my phone [all laugh] because I need money to do so. Besides, the charging points are far, mainly in trading centres”*.

Quality of services

Respondents to the phone interview were highly likely to recommend MSU's toll-free line to their friends. Similarly, most young people felt they could openly share their concerns through the telephone helpline or the U-platform. Young people expressed high appreciation for the toll-free platforms with immediate feedback. Although the users of m-health platforms are generally satisfied with the services provided, they also see room for improvement. Especially SMS platforms lack concise and timely feedback. One boy said that *“most of the times [the] U-report platform does not meet my needs fully. Normally the platform neglects private issues”*. Referral information for additional (face-to-face or online) SRHR information and services is still very minimal.

At the organisational level, it seemed that field implementers and peer educators are not always motivated or adequately equipped for m-health interactions with young people. A possible reason for this is that they are not sufficiently involved in the project planning process from the very start.

Recommendations

- Target m-health promotion campaign towards hard-to-reach groups such as youth in schools and those in remote places.

Facts about the research

Where? Northern Uganda: Gulu, Pader and Kitgum

By whom?

- Amref Health Africa

For whom?

Young people (10–24 years old)

Scope of research

408 young people responded face-to-face surveys; 43 phone interviews; 132 took part in focus group discussion; 12 staff members were interviewed.

- Make referrals more efficient: map out the referral points in the region and establish youth-friendly contact persons per referral point.
- Reduce feedback delivery time especially for SMS-based platforms.
- Integrate the E/M health project within existing programmes, to be able to tap into the resources and the already established audience for the existing programmes.
- Rethink the motivation strategy for peer educators and focal health workers (monetary and non-monetary rewards). Also involve them in the planning for E/M health campaign implementation.
- Improve the skills of peer educators and health workers to systematically collect data, to be able to learn from the projects in a methodical way.