GetIN Mobile App

A mobile app for community health workers and midwives to register and follow up pregnant women to attend antenatal care

Introduction

GetIN is a community referral system (mobile and web) to support outreach pregnant women in rural communities in Uganda.

It seeks to strengthen the current community Health Follow-up system and have a positive impact on the maternal health in Uganda. In Uganda, approximately one-third of women give birth by age 18, and adolescents’ risks of maternal mortality, miscarriage and other pregnancy complications, such as obstetric fistula, are much higher than the risks among women in their twenties. Globally, childbirth is the second-leading cause of death for girls ages 15-19.

Village Health Team or Community Health workers are trained and equipped with a smartphone which they use to map (register) pregnant teenage girls, counsel and refer them to the nearest health facility to access maternal health services. Through GetIN, the Midwife at the health facility receives notification/record of the girls mapped by the VHT in the community. This ensures that there is close interaction between the VHT and midwife regarding provision of services to this at risk population of girls in their community.

Progress and Results

GetIN was implemented to increase the use of sexual and reproductive health services, among pregnant young women (12-24 years) including maternal health and family planning after childbirth. Since its launch in 2018, a total of 313 health workers (Kanungu 61, 45 Bundibugyo, 57 Arua, 44 Adjumani, 47 Moyo and 59 Yumbe ) were trained in ANC, delivery, FP and Reporting using GetIN. A total of 6,781 pregnant women have been mapped and 1,011 followed up (100 Kanungu, 116 Bundibugyo, 507 Arua, 66 Adjumani, 109 Moyo and 113 Yumbe) to access services to date. 60% of the women were below the age of 20years and 53% of the total women mapped have successfully delivered, majority reported to have delivered in the facility. A monitoring dashboard is available for the district health office to monitor, report and supervise the health workers. In all the districts there was an increase in the use of sexual and reproductive health services, among pregnant women, an improvement in attendance of four or more ANC visits during previous pregnancy increased by 20%, health facility delivery improved by 15%. Increase knowledge among village health teams and midwives on the handling of pregnant girls was also achieved. All the midwives and VHT members were knowledgeable about youth-friendly care. The satisfaction of midwife and VHT handling was found to be over 80%.

Based on learnings from ongoing implementation, GetIN has been improved to include mode functional modules to capture Postpartum and Post-Natal Family Planning among young pregnant mothers. With funding from SIDA, EU Spotlight and the Kingdom of the Netherlands GetIN will be scaled up to a total 12 more districts in the next 5 years.

Challenges and Lessons Learnt

a) There have been some cases of poor handling and damaged phones which caused cases of non-reporting.
b) Translation challenges- Possible partnerships with the ministry of health would solve the translation challenge because the Ministry of Health does translations of health related messages into local languages.
c) Sim-cards that were previously registered under the district have been blocked by MTN (Kanungu, Bundibugyo and Arua). We learnt to always use personal registered phone numbers for both the VHT and midwife going forward.
d) Some trained health-workers especially VHTs seemed slow in understanding the system. There is a need for timely follow up calls to assist the health-workers and to see how they are using the system.

More about GetIN Mobile App

If you would like to know more about GetIN Mobile App check out the resources below or contact: innovation.toolkit@unfpa.org.

Website: www.getinmobile.org

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