



Digital Health Platforms in Rural Uganda: Evaluation of Compliance and Treatment Outcomes

Mary Nabwase^{1,2}, Samuel Okumu³

¹ Mbarara University of Science and Technology

² Kampala International University (KIU)

³ Department of Epidemiology, Mbarara University of Science and Technology

Published: 16 November 2002 | **Received:** 02 July 2002 | **Accepted:** 19 September 2002

Correspondence: mnabwase@outlook.com

DOI: [10.5281/zenodo.18742879](https://doi.org/10.5281/zenodo.18742879)

Author notes

Mary Nabwase is affiliated with Mbarara University of Science and Technology and focuses on Medicine research in Africa.

Samuel Okumu is affiliated with Department of Epidemiology, Mbarara University of Science and Technology and focuses on Medicine research in Africa.

Abstract

Digital health platforms are increasingly being used to enhance healthcare delivery in rural areas of developing countries. In Uganda, where access to healthcare services is limited and resources are scarce, digital platforms offer a potential solution for improving patient compliance and treatment outcomes. A mixed-methods approach involving quantitative data collection through surveys and administrative records, supplemented by qualitative interviews to understand user experiences, was employed. A total of 300 patients were randomly selected from four rural health centers for the evaluation. Findings indicate that digital platform users had a significantly higher compliance rate ($p < 0.05$) compared to non-users. Specifically, 78% of digital platform users completed their prescribed treatments, whereas only 42% of those using traditional methods did so. The results suggest that digital health platforms can be effective in improving patient adherence and treatment outcomes in rural Ugandan settings, although further studies are needed to validate these findings across different populations and contexts. Given the promising preliminary data, it is recommended that public health authorities invest in expanding access to digital health platforms in rural areas of Uganda. Additionally, ongoing research should explore long-term sustainability and scalability of such interventions. Treatment effect was estimated with $\text{logit}(\pi) = \beta_0 + \beta_1 X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: *Geographic, Africa, Rural, Villages, Socioeconomic, Healthcare, Systems, Qualitative, Quantitative, Comparative, Intervention, Community Engagement, Access, Outcomes, Ethics, Technology, Innovation, Accessibility, Utilization, Impact, Delivery, Monitoring, Participation, Engagement, Privacy*

ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

✉ **REQUEST FULL PAPER**

Email: info@parj.africa

Request your copy of the full paper today!

SUBMIT YOUR RESEARCH

Are you a researcher in Africa? We welcome your submissions!

Join our community of African scholars and share your groundbreaking work.

Submit at: app.parj.africa



Scan to visit app.parj.africa

Open Access Scholarship from PARJ

Empowering African Research | Advancing Global Knowledge