Mobile Solutions for COVID-19 Response
What are we trying to achieve?

Goal

What is the goal?
Quickly communicate actionable COVID-19 response information (including prevention, diagnosis, treatment) at scale.

What are the constraints?
- Rapid implementation
- Low/no literacy and language diversity
- Poor digital literacy
- Cost-effective at scale
- Rapidly adaptable
- Combating misinformation
- Social distancing
Agenda

1. Goal & Constraints
2. Our Focus
3. Our Unique Value
4. Where We Work
6. Case Studies
7. Viamo’s Process
Our Focus

We focus on three important areas of digital technology engagement:

1. Digital Strategy Advice
2. Behavior Change Communication
3. Data Collection & Feedback Mechanisms
Our Unique Value

Viamo offers a full-service mobile technology approach which combines:

1. Interactive, targeted and measurable mobile engagement campaigns and surveys
2. Full-featured mobile engagement platform to serve Interactive Voice Response (IVR), SMS, Apps, and social media bots
3. In-country design and implementation support in most emerging markets
4. Strategic MNO connections to offer the lowest price, highest reliability and largest scale
Where do we work?

Viamo currently has programs and staff in the following countries.  **Countries with an (*) have a live 3-2-1 Service.**

- Afghanistan*
- Bangladesh
- Botswana*
- Burkina Faso*
- Cambodia*
- Dem. Rep. Congo*
- Ethiopia
- Ghana*
- India
- Indonesia**
- Haiti
- Kenya
- Madagascar*

- Malawi*
- Mali*
- Mozambique*
- Nepal*
- Nigeria*
- Niger*
- Pakistan*
- Rwanda*
- Senegal
- Sierra Leone
- Tanzania*
- Uganda*
- Zambia*
- Zimbabwe

**Expected launch April 2020**
Viamo’s Approach to COVID-19
The 3-2-1 Service

Where is it?

3-2-1 is accessible to >120 million people.

COVID-19

Existing/Planned Basic Content
- What is Coronavirus?
- Hygiene
- Social distancing

Areas For Collaboration
- Self-diagnostic quiz
  - Symptom-specific behavior change
  - Symptom cluster mapping
- Combating misinformation
- Reliable situation updates
- Games
- KAP questions

Product:
- On demand livelihood information
- Dial “3-2-1” from simple phone, access oral content
  - Health
  - Agriculture
  - Civic engagement
  - Financial services
  - COVID19
- Free airtime
- Listen to live COVID-19 messages from Uganda’s “1-6-1 Service” by calling the demo line: 1-650-866-1481
- More Info Here

Contact Us
Module 2

Remote Training

Product

Modules delivered by voice, SMS, or chatbot to the “flip phones” that people already have and use.

Delivered:
- On a schedule
- As requested by CHW
- As a content library

Why?

- Rapid implementation
- Low cost per trained worker
- Integrated impact measurement with real time dashboard

COVID-19

Training of:
- CHW’s
- Frontline workers
- Community leaders

More Info Here

Contact Us
Module 3

**Product**
Interactive Voice Response (IVR) and SMS based mobile phone surveys. [More Info Here](#)

**Why?**
- Rapid implementation
- Low cost per response
- Accessible to no/low literacy
- No requirement to put field staff in danger

**COVID-19**

**Healthcare Access Monitoring**
Monitor a country’s access to healthcare, either from the perspective of the general population, or health workers.

**Knowledge Surveys**
Get insights into a general population's understanding of hygiene and social distancing.

[Contact Us](#)
Other Tools

**SMS-Based Contact Tracing**
SMS system to “flatten the curve” at scale when detailed investigations are not possible.

**Chatbots**
Available on Whatsapp, Facebook, SMS, and more.

**Call Center/Hotline**
Dedicated COVID19 hotlines with an IVR layer to reduce load on existing centers.

**Targeted Mass Messaging**
Mass SMS & voice communications.
Case Studies
### Project Details:

**Country** - Democratic Republic of Congo  
**Partner(s)** - UNICEF  
**Audience** - General Population  
**Behavior Change** - Improved WASH practices

### Intervention:

During the 2017-2018 cholera outbreak in the DRC, Viamo partnered with UNICEF to provide on-demand information using Interactive Voice Response (IVR) and USSD messaging to increase the general populations’ knowledge of yellow fever vector control and improve WASH practices, specifically targeting cholera, at the household and community level.

Key messages were created for both yellow fever and cholera, as well as WASH best practices. Over 270,000 people listened to the yellow fever messages, and over 144,000 people listened to the WASH and cholera messages through the nationwide, mobile 1-5-5 (now 4-2-5-0-2) service.

### Results:

An impact evaluation was conducted through push IVR. As a result of listening to the messages:

- 57% of respondents reported that they improved their knowledge of cholera
- 62% of respondents reported that they improved their knowledge of yellow fever.
Intervention:
Viamo and Airtel Nigeria are supporting USAID's response to COVID-19 by pushing SMS and IVR messages to the general population in priority areas as well as messages to health workers with Frequently Asked Questions about the virus. Viamo is also adding IVR FAQs to the 3-2-1 service in the country and developing a mobile curriculum on COVID-19 for health workers.

Project Details:
Country - Nigeria
Partner(s) - JHU CCP, Breakthrough Action, USAID
Audience - General Population & Health Workers
Behavior Change - Encourage appropriate social distancing & hygiene measures
Remote Training

Rwanda Community Health Worker Training

Project Details:

**Country** - Rwanda

**Partner(s)** - Johnson & Johnson, Rwanda Ministry of Health

**Audience** - Approximately 50,000 Community Health Workers

**Behavior Change** - Treat mental health cases effectively

Intervention:

**Purpose** - Support Ministry of Health in preparation for annual spike in mental health cases during the anniversary of the genocide

**Curriculum** - Content delivered via eight 5-minute long voice recording modules over 4 weeks. Content included PTSD & the genocide context, symptom identification, drug use, treatment.

Results

51,677 Community Health Workers in Rwanda were reached by the Remote Training Service (RTS). The training curriculum consisted of 8 modules.

The completion rates per module were between 80% and 90%, without necessarily answering the quiz questions embedded in the individual modules.

93% listened to the complete training narrative of at least four of the eight modules.

Upon completion of the training, a test was done. A large proportion of the CHWs had a higher score compared to pre-training tests.

The vast majority of respondents gave positive feedback that they were satisfied with the training. Most CHWs said that they would recommend this training to others.

The total cost per CHW to take the training, excluding the cost of obtaining a cell phone, was estimated to be approximately 2.50 USD.

Read more
In order to monitor a rapidly deteriorating food security situation, the World Bank, in collaboration with local partners implemented a longitudinal survey. This monthly survey of 2,000 households in Madagascar monitored food security, access to healthcare and energy and perception of government.
Implementation Process

1. Content Design
2. Style Optimization for Mobile Communication
3. Translation, Recording & Field Testing
4. Mass-Communication & Ongoing Support
5. Real-Time Dashboards & Impact Measurement
Want to explore mobile engagement options for your COVID-19 response and prevention projects?

Get in touch with us and find out how we can quickly expand your reach and impact!