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

Goals

What are the goals?
• Communicate two-way COVID-19 response information (including prevention, diagnosis, treatment)
• Strengthen health systems to manage the COVID-19 response (health worker training, job aids, reporting)
• Mitigate impacts on children, gender based violence, education, livelihoods, and more related to the crisis

What are the constraints?
• Rapid implementation
• Low/no literacy and language diversity
• Poor digital literacy
• Cost-effective at scale
• Rapidly adaptable
• Combating misinformation/rumours
• Social/Physical distancing
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 Mobile Network Operator (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
- Tanzania*
- Uganda*
- Zambia*
- Zimbabwe

**Expected launch during 2020
Pillar 1: Community Awareness
Opportunities:

- On demand IVR information
- Dial “3-2-1” from simple phone, access oral content on:
  - COVID19
  - Health
  - Agriculture
  - Civic engagement
  - Financial services
  - Dynamic Content (weather, news etc)
- Free airtime
- More Info Here

Demo:

Listen to live COVID-19 messages from Uganda’s 3-2-1 Service (known locally as “1-6-1”) by calling the demo line: +1-650-866-1481

Where is it?

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

COVID-19

Existing/Planned Basic Content

- What is Coronavirus?
- Hygiene
- Social/Physical distancing

Areas For Collaboration

- Self-diagnostic quiz
  - Symptom-specific behavior change
  - Symptom cluster mapping
- Combating misinformation
- Reliable situation updates
- Games
- KAP questions
Hotline Opportunities:
- On demand IVR information
- Callers access audio messages in local language
- Available via local phone number,
- Ability to connect to a live operator/call center

More Info Here

Viamo can set up hotlines in most countries. Please inquire for country-specific information.

Chatbot Opportunities:
- Integrated with Facebook & WhatsApp, to enable automated and targeted sharing of multimedia content about COVID-19.
- Best suited for communities with high literacy rates and smartphone penetration.
- Say “hi!” to our bot here

Chatbot available anywhere via the internet

COVID-19
Existing/Planned Basic Content
- What is Covid-19?
- Hygiene
- Social/Physical distancing
- Edutainment (songs and games)

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

Contact Us
### Targeted Messaging

**Opportunities:**

Large scale, segmented, rapid and targeted awareness and data collection campaigns.

**Why?**

- Pre-negotiated mass-messaging agreements with local telecoms
- Demand aggregation - lowest per message price
- Targeting based on location, demographic user data (gender, age, device ownership, mobile usage)
- Multi-channel communication (SMS, Voice etc.)

<table>
<thead>
<tr>
<th>17.75 million</th>
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<tbody>
<tr>
<td>Nationwide coverage of urban, peri-urban and rural areas</td>
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<table>
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<th>80 districts</th>
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<tbody>
<tr>
<td>Nationwide coverage of urban, peri-urban and rural areas</td>
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<table>
<thead>
<tr>
<th>12 days</th>
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<td>Total duration of the campaign integrated with on-ground mobilization plan</td>
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<table>
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<tr>
<th>17 million</th>
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<tr>
<td>SMSs successfully delivered across all districts</td>
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<table>
<thead>
<tr>
<th>32%</th>
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<tbody>
<tr>
<td>Calls answered - 750,000 out of 2.3 million attempts</td>
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<tr>
<th>25 seconds</th>
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<td>Average engagement on a 27 second message</td>
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### COVID-19

#### Targeted Mass Awareness Campaigns

Send awareness messages to provide key information or dispel rumors using audio, SMS or social media.

#### Knowledge Surveys

Follow-up on awareness campaigns with knowledge, attitude and practice surveys or run large scale surveys for baseline data.
Pillar 2: Health System Strengthening
Remote Training

Opportunities:
- Modules delivered by voice, SMS, or chatbot to the “flip phones” that people already have and use.
- Calls can last several minutes long
- Comprehension questions built into the call allows partners to check understanding and participation

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
- Teachers

Demo:
Try an IVR remote training lesson by calling the demo line: +1 617 249 7662

More Info Here

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Job Aids

Opportunities

● Provides health workers to support with case assessments and management.
● Reduces dependence on paper-based treatment manuals/guidelines and doesn’t omit any stages in the treatment protocol.
● Serves as a reminder of pertinent issues like danger signs and treatment.
● Provides a summary of the treatment for each client. In cases of referral, the summary can be used to write the referral note/slip.

Demo:
Watch the job aid in action

More Info Here

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COVID-19

Training of:
● Community Health Workers
● Frontline workers
● Community leaders

Contact Us
Pillar 2

Surveys

Opportunities

- Interactive Voice Response (IVR) and SMS based mobile phone surveys.
- Multiple surveys sent to check on progress towards knowledge retention and behaviour change.

Why?

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

Android-based data collection also available

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 populations understanding of hygiene and social distancing.

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Pillar 3: Child Protection & Learning Support
**Remote Learning**

**Opportunities:**
- Modules delivered by voice, SMS, or chatbot to the “flip phones” that people already have and use.
- Calls can last several minutes long
- Comprehension questions built into the call allows partners to check understanding and participation, and refer students who are lagging to teachers
- Learner satisfaction with mobile learning can be monitored through satisfaction questions

**Delivered:**
- On a schedule
- As requested by students
- As a content library

**COVID-19**

**Out-of-school students**
Adapt curriculum to audio messages and send to students on a predetermined schedule to continue learning while schools are closed

**COVID-19 Awareness**
Incorporate messaging about the COVID-19 pandemic, and child protection messaging, to ensure learners are both informed about the pandemic and their rights.
**Pillar 3**

**Edutainment**

**Opportunities**

- IVR-based gamified content, songs and skits to support learning
- Maximizes youth engagement
- Integrated impact measurement with real time dashboard
- For usage on hotlines or 321 services

**Current Examples**

- Nepal: Hotline callers vote on "What's keeping you up at night" with an option to record their own story.
- Burkina Faso: Callers listen to a poetry slam developed on COVID-19

**Watch:**
Gamified content with [Wanji games](#)

**COVID-19**

Education for all ages:

- The more relevant the topic is the higher likelihood that communities will retain information
- Use of games and skits to understand people's choices

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Other Tools

**Accountability Hotlines**
Voice hotlines & links to call centers to report GBV, garner feedback from beneficiaries and provide updates on feedback collected.

**3-2-1 Service**
On-demand audio messages on Education, Child Protection, GBV, Entrepreneurship & Livelihoods, and more

**Targeted Messaging**
Push SMS & voice communication to parents, students, and other community stakeholders
Case Studies
DRC Cholera Epidemic

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.

Project Details:
Country - Democratic Republic of Congo
Partner(s) - UNICEF
Audience - General Population
Behavior Change - Improved WASH practices
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
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.
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.

Source: INSTAT/HNI, A l’écoute de Madagascar
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