



Malaria SBC during COVID-19

Case Study, Nigeria



Mobile Curriculum User Guide

This guide will help you use your mobile phone to listen to the messages and answer questions using your phone's keypad



Receive a voice call from 0813 9861 006. You will receive a voice call or survey that is sent to your phone. Step one is to answer the call. You may put your phone on loudspeaker.

1



Listen to the message. All calls will start with, "Albishirin Ku! This is BA-Nigeria Mobile Curriculum for Community volunteers". Remember this is a recorded call, not a live person.

2



Press the keypad on your phone to respond to questions.

3



Save the number. When you have finished your first call, please save the contact number as "BA-Nigeria Mobile Curriculum" so you will know that it is us calling in the future.

4

The Mobile Classroom

Creating innovative solutions with limited resources for malaria training

Context:



Nigeria imposed a country-wide lockdown at the beginning of the COVID-19 pandemic in March 2020.

Important interpersonal and community social and behavior change (SBC) interventions for malaria prevention and treatment were suspended.

To restart the activities, community-based volunteers (CV) and their supervisors had to be re-oriented about SBC implementation in the COVID-19 context. Funded by the US President's Malaria Initiative, the Breakthrough Action-Nigeria (BA-N) Project, implemented by the Johns Hopkins Center for Communication Programs, used an innovative, cost-efficient approach to re-orient the community volunteers who carry out the community SBC interventions, and local government area (LGA) supervisors, who oversee project implementation at the community level. It leveraged interactive voice response (IVR) technology on mobile phones to deliver the training curriculum to seventy-six LGA supervisors across 11 states thereby avoiding physical gatherings of people from many localities within each state.

SBC Approach:

The project implements a multi-channel approach for malaria SBC activities and continued sustained engagement on the media to ensure the dissemination of malaria messages during the pandemic. SBC messages prioritized testing all fevers before treating for malaria due to the fact that fever is a common symptom of both COVID-19 and malaria. Radio jingles and programs were regularly aired to keep malaria as a top-of-mind recall issue. In addition to testing of all fever cases, SBC messages on prompt care-seeking appropriate and complete treatment of malaria, ITN use and care, and IPTp uptake for pregnant women were aired in English, Hausa, Igbo, Yoruba and Pidgin.



COLLABORATION:
The project collaborated with the Nigeria Centre for Disease Control (NCDC) on guidance on the safe implementation of interventions in the context of COVID-19, and COVID-19 data to guide decisions on when to restart community activities.

Mobile Phone Interactive Voice Response (IVR):

Mobile phone IVR training of campaign personnel at state and LGA levels was undertaken to minimize contact. These trainings underscored COVID appropriate behaviours, explained the use of personal protective equipment (PPE) in line with COVID-19 protocols and also reinforced earlier malaria trainings.

Training content was converted into a mobile curriculum format and delivered to LGA supervisors via IVR in English, Hausa, Igbo, Yoruba and Pidgin. The personnel only required a simple first generation feature mobile phone with a network connection to receive the training call at a designated time during the day. In case they missed the call, they could retrieve the module or session through a call-back mechanism. The project partnered with Airtel, a leading telecom partner, to ensure that all training calls were free of charge.

Seventy-six LGA supervisors completed all 13 modules of the malaria/COVID-19 curriculum in 13 weeks. The LGA Supervisors in turn, did one-on-one trainings of CVs within their LGA through quick,

on-the-job feedback during supervisory visits to ensure that they minimize COVID-19 risk to themselves and the community members.

Also, ITN mass campaigns implemented during the pandemic benefitted from these approaches. LGA Supervisors that had been trained using the IVR curriculum used the acquired knowledge to support crucial post-campaign SBC and health education activities in the LGAs they supervised.

PRIVATE SECTOR ENGAGEMENT:

Through BA-N's consortium partner Viamo, Airtel, a major telecom in Nigeria, provided free airtime for all training calls on their 321 on-demand service.

Monitoring & Evaluation:

A pre and post-evaluation was administered through IVR. In addition, participants had to pass a quiz on each of the 13 training modules before they could advance to the next module. On completing the 13 modules, an evaluation form was shared with participants for feedback on the IVR training curriculum.

Impact:

The above approach revealed an increase in knowledge through IVR trainings among the participants. The project proposes to undertake an omnibus survey to measure the impact of the media interventions.

Lessons learned and limitations:

IVR is a cost-effective technology for training, as no physical interaction and minimal resources are required. While this is very useful in pandemic conditions, there are limitations. IVR cannot be used in areas without network service. There is a limited amount and type of training content that can be conveyed. IVR cannot replace in-person trainings and are probably most effective when used as refresher or updates to reinforce previous trainings.

IVR training evaluations for this project are directly based on LGA Supervisor responses. A triangulated assessment that studies the effectiveness of the cascade training to community volunteers and its final impact on the community may give more knowledge and behavioral insights to underscore IVR as a malaria training tool during COVID-19.



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