COVID-19 Response Coordination Call
Digital Technology Pt. 2

April 3, 2020
Responding to COVID-19
UNICEF experience with digital platforms
Context

A multi-disciplinary approach with cross-functional collaboration including Innovation + ICT4D + Communications for Development + Communication + Programme Health

Close coordination through a Digital Platforms Working Group.

Today sharing these solutions at scale:

1. COVID-19 Information Chatbot

2. Internet of Good Things (IOGT) for COVID-19 Response
COVID-19 Information Chatbot

Validated content, crafted for digital messaging and in plain and accessible language for ordinary community members, translated and continually refined and expanded and localized content relevant to that country context.

Uses multiple channels as appropriate for the country context, including SMS and digital and social messaging channels such as Viber, Facebook Messenger.

A user sends a message to opt in and can ask the chatbot questions about COVID-19; provide suggestions for content; and report rumors. The COVID-19 bot strengthens the ability to:

- assess needs
- tackle misinformation, and in partnership with governments;
- share reliable information on where communities can seek assistance.

Now working on implementation beyond the 68 countries that had U-Report platform in place; assess and measure secondary impact of COVID-19 and build a dashboard to ensure data is going to the right stakeholders and decision makers in a timely manner to support broader response efforts.
COVID-19 Information Chatbot reach
Launched Feb 13 – Scale from 150,000 to 2 million users in three weeks

To develop the chatbot, we leveraged U-Report, a digital platform and UNICEF’s flagship social messaging innovation used to reach and engage young people and their community. Currently being used by more than 10 million people in 65 countries.
Try it yourself!

Using Viber, WhatsApp or Facebook Messenger you can access the current version of the U-Report COVID-19 chatbot.

- **WhatsApp**: Send “CoronaVirus” to +66 80 024 9442.
- **Facebook Messenger**: Send ‘CoronaVirus’ using Facebook Messenger at [http://m.me/UReportGlobal](http://m.me/UReportGlobal)
- **Viber**: Follow ‘U-Report’ Public Account on Viber (Go to Discover), Send the message ‘CoronaVirus’
Thank You
Q&A
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
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
Who do we work with?

**Expected launch April 2020**
Viamo’s Approach to COVID-19
**Module 1**

**The 3-2-1 Service**

**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](#)

**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

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Module 2

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

More Info Here

COVID-19

Training of:
- CHW’s
- Frontline workers
- Community leaders
Module 3

Surveys

Product
Interactive Voice Response (IVR) and SMS based mobile phone surveys.

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.
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.
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
Get in Touch!

Stephen Meyer
stephen.meyer@viamo.io
SIERRA LEONE’S EXPERIENCE WITH EBOLA AND RESPONDING TO COVID-19 USING DIGITAL TECHNOLOGY
EBOLA-WHAT DID WE DO?

• **Initially,** very reliant on traditional means of communication to ensure safety measures (hand-washing, burials, social distancing)

  - FM Radio (Discussion Programmes, Jingles, Phone-ins etc.)
  - Hand Bills
  - Bill Boards
  - Small Community Sensitization Meetings
  - Public Address Systems (megaphones, public audio speakers etc.)
WHAT DID ICT DO TO IMPROVE?

• After the traditional media failed to adequately contain the virus because of youth population) ICT was used through:
  - WhatsApp (short videos, messaging, gifs etc.)
  - Facebook
  - Mass Text Messaging
  - IVR messaging to conduct trainings and more sensitizations
Mistrust: Communities’ lack of trust in health facilities, hence more people died from non-Ebola related conditions (Fear of infection by health workers)

Misinformation: Disinformation and Misinformation (for political reasons, penchant to share on WhatsApp without crosschecking,

Questionable data ownership. To date we don’t have control over some EVD data, such as burial data

Late involvement of some critical players (ICT, use of community structures etc.)
WHAT HAVE WE DONE DIFFERENTLY WITH COVID-19?

- **Implemented a DHIS2 module**, for Contact Tracing, Case Management, Point of Entry
- **Disease Surveillance**: improve on the rapid collection of data using SMS
- **Website**: WhatsApp plug-in allows to automatically communicate with the public
- **Govt Info Management System (GIMS)** National Hotline (117) to respond to emergencies; redirects to calls to districts (DHMTs) and Government Ministries (MDA), as required
NEXT STEPS

- **Proactive Messaging**: Beat Citizen journalists in disseminating Information in Realtime to dispel disinformation to build community trust
- **Data ownership**: All major data collection platforms must interoperate with national systems
- **Community Structures**: Use existing community systems such as CHW apps, local bylaws etc.
- **Partnership and Coordination**: Act early and act together (Governments, UN agencies and aid groups need to coordinate a truly global response that will protect all people.
- **ICT Innovation**: Use ICT innovation to improve health information systems to suits the context (epidemic or pandemic)
Leap Mobile Learning Platform for COVID-19 Response Presentation to Core Group

Caroline S. Mbindingo
AMREF ENTERPRISES
April 03, 2020
Leap Mobile Learning Platform

Virtual Learning on any device
On-demand access to essential information, tools and services

Collaboration over Group Chat
Promote peer-to-peer collaboration and mobilise communities

Evaluation through Quizzes and Assessments
Gamefication and instant performance feedback; measure and adapt quickly

Direct access to learners, support, and supervision
Collaboration tools for knowledge sharing & support; build capacity of supervisors with richer content and supervision tools

Collect Digital Training Records
Connect health workers to the formal health system and capture digital records of their training and career development
Hello dear learner and welcome to the Community Health Volunteer training. The first topic you will learn about is Covid-19.
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During the week you will receive SMS messages and listen to recorded phone stories and lectures all related to Covid-19.
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During the week you will receive SMS messages and listen to recorded phone stories and lectures all related to Covid-19.

Please follow the instructions to go through all the activities. You can contact your CHEW for technical help on using the mobile phone.
LEAP Demo 1: New Topic Role-play

Hello dear learner and welcome to the Community Health Volunteer training. The first topic you will learn about is Covid-19.

During the week, you will receive SMS messages and phone stories all related to Covid-19. Please follow the instructions to go through all the activities. You can contact your CHEW for technical help on using the mobile phone.

To start the first activity, please dial 0800 722 689. (5 minutes)
I want to thank AMREF for coming up with mlearning, which has made my community fully participate in every part of the community. We have made a schedule where every CHV has a topic to teach clients who have come for services at the facility. God bless AMREF & KANCO - Joshua Kulova - Bungoma

You now have enough knowledge to empower your community members after mlearning. We are the eyes of the HF please report any disease outbreak to your HP for quick response. Save a life and God will bless you - Roseline Mukhwana - Bungoma

OK unachukua lita tano au tatu, unatoboa tundu kwa kifuniko chake ili uingiza kamba na hio kamba. Iwe mrefu chini yake ufungu kijiti... badala ya tundu ya kutoa maji kua chini uike juu juu umehang hicho kibuyu kwenye mtu mtu akitaka kuwakobia mkono anakanya bila kijiti na maji yanamwagika bila kushika popote to reduce infection - Owour Christine - Nairobi

Good evening good people..... this is where the criteria the topic of hand washing comes in.... let's go out and teach our HH members. Our loving father won't disappoint us. - Eric Odongo - Siaya

I am ready to serve my community. I support handwashing in markets, hospitals and churches. As a CHW I will work hard through my households for a safe community - Evelyne - Bungoma

Amref/MOH CHVs learn the medical challenges from other counties on Corona virus some vulnerable households do not have the information prevention ways for lack of radios/TVs/phones Mlearning is making us do our role as CHVs is to pass the measures to them as per the WHO information - Marion - Nairobi

Thanks Amref Team and WHO in partnership with Kakamega County for the TB screening/ free chest Xray you conducted over the weekend at Sigalagala boundary of Ikolomani and Shinyalu Subcounties - Winfred Luyeku - Kakamega

Good evening good people..... this is where the criteria the topic of hand washing comes in.... let's go out and teach our HH members. Our loving father won't disappoint us. - Eric Odongo - Siaya
CHWs in the Frontlines
Pay us a visit, talk to us, send us feedback as we advance the health improvement agenda through empowering communities.
“Implementation of the Personal Health Record (PHR) as a tool for integration of migrants in health systems”

http://re-health.eea.iom.int/
WAY TO THE e-PHR

Request by DG SANTE to IOM to:

Develop a resource for Health Professionals to perform HAs for new migrants in the EU/EEA, initially with a Handbook for Health Professionals.

Further to it a unified instrument and personal health record for health assessment for those arriving to the EU/EEA

The Product:

- IOM- EC –DG SANTE (DGA) Re-Health (2016- 2017) and ECDC
- Initially Handbook, then e-PHR and electronic resource
- e-PHR is user-friendly, secure patient record management platform
- Interfaceable with domestic and international systems
- Handbook available in 9 EU languages and Arabic

Re-Health

Personal health record

IOM UN MIGRATION
WHAT THE E-PHR CAN DO?

It’s a fully electronic patient record solution

• Secure in external use
• Permission tree: registration, medical forms, backend
• HCWs can access/edit patient records across countries
• Data extraction with special permission – csv/pdf
• Pre-formatted user interface for charts/tables
• Communicates via xml outputs or other modalities to other systems
• Voted Sustainable Development Goals (SDGs) best practice at global level.

User friendly interface – built in

• validation checks/mandatory fields
• auto-calculations
• drop down lists/standardized selection/ICD-10 codes
• additional features such as uploading documents in multiple formats (x-rays etc.)

http://re-health.eea.iom.int/
ARCHITECTURE

Data entry → Encryption → Access records → Access records → Access records → Analysis → Feedback

Country A

Country B

Country C

Country D
“[...] contribute[s] to the EU Migration Agenda, the New Skills Agenda for Europe, and the Action Plan on the Integration of Third Country Nationals. It [...] also contribute[s] to the EU Digital Agenda, by consolidating the use of the PHR and the electronic version (e-PHR) as a single tool for refugees' and migrants' health assessments in EU countries.”

Built in informed consent and data sharing form and in line with EU Data Protection (GDPR)
**Italy**
- E-PHR under other action ATES: “Technical Assistance and support to the local health authorities of Sicily”.

**Bulgaria**
- Open center Ovcha Kupel
- National HP and mediators.

**Croatia**
- Reception centre for Asylum seekers in Zagreb; Dormitory in Karlovac; Dormitory in Rijeka; Dormitory in Ivanec; UNM in Rijeka.
- National HPs and IOM Mediators.

**Cyprus**
- Pournara and Limassol Shelters
- Kofinou Reception Center
- National HPs and Mediators.

**Greece**
- Amaygdalaea pre-removal centre; Eleonas open camp; Chios and Samos Islands (Accommodation Refugee Shelters); Open Polyclinic MDM Greece (Pireos 33, Omonoia); Psychosocial Department (MDM Greece, Sapfous 12, Omonoia); 4 Accommodation Shelters in Metaxourgeio
- IOM Mediators and 6 National Mediators. National HPs

**Serbia**
- National Reception System in collaboration with Catholic Relief Services (CRS) and Danish Refugees Committee (DRC).
- National HPs and IOM Mediator.

**Slovenia**
- Asylum Center in Ljubljana – Kotnikova; Asylum Center Ljubljana – Vič
- National HPs and Mediators.
Thank you!

千里之行，始於足下

A journey of a thousand miles begins with a single step

Lǎozǐ
AN INTRODUCTION TO BOOST

Presented by:
Liz Kohlway
Manager, Community Building & Digital Engagement
Sabin Vaccine Institute

April 3, 2020
A scientist who is also a human being cannot rest while knowledge which might be used to reduce suffering rests on the shelf.

Albert B. Sabin

Developed in close, ongoing collaboration with immunization partners, experts and professionals, Boost provides online and offline opportunities for immunization professionals to connect, learn and lead.

**Burnout and Fatigue**

Sustaining engagement and interest in career advancement, in the face of complex systems.

*Immunization professionals experience burnout, which leads to high turnover.*

**Isolation**

Independent work settings, isolated from peers and mentors that could provide support.

*Sub-national EPI focal points report not having channels to communicate with peers working in other locations.*

**Complex Environments**

Professionals are met with ambitious targets and little to no support or resources to achieve them.

*In many countries, decisions made at the highest level are political, not technical, making advocacy for immunization resources more difficult.*

**Boost**

Connect, learn and lead
MISSION

To foster a global community that enables immunization professionals to connect with peers and experts, learn skills that build capacity and advance careers and lead immunization programs in challenging contexts.

VISION

A world in which every immunization professional is empowered to grow and lead in their careers and accelerate change in their communities.
ACCOMPLISHING OUR MISSION

We’ve built an online platform, https://boostcommunity.org that connects immunization professionals to peers, supports and resources to learn and grow and equips professionals to lead in challenging situations.

Connect
Boost is an on and offline community where immunization professionals can connect with peers and stakeholders and expand their professional network.

Learn
Boost provides access to experts and resources to help immunization professionals learn skills to build capacity and advance their careers.

Lead
Boost is designed to help immunization professionals lead immunization programs in challenging contexts.
Members

Browse our extensive list of Boost member profiles to connect with knowledgeable peers and experts. Narrow your search by filtering Boost members by region, job type and focus area to find those most valuable to you.
LEARN & LEAD
Access experts and resources to learn skills to build capacity and lead immunization programs with confidence.

Curated Resources
Browse Boost Curated Resources to find webinars, news and videos on relevant immunization topics.

Learning Groups
Boost Learning Groups provide learning opportunities on a variety of topics, such as Adaptive Leadership. Join an existing group or create your own to connect and learn from like-minded immunization professionals and experts.

Live Events
Visit the Live Events page to find face-to-face convenings of immunization professionals in specific regions. Boost Members can also post their own events and invite others to join.
A scientist who is also a human being cannot rest while knowledge which might be used to reduce suffering rests on the shelf.

ALBERT B. SABIN

BOOST COMMUNITY METRICS

415 Activated Profiles

85 Countries Represented

120 Immunization Professionals working at the National & Sub-National Level
PARTNER WITH BOOST

Boost considers and welcomes the entire immunization community as partners.

Join Us
Share information and resources to support Boost members' learning while gleaning valuable insights directly from the field.

Content and Community
Bring your existing immunization communities onto Boost and tap into an even larger, growing network of immunization professionals, experts and resources.

Share Your Resources
Share your expertise with the next generation of immunization professionals on Boost. Deliver webinars, share resources and lead group discussions to support the global immunization community.

"A scientist who is also a human being cannot rest while knowledge which might be used to reduce suffering rests on the shelf."

ALBERT B. SABIN
THANK YOU
Discussion
Thank you!

Please see our website for more information:

CORE GROUP COVID-19 Response Coordination Calls and Resources