

Malaria Social and Behaviour Change during COVID-19 Case Study: The Mobile Classroom, Nigeria

Limited resources lead to creating innovative solutions for malaria training.

Context

Nigeria imposed a country-wide lockdown at the beginning of the COVID-19 pandemic. Programmes suspended important social and behaviour change (SBC) interventions for malaria prevention and treatment, like household visits, compound meetings, and community dialogues. To restart the activities, community-based volunteers and supervisors needed to be oriented about SBC implementation in the COVID-19 context. Funded by the U.S. President's Malaria Initiative, Breakthrough ACTION-Nigeria (implemented by the Johns Hopkins Center for Communication Programs) used an innovative, cost-efficient approach to re-orient community volunteers (who carry out community SBC interventions) and local government area supervisors (who oversee project implementation at the community level). The project leveraged interactive voice response (IVR) technology on mobile phones to deliver training curriculum to 76 local government area supervisors across 11 states, thereby avoiding physical gatherings of people from many localities within each state.

Social and Behaviour Change Approach

To address the need for continued promotion of malaria prevention and treatment behaviours during the COVID-19 pandemic, the project continued implementing a multi-channel approach for malaria SBC activities and sustained mass media engagement to disseminate malaria messages. SBC messages highlighted the importance of testing all fevers before treating them because fever is a common symptom of COVID-19 and malaria.

Radio jingles and programmes regularly aired, so listeners were more likely to keep malaria top of mind. In addition to encouraging testing of all fever cases, SBC broadcasts urged prompt care-seeking, appropriate and complete treatment of malaria, insecticide-treated net (ITN) use and care, and uptake of intermittent preventive treatment of malaria in pregnancy in English, Hausa, Igbo, Yoruba, and Pidgin.

Mobile Phone Interactive Voice Response

The project undertook IVR training of campaign personnel at the state and local government area levels to minimise contact. These training sessions underscored COVID-19 appropriate behaviours, explained the use of personal protective equipment in line with COVID-19 protocols, and reinforced earlier malaria sessions.

Breakthrough ACTION-Nigeria converted training content into a mobile format and delivered it to local government area supervisors through IVR in English, Hausa, Igbo, Yoruba, and Pidgin. 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. If trainees missed a call, they could retrieve the module or session through a call-back mechanism. The project partnered with Airtel, a leading telecom partner, to provide the calls free of charge.

Seventy-six local government area supervisors completed all 13 modules of the malaria/COVID-19 curriculum in 13 weeks. To minimise the COVID-19 risk to themselves and the community members, the local government area

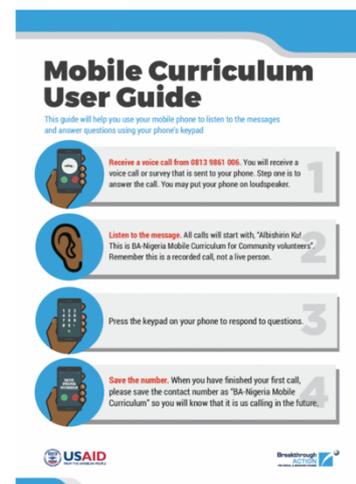


Figure 1: Interactive Voice Response user guide.

supervisors completed one-on-one training sessions of community volunteers within their local government area through quick, on-the-job feedback during supervisory visits.

ITN mass campaigns implemented during the pandemic also benefited from these approaches. Local government area supervisors who had been trained using the IVR curriculum used the knowledge they acquired to support crucial post-campaign SBC and health education activities in the local government areas they supervised.

Monitoring and Impact

The project administered a pre- and post-evaluation 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. After participants completed the 13 modules, the programme shared an evaluation form with participants for feedback on the IVR training curriculum.

This approach revealed an increase in knowledge about malaria in the context of COVID-19 among participants. The project proposes to undertake an omnibus survey to measure the impact of the media interventions.

Lessons Learned

IVR is a cost-effective technology for training, as no in-person interaction and minimal resources are required. While IVR is beneficial in pandemic conditions, limitations remain. IVR cannot be used in areas without network service. The format restricts the amount and type of training content that can be conveyed. IVR cannot replace in-person training sessions and is probably most effective when used as refreshers or updates to reinforce previous training sessions.

The pre- and post-test evaluations for this project are based on local government area supervisor responses only. Therefore, a triangulated assessment that studies the effectiveness of the cascade training to community volunteers and its final impact on the community may provide more insights about IVR as a malaria SBC training tool during the COVID-19 pandemic.

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

PRIVATE SECTOR ENGAGEMENT: Breakthrough ACTION-Nigeria partnered with Viamo and Airtel to provide free airtime for all training calls.

For additional case studies and to review malaria social and behaviour change materials in the context of the COVID-19 pandemic, visit:

<https://www.thecompassforsbc.org/sbcc-spotlights/malaria-sbc-during-covid-19>