## Impact Statement

We know that the speed of information distribution on the internet has the power to enable economic growth and facilitate social development. This impact can be delivered through expedited access to products and services across core sectors such as agriculture, education, financial services, government service delivery and health. Access to connectivity within these sectors can lead to increases in productivity and efficiencies in the economy. However, when large populations of a country cannot access the internet, they become cut off from the information that could save their lives.

Building the pipelines to distribute relevant and timely content to hospitals, clinics, healthcare workers, and marginalized population groups regardless of their location or financial capacity is critical in the midst of this 21st century pandemic. In response to the pandemic, Africa is being challenged, like the rest of the world, to "flatten the curve." Africa's dotted line indicating the healthcare system capacity is much lower than others. So it is crucial for Africa to be able to drastically stop the spread. People in urban Africa are no longer huddled around radios and TV sets waiting for the government to tell them what and what not to do. People with smartphones are looking for connectivity to find information and connect with others.

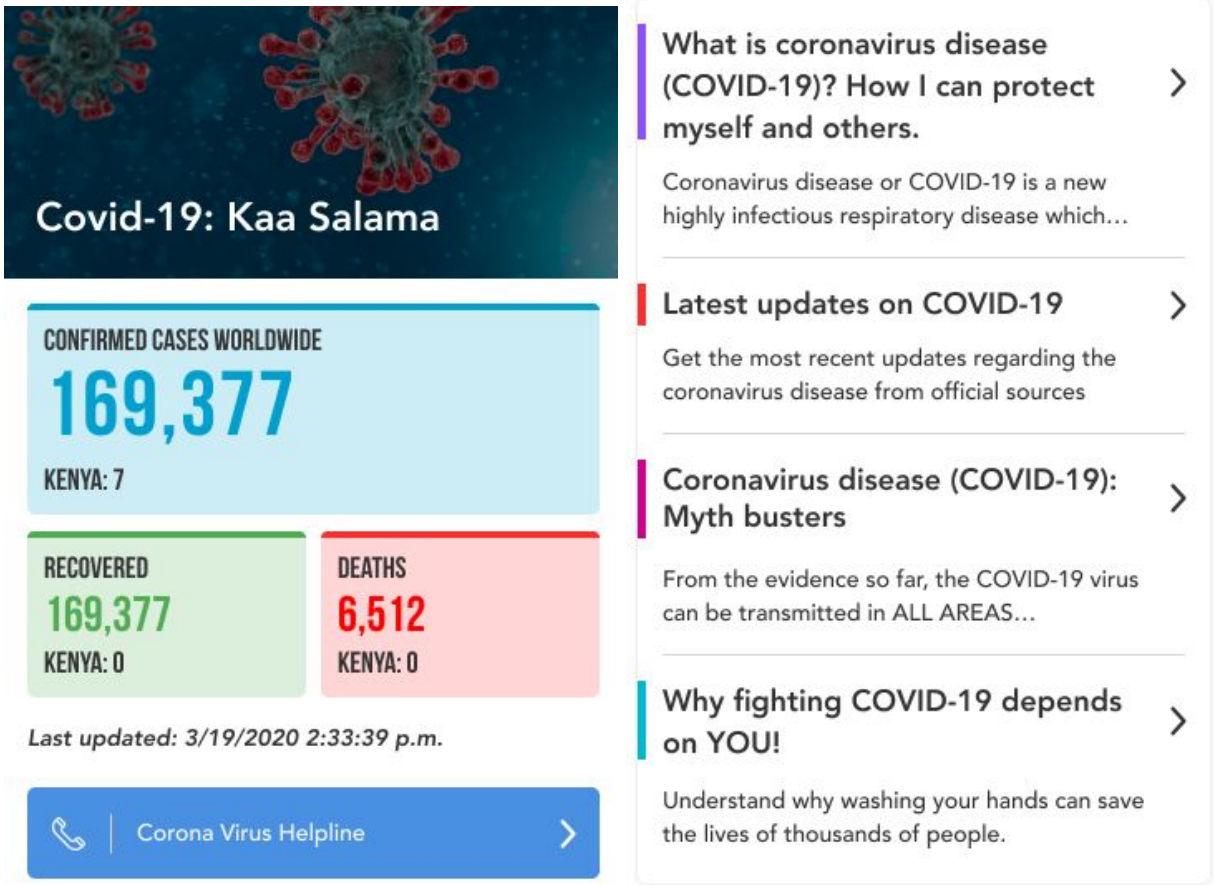
The Moja network provides channels for impacting the population within the range of the network in the areas of public health, real time alerts, community health coordination, education, and communication. The Moja engagement model ensures that users **choose** to view and engage with the distributed content by providing an immediate incentive in the form of Moja Points which can be used for connectivity and access to premium content.

*Information about COVID-19 is the first thing users see upon connecting to Moja WiFi*
*Users connected to Moja can watch an educational video to earn points to go online*

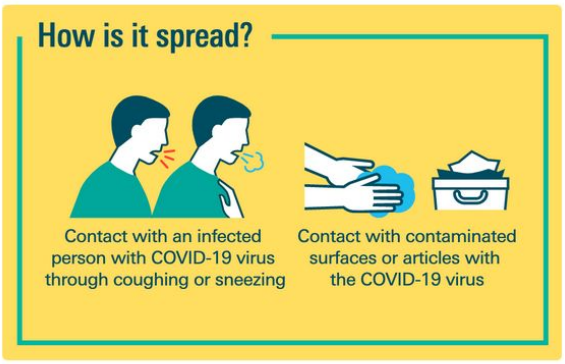
## Public Health Information & Health Alerts

Local and international organisations need to get timely alerts and information into the hands of the community. The Moja platform provides a proven method of engagement where critical PSAs and alerts can be placed as top points earning activities and ensure users see the information quickly. Some of the tactics and strategies to stop the spread of COVID-19 include: government directives, lockdowns, shutdowns of institutions, banning of social gatherings, etc. However, one of the most powerful strategies to stop the spread is behaviour change at a mass level. Although people may be inundated with educational messages about what to do (wash your hands, cover your cough, social distance, etc.) and how to do it (20 seconds of hand washing, alternative greetings to handshakes, etc.), the most powerful tool for behavioural change we have at our disposal is getting people to understand *why* these changes are crucial to saving millions of lives. The Moja platform has one of the most effective models for user engagement that will drive behavioural change.

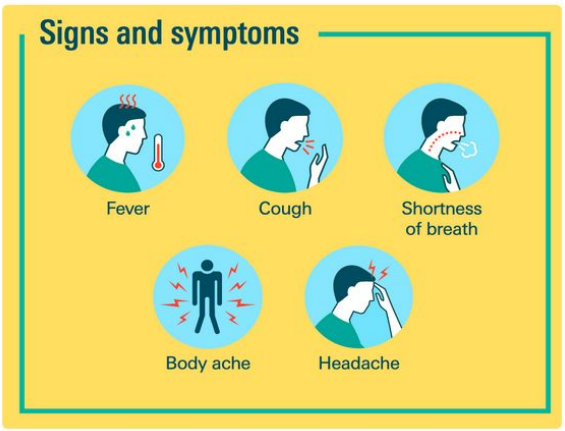
Practical Action: Allow ministries of health to release high priority campaigns and gather insights on the Moja platform that are weighted to give top position in the users timeline.



Coronavirus Disease or COVID-19 is a new highly infectious respiratory disease which is spreading globally mainly from person-to-person through contact with droplets when an infected person coughs or sneezes or contaminated surfaces and objects.



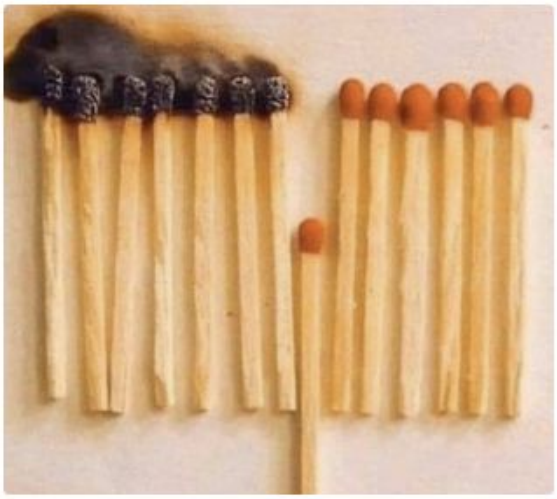

Signs and symptoms of COVID-19 are high body temperature, coughing, sneezing, headache, body aches and difficulty in breathing which starts within 14 days of being infected.



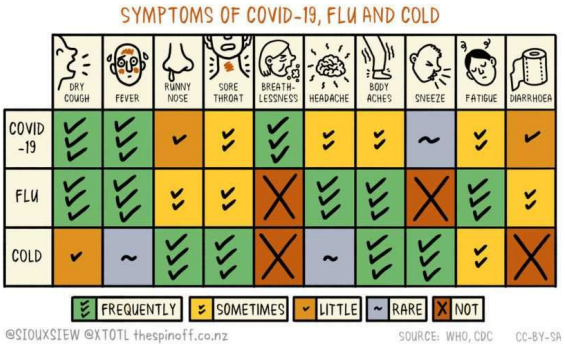
You've already heard everyone talking about hand washing and social distancing. Watch this video to understand why these and other measures YOU can take are so important:

*Source: World Health Organisation*

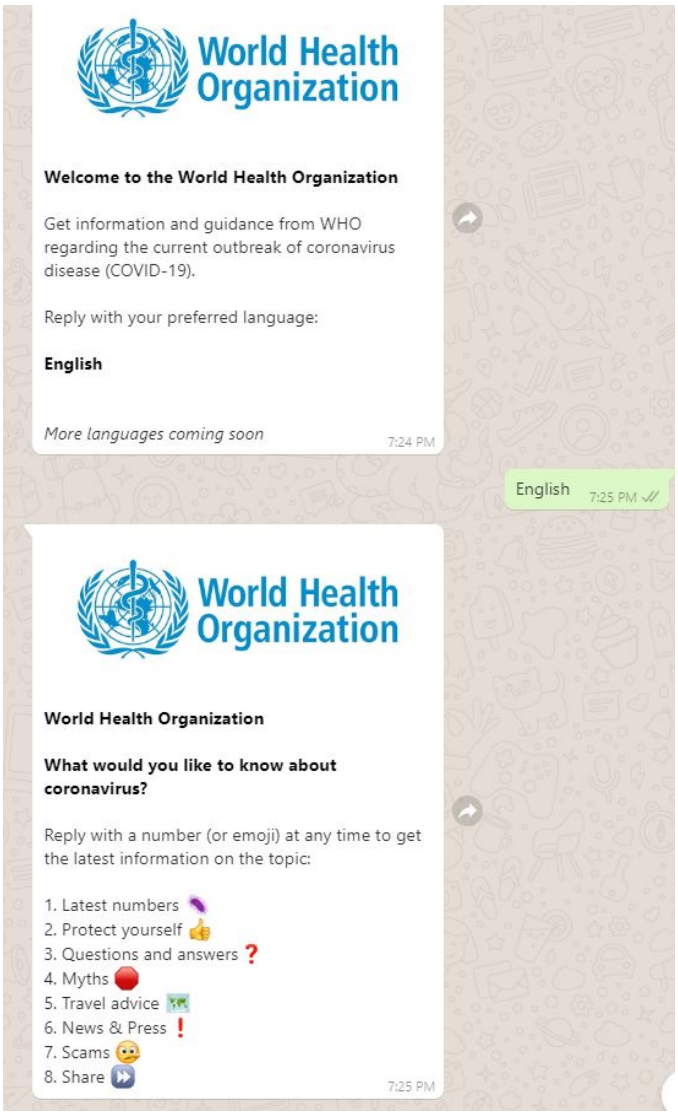
The one who stayed away saved the rest.

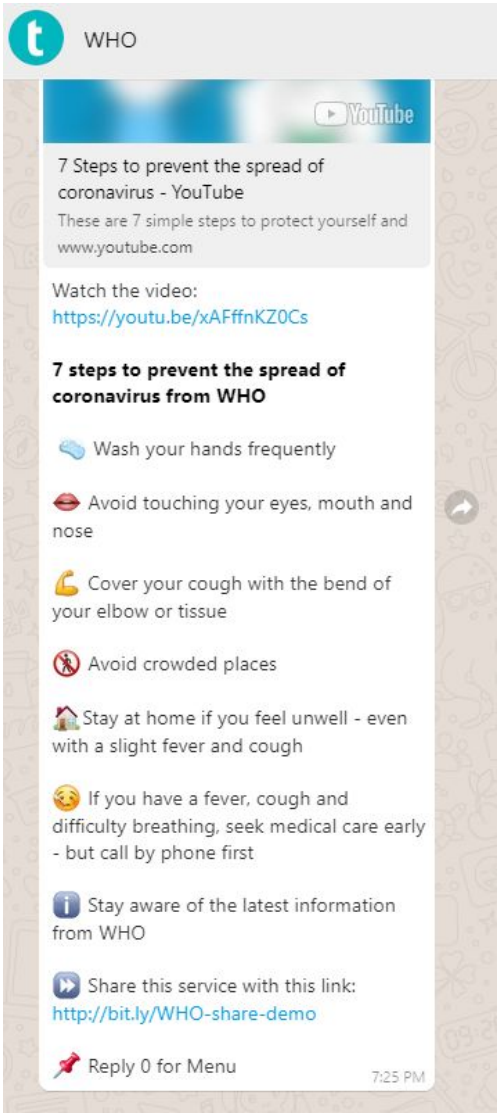


Why do you need to wash your hands with soap for 20 seconds?



*The Moja platform is filled with calls to action like these*



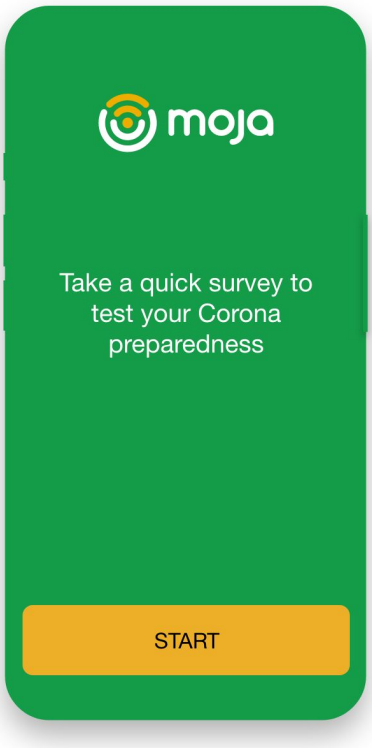



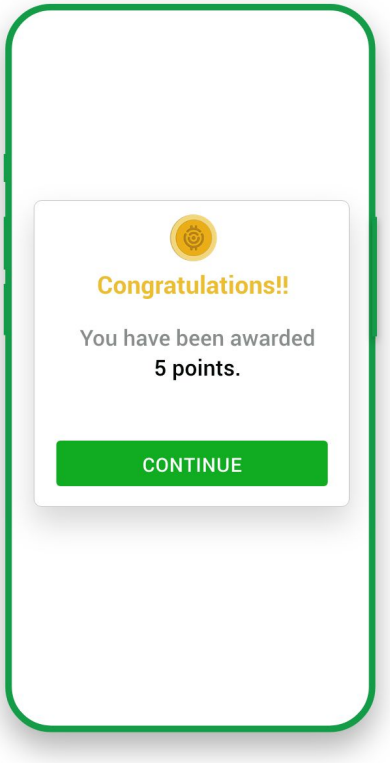

*Partners like the WHO and Ministry of Health have developed excellent and easy to digest mediums for disseminating information to people with even the most basic digital literacy.*
*But users must have access to internet connectivity first.*

## Communication and Feedback Tools

Outbound communication and PSAs to populations is the primary means of arresting the spread of illness. Also important is getting feedback from the community: as developments are made in a reliable diagnostic system that empowers patients to administer and collect their own samples, that will spare stressed healthcare systems a lot of time, effort, and risk. This data collection and visualization is equally critical in tracking transmission and adjusting strategies.

Practical Action: Release survey campaigns that solicit feedback from the community on the state of transmission, availability of necessary resources, and general concerns. Feedback can be geographically mapped using crisis mapping tools like Ushahidi and health informatics tools such as DHIS2 and the WHO Digital Health Atlas (DHA) to give global and local health planners an accurate view of the state of the communities.



## Education

While timely health information is the priority, as communities settle into the realities of needing to maintain some level of isolation, other areas of the community will be impacted. One of the biggest potential impacts is the closing of schools. Parents will have limited resources to help their students continue any level of education while schools are closed. Affordable connectivity and low-cost devices have resulted in an increase in the number of education technology interventions across the globe, enabling students and teachers to gain access to digital content and an array of digital learning tools. Evidence shows that a mix of online and in-person tutoring can be leveraged to improve student learning outcomes.[1]

Practical Action: Provide a dedicated education channel on the Moja Network where ministries of education and private content providers can distribute approved digital curriculum. CCI, Chimple, KitKit, onebillion, RoboTutor, eLimu, Eneza, Ubongo, mShule, Kytabu, eKitabu, O'Genius, Ziraki, Zibuza, Chalkboard Education, War Child, KnowZone, and many others are all EdTech partners with a proven model for delivering digital educational content in Africa. BRCK has worked with and has relationships with most of them already. Parents with smart devices will be able to download the content freely for use at home with their children so autodidactic learning can continue even if schools are closed.

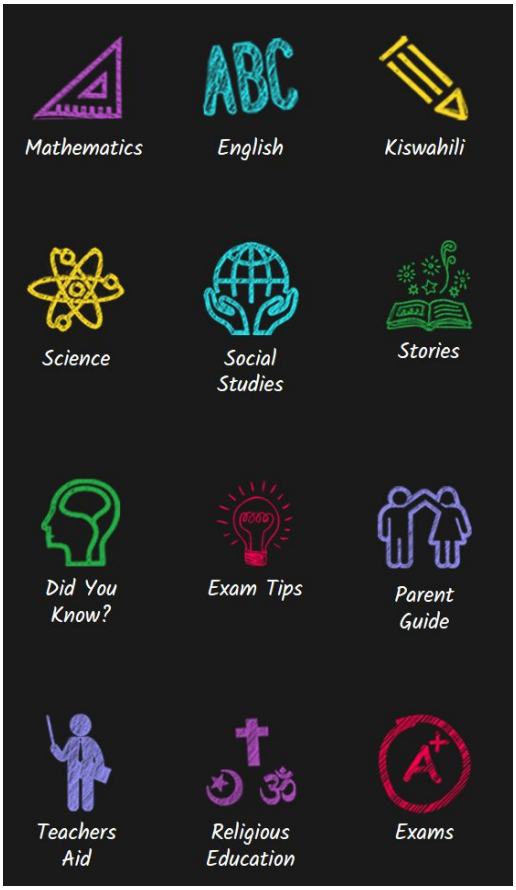
[1] Muralidharan, Singh and Ganimian, Disrupting Education? Experimental Evidence on Technology-Aided Instruction in India, American Economic Review, 2018

BRCK EDUCATION

**Welcome to BRCK Education. Below are education resources.**

To get started, please select the level of education of the learner.

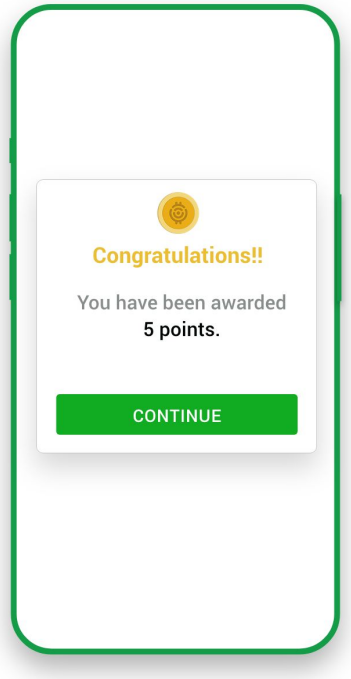
- ECD
- Primary school
- Secondary school
- Adult Learning



## Community Health Coordination

At the forefront of the public health reaction are the numerous front line and community health workers that are active in the community. These workers often have limited access to connectivity and yet they are the ones who communicate directly with the most at risk populations.

Practical Action: Install Access Points in hospitals, clinics, and areas where community health workers need connectivity most. Moja can also work with ministries of health to provide community health workers with Moja Points balances and connectivity enabling them to have unlimited access to the most current information on the network and ease of communication with their colleagues. We can enable free connectivity to partner organizations on the ground such as Living Goods, Dimagi,Medic Mobile, and the country level ministries of health.



## Job Creation

In order to expand the network, BRCK will maintain its own current workforce, hire additional resources, and work with partners that will hire technical and support staff. Furthermore, each access point will create an additional revenue for the hosting agent.

Practical Action: Each 1000 access points will require 4,000 man hours to install and provision alone. The plan to use 50 concurrent teams means jobs for 200 people.