

Quaterly magazine June 2016

CHRONIQUE





Humanitarianism in the digital age

In 2016, two worrying figures are at the forefront of our minds: in the world today, more than 125 million men, women and children need humanitarian aid and over 60 million people are forced to migrate. In a world where humanitarian needs are increasing but also where the available resources are not enough, aid workers need to improve their response and innovate while increasing their efficiency and transparency of their actions.

We are in the middle of an information and communication technology revolution. In fact, today there are five billion mobile phones and nearly half of the world's population is connected to the Internet. The poorest households, particularly those from countries who are still developing, have better access to mobile phones than to clean water or toilets.

These devices have taken a central position in our daily lives and in the functionality of societies in the North as well as in the South, depending on the various degrees and modalities. Needless to say, they are transforming humanitarian efforts and the aid workers themselves. They have the potential to destroy the access barriers which are often encountered during out responses. They disrupt the information system by strengthening the implementation, management and monitoring of projects. They revolutionise the relationships that organisations have with their partners and beneficiaries by changing the role of those associated with the organisation and giving new means of actions to local communities.

Since 2013, Première Urgence Internationale has been recording the use of information and communication technology in the organisation's strategy and culture as a route towards to development. For this occasion, we have decided to share with you a few projects that benefit from the use of mobile (or portable) devices, known locally as «m-responses».

We are aware that technology already provides significant advantages and is without doubt a key factor in the evolution of humanitarian efforts; however, we should remain vigilant of their limits and their risks such as the inequality of access to technology, the inclusion of non-traditional workers in the humanitarian domain and/or technical failures. Technological innovations should be understood as a catalyst of our efforts and of the impact of our activities in the field... They are not the solution but they are part of it.

Helena Ranchal

Development and Intervention Support Director



AID WORKERS IN THE FIELD OF NEW TECHNOLOGY

A s the use of mobile phones and tablets is rapidly increasing, humanitarian organisations are now relying on these tools and integrating them into their response.

At Première Urgence Internationale, new technology has changed how we respond without altering the NGO's mission. Used as support for our projects, these devices improve our efficiency and our evaluation of needs when carrying out our activities.

« How many people live in this house? How much is your rent? What is your main source of income? ». Thanks to this s we are able to g people's needs.

In Lebanon in informal settlements, a team from Première Urgence Internationale questions a family of Syrian refugees. Their answers are carefully noted by using a digital tablet. The interview is quick. After hours of going door to door, the team has already met several families.



At the end of the day, in just a few clicks, the results of the interviews are transferred onto a digital database, a platform available to several organisations present in Lebanon. « The use of a tablet removes the need for repeated questionnaires », explique Camille Brunet, explains Camille Brunet, responsible for the Première Urgence Internationale Lebanese programme, « Syrian families are exhausted by their circumstances and are tired of giving the same information to different NGOs who come one after another to their doors ».

share database, get a better idea of

In 2013, the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme (WFP) and several

NGOs have made their shared databases available to other NGOs. Following this, more than 30,000 Lebanese families took part in an inter-NGO survey in 2014. « The number of participating families was much larger than if we had carried out this study alone. We are therefore able to get a better idea of their needs and the use of the tablet also prevents typing errors that could occur while inputting the answers from paper questionnaires onto a computer», adds Camille Brunet.



In Iraq, improving evaluation

In February 2016, in Iraqi Kurdistan, a team of community health workers led an evaluation using tablets in refugee camps. The objective was to evaluate the impact of a project set up to improve access to maternal, sexual, reproductive and infant healthcare. Thanks to these results, we are currently preparing a new project.





Less paper, less errors and more efficiency

Less paper, less errors and more efficiency. This is the motive of aid workers who juggle thousands of individual files which often end up piled up in cardboard boxes at the back of a room. In cases like this, new technology reduces the risk of errors and allows us to collect and analyse data quicker.

In the Central African Republic, new technologies have replaced paper identity cards used by beneficiaries. Première Urgence Internationale has just launched a digital identification project in the country. From now on, the teams will enter the name of the beneficiary into their phones or tablets, storing their identity and their history including information such as name, surname, photo, potential health problems and previous treatment. By storing data in this way there is less risk of losing information and the time gained for the NGO teams is crucial.

NICT - a measured risk

Since 2013, Première Urgence Internationale has been working on the integration of new information and communication technology (NICT) in humanitarian projects,

especially via mobile devices. A task force has been created to reflect on economical usage. Today, the use of new technology is part of the NGO's plan to consider the specifics of each country as well as any limitations that the tools may have. Charging batteries, equipment maintenance and learning how to use the devices are factors that need to be taken into account when incorporating new technology into the projects.

« We train local teams on how to use tablets or mobile phones », explains Brigitte Tonon, Première Urgence Internationale healthcare advisor. The training is rarely a problem. Mobile technology is becoming



more and more accessible and communities often welcome this innovation. « The staff that we have trusted the tablets quickly learn how to use the devices », adds Brigitte Tonon. The beneficiaries understand very quickly how useful these tools are, especially how much time they save.

The Première Urgence Internationale work group also rely on data protection for individuals, a sensitive subject when talking about the collection and transfer of medical information for example. Helena Ranchal, Première Urgence Internationale Development and Intervention Support Director explains: « In order to monitor beneficiaries, there is always the needs for aid workers to collect personal information. Digital devices nevertheless pose other challenges, especially those concerning the sharing of data. We make sure to limit the access to lists and code information to the maximum ».

NICT fuels research and the evaluation of projects

New technology plays an integral part in Première Urgence Internationale projects by helping us to train healthcare staff or even to be able to perform remote diagnosis, for example in Myanmar with mobile phones used by auxiliary midwives.

This technology helps us to identify needs, train, monitor beneficiaries more efficiently and also to fuel research. Two years ago, Première Urgence Internationale enlisted the use of digital tablets in order to collect data during a vaccination project in Thailand. « Have you experienced any side effects? Has the check-up been satisfactory? ». The responses were collected by surveyors in a camp from refugees who had been vaccinated against cholera. This data was then transferred to researchers carrying out a research project on the efficiency of oral vaccinations campaigns for cholera in a confined environment. Thanks to the use of tablets, the researchers could make use of the data quickly and easily. With the number of transcript information errors being low, the study is able to have more of an impact.

« A tool, not an end in itself »

This type of study allows us to provide more detailed data which is incredibly useful to humanitarian organisations that are always looking to improve their response. The collection of information is made easier thanks to the different capabilities of smart phones and tablets as well as the fact that they are light and compact devices. Camille Brunet explains: « On a smart

phone there is a GPS and a camera. Imagine that we need to complete a study on drinkable water in a community for example. Thanks to their mobile phone, the surveyor can fill in the questionnaire on their device and take down the GPS point of the location of the

well or the water source for example. They can also take photos so that they can take into account the state of the well and the surrounding infrastructure. All of this on the same device. This gets rid of having to carry a notepad, a GPS and a camera with you to carry out studies. »

Inevitably, new technology changes the habits of aid workers. Technology has really helped us improve and this progress is now integrated into activities, from putting together a project to its evaluation. At Première Urgence Internationale, technology is now being integrated into projects. For Helena Ranchal, « new technologies are not the solution but they ARE part of the solution. For example in 2016, we will develop a project focusing on the knowledge and use of contraceptive methods in Kinshasa in the Democratic Republic of Congo. Text messages to spread awareness and information will be sent out on mobile phones in order to target young people on the streets who use their mobile phones a great deal ».

She concludes: « *Technology should serve as support for an objective. It is an amplification of human ability and intentions, not a substitute* ».





M-HEALTH: FRENCH NGOS INNOVATE



Yee received her auxiliary midwife qualification in Myanmar a few months ago. Today, she has an appointment with a pregnant woman who she has monitored for several weeks. During the consultation, she uses her mobile phone, opens an application and fills in a medical questionnaire which has been very precisely adapted to the month of pregnancy. After having analysed and checked the responses, the application will help her to provide a diagnosis for the patient. If she is in doubt about anything, she can also contact a fellow midwife working in the nearest hospital and send them the patient's medical files by text. For Yee, who undertook an auxiliary midwife training course for six months, this device is precious.

In Myanmar, this m-healthcare project allows us to improve access to medical care in isolated or areas that are difficult to access. Pregnant women are monitored during their pregnancy and the medical staff are best equipped to offer them care. This mobile health project developed by Première Urgence Internationale in Myanmar in 2014 is a success and demonstrates the relevance of the mobile phones as a means to ease access to services for the communities.

The World Health Organisation (WHO) defines m-healthcare as « the use of mobile and wireless technology to support the realisation of healthcare objective ». For several years, Première Urgence Internationale has worked on the development of m-healthcare activities in the French humanitarian sector. The organisation is one the founding members and the leader of an inter-NGO work group within the South Coordination platform. The objective: « to position the French NGOs as key players in the field of m-healthcare on a global scale ». This group allows organisations to exchange their knowledge and experiences in m-healthcare and to develop innovative projects. The m-healthcare objectives are varied: to educate, assist, diagnose, communicate and raise awareness.





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E-CARD & TEXTS: CASH TRANSFER IN LEBANON

Based in Beirut, Lebanon, Vincent Rotureau is Première Urgence Internationale's Food Security and Livelihoods Coordinator. He is the NGO's advisor on money transfer activities known as « cash transfer » in the country.

What do cash transfer activities in Lebanon involve?

Money transfer is a type of intervention which allows resources to be transferred to populations in the form of cash or vouchers. Cash transfer projects are in a way the backbone of humanitarian aid in Lebanon. Première Urgence Internationale's teams use this activity in different forms, namely physical money transfer or via debit cards known as « e-cards ».

We use them as part of our food aid, shelter renovation and eviction risk prevention projects, as well as in what we call "cash for work" programmes. Cash for work involves paying beneficiaries that we recruit to participate in infrastructure construction, for example. These projects mainly involve Syrian refugee families, but Lebanese families also participate.

Première Urgence Internationale's main money transfer activity in Lebanon is carried out in partnership with the UN World Food Programme (WFP) in the Beirut-Mount Lebanon region. We ensure the distribution of debit cards and codes to the beneficiaries targeted by the programme at various distribution sites. They are then used by beneficiaries to purchase food in partner shops.



What are the advantages of cash transfer in Lebanon?

Money transfer has numerous advantages for beneficiaries, humanitarian actors and more broadly for the economy of the country. For beneficiaries, money transfer has the advantage that usage and purchases can be adapted to the specific needs of each household, such as food preferences or clothing needs. The e-card system also ensures security for beneficiaries and humanitarian actors by avoiding large amounts of cash-in-transit.

For humanitarian actors, the use of debit cards makes the distribution of money simpler. Once the cards have been supplied, we monitor the use of funds and restock the accounts. In this way, we do not have to regularly organise sessions for the distribution of cash or other products.

In addition, the populations targeted have mobile phones, which we use to transmit information to beneficiaries. We send texts to communicate distribution and transfer dates, or to keep beneficiaries up to date with future aid developments.

Is it a lot simpler than the classic activity of in-person money distribution?

Yes, although cash transfer requires good preparation and a good monitoring system. We have set up a telephone hotline which allows beneficiaries to contact us if they are having difficulty, have lost their card or have forgotten their code, for example. This can prove complicated when people change their phone number or move to a different part of the country without telling us. Generally speaking, cash transfer activity facilitates humanitarian aid. In the next few years, it will certainly develop further in Lebanon, unless of course the funds dedicated to this crisis are reduced.

FOR ALL QUESTION

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La Chronique is a publication of Première Urgence Internationale, an international solidarity NGO Headquarters: 2, rue Auguste Thomas, 92600 Asnières-sur-Seine. Phone: 01 55 66 99 66. www.premiere-urgence.org Publication manager: Thierry Mauricet | Coordinator: Laëtitia Chadenat | Graphic design: Myriam Ezzine. The entire Première Urgence Internationale team has worked on this issue. PRINTER: Cap Impression / ROUTER: Adarys Print run: 3 500 copies. Free publication.