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COVID-19 and the support of remote and vulnerable populations

KUNO-webinar 17 April 2020

In the COVID-19 crisis, where travelling is severely limited, offering support to remote populations is an enormous challenge. What can we learn from previous experiences? In this webinar three speakers elaborated on remote support in humanitarian settings:

- Dr. Holly Ritchie – research fellow at the International Institute of Social Studies, Erasmus University.
- Dr. Pratap Kumar – medical doctor and CEO Health E-Net
- Mariken Gaanderse – Upinion

The webinar was facilitated by Peter Heintze of KUNO (Platform for Humanitarian Knowledge Exchange in the Netherlands).

Dr. Holly Ritchie: informing Somali refugee women in 'Little Mogadishu', Nairobi (Kenya)

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Dr. Holly Ritchie (Erasmus University) is affiliated to the Centre for Frugal Innovation in Africa, where she has been involved in the project 'Exploring Refugees and ICTs'. Holly Ritchie lives in Nairobi and works intensively with Somali refugee women.

Dr. Holly Ritchie elaborated on successful results in reaching a group of Somali refugees in Nairobi Kenya by using Whatsapp. The project was designed (in 2018) to promote the well-being, economic development and leadership skills of the Somali women. A Whatsapp group was set up as part of the early stages of the trial to facilitate coordination, even though only 40% of the women owned a smartphone. It emerged that it was possible to reach everyone through neighbours and children that did have a phone. Illiteracy was another problem however, and this was tackled by using voice messages and pictures.

More recently, this Whatsapp group has turned out to be very effective in this Corona-crisis, because information that normally doesn't reach this group can now be send through Whatsapp. Health advice, graphics and government directives are some examples of information that is shared. Even though most of the information is in English, it turns out that children can often translate this for their parents.

Some experiences / lessons learned from Dr. Ritchie's project:

- Simple ICT tools can be incredibly useful in disseminating information, also to reach illiterate groups (voice messages/pictures);
- The replication rate is high, because part of the program consists of the exercise that women have to pass on their information to at least 3 other people;
- An added value of this sharing of information is the countering of fake/false news that is distributed via Facebook or 'on the streets'
- Even though it was designed as a one-way direction of information sharing, it turns out that the group is also used by the Somali women themselves to exchange information and to share religious/motivational messages (in Somali).

A challenge of this project is the small-scale, only about 100 women are reached (on a population of at least 50,000 Somali refugee women in 'Little Mogadishu'), so this way of information sharing is only one part of the solution.
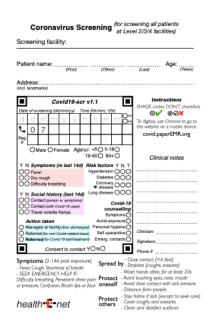

Dr. Pratap Kumar: tele-medical support of remote and marginalized regions

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Dr. Pratap Kumar (Health-E-net) developed a system for tele-medical support, also suitable for regions with very limited digital and telecom support.During his PhD programme in Switzerland, Dr. Pratap Kumar experienced first-hand how important tele-medical support can be. And, doing consults for relatives and friends in India, he learned about the gaps in efficient information sharing over distance.

At the base of the Health-E-Net lies a rubber stamp and support via a website and/or online portal. The stamp can be used by nurses/health care workers in the paper documentation of their patients. This stamp contains a structure for a medical form in which different multiple-choice questions have to be answered. After the form is filled in, a picture is taken (f.i. with a smart phone), that must be uploaded to the website of Health-E-Net or can be send to Health-E-Net as a text message. The website then picks up all the data and creates a medical record, which is saved in the cloud. Referral on cases happens via sms and this online portal, without any extra software for either the doctor or the patient. Another possibility is to video-chat through Health-E-Net's online portal.

PaperEMR screening tool for Covid-19

The tools do not require complex ICT-support, do not need additional Apps to be downloaded, and can be bought and implemented/used directly. The goal is to provide a technological solution that can be used in the whole medical system, implemented based on the needs, and not just transferring 'Western' solutions to a Kenyan system.

Data privacy is of course an issue, the files are only temporary in the cloud. Also, information that is not needed is not even uploaded, such as last names and addresses. Data is stored into single databases (one case per database) and it can be seen who accesses these links. Communication is also encrypted, but it is of course an ongoing technical challenge to keep the data as safe as possible. The portal also works offline, you just need online access to send the files.

At this time a national app is the being considered, Dr. Kumar is now working together with the Red Cross to see if they can take the plan nation-wide. However, transferring all data from paperwork to digital is a very complex process. Paper stays the easiest, because everyone has access to that. There are also concerns on removing every hard-copy data on health care because what if it gets removed forever.

Mariken Gaanderse: on the COVID-19 monitor for refugee populations

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Mariken Gaanders (Upinion) elaborated on new tool, added to the existing platforms Upinion has to inform *and* to get informed by refugee populations.

Upinion offers a platform to conversate with thousands of people at the same time; Upinion is an intermediary between NGOs and the people they want to help, such as refugees.

Upinion communicates (via Facebook/Whatsapp/Upinion App) through a scripted conservation. Users receive a question and answer to it, after which the script returns an answer or a new question. It also works with voice messages, which can be answered by choosing a colour (illiteracy). Via the conversation users can offered lots of relevant information, at the same time the users give Upinion deeper insights issues users are confronted with. Reports are made up directly, which means that the scripts can also be adjusted when it seems necessary, for example when there is a high drop-out rate. In a lot of crisis situations people still have access to Whatsapp/Facebook, it works in the same way as Whatsapp does, when you don't have access to internet, you do not receive any questions, when you have access again all the questions pop up.

The COVID-19 Monitor that Upinion has developed is also used to share information with the recipients, for example WHO updates to counter fake/false news. There are now public reports in general, the reports are shared with the organizations we work with. However, it might be possible to start global shared panels, where basic information can be shared amongst multiple organizations that are collaborating. That will be more efficient for everyone. Respondents are targeted via QR codes in Whatsapp groups / Facebook App advertisements and QR codes on flyers.