HUMANITAS
Innovative Technology for Emergency Response

A HUMANITARIAN JOURNEY

NEXT GENERATION OF THE HUMANITARIAN DIGITAL TOOLBOX

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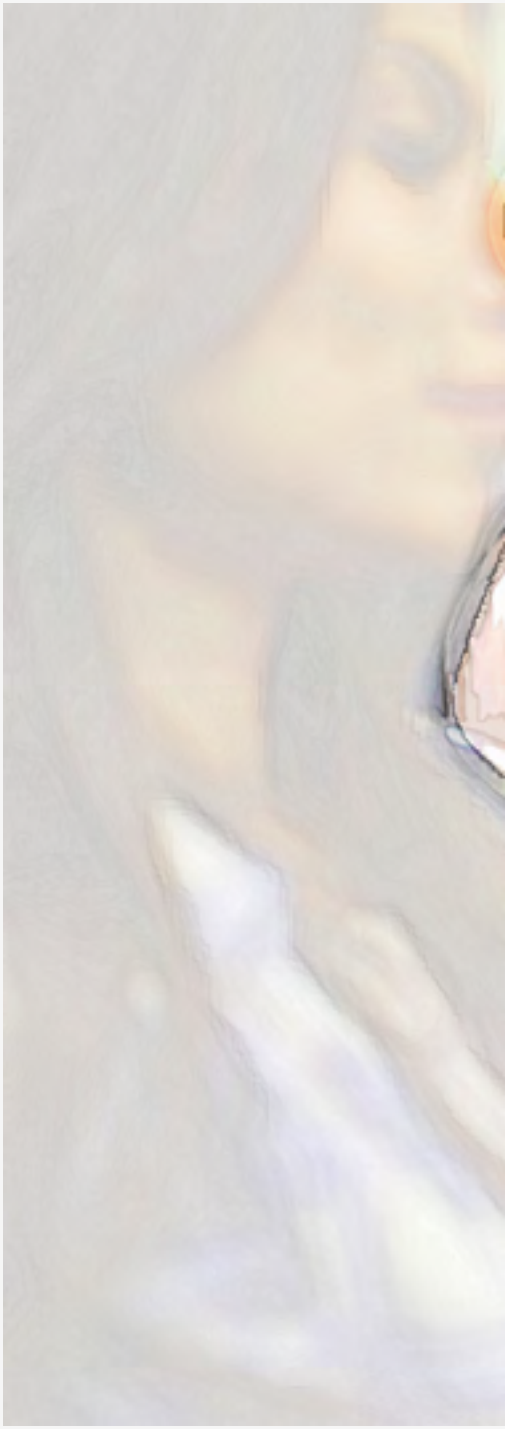
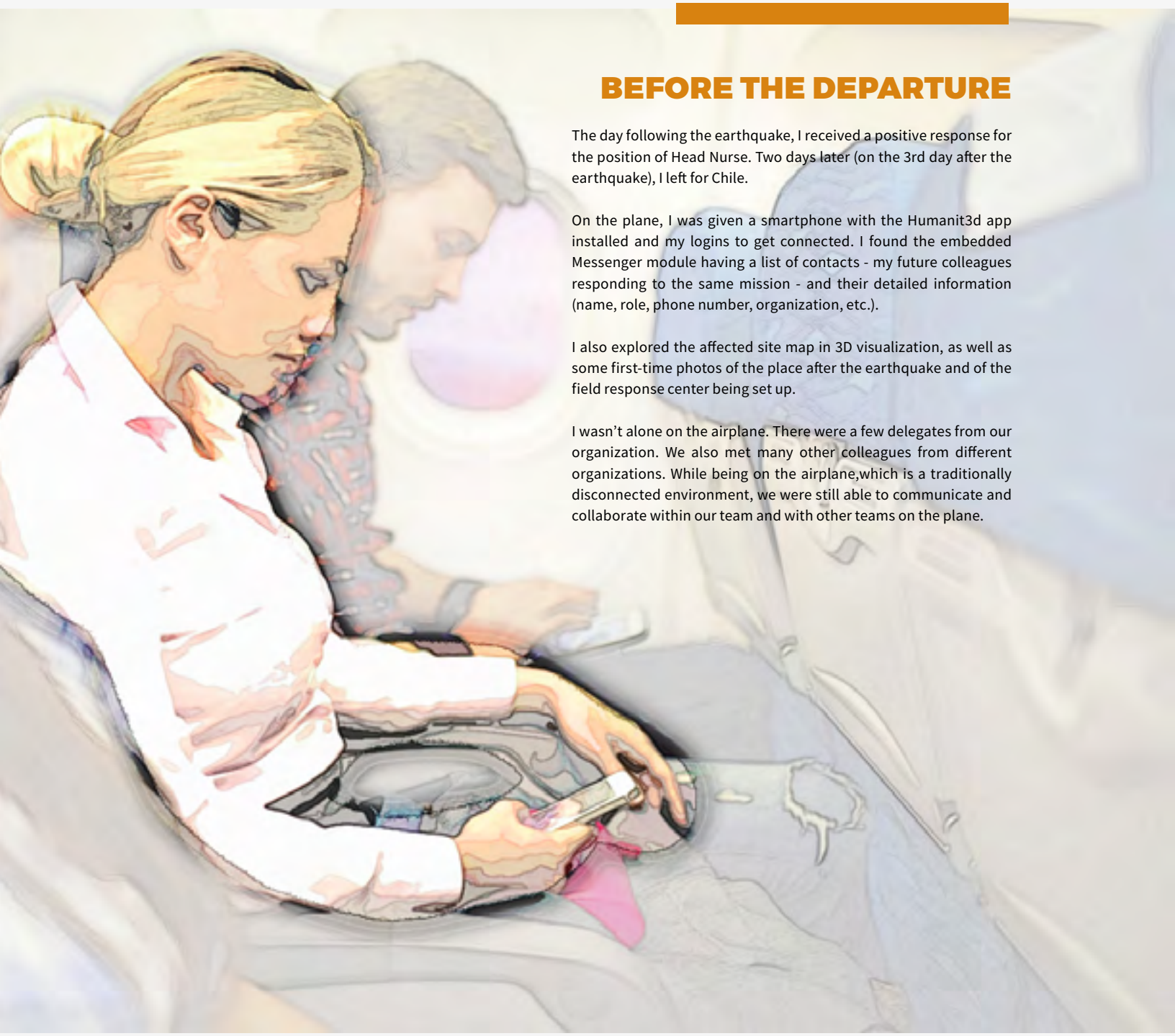
CONTEXT

"I am a nurse and I've been working with the Canadian Red Cross for 7 years. Recently, I received a software training on Humanit3d, a new mobile application created for humanitarian organizations to help practitioners and stakeholders improve certain aspects of their work. This application was adopted by the Red Cross, as well as Doctors Without Borders, OCHA, and other organizations.

An earthquake took place last night in Chile, and hours later a post of Head Nurse for a 6-month mission was sent to me by email. I have postulated for it."



SCENARIO



BEFORE THE DEPARTURE

The day following the earthquake, I received a positive response for the position of Head Nurse. Two days later (on the 3rd day after the earthquake), I left for Chile.

On the plane, I was given a smartphone with the Humanit3d app installed and my logins to get connected. I found the embedded Messenger module having a list of contacts - my future colleagues responding to the same mission - and their detailed information (name, role, phone number, organization, etc.).

I also explored the affected site map in 3D visualization, as well as some first-time photos of the place after the earthquake and of the field response center being set up.

I wasn't alone on the airplane. There were a few delegates from our organization. We also met many other colleagues from different organizations. While being on the airplane,which is a traditionally disconnected environment, we were still able to communicate and collaborate within our team and with other teams on the plane.

UPON ARRIVAL

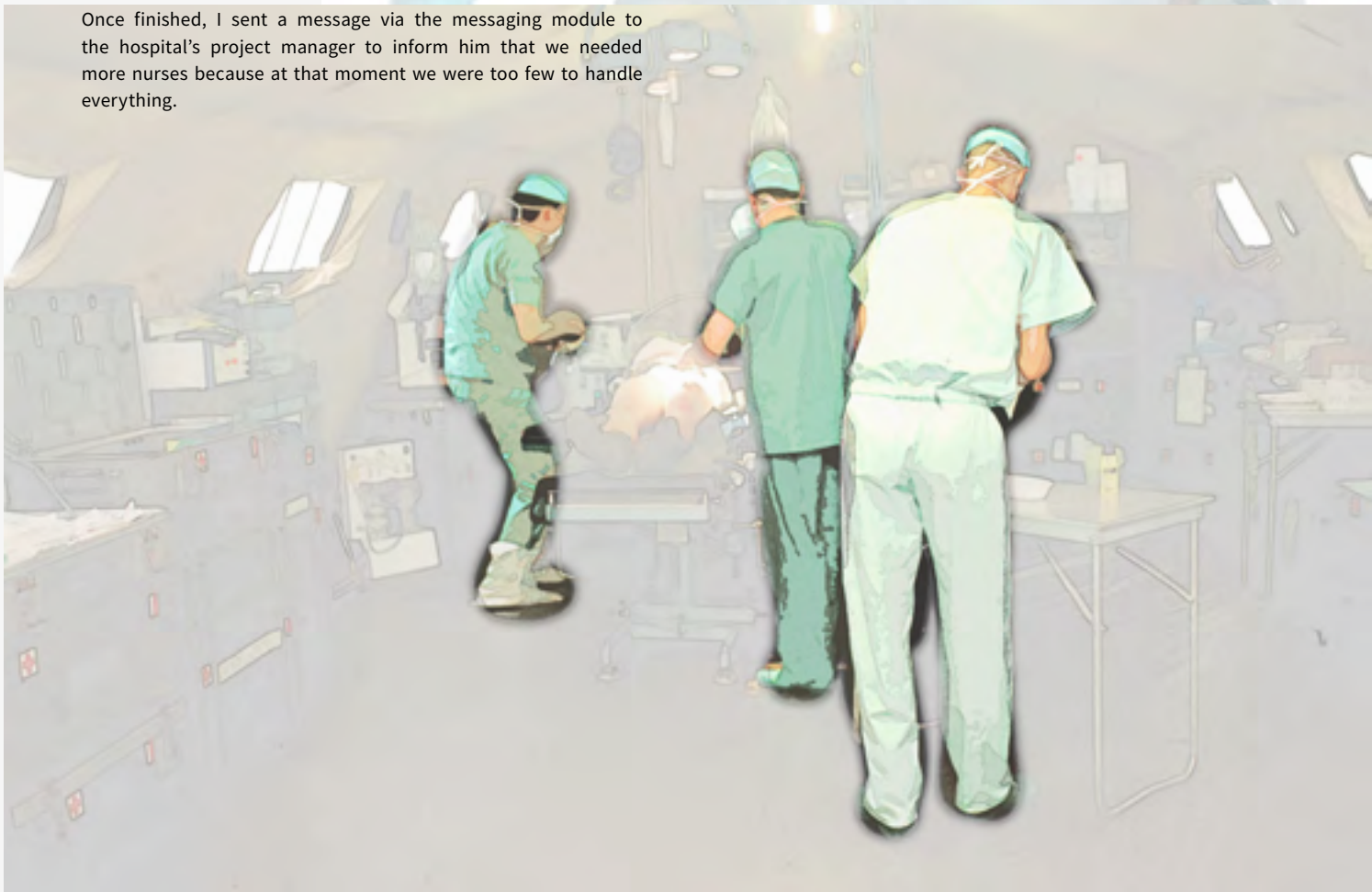
I was taken to the basecamp for a security debriefing before getting to the field. On my way, I was able to recognize the driver and to check the road condition with my offline geolocated map. On my arrival to the BaseCamp, I did update all the information with the security officer and the team leader.

On the second day I arrived at the field hospital, and I got to know my co-workers in person. I added some annotations to my E-address book in order to better remember their roles and who is who.

I tried to gather as much information as possible, especially on the progress of the construction of the hospital, or the lack of some resources (material and human). I was able to see the 3D model of the scaled up hospital in case our mission expands. Knowing in advance the expansion helped to understand the future of our operations in case the community needs more help.

I could see that the field hospital was almost set up. After talking with the medical logistician I could learn what materials were missing from his knowledge. To verify this information, I opened the app and went to the task-sharing section, to check all the listed procurement requests submitted by the team. My app was synchronized in real-time with my colleagues. Upon accessing, I had to stop my search as a critical task was pending: A nurse was missing to start an operation. So I took the request and helped carry out the operation.

Once finished, I sent a message via the messaging module to the hospital's project manager to inform him that we needed more nurses because at that moment we were too few to handle everything.



DURING THE FIRST DAYS

On my second day in the field hospital, I continued to gather information and solve certain tasks submitted by the staff under my direction in Humanit3d application, such as tracking requests for equipment. We knew the search and rescue teams working hard to find the victims under the debris. With the aim of searching them quickly, they used drones to the scan the region, especially for dangerous areas. Thanks to their onboard infrared camera, they finally helped locate 11 survivors, and we were informed by a relay drone about the rescuers bringing the victims. Luckily, we were able to rescue them and give them the care they needed. With the data gathered by drones, we had the support of a great team of engineers from all over the world, crowdsourcing their expertise about the potential dangers of the affected buildings, roads and bridges. Their annotations and feedback at distance were directly synchronized with the teams in the field, and they were able to focus their operations on finding the victims and preventing more injuries by securing the areas.

On the third day, medical reinforcements arrived on site. The construction of the field hospital was almost over, and our service capacity became much greater.

A few days later, I was able to assess the risk of epidemics by conducting research in the data of each patient in the application (recurrence of certain characteristics, etc.). I found that some of them at the hospital had symptoms of easily contagious diseases, so I decided to meet them to find out which regions these people came from. Later during that week, I used the same function to filter the results with my colleagues from other NGOs during a cluster meeting where we crossed the information about the affected patients with the health promotion activities that were provided in the community. This clearly helped us to optimize our operations.

During my rotation within the field hospital, with connected bracelets given to each patient, I could easily locate all those people in the hospital . During each conversation, I marked on the map where they lived then I was able to delineate areas possibly affected. Finally, I made a report in which I explained this epidemic risk and shared my recommendations with our team leader about the necessary material & equipment (medicine, tents, water, etc.) so that the outreach clinic team can provide such assistance. In fact, we were able to supply these areas in an amazingly quick manner, since the logistics team had very easy access to the annotated map. We knew road conditions were challenging, but we had our map updated thanks to our swarm of drones sent ahead to check and update the road conditions. In this way, we could easily know in advance which way to take to reach the villages.

DURING THE FIRST WEEKS

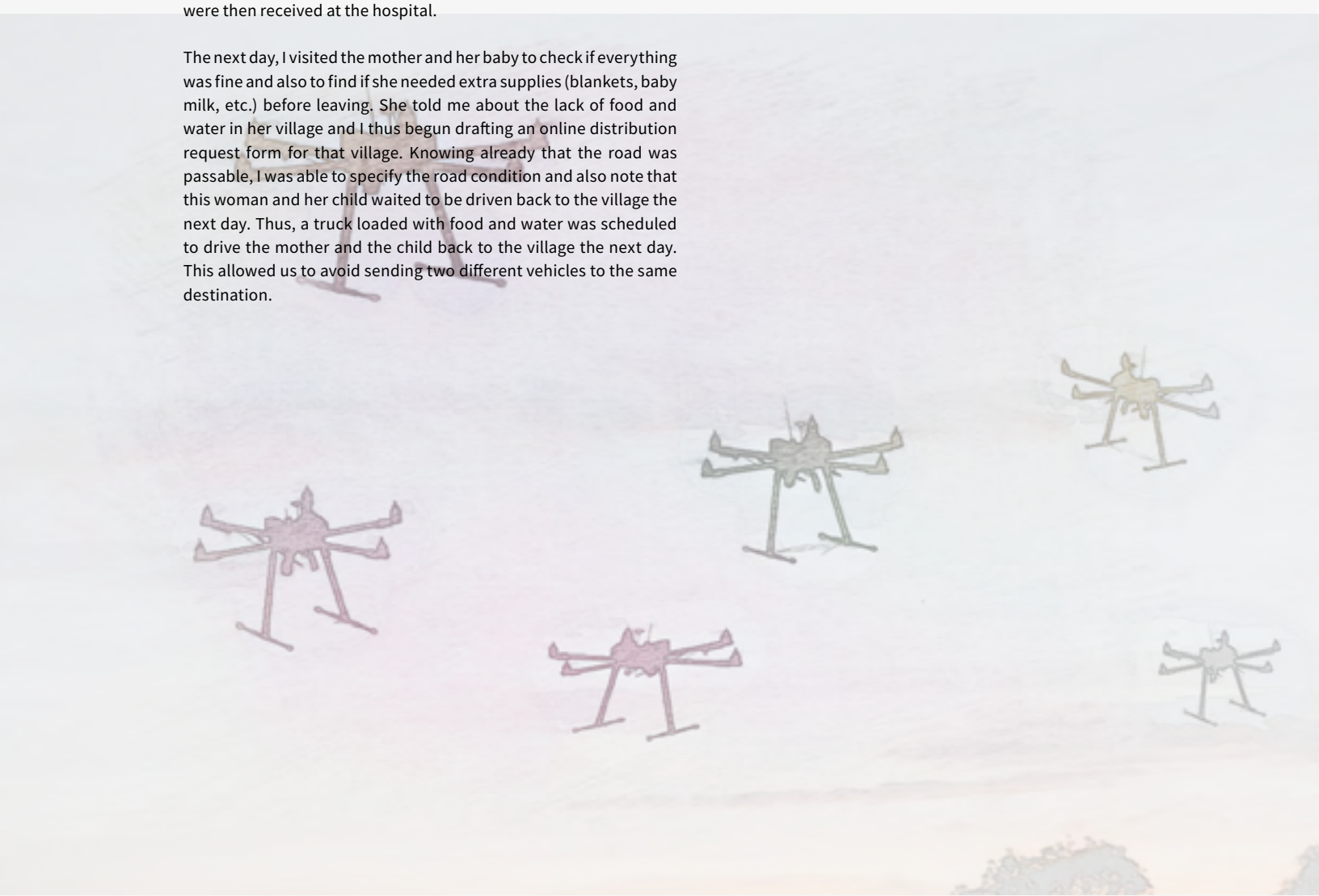
A few weeks later, the emergency operations have become less common as the number of discovered injured under the debris decreased. So we could send more teams through our outreach mobile clinic program to the outside, meeting local and distant communities.

One day, I was informed that a medical team had to go out of the emergency hospital to help a delivery in a remote village. I immediately alerted my outreach team through the Messenger and, while they were preparing to leave, we prepared our fleet of drones to assess the road conditions.

The team composed of a driver, a midwife, a doctor and a nurse left by car. Since drones were sent ahead to check the road condition, the team was able to access directly to the most updated road photos: They were passable.

One hour later, not having heard from the team, I set off a fleet of drones distributed between the hospital and the team to re-establish the contact. I could finally get to know about the operation via the Messenger and follow the operation in real-time. They returned two hours later with the woman and the newborn, who were then received at the hospital.

The next day, I visited the mother and her baby to check if everything was fine and also to find if she needed extra supplies (blankets, baby milk, etc.) before leaving. She told me about the lack of food and water in her village and I thus begun drafting an online distribution request form for that village. Knowing already that the road was passable, I was able to specify the road condition and also note that this woman and her child waited to be driven back to the village the next day. Thus, a truck loaded with food and water was scheduled to drive the mother and the child back to the village the next day. This allowed us to avoid sending two different vehicles to the same destination.



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OUR MISSION

" TO DEVELOP SOLUTIONS TO INCREASE SECURITY AND ENSURE THE PROTECTION OF HUMAN LIFE IN EMERGENCY SITUATIONS. "

OUR VALUES

COMPASSION
COLLABORATION
SCIENCE
INNOVATION

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