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(CSTD)**

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**Submissions from entities in the United Nations system and elsewhere on
their efforts in 2016 to implement the outcome of the WSIS**

Submission by

World Food Programme

This submission was prepared as an input to the report of the UN Secretary-General on "Progress made in the implementation of and follow-up to the outcomes of the World Summit on the Information Society at the regional and international levels" (to the 20th session of the CSTD), in response to the request by the Economic and Social Council, in its resolution 2006/46, to the UN Secretary-General to inform the Commission on Science and Technology for Development on the implementation of the outcomes of the WSIS as part of his annual reporting to the Commission.

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Annual Report on Implementation Outcomes of the World Summit on the Information Society (WSIS)

Executive Summary

As part of its twentieth session, the Commission on Science and Technology for Development (CSTD) will meet in May 2017 to review and assess progress made on the implementation of the World Summit on the Information Society (WSIS) outcomes. Although the World Food Programme (WFP) is not an Action Line Facilitator of the commitments and recommendations made with regards to implementing WSIS outcomes, WFP provides here instead the status of implementation of activities towards the WSIS *targets* in support of the 2030 Agenda for Sustainable Development.

Target 1: to connect all villages with ICTs and establish community access points. As part of the “Communication with affected communities” pillar in the ETC2020 strategy, the ETC, of which WFP is the global lead, is working with Mobile Network Operators (MNOs) to provide connectivity to ensure that affected people have access to information. This project aims to provide connectivity in refugee camps, and it has just launched in Iraq.

Target 2: to connect all secondary schools and primary schools with ICTs. WFP has planned activities to provide attendance tracking terminals to schools, as part of school feeding programmes. WFP intends to make adjustments to its beneficiary and transfer management solution (which will track all transfers to our beneficiaries within the next few years) in order to support school feeding transfers. This will require equipping all schools with attendance tracking technology, an activity which is in its earliest stages and has not yet begun.

Target 5: to connect all health centres and hospitals with ICTs. As part of the ETC and shared humanitarian services, WFP provided connectivity to health clinics and Ebola Treatment Units (ETUs) during the Ebola response in West Africa. Furthermore, as part of WFP’s nutrition programmes, the Organization carried out activities to provide terminals to health clinics (e.g., in Malawi) that allow them to track redemption activities and to capture anthropometric measurements. Since 2014, several hundred health centres and hundreds of thousands of beneficiaries in Malawi have been equipped with technology to track their attendance at nutritional education classes. WFP will likely extend the practice of monitoring attendance at clinics electronically, as well as take and store anthropometric measurements electronically.

Target 10: to ensure that more than half the world's inhabitants have access to ICTs within their reach and make use of them. As part of its cash transfers programme, WFP provides mobile phones, or SIM cards, for mobile money-enabled cash distributions. WFP currently provides food assistance to more than 80 million beneficiaries annually. Approximately 25% of that assistance is already in the form of cash-based transfers, and an increasing share of those transfers are through mobile money. We expect the number of mobile money beneficiaries to keep growing at very rapid rates. Mobile money requires recipients to interact with technology, and by equipping beneficiaries with SIM cards or mobile phones, WFP not only supports financial inclusion but also increases the uptake of ICTs in the poorest parts of the world.

Trends and Obstacles in Implementation

Considering the 2030 Agenda for Sustainable Development, WFP notes the following trends and obstacles in the implementation of its activities in support of the WSIS targets:

Target 1: to connect all villages with ICTs and establish community access points.

Communications is increasingly understood as a basic human need, alongside food, water and shelter. It also brings numerous benefits to disaster response and recovery, however the challenges of regulations, licensing, financial feasibility and coordination often prevail.

With populations in the millions needing reliable access to communications networks, scalability of services remains a challenge for humanitarian organisations – acting alone, services cannot be extended to entire communities. For private sector, government regulations and access can hinder restoration or establishment of networks where they are needed most. Equipment can be prohibitively expensive and service provision financially infeasible for national operators. In conflict areas, where reliable connections are needed most, interruption of communications is used as a weapon.

Target 2: to connect all secondary schools and primary schools with ICTs; and Target 5: to connect all health centres and hospitals with ICTs.

The West Africa Ebola crisis and the response of the humanitarian community is one that is unlikely to be faced again, however the need for rapid expansion of connectivity to numerous remote locations may become the new normal. A challenge in West Africa was that connectivity services were either non-existent in the areas where healthcare centres were established, or networks were severely overloaded. National service providers were often unwilling to travel to affected areas to extend or enhance network coverage.

The foreseen obstacles to connecting both schools and health centres to technology include:

- Considering that WFP feeds 20 million or more school children every year and that many of the schools are very small, the sheer size of the challenge is enormous.
- Schools and clinics are also often remote and difficult to reach, to the extent that even local government has trouble accessing them as frequently as they should.
- Lack of reliable power supply and internet connectivity will require non-standard solutions, which tend to come at additional cost.
- Lack of IT literacy will require at least basic training for most schools and clinics.
- Taken together, these challenges will also pose major budgetary obstacles to implementation, but we intend to tackle these by gradually mainstreaming this kind of technology into programme design.

Target 10: to ensure that more than half the world's inhabitants have access to ICTs within their reach and make use of them.

The obstacles to equipping beneficiaries with SIM cards or mobile phones include:

- Lack of local legislation to enable mobile financial services.
- Lack of mobile network and mobile money agent coverage.
- Lack of knowledge and experience by mobile network operators of the economics of mobile money operations, which deviate substantially from their normal business model. This often presents an obstacle to reliable and orderly scale-up in situations where mobile money is still new and not widely used, which is in most contexts.
- Beneficiary literacy (IT and otherwise).
- Lack of access to reliable power supply to charge phones.

Programmes and projects undertaken, progress, and recommended future actions to be taken by all stakeholders

Target 1: to connect all villages with ICTs and establish community access points. Recent disasters have clearly highlighted the need of providing connectivity to communities during disasters, as it allows them to communicate with their loved ones, request much needed support, access information and have a say in the response and recovery of their own community. In collaboration with its global network of partners the Emergency Telecommunications Cluster (ETC), of which WFP is the global lead, seeks to ensure that all those responding to humanitarian emergencies, including disaster-affected people, have access to vital communications services.

On 1 November 2016, the ETC launched its first ever project to provide communications services for affected communities. The internet café, established in partnership with UNFPA at their youth centre, provides internet connectivity to Syrians living in the Domiz refugee camp in northern Iraq. Accessing the Internet allows them to improve their English – through online classes or YouTube videos – look for job opportunities, interact on social media to tell their stories, access and share information about humanitarian assistance distribution schedules, and to try and forge a sense of community within the camp.

The ETC is also working with Mobile Network Operators (MNOs) to establish partnerships that facilitate rapid restoration, or extension, of vital communications networks. Subsequent phases of the Iraq Connectivity for Communities project will expand services in other camps in the country, and will include partnerships with MNOs to broker such services. Over the coming years, the ETC, led by WFP, will continue to provide similar services in other countries.

In the same way that no two villages or communities are alike, there is no single solution for extending ICT services to disaster-affected populations across the world. The expectation of communications technology, and therefore the connections required after disaster, will be entirely dependent on their existing relationship with these services. It is critical that humanitarian, government and private sector organisations collaborate for rapid restoration and provision of services to disaster-affected communities. Together, actors must adhere to existing conventions, such as the Tampere Convention, as well as lobby for change to be able to widely connect villages with ICTs and establish community access points.

Target 2: to connect all secondary schools and primary schools with ICTs. As part of school feeding programmes, WFP has planned activities to provide attendance tracking terminals to schools. This activity is in its earliest stages and has not begun yet. WFP intends to make adjustments to its beneficiary and transfer management solution (slated to track all transfers to our beneficiaries all the way to the final beneficiary within the next few years) in order to support school feeding transfers. This will require equipping all schools with attendance tracking technology.

One of the core components of school feeding programme design tends to be a conditional transfer to the schoolchild's household (take-home ration), which typically is conditional upon a satisfactory attendance rate. Given that many schools don't have convenient and reliable means to record and report attendance, this form of conditionality is frequently not applied. By supplying schools with electronic devices to support attendance tracking, we are supporting the original programme design. We will use Android technology for the attendance tracking, which means the mobile devices we will use can also serve other purposes in the school (e.g. e-learning). We are thus supporting the diffusion of information technology and the internet to underserved areas.

To enable the success of connecting schools to ICTs, the following actions are recommended for all stakeholders:

- The intervention design and choice of solutions must reflect the need to hand them over to local government within the short to medium term. It is important to make sure the solutions are sufficiently context-specific and do not crowd out suitable local solutions.
- The use of technology in schools should be supported by all relevant policies, regulations and guidance. This translates into a need for advocacy at all relevant levels and with all of the stakeholders.
- The proper incentives will need to be put in place for schools to actually make use of the technology once installed.

Target 5: to connect all health centres and hospitals with ICTs. WFP has been supporting this target through two activities: connectivity to health centres during the Ebola response in West Africa, and providing terminals to health clinics to monitor attendance at clinics and capture anthropometric measurements.

Ebola response in West Africa

As part of the ETC and shared humanitarian services, WFP provided connectivity to health clinics and Ebola Treatment Units (ETUs) during the Ebola response in West Africa. The West Africa Ebola crisis was the first ETC operation where communities other than humanitarians displayed a clear need for vital communications services – healthcare workers needed connectivity to send and receive sample results, for example, or to provide remote consultation and advice. To meet the demand, the ETC extended services to this audience too. Given the emergency status, and the ideally time-bound nature of the response and therefore the healthcare facilities themselves, one of the solutions employed by ETC network was to deploy numerous portable satellite terminals to remote areas allowing healthcare workers to send and receive essential information.

At the peak of the operation, the ETC was providing connectivity to over 80 facilities – including healthcare centres, clinics and hospitals – across the three Ebola Affected Countries. Recognising the clear needs of healthcare workers, this is now an audience to whom the ETC seeks to provide communications services in all emergencies.

Going forward, established healthcare facilities will rely on national service providers. Like communication for communities, to connect health centres and hospitals with ICT, collaboration and partnership between humanitarian, government and private sector organisations is critical.

Tracking attendance and capturing anthropometric measurements in Malawi

As part of WFP's nutrition programmes, the Organization carried out activities to provide terminals to health clinics (e.g., in Malawi) that allow them to track redemption activities and to capture anthropometric measurements. Since 2014, several hundred health centres and hundreds of thousands of beneficiaries in Malawi have been equipped with technology to track their attendance at nutritional education classes. WFP will likely extend the practice of monitoring attendance at clinics electronically, as well as taking and storing anthropometric measurements electronically.

One of the pillars of the project design for this intervention at scale in Malawi is mass data capture and analysis in order to support “adaptive programming” – i.e. the ability to channel resources to

clinics and populations that need more support to ensure attendance and take-up. This requires electronic beneficiary registration (hundreds of thousands of women and children) and equipping mothers with programme membership ID cards, as well as equipping all health centres with technology to track which mothers attended health education sessions and collected nutritional supplements for their children.

By equipping the clinics with technology to support attendance tracking, we are:

- simplifying attendance tracking and health status monitoring work they are already doing by replacing the large counter books present in many of the clinics;
- making the data available quickly and universally across all participating clinics;
- raising IT literacy levels among clinic staff; and
- helping establish modern IT in the health sector in general.

The government of Malawi has expressed interest in using SCOPE in other programmes in the country, both to support similar interventions and to make use of its wider capabilities in electronic beneficiary and transfer management.

To enable the success of connecting hospitals and health clinics, recommendations for action to be taken by all stakeholders include:

- Advocacy for and adoption of national targets and policies to support digitisation of records and internet connectivity in health centres, clinics and hospitals.
- Support from NGOs, agencies and donors via activities to pilot and establish such technologies in a way that facilitates adaptation to local context and staff learning.
- The proper incentives will need to be put in place for health clinics to actually make use of the technology once installed.

Target 10: to ensure that more than half the world's inhabitants have access to ICTs within their reach and make use of them. As part of its cash transfers programme, WFP provides mobile phones, or SIM cards, for mobile money-enabled cash distributions. WFP currently provides food assistance to more than 80 million beneficiaries annually. Approximately 25% of that assistance is already in the form of cash-based transfers, and an increasing share of those transfers are through mobile money. We expect the number of mobile money beneficiaries to keep growing at very rapid rates. Mobile money requires recipients to interact with technology, and by equipping beneficiaries with SIM cards or mobile phones, WFP not only supports financial inclusion but also increases the take-up of ICTs in the poorest parts of the world.

To ensure the world's inhabitants have access to ICTs and make use of them, in particular mobile phones and sim cards, recommendations for action to be taken by all stakeholders include:

- Support from governments/regulators and international actors to expanding the reach of a competitive mobile telecommunications sector.
- Activities by national regulators to facilitate financial transactions and basic financial inclusion via mobile phones.
- Advocacy and support from international actors to bring about legislation to produce these outcomes.