

Report on Proceedings of the State Consultation

Mobile Phones: A Tool for Social & Behavior Change

Date: June 17-18, 2014

Venue: Bhopal, Madhya Pradesh

INAUGURAL SESSION:

The consultation began with an inaugural session in which consultation overview was given by Mr. Trevor Clark, Chief of Field Office, UNICEF, Madhya Pradesh.

He emphasized on the main focus of the consultation, which was “to save the lives of children and mothers in Madhya Pradesh”. He also highlighted that mobile technology can help communities, drive demand for services. He described that UNICEF uses mobile technology as a tool to help reach out better services for children. Taking the inaugural session forward, Faiz Ahmed Kidwai, Mission Director, RCH-NRHM, Department of Health & Family Welfare (H&FW), Govt. of Madhya Pradesh stated that the state government’s health department has given 80,000 mobiles to ASHA and ANMs in state which are connected through CUG network so that information sharing can increase at grassroots level. He also emphasized that the state might have not very high tele-density in compared to other states, but the quality of our reach to the people through mobile is highly commendable and absolute.

WORKING SESSION 1:

The first working session focused on the setting the context through three presentation on the reach and potential of the use of mobile phones in MP.

N.K. Yadav, Chief General Manager, BSNL, MP Zone (Madhya Pradesh and Chhattisgarh), presented data on **access and reach of mobile phone in MP**. Presently, the reach of mobile phones in rural areas is approximately 32% in MP and Chhattisgarh. This is primarily due to lack of commercial viability and low tele-density. He stressed on the need to expand the access by increasing the numbers and functioning of towers for to deepen the penetration of mobile phones in rural areas. Setting the context about penetration and usability of the mobile phones, he stated “like right to food and right to education, this is era of right to access”.

Tarun Abhichandani, Group Business Director, eTech Group, IMRB International presented interesting data on the trends of Usage of Mobile Phones (and Internet) in Madhya Pradesh. He explained that there are 55.4 million wireless subscribers in MP while the number of mobile internet users is 1.7 million. Majority of the users belong to urban parts of the state. He also pointed out that 60% users use mobile phone for social networking and communication; 56% access information and search engines; 37% users do online transaction while 90% use mobile for entertainment and gaming.

Osama Manzar, Founder-Director, Digital Empowerment Foundation stressed on the **potential of using mobile phones especially in areas of health, child nutrition, water and sanitation and education** in the state. He also emphasized that while mobile phones can reach the masses, there are

access issues and it is a challenge to leverage them in health and education sectors. Current trends on content and services imparted through mobile phones and the use of 'value added services' (VAS) were also shared.

Discussion Points:

- Request to IMRB to churn out more data from rural areas by Mr. Faiz Ahmed Kidwai.
- Use of already available data on rural and how it can be harnessed for development with the help of technology.
- Equitable distribution of services may be done via mobiles/ ICT.
- Low numbers- reasons to be figured out (like small number of towers due to their commercial unviability), potential to be mapped, power of ICT and mobiles to be harnessed for service delivery and development.

WORKING SESSION 2:

MONITORING & TRACKING
Presentation Highlights and Discussion Points
AMMAJI MOBISODES (UNICEF)
<i>Alka Malhotra, Communication for Development Specialist, UNICEF</i>
UNICEF has developed 47 mobile episodes on the basis of the “Life-saving critical information guidelines” for pregnant women from the book “Facts for life”. These are 8-13 minutes long episodes which can be given to the health workers like ASHA, AWW, ANMs on their mobile phones by loading on SD cards. Basic training and orientation is required for health workers to access and use these mobisodes for information dissemination and interpersonal communication. The episodes have received positive feedback from the grassroots level health workers.
Mobile Application for Anganwadis (MAA)
<i>K. RajaSekhar, APFoods, and NIC</i>
The system comprises of mobile phones and SIM provided to field level functionaries, and existent desktops/ laptops with internet access at district and state level. The field level functionaries can record data about pregnant women tracked, delivery details, women and child registration, immunization details, and supervisors’ field inspection reports. This data gets accessible to the district and state level functionaries and thus, can be monitored for various services to the beneficiaries like transfer payments, supplementary nutrition beneficiary attendance, pre-school education attendance of children, monitoring of IMR and MMR, etc. The service is available free of cost.
Discussion points:
<ul style="list-style-type: none"> • About the scope of coordination among Andhra Pradesh NIC and Madhya Pradesh NIC to roll out this service in Madhya Pradesh, Mr. Rajasekhar answered that the service has a synchronized view and will have the same functionality in any state. • NIC AP is already in contact with the Ministry of Women & Child Development, and pilot of the same app will be run in few selected states including MP. All the aspects will be handled by NIC except the recurring cost of communication, which is just 60 INR per annum per Anganwadi worker. • One of the major recommendation is that all NIC agencies to be integrated and work together instead of working in silos. There is a need to create separate URL by AP NIC and provided to MP NIC. • Additional customization and report mechanism to be created by NIC Hyderabad. Collaboration and hand-holding by NIC AP. • Training for usage to be provided by AP NIC by video conferencing or in a training session by Mr. Rajasekhar.
Vatsalya +
<i>Naqi Jahan Qureshi, Women AW Supervisors and Child Development Project Officer, WCD</i>
Vatsalya Plus is an upgraded version of earlier web-based version of a system devised to deal with

malnutrition, called Vatsalya. Vatsalya Plus has integrated mobile component having android phones and tablets linked to the system, personalized SMS alerts to the parents about malnutrition, geo-mapping of anganwadis and GPS-tracked inspections. The system has an inbuilt dashboard system for data analysis and report generation, based on key parameters of child health suggested by WHO, which are the height, weight and MUAC (Mid-upper arm circumference measurement) of the child, and whether oedema is present. Critical alerts are sent to the key officials by the system.

Discussion points:

- The queries raised were regarding the effectiveness of the monitoring and tracking mechanism, the status of improved system, the geographical coverage, and about the connectivity issues.
- It was told in response to the queries that monitoring is very effective with the help of geo-mapping of the field level functionaries, by which they can be tracked and their work record traced as against the allocated work for a given time period by the ICDS collector.
- The system has led to follow-up of 99% cases. The system is localized in Madhya Pradesh, and cannot be connected with MCTS.
- It is near-real-time and data can be uploaded in offline mode that becomes available online when the connectivity is regained.

E-Mamta – Mother & Child Tracking System

Dr Apurva N. Ratnu, State Health Consultant, Call to Action, Dept. of Health and Family Welfare, Gujarat.

E-mamta is a web based application for tracking pregnant women and children, wherein all pregnant women are registered in the system with basic information and their mobile numbers. Voice messages are sent as reminders to avail facilities like ante-natal care and immunization schedules for the babies. 82% of the total number of women in reproductive cycle have been covered, out of whom about 96% women have undergone institutional delivery.

Discussion points:

- Some interesting insights emerged from the discussion following the presentation and a debate on choosing from text and voice messages.
- Suggestion to have a combined strategy of text and voice messages and of including image of the vernacular text. Rohit Kumar, Reverie language technologies, explained that there was evidence to show that almost 7/10 times the language text messages are garbled at the receivers end.
- One suggestion was to involve the husbands as most of the time they have mobile phones and they are also the decision makers and thus can play an important role in tracking of pregnant mothers
- Dr. Aparna Hegde from Armmann suggested increasing the frequency of messages for reinforcement.
- Mobisodes can be added in some way to the eMamta model.

INFORMATION DISSEMINATION

Sampark Setu

Praveer Krishna, Principal Secretary Health, Department of Health and Family Welfare, Govt. of MP

Sampark Setu programme is a system to streamline all the communication among the state health care delivery system, by use of internet and mobiles. Mobile phones are instrumental as about 80,000 messages are sent every day to the health functionaries for allocating them work for the day, monitoring and tracking and receiving feedback from them. The system aims to make health care delivery paperless and has mechanisms for monitoring every system, ranging from work and payment monitoring for ASHAs, medicine stock updates, to financial administration up to block level. 52,000 Gram Aarogya Kendras can be monitored by ASHA websites. A closed group community on Facebook is also there, by which information is disseminated to about one million people.

MHSM Toolkit

Sarita Sharma, Founder Trustee, Datamation Foundation

The project Maternal Health Services on Mobile (SMS Toolkit) – MHSM aims at providing critical Reproductive and Child Health related information services with the help of ICT. Two messages every week corresponding to the week of pregnancy of women and the age of their infants are sent for 40 weeks of pregnancy. Linkages to health care providers in the villages and to the nearest health facility

are done. Linkages to the NRHM schemes are also done. Apart from more general, reinforcement messages on nutrition, specific messages pertaining to the week of pregnancy like ante natal check-up; vaccines, iron folic supplements and movement of baby are sent to the registered women.

Balshiksha

Sandeep Kumar, Senior Research Scientist, Media Lab Asia

Balshiksha is a tool that aids teachers and parents in teaching the students/ children in a fun way by use of games, interactive games, animation, and other audio-visual effects. Updating can also be done by admin tool. The content is available on CD/ DVD, internet/ intranet, and mobile via MMC/ GPRS. The kit is divided into four sections based on the age group, which are play- group, pre- nursery, lower KG and upper KG. The lessons are guided by exercises and lessons to evaluate IQ are also incorporated. The kit is deployed in 15 schools in Delhi NCR, Maharashtra, Haryana and in 3 Madarsas¹ in Madhya Pradesh.

Discussion points:

- Discussion with Sanjay from UNICEF: Balshiksha’s entire kit available free for government schools, chargeable for private schools.
- Content can be provided for government schools for scale-up.

WORKING SESSION 3: GROUP DISCUSSIONS AND PRESENTATIONS BY THEMATIC AREAS

<i>How mobile phones are being used for monitoring and tracking in each thematic area in MP</i>	<i>Key learning from the case presentations on monitoring and tracking using mobile phones</i>	<i>How the learning can be used to enhance the efforts on monitoring and tracking within the thematic area</i>
Health- Group 1		
<ul style="list-style-type: none"> • Sampark Setu- Communication between all levels. • MCTS information status. • All health program information. • Outbreak information • Janani call center linked with CUG SIMs • BMC using SMS to remind for vaccination to registered births. 	<ul style="list-style-type: none"> • Voice messages for ANC & vaccinations. • For use for Janani Express & 108 for transport of pregnant women voice messages can be sent near due date. • Vatsalya plus can be implemented for NRCs. • GPS based tablets/mobile can be used to track health workers tour and headquarter stay. 	<ul style="list-style-type: none"> • Vatsalya Plus can be linked with MCTS for linking immunization. • High risk pregnancies identified by MCTS can be counseled about risk factors through voice messages. • GPS enabled CUGs • Counseling for health problems through toll free call centre (helpline number 104)
Health- Group 2		
<ul style="list-style-type: none"> • Antenatal care, immunization, antenatal care- with help of mobiles • High risk tracking for women with BP, hypertension, diabetes. • Vatsalaya – tracking for malnutrition in children 	<ul style="list-style-type: none"> • Track phone numbers; validate them to create a database. Call centre with a missed call facility to inform of change in number. • Tracking for high risk –all causes of maternal mortality. • Provide a platform on mobile for FLWs- Nokia Data Gathering Tool – GPS enabled, live data available all time • Build basic capacity of FLWs – trained on knowledge 	<ul style="list-style-type: none"> • The key learnings can be used to enhance efforts for health domain, as mentioned.

	<ul style="list-style-type: none"> • Emphasis on qualitative data should be enhanced 	
Water and Sanitation		
<ul style="list-style-type: none"> • Hand washing with soap – reporting by SMS was done on pilot basis across 100 schools • Last three years tracking of hand washing with soap on a global hand washing day through SMS and web based analytics • Entering Data at Panchayatⁱⁱ level of the construction of toilets • Capturing beneficiaries of toilet building schemes with photographs for those who received subsidies from government • Watershed management: Android based application is made and almost ready to track all water harvesting structures for monitoring and tracking the status 	<ul style="list-style-type: none"> • Teams for water and sanitation tracking can be used or enabled with tracking tools for dissemination • Mobile can be used for toilet usage tracking and trend • Mobile can be used for tracking children as how they are washing their hands and track them about the changing habit of hand washing • Implementation at OEM level for reaching out with unique message or code to be furthered at the time of selling SD Card or device or connection selling • Voice Messaging must be used 	<ul style="list-style-type: none"> • Analysis of all web based application being used at the moment and integrate the Mobile component into them immediately • Use of SD cards in mobile to reach with videos and other audio visual content • Use of flash message
Women and Child Development		
<ul style="list-style-type: none"> • Tracking of field functionaries • Tracking of beneficiaries– mothers, child and adolescents through unique number • Tracking of services availed by beneficiaries through online reports and SMS • Tracking of accountability of field functionaries 	<ul style="list-style-type: none"> • Mobilization and tracking of field workers through GPS • Mass communication made easy through technology • Manipulation chances minimized • Uniformity of communication messages • Areas with poor connectivity and offline are synchronized with Google satellite 	<ul style="list-style-type: none"> • Integrate and unify the tracking and monitoring system of beneficiary – convergence of all departments • Take all this to policy level. • Link unique id's in departments to <i>Samagra</i> portal (household related information)
Education		
<ul style="list-style-type: none"> • Online fund transfers done online, information passed on by SMSs to teachers. • “School chalen hum abhiyaan” – Toll free number published where any citizen/ body interested in education sector, can register by giving a missed call. As a follow up action, he/ she receives message from the Chief Minister, welcoming him/ her for the initiative. The person is given orientation later on, the Chief Minister hands him/ her 	<ul style="list-style-type: none"> • E- mamta: database helps to improve functioning as it can be easily monitored. • System in place for analysis of available data. • Vaatsalaya: effective analytical mechanism is in place and can be used for effective intervention • Vaatsalaya: positive feature- data can be entered in offline mode also 	<ul style="list-style-type: none"> • E-mamta, Vaatsalaya, MAA: applications for monitoring implementation of schemes to beneficiaries. • Content of message and the language used is important for communication, as the target groups at different regions have different dialects. • Children issues- like dropouts, irregular attendance in classes, can be monitored by using mobile

<p>over a commendation letter for the services.</p> <ul style="list-style-type: none"> • DEWAS- coordinators provided with smartphones- android based applications- regularly visit schools, check ,monitor and track attendance of students and teachers- monitored from district level. Leave application also has to be uploaded. Daily data coverage of 400-500 schools. • GPS- enabled school mapping. Identification of left out areas and concentrated areas as well. Photo uploading is being done to display progress of construction. • MP education portal: mobile phones of 90% teachers have been captured. Any development/ instruction transmitted through SMS to these teachers. 		<p>technology</p>
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LEARNING & SHARING SESSION: MOBILE APP PRACTITIONERS

CIAS (Child Immunization Alert System) & Patient Monitoring Apps: mSwasthya

By: Saurav Gupta, Team Lead, Health Informatics, CDAC

More than 15 user-centric applications to create personal health records, created at individual level. mSwasthya is a user centric mobile app which details all the 'nearby' healthcare delivery institutions by determining user's location, provides context aware information, 'location sensitive' information. Other apps: OPD scheduling app, patient monitoring app, child immunization alert system, etc. Enables real time exchange of patients' clinical parameters, clinical values, and medical images, enables instant notification on mobile device, triggers alert when abnormal values are reported. SMS Gateway: integration with the Govt. of India MSDG for sending *free* SMSs.

Discussion points:

- Discussion about the features of the app, and how collaboration may be done with CDAC.
- 7 CDAC centres, working on different themes/ domains. Client will be redirected to the location specific to the domain. E.g. Mohali centre working exclusively on health applications.

Baby Vaccine Guide

By: Suryakant Kaushal, CEO, New Tech Fusion Pvt. Ltd.

This multi-lingual mobile application was intended to create, follow, and track the vaccination schedule for newborn babies. The user has to enter the date of birth and name of the baby, and the app creates a complete schedule chart with the tentatively scheduled vaccination dates. The app is instrumental in tracking the immunization calendar. It may be done individually for one/ more babies on one phone. The record of immunization is maintained by changing the background colour of the vaccine shown in the app. On the tentative scheduled date of vaccination, a notification alert will be sent by the app. Guidelines on behavior of the child after vaccination also included.

WORKING SESSION 4: USE OF MOBILE PHONES FOR SKILL SUPPORT TO FRONTLINE WORKERS & INTER PERSONAL COMMUNICATION

Presentation Highlights and Discussion Points

Rural Health Management Information System by using mobiles/ tablets

Satya Vir Singh, Senior Research Scientist, Media Lab Asia.

RHMIS is a system that equips the frontline workers with hand held devices for data collection, follow-up, alerts & reminders using mobiles/tablets. With this data, it creates a central health database to help planning, decision makers, managers and researchers. It comprises of stand-alone application on mobile/handheld platform for health workers, web based application for synthesizing & analyzing the health data, and provision of a data repository. Direct linking of data with national level health programmes may be done. There are different modules available on the mobile application like prenatal care module, postnatal care module, etc. Pilot deployed at 20 PHCs/CHCs (120 Health Workers) of Tirur Taluk, Mallapuram, Kerala covering 7.22 lakhs population. Windows phone was used for pilot. (not web-based on mobile phone)

Discussion points:

- A complete package having all the components like complete public health monitoring, disease surveillance, hospital management information system, may be developed in MP (already initiated in Kerala).- Satya Vir Singh
- AGPS (Assisted GPS) technology in mobile network based tracking gives up to 500 m accuracy but mobile network is required for it to function. For GPS, mobile network not necessary. Also, GPS can be switched off by the user. Depending on the app, the mechanism may be employed.- Ashish (Vodafone)
- Point of data entry needs to be recorded rather than point of upload for better monitoring for similar apps.

Mobile for Mother

Murari Choudhury, Executive Director, NEEDS

Mobile For Mother [M4M] project is supported by SIMAVI, Netherlands, technical Support by DEF, India. Currently implemented in Jharkhand. M4M is multimedia based software, runs in mobile. Used for interpersonal Communication for Women during their ANC & PNC to educate them on Safe-Pregnancy issues by the Sahiya. Other uses: monitoring of services received by pregnant women, monitoring of home visits of Sahiyas to the individual pregnant woman during ANC & PNC. Real time data collection is done by mobiles. 31 child survival dashboard report (indicators to be monitored by NRHM). Report generation using these indicators. Also, based on ASHAs home visits to pregnant women, they are trained on how to use the app to put it data about knowledge and practices of the pregnant women, and on what knowledge/ information needs to be provided to the women by ASHAs.

Discussion points:

- Integration may be brought in by use of the data collected from pregnant women. E.g. which practices they employ and what knowledge they have, if they are not breastfeeding, they can be redirected to a training/ information module by help of the mobile phones. –Mr. Sanjay, UNICEF.
- Back-end system (questionnaires/ information) may be used by the government for integration.
- Suggestions to deploy the app in urban areas also.
- Suggestion of voice registration, e.g. by saying yes/no, in case ASHAs are semi- and illiterates.

BridgeIT

Balasubrahmaniam S., Head - Educational Partnerships, EZ Vidya Pvt Ltd.

Teachers are provided with mobile phones that have Nokia Education Delivery (NED) installed, phones plugged to display devices to show content and engage students. Content can be accessed from the server. Started with 30 schools, reached 165 schools and 313 teachers in 3 states. Activity guides prepared for teacher to guide where to use the particular content, with other tips to enhance the usage and engage children.

Discussion points:

- Suggestion- Parameters can be devised and stated by an education expert to ensure standardization of evaluation of quality of the education.
- Suggestion to incorporate the same technology for foundation courses in medical education, e.g. ANM and ASHA training. Standardized content development needs to be done for training of front-line workers.

ReMiND (Reducing Maternal & Newborn Deaths)

Jaya Menon, CRS, Uttar Pradesh

The project involves use of the basic mobile phones for health care information delivery for pregnant women. Monitoring tools (home observation tool for example) were developed to support ASHA. ASHA workers were trained on inter-personal communication as a part of the project, also on Maternal & Newborn Child Health Care based on the GOI's guidelines. Hands-on training on using customized mobile application on java enabled phones was given for accessing the tools. On-job support in conducting home visits and counseling of beneficiaries is given. Feedback from the blocks on performances is also recorded by the system. Proposed roll out of the postpartum & referral module. Open source software CommCare is used.

Discussion points:

- Suggestion: minimum specifications of the phone to be used should be well-defined.
- Important to know what devices/ medium people are already using, so that they can be harnessed for desired use.

MIRA Channel:

Subhi Qureshi, CEO, ZMQ

MIRA channel is a resource centre for pregnant women and mothers for providing information about prenatal care, routine Immunization, Newborn Care, Family planning Advisory, Tools for Adolescents, and VAS Tools like Games, Stories, learning tools. There are multiple delivery modes by use of audio and limited text support. Different modes are standalone mode, MIRA worker mode, MIRA-PHC connect mode. Live data is generated by use of mobile phones, and can be recorded offline as well, which will be pushed when connectivity is regained. MIRA worker is a shadow worker under ASHA and ANM, and records live data and goes for household visits to provide comprehensive information and home-based care.

Discussion points:

- Discussion about the duplication of work among ASHA and MIRA worker. Mr. Subhi Qureshi responded that it is an alternative mechanism as a pilot for health care service delivery.
- The technological intervention developed with the vision of handing over to government and other organizations for better use.

mMITRA Voice

Dr. Aparna Hegde, Advancing Reduction in Mortality and Morbidity of Mothers, Children and Neonates (Armmn); Maharashtra

mMitra Voice is a free mobile phone voice messaging service in the local dialect that provides timed and targeted culturally appropriate information on preventive care and simple interventions during emergencies during the antenatal period and childhood. The information is specific for the particular month of pregnancy or age of infant and is disseminated weekly/twice a week by voice messages at appropriate intervals along with reminders for reinforcement. Animations have also been created for the same purpose. The women have the freedom of giving 1-hour time-slot when they can receive the message. Implementation at Sion hospital is done, where every woman attending the antenatal clinic will receive the antenatal, post-natal and infancy care of Armmn. Total 193 messages of duration 60 – 90 sec are sent having 9 tries for every message.

WORKING SESSION 5: EXPLORING THE SCOPE OF MOBILES FOR SBC:

Highlights And Discussion Points

Population Foundation of India (PFI)

Esha Kalra, Program Officer, Population Foundation of India

PFI introduced a serial as an Entertainment-Education format to inform, educate and inspire positive behavioral changes around family planning and women's empowerment. A short video was shown as a snapshot of the serial and issues raised. Use of mobiles is done in the trans-media series that has an outreach component wherein the social issues captured in the serial are taken deeper into the community. PFI is engaging Corporate, other CSOs and women's group to join hands for this initiative. Mobiles are used as a medium to engages people through activities like quiz competition; feedback sharing, etc.

NIC mobile applications

Sunil Jain, NIC Bhopal, MP

NIC has developed many mobile applications for accurate and authentic data capturing from the field and data processing, even in offline mode. The mobile apps which were presented were mainly m-Pravesh

(assistance in admission in higher-education institutes), School Geo-mapper for verification of compliance as per RTE (using geo-coordinates of the schools with accurate information), GP Champ (Gram Panchayat Hardware and Accessories Management and Monitoring System). The apps can be used for other purposes also. There is single-window interface with the use of user-owned smart-phones having GPS for authenticity. Samagra, an app suite was also presented, having different apps for assistance of citizens tracking their status of request for toilets, pensions, and other government services.

CINI- GPower

Indrani Bhattacharyya, Assistant Director, Child in Need Institute and Accenture; Location: MP

GPower is a Digital ICT system that uses technology for tracking the vulnerabilities of adolescent girls [7000 adolescent girls of 10-19 years of age] by using 30 basic parameters in real time across four areas, namely Education, Protection, Health and Nutrition [EPHN], and for simplifying their access to the services offered by government flagship programs in these areas in a uniform manner, by developing linkages. Counselling and supportive services are also provided to the adolescents. Fully automated timely localized reminders and follow-ups and alerts are raised by the system as per parameters.

DEVELOPMENT OF AN ACTION PLAN: Way Forward and Partnerships

<i>Mobile based solutions that can be taken forward (prioritized)</i>	<i>Likely challenges and solutions</i>	<i>Key support and Partnerships</i>	<i>Sequence-wise Steps and timeline for roll-out/scale up, and collaborators</i>
Health			
1.mMitra 2.E-Mamta	<p>1.Training of ASHA and ANMs for use of mobile phone: <i>Solution:</i></p> <ul style="list-style-type: none"> • Make it a simple, integrate with MCTS so that the ASHA/ANM does not have to do duplicate entry, reinforce training <p>2.Budget: <i>Solution:</i></p> <ul style="list-style-type: none"> • ANM's phone cost from government or from the sub-center budget from VHSNC for ASHA <p>3.Connectivity: <i>Solution</i></p> <ul style="list-style-type: none"> • Discuss with service provider to increase coverage beforehand 	<ul style="list-style-type: none"> • Women & Child Development (WCD) • Rural Development (RD) • Panchayat department • BSNL • NIC • Asian Development Bank • NGOs • Developers • OEMs 	<ul style="list-style-type: none"> • Workshop to discuss the selected Programs. Participants: the concerned government departments and selected program representatives • Program decision and MOU with selected partners • Procurement of required equipment • Preliminary quantitative and qualitative research • Training of the required people
Water and Sanitation			
<ul style="list-style-type: none"> • M-Mitra Project and Application from Maharashtra – animation and audiovisual information customized to suit 	<ul style="list-style-type: none"> • Lack of strategy in place • Procurement Policy • Attitude issues • Huge Infrastructural issues – in terms of 	<ul style="list-style-type: none"> • Application developers – existing partners who have the apps • Telecom Operators/ISPs • Device Players 	<ul style="list-style-type: none"> • Camp level workshop with Department to chalk out the concrete plan - Integration • Development of Concrete Plan

<p>sanitation issues and awareness and dissemination; android games for sanitation awareness</p> <ul style="list-style-type: none"> • NIC –MP’s Samagra application: can be customized to suit Sanitation needs in the area of monitoring and also for awareness building • NEEDS : For process oriented methodology; tool for behavioral change; customization of the existing application; • E-Mamta/ Vatsalya: Can also be used for tracking the workers and functionaries like Swachchata Doot 	<p>Network infra, coverage, and penetration</p> <ul style="list-style-type: none"> • Challenges of the availability of devices in the hands of the functionaries in the field • Understanding of the technological options and its possibility across available devices and technology and applications 	<ul style="list-style-type: none"> • Convergence with other government departments – like Panchayat, Rural Development, Education, ICDS, PHED • Strategic Partner for project planning & execution – Like UNICEF/DEF 	<ul style="list-style-type: none"> • Leadership buy-in • Partnership MOUs • Implementation • Development of Mobile based GPS enabled monitoring and tracking system for NBA (Especially focused on SBCC). Apps for Swachchata Doot, block and District. • WASH mobile Games for School Children • WASH mobisops
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Women and Child Development

<p>1.Geo-mapping through Vatsalya 2.gPower</p>	<p>gPower:</p> <ul style="list-style-type: none"> • Need to integrate women in the software not just adolescent girls, need to also include biometrics. • Funding of tablets/android phones <p>Geomapping through Vatsalya:</p> <ul style="list-style-type: none"> • Funding for tablets and training of supervisors could be a likely challenge in scale-up • Poor network connectivity, geography • Per department workers need CUG 	<p>gPower</p> <ul style="list-style-type: none"> • Partnerships with education, WCD, HFW, Panchayat and Rural Development • Partnerships with NGOs to carry out training of field facilitators/ASHA/c community facilitators • Technical partnerships with IT companies <p>Geo-mapping through Vatsalya</p> <ul style="list-style-type: none"> • Partnership with NIC • Funding partners – private/CSR with mobile networks can be explored 	<ul style="list-style-type: none"> • Vatsalya:Complete geomapping of all AWC • g-Power: Discuss with policymakers about the potential and impact of the application • Convergence of Vatsalya and gPower technology
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Education			
<ul style="list-style-type: none"> Tracking the attendance of students and teachers absentees by SMC, SMSs generated through portal and sent to teacher that s/he is found absent from school Bridge IT application [reviewed and improvised model] using experience 	<ul style="list-style-type: none"> Financing IT equipment security and power supply Capacity of teachers and their mind set <p><i>Solution:</i></p> <ul style="list-style-type: none"> Targeting KGBV schools [500 + schools] and residential schools Trainings and exposures 	<ul style="list-style-type: none"> Education department to lead NIC IT department Bridge IT India Unicef 	<ul style="list-style-type: none"> Workshop recommendations would be Presented to the State Education department [ACS School Education department] Follow up with Bridge IT and education department

ⁱ Madaras is defined as educational institute

ⁱⁱ Panchayat is defined as the basic units of administration

List of Participants

S.N	Name	Designation & Organization
1.	Faiz Ahmed Kidwai,	Mission Director, RCH-NRHM, Department of Health & Family Welfare (H&FW) Govt. of Madhya Pradesh
2.	Narendra K. Yadav,	ITS, Chief General Manager, Bharat Sanchar Nigam Limited, Madhya Pradesh Telecom Circle
3.	Pravir Krishn,	Principal Secretary, Health and Family Welfare, (Health & FW), Government of Madhya Pradesh
4.	Sanjay Singh	Communication for Development Specialist , UNICEF Bhopal
5.	Parag Mendle	Wash in school consultant RSK BHOPAL
6.	Tarun Abhichandani	IMRB international, Mumbai
7.	Murari M. Choudhary	Executive Director, NEEDS
8.	Saleema Razvi	Research Consultant, ICRIER
9.	Dr Pankaj Shukla	C.M.H.O (Health Dept)
10.	Dr Asthana, L.B	
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14.	Pankaj Shrivastava	Programmer, RSK
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16.	T. Ganesh Kumar	Jt. Commissioner, PRD&DAM,MPSTBPS
17.	Satya Vir singh	Senior research scientist, media lab Asia, New Delhi

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21.	Ajit Tiwari	Dy. Commissioner PRRD(M.P)
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27.	Poonam	PFI, Executive Director
28.	Esha Kalra	Programme Officer, Population Foundation of India
29.	Anijesh mathur	Project Director,P.F/M.P
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36.	Lolichen P.J	UNICEF
37.	Sanjay singh	UNICEF
38.	Anuja shukla	UNICEF
39.	Dr. Aparna Hegde	ARMMAN
40.	Nitin Dobhal	Sr. Consultant Program Management
41.	F A Jami	UNICEF
42.	P.K. Gongrade	J.D., ICDS, MP
43.	Mahendra Dwivedi	Joint director,ICDS, MP
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45.	Som Trivedi	Datamation
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47.	Sunita Nair	Cops assist
48.	Sunita Puri	
49.	Imran Khan	IT Asst
50.	Anwar	Programmer RGM
51.	Sharad Kumar Jain	Statistical officer, RGMWM
52.	Shilpi Adholiya	State technical Expert (IT)RGMWM
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