MSBC State Consultation- Andhra Pradesh & Telangana

Date: December 17-18, 2014

Venue: The Park, Hyderabad, Telengana

REPORT ON THE PROCEEDINGS OF THE CONSULTATION

INTRODUCTION

UNICEF India and Digital Empowerment Foundation (DEF) co-organized the state consultation "Mobile Phones: A Tool for Social & Behaviour Change" on 17-18 December, 2014 at hotel The Park, Hyderabad, Telangana.

The consultation was the fourth consultation in the series of the state-level consultations under the ambit of 'Mobile Phone as a Tool for Social & Behaviour Change" programme, a joint effort of UNICEF India and DEF. The consultation aimed to explore various projects where women, adolescent girls and youth have effectively used mobiles in areas of health, education, sanitation, environment and monitoring and training of frontline workers. Trying to examine the prospects of how mobile phones are bringing social and behavioural changes among frontline workers, DEF and UNICEF India planned five consultations in five states of the country. The first three consultations were organized in Bhopal (Madhya Pradesh), Chennai (Tamil Nadu), and Lucknow (Uttar Pradesh).

The main objectives of the consultation are twofold – firstly to explore and understand various mobile-based practices that have been effectively using mobile phones in area of health, education, water and sanitation and women empowerment. Secondly, the objective is to create a formidable platform to provide knowledge on diverse mobile-based implemented projects and help in developing partnerships between state government and MSBC players.

OBJECTIVES

The objectives of the consultation were to:
- ✓ Reflect on the reach, access, use and potential of using mobile phones amongst women, adolescent girls, boys and other stakeholders for Social & Behavioural Change (SBC) in Andhra Pradesh and Telangana;
- ✓ Understand some of the models being implemented using mobile phones for SBC; information/knowledge dissemination, tracking to enhance performance & accountability, training and skill support to frontline workers, and interpersonal communication;
- ✓ Assess the potential of the different interventions to be adopted for implementation and scale up in these two states of Andhra Pradesh and Telangana;
- ✓ Explore the scope of partnerships and collaborative work amongst government, private, bilateral agencies, CSOs and others in mobiles for SBC.

PROCEEDINGS

DAY 1: 17 December, 2014

INAUGURAL SESSION

Ruth Leano, Chief of Field Office, UNICEF India welcomed the participants and representatives from the Government, Public sector departments, local government bodies, telecom players and civil society groups. She further set the context of the consultation, in view of the goals of UNICEF and the myriad ways in which technological innovation can lead to significant improvements in the lives of women and children. She also explained the nine principles for innovation and technology, which UNICEF considers- design with

the user, understanding the ecosystem, to scale-up, sustainability aspect, open standards, improvisation as to mitigate dependencies, risk mitigation, and a collaborative approach.

Mr. Saurabh Gaur, Commissioner - Health and Family Welfare Department and Mission Director - National Health Mission, Government of Andhra Pradesh initiated the discussion by sharing his own experiences as District Collector of Srikakulum district where he employed technology effectively to alert and prevent lives of population at risk in a cyclone struck area in the district within 48 hours. To alert and evacuate the most vulnerable population of about 10 lakh people, including women, elderly people, children living in coconut tree structures was a major challenge. To deal with the situation, customized messages were sent to the mobile numbers. He added that during the Hud Hud and Phallin cyclone, mobile phones were instrumental in spreading the information, and saving many lives. Mobiles are also being used to determine, detect and check water tank breaches. Presently NHM (National Health Mission) also utilizes mobile technology in the form of 108 EMRI and MCTS under which about 960,000 mothers are registered. He also emphasized on the need to train people about health and incorporate technology-related training also, while enriching the health workers with more data/ knowledge.

Mr. Suresh Chandra, Principal Secretary – Health and Family Welfare Department, Government of Telangana explained that technology is a very interesting subject and it has changed the way to interact with people. But the flip side is that it is not available to everyone. The accessibility varies from urban to rural and on various other parameters also. He stressed on the need to be more service-oriented and application driven, rather than monitoring and regulating aspect. He also praised e-Mamta, but he further explained that still certain gaps exist. He emphasized that content creation is one major issue to be dealt with, and for that, understanding human behavior is important, so content designed by people is required for technology to function.

WORKING SESSION I
Status overview: mobile reachability, accessibility, usability & & potential in Andhra Pradesh and Telangana

Mr. Naagaraju, BSNL- Andhra Pradesh Telecom Circle presented an overview of the reach of mobile phones with data. He shared some of the services/ schemes that BSNL is providing as social responsibility. Examples- M-governance, Aadhar based services, VAS- bulk SMS, customized calls, Internet data centre services, System integration services—CCTV surveillance. To a query raised over connectivity to remote villages, he replied that although strategically, network is planned to cover major portion of population but incidentally smaller villages also get covered, which are not even counted. To a query about the services that is most in demand, he replied that VAS like games, caller tunes are in demand by the people. He also admitted that disaster preparedness needs to be looked into, as during calamities the towers and other infrastructure gets destructed, and mobiles remain of no use.

Mr. Osama Manzar presented an insightful view of the potential usage of the mobile telephony for development. He substantiated his observations and views with data on the subscribers, the users and the frontline workers. He also informed how various mobile features SD Card, audio visual, IVRS, and even missed calls etc. that can be put to use for developmental interventions, and emphasized on the importance of mobile phone and its capacity to reach masses. Talking about Andhra Pradesh and Telangana status on

mobile phone penetration, he mentioned that there are over 17 million internet users in both states. Though is the fifth rank among other states in India, just 4.81 million people are using mobile for internet services. The teledensity of both states is 80.39, but total number of active mobile subscription is just 68 million. He also mentioned that both state governments have initiated various mobile based projects such as MeeSeva, AP online, etc. However, there is need to focus on how to integrate and mobile based services in PHCs (Primary Health Centres), Panchayats, schools, CSCs (Common Service Centres) and strengthen governance mechanism in the state.

Discussion Points:
- Need of the hour - disaster preparedness needs to be looked into, as during calamities the towers and other infrastructure gets destructed, and mobiles remain of no use.

WORKING SESSION II
Learning from experiences: use of mobile phones for 1) Monitoring/tracking to enhance accountability & 2) Information dissemination in AP & Telangana

The participants were divided into three groups- Health and Nutrition, Planning Department, Rural Development Department, and each group comprised of Government officials from these departments, two case-presenters, along with telecom players, NGO representatives, academia and others. Each group had one hour to discuss on the following questions and identify 3-5 recommendation points.
- Status of your department / sector needs and how mobile phones are being used, if at all
- List 3-4 key learnings from the case-presentations that can enhance the work in the respective department – on the use of mobile phones for tracking/enhancing accountability, information dissemination and supporting frontline workers.
- Which are the most applicable case-study/project/practice as per theme of the group and that can be scaled state-wide?
- Identify the key support, partnerships required for the scale up – in terms of improvisation/development needs, training needs, piloting and monitoring.
- Define the immediate next steps or actions needed for the roll out/scale up.

Group Work and Group Presentations

GROUP 1: Health & Nutrition:
Two Case- Presenters:

1. **Arogyashreni -** By: Grassroots Research And Advocacy Movement (GRAAM); Location: Mysore
   The Practice is to drive community-led change in the public health system by enhancing its planning and monitoring capacity by utilizing a low cost technology, IVRS (Interactive Voices Response System) By: Basavaraju R, Executive Director, Grassroots Research and Advocacy Movement

2. **SMART Health India -** By: The George Institute for Global Health and the University of Oxford; Location: Andhra Pradesh
   The Practice is software algorithms that can be loaded onto smartphones and tablet devices to enable the real-time analysis of personal medical information and the provision of clinical decision-making support.

By: D Praveen, Senior Research Fellow, Research and Development, George Institute for Global Health

GROUP 2: Planning Department

1. **Dr. SMS -** By: Kerala Government; Location: Kerala
The Practice uses SMS for providing contact details of nearest health facility/specialty centre in the needed hours.
By: Ajith Brahmanandan, Technical Director, National Informatics Centre, Kerala State Unit

2. **MeeSeva -** By: Government of Andhra Pradesh, Location: Andhra Pradesh
The Project brings in a digital PKI enabled integrated architecture through multiple service delivery points by fusing in the various pre-existing state initiatives with the Mission-mode Projects like State Data Center (SDC), State Wide Area Network (SWAN) and Common Service centers (CSCs) of the National eGovernance Plan (NeGP) of Government of India.
By: Yedukondalu.Kumpati, Dy.Director (Technical), O/o Director, Electronic Service Delivery, ITE&C Department, Government of Telangana

GROUP 3: Rural Development:

1. **Mobile Application for Anganwadis (MAA) -** By: NIC; Location: Andhra Pradesh
The practice empowers anganwadi workers in indenting foods, reporting daily the supplementary nutrition beneficiary attendance, pre-school education attendance of children, immunization details of beneficiaries, and women to monitor IMR and MMR, and supervisors' field inspection reports.
By: K. Raja Sekhar, NIC

2. **MOTHER -** By: NHM Andhra Pradesh and CDAC AP, Location: Srikakulum, Andhra Pradesh
The Practice '*MOTHER' is a mobile based system for providing maternal health related information directly to the pregnant and lactating women through voice call alerts in Telugu. Registered beneficiaries will receive customized, pre-recorded health advices in Telugu, in their mobiles, specific to their health condition*
By: S.V. Srikanth, Project Leader, Ubiquitous Computing Research Centre (UCRC), C-DAC Hyderabad

Current status of usage of mobile phones in each thematic area in AP and Telangana	Mobile-based cases and 3-4 key lessons from them and further scope	Capacity/ development/ support/ partnerships required	Immediate steps/ scale-up steps
Group 1: HEALTH AND NUTRITION			
• SPHOs and higher officials have access to mobile phones; need more government issued phones for field staff • Registering pregnant mothers –Telangana and AP -MCTS Program **HOW CASES CAN BE**	• Use of tech is operational and instrumental to collect this information • Community can be engaged more actively and efficiently through use of technology and this brings in	• Provision of instruments (mobiles/SIM cards) • Build demand in community by creating systems to use this information to strengthen the health system • Have to rebuild community trust	• Meetings to discuss further • Examine the current tools, and those required • Pilot community survey in one district

ADAPTED TO USE: -Pilot the Survey method within the state -larger group with less government officials and more citizen engagement -including in SHG meetings for advocacy -including medical officer and engaging both patient and service provider perspective -other platforms may be tapped, for example mobile phones in the hands of field functionaries (NREGS & VO)	more accountability and participation • Change is an iterative process and needs to be done on a continuous basis – this is a great tool to facilitate in this way • Best when intervention flows with the current systems • The right timing of health interventions and imparting of health education/capacity building can be facilitated through mobile application	• Link district QA committees to the data coming from the local levels • Government needs to develop content customized to specific needs **Partnerships Required:** • UN-ITU/WHO –tech support for NCD through "Be healthy Be mobile" • GRAAM/Gov. Institutions for Training • CGG • UNICEF	• Scale-up

Group 2: PLANNING DEPARTMENT

Use mobiles for : • Send SMS to citizen on receipt of application • Send SMS on approval of application to citizen • Send monitoring report to all functionaries • Send SMS to all customers on new services • **Challenge**: Financial transaction service, IVRS, Payment through interactive TV • **Irrigation Department:** SMS used to update information on water level and capacity of reservoir on a daily basis/hourly basis in both the seasons. • Weather : rainfall, humidity, temperature, soil moisture etc. in all the mandals of AP and Telangana	Use for Planning Dept. in following: • Reservoir information • Challenge is updation of information • Disaster management services: information on cyclones and storms • Weather station information • Reservoir and River water levels • Help and counsel distress farming 3-4 Key Learnings: • Scholarship management: Using peer pressure for defaulters • Generic platform can easily evolve for a range of services • Physical certificates can be done away with – we can use digital signatures or certificates instead	• Maintenance of Equipment & Technology • Sustainability • Data Analytics • Accu-weather type of app for forecasting rainfall etc. for farmers **Partnerships Required:** BSNL VAS Providers Application Developers Technology Partners	• Financial Transactions through TV • Mobile App development • Ecosystem for Ensuring Distribution of Apps

• Canal water flow information: updation to be carried out during crop season • Civil Supplies: Supply chain management. • Mobile app with address of caller using mapping	• Analytics with Land records, health care, crop information can be enabled		
Group 3: DEPARTMENT OF RURAL DEVELOPMENT AND PANCHAYATI RAJ			
• SERP - SHGs with 10 women will be formed • SHG will lend the money within their group • Livelihood activity • Health and nutrition • Develop the women • Attempts of using mobile – to capture data like: how many members are there, how much loans need to be paid, cluster level coordinator can enter data Creating records and analysis Nutrition data centres – Tablets to be given field level people – Different services are used, existing schemes are Measuring & monitoring GPRS, offline Agriculture – SERP (Digital Green) They are building capacity of farmers. Small farmers will be shown this video – digital green upload the data (software called COCO) – behaviour change has taken place	• SERP with world bank – they can partners • Limitations are there • Extensively going for livelihoods • For collaboration – data collection is one part; • Transparency and sending data at right time • Producer organization – SERP is trying to merge Key lessons: - Application should be able to run on any of devices - Business prospective comes - Capex and Opex is involved - Something needs to be worked on - Message delivery to frontline workers - Who can take onus whether messages are disseminated	• Connectivity needs to be resolved • Multi-level collaborations are required – education, health. • Device should be cost-effective • End beneficiaries should be aware of these schemes – radio • Technical support • What happens to data • Phone numbers keep changing **Partnerships required:** Govt Stakeholder (BSNL) is entrusted with the responsibility for procurement of devices, maintenance of the device and provide them at the last stakeholder level because they have last mile reach; Device Procurement NIC has java enabled platform. Basic GPRS is there – tracking and monitoring can be taken place.	• Detailed discussion is required with Rural Development Dept. • Need Assessment is required. • Most of schemes are merged at Mandal level. • Data capturing mechanism is required to authenticate data
Mr. Dheeraj from Reverie Technologies discussed about the local language access Reverie provides. He talked about Reverie Technologies and about their applications providing multilingual platform on mobile phones. The apps also have features like localized phonebook that convert phonebook into local language.			

> **Ms. Vijaylalitha from Digital Green** displayed the work of Digital Green in the form of a video clip that was recorded to spread farming practices. She told that more than 100 videos were produced as per the local context. These videos are shared with farmers, being uploaded in memory cards. They are also given to cluster level; SHG groups. All these people gather at one place one day and screening of videos is done. They are done COCO (connect online and connect offline). Quality assurance is done by Digital green officials.

DAY 2: 18 December' 2014

Ms. Seema Kumar from UNICEF presented about *Ammaji Mobisodes* developed by UNICEF India. These are 47 mobile episodes available in Hindi based on the book "Facts for life" that provides a basic technical knowledge and a message framework on issues related to survival, development, learning and protection of children, covering a life cycle approach. These are 8-13 minutes long episodes which are 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 on access and use these mobisodes for information dissemination and interpersonal communication. The episodes have received positive feedback from the grassroots level health workers. These episodes are providing information from age at marriage, timing births, safe motherhood, new born care, breastfeeding, and immunization to malaria to nutrition and disaster and emergencies. These mobile-based IPC videos have been used by frontline workers for engaging women's groups in Rajasthan, Jharkhand, Bihar, Uttar Pradesh, Andhra Pradesh, Madhya Pradesh, Assam, Gujarat, Odisha, and Chhattisgarh.

Discussions:

Arpit Awasthi from PHFI (Public Health Foundation of India) informed that PHFI is currently creating an app for pregnancy risk detection and estimation. Lessons from these mobisodes may be taken. An app may as well be created to circulate these. He further added that education and other aspects may also be incorporated into these videos.

Queries were raised regarding the content for these mobisodes, timeline and process to reach out, to which Ms Kumar replied that under RNCHP+K programme, 8 priority districts have been identified in Karnataka. She further informed that ASHA workers have been trained on mobisodes however, it is yet to be rolled out in 8 priority districts with support from ground organizations. On the implementation of the project, Ms. Kumar informed that UNICEF is not implementing it directly and it is seeking response from various government departments whether they can find that mobisodes is relevant tool for them for IPC training . They may suggest a use and may also take it forward.

Talking about state government schemes, Mr. Mohammad Arif Ali from NIC informed that government has initiated various schemes for WCD (Women and Child Development) and it also has a huge database in MCTS (Mother and Child Tracking System). An application is being developed also to track the supply of food, and an alert goes to ANM to collect the items supplied.

Mr. Dheeraj from Reverie Technologies informed that in Tier 2, 3 cities, Whatsapp penetration is very high, and this platform may also be used for interpersonal communication and training purpose.

Osama Manzar suggested that SHG groups/ other kind of groups may be created where one person takes responsibility to disseminate information using these videos. A smartphone may be used for group watching and listening.

Ruth Leano recommended that suggestions are quite useful and they can be taken forward. She added that Ms. Seema may lead a group to manage the content, and program whole episodes/ content for a year. Then management of these may be done.

Osama Manzar presented the example of a project "Mobile for Mother" by NEEDS from Jharkhand where Nokia mobile embedded text is used for maternal and child care. Minimum data is required to be entered and the system has pictures and voice to help the person in understanding the questions better. The questions asked are closed-ended and minimum data is required to put in, like yes/no/a number. Once typed, the data fed can also be seen as it is displayed on the screen in a compiled form in the end. Osama, Director, DEF informed that they are already developing this application for androids as well, to improve the picture quality, include videos, and make further improvements.

Discussions:

Mr. Arif from NIC- AP shared that offline data can be collected in MAA also. The data may be converted to app also. He said he can share the apk file for this purpose. One suggestion regarding the information dissemination by Ammaji mobisodes was that a short video stream may be run between the daily serials that are popular among people.

Mr. Vijay Roy from the Sarva Shiksha Abhiyaan (SSA), Education department joined the consultation. He shared that ICT is playing an important role in education delivery. Emphasizing on radio as communication platform, he informed that SSA has been using radio as a communication platform since past 10 years for primary schools. Over 500 episodes have been created and shared with content based on textbooks. It is a popular radio program that started in 2002. In addition, teleconferencing programs are also being conducted. All cluster-level schools have dish antenna for receiving these programs. SSA has provided training to over 300,000 teachers along with training of communities. There is also one hour slot on Mana TV, out of which 30-35 minutes are used for knowledge delivery by the resource person.

He added that education department is also giving CDs, computers, along with using the mobile technology. Everyone has access to these. Talking about challenges, he mentioned that in some locations are not able to receive radio signals. To overcome from this challenge, they have also recorded these episodes and it is being shared with cluster head who further shares with schools which falls under their cluster.

CONCLUSION AND WAY FORWARD

1. These consultations should also be organized at state department level
2. Platforms like these are learning opportunities. For ASHAs, mobiles may be burden. They have to maintain registers, it will increase work. Recommendation- less record maintenance work should be in hands of ASHA.

3. It is recommended to have regular content updation One of the major challenges is that most of organizations and departments are working in silos, and because of this duplication is happening. Therefore it has been recommended that department should learn from other departments instead of duplicating the model..
4. Frontline workers are using their large amount of time in reporting. However, the problem is still with the sanctity of data and to solve this issue. ICT can bring a revolution and system may be streamlined and transparent. Scope for collaboration may also be explored.
5. It has also been identified that governing mechanism and technology have a relationship. The governing mechanisms are not robust and therefore technology may be used to complement mechanisms. There is need to focus on quality elements of governing mechanism.
6. Whatsapp may be used as a communication platform. For example- circulating video based content in whatsapp group. It is being done under Total Sanitation Campaign, in villages in Madhya Pradesh, Orissa, Andhra Pradesh.
7. There are many good initiatives, but scaling up is another challenging aspect. Developing content in local language is also a challenge and making it as part of the mechanism is another challenge.

CONCLUDING REMARKS
Ms. Seema Kumar from UNICEF thanked everyone for their participation. She stated that the deliberations over days have provided some directions as to how we can integrate use of mobile / ICT in AP and Telangana to enhance the outcomes of development programmes. The discussions also led to some specific action points which UNICEF will follow through in collaboration with the governments, DEF and concerned partners. Ms. Ruth Leano also thanked everyone for participation and DEF also. She reiterated the importance of the nine principles of technology UNICEF adopts. MSBC project has resulted in issues raised very much in line with how UNICEF looks at the technology. She also shared that there are four pillars - - development of content, use of technology as an investment for public good, sustainability, and collaboration and partnerships with like- minded individuals and groups, and the fourth pillar as management and coordination. She told that UNICEF has plans to serve tribal areas in 2015 Mr. Osama Manzar concluded the two-day consultation with a statement that "mobiles are becoming everything but a way to talk, I hope we will talk also".

Annexure 1: Programme Consultation Agenda

<table>
<tr><td colspan="2" align="center">**Venue: The Park, Hyderabad**
Date: 17th and 18th December 2014</td></tr>
<tr><td colspan="2">**Consultation Objectives:**
✓ Reflect on the reach, access, use and potential of using mobile phones amongst women, children, adolescents, front-line workers and other stakeholders for Social & Behavioural Change (SBC) in Telangana and Andhra;
✓ Understand some of the models being implemented that use mobile phones for SBC; information/knowledge dissemination, tracking to enhance performance & accountability, training and skill support to frontline workers, and interpersonal communication;
✓ Assess the potential of the different models to be adopted for implementation and scale up;
✓ Explore the scope of partnership building and collaborative work amongst government, private, bilateral agencies, CSOs and others in mobiles for SBC in the region.</td></tr>
<tr><td colspan="2" align="center"># DAY 1: DECEMBER 17, 2014</td></tr>
<tr><td>9:00 AM – 9:30 AM</td><td align="right">**Registration of delegates & participants**</td></tr>
<tr><td>**9:30 AM – 11:00 AM**</td><td align="right">**Welcome & Introduction**</td></tr>
<tr><td colspan="2" align="center">*This session gives an overview of the objectives of Consultation and the expectations from the deliberations. It sets the context and background to the Consultation.*</td></tr>
<tr><td>09:30 AM – 09:35 AM</td><td>Welcome & Introduction by **UNICEF and Digital Empowerment Foundation (DEF)**</td></tr>
<tr><td>09:35 AM – 09:45 AM</td><td>Introduction of invitees, practitioners & participants</td></tr>
<tr><td>09:45 AM – 09:55 AM</td><td>Context and objective of the Consultation
By: Ruth Laeno, Chief of Field Office, UNICEF</td></tr>
<tr><td>09:55 AM – 10:25 AM</td><td>Role of ICT and mobile phones for citizen services delivery, health, nutrition, education, protection, sanitation programmes :
• Principal Secretary, Health and Family Welfare, Government of Telangana
• Commissioner Health and Family Welfare, Government of Andhra Pradesh</td></tr>
<tr><td>10:25 AM – 10:30 AM</td><td>Summary of Inaugural Session by UNICEF</td></tr>
<tr><td>**10:30 AM – 11:00 AM**</td><td>**TEA BREAK**</td></tr>
<tr><td>**11.00 AM – 1130 PM**</td><td align="right">**WORKING SESSION I**</td></tr>
<tr><td colspan="2" align="center">**STATUS OVERVIEW: MOBILE REACH, ACCESS, USE AND POTENTIAL**</td></tr>
<tr><td colspan="2">*This session will focus on mobile phone penetration, reach, access and usage in the two states. The focus will be on trends in penetration of mobile phones – urban and rural regions of the states; the accessibility of mobile phones among women and young people; the usability of mobile phone especially in areas of health, child nutrition, water and sanitation and education in the two states. The focus will also be on scope and potential of mobile phones for information dissemination, tracking to enhance accountability, training/support to front line workers, and inter personal communication with women and children.*</td></tr>
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11:00 AM – 11:15 AM	**Reach and Access of Mobiles**
	Presentation by: Mr. Naagaraju, BSNL- Andhra Pradesh Telecom Circle
	Presentation on the **reach/penetration** *of mobile phones among various strata of population in the erstwhile Andhra Pradesh. It will reflect on mobile penetration trends, specifically in urban and rural regions, and among male, female, youth, and adolescents.*
11:15 AM – 11:30 AM	**Mobile Usage & Potential**
	Presentation by: Osama Manzar, Director, DEF
	Presentation on the **usability of mobile phone especially in areas of health, child nutrition, water and sanitation and education.** *The current trends in the usage of mobiles in the development sector will be included.*
11:30 AM – 11:45 AM	**Q&A Session**

11:45 PM – 1:00 PM   **WORKING SESSION II**

LEARNING FROM EXPERIENCES: USE OF MOBILE PHONES FOR 1) INFORMATION DISSEMINATION & 2) MONITORING/TRACKING TO ENHANCE ACCOUNTABILITY 3) SKILL SUPPORT TO FRONTLINE WORKERS & INTER PERSONAL COMMUNICATION (IPC)

This session will have case studies on the use of mobile phones for information dissemination and monitoring/ tracking and training/support (including being a job aid) for frontline workers and for inter personal communication (IPC) with women and other stakeholders on health, child nutrition, water and sanitation and education issues. The Session will be divided into three groups as per the following categories of state departments – Health & Nutrition; Rural Development and Planning Department. Each group will have two case-study presenters and have stakeholders from respective department and other participants. Each case presenter will have 5 minutes to discuss about their practice. After case-presentations, the group will have 45 minutes to discuss regarding each case-study. Each group will have group work leader/anchor to note down the discussion points. Each group will review the case-studies, deliberate on the following key questions and group leader will report back in plenary and share the recommendation points:

- *What is happening in your department/sector in the use of mobile phones*
- *List 3-4 key learnings from the case-presentations that can enhance the work in your sector – on the use of mobile phones for tracking/enhancing accountability, information dissemination and supporting frontline workers.*
- *Which are the most applicable case-study/project/practice as per theme of the group and that can be scaled state-wide?*
- *Identify the key support, partnerships required for the scale up – in terms of improvisation/development needs, training needs, piloting and monitoring.*
- *Define the immediate next steps or actions needed for the roll out/scale up.*

This group work will also be presented during the Plenary session on Next Steps and Way Forward on the following day

11:45 AM – 12:15 PM   **GROUP 1.1: HEALTH & NUTRITION**

Arogyashreni; By: Grassroots Research And Advocacy Movement (GRAAM); Location: Mysore
The Practice is to drive community-led change in the public health system by enhancing its planning and monitoring capacity by utilizing a low cost technology, IVRS (Interactive Voices Response System)
By: Basavaraju R, Executive Director, Grassroots Research and Advocacy Movement

SMART Health India; By: The George Institute for Global Health and the University of Oxford; Location: Andhra Pradesh
The Practice is software algorithms that can be loaded onto smartphones and tablet devices to enable the real-time analysis of personal medical information and the provision of clinical decision-making support.
By: D Praveen, Senior Research Fellow, Research and Development, The George Institute for Global Health

	GROUP 1.2: RURAL DEVELOPMENT

Mobile Application for Anganwadis (MAA); By: NIC; Location: Andhra Pradesh
By: K. Raja Sekhar, NIC
The practice empowers anganwadi workers in indenting foods, reporting daily the supplementary nutrition beneficiary attendance, pre-school education attendance of children, immunization details of beneficiaries, and women to monitor IMR and MMR, and supervisors' field inspection reports.

MOTHER; By: NHM Andhra Pradesh and CDAC AP, Location: Srikakulum, Andhra Pradesh
The Practice **'***MOTHER' is a mobile based system for providing maternal health related information directly to the pregnant and lactating women through voice call alerts in Telugu. Registered beneficiaries will receive customized, pre-recorded health advices in Telugu, in their mobiles, specific to their health condition*
By: S.V. Srikanth, Project Leader, Ubiquitous Computing Research Centre (UCRC), C-DAC Hyderabad

	GROUP 1.3: PLANNING DEPARTMENT

Dr. SMS; By: Kerala Government; Location: Kerala
The Practice uses SMS for providing contact details of nearest health facility/specialty centre in the needed hours.
By: Ajith Brahmanandan, Technical Director, National Inforamtics Centre, Kerala State Unit

MeeSeva, By: Government of Andhra Pradesh, Location: Andhra Pradesh
The Project brings in a digital PKI enabled integrated architecture through multiple service delivery points by fusing in the various pre-existing state initiatives with the Mission-mode Projects like State Data Center (SDC), State Wide Area Network (SWAN) and Common Service centers (CSCs) of the National eGovernance Plan (NeGP) of Government of India.
By: Yedukondalu. Kumpati, Dy. Director (Technical), O/o Director, Electronic Service Delivery, ITE&C Department, Government of Telangana

1:00 PM – 2:00 PM	**Lunch Break**
2:00 PM – 2:30 PM	**Group Work and Presentations** *Each group will present their group work in 5-7 minutes each.* 1. Recommendation & action points from health and nutrition 2. Recommendation & action points from rural development 3. Recommendation & action points from planning department
2:30 PM – 3:30 PM	Q & A Session with Case-Study Presenters
3:30 PM – 4:00 PM	Tea Break

4:00 PM – 3:45 PM	Role of Mobile Stakeholders • Role of 'Value Added Services' in use of mobile phones for monitoring and tracking for enhancing accountabilities • Role of mobile service providers in the use of mobile phones for information dissemination • Role of telecom provider in the use of mobile phones for train/support of frontline workers
3:45 PM – 4:00 PM	Summary of Day 1 by DEF
DAY 2: DECEMBER 18, 2014	
9:30 AM – 9:45 AM	Recap of Day 1 *By: Seema Kumar, Communication for Development Specialist, UNICEF*
9:45 AM – 10:15	**Ammaji Mobile episodes**, Location: India *The Practice provides a tool to frontline workers to help them engage with mothers or community members* *By: Seema Kumar, C4D Specialist UNICEF* Mobile for Mother; By: NEEDS; Location: Jharkhand *The practice delivers educational and health care information services and allows data to be shared between Community Health Workers (CHWs).* *By Osama Manzar, Director, DEF*
10:15 AM – 10:30	**Q&A Session**
10:30 AM – 11:00 AM	**Tea Break**
11:00 AM – 12:00 PM	**Discussions, Questions & Views from the Other Participants**
12:00 PM – 12:15 PM	*UNICEF will finally sum up the session with a set of recommendations pertaining to the session. Moderator will have presentation to sum up the session by sharing their experiences and recommendation points pertaining to the session.*
12:15 PM – 12:30 PM	Consultation Concluding Remarks: DEF
12:30 PM – 1:30 PM	**Networking Lunch**

Annexure 2: List of Consultation Stakeholders

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