Proceedings of the State Consultation

On

Mobile Phones: A Tool for Social & Behavior Change

Held on July 11, 2014
at Chennai, Tamil Nadu

INTRODUCTION: Mobiles for Social and Behaviour Change (MSBC)

The MSBC Consultation, a joint effort of UNICEF India and DEF, was organized on 11 July 2014 at Hotel GRT Grand in Chennai, Tamil Nadu. This consultation was the second in the series to create a platform for practitioners who have used mobiles for SBC to engage with state governments and telecom service providers and partake in scaling up of the practices. The main objective of Chennai consultation was to share select case studies that have effectively used mobile phones for social and behavior change; and to create a platform to facilitate partnerships between state government and MSBC players. The consultation involved various stakeholders including the government officials, telecom sector companies, non-profit sector, academia, device manufacturers, VAS providers and practitioners. The consultation also provided a forum for discussion about partnerships and collaborative work amongst government, private, bilateral agencies, CSOs and others in mobiles for SBC.

OBJECTIVES

- 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 Tamil Nadu;
- Understand some of the models being implemented using mobile phones for SBC; information/knowledge dissemination, tracking to enhance performance & accountability, support to frontline workers, and interpersonal communication;
- Assess the potential of the different interventions to be adopted for implementation and scale up;
- Explore partnerships and collaborative work amongst government, private, bilateral agencies, CSOs and others in mobiles for SBC in Tamil Nadu.

PROCEEDINGS

Inaugural Session:
The consultation began with a welcome to the invitees and self-introductions by the participants. The context of the consultation was set by **Mr. Arun Dhobal, WASH Specialist, UNICEF**. He also emphasized that mobile phones can be used for awareness programmes such as open defecation but it will also reduce risk from habits of open defecation.

Underling this point that mobile phones have become a part of life now, UNICEF has already found ways to use them for the support to frontline workers. He suggested that this consultation may be throw some light on how the frontline workers can be strengthened to promote sanitation and hygiene practices apart from bringing about behaviour change and also how some of the practices in WASH sector can be adopted elsewhere. It may also pave path for the future partnerships.

Mr. Osama Manzar, the Founder and Director of Digital Empowerment Foundation described how modern world is now using mobile, and these consultations can provide creative opportunity to explore how the mobiles can solve the problems in water and sanitation sector. He highlighted the point of behavior change that can be driven by mobile phones.

Mr. G. Lakshmipathy, Additional Director, Department of Rural Development and Panchayat Raj, Government of Tamil Nadu pointed out that of the 95 lakh rural households in the State,

52 lakh homes did not have toilets and over 13 lakh homes had defunct toilets. He also elaborated about the frontline workers for water and sanitation in Tamil Nadu, called "Swatchchta *Doots*[1]".

Describing about mobile penetration in Tamil Nadu, he mentioned that the state has 71.81 million subscribers which is the second highest in the country after Uttar Pradesh. Mobile phones are now seen as interpersonal communication tool that enables anyone to have one-to-one interaction. He also emphasized that there is need to encourage to people to take up safe sanitation for maintaining their good health practices. Later he questioned the stakeholders if mobile phones could be used to bring about an attitudinal change towards sanitation among the rural population. Like the way, mobile phones have been used by health and education department, it can also help the department to reinforce message of having safe sanitation.

WORKING SESSION 1:

The first working session focused on the setting the context through presentations on the reach and potential of the use of mobile phones in TN.

Mr. P. Santosh, Senior General Manager, BSNL- Tamil Nadu circle set the context through statistics and presented certain trends on the reach and access of mobiles in Tamil Nadu. The presentation also reflected mobile penetration trends in the state, specifically in urban and rural regions, and among male, female, youth, and adolescents. There are 14,670 villages in Tamil Nadu. Villages with population more than 5000 have 100% mobile penetration. More than 12000 villages are covered by GSM technology. All the villages with population more than 5,000 have mobile penetration. BSNL Tamil Nadu has 83 lakh subscribers. He mentioned the contribution of mobile phones to rural livelihoods such as aiding in integrated functions, reducing distance, social mobilization through communication, bridging the digital divide in rural areas. He also pointed out some areas in which mobiles can play a role such as m-agriculture, m-health, mobile based primary health care system, m-banking, etc.

Madanmohan Rao, Research Advisor at Asian Media Foundation and Communication Centre, pondered beyond the mobile phone statistics, which were much better in Tamil Nadu as compared to other States (e.g. 110.07% tele-density). He informed for some of the health and other basic schemes to succeed, the key would be in finding out who had 'ownership' of the household mobile, whether the male head of the family or the women. He also highlighted the current trends on content and services imparted through mobile phones and the use of 'value added services' (VAS). Through his presentation, he also shared the some initiatives where mobiles are being used in innovative manners to fulfill diverse objectives. He concluded with some discussion points like levels of digital literacy, promotion of user-generated content for propagating safe sanitation practices via mobiles, which of the communication modes would work for sanitation by using mobiles; alerts/ IVR/ polling, etc.

Discussion Points:

- Developing discussion forums for productive deliberations about the workshop and potential way forward for example e.g. Facebook groups, twitter meet-ups, etc.
- Mobile usage in Tamil Nadu literacy-neutral and most women use and operate the mobile phones independently, thus such reach to women may be harnessed for development with the help of technology for various developmental objectives, including water and sanitation
- Ownership of mobile phones also lies with most of the women.

[1] Sanitation messengers – doing community awareness on sanitation, open defection

WORKING SESSION 2:

LEARNING FROM EXPERIENCES: USE OF MOBILE PHONES FOR 1) INFORMATION DISSEMINATION & 2) MONITORING & TRACKING; 3) FOR SUPPORT TO FRONTLINE WORKERS - FOR TRAINING OR/AND AS A TOOL FOR ENGAGING COMMUNITY MEMBERS

1. **Case Study presentations: Use of mobile phones to support Frontline Workers – through training or as a tool for engaging with community members.**

Presentation Highlights and Discussion Points

AMMAJI MOBISODES (UNICEF)

Alka Malhotra, C4D Specialist, UNICEF

Alka from UNICEF initiated the learning from experiences session by showing examples of its Ammaji 'mobisodes that can increase awareness about safe motherhood, immunization and child development.

47 mobile episodes are developed by UNICEF as per the "Life-saving critical information guidelines" for pregnant women from the book "Facts for life". These are 8-13 minutes long episodes which can are given to the health workers like ASHA, AWW, ANMs on their mobile phones by loading on SD cards. Pretesting of 21 episodes was done on the field level. These mobisodes are now selected by National Health Mission, for purposes like information dissemination as well as for personal use as ready reckoner by the frontline workers. 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.

Certain challenges in using mobile technology were mostly technological, such as transferring mobisodes to mobile phones, difficulty faced by ASHA/AWW in handling / transfer of mobisodes, many ASHAs have basic mobile phone models without features like audio-video playback and Bluetooth.

Discussion points:

- Nishesh Mehta from NextDrop inquired about the ease of understanding of these mobisodes and whether conversion into icons has been done, to which Ms. Alka answered that these are already very simple so the need was not felt. Conversion into icons has not been done because of this.
- The frontline workers use their own phones for these mobisodes, which are very basic feature-phones with necessary requirement of only 2 features; which are: 1. a colour monitor and 2. Ability to play media. These phones come with an SD card already in them.
- All 47 episodes may be loaded on one SD card but priority themes are decided by the state, e.g. Bihar did not want to focus on HIV, so they omitted it.
- 4 episodes on water and sanitation as well are there.

Rural Health Management Information System using Mobile/Tablets (RHMIS) (CDAC & Media Lab Asia)

Abey S. A., Staff Scientist, Media Informatics Group, CDAC, Thiruvananthapuram

RHMIS is an m-health tool that equips the frontline workers with hand held devices for data collection, follow-up, alerts & reminders using mobiles/tablets. The software used is mCare. With the collected data, the system 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. 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). In this way, the practice empowers the health care workers and connects them with Directorate of Health Services and helps them for the early identification and timely referral of high risk Ante Natal cases. The impacts have been visible in terms of reduced maternal and infant deaths in Tirur Taluk.

Discussion points:

- On questioning about any experiences with usage of basic phones, Mr. Abey informed that as the survey contains more information, and data has to be types and entered, it is difficult to load all this information on basic phones.

- The health workers are provided with phones, and they need to enter the data only once. There is uploader in the phone. Minimum data entry.
- Alka from UNICEF asked if these functions are possible on basic phones as well- quoted example from a project in Jharkhand and Kaushambi in Uttar Pradesh
- Data can be entered offline as well, and it gets uploaded when the server gets connected. The system also can sync if internet connectivity is there.
- Rohit Shetti from GRAAM suggested the need for buying the devices and providing them to the frontline workers as "collective property", which led to discussion about the role of the device. The opinion of the majority was that simply buying a device won't solve the problem. The device can help but a lot of hand-holding required. Design of the entire system is more important.

2. Case study presentations: Use of mobile phones for monitoring & tracking

Arogyashreni (Grassroots Research And Advocacy Movement - GRAAM)
Rohit Shetti, Coordinator – Advocacy- IT, GRAAM

Arogyashreni is a technology-enabled community-based monitoring mechanism that utilizes Interactive Voice Response System (IVRS) for ensuring sound monitoring of facilities and services at PHCs and for reviewing PHC progress. The practice drives community-led change in the public health system by enhancing its planning and monitoring capacity Gram is public policy research and advocacy firm. It is done by ranking of primary health centres by the community representatives on some specified parameters. GRAAM developed questionnaires for ranking of primary health centres for a comprehensive coverage. 112 rural PHCs in Mysore were covered. The ranking gets disseminated to taluk/district health officers/ doctors. Thus, it is a process of advocacy for change with use of technology. Ranking is done based on weighted averages. Other positive outcomes- community empowerment, drawing the community closer, negligible error margin- <2%, transparency, participation of community, better awareness, better articulation of issues and changes.

Discussion points:

- Discussion about the attitudinal issues- the system has reliable data about events like how many times a call was not answered. However, using such data for taking any action entails political and other repercussions.
- The experiences of field workers have been diverse, and there have been some cases of communities who are not very active to take up solutions as suggested by data. Some amount of elite capture is prevalent everywhere. Absolute democratic discussion very difficult. Perils of decentralization. Still it's a positive step, if data is used for greater good.
- Upon questioning about the challenges in promoting this participation by the community, Mr. Rohit answered that the rural citizen has to be a part of institutions as a design of governance structures at village level. Then only the rural people can avail the services. E.g. Panchayats, committees like VHSC, etc. So such initiatives have to be started from the scratch, involving community mobilization and motivation about the benefits it will bring.

VoiceNet & mHealth Solutions (Uniphore & RTBI)
Vijay R., Business Analyst, Uniphore

The Practice allows mothers to monitor her kid's health that she has obtained from ICDS. Mothers can use voice based biometric system. Maternal and child monitoring tracking system is done with the help of voice biometrics for monitoring and tracking. First, the registration and voice authentication is done. Subsequently, the mothers visit the anganwadi centre, where they can enter and authenticate the data using a mobile phone, using voice. This real-time data entered by the mothers is available in a digitized format on ICDS portal. The system has a few limitations also, like disturbances in the surroundings may affect the data recording, authentication is required to rectify such problems. The handsets for functioning have varied settings and loudness of voice required to be clearly recorded also varies, this is also resolved by normalization.

Discussion points:

- Questions about the data from 104 patients who completed the treatment as on which of the two works better out of SMS/ a combination of methods; it was answered that some chose SMS, other chose combination.
- About the recognition technology in the phones, VoiceNet uses speaker-independent technology. It recognizes the words also. However, specific information like names cannot be captured. But short survey and close ended questions can be done.
- One project is currently operational, while one other project ran for a year and was then terminated. It was done with collaboration with CMC Vellore and the implementing agency needed to take it forward. It is a challenge to take the project forward without a study to check the feasibility and sustainability of the project.
- The project development takes 2-3 months for designing a system to record similar responses like this system. Already designed features can be used. If the system uses one language, there is less time required to develop it, and it requires longer duration to develop if more languages are incorporated.

CommCare and NEEDS: A system for data collection developed on basic feature phones

Presented by Osama Manzar, Director-Founder, Digital Empowerment Foundation

To take the discussion forward and to display a similar example to the practices discussed in the session, but using basic feature phones instead of expensive smartphones, Mr. Osama presented the case of CommCare in Jharkhand. It is a project by NEEDS piloted in Deogarh, Jharkhand. 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 they are already developing this application for androids as well, to improve the picture quality, include videos, and make further improvements.

3. Case study presentation: Use of mobile phones for information dissemination

NextDrop

Nishesh Mehta, Co-Founder and Vice President, NextDrop Inc.

The practice disseminates information on water availability to residents via automated calls and SMS. The person has to give a missed call on 08067264629, and one can receive an SMS immediately about the water supply and availability with tentative timings. Also, once the person is registered, an SMS is sent 60 minutes in advance, so that they can know about the water supply and can make arrangements accordingly. The data is gathered from the valve men. The valve men use IVRS every time when they access a valve and the information about valve number and opening and closing is recorded by the system. Thus, the valve men serve as a feedback system to next drop. There is a transparent service- supply time-chart to see variation/ consistency. There is a live monitoring dashboard for the same. Live water supply map can also be generated. The system can be accessed by using any phones, be it a feature phone or a smartphone. The SMSs are sent in English, while the voice messages are delivered in Kannada. Nishesh also displayed data on irregular water supply in Bangalore via live dashboard from pipe data. NextDrop has signed MoU with the government to get support from valve men using basic phones. The valve men signed up so that they would be less bothered by constant phone calls (200+ per day earlier). As per the analytics of impacts in Hubli, 800 more families were reached via mobile monitoring of water supply/disruption. In case of pipe leakages, health alerts are also sent to citizens, e.g., boil water in aftermath of pipe break to make it safe to drink.

Discussion points:

- Upon asking whether the citizen has received the water supply for a particular day, if the answer is no, the information about the location of the home of the citizen is given to the concerned engineer and action is taken accordingly.
- The responses are also validated by citizen feedback, and by ringing and asking some other person from the area the complaint has been received from.
- There was a debate about the privacy issues associated. Informing about his project, NextDrop, Nishesh

informed that the data about the citizen is not divulged to anyone as the policy of the company. Partnership with the water supply department imparts credibility to the venture. However, geographical information may be provided to other companies for their marketing campaigns. There was further debate on the ethics regarding the same.

- There was a discussion about the charges for the service, and the company has to decide the most suitable model for revenue generation. Currently, the citizens are charged Rs. 10/- a month, and Rs. 17/- are spent by the company. But they believe that the citizen should not pay for the service, so the solution is yet to be decided.

SUB-GROUP DISCUSSIONS AND PRSENTATIONS BY THEMATIC AREAS:

MOBILES AND BEHAVIOUR CHANGE:

Alka Malhotra from UNICEF India briefed the participants about the chief purpose of the MSBC project, which is to bring about social and behaviour change in the community. She elaborated that the behaviour change takes place at various levels, interpersonal-individual-group-community and society. For these processes, engaging the audience is of prime importance. She explained the behaviour change model, and related practices required to bring about the desired behaviour change. She also explained the linkages with the mobile phones in this context.

Key learning from the case presentations on information dissemination, monitoring and tracking and support to frontline workers using mobile phones	***Aspects of the case presentations that can be adopted for enhancing sanitation coverage and use***	***Improvisations required for use in the water and sanitation sector and the steps forward***
Group 1:		
• Mobiles can be a support system but not the solution. • Technology has not focused on the sanitation sector – need to explore best possible means of addressing the problem. • Combining traditional systems with technology seems to be the way forward focusing on youth, children and women who will be the torch-bearers for any behavioral change • Need to identify pilot studies which have worked and assess their scalability	• Information is one-way and it needs to be two-way. There should be a forum where citizen queries can be addressed and concerns clarified • Awareness on hygiene and sanitation has to be enhanced • Mobile technology can be used for reinforcing information through messages • To ensure uptake of government schemes promoting sanitation, government processes such as processing of applications for building toilets should be simplified and digitized	• Decentralization should be done • Toll free number can be set up for queries to be addressed • Attention to quality of construction, maintenance and upkeep of toilets • Ranking of Panchayats by quality and number of toilets available (like the GRAAM initiative) • Sanitation issues can be taken up as part of CSR activities.
Group 2		
• Literacy and understanding and awareness of the use of mobile a necessity • So, orientation of relevance and contextualization; and	• Target education community including teachers for awareness and necessary hygiene; they can take the message even to homes and to the community so there is	• NextDrop may be modified appropriately for sanitation and hygiene sector • Collecting information on

NGOs who work with communities may be helpful in this process • NextDrop must be adopted and implemented in urban areas and the same could be explored further to make it relevant in rural areas including water availability in schools • Ownership from the government is essential in all 4-5 departments to adopt mobile as primary tool for communication • Scaled-up implementation strategy is extremely important	ripple effect impact; • Water and Sanitation related messages can be spread through mobile; by targeting the teachers (using audio, video, texting); Standardization of content is also important • Anganwadis and SHGs may also be involved • PRIs should also be targeted • NextDrop and Caddisfly can be adapted • Mobisodes (Ammaji) can be adapted for information dissemination.	availability and non-availability • Qualitative analysis • Possibility of including toll-free number • Starting points can be Schools, Anganwadis and Sub-Health Centers • Unicef Chennai: Prioritization of key intervention in consultation with government and other stakeholders • CCFC (members in this group): is ready to take this forward to zero in the need analysis and solutions and make corresponding linkages and take the solutions to the ground through partner NGOs • Timeline: Next 6 months
Group 3:		
• Mobile phones may be effectively used for data collection • Mobile numbers of people who have toilets and don't have toilets along with profile • Reasons for not using • Reasons for not constructing • Two way communication-(IVRS) • Motivational messages • Monitoring and grievance redressal system • Mobisodes are a nice way for information dissemination	• Mobisodes (Mobile episodes) on sanitation in phones of swatchchta doots/Anganwadi/VHNs • Photos of construction status & functional status by overseers (With GPS coordinates)	• Analysis of mobile applications being used at the moment and integrate the mobile component to the higher-ups • Another internal consultation with other departments for convergence • Data collection in a holistic manner, including mobile phone numbers, regular updating • Planning for the resources required for the campaigns and mobile applications to be developed.
WORKING SESSION III: **Discussion following the group presentations:** EXPLORING THE SCOPE OF MOBILES FOR SBC: PARTNERSHIPS AND WAY FORWARD		
Alka Malhotra from UNICEF brought up a new idea of using of mobile games for propagating information and ideas about sanitation and hygiene. She also suggested that Dr. Chi Chi Cholappa (a fictional character to promote hygienic practices) may be mounted on mobile phones of Swacchta Doots in a changed format. Games for social change may be designed. Rohit shetti from GRAAM talked about 3.7 crore missing toilets?? Building capacities also needs to be looked at. Technology can be used for that. It was discussed that in Tamil Nadu, there are no missing toilets,		

but defunct/ dysfunctional toilets are there.
Representative from Loyola college gave a suggestion to hold one more meeting of similar type with all the stakeholders in the meeting, and piloting in one district to have a test.

Demonstration of Water Quality Testing Mobile Application
By: Caddisfly

Water quality testing kit is designed by Caddisfly. The required apparatus is a cartridge with reagent and an application on the mobile phone, and a back cover.
The entire procedure was demonstrated to the audience. The app uses phone flash. It is currently designed for use in Android phones, with camera and flash. It is an open-sourced mobile application. The result of the demo test detected 0.00 presence of fluoride. PH and nitrate may also be done. All colour change based tests may be done. Pre-testing for other water-tests is also being done.

Mobile Players: Views and Discussion:

- Mr. Sreehari Nambiar and Nishant Bhatnagar from Vodafone expressed their amusement on how a mobile phone can drive sanitation and hygienic practices.
- Mobile is a necessity but not sufficient for behaviour change.
- They promised to take the ideas forward to Vodafone Foundation and to organize some more workshops to pave the path forward.
- They can provide the required technology and infrastructure.
- Girl education initiative by Vodafone Foundation and issue of sanitation can be connected.
- Mr. Osama said that DEF and Vodafone can take it forward together. Agreement at central level will be helpful.

Reverie Language Technologies
Vivekanand Pani

In the end, there was a presentation from Reverie Technologies about their applications providing multi-lingual platform on mobile phones. The apps also have features like localized phonebook that convert phonebook into local language. Plustxt is an instant messaging app that has multi-language features. He also showed some snapshots to display how certain devices support only English language.
Along with DEF, Reverie is creating an app shop for all apps in local languages.

Conclusion

The session was concluded by Ms. Alka Malhotra from UNICEF. Mr. Osama asked Mr. Madan Mohan Rao to upload a tweet compilation of the entire consultation. Ms. Alka suggested the participants to go through the select case studies from southern India compiled by DEF, which have deployed mobile phones for bringing about social and behavioral change.

Annexure 1: Agenda of the programme

<table>
<tr><td colspan="2">Consultation Objectives:
○ 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 Tamil Nadu;
○ Understand some of the models being implemented using mobile phones for SBC; information/knowledge dissemination, tracking to enhance performance & accountability, support to frontline workers, and interpersonal communication;
○ Assess the potential of the different interventions to be adopted for implementation and scale up;
○ Explore partnerships and collaborative work amongst government, private, bilateral agencies, CSOs and others in mobiles for SBC in Tamil Nadu.</td></tr>
<tr><td>8:30 AM – 9:30 AM</td><td>Registration of delegates & participants</td></tr>
<tr><td colspan="2">9:00 AM – 11:00 AM: Welcome & Introduction
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>9:30 AM – 9:35AM</td><td>Welcome & Introduction by Digital Empowerment Foundation</td></tr>
<tr><td>9:35 AM – 10:00 AM</td><td>Introduction of invitees, practitioners & participants</td></tr>
<tr><td>10:00 AM – 10:15 AM</td><td>Context of the consultation
By: Arun Dhobal, WASH Specialist, UNICEF</td></tr>
<tr><td>10:15 AM- 10:30 AM</td><td>Understand the scope of mobile phones in water and sanitation
By: G. Lakshmipathy, Additional Director, Department of Rural Development & Panchayat Raj (RD & PR), Government of Tamil Nadu</td></tr>
<tr><td>10:30 AM – 11:00 AM</td><td>TEA BREAK</td></tr>
<tr><td colspan="2">11:00 PM –12:30 PM WORKING SESSION I
STATUS OVERVIEW: MOBILE REACH, ACCESS, USAGE & POTENTIAL IN TAMIL NADU</td></tr>
<tr><td colspan="2">○ This session shall deliberate on mobile phone penetration, reach, accessibility and usage in Tamil Nadu. The focus will be on trends in penetration of mobile phones – urban and rural regions of the state; 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 Tamil Nadu.
○ 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.
○ The session shall focus on data in terms of reach, access and usage in the state. Each invited presenter will have maximum 15 minutes of presentation.
○ The session will be followed by Q&A
Session Chair: Thiru Atul Anand Director/CEO, Directorate of e-Governance & Tamil Nadu e-Governance Agency
Rapporteurs & Moderator: UNICEF India & DEF</td></tr>
<tr><td>11:00 AM – 11:15 AM</td><td>Reach and Access of Mobiles in Tamil Nadu
Presentation by: P. Santosh, Senior General Manager (NWP), BSNL, TN Circle
The presentation will focus on reach/penetration of mobile phones among various strata of population in Tamil Nadu. It will set the context through statistics and trends in Tamil Nadu. It will also reflect mobile penetration trends in the state, specifically in urban and rural regions, and among male, female, youth, and</td></tr>
</table>

	adolescents.
11:15 AM – 11:30 PM	**Mobile Usage & Potential in Tamil Nadu** *Presentation by: Madanmohan Rao, Research Advisor at Asian Media Information and Communication Centre* *The presentation will focus on the usability of mobile phone especially in areas of health, child nutrition, water and sanitation and education, in the state. The focus will be on scope and potential of mobile phones for information dissemination, tracking for enhancing accountability, training/support to front line workers, and inter personal communication with women and children in Tamil Nadu. The presentation will also highlight current trends on content and services imparted through mobile phones and the use of 'value added services' (VAS). The presentation will also focus on sharing the outcome of the research where initiatives have been covered to find various trends and innovations as how mobiles are being used in an innovative manner to find diverse needs of the multi-pronged society of Tamil Nadu.*
11:30 AM – 12:00 PM	**Conclusion & Recommendations by the Chair** *The session chair will finally sum up the session with a set of recommendations.*
12:00PM - 2:30 PM WORKING SESSION II **LEARNING FROM EXPERIENCES: USE OF MOBILE PHONES FOR 1) INFORMATION DISSEMINATION &2) MONITORING &TRACKING; 3) FOR SUPPORT TO FRONTLINE WORKERS - FOR TRAINING OR/AND AS A TOOL FOR ENGAGING COMMUNITY MEMBERS**	
○ *This session will focus on sharing case studies on use of mobile phones for information dissemination; monitoring and tracking; support to frontline workers on water and sanitation, health education and women & child development.* ○ *Each case-study presenter will have 10 minutes to present their case studies followed by Q&A for clarifications.* ○ *Thereafter, participants will be divided into three sub-groups – 1) information dissemination; 2) monitoring & tracking; 3) support to frontline workers – for training or as a tool for engaging community members. Each sub-group will discuss and make recommendations regarding specific aspects – (1) scope of adapting aspects of the case-studies for use in different sectors - water and sanitation, health, women and child development; (2) how to adapt and improvisations required for use in the water and sanitation sector.* ○ *Each subgroup will present the highlights of their discussions.* ○ *The session chair will sum up a set of recommendations pertaining to the session / presentations* ***Session Chair & Moderator:*** ***Rapporteurs:*** *DEF and UNICEF*	
12:00PM – 1:00 PM	**Case Study presentations: Use of mobile phones to support Frontline Workers – through training or as a tool for engaging with community members.** *1. Ammaji Mobile episodes; By: Alka Malhotra, C4D Specialist UNICEF;* *The Practice provides a tool to frontline workers to help them engage with mothers or community members* *2. Rural Health Management Information System using Mobile/Tablets By: CDAC & Media Lab Asia; Location Kerala* *By: Abey S A, Engineer, CDAC, Trivandrum*

	The Practice empowers the health care workers and connects them with Directorate of Health Services and helps them for the early identification and timely referral of high risk Ante Natal cases. **Case study presentation: Use of mobile phones for monitoring &tracking** *3. Arogyashreni; By: Grassroots Research And Advocacy Movement (GRAAM); Location: Karnataka* *By: Rohit Shetti, Coordinator – Advocacy- IT, GRAAM* *The practice drives community-led change in the public health system by enhancing its planning and monitoring capacity* *4. VoiceNet & mHealth Solutions; By: Uniphore & TeNeT; Location: TN* *By: Vijay, Project Manager, Uniphore* *The Practice allows mothers to monitor her kid's health that she has obtained from ICDS. Mothers can use voice based biometric system.* **Case study presentation: Mobiles for information dissemination** 5. NextDrop; *Location: Karnataka* *By: Nishesh Mehta, Co-Founder and Vice President, NextDrop Inc.* *The Practice disseminates information on water availability to residents via automated calls and SMS.*
1:00PM – 2:00 PM	**LUNCH BREAK**
2:00 PM – 2:30 PM	**Sub-group Discussion** *The participants will be divided into three groups – 1) information dissemination; 2) monitoring & tracking and 3) support to frontline workers. Each group will deliberate on the following key questions and report back in plenary–* ○ *List 3-4 key learnings from the case-presentations on how mobile phones are being used for information dissemination; monitoring and tracking, and support to frontline workers;* ○ *What aspects of the case presentation can be adapted for use by the water and sanitation, health, women and child development sectors?* ○ *How to adapt and improvisations required for use in the water and sanitation sector?*
2:30 PM – 3:00 PM	**Sub-group presentations** *Each sub-group will 5 minutes to present their recommendation points*
3:00 PM – 5:00 PM	**WORKING SESSION III** **EXPLORING THE SCOPE OF MOBILES FOR SBC: PARTNERSHIPS AND WAY FORWARD**
○ *The focus of the session is to explore partnerships among stakeholders such as State Rural Development Department, civil society organizations, mobile app developers, bilateral agencies working in water and sanitation to develop a pilot to use mobile phones for SBC in the water and sanitation sector* ○ *The session will focus on how mobile phones can be used as a tool for social and behaviour change by water and sanitation sector. The objective of the session is to develop a framework for water and sanitation sector on the basis of presented cases to take forward in the next 4-6 months* ○ *This concluding session comprises a brief overview of case-studies presented in different working sessions followed by group.* **Session Moderator:** ***UNICEF India and DEF*** ***Rapporteur: DEF***	

3:00 PM – 3:15 PM	***Setting up context on Mobile Ecosystem*** *By: Osama Manzar, Director, Digital Empowerment Foundation* *The Presentation will focus on the mobile ecosystem and identify the role of mobile stakeholders - regulatory framework; device manufacturers; network service providers; vas providers; content providers and civil society organizations. The Presentation will also highlight how mobile stakeholders can collaborate with each other. The Presentation willfocus on the usage of mobile services such as – IVRS; SMS; Helpline; etc. in Tamil Nadu.*
3:15 PM – 4:15 PM	**Areas of Interest & Scope of Collaboration: A Way Forward** *This session will focus on exploring partnerships among water and sanitation stakeholders such as State Rural Development Department, civil society organizations, mobile app developers, bilateral agencies working in water and sanitation to develop a pilot to use mobile phones for SBC in the water and sanitation sector.* *Each mobile stakeholder will have 3-5 minutes to share their role and how they can be collaborated together on the basis of case-presentations. Thereafter, participants will be divided into three sub-groups based on above thematic areas information dissemination; monitoring and tracking and training and skill support to frontline workers. Each group will review the previous group work sessions, deliberate on the following key questions and report back in the plenary –* • *List 2-3 key recommendation points on how they can collaborate with water and sanitation sector on the basis of result of group work within that thematic area* • *Identify the key support, partnerships required – in training, development, piloting, monitoring, information & dissemination,etc., within water and sanitation sector* • *Define the immediate next steps and timeline to develop a pilot that can rolled-out in the next 4-6 months*
	<u>Lead for Discussion:</u> • *P Krishna Prasad, DDG & State Informatics Officer, NIC, Tamil Nadu State Centre* • *G. Lakshmipathy, Additional Director, Department of Rural Development & Panchayat Raj (RD & PR), Government of Tamil Nadu* • *S. Avudai Nayakam, Senior Water & Sanitation Officer, Water.Org* • *Vijay Krishna, Director, Sanitation Programme, Arghyam* • *Nishant Bhatnagar (CHN), Marketing Head, Vodafone, Tamil Nadu Circle* • *Vivekananda Pani (Cofounder- Reverie Language Technologies)* • *Chandan Mishra, Lead Developer Relations, South West Asia*
4:15 PM – 4:45 PM	TEA BREAK
4:45 PM – 5:15 PM	**Sub-group presentations** *Each sub-group will 5 minutes to present their recommendation points*
5:15 PM – 5:30 PM	Session IV Summary by Moderator *Moderator will finally sum up the session with a set of recommendations pertaining to the session. Presentation by Moderator to sum up the session by sharing their*

	experiences and recommendation points pertaining to the session
5:30 PM – 5:45 PM	Consultation Concluding Remarks: DEF

Annexure 2: List of Participants

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