

# Report on the State Consultation

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## **Mobile Phones: A Tool for Social & Behavior Change**

**Date: August 28-29, 2014**

**Venue: Hotel Clarks Awadh, Lucknow, Uttar Pradesh**

*Organized by*



## INTRODUCTION

UNICEF India and Digital Empowerment Foundation (DEF) organized the state consultation “Mobile Phones: A Tool for Social & Behaviour Change” on 28-29 August at hotel Clarks Avadh in Lucknow, Uttar Pradesh.

The consultation is the third consultation in a series of “Mobile Phone as a Tool for Social & Behaviour Change” programme, a joint effort of UNICEF India and Digital Empowerment Foundation (DEF) that aims 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 are organizing five consultations in five states of the country. The first two consultations were organized in Bhopal (Madhya Pradesh) and Chennai (Tamil Nadu).

The main objective of the consultation is 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 and 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 Uttar Pradesh;
- ✓ 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 Uttar Pradesh;
- ✓ Explore the scope of partnerships and collaborative work amongst government, private, bilateral agencies, CSOs and others in mobiles for SBC.

## PROCEEDINGS

### DAY 1: 28th August' 2014

#### INAUGURAL SESSION

**Mr. Bhai Shelly, Communication for Development Specialist, UNICEF**, Uttar Pradesh welcomed the participants and representatives from the Government, Public sector departments, local government bodies from Uttar Pradesh, NGOs, and others. He explained the relevance of the consultation, given that 62% of households in overall India, and over 59% of rural households possess mobile phones. He added that this consultation can be a “game changer” in the context of development in the state.

**Mr. Osama Manzar, Founder-Director of Digital Empowerment Foundation** gave an overview of the MSBC project, a joint initiative of UNICEF and DEF. He iterated that a great proportion of people have mobile

phones in their hands, and the state and local governments have to devise ways to reach out to these people through mobiles for social and behaviour change. He told that UNICEF and DEF will act as the facilitators for the governments to achieve these development goals in their particular states.

**Ms. Niloufar Pourzand, Chief of Field Office, UNICEF Office of Uttar Pradesh** set the context of the consultation by giving examples how mobile phone based practices have been used for development in various regions of the country. She further pointed out that mobile phones can be very effective in increasing people's access to knowledge, information and services, whilst also helping people provide feedback on the quality of the services being provided and also for direct monitoring by the authorities. Ms. Pourzand emphasized that "Learn, adapt, adopt, and innovate" is the expected result of the consultation to achieve maximum results in empowering frontline workers, women and child development in Uttar Pradesh.

**Mr. Amod Kumar, Chief Minister's Office at UP Government** explained the existing and potential role of ICT and mobile phones for delivering citizen services. Talking about citizen services delivery, Mr. Amod informed in about 6000-7000 occasions where citizens need to deal with government officials to receive information and their entitlements, however, in most of occasions citizens do not need to visit government offices to receive their entitlements and information. Giving example of "My City", an initiative of Kanpur Collector, allows citizens to upload pictures and complaints related to civil issues in the locality on social networking site, Facebook. Through this way, concerned authority/personnel have to reply when the issue will get resolved. He also shared innovative idea of "mobile talktime as credit card of the poor", and "mobile as a means for providing remittances", explaining how it has the potential to check the black economy and corruption.

**Mr. Arvind Kumar, PS, Department of Health & Family Welfare, Govt. of Uttar Pradesh** initiated the discussion giving an overview of the health sector initiatives in place in Uttar Pradesh. He informed that the state health department has initiated helpline service in the state.. He also added that UP government has distributed 1.44 lakh mobile phones to ASHAs and ANMs with support from BSNL. Adding to his point he added that mobile phones can not only be used as a platform to disseminate information but it can also be used for training and capacity building, grievance redressal, process support, etc. for frontline workers like ASHA and ANMs. In result, mobile phones reduce the overall expenditure of coordination work.

He also briefed about a project of UP Government that has been initiated with a support from Bill and Melinda Gates Foundation. The project is an IVRS based intervention for ASHAs and ANMs and it will be initiated in 5 unfavorable districts in terms of maternal and infant mortality from 1<sup>st</sup> September 2014.

Setting the context on mobile phones in the state **Mr. Naveen Chandra Bajpai, Deputy Chairman, Planning Commission** delivered a keynote address about how mobile technology is harnessing the power of efficiency, bringing transparency and accountability and delivering services to public. In terms of IT policy in Uttar Pradesh, the state planning department is enabling mobile features like helpline, IVRS, etc. as the first platform to deliver services. Quoting Margaret Thatcher's saying that the citizens are too much dependent on the government, he emphasized that mobile phones can reverse this order help the citizens to participate in the governance process and it can transform governance system as "Minimum government- maximum governance".

#### **Discussion Points:**

- There is a need to have a mechanism for monitoring and tracking for ambulances in addition or instead of increasing their numbers. IVRS and SMS based mechanism can be adopted for the same purpose.
- The government initiates many projects on pilot basis and very few project go on extension as its sustainability approach is not defined. Moreover, very few people are aware about such pilot projects. For example – if any project is available at district level, there is no platform where public can easily access information about the project. There is need social networking platform for such small projects – through which awareness and outreach can be done.

## **WORKING SESSION I**

**Status overview: mobile reachability, accessibility, usability & & potential in Uttar Pradesh**

**Mr. Kamlesh Kukreti, DGM BSNL- Uttar Pradesh** presented an overview of the reach of mobile phones with data. He also showed how the mobile subscribers and tele-density are increasing in India and also in Uttar Pradesh.

**On another hand, 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, etc. that can be put to use for developmental interventions, and emphasized on the importance of mobile phone and its capacity to reach masses.

### **Discussion Points:**

- Feedback from audience: Grievances redressal mechanism using SMS/mobile features can be started. Ms Alka Malhotra from UNICEF pointed out that feedback mechanism for audience can be developed. Grievances redressal mechanism using SMS/mobile features can also be started. Giving example of NextDrop in this context - which is a mobile-based platform for providing information about and monitoring the water supply to citizens. In a same way, mobile phones can be used as grievance redressal mechanism for other departments such as education, health, panchayat raj.
- There is a need to increase the number of towers in the state. Preferential treatment sought from the government. For good functioning of telecom, electricity connection is also an issue in remote areas. therefore, there is need to provide electricity in subsidized rate
- There is also need to utilize alternative sources of energy: solar power to be harnessed by BSNL, as there are targets set by the Government of India that 50% of the towers should run on hybrid energy.

## **WORKING SESSION II**

**Learning from experiences: use of mobile phones for 1) Monitoring/tracking to enhance accountability & 2) Information dissemination in Uttar Pradesh**

### **1. Use of mobile phones for MONITORING & TRACKING in Uttar Pradesh:**

#### **Presentation Highlights and Discussion Points**

#### **IVRS-Daily Monitoring System for the Mid-Day Meal Scheme**

*Sudhanshu Tripathi, Mid- Day Meal Authority of UP*

<p><b>Presentation Highlights:</b></p> <ul style="list-style-type: none"> <li>• The Mid-Day Meal Authority of UP has devised a monitoring system for administration of the mid-day meal scheme (MDM) in all government schools in UP. Data from 1.65 lakh schools across all over the state is sent through the system pulled from over 4.5 lakh teachers. The system facilitates in monitoring and pinpointed intervention. Data can be corrected and older data is also retained in the system. It was reported that the system has brought about transparency and accountability in the MDM scheme operations.</li> <li>• Demonstration was done for the data collection procedure.</li> </ul>	<p><b>Discussion Points:</b></p> <ul style="list-style-type: none"> <li>• There is a mechanism in place for updating and verifying the contact numbers of teachers, and there is a call centre where teachers can call and update their details.</li> <li>• For ensuring that the data is genuine, periodic checking and verification is done. Randomized calls are also made by the system to verify the data.</li> <li>• It was told that the operational cost of the project is total 1.20 rupee per data.</li> <li>• <u>Suggestions</u></li> <li>• IVRS - Daily Monitoring system for the Mid-day meal scheme can be linked with other schemes/ programmes, e.g. "Meena" radio programme, "hand-washing campaign" and "deworming campaign" can be done for monitoring these aspects also.</li> </ul>
<p><b>mSwasth</b> <i>Starlene Sharma, Spatial Ideas</i></p>	
<p><b>Presentation Highlights:</b></p> <ul style="list-style-type: none"> <li>• mSwasth is a system that ensures that patients get timely access to quality care, by monitoring the medical staff attendance, appropriate levels of medical supplies, timely cost-effective patient care, doing mapping of the diseases and their spread, also helping in comprehensive Mother and Child Tracking System (MCTS) and care.</li> <li>• A demonstration of the application was done, and for an example, a summary of the report was shown, having patient map, disease report, MCTS dashboard.</li> <li>• The system also helps in prevention of diseases and prevention of female foeticide may also be done by mapping the stages at which chances of abortion are high.</li> </ul>	<p><b>Discussion Points:</b></p> <ul style="list-style-type: none"> <li>• Any tablet/ computer can be used for the system, having internet connectivity.</li> <li>• The costing for the development and running of the system is about Rs. 1 lakh per PHC, and it includes everything except hardware. (includes the recurring costs)</li> <li>• The project can also explore opportunities to tie up with insurance companies and provide health insurance schemes to frontline workers including ASHA and ANMs as they take good care of the tablets.</li> </ul>
<p><b>CG NetSwara</b> <i>Aditya Vashishta, CG NetSwara</i></p>	
<p><b>Presentation Highlights:</b></p> <ul style="list-style-type: none"> <li>• CG NetSwara is a voice-based interactive platform for the communities in the Central Gondwana region. It is emerging as a platform for citizen journalism and cultural exchange also. It works on IVR-based system.</li> <li>• 200 impact stories ranging from every domain have been identified till now.</li> <li>• In 1.5 months, 4500 posts were recorded and the variety of usage is still expanding, as substantiated by the fact that it is being used by blind people also because of its ease to use, and being voice-based.</li> <li>• Content generation by citizens in huge amounts.</li> </ul>	<p><b>Discussion Points:</b></p> <ul style="list-style-type: none"> <li>• The IVR-based junction with the voice forum can be connected to the <u>global social media platforms</u> , like <i>Facebook</i>. These media can then result in wider reach and visibility.</li> <li>• These models have issue of sustainability as user might not be willing to pay for using the service. But if they willing as well it should have on minimal cost. To resolve this, several models can be tried such as giving missed calls and the system automatically calls back the user, etc. In the schemes where information is not reaching the beneficiaries, a centralized mobile number can be shared with beneficiaries to disseminate</li> </ul>

	<p>information about the schemes. This can also be used to coordinate between the concerned departments.</p> <ul style="list-style-type: none"> <li>The <u>IVR-based junction</u> is a Free and open source software (FOSS) and anyone can use it. Only the cost of server and telecom needs to be paid.</li> </ul>
<b>2. Use of mobile phones for INFORMATION DISSEMINATION</b>	
<b>Galli Galli Sim Sim</b>	
<i>Vartika Gupta, Sesame Workshop India</i>	
<p><b>Presentation Highlights:</b></p> <ul style="list-style-type: none"> <li>Galli Galli Sim Sim is a multi-platform initiative that combines the use of television, community radio and mobiles, with educational outreach to reach children and their families.</li> <li>An audio and video was played about the project and its impact.</li> </ul>	<p><b>Discussion Points:</b></p> <ul style="list-style-type: none"> <li>The project uses television, community radio and mobile phones as platforms. It does not make the listener pay for the content.</li> <li>The end-user does not need to pay, but the cost of the content is about 60 paisa for a 1 min call. It is borne by <i>Sesame</i>, which receives it from donor funding.</li> <li>The content is on the server and it can be accessed by mobile phone. The user needs to give a missed call and the system calls back, and the content can be accessed.</li> </ul>

## DAY 2: 29th August' 2014

### Role of 'Value Added Services' in use of mobile phones

**Mr. Vivekananda Pani, from Reverie Language Technologies** shared a presentation about their applications providing multi-lingual platform on mobile phones. He told that the problem area is that there is lack of content, problems in text input and text display, on the mobile phones in the local languages. Despite the fact that Hindi is among the 20 most spoken languages in the world, yet 0.01% of total web content is in Hindi. He also shared some more data to show the importance of the web and mobile content in local languages to reach out to people. **Mr. Osama Manzar** shared here that Reverie is working with Qualcomm, a company that manufactures the processors for mobile phones ; to devise a process to make the multi-lingual usage of the phone in-built in the handset.

### WORKING SESSION III

#### Learning from experiences: Use of mobile phones for SUPPORT TO FRONTLINE WORKERS

<b>mSakhi</b>	
<i>Girdhari Bora, IntraHealth International</i>	
<p><b>Presentation Highlights:</b></p> <ul style="list-style-type: none"> <li>mSakhi is an interactive mobile phone application for ASHAs and auxiliary nurse-midwives (ANMs), which uses audio, graphic images, and short videos, for their self-learning and counselling, decision support for case management, diagnosis,</li> </ul>	<p><b>Discussion Points:</b></p> <ul style="list-style-type: none"> <li>About costing and structure model, it was told that the model is of public-private partnership (PPP). And it will be implemented by a consortium of three parties: 1.integration agency, 2. mobile phone provider- who will also take care of maintenance</li> </ul>

<p>assessment, treatment and referral, also for real-time monitoring and management. A monthly report is generated automatically.</p> <ul style="list-style-type: none"> <li>• Studies done for measuring impact have proved that the application has enhanced counseling skills of ASHAs, and their knowledge has also improved.</li> <li>• mHealth lab is established in Jhansi in Badagaon block with the help of Qualcomm, which has funded National Health Mission (NHM)</li> <li>• IIT Kanpur has agreed to be the development resource centre to create an open source community.</li> <li>• A video with the demonstration of how the application works was also shared.</li> </ul>	<p>and insurance, 3. field support and implementation partner, which will be an NGO</p> <ul style="list-style-type: none"> <li>• The payment model is based on number of people using the service- SAAS (software as a service model)</li> <li>• <u>Suggestion:</u></li> <li>• Other sector-related information can also be included or integrated in the system, like education, Rural Development, etc. (using the same platform-tailor-making for these sectors).</li> </ul>
<p><b>ReMiND (Reducing Maternal and Newborn Deaths)</b> <i>Satish Shrivastava, Catholic Relief Services</i></p>	
<p><b>Presentation Highlights:</b></p> <ul style="list-style-type: none"> <li>• The project involves use of the basic mobile phones for health care information delivery for pregnant women.</li> <li>• 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 &amp; Newborn Child Health Care based on the GOI's guidelines.</li> <li>• 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.</li> <li>• Feedback from the blocks on performances is also recorded by the system. Proposed roll out of the postpartum &amp; referral module. Open source software CommCare is used.</li> </ul>	<p><b>Discussion Points:</b></p> <ul style="list-style-type: none"> <li>• Update of the application is done as per the need, earlier it was done monthly, but now it is being done quarterly. The feedback is also compiled and updated quarterly.</li> <li>• ASHAs and ASHA Sanginis and their capacities to use the mobile apps was questioned, to which it was clarified that the capacity building aspect is taken care of, and they are doing their same work but with the help of mobiles.</li> <li>• There were discussions about battery life and electricity issues, to which it was answered that android phones are not being used. Instead, JAVA based phones are being used as they have more battery backup.</li> </ul>
<p><b>Mobile Kunji and Mobile Academy</b> <i>Yadavendra Singh, BBC Media Action</i></p>	
<p><b>Presentation Highlights:</b></p> <ul style="list-style-type: none"> <li>• <b>Mobile Kunji</b> is an audio-visual job-aid for front-line health workers, having a voice response system and deck of cards. It is used for information dissemination about maternal and newborn health.</li> <li>• There is a tie-up with BSNL in UP.</li> <li>• Cards are for visual support and as a conversation starter. They bear the key messages and have a short code on them which can be dialed, and a fictitious character-Dr. Anita gives information.</li> <li>• The couplet for Bihar application was also played.</li> <li>• Same one is in the process of development for UP.</li> <li>• A video was also shown about the application and</li> </ul>	<p><b>Discussion Points:</b></p> <ul style="list-style-type: none"> <li>• Training of the front-line workers will begin this year near Diwali-time. NHM will be bearing the cost, and complete ownership of government will be there.</li> <li>• The language of the content will be <i>khadi</i>, which is the spoken form of Hindi. The government is planning to take it all over the country, so scale-up will be done as per state-level context.</li> <li>• The message contains mentioning of free services/ medicines, and other services provided by the government.</li> </ul>

<p>its usage.</p> <ul style="list-style-type: none"> <li>• <b>Mobile Academy</b> is a training application for the front line workers.</li> <li>• It has content of total 240 minutes, and it was developed in collaboration with NHM and IHAT.</li> <li>• The roll-out plan for UP is in pipeline.</li> </ul>	
<p><b>AgRisk</b>  <i>Shantanu Kumar, AgRisk</i></p>	
<p><b>AgRisk</b> is a company dealing with automation of milk units, developing mobile- based agricultural platforms, and forecasting and agricultural insights. It has developed systems for seed tracking and monitoring, agri-information systems, system for mapping the crop varieties, for checking milk adulteration, etc. These systems are designed to help the farmers for crop production and in getting remunerative prices for their produce, and helping companies also for their production and tracking.</p>	

### Group Work & Sub-Group Discussion

Current status of usage of mobile phones in each thematic area in UP	Mobile-based cases and 3-4 key lessons from them and further scope	Capacity/ support/ required	development/ partnerships	Immediate steps/ scale-up steps
<b>Group 1: PLANNING DEPARTMENT</b>				
<ul style="list-style-type: none"> <li>• As planning department is a nodal department for all departments – therefore, departments can share practices there and the planning department can see how these practices (which are good) can be replicated or modified as per need of users.</li> <li>• Use of mobile phones at a personal level for validation, but limited at systemic level and there is partially use for validation of primary data</li> <li>• There is also a scope for use of mobile phones for information dissemination, monitoring, tracking and evaluation, for enabling the training and development of the field executives</li> <li>• Economic and</li> </ul>	<ul style="list-style-type: none"> <li>• Different aspects of case studies can be used for data feeding application for field investigator, for checking authenticity of data.</li> <li>• Monitoring and tracking of the collected primary data can be verified through mobile phone.</li> <li>• Platform like CG NetSwara can be used for collecting case studies, also to study the impact</li> <li>• In the schemes where information is not reaching the beneficiaries, a centralized mobile number can be shared with beneficiaries to disseminate information about the schemes. This can also be used to coordinate between the concerned departments.</li> <li>• Mobile applications for Coordinating within the</li> </ul>	<ul style="list-style-type: none"> <li>• Tabulation work needs to be done at back end</li> <li>• Auto analysis on an hourly basis needs to be done</li> <li>• Identify a resource at the village level who will work in collaboration with the field investigators during impact assessment</li> <li>• There are technical development issues, human resource issues while implementing the projects on ground</li> </ul> <p><b>Partnerships Required:</b></p> <ul style="list-style-type: none"> <li>• Internet service providers,</li> <li>• Mobile service providers,</li> <li>• Technically oriented NGO's,</li> <li>• Startups which are already performed pilot studies</li> <li>• Information Department</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of Common Toll free number</li> <li>• Development of Reporting and validation mechanism through mobile based application</li> <li>• Initiation of reminders after trainings through SMS</li> <li>• Initiation of logistic planning of trainings through mobiles</li> </ul> <p><b>Responsibility of:</b></p> <ul style="list-style-type: none"> <li>• SPI (State Planning Institute)</li> </ul>	

Statistical Division can use Mobile phones to collect statistical data from village level and from different development departments.	<ul style="list-style-type: none"> <li>departments.</li> <li>There is need to develop SMS- based information dissemination (using cloud technology)</li> </ul>	<ul style="list-style-type: none"> <li>Application Developers</li> <li>M&amp;E and Training Department</li> <li>CDAC for technical support</li> <li>Reverie as language supporter</li> </ul>	
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**Group 2: LABOUR DEPARTMENT**

<ul style="list-style-type: none"> <li>Many online systems in place for Online Registration and renewal of Shops and commercial establishments, and site map approval of factories, for tracking of bonded labour</li> <li>Labour management information system</li> <li>Facebook accounts (on individual officer basis, not officially recognised)</li> </ul>	<ul style="list-style-type: none"> <li>Reminders for target groups, like employers for renewals and registrations, workers for renewals and schemes</li> <li>Sending text/ audio message to target group</li> <li>Using social media tools for updation of policies, wages, new rules &amp; laws and grievance redressal</li> <li>Helplines, IVRS based system may be devised</li> <li>Providing android/java based mobile phones with GPS enabled facility to BOCW workers with pre-loaded need based applications to help-tracking of employment, migration trends and employment avenues</li> <li>Tracking / enrollment of education and health related and other social sector services/ issues of migrated and BOCW labours w.r.t. RTE act.</li> <li>Renewals and benefits to workers</li> <li>A tool for awareness</li> <li>A tool for help alerts for accidents on site or bondage or in any other emergency situations</li> </ul>	<ul style="list-style-type: none"> <li>Deciding on the input mode: like (a) text (b) voice to text</li> <li>Project cost deciding and allocation</li> <li>Child-line- to be scaled up</li> <li>Database of students/ pass-outs to be made, so that no graduates go unemployed</li> <li>Database of children of the construction workers/ laborers- for ensuring enrolment of all such children</li> </ul>	<ul style="list-style-type: none"> <li>Prioritization is required and listing of a lot of things is done</li> </ul> <p><b>Responsibility of:</b></p> <p>(a) Cost of project including data cost may bear by UPBOCW Board</p> <p>(b) Cost may be managed by the lapsed worker registration amount.</p>
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**Group 3: DEPARTMENT OF RURAL DEVELOPMENT AND PANCHAYATI RAJ**

<ul style="list-style-type: none"> <li>CUG service is available at the level of BDOs only</li> <li>Used only for communication, but not used for</li> </ul>	<ul style="list-style-type: none"> <li>Mid-Day Meal IVRS Project can be adapted to meet the need of Panchayat level functionaries to track them and their work</li> <li>Tracking and monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Content level and planning level</li> <li>Identification of right applications</li> <li>Internal buy in to develop something</li> </ul>	<ul style="list-style-type: none"> <li>Consultation with the concerned departments at various departments</li> </ul>
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<p>programme implementation and monitoring</p> <ul style="list-style-type: none"> <li>• Informal use for getting information and data</li> <li>• Display of personal Phone No's of PRI members/VHSNC /other officials/ members at public places</li> <li>• Efforts for women development is being made to obtain the mobile numbers of the stakeholders of social security schemes (e.g. widow pension)</li> <li>• Kissan call center helpline for farmers, MNREGA Helpline are available</li> </ul>	<p>of village level and panchayat-level functionaries</p> <ul style="list-style-type: none"> <li>• Need to develop government entitlement database and also its awareness to panchayat level elected members</li> <li>• Panchayat Helpline: for elected members/staffs, and for community</li> <li>• Gram Pradhans to update their mobile details in their Panchayat bank accounts</li> <li>• Application tracking system for status</li> <li>• SMS alert for applications to different depts.</li> <li>• Service monitoring of frontline service providers [maybe using GPS]</li> <li>• Online application for MNREGA</li> <li>• Track all Gram Sabha and gram Panchayat level meetings.</li> </ul>	<p>directly relevant</p> <ul style="list-style-type: none"> <li>• Need to have all relevant and department to sit together to plan and RD is dependent on several other departments</li> </ul>	<ul style="list-style-type: none"> <li>• Advocacy with the concerned departments</li> <li>• DEF and UNICEF to take lead</li> </ul>
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**Group 4: HEALTH DEPARTMENT**

<ul style="list-style-type: none"> <li>• 150,000 ASHA workers at village level use mobile phones</li> <li>• Tracking systems in – MCTS, HMIS, MIS is already available. However, data may not be accurate but system in place</li> <li>• Helpline numbers – JSY, JSSK, Ambulance for pregnant women and newborns, Emergency services, health Insurance, for Adolescent Girls are available</li> <li>• Mobile Kunji model is there for counseling and training tool</li> <li>• Remind Project by CRS</li> <li>• M-Swasthya</li> </ul>	<ul style="list-style-type: none"> <li>• Creation of e-Guru platform</li> <li>• Train peer educators (RKSK) to help/extend on-site support ASHAs and/or other frontline providers like AWWs, Teachers etc. to use the mobile applications</li> <li>• Various aspects of case presentations can be used as lessons</li> </ul>	<ul style="list-style-type: none"> <li>• Need for onsite capacity building and mentoring in addition to classroom training on use of apps and mobiles</li> <li>• Need to create community awareness on programs available such as helplines, services.</li> <li>• Media and youth need to be engaged to popularize programmes and new initiatives</li> <li>• Create e-Gurus on use of apps, basic hardware and soft skills</li> <li>• Train peer educators (RKSK) to help/extend onsite support ASHAs and/or other frontline</li> </ul>	<ul style="list-style-type: none"> <li>• Initiate partnerships</li> <li>• Map all mobile based interventions active in the given intervention area- from across departments</li> <li>• Identify 1 male/female in each intervention village</li> <li>• Train them on the various apps, basic hardware and mentoring skills</li> </ul>
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<p>programme by Intra-health</p> <ul style="list-style-type: none"> <li>• Most of ASHA workers are literate</li> </ul>		<p>providers like AWWs, Teachers etc. use mobile applications</p> <p><b>Partnerships Required:</b></p> <ul style="list-style-type: none"> <li>• Partnership for supply of hardware- Tab or mobile for e-guru</li> <li>• Trainer for e-guru</li> <li>• UNICEF/MAMTA-who have trained PEs</li> <li>• Convergence with M-Kunji/Mswasthya</li> <li>• Inter departmental convergence to map existing mobile based initiatives</li> <li>• Media and youth need to be engaged to popularize programs and new initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly meetings of the e-Gurus for feedback and problem solving at block level.</li> <li>• This e-Guru will be a volunteer-incentive will be public appreciation, training may be given a mobile set with all the apps loaded</li> </ul>
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### CONCLUSION AND WAY FORWARD

**Concluding Remarks** were given by **Mr. Vikas Gothwal, Head, Technical Support Unit, supporting NRHM in UP**. He iterated that technology has the power to transform lives and systems, if it reaches the last mile. The high penetration of mobile phones and the government schemes can be clubbed together for development, to achieve in-built transparency and accountability in the system. He further mentioned that involvement of state government departments in this exercise was quite helpful to achieve the objectives of the consultation. This has also resulted bottom-up approach as suggestions for design and implementation can be taken since the beginning. Moreover, this exercise will also help in building a sense of ownership resulting in a more robust system, and eventual success of the same.

#### A Way forward

Alka Malhotra, C4D specialist from UNICEF, told the audience about the compendium of case studies is available on the website. Lessons from these can be taken forward and scope can be explored by the departments. She suggested that the further work needs to be done department-wise and UNICEF and DEF can become a facilitator for the same.

### PHOTO GALLERY



## ANNEXURE 1: Consultation Agenda

### 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 Uttar Pradesh;
- ✓ 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;
- ✓ Explore the scope of partnership building and collaborative work amongst government, private, bilateral agencies, CSOs and others in mobiles for SBC.

## DAY 1: August 28, 2014

10:00 AM – 10:30 AM	<b>Registration of delegates &amp; participants, Demonstration: phones loaded with mobile apps will be available for demo</b>
10:30 – 11:00 AM	<b>Tea</b>
<b>11:00 AM – 12:15 AM</b>	<b>WELCOME &amp; INTRODUCTION</b>
<i><b>This session gives an overview of the objectives of consultation and the expectations from the deliberations. It also sets the context and background to the consultation.</b></i>	
11:00 AM – 11:05 AM	Welcome & Introduction by <b>Digital Empowerment Foundation</b>
11:05 AM – 11:15 AM	Introduction of invitees, practitioners & participants
11:15 AM – 11:25 AM	Context and objective of the Consultation <i>By: Niloufar Pourzand, Chief of Field Office, UNICEF Office of Uttar Pradesh</i>
11:25 AM – 11:35 AM	Role of ICT and mobile phones for citizen delivery services <i>By: Amod Kumar, Chief Minister's Office at UP Government</i>
11:35 AM – 11:45 AM	Role of ICT and mobile phones in health sector* <i>By: Arvind Kumar, Department of Health &amp; Family Welfare, Govt. of Uttar Pradesh</i>
11:45 PM – 12:05 PM	Keynote Address <i>By: Mr. Naveen Chandra Bajpai , Deputy Chairman, Planning Commission, Govt. of Uttar Pradesh</i>
12:05 PM – 12:20 PM	Discussion & Recommendation points

### 12.20 PM – 1:15 PM

#### **WORKING SESSION I- STATUS OVERVIEW: MOBILE REACHABILITY, ACCESSIBILITY, USABILITY & & POTENTIAL IN UTTAR PRADESH**

- *This session shall deliberate on mobile phone penetration, accessibility and usage in Uttar Pradesh. 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, women and child nutrition, water and sanitation, education and child protection in Uttar Pradesh*
- *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.*

**Moderator: UNICEF India Rapporteurs : DEF**

12:20 PM – 12:35 PM	<p><b>Reach and Access of Mobiles in Uttar Pradesh</b>  Presentation by: Kamlesh Kukreti, DGM, BSNL  The presentation will focus on <b>reach/penetration of mobile phones</b> among various population strata in Uttar Pradesh.</p>
12:35 PM – 12:50 PM	<p><b>Mobile Usage &amp; Potential in Uttar Pradesh</b>  Presentation by: Osama Manzar, Director DEF  The presentation will focus on the <b>scope and potential to use mobile phone</b>, current trends on content and services imparted through mobile phones and the use of 'value added services' (VAS).</p>
12:50 PM – 1:15 PM	<b>Q&amp;A Session and Discussion</b>
1:15 PM – 2:15 PM	<b>LUNCH BREAK</b>
<b>2:15 PM – 3:30 PM</b>	<b>WORKING SESSION II</b>
<b>LEARNING FROM EXPERIENCES: USE OF MOBILE PHONES FOR 1) INFORMATION DISSEMINATION &amp; 2) MONITORING/TRACKING TO ENHANCE ACCOUNTABILITY IN UTTAR PRADESH</b>	
<b>LEARNING FROM EXPERIENCES: USE OF MOBILE PHONES FOR MONITORING &amp; TRACKING</b>	
<ul style="list-style-type: none"> <li>Invited case study presenters make brief <b>15 minutes</b> presentations on their experiences followed by Q&amp;A.</li> <li>Thereafter, participants will be divided into five sub groups. Each sub group will discuss and make recommendations regarding specific aspects: (1) scope for scaling up the case studies; (2) Improvisations needed and ways to scale up specific case studies.</li> <li>Each subgroup will present the highlights of their discussions.</li> <li>The session Moderator will sum up a set of recommendations pertaining to the session / presentations</li> </ul> <p><b>Session Chair:</b> Representative, GoUP (tbd)  <b>Moderator:</b> UNICEF India <b>Rapporteurs:</b> DEF</p>	
2:15 PM – 3:15 PM	<p><b>Case study presentation: Use of Mobile phones for Monitoring / Tracking</b></p> <ul style="list-style-type: none"> <li><b>The IVRS based Daily Monitoring System (DMS) -Mid-Day Meal Authority;</b> Location: Uttar Pradesh  By: Sudhanshu Tripathi, Midday Meal Programme, Lucknow  The practice: an automated mobile-based MIS where data of children availing mid-day meal is made available on daily basis.</li> <li><b>Health Management and Tracking Solution;</b> By: Spatial Ideas; Location: Aurangabad, Maharashtra  By: Starlene Sharma, VP-Strategy &amp; Alliances, Spatial Ideas  The practice visualizes on a map the disease spread and completely digitizing how free medicine is distributed and utilized and public health posts which the government pays for.</li> <li><b>CGNetSwara;</b> Location: Chattishgarh  By: Aditya Vashistha, CGNetSwara  The Practice uses IVRS technology to enable real-time feedback from the grassroots regarding administrative schemes and other areas of governance and democracy.</li> </ul> <p><b>Role of 'Value Added Services' in use of mobile phones for monitoring and tracking for enhancing accountabilities</b></p> <ul style="list-style-type: none"> <li>Vivekananda Pani, Reverie Language Technologies Pvt. Ltd. (MVAS)</li> <li>L. R Yadav, NIC, Lucknow</li> </ul>

3:15 PM – 3:30 PM	<b>Discussions</b> <ul style="list-style-type: none"> <li>○ Q&amp;A session on the case presentations</li> </ul>
<b>LEARNING FROM EXPERIENCES: USE OF MOBILE PHONES FOR INFORMATION DISSEMINATION</b>	
<p><b>Session Chair:</b> Representative, GoUP (tbd)  <b>Moderator:</b> UNICEF India <b>Rapporteurs:</b> DEF</p>	
3:30 PM – 3:45 PM	<p><b>Case Study presentations: Use of mobile phones for Information Dissemination</b></p> <ul style="list-style-type: none"> <li>○ <b>Mobile Application for Anganwadis (MAA);</b> By: NIC; Location: Madhya Pradesh, Andhra Pradesh, Uttar Pradesh, &amp; Tamil Nadu  By: K. Raja Sekhar, APFoods, NIC ( via Skype)  <i>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</i></li> <li>○ <b>Radiophone;</b> By: Gali Gali Sim Sim; Location: Uttar Pradesh  By: Vartika Gupta, Manager – Programs, Sesame Workshop India Trust  <i>The Practices brings together emerging technologies and community voices in a bid to provide access and opportunity to marginalized populations. The practice uses 3G network and 3G enabled phones to access educational materials consisting of videos, songs, stories and other print materials to children between the ages of four to eight.</i></li> </ul> <p><b>Role of service providers in the use of mobile phones for information dissemination</b></p> <ul style="list-style-type: none"> <li>○ <b>Vodafone</b></li> </ul>
3:45 PM – 4:00 PM	<b>Discussions:</b> Q&A session on the case presentations
<b>TEA BREAK</b>	
4:15 PM – 4:45 PM	<p><b>Group Work &amp; Sub-Group Discussion (These presentations will be made on Day 2)</b>  <i>The session will be divided into five sub-groups – health; education; water and sanitation, women &amp; child nutrition and child protection. Each sub-group will have 30 minutes discussion time and will identify 3-5 recommendation points based on the following parameters for each practice;</i></p> <ul style="list-style-type: none"> <li>○ <i>What is happening in your department/sector in the use of mobile phones</i></li> <li>○ <i>List 3-4 key learnings from the case-presentations that can enhance the work in your sector</i></li> <li>○ <i>Which of the most applicable case-study/project/practice as per theme of the group and that can be scaled state-wide?</i></li> <li>○ <i>Identify the capacity and developmental needs of case-studies in respective themes of the group.</i></li> <li>○ <i>Identify the key support, partnerships required – in training, development, piloting, monitoring, information &amp; dissemination, etc.</i></li> <li>○ <i>Develop steps and framework for improvisation and enhancement in selected case-study/practice/project that has been identified for scaling up.</i></li> <li>○ <i>This group work will also be presented during the Plenary session on Next Steps and Way Forward</i></li> </ul>
4:45 PM – 5:00 PM	<b>Summary of Day 1</b>

	By: UNICEF Moderator
<b>DAY 2: August 29, 2014</b>	
9:30 AM – 09:45 AM	Recap of Day 1
9:45 AM – 10:15 AM	<b>Sub-group presentations</b> <i>Each sub-group will have 5 minutes to present their presentation/recommendation points</i>
<b>10:15 AM – 1:15 PM WORKING SESSION III</b>	
<b>LEARNING FROM EXPERIENCES: USE OF MOBILE PHONES FOR SKILL SUPPORT TO FRONTLINE WORKERS</b>	
<ul style="list-style-type: none"> <li>○ <i>This session will have case studies presentations on the use of mobile phones to 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</i></li> <li>○ <i>Each case presenter will be allocated 15 minutes for sharing, followed by Q&amp;A.</i></li> <li>○ <i>Thereafter, participants will be divided into five sub groups. Each sub group will discuss and make recommendations regarding specific aspects: (1) scope for scaling up the case studies; (2) Improvisations needed and ways to scale up specific case studies.</i></li> <li>○ <i>Each subgroup will present the highlights of their discussions.</i></li> <li>○ <i>The session Moderator will sum up a set of recommendations pertaining to the session / presentations</i></li> </ul>	
<b>Session Chair:</b>	
<b>Moderator : UNICEF India Rapporteur: DEF</b>	
10:15 AM – 11:30 AM	<b>Case Study presentations: Use of mobile phones for Skill Support to Frontline Workers</b> <ul style="list-style-type: none"> <li>○ <b>mSakhi</b>; By: IntraHealth International; Location: Uttar Pradesh By: Girdhari Bora, ICT Advisor, IntraHealth International <i>The practice provides illustrative and audio reminders and guidance that helps accredited social health activists (or ASHAs) to counsel and educate the families they serve. ASHAs also use mSakhi to record data on the mothers and newborns they visit.</i></li> <li>○ <b>ReMiND</b>; By: Catholic Relief Services &amp; Dimagi; Location: Kaushambi, Uttar Pradesh By: Satish Kumar Srivastava, Director (Nutrition), Catholic Relief Services <i>The Practice uses audio and visual prompts to help ASHA systematically counsel and assess women and babies for any danger signs during home visits before and after birth.</i></li> <li>○ <b>Ammaji Mobile episodes</b>; UNICEF; Location Jharkhand, Orissa ,Gujarat By: Alka Malhotra, Communication for Development Specialist, UNICEF India <i>The Practice provides a tool to frontline workers to help them engage with mothers or community members.</i></li> </ul> <b>Role of phone manufacturers in the use of mobiles for support to frontline workers</b> <ul style="list-style-type: none"> <li>○ Pranshu Singhal, Microsoft</li> <li>○ Representative from Micromax</li> </ul>
11:30 AM – 11:45 AM	<b>Discussions</b>
11:45 AM – 12:00 AM	<b>TEA BREAK</b>
12:00 AM – 12:30 PM	<b>Group Work &amp; Sub-Group Discussion</b> <i>The session will be divided into five sub-groups – health; education; water and sanitation, women &amp; child nutrition and child protection. Each sub-group will have 30 minutes discussion time and will identify 3-5 recommendation points based on the following parameters for each</i>

	<p>practice;</p> <ul style="list-style-type: none"> <li>○ What is happening in your department/sector in the use of mobile phones</li> <li>○ List 3-4 key learnings from the case-presentations that can enhance the work in your sector</li> <li>○ Which of the most applicable case-study/project/practice as per theme of the group and that can be scaled state-wide?</li> <li>○ Identify the capacity and developmental needs of case-studies in respective themes of the group.</li> <li>○ Identify the key support, partnerships required – in training, development, piloting, monitoring, information &amp; dissemination, etc.</li> <li>○ Develop steps and framework for improvisation and enhancement in selected case-study/practice/project that has been identified for scaling up.</li> <li>○ This group work will also be presented during the Plenary session on Next Steps and Way Forward</li> </ul>
12:30 PM – 1:00 PM	<p><b>Sub-group presentations</b> Each sub-group will 5 minutes to present their recommendation points</p>
1:00 PM – 1:15 PM	<p><b>Conclusion &amp; Recommendations by UNICEF Moderator</b> UNICEF Moderator will sum up with action and recommendations points</p>
1:15 PM – 2:15 PM	<p><b>LUNCH BREAK</b></p>
<p><b>2:15 PM – 4:00 PM</b> <span style="float: right;"><b>PLENARY SESSION</b></span> <b>EXPLORING THE SCOPE OF MOBILES FOR SBC: NEXT STEPS &amp; WAY FORWARD</b></p>	
	<ul style="list-style-type: none"> <li>○ The focus of the session is to identify the next steps and establish action points that can be taken forward. The outcome of collective effort is always better than working in isolation. Partnerships help pull resources, experience, and expertise of stakeholders to work in unison towards common collective goals. This is all the more relevant with use of mobile phones for social and behavior change.</li> <li>○ This concluding session comprises a brief overview of group work and sub-group discussion points discussed in the working session II &amp; III</li> <li>○ The Session will have sector-wise group-work presentations by group work leaders/moderators. Each Group-work leader/moderator will have 5 minutes to present their recommendation points on the basis of their group work</li> <li>○ Each panel discussant will sum-up the sector-wise presentation with a set of recommendation points pertaining to their sector group-work</li> </ul> <p><b>Session Moderator:</b> UNICEF India <b>Rapporteur:</b> DEF</p>
2:15 PM – 3:15 PM	<p><u>Panel Discussants</u></p> <ul style="list-style-type: none"> <li>• Department of IT &amp; E, Govt of Uttar Pradesh <i>Naveen Kumar, Special Secretary IT&amp;E, Project Director e-Suvidha, Govt. of Uttar Pradesh*</i></li> <li>• Department of Education, Govt. of Uttar Pradesh</li> <li>• Department of Women &amp; Child Development, Govt. of Uttar Pradesh</li> <li>• Department of Panchayati Raj &amp; Rural Development, Govt. of Uttar Pradesh</li> <li>• Department of Health, Govt. of Uttar Pradesh</li> </ul> <p><b>Sub-Group Work Leader/Moderator Presentations</b> Each group work leader/moderator will present their group work from the Working Sessions II and III in 5-7 minutes each.</p>

	<ol style="list-style-type: none"> <li>1. Recommendation &amp; action points from health sector: by Group Moderator</li> <li>2. Recommendation &amp; action points from education by Group Moderator</li> <li>3. Recommendation &amp; action points from water and sanitation by Group Moderator</li> <li>4. Recommendation &amp; action points from women and child nutrition: Group Moderator</li> <li>5. Recommendation &amp; action points from child protection : Group Moderator</li> </ol>
3:15 PM – 3:30 PM	<b>Consultation Summary by UNICEF</b> <i>UNICEF Moderator will finally sum up the consultation with a set of recommendations points</i>
<b>3:30 PM – 4:00 PM</b>	<b>TEA AND CLOSURE</b>

## ANNEXURE 2: List of Participants

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