Lack of access to healthcare information

- Lack of means of regular communication between health workers and audience
- Poverty, lack of transportation, conservative culture
- Quacks do more harm than good, superstitions

Voice system connecting villagers & doctors

- Not a “hotline:” asynchronous
- Flexible for doctors to help, any place, any time

Differences between the two voice systems

- Teachers: simplest possible interface for sharing
- Doctors: need more sophisticated modes
  - Device options, history-tracking, …
- Need to carefully manage doctor-questioner interactions

Working with rural users
Working with doctors and NGO staff

Example issue 1: tracking state: the system must “remember”

- Easy for doctors to contribute
- Some prefer computers, some only use phones, some a mix…
- Doctor hears an “assigned” question, needs thinking time, calls back later…
- The system needs to remember “doctor history”

Example issue 2: “remote control” of voice server

- Use of laptop by field workers: difficult, cumbersome, expensive
- Lack of wireless data coverage in the field

Example issue 2: “remote control” of voice server

- Replace laptop by simple phones as a “remote control”
- Voice server has a “staff phone interface”
- Easy, cheap, has reliable connectivity

A platform for customized voice apps

Conclusions

- Make “Internet” without Internet: software-driven smart core + simple fringe devices
- The Internet is more than a tool, it’s a “philosophy”
  - Openness (content, code, protocol)
  - Sharing
  - Community-building
  - Grassroots self-help
- Let this philosophy blossom in the developing world!