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## SI657/757: Information Technology and Global Development (WI 10)

### Wk 9: Education and Health



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# **General Notes:**

- Next week IIAD project pre-proposal (today group time)
- Peer reviews of other IIAD projects (group assignments posted later this week): 1 page response articulating: 2-3 strengths or points of interest; 2-3 suggestions or recommendations for improvement; any questions of clarification
- Reminder: April 12<sup>th</sup> & 19<sup>th</sup> classes



What are the ethical responsibilities of ICT4D researchers vis-a-vis the partners and broader communities they work with? Are there distinctive ethical dangers or pitfalls associated with ethnographic and/or designbased ICT4D work? Appropriate strategies for addressing these?



Human Capital: Education and Health (Todaro & Smith, ch. 8)

 Health and education as ends and means of development (e.g., UN's HDI: life expectancy + education (adult literacy + gross enrollment ratio) + income)

 Health and education as complements:
\* health improves educational performance, retention, downstream application and long-term returns on knowledge;
\* schools are key sites of health learning; health programs rely on skills taught in schools (literacy, numeracy, etc.)



### **Gender and education**

- stronger impacts on local health standards
- education improves labor force participation, later marriage, lower fertility, improved child health and nutrition
- stronger generational transmission through women than men
- better poverty targeting



# Human Capital: Education and

### Health (Todaro & Smith, ch. 8)

- Barriers and incentives to enrollment: direct costs: school fees, materials, and supplies; indirect costs: foregone wages or household labor; household histories and cultural values; perceptions (and realities) of opportunity; urban/rural wage gaps
- Appropriate balance between primary, secondary, tertiary education (credential inflation + negative net transfers of wealth?); private vs. public costs and returns on investment
- Internal and external 'brain drain' (or 'brain drift') (though note contrary arguments offered by Saxenian, Wagner, others)



# **ICTs and education: 2 examples**

http://www.urgentevoke.com/
http://www.literacybridge.org/



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### SI657 – Wk 9 small group work: ICTs, education, and development

Distribute and discuss your reading notes on each of the Anderson, Pal et. al., and Karsenti et. al. cases assigned as additional readings for this week. Each of you should lead a 5-6 min discussion of your assigned reading (other group members should ask questions of clarification etc.)

### Group question:

1. What are 3-4 principal successes or potential contributions of ICTs to improving learning and education in developing country settings?

2. What are 3-4 limits or barriers that confront and limit the contribution of ICTs to educational improvement?



### ICTs, health, and development (World Bank, 2006)

- better dissemination of public health information;
- remote consultation, diagnosis and treatment (telemedicine);
- collaboration and cooperation among health workers, including sharing of learning and training approaches;
- more effective health research and the dissemination and access to research findings;
- monitoring and timely response to public health threats;
- improved efficiency of administrative systems in health care facilities



# **Discussion:**

What general lessons or principles can we derive from the "Improving Health, Connecting People" report around what works, and what doesn't, in the application of ICTs to health sector reform and service provision in development contexts? Among the promises made for ICTs in health listed on the preceding slide, are some more likely than others? Examples from the report (or elsewhere) that stand out as particularly innovative or promising? Limits or barriers to more effective or widespread implementation?

