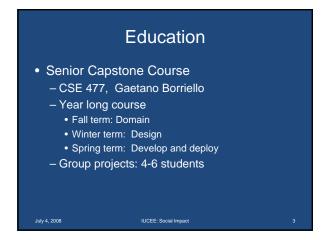
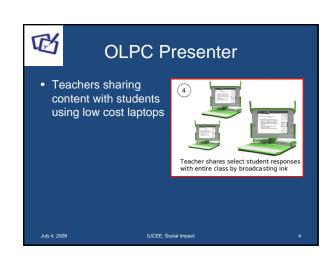
Computing for Low Resource Environments at UW Richard Anderson

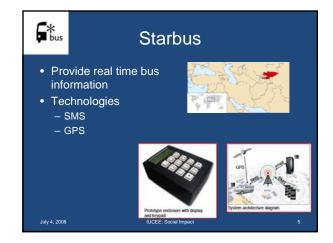
How can computing have a broader impact? • Can computing have a positive impact on the lives of people with limited access to technology – Health – Education – Livelihood

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Research Projects

- eIMCI Community Health Workers
- CAM MicroFinance
- Digital StudyHall primary education

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e-ICMI

- Hand held device to support delivery of medical protocol
- Target community health workers in Africa
- Brian DeRenzi

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Motivation

- This year almost 10 million children will die before reaching the age of 5
- Most live in low-income countries
- Almost 2/3 could be saved by the correct application of affordable interventions
- Every 6 seconds a child dies from a preventable cause

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IMCI

- UNICEF, WHO and others develop medical protocols
- Integrated Management of Childhood Illness (IMCI)
- Address most common childhood illness
- Easy to use for lowly-trained health workers
- Originally developed in 1992 by WHO and UNICEF
- Adopted by over 80 countries worldwide
- Integrated most common causes of childhood illness into a single approach

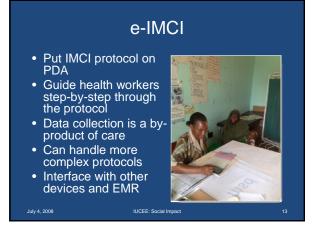
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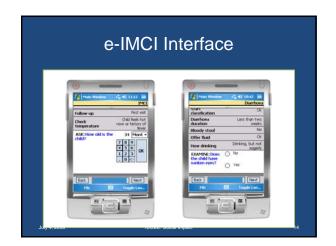
SIGNS CLASSIFY AS TREATMENT (Urgare pre-referred treatments are in-hald print.) - Arry general danger sign or content in the process of the process of the process of the process of the process in cream child. - Fast breathing. - Fast breathing. - Advise monther when to return immediately. - Follow-up in 2 days. No signs of pneumonia or very severe disease. NO PNEUMONIA. - Advise mother when to return immediately. - Follow-up in 2 days. - Advise mother when to return immediately. - Follow-up in 5 days if not improving.

IMCI Barriers

- Expense of training (\$1150 -\$1450)
- Not sufficient supervision
- Chart booklet
 - Takes a long time to use
 - Natural tendency to be less rigorous
 - Social pressure

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e-IMCI

- Code based on South Africa HUPA project
- Windows Mobile 5.0
 - PDA/SmartPhone
- Contains cough, diarrhea, fever and ear pain questions and treatment
- First visit, ages 2 weeks to 5 years

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Mtwara, Tanzania

- Worked with IHRDC in Mtwara, Tanzania
- Southern Tanzania
- Rural
 - Subsistence farming
 - Fishing
- Piloted e-IMCl at a dispensary



Study Design

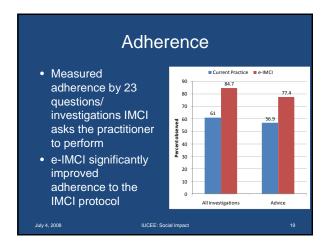
- Started with 5 clinicians
- Four clinicians completed study
- Goals:
 - Discover usability issues
 - Discover if e-IMCI helped adherence
 - Determine how e-IMCI effects patient visit

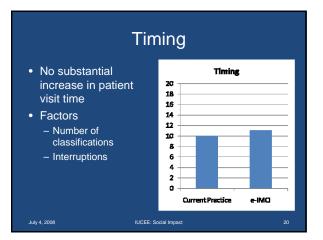
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Study Design

- Started with some pre-trials to fix major bugs
- Semi-structured interview of all clinicians
- Observed 24 current practice IMCI sessions
- 31 e-IMCI sessions
- Exit interview for each clinician

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Clinician Reaction

- Unanimously cited e-IMCI as easier to use and faster than following the chart booklet
- Wanted to use the system for Care Treatment Clinic
- Liked being able to review answers to questions
- Asked to be in future studies
- "Sometimes since I have experience [with IMCI] I will skip things, but with the PDA I can't skip."

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Lessons Learned

- Limitations
 - Question Grouping
 - Threshold Problem
- Requirements
 - Flexibility
- Incorrect IMCI
 - Cough syrup
- Local Preference
 - Antibiotic
 - Lab use

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e-IMCI for Training

- Current training lasts 11-16 days
- Costs \$1150 -\$1450 per person
- Using e-IMCl to train, could reduce time and cost



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User-Driven Model

- "Expert" mode
- Allow users to decide what investigations to perform
- Flexibility will encourage long-term
 use
- Merge with current system-driven approach to ensure

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CAM Cell Phone Data Collection • Tapan Parikh

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Financial Services for the Poor Microfinance: Global Movement Grameen Bank & Muhammad Yunus – 2006 Nobel Prize Self-Help Groups (SHGs) Collect savings during meetings Use capital for small loans Business, livestock, education, health care, etc. Repayment based on peer pressure Decentralize financial service provision

Linking Formal and Informal SHGs are being linked to banks Access more credit at better rates Other services (insurance, investment, savings, etc.) Local intermediation can reduce cost of service Excellent repayment performance (90-98%) However, many obstacles Parikh-ICTD 2006 Spread across remote rural areas Limited education, infrastructure, financial capacity Documentation practices are inconsistent Difficult to assess credit risk and make decisions SHGS Banks July 4, 2008 RUCEE: Social Impact 27

