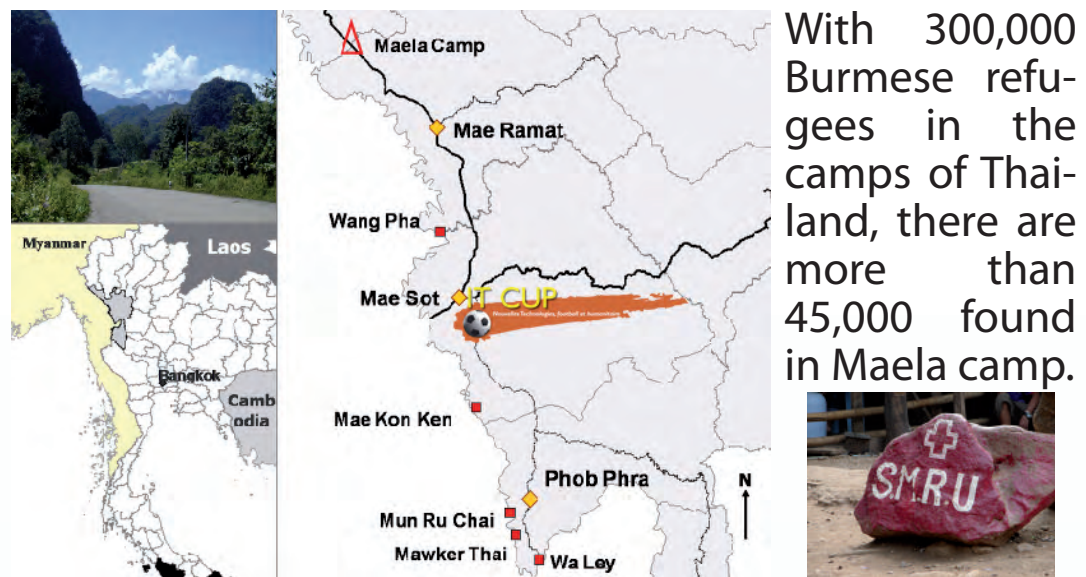


### On the Thai-Burma border, malaria claims millions of lives

Hundreds of Burmese, belonging to the Karen ethnicity, cross the border each day. Malaria is the most common disease to affect this population, and the number one cause of death.



With 300,000 Burmese refugees in the camps of Thailand, there are more than 45,000 found in Maela camp.

Created in 1986, the Shoklo Malaria Research Unit (SMRU) treats more than **30,000 patients** each year, for free. The SMRU manages 6 clinics and 3 laboratories.

TSF and IT CUP strengthen the capabilities of the SMRU through the computerisation of their clinics and the creation of a system to collect information, tailored to the needs and the working methods of the medical staff. Until 2009, patients were monitored with paper forms exchanged between clinics and laboratories by mail (with as many as 30 forms per case).

**A priority for the SMRU is the computerisation of prenatal services**, because pregnant women are amongst those most vulnerable to malaria.



The TSF cooperation programs, dedicated to helping the least privileged, have the aims to bridge the digital divide reinforce existing development programs and reduce inequalities in the health domain. ICTs offer to the programs, considerable possibilities to optimise the achievement of these aims.

*Thanks to support from IT CUP, TSF has developed an application tailored to monitoring patients*

### Functions of the application

- To collect, record and manage the clinic's patient data (registration forms, information about pregnant women, ultrasounds, patient history, examination forms, test results, malaria, anaemia, mortality, prescribed treatments...)
- To manage the doctor's appointments
- To aid the decision making process (data is directly available and clear when reading the computerised forms)

### Advantages

- Information delivered in real-time
- The improved exchange of information
- Information captured and transmitted more quickly
- Reduction of the number of intermediaries (and thus cost of staff), and data input errors
- Reduction of costs for the utilisation and supply of paper



April 2011 marks the end of TSFs direct involvement.

At the end of these 3 years of collaboration with the SMRU, TSF has achieved its fixed objectives in developing **an application tailored to the needs and working methods of the medical staff.**

**To this day, the SMRU has at its disposal the necessary resources to independently expand the system to include all six clinics.**

**TSF remains available to guide and advise the SMRU in their future actions.**

### Evaluation of the SMRU requirements

January 2008	29th June 2008	October 2008	March 2009	9th April 2009	June 2010	April 2011
Start of the project	IT CUP tournament at Clairefontaine	SMRU (Mae Sot) Implementation of network structure	Wang Pha (pilot clinic) Installation of the first version of the application	Inauguration in the Maela camp	Version 1.5 of the IT application	Version 1.7 used by the SMRU lab and two clinics (Wang Pha et Mawker Thai)

### Fields of action

- **Training local technicians, personnel and data administrators of the SMRU to use the application**
- Digitisation of the 13 forms for prenatal services (respecting the functionality of the original forms)
- Use of the application in a web environment
- Creating an application compatible with the existing database
- Transmission of information in real time
- Enhancement of data storage with multiple back-up systems

### Implemented technologies



The SMRU laboratories, and the clinics of Wang Pha and Mawker Thai are equipped with 3 servers and 12 computers, the system for data collection, and a Wifi connection via VSAT.

