**RHEA PHASE 1 – PRE ROLL-OUT**

1. Site assessment – check infrastructure is there and is working and can plug in observe and get fixed - ESTIMATE: 3 DAYS PER SITE – 36 working days - JHS – involved in 1 site – can maybe sign off site – 2 teams (MOH, CONTRACTOR) use existing checklist
2. NDC infrastructure - need guarantees from them and monitor actual usage
3. Workflow assessment – done but needs to be extended - part of the implementation package”
4. Technical system – bugs, workflow- observation period - 2 weeks after deployment – need both developers available for that period
5. Reports – requirements gathering ad define - 1 week by Liz, dawn and Wayne
6. Barcode – requirements for this - as above
7. Development and testing – 3 weeks – technical team JHS and MOH - Review period
8. Exchange visits for data managers - PART OF IMPLEMENTASTION
9. M&E plan = 1 month to develop - InSTEDD, JHS, MOH
10. baseline data collection and develop tools – 1 month - JHS, Yvonne, MOH
    1. this week – RHC and RG to define priority indicators and InSTEDD
11. Security – user policies – very simple usage – backup of data in local instance – show auditing – usage guideline LT (see Quintin)
12. Security – start process of independent assessment –
13. Strengthen helpdesk – get a list of questions – decision tree – bug report template – OpenMRS training – distinguish btw OpenMRS and registry problems - to give support for it and data mgr. on site

(WN can ask at OpenMRS for existing templates) – Create ref in Jira during phone call – send email with ref no - start support process development - 3 weeks (EMR IT specialist MOH may be able to assist)

1. Engagement with IT and DATA manager - DEPENDANT ON DEVELOPMENT OF SUPPORT PROCESS – PART OF IMPLEMENTAITON
2. Train patients – bring NID, NOT WRITE ON BARCDE etc. - Ongoing – part of implementation – 2 weeks by MOH – local gathering on Saturday 29th?
3. RapidSMS needs to be deployed on ministry server – just need go-ahead from RG then to deploy 2 weeks JHS and PIVOT
4. Updates of NIDs for providers - - Tutelaire – once in HRIS then IntraHealth can update the PR – part of the pre-implementation checklist – is an implementation activity (Need to define additional identifiers for providers as a dev task)
5. Interface from IHRIS to the PR – POSSIBLE TO DEVELOP NOW? INTRAHEALTH – 3 weeks + JHS to integrate to HIE (NOT A PRECONDITION)
6. CHW information on alerts? during their monthly meeting – provide info to the supervisor at health centre – Check if they have mobile phones – MOH may have this info already
7. CR review - observation – part of 3 week review – Regenstrief team
8. MOH staff checklists – on going – RHC – give to MOH along with TORs – 3 weeks - every registry - maybe combine in 1 person + clinical person for the term service + tech person
9. DOCUMENTATION OF CONNECTORS TO APIS- to become MoH policy which will be published – (Randy?)

RNC to develop the timeline and define dependencies and resource limitations