Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

# Date and Time

January 17th 2013, 3pm, GMT +2hrs

# Participants

Rhonwyn Cornell (RhC), Carl Fourie( CF), Chris Seebregts (CS), Linda Taylor (LT), Emmanuel Rugomboka (ER), Liz Peloso (LP), Hannes Venter (HV), Kari Schoonbee(KS), Ryan Crichton (RC), Carl Leitner (CL) , Tiffany Jager (TJ) , Wayne Naidoo (WN), Luke Duncan (LD),Shaun Grannis (SG), Dykki Settle (DS), Odysseas Pentakalos, (OP), Dawn Smith (DS), Gilbert Uwayezu (GU), Lorinne Banister (LB)

**Call recording link**

Call Recording File # 12449401

**Agenda**

1. OpenMRS messaging and the HIE
2. Technical issues on site
3. Track 2
4. Any other business – Project Meeting

***Key points of discussion:***

***OpenMRS messaging***

* WN described the “errors” being logged: most are not blank messages but particular type of transactions. Missing provider registry IDs are the source of many of these errors during validation. Has driven the need to propose an OpenMRS Provider adapter module that enables a way of preventing these errors and has been included in proposal for Track 2. LP said they had some manual processes planned to deal with this but welcomed an interface to deal with this.
* Have had about 931 messages sent from Ruhunda to HIE. Seemed to be no messages for 1st week of January – the server went down and were unable to get it back up again for a week. Staff used paper forms during that time. Were able to restart server and so OpenMRS also restarted automatically and is now in live use again
* ASKED: How to improve communication between clinics and MOH to deal with these types of problems? LP asked if they reported it? WN was not aware that the clinic staff had reported it and RHC said there was confusion around the process of how to report IT issues and LP agreed she had found this was a problem too, particularly if key staff were not available.
* WN reported that the JHS team made a site visit to Musha yesterday and were told a router had been installed and hope is that this will improve reliability. Have installed scripts that automatically check and will send email alerts to WN for now to provide a better idea of what is happening on site.
* The same problem of server being down for over a week occurred at Musha: there are 4791 messages queued up at Musha at the moment – did try to flush the queue but had a few problems with the large volume so dealing with this currently. Includes messages to both CR and the SHR
* How many ANC encounters are included? WN said can’t get that information easily – have to interrogate logs. WN noted that there has been training on this aspect and have been working with Gilbert and the MOH team to enable closer monitoring of the HIE to try and ensure that downtime is minimized. GU, RHC and WN have a Skype call planned for 9am tomorrow to discuss this in more detail

***Problems at site***

* LP reported extremely slow connectivity and system seems very unstable. Have also problems with entering data if offline due to network problems. Ruhunda is more remote but staff also more committed to getting this working. This is not sustainable in the long term.
* CF – although infrastructure is not a direct responsibility of HIPPP project, we aim to assist as much as possible to ensure this can be improved. Has the MOH identified this as a critical problem and is there any strategy to deal with it? LP said this is more of a problem now than it used to be as this system is intended to be real-time data entry – previously have always back-entered data.
* LP - can we look a solutions that are more tolerant of low power / connectivity problems i.e. using a laptop for data entry (aware of security issues around this).
* CF – must beware of looking at problems beyond our scope and not sure this is within our remit. What we can do is brainstorm alternative solutions. Should not stop progress in other areas as infrastructure (power / LANs) has always been and will be an ongoing problem in low resource settings.
* LP – The lack of connectivity is less of a problem: the problem is the network/LAN and on-going power interruptions. Agrees that a brainstorming session may be useful and that this is not the responsibility of the RHEA group - CF reminded group that “experience trumps opinion”

***Track 2 Budgets***

* RHC has still not received any plans or budgets from the other partners in order to develop a plan for the whole project. None of the partner organisations have had a conversation with RG yet.
* CF presented a draft Task 2 plan on last week’s call and discussed extensively then.
* RG requested the group to look at the document and present any other ideas or additional work based on this thinking or alternative ideas
* CL said unsure what RGs priorities are so is difficult to plan what they should be doing and would feel more comfortable having a separate conversation with RG - don’t know what we are trying to accomplish under Task 2
* CF cautioned that we are running out of time to contract for this and must move ahead with these conversations a.s.a.p.
* LP has talked to RG and has sent an email to him asking him to respond to requests for discussions
* LP very concerned that a WP combines multiple partners – feels should be separated into different organizations as it makes budgeting very difficult
* CF agrees – noted that the technical support package is a “dream package” and it is unlikely to be able to do this WP under this budget

*Meeting in country*

* What is the validity of having a Project Meeting in Kigali this year? Understand that the costs are high and can affect technical work, but what is the cost of not having a meeting in country when the implementation is the focus.
* LP feels that with the limited budget would like to find a less expensive way to get everyone’s input.
* LB said some people will be required to travel to Rwanda as long as this travel is attached to the deliverables and can maybe try and coordinate this btw partners to ensure people are there at the same time i.e. maybe have a 1 day conference and the rest of the team can join by phone / internet
* There is value in meeting face to face but need to be very cautious of costs
* PB said RG is in charge of this project so should have final decision

*Any Other Business*

* PB also said we still need RG to define priorities for Track 2 as unsure what this entails
* CF stated need to define overlaps between Track 2 and Track 3? PB said this is also highly dependent on RG’s needs for Track2 based on the country’s strategic plan for health - needs to be more specific than primary care.
* The OpenMRS development and the roll-out to the clinics is now the responsibility of the MOH rather than the partners
* PB asked: is the focus now less on actual clinical use case e.g. HIV than about expanding the tools to develop the HIE? We were supporting the maternal and child use case in first phase – are we now helping to develop and extend the tools/technologies?
* CF asked who is going to be the driver in the MOH as to how these efforts will ultimately affect and improve the clinical outcomes
* Question raised as to who is now driving this initiative? Is it a case of the RHEA team is no longer driving but providing software tools in response to the MOHs’ needs and contributing support, while the MOH looks at the outcomes?
* CF cautioned again that there are 8 months left until September: need confirmation of budgets or will affect what we are able to accomplish in that time
* PB – Said Track 1 is confirmed and LP said in principal that Track 1 is confirmed
* CF –JHS has not had confirmation from Cardno yet or a formal approval from RG
* Have been continuing to working on all Track 1 activities in the meantime
* PB - there is no end date to the funding that RG is receiving
* CF - said JHS not aware of that: understood contracted date was end of September 2013
* PB asked about the plan to continue the rollout to the rest of the 12 sites
* CF noted that the MOH now has the responsibility to do the implementation / roll-out now at RG’s request
* Dawn may be the point person in the MOH
* PB would like to see that things are happening and progress is being made
* LP would expect to see the MOH implementation activities in the general plan as they are part of the critical path
* RHC has already removed the implementation project plan JHS developed and is handing it over to Gilbert and they are working closely to ensure this handover goes as smoothly as possible
* CF asked – who is the owner of the general project plan and coordinator of all activities
* Is it MOH or is it still JHS?
* While each partner has responsibility for their own activities it still requires a role to co-ordinate this into one overall plan
* LB asked if RG approved financial support for this co-ordination activity in track 1?
* JHS do not have this
* CF said JHS still very happy to take on this role but need to clarify this very important point and ensure that JHS does indeed have the mandate from RG to continue in this role
* LP will discuss with RG
* Dawn – spoke to RG this morning who said JHS is still in charge of overall co-ordination with GU and DS working together on the MOH activities
* JHS Will continue to request updates on the project plan for all partners and will follow up on all activities and report back to the group

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| **Action Item – THIS CALL** | **Responsible**  | **Due Date** |
|  Team to consider various solutions to power outages and add to wiki page and then JHS will set up a call to discuss proposed solutions |  **All**  |  **Thursday 24** |
|  RG to have discussion with partners separately to agree objectives  | **Partner leads** |  **a.s.a.p.** |
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