Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes

**Date and Time:** April 18th 2013, 2pm GMT +2hrs

**Attending:**

Carl Fourie; (CF) Linda Taylor; Carl Leitner (CL); Dawn Smith (DS); Desire Ruzinga (DR); Ishimwe Ngezahayo (IN); Shaun Grannis (SG); Liz Peloso (LP); Emmanuel Rugomboka (ER); Lorrine Banister (LB); Paul Biondich (PB); Derek Ritz (DRitz); Scott Teesdale (ST),Wayne Naidoo (WN), Hamish Fraser (HF), Richard Gakuba (RG), Luke Duncan (LD)

**Apologies:**

Rhonwyn Cornell

**Call recording file #:  84586601**

**Agenda**

•   **Ubudehe and NID Updates**

◦        Follow up from last week about reviving the discussion point of the MOH having   access   to NID database - Dawn & Richard

•   **Implementation Updates**

◦           Site call feedback - Desire

◦           Team Priorities for May - Dawn

◦            Next steps to take Musha and Ruhunda off paper (reports and audits) - Richard & Dawn

◦            RHEA Implementation Plan - Dawn

**Any Other Business**

**Notes:**

***1. Ubudehe database and MoH access to NID database***

* RG will be meeting next week with the NID so hopes to have more feedback for next weeks call. Having developed a policy / formal process they are now providing access to the data. We only have to discuss the mechanism
* LP asked if RG could ask about the algorithm for the check digit on the NID
* PB- More precision needed on what is meant by “slow” queries: does it take a long time to return a result, is it the time taken to look at what is returned? Need to then consider what will make the hit rate higher
* WN-post Sept implementation there was a low no of NIDs associated with records and long list of names returned
* The search itself locally is not slow - biggest issue is no NID so search on name have so many hits that have to drill into each one which is not feasible.
* Either got no hits or too many
* Name, age, and gender doesn’t help, but new search functionality has the village which is a good identifier
* LP - Internet searches for Client Registry is slow but guesses this is due to slowness of internet connection
* Reports are slow
* SG - Did consider using Ubudehe data with filters to get better quality data but may need to pause if can get access to NID data instead
* LP - Should have had more hits on names. Suspect that when no hit that the names are mis-spelt, for people who have lived in an area for a long period but there is no match.
* PB - Should wait for RG to come back from NID discussion before considering optimising the Ubudehe data

***2. Implementation Updates***

* DR - spoke to both IT managers and head of ANC - confirmed no problems to report re: infrastructure and system. At Musha had problem with power circuit board but fixed by end of the day and did not affect clinic. Still have no Internet access. Transactions in the queue:
  + Musha 160 trans
  + Ruhunda 112 trans
* RG - are paying over 300 USD per month and cannot sustain this. Are considering other solutions, e.g. 1 using wimax with MTN - around USD 200/month but get more bandwidth and more reliable service. Must consider both long term and short-term solutions. Another option is a new company (Airtel) that wants to enter the market and use us to pilot the technology - will provide for free initially. Hope to have Installations for both solutions by Monday. Suggest we go for both solutions and have some redundancy in place and can see which is best option. This is short-term (=/- 6 months) but in long term there is a plan to introduce broadband nationally. Could consider using money budgeted for NDC support over long term (awaiting the national plan so could be up to 6 months or more) for this.
* CF - thinks there may not be the funds available for this as thinks the NDC costs have been higher than expected to date.
* RG - can transition these costs to the MOH contract. ER to follow up and see when we can move over this funding to MOH a.s.a.p. PB said if not enough funds there can find another source, as Internet connectivity is fundamental to this.
* Musha bill has been paid and should have been re-connected but Ruhunda has not.
* PB - are there some ways we can get traffic through the exchange sooner rather than later? While other options are under discussion? This should be resolved within a week - before next week’s call.
* PB - Must have a baseline Internet access for all sites that will be part of the HIE. Can do something in the short-term but for the long term then Internet access is presumed to be part of a clinic infrastructure.
* HF - Had noticed that there is a lot of cellphone traffic during the day that has impact on Internet access.

* DS will share the implementation schedule next week. Must make sure that mandatory HMIS reports can still be provided when looking at coming off paper system, as well as having some reports in place.  These issues must be dealt with before can roll out to other sites. A smaller working group is dealing with this.
* PB said that RW sent a report via email - is this the data needed?
* RG - Yes, these are the maternal child health indicators extracted from the main HMIS report of 20-25 pages
* PB - Should be able to provide this data fairly quickly
* WN - Have seen the email but not looked into this in detail in terms of development
* RG - A report like this (ANC care indicators only) may not be enough to wean them off the registers
* PB - Primary care and HIV stats could also be inferred from the registers: Maybe we should provide all the indicators
* LP- There is maternity register, an acute care register and an ANC register and PMPCT register which already sends data electronically. We were only considering removing the ANC register and have discussed with Andrew. They have agreed to audit this and if paper and electronic data matches then will allow removing ANC paper register.
* RG - The paper forms are not filled in 100% so must ensure this is taken into consideration by PBF i.e. the electronic system should reflect what is on the paper (register) not more
* Can see if there are any PIH sites that are ready to be audited for paper registers to be removed then RG will recommend the auditors go to these sites as well
* LP - Is a big advantage to get rid of this particular paper entry: currently they are entered on paper and electronically at end of day