**Rwanda Health Enterprise Architecture (RHEA) Project Conference Call Minutes**

# Date and Time

August 22nd 2013, 2pm, GMT +2hrs

# Participants

* Dawn Smith (DS), Rhonwyn Cornell (RHC), Carl Fourie (CF), Chris Seebregts (CS), , Lorinne Banister (LB), Derek Ritz (DR), Wayne Naidoo (WN) Paul Biondich (PB), Shaun Granis (SG),
* Derek Ritz (DR), Ryan Crichton, Emmanuel Rugomboka (ER), Michel Makolo (MM), Linda Taylor (LT), Richard Gakuba (RG)

**Call recording link 99348201**

[**http://www.conferenceplayback.com/stream/87343495/99348201.mp3**](http://www.conferenceplayback.com/stream/87343495/99348201.mp3)

**Agenda:**

* Project status update - Dr. Richard/Dawn
* Team Discussion
	+ HIE Key Monitoring Indicators - Dr. Richard
	+ NID Approach - Shaun
* AOB

***Key points of discussion:***

**Status Update**

Project on track. Installation at 4 new sites complete and changes done at Musha and Ruhunda. Training done at 3 of 4 sites.

RG and WN met with NID to talk about setting up Nagios. Once we have the VPN solution in place will be able to provide better monitoring.

***Key monitoring indicators for the HIE***

PB – If cannot get data from the HIE, we could look at 3rd party data to get inferences related to infant and maternal mortality

Have a list of possible indicators on google doc we can list all ideas and can then prioritise and see what is do-able

***NID integration with the CR***

Different approaches proposed by SG and discussed with RG

RG – need to make a decision around which one

Access to the NID varies depending on need – can query the database in batches – may also still be a possible of getting the entire database if the Minister makes the request directly

Can clean out and remove data from existing CR – if have no related data stored in the SHR –

Believe the NID database much cleaner than Ubudehe database data

Or

For those with clinical info stored, can augment existing CR record from NID database

Import remaining NID into CR

Get an incremental NID database update on periodic basis

Aim to add more use cases than MNC so must have means to include people < 16 i.e. without NID

2nd option more feasible – will generate and print out cheap “cards” for under 16s – with a unique ID – generated by the CR

In Mozambique they print cheap label that is stuck on a plastic card – may be an option

RC –In favour of this option but this hinges on whether NID will allow us to store a copy of the NID database

RG – believe if the MOH makes the request then we will get it as long as we can demonstrate good security / access restriction

DR – What does RapidSMS use as their Identifiers? Are we going to harmonise with them?

RG - RapidSMS uses NID for mothers – Can find out how they do this for under-16s

DR – Would like them to use the CR as their source for truth for IDs

DR - Are we going to go “thin and wide” in the pilot district? Should leverage the RapidSMS experience as is already national implementation

We should keep all the RapidSMS messages not just Rwamangana district

RC – all messages from RapidSMS don’t have enough info to register a client in the CR – if don’t already exist in the CR then cannot go thru the HIE and store in the SHR

Will the NI database be exposed in the IL so can also use to validate the PR

RC – is a good opportunity to do this

CF – rather managed thru orchestration rather than expose the NID

DR – if our CR is a safe replica then can use that to validate the PR NIDs

***Plan for next year***

RG – would like some comments on the overall vision for next year

Have described plan for all 1/4s and detail for the 1st one

DR – What is the overall strategy ? i.e. These activities should lead to these outcomes XXX which lead to MDGs xxxx. If we reference these in this document will make it clear to others

***Any Other Business***

The call ended at 3:01pm

The next call will be on Thursday 30th.

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| **Action Items** | **Responsible** | **Due Date** |
|  RG - RapidSMS uses NID for mothers – Can find out how they do this for under 16s |  RG |  |