

## Project Status Report as at 26-02-2013

Project: RHEA

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### 1. Project Status

Green	Orange	Red
<i>Project expected to deliver agreed scope on time and within budget</i>	<i>Project expected to deliver at least 80% of agreed scope, with less than 10% overrun on time and/or budget</i>	<i>Project in danger of delivering less than 80% of scope, and/or project time or schedule overruns expected to be greater than 10%</i>
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### 2. Project general update.

- **On going urgent issues:**
  - The Facility Registry are not currently being backed up. This has been an outstanding activity on the project plan for a number of weeks. Jembi will be working with InSTEDD to push forward progress on this activity.
  - Messages are not coming into the RHIE from Musha. For details please see section 4
  - There are a high number of messaging errors coming from Ruhunda. The Jembi technical is investigating. For details please see section 4
- Cardno are awaiting final approval from CDC before finalising Track 1 contracts.
- Richard is reviewing the partner's RHEA Track 2 proposals and budgets and will feedback to the group as soon as possible.
- Jembi and the MoH team are organising a joint planning session for developing an implementation plan for the MoH rollout of the ANC OpenMRS/RHIE system to the other health facilities in Rwamagana District. The new plan will be built based on lessons learned from the RHEA implementation and MoH resources and will be shared with the RHEA Working Group.
- Jembi continue to have productive discussions with the MoH technical team regarding the additional training and mentorship methodology that they feel would be most valuable. The RHEA partners are reviewing their training plans and budgets based on the feedback received on last week's RHEA Working Group call.

The current up-to-date project plan can be viewed at  
<https://dl.dropbox.com/u/63883595/130226%20RHIE%20Project%20Plan%20Track%201/index.html>

### 3. Progress

#### 3.1. Tasks Completed

- Jembi facilitated an introductory call between the MoH eHealth implementation team and InSTEDD. Next steps are for MoH to identify a M&E point-of-contract for InSTEDD so that they can jointly develop an M&E plan for the implementation and a MoH team M&E capacity building plan

#### 3.2. Tasks currently underway/planned for the next week

- Continued support and monitoring of the updates rolled out to Ruhunda and Musha
  - Twice weekly site analysis through follow-ups with IT managers and reports to MoH
- OpenMRS Module upgrade to 1.9 - Collaborative Testing continues (MoH-Jembi)
  - Appointment Module Configuration and Testing
  - RHEA Workflow Testing
- OpenMRS Patient Search Module Design (Track 2)
  - Defining what fields need to be included in search and results with MoH
  - UI Mock-up Designs
- Research into Network and System monitoring tools for the NDC Environment as well as monitoring the point of care applications. Following our conversation around this on the RHEA Working Group call two weeks ago we are trying to arrange a meeting between PIH, Jembi and the MoH to start this discussion and plan a way forward for collaboration on this.
- Development of NDC Failover Checklist and Backups to Remote Site. MoH has agreed to provide access to a remote backup-server this week as well as a health centre remote access proposal.
- Develop Generic OpenMRS HIE Component Design (Track 2)
- OpenMRS Provider Helper Module Design (Track 2)
  - Review of HDP and PWP profiles
  - UI Mock-ups of Provider Validation Screens
- Work with Gilbert and MoH team to effectively handover implementation activities on track 1 and provide technical support and mentorship
- Mentorship of MoH team regards monitoring and management of the HIE implementation. Gilbert to provide detailed feedback regarding previous Registry training that was delivered (material and delivery method). WN to review and work with RHEA team to develop improved MoH technical team support and training plan.
- Review of MoH eHealth helpdesk set-up and processes.

### 4. Issues

- Ruhunda
 

The clinicians at Ruhunda have started using the system during clinic again and back entry of data from pervious clinics has started. The error log shows that 32% of messages being sent from Ruhunda are returning errors because they are not being validated in the Client Registry. Troubleshooting indicates that the cause of this may be that new clients are not being saved in the Client Registry – it is unknown as to whether this is due to system or human error. The Jembi tech team will be visiting Ruhunda this week to investigate further.
- Musha
 

The Internet has been down for 3 weeks. This is because the health centre did not make its payment to the internet provider within the allotted timeframe. The reasons for this is being investigated by the MoH. Payment has now been made and

the internet should be connected within the week – the exact connection period is not currently known.

## 5. Project Risks and Concerns

- With all the individual workplan and budget negotiations partners have not been kept abreast of the changes to other organisations SOW and the potential impact of these on their own work. This could lead to gaps in the project when the pieces are finally put back together. Jembi have asked partners to share their agreed workplans with them so that they can be compiled back into a single project and we are waiting on responses.
- Handover and planning for the MoH assumption of responsibility for the health facility implementation will take time and impact on implementation timelines. New implementation times for the remaining sites in Rwamagana will be developed as part of the implementation planning process that Jembi will be supporting MoH with.