



Zainabe Dada &lt;zainabedada@gmail.com&gt;

## CDC JEMBI EPTS Meeting April 3, 2019

'Rein, Maria (CDC/DDPHSIS/CGH/DGHT)' via Jembi Focal Point <jembifocalpoint@jembi.org> 3 de abril de 2019 às 14:04  
Responder a: "Rein, Maria (CDC/DDPHSIS/CGH/DGHT)" <zsa9@cdc.gov>  
Para: "Rein, Maria (CDC/DDPHSIS/CGH/DGHT)" <zsa9@cdc.gov>, "zainabe.dada@jembi.org" <zainabe.dada@jembi.org>, "paulo@jembi.org" <paulo@jembi.org>, "pinki.meggi@jembi.org" <pinki.meggi@jembi.org>  
Cc: Jembi Focal Point <jembifocalpoint@jembi.org>, "Giles, Denise (CDC/DDPHSIS/CGH/DGHT)" <dgg4@cdc.gov>, "Agnaldo Dinis Guambe, (CDC/DDPHSIS/CGH/DGHT)" <xzi7@cdc.gov>, "Raja, Madona (CDC/DDPHSIS/CGH/DGHT)" <ork0@cdc.gov>

Hello,

Below are the notes from our meeting this morning, please let me know if you have any edits.

Thank you,

Maria

Link to meeting notes: CDC JEMBI Meeting April 3, 2019

## CDC JEMBI Meeting April 3, 2019

Wednesday, April 3, 2019

9:08 AM

**Meeting Subject:** Meeting with JEMBI to discuss EPTS releases

**Meeting Date:** 4/3/2019 9:00 AM

**Link to Outlook Item:** [click here](#)

**Invitation Message**

**Participants**

 Rein, Maria (CDC/DDPHSIS/CGH/DGHT) (Meeting Organizer)

 Zainabe Dada

 Paulo Sérgio J. Matsinhe

 Pinki Meggi

## Notes

Meeting to discuss EPTS development activities.

### Server environment:

CDC requested clarification on the server environments as it wasn't clear which system should be used for UAT. JEMBI provided the following clarification:

- Staging: staging is the most recent version (production version) the field (we can add patients to this system)
- QA: server used for UAT and the BA's use for testing. PEPFAR can look at this for UAT ( but can't add patients)

- Metadata: The main structure of EPTS, current concept, forms, concept ids, it doesn't have the EPTS modules , it's the core, the foundation of EPTS (can't add patients)
- Development - developers develop on their machine, they promote to an internal testing server for developers and then promote to QA - PEPFAR does not have access
- GITHUB and JIRA are used for version control

*Thoughts: PEPFAR might require a version to add patient information for UAT*

CDC requested clarification regarding the EPTS development team:

Nathan - lead in SA

Paulo - Maputo

Yaseem - Maputo

Edrisse - Maputo

Nicolas - Intellisoft - Kenya

Karisee - Uganda

#### **Discussed release 2.1.4**

The following needs to be added and testing and then EPTS 2.1.4 can be released

- Include TX PVLS in the PEPFAR MER report , testing should be continuing
- Add the two fields for the cyclone that FHI is currently developing
- Add MOH QI ARIEL report but JEMBI won't test/validate before the release
- Determine if there is a way to allow FHI (and FGH) to generate reports by facility on their central server so they don't have to run a report for each facility manually
- JEMBI expects the release to be ready by Monday morning
- We need to ensure the requirements document, release notes, and installation guide is updated

June release

- Team should be working with requirements on MOH SISMA reports with Roxanne
- Determine if TX ML needs to be modified to include the home visit card
- Any additional retention indicators to be included in IM ER report?
- Any forms??? VMMC? TB?

#### **The group discussed documentation:**

CDC expects the following (did not discuss technical documentation):

A comprehensive requirements document of all requirements for EPTS (we didn't discuss this)

A requirements document that specifies the requirements included in the release , including screen shots/wireframes where applicable

Testing documentation (we didn't discuss this)

The release notes - a high level description of the requirements that are included in the release

Installation Guide - currently referred to as SOP, this provides technical staff the steps required to install the updates

User manual - describes how to enter the data, run the reports. Some of this is in the SOP, and does not belong there

We received a copy of FGH's user manual. It hasn't been updated since 2014. JEMBI will update it with all the modifications / release information they worked on. Obviously there is a gap between 2014 - 2018.

Maria will ask clinical partners if they have a user manual. We will share the user manual recognizing it needs to be updated and will ask clinical partners to submit modifications to the Helpdesk

Maria to survey partners regarding the reports in the system

**Executable:**

CDC asked why do installations involve going to the command prompt and executing SQL scripts? Why don't we have executables?

The reporting module allows an update via the Administration Module but everything else is a script. Designing a module to make updates easier could be included in a future release. We will discuss at a later time.

**Discussion with Tanzania regarding centralization:**

Tanzania has an Open MRS Bahmni POC system that is centralized

There is one server at MOH

CDC Mozambique needs to discuss this option with MoH as servers at the district and province are too expensive and require too much maintenance. A central server would be more cost effective and districts, provinces and health facilities could still access their data

Tanzania has 35 "provinces" and over 3000 PEPFAR supported facilities that are connected.

The systems synchronize every 3 hours to the central server

All patients are in one system which helps with de-duplication, transfers and LTFU

Discussion:

Clinics that they lose internet or don't have internet - They use internet modem , don't need high bandwidth to push the data,

There is no server at the facility

If the facility is a large facility with 6-10 computers, they have a server that pushes data to the central server, these machines are regular specs. A big facilitates might have 32 gig ram , quad 4 processor , 64 bit machine operating system,

Facilities with no power at all, they use mobile data entry where a data clerk has a laptop

They don't have the server at the district, provincial level

They have regions, we call province, they don't have servers anywhere, from the HF to the central server, the push is done automatically, without human intervention

Central Server specifications;

128 G RAM

10T

I7 with 8 generation processor

3.5 GhZ

UPS

Backup

Quad core

The database is

SQL Express , MySql version of can handle the volume and synchronization, as my SQL can't.

They also have a dashboard for analysis and a dashboard to verify that partners have successfully submitted their backup / data to the server for the sites with electricity or internet challenges

The development team went Bahmni training in India for coding , not the introductory class  
They are using the most recent version of Open MRS as Tanzania has biometrics and the most recent version of open MRS allows biometric capture (2.4.5?)

MER reports are generated at CDC and distributed to partners  
System reports directly into SISMA

Need clarification on patient names.

Maria to follow up with MOH regarding centralization and with Denise/CDC regarding discussing the architecture further with Tanzania

**EPTS Open MRS 1.11.x we need to migrate to 2.x because POC is being built on 2. x**

Created with Microsoft OneNote 2016.

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NOTE: please note that the [jembifocalpoint@googlegroups.com](mailto:jembifocalpoint@googlegroups.com) address has changed to the new:  
[jembifocalpoint@jembi.org](mailto:jembifocalpoint@jembi.org)

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