

### Zainabe Dada <zainabe.dada@jembi.org>

## CDC JEMBI Weekly Status Meeting February 15, 2019

2 mensagens

## Rein, Maria (CDC/DDPHSIS/CGH/DGHT) <zsa9@cdc.gov>

19 de março de 2019 às 09:02

Para: Nathan Floor <nathan.floor@jembi.org>, Zainabe Dada <zainabe.dada@jembi.org>, Marcelino Mugai <marcelino.mugai@jembi.org>

Cc: Jembi Focal Point <jembifocalpoint@jembi.org>, "Rein, Maria (CDC/DDPHSIS/CGH/DGHT)" <zsa9@cdc.gov>, "Agnaldo Dinis Guambe, (CDC/DDPHSIS/CGH/DGHT)" <xzi7@cdc.gov>, "Raja, Madona (CDC/DDPHSIS/CGH/DGHT)" <ork0@cdc.gov>, "Giles, Denise (CDC/DDPHSIS/CGH/DGHT)" <dqg4@cdc.gov>, Lopa Basu <lbasu@usaid.gov>, Cicero Nhantumbo@usaid.gov>, bisquith <br/>
<uvv5@cdc.gov>, "Ferreira, Ferreira (CDC usaid.gov)" <fferreira@usaid.gov>, "Cox, Alex U. (CDC/DDPHSIS/CGH/DGHT)" <vfw8@cdc.gov>, HIS Tech <histech@fgh.org.mz>

Hi Team,

Attached are the notes from our meeting on Friday. Please let me know if you have any edits and send directly to me (an exclude the cc group).

To everyone on the CC line, if you have any questions, please email me directly.

Thank you, Maria

## CDC JEMBI Weekly Status Meeting

Friday, February 15, 2019 9:30 AM

Attendees: Maria, Marcelino, Nathan, Zainabe

This was a quick meeting to recap activities for the week as Maria was on leave

#### **EPTS Release and Indicators**

## TX ML

Requirements still not finalized
Outstanding issues:
Should the home visit form "carta de visita domiciliar" be included
How to define LTFU

Some partners wanted to use the carta others did not and said it was incomplete

Maria texted Joel and the decision was to exclude the home visit form

The LTFU definition (LTFU ML FR2) was defined as 30 days and the requirements were finalized March 18th

#### TX TB

Questions from partners regarding including the TB log book
The log book is outside of EPTS so can't be used when generated TX TB
Information from the log book can be entered in the EPTS patient module under "program enrollment" and that is included in the indicator

The requirements are finalized

#### **TB PREV**

Question regarding how to include patients that are on treatment

Maria added scenarios to the requirements document showing how to handle 6 treatments over a 7 month period and how to handle treatment that starts and ends over different reporting periods

The requirements are finalized

#### **TX CURR**

A problem was identified with TX CURR 2.3 - 2 bugs

Base cohort wasn't applied correctly

LTFU calculation if patient missed consult used greater than symbol instead of less than symbol

The indicator wasn't fully tested

Modifications will be made, impact is minor

Going forward no releases will be approved until PEPFAR sees the output from the reports generated by FGH and JEMBI

Because of the delay in the finalization of the MER Indicators / requirements the timeline is changing and EPTS v2.1.4 and Reports module 1.2.3 won't be released until March 29, 2018

Maria to distribute an updated work plan

#### **TLD Formulations Issues**

The TLD formulations in EPTS do not include the TLD PREP formulations and CHASS/FHI has questioned why they weren't included

Issues with CHASS/FHI not having the same concept dictionary

TLD PREP formulatios shouldn't be in EPTS as patients receiving PREP are not HIV infected, EPTS only captures HIV infected patients

Maria to follow up with FGH to see if iDART can include TLD PREP formulations to help with stock management Maria to review email chain and follow up with CHASS/FHI

#### **Open MRS Concept Dictionary**

Need to evaluation and harmonize everyone's concept dictionary

#### **EPTS Reports**

Need to survey partners regarding the reports and which are being used, there are too many reports in EPTS and many are out of date

#### Centralization

## **ARIEL**

Meeting went well, they are in the early stages

They are going to try MCEL + TDM = TMCEL for connectivity

## CCS

Has databases they inherited from ICAP and MSF, they used different data conversion tools

CCS to analyze the issues with TX CURR and will work with JEMBI so JEMBI can develop scripts to correct data where applicable

Need to help develop SOPs for centralization and handling the merging of NIDs

SOPs need to be reviewed by PEPFAR, should include pre and post case validation

#### **FGH**

Haven't started

## CHASS/FHI

Haven't started

#### **POC**

Project charter under review by CDC

- Work plan agreed, needs to be adjusted to reflect current timeline
- Need to include transition of EPTS to POC in project charter requested by MOH

## **POC Implementation**

- Habal Jafar infrastructure installation complete
- Romao infrastructure installation complete
- Jose Macamo Readiness assessment underway
- Boane Readiness assessment underway
- 1 De Maio Infrastructure installation underway
- Ndlavela infrastructure installation underway

#### **Activities**

March 20-21 MOH POC Package 2 discussion
March 27 Deliver POC Package 1 to MISUA TWG
March 28-29 POC Package 1 deployed to Habal Jafar and Romao
April 2-3 POC Package 2 workshop with clinicians
April 4th EPTS Reports module workshop for clinical partner HIS staff
Changing the date from April 5th, so the team can conduct all day training

Created with Microsoft OneNote 2016.

Zainabe Dada <zainabe.dada@jembi.org>
Para: "Rein, Maria (CDC/DDPHSIS/CGH/DGHT)" <zsa9@cdc.gov>

19 de março de 2019 às 09:34

Hi Maria,

some few edits below

#### Zainabe Dadá

Jembi/UEM-Moasis Program Officer

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IMPORTANT: please note that the jembifocalpoint@googlegroups.com address has changed. The new one is jembifocalpoint@jembi.org

Rein, Maria (CDC/DDPHSIS/CGH/DGHT) <zsa9@cdc.gov> escreveu no dia terça, 19/03/2019 à(s) 09:02: Hi Team,

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Some partners wanted to use the cartão others did not and said it was incomplete, since data captured is not accurate

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The LTFU definition (LTFU\_ML\_FR2) was defined as 30 days and the requirements were finalized March 18th

### **TX TB**

Questions from partners regarding including the TB log book

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The requirements are finalized

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Question regarding how to include patients that are on treatment

Maria added scenarios to the requirements document showing how to handle 6 treatments over a 7 month period and how to handle treatment that starts and ends over different reporting periods, patients can only fail 30 days treatment, if a patient fail more then 30 days is not eligible as the

The requirements are finalized

#### **TX CURR**

A problem was identified with TX CURR 2.3 - 2 bugs

Base cohort wasn't applied correctly

LTFU calculation if patient missed consult used greater than symbol instead of less than symbol

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Maria to distribute an updated work plan

#### **TLD Formulations Issues**

The TLD formulations in EPTS do not include the TLD PREP formulations and CHASS/FHI has questioned why they weren't included, and other were differently labeled. Dr Helder confirmed the list that is been included on OpenMRS is the correct one.

Issues with CHASS/FHI not having the same concept dictionary

TLD PREP formulatios shouldn't be in EPTS as patients receiving PREP are not HIV infected, EPTS only captures HIV infected patients

Maria to follow up with FGH to see if iDART can include TLD PREP formulations to help with stock management (iDART also only collect HIV+ data, need to understand how and where to include this PrEP formulations)

Maria to review email chain and follow up with CHASS/FHI

#### **Open MRS Concept Dictionary**

Need to evaluation and harmonize everyone's concept dictionary EPTS Reports

Jembi is been investigating partners concepts and there are differences, as partners developed concepts for them selves but core concepts are equal for all partners, so that is not a issue for reporting, but way forward need to map and standardize for all partners.

Need to survey partners regarding the reports and which are being used, there are too many reports in EPTS and many are out of date - need to also confirm with MISAU if can be removed.

#### Centralization

#### **ARIEL**

Meeting went well, they are in the early stages

They are going to try MCEL + TDM = TMCEL for connectivity and Jembi wants to learn more as it can be a solution if GovNet doenst work well.

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#### **CHASS/FHI**

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HIV Program wants to see the project charter and give some inputs as the program recognize EPTS as a system but DPC doesn't want to recognize it.

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#### **Thanks**

[Citação ocultada]