openIMIS

Gumzo ya Mwezi 03/02/2020

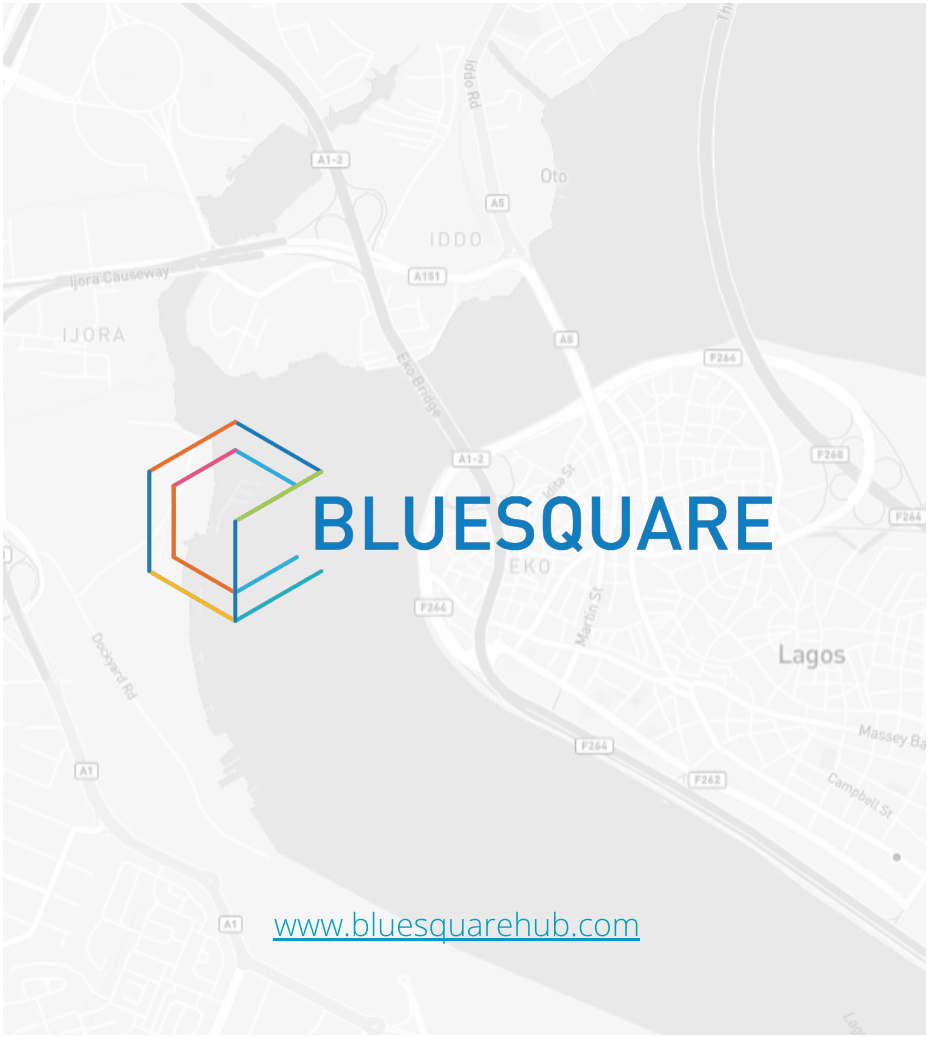
Agenda

- Bluesquare:
  - who we are
  - our engagement towards openIMIS community
  - our methodology
- Achieved

  what we delivered this month

- Roadmap

  what we will deliver and what are our dependencies



Delivering innovative technology for better lives.

www.bluesquarehub.com

Fall 2018

what we do

COUNTRY LEVEL DATA SYSTEMS 24 COUNTRIES

We build technologies that enhance governmental health data systems with a focus on three markets:

HEALTH FINANCING DATA SYSTEMS

- Data systems for purchasers, health insurance, Ministries of Health
- Example: Develop a Pay for Performance data system in Kyrgyz hospitals

GOVERNMENT HEALTH DATA WAREHOUSES

- Example: The health data warehouse in Morocco

DISEASE OR THEMATIC DATA SYSTEMS

- Diabetes
- HIV
- Tuberculosis
- Malaria
- Immunization systems
- Vector Borne eradication systems (i.e. sleeping sickness)
- Family Planning
- Emergency Obstetric Care

Bluesquare develops these data systems based on a suite of in-house software products connected to DHIS2 a popular open source data management platform used by over 40 governments.

How we do
IT products and data services

We deliver technologies and services that strengthen governmental health data systems, mainly:

Hesabu (aka ORBF)

- An open sourced rule engine that allows complex calculations in DHIS2, a popular open source data management platform. This is particularly useful for health financing data systems.

Data Viz

- A public web dashboard that allows showcasing results.

Modeling and data science

- Statistical analysis, Data cleaning, Modeling & machine learning and analysis automation to help customers bring value out of their health data.

Bluesquare suite of in-house software products and services allow collecting, computing, analyzing and visualizing data in a intelligent and friendly manner.

24
COUNTRIES

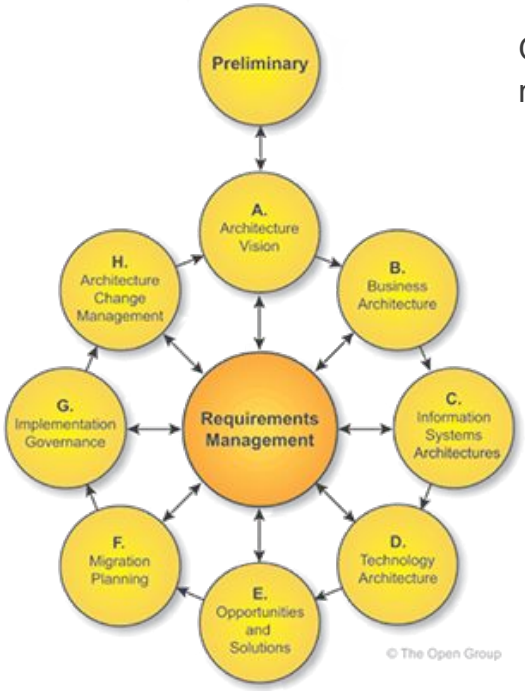
Bluesquare: our engagement towards openIMIS community

We believe that health insurance will be at the heart of the UHC agenda in many countries.

openIMIS modular transformation is an opportunity to develop code that can be used at scale to help provide health services “for the global good” (i.e. exact DNA of Bluesquare).

Creating synergies with our existing and future health-financing portfolio, promoting the tool in the countries where we operate.

Bluesquare: our methodology



Our approach to deliver the openIMIS modules borrows several concepts from TOGAF, most important one being the ADM (Architecture Development Method):

- Iterative, ensuring pragmatism and responsiveness in delivered solution
- We strive to keep things simple: we aim to use the TOGAF framework as a guide not a rule book. Where we feel it will serve this project we will make use of it. However, our proposed approach is much lighter than a traditional TOGAF implementation effort.
- It helps any community member to find/contribute to the appropriate part of the system.

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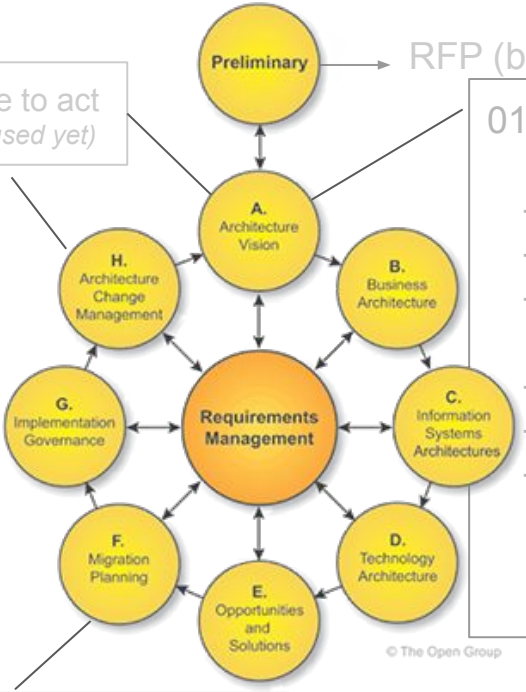
Iteration 1:

56.5

Achieved (Iteration 1): FHIR API

No architecture change to act
(but deliverable not really used yet)



RFP (by GIZ) - 10/2018

01/2019: start of work

- Brainstorming (blsq internal)
- Conceptual architecture documentation (in openIMIS wiki)
- Architecture Presentations (16/01 and 23/01 + follow-up calls)

6 m/d

- Technology stack proposal
- Migration strategy & roadmap
- PoC on proposed technology stack
  (preparation 'hands on' session at Bonn Workshop)

14 m/d

Under progress:

Objective iteration 1: FHIR API

03/2019 13 m/d
04/2019: 12 m/d
05/2019: 4 m/d
06/2019: 0,5 m/d
07/2019: 0 m/d
08/2019: 1,5 m/d
09/2019: 1 m/d
10/2019: 0,5 m/d
11/2019: -
12/2019: -
01/2020: - Closing

Bonn Workshop
- Demonstrated technology stack and migration strategy
- Agenda alignments

4 m/d

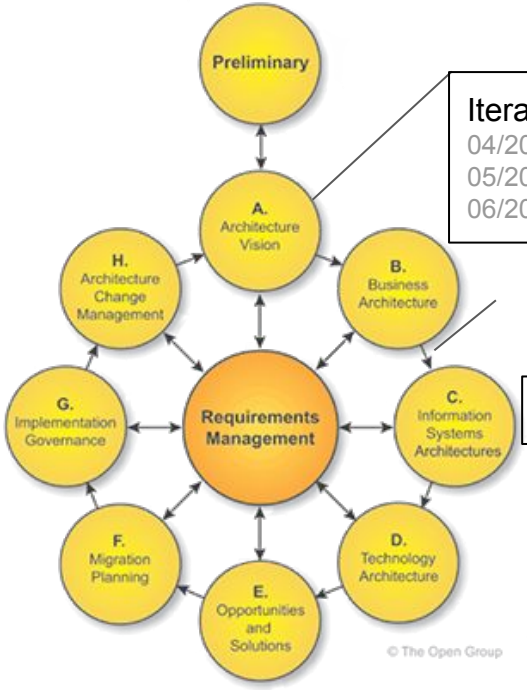
Iteration 3:

Achieved (Iteration 3): Claim Module

07/2019: 12 m/d (scope, design & Enquiry)
08/2019: 34 m/d (Claim implementation)
09/2019: 29 m/d (Claim refinement)
10/2019: 22,5 m/d (Nepali cust., Install & debug)
11/2019: 12 m/d (Addis Abeba, bug fixes, deploy)
12/2019: -
01/2020: 1 m/d
just started to port the batch processing stored proc to python

TODO Bluesquare (already 33 m/d over budget !!)
- Batch *(relative prices)* stored proc
- Known issues to fix, listed in OMT-122

>> Estimates:
~ 9 m/d still necessary for the Batch Processing stored proc
~ 5 m/d to fix known issues



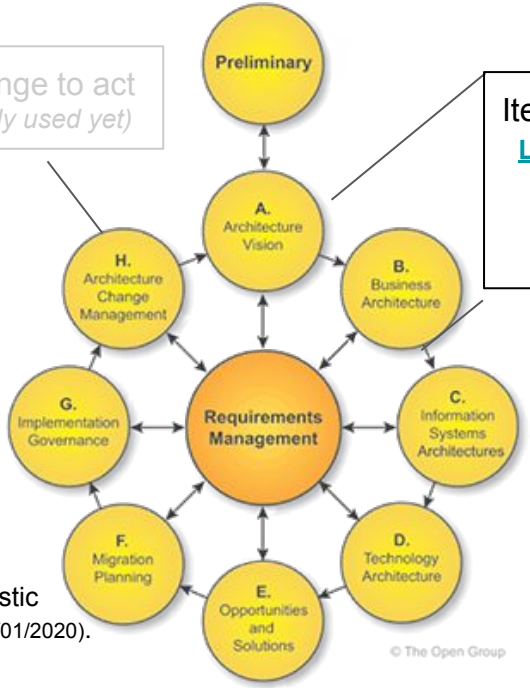
Iteration 3:

04/2019 : Claim module scope document (draft)	2 m/d
05/2019 : Mapping attempt to JLN business processes	0.5 m/d
06/2019 : Claim main screen mockups	4,5 m/d

06/2019: Django Dynamic Rest > (GraphQL)	4 m/d

Iteration 4: Locations & Health Facilities Module

No architecture change to act
(but deliverable not really used yet)



Iteration 4 scope:
Locations & HF Administration

10/2019: 1,5 m/d (scope & 'analysis')
11/2019: 5 m/d Initial version Locations
12/2019: 9 m/d Initial version HFs management
01/2020: -

TODO Bluesquare

- Locations & HFs fine tuning and bug fixing
  (⚠ will be deployed for Nepali 1.4 test campaign)

The reviewed module cost (see Gumzo 12/2019) of 20 m/d still looks realistic
… and we should indeed be finished these weeks (already announced 06/01/2020).

Project extensions and closing activities

Allocated budget:
I1: **56.5** m/d + I2: **18.5** m/d + I3: **135** m/d + I4: **20** m/d = **230** m/d (on **240** m/d)
>> we should have about **10** m/d left (contract is up to 31/05/2020)

01/2020: 3,5 m/d

- Release management (incl. fr translation deployment)
- Architecture (fine grained security in modules - documentation & meetings)
- Other teams support (Nepali deployment)
- Project follow-up (weekly meetings,...)

TODO Bluesquare

- Project & architecture follow-up
- Other teams support
- FHIR module fine-grained security (?)