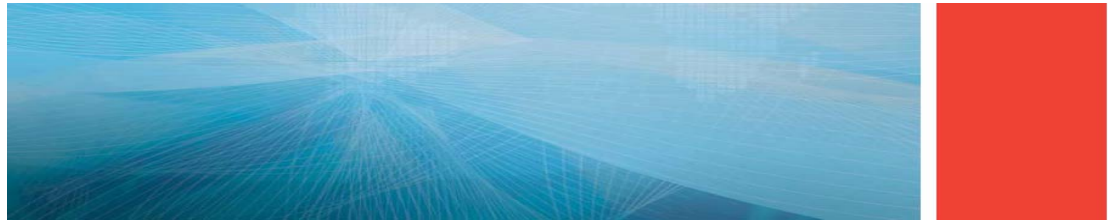




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At a glance

Click on the title of each paragraph to go directly to a more detailed outline of each section.

Piloting integration between DHIS 2.0 and the CRIS in Sierra Leone:

UNAIDS is currently collaborating with the Health information System Program (HISP) and with the Health Metrics Network (HMN) in conducting country assessments and in testing exchange of data between the District Health Information System (DHIS) v. 2.0 and the CRIS. Sierra Leone has been selected as the first country of pilot and the country assessment will begin the last week of June.

CRIS 3.0 beta for PEPFAR:

A CRIS version 3.0 beta has been prepared based on USG PEPFAR requirements to test donor reporting from CRIS. This beta is currently being tested in Botswana for USG Semi-annual reporting.

CRIS 3.0 for UNGASS 2008:

A new preview release of CRIS version 3.0 will be distributed to countries by September.

CRIS Version 3.1:

CRIS version 3.1 which will be a complete re-write of the CRIS application. All the enhancements that countries have asked for in a monitoring system will be implemented in this release expected early next year.

Training and study visits:

Progress is underway on development of training materials and regional trainings for CRIS in 2008. Separate trainings for M&E Officers and IT staff are planned. The study tour to Botswana has been completed.

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Piloting integration between DHIS 2.0 and the CRIS in Sierra Leone

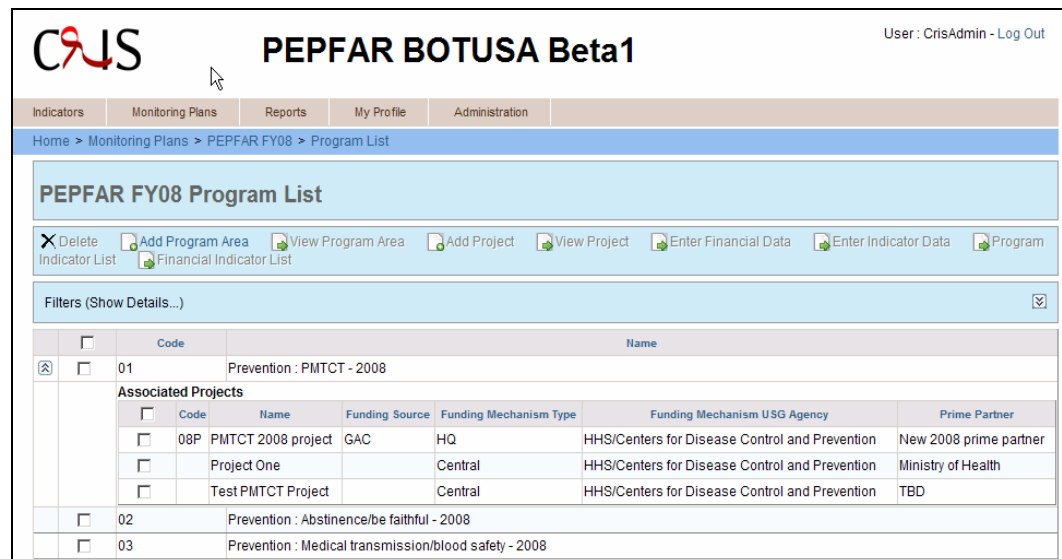
The DHIS 2.0 has been developed as part of the Health Information System Program (HISP) initiative managed by the University of Oslo and partners in Africa and Asia. Over the next seven months, UNAIDS will be piloting the exchange of data between the DHIS and the CRIS to facilitate the flow of data from the facility and district level to the national level.

The local technical capacity needed to ensure a successful integration of systems will be examined. The evaluation of the pilots will be overseen by local implementation teams with input from UNAIDS, WHO, and HMN.

This collaboration, which may be expanded to other countries, will be supported in part by the Health Metrics Network (HMN) to promote health system strengthening in its 1st phase countries.

CRIS 3.0 beta for PEPFAR

A working group with participants from CDC, the USG BOTUSA project in Botswana, UNAIDS and CRIS software developers met in Geneva in April to assess the 3.0 beta, the first implementation using the new CRIS application development toolkit. This beta was designed to test enhancements for supporting programmatic and financial reporting.



The screenshot shows the CRIS 3.0 beta interface for PEPFAR BOTUSA Beta1. The user is logged in as CrisAdmin. The interface includes a navigation menu with options: Indicators, Monitoring Plans, Reports, My Profile, and Administration. The main content area displays the 'PEPFAR FY08 Program List' with a table of programs and associated projects.

| Code | Name | | | | |
|----------------------------|---|----------------|------------------------|--|------------------------|
| 01 | Prevention : PMTCT - 2008 | | | | |
| Associated Projects | | | | | |
| Code | Name | Funding Source | Funding Mechanism Type | Funding Mechanism USG Agency | Prime Partner |
| 08P | PMTCT 2008 project | GAC | HQ | HHS/Centers for Disease Control and Prevention | New 2008 prime partner |
| | Project One | | Central | HHS/Centers for Disease Control and Prevention | Ministry of Health |
| | Test PMTCT Project | | Central | HHS/Centers for Disease Control and Prevention | TBD |
| 02 | Prevention : Abstinence/be faithful - 2008 | | | | |
| 03 | Prevention : Medical transmission/blood safety - 2008 | | | | |

Throughout the week the participants tested different scenarios, such as linking indicators to targets, disaggregation of data, rolling-up data, and creating reports.

These scenarios ensured that the participants became familiar with the application, provided structured feedback, and prioritized user requirements. The results of the review will be used to guide development of the final CRIS version.

CRIS 3.0 for UNGASS 2008

The preview release of version 3.0, which will support UNGASS reporting, will contain updated UNGASS indicators and other enhancements based on experiences from past reporting to facilitate entry, e.g. entry of partial data. This release will be sent to countries in August. This version will co-exist with the current version 2.1.2 until these are combined and upgraded into the full version 3.1 release.

Training consultants and UNAIDS staff will be invited to attend a training session on this release in September to prepare for reporting. Countries will be able to draw on these consultants and resource people if needed. However, it is expected that the simplified UNGASS version 3.0 preview will require minimal training.

CRIS Version 3.1

The full release of CRIS 3.1 is expected early 2008. This version will be very different from the current version, being completely re-engineered to better support country monitoring. Originally developed five years ago, the current technology is becoming dated. Many new enhancements will be included to facilitate collection and processing of data. Some of these include:

- Customization
 - User Interface
 - Reports
 - Data entry
 - Data elements
 - Look and feel
- Internet support
- Programme/project-based to facilitate reporting
- Enhanced programme indicator support
- Enhanced financial data support
- System Integration Tool
- Rollup of financial and indicator data
- Missing values
- Unlimited levels of diaggregation

The CRIS unit will organise a working group meeting to bring together lead CRIS users, selected UNAIDS M&E advisors, and EVA users to test the CRIS 3.1 beta against final user requirements.

Training and consultants will be made available to ensure that countries have access to technical assistance when needed.

Training and study visits

We will soon release a regional training schedule. If you plan on hosting national training workshops, please schedule this well in advance with the CRIS unit to allow us to identify appropriate consultants/staff for your training needs.

Site visits have been very useful to study subnational CRIS deployments. Botswana recently hosted a study tour where colleagues from Vietnam, Zimbabwe, and Namibia studied CRIS and its linkage to other tools such as the KIDS (mapping tool) and the District Health Information System (DHIS). It may be useful to combine such study visits and training meetings in the future.



Best regards,

The CRIS Unit