



MINISTER OF PUBLIC HEALTH

NATIONAL DEVELOPMENT PLAN SURGERY IN MADAGASCAR



FOREWORD

In Madagascar, surgical care is expensive and difficult to access. Many are those who have to travel miles to receive surgical treatment.

Deaths due to limited access to surgery are still high.

Faced with this situation, efforts have been made across the country by construction of operating theaters, particularly in remote and isolated areas. However, much remains to be done to ensure that all districts are covered by a center hospital with adequate surgical platform meeting standards. In addition, the care provided by surgical services in Madagascar are not always satisfactory and the services related services such as imaging, laboratory, blood bank and others, are often lacking.

To this end, the development of the National Surgery Development Plan Madagascar (PNDChM) is one of the many challenges facing the Ministry of Public Health. It is part of the continuation of actions undertaken to improve the state of health and well-being of the population and make surgical services more accessible, coordinated, continuous and functional. This plan defines the main lines of activities falling within the quest constant efficiency and performance of the health system. It helps to increase only the volume, but also the quality of care and services offered. In Consequently, the strategies described must be adapted to the expectations, values and user rights (responsiveness) and must be provided in a coordinated and integrated manner (continuity). This plan also aims to improve access for the population, particularly the most vulnerable, to surgical services. A real steering tool, the National Plan of Development of Surgery in Madagascar constitutes, in addition to a reference document, the roadmap which will determine the actions of the coming years.

With great conviction while meditating on the common vision of reform hospital“ *Hospitals in Madagascar, public or private, in possession of technical platforms in standards acceptable to the country, and endowed with a status, an organization and a financial autonomy to ensure quality services, in normal circumstances or in period of disaster, to the entire population, with full respect for human rights* ", the The objectives of this plan will be fully achieved according to the Sustainable Development Goals.

Also, we are seeking the support of all technical and financial partners for the mobilization of adequate resources...

THANKS

Madagascar does not yet have a planning document for the development of surgery. The production of such a work constitutes an important tool and valuable for the Ministry of Public Health, health stakeholders and users of surgical services.

Thus, for all the efforts made during its development, I send my heartfelt thanks :

- to the General Directorate of Hospital-University Establishments which was called to be the leader of this project;
- to the Mercy Ships team in collaboration with Harvard Medical School's Program in Surgery and Social Change (PGSSC), USAID/MCSP;
- to the members of the Select Committee for the development of the National Plan of Development of Surgery in Madagascar;
- to all those who, directly or indirectly, contributed to the production of this document.

We urge all citizens, as well as all national and international actors, to be actively involved in the implementation of this National Development Plan Surgery in Madagascar. Everyone's commitment is important to its success.

Le Ministre de la Santé Publique

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LE PLAN NATIONAL DE DEVELOPPEMENT DE LA CHIRURGIE A MADAGASCAR

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ACRONYMS, ABBREVIATIONS AND ACRONYMS

OLDER BROTHER :	National Hospital Agency
With :	Ariary
BC :	Purchase order
WHITE :	Independent Anti-Corruption Office
BL :	Delivery note
BRAGS :	Regional Office of Sanitation and Sanitary Engineering
CAI:	Internal Audit Unit
CDGRH :	District Human Resources Management Commission
CHRD:	District Reference Hospital Center
CHRR:	Regional Reference Hospital Center
AN :	University Hospital Center
CNSS:	National Health Solidarity Fund
COMEDIM: Committee for Medicines and Medical Inputs	
CPN :	Pre-Natal Consultation
CRGRH:	Regional Human Resources Management Commission
CSU :	Universal Health Coverage
DEAF:	Department of Administrative and Financial Affairs
DGEHU :	General Directorate of University Hospital Establishments
DGS :	General Directorate of Health
DHRD:	Directorate of Regional and District Reference Hospitals
DP :	Partnership Directorate
DPLMT :	Directorate of Pharmacy, Laboratory and Traditional Medicine
DPS :	Directorate of Health Promotion
HR Director:	Human Resources Department
DRS :	Regional Health Directorate
DSI :	Information System Department
DTS :	Blood Transfusion Department
EDS :	Demographic and Health Survey
MOTHERS :	District management team

EMAR:	Regional Management Team
ENSOMD :	National Survey for Monitoring the Millennium Development Goals
EPA :	Public establishment of an administrative nature
EPM :	Periodic Household Survey
EVASAN:	Sanitary evacuation
Fac Med:	Faculty of Medicine
UNFPA:	United Nations Population Fund
HIV :	Human Immunodeficiency Virus
IEC :	Information-Education-Communication
INSPC :	National Institute of Public and Community Health
INSTANT:	National Institute of Statistics
ISF :	Synthetic Fertility Index
Km :	Kilometer
MCSP:	Maternal and Child Survival Program
MFB:	Ministry of Finance and Budget
MINFOPTLS:	Ministry of Public Service, Labor and Social Laws
MSNP:	Minister of Public Health
ODD :	Sustainable Development Goals
OMS :	World Health Organization
NGOs:	Non-Governmental Organization
ONM :	National Order of Physicians
PDSS :	Health Sector Development Plan
PGSSC :	Program in Surgery and Social Change
GDP:	Gross domestic product
UNDP:	United Nations Development Program
PTF :	Technical and Financial Partners
RDT :	Rapid Diagnostic Test
RMA :	Monthly Activity Report
RPE :	Own Resources of the Establishment
AS:	Equipment and Maintenance Service
SFP :	Staff Training Department

SAY:	Information and Management System
SNAP:	Infrastructure, Logistics and Heritage Department
SLRC:	Legislation, Regulation and Litigation Department
SEVERE :	Maintenance, Sanitation and Sanitary Engineering Department
END:	Emergency Neonatal Obstetric Care
CONCLUSION :	Comprehensive Emergency Neonatal Obstetric Care
SSD :	District Health Service
TQM :	Total Quality Management
UASM :	Mass Solutes Supply Unit
USAID :	United States Agency for International Development

I - CONTEXT AND JUSTIFICATION

1.1- WORLD SITUATION

At the global level, surgical pathologies form a third of the problems of public health (28 to 32%), and there are an estimated 5 billion people who do not have access to safe, timely surgical services. This situation is alarming at the level of low- and middle-income countries because for two-thirds of the poorest countries, only 6.5% of surgical needs are met. In addition, 12% of human resources in surgery only serve 33% of the population in Africa and Southeast Asia¹.

The Lancet commission in the report on the situation of world surgery has confirmed the huge lack of access to surgery. The studies carried out have thus highlighted that cost-effectiveness and economic benefits would be obtained if surgery and anesthesia are accessible to any patient².

The report alerted the World Health Assembly. In 2015, this launched a call for action to pass a unanimous resolution regarding the crucial role of surgical care and anesthetics to achieve universal health coverage. This resolution is good aligned with the transition from the millennium development goals to the goals of sustainable development which considers a systemic approach to administered processes. SDG Goal 3 “*Ensure healthy lives for all and promote well-being all at all ages*” cannot be achieved without a focused and significant effort to improve system of obstetric, surgical and anesthetic care.

This call calls on governments to commit to significant efforts and focused on improving availability and access to quality surgery in their countries respective. These efforts should be coordinated by the Ministry of Health in collaboration with all stakeholders such as the private sector, non-governmental organizations governments, organizations and professional associations. The recommended strategy is a local approach to the surgical health problem which should lead to development of a national surgery plan.

¹ Rapport commission Lancet 2015

² Global Surgery 2030: Evidence and solutions for achieving health, welfare and economic development

1.2- SITUATION NATIONALE

1.2.1. Geography

Madagascar is the 4th largest island in the world with an area of 587,295 km² .

It is located in the Indian Ocean 400 km east of the African coasts (Mozambique and Tanzania).

There are two seasons in Madagascar: the hot season (rainy season) during the austral summer and the cool season (slightly drier). The country is made up of 60% landlocked areas and inaccessible, especially during the rainy season. Isolation thus constitutes a serious development problem.

1.2.2. Politics and population

The Big Island is subdivided into 22 regions, 119 districts, 1579 communes, 17,500 Fokontany and 121679 localities. Currently, the Malagasy population is estimated at 24,159,354 inhabitants with an average annual growth of 2.53 . This Malagasy population characterized by its very young age since almost two thirds are under 25 years old (64%) and almost half are under 15 years old (47%). It is predominantly rural (83%) (Survey MDG 2012-2013). According to the results of the Periodic Household Survey (EPM) 2010, the country only has 1 doctor for 6,200 inhabitants and the overall health budget for the entire country amounts to \$1.24 billion (or 6.2% of GDP).

The Demographic and Health Survey IV (EDS-IV) carried out in 2008-2009 reports a Synthetic Fertility Index (ISF) at 4.8 and a crude birth rate at 33.4‰. The ISF is two times and a half higher in the poorest households than in the richest and this is in rural areas where the fertility level is the highest. Fertility remains despite everything early since 32% of adolescent girls aged 15-19 have already started their reproductive life : 26% have already had at least one child, and six percent of young people were pregnant with their first child. This reproductive precocity among adolescents is among the causes of morbidity and maternal and neonatal mortality. A third of maternal deaths are linked to pregnancies among adolescent girls.

The under-five mortality rate fell from 72 to 62 per 1,000 births alive between 2008 and 2012 (Demographic and health survey [EDS] 2008-2009 and survey MDG 2012-2013). This may result from the implementation of community interventions to child survival, mainly in isolated areas. At the same time, mortality

³ Demographic projection 2017 INSTAT

neonatal, which represents 42% of deaths among those under five, has increased slightly 24 to 26 per 1,000 live births. The maternal mortality rate, at 500 per 100,000 live births (The State of the World's Children report 2014), remains very high and far from the MDG target (127 per 100,000 live births).

1.2.3. Economy

Economically, in 2013, Madagascar ranked 151st out of 187 countries for the Human Development Index⁴ . 118th according to Transparency International and 142nd according to Doing Business. GDP fell by 3.7% in 2009, stagnating in 2010, a very slight recovery in 2011 (1.9%) and a recovery in 2012 and 2013 of around 3% per year. The rate of GDP growth reached 3.1% in 2015, compared to 3.3% in 2014, confirming a scenario of rather timid economic recovery⁵ .

In 2013, referring to the national threshold, 71.5% of the Malagasy population were poor. And taking the threshold of \$2 per day, 91% of the Malagasy population is classified as poor. (Millennium Development Goals [MDG] Survey 2012-2013).

Madagascar has significant growth potential, particularly in the sector of the extractive industry, thanks to its numerous natural resources, particularly minerals. THE However, the country also faces certain risks, such as illegal logging and associated trade. It is also exposed to the adverse effects of climate change and extremely vulnerable to natural disasters.

1.2.4. The health system

The health system is organized into four levels: (i) the central level in charge of general coordination of the health sector, political and strategic orientations, definition of norms and standards, (ii) the intermediate or regional level, the Management Regional Health (DRS) has the mission of "planning, conducting, monitoring and evaluating" the implementation of Programs of national interest at the level of the Health Districts of the Region health, (iii) the peripheral or district level, represented by the District Health Service (SSD) whose mission consists of coordinating and supporting basic health training and of first reference in the provision of health services. This level constitutes the cornerstone of the health system and must have decision-making and financial autonomy and (iv) the level

⁴ UNDP, Human Development Report, 2014.

⁵ COUNTRY PROFILE, MADAGASCAR 2016

community participating in the promotion of health and in the functioning and management of basic health structures.

In order to develop health in Madagascar, a Health Sector Development Plan (PDSS) based on the National Health Policy and the law relating to hospital reform, the National Development Plan and Sustainable Development Goals, was developed in 2015. The health priorities in the PDSS mainly focus on: (i) the acceleration of reduction of maternal, neonatal and infant mortality, (ii) implementation of UHC, (iii) strengthening the health system, in particular human resources, (iv) development of the partnership.

1.3- ANALYSIS OF THE SITUATION OF HOSPITALS IN MADAGASCAR

In Madagascar, there are currently 94 District Reference Hospital Centers (CHRD) of which 68 have a surgical platform, 16 Regional Reference Hospital Centers (CHRR), 22 University Hospital Centers (CHU) and 140 private hospitals.

CHRDs, first-level public hospital establishments (District), provide as a priority for general medicine, general surgery, obstetrics and urgent Care.

CHRRs, second-level public hospital establishments (Region), provide medical, general surgery, obstetrics, specialty, emergency and specialized medical and surgical care.

CHUs, third-level public hospital establishments, have a vocation to care which extends throughout the national territory, linked to their high specialization in medicine, surgery, obstetrics, and other specialties. They are intended to provide training graduate, postgraduate and research practices.

The geographical distribution of hospitals is not balanced. Hospitals accumulate in large cities while in remote areas, their number remains insufficient. For example: in Antananarivo, there are currently 12 establishments University Hospitals, 02 District Reference Hospital Centers with tray surgical and 32 private hospitals while no hospital with a surgical platform is located in the districts of Andramasina and Anjozorobe, located respectively only 40 km and 90 km away of the capital.

The existing realities in hospitals in Madagascar, particularly at the level of surgical services, are still far from satisfactory. In fact, a survey carried out among public health facilities in 2015 showed that only 56% of these users are satisfied with the care offers.⁶At the end of these findings, the Ministry responsible for public health has decided to apply quality approaches, among others, the 5S approach- KAIZEN-TQM, clinical governance and humanization of care within public hospitals such as CHUs, CHRRs and CHRDs.

Subsidies and financial resources allocated to operations and hospital investments are insufficient although the establishment has resources clean (RPE).

Technical and logistical material resources and infrastructure are insufficient and dilapidated. Only 25% of CHRRs and 8.33% of medico-surgical CHRDs have all the basic equipment for CESOM in 2012.⁶In addition, according to a survey carried out in 15 regions in 2014, only 50% of obstetrician gynecologists received training in CPN +, EmONC, death audit and postpartum care (PDSS). To this end, a document on standards in human resources, infrastructure and technical and logistical materials were recently developed (May 2017). The resources existing in CHRDs and CHRRs therefore deserve to be developed so that they can ensure their respective missions.

It is the same for university hospitals whose creation of a cutting-edge specialty service in within them would make it possible to effectively reduce expenditure in terms of cost-efficiency relating to EVASANS incumbent upon the Government.

Very briefly, the existing situations within these different establishments are far from meeting the standards established in terms of technical platforms:

• *At the level of CHRDs without surgical platforms (ex-CHD1), the number of staff is limited to a doctor, a nurse and a support agent. Support units to diagnosis are restricted:*

⁶ Health Sector Development Plan 2015 (PDSS)

- Laboratory activities are focused on programs: RDT palu, Determine HIV, Research BAAR, dosage albuminuria.

- Medical imaging is lacking.

- Rhesus grouping and Transfusion Station are not available.

- Ultrasound, especially obstetrical, does not exist.

As the first reference level of CSBs, the availability of these last three points at CHRD level is crucial and contributes to the reduction of maternal mortality and neonatal.

On the logistical side, most of these centers only have a Medicine building and a building for Maternity and a room for the laboratory.

• *At the level of CHRDs with surgical units (ex-CHD2), the resource situation human and material is reinforced by the existence of the block team (surgeon, anesthesiologist, sometimes operating room nurse), imaging (radiography mobile, ultrasound), blood transfusion station and the team administrative (manager, secretary) given that these CHRDs with surgical unit operate with the State budget (ranging from 35,000,000 Ariary to 105,000,000 Ariary according to their technical platforms) and their External Own Resources (ranging from 1,000,000 Ariary to 106,000,000 Ariary depending on the volume of their services).*

• *For CHRRs, the situation differs by the availability of certain specialties.*

However, some of them suffer in technical platforms.

• *Finally, the CHUs are distinguished from the previous two by their number of specialties, by their vocation (Training and research) and their status Public Establishment of an Administrative Character (EPA).*

The overall situations of each category of reference hospital center in comparison with the established standards are summarized in a table (see appendix 1).

Regarding the hospital fatality rate in 2013, it is 32.1% at the level of CHRD and 54.7% for CHRR/CHU. Several causes are at the origin of this high lethality, between others the delay in medical evacuation, the poor diagnosis downstream, the weakness of the plateau technical and the absence of qualified personnel (PDSS).

Maternal mortality has stagnated in recent years. It went from 488/100,000 live births in 1997 (EDS II) to 469/100,000 live births in 2004 (EDS III), for go back to 498/100,000 live births in 2008 (EDS IV) and to 478/100,000 births alive in 2012. Nearly 34% of maternal deaths occur in the age group of 15 to 19 years old. (ENSOMD 2012).

At the same time, a deficit in Cesarean Operation compared to the minimum recommended by the WHO is observed with a birth rate by cesarean operation equal to 1.9% (EDS IV) compared to 5% in 2009 and 10% in 2017 according to the WHO.

In addition, there are an estimated 4,000 cases of obstetric fistula each year while the country lack of prevention and repair capacities⁷. An evaluation of the hospital system surgical was conducted by Mercy Ships in collaboration with Harvard Medical School's Program in Surgery and Social Change (PGSSC) from September 2015 to April 2016. It concerned 22 hospitals (17 peripheral hospitals and 5 capital hospitals) and 6 indicators were used. The result of this study shows that 29% of the Malagasy population has access to surgery within 2 hours. The ratio of one surgical specialist per 100,000 inhabitants is 0.78, far from of the objective for 2030 set by the Lancet Commission on Global Surgery which is 20. Products and anesthesia and resuscitation equipment are not always available. The annual number of surgical activities per 100,000 inhabitants varies from 135 to 191, the mortality rate peri operative is 2.5 to 3.3%, the proportion of households protected against impoverishment due to usual expenditure on surgical care is 13.7 to 22.6% and the proportion of households protected against impoverishment due to catastrophic indirect expenditure on surgical care is from 4.9 to 21.2%.

The data from the evaluation of these indicators demonstrate that only peri-operative compared to other countries is acceptable. The other five indicators need to be improved through actions formulated in the surgery plan.

1.4- MENTION ON EXTERNAL SANITARY EVACUATION

Before 1972, Madagascar was a reference of the Indian Ocean Islands in matters of hospital care. Given the deterioration of the Malagasy economy with its impacts social and cultural, this brand image has been continually erased until the inversion

⁷ Country program action plan 2015-2019 for the Government Cooperation Program Malagasy and UNFPA

of the situation. Madagascar currently sends sick people to the Indian Ocean Islands as Reunion and Mauritius.

The main reasons for medical evacuation outside concern pathologies whose support cannot be provided on site due to lack of technical means. It's about among others: kidney transplantation (32%), radiotherapy (34%), cardio-vascular requiring an extracorporeal circuit (13%) and advanced neurosurgery (10%)⁸.

External medical evacuation is a drain on the state budget. The cost of evacuation annual health is on average 1,448,819,491 Ariary or 4.47% of the Ministry's budget of Health. However, there is potential for competent human resources to take in charge of complex surgical pathologies as well as the infrastructure to accommodate a hyper-specialized Center

We note that only a wealthy segment of the population and those subsidized by the State (State agents) benefit from these treatments.

Faced with this situation, the establishment of a Hyperspecialized Center constitutes one of the state priorities.

II - INITIATIVE TO DEVELOP THE NATIONAL SURGERY PLAN

In order to improve these situations, a process of developing the National Surgery Plan was initiated by a national stakeholder forum based on the issues recorded namely:

- lack of resources (human, financial and material);
- the obsolescence of infrastructure and equipment;
- poor reception of patients;
- the inadequacy of the reference system versus inadequate reference and not functional ;
- the unavailability of blood products in many surgical centers;
- the non-existence of logistical procedures for managing surgical inputs including equipment;
- limiting the activities of imaging and laboratory units;
- the limited involvement of the private sector in surgery;

⁸ Rapport division EVASAN/DHRD 2017

- the limited managerial capacity of center directors or department heads surgical;
- insufficient commitment of financial and technical partners for the surgery ;
- the insufficiency of quality service offers especially at the level of hospitals district, the non-existence of surgical care standards;
- the limited involvement of professional bodies (surgeon, gyneco-obstetrician, anesthetist, resuscitator, operating room nurses);
- increased mortality due to the absence and/or insufficiency of trays surgical procedures allowing the treatment of pathologies causing medical evacuation to the exterior.

This work for the development of the PNDCH was continued by the ad hoc Committee.

III - VISION

"Hospitals in Madagascar, public or private, in possession of technical platforms in standards acceptable to the country, endowed with a status, an organization and a financial autonomy to ensure quality services, in normal circumstances or in period of disaster, for the entire population, with full respect for human rights."

This is the vision set by the Ministry of Public Health in the document "axes strategies of hospital reform".

IV - BUT

Meet the needs of the population in terms of surgery by setting up human, material, financial resources, adequate infrastructure and application humanization of care by developing public-private partnership.

V - GENERAL OBJECTIVE

Increase the population's access to emergency-focused surgical services to 80% quality surgical, obstetric and anesthesia-resuscitation services by 2023.

VI - EXPECTED RESULTS

The National Surgery Development Plan aims to:

1. Have a legal framework with regulatory texts governing the health profession so as not to harm honor and dignity [code of health, code of ethics of the profession, law relating to hospital reform, files having legal values (informed consent, medical observation, letter commitment to exit on demand...)] and also the legal situation of the centers hospital (asset situation, etc.)
2. Have management capacity for optimal operation of centers at all levels (directors, department heads have the skills necessary to run a hospital)
3. Have standardized architectural resources for the centers surgical hospitals (building, hospitalization, operating room, central oxygen...)
4. Have operating resources that meet standards both in terms of quality rather than quantity (human, equipment and materials, financial, system of social recovery...)
5. Have the essential services for the proper functioning and good practice of safe surgery protected from risks (intensive care unit, laboratory, blood bank, laundry, sterilization, medical imaging, service maintenance [preventive and curative, local maintenance]: infrastructure, materials and equipment,)
6. Have adequate infrastructure and physical means to facilitate accessibility of the population to the hospital center (helicopter, plane, road, "railanja", ambulance, taxi-bus, ...)
7. Have the infrastructure so that staff will no longer have to hesitate to reach their assigned post (simple car, staff housing, children's schooling...)
8. Have an initial and continuing safety training program surgical (hand washing, checklist during the surgical procedure, hygiene of a operating room: washing and sterilization of an operating room, rule of

travel to an operating room, treatment of operating room waste

biological and household types...)

9. Have a hospital course specializing in "surgery"

versatile" following the rules and ethics of training in a medical specialty.

Have a stable regulatory orientation in basic oriented surgery

on surgical and obstetric emergencies.

10. Have a program of information, education and

communication (IEC) of the population served by the surgical center to ensure

broad message on the benefits of surgery, the aim of which is to remove the obstacles

psychosociological to the development of surgery and that the hospital requires a

socio-cultural environment to be respected for the smooth running of the profession that is

surgery.

11. Have a program for implementing a management system

information and technologies to be able to communicate and transfer (sending and

real-time reception) of administrative and technical information data. It is

an organized set of resources that collects, stores, processes and

distribute information. The hospital thus interconnected will no longer be isolated. (BLU,

Telephone, fax, computer, computer system for data entry and transfer,

software package, software, network, intranet, internet, etc.)

12. Have adequate funding for the implementation of strategies

why plan

VII - STRATEGIC ORIENTATIONS

The National Plan for the Development of Surgery is based on seven orientations

strategic:

- Improvement of the technical platform;
- Development of Human Resources and training;
- Development of information systems;
- Leadership and good governance;
- Humanization of care and quality management;
- Creation of specialized surgical services;
- Financing and resource mobilization.

1. IMPROVEMENT OF THE TECHNICAL PLATFORM

In the context of our health system, the surgical entity is non-existent in ex-CHRD1 and the transformation is carried out by the new construction of the operating room, resuscitation and hospitalization rooms. However, the installation terrain and conditions prerequisites differ from one locality to another. The same is true for the budgets allocated to works and equipment.

Following the efforts made by the government and our partners to provide hospitals with increasingly efficient equipment in order to improve the quality of care, equipment is acquired and distributed on the basis of norm⁹ standard set taking into account the important factors such as the needs of the population, respect for the environment, after-sales service and other possibilities.

The strategy consists of bringing the different resources (architectures, operation, essential services, infrastructures and physical means).

Specific objective 1.1: Bring hospital infrastructure up to standard

Activity 1.1.1. Inventory the inventory of the hospital environment;

Activity 1.1.2. Build the missing infrastructure for the surgery entity

the hospital (see standards);

Activity 1.1.3. Build company housing for key service providers

surgery (see standards);

Activity 1.1.4 Rehabilitate existing infrastructure;

Activity 1.1.5. Build accessory infrastructure including access ramps

for people with disabilities.

Specific objective 1.2: Bring equipment, technical materials and equipment up to standard hospital logistics

Activity 1.2.1. Install water supply equipment (surgical hand wash basin, water heater, etc.), wastewater evacuation and treatment;

⁹ Hospital standards and pricing, 2018.

Activity 1.2.2. Install the air conditioning and air circulation system;

Activity 1.2.3. Install electrical equipment that complies with standards: circuits well secure, generator, alternative energy source, etc.

Activity 1.2.4. Equip with oxygen generators;

Activity 1.2.5. Equip tables with multi-use operations, fixed and mobile operating lights, (see Standards);

Activity 1.2.6. Provide sterilization equipment (autoclaves, poupinel);

Activity 1.2.7. Equip with anesthesia respirator, resuscitation respirator, pump vacuum, medical air compressor, incubator (incubator), baby resuscitation table, scalpel electric,...

Activity 1.2.8. Provide specific technical equipment (depending on specialties: traumatology, obstetrics gynecology, soft tissue surgeries, ORLO, etc.);

Activity 1.2.9. Provide furniture: hospital beds, mute assistants, air conditioners, air extractor, ...

Specific objective 1.3. : Ensure the availability of health inputs including blood products

Activity 1.3.1 Standardize the health input management system by implementing implements the national pharmaceutical policy;

Activity 1.3.2 Create a blood transfusion center in each hospital center in reference ;

Activity 1.3.3 Bring blood transfusion centers up to the standards established by the DTS.

Activity 1.3.4 Permanently supply blood transfusion centers with bags and reagents;

Activity 1.3.5 Permanently supply the newly created centers with inputs and essential materials.

Specific objective 1.4: Ensure referral and counter-referral of patients

Activity 1.4.1 Establish an organization and effective reference management counter-reference taking into account the contexts and experiences of all structures public and private sanitary facilities;

Activity 1.4.2 Equip with means of locomotion and communication adaptable to each district;

Activity 1.4.3 Establish a system of ongoing mentoring between reference levels.

Specific objective 1.5: Cover the national territory with adequate surgical facilities and functional

Activity 1.5.1 Encourage private investors to create medical-surgical clinics in uncovered areas;

Activity 1.5.2: Promote mobile surgery;

Activity 1.5.3: Promote the contractualization of public hospital establishments with NGOs/ non-profit private associations in isolated and less attractive areas.

2- DEVELOPMENT OF HUMAN RESOURCES AND TRAINING

The existence of human resources capable of offering quality surgical service is one of the keys to the successful implementation of the surgery development plan. With this in mind, bringing the standards up to standard on a quantitative and qualitative level is essential. while ensuring fairness.

On a qualitative level, the training of surgical staff will be based on the good innovative practices and approaches:

- the establishment of a training program adapted to the needs of the country and population,

- the establishment of regulated specialization courses.

On a quantitative level, efforts are directed towards the equitable redeployment of existing health workforce and local recruitment. Local recruitment consists of the selection of health workers passionate about surgery at the district level health workers to be trained and return to practice in the site from which they came.

Specific objective 2.1. Bring human resources up to standard quantitative

Activity 2.1.1. Develop regulatory texts establishing health professions relating to field of surgery;

Activity 2.1.2. Apply the regulatory texts developed, in particular the factsheets post techniques;

Activity 2.1.3. Align the budget item with the standards required by the body for health facilities;

Activity 2.1.4. Increase the number of budget items allocated to the Health department;

Activity 2.1.5. Prioritize local recruitment;

Activity 2.1.6. Fairly redeploy staff;

Activity 2.1.7. Revitalize the Regional and District Management Committees Human Resources (CRGRH, CDGRH) to apply the standards.

Specific objective 2.2. Bring staff up to qualitative standards

Activity 2.2.1. Define a course specified by regulation for surgical staff in order to ensure adequate coverage of quality human resources (see appendix 2 for professional training proposals);

Activity 2.2.2. Make continuing training compulsory;

Activity 2.2.3. Strengthen professional training following a predefined program by the course;

Activity 2.2.4. Establish a coaching and mentoring system;

Activity 2.2.5. Carry out continuous evaluation of surgical staff;

Activity 2.2.6. Apply the texts governing the mandatory career plan at the level of CHRD before clinical presentation).

3-DEVELOPMENT OF INFORMATION SYSTEM

The hospital information system needs to be updated to meet the qualifying internal needs (exercise of the population, the establishment, the structures regional and central health authorities. A functional and relevant information system will help hospital management planning such as the hospital establishment project, epidemiological surveillance, research and especially for decision-making. This system can also improve the reference framework and counter reference for the benefit of the population.

The advent of telemedicine including tele-surgery opens up a lot of opportunities to update surgical skills. It will create a network to improve the performance of each center and to build a relationship of support, mentoring and supervision.

Regulatory texts will be developed to regulate the practice of surgery through the use of new technologies and telesurgery.

The initiatives are aimed at strengthening the health information system.

Specific objective 3.1: Ensure the availability of health information quality (completeness, timeliness, reliability and validity of data) among users

Activity 3.1.1. Revise the performance indicators of surgical services;

Activity 3.1.2. Implement DHIS2 in a hospital environment (routine GIS);

Activity 3.1.3. Develop a standard hospital information system (resources, patient circuit, digital medical record, etc.);

Activity 3.1.4. Network reference hospitals with each other and with structures regional and central health management;

Activity 3.1.5. Provide preventive and curative maintenance of equipment and network.

Specific objective 3.2: Ensure the effective use of data and using data for decision making

Activity 3.2.1. Strengthen the skills of staff (establishment staff, GIS managers, ICT manager) in data management;

Activity 3.2.2. Carry out formative supervision of staff in data management;

Activity 3.2.3. Evaluate the data management system for surgical activities;

Activity 3.2.4. Promote operational research in surgery at all levels.

4- GOOD GOVERNANCE AND LEADERSHIP

Several public hospitals still suffer from poor management objectified by the use of resources for other purposes, the dilapidation of infrastructure, the obsolescence

medical equipment, users' complaints about corruption, the poor reception of the from hospital staff. Despite the efforts made by the various managers central and regional, the situation has not changed much. The law relating to hospital reform was promulgated in 2011 in order to better organize the operations of hospital centers. Currently, only the hospitalized patient charter was released in 2016. It governs the framework general safety of hospital users as well as healthcare providers. Furthermore, the text on the operation of the District Reference Hospital Center has was already validated in November 2016 but has not yet been promulgated. The texts regulations governing Regional and District Reference Hospital Centers are currently being developed at the level of the National Hospital Agency.

Concerning surgery, no regulatory text is available. Indeed, for the security of staff and patients, as well as good management of establishments hospitals, the development of regulatory texts governing the organization of activities surgical procedures and consideration of human rights is essential.

Specific objective 4.1: Have texts regulating surgical activities.

Activity 4.1.1. Develop and validate regulatory texts concerning activities surgical;

Activity 4.1.2. Raise awareness among hospital staff about the application of texts regulations concerning surgical activities.

Specific objective 4.2: Regulate the management of the hospital establishment

Activity 4.2.1. Carry out follow-ups on the application of legislative texts and regulations in force (law, decree and order, service standards, instructions permanent, patient charter, etc.);

Activity 4.2.2. Align hospital service offerings with regulatory texts on the organization and operation of hospitals;

Activity 4.2.3. Develop and apply the internal regulations of establishments.

Specific objective 4.3: Strengthen hospital management

Activity 4.3.1. Strengthen the anti-corruption system;

Activity 4.3.2. Strengthen the skills of the establishment's staff in leadership and hospital management;

Activity 4.3.3. Promote the planning culture at the hospital level (development, implementation and monitoring of the PEH/PTA);

Activity 4.3.4. Make the monitoring-evaluation system more effective and sustainable;

Activity 4.3.5 Develop a working procedures document in terms of services and of activities.

Specific objective 4.4: Optimize staff motivation

Activity 4.4.1. Establish on-call and risk allowances for hospital staff and compensatory rest (regulatory text to be inserted in specific objective 4.1.);

Activity 4.4.2. Apply the career plan of the Ministry of Health;

Activity 4.4.3. Establish the quality of life at work (staff attire, relaxation room, ...);

Activity 4.4.4. Apply loyalty incentive measures on assignment in landlocked areas.

5-HUMANIZATION OF CARE AND QUALITY MANAGEMENT

The policy on hospital reform advocates the recognition of the rights of users through the patients' charter and the hospital's obligations. Humanization of care constitutes one of the approaches to be implemented to gain the trust of the population towards healthcare establishments, particularly public hospitals.

Thus, as part of the development of surgery, the development of the humanization of care is of paramount importance. The main approach adopted by the Ministry of Health is the 5S-Kaizen-TQM methodology. Other approaches are applied in other medical fields such as clinical governance in maternal health infantile.

Specific Objective 5.1: Ensure the availability of competent healthcare personnel¹⁰ humanized

Activity 5.1.1. Train staff in humanization of care;

Activity 5.1.2. Supervise and evaluate humanization staff activities care.

Specific Objective 5.2: Maintain a quality working environment

Activity 5.2.1. Strengthen staff capacity in 5S;

Activity 5.2.2. Supervise and evaluate staff activities¹¹ in 5S.

Specific Objective 5.3: Maintain quality of service

Activity 5.3.1. Strengthen staff capacity in Kaizen;

Activity 5.3.2. Supervise and evaluate staff activities in Kaizen;

Activity 5.3.3. Measure the satisfaction of users of establishments.

Specific Objective 5.4: Sustain the achievements in terms of 5S-Kaizen

Activity 5.4.1. Implement the 5S label;

Activity 5.4.2. Strengthen continuous improvement activities (competitions, etc.).

Specific Objective 5.5: Make the population responsible for respecting health standards hospital operation

Activity 5.5.1. Educate the population regarding their rights and obligations regarding view of the hospital;

Activity 5.5.2. Establish an information, education and support system communication (IEC) for the population regarding surgical safety.

6-CREATION OF SPECIALIZED SURGERY SERVICES

Currently, Madagascar does not yet have surgical technical platforms cutting-edge technology to treat complex pathologies. Some operators local and expatriate economic people have started to invest in this sector. In 2014, a high specialty ophthalmological clinic (Clinique Dr Agarwalà Ambatoroka) is created in

¹⁰Knowledge, know-how, interpersonal skills

¹¹Hospital hygiene, care protocol, work organization

full city of Antananarivo. In 2015, a private clinic in the capital (Polyclinique d'Ilfy) created the departments of radiotherapy and cardiac surgery. Another clinic (Clinique of Ankadifotsy) opened a cutting-edge imaging department using high-end scanning quality. However, their healthcare services are still limited and do not yet respond to the priority needs of the population.

In Madagascar, out of 200,000 kidney patients, only 8,000 to 10,000¹² still have the possibility of seeking treatment. The number of patients with kidney failure terminal requiring dialysis or kidney transplantation, seen at the services nephrology at two university hospitals in Antananarivo (CHUJRA and CHUJRB) continues to increase. These two services recorded 14 cases in 2016 and 17 cases in 2017. Only 04 patients in 2016, and 07 in 2017 benefited from medical evacuation outside, notably in India, for a kidney transplant¹³.

Likewise for other pathologies, many requests have not been honored due to limited financial resources.

To this end, the establishment of specialized surgical services (cardio-surgery vascular, kidney transplant, corneal transplant, etc.) constitutes one of the priorities of the State in order to alleviate the problem.

Specific Objective 6.1: Reduce the mortality rate linked to pathologies requiring either medical evacuation outside or an expensive cost of taking care of charge.

Activity 6.1.1. Create technical platforms to support these different pathologies ;

Activity 6.1.2. Train staff in related disciplines;

Activity 6.1.3. Apply Universal Health Coverage to these services for the protection of national users against the financial risks generated by the costs of services.

Specific Objective 6.2: Increase the use of these services

¹²Communication during Nephrology Day in Madagascar 2017.

¹³ Nephrology Department CHU-JRA and CHU-JRB, EVASAN/DHRD Division.

Activity 6.2.1. Inform the population about the availability of surgical care specialized;

Activity 6.2.2. Carry out a periodic disease screening campaign concerned;

Activity 6.2.3. Organize a referral circuit for patients from the CSB to the center;

Activity 6.2.4. Carry out continuous monitoring to improve the quality of service offers care and service.

7-FUNDING AND MOBILIZATION OF RESOURCES

Implementation of the National Surgery Development Plan in Madagascar will mobilize human, material and especially financial resources. Indeed, the achievement of objectives of these different strategic orientations require a significant volume of budget. The potential financial resources are: (i) the budget allocated to the development of hospitals of the Ministry of Public Health; (ii) resources generated by the activities of Hospital Establishments or Own Resources of the Establishment; (iii) resources and financial contributions from the public-private partnership; (iv) local financing of decentralized local authorities; (v) financial contributions from Technical Partners and Financials.

Currently, the operating and investment budgets (for EPAs) do not do not meet the needs of hospitals. For these budgets to be effective, each hospital public at different levels must develop its consolidated and coherent budget to address the problems of the establishment. They must then be honored and integrated into the Finance Law after validation. with a competent financial structure of the Ministry of Public Health. Furthermore, the Malagasy parliaments must make efforts to ensure that the budget of the Ministry of Health Public reaches at least the Abuja objective of 16% of the national budget (in 2001¹⁴).

The establishment's own resources remain low. Supervisions carried out by the central managements responsible for hospitals noted a need for recovery of the management of financial resources at the level of hospital establishments.

¹⁴ The Abuja Declaration

Occasional support from partners was mobilized at least to relieve part of the needs. However, this contribution, although it is not intended to fill all of the gap remains insufficient and/or unsatisfactory.

Specific Objective 7.1: Optimize the management of usual financial resources

Activity 7.1.1. Advocacy with relevant institutions (Parliament, Government...) the increase in the budget of the Ministry of Public Health to 16% of the budget nationally for the benefit of the "hospital care program".

Activity 7.1.2. Refresh the financial managers of establishments hospitals in terms of budget planning and execution;

Activity 7.1.3. Honor in the finance law the consolidated budgets of each hospital establishment validated by a competent financial structure of the Ministry;

Activity 7.1.4. Request the participation of CTDs in the management of medical care especially for the poor;

Activity 7.1.5. Encourage the implementation of an innovative system to increase revenue and improving the quality of care;

Activity 7.1.6. Intensify and systematize monitoring, auditing and financial supervision in level of public hospitals.

Specific Objective 7.2: Develop the partnership

Activity 7.2.1. Advocacy with Technical and Financial Partners (local, traditional and other) on financing the development of hospitals;

Activity 7.2.2. Support public hospitals in their search for partners;

Activity 7.2.3. Institutionalize the "Contract of Objectives and Means" approach.

VIII. IMPLEMENTATION PLAN

1- Improvement of the technical platform

Activities	Indicator	Means of verification	Responsible	Chronogram					Budgeting
				2019	2020	2021	2022	2023	
Specific Objective 1.1. Bring hospital infrastructure up to standard									
Activity 1.1.1. Inventory Number of inventory files available. the hospital environment.		Mission report	DGEHU/ SILOP/DHRD/ HEAVY/ BRAGS/ EMAR&D	60%	100%	100%	100%	100%	282 808 000
Activity 1.1.2. Build the missing infrastructure for the surgery entity (Operating Ward) of the hospital (see standards).	Name infrastructure built (31)	Activity report, receipt minutes	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/ EMAR&D	20%	40%	60%	75%	100%	12 767 367 280
Activity 1.1.3. Build staff housing for key surgical providers (see standards)	Proportion of key surgical providers housed near hospitals	PV of reception of news constructions State of distribution of housing	DGEHU/DHRD/ HEAVY/	25%	50%	75%	100%	100%	15 200 000 000
Activity 1.1.4. Rehabilitate existing infrastructure to meet standards,	Name infrastructure rehabilitated	Activity Report Receipt report	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/ EMAR&D	40%	65%	75%	85%	100%	12552 000 000

Activities	Indicator	Means of verification	Responsible	Chronogram					Budgeting
				2019	2020	2021	2022	2023	
Activity 1.1.5. Build of the accessory infrastructure including access ramps for people with disabilities	Number infrastructure of accessories available.	Activity Report Receipt report	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/ EMAR&D	20% 30%	50%	75%	100%	6 600 000 000	
Specific Objective 1.2. Bring hospital equipment and technical materials up to standard									
Activity 1.2.1. Install water supply equipment and industrial wastewater disposal equipment of water (SMAGS hand washbasin/ chirurgicale...), BRAGS/ evacuation and treatment EMAR&D/SEM Wastewater.		Receipt report		40% 65%	75%	85%	100%	1 650 000 000	
Activity 1.2.2. Install the air conditioning and air circulation system	Proportion of CHRD, CHRR, CHU equipped with air conditioning and air circulation system	Activity Report PV of reception	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/ EMAR&D/ SEM	40% 65%	75%	85%	100%	1 100 000 000	
Activity 1.2.3. Install electrical equipment that complies with standards: well-secured circuits, generators, energy band source alternative,	Proportion of CHRD, CHRR, CHU equipped with emergency generators or alternative energy sources,	State of situation of functionality of electricity (In maintenance plan) PV of reception	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/ EMAR&D/ SEM	100%	100%	100%	100%	100% 40 006 477	600
Activity 1.2.4. Equip oxygen generators;	Proportion of surgical hospitals with Oxygen Generators	Activity Report PV of reception	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/	20% 35%	50%	75%	100%	55 000 000	000

Activities	Indicator	Means of verification	Responsible	Chronogram 2019					Budgeting
				2020	2021	2022	2023		
			EMAR&D/SEM						
Activity 1.2.5. Equip tables with multi-use operations, fixed and mobile operating lights, (see Standards on equipment).	Proportion of surgical hospitals with essential equipment in the "operating area" according to the level of technical platform	Equipment availability status And necessary equipment following the technical platforms (Activity Report) Receipt report	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/ EMAR&D/SEM	40% 65%	75% 85%	100%	6 007 540 000		
Activity 1.2.6. Provide sterilization equipment (autoclaves, Poupinel...)	Proportion of surgical sterilization devices adequate according to the specific needs of each establishment	State availability of materials of sterilization required according to technical platforms (Activity Report) PV of reception	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/ EMAR&D/ SEM	50% 75%	100%	100% 100%	5 348 000 000		

Activities	Indicator	Means of verification	Responsible	Chronogram 2019					Budgeting
				2020	2021	2022	2023		
Activity 1.2.7. Provide anesthesia respirator, resuscitation respirator, electrocautery, etc.	Proportion of surgical hospitals with heavy equipment according to the level of technical platform	State availability of necessary anesthetic materials following THE technical platforms (Activity Report) PV of reception	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/ EMAR&D	25%	40%	60%	80%	100%	17 892 160 000
Activity 1.2.8. Provide materials specific techniques (depending on the specialties: traumatology, obstetrics and gynecology, soft tissue surgeries, ORLO, etc.)	Proportion of surgical hospitals with specific equipment necessary for surgery according to the level of technical platform	State of availability of specific equipment required depending on the technical platforms (Activity Report) PV of reception	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/ EMAR&D/ WHICH	50%	60%	70%	100%	100%	8 362 200 000

Activities	Indicator	Means of checking	Responsible	Chronogram 2019					Budgeting
				2020	2021	2022	2023		
Activity 1.2.9. Provide furniture: hospital beds, bedside table, confidentiality devices, etc.	Level of completeness of furniture equipment for surgical hospitals according to the needs of each establishment	State furniture availability following THE technical platforms	DGEHU/ SILOP/ DHRD/ HEAVY/ BRAGS/ EMAR&D/ WHICH	60% 80%	100%	100%	100%	4 003 748 000	
Specific objective 1.3. : Ensure the availability of health inputs including blood products									
Activity 1.3.1. Standardize the health input management system by implementing the national pharmaceutical policy;	Number of days of shortage of health inputs (n: month/quarter/ year) per item Availability rate of health inputs per item	Monthly/ quarterly/annual activity report	DPLMT DHRD, DGEHU, DRS, SSD, SAFE, UASM, COMEDIM	0j	0j	0j	0j	0j	282 808 000
Activity 1.3.2. To create a blood transfusion center in each district reference center hospital	Percentage of of the centres hospitals with a blood transfusion center	DTS Annual Report	DTS, Min Health DHRD, DGEHU,	15% 30%	50%	75%	100%	15 637 600	000
Activity 1.3.3. Bring blood transfusion centers up to the standards established by the DTS,	Percentage of hospital centers with blood transfusions respecting the centre standards	State of affairs of l'installation and some functionality PTS	DTS, DHRD, DGEHU,	15% 30%	50%	75%	100%	282 808 000	
Activity 1.3.4 Permanently supply in blood transfusion centers with bags and reagents	Availability rate of bags and reagents in blood transfusion centers	BC/BL, RMA DRS, SSD, DTS,	DHRD, SAFE, DPLMT, COMEDIM	100%	100%	100%	100%	100%	282 808 000

Activities	Indicator	Means of verification	Responsible	Chronogram 2019					Budgeting
				2020	2021	2022	2023		
Activity 1.3.5 Permanently supply the newly created centers with inputs and essential materials	Rate of satisfaction of the orders for inputs in hospitals	BC/BL, invoice, PVRD, RMA.UP	DPLMT, DE, CE, DHRD, SALAMA, DRS, SSD, COMEDIM	100%	100%	100%	100%	100%	282 808 000
Specific objective 1.4: Ensure patient referral and counter-referral									
Activity 1.4.1 Put in meeting minutes establishes an organization and effective management of reference against-reference taking into account the contexts and experiences of all health structures public and private	Level of achievement of the Organization of the reference system – counter-reference between health facilities	Performance document RMA	DHRD, ENGLAND, DE, MC, DRS, SSD	100%	100%	100%	100%	100%	
Activity 1.4.2. Equipping with means of transport and communication adaptable every district	Proportion of hospitals with ambulances	Activity Report	MFB, MSANP/DAF	30%	50%	75%	100%	100%	9 800 000 000
	Proportion of surgical hospitals with communication tablets	Activity Report	MFB, MSANP/DAF	40%	75%	100%	100%	100%	106 000 000
Activity 1.4.3 Establish a system of ongoing mentoring between levels reference	Proportion of hospitals implementing the mentoring system between reference levels	RMA, DASHBOARD	DGEHU, DHRD, ANH, DE, MC, DRS, SSD	40%	60%	70%	80%	100%	282 808 000
Objective 1.5: Cover the national territory with an adequate and functional surgical platform									
Activity 1.5.1 Encourage private investors to create medical-surgical clinics in uncovered areas	Coverage rate in Cartography Ministry Steering Committee of establishments, MC, DE, character establishment public and private surgical of the Saint			50%	75%	80%	90%	100%	

Activities	Indicator	Means of verification	Responsible	Chronogram 2019					Budgeting
				2020	2021	2022	2023		
			DGEHU, DRS, SSD						
Activity 1.5.2: Promote mobile surgery	Number of interventions mobile surgical procedures carried out (n: year) Number of missions carried out by an	Annual activity report, Permissions delivered	DP, DHRD, DGEHU, DGS, DRS, SSD, CHU, CHRH, Private clinics, Partners, Communities	50%	60%	80%	100%	100%	
Activity 1.5.3 : To favor the contractualization of the public hospitals in NGOs/private non-profit associations in landlocked areas and less attractive.	Proportion of hospitals under contract (Number of contracted hospitals/number of public hospitals in isolated and less attractive areas	Conventions signed by Mr Minister	DP, DGEHU, DHRD, DGS, Partners,	40%	60%	75%	85%	100%	

2- Human Resources Development and Training

Activities	Indicator	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
Specific Objective 2.1. Bring HR up to standard										
Activity 2.1.1. Develop texts Regulatory text establishing the professions of developing health relating to the field of surgery.		Documents ANH/SLR C/DGEHU /DHRD			50%	100%				24 560 000
Activity 2.1.2.Apply the regulatory texts developed, in particular the technical job descriptions	Number of hospitals with regulatory texts Availability of of working procedure for applying regulatory texts	Documents performance	OLDER BROTHER Etablisse ments hospitalie rs			100%				
Activity 2.1.3. Align the budget item with the standards required by the body for health structures	Percentage of budget item honored according to standards	Table of edge of personnel	DRH/DRS P/hospital		10%	35%	60%	75%	100%	Depends on number of budget positions allocated by the MFB
Activity 2.1.4.Increase the number of budget items allocated to the Health department	Number of budget items increased	Table of edge	HR/MF B/MINFO PTLS		10%	35%	60%	75%	100%	Depends on the orientation of the MSANP and the procedure established by the PREA in the framework you project NFD
Activity 2.1.5.Prioritize local recruitment	Name of recruitment of proximity carried out	Table of edge	DRH/Hopital		10%	35%	60%	75%	100%	
Activity 2.1.6. Redeploy staff equitably	Number of staff redeployed per 100,000 inhabitants	Table of edge	DRH/Hopital		10%	35%	60%	75%	100%	

Activities	Indicator	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
Activity 2.1.7. Revitalize Regional and District Human Resources Management Committees (CRGRH, CDGRH) to apply the standards	Number of meetings annual	PV of meeting	CRGRH/C DGRH	10%	100%					
Specific Objective 2.2. Bring staff up to qualitative standards										
Activity 2.2.1. Define a Publication curriculum specified by regulation for surgical personnel in order to ensure adequate coverage in human resources of quality (see appendix for professional training proposals)	Classified by regulation for surgical regulations developed and validated for surgical personnel	In the official newspaper	Do Med/INS PC ANH/DGE HU/SFP/S LRC		100%					24 560 000
Activity 2.2.2. Make continuing training compulsory	Percentage increase in the number of staff who have benefited from training for a year	Activity Report	DRH/DGE HU/DHR D/DRS		50%	100%				Integrated into the missions of supervisions
Activity 2.2.3. Strengthen professional training following a program predefined by the course	Number of staff who have benefited from surgical training for one year	Activity Report	DRH/DHR D/DGEHU		10%	35%	60%	75%	100%	792 000 000
Activity 2.2.4. Establish a coaching and mentoring system	Percentage of hospitals that have benefited from coaching among establishments that require it	Mission report	DRH/DGE HU/DHR D		25%	50%	75%	100%		307 990 000

Activities	Indicator	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
Activity 2.2.5. Perform a continuous evaluation of surgical staff	Percentage of of the hospitals whose surgical staff have been evaluated	Mission report	DRH/DGE HU/DHR D		25%	50%	75%	100%		307 990 000
Activity 2.2.6. Apply the texts governing the career plan of qualifying interns (obligatory exercise at CHRD level before clinical presentation)	Percentage of IQs working in CHRDs	Certificate administrative Note of take of service	DRH/DGE HU/DHR D		50%	100%				

3- Development of the health information system

Activities	Indicator	Means of verification	Answers bles	Chronogram						Budgeting
				2018 2019	2020 2021	2022 2023				
Specific Objective 3.1: Ensure the availability of quality health information (completeness, timeliness, reliability and validity of data) to users										
Activity 3.1.1. Review the performance indicators of surgical services	Revised performance indicators	List of indicators validated performance	ANH/DH RD/DSI/D EP/DGEH IN		100%					24 560 000
Activity 3.1.2. Implement DHIS2 in a hospital environment (routine GIS)	Number of hospitals using DHIS2	Activity Report	DEP/DSI/ DHRD/D Sigh	0% 25%	50% 75%	100%				
Activity 3.1.3. Develop a standard hospital information system (resources, patient circuit, digital medical record, etc.)	Percentage of hospitals using the standard information system	Activity Report	DRH/DGE HU/DHR D/DSI		50% 100%					408 489 000

Activities	Indicator	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
Activity 3.1.4. Network reference hospitals with each other and with regional and central health management structures	Percentage of hospitals networked	Document of performance	DHRD/DS I/DGEHU /DEP/YES F		10%	15%	20%	30%	50%	487 600 000
Activity 3.1.5. Provide for preventive and curative maintenance of equipment and network	Percentage of hospitals carrying out maintenance preventive and curative	Activity Report/ Vouchers deliveries	DHRD/DS I/DAF/DG EHU		25%	50%	75%	100%		
Specific objective 3.2: Ensure the effective exploitation of data and the use of data for decision-making										
Activity 3.2.1. Strengthen the competence of staff (establishment staff, GIS managers, ICT manager) in data management	Percentage of staff upgraded	Mission/TA report Elias	DHRD/D GEHU/DE P		10%	35%	60%	85%	100%	408 489 000
Activity 3.2.2. Carry out formative supervision of data management staff	Percentage of establishments whose staff was supervised in data management	Supervision report	DHRD/D GEHU/DE P		10%	35%	60%	85%	100%	307 990 000
Activity 3.2.3. Evaluate the surgical activity data management system	Number of indicators exploitable	Mission report devaluation	DHRD/D GEHU/DE P						50% 100%	307 990 000
Activity 3.2.4. Promote the operational research in surgery at all levels	Number of searches significant published as part of the surgery	Articles published	DHRD/D GEHU/Fa cMéd/IN SPC		50%	100%				307 990 000

4- Good governance

Activities	Indicators	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
Specific objective 4.1: Have texts regulating surgical activities.										
Activity 4.1.1. Develop and validate ANH/SLR regulatory texts concerning surgical activities	regulatory texts validated surgical procedures	Texts regulatory is concerning surgical activities available	C/ DGEHU/ DHRD		50%	100%				24 560 000
Activity 4.1.2. Raise awareness hospital staff on the application of regulations concerning of the texts surgical activities	Percentage of of the Centers Hospital having applied regulatory texts concerning surgical activities.	Observation direct Document performance	OLDER BROTHER/ DGEHU/ DHRD		50%	80%	100%			52 017 200
Specific objective 4.2: Regulate the management of the hospital establishment										
Activity 4.2.1. Carry out follow-ups Percentage on the application of legislative and regulatory texts in force (law, decree and order, service standards, standing instructions, patient charter, etc.)	Observation Hospital Centers having applied the regulatory legislative and texts in force (law, decree and order, service standards, standing instructions, charter in patients, ...)	Document performance	DGEHU/ OLDER BROTHER/ DHRD	15%	30%	50%	70%	90%	100%	Mission integrated activity 4.1.2.
Activity 4.2.2. Align hospital service offerings with regulatory texts on the organization and operation of hospitals	Percentage of of the Hospital Centers having aligned their service offers with the texts regulatory on	Observation direct Document of performance	ENG/DHR D/DGEHU	20%	50%	80%	100%	100%	10%	Integrated mission activity 4.1.2.

Activities	Indicators	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
	organization and functioning of the hospitals									
Activity 4.2.3: Develop and apply the internal regulations of establishments	Percentage of the Elaborate Hospitallers having centers And applied the internal regulations of establishments.	Availability of internal regulations of the establishment nt Document performance	STAFF DE THE ESTABLISHED CEMENT	40%	80%	100%	100%	100%	100%	Mission integrated activity 4.1.2.
Specific objective 4.3: Strengthen hospital management										
Activity 4.3.1. Strengthen the anti-corruption system	Percentage of hospitals having revitalized the fight against corruption (CLAC, readable posters, information leaflets, satisfaction scoring surveys, open door, etc.) of Hospital Centers or having their staff brought up to	Observation direct Activity Report	Common author/ STAFF DE THE ESTABLISHED CEMENT / WHITE	10%	25%	50%	80%	100%		
Skills 4.3.2.Reinforce the activity of the staff them Establishment in leadership and hospital management	hospital speed on management leadership And	Training report	DHRD/DG EHU/ENG /INSPC		25%	50%	80%	100%		408 489 000

Activities	Indicators	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
Activity 4.3.3: Promote the planning culture at the hospital level (development, implementation and monitoring of the PEH/PTA)	Percentage of the Centres Hospitalists who have developed their PEH and PTA regularly	PEH-PTA	DHRD	25%	50%	80%	100%			52 017 200 (equal to 4.1.2.)
Activity 4.3.4. Make the monitoring-evaluation system more effective and sustainable	Percentage of the Centres Hospitaliers having been monitored and evaluated twice in the year	Mission report	DHRD/DG EHU/ENG /CAI	10%	25%	50%	75%	100%		565 616 000
Activity 4.3.5. Develop a working procedures document in terms of services and activities	Work procedure document in terms of services and activities valid	Workshop report validation of document	DGEHU/A NH/ DHRD		40%	75%	100%			Mission integrated activity 4.3.3.
Specific objective 4.4: Optimize staff motivation										
Activity Establish them 4.4.1. allowances, hospital staff risk and rest on-call allowance and compensation (regulatory text for staff risks to be inserted in activity 4.1.1)	Percentage of increase in on-call of hospital	Good of box	MSNP/ MFB	0	25%	25%	25%	25%	25%	-
Activity 4.4.2. Apply the Ministry of Health's Career plan	Percentage of staff benefiting from advancements suitable At time grade	Stopped advancement nt Payslip	STAFF DE THE ESTABLISHED CEMENT/ HR Director/ MINFOPT LS/MFB/ Prime Minister		50%	75%	100%	100%	100%	-
	Percentage of personnel benefiting from distinctione	Diplôme/Att station honor	MSNP/ PRESIDENT THIS		50%	75%	100%	100%	100%	-

Activities	Indicators	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
	honorific in appropriate tense									
	Percentage of of staff benefiting from other bonuses at the appropriate time	Stop doing bonus Payslip	MSNP/ MINFOPT LS/MFB/P It is fixed		50%	75%	100%	100%	100%	-
	Percentage of of personnel benefiting from the rights of state agents in due time At	Leave decision Table of edge of personnel	MSNP / MINFOPT LS/MFB		50%	75%	100%	100%	100%	-
Activity 4.4.3. Establish the quality of life at work (staff attire, relaxation room, etc.)	Texts on improvement quality of life at work validated	Availability of texts on the improvement n of the quality of life at work level of centres hospital	MSNP / MINFOPT LS		25%	50%	100%	100%	100%	24 560 000
	Percentage of the Centers Hospitallers that have applied texts on improving the quality of life at work	Activity Report	STAFF de establish it ment		20%	35%	55%	80%	100%	-

Activities	Indicators	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
Activity4.4.4. Apply loyalty incentives to assignment in zones landlocked about a contractualization	Percentage of of staff benefiting from benefits according to incentive measures on assignment in the landlocked areas	Contract on measurements incentives for THE assignments In THE zones landlocked And established applied	MSNP/ MINFOPT LS/MFB		100%	100%	100%	100%	100%	17 640 000 (unit cost per agent to retain)

5- Humanization of care and quality management

Activities	Indicators	Means of verification	Answers bles	Chronogram 2018						Budgeting
				2019	2020	2021	2022	2023		
Specific Objective 5.1. : Ensure the availability of competent personnel in humanized care										
Activity 5.1.1. Train staff Humanization of care	Number of staff trained in humanisations For a year	Humanization of care report	DGEHU/D HRD/DRH		50%	75%	100%			408 489 000
Activity 5.1.2. Supervise and evaluate staff activities in humanization of care	Number of supervisions carried out in humanizations carried out for a year	Supervision report, ABOUT	DGEHU/D HRD		50%	75%	100%			307 990 000

Activities	Indicators	Means of verification	Answers bles	Chronogram						Budgeting	
				2018 2019	2020 2021	2022 2023	2023				
Specific Objective 5.2. : Maintain a quality working environment Activity5.2.1.											
Strengthen capacity Number of staff in 5S trained in 5S carried out for a year		Attendance sheets, training report	DHRD/DR H		50% 75% 100%						Mission integrated into activity 5.1.1
Activity5.2.2. Supervise and evaluate staff activities15 in 5S	Name of 5S supervisions carried out for a year	Supervision report, ABOUT	DHRD		10% 35% 60% 85% 100%						Mission integrated into activity 5.1.2
Specific Objective 5.3. : Maintain quality of service											
Activity5.3.1. Strengthen staff capacity in Kaizen	Number of training in Kaizen carried out for a year	Sheets of attendance, training report	DHRD/DR H			10% 20% 30% 40%					408 489 000
Activity5.3.2. Supervise and evaluate staff activities in Kaizen	Name of Kaizen supervisions carried out for a year	Supervision report, ABOUT	DHRD			25% 50% 75% 100%					307 990 000
Activity5.3.3. satisfaction of users	Number of hospitals having carried out a user satisfaction survey	Investigation report	Hospitals/ DHRD/DG EHU		100%						4 240 000

Activities	Indicators	Means of verification	Answers bles	Chronogram 2018						Budgeting
				2019	2020	2021	2022	2023		
Specific Objective 5.4. : Sustain the achievements in terms of 5S-Kaizen										
Activity 5.4.1. Implement the Activity Report label 5S	Name of establishments evaluated		DGEHU/D HRD			5%	10%	20%	30%	Integrated mission to activity 5.3.2
Activity 5.4.2. Strengthen activities continuous improvement	Name of establishments having carried out a 5S competition	Activity Report	DGEHU/D HRD		10%	35%	60%	85%	100%	Integrated mission 5.3.1
	Name of establishments having carried out a competition 5S-Kaizen					10%	20%	30%	40%	
	Name of supervision carried out in terms of Kaizen					40%	75%	100%		
Specific Objective 5.5. Make the population responsible for respecting hospital operating standards										
Activity 5.5.1. Educate the ANH/DGE population concerning their DPS rights And obligations towards the hospital	Number of sessions awareness carried out -Number of leaflets distributed	Investigation, Activity Report	HUDHRD/		10%	35%	60%	85%	100%	26 500 000
Activity 5.5.2. Establish an information, education and communication (IEC) system for the population regarding surgical safety	Percentage of hospitals with a functional device information, education and communication (IEC) for the population regarding surgical safety	Performance documents	ANH/DGE HU/DHRD /DPS		10%	35%	60%	85%	100%	6300

6- Creation of specialized surgical services

Activities	Indicator	Means of verification	Answers bles	Chronogram 2018						Budgeting
				2019	2020	2021	2022	2023		
Specific Objective 6.1. : Reduce the mortality rate linked to pathologies requiring either medical evacuation outside or an expensive cost of care.										
Activity 6.1.1. Develop regulatory texts on organ transplants and other related activities	Number of regulatory texts on organ transplants and activities others elaborated related	Texts validated broadcast And	UK/ON M/SLRC/ DGEHU/ Ministry in charge of Justice		50%	75%		100%		24 560 000
Activity 6.1.2. Create technical platforms to support these different pathologies										Construction : 568769695200,00 Rehabilitation : 6 411 676 000,00
- Equip the operating room with essential technical equipment (Image amplifier, radio-transparent and removable multi-purpose electric operating table, extracorporeal circulation, specific cardiac and vascular surgery instruments, etc.) + Scialytic + GM autoclave/ Harvesting trepan and Trepan of different sizes for corneal grafting, etc.	Percentage of technical equipment acquired of the in relation to needs	PV receipt and voucher delivery	MSANP 0		50%	75%		100%	-	

Activities	Indicator	Means of verification	Answers	Chronogram 2018						Budgeting
				2019	2020	2021	2022	2023		
- Provide essential laboratory equipment (creation of a cryopreservation freezer organ bank at - 80°C, immunology laboratory equipment: Gel reader with image acquisition camera, Inverted microscope, ELISA chain, immunoanalysis)	Percentage of equipment acquired in relation to needs of the two	PV receipt and voucher delivery	MSANP 0			50% 75%			100% -	
- Provide essential logistical equipment (Office furniture...)	Percentage of logistics equipment acquired in relation to needs of the	Receipt report and delivery note	MSANP 0			50% 75%			100% -	
- Provide telesurgery equipment (Internet, Camera, setting up a digital operating room, Medical Intel Core I5 Cybermed NB24 panel PC, surgical screen / Full HD / LCD / LED 26", 2.3 MP Medvix AMVX2608HD)	Percentage of telesurgery equipment acquired in relation to needs of the about	Receipt report and voucher delivery	MSNP			25% 50%	75% 100%		-	
- Rehabilitate/Build infrastructure THE Block with laminar flow + SSPI+ multi-parameter scopes, dialysis machine, etc.	Percentage of infrastructure rehabilitated compared to needs	Minutes of receipt of work	MSANP 0			25% 50%	75% 100%		-	

Activities	Indicator	Means of verification	Answers bles	Chronogram 2018						Budgeting
				2019	2020	2021	2022	2023		
Activity 6.1.3. Strengthen staff capacity in related disciplines	Number of staff trained per year	Training report	MSANP 0		30	20	20	20	20	2000 Euros x 10x 5 (plane ticket) + 400USDx10x5x5 (perdiem) + 10 000 000 x5 (formation locale) : 400 000 000+ 380 000 000+ 50 000 000= 830 000 000
	Name d'experts collaborators speakers	Activity Report	MSNP		5	5	5	5	5	100 Eurox15x5x5 150,000,000 Ar
Activity 6.1.4. Apply the Universal Health Coverage level of these services for the protection of national users against the financial risks generated by the costs of services	Percentage of the national PEC users by CSU	Activity report of the centre	CSU, CNSS, Staff you centre			10%	25%	50%	100%	50 000 000 With (10,000,000 Ar per coordination workshop between the CSU, CNSS and the services and CHU)
Specific Objective 6.2: Increase the use of these specialized services										
Activity 6.2.1. Inform the population Number of Contracts on the availability of hyper-specialized surgical care	Number of television spots broadcast (1 month or 30 days per quarter, 3 times a day, in 6 television channels)	specialized surgical media with the center	Staff you centre		216 1528		2160 2160	416 336 960 000		
Activity 6.2.2. periodic Perform a screening campaign for the pathologies concerned	Number of campaigns carried out during the year	Activity Report	Staff you centre		10%	25%	40%	65%	80%	Integrated into activity 6.2.4

Activities	Indicator	Means of verification	Answers bles	Chronogram 2018						Budgeting
				2019	2020	2021	2022	2023		
Activity 6.2.3. Organize a referral circuit for patients from the CSB to these services	Circuit d'orientation established	Activity Report	SSD/ Staff you centre		25%	50%	75%	100%		24 560 000
Activity 6.2.4. Follow up continuous improvement in the quality of care and service offerings	Number of supervisions carried out	Supervision report	DGEHU / DHRD		25%	40%	75%	90%	100%	307 990 000

7- Financing and resource mobilization

Activities	Indicators	Means of verification	Answers bles	Chronogram						Budgeting
				2018 2019	2020 2021	2022 2023				
Specific Objective 7.1: Optimize the management of usual financial resources										
Activity 7.1.1. Advocacy with MSANPs/ Competent institutions for increasing the MFB (Parliament, Government...) budget of the Ministry of Public Health budget increase Ministry of Public Health at 16% of the national budget for the benefit of the “hospital care program”	Percentage <									

Activities	Indicators	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
Activity 7.1.3. Honor in the finance law the consolidated budgets of each hospital establishment validated by a competent financial structure of the Ministry	Percentage of the consolidated budgets of each hospital establishment validated by a competent financial structure of the Ministry	Consolidated budget of each establishment nt hospitable honored	STAFF DE THE ESTABLISHED CEMENT/ SOMETIMES/ MFB		25%	40%	55%	80%	100%	—
Activity 7.1.4. Request participation of CTDs in the provision of medical care, particularly for the poor	Percentage of CTDs having an account in their budget for the provision of medical care, particularly for the poor	Budget program des CTD	COMMUNE/MINS AN/MININT/MFB		35%	50%	70%	100%	100%	—
Activity 7.1.5. Encourage the implementation place of an innovative system to increase revenue and improve the quality of care	Percentage of Hospital centers having developed and applied an innovative system for increasing revenue and improving the quality of care	RMA	STAFF DE THE ESTABLISHED CEMENT/ DHRD/DG EHU/DPL MT/ENG		35%	45%	75%	100%	100%	—
Activity 7.1.6. Intensify and systematize monitoring, auditing and financial supervision at the level of public hospitals	Percentage of Hospital centers audited during the year	Audit report carried out	DHRD/DG EHU/CAI/ OLDER BROTHER		55%	75%	100%	100%	100%	307 990 000

Activities	Indicators	Means of verification	Answers bles	Chronogram						Budgeting
				2018	2019	2020	2021	2022	2023	
Specific Objective 7.2: Develop the partnership										
Activity 7.2.1. Advocacy with the Percentage of Technical Partners and establishments with financial resources (local, traditional and pleaded with others) on partner financing hospital development		Documents advocacy	STAFF of the establishes ments/D GOT/AND H/MFB/D HRD		25%	50%	80%	100%		-
Activity 7.2.2. Support public hospitals in their search for partners	Percentage of Hospital centers benefiting from support in the research of partners	conventions of partnership signed	DHRD/DP /ENG/DG EHU/BCC P		45%	70%	100%	100%	100%	% 412 877 000
Activity 7.2.3. Institutionalize the “Contract of Objectives and Means” approach	Regulatory text on the institutionalization of the “Contract of Objectives and Objectives” approach Means » published	Official newspaper	DHRD/AN H/DGEHU /SLRC/YES F	0%	100%					-

IX. ANNEXES

ANNEX 1: STATUS OF HOSPITAL CENTERS IN RELATION TO ESTABLISHED STANDARDS

TYPE OF ESTABLISHMENT NT HOSPITAL	NUMBER RE	RESOURCES HUMAN COMPARED WITH TO NORMES ¹⁶	MATERIALS TECHNIQUES AND LOGISTICS	INFRASTRUCTURES		RESOURCES FINANCIAL	QUALITY OF CARE OFFERED
				EXISTING SERVICES COMPARED TO STANDARDS	EXISTING BUILDINGS		
CHRD level 1 26		03/84 : a doctor a nurse and support agent	Minor surgery equipment Average bed number of 10	<i>SERVICES TECHNIQUES :</i> ATU/CE and Assignment: NO Obstetrics gynecology: NO Medicine: YES Surgery: NO Dentistry: YES Functional rehabilitation: NO <i>DIAGNOSTICS AND SUPPORT UNITS TREATMENTS :</i> Laboratory: NO Blood Transfusion Station: NO Radiology: NO Ultrasound; NO <i>ADMINISTRATIVE BLOCK :</i> Chieftaincy: Chief Physician, Deputy Administrative, Technical Assistant - Accounting - Personnel manager - Material manager: NO <i>GENERAL SERVICES :</i> Maintenance - Store: NO	02 hospital buildings with a doctor's office 01 building for the treatment room, delivery room, pharmacy unit and others	State budget: depends on credit SSD Resources Own the of Establishment: No pricing acts	Non satisfactory

¹⁶ Norms and standards CHRD, CHRR, CHU of the Ministry of Public Health. 2017.

TYPE OF ESTABLISHMENT NT HOSPITAL	NUMBER RE	RESOURCES HUMAN COMPARED WITH TO NORMES16	MATERIALS TECHNIQUES AND LOGISTICS	INFRASTRUCTURES		RESOURCES FINANCIAL	QUALITY OF CARE OFFERED
				EXISTING SERVICES COMPARED TO STANDARDS	EXISTING BUILDINGS		
				ANNEXED BUILDINGS : Pharmacy: YES Cafeteria/kitchen: NO Accompanying accommodation: NO User sanitary block: YES Laundry room – Morgue – Garage: NO Staff accommodation (beneficiary): NON Incinerator - Group shelter: NO Parking: YES			
CHRD level 2 68		25/84 01 specialist doctor 05 general practitioners 12 nurses of which 01 Anesthetist And 01 Radiologiste 4 Administrative s 3 Support agents	Materials of minor surgery, operating room with x-ray and some laboratory equipment Average bed number of 30	SERVICES TECHNIQUES : ATU/CE and Transfer: YES but normative Obstetrics and gynecology: YES Medicine: YES Surgery: YES Dentistry: YES Functional rehabilitation: NO DIAGNOSTICS AND SUPPORT UNITS TREATMENTS : Laboratory: YES Blood Transfusion Station: YES Radiology: YES Ultrasound: NO ADMINISTRATIVE BLOCK : Chieftaincy: Chief Physician, Deputy Administrative, Technical Assistant -	01 service building medicine for hospitalization, doctor's office, treatment room and on-call room 01 surgical department building for hospitalization, doctor's office, treatment room and on-call room 01 building for the operating theater and the pre-anesthetic consultation room 01 building for the maternity and pediatrics room with hospitalization, delivery room, office	State budget : in average 35,000,000 Ariary Resources Own the of Establishment: in average 36,000,000 Ariary	Little satisfying

TYPE OF ESTABLISHMENT NT HOSPITAL	NUMBER RE	RESOURCES HUMAN COMPARED WITH TO NORMES16	MATERIALS TECHNIQUES AND LOGISTICS	INFRASTRUCTURES		RESOURCES FINANCIAL	QUALITY OF CARE OFFERED
				EXISTING SERVICES COMPARED TO STANDARDS	EXISTING BUILDINGS		
				Accounting - Personnel manager - Materials manager: YES <i>GENERAL SERVICES :</i> Maintenance - Store: NO <i>ANNEXED BUILDINGS :</i> Pharmacy: YES Cafeteria/kitchen: NO Accompanying accommodation: NO User sanitary block: YES Laundry room – Morgue – Garage: YES Staff accommodation (beneficiary): YES Incinerator - Group shelter: NO Parking: YES	doctor, treatment room and on-call room; 01 building for radiology laboratory; And 01 building for the pharmacy unit and others 01 housing of the surgeon in general head doctor of the hospital housing 01 of manager of accommodation 01 the anesthetist		
CHRR	16	51/156 03 specialist doctors 06 general practitioners 20 nurses including 02 Anesthetists, 02 Radiologists and 03 laborantins	Materials of minor surgery, operating room with x-ray and some laboratory equipment	<i>SERVICES TECHNIQUES :</i> ATU/CE and Transfer: YES but normative Obstetrics and gynecology: YES Pediatrics and neonatal intensive care General medicine: YES Internal medicine: Pneumology; cardiology, psychiatry, Neuro Infectious Diseases: NO General surgery: YES Trauma and Visceral/Urology: NO Dentistry: YES ORL-O : NOT	01 service building medicine for hospitalization, doctor's office, treatment room and on-call room 01 surgery department building for hospitalization, doctor's office, treatment room and on-call room 01 building for the operating theater and the treatment room	State budget : in average 60,000,000 Ariary Resources Own the of Establishment: in average 60,000,000 Ariary	Little satisfying

TYPE OF ESTABLISHMENT NT HOSPITAL	NUMBER RE	RESOURCES HUMAN COMPARED WITH TO NORMES16	MATERIALS TECHNIQUES AND LOGISTICS	INFRASTRUCTURES		RESOURCES FINANCIAL	QUALITY OF CARE OFFERED
				EXISTING SERVICES COMPARED TO STANDARDS	EXISTING BUILDINGS		
		10 Administrative s 12 Support Agents	Average bed number of 40	Dentistry: YES Functional rehabilitation: YES <i>DIAGNOSTICS AND SUPPORT UNITS TREATMENTS :</i> Laboratory: YES Blood Transfusion Station: YES Radiology: YES Ultrasound: YES Scanner : NON Functional exploration (Endoscopy, EEG, ECG, EFR) : NO <i>ADMINISTRATIVE BLOCK :</i> Chieftaincy: Chief Physician, Deputy Administrative, Technical Assistant - Accounting - Personnel manager - Materials manager: YES <i>GENERAL SERVICES :</i> Maintenance - Store: YES <i>ANNEXED BUILDINGS :</i> Pharmacy: YES Cafeteria/kitchen: YES Accompanying accommodation: NO User sanitary block: YES Laundry room – Morgue – Garage: YES	anesthetic pre- consultation 01 building for maternity and pediatrics room with hospital, delivery room, doctor's office, treatment room and on-call room; 01 building for radiology laboratory; And 01 building for the pharmacy unit and others 01 housing of the surgeon in general head doctor of the hospital 01 housing of manager of accommodation 01 the anesthetist		

TYPE OF ESTABLISHMENT NT HOSPITAL	NUMBER RE	RESOURCES HUMAN COMPARED WITH TO NORMES16	MATERIALS TECHNIQUES AND LOGISTICS	INFRASTRUCTURES		RESOURCES FINANCIAL	QUALITY OF CARE OFFERED
				EXISTING SERVICES COMPARED TO STANDARDS	EXISTING BUILDINGS		
				Staff accommodation (beneficiary): YES Incinerator - Group shelter: NO Parking: YES			
CHU JRA		549 15 Teachers 44 doctors specialists 98 general practitioners 144 nurses 08 midwives 12 Technicians of laboratory 21 Masso- physiotherapy eutes 151 Administrative 167 Support Agents		All services according to standards are present	10 buildings on one total surface area of 27323.478 m2	Resources of the establishment: State subsidy of and RPE	Enough satisfactory

TYPE OF ESTABLISHMENT NT HOSPITAL	NUMBER RE	RESOURCES HUMAN COMPARED WITH TO NORMES16	MATERIALS TECHNIQUES AND LOGISTICS	INFRASTRUCTURES		RESOURCES FINANCIAL	QUALITY OF CARE OFFERED
				EXISTING SERVICES COMPARED TO STANDARDS	EXISTING BUILDINGS		
AN Analkinin		255 03 Teachers 19 specialist doctors 30 general practitioners 47 nurses 53 Midwives 11 Physiotherapy eutes 16 Technicians of laboratory 02 AS 43 Administrative s 24 Support Agents	Materials newly renovated Reads by number the 414 and average	<i>SERVICES TECHNIQUES :</i> Reception-triage-emergency service Operating room service Multipurpose intensive care unit General surgery department A General surgery department B Gynecology-obstetrics service Service ORL Ophthalmology department Dental service Fitting and rehabilitation service Internal medicine department Service pneumo-phtisiologie Service neuropsychiatrie Neonatal service Pediatric department Laboratory service Medical imaging service Regional Blood Transfusion Center Pharmacy Unit Dialysis center Freedom for fistula <i>ADMINISTRATIVE BLOCK:</i> Human Resources Department Service finances et budget Hospitalization and outpatient care service/one- stop shop Logistic service	26 Buildings with a total surface area of 18,340.34 m2 of The hospital has 7 operating theaters in total.	Resources of for the establishment: state subsidy and RPE	Quite satisfying

TYPE OF ESTABLISHMENT NT HOSPITAL	NUMBER RE	RESOURCES HUMAN COMPARED WITH TO NORMES16	MATERIALS TECHNIQUES AND LOGISTICS	INFRASTRUCTURES		RESOURCES FINANCIAL	QUALITY OF CARE OFFERED
				EXISTING SERVICES COMPARED TO STANDARDS	EXISTING BUILDINGS		
				Social assistance service General service and hospital hygiene Monitoring-evaluation and statistics service			

ANNEX 2: PROFESSIONAL TRAINING PROPOSAL:

- FFI: Acting as Interns
- Hospital practitioners (surgeons, intensivists, etc.)
- IADE (State-certified nurse anesthetist)
- IBODE (state-certified operating room nurse), Instrument specialist, Laboratory technicians, etc.
- Training of medical assistants: Medical secretary, Nursing assistants, Hospital hygienist, Hospital nutritionist, Laundry agent, Sterilization agent, Stretcher bearer, Surfactant, Switchboard operator, Ambulance drivers...
- Training in administrative functions
- Training in maintenance engineering in biomedical materials and equipment
- Training in sanitary engineering
- Training in medical imaging (radiography, ultrasound, scanner, MRI, etc.)

ANNEXE 3 : BUDGETISATION

-1/ PREPARATION OF TEXT AND VALIDATION

INDEMNIFICATION COMMITTED TO

HOC

Number of guests	Duration (days)	Travel expenses	Total amount (Ar)	Montant total (USD)
10	15	15 000	2 250 000	631,14 (1 USD = 3565 Years)

BLOCKED DAY

NB INVITES	CHIEF (jr)	Travel expenses	Coffee break	LUNCH	Total amount	Montant total (USD)
10	1	15 000	7 000	20 000	420 000	117,81 (1 USD = 3565 Years)

DOCUMENT A MULTIPLIER

DESIGNATION	Printing unit price	Nb pages	Effective	Binding/50 text	Total amount	Total amount (USD)
IMPRESSION 100 pages	200	100	10	2 000	220 000	61,71 (1 USD = 3565 Years)

VALIDATION

DESIGNATION	Name	Unit Price/day Number	of days	Total amount
Travel costs for Participants	20	15 000	2	600000
Travel costs for extra-district participants	30	50 000	2	3000000
Compensation for extra district participants	30	80000	4	9600000
Video projector rental	2	100 000	2	400000
Room rental	1	1 000 000	2	2 000 000
Coffee break	100	14 000	2	2 800 000
Lunch	50	20 000	2	2 000 000
Pens	50	500		25 000
Cardboard folder pack of 100	1	20 000		20 000
Rame the paper A4	1	15 000		15 000
Multiplication of documents	40	22 000		880 000
Mineral water 1.5l	55	3 000	2	330 000
SOUS TOTAL (Ar) 21 670 000				
SOUS TOTAL (USD)				
(1USD =3565 Ar) 6078,54				

TOTAL GENERAL	(TEXT PREPARATION AND VALIDATION):	24,560,000 Ariary 6889,2 USD
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-2/ SUPERVISION OF SURGICAL HOSPITAL ESTABLISHMENTS

REGIONS	Surgical hospital center	Supervisor allowances				Driver allowances			
		Number of supervisors	Duration	Daily allowance	Total Supervisor allowances	Number of chauffeurs	Duration	Compensation	Total Allowances chauffeurs
Betsiboka	Maevatanana	10	10	80 000	8 000 000	2	10	60 000	1 200 000
	Good luck								
	Glasses								
Melaky	Maintirano	10	15	80 000	12 000 000	2	15	60 000	1 800 000
	Amber								
	Halfway through								
	Besalampy								
	Morafenobe								
Boeny	Maroway	10	15	80 000	12 000 000	2	15	60 000	1 800 000
	Ambatoboeny								
	Solala								
	Mahajanga								
	Careful								
Sofia	Anthoshihihi	10	15	80 000	12 000 000	2	15	60 000	1 800 000
	It's fascinating								
	Bealana								
	Befandriana Nord								
	Mandzisara								
	Lengthen								
	Port Bergé								
Ihorombe	Joshua	10	15	80 000	12 000 000	2	15	60 000	1 800 000
	River								
	Yakora								
	Vohibe								

REGIONS	Surgical hospital center	Supervisor allowances				Driver allowances			
		Number of supervisors	Duration	Daily allowance	Total Supervisor allowances	Number of chauffeurs	Duration	Compensation	Total Driver allowances
Women of Equality	Hiring	10	15	80 000	12 000 000	2	15	60 000	1 800 000
	Mananjary								
	Ikongo								
	Fight with each other								
	It is hidden								
	Filled up								
Itas	Miarinarivo	10	10	80 000	8 000 000	2	10	60 000	1 200 000
	Soavinandriana								
	A thousand drunks								
Bongolava	Taste	10	10	80 000	8 000 000	2	10	60 000	1 200 000
	Fenoarivobe								
Reading glasses	Antsirabe	10	10	80 000	8 000 000	2	10	60 000	1 200 000
	Ambatolampy								
	Antanifotsy								
	Betafo								
	Ordeal								
	Put it down								
Menabe	Morondava	10	15	80 000	12 000 000	2	15	60 000	1 800 000
	Hands								
	Mianwazo								
	It's fascinating								
	Belo / Tsiribhina								

REGIONS	Surgical hospital center	Supervisor allowances				Driver allowances			
		Number of supervisors	Duration	Daily allowance	Total Supervisor allowances	Number of chauffeurs	Duration	Compensation	Total Driver allowances
Amoron of Mania	Ambositra	10	15	80 000	12 000 000	2	15	60 000	1 800 000
	Ambatofinandrahan								
	A bed								
Haute Matsiatra	Manandrian	10	15	80 000	12 000 000	2	15	60 000	1 800 000
	Ambohimahasoa								
	Fianarantsoa								
	Bring it on								
AlaotraMangoro	Ambatonzarzaka	10	15	80 000	12 000 000	2	15	60 000	1 800 000
	It's easy								
	Anosibean'ala								
	Andilamena								
	Amparavola								
Today	AmbovombeAndroy	10	20	80 000	16 000 000	2	20	60 000	2 400 000
	Beloha								
	Bekily								
	Tsihombe								
Anus	Lightning	10	20	80 000	16 000 000	2	20	60 000	2 400 000
	South East								
	You are tall								
South West	Add to that	10	17	80 000	13 600 000	2	17	60 000	2 040 000
	AnkazoaboAtsimo								
	Good luck								
	Kiss me								
	Sugar								
	Toliara								
	Andavadoaka								
	Morombe								
	Bezaha								

REGIONS	Surgical hospital center	Supervisor allowances				Driver allowances			
		Number of supervisors	Duration	Daily allowance	Total Supervisor allowances	Number of chauffeurs	Duration	Compensation	Total Driver allowances
Analanga	Antananarivo	10	20	80 000	16 000 000 2		20	60 000	2 400 000
	Anosyavaratra								
	itause								
	Anjomaanalaroa								
	Horse riding								
	Ambohimangakely								
	Goodness								
	Ambohidroa								
	Andramasina								
	Anjozorobe								
	Ankazobe								
	Correct								
	Reigning								
Diana	Below	10	15	80 000	12 000 000 2		10	60 000	1 800 000
	Ambilobe								
	Antsiranana								
	Nosy Be								
Own	Goodbye	10	15	80 000	12 000 000 2		15	60 000	1 800 000
	Antalaha								
	Andapa								
	Vohémar								
	Amboangibe								
East	Brickville	10	15	80 000	12 000 000 2		15	60 000	1 800 000
	Recommended								
	Stone								
	Marolombo								
	AntanambaoManampotsi								

REGIONS	Surgical hospital center	Supervisor allowances				Driver allowances			
		Number of supervisors	Duration	Daily allowance	Total Supervisor allowances	Number of chauffeurs	Duration	Compensation	Total Driver allowances
East	Toamasina	10	20	80 000	16 000 000	2	20	60 000	2 400 000
Analjirifo	Fénérive is								
	Mananara nord								
	Sainte Marie								
	Soanieranalvongo								
	Language								
	Maroantsera								
South East	Farangana	10	15	80 000	12 000 000	2	15	60 000	1 800 000
	Vangaindrano								
	Muddy								
	Midongyatsimo								
	Vondrozo								
Sous-total (Ar) 229 600 000					Sous-total (Ar) 34 440 000				
Under total supervision allowance in USD (1 USD = 3565 Years)						Under total in USD (1 USD = 3565 Years)			9660,59

FUELS

Supervision locality	Distance (2 cars)	Fuel /km	COULD	Amount fuel
Betsiboka	2 700	0,15	4 000	1 620 000
Melaky	5 720	0,15	4 000	3 432 000
Boeny	3 120	0,15	4 000	1 872 000
Sofia	4 620	0,15	4 000	2 772 000
Ihorombe	3 480	0,15	4 000	2 088 000
Women of Equality	4 280	0,15	4 000	2 568 000
Itas	1 020	0,15	4 000	612 000

Total (Ar)	14 964 000
Total in USD (1USD =3565 AR)	4197,48

Supervision location Distance (2 cars)		Fuel /km	COULD	Amount fuel
Reading glasses	980	0,15	4 000	588 000
TEACHER	4 388	0,15	4 000	2 632 800
AMORON I MANIA	3 480	0,15	4 000	2 088 000
Alaotramangoro	2 080	0,15	4 000	1 248 000
ANDROY	7 220	0,15	4 000	4 332 000
Southwest	7 100	0,15	4 000	4 260 000
Analanga	1 192	0,15	4 000	715 200
Total (Ar)				15 864 000
Total in USD (1USD =3565 AR)				4449,93

Supervision location Distance (2 cars)		Fuel /km	COULD	Amount fuel
Diana	4 930	0,15	4 000	2 958 000
Own	6 560	0,15	4 000	3 936 000
East	2 260	0,15	4 000	1 356 000
Analjirofo	3 560	0,15	4 000	2 136 000
Southeast	4 560	0,15	4 000	2 736 000
Total				13 122 000
Total in USD (1USD =3565 AR)				3680,78

Fuel subtotal	43 950 000
Subtotal of fuels in USD (1USD =3565 AR)	12 328,19
Grand total of supervisions (Ariary)	307 990 000
Grand total of supervisions in USD (1USD =3565 AR)	86 392,71

-3/ STRENGTHENING THE SKILLS OF STAFF IN SURGICAL HOSPITAL ESTABLISHMENTS

BREAKS and LUNCH

	Number for a wave	Name of vague	Unit price	Total amount
Coffee break	600	9	7 000	37 800 000
Lunch	300	9	20 000	54 000 000
Mineral water	300	9	3 000	8 100 000
			SOUS TOTAL (Ar)	99 900 000
			SOUS TOTAL IN USD (1USD =3565 AR)	28 022,44

OFFICE SUPPLIES and educational materials

Training for 9 waves

Designation	Unit price for 2 rooms	Name	Amount (Ariary) for a wave	Amount (Ariary) for 9 waves:
Location salle + sono	400 000	5	2000000	
Video projector	200 000	5	1000000	
A4 flipshart paper	15 000	2	30 000	
ream pack of 50	20 000	1	20 000	
Masking tape	3 000	2	6 000	
4 color marker	6 000	2	12 000	
Shirt paper	600	60	36 000	
Multiplication of documents	200	3 000	600 000	
			SOUS TOTAL (Ar) 3 704 000	33 336 000
			UNDER TOTAL in USD (1 USD = 3565 Years)	935,09

For participants:

Designation	Unit price	Effective	Amount (Ariary) for a wave	Amount (Ariary) for 9 waves:
Shirt with flap	3 000	48	144 000	
Bloc note	2 000	48	96 000	
Blue pen	500	48	24 000	
USB Clé	35 000	12	420 000	
SOUS TOTAL (Ar)			684 000	6 156 000
UNDER TOTAL in USD (1USD = 3565 Ar)			191,87	1726,79

Trainers (for all training)

Designation	Unit price	Effective	Montant (Ariary)
Shirt with flap	3 000	10	30 000
Bloc note	2 000	10	20 000
Blue pen	500	10	5 000
USB Clé	35 000	10	350 000
SOUS TOTAL (Ar)			405 000
UNDER TOTAL in USD (1USD = 3565 Ar)			113,60

TRAINERS' ALLOWANCES

Number of Trainers	Duration (number of days: training + travel time 2 days)	Through the night	Name of training waves	Total Trainer Compensation (Ar)	Total Trainer Allowance in USD (1USD = 3565 Ar)
10	7	80 000	9	50 400 000	14 137,45

DRIVER ALLOWANCES

Number of drivers	Duration (Nb by day)	Compensation daily	Names of training waves	Total compensation for chauffeurs	Total Compensation for USD trainers (1USD = 3565 Ar)
2	7	60 000	9	7 560 000	2 120,62

TRAVEL OF TRAINERS

Training locations	Distance (2 cars)	Fuel /km	COULD	Amount fuel
Antsirabe	700	0,15	4 000	420 000
Fat	1 480	0,15	4 000	888 000
Diego	4 780	0,15	4 000	2 868 000
Mahajanga	2 400	0,15	4 000	1 440 000
Tulear	3 820	0,15	4 000	2 292 000
Fianarantsoa	1 680	0,15	4 000	1 008 000
Hiring	2 980	0,15	4 000	1 788 000
Antananarivo	100	0,15	4 000	60 000
Fat	1 480	0,15	4 000	888 000
Total an Ar				11 652 000
Total in USD (1USD = 3565 Ar)				3268,44

ALLOWANCES AND TRAVEL FOR PARTICIPANTS

ANTSIRABE

REGION	Hospital Center	Number of participants	Duration of compensation	Help route	Total number of guest days	Total Compensation guests	Costs travel of participants (round trip)	Total
Reading glasses	Antsirabe	4	5	15 000	0	20	300 000	300 000
	Ambatolampy	4	5	80 000	1	21	1 680 000	1 710 000
	Antanifotsy	4	5	80 000	1	21	1 680 000	1 700 000
	Betafo	4	5	80 000	1	21	1 680 000	1 700 000
	Ordeal	4	5	80 000	1	21	1 680 000	1 700 000
	Put it down	4	5	80 000	1	21	1 680 000	1 715 000
Menabe	Morondava	4	5	80 000	2	22	1 760 000	1 820 000
	Hands	4	5	80 000	3	23	1 840 000	1 930 000
	Mianwazo	4	5	80 000	2	22	1 760 000	1 800 000
	It's fascinating	4	5	80 000	1	21	1 680 000	1 710 000
	Belo / Tsiribhina	4	5	80 000	3	23	1 840 000	1 940 000
Sous-total (Ar) 18 025 000								
Sub-total in USD 1 USD = 3565 Year								

THUMB

REGION	Hospital Center	Number of participants	Duration	of compensation	Help route	Total number of guest days	Total guest allowances	Costs travel of participants (round trip)	Total
AlaotraMangoro Ambator	drazaka	4	5	80 000	2	22	1 760 000	80 000	1 840 000
	It's easy	4	5	80 000	2	22	1 760 000	60 000	1 820 000
	Anosibeana'ala	4	5	80 000	3	23	1 840 000	80 000	1 920 000
	Andilamena	4	5	80 000	2	22	1 760 000	80 000	1 840 000
	Amparavola	4	5	80 000	2	22	1 760 000	80 000	1 840 000
East	Brickville	4	5	80 000	2	22	1 760 000	45 000	1 805 000
	Recommended	4	5	80 000	2	22	1 760 000	80 000	1 840 000
	Stone	4	5	80 000	2	22	1 760 000	70 000	1 830 000
	Marolombo	4	5	80 000	3	23	1 840 000	90 000	1 930 000
	Antanambao- Rescue	4	5	80 000	3	23	1 840 000	80 000	1 920 000
Analjirifo	Fénérive is	4	5	80 000	2	22	1 760 000	45 000	1 805 000
	Mananara nord	4	5	80 000	3	23	1 840 000	1 200 000	3 040 000
Sous-total (Ar)									23 430 000
Sub-total in USD (1USD = 3565 Ar)									6572,23

DIEGO

REGION	Hospital Center	Number of participants	Duration	of compensation	Help route	Total number of guest days	Total guest allowances	Costs travel of participants (round trip)	Total
Diana	Below	4	5	80 000	2	22	1 760 000	60 000	1 820 000
	Ambilobe	4	5	80 000	2	22	1 760 000	50 000	1 810 000
	Nosy Be	4	5	80 000	2	22	1 760 000	1 200 000	2 960 000
Own	Goodbye	4	5	80 000	3	23	1 840 000	85 000	1 925 000
	Antalaha	4	5	80 000	3	23	1 840 000	95 000	1 935 000
	Andapa	4	5	80 000	3	23	1 840 000	95 000	1 935 000
	Vohémar	Dealership re FLM	0	0					
	Amboangibe	4	5	80 000	3	23	1 840 000	85 000	1 925 000
Sofia	Anthoshihihi	4	5	80 000	2	22	1 760 000	85 000	1 845 000
	Bealana	4	5	80 000	2	22	1 760 000	90 000	1 850 000
	Mandzisara	4	5	80 000	2	22	1 760 000	90 000	1 850 000
	Lengthen	4	5	80 000	2	22	1 760 000	90 000	1 850 000
	Befandriana Nord	4	5	80 000	2	22	1 760 000	85 000	1 845 000
Sous-total (Ar)									23 550 000
Sub-total in USD (1USD = 3565 Ar)									6605,89

AMAZING

REGION	Hospital Center	Number of participants	Duration	of compensation	Help route	Total number of guest days	Total guest allowances	Costs travel of participants (round trip)	Total
Betsiboka	Maevatanana	4	5	80 000	2	22	1 760 000	60 000	1 820 000
	Good luck	4	5	80 000	3	23	1 840 000	80 000	1 920 000
	Glasses	4	5	80 000	3	23	1 840 000	90 000	1 930 000
Melaky	Maintirano	4	5	80 000	3	23	1 840 000	1 200 000	3 040 000
	Amber	4	5	80 000	3	23	1 840 000	1 200 000	3 040 000
	Halfway through	4	5	80 000	3	23	1 840 000	1 200 000	3 040 000
	Besalampy	4	5	80 000	3	23	1 840 000	1 200 000	3 040 000
	Morafenobe	4	5	80 000	3	23	1 840 000	1 200 000	3 040 000
Boeny	Maroway	4	5	80 000	2	22	1 760 000	45 000	1 805 000
	Ambatoboeny	4	5	80 000	2	22	1 760 000	50 000	1 810 000
	Solala	4	5	80 000	2	22	1 760 000	75 000	1 835 000
	Careful	4	5	80 000	2	22	1 760 000	85 000	1 845 000
Sofia +	Port Bergé	4	5	80 000	2	22	1 760 000	85 000	1 845 000
	It's fascinating	4	5	80 000	2	22	1 760 000	80 000	1 840 000
Sous-total (Ar)									31 850 000
Sub-total in USD (1USD = 3565 Ar)									8 934,08

TULEAR

REGION	Hospital Center	Number of participants	Duration of compensation	Help route	Total number of guest days	Total guest allowances	Costs travel of participants (round trip)	Total	
Today	AmbovombeAndroy	4	5	80 000	2	22	1 760 000	90 000	1 845 000
	Beloha	4	5	80 000	2	22	1 760 000	85 000	1 845 000
	Bekily	4	5	80 000	2	22	1 760 000	90 000	1 845 000
	Tsihombe	4	5	80 000	2	22	1 760 000	80 000	1 840 000
Anus	Lightning	4	5	80 000	2	22	1 760 000	80 000	1 840 000
	South East	4	5	80 000	2	22	1 760 000	90 000	1 850 000
	You are tall	4	5	80 000	2	22	1 760 000	100 000	1 860 000
South West already	Add to that	4	5	80 000	2	22	1 760 000	60 000	1 820 000
	AnkazoaboAtsimo	4	5	80 000	2	22	1 760 000	55 000	1 815 000
	Good luck	4	5	80 000	2	22	1 760 000	50 000	1 810 000
	Kiss me	4	5	80 000	2	22	1 760 000	70 000	1 830 000
	Sugar	4	5	80 000	2	22	1 760 000	25 000	1 785 000
	AndavadaokaMoro mbe	4	5	80 000	2	22	1 760 000	90 000	1 850 000
	Morombe	4	5	80 000	2	22	1 760 000	80 000	1 840 000
	Bezaha	4	5	80 000	2	22	1 760 000	40 000	1 800 000
Sous-total (Ar)								27 485 000	
Under total in USD (1USD = 3565 Ar)								7709,68	

HIRING

REGION	Hospital Center	Number of participants	Duration of compensation		Help route	Total number of guest days	Total Compensation guests	Costs travel of participants (round trip)	Total
VatovavyFitoviny	Hiring	4	5	80 000	0	20	1 600 000	10 000	1 610 000
	Mananjary	4	5	80 000	1	21	1 680 000	40 000	1 720 000
	Ikongo	4	5	80 000	2	22	1 760 000	70 000	1 830 000
	Fight with each other	4	5	80 000	2	22	1 760 000	40 000	1 800 000
	It is hidden	4	5	80 000	2	22	1 760 000	80 000	1 840 000
	Filled up	4	5	80 000	2	22	1 760 000	30 000	1 790 000
Southeast already	Farangana	4	5	80 000	2	22	1 760 000	40 000	1 800 000
	Vangaindrano	4	5	80 000	2	22	1 760 000	50 000	1 810 000
	Muddy	4	5	80 000	2	22	1 760 000	80 000	1 840 000
	Midongyatsimo	4	5	80 000	2	22	1 760 000	75 000	1 835 000
	Vondrozo	4	5	80 000	2	22	1 760 000	50 000	1 810 000
								Sous total (Ar)	19 685 000
								Under total in USD (1USD = 3565 Ar)	5 521,74

EDUCATION

REGION	Hospital Center	Number of participants	Duration of compensation		Help route	Total number of guest days	Total guest allowances	Costs travel of participants (round trip)	Total
High Wisely	Bring it on	4	5	80 000	2	22	1 760 000	30 000	1 790 000
	Ambohimahasoa	4	5	80 000	2	22	1 760 000	30 000	1 790 000
Amoron'i Mania	Ambositra	4	5	80 000	2	22	1 760 000	40 000	1 800 000
	Ambatofinandrahan	4	5	80 000	2	22	1 760 000	55 000	1 815 000
	A bed	4	5	80 000	2	22	1 760 000	55 000	1 815 000
	Manandrian	4	5	80 000	2	22	1 760 000	50 000	1 810 000
Ihorombe	Joshua	4	5	80 000	2	22	1 760 000	50 000	1 810 000
	River	4	5	80 000	2	22	1 760 000	70 000	1 830 000
	Yakora	4	5	80 000	2	22	1 760 000	80 000	1 840 000
	Vohibe	4	5	80 000	2	22	1 760 000	80 000	1 840 000
								Sous-total (Ar	18 140 000
								Subtotal in USD (1USD = 3565 Ar)	5 088,35

ANTANANARIVO

REGION	Hospital Center	Number of participants	Duration of compensation		Help route	Total number of guest days	Total guest allowances	Costs travel of participants (round trip)	Total
Itas	Miarinarivo	4	5	80 000	2	22	1 760 000	35 000	1 795 000
	Soavinandriana	4	5	80 000	2	22	1 760 000	40 000	1 800 000
	A thousand drunks	4	5	80 000	2	22	1 760 000	30 000	1 790 000
Bongolava	Taste	4	5	80 000	2	22	1 760 000	60 000	1 820 000
Analanga	Anosyavaratra itaos	4	5	80 000	1	21	1 680 000	15 000	1 695 000
		4	5	80 000	1	21	1 680 000	15 000	1 695 000
	Anjomaaanalaroa	4	5	80 000	2	22	1 760 000	35 000	1 795 000
	Horse riding	4	5	80 000	1	21	1 680 000	20 000	1 700 000
	Ambohimangakely	4	5	80 000	1	21	1 680 000	15 000	1 695 000
	Goodness	4	5	80 000	1	21	1 680 000	15 000	1 695 000
	Ambohidroa	4	5	80 000	1	21	1 680 000	15 000	1 695 000
	Andramasina	4	5	80 000	1	21	1 680 000	20 000	1 700 000
Subtotal in Ar									20 875 000
Sub-total in USD (1USD = 3565 Ar)									5 855,54

TOAMASINA +

REGION	Hospital Center	Number of participants	Duration	of compensation	Help route	Total number of guest days	Total guest allowances	Costs travel of participants (round trip)	Total
Analamanga + Anjozorobe		4	5	80 000	2	22	1 760 000	80 000	1 840 000
	Ankazobe	4	5	80 000	3	23	1 840 000	80 000	1 920 000
	Correct	4	5	80 000	2	22	1 760 000	60 000	1 820 000
	Reigning	4	5	80 000	2	22	1 760 000	60 000	1 820 000
Analanjorofo + Sainte Marie		4	5	80 000	2	22	1 760 000	100 000	1 860 000
	Soanieranalvongo	4	5	80 000	3	23	1 840 000	70 000	1 910 000
	Language	4	5	80 000	3	23	1 840 000	70 000	1 910 000
	Maroantsera	4	5	80 000	2	22	1 760 000	1 200 000	2 960 000
Subtotal in Ar									16 040 000
Under total in USD (1USD = 3565 Ar)									4 499,30

GENERAL TOTAL (TRAINING OF HOSPITAL ESTABLISHMENTS SURGICAL):	408,489,000 Ariary
	114 583,17 USD
	(1 USD = 3565 Years)

-4/ TEXT MULTIPLICATION

DESIGNATION	Unit price	Nb pages	Effective	Amount
Impression	200	100	120	2 400 000
Binding	2 000		120	240 000
TOTAL TEXT MULTIPLICATION in Ar				2 640 000
TOTAL TEXT MULTIPLICATION in USD (1 USD = 3565 Years)				740,53

-5/AWARENESS

Axe	Description	Unit Price	Quantity	Consumption	Distance	Hard	Total
Mahajanga Antsohihy (CHU Androva, CHU satiating, CHRD Marovoay, CHRD Soalala, CHRD Ambato Boeny, CHRR Anthoshihih)	Fuel						
	Fuel	4 000	1	0,15	2 258	1	1 354 800
	Lubricant						
	Through the night						
	Per noctem of missionaries	80 000	2	1		15	2 400 000
	Chauffeur for the night	60 000	1	1		15	900 000
	TOTAL 1						4 654 800
Fianarantsoa ManakaraFarafangana (CHU Andrainjato, CHU Tambohobe, CHRR Manakara et al Farafangana, CHRD Ambalavao, Ifanadiana, Mananjary,	Fuel						
	Fuel	4 000	1	0,15	1 901	1	1 140 600
	Lubricant						
	Through the night						
	Per noctem of missionaries	80 000	2	1		15	2 400 000
	During the night the chauffeurs	60 000	1	1		15	900 000
	TOTAL 2						4 440 600

Axe	Description	Unit Price	Quantity	Consumption	Distance		Hard	Total
It's easy Toamasina Fenerive East Mahanoro stone	Fuel							
	Fuel	4 000	1	0,15	1 375	1		825 000
	Lubricant							
	Through the night							
	Per noctem of missionaries	80 000	2	1,00		15		2 400 000
	Chauffeur for the night	60 000	1	1		15		900 000
	TOTAL 3							4 125 000
TsiroanomandydyMain tirano (CHRR Tsiroanomandidy and Maintirano, CHRD Fenoarivo,	Fuel							
	Fuel	4 000	1	0,15	1 635	1		981 000
	Lubricant							
	Through the night							
	Per noctem of missionaries	80 000	2	1,00		7		1 120 000
	Chauffeur for the night	60 000	1	1		7		420 000
	TOTAL 4							2 521 000

Axe	Description	Unit Price	Quantity	Consumption	Distance		Hard	Total
IhosiToliaryAmpanihy (CHU Antanambao et sophisticated, CHRR Ihosi, CHRD Bezaha, Ampanihi)	Fuel							
	Fuel	4 000	1	0,15	2 510	1		1 506 000
	Lubricant							
	Through the night							
	Per noctem of missionaries	80 000	2	1,00		15		2 400 000
	Chauffeur for the night	60 000	1	1		15		900 000
	TOTAL 5							4 806 000
Tolagnaro (CHRR TolagnaroAmbovombe CHRD Amboasari South),	Fuel							
	Fuel	4 000	1	0,15	2 330	1		1 398 000
	Lubricant							
	Through the night							
	Per noctem of missionaries	80 000	2	1,00		10		1 600 000
	Chauffeur for the night	60 000	1	1		10		600 000
	TOTAL 6							3 598 000

Axe	Description	Unit Price	Quantity	Consumption	Distance		Hard	Total
CHRR Sambava, CHRD AndapaVohemar Antalaha	Plane							
	Tana - Sambava	1 000 000	2	1,00	1		1	2 000 000
	Sambava - Andapa	4 000	1	0,15	240		1	144 000
	Sambava-Antalaha	4 000	1	0,15	180		1	108 000
	Sambava-Vohemar	4 000	1	0,15	310		1	186 000
	Through the night							
	Per noctem of missionaries	80 000	2	1,00			7	1 120 000
	Chauffeur for the night	60 000	1	1			3	180 000
	TOTAL 7							3 738 000
2 CHU Antsiranana CHRD Ambanja Nosy Be Ambilobe	Fuel							
	Fuel	4 000	1	0,15	2 400			1 440 000
	Lubricant							
	Through the night							
	Per noctem of missionaries	80 000	2	1,00			10	1 600 000
	Chauffeur for the night	60 000	1	1			10	600 000
	TOTAL 8							3 640 000

Axe	Description	Unit Price	Quantity	Consumption	Distance	Duration	Total
Mahajanga Antsohihy	Fuel						
	Fuel	4 000	1	0,15	2 258	1	1 354 800
	Lubricant						
	Through the night						
	Per noctem of missionaries	80 000	2	1,00		15	2 400 000
	Chauffeur for the night	60 000	1	1		15	900 000
	TOTAL 9						4 654 800
Fianarantsoa ManakaraFarafangana	Fuel						
	Fuel	4 000	1	0,15	1 901	1	1 140 600
	Lubricant						
	Through the night						
	Per noctem of missionaries	80 000	2	1,00		15	2 400 000
	Chauffeur for the night	60 000	1	1		15	900 000
	TOTAL 10						4 440 600

Axe	Description	Unit Price	Quantity	Consumption	Distance	Hard	Total
Ambatonzarzaka	Fuel						
	Fuel	4 000	1	0,15	1 110	1	666 000
	Lubricant						
	Through the night						
	Per noctem of missionaries	80 000	2	1,00		10	1 600 000
	Chauffeur for the night	60 000	1	1		10	600 000
	TOTAL 11						2 866 000
Antsirabe Morondava	Fuel						
	Fuel	4 000	1	0,15	1 650	1	990 000
	Lubricant						
	Through the night						
	Per noctem of missionaries	80 000	2	1,00		10	1 600 000
	Chauffeur for the night	60 000	1	1		10	600 000
	TOTAL 12						3 190 000
AmbatolampyManjaka bed Ankazobe	Fuel						
	Fuel	4 000	1	0,15	404	1	242 400
	Lubricant						
	Through the night						
	Per noctem of missionaries	80 000	2	1,00		2	320 000
	Chauffeur for the night	60 000	1	1		2	120 000
	TOTAL 13						682 400

Axe	Description	Unit price	Quantity It is	Consumption Distance		Hard	Total
Ambositra, Fandriana, Ambatofinandrahan	Fuel						
	Fuel	4 000	1	0,15	800	1	480 000
	Lubricant						
	Through the night						
	Per noctem of missionaries	80 000	2	1,00		7	1 120 000
	Chauffeur for the night	60 000	1	1		7	420 000
	TOTAL 14						2 020 000

	Total an Ar	Total in USD (1 USD = 3565 Ariary)
Multiplication of documents	2 640 000	740,53
Missions	49 377 200	13 850, 54
General total awareness (Ariary)	52 017 200	14 591, 07

-6/ NETWORKING

	Unit Number	Number of hospitals	Needs	Cost	Total amount (Ar)
Computer with accessories	1	106	106	2 000 000	212000000
Unlimited connection	1	106	106	1 000 000	106000000
Multifunction printer	1	106	106	1 500 000	159000000
Inverter	1	106	106	100 000	10600000
Total Networking (Ar)					487 600 000
Total Networking (USD) (1 USD = 3565 Years)					136 774,19

-7/ TRAINING OF PERSONNEL TO PRACTICE IN SURGERY

	Monthly cost	Duration of training Unit per hospital	No. of hospitals	Needs		AMOUNT
Surgeons	100 000	24	2	22	44	105 600 000
THE GATE	100 000	6	2	22	44	26 400 000
Laborantins	100 000	36	2	22	44	158 400 000
Anesthetists (MSIAR)	100 000	24	2	22	44	105 600 000
Resuscitators	100 000	24	2	22	44	105 600 000
Sonographers	100 000	24	2	22	44	105 600 000
Instrumentalists	100 000	6	2	22	44	26 400 000
Radio Manipulators	100 000	36	2	22	44	158 400 000
					Total an Ar	792 000 000
					Total in USD (1 USD = 3565 Years)	222 159,89

-8/ MEDIA AWARENESS

Spot TV	UNITE	EMISSIONS PAR DAY	NUMBER OF DAYS PER QUARTER	NAME D'EMISSIONS PAR AN	NUMBER OF CHANNELS EMETTANTES	TOTAL AMOUNT (Ar)	TOTAL AMOUNT and USD (1 USD = 3565 Years)
	156 000	3	30	120	6	336 960 000	94 518,93

-9/ AMBULANCE PROVISION

HOSPITAL CENTER	STATUS IN AMBULANCE	NEEDS	UNIT PRICE (Ar)	AMOUNT (Ar)
Bring it on	0	1	100 000 000	100000000
Below	0	1	100 000 000	100000000
AmbatoBoeny	0	1	100 000 000	100000000
Ambatofinandrahan	0	1	100 000 000	100000000
Ambatolampy	0	1	100 000 000	100000000
Amber	0	1	100 000 000	100000000
Ambatonzarzaka	0	1	100 000 000	100000000
Ambilobe	0	1	100 000 000	100000000
Amboangibe	0	1	100 000 000	100000000
South East	0	1	100 000 000	100000000
Ambohidroa	0	1	100 000 000	100000000
Ambohimahasoa	0	1	100 000 000	100000000
Ambohimangakely	0	1	100 000 000	100000000
Ambositra	0	1	100 000 000	100000000
AmbovombeAndroy	0	1	100 000 000	100000000
Add to that	0	1	100 000 000	100000000
Amparavola	0	1	100 000 000	100000000
Lengthen	0	1	100 000 000	100000000
Andapa	0	1	100 000 000	100000000
AndavadaokaMorombe	0	1	100 000 000	100000000

HOSPITAL CENTER	STATUS IN AMBULANCE	NEEDS	UNIT PRICE (Ar)	AMOUNT (Ar)
Andilamena	0	1	100 000 000	100 000 000
Andramasina	0	1	100 000 000	100 000 000
Ordeal	0	1	100 000 000	100000000
Anjomaaanalaroa	0	1	100 000 000	100000000
Anjozorobe	0	1	100 000 000	100000000
AnkazoaboAtsimo	0	1	100 000 000	100000000
Ankazobe	0	1	100 000 000	100000000
Anosibean'ala	0	1	100 000 000	100000000
Anosyavaratra	0	1	100 000 000	100000000
Antalaha	1 (in spare parts)	1	100 000 000	100000000
AntanambaoManampotsi	0	1	100 000 000	100000000
Antanifotsy	0	1	100 000 000	100000000
Halfway through	0	1	100 000 000	100000000
Antsirabe	0	1	100 000 000	100000000
Antsiranana I	0	1	100 000 000	100 000 000
Anthoshihihi	0	1	100 000 000	100000000
A thousand drunks	0	1	100 000 000	100000000
Bealana	0	1	100 000 000	100000000
Befandriana Nord	0	1	100 000 000	100000000
Muddy	0	1	100 000 000	100000000
Bekily	0	1	100 000 000	100000000
Belo / Tsiribhina	0	1	100 000 000	100000000
Beloha	0	1	100 000 000	100000000
Good luck	0	1	100 000 000	100000000
Kiss me	0	1	100 000 000	100000000
Besalampy	0	1	100 000 000	100000000
Betafo	0	1	100 000 000	100000000
Betioky Atssimo	0	1	100 000 000	100 000 000

HOSPITAL CENTER	STATUS IN AMBULANCE	NEEDS	UNIT PRICE (Ar)	AMOUNT (Ar)
Lightning	1 quite BE	0		0
Bezaha	Administrative car	1	100 000 000	100000000
Goodness	0	1	100 000 000	100000000
Brickville	0	1	100 000 000	100000000
A bed	1	0		0
Farangana	0	1	100 000 000	100000000
Put it down	0	1	100 000 000	100000000
Fénérive is	0	1	100 000 000	100000000
Fenoarivo Be	0	1	100 000 000	100 000 000
Yakora	0	1	100 000 000	100000000
Fight with each other	1 ambulance PIVOT	0		0
Joshua	0	1	100 000 000	100000000
I am humble	0	1	100 000 000	100 000 000
Ikongo	1 ambulance UNFPA	0		0
Let's go	0	1	100 000 000	100000000
Glasses	0	1	100 000 000	100000000
Maevatanana	0	1	100 000 000	100000000
It's fascinating	0	1	100 000 000	100000000
Recommended	0	1	100 000 000	100000000
Correct	0	1	100 000 000	100000000
Maintirano	0	1	100 000 000	100000000
It's fascinating	0	1	100 000 000	100000000
Hiring	0	1	100 000 000	100000000
Horse riding	0	1	100 000 000	100000000
Mananara nord	0	1	100 000 000	100000000
Manandrian	0	1	100 000 000	100000000
Mananjary	0	1	100 000 000	100000000
Mandzisara	0	1	100 000 000	100000000

HOSPITAL CENTER	STATUS IN AMBULANCE	NEEDS	UNIT PRICE (Ar)	AMOUNT (Ar)
Hands	0	1	100 000 000	100000000
Reigning	0	1	100 000 000	100000000
Maroantsera	1 quite BE	0		0
Marolombo	0	1	100 000 000	100000000
Maroway	0	1	100 000 000	100000000
Guilty	0	1	100 000 000	100 000 000
Mianwazo	1 BE	0		0
Miarinarivo	0	1	100 000 000	100000000
Midongyatsimo	0	1	100 000 000	100000000
Careful	0	1	100 000 000	100000000
Morafenobe	0	1	100 000 000	100000000
It's easy	1 ME	1	100 000 000	100000000
Morombe	0	1	100 000 000	100000000
Morondava	0	1	100 000 000	100000000
It is hidden	0	1	100 000 000	100000000
Nosy Be	1 ME	1	100 000 000	100000000
Port Bergé	0	1	100 000 000	100000000
River	1NF	1	100 000 000	100000000
Sainte Marie	1NF	1	100 000 000	100000000
Sugar	0	1	100 000 000	100000000
Goodbye	0	1	100 000 000	100000000
Solala	0	1	100 000 000	100000000
Soanieranalvongo	0	1	100 000 000	100000000
Soavinandriana	0	1	100 000 000	100000000
You are tall	0	1	100 000 000	100000000
Good luck	0	1	100 000 000	100000000
Tsihombe	1	0		0
Taste	0	1	100 000 000	100000000

HOSPITAL CENTER	STATUS IN AMBULANCE	NEEDS	UNIT PRICE (Ar)	AMOUNT (Ar)
Vangaindrano	0	1	100 000 000	100000000
Stone	1ME	1	100 000 000	100000000
Language	0	1	100 000 000	100000000
Vohémar	Private	0		0
Vohibe	0	1	100 000 000	100000000
Filled up	0	1	100 000 000	100000000
Vondrozo	0	1	100 000 000	100000000
AN		22	100 000 000	2200000000
Total cost for ambulances (Ar)		125	100 000 000	12 500 000 000
Total cost for ambulances in USD (1 USD = 3565 Years)		125	28 050,49	3 506 311,36

-10/ EQUIPMENT AND MATERIALS FOR THE BLOOD TRANSFUSION STATION

DESIGNATION	NAME	UNIT PRICE (Ar)
KLINE AGITATOR	1	2800000
TABLE CENTRIFUGE	1	3600000
SOLAR REFRIGERATOR	1	34400000
BAIN MARIE	1	4000000
PRESS MANUAL	1	4200000
RHESUSCOPE	1	3400000
SCALE	1	400000
BALANCE PESE-POCHE	1	6400000
INSULATED BOX	1	3800000
SAMPLING CHAIR	1	4400000
MICROPIPETTES 50µL	1	800000

DESIGNATION	NAME	UNIT PRICE (Ar)
MICROPIPETTES 100μL	1	800000
TIMER	1	40000
SEALING FORCEPS FOR BLOOD BAGS	2	160000
PINCE A CLAMPER	2	160000
STRIPPER	1	80000
OPALINE PLATES	3	120000
GOBLET	3	120000
TENSIOMETRE	1	800000
STETHOSCOPE	1	200000
COMPRESS DRUM	1	400000
FIXED WELDER	1	8000000
Tourniquet	4	80000
KOCHER FORCEPS	4	240000
FLAT SCISSORS	2	120000
TRAYS	3	240000
CARE TROLLEY	1	2400000
SOLAR GENERATOR	1	60000000
TOTAL (Ar)		142 160 000
TOTAL in USD		
(1 USD = 3565 Years)		39 876,58

-11/ INFRASTRUCTURES AND TECHNICAL EQUIPMENT

Number of public hospitals:

CHRD 1	26
CHRD 2	68
CHRR	16
AN	22

- 11.1. CHRD1

INFRASTRUCTURES				
DESIGNATION	NAME	UNIT PRICE	AMOUNT (Ar)	AMOUNT in USD
OPERATING BLOCK	26	300 000 000	7 800 000 000	2 187 938,29
INFRASTRUCTURES surgeries	26	238 560 280	6 202 567 280	1 739 850,57
INFRASTRUCTURE accessories	26	60 000 000	1 560 000 000	437 587,658
Air conditioning and air circulation system	26	10 000 000	260 000 000	72 931,2763
Water supply equipment (surgical hand wash, etc.), wastewater disposal and treatment	26	18 570 000	482 820 000	135 433,38
HOUSING FOR KEY PROVIDERS	52	100 000 000	5 200 000 000	1 458 625,53
Sous-total 1 (Ar)			21 505 387 280	6 032 366,7
Under total in USD (1 USD = 3565 Years)			6 032 366, 60	

OPERATING ROOM EQUIPMENT

DESIGNATION	NEEDS	NAME	UNIT PRICE	AMOUNT	
OXYGEN ADDUCTION	1	26	500 000 000	13 000 000 000	
Sous-total 2 (Ar)				13 000 000 000	
Under total in USD (1 USD = 3565 Years)				3646563,81	

ELECTRICAL EQUIPMENT	NEEDS	NAME	UNIT PRICE	AMOUNT (Ar)	Amount in USD (1USD = 3565)
GROUPE ELECTROGENE	1	26	5 986 160	155 640 160	
Subtotal 3				155 640 160	43657,8289

STERILISATION	NEEDS	NAME	UNIT PRICE	AMOUNT (Ar)	Amount in USD (1USD = 3565)
AUTOCLAVE 50 L	1	26	42 000 000	1 092 000 000	306 311,36
POUPINEL 50L	1	26	28 000 000	728 000 000	204 207,574
				1 820 000 000	510 518,934

HEAVY TECHNICAL EQUIPMENT	NEEDS	NAME	UNIT PRICE	AMOUNT (Ar)	Amount in USD (1USD = 3565)
UNIVERSAL OPERATING TABLE	2	26	16 128 000	838 656 000	510518,934
FIXED SCIALYTIC	1	26	18 200 000	473 200 000	235247,125
SCIALYTIQUE MOBILE	1	26	4 158 000	108 108 000	132734,923
Subtotal 4				1 419 964 000	398306,872

SPECIFIC EQUIPMENT	NEEDS	NAME	UNIT PRICE	AMOUNT (Ar)	Amount in USD (1USD = 3565)
ELECTRIC SCALPEL	2	26	10 920 000	567 840 000	159281,907
SURGICAL VACUUM	2	26	1 570 000	81 640 000	22900,4208
ANESTHESIS RESPIRATOR	2	26	21 000 000	1 092 000 000	306311,36
SURVEILLANCE MONITOR	2	26	11 500 000	598 000 000	167741,935
TABLE A INSTRUMENTS	2	26	980 000	50 960 000	14294,5302
TABLE METALLQUE	2	26	5 600 000	291 200 000	81683,0295
ASEPTISEUR THE AIR	2	26	14 490 000	753 480 000	211354,839
MUCOSITIS VACUUM	2	26	770 000	40 040 000	11231,4165
O2 CONCENTRATOR 10L	2	26	12 768 000	663 936 000	186237,307
EMERGENCY O2 KIT	1	26	1 400 000	36 400 000	10210,3787

POTENCY AND SERUM	2	26	350 000	18 200 000	5105,18934
CHARIOT BRANCARD	1	26	1 360 000	35 360 000	9918,65358
Subtotal 5				4 229 056 000	1186270,97

SPECIFIC TECHNICAL EQUIPMENT	NEEDS	NAME	UNIT PRICE	AMOUNT (Ar)	AMOUNT in USD (1 USD = 3565 Years)
GYNECO BOX	2	26	3 220 000	167 440 000	46967,7419
BOTE LAPARO	2	26	4 340 000	225 680 000	63304,3478
APPENDICITIS/H BOX	2	26	2 100 000	109 200 000	30631,136
CURETAGE BOX	1	26	1 400 000	36 400 000	10210,3787
BRUTE HYSTERECTOMY	2	26	3 920 000	203 840 000	57178,1206
BOTE ABDOMEN	2	26	7 140 000	371 280 000	104145,863
BOITE TRAUMA	2	26	11 340 000	589 680 000	165408,135
DRESSING BOX	2	26	252 000	13 104 000	3675,73633
SMALL CHIR BOX	2	26	168 000	8 736 000	2450,49088
MATERIEL INTUBATION	2	26	630 000	32 760 000	9189,34081
ANESTHESIA KIT	2	26	2 800 000	145 600 000	40841,5147
PLASTER KIT	2	26	1 400 000	72 800 000	20420,7574
Subtotal 6				1 976 520 000	554423,562

FURNITURE EQUIPMENT	NEEDS	NAME	UNIT PRICE	AMOUNT (Ar) AMOUNT in USD	(1 USD = 3565 Years)
BEDS ON CASTERS	30	26	3 136 000	2 446 080 000	686137,447
NIGHTSTAND	30	26	980 000	764 400 000	214417,952
EXAMINATION TABLE	3	26	1 848 000	144 144 000	40433,0996
METAL OFFICE TABLE	5	26	1 120 000	145 600 000	40841,5147
CHAIR WITH ARMRESTS	5	26	560 000	72 800 000	20420,7574
VISITOR CHAIR	2	26	490 000	25 480 000	7147,26508
WARDROBE	2	26	9 800 000	509 600 000	142945,302
CLOAKROOM CABINET	3	26	4 200 000	327 600 000	91893,4081
WARDROBE	1	26	2 800 000	72 800 000	20420,7574
METAL BENCH	1	26	672 000	17 472 000	4900,98177
Subtotal 7				4 525 976 000	1269558,49

S/TOTAL CHRD1 and Ar	48 632 543 440
S/TOTAL CHRD1 and USD (1 USD = 3565 Years)	13 641 667, 16

- 11.2/ CHRD2 numbering 68

DESIGNATION		NB	COULD	AMOUNT (Ar) AMOUNT in USD	(1 USD = 3565 Years)
INFRASTRUCTURES	Block up	68	36 000 000	2 448 000 000	686676,017

	Surgery Department	68	78 000 000	5 304 000 000	1487798,04
	Accessory infrastructure	68	60 000 000	4 080 000 000	1144460,03
	air conditioning and air circulation system	68	10 000 000	680 000 000	190743,338
	Install water supply equipment (surgical hand wash, etc.), evacuation and wastewater treatment	68	15 000 000	1 020 000 000	286115,007
	PREST HOUSING	68	100 000 000	6 800 000 000	1907433,38
				20 332 000 000	5703225,81

ELECTRICAL EQUIPMENT		NB	COULD	AMOUNT (Ar)	AMOUNT in USD (1 USD = 3565 Years)
GROUPE ELECTROGENE	1	68	5 986 160	407 058 880	114182,014
				407 058 880	114182,014

OXYGEN ADDUCTION	1	68	500 000 000	34 000 000 000	9537166,9
				34 000 000 000	9537166,9

AUTOCLAVE 150 L	1	68	42 000 000	2 856 000 000 801122,0196	
				2 856 000 000 801122,0196	

MAT TECH HEAVY		NB	COULD	AMOUNT (Ar)	AMOUNT in USD (1 USD = 3565 Years)
TABLE D'OPERATION UNIV	2	68	16 128 000	2 193 408 000	615261,7111

FIXED SCIALYTIC	1	68	18 200 000	1 237 600 000	347152,8752
SCIALYTIQUE MOBILE	1	68	4 158 000	282 744 000	79311,07994
				3 713 752 000	1041725,666

SPECIFIC EQUIPMENT		NB	COULD	AMOUNT (Ar)	AMOUNT in USD (1 USD = 3565 Years)
ELECTRIC BELT	2	68	10 920 000	1 485 120 000	416583,4502
SURGICAL VACUUM	2	68	1 570 000	213 520 000	59893,40813
ANESTHESIS DEVICE	2	68	21 000 000	2 856 000 000	801122,0196
SURVEILLANCE MONITOR	2	68	11 500 000	1 564 000 000	438709,6774
TABLE A INSTRUMENTS	2	68	980 000	133 280 000	37385,69425
TABLE METALLQUE	2	68	5 600 000	761 600 000	213632,5386
ASEPTISEUR THE AIR	2	68	14 490 000	1 970 640 000	552774,1935
MUCOSITIS VACUUM	2	68	770 000	104 720 000	29374,47405
EXTRACTORD'O2	2	68	12 768 000	1 736 448 000	487082,1879
EMERGENCY O2 KIT	1	68	1 400 000	95 200 000	26704,06732
POTENCY AND SERUM	2	68	350 000	47 600 000	13352,03366
CHARIOT BRANCARD	1	68	1 360 000	92 480 000	25941,09397
				11 060 608 000	3102554,839

SPECIFIC TECHNICAL EQUIPMENT	NEEDS	NUMBER UNIT	PRICE	AMOUNT (Ar) AMOUNT in USD	(1 USD = 3565 Years)
GYNECO BOX	2	68	3 220 000	437 920 000	122838,7097
BOTE LAPARO	2	68	4 340 000	590 240 000	165565,2174
APPENDICITIS/H BOX	2	68	2 100 000	285 600 000	80112,20196
CURETAGE BOX	1	68	1 400 000	95 200 000	26704,06732
BRUTE HYSTERECTOMY	2	68	3 920 000	533 120 000	149542,777
BOTE ABDOMEN	2	68	7 140 000	971 040 000	272381,4867
BOITE TRAUMA	2	68	11 340 000	1 542 240 000	432605,8906
DRESSING BOX	2	68	252 000	34 272 000	9613,464236
SMALL CHIR BOX	2	68	168 000	22 848 000	6408,976157
MATERIEL INTUBATION	2	68	630 000	85 680 000	24033,66059
ANESTHESIA KIT	2	68	2 800 000	380 800 000	106816,2693
PLASTER KIT	2	68	1 400 000	190 400 000	53408,13464
Subtotal 6				5 169 360 000	1450030,856

FURNITURE EQUIPMENT	NEEDS	NUMBER UNIT	PRICE	AMOUNT (Ar) AMOUNT in USD	(1 USD = 3565 Years)
BEDS ON CASTERS	30	68	3 136 000	6 397 440 000	1794513,324
NIGHTSTAND	30	68	980 000	1 999 200 000	560785,4137
EXAMINATION TABLE	3	68	1 848 000	376 992 000	105748,1066

METAL OFFICE TABLE	5	68	1 120 000	380 800 000	106816,2693
CHAIR WITH ARMRESTS	5	68	560 000	190 400 000	53408,13464
VISITOR CHAIR	2	68	490 000	66 640 000	18692,84712
WARDROBE	2	68	9 800 000	1 332 800 000	373856,9425
CLOAKROOM CABINET	3	68	4 200 000	856 800 000	240336,6059
WARDROBE	1	68	2 800 000	190 400 000	53408,13464
METAL BENCH	1	68	672 000	45 696 000	12817,95231
Subtotal 7				11 837 168 000	3320383,731

SUBTOTAL CHRD in Ar	89 375 946 880
USD TOTAL CHRD (1 USD = 3565 Years)	20 070 391,83

- 11.3/ CHRR numbering 16

DESIGNATION	NEEDS	NUMBER UNIT	PRICE	AMOUNT (Ar) AMOUNT	in USD (1 USD = 3565 Years)
INFRASTRUCTURES					
	BLOC OP	646283,31	646283,31	646283,31	646283,31
	ANNEX SURGERY	353660,5891	353660,5891	353660,5891	353660,5891
	ACCESSORIES	269284,7125	269284,7125	269284,7125	269284,7125
	Air conditioning and air circulation system	44880,78541	44880,78541	44880,78541	44880,78541

	Install water supply equipment (surgical hand wash, etc.), evacuation and wastewater treatment	67321,17812	67321,17812	67321,17812	67321,17812
	ACCOMMODATION	897615,7083	897615,7083	897615,7083	897615,7083
Subtotal 1				8 124 800 000	2279046,283

OXYGEN ADDUCTION	NEEDS	NUMBER UNIT	PRICE	AMOUNT (Ar) AMOUNT in USD (1 USD = 3565 Years)
OXYGEN GENERATOR	1	16	500 000 000	8 000 000 000 2244039,271
			Subtotal 2	8 000 000 000 2244039,271

ELECTRICAL EQUIPMENT	NEEDS	NAME	UNIT PRICE	AMOUNT (Ar) AMOUNT in USD (1 USD = 3565 Years)
GROUPE ELECTROGENE	1	16	5 986 160	95 778 560 26866,35624
			Subtotal 3	95 778 560 26866,35624

HEAVY TECHNICAL EQUIPMENT	NEEDS	NUMBER UNIT	PRICE	AMOUNT (Ar) AMOUNT in USD (1 USD = 3565 Years)
UNIVERSAL OPERATING TABLE	2	16	16 128 000	516 096 000 144767,4614
FIXED SCIALYTIC	1	16	18 200 000	291 200 000 81683,02945
SCIALYTIQUE MOBILE	1	16	4 158 000	66 528 000 18661,43058
			Subtotal 4	873 824 000 245111,9215

AUTOCLAVE 150 L	1	16	42 000 000	672 000 000	188499,2987
			Subtotal 5	672 000 000	188499,2987

SPECIFIC EQUIPMENT	NEEDS	NAME	UNIT PRICE	AMOUNT (Ar) AMOUNT in USD	(1 USD = 3565 Years)
ELECTRIC BELT	2	16	10 920 000	349 440 000	98019,63534
SURGICAL VACUUM	2	16	1 570 000	50 240 000	14092,56662
ANESTHESIS DEVICE	2	16	21 000 000	672 000 000	188499,2987
SURVEILLANCE MONITOR	2	16	11 500 000	368 000 000	103225,8065
TABLE A INSTRUMENTS	2	16	980 000	31 360 000	8796,633941
TABLE METALLQUE	2	16	5 600 000	179 200 000	50266,47966
ASEPTISEUR THE AIR	2	16	14 490 000	463 680 000	130064,5161
MUCOSITIS VACUUM	2	16	770 000	24 640 000	6911,640954
O2 CONCENTRATOR 10L	2	16	12 768 000	408 576 000	114607,5736
EMERGENCY O2 KIT	1	16	1 400 000	22 400 000	6283,309958
POTENCY AND SERUM	2	16	350 000	11 200 000	3141,654979
CHARIOT BRANCARD	1	16	1 360 000	21 760 000	6103,786816
Subtotal 6				2 602 496 000	730012,9032

SPECIFIC TECHNICAL EQUIPMENT	NEEDS	NUMBER UNIT	PRICE	AMOUNT (Ar)	AMOUNT in USD (1 USD = 3565 Years)
GYNECO BOX	2	16	3 220 000	103 040 000	28903,22581
BOTE LAPARO	2	16	4 340 000	138 880 000	38956,52174
APPENDICITIS/H BOX	2	16	2 100 000	67 200 000	18849,92987

CURETAGE BOX	1	16	1 400 000	22 400 000	6283,309958
BRUTE HYSTERECTOMY	2	16	3 920 000	125 440 000	35186,53576
BOTE ABDOMEN	2	16	7 140 000	228 480 000	64089,76157
BOITE TRAUMA	2	16	11 340 000	362 880 000	101789,6213
DRESSING BOX	2	16	252 000	8 064 000	2261,991585
SMALL CHIR BOX	2	16	168 000	5 376 000	1507,99439
MATERIEL INTUBATION	2	16	630 000	20 160 000	5654,978962
ANESTHESIA KIT	2	16	2 800 000	89 600 000	25133,23983
PLASTER KIT	2	16	1 400 000	44 800 000	12566,61992
Subtotal 7				1 216 320 000	341183,7307

FURNITURE MATERIALS	NEEDS	NUMBER UNIT	PRICE	AMOUNT (Ar) AMOUNT in USD	(1 USD = 3565 Years)
BEDS ON CASTERS	30	16	3 136 000	1 505 280 000	422238,4292
NIGHTSTAND	30	16	980 000	470 400 000	131949,5091
EXAMINATION TABLE	3	16	1 848 000	88 704 000	24881,90743
METAL OFFICE TABLE	5	16	1 120 000	89 600 000	25133,23983
CHAIR WITH ARMRESTS	5	16	560 000	44 800 000	12566,61992
VISITOR CHAIR	2	16	490 000	15 680 000	4398,316971
WARDROBE	2	16	9 800 000	313 600 000	87966,33941

CLOAKROOM CABINET	3	16	4 200 000	201 600 000	56549,78962
WARDROBE	1	16	2 800 000	44 800 000	12566,61992
METAL BENCH	1	16	672 000	10 752 000	3015,98878
Subtotal 8				2 785 216 000	781266,7602

SUBTOTAL CHRR in Ar	24 370 434 560
SOUS-TOTAL CHRR in USD (1 USD = 3565 Years)	6 836 026,52

GENERAL TOTAL INFRASTRUCTURES AND TECHNICAL EQUIPMENT	162 378 924 880 Ar
	45 548 085,52 USD (1 USD = 3565 Years)

RECAPITULATION :

	CHRD1	CHRD2	CHRR	CHU	TOTAL (Ar)	Total in USD (1USD = 3565 With)
SURGICAL INFRASTRUCTURES REHABILITATION	7 800 000 000 2 448 000 000 2 304 000 000			0	12 552 000 000	3520897,62
INFRASTRUCTURES CHIRURGIES CONSTRUCT°	6 202 567 280 5 304 000 000 1 260 800 000			0	12 767 367 280	3581309,19
ACCESSORY INFRASTRUCTURES	1 560 000 000 4 080 000 000		960 000 000	0	6 600 000 000	1851332,4
KEY PROVIDER HOUSING	5 200 000 000 6 800 000 000 3 200 000 000			0	15 200 000 000	4263674,61
AIR CONDITIONING AND AIR CIRCULATION SYSTEM	260 000 000 680 000 000		160 000 000	0	1 100 000 000	308555,4
WATER SUPPLY EQUIPMENT (surgical hand wash, etc.), wastewater evacuation and treatment	482 820 000 1 020 000 000		240 000 000	0	1 742 820 000	488869,565
ELECTRICAL EQUIPMENT	155 640 160 407 058 880		95 778 560	0	658 477 600	184706,199
WITH TECH LOURD Table d'op scialytiques	1 419 964 000 3 713 752 000		873 824 000	0	6 007 540 000	1685144,46
OXYGEN GENERATOR	13 000 000 000 34 000 000 000 8 000 000 000			0	55 000 000 000	15427770
AUTOCLAVES & STERILISATION	1 820 000 000 2 856 000 000		672 000 000	0	5 348 000 000	1500140,2
SPECIFIC EQUIPMENT	4 229 056 000 11 060 608 000 2 602 496 000			0	17 892 160 000	5018838,71
MAT TECH SPEC SELON SPECIALITES	1 976 520 000 5 169 360 000 1 216 320 000			0	8 362 200 000	2345638,15
HOSPIT FURNITURE MATERIALS	4 525 976 000 11 837 168 000 2 785 216 000			0	19 148 360 000	5371208,98
BLOOD TRANSFUSION CENTER	3 696 160 000 9 666 880 000 2 274 560 000			0	15 637 600 000	4386423,56
TOTAL (Ar)	48 632 543 440 89 375 946 880 24 370 434 560			0	162 378 924 880	45548085,5
TOTAL in USD (1 USD = 3565 SAR)	13 641 667,16 25 070 391,83 6 836 026,525				45 548 085,52	

-12 / BUDGETING FOR CONSTRUCTION AND EQUIPMENT OF SPECIALIZED SERVICES

CONSTRUCTION AND EQUIPMENT BUDGETING

Designation		Name	Unit price	TOTAL (Ar)	Total in USD (1USD = 3565 Ar)
Infrastructure	Preliminary activities	1	43 200 872	43 200 872	12118,05666
	Operating room	4	12 993 926 800	519 757 147 200	145794431,2
Basic equipment		4	1000000000	4000000000	1122019,635
Instrumentation		4	360000000	1 440 000 000	403927,0687
Sterilization		4	19225000	76 900 000	21570,82749
Computer equipment		4	18134000	72 536 000	20346,70407
Furniture		4	55560000	222 240 000	62339,41094
				568 769 695 200	159542691,5

REHABILITATION AND EQUIPMENT BUDGETING

Designation	Name	Unit price	TOTAL (Ar)	Total in USD (1USD = 3565 Ar)
Infrastructure	4	150000000	600000000	168302,9453
Basic equipment	4	1000000000	4000000000	1122019,635
Instrumentation	4	360000000	1440000000	403927,0687
Sterilization	4	19225000	76900000	21570,82749
IT equipment	4	18134000	72536000	20346,70407

Furniture	4	55560000	222240000	62339,41094
			6 411 676 000	1798506,592

ANNEXE 4: ILLUSTRATIONS

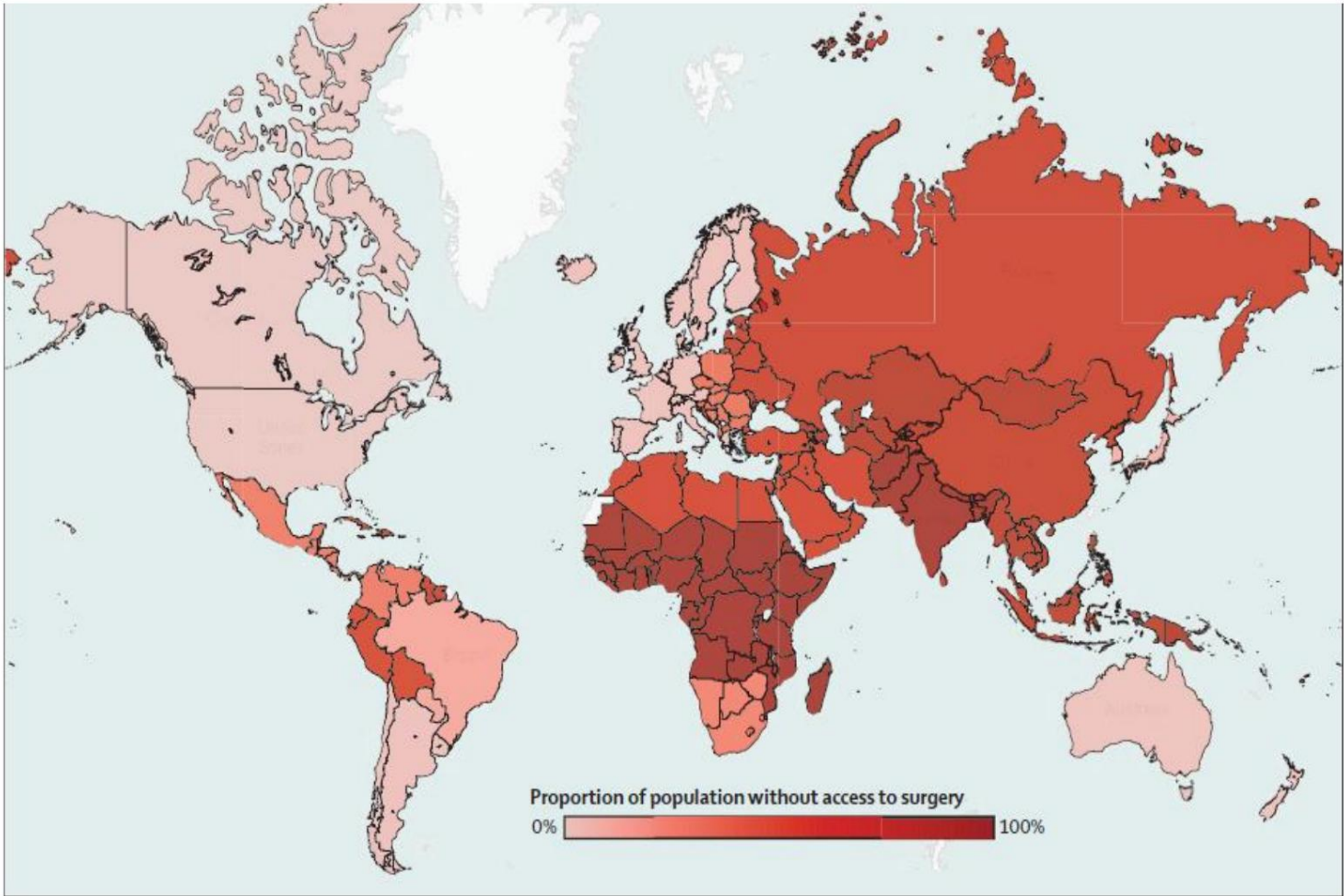


Figure 1: Global aspect of access to surgery (Source : Lancet Commission Report 2015)