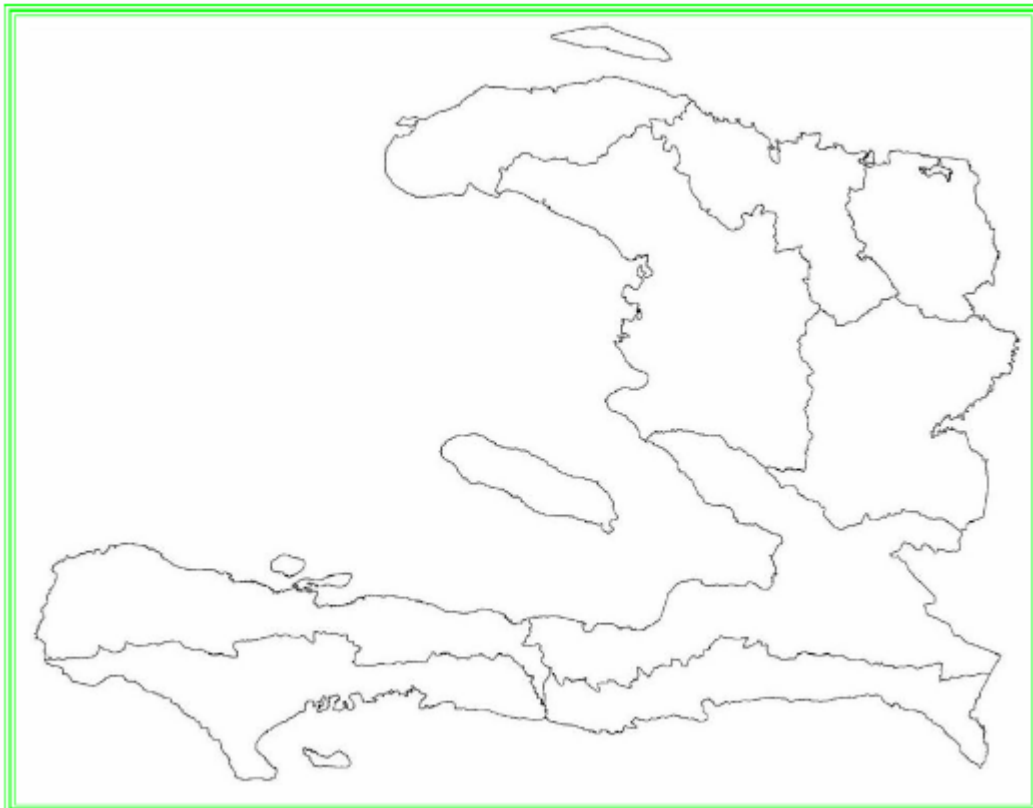




# **Ministry of Public Health and Population**

## **Strategic Plan for Health Sector Reform**

**March 2004**



## **I. THE CONTEXT OF HEALTH SECTOR REFORM**

1. *Constitution of the Republic*
2. *The Government's Economic and Social Program*
3. *The Government's Policy Statement*
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## **I. THE CONTEXT OF HEALTH SECTOR REFORM**

Health Sector Reform is based on the Constitution of the Republic of Haiti, the government's economic and social program, and the government's general policy statement as well as on national health policy and the principles and strategic guidelines for introducing Community Health Units (CHUs).

### **1. Constitution of the Republic**

Articles 19 and 23 of the Constitution of the Republic stipulate that the State has the absolute obligation to guarantee the right to health...and the obligation to provide all citizens in all territorial divisions appropriate means to ensure protection, maintenance and restoration of their health.

### **2. The Government's Economic and Social Program**

This program considers health to be an essential condition for the population's well-being. It believes that health is affected by: (i) healthy and balanced nutrition; (ii) decent housing in a healthy and pleasant environment; (iii) the appropriate practice of basic rules of public and private hygiene; (iv) responsible citizen behavior resulting from adequate knowledge of the major causes that lead to the most common diseases, particularly infectious and communicable diseases. It also recognizes that these conditions can only be achieved with a decent income and an adequate level of education.

The first objective of this policy is to make primary health care accessible to the population in the 565 districts (*sections communales*). Curative care follows a comprehensive and dynamic approach that tends to reduce morbidity and mortality by rationalizing the administration of health within the country. Preferred activities in the context of this program are strengthening of primary health care, decentralization and reorganization of the national health system, reform and strengthening of the hospital system, strengthening and expansion of the network of health centers and clinics, regulations and legislation for the system, taking advantage of the system of traditional medicine, development of a partnership with the private sector, development and strengthening of suitable human resources, strengthening of community participation and development of the benefit support system.

### **3. The Government's General Policy Statement**

In the health sector, the government places its actions at the intersection of the principles of equity, solidarity and social justice. To this end, governmental action in the health sector revolves around the three major lines of intervention:

### *Strategic Lines of the Government's Policy*

1. Development of primary health care
2. Decentralization and reorganization of the national health system
3. Strengthening and development of public health facilities

#### **4. National Health Policy**

The National Health Policy published in 1996 and revised in 1999 represents a significant landmark in the conduct of activities in the area of health in Haiti. This policy is based on the values of equity, solidarity and social justice. The goal of this policy is to improve the population's health status on a sustainable basis, following a comprehensive approach and providing quality health care. Its general aims are a reduction in morbidity and mortality, the protection and promotion of health, and efficient management of resources. This policy gives priority to the following ten priority strategic lines:

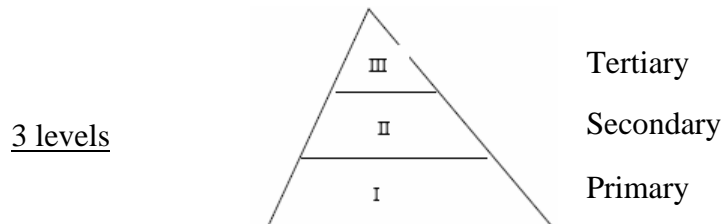
### *Strategic Lines of National Health Policy*

1. Primary health care
2. Reorganization of the health system
3. Development of an effective and efficient financing method
4. Strengthening of community participation
5. Development of multisectoral coordination
6. Coordination and linkage with different participants
7. Development of a policy on suitable human resources
8. Development of research
9. Introduction of legislation defending the population's interests
10. Integration of traditional medicine

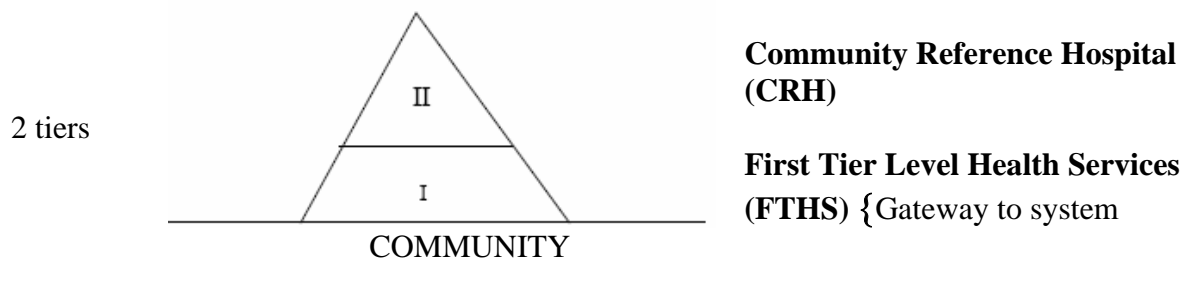
## 5. Reorganization of the Health System

### 5.1 Diagram of the Health Pyramid

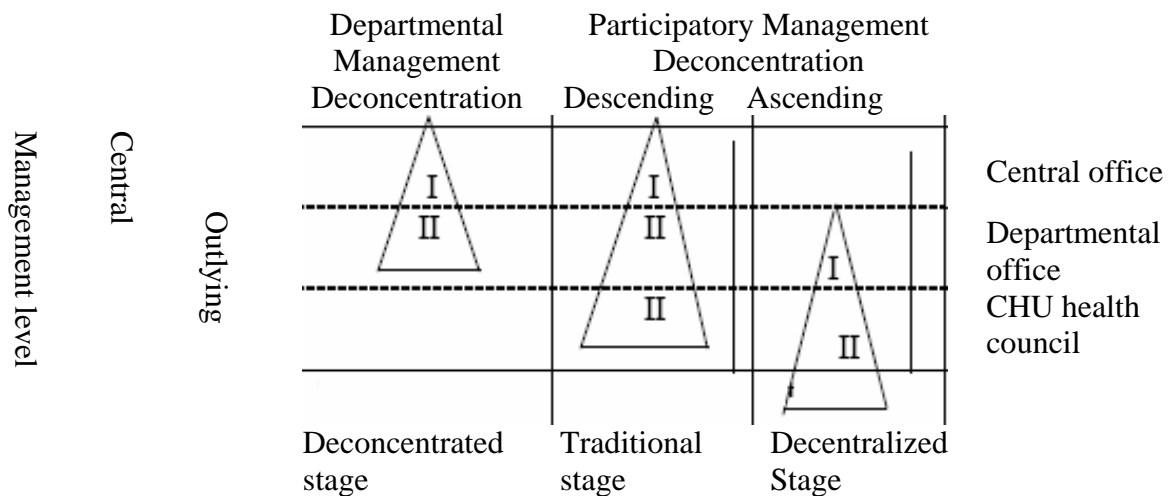
a) The health pyramid



b) The CHU microsystem



c) The management pyramid



## 5.2 CHU Dynamic

In the context of decentralization, the Ministry of Health defines the Community Health Units (CHUs) as an entity of the national health system with five interrelated elements.

A Community Health Unit (CHU) is a networked organization in a defined territory covering about 150,000 to 250,000 persons, with health workers and institutions and community participation organizations.

At the primary level, the institutions and all local resources are organized in a network within the CHU, according to a complementary and non-competitive logical scheme. In this way, beyond the institution where the patient initially seeks care, the health system is in a position to provide him with care at the appropriate level through its organization of referrals and counter-referrals.

The population participates actively not only in preventive and promotional health activities but also in decisions concerning the CHU's health policy and how the CHU operates and develops. This participation in the development of the health system is carried out within participatory committees, the CHU Health Council, Local Health Committees and Management Committees.

The CHU Coordinating Office guides the development of CHU health policy and is responsible for coordination between health institutions and workers and the population and its participatory bodies.

### *Elements of Community Health Units*

1. A geographical area called a *health zone*
2. A *population served* made up of potential users of services
3. Networked *health organizations* (referral and counter-referral system)
4. A *basic package of services* available following an approach of complementarity among the various levels
5. The organization and *redefinition of provider personnel*

### *Health Care*

Within the microsystem called the CHU, the primary level, i.e., the bottom of the health care pyramid, is subdivided into two tiers:

- The first tier, consisting of basic institutions providing health services under the basic package of services. These health services include promotion, prevention and curative

care basically delivered on an ambulatory basis. These are the First Tier Level Health Services (FTHS). Medical and treatment offices together provide FTHS.

- The second tier, represented by the Community Reference Hospital or CRH, the institution of first resort within the CHU for all first tier institutions. It has four basic services: medicine; surgery; pediatrics; and obstetrics and gynecology.

The structural planning base is 10 beds for every 10,000 inhabitants.

### **First tier**

With respect to existing facilities, the existing medical and health care offices, clinics, health centers with and without beds comprise the first tier facilities. They represent the gateway to the health system, giving the population access to a group of services called First Tier Health Services (FTHS).

Based on these existing facilities, the Ministry of Health seeks the best distribution of available resources and encourages their utilization by the population. Thus, it emphasizes the development of facilities that are able to offer all types of treatments and services provided at that tier with the minimum resources considered necessary. This facility is called the Health Center (HC). It has the following characteristics:

- A health center is a multipurpose health care facility designed to provide basic preventive and curative care and promotional services to a population of about 10,000 people.
- Its mission is to support the implementation of community health activities and to take care of common illnesses without complications for adults and children. It is in a position to deliver babies for women with ectopic pregnancies. It participates in the preventive activities defined by the Ministry of Public Health and Population (MPHP) and supports community activities in coordination with the Local Health Committee in its area of influence.
- It has locations for providing medical consultations and preventive activities for the population and an operating budget. It also has technical facilities for delivering babies and patient observation beds.

These technical facilities include:

- Personnel
  - Drugs according to a national list of essential drugs for the first tier
  - Equipment
  - Material
- Outside of consultation hours, it provides emergency care twenty-four hours a day. It organizes referrals for patients who need it to the community reference hospital so that they can receive the appropriate care.

## Observations

- Clinics and health centers without beds (HCw/oB) are destined to become health centers as described above.
- Health Centers with Beds (HCw/B) will evolve based on the projected health care map. Some of them will become Community Reference Hospitals (CRH) if they are retained as CHU references centers. Others, based on specific situations (difficult access, administrative and financial constraints, etc.) will remain intermediate structures between the first and second tiers.
- With respect to the HCw/oB of the Metropolitan Area, discussions are underway to complete a specific organizational proposal (*Sainte Urbaine* Approach) for existing health facilities of this type in the Metropolitan Area.

## **Second tier**

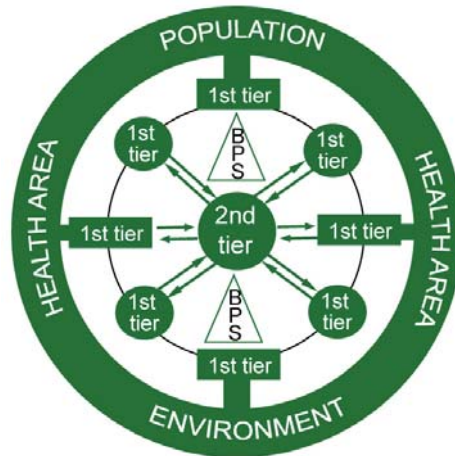
Second level institutions play a first resort function, handling cases referred by first tier institutions or local doctors. They are called **Community Reference Hospitals (CRHs)**. They have the following characteristics:

- The Community Reference Hospital is a referral institution for the CHU and serves its community pool (150,000 to 250,000 people). Its mission is to provide referral consultations and care to the population (primarily curative treatment) and to participate in the support provided to first tier facilities (supervision, training, logistical and administrative support). It participates in the preventive activities defined by the Ministry of Health and supports, as needed, community activities coordinated by the CHU director.
- It has hospitalization capacity. It deals with emergencies, provides complex medical treatment for adults and children as well as a certain number of surgical interventions (handles obstetrical emergencies). It is involved in patient referrals. It is also able to organize medical transport under good conditions and to transfer patients to the departmental hospital. Finally, it organizes counter-referrals of patients to the first tier institution of their choice.
- In its four basic services, treatment activities are supervised by physicians. The CHU uses essential generic drugs provided by this level of institution by the national drug list. It has the personnel and equipment provided to this tier as well as an operating budget.

Other service delivery levels are represented by the *Departmental Hospital*, which provides specialized care such as ophthalmology, orthopedics, urology, and cancer treatment, and the *Specialized and University Hospitals*.



## SIMPLIFIED DIAGRAM OF THE CHU MICROSYSTEM



N.B. This figure illustrates the inter-relations existing between the two tiers of the CHU microsystem

**Basic Package of Services (BPS).** The health system should be organized so as to ensure that the population has access to a Basic Package of Services (BPS), including:

### *Basic Package of Services*

1. Overall management of childcare;
2. Management of pregnancy, childbirth and reproductive health;
3. Management of medical/surgical emergencies;
4. Basic dental care;
5. Combating communicable diseases;
6. Environmental cleanup and potable water supply;
7. Availability of and access to essential drugs;
8. Participatory health education.

### 5.3. Phases for implementation of CHUs

**Departmental Level.** The initiative for setting up a CHU comes from the departmental office which (i) distributes facilities based on regional realities; (ii) appoints the working group charged with performing the community diagnosis; and (iii) defines the CHU development strategies and action plan.

**Central Level.** The central level defines the political and administrative framework for: (i) financing based on the public treasury and citizen contributions; (ii) standardization of services; and (iii) community roles.

**CHU Facilities.** The CHU consists of: (i) social participation facilities comprised of Local Health Councils (LHC); (ii) health care facilities, i.e., First Tier Health Services (FTHS) and the Community Reference Hospital (CRH); (iii) the participatory management structures represented by the FTHS management councils and the CRH management council; (iv) state representation through the community physician; (v) the technical structures comprised of commissions, working groups and expert groups; and (vi) the decision-making and operating structures, i.e., the health council and the CHU coordinating office.

**Linkage of CHU Structures.** The health council is the highest decision-making and supervisory body of FTHS and is an independent structure. FTHS and the CRH are networked through a referral and counter-referral system. The working groups and expert groups of different origins represent the pinnacle of the CHU technical pyramid. Working groups are set up as requested by the departmental office. Local Health Committees (LHCs) represent the first rung of the CHU participatory structures. Along with representatives from other organizations, LHC members come to make up the CHU's Health Council, which is the highest rung in the CHU hierarchy.

## **6. Starting Point for Reform of the System**

Aspects that must be considered when conceiving and carrying out activities designed to reform the health system include maternal mortality as the starting point for reforming the system, the BPS, partnership for implementing actions and community participation.

### **6.1 Maternal Health**

In the health field, the challenge for the national health authority is to provide a response that is both specific and systemic to society's demand for access to quality health care in an equitable way.

The issue here is to conceive of a health intervention program that provides a relevant response to a priority problem and at the same time contributes to strengthening the health system. It is in this context that the MPHP has chosen maternal health as the starting point for reform of the health system.

Combating maternal mortality is seen as a major intervention that will not only provide an immediate response to a priority problem but will also strengthen the health system in terms of infrastructure, human resources, management and organization, quality of care, partnership, and information systems (warning and research). The initial premise is that reducing maternal mortality assumes introducing at the institutional and structural level a series of conditions and follow-up measures that will lead to concrete improvements in

the level of services offered by the entire basic package of services and the ability to regulate the system.

Implementing this approach through the action plan should make it possible to verify the validity of the initial premise and to document the specific conditions for its introduction and feasibility.

The practical challenge is to propose to all partners a pertinent and reproducible intervention model with inductive effects that will make it possible to improve the overall supply of health care and strengthen the continuity of services. This model refers to the unmet obstetrical needs approach, supported by a research-action type process that seeks to:

- Identify the gap in major obstetrical interventions (MOI) for absolute maternal indicators (AMI);
- Analyze obstacles to access to care and document the process for management of obstetrical emergencies.

The national strategic plan for reducing maternal mortality is a key instrument in this process. There must be an accurate definition of its necessary linkage with other areas of intervention with programmatic or systemic scope. In particular, this means universal prevention of mother-to-child transmission in the battle against HIV/AIDS, or more simply the comprehensive organization of medical/surgical emergencies based on the specific organization of obstetrical emergencies, as well as:

- The introduction of a national commission on maternal health;
- A scientific committee that includes the UON Network, universities, the United Nations (particularly UNFPA, PAHO/WHO, UNICEF), professional organizations (SHOG - *Société Haïtienne d'Obstétrique et de Gynécologie*), bilateral cooperation (Institute of Tropical Medicine, Belgium), the Ministry of Women's Affairs, etc.

## **6.2 The Basic Package of Services (BPS)**

The BPS identifies what the health system must provide, at a minimum, everywhere and to everyone:

- The range of treatment, i.e., what the entire system should be able to manage in terms of both common and uncommon pathologies, by target populations, at the first and second tiers of the primary level in the health pyramid (CHU).
- Laboratory tests and dental services that should be implemented at a minimum at the first level of the health pyramid.
- The list of essential drugs for the first and second tiers, defined on the basis of the new missions and resources provided at this primary level.
- Basic human resources, infrastructures and equipment capable of providing the services promised.

### **6.3 Public/Private Sector Partnership**

The many actors in the area of health and the complexity of health phenomena mean that establishing partnerships among the various participants is the preferred route for implementing health actions. Establishing a partnership agreement between the public and private sectors is indispensable for working in collaboration, pursuing common objectives, investing resources together, sharing responsibilities and risks. This approach affords the participants access to additional resources and new areas of competence.

### **6.4 Community Participation**

Community participation is an element of primary importance. Community participation makes it possible to share the influence of persons and groups that can affect the problems they identify; to improve the chances of constructing relevant and durable health programs; to facilitate the acceptance of changes in behavior thanks to the informed cooperation of people and communities; and to improve the cost-effectiveness ratio of health actions.

## **II. VISION, OBJECTIVES AND STRATEGIES**

### **Vision**

The National Strategic Plan for Health Sector Reform is based on the shared vision of all health system actors who wish to relieve the heavy burden of morbidity and mortality due to the country's poverty, marginalization and lack of sustainable development. It is also based on the firm desire of the authorities and international community partners to eradicate poverty and to put the country on the path to growth and sustainable development, within the framework of the millennium objectives.

The reorganization of the health system takes reduction in maternal mortality as its starting point. In effect, a broad systemic approach can immediately be conceived starting with this priority health problem.

Decentralization is at the core of health sector reform. With the introduction of the CHU, the Ministry wishes to give the population an important place in the management of the system. This approach is supported by a strong desire to develop a public/private partnership within a well-defined and well-regulated framework.

In a spirit of equity, social justice and solidarity, solidarity mechanisms will be developed to allow universal access to quality care as defined in the Basic Package of Services.

The success of the reform also involves changes in the behavior of providers and the population in order to promote respect for the individual regardless of social class, to eliminate the stigma associated with certain diseases and do away with practices that violate the rights of children, youth and women.

## **General Objective**

The 2003-2008 National Strategic Plan for Health Sector Reform seeks to improve the population's health status, taking into account the millennium development objectives.

Priority health objectives: the Republic of Haiti will mobilize available resources and will introduce the appropriate reforms in order to achieve the following, between now and the end of 2008:

- A reduction of at least 50% in maternal mortality, so as to allow the country greater participation in economic and social development;
- A reduction of at least 50% in the rates of infant and infant-youth mortality;
- A 30% reduction in the incidence of HIV/AIDS infection;
- A 30% reduction in mortality associated with HIV/AIDS;
- A 10% reduction in mother-to-child transmission of the infection;
- A 30% reduction in the incidence of tuberculosis;
- A 50% reduction in mortality associated with malaria;
- A 50% reduction in disorders due to a lack of iodine;
- Control of some diseases (e.g., lymphatic filariasis) and elimination (e.g., neonatal tetanus) or eradication (poliomyelitis, measles ) of other diseases.

## **Intermediate Objectives**

1. Decentralize the health system.
2. Improve the supply of health care.
3. Revitalize and expand the public hospital network, in order to increase the supply of health care and improve its quality.
4. Improve regulation of the sector by giving the MPHP tools for managing the entire sector, thus strengthening the leadership of the MPHP and its regulatory role.
5. Modernize the health information system.
6. Develop human resources capable of ensuring that the entire population receives quality health services.
7. Guarantee the population's access to essential drugs (INN - international non-proprietary name).
8. Increase and rationalize financial resources in order to allow for improvements in the supply of service in the context of sectoral reform. Financing of the sector should take into account the principles of equity and solidarity.

### **I. Intermediate Objective: Decentralize the Health System**

Decentralization is a dynamic process. Its ultimate objective is for the health system's local tiers that provide health care (Community Health Units – CHUs) to have the ability to plan, manage, implement, and evaluate their activities as well as the resources and powers to do this. The population has an essential and active role in the management of the system at all levels, through formal participation structures.

In order to achieve these objectives, two strategies will be developed:

Strategy 1: Revision of the legal and institutional framework for decentralization;

Strategy 2: Extension of health coverage through the introduction of functional and effective CHUs.

### **Strategy 1: Revision of the Legal and Institutional Framework for Decentralization**

#### ***Expected results between now and year-end 2008:***

- *Preparation of the framework law on CHUs;*
- *New organic law for the MPHP, taking decentralization into account;*
- *Participatory structures in place (CHU health councils, departmental health council, institutional management committees, hospital administration councils, national health commission on specific subjects);*
- *Policy document on urban health available;*
- *Preparation of a reference framework for introducing CHUs, including criteria for the division of departments into CHUs, tools for setting priorities, operational criteria;*
- *Framework for community participation finalized;*
- *Roles defined for the various actors in the development of CHUs;*
- *Contracting methods defined and put in place with non-profit private organizations, to develop certain CHUs;*
- *Public-private partnership developed within the CHUs;*
- *Mechanisms defined for coordinating with partners;*
- *Strengthening of the central agency responsible for guiding the process of introducing CHUs;*
- *Decentralization follow-up process (scoreboard) introduced.*

#### **Actions to be taken to achieve these results:**

**Action 1:** Develop a legal framework assigning new functions to the local level.

**Action 2:** Revise the organic law of the Ministry of Public Health;

**Action 3:** Introduce structures to allow the population to participate in managing the system;

**Action 4:** Develop an urban health policy.

**Action 5:** Give the sector tools for regulating the introduction of CHUs.

**Action 6:** Strengthen the management capabilities of the MPHP at all levels.

### **Strategy 2: Expansion of Health Care Coverage through the Introduction of Functional and Effective CHUs**

#### ***Expected results between now and year-end 2008:***

- *At least 50% of CHUs operational with quality services according to the standards defined within the framework of the Basic Package of Services (BPS);*
- *Coordination of all health interventions provided by CHU offices;*
- *Health care maps and priority CHU development plans prepared;*

- *Regular evaluation of CHU operations.*

**Actions to be taken to achieve these results:**

**Action 1:** Planning, support and follow-up of the expansion of CHUs.

**Action 2:** Strengthening of the management capabilities of CHU offices and health care institutions (particularly the CRHs);

**Action 3:** Preparation of CHU development plans as they are eligible;

**Action 4:** Introduction of tools for evaluating the operational development of CHUs.

**II. Intermediate Objective: Improve the Supply of Health Care**

The supply of health care at the level of the Community Health Units (CHUs) is based on the Basic Package of Services (BPS), which is itself made up of the range of services and resources to be mobilized to put them into effect. This range of services includes all essential activities (curative, preventive and promotional) provided at the level of the health facilities that have the initial contact with the population (first tier health services) and at the level of the first referral facilities (community reference hospital – CRH). To this end, there is integrated management of all activities.

Improvement in the supply of health care will take into account the most vulnerable populations, with attention given to equity and solidarity.

In order to attain this objective, six strategies will be developed:

Strategy 1: Improvement in the quality of health care;

Strategy 2: Development of universal access to services in response to specific priority health concerns;

Strategy 3: Gradual integration of programs designed to manage priority health problems, taking the millennium objectives into account;

Strategy 4: Consideration of traditional medicine as a key player in the health sector;

Strategy 5: Improved management of mental disorders;

Strategy 6: Health promotion and protection.

**Strategy 1: Improvement in the Quality of Health Care**

***Expected results between now and year-end 2008:***

- *Community Reference Hospital operational in all CHUs, responding at least to the requirements for implementing the range of treatments for the second tier of the Basic Package of Services (with priority given to combating maternal and neonatal mortality);*
- *First tier health care facilities operational, according to the health care map of priority CHUs, providing the range of treatments of the first tier of the Basic Package of Services (giving initial priority to the range of treatments designed to reduce maternal and neonatal mortality);*
- *Management tools as defined in the Basic Package of Services introduced and being used, with particular surveillance of maternal mortality, and data used at each level;*

- *Referral/counter-referral system defined and operational between the community and the first tier, and between the first and second tier (communication methods, health evacuation transportation methods, telecommunication systems, and solidarity systems;*
- *Management standards and protocols updated at the national level and applied;*
- *Facility standards finalized, validated at the national level, disseminated and used;*
- *Staff functions and tasks at each institution defined;*
- *Professionals made aware of the need to welcome users;*
- *Hygiene and cleanup procedures introduced in health institutions;*
- *Departmental hospital and CRH laboratories strengthened and operating in a network;*
- *National public health laboratory introduced;*
- *Regular supervision of health facilities.*

**Actions to be taken to achieve these results:**

- Action 1:** Introduction of Basic Package of Services – BPS – (range of services and resources necessary at each tier) in the health zones served by CHU health care facilities, giving priority to combating maternal mortality;
- Action 2:** Definition and implementation of a national policy on the subject of health care quality;
- Action 3:** Development of the laboratories network.

**Strategy 2: Development of Universal Access to Health Services Responding to Specific Priority Health Problems**

*Expected results between now and year-end 2008:*

- *Universal access for IMCI, PMTCT, anti-tuberculosis treatment, maternal care, antiretroviral care, combating rabies.*

**Actions to be taken to achieve these results:**

- Action 1:** Evaluation of management cost;
- Action 2:** Definition of financial mechanisms;
- Action 3:** Application and follow-up.

**Strategy 3: Gradual Integration of Programs Designed to Manage Priority Health Problems, Taking the Millennium Objectives into Account**

*Expected results between now and year-end 2008:*

- *Health system strengthened through support of priority programs;*
- *Better impact of priority programs.*

**Actions to be taken to achieve these results:**

- Action 1:** Studies conducted on efficiency and effectiveness of integrating priority programs;
- Action 2:** Introduction of a national children’s office to coordinate EPI, IMCI, nutritional deficiencies, etc;



**Action 3:** Introduction of a national women's health committee;

**Action 4:** Revision of sub-sectoral strategic plans from a perspective of integration in terms of the new directions in the sector.

#### **Strategy 4: Consideration of Traditional Medicine as a Key Player in the Health Sector**

***Expected results between now and year-end 2008:***

- *Collaboration between modern medicine and traditional medicine;*
- *Common or complementary intervention strategies are identified and implemented.*

**Actions to be taken to achieve these results:**

**Action 1:** National entity put in charge of relations between modern medicine and traditional medicine;

**Action 2:** Studies and research done on traditional medicine sector;

**Action 3:** Mechanisms introduced for partnering with traditional practitioners.

#### **Strategy 5: Improved Management of Mental Disorders**

***Expected results between now and year-end 2008:***

- *Management of simple mental disorders provided at the first and second tiers of the CHUs;*
- *Hospitals specializing in mental health are strengthened;*
- *Management of serious mental disorders provided in the specialized services (departmental hospitals, specialized hospitals).*

**Actions to be taken to achieve these results:**

**Action 1:** Training of nursing staff in the first and second tiers of the CHU, in the management of simple cases and referral of complex cases, according to the BPS.

**Action 2:** Strengthening of specialized services in the hospitals at the secondary and tertiary levels;

**Action 3:** Promotion of changes in behavior for family and community integration of the mentally ill.

#### **Strategy 6: Health Promotion and Protection**

***Expected results between now and year-end 2008:***

- *Programs for changed behavior for improved health implemented;*
- *Expanded program of education in family life, in school and non-school settings;*
- *Social and community response to the problems of maternal mortality in communities;*
- *Pregnant women and those near to them are qualified to manage pregnancies well and to react to potential complications;*
- *Policies developed in favor of women and families in difficult situations.*

**Actions to be taken to achieve these results:**

**Action 1:** Development of health promotion activities as defined in the BPS;

**Action 2:** Development of policies for the most vulnerable population groups (women, pregnant women, children, street children, orphans, adolescents, families in difficult situations).

**III. Intermediate Objective: Revitalize and Expand the Public Hospital Network in Order to Increase the Supply of Health Care and Improve its Quality**

The hospital network, not just at the CHU level but also at the level of departmental, specialized and university hospitals, plays an essential role in the supply of health care, providing for the management of primary, secondary and tertiary level referrals.

At the primary level, we have the community reference hospitals (CRHs). At the secondary level, we have the departmental hospitals, private for-profit and non-profit hospitals. At the tertiary level, we have the university and/or specialized hospitals, the most of important of which is the Haitian State University Hospital, bridgehead of the metropolitan hospital network.

The ultimate objective of expanding and revitalizing the hospital network is to increase geographic access to referrals for the entire population in rural and urban areas and to improve the quality of the health care supply as well as the administrative and financial management of hospitals.

In order to achieve this objective, four strategies will be developed:

Strategy 1: Improvements in the management of public hospitals;

Strategy 2: Improved supply of service;

Strategy 3: Development of the hospital-university axis;

Strategy 4: Expansion of the public hospital network.

**Strategy 1: Improvements in the Management of Public Hospitals**

***Expected results between now and year-end 2008:***

- *Management staff in all hospitals with the qualifications needed to effectively manage a hospital facility;*
- *Tools for decision-making and follow-up of activities, in the context of a health management information system used in all hospitals;*
- *Inventory of existing resources taken in each hospital;*
- *Establishment plan drawn up for all secondary and tertiary level hospitals and priority CRHs;*
- *National resource development plan drawn up and updated regularly based on the various establishment plans;*
- *National plan for acquisition and maintenance of equipment, infrastructures and logistical resources drawn up and implemented.*
- *Maintenance capability assured at departmental level;*

- *Hospitals budget secured;*
- *Administrative and financial autonomy in effect in some hospitals;*
- *Improved management.*

**Actions to be taken to achieve these results:**

- Action 1:** Training in hospital management for staff responsible for medical care, nursing care and administration;
- Action 2:** Development of standardized management tools, including establishment plans, for hospitals;
- Action 3:** Installation of a central agency responsible for organizing the upkeep and maintenance of infrastructures, equipment and logistical resources;
- Action 4:** Securing at the national level of financing for the revitalization and expansion of public hospitals;
- Action 5:** Legislation on administrative and financial autonomy of secondary and tertiary level hospitals.
- Action 6:** Follow-up and evaluation of managerial performance.

**Strategy 2: Improved Supply of Hospital Service**

***Expected results between now and [year-end] 2008:***

- *Rehabilitated infrastructures;*
- *Material and equipment furnished and installed;*
- *Appropriate human resources put in place;*
- *Quality transfusion capability available at all hospitals;*
- *Training conducted based on needs;*
- *Maternity wards of departmental and university hospitals strengthened and fully playing their role in the training of professionals;*
- *Management standards drawn up and disseminated;*
- *Quality control schedules drawn up, disseminated and being used;*
- *Team created to be in charge of quality control of services;*
- *Weekly monitoring of activities carried out;*
- *User satisfaction surveys taken;*
- *Provider personnel made aware of need to be welcoming to patients;*
- *Hospital hygiene policy drawn up and put into practice;*
- *Hygiene and security committees created in hospitals;*
- *List of accredited hospitals available.*

**Actions to be taken to achieve these results:**

- Action 1:** Gradual implementation of establishment plans;
- Action 2:** Installation of quality transfusion capability in all hospitals;
- Action 3:** Implementation of continuing training policy in the area of pathology management;
- Action 4:** Strengthening of departmental and university hospitals' maternity wards;
- Action 5:** Promotion of service quality (through application of management standards, improved reception, supervision);

- Action 6:** Improved hygiene and cleanup in the hospital setting;
- Action 7:** Organization of a system for hospital accreditation and inspection;
- Action 8:** Installation of an integrated medical emergency system (IMES);
- Action 9:** Installation of a national cancer research center;
- Action 10:** Installation of hospital coordination structures and mechanisms.

### **Strategy 3: Development of the Hospital-University Axis**

#### *Expected results between now and year-end 2008:*

- Haitian State University Hospital autonomous and modernized;
- Port-au-Prince Sanatorium converted to a general hospital;
- Hospital departments brought up to standard;
- New facilities introduced in the metropolitan area (Delmas, Petionville, Carrefour, etc.).

#### **Actions to be taken to achieve these results:**

- Action 1:** Modernization and autonomy of Haitian State University Hospital;
- Action 2:** Expansion of hospital-university axis, based on a process that incorporates transformation of existing facilities;
- Action 3:** Development of research and partnership agreements.

### **Strategy 4: Expansion of Public Hospital Network**

#### *Expected results between now and year-end 2008:*

- CRHs operational in all CHUs;
- Health care map drawn up for metropolitan area;
- Distribution of hospital capacities in the metropolitan area known by the MPHP and disseminated;
- Hospital needs of the population in the metropolitan area covered.

#### **Actions to be taken to achieve these results:**

- Action 1:** Expansion of CRHs (see decentralization subject area);
- Action 2:** Networking of hospital facilities in the metropolitan area.

## **IV. Intermediate Objective: Improve Regulation of the Sector by Giving the MPHP Tools for Managing the Entire Sector, Thus Strengthening the Leadership of the MPHP and its Regulatory Role**

Regulation is an essential axis for sectoral reform initiatives. In addition to the necessary legal and institutional tools, a framework has been defined for effective partnership among those involved. The multisectoral approach will be developed and the MPHP will take the initiative to mobilize other sectors that have an impact on health.

The correct utilization and implementation of these regulatory tools will require continuous follow-up.

To achieve this objective, four strategies will be developed:

Strategy 1: Strengthening of legal and institutional framework for regulation;

Strategy 2: Definition of a research policy;

Strategy 3: Regular inspection and evaluation of health actions at all levels;

Strategy 4: Strengthening of partnership.

### **Strategy 1: Strengthening of Legal and Institutional Framework for Regulation**

#### ***Expected results between now and year-end 2008:***

- *National health policy implemented;*
- *Health sector strategic plan drawn up;*
- *Laws updated or drawn up in the following areas:*
  - *Public health, environmental health;*
  - *Practice of health professions;*
  - *Ethics, research;*
  - *Hospitals, pharmaceutical sector, paraclinical investigation sector (laboratories, radiology);*
  - *Financing of institutions that receive public funds or private donations;*
  - *Operation of health NGOs;*
  - *Decentralization (CHUs);*
  - *Organizational chart of the MPHP;*
  - *Women's rights, reproductive rights.*
- *Revised public health code;*
- *Creation of a medical association board and a pharmaceutical association board;*
- *Health institutions evaluated for accreditation, list of accredited institutions known and disseminated;*
- *Training institutions evaluated for accreditation, list of accredited institutions known and disseminated;*
- *Health projects validation process finalized, disseminated and observed;*
- *Case management rules and standards updated, disseminated and put into practice;*
- *Mechanisms for contracting with partners developed, strengthened and applied;*
- *Central and departmental offices strengthened;*
- *Scientific analysis capability available within national public health laboratory.*

#### **Actions to be taken to achieve these results:**

**Action 1:** Preparation and utilization by the public sector of legal and administrative instruments necessary to fulfill its mission;

**Action 2:** Updating of the country's health legislation taking into account the national and international situation;

**Action 3:** Installation of training facilities for the health professions (physicians, pharmacists);

**Action 4:** Reactivation of the national ethics commission;

**Action 5:** Installation of accreditation systems for health institutions and training institutions;

- Action 6:** Preparation and/or completion and/or dissemination of rules and standards for the delivery of quality health care services;
- Action 7:** Improved effectiveness and development of contractual approach;
- Action 8:** Strengthening of central and departmental offices responsible for ensuring the application of laws, rules and standards;
- Action 9:** Creation of a national public health laboratory;
- Action 10:** Strengthening of health inspection.

## **Strategy 2: Definition of a Research Policy**

### ***Expected results between now and [year-end] 2008:***

- *Research projects in hospital-university setting defined;*
- *Applied research projects conducted.*

### **Actions to be taken to achieve these results:**

- Action 1:** Introduction of an institutional framework for research;
- Action 2:** Development of an applied research program;
- Action 3:** Implementation of a research training plan;
- Action 4:** Development of research strategies in the hospital-university setting;
- Action 5:** Human resources encouraged to conduct research;
- Action 6:** Mobilization of resources for conducting research projects.

## **Strategy 3: Regular Inspection and Evaluation of Health Actions at All Levels**

### ***Expected results between now and [year-end] 2008:***

- *Health inspection of food production and distribution and beverage production sites reactivated;*
- *Health inspection of certain sites: restaurants, schools, workplaces, dwellings, markets, slaughterhouses, prisons, hospitals, etc.;*
- *Pharmaceutical health inspection strengthened;*
- *Health facilities inspected;*
- *Monitoring, rewards and sanctions.*

### **Actions to be taken to achieve these results:**

- Action 1:** Strengthening of health inspection;
- Action 2:** Observance of established standards and rules.

## **Strategy 4: Strengthening of Partnership**

### ***Expected results between now and [year-end] 2008:***

- *Partnership charter validated, disseminated and applied;*
- *Areas needing intersectoral collaboration inventoried;*
- *Intersectoral committees created;*
- *Intersectoral strategies developed with the Ministry of Women's Affairs and Women's Rights (maternal health, HIV/AIDS, women's health), Ministry of Social Affairs (health of street children, health of orphans, health of the poor; occupational*

*medicine), Ministry of National Education, Youth and Sports (school health, adolescent health, HIV/AIDS, sexual health).*

- *Improved coordination of activities financed by partners;*
- *MPHP coordinating unit created to evaluate, validate, and follow up the interventions of operating partners;*
- *Process of collaboration with partners made more explicit;*
- *Partnership developed with contracting methods.*

**Actions to be taken to achieve these results:**

**Action 1:** Preparation of a partnership charter;

**Action 2:** Strengthening of intersectoral coordination (many areas: water, sanitation, communication facilities and routes, agriculture, environment, education, women's affairs, social sector, law, etc.);

**Action 3:** Strengthening of the ability of the MPHP to develop partnerships.

**V. Intermediate Objective: Modernize the Health Information System**

Modernization of the health information system will make available to managers and decision-makers at all levels instruments that will enable them to identify and resolve health and health development problems, measure progress, plan activities, and manage the system as a whole.

To achieve this objective, three strategies will be developed:

Strategy 1: Revision of the information system for management;

Strategy 2: Strengthening of the epidemiological surveillance and warning system;

Strategy 3: Improvements in the availability and accessibility of information for development of the system.

**Strategy 1: Revision of the Information System for Management**

***Expected results between now and year-end 2008:***

- *Objectives of the Health Information System (HIS) for management defined;*
- *Useful indicators by level specified;*
- *Data to be collected by level defined;*
- *Procedures in terms of methods and tools for data collection, transmission, transmission speed, processing and utilization defined by level;*
- *HIS for management standardized;*
- *Collected and processed data available at each level of the system;*
- *Data utilized at each level;*
- *Scoreboards and graphs on management indicators available at each level;*
- *HIS for management evaluated regularly with adjustments made as necessary.*

**Actions to be taken to achieve these results:**

**Action 1:** Evaluation of existing health information system for management;

- Action 2:** Strengthening of central team in charge of guiding the information system for management;
- Action 3:** Strengthening of departmental offices for management and utilization of information for management;
- Action 4:** Updating of objectives, procedures and tools of the information system for management at each level, taking into account the hospitals' information requirements;
- Action 5:** Introduction of methods and means for gathering, collecting, processing and disseminating information (including feedback) to all levels in real time;
- Action 6:** Training/raising awareness as to the use of new tools at all levels;
- Action 7:** Training/raising awareness as to the utilization of data at all levels;
- Action 8:** Monitoring the quality of information collected.

## **Strategy 2: Strengthening of the Epidemiological Surveillance, Health Watch and Warning System**

### ***Expected results between now and year-end 2008:***

- *Epidemiological data known and available at the level of a central agency;*
- *Definition of illnesses or syndromes for routine reporting (on the same medium as the HIS for management);*
- *Definition of illnesses or syndromes for specific reporting, and collection tools standardized;*
- *Warning system defined and operational;*
- *Sentinel posts used for some reporting;*
- *Epidemiological surveys taken according to needs;*
- *New pathologies incorporated in epidemiological surveillance (cancers, diabetes, AHT, etc.);*
- *Monitoring of the population's health status based on tracer indicators: maternal health, child health, HIV/AIDS, etc.;*

### **Actions to be taken to achieve these results:**

- Action 1:** Strengthening of central team in charge of epidemiological surveillance;
- Action 2:** Centralization of all epidemiological data at the level of a single central entity;
- Action 3:** Strengthening of departmental offices in charge of epidemiological surveillance;
- Action 4:** Updating of the list of illnesses and syndromes requiring active surveillance;
- Action 5:** Review and simplification of collection and reporting procedures, definition of illnesses and lists of illnesses and syndromes to be reported, based on specific surveillance objectives.

## **Strategy 3: Improvements in the Availability and Accessibility of Information for Development of the System**

### ***Expected results between now and year-end 2008:***

- *Health sector (MPHP, partners, etc.) information centralized and archived;*



- *Data input and updated regularly on Ministry of Public Health and Population website;*
- *Scientific documentation updated and available, and regular press review;*
- *Annual report based on data collected, published by MPHP;*
- *Epidemiological bulletins published (maternal health, child health, HIV/AIDS, etc.);*
- *Proposed training in scientific publication for health professionals;*
- *Applied research studies and programs;*
- *Reliable information available to the MPHP.*

**Actions to be taken to achieve these results:**

**Action 1:** Creation of a documentation center;

**Action 2:** Publication and dissemination of health sector data;

**Action 3:** Studies, surveys and applied research projects carried out;

**Action 4:** Installation of a health observatory;

**Action 5:** Training for media and journalists in health interventions;

**Action 6:** Introduction of health education programs.

**VI. Intermediate Objective: Develop Human Resources Capable of Ensuring that the Entire Population Receives Quality Health Services**

Human resources development should revolve around two principal points: (i) ensuring overall improvement in the efficiency of the health care system through better management of human resources and development of training; and (2) adapting human resources policy to the requirements of national health policy.

In order to achieve this objective, five strategies will be developed:

Strategy 1: Introduction of the institutional and political framework for management of human resources appropriate to the needs of the sector;

Strategy 2: Bringing the qualifications of operational personnel up to standard;

Strategy 3: Production of human resources consistent with the sector's needs;

Strategy 4: Geographically equitable allocation of HR according to needs;

Strategy 5: Improvement in the appeal of the sector.

**Strategy 1: Introduction of Institutional and Political Framework for Management of Human Resources Appropriate to the Needs of the Sector**

***Expected results between now and year-end 2008:***

- *Human Resources Development Division strengthened and reorganized;*
- *National mechanism introduced to verify the appropriateness of human resources in terms of health policy, identified needs, services and health care accessibility conditions;*
- *Professional profiles defined at all levels;*
- *Organizational tools developed for management of human resources;*
- *Strengthened coordination of external contributions in the area of human resources for health;*

- *New professionals assigned according to a defined career plan, starting in outlying areas and moving toward the metropolitan area, in various stages spread over several years.*

**Actions to be taken to achieve these results:**

**Action 1:** Development/adaptation of institutional and political framework for HR management;

**Action 2:** Strengthening of HR planning by category and by level in system;

**Action 3:** Planning for integrating health professionals in training in Cuba;

**Action 4:** Integration of human resources in the system according to a career plan;

**Action 5:** Registration of professionals;

**Action 6:** Organization of a State examination for health professionals.

**Strategy 2: Bringing the Qualifications of Operational Personnel up to Standard**

***Expected results between now and year-end 2008:***

- *Training needs known;*
- *Continued training plan drawn up for each CHU;*
- *Continued training facilities defined and made operational;*
- *Stationed personnel retrained;*
- *Strengthened training supervision.*

**Actions to be taken to achieve these results:**

**Action 1:** Introduction of a continued training system for the sector;

**Strategy 3: Production of Human Resources Consistent with the Sector's Needs**

***Expected results between now and year-end 2008:***

- *Standardized training programs;*
- *Training institution accreditation mechanisms implemented;*
- *Training institutions supervised and evaluated in collaboration with the Ministry of National Education, Youth and Sports;*
- *Curricula revised or created;*
- *Pedagogical training of teachers strengthened;*
- *Nursing career developed (multifunctional nurses, nurse anesthetists);*
- *Training of family physicians validated and expanded;*
- *Health Management Information and Training Center developed to be the MPHP reference facility for training in public health;*
- *Specialized and continuing diploma training programs introduced;*
- *Needs for specialized training locally and overseas known;*
- *Hospital residence program organized according to identified needs.*

**Actions to be taken to achieve these results:**

**Action 1:** Development of a framework for partnerships between the MPHP and private and public training institutions;

- Action 2:** Strengthening of initial training;
- Action 3:** Conversion of Health Management Information and Training Center into National School of Public Health;
- Action 4:** Planning of specialization needs;
- Action 5:** Adaptation of social service taking public-private partnership into account.

**Strategy 4: Geographically Equitable Allocation of Human Resources According to Needs**

*Expected results between now and year-end 2008:*

- All sectoral facilities taken into account for allocating human resources;
- Health facilities with adequate human resources;
- Administrative and/or management facilities with adequate human resources.

**Actions to be taken to achieve these results:**

- Action 1:** Deployment of human resources based on need;

**Strategy 5: Improvement in the Appeal of the Sector**

*Expected results between now and year-end 2008:*

- Security of employment assured;
- Career plans developed;
- Incentives for transfers to outlying areas;
- Workplace health and safety assured;
- Pedagogical training of teachers strengthened.

**Actions to be taken to achieve these results:**

- Action 1:** Development of career management profiles and tools;
- Action 2:** Improvement of working conditions;
- Action 3:** Promotion of equitable compensation.

**VII. Intermediate Objective: Guarantee the Population's Access to Essential Drugs (INN - International Non-Proprietary Name)**

Drug policy basically rests on two pillars: first, an overhaul of the public supply (PROMESS) and distribution (outlying warehouses) system facilities, whose by-laws must evolve toward greater autonomy; and secondly, qualitative and financial improvement in access to drugs.

To achieve this objective, four strategies will be developed:

- Strategy 1: Preparation of an official document on the National Pharmaceutical Policy, including policy on essential drugs;
- Strategy 2: Introduction of an effective system for supply of essential drugs (INN) for state and philanthropic health facilities;
- Strategy 3: Strengthening of pharmaceutical inspection and control services;

Strategy 4: Improved accessibility of essential drugs on the national list by level, at an affordable and standardized cost;

Strategy 5: Development of national capacity to manufacture medications.

**Strategy 1: Preparation of an Official Document on the National Pharmaceutical Policy, including Policy on Essential Drugs**

*Expected results between now and year-end 2008:*

- *Pharmaceutical policy document validated;*
- *Law on pharmacies and medications implemented.*

**Actions to be taken to achieve these results:**

**Action 1:** Completion and submission of National Pharmaceutical Policy document to the process of validation by ad hoc groups.

**Strategy 2: Introduction of an Effective System for Supply of Essential Drugs (INN) for State and Philanthropic Health Facilities**

*Expected results between now and year-end 2008:*

- *PROMESS is converted into an autonomous purchasing office;*
- *List of essential drugs by level revised and disseminated;*
- *Criteria for installing outlying warehouses defined;*
- *By-laws for outlying warehouses defined;*
- *Outlying warehouses strengthened;*
- *Supply route and distribution procedures defined;*
- *Distribution of medications for vertical programs centralized;*
- *Management tools standardized and disseminated;*
- *Distribution system monitored and coordinated.*

**Actions to be taken to achieve these results:**

**Action 1:** Revision of existing supply (based on PROMESS) and distribution system.

**Strategy 3: Strengthening of Pharmaceutical Inspection and Control Services**

*Expected results between now and year-end 2008:*

- *Pharmaceutical inspection and control services evaluated and strengthened;*
- *Health registration of pharmaceutical products developed;*
- *Quality control of medications developed;*
- *Policy defined for donated medications.*

**Actions to be taken to achieve these results:**

**Action 1:** Strengthening of the Pharmaceutical Control Division in terms of human resources, training and equipment;

**Action 2:** Development of a charter on donated medications;

**Action 3:** Installation of a national quality control laboratory.

#### **Strategy 4: Improved Accessibility of Essential Drugs on the National List by Level, at an Affordable and Standardized Cost**

##### ***Expected results between now and year-end 2008:***

- *Prices adjusted;*
- *Mechanisms for regular review of prices proposed;*
- *Price control mechanisms at the level of state and philanthropic health care institutions developed;*
- *National list of essential drugs revised and disseminated within the framework of the BPS;*
- *Management protocols revised and disseminated;*
- *Providers trained and retrained;*
- *Application of protocols supervised;*
- *Mechanism established for revising protocols;*
- *Generic medications prescribed on a rational basis.*

##### **Actions to be taken to achieve these results:**

**Action 1:** Review of existing system for setting prices for medications;

**Action 2:** Rationalization of prescriptions;

**Action 3:** Universal access to certain medications;

**Action 4:** Improved access to essential drugs for certain vulnerable groups.

#### **Strategy 5: Development of National Capacity to Manufacture Medications**

##### **VIII. Intermediate Objective: Increase and Rationalize Financial Resources in Order to Allow for Improvements in the Supply of Service in the Context of Sectoral Reform.**

Financing of the sector should take into account the principles of equity and solidarity.

In order to achieve this objective, two strategies will be developed:

Strategy 1: Secure the financial resources needed for proper operation of the health system;

Strategy 2: Regulate the financing subsystem of the health sector.

##### **Strategy 1: Secure the Financial Resources Needed for Proper Operation of the Health System**

##### ***Expected results between now and year-end 2008:***

- *MPHP budget secured;*
- *Disbursement procedures applied;*
- *Regular disbursement of budgetary allocations and issuance of checks done by decentralized offices of the Ministry of Economy and Finance;*
- *Budget adapted to the annual programming of the Ministry of Health;*
- *Process for consultation between the donors and the MPHP established for harmonization of financing;*

- *Mobilization of funds normalized through coordination of assistance;*
- *Better allocation of resources from partners achieved;*
- *New resources received by the State for the health sector (taxes on alcohol, tobacco, etc.);*
- *Existing experiences benefiting the health system are capitalized upon;*
- *Solidarity fund created in each institution;*
- *Mutual health funds introduced;*
- *Mechanisms for pooling risk (e.g., pooling Caesarian sections).*
- *Criteria for equitable allocation of resources established;*
- *National health accounts developed and information system for management (financial resources, health chart, population, et al.) introduced.*

**Actions to be taken to achieve these results:**

**Action 1:** Securing regular availability of MPHP resources compared to system needs;

**Action 2:** Mobilization of funds;

**Action 3:** Promotion of solidarity mechanisms;

**Action 4:** Development of resource allocation mechanisms.

**Strategy 2: Regulate the Financing Subsystem of the Health Sector**

***Expected results between now and year-end 2008:***

- *Existing pricing and payment mechanisms inventoried;*
- *Costs recovery policy developed;*
  - (a) *Standardization of service costs;*
  - (b) *Definition of services nomenclature;*
  - (c) *Proposed prices based on service costs;*
  - (d) *Definition of a cost recovery system for ambulatory and hospital services;*
  - (e) *Study and development of an alternative financing model for hospitals;*
  - (f) *Development and application of rules and procedures for the various financing mechanisms (rules on pricing, service payment method, etc.)*
  - (g) *Control of the internal revenues of public institutions;*
- *Law on collections in public institutions amended for this costs recovery policy;*
- *System introduced for monitoring and evaluation of the performance of financing mechanisms;*
- *Existing administrative and financial management system revised;*
- *Basic package of financial management defined at each level;*
- *Incentive system (bonus for health personnel) based on results defined and tested.*

**Actions to be taken to achieve these results:**

**Action 1:** Introduction and monitoring of regulations adapted to financial system;

**Action 2:** Introduction of a decentralized management system based on results.

### **III. MONITORING AND EVALUATION OF PLAN IMPLEMENTATION**

The institutional mechanism must be clearly specified and strengthened at all levels of the pyramid system. The technical role of each participant will be clearly defined. This mechanism must ensure the coordination of implementation, monitoring and evaluation of the National Strategic Plan for Reform of the Health Sector (NSPRHS). In this respect, the institutional mechanisms put in place for the central level and already successfully used to analyze the sector and develop the NSPRHS could be retained in order to ensure continuity.

The CHU health councils, the departmental councils and the national health commission will each participate at their respective levels in the validation of these plans and the monitoring of their implementation.

Organizational analysis, restructuring of the MPHP, and intrasectoral and intersectoral coordination are preconditions for implementation of the strategic plan.

International cooperation must be normalized, including harmonization of the procedures and mechanisms of the United Nations agencies and gradual withdrawal from the execution of programs; consideration by bilateral cooperation of the need to strengthen the governance of the MPHP; resumption of the role of international financial institutions for development of the sector.

Strategic coordination must be restarted through reactivation of the sectoral steering committee/table of donors.

#### **Monitoring and Evaluation of Implementation**

This plan will be implemented based on the action and/or operational plans of health departments and central offices. Monitoring will be performed continuously through:

- Preparation of annual CHU action plans, consolidated by department and prepared on the basis of the logbooks of outlying health care institutions;
- Periodic supervision of the activities of each tier by the immediately superior tier;
- Audit of health care actions by the health observatory that will be created for this purpose;
- External mid-course evaluation at the end of the first two (2) years;
- External evaluation at the end of the plan;
- A steering committee whose role is monitoring and support of proper performance of the plan.

The monitoring and evaluation of this plan must be considered an evolutionary process based on the existing plan. It will gradually move toward a comprehensive and continuous system. For this purpose, three types of indicators will be developed. The indicators of activities, closely linked to interventions, and the indicators of results and impact that will be more tied to the mid- and long term.

Operational research studies will be undertaken as needed to improve, adjust or correct interventions on a timely basis.

Topical study groups, particularly on maternal health, could be created at the departmental level, under the leadership of the Director, and could include members of the CRH team and FTTHS as well as others, workers from related sectors, the private sector and NGOs. These groups will meet periodically to take the pulse of the status of progress made in the execution of jointly developed action plans. Minutes from these meetings would be recorded and distributed to each participant in order to facilitate the monitoring of decisions taken during the course of these meetings.

A standardized and consolidated monthly activity report is drawn up by the MPHP's Planning Division.

Half-yearly reports should be prepared by each topical study group and sent to those in charge at the Ministry and to partners.

An annual report will be consolidated by the MPHP for distribution to government agencies and to all other partners involved, including health care development partners.

An annual evaluation meeting will be organized in each department. It will bring together public and private sector participants to assess results in order to decide on any adjustments necessary for the proper course of NSPRHS interventions.

Evaluation exercises will take into consideration all aspects such as the institutional framework, technical considerations, resource utilization, etc.

Several evaluations during the 2004-2008 phase of the NSPRHS will be planned and the requirements for their implementation will be identified. This involves annual **internal evaluations** produced by and under the responsibility of the MPHP, the **mid-course** evaluation for adjustments needed for the advance of programs, and finally the **external evaluation** performed by an entity outside the Ministry, **six months after the presumed conclusion of the NSPRHS**, so as to avoid any interruptions in activities, if an additional phase is approved.

Requirements in terms of personnel and logistics for preparing and distributing reports on these various operations should be budgeted and incorporated in the overall cost of the NSPRHS.



## **ANNEXES**

## **ANNEX 1**

### **LOGICAL FRAMEWORK**

#### **ANNEX 1: Common gynecological conditions**

- Amenorrheas
- Dysmenorrheas
- Myofibromas
- Metrorrhagias
- Premenstrual syndromes
- Genital prolapse
- Menopause
- Salpingitis
- Ovarian cyst
- Abscess of the breast

## **ANNEX 2: General pathologies**

### Traumatology/Toxicology:

- Luxations
- Fractures
- Bites
- Wounds
- Burns
- Drowning
- Electrocution
- Ciguatera and poisoning
- Ingestion of chemicals
- Inhalation of petroleum products
- Alcoholism
- Nicotine addiction
- Use of narcotics

### Nutritional pathology:

- Protein-energy malnutrition
- Vitamin A deficiency
- Anemia
- Iodine deficiency disorders

### General infectious diseases:

- Malaria
- (Para)typhoid fevers
- AIDS
- Lymphatic filariasis

### Skin:

- Anthrax
- Measles, chickenpox and other eruptive diseases
- Eczema
- Ringworm
- Scabies
- Pyodermatitis
- Warts

### Soft tissues:

- Abscesses and paronychia
- Adenitis

### Joints and bones:

- Rheumatic fever

- Purulent arthritis
- Acute osteomyelitis

Nervous system:

- Meningitis and meningoencephalitis
- Hyperpyretic convulsions
- Acute anterior poliomyelitis
- Cerebrovascular accidents
- Coma/loss of consciousness

Eyes

- Injuries to and foreign bodies in the eye
- Conjunctivitis
- Xerophthalmia
- Visual deficit

Upper respiratory tract:

- Foreign body in respiratory tract
- Epistaxis
- Rhinitis and rhinopharyngitis
- Sinusitis
- Otitis
- Auditory deficit
- Sore throats and infected tonsils
- Gingivostomatitis (herpetic)
- Oral candidosis (simple)
- Dental infections
- Laryngitis

Lower respiratory tract

- Asthma
- Bronchitis, whooping cough
- Bacterial pneumonias
- Pulmonary tuberculosis

Heart and vessels:

- Rheumatic heart disease
- Diphtheric heart disease
- Hypertension

Digestive tract, liver and bile ducts

- Diarrheal and dysenteric diseases
- Cholera
- (Para)typhoid fevers

- Viral hepatitis
- Hepatic amoebic abscess
- Intestinal parasites
- Gastritis
- Gastroduodenal ulcer
- Appendicitis
- Hernias
- Acute abdominal syndromes

Kidney and urinary tract:

- Urinary infections
- Nephritic and nephrotic syndromes

Male genital organs:

- Phimosis and its complications
- Testicular ectopy
- Testicular torsion
- Syphilis
- Gonococcal urethritis
- Other male STDs

Endocrine pathology:

- Sugar diabetes

### **ANNEX 3: List of Illnesses Managed under the IMCI**

The integrated management of childhood illnesses affects the overall health of the child. However, it is particularly concerned with infectious diseases such as:

- Diarrhea and dysentery;
- Acute respiratory infections (pneumonia) and asthma;
- Febrile diseases (malaria, meningitis, typhoid, etc.);
- Vaccine preventable diseases (measles, diphtheria, tetanus, poliomyelitis, whooping cough, tuberculosis);
- Throat problems (strep throat, throat abscess);
- Ear problems (acute and chronic ear infection, mastoiditis);
- Severe bacterial infections in infants (neonatal septicemia, meningitis, tetanus, severe umbilical infection, severe neonatal conjunctivitis);
- Local bacterial infections (cutaneous pustules, umbilical infection, infection at eye level, etc.);
- Malnutrition;
- Microelement deficiency (vitamin A, iron, iodine)
- Anemia;
- Parasitoses

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**C. LABORATORY TESTING SERVICES OFFERED**

## **I. FIRST TIER LABORATORY TESTS**

Staff responsible for clinical activities performs the following tests:

- Hemoglobinemia (rapid test)
- Syphilis (syphilis rapid test)
- Plasmodium (malaria rapid test)
- Pregnancy test
- Urine tests: blood, sugar, leucocytes, PH (stick)
- Serum collection (by sedimentation) for referral to CRH laboratory
- Preparation of slides for TB and leprosy



## **II. SECOND TIER LABORATORY TESTS**

### **I. HEMATOLOGY**

- Hemogram
- Hemoglobin
- Hematocrit
- White blood cell count
- Complete blood count
- Platelets
- Reticulocytes
- Sickling test
- Sedimentation rate
- Malaria test
- Microfilaria test
- Blood typing (The CRH laboratory is able to do blood transfusions by stocking blood bags pretreated by the departmental transfusion center. It can also draw blood and do whole blood transfusions in the case of an interruption in the stock of blood bags supplied by the transfusion center).
- Bleeding time
- Coagulation time

### **II. PARASITOLOGY**

- Stool parasite test
- Stool white blood cell test
- Stool occult blood test

### **III. IMMUNOSEROLOGY**

- RPR
- HIV (rapid test)
- Hepatitis B (needle stick)
- CRP
- ASO
- Widal test (O and H antigens)
- Rheumatoid factor (RA latex)
- Pregnancy test
- BHCG

### **IV. BODY FLUID CYTOLOGY**

- Routine urine test
- Body fluids: CRF, pleural, synovial, ascites, sperm fluid
- Vaginal smear and hanging drop culture
- Urethral smear
- Secretion smear

- Sputum (Mycobacterium tuberculosis detection)
- Pap smear (taking sample, preparing slide, DH referral)

**V. BIOCHEMISTRY**

- Blood chemistry: glycosemia, urea, urea nitrogen, creatinemia
- Induced hyperglycemia
- Total cholesterol
- Transaminase and bilirubin (for preoperative balance)
- Renal balance: urea nitrogen, urea, creatin
- Serum proteins
- Urinary proteins

**VI. BACTERIOLOGY**

- Gram stain
- Transport media (culturette)

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**D. DENTAL SERVICES OFFERED**

## **DENTAL SERVICES OFFERED**

### **I. FIRST TIER**

Staff responsible for clinical activities provides:

- Training for teachers and health care workers in oral/dental health;
- Oral/dental health examinations to detect the principal dental and periodontal pathologies;
- First aid to relieve pain and respond to emergencies (pulpitis, infections)
- Referring patients to dentist.

### **II. SECOND TIER**

- Prophylaxis and application of cement to seal pits and fissures in permanent first molars;
- Temporary eugenate fillings;
- Permanent GIC (glass ionomer cement) fillings on temporary and permanent teeth (class I and V cavity);
- Permanent amalgam and/or photopolymerizable composition fillings;
- Single and double root canal treatment;
- Extractions;
- Dental examinations and referrals to higher level;
- Prescription for emergencies and pain;
- Alginate dental impressions and model casting;
- Fabrication of full and partial resin prostheses;
- Prevention and education activities.

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**E. ESSENTIAL DRUGS**

## FIRST TIER

INN	PRESENTATION	DOSE
ASA (acetylsalicylic acid)	Tablet	500mg
ASA (acetylsalicylic acid)	Tablet	100mg
Activated charcoal	Powder	
Albendazole	Tablet	400mg
Alcoholic Milan solution	Solution	
Alphamethyl dopa	Tablet	250mg
Aluminum hydroxide/Mg	Suspension	
Amoxicillin	Suspension	125mg/5ml
Amoxicillin	Tablet	250mg
Amoxicillin	Tablet	500mg
Ampicillin	Injection	0.5mg
Ampicillin	Injection	1g
Anti-diphtheria serum		
Anti-hepatitis B vaccine		
Anti-measles vaccine	Injection	2 doses
Anti-measles and German measles vaccine	Injection	
Anti-meningitis vaccine		
Anti-polio vaccine	Oral drop	3 doses
Anti-rabies vaccine	Injection	
Anti-tetanus serum	Injection	1,500 IU
Aqueous Milan solution	Solution	
BCG vaccine		
Beclamethasone	Spray	250:g/puff
Benzathine penicillin	Inj/10ml	2.4IU
Benzyl benzoate	Solution	25%
Benzylpenicillin	Injection	0.6g (1MIU)
Butyl scopolamine	Tablet	20mg/ml
Calamine	Lotion	
Chloramphenicol	Capsule	250mg
Chloramphenicol	Injection	1g
Chloramphenicol	Drop	4%
Chloramphenicol	Suspension	150mg/5ml
Chloroquine	Tablet	150mg
Chloroquine	Suspension	50mg/5ml
Cimetidine	Tablet	400mg
Cotrimoxazole	Tablet	100/20mg
Cotrimoxazole	Suspension	400/80mg
Crystalline penicillin G	Injection	1MIU
DTP vaccine	Injection	3 doses
Dextrose water	Injection/500ml	5%
Dextrose water	Injection/1000ml	5%

Diazepam	Tablet	5mg
Diethyl carbamazine	Tablet	50mg
Distilled water	Injection	5ml
Distilled water	Injection	10ml
Doxycycline	Tablet	100mg
Ethyl alcohol	Liquid	70°
Erythromycine	Tablet	250mg
Erythromycine	Tablet	500mg
Ethambutol	Tablet	400mg
Ethambutol/INH	Tablet	400/150mg
Ethinyl estradiol and levonorgestrel	Tablet	0.03mg+0.15mg
Furosemide	Tablet	40mg
Gentamycin	Injection	40mg/ml
Gentamycin	Ophthalmic ointment	0.3%
Gentian violet	Powder	25g
Glibenclamide	Tablet	5mg
Glyburide	Tablet	5mg
Griseofulvine	Tablet	500mg
Haemophilus influenzae vaccine		
Hydrochlorothiazide	Tablet	25mg
Hydrocortisone	Cream	1%
Hydrogen peroxide	Solution	3%
Ibuprofen	Tablet	400mg
Insulin R	Injection	40 IU/ml
Insulin NPH	Injection	100 IU/ml
Intrauterine device	Intrauterine	176mg
Ipecac	Suspension	0.14%
Iron-folate	Tablet	200mg/0.25g
Iron/folic acid	Suspension	
Isoniazide	Tablet	100mg
Isoniazide	Tablet	300mg
Ketoconazole	Tablet	200mg
Medroxyprogesterone	Injection	150mg
Metformine	Tablet	500mg
Methylene blue	Liquid	
Methylergometrine	Tablet	0.125mg
Methylergometrine	Injection	0.2mg/ml
Metroindazole	Tablet	250mg
Miconazole	Skin cream 30gr	2%
Neomycin/bacitra	Ointment 15g	5mg/500 IU/g
Nonoxynol	Vaginal tab	100mg
Norplant (Levonorgestrel)	Implant	36mg
Nystatin	Tablet	500,000 IU
Nystatin	Ovule	100,000 IU
Oral rehydration salts	Oral powder	

Oxytocin	Injection	10 IU
Paracetamol	Tablet	100mg
Paracetamol	Tablet	500mg
Paracetamol	Suspension	125mg/5ml
Phenobarbital	Tablet	50mg
Pilocarpine	Ophthalmic drops	2%
Pilocarpine	Ophthalmic drops	4%
Piperazine	Suspension	500mg/5ml
Podophyllin	Alcohol solution	0.5%
Potassium permanganate	Powder	
Potassium chloride	Injection	1g/10ml
Procaine benzylpenicillin	Injection	3g (3MIU)
Promethazine	Solution	5mg/5ml
Pyrazinamide	Tablet	400mg
Ranitidine	Tablet	150mg
Rifampicine	Tablet	300mg
Rifampicine	Suspension	125mg
Rifampicine/INH	Tablet	75/150mg
Rifampicine/INH	Tablet	150/300mg
Ringer's lactate	Injection/500ml	
Ringer's lactate	Injection/1000ml	
Salbutamol	Spray	200:g/puff
Salbutamol	Tablet	4mg
Salbutamol	Suspension	2mg/5ml
Salbutamol	Injection	5mg/ml
Salicylic acid	Cream	1g
Sodium chloride	Injection/500ml	0.9%
Sodium chloride	Injection/1000ml	0.9%
Sodium hypochloride	Solution	
Sulfadiazine (Ag)	Cream	1%
T vaccine (tetanus ad)	Liquid	2 doses
Tetracycline	Ophthalmic ointment	3%
Vitamin A	Tablet	100,000 IU
Vitamin A	Tablet	200,000 IU
Vitamin B1	Tablet	50mg
Vitamin B6	Tablet	25mg
Vitamin K1	Injection	10mg



## SECOND TIER

INN	PRESENTATION	DOSE
Abacivir (ABC)	Tablet	300mg
ASA (acetylsalicylic acid)	Tablet	500mg
ASA (acetylsalicylic acid)	Tablet	100mg
Activated charcoal	Powder	
Acyclovir	Tablet	400mg
Acyclovir	Injection	250mg
Adrenaline	Injection	1mg/1ml
Albendazole	Tablet	400mg
Alcoholic Milan solution	Solution	
Alphamethyl dopa	Tablet	250mg
Aluminum hydroxide/Mg	Suspension	
Aminophylline	Injection/10ml	250mg
Amoxicillin	Suspension	125mg/5ml
Amoxicillin	Tablet	250mg
Amoxicillin	Tablet	500mg
Amoxicillin/clavulanic acid	Tablet	500/125mg
Ampicillin	Injection	0.5g
Ampicillin	Injection	1g
Anti-diphtheria serum		
Anti-hepatitis B vaccine		
Anti-meningitis vaccine		
Anti-measles vaccine	Injection	2 doses
Anti-measles and German measles vaccine	Injection	
Anti-polio vaccine	Oral drops	3 doses
Anti-rabies vaccine	Injection	
Anti-tetanus serum	Injection	1,500 IU
Apomorphine HCl	Injection	10mg/10ml
Aqueous Milan solution	Solution	
Atenolol	Tablet	50mg
Atenolol	Tablet	100mg
Atropine sulfate	Injection	1mg
Azithromycin	Tablet	500mg
BCG vaccine	Powder (lyophilized)	Single dose
Beclomethasone	Spray	250: g/puff
Benzathine penicillin	Injection/10ml	2.4 IU
Benzyl benzoate	Solution	25%
Benzylpenicillin	Injection	0.6g (1M IU)
Benzylpenicillin	Injection	3g (5 M IU)
Biperiden HCl	Tablet	4mg
Bupivacaine	Injection/200ml	0.5%
Butylscopolamine	Tablet	10mg

Butylscopolamine	Injection/1ml	20mg/ml
Calamine	Lotion	
Calcium gluconate	Injection	1g
Captopril	Tablet	25mg
Captopril	Tablet	50mg
Cephalexin	Tablet	500mg
Chloramphenicol	Capsules	250mg
Chloramphenicol	Injection	1g
Chloramphenicol	Drops	4%
Chloramphenicol	Suspension	150mg/5ml
Chloroquine	Tablet	150mg
Chloroquine	Suspension	50mg/5ml
Cimetidine	Tablet	400mg
Cimetidine	Injection	200mg/2ml
Ciprofloxacin HCl	Tablet	500mg
Clarithromycin	Tablet	500mg
Clindamycin	Tablet	150mg
Cloxacillin	Injection	500mg
Cloxacillin	Capsules	500mg
Codeine	Tablet	30mg
Cotrimoxazole	Tablet	400/80g
Cotrimoxazole	Tablet	800/160mg
Cotrimoxazole	Tablet	100/20mg
Cotrimoxazole	Injection	100/80g
Crystalline penicillin G	Injection	1 M IU
DTP vaccine	Injection	3 doses
Delavirdine (DLV)	Tablet	100mg
Delavirdine (DLV)	Tablet	200mg
Dexamethosone	Injection/1ml	4mg
Dextrose water	Injection/500ml	5%
Dextrose water	Injection/1000ml	5%
Dextrose saline	Injection/500ml	0.33%
Diazepam	Injection/2ml	10mg
Diazepam	Tablet	5mg
Didanosine DDI	Tablet	150mg
Diethylcarbamazine	Tablet	50mg
Digoxin	Tablet	0.25mg
Distilled water	Injection	5ml
Distilled water	Injection	10ml
Dopamine	Injection	200mg/5ml
Doxycycline	Tablet	100mg
Droperidol	Injection/2ml	10mg
Ethyl alcohol	Liquid	70°
Efavirenz, ERV	Tablet	200mg
Enalapril	Tablet	5mg

Ephedrine sulfate	Injection/1ml	100mg
Erythromycin	Tablet	250mg
Erythromycin	Tablet	500mg
Ethambutol	Tablet	400mg
Ethambutol/INH	Tablet	400/150mg
Ethinyl estradiol and levonorgestrel	Tablet	0.03mg+0.15mg
Furosemide	Tablet	40mg
Furosemide	Injection	20mg
Gentamycin	Ophthalmic ointment	0.3%
Gentamycin	Injection	40m/ml
Gentian violet	Powder	25g
Glibenclamide	Tablet	5mg
Glyburide	Tablet	5mg
Griseofulvine	Tablet	500mg
Halothane	Injection/250ml	20%
Heparin	Injection/1ml	25,000 IU
Hydralazine	Injection	20mg
Hydrochlorothiazide	Tablet	25mg
Hydrochlorothiazide-Triamterene	Tablet	25mg/50ml
Hydroxocobalamin	Injection	1mg
Hydrocortisone	Cream	1%
Hydrogen peroxide	Solution	3%
Haemophilus influenzae vaccine		
Ibuprofen	Tablet	400mg
Indinavir (IDV)	Capsule	400mg
Insulin R	Injection	40 IU/ml
Insulin NPH	Injection	100 IU/ml
Intrauterine device	Intrauterine	176mg
Ipecac	Suspension	0.14%
Iron-folate	Tablet	200mg/0.25:g
Iron/folic acid	Suspension	
Isoniazide	Tablet	100mg
Isoniazide	Tablet	300mg
Isotonic glucose	Injection	10%
Javel water	Solution	
Ketamine	Injection/10ml	50mg/ml
Ketoconazole	Tablet	200mg
Lamivudine (3T)	Tab	150mg
Lidocaine	Injection	2%
Lopinavir/Ritonavir	Capsule	133/33mg
Magnesium sulfate	Injection/10ml	1.5g
Mannitol	Solution 500ml	10%
Medroxyprogesterone	Injection	150mg
Metformin	Tablet	500mg
Methylene blue	Liquid	

Methylergometrin	Tablet	0.125mg
Methylergometrin	Injection	0.2mg/ml
Metoclopramide	Injection/2ml	10mg
Metroindazole	Tablet	250mg
Metroindazole	Injection	500mg/ml
Miconazole	Skin cream 30gr	2%
Miconazole	Oral gel	2%
Naloxone	Injection	0.4mg
Nelfinavir (NFV)	Tablet	250mg
Neomycin/bacitra	Ointment 15g	5mg/500 IU/g
Neostigmine	Injection/1ml	0.5mg
Nevirapine (NVP)	Tablet	200mg
Nevirapine (NVP)	Suspension	50mg/5ml
Nifedipine	Tablet	10mg
Nifedipine R	Tablet	10mg
Nitroglycerine	Tablet	0.5mg
Nonoxynol	Vaginal tab	100mg
Norplant (Levonorgestrel)	Implant	36mg
Nystatin	Tablet	500,000 IU
Nystatin	Ovule	100,000 IU
Nystatin	Suspension	10,000 IU
Oral rehydration salts	Oral powder	
Oxygen	Bottle	
Oxytocin	Injection	10 IU
Paracetamol	Tablet	100mg
Paracetamol	Tablet	500mg
Paracetamol	Suspension	125mg/5ml
Pentazocine	Tablet	50mg
Pentazocine	Injection	30mg/ml
Phenobarbital	Tablet	50mg
Phenobarbital	Injection	200mg
Pilocarpine	Drops	2%
Pilocarpine	Drops	4%
Piperazine	Suspension	500mg/5ml
Podophyllin	Alcohol Solution	
Potassium chloride	Injection	1g/10ml
Potassium permanganate	Powder	
Procain benzylpenicillin	Injection	3g (3 M IU)
Promethazine	Injection	25mg/ml
Promethazine	Tablet	25mg
Propranolol	Tablet	40mg
Pyrazinamide	Tablet	400mg
Pyrimethamine	Tablet	100mg
Quinine	Injection	250mg/2ml
Ranitidine	Tablet	150mg

Rifabutine	Tablet	300mg
Rifampicine	Tablet	300mg
Rifampicine	Suspension	125mg
Rifampicine/INH	Tablet	75/150mg
Rifampicine/INH	Tablet	150/300mg
Ringer's lactate	Injection/500ml	
Ringer's lactate	Injection/1000ml	
Ritonavir (RTV)	Capsule	100mg
Ritonavir (RTV)	Suspension	600mg/7.5ml
Salbutamol	Spray	200:g/puff
Salbutamol	Tablet	4mg
Salbutamol	Suspension	2mg/5ml
Salbutamol	Injection	5mg/ml
Salbutamol	Injection	5mg/ml
Salicylic acid	Cream	1g
Salicylic acid	Cream	1g
Sodium chloride	Injection/500ml	0.9%
Sodium chloride	Injection/1000ml	0.9%
Sodium chloride	Injection/500ml	0.45%
Stavudine d4T	Tablet	40mg
Streptomycin	Injection	0.75g
Sulfadiazine (Ag)	Cream	1%
T vaccine (tetanus ad)	Injection	2 doses
Tetracycline	Ophthalmic ointment	3%
Timolol (maleate)	Ophthalmic ointment	0.25%
Valacyclovir	Tablet	400mg
Vitamin A	Tablet	100,000 IU
Vitamin A	Tablet	200,000 IU
Vitamin B1	Tablet	50mg
Vitamin B6	Tablet	25mg
Vitamin K1	Injection	10mg
Zalcitabine (ddC)	Tablet	0.375mg
Zidovudine (AZT)	Tablet	0.75mg
Zidovudine/Lamivudine (AZT/3TC)	Tablet	300mg+150mg

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**F. HEALTH INFORMATION SYSTEM**

## **I. HEALTH INFORMATION SYSTEM FIRST TIER**

### **1. Tools for Management of Each Patient**

This type of health information system allows institution staff to gather and store medical information on each patient seen by the first tier institution:

- Child's health card;
- Woman's health card;
- Orders in triplicate;
- Individual medical file of cases counter-referred by second tier;
- Birth and death certificates;
- Algorithms and manuals.

### **2. The Institution's Management Tools**

This type of tool allows institution staff to manage the information necessary to ensure on-site monitoring of the institution's operations:

- Records of special BPS activities;
- Records of supply of essential drugs and vaccines;
- Records of supply of inputs;
- Inventory book of medical and non-medical equipment;
- Temperature (refrigerator) monitoring sheet;
- Medications and input requisition forms;
- Account book;
- Manual of management rules and procedures;
- Personnel files, including individual cards describing tasks for staff;
- Generator maintenance log.

### **3. System Tools**

This type of tool allows the person in charge of the institution in question to manage information regarding the institution's relations with the CHU:

- Referral/counter-referral card;
- Monthly report (compilation of records);
- Report on weekly reporting of diseases;
- Logbook (gatherings, meetings, monitoring of community activities, supervisory visits);
- Community activities monitoring book.

## **II. HEALTH INFORMATION SYSTEM SECOND TIER**

### **1. Tools for Management of Each Patient**

This type of tool allows institution staff to gather and store medical information on each patient seen by the second tier institution:

- Individual second tier referral consultation file;
- Child's health card;
- Woman's health card;
- Complete individual medical file on hospitalization (pediatrics, medicine, surgery) with all cards provided: case history; evolution sheet; orders sheet; To sheet; nurse follow-up sheet; additional exam results sheet; individual obstetrics file with second tier partograph;
- Individual anesthesia and wake up card;
- Orders in triplicate;
- Discharge card;
- Birth and death certificates;
- Health care management and protocols manuals.

### **2. The Institution's Management Tools**

This type of tool allows institution staff to manage the information necessary to ensure on-site monitoring of the institution's operations:

- Registry of patients by service;
- Records of supply of essential drugs and vaccines;
- Records of supply of inputs;
- Input (including medications) requisition forms;
- Account book;
- Inventory book of medical and non-medical equipment;
- Temperature (refrigerator) monitoring sheet;
- Ambulance utilization log;
- Ambulance maintenance log;
- Generator maintenance log;
- Manual of management rules and procedures;
- Personnel files, including individual position descriptions and task definition cards.

### **3. System Tools**

This type of tool allows the person in charge of the institution in question to manage information regarding the institution's relations with the CHU:

- Referral/counter-referral card;
- Monthly report by service;
- Monthly report of the institution;



- Report on weekly reporting of diseases;
- Logbook (gatherings, meetings, monitoring of community activities, supervisory visits).

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**RESOURCES FOR IMPLEMENTING THE  
BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**A. INFRASTRUCTURE**

## **I. INFRASTRUCTURE STANDARDS OF THE HEALTH CENTER (FIRST TIER)**

The health care center is the standard first tier health care institution (See Plan Type I with area by site). This is a multi-purpose health care facility designed to carry out promotional activities and provide basic preventive and curative care for a population of about 10,000 inhabitants. Within a secured enclosure, the health care center includes the following:

### **1. A “reception” area**

- A room for reception and cashier’s station;
- A (sheltered) area for community or target group activities;
- A (sheltered) waiting area.

### **2. A “treatment” area**

- Two consultation rooms;
- One bandaging/dressing area;
- A room for files and patent management tools;
- A pharmacy and a well-ventilated pharmaceutical storage area;
- An observation room;
- A maternity ward (labor room, delivery room, post-partum room);

### **3. A “logistics and administrative” area**

- An office for the person in charge of the center;
- Clean material depot;
- Infected material depot.

### **4. A residence area**

- Staff residence;
- Guard room.

Each room includes an electrical outlet and lighting. The principal power supply is solar or electrical based on the health care center’s situation. This type of institution must be able to adapt to changes in demand. The “residence” area should already be built so that it can handle a later stage.

### **5. A courtyard area**

- Concrete paved area with a covered section for washing and an open-air clothes rack for drying linens;
- Fire brick incinerator;
- Four latrines open to the public.

## **II. INFRASTRUCTURE STANDARDS OF THE COMMUNITY REFERENCE HOSPITAL (SECOND TIER)**

The functionality of areas must be based on the distribution of locations. For the area per site, basic standards are defined (see Plan Type II).

### **1. Physical Space Needed**

#### **1.1 Treatment area**

- A waiting room;
- Two consultation rooms (referral consultations, counseling activities included);
- An emergency receiving area with four stations including a station for dressings/casts;
- Surgical and medical services, each including two units (men and women) with four beds each, including one bed in a separate room. These two units are linked by a nurses' station. The entire unit has one toilet for staff and two toilets (squat type)/showers for patients;
- A pediatrics service with eight beds and one toilet for staff and one toilet (squat type)/shower for patients;
- An obstetrics service including:
  - A labor room (two beds);
  - A delivery room (two stalls);
  - A maternity ward with eight beds, including one room with a one bed, two rooms with two beds, and one room with three beds;The service has one toilet for staff and two toilets (squat type)/showers for patients.
- An operating suite organized into three areas (sterile, semi-sterile and non-sterile), including:
  - A nurse's area to receive patients;
  - A preparation area;
  - Two operating rooms (septic and aseptic);
  - A recovery room;
  - Changing rooms;
  - A relaxation room for staff.The routes for moving staff, equipment and patients adhere to asepsis standards for operating suites.
- A dental service with a room for dental care and another room for the dental laboratory (prosthesis) with a running water tap.

#### **1.2 "Health care activities support" area**

- An admissions/cashier/files room;
- A sterilization unit (reception window and infected material/instruments sorting, a room for cleaning instruments, a room for sterilization, and a delivery window);
- A laboratory service (waiting room, sample drawing room, analysis room);
- A radiology service (waiting room, radiology room, and darkroom);

- A pharmacy (office with window, large well-ventilated room for storing essential drugs and medical equipment; inventory/reception office for person in charge of health center).

### **1.3 “Activities support area”**

*For reasons of economy of scale, the coordinating staff of the CHU (coordinator, nurse hygienist) is currently stationed at the CRH. The administrator and person in charge of logistics provide services for both the CRH and CHU levels.*

The administrative building includes two rooms for the CHU coordinating office and four rooms for CRH administration (medical office, nursing care office/administration /accounting, logistical services) and has a meeting room for 30 people.

- A sentry box for the security agent;
- A three-section kitchen (reception/dishwashing, preparation and serving of meals);
- A shop;
- A laundry unit (washing and drying);
- A room designed to house a generator;
- A flame brick incinerator;
- Parking for the 4x4 ambulance (CRU) and the CHU coordination vehicle with a closed area (vehicle maintenance);
- A water tank (with installation for collecting rain water) and a water tower.

### **1.4 Residence Area at Hospital**

- A relaxation room for the doctor on duty (with toilet and shower);
- A living area with five bedrooms, living room/kitchen, two WCs and two showers;
- A relaxation area/cafeteria for staff.

Each room will have at least one electrical outlet and a lighting fixture. The CRH power supply is provided by a main generator and a back-up generator (exclusively for the operating suite, delivery room, sterilization, laboratory, and radiology).

## **2. Residence Area outside the Hospital**

*The implementation of a staff housing policy will be a decisive factor for attracting physicians and staff in outlying areas. This issue is thus of the greatest importance for the success of the policy of installing hospitals in the CHUs that are capable of resolving health problems.*

The CRH will be in a position to house its staff (CHU coordinator, medical director, administrator, director of nursing care and medical staff) in individual homes leased at very moderate rates, if possible within a public housing development.

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**RESOURCES FOR IMPLEMENTING THE  
BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**B. EQUIPMENT**

# I. EQUIPMENT AND MATERIALS STANDARDS OF THE HEALTH CENTER (FIRST TIER)

## 1. “Reception” area

### 1.1 Reception and cashier’s desk

- Furniture
  - Window type setup
  
- Equipment
  - Calculator (solar) (1)
  - Cash register (to hold the day’s cash) (1)
  - Trashcan with foot pedal (1)

### 1.2 Room for activities for target groups

- Furniture
  - Benches (10)
  - Chairs (10)
  - Tables (2)
  - Trashcan with foot pedal (2)

### 1.3 Covered waiting area

- Furniture
  - Concrete bench (10)
  - Trashcan with foot pedal (1)

## 2. “Treatment” area

### 2.1 Consultation room

Each person assigned to clinical activities will be provided with the following:

- Stethoscope (1)
- Obstetrical stethoscope (1)
- Tensiometer (1)
- Reflex hammer (1)
- Otoscope (1)
- Metric tape (1)
- Metal tongue depressor (3)
- Tourniquet (1)

Each examining room shall have the following furniture:

- Furniture
  - Examining table (1)
  - Sink (1)
  - Wardrobe with key lock (1)
  - Desk (1)

- Chairs (3)
- Equipment
  - Adult scale with height meter (1)
  - Salter scale (up to 25 kgs; accuracy of 500 gr.) (1)
  - Baby scale with trousers for newborns and infants (2)
  - External contact thermometer (in degrees Celsius)
  - Support (IV stand) (1)
  - Contaminated waste/sharps disposal boxes (1)
  - Trashcan with pedal (1)
  - ? See recommended laboratory material in annex

## 2.2 Bandaging/dressing room

- Furniture
  - Drainboard with sink (1)
  - Dressing table (1)
  - Chair (1)
  - Stool (1)
  - Rolling chair (1)
  - Wardrobe with key lock (1)
- Equipment
  - Dressing tray (1)
  - Compresses drum (1)
  - Suture tray (2)
  - Saw, plaster scissors and retractors (1)
  - Splints (1)
  - Basin (1)
  - Trashcan with lid and pedal (1)
  - Contaminated waste/sharps disposal boxes (1)

## 2.3 Observation room

- Furniture
  - Adult bed with plastic-coated mattress (2)
  - Pediatric bed with plastic-coated mattress (1)
  - Bedside table (2)
  - Movable partition (1)
- Equipment
  - Stretcher (1)
  - Urine collector (1)
  - Set of sheets (4)
  - Blanket (2)
  - Rolling stand (2)



- Trashcan with pedal (1)

## 2.4 Maternity ward

### 2.4.1 Labor room

- Furniture
  - Bed with plastic-coated mattress (1)
  - Bedside table (1)

### 2.4.2 Delivery room

- Furniture
  - Drainboard with sink (1)
  - Delivery table (1)
  - Adjustable height stool (1)
  - Wardrobe with key lock (1)
  - Fan (ceiling) (1)
- Equipment
  - Delivery tray (2)
  - Suture tray (episiotomy) (2)
  - Rolling stand (1)
  - Manual pump for removing mucus (1)
  - Instrument table (1)
  - Air bag with adult size mask (1)
  - Air bag with infant size mask (1)
  - Standing lamp (1)
  - Autoclave (with pressure gauge) and heater (1)
  - ? See recommended material in annex

### 2.4.3 Post-partum room

- Furniture
  - Bed with plastic-coated mattress (2)
  - Bedside table (2)
  - Crib (2)
  - ? See recommended material in annex

## 2.5 Pharmacy and storeroom

- Furniture
  - Shelves in both areas
  - Window type setup
  - Desk (1)
  - Chair (1)
  - Cabinet for lab materials reserve inventory (1)

-

Equipment

- Plastic bags (unpackaging of medications) (1)
- Pill counter (1)
- Trashcan (1)

**3. “Logistics and administrative” area**

**3.1 File room**

- Furniture
  - Shelves
  - Table top refrigerator (for lab material) (1)
  - Radio communication device (1)
  - Battery (2)

**3.2 Office of person in charge of center**

- Furniture
  - Desk (1)
  - Chair (3)
  - Safe (secure) (1)
  - Shelves
  - Wardrobe with key lock (1)
- Equipment
  - Refrigerator/freezer (1)
  - Glaciere isothermal case (4)
  - Cold indicator (4)
  - ? See recommended material in annex

**3.3 Infected materials depot**

? See recommended material in annex

**4. Residence area**

**4.1 Staff residence**

4.1.1 “Kitchen” area

- Gas heater (1)
- Shelves
- Drainboard with sink/ drawers and storage space (1)
- Refrigerator (1)

4.1.2 “Living” area

- Round table for eight people (1)
- Chairs (8)
- Ceiling fan (1)

4.1.3 “Bedroom” area

Two WC (seated type) and two showers

Each of the five bedrooms is equipped as follows:

- Bed and mattress (1)
- Night table (1)
- Shelves (1)
- Small table (1)
- Chair (1)
- Trashcan (1)

#### **4.2 Guard room**

- Furniture
  - Bed with mattress (1)
  - Night table (1)
  - Shelves
  - Wardrobe with key lock (1)
  - Kitchen corner with warmer (1)
  - Shower (1)
  - Sink (1)

#### **5. Courtyard area**

- Latrines (squat type) (4)
- Showers for the public (2)
- Six cubic meter capacity water tank and a 200 liter capacity water tower fed by a hand pump. This tank and water tower must be treated according to standards in effect for chlorine or HTH [calcium hypochlorite].
- One incinerator

#### **6. Power**

We recommend the installation of a solar system (one inverter, four fixed solar panels in a sealed security frame on the roof and six batteries) or a 20 KW generator.

## II. EQUIPMENT AND MATERIALS STANDARDS OF THE COMMUNITY REFERENCE HOSPITAL (SECOND TIER)

### 1. Treatment area

*Medical management is responsible – with support from the chief of logistical services – for seeing that all hospital services (other than the operating suite) have a pool of six oxygen bottles with a bottle transporter.*

#### 1.1 External consultations

##### 1.1.1 Waiting room

###### Furniture

- Bench (4)

##### 1.1.2 Consulting rooms (2)

During the time of their mission in the facility, each clinical consultant is personally assigned the following: a stethoscope, an obstetrical stethoscope, otoscope/ophthalmoscope, a reflex hammer and a flashlight.

###### Furniture

- Sink (1)
- Wardrobe with key lock (1)
- Desk (1)
- Chair (3)

###### Equipment

- Examining table (with stirrups) (1)
- Scale and height gauge (child/adult) (1)
- Baby scale (1)
- Vaginal speculum/small/medium/large (2)
- Cart (1)
- Wall-mounted tensiometer (1)
- Metric tape (1)
- IV stand (1)
- Contaminated waste/sharps disposal boxes (1)
- Trashcan (1)

##### 1.2 “Emergency reception” area

###### Furniture

- Drainboard with sink (1)
- Wardrobe with key lock (1)
- Desk (1)
- Chair (3)
- Bench (3)
- Shelves
- Ceiling fan (1)

### Equipment

- Dressings cart (1)
- Plaster cart (saw, scissors and retractor) (1)
- Examining table (4)
- Stretcher cart (1)
- Rolling chair (1)
- Suture tray (2)
- Dressings tray (2)
- Lumbar puncture tray (1)
- Intubation kit (1)
- Air bag with masks (1)
- IV stand (4)
- Inspection lamp (1)
- ? See recommended material in annex
- Radio communication device (1)
- Battery (and solar panels) (2)

## **1.3 Surgery service**

### Furniture

- Adult bed (7)
- Night table (7)
- Nurses' station (with cupboards and drainboard with sink) (1)
- Wardrobe with key lock for emergency cabinet (1)
- Ceiling fan (1)

### Equipment

- Treatment cart (1)
- File carrier (1)
- IV stand (5)
- Intubation kit (1)
- Air bag and masks (1)
- Frame and pulley for traction (1)
- Inspection lamp (1)
- Wardrobe with key lock (1)
- ? See recommended material in annex

## **1.3 Maternity**

### **1.3.1 Labor room**

#### Furniture

- Adult bed (2)
- Night table (2)

### Equipment

- IV stand (1)
- Plastic-coated mattress (2)

### **1.3.2 Delivery room**

#### Furniture

- Delivery table (2)
- Stool (2)
- Drainboard with tub and sink (1)
- Shelves
- Ceiling fan (2)

#### Equipment

- Treatment cart (2)
- IV stand (2)
- Oxygen bottle (2)
- Air bag and masks (1)
- Delivery tray (3)
- Suture box (for episiotomy) (2)
- Basin (2)
- Contaminated waste/sharps disposal boxes (1)
- Trashcan with pedal (2)

### **1.3.3 Post-partum service**

#### Furniture

- Adult bed with plastic-coated mattress (8)
- Chair (8)
- Night table (8)
- Crib (8)
- Shelves (8)
- Nurses' station (with cupboards, drainboard and sink) (1)
- Wardrobe with key lock for emergency cabinet (1)
- Ceiling fan (1)

#### Equipment

- Treatment cart (1)
- ? See recommended material in annex

### **1.4 Pediatrics service**

#### Furniture

- Child bed (with sides) (4)
- Adult bed (4)
- Night table (8)
- Nurses' station (with cupboards, drainboard and sink) (1)
- Wardrobe with key lock for emergency cabinet (1)

- Ceiling fan (1)

Equipment

- Treatment cart (1)
- IV stand (4)
- Tensiometer for infant/child (1)
- Pediatric reflex hammer (1)
- Otoscope/ophthalmoscope (2)
- Pediatric stethoscope (2)
- Air bag (infant, child) (1)
- Contaminated waste/sharps disposal boxes (1)
- ? See recommended material in annex

**1.5 Medical service**

Furniture

- Adult bed with plastic-coated mattress (6)
- Bed (with sides) (1)
- Night table (7)
- Nurses' station (with cupboards, drainboard and sink) (1)
- Wardrobe with key lock for emergency cabinet (1)
- Ceiling fan (1)

Equipment

- Treatment cart (1)
- IV stand (4)
- ? See recommended material in annex

**1.6 Operating Suite**

*The operating suite is linked to the CRH backup circuit*

**1.6.1 Preparation room**

Furniture

- Adult bed with plastic-coated mattress (1)
- Wardrobe with key lock for emergency cabinet (1)

Equipment

- Treatment table (1)
- Wall-mounted tensiometer (1)
- Air conditioners (3)

**1.6.2 Operating rooms (2)**

Furniture

- Anesthesia equipment (see annex)
- Oxygen bottle (3)
- Mechanical operating table (1)

- Operating table (1)
- Instrument table (2)
- Scialytic light (2)
- Standing scialytic light (2)
- Electric scalpel (1)
- Stethoscope (2)
- Netagoscope (2)
- Electrical breathing device (1)
- Manual breathing device (1)
- Box for caesarian section (2)
- Laparatomy box (1)
- Trepan box (1)
- Tray for thoracic drainage (1)
- Minor surgery box (1)
- Skin graft box (1)
- Compresses drum (4)
- Trashcan (4)
- Wringer and mop (2)

### **1.6.3 Recovery room**

#### Furniture

- Adult bed (1)
- Wardrobe with key lock for emergency cabinet (1)

#### Equipment

- Plastic-coated material (1)
- Wall-mounted tensiometer (1)
- Intubation kit (1)
- Wringer and mop (1)

### **1.7 Dental Service**

#### Furniture

- Drainboard with sink (1)
- Cabinet with drawers and key lock (1)
- Desk (1)
- Chairs (2)
- Ceiling fan (1)

#### Equipment

- Instrument cart (1)
- Dental chair and unit with four entries (1)
- Operator chair (1)
- Compressor (8 gallons or ½ horsepower) (2)
- Dental equipment (see annex)



- Drills (see annex)
- Operative dentistry equipment (see annex)
- Endodontics equipment (see annex)
- Prophylaxis equipment (see annex)
- Exodontics equipment (see annex)
- Prosthesis equipment (see annex)

## 2. “Health care activities support” area

### 2.1 Admission/cashier/files

- Furniture
  - Window type setup (1)
  - Table (2)
  - Chair (2)
  - Shelves (10)
- Equipment
  - Calculator (1)
  - Cash register (to hold the day’s cash) (1)

### 2.2 Sterilization unit

*The sterilization unit is connected to the CRH backup circuit*

- Furniture
  - Window type opening (1)
  - Drainboard with sink (2)
  - Table and chair (1)
  - Shelves (4)
  - Cabinet (1)
  - Fan (1)
- Equipment
  - Autoclave (1)
  - Brush for cleaning instruments (4)
  - Wringer and mop (1)
  - Trashcan with pedal (2)

### 2.3 Laboratory

- Furniture
  - Drainboard with sink (2)
  - Table (1)
  - Chair (3)
  - Shelves (2)
  - Wardrobe with key lock (1)

- Equipment
  - 11 cubic foot refrigerator (1)
  - Freezer (-20 degrees Celsius) (1)
  - Binocular microscope (3)
  - Solar microscope (1)
  - 12 to 24 position centrifuge (1)
  - Hematocrit centrifuge (2)
  - Spectrophometer (1)
  - Rotator (1)
  - Agitator for pipettes (1)
  - Neubauer hemacytometer (with coverslips) (1)
  - Eight key differential counter (2)
  - One key manual counter (Hand Tally) (1)
  - Water bath (1)
  - Mixer (Vortex) (1)
  - Hot plate (1)
  - Densimeter (1)
  - Dying tray (2)
  - Automatic timer (3)
  - Laboratory rhesuscope (1)
  - Blood bag scale (1)
  - Contaminated waste/sharps disposal boxes (1)
  - Trashcan with pedal (2)

#### **2.4 Radiology (two rooms)**

- Furniture
  - Lead enclosure (protection from radiation) (2)
  - Protected activation station (1)
  - Table (1)
  - Chair (3)
  - Shelves (2)
  - Drainboard with three tubs (1)
- Equipment
  - X-ray machine (1)
  - Yellow light (1)
  - “No entry” warning (1)
  - Dosimeter (one per person) (1)
  - Lead apron (to protect pelvic area) (2)
  - Negatoscope (1)

#### **2.5 Pharmacy**

- Furniture
  - Desk (1)

- Table and chair (2)
- Window type opening (1)
- Shelves (20)
- Filing cabinet (1)
  
- Equipment
  - Cargo carrier cart (1)
  - Plastic box suff. quantity
  - Pill counter (1)
  - Refrigerator (1)
  - Bottle of gas (3)
  - Trashcan (1)
  - Wringer and mop (1)

### 3. Activities support area

#### 3.1 CHU coordinating office (2 rooms)

- Furniture
  - Desk (2)
  - Armchair (2)
  - Chairs (4)
  - Filing cabinet (2)
  - Shelves (4)
  -
- Equipment
  - Whiteboard (2)
  - Ceiling fan (2)

#### 3.2 Medical director's office

- Furniture
  - Desk (1)
  - Armchair (1)
  - Chairs (2)
  - Filing cabinet (1)
  - Shelves (2)
  
- Equipment
  - Corkboard (1)
  - Whiteboard (1)
  - Ceiling fan (1)

#### 3.3 Administration/Accounting (two boxes)

- Furniture
  - Desk (2)

- Armchair (2)
- Chair (4)
- Filing cabinet (2)
- Metal cabinet (1)
- Shelves (4)
- Equipment
  - Calculators with tape (2)
  - Telephone (1)
  - Computer (1)
  - Cork board (1)
  - Whiteboard (1)
  - Safe (1)
  - Ceiling fan (2)
  - Trashcan (2)
  - Wringer and mop (1)

### **3.4 Office of the director of nursing care**

- Furniture
  - Desk (1)
  - Armchair (1)
  - Chair (2)
  - Filing cabinet (1)
  - Shelves (2)
- Equipment
  - Calculator (1)
  - Cork board (1)
  - Whiteboard (1)
  - Ceiling fan (1)

### **3.5 Logistical services chief**

- Furniture
  - Desk (1)
  - Armchair (1)
  - Chair (2)
  - Filing cabinet (1)
  - Shelves (2)
- Equipment
  - Calculator (1)
  - Ceiling fan (1)
  - Cork board (1)
  - Whiteboard (1)

### 3.6 Meeting room

- Furniture
  - Table (1)
  - Chair (30)
  - Shelves (2)
  - Wardrobe with key lock (1)
  
- Equipment
  - See annex

### 3.7 Kitchen

- Furniture
  - Drainboard with tubs and sink (2)
  - Chair (3)
  - Shelves (4)
  - Cupboard (2)
  - Ceiling fan (2)
  
- Equipment
  - Gas stove (1)
  - Kitchen battery (1)
  - Kitchen utensils (1)
  - Refrigerator (1)
  - Cart (3)
  - Trashcan (3)
  - Wringer and mop (1)

### 3.8 Laundry

- Furniture
  - Two basin washtub (2)
  - Chair (3)
  - Shelves (4)
  - Dryer (1)
  - Hanging space (1)
  - Drainboard (1)
  
- Equipment
  - Washing machine (1)
  - Dryer (1)
  - Sewing machine (1)

### 3.9 Parking area, 2 spaces with storage

- Furniture
  - Wardrobe with key lock (1)
  - Table and chair (1)
  - Shelves (1)
- Equipment
  - Tool box (1)

### ROLLING STOCK

- At CRH level.....one ambulance

## 4. Residence area

### 4.1 Staff housing

#### 4.1.1 “Kitchen” area

- Gas cooker (1)
- Shelves
- Drainboard with sink/ drawers and storage space (1)
- Refrigerator (1)

#### 4.1.2 “Living” area

- Round table for eight people (1)
- Chairs (8)
- Ceiling fan (1)
- Current inverter (1)
- Batteries (10)

#### 4.1.3 “Bedroom” area

Two WC (seated type) and two showers

Each of the five bedrooms is equipped as follows:

- Bed and mattress (1)
- Night table (1)
- Wardrobe with key lock (1)
- Small table (1)
- Chair (1)

### 4.2 Guard room

- Furniture
  - Bed (1)
  - Night table (1)
  - Wardrobe with key lock (1)
  - Chair (1)
  - Shelves (1)
  - Ceiling fan (1)

#### **4.3 Cafeteria / relaxation area**

- Furniture
  - Refrigerator (1)
  - Bottle of gas (2)
  - Table (3)
  - Chair (10)
  - Ceiling fan (2)

#### **5. Water and power supply**

The CRH should have a 20 cubic meter tank and a way to supply (electrical pump) six water towers (one per pavilion) each of which holds 200 liters. This tank and water tower should be treated according to the standards in effect for chlorine or HTH [calcium hypochlorite].

The main generator should have a capacity of at least 90 KW. The back-up generator (operating suite, sterilization and emergencies) should have at least 10 KW.

#### **Note**

*Consumables are not taken into account in this document and provision should be made for them as well when the BPS is implemented.*

## **ANNEXES**



**ANNEX 1**

**LOGICAL FRAMEWORK**

<b>Subject Area 1: Decentralization of the Health Care System</b>		
<b>Strategies/Actions</b>	<b>Indicators</b>	<b>Assumptions</b>
<p><b>I. Objective:</b> <b>Decentralize the health system</b></p>	<p>New organic law passed.  Framework law on CHU passed.  New law on decentralization.  Number of CHUs in operations, number of CHUs under public service concession.  Territorial division budgets for CHUs.</p>	<p>Political will.  Basic package of services by tier validated.  Effective administrative and operational decentralization.</p>
<p><b>Strategy 1.1:</b>  <b>Revision of the legal and institutional framework for decentralization</b></p> <p><b>Action 1:</b> Develop a legal framework assigning new functions to the local level.  <b>Action 2:</b> Revise the organic law of the Ministry of Public Health.  <b>Action 3:</b> Introduce popular participation structures for management of the system.  <b>Action 4:</b> Develop an urban health policy.  <b>Action 5:</b> Give the sector tools for regulating the introduction of CHUs.  <b>Action 6:</b> Strengthen the management capabilities of the MPHP at all levels.</p>		<p>Political stability</p> <p>Legal department of the MPHP strengthened.</p> <p>Effective administrative and operational decentralization.</p> <p>Institutional audit performed.</p>

Strategies/Actions	Indicators	Assumptions
<p><b>Strategy 1.2:</b>  <b>Expansion of health care coverage through introduction of functional and effective CHUs</b></p> <p><b>Action 1:</b> Planning, support and follow-up of expansion of CHUs.</p> <p><b>Action 2:</b> Strengthening of the management capabilities of CHU offices and health institutions (particularly the CRHs).</p> <p><b>Action 3:</b> Preparation of CHU development plans as they are eligible.</p> <p><b>Action 4:</b> Introduction of tools for evaluating the operational development of CHUs.</p>		<p>Qualified human resources available.</p> <p>Basic package of services by tier validated.</p>

<b>Subject Area 2: Supply of Health Care</b>		
<b>Strategies/Actions</b>	<b>Indicators</b>	<b>Assumptions</b>
<b>II. Objective:</b> <b>Improve the supply of health care</b>	Number of CRHs and first tier facilities implementing the BPS. Service utilization rate.	
<b>Strategy 2.1:</b> <b>Improvement in the quality of health care</b>  <b>Action 1:</b> Introduction of Basic Package of Services – BPS – (range of services and resources necessary at each tier) in the health zones served by CHU health facilities, giving priority to combating maternal mortality. <b>Action 2:</b> Definition and implementation of a national policy on the subject of health care quality. <b>Action 3:</b> Development of laboratories network.		Financial resources available to purchase equipment and for operating budget.  Subsectoral plan for reducing maternal mortality is revised and implemented.
<b>Strategy 2.2:</b> <b>Development of universal access to health services responding to specific priority health problems</b>  <b>Action 1:</b> Evaluation of management cost. <b>Action 2:</b> Definition of financial mechanisms. <b>Action 3:</b> Application and follow-up.		
<b>Strategies/Actions</b>	<b>Indicators</b>	<b>Assumptions</b>
<b>Strategy 2.3:</b> <b>Gradual integration of programs designed to manage priority health problems, taking the millennium objectives into account</b>  <b>Action 1:</b> Studies conducted on efficiency and effectiveness		Other sub-sectoral plans are revised (STDs, AIDS, EPI, tuberculosis)

<p>of integrating priority programs.</p> <p><b>Action 2:</b> Introduction of a national children’s office to coordinate EPI, IMCI, nutritional deficiencies, etc.</p> <p><b>Action 3:</b> Introduction of a national women’s health committee.</p> <p><b>Action 4:</b> Revision of sub-sectoral strategic plans from a perspective of integration in terms of the new directions in the sector.</p>		
<p><b>Strategy 2.4:</b>  <b>Consideration of traditional medicine as a key player in the health sector</b></p> <p><b>Action 1:</b> National entity in charge of relations between modern medicine and traditional medicine.</p> <p><b>Action 2:</b> Studies and research done on traditional medicine sector.</p> <p><b>Action 3:</b> Mechanisms introduced for partnering with traditional practitioners.</p>		<p>Key players identified.</p> <p>Priority fields for collaboration identified.</p> <p>Network of traditional practitioners organized.</p>

Strategies/Actions	Indicators	Assumptions
<p><b>Strategy 2.5:</b> <b>Improved management of mental disorders</b></p> <p><b>Action 1:</b> Training of nursing staff in the first and second tiers of the CHU, in the management of simple cases and referral of complex cases, according to the BPS.</p> <p><b>Action 2:</b> Strengthening of the management of mental disorders in hospitals at the secondary and tertiary levels.</p> <p><b>Action 3:</b> Promotion of changes in behavior for family and community integration of the mentally ill.</p>		<p>Definition of a national policy on the management of mental disorders</p>
<p><b>Strategy 2.6:</b> <b>Health promotion and protection</b></p> <p><b>Action 1:</b> Development of health promotion activities as defined in the BPS.</p> <p><b>Action 2:</b> Development of policies for the most vulnerable population groups (women, pregnant women, children, street children, orphans, adolescents, families in difficult situations.)</p>		

<b>Subject Area 3: Hospital Network</b>		
<b>Objectives/Strategies</b>	<b>Indicators</b>	<b>Assumptions</b>
<p><b>III. Objective:</b>  <b>Revitalize and expand the hospital network, in order to increase the supply of health care and improve its quality</b></p>	<p>Number of hospitals with trained staff with health committee.  Number of hospitals with establishment plan developed/implemented.  Number of hospitals with ability to provide quality transfusion.  Number of caesarian sections performed per hospital.  Bed occupancy rate.  Average length of stay.  Number of beds per inhabitant by geographic area.</p>	<p>Technical and financial support.</p> <p>Development of a real hospital policy.</p> <p>Political will for hospital autonomy.</p>
<p><b>Strategy 3:</b>  <b>Improvements in the management of public hospitals</b></p> <p><b>Action 1:</b> Training in hospital management for staff responsible for medical care, nursing care and administration.  <b>Action 2:</b> Development of standardized management tools, including establishment plans, for hospitals.  <b>Action 3:</b> Installation of a central agency responsible for organizing the upkeep and maintenance of infrastructures, equipment and logistical resources.  <b>Action 4:</b> Securing at the national level of financing for the revitalization and expansion of public hospitals.  <b>Action 5:</b> Legislation on administrative and financial autonomy of secondary and tertiary level hospitals.  <b>Action 6:</b> Follow-up and evaluation of managerial performance</p>		<p>Training in hospital management is maintained.</p> <p>The HIS for management is redefined.</p>

Objectives/Strategies	Indicators	Assumptions
<p><b>Strategy 3.2:</b> <b>Improve the supply of services</b></p> <p><b>Action 1:</b> Gradual implementation of establishment plans.  <b>Action 2:</b> Installation of quality transfusion capability in all hospitals.  <b>Action 3:</b> Implementation of continuing training policy in the area of pathology management.  <b>Action 4:</b> Strengthening of departmental and university hospitals' maternity wards.  <b>Action 5:</b> Promotion of service quality (through application of management standards, improved reception, supervision).  <b>Action 6:</b> Improved hygiene and cleanup in the hospital setting.  <b>Action 7:</b> Organization of a system for hospital accreditation and inspection.  <b>Action 8:</b> Installation of an integrated medical emergency system (IMES).  <b>Action 9:</b> Installation of a national cancer research center.  <b>Action 10:</b> Installation of hospital coordination structures and mechanisms.</p>		<p>Financial support from partners.</p> <p>Transfusion policy revised and updated.</p> <p>Existence of a budget for hygiene committees</p>
<p><b>Strategy 3.3:</b> <b>Development of the hospital-university axis</b></p> <p><b>Action 1:</b> Modernization and autonomy of Haitian State University Hospital.  <b>Action 2:</b> Expansion of hospital-university axis, based on a process that incorporates transformation of existing facilities.  <b>Action 3:</b> Development of research and partnership agreements.</p>		



Objectives/Strategies	Indicators	Assumptions
<p><b>Strategy 3.4:</b>  <b>Expansion of public hospital network</b></p> <p><b>Action 1:</b> Expansion of CRHs (see decentralization subject area);  <b>Action 2:</b> Networking of hospital facilities in the metropolitan area.</p>		

<b>Subject Area 4: Regulation of the Sector</b>		
<b>Objectives/Strategies</b>	<b>Indicators</b>	<b>Assumptions</b>
<p><b>IV. Objective:</b>  <b>Improve regulation of the sector by giving the MPHP tools for managing the entire sector, thus strengthening the leadership of the MPHP and its regulatory role</b></p>	<p>Laws updated or prepared.  Public health code.  Association boards.  List of accredited health institutions.  List of accredited training institutes.  Case management protocols documents updated.  Number of public service concession contracts.  Number and type of research projects conducted.  Logbook for all projects financed by donors available at the MPHP and disseminated.</p>	<p>Favorable political context.</p> <p>Desire on the part of the various players to achieve true partnership with the MPHP.</p>
<p><b>Strategy 4.1:</b>  <b>Revision of the legal and institutional framework for decentralization</b></p> <p><b>Action 1:</b> Preparation and utilization by the public sector of legal and administrative instruments necessary to fulfill its mission.  <b>Action 2:</b> Updating of the country's health legislation taking into account the national and international situation.  <b>Action 3:</b> Installation of training facilities for the health professions (physicians, pharmacists).  <b>Action 4:</b> Reactivation of the national ethics commission.  <b>Action 5:</b> Installation of accreditation systems for health institutions and training institutions.  <b>Action 6:</b> Preparation and/or completion and/or</p>		<p>National health care policy known by all partners.</p> <p>Political stability.</p>

<p>dissemination of rules and standards for the delivery of quality health care services.</p> <p><b>Action 7:</b> Improved effectiveness and development of contractual approach.</p> <p><b>Action 8:</b> Strengthening of central and departmental offices responsible for ensuring the application of laws, rules and standards.</p> <p><b>Action 9:</b> Creation of a national public health laboratory.</p> <p><b>Action 10:</b> Strengthening of health inspection.</p>		<p>Laws, rules and standards defined</p>
<p><b>Strategy 4.2</b> <b>Definition of a research policy</b></p> <p><b>Action 1:</b> Introduction of an institutional framework for research.</p> <p><b>Action 2:</b> Development of an applied research program.</p> <p><b>Action 3:</b> Implementation of a research training plan.</p> <p><b>Action 4:</b> Development of research strategies in the hospital-university setting.</p> <p><b>Action 5:</b> Human resources encouraged to conduct research.</p> <p><b>Action 6:</b> Mobilization of resources for conducting research projects.</p>		<p>Political will. Technical and financial support</p> <p>Strengthening of MPHP/University/private sector partnership</p>
<p><b>Strategy 4.3</b> <b>Regular inspection and evaluation of health actions at all levels</b></p> <p><b>Action 1:</b> Strengthening of health inspection.</p> <p><b>Action 2:</b> Observance of established standards and rules.</p>		<p>Resources available. Laws and provisions revised.</p>

Objectives/Strategies	Indicators	Assumptions
<p><b>Strategy 4.4:</b> <b>Strengthening of partnership</b></p> <p><b>Action 1:</b> Preparation of a partnership charter.</p> <p><b>Action 2:</b> Strengthening of intersectoral coordination (many areas: water, sanitation, communication facilities and routes, agriculture, environment, education, women's affairs, social sector, law, etc.).</p> <p><b>Action 3:</b> Strengthening of the ability of the MPHP to develop partnerships.</p>		<p>Partners ready to support the leadership of the MPHP.</p> <p>Deconcentration of partnership agreement possibilities.</p>

<b>Subject Area 5: Health Information System</b>		
<b>Strategies/Actions</b>	<b>Indicators</b>	<b>Assumptions</b>
<p><b>V. Objective: Modernize the health information system</b></p>	<p>HIS standardized and used. Annual report from the MPHP. Recent epidemiological data available. Number and type of epidemiological studies and research projects conducted.</p>	<p>Willingness of actors and partners.  Technical and financial support. Ability of the MPHP to coordinate actors.</p>
<p><b>Strategy 5.1:</b> <b>Revision of the information system for management</b></p> <p><b>Action 1:</b> Evaluation of existing health information system for management. <b>Action 2:</b> Strengthening of central team in charge of managing the information system for management. <b>Action 3:</b> Strengthening of departmental offices for management and utilization of information for management. <b>Action 4:</b> Updating of objectives, procedures and tools of the information system for management at each level, taking into account the hospitals' information requirements. <b>Action 5:</b> Introduction of methods and means for gathering, collecting, processing and disseminating information (including feedback) to all levels in real time. <b>Action 6:</b> Training/raising awareness as to the use of new tools at all levels. <b>Action 7:</b> Training/raising awareness as to the utilization of data at all levels. <b>Action 8:</b> Monitoring the quality of information collected.</p>		<p>Ability of actors to adapt their model.</p>

Strategies/Actions	Indicators	Assumptions
<p><b>Strategy 5.2:</b>  <b>Strengthening of the epidemiological surveillance, health watch and warning system</b></p> <p><b>Action 1:</b> Strengthening of central team in charge of epidemiological surveillance.  <b>Action 2:</b> Centralization of all epidemiological data at the level of a single central entity.  <b>Action 3:</b> Strengthening of departmental offices in charge of epidemiological surveillance.  <b>Action 4:</b> Updating of the list of illnesses and syndromes requiring active surveillance.  <b>Action 5:</b> Review and simplification of collection and reporting procedures, definition of illnesses and lists of illnesses and syndromes to be reported, based on specific surveillance objectives.</p>		<p>Available resources.</p>
<p><b>Strategy 5.3:</b>  <b>Improvements in the availability and accessibility of information for development of the system</b></p> <p><b>Action 1:</b> Creation of a documentation center.  <b>Action 2:</b> Publication and dissemination of health sector data.  <b>Action 3:</b> Studies, surveys and applied research projects carried out.</p>		

<b>Subject Area 6: Human Resources Development</b>		
<b>Objectives/Strategies</b>	<b>Indicators</b>	<b>Assumptions</b>
<p><b>VI. Objective:</b>  <b>Develop human resources capable of ensuring that the entire population receives quality health services</b></p>	<p>Number and type of qualified staff by level.  Number and type of accredited training institutes.</p>	<p>Political will.  Technical and financial support</p>
<p><b>Strategy 6.1:</b>  <b>Introduction of institutional and political framework for management of human resources appropriate to the needs of the sector</b></p> <p><b>Action 1:</b> Development/adaptation of institutional and political framework for HR management.  <b>Action 2:</b> Strengthening of HR planning by category and by level in system.  <b>Action 3:</b> Planning for integrating health professionals in training in Cuba.  <b>Action 4:</b> Integration of human resources in the system according to a career plan.  <b>Action 5:</b> Registration of professionals.  <b>Action 6:</b> Organization of a State examination for health professionals.</p>		
<p><b>Strategy 6.2:</b>  <b>Bringing the qualifications of operational personnel up to standard</b></p> <p><b>Action 1:</b> Introduction of a continued training system for the sector.</p>		

Objectives/Strategies	Indicators	Assumptions
<p><b>Strategy 6.3:</b> <b>Production of human resources consistent with the sector's needs</b></p> <p><b>Action 1:</b> Development of a framework for partnerships between the MPHP and private and public training institutions.</p> <p><b>Action 2:</b> Strengthening of initial training.</p> <p><b>Action 3:</b> Conversion of Health Management Information and Training Center into National School of Public Health.</p> <p><b>Action 4:</b> Planning of specialization needs.</p> <p><b>Action 5:</b> Adaptation of social service taking public-private partnership into account.</p>		
<p><b>Strategy 6.4:</b> <b>Geographically equitable allocation of human resources according to needs</b></p> <p><b>Action 1:</b> Deployment of human resources based on need.</p>		<p>HR needs defined by the departmental offices.</p>
<p><b>Strategy 6.5:</b> <b>Enhanced status of public service</b></p> <p><b>Action 1:</b> Development of career management profiles and tools.</p> <p><b>Action 2:</b> Improvement of working conditions.</p> <p><b>Action 3:</b> Promotion of equitable compensation.</p>		



<b>Subject Area 7: Essential Drugs</b>		
<b>Objectives/Strategies</b>	<b>Indicators</b>	<b>Assumptions</b>
<p><b>VII. Objective:</b>  <b>Guarantee the population's access to essential drugs (INN - International Non-Proprietary Name)</b></p>	<p>Pharmaceutical law passed.  Central purchasing office and outlying stations with administrative and financial autonomy.  Number of inventory breakdowns in outlying stations.  Number of inventory breakdowns in health institution pharmacies.</p>	
<p><b>Strategy 7.1:</b>  <b>Preparation of an official document on the National Pharmaceutical Policy, including policy on essential drugs</b></p> <p><b>Action 1:</b> Completion and submission of National Pharmaceutical Policy document to the process of validation by ad hoc groups.</p>		<p>Political stability.  Political will.</p>
<p><b>Strategy 7.2:</b>  <b>Introduction of an effective system for supply of essential drugs (INN) for state and philanthropic health facilities</b></p> <p><b>Action 1:</b> Revision of existing supply (based on PROMESS) and distribution system.</p>		

Objectives/Strategies	Indicators	Assumptions
<p><b>Strategy 7.3:</b> <b>Strengthening of pharmaceutical inspection and control services</b></p> <p><b>Action 1:</b> Strengthening of the Pharmaceutical Control Division in terms of human resources, training and equipment. <b>Action 2:</b> Development of a charter on donated medications. <b>Action 3:</b> Installation of a national quality control laboratory.</p>		<p>Creation of a quality control laboratory.</p>
<p><b>Strategy 7.4:</b> <b>Improved accessibility of essential drugs on the national list by level, at an affordable and standardized cost</b></p> <p><b>Action 1:</b> Review of existing system for setting prices for medications. <b>Action 2:</b> Rationalization of prescriptions. <b>Action 3:</b> Universal access to certain medications. <b>Action 4:</b> Improved access to essential drugs for certain vulnerable groups.</p>		<p>Definition of the role of health departments and central pharmacies office in supervision.</p>
<p><b>Strategy 7.5:</b> <b>Development of national capacity to manufacture medications</b></p>		

<b>Subject Area 8: Financing</b>		
<b>Objectives/Strategies</b>	<b>Indicators</b>	<b>Assumptions</b>
<p><b>VIII. Objective:</b>  <b>Increase and rationalize financial resources in order to allow for improvements in the supply of service in the context of sectoral reform</b></p>	<p>Budget passed, produced by MPHP.  Disbursement by department, by institution.  Number of indigent patients managed by facility.  Number and type of mutual health funds and number of mutual health fund members.  Pricing of services</p>	<p>Budgetary support.  Technical support.</p>
<p><b>Strategy 8.1:</b>  <b>Secure the financial resources needed for proper operation of the health system</b></p> <p><b>Action 1:</b> Securing regular availability of MPHP resources, compared to system needs.  <b>Action 2:</b> Mobilization of funds.  <b>Action 3:</b> Promotion of solidarity mechanisms.  <b>Action 4:</b> Development of resource allocation mechanisms.</p>		
<p><b>Strategy 8.2:</b>  <b>Regulate the financing subsystem of the health sector</b></p> <p><b>Action 1:</b> Introduction and monitoring of regulations adapted to financial system.  <b>Action 2:</b> Introduction of a decentralized management system based on results.</p>		<p>Political will</p>

**ANNEX 2: ESTIMATED COST FOR IMPLEMENTATION OF THE STRATEGIC PLAN**

**1. Cost of workshops to develop operational plans and action plans.**

Estimate for 11 departmental workshops and a central workshop: 3,000,000 gourdes.

**2. Estimated cost to implement the strategic plan**

In total, the investment would amount to US\$104.9 million over five years, while the operational costs would increase by 24% over the course of five years.

- **Estimated cost for implementation of the BPS, in millions of gourdes**

Investment for one CHU covering 200,000 inhabitants: 1.62

Operations for one CHU covering 200,000 inhabitants:

	State	User contribution	Total
With amortization	9.91	2.69	12.60
Without amortization	6.77	2.62	9.39

- **Estimated cost of health system operations per year, in millions of gourdes (based on 10 additional CHUs in operation per year starting in the second year). Government's portion.**

	Year 1	Year 2	Year 3	Year 4	Year 5
MPHP operations, including CHUs (excl. amortization)	626.1	649.6	667.4	693.8	727.6
MPHP operations, including CHUs (with amortization for the CHUs)	644.7	699.8	749	806.7	872
Priority programs (EPI, Tuberculosis, STDs/AIDS, filariasis, school health)					
<b>TOTAL</b>					

**3. Estimated cost of investment by area (based on 10 additional CHUs in operation per year starting in the second year) In US dollars.**

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
Decentralization- CHU, supply of health care-BPS, medications	17,104,957	18,543,597	19,304,807	19,352,557	19,354,657	<b>93,660,575</b>
Regulation	803 020	234,560	156,010	161,660	146,660	<b>1,501,901</b>
Health information system	853,060	410,550				<b>1,263,600</b>
Financing	47,090	493,520	511,450	1,555,160	2,696,850	<b>5,403,070</b>
Human resources	452,848	438,148	344,248	357,448	375,048	<b>1,967,738</b>
<b>TOTAL</b>	<b>19,260,965</b>	<b>20,120,375</b>	<b>20,316,515</b>	<b>21,426,825</b>	<b>22,573,215</b>	<b>104,961,493</b>

**ANNEX 3: THE BPS**

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**A: PRINCIPLES**

## **I. REFERENCE FRAMEWORK FOR BASIC PACKAGE OF SERVICES**

### **1. Definition**

The BPS is a basic set of integrated essential interventions, selected from among the most effective, that the State, based on resources, undertakes to make accessible to the entire population in order to raise their general level of health.

#### **What does *basic* mean?**

What everyone needs.

What everyone will have at a minimum!

It is important to make it clear here that this notion of “basic” (which could also be written essential) will not prevent those active in the health field from exceeding their objectives based on specific strategies and available resources. For example, with respect to basic resources deployed in outlying areas, the ministry will prefer to have one physician per community. At the CRH, it will prefer to have one surgeon whenever possible, if it manages to offer the necessary incentives.

### **2. Criteria for developing the BPS**

The BPS should respond to priority health problems, i.e.:

- Problems perceived as important by the population;
- Problems identified as serious/frequent health problems, due to their morbidity/mortality and where something can be done to combat them.

These priority problems should justify interventions that are:

- Efficient (cost effective)
- Feasible
- Acceptable to the population.

The BPS should also be able to satisfy health care needs based on a hierarchy (by level), in integrated form (care, services and providers), and equitably (accessible everywhere and to everyone).

## **II. DEVELOPMENT PHASES**

The Basic Package of Services (BPS) at the primary care level at the bottom of the health pyramid has been developed during the course of a long process in which central offices and national programs have first participated. Following this preparatory work, the Health Services Organization Division coordinated an expanded workshop in which the central offices and departmental health offices participated, along with Ministry of Health partners. This workshop made it possible to detail the range of health care to be provided according to the target population. This work was then consolidated at the request of the Minister of Health by a group of experts coordinated by the General Director of the MPHP.



This same process made it possible to identify the other important elements of the BPS at the primary level, i.e.: basic laboratory tests, dental services provided, essential drugs, and management tools.

**The BPS by level or by tier includes three broad groups:**

- The range of care (promotional, preventive and curative interventions);
- Clinical support activities (basic laboratory tests, dental services, medications) and administrative support activities (HIS and management and coordination tools);
- The resources necessary to implement the BPS: facilities, equipment and material, personnel.

### **III. CHARACTERISTICS**

#### **1. The range of care**

The range of care is presented by target populations, particularly women, in that resolving women's health problems is the starting point for reorganization of the system as a whole. This incorporates two fundamental principles of the health system reorganization undertaken by the Ministry of Public Health and Population (MPHP).

The first of these principles is the organization within the Community Health Unit (CHU) of a network of institutions (private, mixed or public) as well as medical and treatment offices offering complementary care in a coordinated way. The point where the patient enters the health care center is an existing health center with beds or a private medical office.

The community reference hospital (second tier) is the first reference institution within the system.

First tier facilities treat patients whose health problems are within their competence, and prepare and refer patients who cannot be treated at this tier. Similarly, the community reference hospital (CRH) receives serious cases and refers to the departmental hospital those patients who cannot be treated at that level. In addition, the CRH organizes the patient's counter-referral.

The second principle is the comprehensive care approach. At the primary level, the dynamics of programs must be integrated within services capable of resolving the most frequent health problems. All illnesses must be managed. The document emphasizes those illnesses that are subject to a particular effort by the system to combat them. At the level of the first tier, diagnostic aid documents (algorithms) will have to be developed or updated to enable staff at this level to work effectively.

## **2. Clinical and administrative support activities**

Medications are the basis for all activity in the system. The population's access to essential drugs prescribed by qualified personnel and the continuity of treatment in the network of institutions but also at the patient's home represents an absolute priority of the Ministry of Health. The list of essential drugs is defined by level and by tier (primary level). This is also true in the case of basic laboratory tests.

The health system's management tools must serve both better management and information within the particular institution and the system as a whole. A range of tools is defined by level and by tier (primary level).

## **3. Technical phase**

The technical phase is presented by tier. It represents the resources needed in terms of personnel, facilities, equipment and material in order to offer, based on the available budget, the range of health care defined for each of the tiers in the primary level of the health pyramid.

Staffing needs are the most difficult to negotiate in that any decision in this area involves sizeable budgets but, above all, extremely significant training and human resource management efforts. The post-workshop negotiations of the group of experts took these constraints into account while preserving quality in the health care benefits defined.

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**B: RANGE OF CARE**

## **I. INTERVENTIONS AT THE COMMUNITY LEVEL**

*Actions to be taken to improve the social and health conditions of the population must be based on the qualifications and capabilities of the State's human resources as well as those of the private sector. These actions will be supported by local health committees.*

### **1. Women of child-bearing age**

#### **1.1. Promotional activities among women of child-bearing age**

- Turning to the health center for monitoring of pregnancy and childbirth (PNC, childbirth monitored by qualified staff and post-partum care);
- Turning to the health center if there are warning signs during pregnancy;
- Turning to the health center if there are warning signs during a miscarriage;
- Following recommended behavior to prevent STDs/AIDS;
- Using family planning;
- Using family planning with HIV positive women;
- Considering HIV/AIDS screening among pregnant women.

#### **1.2 Promotional activities among the general population**

- Turning to the health center for monitoring pregnancy and childbirth (PNC, monitoring of childbirth and post-partum care by qualified staff);
- Turning to the health center if there are warning signs during a miscarriage;
- Using family planning with HIV positive women;
- Following recommended behavior to prevent STDs/AIDS;
- Using family planning;
- Promoting anti-tetanus vaccine;
- Using insecticide-treated mosquito nets for infants and pregnant women;
- Role of midwives, traditional practitioners and health workers;
- Recommended behavior in oral/dental and bodily hygiene.

#### **1.3 Surveillance and rapid response**

- Reporting and systematic investigation (verbal autopsy) in cases of maternal death.

### **2. Children under the age of 5**

#### **Promotional activities among mothers and caretakers**

- Good infant nutrition;
- Signs of serious illness in newborns and infants;
- Turning to the health center in case of illness;
- Care to support the newborn and infant;
- Combating fecal risk in newborns (clean hands/food);
- Measures to take to avoid household accidents among children;
- Behavior adjustments when a child has sickle cell anemia;
- Frequent pediatric consultations;

- Vaccination (route and campaigns);
- Recommended behavior in oral/dental and bodily hygiene.

### **3. Older children**

#### **3.1 Promotional activities and social mobilization among the population**

- Access to potable water and latrines and networking of health centers/schools;
- Combating sexual abuse;
- Elimination of parasites;
- Development of playgrounds and sports fields;
- Behavior adjustments to combat addiction risks (tobacco, alcohol, drugs);
- Behavior adjustments to deal with mental disorders;
- Recommended behavior in oral/dental and bodily hygiene.

#### **3.2 Promotional activities among students**

- Clean bodies and clothes;
- Appropriate behavior for combating fecal risk (clean hands/food);
- Good dental hygiene.

#### **3.3 Detection and guidance for school teachers**

- Common illnesses (annex 2);
- Typhoid fever;
- Visual problems;
- Oral/dental pathology.

### **4. Adolescents**

#### **4.1 Promotional activities among the population in places frequented by youth**

- Development of playgrounds and sports fields.

#### **4.2 Promotional activities among youth**

- Recommended behavior against the dangers of alcohol, tobacco and drugs;
- Recommended behavior against STDs/AIDS;
- Behavior to avoid early and unwanted pregnancies;
- Turning to the health center in the cases of rape, miscarriage or early pregnancy.

### **5. General adult population**

#### **5.1 Promotional activities among the population**

- Behavior adjustments against the risks of STDs/AIDS;
- Voluntary HIV screening (pregnant women, at-risk individuals, blood donors);
- Behavior adjustments against rape and sexual violence;

- Turning to the health center in the cases of rape or STDs;
- Forum for discussing abortion;
- Family planning;
- Strategies for combating cervical cancer;
- Behavior adjustments to combat fecal risk (hygiene and waste disposal);
- How anthrax is spread;
- Recommended behaviors for combating tuberculosis (knowing the symptoms and the need to go to the health center when this disease is suspected);
- Recommended behaviors when an animal is suspected of having rabies;
- Combating vectors (mosquito net, eliminate breeding sites);
- Community participation in vaccination activities;
- Behaviors for turning to health center in cases of illness or accident;
- Healthy nutrition with the use of iodized salt;
- Behaviors for preventing thesaurismoses;
- Recommended behaviors in oral/dental and bodily hygiene;
- Joint actions affording access to health care for the poorest groups;
- Community organization able to participate in health evacuations to the health center.

## **5.2 Community activities for the population at large**

- Widespread distribution of anti-filariasis medications;
- Combating mosquito breeding sites;
- Screening for visual problems.

## **5.3 Surveillance and rapid response**

### **Detection and guidance toward the health center**

- For suspected cases of measles or other vaccine preventable diseases;
- For suspected cases of rabies;
- For reporting births and deaths.

## II. FIRST TIER INTERVENTIONS

### 1. Women of child-bearing age

#### 1.1 Promotion:

- HIV/AIDS screening;
- Family planning;
- Sexual and reproductive behaviors for avoiding STDs and unwanted pregnancies;
- Behaviors for avoiding toxoplasmosis;
- Anti-tetanus vaccination (campaigns);
- Recommended behaviors in oral/dental and bodily hygiene.

#### 1.2 Prevention:

- Anti-tetanus vaccine (in the context of campaigns);
- Family planning consultations.

#### 1.3 Curative activities:

- Management and/or referral of common pathologies (2) and follow-up of counter-referrals;
- Management and/or referral of specific pathologies and follow-up of counter-referrals;
- Common gynecological pathologies;
- STDs;
- Rape and violence;
- Follow-up of HIV/AIDS cases referred.

### 2. Pregnant women

#### 2.1 Promotion:

Among women attending the health center:

- Voluntary HIV/AIDS screening;
- PNC;
- Childbirth monitored by qualified staff;
- Turning to health center when symptoms indicate a complication in pregnancy;
- Proper care and feeding of infants;
- Recommended behaviors in oral/dental and bodily hygiene.

#### 2.2 Prevention:

- PNC consultations (three per pregnant women);
- ? Prevention of tetanus, anemia and malaria (in highly endemic area)
- ? Immediate management and referral of pregnancies with complications (pre-, during, post-partum.
- Supervision of midwives.

### **2.3 Curative activities:**

Management and/or referral and follow-up of counter-referral:

- Monitoring of labor and childbirth (by qualified staff);
- Basic emergency obstetrical care (BEOC) in case of complications during pregnancy, childbirth, or abortion;
- Intercurrent illnesses (tetanus, malaria, anemia);
- General pathologies.

### **2.4 Surveillance and rapid response:**

- Reporting of maternal deaths occurring within the health center and in the community;
- Participation in the review of maternal deaths at the CHU level;
- Reporting of perinatal deaths;
- Issuance of birth and death certificates.

## **3. Children under the age of five**

### **3.1 Promotion**

Promotional activities for children among mothers and caregivers:

- Breast-feeding immediately and exclusively (up to six months) of newborns;
- A macro and micro-nutrient enriched diet;
- Ways to protect newborns against vectors (mosquito net);
- Knowing the symptoms of serious illness in newborns and infants;
- Good bodily and oral/dental hygiene;
- Precautions for avoiding household accidents involving children.

### **3.2 Prevention:**

- Nutritional follow-up and education;
- Macro and micro-element supplementation;
- EPI vaccination;
- Elimination of parasites (campaigns);
- Healthy baby preventive/promotional consultations.

### **3.3 Curative activities:**

Management and/or referral (if necessary) of newborns and follow-up of counter-referral

- Prematurity and hypotrophy;
- Respiratory distress;
- Neonatal eye problems.

Management and referral (if necessary) of newborns and follow-up of counter-referral

- Pathologies taken into account in IMCI (3);
- Medical-surgical emergencies (including burns);
- Traumas;



- Malaria;
- Tuberculosis (detection and follow-up after referral);
- Microbial dermatosis, ectoparasitosis;
- Eye infections;
- Soft tissue infections.

#### **4. Older children**

##### **4.1 Promotional and social mobilization activities**

- Access to potable water and latrines and networking of health centers/schools;
- Elimination of parasites;
- Screening for visual problems;
- Recommended behavior in oral/dental and bodily hygiene.

##### **4.2 Curative activities**

Management and/or referral (if necessary) and follow-up of counter-referrals:

- General pathologies (2);
- Medical-surgical emergencies (including burns);
- Traumas;
- Tuberculosis (detection and follow-up after referral);
- Malaria;
- Sickle cell anemia;
- Oral-dental pathologies.

#### **5. Adolescents**

##### **5.1 Promotion among adolescents**

- Responsible behavior against the dangers of alcohol, tobacco and drugs;
- Behavior adjustment against STDs/AIDS;
- Behavior adjustment to prevent early pregnancies;
- Family planning consultation;
- Turning to health center in cases of rape, miscarriage or pregnancy;
- Recommended behaviors in oral/dental and bodily hygiene.

##### **5.2 Curative activities**

Management and/or referral (if necessary) and follow-up of counter-referrals:

- General pathologies;
- Medical-surgical emergencies (including burns);
- Traumas;
- Addiction (tobacco, alcohol, drugs), mental health;
- Adolescent pregnancy and complications from abortion;
- Typhoid and paratyphoid fever;
- Tuberculosis (detection and follow-up after referral).

## **6. General adult population**

### **6.1 Promotion**

- Adjusted behaviors to avoid risks of STDs/AIDS;
- Family planning;
- Knowing how anthrax is spread;
- Recommended behaviors to combat tuberculosis.
- Behaviors for preventing gastro and duodenal disorders, thesaurismoses.

### **6.2 Prevention**

- Screening for AHT;
- Screening for diabetes;
- Screening for visual problems.

### **6.3 Curative activities**

Management and/or referral (if necessary) and follow-up of counter-referrals:

- General pathologies (2);
- Medical-surgical emergencies (including burns);
- Acute abdominal syndrome;
- Malaria;
- Tuberculosis;
- Leprosy;
- Filariasis;
- Diabetes;
- Typhoid and paratyphoid fever;
- Anthrax;
- Oral-dental pathology;
- Enlarged prostate;
- Mental health;
- Loss of autonomy among the elderly and handicapped.

Case detection:

- Cholera.

### **6.4 Surveillance and rapid response**

- Detection and interruption of epidemics (vaccine preventable diseases);
- Introduction of a warning and rapid response system against cholera;
- Mandatory reporting of target diseases (according to MPHP list);
- Reporting of deaths and issuance of death certificates.

### **III. SECOND TIER INTERVENTIONS**

#### **1. Women of child-bearing age**

##### **1.1 Promotion**

Among women going to the CRH:

- Family planning;
- Participation in anti-tetanus vaccination campaigns;
- Recommended behavior in terms of preventing STDs/AIDS;
- Importance of HIV screening among women of child-bearing age.

Among HIV positive women going to the CRH:

- Family planning;
- Behaviors to avoid dangers and potential complications of pregnancy.

##### **1.2 Prevention (referral)**

- Family planning consultation;
- Screening for cervical cancer and referral to secondary level;
- Screening for STDs/AIDS;
- Prenuptial examination (sickle cell anemia; syphilis, blood group).

##### **1.3 Curative activities**

Management of referred or serious cases, followed by counter-referral:

- General pathologies (2);
- Common gynecological pathologies (1);
- STDs/AIDS;
- Rape and violence;
- Spontaneous or induced abortions;
- Cervical cancer;
- Breast cancer.

#### **2. Pregnant women**

##### **2.1 Promotion among pregnant women going to CRH**

- Recommended behaviors during pregnancy (recognize warning signs, going to CRH);
- Childbirth monitored (by qualified staff);
- Going to CRH when symptoms indicate complications in pregnancy;
- Voluntary screening for HIV and counseling for pregnant women.

##### **2.2 Prevention (referral)**

- PNC (3 visits);
- Labor and childbirth monitored by qualified staff;
- Post-partum follow-up (of referred cases, followed by counter-referral);
- Voluntary screening for HIV infections among pregnant women and counseling;

- Family planning consultation;
- Transmission of HIV from seropositive mother to child.

### **2.3 Curative activities**

Management of referred or serious cases, followed by counter-referral:

- Provision of comprehensive emergency obstetric care (CEOC), particularly for complications from childbirth or abortion;
- Intercurrent illnesses (tetanus, malaria, anemia);
- General pathologies (2).

Management of seropositive pregnant woman and counter-referral:

- Anti-retroviral treatment (HIV/AIDS and opportunistic diseases).

### **2.4 Surveillance and rapid response**

- Reporting and review of maternal death cases;
- Monitoring of indicators;
- Reporting of perinatal deaths;
- Issuance of death and birth certificates.

## **3. Children under the age of 5**

### **3.1 Promotion among women delivering at the CRH**

- Immediate and exclusive (up to six months) breastfeeding of newborns;
- A macro and micro-nutrient enriched diet;
- Ways to protect newborns against vectors (mosquito net);
- Knowing the symptoms of serious illness in newborns and infants;
- Good oral/dental and bodily hygiene;
- Precautions for preventing household accidents involving children.

### **3.2 Prevention**

- Transmission of HIV from the seropositive mother to the child;
- Prophylaxis for opportunistic diseases in HIV seropositive children.

### **3.3 Curative activities**

Management and counter-referral of newborns:

- Neonatal jaundice;
- Prematurity and hypotrophy;
- Acute respiratory distress;
- Neonatal eye problems.

Management of referred or serious cases followed by counter-referral:

- Pathologies taken into account in IMCI (3);
- Medical-surgical emergencies (including burns);
- Traumas;
- Vaccine preventable diseases;

- Malaria;
- Tuberculosis;
- Disorders associated with fecal risk;
- Soft tissue infections;
- Sickle cell anemia;
- Eye infections;
- Microbial dermatosis and ectoparasitosis;
- Oral and dental pathology.

#### **4. Older children**

Management of referred or serious cases followed by counter-referral:

- General pathologies (2);
- Medical-surgical emergencies (including burns);
- Traumas;
- Sickle cell anemia;
- Typhoid and paratyphoid fever;
- Malaria;
- Tuberculosis;
- Leprosy;
- Visual problems;
- Oral-dental pathologies;
- Aggression and sexual abuse involving children.

#### **5. Adolescents**

##### **5.1 Promotion**

Among adolescents attending the CRH:

- Recommended behaviors against alcohol, tobacco and drugs;
- Sexual behaviors recommended against STDs/AIDS;
- Family planning;
- Turning to health center in cases of rape, complications from abortion;
- Turning to health center in case of pregnancy.

##### **5.1 Prevention**

- Family planning;
- HIV screening and counseling in cases of at-risk behavior, abortion or as requested.

##### **5.3 Curative activities**

Management of referred or serious cases followed by counter-referral:

- General pathologies;
- Medical-surgical emergencies (including burns);
- Traumas;
- Psychiatric pathologies;
- Addiction (tobacco, alcohol, drugs);

- STDs and HIV seropositive;
- Typhoid and paratyphoid fever;
- Malaria;
- Tuberculosis;
- Leprosy

Management of referred or serious cases followed by counter-referral:

- Rapes;
- Complications from abortion;
- Pregnancies and childbirths.

## **6. General adult population**

### **6.1 Promotion among people attending the CRH**

- Family planning;
- Turning to health center in case of rape;
- Responsible behavior against STDs and AIDS and turning to health center in case of STDs;
- Behavior adjustment against fecal risk and for better hygiene (clean hands/food; elimination of waste);
- Recommended behavior in oral/dental and bodily hygiene;
- Recommended behavior to combat tuberculosis (knowing the symptoms and the need to go to the health center or the CRH if this disease is suspected);
- Recommended behavior to prevent gastroduodenal disorders;
- Recommended behavior to prevent thesaurismoses;
- Recommended behavior to prevent AHT.

### **6.2 Prevention (referral)**

- STD screening;
- HIV/AIDS screening;
- AHT screening;
- Diabetes screening;
- Syphilis screening;
- Dental scaling.

### **6.3 Curative activities**

Management of referred or serious cases followed by counter-referral:

- General pathologies;
- Opportunistic diseases of AIDS;
- AIDS treatment;
- Medical-surgical emergencies (including burns);
- Traumas;
- Surgical treatment of hernias, lipomas and benign tumors of the skin, circumcision;
- Typhoid and paratyphoid fever;

- Anthrax;
- Malaria;
- Filariasis;
- Acute abdominal syndromes;
- Decompensated cardiopathies;
- Enlarged prostate;
- Oral and dental infections;
- Visual deficit;
- Management of loss of autonomy among the elderly and handicapped.

Confirmation and introduction of treatment (follow-up) before counter-referral:

- Tuberculosis;
- Psychiatry;
- AHT;
- Diabetes.

#### **6.4 Surveillance and rapid response**

- Detection and interruption of epidemics;
- Detection and interruption of a cholera epidemic;
- Mandatory reporting of target diseases (according to MPHP list);
- Reporting and systematic review of death cases;
- Issuance of death certificates.

## **ANNEXES**



## **ANNEX 1: Common gynecological pathologies**

- Amenorrhea
- Dysmenorrhea
- Fibromyomas
- Metorrhagia
- Premenstrual syndrome
- Genital prolapse
- Menopause
- Salpingitis
- Ovarian cyst
- Breast abscess

## **ANNEX 2: General pathologies**

### Traumatology/Toxicology:

- Luxations
- Fractures
- Bites
- Wounds
- Burns
- Drowning
- Electrocutation
- Blindness and poisoning
- Ingestion of chemicals
- Inhalation of petroleum products
- Alcoholism
- Tobacco addiction
- Use of narcotics

### Nutritional pathology:

- Protein-energy malnutrition
- Vitamin A deficiency
- Anemia
- Disorders due to a lack of iodine

### General infectious diseases:

- Malaria
- Typhoid and paratyphoid disease
- AIDS
- Lymphatic filariasis

### Skin:

- Anthrax
- German measles and other eruptive diseases
- Eczema
- Ringworm
- Scabies
- Pyodermatitis
- Warts

### Soft tissues:

- Abscesses and paronychia
- Adenitis

### Joints and bones:

- Rheumatic fever

- Purulent arthritis
- Acute osteomyelitis

Nervous system:

- Meningitis and meningoencephalitis
- Hyperpyretic convulsions
- Acute anterior poliomyelitis
- Cerebrovascular accidents
- Coma/loss of consciousness

Eyes

- Injuries to and foreign bodies in the eye
- Conjunctivitis
- Infection of the ocular adnexa
- Xerophthalmia
- Visual deficit

Upper respiratory tract:

- Foreign body in respiratory tract
- Epistaxis
- Rhinitis and rhinopharyngitis
- Sinusitis
- Otitis
- Auditory deficit
- Sore throats and infected tonsils
- Gingivostomatitis (herpetic)
- Oral candidosis (simple)
- Dental infections
- Laryngitis

Lower respiratory tract

- Asthma
- Bronchitis, whooping cough
- Bacterial pneumonias
- Pulmonary tuberculosis

Heart and vessels:

- Rheumatic heart disease
- Diphtheric heart disease
- Hypertension

Digestive tract, liver and bile ducts

- Diarrheal and dysenteric diseases
- Cholera

- (Para)typhoid fevers
- Viral hepatitis
- Hepatic amoebic abscess
- Intestinal parasites
- Gastritis
- Gastroduodenal ulcer
- Appendicitis
- Hernias
- Acute abdominal syndromes

Kidney and urinary tract:

- Urinary infections
- Nephritic and nephrotic syndromes

Male genital organs:

- Phimosis and its complications
- Testicular ectopy
- Testicular torsion
- Syphilis
- Gonococcal urethritis
- Other male STDs

Endocrine pathology:

- Sugar diabetes

### **ANNEX 3: List of Illnesses Managed under the IMCI**

The integrated management of childhood illnesses affects the overall health of the child. However, it is particularly concerned with infectious diseases such as:

- Diarrhea and dysentery
- Acute respiratory infections (pneumonia) and asthma
- Febrile diseases (malaria, meningitis, typhoid, etc.)
- Vaccine preventable diseases (measles, diphtheria, tetanus, poliomyelitis, whooping cough, tuberculosis)
- Throat problems (strep throat, throat abscess)
- Ear problems (acute and chronic ear infection, mastoiditis)
- Severe bacterial infections in infants (neonatal septicemia, meningitis, tetanus, severe umbilical infection, severe neonatal conjunctivitis)
- Local bacterial infections (cutaneous pustules, umbilical infection, infection at eye level, etc.)
- Malnutrition
- Microelement deficiency (vitamin A, iron, iodine)
- Anemia
- Parasitoses

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**C. LABORATORY TESTING SERVICES OFFERED**

## **I. FIRST TIER LABORATORY TESTS**

Staff responsible for clinical activities performs the following tests:

- Hemoglobinemia (rapid test)
- Syphilis (syphilis rapid test)
- Plasmodium (malaria rapid test)
- Pregnancy test
- Urine tests: blood, sugar, leucocytes, PH (stick)
- Serum collection (by sedimentation) for referral to CRH laboratory
- Preparation of slides for TB and leprosy

## **II. SECOND TIER LABORATORY TESTS**

### **I. HEMATOLOGY**

- Hemogram
- Hemoglobin
- Hematocrit
- White blood cell count
- Complete blood count
- Platelets
- Reticulocytes
- Sickling test
- Sedimentation rate
- Malaria test
- Microfilaria test
- Blood typing (The CRH laboratory is able to do blood transfusions by stocking blood bags pretreated by the departmental transfusion center. It can also draw blood and do whole blood transfusions in the case of an interruption in the stock of blood bags supplied by the transfusion center).
- Bleeding time
- Coagulation time

### **II. PARASITOLOGY**

- Stool: parasite test
- Stool: white blood cell test
- Stool: occult blood test

### **III. IMMUNOSEROLOGY**

- RPR
- HIV (rapid test)
- Hepatitis B (needle stick)
- CRP
- ASO
- Widal test (O and H antigens)
- Rheumatoid factor (RA latex)
- Pregnancy test
- BHCG

### **IV. BODY FLUID CYTOLOGY**

- Routine urine test
- Body fluids: CRF, pleural, synovial, ascites, sperm fluid
- Vaginal smear and hanging drop culture
- Urethral smear
- Secretion smear



- Sputum (mycobacterium tuberculosis detection)
- Pap smear (taking sample, preparing slide, DH referral)

**V. BIOCHEMISTRY**

- Blood chemistry: glycosemia, urea, urea nitrogen, creatinemia
- Induced hyperglycemia
- Total cholesterol
- Transaminase and bilirubin (for preoperative balance)
- Renal balance: urea nitrogen, urea, creatin
- Serum proteins
- Urinary proteins

**VI. BACTERIOLOGY**

- Gram stain
- Transport media (culturette)

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**D. DENTAL SERVICES OFFERED**

## **DENTAL SERVICES OFFERED**

### **I. FIRST TIER**

Staff responsible for clinical activities provides:

- Training for teachers and health care workers in oral/dental health;
- Oral/dental health examinations to detect the principal dental and periodontal pathologies;
- First aid to relieve pain and respond to emergencies (pulpitis, infections)
- Referring patients to dentist.

### **II. SECOND TIER**

- Prophylaxis and application of cement to seal pits and fissures in permanent first molars;
- Temporary eugenate fillings;
- Permanent GIC (glass ionomer cement) fillings on temporary and permanent teeth (class I and V cavity);
- Permanent amalgam and/or photopolymerizable composition fillings;
- Single and double root canal treatment;
- Extractions;
- Dental examinations and referrals to higher level;
- Prescription for emergencies and pain;
- Alginate dental impressions and model casting;
- Fabrication of full and partial resin prostheses;
- Prevention and education activities.

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**E. ESSENTIAL DRUGS**

## FIRST TIER

INN	PRESENTATION	DOSE
ASA (acetylsalicylic acid)	Tablet	500mg
ASA (acetylsalicylic acid)	Tablet	100mg
Activated charcoal	Powder	
Albendazole	Tablet	400mg
Alcoholic Milan solution	Solution	
Alphamethyl dopa	Tablet	250mg
Aluminum hydroxide/Mg	Suspension	
Amoxicillin	Suspension	125mg/5ml
Amoxicillin	Tablet	250mg
Amoxicillin	Tablet	500mg
Ampicillin	Injection	0.5mg
Ampicillin	Injection	1g
Anti-diphtheria serum		
Anti-hepatitis B vaccine		
Anti-measles vaccine	Injection	2 doses
Anti-measles and German measles vaccine	Injection	
Anti-meningitis vaccine		
Anti-polio vaccine	Oral drop	3 doses
Anti-rabies vaccine	injection	
Anti-tetanus serum	Injection	1,500 IU
Aqueous Milan solution	Solution	
BCG vaccine		
Beclamethasone	Spray	250:g/puff
Benzathine penicillin	Inj/10ml	2.4IU
Benzyl benzoate	Solution	25%
Benzylpenicillin	Injection	0.6g (1MIU)
Butyl scopolamine	Tablet	20mg/ml
Calamine	Lotion	
Chloramphenicol	Capsule	250mg
Chloramphenicol	Injection	1g
Chloramphenicol	Drop	4%
Chloramphenicol	Suspension	150mg/5ml
Chloroquine	Tablet	150mg
Chloroquine	Suspension	50mg/5ml
Cimetidine	Tablet	400mg
Cotrimoxazole	Tablet	100/20mg
Cotrimoxazole	Suspension	400/80mg
Crystalline penicillin G	Injection	1MIU
DTP vaccine	Injection	3 doses
Dextrose water	Injection/500ml	5%
Dextrose water	Injection/1000ml	5%

Diazepam	Tablet	5mg
Diethyl carbamazine	Tablet	50mg
Distilled water	Injection	5ml
Distilled water	Injection	10ml
Doxycycline	Tablet	100mg
Ethyl alcohol	Liquid	70°
Erythromycine	Tablet	250mg
Erythromycine	Tablet	500mg
Ethambutol	Tablet	400mg
Ethambutol/INH	Tablet	400/150mg
Ethinyl estradiol and levonorgestrel	Tablet	0.03mg+0.15mg
Furosemide	Tablet	40mg
Gentamycin	Injection	40mg/ml
Gentamycin	Ophthalmic ointment	0.3%
Gentian violet	Powder	25g
Glibenclamide	Tablet	5mg
Glyburide	Tablet	5mg
Griseofulvine	Tablet	500mg
Haemophilus influenzae vaccine		
Hydrochlorothiazide	Tablet	25mg
Hydrocortisone	Cream	1%
Hydrogen peroxide	Solution	3%
Ibuprofen	Tablet	400mg
Insulin R	Injection	40 IU/ml
Insulin NPH	Injection	100 IU/ml
Intrauterine device	Intrauterine	176mg
Ipecac	Suspension	0.14%
Iron-folate	Tablet	200mg/0.25:g
Iron/folic acid	Suspension	
Isoniazide	Tablet	100mg
Isoniazide	Tablet	300mg
Ketoconazole	Tablet	200mg
Medroxyprogesterone	Injection	150mg
Metformine	Tablet	500mg
Methylene blue	Liquid	
Methylergometrine	Tablet	0.125mg
Methylergometrine	Injection	0.2mg/ml
Metroindazole	Tablet	250mg
Miconazole	Skin cream 30gr	2%
Neomycin/bacitra	Ointment 15g	5mg/500 IU/g
Nonoxynol	Vaginal tab	100mg
Norplant (Levonorgestrel)	Implant	36mg
Nystatin	Tablet	500,000 IU
Nystatin	Ovule	100,000 IU
Oral rehydration salts	Oral powder	

Oxytocin	Injection	10 IU
Paracetamol	Tablet	100mg
Paracetamol	Tablet	500mg
Paracetamol	Suspension	125mg/5ml
Phenobarbital	Tablet	50mg
Pilocarpine	Ophthalmic drops	2%
Pilocarpine	Ophthalmic drops	4%
Piperazine	Suspension	500mg/5ml
Podophyllin	Alcohol solution	0.5%
Potassium permanganate	powder	
Potassium chloride	Injection	1g/10ml
Procaine benzylpenicillin	Injection	3g (3MIU)
Promethazine	Solution	5mg/5ml
Pyrazinamide	Tablet	400mg
Ranitidine	Tablet	150mg
Rifampicine	Tablet	300mg
Rifampicine	Suspension	125mg
Rifampicine/INH	Tablet	75/150mg
Rifampicine/INH	Tablet	150/300mg
Ringer's lactate	Injection/500ml	
Ringer's lactate	Injection/1000ml	
Salbutamol	Spray	200:g/puff
Salbutamol	Tablet	4mg
Salbutamol	Suspension	2mg/5ml
Salbutamol	Injection	5mg/ml
Salicylic acid	Cream	1g
Sodium chloride	Injection/500ml	0.9%
Sodium chloride	Injection/1000ml	0.9%
Sodium hypochloride	Solution	
Sulfadiazine (Ag)	Cream	1%
T vaccine (tetanus ad)	Liquid	2 doses
Tetracycline	Ophthalmic ointment	3%
Vitamin A	Tablet	100,000 IU
Vitamin A	Tablet	200,000 IU
Vitamin B1	Tablet	50mg
Vitamin B6	Tablet	25mg
Vitamin K1	Injection	10mg

## SECOND TIER

INN	PRESENTATION	DOSE
Abacivir (ABC)	Tablet	300mg
ASA (acetylsalicylic acid)	Tablet	500mg
ASA (acetylsalicylic acid)	Tablet	100mg
Activated charcoal	Powder	
Acyclovir	Tablet	400mg
Acyclovir	Injection	250mg
Adrenaline	Injection	1mg/1ml
Albendazole	Tablet	400mg
Alcoholic Milan solution	Solution	
Alphamethyl dopa	Tablet	250mg
Aluminum hydroxide/Mg	Suspension	
Aminophylline	Injection/10ml	250mg
Amoxicillin	Suspension	125mg/5ml
Amoxicillin	Tablet	250mg
Amoxicillin	Tablet	500mg
Amoxicillin/clavulanic acid	Tablet	500/125mg
Ampicillin	Injection	0.5g
Ampicillin	Injection	1g
Anti-diphtheria serum		
Anti-hepatitis B vaccine		
Anti-meningitis vaccine		
Anti-measles vaccine	Injection	2 doses
Anti-measles and German measles vaccine	Injection	
Anti-polio vaccine	Oral drops	3 doses
Anti-rabies vaccine	injection	
Anti-tetanus serum	Injection	1,500 IU
Apomorphine HCl	Injection	10mg/10ml
Aqueous Milan solution	solution	
Atenolol	Tablet	50mg
Atenolol	Tablet	100mg
Atropine sulfate	Injection	1mg
Azithromycin	Tablet	500mg
BCG vaccine	Powder (lyophilized)	Single dose
Beclomethasone	Spray	250:g/puff
Benzathine penicillin	Injection/10ml	2.4 IU
Benzyl benzoate	Solution	25%
Benzylpenicillin	Injection	0.6g (1M IU)
Benzylpenicillin	Injection	3g (5 M IU)
Biperiden HCl	Tablet	4mg
Bupivacaine	Injection/200ml	0.5%
Butylscopolamine	Tablet	10mg



Butylscopolamine	Injection/1ml	20mg/ml
Calamine	Lotion	
Calcium gluconate	Injection	1g
Captopril	Tablet	25mg
Captopril	Tablet	50mg
Cephalexin	Tablet	500mg
Chloramphenicol	Capsules	250mg
Chloramphenicol	Injection	1g
Chloramphenicol	Drops	4%
Chloramphenicol	Suspension	150mg/5ml
Chloroquine	Tablet	150mg
Chloroquine	Suspension	50mg/5ml
Cimetidine	Tablet	400mg
Cimetidine	Injection	200mg/2ml
Ciprofloxacin HCl	Tablet	500mg
Clarithromycin	Tablet	500mg
Clindamycin	Tablet	150mg
Cloxacillin	Injection	500mg
Cloxacillin	Capsules	500mg
Codeine	Tablet	30mg
Cotrimoxazole	Tablet	400/80g
Cotrimoxazole	Tablet	800/160mg
Cotrimoxazole	Tablet	100/20mg
Cotrimoxazole	Injection	100/80g
Crystalline penicillin G	Injection	1 M IU
DTP vaccine	Injection	3 doses
Delavirdine (DLV)	Tablet	100mg
Delavirdine (DLV)	Tablet	200mg
Dexamethosone	Injection/1ml	4mg
Dextrose water	Injection/500ml	5%
Dextrose water	Injection/1000ml	5%
Dextrose saline	Injection/500ml	0.33%
Diazepam	Injection/2ml	10mg
Diazepam	Tablet	5mg
Didanosine DDI	Tablet	150mg
Diethylcarbamazine	Tablet	50mg
Digoxin	Tablet	0.25mg
Distilled water	Injection	5ml
Distilled water	Injection	10ml
Dopamine	Injection	200mg/5ml
Doxycycline	Tablet	100mg
Droperidol	Injection/2ml	10mg
Ethyl alcohol	Liquid	70°
Efavirenz, ERV	Tablet	200mg
Enalapril	Tablet	5mg

Ephedrine sulfate	Injection/1ml	100mg
Erythromycin	Tablet	250mg
Erythromycin	Tablet	500mg
Ethambutol	Tablet	400mg
Ethambutol/INH	Tablet	400/150mg
Ethinyl estradiol and levonorgestrel	Tablet	0.03mg+0.15mg
Furosemide	Tablet	40mg
Furosemide	Injection	20mg
Gentamycin	Ophthalmic ointment	0.3%
Gentamycin	Injection	40m/ml
Gentian violet	Powder	25g
Glibenclamide	Tablet	5mg
Glyburide	Tablet	5mg
Griseofulvine	Tablet	500mg
Halothane	Injection/250ml	20%
Heparin	Injection/1ml	25,000 IU
Hydralazine	Injection	20mg
Hydrochlorothiazide	Tablet	25mg
Hydrochlorothiazide-Triamterene	tablet	25mg/50ml
Hydroxocobalamin	Injection	1mg
Hydrocortisone	Cream	1%
Hydrogen peroxide	Solution	3%
Haemophilus influenzae vaccine		
Ibuprofen	Tablet	400mg
Indinavir (IDV)	Capsule	400mg
Insulin R	Injection	40 IU/ml
Insulin NPH	Injection	100 IU/ml
Intrauterine device	Intrauterine	176mg
Ipecac	Suspension	0.14%
Iron-folate	Tablet	200mg/0.25:g
Iron/folic acid	Suspension	
Isoniazide	Tablet	100mg
Isoniazide	Tablet	300mg
Isotonic glucose	Injection	10%
Javel water	Solution	
Ketamine	Injection/10ml	50mg/ml
Ketoconazole	Tablet	200mg
Lamivudine (3T)	Tab	150mg
Lidocaine	Injection	2%
Lopinavir/Ritonavir	Capsule	133/33mg
Magnesium sulfate	Injection/10ml	1.5g
Mannitol	Solution 500ml	10%
Medroxyprogesterone	Injection	150mg
Metformin	Tablet	500mg
Methylene blue	Liquid	

Methylergometrin	Tablet	0.125mg
Methylergometrin	Injection	0.2mg/ml
Metoclopramide	Injection/2ml	10mg
Metroindazole	Tablet	250mg
Metroindazole	Injection	500mg/ml
Miconazole	Skin cream 30gr	2%
Miconazole	Oral gel	2%
Naloxone	Injection	0.4mg
Nelfinavir (NFV)	Tablet	250mg
Neomycin/bacitra	Ointment 15g	5mg/500 IU/g
Neostigmine	Injection/1ml	0.5mg
Nevirapine (NVP)	Tablet	200mg
Nevirapine (NVP)	Suspension	50mg/5ml
Nifedipine	Tablet	10mg
Nifedipine R	Tablet	10mg
Nitroglycerine	Tablet	0.5mg
Nonoxynol	Vaginal tab	100mg
Norplant (Levonorgestrel)	Implant	36mg
Nystatin	Tablet	500,000 IU
Nystatin	Ovule	100,000 IU
Nystatin	Suspension	10,000 IU
Oral rehydration salts	Oral powder	
Oxygen	Bottle	
Oxytocin	Injection	10 IU
Paracetamol	Tablet	100mg
Paracetamol	Tablet	500mg
Paracetamol	Suspension	125mg/5ml
Pentazocine	Tablet	50mg
Pentazocine	Injection	30mg/ml
Phenobarbital	Tablet	50mg
Phenobarbital	Injection	200mg
Pilocarpine	Drops	2%
Pilocarpine	Drops	4%
Piperazine	Suspension	500mg/5ml
Podophyllin	Alcohol Solution	
Potassium chloride	Injection	1g/10ml
Potassium permanganate	Powder	
Procain benzylpenicillin	Injection	3g (3 M IU)
Promethazine	Injection	25mg/ml
Promethazine	Tablet	25mg
Propranolol	Tablet	40mg
Pyrazinamide	Tablet	400mg
Pyrimethamine	Tablet	100mg
Quinine	Injection	250mg/2ml
Ranitidine	Tablet	150mg

Rifabutine	Tablet	300mg
Rifampicine	Tablet	300mg
Rifampicine	Suspension	125mg
Rifampicine/INH	Tablet	75/150mg
Rifampicine/INH	Tablet	150/300mg
Ringer's lactate	Injection/500ml	
Ringer's lactate	Injection/1000ml	
Ritonavir (RTV)	Capsule	100mg
Ritonavir (RTV)	Suspension	600mg/7.5ml
Salbutamol	Spray	200:g/puff
Salbutamol	Tablet	4mg
Salbutamol	Suspension	2mg/5ml
Salbutamol	Injection	5mg/ml
Salbutamol	Injection	5mg/ml
Salicylic acid	Cream	1g
Salicylic acid	Cream	1g
Sodium chloride	Injection/500ml	0.9%
Sodium chloride	Injection/1000ml	0.9%
Sodium chloride	Injection/500ml	0.45%
Stavudine d4T	Tablet	40mg
Streptomycin	Injection	0.75g
Sulfadiazine (Ag)	Cream	1%
T vaccine (tetanus ad)	Injection	2 doses
Tetracycline	Ophthalmic ointment	3%
Timolol (maleate)	Ophthalmic ointment	0.25%
Valacyclovir	Tablet	400mg
Vitamin A	Tablet	100,000 IU
Vitamin A	Tablet	200,000 IU
Vitamin B1	Tablet	50mg
Vitamin B6	Tablet	25mg
Vitamin K1	injection	10mg
Zalcitabine (ddC)	Tablet	0.375mg
Zidovudine (AZT)	Tablet	0.75mg
Zidovudine/Lamivudine (AZT/3TC)	Tablet	300mg+150mg

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**F. HEALTH INFORMATION SYSTEM**

## **I. HEALTH INFORMATION SYSTEM FIRST TIER**

### **1. Tools for Management of Each Patient**

This type of health information system allows institution staff to gather and store medical information on each patient seen by the first tier institution:

- Child's health card;
- Woman's health card;
- Orders in triplicate;
- Individual medical file of cases counter-referred by second tier;
- Birth and death certificates;
- Algorithms and manuals.

### **2. The Institution's Management Tools**

This type of tool allows institution staff to manage the information necessary to ensure on-site monitoring of the institution's operations:

- Records of special BPS activities;
- Records of supply of essential drugs and vaccines;
- Records of supply of inputs;
- Inventory book of medical and non-medical equipment;
- Temperature (refrigerator) monitoring sheet;
- Medications and input requisition forms;
- Account book;
- Manual of management rules and procedures;
- Personnel files, including individual cards describing tasks for staff;
- Generator maintenance log.

### **3. System Tools**

This type of tool allows the person in charge of the institution in question to manage information regarding the institution's relations with the CHU:

- Referral/counter-referral card;
- Monthly report (compilation of records);
- Report on weekly reporting of diseases;
- Logbook (gatherings, meetings, monitoring of community activities, supervisory visits);
- Community activities monitoring book.

## **II. HEALTH INFORMATION SYSTEM SECOND TIER**

### **1. Tools for Management of Each Patient**

This type of tool allows institution staff to gather and store medical information on each patient seen by the second tier institution:

- Individual second tier referral consultation file;
- Child's health card;
- Woman's health card;
- Complete individual medical file on hospitalization (pediatrics, medicine, surgery) with all cards provided: case history; evolution sheet; orders sheet; To sheet; nurse follow-up sheet; additional exam results sheet; individual obstetrics file with second tier partograph;
- Individual anesthesia and wake up card;
- Orders in triplicate;
- Discharge card;
- Birth and death certificates;
- Health care management and protocols manuals.

### **2. The Institution's Management Tools**

This type of tool allows institution staff to manage the information necessary to ensure on-site monitoring of the institution's operations:

- Registry of patients by service;
- Records of supply of essential drugs and vaccines;
- Records of supply of inputs;
- Input (including medications) requisition forms;
- Account book;
- Inventory book of medical and non-medical equipment;
- Temperature (refrigerator) monitoring sheet;
- Ambulance utilization log;
- Ambulance maintenance log;
- Generator maintenance log;
- Manual of management rules and procedures;
- Personnel files, including individual position description and task definition cards.

### **3. System Tools**

This type of tool allows the person in charge of the institution in question to manage information regarding the institution's relations with the CHU:

- Referral/counter-referral card;
- Monthly report by service;
- Monthly report of the institution;
- Report on weekly reporting of diseases;

- Logbook (gatherings, meetings, monitoring of community activities, supervisory visits).



**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**RESOURCES FOR IMPLEMENTING THE  
BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**A. INFRASTRUCTURES**

## **I. INFRASTRUCTURE STANDARDS OF THE HEALTH CENTER (FIRST TIER)**

The health care center is the standard first tier health care institution (See Plan Type I with area by site). This is a multi-purpose health care facility designed to carry out promotional activities and provide basic preventive and curative care for a population of about 10,000 inhabitants. Within a secured enclosure, the health care center includes the following:

### **1. A “reception” area**

- A room for reception and cashier’s station;
- A (sheltered) area for community or target group activities;
- A (sheltered) waiting area.

### **2. A “treatment” area**

- Two consultation rooms;
- One bandaging/dressing area;
- A room for files and patient management tools;
- A pharmacy and a well-ventilated pharmaceutical storage area;
- An observation room;
- A maternity ward (labor room, delivery room, post-partum room);

### **3. A “logistics and administrative” area**

- An office for the person in charge of the center;
- Clean equipment depot;
- Infected equipment depot.

### **4. A residence area**

- Staff residence;
- Guard room.

Each room includes an electrical outlet and lighting. The principal power supply is solar or electrical based on the health care center’s situation. This type of institution must be able to adapt to changes in demand. The “residence” area should already be built so that it can handle a later stage.

### **5. A courtyard area**

- Concrete paved area with a covered section for washing and an open-air clothes rack for drying linens;
- Fire brick incinerator;
- Four latrines open to the public.

## **II. INFRASTRUCTURE STANDARDS OF THE COMMUNITY REFERENCE HOSPITAL (SECOND TIER)**

The functionality of areas must be based on the distribution of locations. For the area per site, basic standards are defined (see Plan Type II).

### **1. Physical Space Needed**

#### **1.1 Treatment area**

- A waiting room;
- Two consultation rooms (referral consultations, counseling activities included);
- An emergency receiving area with four stations including a station for dressings/casts;
- Surgical and medical services, each including two units (men and women) with four beds each, including one bed in a separate room. These two units are linked by a nurses' station. The entire unit has one toilet for staff and two toilets (squat type)/showers for patients;
- A pediatrics service with eight beds and one toilet for staff and one toilet (squat type)/shower for patients;
- An obstetrics service including:
  - A labor room (two beds);
  - A delivery room (two stalls);
  - A maternity ward with eight beds, including one room with a one bed, two rooms with two beds, and one room with three beds;The service has one toilet for staff and two toilets (squat type)/showers for patients.
- An operating suite organized into three areas (sterile, semi-sterile and non-sterile), including:
  - A nurse's area to receive patients;
  - A preparation area;
  - Two operating rooms (septic and aseptic);
  - A recovery room;
  - Changing rooms;
  - A relaxation room for staff.The routes for moving staff, equipment and patients adhere to asepsis standards for operating suites.
- A dental service with a room for dental care and another room for the dental laboratory (prosthesis) with a running water tap.

#### **1.2 "Health care activities support" area**

- An admissions/cashier/files room;
- A sterilization unit (reception window and infected equipment/instruments sorting, a room for cleaning instruments, a room for sterilization, and a delivery window);
- A laboratory service (waiting room, sample drawing room, analysis room);

- A radiology service (waiting room, radiology room, and darkroom);
- A pharmacy (office with window, large well-ventilated room for storing essential drugs and medical equipment; inventory/reception office for person in charge of health centers).

### **1.3 “Activities support area”**

*For reasons of economy of scale, the coordinating staff of the CHU (coordinator, nurse hygienist) is currently stationed at the CRH. The administrator and person in charge of logistics provide services for both the CRH and CHU levels.*

The administrative building includes two rooms for the CHU coordinating office and four rooms for CRH administration (medical office, nursing care office /administration /accounting, logistical services) and has a meeting room for 30 people.

- A sentry box for the security agent;
- A three-room kitchen (reception/dishwashing, preparation and serving of meals);
- A shop;
- A laundry unit (washing and drying);
- A room designed to house a generator;
- A flame brick incinerator;
- Parking for the 4x4 ambulance (CRU) and the CHU coordination vehicle with a closed area (vehicle maintenance);
- A water tank (with installation for collecting rain water) and a water tower.

### **1.4 Residence Area at Hospital**

- A relaxation room for the doctor on duty (with toilet and shower);
- A living area with five bedrooms, living room/kitchen, two WCs and two showers;
- A relaxation area/cafeteria for staff.

Each room will have at least one electrical outlet and a lighting fixture. The CRH power supply is provided by a main generator and a back-up generator (exclusively for the operating suite, delivery room, sterilization, laboratory, and radiology).

## **2. Residence Area outside the Hospital**

*The implementation of a staff housing policy will be a decisive factor for attracting physicians and staff in outlying areas. This issue is thus of the greatest importance for the success of the policy of installing hospitals in the CHUs that are capable of resolving health problems.*

The CRH will be in a position to house its staff (CHU coordinator, medical director, administrator, director of nursing care and medical staff) in individual homes leased at very moderate rates, if possible within a public housing development.

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

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**B. EQUIPMENT**

# I. EQUIPMENT AND MATERIALS STANDARDS OF THE HEALTH CENTER (FIRST TIER)

## 1. “Reception” area

### 1.1 Reception and cashier’s desk

- Furniture
  - Window type setup
  
- Equipment
  - Calculator (solar) (1)
  - Cash register (to hold the day’s cash) (1)
  - Trashcan with foot pedal (1)

### 1.2 Room for activities for target groups

- Furniture
  - Benches (10)
  - Chairs (10)
  - Tables (2)
  - Trashcan with foot pedal (2)

### 1.3 Covered waiting area

- Furniture
  - Concrete bench (10)
  - Trashcan with foot pedal (1)

## 2. “Treatment” area

### 2.1 Consultation room

Each person assigned to clinical activities will be provided with the following:

- Stethoscope (1)
- Obstetrical stethoscope (1)
- Tensiometer (1)
- Reflex hammer (1)
- Otoscope (1)
- Metric tape (1)
- Metal tongue depressor (3)
- Tourniquet (1)

Each examining room shall have the following furniture:

- Furniture
  - Examining table (1)
  - Sink (1)
  - Wardrobe with key lock (1)
  - Desk (1)

- Chairs (3)
- Equipment
  - Adult scale with height meter (1)
  - Salter scale (up to 25 kgs; accuracy of 500 gr.) (1)
  - Baby scale with trousers for newborns and infants (2)
  - External contact thermometer (in degrees Celsius)
  - Support (IV stand) (1)
  - Contaminated waste/sharps disposal boxes (1)
  - Trashcan with pedal (1)
  - ? See recommended laboratory material in annex

## 2.2 Bandaging/dressing room

- Furniture
  - Drainboard with sink (1)
  - Dressing table (1)
  - Chair (1)
  - Stool (1)
  - Rolling chair (1)
  - Wardrobe with key lock (1)
- Equipment
  - Dressing tray (1)
  - Compresses drum (1)
  - Suture tray (2)
  - Saw, plaster scissors and retractors (1)
  - Splints (1)
  - Basin (1)
  - Trashcan with lid and pedal (1)
  - Contaminated waste/sharps disposal boxes (1)

## 2.3 Observation room

- Furniture
  - Adult bed with plastic-coated mattress (2)
  - Pediatric bed with plastic-coated mattress (1)
  - Bedside table (2)
  - Movable partition (1)
- Equipment
  - Stretcher (1)
  - Urine collector (1)
  - Set of sheets (4)
  - Blanket (2)
  - Rolling stand (2)

- Trashcan with pedal (1)

## 2.4 Maternity ward

### 2.4.1 Labor room

- Furniture
  - Bed with plastic-coated mattress (1)
  - Bedside table (1)

### 2.4.2 Delivery room

- Furniture
  - Drainboard with sink (1)
  - Delivery table (1)
  - Adjustable height stool (1)
  - Wardrobe with key lock (1)
  - Fan (ceiling) (1)
- Equipment
  - Delivery tray (2)
  - Suture tray (episiotomy) (2)
  - Rolling stand (1)
  - Manual pump for removing mucus (1)
  - Instrument table (1)
  - Air bag with adult size mask (1)
  - Air bag with infant size mask (1)
  - Standing lamp (1)
  - Autoclave (with pressure gauge) and heater (1)
  - ? See recommended material in annex

### 2.4.3 Post-partum room

- Furniture
  - Bed with plastic-coated mattress (2)
  - Bedside table (2)
  - Crib (2)
  - ? See recommended material in annex

## 2.5 Pharmacy and storeroom

- Furniture
  - Shelves in both areas
  - Window type setup
  - Desk (1)
  - Chair (1)
  - Cabinet for lab materials reserve inventory (1)

-



- Equipment
  - Plastic bags (unpackaging of medications) (1)
  - Pill counter (1)
  - Trashcan (1)
  
- 3. “Logistics and administrative” area**
- 3.1 File room**
  - Furniture
    - Shelves
    - Table top refrigerator (for lab material) (1)
    - Radio communication device (1)
    - Battery (2)
  
- 3.2 Office of person in charge of center**
  - Furniture
    - Desk (1)
    - Chair (3)
    - Safe (secure) (1)
    - Shelves
    - Wardrobe with key lock (1)
  
  - Equipment
    - Refrigerator/freezer (1)
    - Glaciere isothermal case (4)
    - Cold indicator (4)
    - ? See recommended material in annex
  
- 3.3 Infected materials depot**
  - ? See recommended material in annex
  
- 4. Residence area**
- 4.1 Staff residence**
- 4.1.1 “Kitchen” area
  - Gas heater (1)
  - Shelves
  - Drainboard with sink/ drawers and storage space (1)
  - Refrigerator (1)
  
- 4.1.2 “Living” area
  - Round table for eight people (1)
  - Chairs (8)
  - Ceiling fan (1)
  
- 4.1.3 “Bedroom” area  
Two WC (seated type) and two showers

Each of the five bedrooms is equipped as follows:

- Bed and mattress (1)
- Night table (1)
- Shelves (1)
- Small table (1)
- Chair (1)
- Trashcan (1)

#### **4.2 Guard room**

- Furniture
  - Bed with mattress (1)
  - Night table (1)
  - Shelves
  - Wardrobe with key lock (1)
  - Kitchen corner with warmer (1)
  - Shower (1)
  - Sink (1)

#### **5. Courtyard area**

- Latrines (squat type) (4)
- Showers for the public (2)
- Six cubic meter capacity water tank and a 200 liter capacity water tower fed by a hand pump. This tank and water tower must be treated according to standards in effect for chlorine or HTH [calcium hypochlorite].
- One incinerator

#### **6. Power**

We recommend the installation of a solar system (one inverter, four fixed solar panels in a sealed security frame on the roof and six batteries) or a 20 KW generator.

## II. EQUIPMENT AND MATERIALS STANDARDS OF THE COMMUNITY REFERENCE HOSPITAL (SECOND TIER)

### 1. Treatment area

*Medical management is responsible – with support from the chief of logistical services – for seeing that all hospital services (other than the operating suite) have a pool of six oxygen bottles with a bottle transporter.*

#### 1.1 External consultations

##### 1.1.1 Waiting room

###### Furniture

- Bench (4)

##### 1.1.2 Consulting rooms (2)

During the time of their mission in the facility, each clinical consultant is personally assigned the following: a stethoscope, an obstetrical stethoscope, otoscope/ophthalmoscope, a reflex hammer and a flashlight.

###### Furniture

- Sink (1)
- Wardrobe with key lock (1)
- Desk (1)
- Chair (3)

###### Equipment

- Examining table (with stirrups) (1)
- Scale and height gauge (child/adult) (1)
- Baby scale (1)
- Vaginal speculum/small/medium/large (2)
- Cart (1)
- Wall-mounted tensiometer (1)
- Metric tape (1)
- IV stand (1)
- Contaminated waste/sharps disposal boxes (1)
- Trashcan (1)

##### 1.2 “Emergency reception” area

###### Furniture

- Drainboard with sink (1)
- Wardrobe with key lock (1)
- Desk (1)
- Chair (3)
- Bench (3)
- Shelves
- Ceiling fan (1)

### Equipment

- Dressings cart (1)
- Plaster cart (saw, scissors and retractor) (1)
- Examining table (4)
- Stretcher cart (1)
- Rolling chair (1)
- Suture tray (2)
- Dressings tray (2)
- Lumbar puncture tray (1)
- Intubation kit (1)
- Air bag with masks (1)
- IV stand (4)
- Inspection lamp (1)
- ? See recommended material in annex
- Radio communication device (1)
- Battery (and solar panels) (2)

## **1.3 Surgery service**

### Furniture

- Adult bed (7)
- Night table (7)
- Nurses' station (with cupboards and drainboard with sink) (1)
- Wardrobe with key lock for emergency cabinet (1)
- Ceiling fan (1)

### Equipment

- Treatment cart (1)
- File carrier (1)
- IV stand (5)
- Intubation kit (1)
- Air bag and masks (1)
- Frame and pulley for traction (1)
- Inspection lamp (1)
- Wardrobe with key lock (1)
- ? See recommended material in annex

## **1.3 Maternity**

### **1.3.1 Labor room**

#### Furniture

- Adult bed (2)
- Night table (2)

<u>Equipment</u>	
• IV stand	(1)
• Plastic-coated mattress	(2)
<b>1.3.2 Delivery room</b>	
<u>Furniture</u>	
• Delivery table	(2)
• Stool	(2)
• Drainboard with tub and sink	(1)
• Shelves	
• Ceiling fan	(2)
<u>Equipment</u>	
• Treatment cart	(2)
• IV stand	(2)
• Oxygen bottle	(2)
• Air bag and masks	(1)
• Delivery tray	(3)
• Suture box (for episiotomy)	(2)
• Basin	(2)
• Contaminated waste/sharps disposal boxes	(1)
• Trashcan with pedal	(2)
<b>1.3.3 Post-partum service</b>	
<u>Furniture</u>	
• Adult bed with plastic-coated mattress	(8)
• Chair	(8)
• Night table	(8)
• Crib	(8)
• Shelves	(8)
• Nurses' station (with cupboards, drainboard and sink)	(1)
• Wardrobe with key lock for emergency cabinet	(1)
• Ceiling fan	(1)
<u>Equipment</u>	
• Treatment cart	(1)
? See recommended material in annex	
<b>1.4 Pediatrics service</b>	
<u>Furniture</u>	
• Child bed (with sides)	(4)
• Adult bed	(4)
• Night table	(8)
• Nurses' station (with cupboards, drainboard and sink)	(1)
• Wardrobe with key lock for emergency cabinet	(1)

- Ceiling fan (1)

Equipment

- Treatment cart (1)
- IV stand (4)
- Tensiometer for infant/child (1)
- Pediatric reflex hammer (1)
- Otoscope/ophthalmoscope (2)
- Pediatric stethoscope (2)
- Air bag (infant, child) (1)
- Contaminated waste/sharps disposal boxes (1)
- ? See recommended material in annex

**1.5 Medical service**

Furniture

- Adult bed with plastic-coated mattress (6)
- Bed (with sides) (1)
- Night table (7)
- Nurses' station (with cupboards, drainboard and sink) (1)
- Wardrobe with key lock for emergency cabinet (1)
- Ceiling fan (1)

Equipment

- Treatment cart (1)
- IV stand (4)
- ? See recommended material in annex

**1.6 Operating Suite**

*The operating suite is linked to the CRH backup circuit*

**1.6.1 Preparation room**

Furniture

- Adult bed with plastic-coated mattress (1)
- Wardrobe with key lock for emergency cabinet (1)

Equipment

- Treatment table (1)
- Wall-mounted tensiometer (1)
- Air conditioners (3)

**1.6.2 Operating rooms (2)**

Furniture

- Anesthesia equipment (see annex)
- Oxygen bottle (3)
- Mechanical operating table (1)

- Operating table (1)
- Instrument table (2)
- Scialytic light (2)
- Standing scialytic light (2)
- Electric scalpel (1)
- Stethoscope (2)
- Netagoscope (2)
- Electrical breathing device (1)
- Manual breathing device (1)
- Box for caesarian section (2)
- Laparatomy box (1)
- Trepan box (1)
- Tray for thoracic drainage (1)
- Minor surgery box (1)
- Skin graft box (1)
- Compresses drum (4)
- Trashcan (4)
- Wringer and mop (2)

### 1.6.3 Recovery room

#### Furniture

- Adult bed (1)
- Wardrobe with key lock for emergency cabinet (1)

#### Equipment

- Plastic-coated material (1)
- Wall-mounted tensiometer (1)
- Intubation kit (1)
- Wringer and mop (1)

### 1.7 Dental Service

#### Furniture

- Drainboard with sink (1)
- Cabinet with drawers and key lock (1)
- Desk (1)
- Chairs (2)
- Ceiling fan (1)

#### Equipment

- Instrument cart (1)
- Dental chair and unit with four entries (1)
- Operator chair (1)
- Compressor (8 gallons or ½ horsepower) (2)
- Dental equipment (see annex)

- Drills (see annex)
- Operative dentistry equipment (see annex)
- Endodontics equipment (see annex)
- Prophylaxis equipment (see annex)
- Exodontics equipment (see annex)
- Prosthesis equipment (see annex)

## 2. “Health care activities support” area

### 2.1 Admission/cashier/files

- Furniture
  - Window type setup (1)
  - Table (2)
  - Chair (2)
  - Shelves (10)
- Equipment
  - Calculator (1)
  - Cash register (to hold the day’s cash) (1)

### 2.2 Sterilization unit

*The sterilization unit is connected to the CRH backup circuit*

- Furniture
  - Window type opening (1)
  - Drainboard with sink (2)
  - Table and chair (1)
  - Shelves (4)
  - Cabinet (1)
  - Fan (1)
- Equipment
  - Autoclave (1)
  - Brush for cleaning instruments (4)
  - Wringer and mop (1)
  - Trashcan with pedal (2)

### 2.3 Laboratory

- Furniture
  - Drainboard with sink (2)
  - Table (1)
  - Chair (3)
  - Shelves (2)
  - Wardrobe with key lock (1)



- Equipment
  - 11 cubic foot refrigerator (1)
  - Freezer (-20 degrees Celsius) (1)
  - Binocular microscope (3)
  - Solar microscope (1)
  - 12 to 24 position centrifuge (1)
  - Hematocrit centrifuge (2)
  - Spectrophometer (1)
  - Rotator (1)
  - Agitator for pipettes (1)
  - Neubauer hemacytometer (with coverslips) (1)
  - Eight key differential counter (2)
  - One key manual counter (Hand Tally) (1)
  - Water bath (1)
  - Mixer (Vortex) (1)
  - Hot plate (1)
  - Densimeter (1)
  - Dying tray (2)
  - Automatic timer (3)
  - Laboratory rhesoscope (1)
  - Blood bag scale (1)
  - Contaminated waste/sharps disposal boxes (1)
  - Trashcan with pedal (2)

#### **2.4 Radiology (two rooms)**

- Furniture
  - Lead enclosure (protection from radiation) (2)
  - Protected activation station (1)
  - Table (1)
  - Chair (3)
  - Shelves (2)
  - Drainboard with three tubs (1)
- Equipment
  - X-ray machine (1)
  - Yellow light (1)
  - “No entry” warning (1)
  - Dosimeter (one per person) (1)
  - Lead apron (to protect pelvic area) (2)
  - Negatoscope (1)

#### **2.5 Pharmacy**

- Furniture
  - Desk (1)

- Table and chair (2)
- Window type opening (1)
- Shelves (20)
- Filing cabinet (1)
  
- Equipment
  - Cargo carrier cart (1)
  - Plastic box suff. quantity
  - Pill counter (1)
  - Refrigerator (1)
  - Bottle of gas (3)
  - Trashcan (1)
  - Wringer and mop (1)

### 3. Activities support area

#### 3.1 CHU coordinating office (2 rooms)

- Furniture
  - Desk (2)
  - Armchair (2)
  - Chairs (4)
  - Filing cabinet (2)
  - Shelves (4)
  -
- Equipment
  - Whiteboard (2)
  - Ceiling fan (2)

#### 3.2 Medical director's office

- Furniture
  - Desk (1)
  - Armchair (1)
  - Chairs (2)
  - Filing cabinet (1)
  - Shelves (2)
  
- Equipment
  - Corkboard (1)
  - Whiteboard (1)
  - Ceiling fan (1)

#### 3.3 Administration/Accounting (two boxes)

- Furniture
  - Desk (2)

- Armchair (2)
- Chair (4)
- Filing cabinet (2)
- Metal cabinet (1)
- Shelves (4)
- Equipment
  - Calculators with tape (2)
  - Telephone (1)
  - Computer (1)
  - Cork board (1)
  - Whiteboard (1)
  - Safe (1)
  - Ceiling fan (2)
  - Trashcan (2)
  - Wringer and mop (1)

#### **3.4 Office of the director of nursing care**

- Furniture
  - Desk (1)
  - Armchair (1)
  - Chair (2)
  - Filing cabinet (1)
  - Shelves (2)
- Equipment
  - Calculator (1)
  - Cork board (1)
  - Whiteboard (1)
  - Ceiling fan (1)

#### **3.5 Logistical services chief**

- Furniture
  - Desk (1)
  - Armchair (1)
  - Chair (2)
  - Filing cabinet (1)
  - Shelves (2)
- Equipment
  - Calculator (1)
  - Ceiling fan (1)
  - Cork board (1)
  - Whiteboard (1)

### 3.6 Meeting room

- Furniture
  - Table (1)
  - Chair (30)
  - Shelves (2)
  - Wardrobe with key lock (1)
  
- Equipment
  - See annex

### 3.7 Kitchen

- Furniture
  - Drainboard with tubs and sink (2)
  - Chair (3)
  - Shelves (4)
  - Cupboard (2)
  - Ceiling fan (2)
  
- Equipment
  - Gas stove (1)
  - Kitchen battery (1)
  - Kitchen utensils (1)
  - Refrigerator (1)
  - Cart (3)
  - Trashcan (3)
  - Wringer and mop (1)

### 3.8 Laundry

- Furniture
  - Two basin washtub (2)
  - Chair (3)
  - Shelves (4)
  - Dryer (1)
  - Hanging space (1)
  - Drainboard (1)
  
- Equipment
  - Washing machine (1)
  - Dryer (1)
  - Sewing machine (1)

### 3.9 Parking area, 2 spaces with storage

- Furniture

- Wardrobe with key lock (1)
- Table and chair (1)
- Shelves (1)
- Equipment
- Tool box (1)

**ROLLING STOCK**

- At CRH level.....one ambulance

**4. Residence area**

**4.1 Staff housing**

**4.1.1 “Kitchen” area**

- Gas cooker (1)
- Shelves
- Drainboard with sink/ drawers and storage space (1)
- Refrigerator (1)

**4.1.2 “Living” area**

- Round table for eight people (1)
- Chairs (8)
- Ceiling fan (1)
- Current inverter (1)
- Batteries (10)

**4.1.3 “Bedroom” area**

Two WC (seated type) and two showers

Each of the five bedrooms is equipped as follows:

- Bed and mattress (1)
- Night table (1)
- Wardrobe with key lock (1)
- Small table (1)
- Chair (1)

**4.2 Guard room**

- Furniture
- Bed (1)
- Night table (1)
- Wardrobe with key lock (1)
- Chair (1)
- Shelves (1)
- Ceiling fan (1)

**4.3 Cafeteria / relaxation area**

- Furniture

- Refrigerator (1)
- Bottle of gas (2)
- Table (3)
- Chair (10)
- Ceiling fan (2)

## **5. Water and power supply**

The CRH should have a 20 cubic meter tank and a way to supply (electrical pump) six water towers (one per pavilion) each of which holds 200 liters. This tank and water tower should be treated according to the standards in effect for chlorine or HTH [calcium hypochlorite].

The main generator should have a capacity of at least 90 KW. The back-up generator (operating suite, sterilization and emergencies) should have at least 10 KW.

### **Note**

*Consumables are not taken into account in this document and provision should be made for them as well when the BPS is implemented.*

## **ANNEXES**

## **I. HEALTH CENTER**

### **1. Material recommended for delivery room**

- Crescent (2)
- Brush for cleaning instruments (2)
- Compresses drum (1)
- Basin (2)
- Contaminated waste/sharps disposal boxes (1)
- Trashcan with pedal (1)

### **2. Post-partum room**

- Set of sheets (4)
- Blanket (2)
- Trashcan with pedal (1)

### **3. Recommended laboratory equipment**

- Slides and slide holder suff. quantity
- Test tubes and test tube holder suff. quantity
- Alcohol lamp (1)
- Box of reactive strips for urine suff. quantity
- Box of reactive strips for blood suff. quantity
- Pregnancy, glycemia, hemoglobin and malaria test suff. quantity
- Cryotubes suff. quantity
- Vacuum tubes, needle holder and adaptor needle suff. quantity
- Indelible pencil suff. quantity

### **4. Material recommended for person in charge of center**

- Calculator (1)
- Megaphone (4)
- Radio cassette (1)
- Water filter (1)
- Family planning demonstration kit (1)
- 1 liter polypropylene graduated measure (1)
- RCW2 vaccine carrier (2)
- Gas bottle (3)
- Adult scale (1)
- Salter type scale (up to 25 kgs; accuracy of 500 gr.) (5)
- Trouser for weighing infant (5)
- Trouser for weighing child (5)
- Ice pack (bricks) (16)
- Trashcan with cover and pedal (1)



## **5. Material recommended for dirty storage area**

- Plastic seal (2)
- Metal seal (1)
- Broom (2)
- Rag mop (2)
- Wringer (1)

## **II. COMMUNITY REFERENCE HOSPITAL**

### **1. Emergency reception**

- Crescent (4)
- Compress drum (4)
- Plastic basin (4)
- Adult tensiometer (3)
- Reflex hammer (3)
- Otoscope/ophthalmoscope (1)
- Stethoscope (3)
- Contaminated waste/sharps disposal boxes (1)
- Trashcan with pedal (5)
- Wringer and mop (1)

### **2. Surgery service**

- Plastic-coated mattress (7)
- Chair (7)
- Compress drum (4)
- Crescent (3)
- Plastic basin (4)
- Adult tensiometer (2)
- Reflex hammer (2)
- Otoscope/ophthalmoscope (1)
- Stethoscope (2)
- Inspection lamp (1)
- Contaminated waste/sharps disposal boxes (1)
- Wringer and mop (1)
- Trashcan with pedal (2)

### **3. Post-partum room**

- Compress drum (2)
- Crescent (3)
- Plastic basin (2)
- Serum holder (2)
- Adult tensiometer (1)
- Reflex hammer (1)
- Stethoscope (2)

- Mattresses (8)
  - Inspection lamp (1)
  - Wringer and mop (1)
  - Trashcan with pedal (2)
- 4. Pediatrics service**
- Plastic-coated adult mattresses (4)
  - Plastic-coated child mattresses (4)
  - Chair (8)
  - Compress drum (2)
  - Crescent (3)
  - Plastic basin (2)
  - Serum holder (4)
  - Inspection lamp (1)
  - Wringer and mop (1)
  - Trashcan with pedal (2)
- 5. Medical service**
- Chair (7)
  - Compress drum (2)
  - Plastic basin (2)
  - Adult tensiometer (2)
  - Reflex hammer (2)
  - Otoscope/ophthalmoscope (1)
  - Stethoscope (3)
  - Crescent (3)
  - Inspection lamp (1)
  - Wringer and mop (1)
  - Trashcan with pedal (2)
- 6. Recommended anesthesia material**
- Anesthesia machine with Fluotech [vaporizer] (1)
  - Monal brand respirator (1)
  - Anesthesia cart (2)
  - Oxygen bottle carrier (1)
  - Nitrous oxide bottle (2)
  - Manometer (4)
  - Pulse oximeter (2)
  - Ambubag (2)
  - Cardioscope (1)
  - Anesthesia cart (1)
  - Defibrillator (1)
  - Pedal operated aspirator (2)
  - Laryngoscope (2)

- Set of slides (3 and 4) (2)
- Set of slides (0, 1 and 2) (1)
- Oxygen mask (size 0 to 3) (2)
- Endotracheal tube (size 2.5 to 8.5) (20)
- Guedel cannula set (adult; child) (2)

## 7. Recommended dental material

- Photopolymerization lamp (1)
- Amalgamator (1)
- Laboratory lathe (1)
- Turbine (high speed) (2)
- Micro-motor (low speed) (1)
- Contra-angle and key (1)
- Turbine key (1)
- Contra-angle key (1)
- Compressed air scaler (1)
- Air/water syringe (2)
- Extraction box (2)
- Drill box (1)
- Root canal box (1)
- Medium tray with cover (1)
- Large tray with cover (1)
- Crescent (2)

### 7.1 Operative dentistry

- Tweezers 15
- Mirrors 15
- Probes 15
- Cement spatulas 6
- Double mouth spatulas 6
- Enamel scissors 6
- Excavators 6
- Small metal brushes for cleaning drills (cards) 1
- Mercury dispenser 1
- Condensers 6
- Burnishers 6
- Cavity bottom instruments
- Tofflemire matrix retainer 2
- Tofflemire matrices 6 bands
- Transparent matrices 1 box
- Dappen dish 2
- Glass plates 2
- Amalgam dish 1
- Amalgam holder 2

- Mandrils 2
- Amalgam polishing burs 1 box
- Amalgam sculpting tool 4
- Screw post 1 box
- Wood wedges 1 box
- Blue articulating paper 1 block
- Contaminated waste/sharps disposal boxes (1)
- Trashcan (1)

## 7.2 Drills

- Round diamond ISO 014-018 6
- Cylindrical diamond ISO 012 6
- Pear-shaped or round tungsten carbide ISO 010-012 12
- Inverse cone tungsten carbide ISO 010-012 12
- Inverse cone tungsten carbide for finishing composite 6
- Round steel ISO to 014 12
- Inverse cone steel ISO 010 to 014 12
- Bone or surgical 4
- Resin for MP 2
- Brushes and handles for composites 1
- Composite strips 1 box
- Finishing disks for composites 1 box

## 7.3 Endodontics

- Nerve extractors 3 boxes
- Hedstrom file type canal boring tools 3 boxes
- Forest Peeso number 2-3 number 15 – 40 1 box each
- Canal irrigation syringes 4
- Sterile paper tips 1 box
- Gutta percha point 1 box

## 7.4 Prophylaxis

- Mac Call 17S-18S universal curettes 8
- Mac Call 13S-14S universal curettes 8
- Krane-Kaplan No. 6 curettes 6
- Arkansas stone 1
- Oil for Arkansas stone 1
- Insert for scaling (piezoelectric scaler) 3
- Polishing burs 1 box

## 7.5 Exodontics

- Syringes 6
- Right elevators (high) 3

- Coded elevators (low) 3 pairs
- Alveolar curettes 2

### Upper forceps

- Incisor no. 150 3
- Premolars no. 69 2
- Molars no. 88L or 88R 3 pairs
- Root 2

### Lower forceps

- Incisors no. 151 3
- Molars no. 17 2
- Molars no. 16 3
- Gouge 1
- Curved surgical scissors 1
- Mathieu needle holder gouge 1
- Disposable scalpels 1 box

## 7.6 Prosthesis

- Perforated metal impression tray 1 high and low set
- Plaster bowl and spatula 1
- Alginate bowl and spatula 1
- Wax spatula 1
- Alcohol lamp or Hanau torch 1
- Articulators 2
- *Tentier* 1
- Cutting pliers 1
- Mixing pad 1
- Wax knife 1

## 3. Recommended laboratory equipment

- Syringes (2)
- Chronometers (2)
- Shali's pipette (3)
- GR pipettes (24)
- GB pipettes, 2.25 (24)
- Graduated pipettes: 1, 2, 5 and 10 cc suff. quantity
- Serum pipettes for Widal test (12)
- Dropper (6)
- Wintrobe tubes (12)
- Racks (10)
- *Sediracks* (2)
- Dispenser (1 box)

- Micropipettes 10 to 50 microliter (1 box)
- Micropipettes 50 to 200 microliter (1 box)
- Pipettes box (6)
- Erlen Meyer flask (6)
- Becher (6)
- Graduated cylinders (25-50-100-1000 ml)
- Mixer for tubes (2)
- Microhematocrit (1)
- Chair for drawing samples (1)
- Crescents (2)
- Cotton drum (2)
- Wringer and mop (1)

**4. Recommended material for meeting room**

- Whiteboard (1)
- Television (1)
- Recorder (1)
- Ceiling fan (2)
- Flip chart holder (1)

**MINISTRY OF PUBLIC HEALTH AND POPULATION**

**RESOURCES FOR IMPLEMENTATION OF THE  
BASIC PACKAGE OF SERVICES (BPS)  
AT THE PRIMARY LEVEL**

**C. STAFFING PROFILE**

## **I. FIRST TIER STAFF ALLOCATION**

Professionalization of the health care system and versatility of technical personnel are priority objectives of the Ministry. From a qualitative point of view, the personnel suggested at this level take into consideration the health center's mandate (promotion–prevention activities and treatment) and available local human resources. From a quantitative point of view, the basic for the calculation is the workload. Thus, the staff includes six (6) employees, including three (3) management level staff.

### **1. Health center staff**

#### **1.1 Senior multi-function nurse (number: 1)**

*Responsibilities:*

- In charge of health center
- Establishes diagnosis and/or clinical direction based on algorithms
- Performs laboratory tests provided at this tier
- Carries out promotion and health education activities at the health center
- Manages “health center activities” information
- Manages “patient” information
- Supervises financial and administrative management, including pricing according to MPHP directives
- Manages health center's human resources
- Coordinates community activities
- Collaborates with local health committee
- Supervises health workers
- Trains midwives
- Collaborates with traditional practitioners

#### **1.2 Junior multi-function nurse (number: 1)**

*Responsibilities:*

- Replaces the senior nurse in case of absence
- Establishes diagnosis and/or clinical direction based on algorithms
- Performs laboratory tests provided at this tier
- Carries out promotion and health education activities at the health center
- Manages “patient” information
- Participates in community activities and assists the senior multi-function nurse in working relationships with health workers, midwives and traditional practitioners

#### **1.3 Manager (number: 1)**

*Responsibilities:*

- Posts the center's rates (consultations, medications, observation at health center)
- Establishes daily accounting
- Coordinates management of supply inventories
- Maintains and organizes general logistics of the health center
- Coordinates security guard activities



#### **1.4 Nursing assistant** (number: 1)

*Responsibilities (under the authority of the head of the health center):*

- Provides patient reception and guidance
- Takes in receipts
- Distributes essential drugs to patients based on orders issued
- Classifies medications according to rules provided
- Keeps records of medications and consumables inventories up to date

#### **1.5 Housekeeping** (number: 1)

*Responsibilities:*

- Maintenance of rooms and premises at the health center
- Waste collection

#### **1.7 Guard** (number: 1)

*Responsibilities:*

- Watches health center entrances and exits
- Helps transport patients within health center
- Sees to courtyard maintenance

## **2. HEALTH WORKERS FROM THE COMMUNITY**

### **2.1 Health workers** (number: at least 2)

Health workers are a link within the community for health actions developed by first tier health facilities. They report to staff within the first tier facility, supported by the CHU staff team. They receive regular ongoing training in the same way. They are supported by the community and may be recommended by the local health committee.

*Responsibilities:*

- Prevention: condom distribution; vaccination, ORS demonstration
- Screening: leprosy; tuberculosis; signs of at-risk pregnancy; signs of dehydration; signs of malnutrition
- First aid
- Community mobilization
- Health education
- Organization within community of necessary referrals to health center

### **2.2 Midwives**

Midwives are the keepers of traditional knowledge. They are trained by health staff stationed at the first tier facility and supported by the CHU staff team. They receive regular ongoing training in the same way. They are supported by the community.

*Responsibilities:*

- Natural childbirth
- Screening for at-risk pregnancies, complications with pregnancy and childbirth, signs of dehydration in newborns
- Promotion: ORS demonstration, feeding newborns
- Community mobilization
- Health education
- Organization within communities of necessary referrals to health center

### **2.3 Traditional practitioners**

These are the keepers of knowledge recognized in traditional medicine. They are partners thanks to whom more effective health promotion is possible. They may refer patients but also may receive patients sent by health staff.

Traditional practitioners offer their skills on a private for-profit basis.

### **COMMENTS**

While awaiting placement of the nursing personnel suggested, a transition period must be anticipated during which front-line nurses and nursing assistants will carry out the tasks assigned to the specialized nursing corps.

The training courses for this specialized multi-function nursing corps emphasize four major skills:

- Ability to establish diagnosis and treatment based on algorithms
- Ability to provide care
- Ability to communicate with communities (promotion and prevention activities)
- Ability to manage personnel and resources

## II. SECOND TIER STAFF ALLOCATION

This document counts regular staff appointed or hired. They must be supplemented by additional resources, physicians, pharmacists, technicians, dentists and nurses in social service.

### 1. Medical personnel (number: 4)

#### 1.1 General physician with skills in pediatrics and hospital management (number: 1)

*Responsibilities:*

- CRH director
- Coordinates hospital management team and supervises medical personnel
- Responsible for medical and pediatric service
- Provides or delegates support to health centers and health activities in the CHU at the request of the person in charge of CHU coordination

#### 1.2 Physician with skills in surgery and anesthesia (number: 1)

*Responsibilities:*

- Responsible for surgery and gynecology-obstetrics service
- Responsible for operating suite and sterilization service
- Supervises nurse anesthetists

#### 1.3 Dentist (number: 1)

*Responsibilities*

- Responsible for dental service (preventive, curative and preservative care)
- Provides basic equipment maintenance

#### 1.4 Pharmacist (number: 1)

*Responsibilities:*

- Responsible for operation of the CRH pharmacy (open 24 hours a day, financial management and inventory management)
- Responsible for supply of medications and medical material at accredited (first tier) health centers
- Supports the CHU coordinating office in the management of essential drugs at the health centers

### 2. Paramedical personnel

Basic needs were evaluated according to the following principles:

- Service should be available 24 hours a day

- Front-line nurses are organized in a pool (two per rotation) for all medical, pediatric and surgical services. Two additional front-line nurses are assigned to operation of the services to maintain staffing levels while others are on sick leave or vacation.
- Four nurse midwives will be assigned to maternity
- One nurse is responsible for proper operation of the operating suite, helped by a nursing assistant for sterilization
- The allocation of external clinic staffing considers the fact that a CRH takes care of referral consultations and not everyone who comes in. Referral consultations will be handled by resident physicians in social service and physicians responsible for the services in the CRH
- Emergencies are handled by the physicians and nurses on duty (hospital pool). A nurse is responsible for organization of the service in external clinics and emergencies

### **2.1 Director of nursing care (1)**

#### *Responsibilities:*

- Is part of the CRH management team
- Responsible for all paramedical personnel
- Responsible for organizing care at the CRH
- Responsible for coordinating the activities of all support staff assigned to health care units
- Consolidates all CRH health information
- Provides or delegates support to health centers at the request of the CRH director

### **2.1 Nurse midwife (4)**

#### *Responsibilities:*

- Provides care in maternity ward
- Handles simple deliveries and prenatal consultation referrals
- Assists in complete obstetrical care under the supervision of the surgeon or physician in charge of the obstetrical service
- Collects the service's health information

### **2.3 Nurse anesthetist (1)**

#### *Responsibilities:*

- Gives anesthesia to CRH patients
- Organizes the anesthesia service (preparation and recovery room), under the authority of the surgeon
- Provides basic equipment maintenance

## **2.4 Operating suite nurse (1)**

### *Responsibilities:*

- Assists the surgeon during operations
- Responsible for sterilization at the CRH
- Organizes the operating rooms (preparation and recovery room) under the authority of the surgeon
- Provides basic maintenance of operating room and sterilization equipment
- Collects health information in the operating suite

## **2.5 Emergency reception/external consultation nurse (1)**

### *Responsibilities:*

- Organizes referral consultations
- Organizes emergencies and on call staff during emergency hours
- Provides care during emergencies under the supervision of the physician on duty

## **2.6 Nursing assistant (7)**

*Responsibilities:* Assists nurse during tasks (under nurse's authority)

*Assignments:* 3 nursing assistants for the four services  
1 nursing assistant in sterilization  
1 nursing assistant in dentistry  
2 nursing assistants assigned to pharmacy

## **2.7 Medical technologists (laboratory) (2)**

### *Responsibilities:*

- Provides CRH laboratory services 24 hours a day
- Sees to basic maintenance of laboratory equipment
- Participates in management of inventory with hospital pharmacy
- Collects information on service's activity

## **2.8 Radiology technicians (2)**

### *Responsibilities:*

- Provides radiology services 24 hours a day
- Sees to basic maintenance of radiology equipment
- Participates in management of supplies inventory with hospital pharmacy
- Collects information on service's activity

## **3. Administrative personnel (5)**

### **3.1 Administrator (1)**

#### *Responsibilities:*

- Is part of the CRH management team
- In charge of all administrative and logistics services

- Consolidates administrative, financial and logistical reports of the CRH (under the authority of the medical director) and the CHU (under the authority of the CHU coordinator)
- Provides or delegates support to health centers at the request of the person in charge of CHU coordination

### **3.2 Accountant (1)**

*Responsibilities:*

- In charge of CRH accounts
- Prepares CRH's monthly accounting statement
- Ensures adherence to pricing in effect

### **3.3 Cashier (1)**

*Responsibilities:*

- Works under the authority of the accountant
- Posts amounts due as provided by established pricing schedule
- Keeps up to date and posts prices for services provided by the CRH

### **3.4 Person in charge of logistical services (1)**

*Responsibilities:*

- Handles purchases for the CRH (under the authority of the administrator) and the CHU (under the authority of the CHU coordinator)
- Manages inventory of non-medical materials and equipment
- Handles general maintenance of CHU (water, electricity, carpentry, etc.)
- Handles maintenance of the cold chain in the CHU
- Handles logistical support to the CHU health centers

### **3.5 Archivist (1)**

*Responsibilities:*

- Manages filing of CRH information (patient files, records, reports): collection, recording, storage, requests

## **4. Support staff (13)**

### **4.1 Driver/mechanic (1)**

*Responsibilities:*

- Drives CRH vehicle
- Provides basic maintenance of vehicles
- Fills out vehicles' maintenance and usage logs

### **4.2 Houseboy (2)**

*Responsibilities (under the authority of the service nurse):*

- Handles cleaning of services and buildings (waste procedure)

- Provides transport for patients in the service and in the hospital when requested by the nurse in charge
- Carries messages, samples when requested by the nurse in charge

#### **4.2 Housemaid (2)**

*Responsibilities:*

- Handles cleaning of surfaces in maternity ward
- Carries message, samples when requested by nurse in charge

#### **4.4 Laundresses (2)**

*Responsibilities:*

- Pick up and clean dirty linen
- Deliver clean linen
- Priority handling of operating suite linen (operating fields, coats, etc.)

#### **4.5 Cook (1)**

*Responsibilities:*

- In charge of proper operation of kitchens under the authority of the administrator
- Prepares diet menus under the supervision of the director of nursing care

#### **4.6 Kitchen assistant (1)**

*Responsibilities:*

- Assists cook in his activities

#### **4.6 Guards**

*Responsibilities:*

- Provides security for property and persons in the building enclosure under the authority of the administrator

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