



# PLANNING METHOD

FOR MEDICAL EQUIPMENT  
SUPPORT PROJECTS  
IN DEVELOPING COUNTRIES





## FOREWORD

The considerable amount of dysfunctional medical devices to be found in health facilities in developing countries raises the question of the responsibility of developed countries, particularly regarding the efficacy of the aid they provide to equipment support projects. Indeed, according to figures available from the World Health Organisation (WHO) only 10% to 30% of medical devices donated to developing countries is operational in its new environment, although in some of these countries 80% of all their equipment comes from donations<sup>1</sup>. A lot of medical devices are supplied incomplete, without manuals, have not been serviced and sometimes have already broken down. Others are sent without taking into account the real needs of the recipients' health facilities, of the advice of local authorities or the local environment. Some of these failures seem to be due to a lack of methodology by the international aid organisations in the management of medical equipment support projects, which can often be very complicated.

To improve procedures used by project holders sending medical devices to developing countries, Humatem, an organisation specialising in medical equipment support and Groupe URD, an organisation involved in research on the quality of international aid projects, decided to produce a series of methods and tools dedicated to medical equipment support projects built around a quality reference framework: PRECIS. This Planning Method is one of the documents in the series.

This series was devised in the context of an action plan<sup>2</sup> financed by the European Union (EuropeAid) as well as the following French local authorities: the Rhone-Alpes Region, the Haute-Savoie General Council and the municipality of Les Houches. It is also part of the World Initiative for Health Technologies launched by WHO following resolution WHA60.29 of May 2007 on health technologies, which aims to encourage the creation of policies and tools in this domain.

Finally, this series is in conformity with the recommendations regarding the donation of medical equipment published by WHO<sup>3</sup>.

The working group called *Medical Devices in the Actions of International Cooperation*<sup>4</sup> was involved in the development of this method which ensures that it is the result of a group effort and is based on a common consensus. This working group has been managed by Humatem since 2003, and comprises international aid workers, development education organisations and health professionals.

<sup>1</sup> WHO (2011) « Introduction » in *Medical devices donations: considerations for solicitation and provision*, WHO medical devices technical series, Geneva: WHO, p. 10.

<sup>2</sup> Programme EuropeAid DCI-NSA/2009/205-811 "Strengthening cooperation tools and structuring the dialogue between donation project holders in the provision of medical equipment - To improve practices in medical equipment support projects for healthcare facilities in developing countries".

<sup>3</sup> WHO (2000) *Guidelines for health care equipment donations*, Geneva: WHO; WHO (2011) *Medical device donations: considerations for solicitation and provision*, Geneva: WHO.

<sup>4</sup> For more information on this working group, see page 38.

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# INTRODUCTION

## >>> What need is there for a planning method?

Once a well designed preliminary assessment has been carried out and the decision taken to implement a medical equipment support project, it is time to launch into the adventure of a project. But, as for any adventure, it needs preparation... A good project leader knows that no project can get under way without a planning stage which will help them, on the one hand, to clarify the aims of the project and to develop an overall view of the activities required to achieve them, and on the other, to draw up and sign a partnership agreement in collaboration with the partner health facility. These are decisive factors and the right conditions for the project to succeed for the implementation and general management of the medical equipment support project.

However, all too frequently project holders do not see the usefulness of planning. They think it is a waste of time since one way or another the deadlines and costs that they have set themselves to begin with will inevitably change. So many medical equipment support projects fail because a number of key stages of the project implementation have been under-estimated or omitted. The risk of failure is also considerable when neither the terms of the collaboration between the project holder and the partner health facility, nor their respective responsibilities in the project have been clearly defined on paper, or even really discussed.

In order to help with the planning process, we have created a method based on the **PRECIS** quality reference, specifically designed to assist medical equipment support projects.

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## >>> What this method allows you to do

This method is designed to serve as a practical guide for planning a medical equipment support project. The aim is to encourage the creation of a formal partnership, which will thus be more stable, between the project holder and the partner health facility. It includes methodologies, advice and practical factsheets (Sample, Template and Themed Factsheets).

## >>> Who is this method designed for?

This method is aimed at international aid workers who are providing concrete support to health facilities in developing countries in order to improve the quality of healthcare. NGOs, associations, local authorities, hospital aid players, specialist organisations and students will find in the following pages a planning method which is specific to medical equipment support projects. It is also a working document which should be widely distributed to health facilities in developing countries who wish to play a part in their own development.

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## >>> What this method is not

It is not a theoretical or scholarly document for project management experts. It aims to be a straightforward and practical tool which can be used for any medical equipment support project, whether it is a small health centre or a main hospital.

The method does not necessarily have to be followed literally. The sample factsheets do not need to be viewed as fixed formats or to be duplicated, but as examples for project holders and partner health facilities. They can just use what they deem useful and compatible in the context of their project and adapt the tools provided.

# PLANNING FUNDAMENTALS

## >>> Planning: an essential stage in a project cycle

Planning is an organisational process of a project taking account of the analysis carried out during the preliminary assessment.

In real terms, for a medical equipment support project, this stage will make it possible to:

- define which health objective to pursue;
- define the most appropriate strategy for the provision of assistance;
- define the activities to implement to attain the health objectives and prioritise them. For example, it will be possible to decide:
  - > whether it would be better to provide a second hand medical device from a country in the Northern hemisphere, buy a renovated instrument or to prefer a local purchase;
  - > whether the maintenance of all the medical devices should be carried out by local biomedical service providers or by the health facility's biomedical staff, who would need to be trained;
- set the duration of the project and the sequence of activities. It would thus be possible, for example, to:
  - > decide whether the project should also add phases to allow the partnership to consolidate;
- identify the essential human resources to call upon;
- decide on the format of the partnership by sharing out the various tasks between those involved. At this point, the decision will be, for example:
  - > whether or not the health facility will contribute to logistical costs;
  - > who the main spokesperson will be for the project holder as well as for the health facility;
- identify what device will be needed. In this case, it will be to decide, for example:
  - > whether to acquire new medical devices or whether to seek free second-hand medical devices;
- identify the financial resources that will need to be found. That is to say, to decide, for example:
  - > whether to call upon providers of funds or whether to use equity capital, etc.
- think about how to monitor the project and to design the appropriate monitoring tools.

- to decide on indicators for the objectives, the expected results and the activities to be implemented, which can then be used as benchmarks for the evaluation.

Moreover, planning stimulates those involved and motivates them by setting time and quantitative targets.

If the medical equipment support project follows good planning methodology, the ability of the project holder and the health facility to adapt to possible changes without compromising the aims of the project, will be much greater. The success of the project and its long-term results rely heavily on this planning phase.

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## >>> What should be planned?

The various stages of the project need to be planned as well as its implementation in the field, along with its monitoring. In order to do this, the project must meet the criteria of the PRECIS quality reference.

The project must be:

- > **Pertinent**
- > **Rigorous**
- > **Effective**

The project holder must have

- > the necessary **Capabilities**

The project should have the

- > desired **Impacts**

And work in

- > **Synergy** with the other players.
- 

## >>> Who should be responsible for planning the project?

The project holder should draw up the plan having consulted the partner health facility. Particularly the design of the planning tools and discussions on the monitoring method to be used, which are essential elements of the planning phase, must be carried out by mutual

consent. This collaborative work is one of the conditions for establishing a good relationship between the partners right from the start, and to register the medical equipment support project as real cooperation.

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### >>> When should the plan be drawn up?

It is once the medical equipment support project has been deemed relevant and feasible (see the *Preliminary Assessment Method* in this series) that it is necessary to define the strategy for the best way to implement the project, i.e. to move into the planning stage. All the negotiating and discussions that are the essence of this stage absolutely must take place before implementing the project, and therefore prior to committing any further.

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### >>> How to plan the project

The plan rests mainly on reflection and design. Reflection, because choices regarding strategic activities will necessarily have to be made, such as the allocation of resources and the choice of the sort of tools and indicators to use. Design, because the partnership agreement will have to be created as well as the planning tools.

The method described below is divided into three phases:

#### 1/ STRATEGIC REFLECTION PHASE

From analysing the problems to the rationale of the project.

#### 2/ PROJECT DESIGN PHASE

Scheduling of tasks to be implemented in order to attain the objectives.

Identification of the human and financial resources that will be required.

Setting up a monitoring system which includes indicators and sources of information.

#### 3/ ENDORSING COMMITMENTS PHASE

Drawing up a partnership agreement.

One of the specificities of the planning methodology is that it is based on a series of tools that will also serve as benchmarks throughout the project:

- when the partnership is confirmed, to ensure that all the tasks necessary for the implementation of the activities are underwritten by one or other of the partners,
- when the project is implemented to define the measures to take,
- during monitoring, to compare data collected with expectations and possibly set up corrective measures,
- during the evaluation, to compare the results obtained with the initial objectives.

#### DO NOT MULTIPLY THE NUMBER OF PLANNING TOOLS!

There are numerous tools to assist project holders in the planning of a medical equipment support project: problem tree, solution tree, logical framework, flow chart, Gantt chart, PERT chart, retro-planning, estimated budget, etc.

As a general rule it will be necessary to opt for planning tools:

- that are appropriate for your project management skills (some tools are very complicated to use),
- match your budget (some tools require specific software, either free or not),
- easy to update.

It is better to have a limited number of planning tools that have been selected wisely, that are well designed and well used, rather than too many.

## >>> A pre-requisite: the partnership

The partnership is the relationship between legal entities that have decided to implement a project in order to achieve shared objectives. It is a dynamic process which is usually long-term, is based on the principles of cooperation, equality, exchange, trust, transparency, reciprocity and respect for commitments. It may become a formal agreement, which often takes the form of a partnership agreement.

The idea of the partnership often comes from a friendship or an overwhelming desire to be of assistance. After the initial exchanges, often quite cursory, the partnership needs to be created. Whatever the starting point, it absolutely has to be based on a solid grounding and to ensure this a preliminary assessment is a decisive phase (see the *Preliminary Assessment Method*). Once the decision to work together has been taken, the partner relationship between the project holder and the healthcare facility takes off. Initially informal, the partnership must rapidly evolve on the basis of a formal relationship in order to avoid conflict or misunderstanding. As both partners have their own processes, it is essential to allow some time for discussion and negotiation to attain this formal consensus. This can be used to establish a shared frame of reference regarding the aims of the project and its actions, each party's commitments as well as the terms of the partnership.

The equality and reciprocity that are inherent in the concept of a partnership do not mean that both parties have to bring the same amount to the project and obtain the same benefits, but rather that each one must commit to the project (within the limits of their ability and means) and come away with something positive in return. It is obvious that carrying out a project in partnership usually leads to individual and structural development for both partners, because they learn from it.

Therefore, the role of the project holder in a medical equipment support project is not to assist the partner health facility but rather to work alongside it and to stimulate the process. Indeed, over the past few decades the notion of charity has been replaced by that of providing support. So charity no longer has a place in the partnership.



# 1/ STRATEGIC REFLECTION PHASE

>>> In order for the reflection to be rich and productive, the work must be carried out by the project holder team in consultation with that of the partner health facility. In addition to the main administrative leads, it would be a good thing to include the medical, paramedical and biomedical staff.

>>> To complete this phase successfully, a physical meeting would be ideal, but failing this, frequent long-distance exchanges (by telephone, video telephony, video conference, instant messaging or email) may suffice.

## >>> Targeting needs and explaining the health objective sought

Just as a reminder, the preliminary assessment phase will have allowed you to:

- understand the request and analyse the medical device needs of the health facility;
- measure the feasibility of the project and the partner's ability;
- check your own ability to carry out a medical equipment support project;
- analyse the potential risks of this type of project;
- and therefore, to take the decision to commit to a medical equipment support project with the health facility.

Now you need to specify:

- what health objective to pursue;
- which support or operational strategy would be the most appropriate.

In order to do so, it is first necessary to analyse the problems at the root of the needs established at the time of the preliminary assessment justifying the medical equipment support project.

Indeed, if the need for medical devices is the result of poor maintenance of the health facility's current equipment, it is essential to understand why the maintenance proved to be ineffective or defective (lack of financial resources, lack of training of biomedical staff, failure to

comply with internal procedures, etc.) in order to include the analysis of the problems in the future project.

This analysis should answer the following questions:

- > What is the main problem the medical equipment support project needs to resolve?
- > What is the cause of the problem? What are the underlying issues causing the problem?
- > What is preventing the target group (the health facility, the human resources working there, the patients, the relevant authorities, etc.) from resolving the problem on their own?
- > What are the consequences of the problem?
- > Who is affected by the problem?

## THE PROBLEM TREE

The problem tree is a useful tool for this analysis because the main problem can be simplified on paper, along with its causes and effects. It also highlights the links between different problems. The problem is thus symbolised by the trunk of the tree, the roots represent the causes of the problem and its effects are represented by the branches.

Moreover, the problem tree is an excellent communication tool between partners by providing opportunities for those actively involved to express themselves and to reach a consensus on the main issues.





The sample factsheet entitled **THE PROBLEM TREE FOR A MEDICAL EQUIPMENT SUPPORT PROJECT FOR THE KOVI HOSPITAL IN ZEMARU** provides a clear indication of its value and an understanding of the logic applied. Page 10

### >>> Drawing up the intervention logic for the project

An operational case that addresses the problems identified now needs to be drawn up. It should specifically include:

- **The main objective, also known as the overall objective:** This is the reason for carrying out the medical equipment support project. This aim should be broader than the reach of the medical equipment support project itself, and the project defined, on its own, will not be able to achieve this aim, but will contribute to it. The general objective should answer the questions: What should the long-term aims of the project lead to? Why is the project important? An overall objective could be, for example: “a better offer of healthcare in a specific region” or “an improvement in maternal or infantile health”.
- **The specific objective(s):** This/these are the specific aim(s) you seek to achieve by the end of the medical equipment support project which will have an impact, or be of direct benefit, for the receiving population. If these objectives are met, the causes of the problem should be eliminated. For example, a specific objective could be “an improvement in the health facility’s offer of healthcare” or “an improvement in maternity ward services”.
- **The anticipated results:** these are the real changes emanating directly from the actions of the medical equipment support project. Examples of the results of this sort of project could be: “the maternity ward is now equipped with appropriate devices” or “medical staff are now able to provide high quality service”.
- **The activities to be implemented:** the tasks that need to be carried out to achieve the anticipated results. A list of these tasks will be provided subsequently, during the design phase.

### THE LOGICAL FRAMEWORK

The case for the operation could be organised around a matrix entitled “the logical framework”.

This tool consists of a reference document summarising the case for carrying out a project, as well as its monitoring and evaluation mechanisms and the basic hypotheses. The value of this tool lies particularly in the fact that key information useful throughout the duration of the mission is gathered into a single document. In addition to its major role during this planning stage, it will also be very valuable during the implementation, monitoring and evaluation phases of the project.

During this strategic reflection phase, the logical framework will help you to define clearly and prioritise your mission. You should concentrate on the first column “Intervention logic” and on the first three lines, that is to say: “Overall objective”, “Specific objective(s)” and “Expected results”. The matrix’s remaining lines and columns will be completed as the planning process progresses.

To carry out this task, it is worth working from the problem tree in order to transform the problems into aims and the causes into results. By prioritising needs and transforming them into aims, it is easier to identify the most important solutions and actions.

Intervention logic	Objectively Measurable Indicators	Source and means of verification	Assumptions
Overall objective			
Specific objective(s)			
Expected results			
Activities	Means	Costs	



The sample factsheet entitled **LOGICAL FRAMEWORK FOR A MEDICAL EQUIPMENT SUPPORT PROJECT FOR THE KOVI HOSPITAL IN ZEMARU** illustrates the case for that specific project and provides some examples of the wording of each category. Page 23



# SAMPLE FACTSHEET

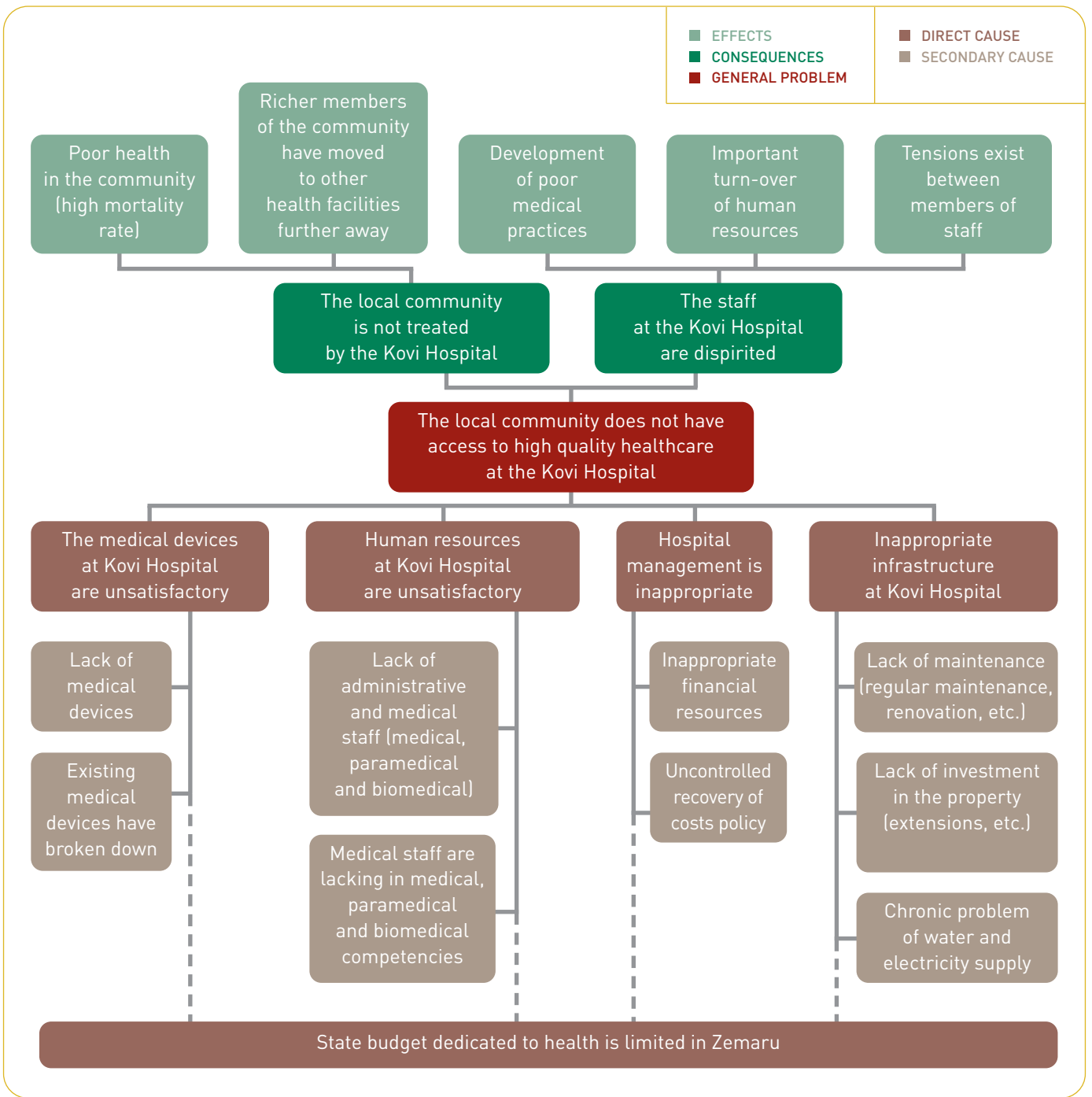
## PROBLEM TREE

### FOR A MEDICAL EQUIPMENT SUPPORT PROJECT FOR THE KOVI HOSPITAL IN ZEMARU

! This is an example of problems encountered in a specific context which highlight the cause-effect relationship analysed in a particular area. This example is therefore unique for a clearly defined situation. It has been created for this Method in order to show its value.

>>> Draw up a prioritised list of all the causes and consequences of the problem identified during the preliminary assessment.

>>> Choose the most appropriate and feasible strategy: the project is not expected to target all the problems, but should only concentrate on those deemed to be a priority and for which the possible solutions are realistic and feasible according to the ability and skills of those involved.



## 2/ PROJECT DESIGN PHASE

>>> In order to think in concrete terms about the implementation of the project, the project holder's team could resort to the technique of brainstorming.

### >>> Scheduling the actions to implement

This is a joint reflection on what needs to be done and the tasks required to achieve the objectives set. Be sure not to forget any. In the context of a medical equipment support project some activities and the tasks required to do them may seem obvious... For example:

- The provision of medical devices is an activity which requires purchases or collecting donations.
- Transporting the medical device to the health facility implies administrative export and import procedures, the selection of a transporter, etc.

But these obvious actions and tasks must not overshadow all the others, which will also contribute to the success of the project. For example:

- If the preliminary assessment indicates that construction work needs to be carried out at the health facility, or that staff need to be recruited or trained, provision should be made for these activities also.
- Likewise, if it becomes apparent that the project holder needs to raise funds, to call upon external service providers, or to acquire additional skills, these activities and the related tasks need to be planned.

### THE FLOW CHART

In order to visualise all the activities and tasks that need to be carried out, the sequence and how long they will take as well as the people-resources required, we advise the use of a flow chart. This activity planning tool can also be used to monitor the project's progress. It reveals any difference between the anticipated and the real time frame. Since it allows you to modify, if necessary, the duration of a task, it is also very easy to update. Indeed,

planning is, by nature, provisional, and it is therefore normal that changes occur. The important thing is to record these changes as they happen and to adapt the project.



A sample factsheet **FLOW CHART FOR A MEDICAL EQUIPMENT SUPPORT PROJECT FOR THE KOVI HOSPITAL IN ZEMARU** is provided. [Page 15](#)

Please note that the sample factsheet **LOGICAL FRAMEWORK FOR A MEDICAL EQUIPMENT SUPPORT PROJECT FOR THE KOVI HOSPITAL IN ZEMARU** could also provide ideas for the planning of activities, because they need to be indicated in the fourth line of the first column, entitled "Activities to implement". [Page 23](#)

### >>> Allocating activities and tasks

This means sharing out the activities and tasks to be carried out between the project holder organisation and the partner health facility.

For each of the activities and tasks listed a decision will have to be taken based on a number of pre-established criteria (ability, skills, financial resources, etc.) who, from the project holder project or the partner health facility, would in theory, be best able to implement it, coordinate it, and/or handle the financial management.

For the implementation of certain tasks, it may be necessary to call upon external service providers (for example associations that specialise in logistics for international aid projects, social integration companies that provide logistics services, removals companies, biomedical volunteers, consultants, international transport companies, expert evaluators, etc.).



Thinking about the transportation of medical devices to their destination, for example, you might expect:

- the project holder to coordinate this project
- the partner health facility to pay for it
- a logistics service provider to carry it out.

But here, like all the other activities, all sorts of scenarios are possible.

This allocation of tasks should be entered onto the flow chart as well as in the partnership agreement.



The sample factsheet **FLOWCHART FOR A MEDICAL EQUIPMENT SUPPORT PROJECT FOR THE KOVI HOSPITAL IN ZEMARU** and the **PARTNERSHIP AGREEMENT FOR A MEDICAL EQUIPMENT SUPPORT PROJECT** could also provide guidelines for the allocation of tasks. Pages 15 & 29

## >>> Identifying financial resources that will be required

An estimate of expenses and required funding for this medical equipment support project will have to be worked out. They should be entered into the third column of the fourth line of the logical framework, entitled “Costs”.

### PROVISIONAL BUDGET

A provisional budget for the project must be drawn up first. There are different ways of presenting a budget for a medical equipment support project. It can either take account of:

- all the provisional expenses and revenue relating to the medical equipment support project (those of the project holder as well as those of the partner health facility),
- or just the provisional expenses and revenue of the project holder relating to the medical equipment support project.
- or just the provisional expenses and revenue of the partner health facility relating to the medical equipment support project.

There is neither a single model nor a perfect solution. Everything depends on where you stand and how the project holder organisation or the health facility is going to use the budget: when presenting the provisional budget to potential fund providers, it is sometimes more appropriate to present the overall project budget (including the

provisional expenses and revenues of both parties). This type of budget is more difficult to draw up, but gives a better idea of the size of the project, which can add value and make it more convincing. It also allows both parties to establish the real costs of the project.

On the other hand, if the provisional budget is only going to be used to get an idea of the project holder’s expenses, a partial budget (limited to the project holder’s expenses and revenue) may suffice.

It will also be necessary to think about how to raise the necessary funding. Financial resources could come from public providers of funds: State, regional or local authorities (for example in France: the Regions, Departments, Municipalities), and the international institutions (such as the European Union). It could also come from private funding agencies (corporate partnerships, foundations, sponsorships or personal donations). Finally, these resources could come from their own funds, such as membership fees or revenue generated by the sale of products and services (for example in the case of the project holder: the sale of hand-crafted products, organising charity concerts; and in the case of the partner health facility: tariff revenue).

Moreover, it could be important to make the most of various donations in kind, either by the partner or the project holder (voluntary work, travel, free provision of an office/accommodation, etc.).



The themed factsheet entitled **LIST OF EXPENSES FOR A MEDICAL EQUIPMENT SUPPORT PROJECT** lists the most usual expenses for this type of project and provides some useful hints to help you draw up a provisional budget without omitting any expenses. Page 20

## >>> Designing a monitoring system

At this stage it is necessary to set up the monitoring strategy and to choose the most appropriate monitoring indicators and tools.

**It is best to think about the monitoring RIGHT FROM THE PLANNING STAGE!**

The monitoring of a medical equipment support project should be seen as an activity in itself and planned like all the other project activities. Moreover, it is an activity which needs to start concomitantly with the implementation of the first project task, which is why the definition of the monitoring process and the choice of monitoring indicators have to be included in the planning stage. If you only start thinking about monitoring once the activities have started, you run the risk of losing data and overlooking precious information.

### THE CHOICE OF INDICATORS

Indicators (also known as Objectively Verifiable Indicators) have to be selected to measure the result and the reality of the activity, its long-term evolution and in order to compare it with the forecast. The indicators need to be realistic, feasible, reliable, appropriate and usable throughout the duration of the project.

They will provide the reference framework of the monitoring process and will also be invaluable for the evaluation. They provide the information one needs to know and, by extension, the type of data it is essential to gather.

There are two types of indicator, quantitative and qualitative. These indicators will make it possible to measure the quantity, the duration and the target, to understand the site of the action, satisfaction, and more generally the opinions, the existence and the availability of something, whether tangible or not. They are therefore expressed as figures, percentages, dates, ratios, rates and degrees but also as adjectives, qualitative positions on a value scale, trends, etc.

For a medical equipment support project, the indicators should be considered in the light of the quality reference criteria of the PRECIS framework (see THE PRECIS the quality reference for medical equipment support projects). Here are a few examples:

- percentage of the partner health facility's medical devices that are available compared to the list of needs,
- percentage of the medical devices supplied whole, operational and with instructions,
- usage of the medical device,
- number and type of breakdowns since the medical device was provided,
- number of times maintenance has been carried out on the medical device,
- how many maintenance kits have been acquired,
- availability of appropriate premises,
- availability and use of a budget to cover operating costs of medical device,
- number of patients who have benefitted from the medical device,
- number of cases diagnosed and/or treated for any illness using the medical device provided,
- number and level of people trained,
- satisfaction of the user and biomedical staff,
- patient satisfaction, existence of a partnership agreement between the project holder organisation and the health facility,
- existence and manner of collaboration with other key actors (NGOs, local authorities, etc.).



The template factsheet entitled **LOGICAL FRAMEWORK FOR A MEDICAL EQUIPMENT SUPPORT PROJECT** will also help you to define the indicators. [Page 23](#)

## THE CHOICE OF MONITORING TOOLS AS A SOURCE OF INFORMATION

The monitoring system should make it possible to gather the information necessary to enter the value of an indicator. It is based on a series of documents which cover many different sources of information allowing the collection of values for the indicators throughout the implementation and monitoring of the project. These documents can be referred to as "Monitoring tools".

Thought must now be given to how to obtain the necessary data to enter into each indicator.

To do so the following questions need to be asked:

- What should be included in this indicator?
- Based on what data?
- Can the data be compiled in a document?
- Does the project holder organisation or the health facility already have this document or does it need to be created?

In the context of a medical equipment support project, three types of document, which already exist or will need to be created, can be used as a source of information:

### > The partner health facility's activity management documents

- activity records: consultations, operations, births, laboratory tests,
- inventory of medical devices,
- maintenance records,
- activity and financial reports,
- employee and training records,
- reports of steering committee meetings,
- order forms, register of orders and bills relating to the purchase of consumables, accessories, maintenance kits, spare parts, etc.

### > The project holder organisation's management documents

- newsletters and leaflets,
- activity and financial reports,
- register of employees, list of the Board of Directors, list of volunteers,
- Minutes of Board and team meetings,
- project planning tools: to the extent that they contribute to the traceability of tasks carried out in the context of the project, they are also deemed to be monitoring tools!

### > The medical equipment support project's operational documents

- letters, emails, notes and reviews of telephone or video conferences between those involved in the project (project holder, partner health facility, external advisors, local authorities, etc.),
- partnership agreement (this essential document is the subject of special examination on page 26),
- donor certificates (donor > project holder),
- free transfer forms (project holder > partner health facility),
- control certificates prior to dispatch of the medical devices,
- technical performance certificates for the equipment,
- forms indicating the date of reception and the date the medical device was put into use
- national and international transportation documents
- documents exchanged with external service providers (specifications, estimate, order forms, contracts, etc.).

### GIVE PREFERENCE TO THE USE OF EXISTING DOCUMENTS...

In the choice of monitoring tools, always try to use activity management documents that are already held by the partner health facility.

Time will thus be saved and it will stimulate the partner health facility!

For example, to find the figures for the "number and jobs of people trained" indicator, a track of the training delivered will have to be kept, so use a monitoring tool for training delivered. This tool could have different formats: training record, individual training sheets, list of training participants. If there is already a register of training, it is this document that should be selected first.

Monitoring tools that are chosen during this stage, but identified as "to be created" will be created when the project is implemented.



The template factsheet entitled **LOGICAL FRAMEWORK FOR A MEDICAL EQUIPMENT SUPPORT PROJECT AT THE KOVI HOSPITAL IN ZEMARU** will make it possible to visualise the monitoring system in the second and third columns of the first three lines. Page 23





FICHE EXEMPLE

# FLOWCHART

## FOR A MEDICAL EQUIPMENT SUPPORT PROJECT FOR THE KOVI HOSPITAL IN ZEMARU

! This flowchart template has been created in order to explain the importance of planning the tasks. The tasks shown on this flowchart are those usually found in medical equipment support projects. Of course, for your project all these tasks may not be required and new ones will very probably have to be envisaged. The time they take to accomplish is also given just as an example.

- >>> **Planning how long the different stages of the project will take**
- >>> **Monitoring progress of the stages of the project**
- >>> **Facilitating communication between partners**

### HOW TO CREATE A FLOWCHART

#### “Task” column

List the different tasks that need to be carried out for the project to succeed by grouping, sorting and prioritising them.

#### “Resource” column

Those involved in the medical equipment support project may decide, for example, to put “ph” (project holder) or “hf” (health facility) or to indicate more precisely the name of the person to whom the task has been entrusted.

#### “Duration of the task” horizontal heading

The duration of the tasks must be set right at the beginning, but it can be updated regularly.

#### “Time unit” column

Time units may be expressed in the number of “days” (e.g. 3 days) “months” “years” or directly by date (e.g. 1st January 2013).

#### Optional “State of progress” column

The partners can fill in this column by indicating the percentage of progress of the task, adding comments or indicating the provisional and actual dates the task was completed, etc.





## NOTES ON THE MEDICAL EQUIPMENT SUPPORT PROJECT TASKS FOR A HEALTH FACILITY INDICATED IN THIS TEMPLATE FLOWCHART

To help you remember all the tasks, to decide who is going to carry them out and think about the allocation of tasks between those involved in your project, here are a few additional points. Once again, this is not a copy/paste job for your project, but just suggestions.

> **TASK 1: Programming activities and tasks**

> **TASK 2: Setting up a monitoring system**

These are the tasks inherent to the planning phase explained on pages 13 & 14.

> **TASK 3: Allocating activities and tasks to human resources**

> **TASK 4: Drawing up a provisional budget and finding financial resources**

> **TASK 5: Drawing up the partnership agreement, signing it and implementing respective commitments**

These tasks are linked to the planning (see pages 13, 14 & 22) but also relate to the implementation of the project. It is at the planning stage that the decision should be taken as to which task should be allocated to a service provider and when. But it is when the project is being implemented that a service provider should be sought, the request for an estimate should be made and the contract signed.

The same applies to acquiring financial resources. At the planning stage, the expenses need to be assessed and financial resources worked out. But it is when the project is being implemented that requests for funding must be made to the providers of funds and/or self-financing actions taken.

Finally, the partners' respect of commitments made when the partnership was formally entered into is an activity which should last throughout the implementation of the project.

> **TASK 6: Using the monitoring tools, analysing the data produced and setting up possible corrective measures**

This means implementing the monitoring process decided on during the planning stage (TASK 2). To know more about this task consult the *Monitoring Method* which will soon be available in this series. If you decided to carry out an on-site monitoring method, other tasks should be added for both its preparation and its implementation.

> **TASK 7: Carrying out the procurement/purchase of new/second hand medical devices**

This task can be carried out by the project holder organisation's staff, by the health facility or by an external service provider chosen during implementation of TASK 3. The project holder must obtain the medical devices listed as needs which could be given free by a donor (e.g. State hospital, private clinic, health sector company, liberal practitioners, etc.) and/or available for purchase in their country or that of their partner.

**OPTING FOR APPROPRIATE MEDICAL TECHNOLOGY:** Institutions specialising in global public health, such as WHO, are currently examining the adaptability of medical devices in developing countries which, very often, are made in and for western countries. In fact, many of these instruments are not appropriate in view of the restrictions (climate, environment, financial, human, etc.) prevailing in developing countries which are different to those in the countries where they were made. These institutions therefore recommend the use of medical devices that are better adapted to developing countries. It is useful at this point to consider whether these technologies are appropriate, by checking that they exist for the type of medical device sought, by asking for an estimate from possible suppliers and by discussions with their future users. WHO has put a list of suppliers and manufacturers of some devices on its website (see Recommended Reading page 37).





Remember to check with your partner the features (brand, model, state, technical features, facility of use and maintenance, constraints around dismantling and reinstalling, etc.) of the medical device obtained or donated prior to its dispatch to the partner health facility, or even before it is picked up from the donor. Remember also to collect, or obtain from elsewhere, the user and maintenance manuals for devices! Available service providers to assist with the procurement may be associations specialising in the supply of donated devices to international solidarity aid groups. To collect them, there are organisations that specialise in logistics, social integration companies offering logistics services, removal companies, etc. It should be noted that if the purchase of medical devices can be made locally (in line with the preliminary assessment data regarding the local biomedical market), the partner health facility could be allocated this task.

> **TASK 8: Carrying out technical services on medical devices**

The size of this task will depend on the type of medical device. Technical services may include: dismantling the medical device, checking its technical performance, recalibration and repairs; but also the procurement of cables, accessories or spare parts. This task can be carried out by the project holder organisation's staff, or by an external service provider chosen during TASK 3 (volunteer biomedical engineer or technician, consultant, collaborative biomedical network, specialised collaborative platform, third party maintenance company, etc.).

> **TASK 9: Packaging and storage of medical devices**

This task can be carried out by the project holder's organisation or by an external service provider (humanitarian logistics platform, storage warehouse, etc.) chosen during TASK 3. If it is managed by the project holder organisation, it will be necessary to order a suitable vehicle for transporting the medical device from the collection point to the storage warehouse.

The packaging will be specific to each medical device, so the size of the task will depend on that. This will have repercussions on the budget. For example, an ophthalmological device needs to be in a wooden box. Another example, a blood bank needs to be transported upright. To know which packaging is suitable for each device, we suggest you consult the information factsheets available on the on-line resource centre: [www.humatem.org](http://www.humatem.org).

> **TASK 10: Preparing the health facility's premises**

It is very often the health facility that takes care of this task. Based on observations made during the preliminary assessment (see the *Preliminary Assessment Method*), this means carrying out possible construction work on the premises of the health facility in order to install, set the medical device in use and operation (provision of water, electricity, connection to the sewage system, emergency power supply, electrical protection, strengthening of the building, renovation of the floors and walls, air conditioning, air filters, etc.). This task may also include the creation or refurbishment of a maintenance workshop!

> **TASK 11: Carrying out the administrative tasks required for the export and import of devices**

It is essential to obtain prior agreement from local authorities for the import of a medical device into the destination country (see the *Preliminary Assessment Method*). Knowledge of local health policies as well as Customs procedures allow partners to focus on the choice of type of medical device to be transferred. Some countries have regulations covering the import or export of devices, so be very careful to avoid hindering local initiatives.



> **TASK 12: Preparing the site visit**

Before going to the country where the health facility is located to install and put the device into service, and organise training for local staff, the project holder should remember to prepare the site visit: they have to take care of logistics for the trip and foresee its related costs, but also prepare the training materials.

> **TASK 13: Organising international and local transportation to the health facility**

This task includes both international transportation (from the project holder's country to the Customs compound of the destination country) as well as local transport (from the Customs compound of the destination country to the health facility). Very often the project holder organisation organises the international transport and the health facility, the local transport. They take care of it themselves or usually call upon external service providers (humanitarian logistics platform, international transporters or forwarding agent) identified during TASK 3. The time it takes to accomplish this task can vary greatly depending on the chosen form of transport (air, sea or road).

> **TASK 14: Setting up, putting the medical device into service and training in the use and maintenance of the medical device**

This task can be carried out by staff in the project holder's organisation, those of the health facility or sub-contracted to external service providers (professional installer, independent trainer or consultant from a specialised association) identified during TASK 3. Training in the use of the device will be carried out, depending on the case, by trainers with a medical, paramedical or biomedical background. Maintenance training will be carried out by biomedical professionals.

> **TASK 15: Using the medical device**

This task implies that the health facility's staff who are going to use the device have been identified during TASK 3. Moreover, this also includes the regular procurement of consumables, accessories and the necessary medical fluids required for the use and operation of the medical devices.

> **TASK 16: Maintaining the medical device**

This means preventive and corrective maintenance, the procurement of maintenance kits and/or spare parts. This task should be included in the health facility's biomedical maintenance policy and if it doesn't exist, or is a bit sketchy, it needs to be created. This task can be accomplished routinely by the health facility's biomedical staff or sub-contracted to an external service provider (ideally local) identified during TASK 3 (biomedical service provider) in the context of unscheduled repairs or a maintenance contract.

> **TASK 17: Preparing and carrying out the evaluation mission**

> **TASK 18: Analysing the data collected and writing the evaluation report**

Both these tasks are explained in the *Evaluation Method* in this series.

> **TASK 19: End of the project**

A medical equipment support project, like all projects, comes to an end on a given date. Sometimes, the end of the project coincides with the beginning of a new project run by the same partner. It is once the evaluation has been completed that the project holder organisation and the health facility will make a decision on the continuation of their collaboration.



## THEMED FACTSHEET

# LIST OF EXPENSES

## FOR A MEDICAL EQUIPMENT SUPPORT PROJECT

! This expenses list is neither an accounting plan nor a template for a provisional budget requested by the providers of funds. It is simply a comprehensive list of expenses likely to occur in the provisional budget of a medical equipment support project. In order not to omit any, they are listed in chronological order.

- >>> **Planning the expenses to know how much to budget**
- >>> **Remembering essential expenses**
- >>> **Monitoring expenses that are specific to each stage of the project**

### PRELIMINARY ASSESSMENT

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#### > Cost of preliminary assessment site visit

- visas and passports
- vaccinations and medication
- national/international travel (plane and train tickets, etc.)
- living expenses on site (local travel, accommodation, meals, etc.)
- travel insurance
- per diems
- possible translator and driver

#### > Salaries and State taxes for the human resources of the project holder organisation and of the health facility dedicated to carrying out the preliminary assessment

#### > Fees of the preliminary assessment<sup>1</sup> experts

### SUPPLY AND PREPARATION OF THE DEVICES

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#### > Purchase of the medical device

#### > Subscriptions to collaborative platforms (devices bank, collaborative biomedical network, humanitarian logistics platform, etc.)

#### > Cost of collecting medical device:

- vehicle rental, petrol, road tolls<sup>2</sup>
- living expenses for the collection team (accommodation, meals, etc.)

#### > Rental of a storage space (from a humanitarian logistics platform, a storage warehouse, etc.)

#### > Cost of technical and biomedical services (dismantling, technical performance control, preventive maintenance, renovation, recalibration, etc.)<sup>3</sup>

#### > Purchase of accessories, spare parts and start up packs of consumables

#### > Purchase of packaging materials (cardboard boxes, film, bubble wrap, wedging material, etc.) to protect fragile devices

#### > Service and packaging costs (putting on pallets, making specific crates, labelling, etc.)

#### > Expenses for the team at the destination health facility for checking/validating devices prior to dispatch<sup>4</sup>

#### > Salaries and State taxes for the human resources of the project holder organisation and of the health facility dedicated to supplying and preparing the medical device



## INTERNATIONAL LOGISTICS IN THE COUNTRY WHERE THE PARTNER HEALTH FACILITY IS LOCATED

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- > International freight (road, sea, air, etc.)
- > Transportation taxes (Customs, capital costs, local taxes, etc.)
- > Cost of local transport<sup>1</sup>
- > Salaries and State taxes for the human resources of the project holder organisation and of the health facility dedicated to organising international and local logistics

## ACCOMPANYING AND PUTTING THE MEDICAL DEVICE INTO SERVICE

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- > Cost of converting the building
- > Purchase of additional equipment (generator, circuit breaker, electrical protection, air conditioners, etc.)
- > Service costs for installing<sup>1</sup> the device
- > Mission expenses for putting the medical device into service and/or training:
  - visas and passports
  - vaccinations and medication
  - national/international travel (plane, train tickets, etc.)
  - cost of living on site (local journeys, accommodation, meals, etc.)
  - travel insurance
  - per diems
- > Salaries and State taxes for the human resources of the project holder organisation and of the health facility dedicated to putting the medical device into service and/or training
- > Fees of the trainers providing training in the use and maintenance of the device<sup>1</sup>

## OPERATING THE MEDICAL DEVICE

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- > Procurement of consumables, accessories, medical fluids, etc. for using the medical devices
- > Procurement of maintenance kits, spare parts, etc. to ensure the medical devices are maintained
- > Cost of energy sources (water, electricity, petrol, etc.)
- > Waste treatment (IHW/WEEE)<sup>5</sup>
- > Salaries and State taxes for the human resources of the project holder organisation and of the health facility
- > Cost of maintenance services<sup>1</sup>

## MONITORING AND EVALUATION

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- > Expenses of monitoring/evaluation site visit:
  - visas and passports
  - vaccinations and medication
  - national/international travel (plane, train tickets, etc.)
  - cost of living on site (local journeys, accommodation, meals, etc.)
  - travel insurance
  - per diems
  - possible interpreter and driver
- > Salaries and state taxes for the human resources of the project holder organisation and of the health facility dedicated to monitoring and evaluation of the project
- > Fees of evaluation experts<sup>1</sup>

## ADMINISTRATIVE MANAGEMENT EXPENSES

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- > Cost of telephones, internet, postage
- > Communication costs (advertising, promotions, press relations, etc.)
- > Purchase of administrative supplies
- > Insurance (employees, vehicles, premises)
- > Accounting fees<sup>1</sup>
- > Other expenses (taxes, bank charges, unforeseen expenses, etc.)





## UNINCURRED EXPENSES

- > Premises made available at no charge
- > Various services donated by service providers as sponsorship
- > Volunteer work
- > Donations of medical devices

<sup>1</sup> If someone in the project holder has the necessary skills, this expense may not need to be budgeted, or it could appear as an expense under the heading Employment of voluntary contributions in kind.

<sup>2</sup> The project holder organisation may also decide to sub-contract to an external service provider (humanitarian logistics platform, social integration company, removal company, etc.) the collection of the medical device and its transportation to where it is to be stored.

<sup>3</sup> This expense will not need to be included in the budget if the biomedical skills and technical services are available in the project holder organisation and/or that of the donor (e.g. biomedical service of a hospital).

<sup>4</sup> Once the medical device has been collected by the project holder, the partner health facility could decide to carry out a mission to check the medical device in the project holder organisation's country before it is dispatched. This mission could also be an opportunity for the staff of the health facility to be trained on the use or maintenance of the device.

<sup>5</sup> IHF: Infectious Health Waste - WEEE: Waste Electrical and Electronic Equipment.

## TIPS ON BUILDING A PROVISIONAL BUDGET FOR A MEDICAL EQUIPMENT SUPPORT PROJECT

The providers of funds will frequently ask you to group together some expenses and enter them in specific budget lines. For example, expenses for external service providers that are expressed transversally in the themed Factsheet entitled EXPENSES LIST and which thus appear under several headings (preliminary assessment, supply and preparation of devices, international logistics, etc.) are usually grouped together in a "Short-term operations" account.

If you have decided to display the whole project budget (both project holder and health facility) do not forget to enter on the credit side, the fee revenue generated by medical or laboratory acts, and any other services carried out by the partner health facility.

Also, do not forget to show voluntary contributions in kind, often quite considerable, from which both your organisation and your partner have benefitted: staff freely placed at your disposal, movable and immovable property, free provision of services, donations of devices as well as voluntary work. We recommend you include them in your provisional budget as well as your funding requests because they contribute to the success of the project and represent expenses you have not had to incur; in short, savings made! This is usually appreciated and often taken into account by the providers of funds who measure the dynamism of your association and its reputation by them.

As the monitoring site visit is not systematic, any expenses incurred should only be taken into account if the project holder and the partner health facility deem it necessary to carry out one or more. However, the evaluation site visit is essential and the related expenses unavoidable!

Anticipating unforeseen expenses is fundamental to the extent that the partners can be faced throughout the project by expenses for which they did not budget at the beginning. However, these unforeseen expenses should not exceed 5% of the total budget.



# TEMPLATE

## LOGICAL FRAMEWORK

### FOR A MEDICAL EQUIPMENT SUPPORT PROJECT FOR THE KOVI HOSPITAL IN ZEMARU

**!** The aim of this template is to give you some ideas and advice on the type of question that you should be aware of and discuss amongst partners to build the logic behind the operation. In no way does it represent a standard format to be applied as is to your medical equipment support project. The whole point of the logical framework is to adapt to each special case according to an analysis of the context. For some medical equipment support projects, it will be necessary, for example, to support the setting up of a real maintenance policy in the health facility; for others, you will have to participate in the creation of a new service, etc. This example is not expected to be either perfect, or complete. Even after considerable experience of logical frameworks, several rounds of discussions and revisions are often necessary. During the construction of a logical framework and your medical equipment support project, you will have to think specifically about different headings in this matrix.

- >>> Give an overall view of the project
- >>> Describe and provide a structure for the operational logic of the project
- >>> Define the mechanism and the indicators for monitoring and assessing the project
- >>> Identify the hypotheses and the necessary conditions for the project to succeed

	INTERVENTION LOGIC What is the strategy for the intervention?	OBJECTIVELY VERIFIABLE INDICATORS How to establish whether the objectives (general and specific) have been attained	SOURCES AND MEANS OF VERIFICATION What data, information and materials will be used to show that the indicator has been attained?	ASSUMPTIONS External conditions for success
<b>OVERALL OBJECTIVE</b> What is the final aim to which the project should contribute?	<ul style="list-style-type: none"> <li>&gt; Contribute to the improvement of access to the offer of high quality healthcare for the inhabitants of Kovi (Zemaru)</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Improvement in life expectancy for the inhabitants of Kovi</li> <li>&gt; Reduction in the mortality rate of the inhabitants of Kovi</li> <li>&gt; Changes in the morbidity rate of a disease</li> <li>&gt; Increase in the ratio of healthcare workers to inhabitants in the Kovi area</li> <li>&gt; Access to antenatal care</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Annual reports by Zemaru's Ministry of Health</li> <li>&gt; Reports of health facilities in the area</li> <li>&gt; WHO and UNDP statistics</li> <li>&gt; Data of local authorities</li> </ul>	
<b>SPECIFIC OBJECTIVE(S)</b> What objective will have been attained by the end of the project?	<ul style="list-style-type: none"> <li>&gt; Improve the offer of healthcare at Kovi Hospital</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Increase in the number of patients treated</li> <li>&gt; Increase in the number of consultations/operations carried out</li> <li>&gt; Types of disease treated</li> <li>&gt; Satisfaction of employees at the health facility</li> <li>&gt; Satisfaction of patients who have received healthcare</li> </ul>	<ul style="list-style-type: none"> <li>&gt; The health facility's activity and financial reports</li> <li>&gt; The health facility's Register of activities</li> <li>&gt; Information factsheets to be assembled (see pages 13–16 of the <i>Evaluation Method</i>)</li> <li>&gt; Reports of Board, Management and other meetings</li> <li>&gt; The health facility's leaflets or newsletters</li> <li>&gt; Monitoring and evaluation reports</li> <li>&gt; Communications between the partners</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Permanent commitment of Kovi Hospital and the project holder organisation</li> <li>&gt; Respect of the terms of the partnership agreement</li> <li>&gt; Relative political and social stability in the area</li> <li>&gt; Maintenance of the agreement/ involvement of local authorities</li> <li>&gt; Favourable climate and natural conditions</li> <li>&gt; Permanence of legislation covering transfers of medical devices</li> </ul>



	<b>INTERVENTION LOGIC</b> What is the strategy for the intervention?	<b>OBJECTIVELY VERIFIABLE INDICATORS</b> How to establish whether the objectives (general and specific) have been attained	<b>SOURCES AND MEANS OF VERIFICATION</b> What data, information and materials will be used to show that the indicator has been attained?	<b>ASSUMPTIONS</b> External conditions for success
<b>EXPECTED RESULTS</b> What results will the project achieve?	<p>1 - The various services at Kovi Hospital have appropriate medical devices</p> <p>2 - The health facility's medical, paramedical and biomedical staff are available and have the skills to operate (use and maintain) the medical device</p> <p>3 - Kovi hospital is appropriately managed to allow the medical device to be used</p> <p>4 - The infrastructure is suitable for the operation of the medical device</p>	<ul style="list-style-type: none"> <li>&gt; Number of appropriate medical devices delivered and installed</li> <li>&gt; 80% delivery from the final list of needs for medical devices</li> </ul> <hr/> <ul style="list-style-type: none"> <li>&gt; Increase in the healthcare staff headcount (medical/paramedical/biomedical)</li> <li>&gt; Number of healthcare staff (medical/paramedical/biomedical) that have received training in the use of the medical device provided</li> <li>&gt; Number of times the medical device has been used or frequency with which it is used</li> <li>&gt; 80% of the medical devices provided are used</li> </ul> <hr/> <ul style="list-style-type: none"> <li>&gt; Number of times and duration of interruptions in the use of the medical device</li> <li>&gt; Number, frequency, type and results of maintenance carried out since the medical device was put into service by the biomedical maintenance service and/or by a biomedical service provider</li> <li>&gt; Evolution of the health facility's budget dedicated to use of the medical device</li> <li>&gt; Volume of consumables and medical fluids purchased</li> <li>&gt; Volume of accessories, maintenance kits and spare parts purchased</li> <li>&gt; Percentage of value of the medical device spent on preventive and corrective maintenance</li> </ul> <hr/> <ul style="list-style-type: none"> <li>&gt; The necessary building works and renovation have in fact been carried out ready for the installation and use of the devices</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Donation certificates</li> <li>&gt; Certificates confirming free provision of goods/services</li> <li>&gt; Inspection form of device prior to dispatch</li> <li>&gt; International/national/local transportation documents</li> <li>&gt; Technical performance certificates</li> <li>&gt; Delivery receipt for medical device</li> <li>&gt; Putting into service form for medical device</li> <li>&gt; Inventory of all medical devices</li> </ul> <hr/> <ul style="list-style-type: none"> <li>&gt; The health facility's activity registers</li> <li>&gt; Training registers</li> <li>&gt; Traceability of exchanges</li> <li>&gt; Meetings with users and biomedical staff</li> </ul> <hr/> <ul style="list-style-type: none"> <li>&gt; Management documents for purchases of consumables and medical fluids</li> <li>&gt; Management documents for purchases of accessories, maintenance kits and spare parts</li> <li>&gt; Maintenance records (covering all devices)</li> <li>&gt; Traceability of exchanges</li> <li>&gt; Documents exchanged with external service providers</li> </ul> <hr/> <ul style="list-style-type: none"> <li>&gt; Visits to the building site during and following completion of the work and renovation</li> <li>&gt; Contracts with external service providers</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Ensure that the medical device arrives at its proper destination and proper use, and is not taken over by any individual's personal interests (excessive use, bribes, etc.)</li> <li>&gt; Staff motivation</li> <li>&gt; Training recognition</li> <li>&gt; Permanent availability of water, electricity, etc.</li> </ul>



	INTERVENTION LOGIC What is the strategy for the intervention?	MEANS What means should be deployed to set up the activities?	COSTS What will the total cost of the activities be?	HYPOTHESES External conditions for success
<p><b>ACTIVITIES</b> What activities need to be carried out in order to produce the expected results?</p>	<p>1.1 - Procurement of medical device (purchase, donation) which corresponds to the list of needs in agreement with the health facility</p> <p>1.2 - Carry out the technical services to ensure the quality of the medical device (dismantling, technical performance control, recalibration, repairs, purchase of accessories and start up packs of consumables)</p> <p>1.3 - Transfer the medical device to Kovi Hospital and install it</p> <p>2.1 - Recruit healthcare staff (medical, paramedical and biomedical)</p> <p>2.2 - Train the healthcare staff in the use (use and maintenance) of the medical device</p> <p>3.1 - Organise a constant supply of consumables, medical fluids and accessories</p> <p>3.2 - Acquire the necessary maintenance kits and spare parts</p> <p>3.3 - Sign contracts with external service providers</p> <p>4.1 - Carry out the building work and renovation necessary for the medical device to be installed and operate</p>	<p><b>Human resources:</b></p> <ul style="list-style-type: none"> <li>- Human resources in the project holder organisation</li> <li>- Human resources at Kovi hospital</li> <li>- External service providers</li> </ul> <p><b>Technical resources:</b></p> <ul style="list-style-type: none"> <li>- Medical devices</li> <li>- Consumables, accessories, maintenance kits, spare parts and medical fluids</li> <li>- Vehicle for the transportation of medical devices</li> <li>- Packaging material</li> <li>- Storage area</li> <li>- Training materials</li> <li>- Technical documents (user guides, protocols, maintenance manuals)</li> <li>- Fully equipped maintenance workshop (tools, WEEE, etc.)</li> <li>- Fittings on the premises and ancillary equipment (circuit breakers, generators, air conditioners, etc.)</li> <li>- Construction work supplies (paint, etc.)</li> <li>- Transport, accommodation and meals for the mission team</li> <li>- Communication instruments</li> <li>- Means of communication (telephone, internet, postal system)</li> <li>- Office supplies</li> </ul>	<p>For guidance, look at the themed factsheet entitled LIST OF EXPENSES on page 20</p> <p>.....</p> <p><b>Total cost of activities for result 1:</b></p> <ul style="list-style-type: none"> <li>- Human resources: ..... €</li> <li>- Procurement of devices and consumables: ..... €</li> <li>- Travel: ..... €</li> <li>- External service providers: .... €</li> <li>- Office expenses: ..... €</li> <li>- Other expenses: ..... €</li> </ul> <p>.....</p> <p><b>Total costs of activities for result 2:</b></p> <ul style="list-style-type: none"> <li>- Human resources: ..... €</li> <li>- External service providers: .... €</li> <li>- Mission expenses: ..... €</li> <li>- Other costs: ..... €</li> </ul> <p>.....</p> <p><b>Total cost of activities for result 3:</b></p> <ul style="list-style-type: none"> <li>- Human resources: ..... €</li> <li>- Procurement of consumables, accessories, maintenance kits, spare parts and medical fluids: ..... €</li> <li>- External service providers: .... €</li> <li>- Other expenses: ..... €</li> </ul> <p>.....</p> <p><b>Total cost of activities for result 4 :</b></p> <ul style="list-style-type: none"> <li>- Human resources: ..... €</li> <li>- Procurement of building supplies, equipment and consumables: ..... €</li> <li>- External service providers: .... €</li> <li>- Other expenses: ..... €</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Ensure the qualifications of trainers</li> <li>&gt; Motivate staff</li> </ul>



## 3/ ENDORSING COMMITMENTS PHASE

>>> It is now time to confirm the commitment of the project holder and the partner health facility by drawing up a partnership agreement.

>>> In some cases, a first draft of the document has already been written during the preliminary assessment. But it is only now that the document can be finalized, approved and signed by both parties.

### >>> Value of a partnership agreement

The partnership agreement is an essential operational document. It is a formal written agreement governing relationships between several parties who have agreed to work in partnership and which defines their respective commitments.

It specifically endorses the content and the aims of the project, the commitment of those involved, the deadlines, what needs to be implemented and the terms of the relationship.

Formalizing a partnership and putting it in writing also ensures that the relationship is not based on good faith. Indeed, although there is a natural desire to trust each

other, the risks relating to the various constraints on both sides and the different personalities and group dynamics of the partners can complicate the relationship.

So, the partnership agreement brings added value to the medical equipment support project: it provides a structure and makes the relationship between the partners easier as well as giving them an opportunity to take credit for the project!

This type of document is referred to in a variety of terms: "specific agreement", "operating protocol", "partnership agreement" or "implementation agreement" may be used. For medical equipment support projects, however, we do not advise "partnership contract" because it implies a commercial transaction.

### AGREEMENT OR MEMORANDUM OF UNDERSTANDING?

To endorse a partnership commitment one can also choose to rely on two documents: on the one hand an agreement which relates to the specific project and on the other, a memorandum of understanding, which defines the general framework of the partner relationship. This memorandum of understanding can be of interest when the project holder organisation and the partner health facility wish to run several projects and work together for a long time.

For example, in the case of collaboration over a hospital between two health facilities, both types of endorsement can coexist. Indeed, the support of medical equipment is often just one constituent amongst others (exchanges between hospital doctors, raising awareness on hospital management, etc.). The medical equipment support project therefore represents a specific project within a more global one. One is usually endorsed by an agreement and the other by a memorandum of understanding.

A partnership agreement is essential for a medical equipment support project. Indeed, this type of project is often complex and its success is dependent on a multitude of activities and commitments, very often underestimated or even omitted (checking the performance of the medical devices, staff training, maintenance, etc.). Highlighting them in a partnership agreement will enable those involved to integrate them and measure their scope. An excellent invitation to implement them!

**PLANNING AND MONITORING TOOLS, PARTNERSHIP AGREEMENT**

All these tools allow the partner health facility, but also other people involved locally, to have a clear and transparent vision of all the project details. Indeed, they thus have an opportunity to see the sources of finance raised by the project holder as well as how they are being used. Moreover, this will motivate them to stick to their commitments and respect the schedule and chosen working methods.

>>> **Drawing up the partnership agreement**

The partnership agreement now needs to be drawn up based on the decisions taken previously regarding the allocation of tasks. It goes without saying that both parties involved must participate in this activity. The directors of the health facility and of the project holder organisation are usually people best placed to carry out this job to the extent that they have both the skills and the administrative, legal and financial understanding, as well as the authority to commit their respective organisations. As a general rule, in order to ensure that the partnership agreement is well structured and thorough, it will consist of a series of articles (preferably by topic) which will cover all the project's different activities.

Moreover, this partnership agreement will be drawn up in the spirit of the PRECIS quality reference and should reflect:

- > the **Pertinence** of the project: the commitments made by both parties must be coherent with local needs and capabilities.
- > the **Rigour** : if the existence of the partnership agreement is already a proof of rigour, by displaying an effort to structure and document the project, it should also demonstrate that both parties are involved in the implementation of the project and that their responsibilities are shared.
- > the desire to be **Effective** by clearly stating the project's objectives and by reviewing all the actions required to attain these objectives, as well as by stipulating the duties of all those involved.
- > the **Capabilities** the project holder is going to assemble to carry out the project in terms of resources, expertise and organisation.
- > the search for a **Positive Impact**, by indicating the target health-objective, the proposed monitoring and evaluation indicators and tools, but also the measures applied to limit the risk of a **Negative Impact** (maintenance policy, monitoring the use of the devices, training, waste management, etc.).
- > the search for **Synergy** between the project and its environment: by including all those gravitating around the partner health facility and the project holder who are involved in the project.



There is a Template entitled **PARTNERSHIP AGREEMENT FOR A MEDICAL EQUIPMENT SUPPORT PROJECT BETWEEN A HEALTH FACILITY AND A PROJECT HOLDER ORGANISATION** to help draw up the partnership agreement. [Page 29](#)  
It should not be used as is, but seen as a guideline.



## GENERAL ADVICE FOR A SUCCESSFUL PARTNERSHIP AGREEMENT

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- In the context of an agreement with an entity, remember that it is the institution which commits (health facility, association, NGO, local authority, etc.) rather than an actual person (director, president, doctor, etc.).
- Ensure that the people who sign the document have the authority to commit their various healthcare facilities and thus to sign the agreement (director, delegate general, president, etc.).
- Ensure that the hierarchical levels and skills of the signatories are equivalent.
- If possible, avoid tripartite agreements because they are much more difficult to draw up.
- Draw up the agreement with the partner: in far too many cases it is obvious that the project holder has drawn up the document on their own.
- Possibly include a cover page displaying the logos and addresses of the partners. If the partners do not have a logo, insert a graphic design of the healthcare facility.
- Draw up a clear and precise agreement to avoid misunderstandings.
- Ask a third party to read the agreement to ensure the document is easy to understand.
- Be aware of the terminology used: job titles, for example, do not always have the same meaning in different countries.
- Always spell out the acronyms.
- Negotiate the content of each article with the partner.
- Ensure that the agreement indicates the commitments made by both partners, without necessarily seeking perfect balance.
- Give titles to the sections and articles.
- Possibly include a summary if the agreement is long.
- Refer to statutory documents if they exist.
- Possibly attach annexes (project documents, planning tools, regulations, etc.).
- Each time costs are mentioned, try to indicate the exact amount of the maximum budget that can be dedicated to the expense and express it in a shared currency.
- Avoid indicating the names of the people assigned to the project (other than those of the signatories) so that the agreement remains valid even if staff change.
- Avoid "renewed by tacit agreement" so that the partnership agreement is not automatically renewed at the end of the project.
- Always indicate legal notices (legal statute, business identification N<sup>o</sup>, etc.) for both the parties.



TEMPLATE

# PARTNERSHIP AGREEMENT

## FOR A MEDICAL EQUIPMENT SUPPORT PROJECT BETWEEN A HEALTH FACILITY AND A PROJECT HOLDER ORGANISATION

! This is a standard model for a partnership agreement, but it should be modified according to the context of the partnership and the project.

LOGO of the project holder organisation

LOGO of the partner health facility

### PARTNERSHIP AGREEMENT

Between, on the one hand <name of the project holder organisation> whose head office is at <address and country> <telephone N°, email, videoconference address> represented by Mrs./Miss/Mr. <name and surname of the person> holding the position of <job title> and henceforth referred to as The project holder.

And, on the other hand <name of the health facility> whose head office is at <address and country> <telephone N°, email, videoconference address> represented by Mrs./Miss/Mr. <name and surname of the person> holding the position of <job title> and henceforth referred to as The health facility.

#### Preamble

Introduce both partners (aims of their healthcare facilities, activities, etc.)

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

In the context of the current partnership agreement, the following has been agreed and decided. *If applicable, refer to the memorandum of understanding which is more global and which covers this partnership agreement, indicating the date it was signed.*

#### SECTION I: GENERAL PROVISIONS

##### > Article 1: Aim of the agreement

The aim of this agreement is to define the commitments between the partners (The project holder and The health facility) in order to implement a medical equipment support project.





> Article 2: Project objectives

Following the preliminary assessment made <period during which the preliminary assessment was made> the partners decided to implement the medical equipment support project entitled <name of the project>. The aims of this project are as follows:

- Overall objective (e.g. contribute to the improvement of access to quality healthcare for the local population): .....
- .....
- .....
- Specific objective(s): (e.g. improve the offer of healthcare at the local health facility): .....
- .....
- .....

To achieve these objectives, the partners will use the planning tools they created together and which determine this partnership agreement. *List the planning tools: logical framework, flowchart, and provisional budget, etc. and possibly attach them as an annex.*

**SECTION II: COMMITMENTS MADE BY BOTH PARTIES**

> Article 3: Medical devices

PROVISION OF MEDICAL DEVICES

The project holder undertakes to:

- do everything in their power to enable the health facility to obtain all or some of the medical devices on their list of needs; *this list may be attached as an annex in the format of "the final list of medical device needs" suggested on Page 37 of the Preliminary Assessment Method in this series.*
- make available to the health facility medical devices that are complete, operational and accompanied by their user manuals.

MEDICAL DEVICE SUPPLY SOURCES AND METHODS

In order to obtain the necessary medical devices The project holder will accede to the following sources of supply and methods: the purchase of new medical devices, the purchase of second hand medical devices, gathering new medical devices that have been donated/gathering second hand medical devices that have been donated. *Adapt to the project indicating, where possible, the supplying countries.*

The cost of supplies (procurement cost, cost of collection, etc.) will be paid by The project holder and/or The health facility. *If possible, indicate the amount or percentage of the amount paid by each party.*

TECHNICAL SERVICES PRIOR TO TRANSFER TO THE HEALTH FACILITY

The project holder undertakes to:

- carry out and/or coordinate the carrying out of technical services to ensure the quality of the medical device prior to its transfer (dismantling, checking its technical performance, recalibration, repairs and purchase of accessories and start-up kits of consumables);
- supply the health facility with proof that these technical services have been carried out (technical performance certificate, bills, etc.).

The cost of the technical services will be borne by The project holder and/or The health facility. *If possible, indicate the amount or percentage of the amount paid by each party.*



## > Article 4: Logistics

### STORING AND PACKAGING

The project holder undertakes to store or coordinate the storage of medical devices in appropriate conditions and to package them in a suitable way in view of their transfer to the health facility.

The storage and packaging costs of the medical devices will be borne by The project holder and/or The health facility. *If possible, indicate the amount or percentage of the amount paid by each party.*

### INTERNATIONAL TRANSPORTATION

The project holder and/or The health facility undertake to organise the logistics for the international transportation of the medical devices made available to *<name of the health facility's country>*.

The project holder and/or The health facility will carry out the administrative procedures (obtain the support of local authorities, Customs documents, transport documents, etc.) necessary for the export from *<name of the project holder's country>* and the import of medical devices to *<name of the health facility's country>*.

The cost of the transportation of the medical devices will be borne by The project holder and/or The health facility. *If possible, indicate the amount or percentage of the amount paid by each party.*

## > Article 5: Putting the medical device into service

### INSTALLING

The health facility undertakes to *(if applicable, to be adapted to your project indicating wherever possible the tasks to be carried out)*:

- carry out, prior to the arrival of the medical device, renovation work to the premises of the destination service that prove to be necessary and the possible procurement of additional equipment. *If possible, attach the details of the work as an annex and the list of additional equipment to be acquired;*
- organise logistics for the arrival of the project holder team who have come to install the medical device.

The project holder undertakes to give The health facility, who will sign it, the free transfer of rights certificate for the medical device provided.

The project holder and/or The health facility undertake to made available competent and equipped biomedical staff to carry out the installation of the medical device in the destination service and/or to call upon external biomedical resources. *Adapt to the project and provide, if possible, details of these biomedical resources: service provider, biomedical resources shared with another health facility, made available by the Ministry of Health, etc.*

The cost of installing the medical devices made available (including the cost of the building work, the procurement of additional equipment, welcoming the installation team, service provider fees, etc.) will be borne by The project holder and/or The health facility. *If possible, indicate the amount or percentage of the amount paid by each party.*

### STAFF TRAINING IN THE USE AND MAINTENANCE OF THE DEVICE

The project holder and/or The health facility undertake to:

- make trainers available to provide courses on the use and maintenance of the medical devices. *Indicate whether they are internal human resources or external service providers;*
- carry out and/or coordinate the delivery of this training;
- provide the health facility's staff with appropriate training materials.



The health facility undertakes to:

- organise the logistics for the arrival of the trainers,
- designate the user and biomedical staff to be trained and make them available for the training course.

Training costs will be borne by The project holder and/or The health facility. *If possible, indicate the amount or percentage of the amount paid by each party.*

### > Article 6: Operation

#### USE

The health facility undertakes to use the medical device made available and this for the sole purpose previously defined by:

- making it available to previously determined services and to trained and skilled staff (medical and/or paramedical),
- using it in appropriate premises,
- acquiring the necessary consumables, accessories and medical fluids,
- ensuring it receives an appropriate source of energy.

The medical device's operating costs will be borne by The project holder and/or The health facility. *If possible, indicate the amount or percentage of the amount paid by each party.*

#### MAINTENANCE

The health facility undertakes to:

- carry out preventive and/or corrective maintenance of the medical device made available, either internally and/or by calling upon external biomedical resources; *adapt to the project by providing, if possible, details of these biomedical resources: service providers, biomedical resources shared with another health facility, made available by the Ministry of Health, etc.*
- acquire the necessary maintenance kits and spare parts.

The project holder undertakes to support The health facility in carrying out the maintenance of the medical device made available during a specific period *<indicate the timeframe>*. *List the specific commitments possibly made by the project holder in this field: dispatch of spare parts, search for information from the manufacturer's After Sales Service, carrying out a maintenance mission, refresher technical training courses, etc.*

Maintenance costs will be borne by The project holder and/or The health facility. *If possible, indicate the amount or percentage of the amount paid by each party.*

### > Article 7: Monitoring and evaluation

#### MONITORING

The partners undertake to keep each other informed of the progress of the project every *<week/month/semester, etc.>* by various means, such as the telephone, visio telephony, videoconference, instant messaging, emails and letters.

Communications between the partners will be carried out in *<indicate the language to be used for exchanges between partners>*.

The partners undertake to monitor the project's progress, to use the monitoring tools that have been set up and, in general, to transmit and/or facilitate access to monitoring data (including that available in the activity management documents designated as monitoring tools).

The partners undertake to be ready to listen to possible problems encountered during the implementation of the project and to take necessary measures to resolve them.



The project holder undertakes to carry out monitoring missions *<indicate how often>* during the implementation of the project and to provide a monitoring mission report to the health facility.

The health facility undertakes to *(adapt to the project providing, if possible, the tasks to accomplish)*:

- organise logistics for the arrival of the project holder team who have come on a monitoring mission;
- call upon and make available staff to assist the project holder team in its monitoring mission;
- facilitate access to monitoring data (use of devices, maintenance, management, etc.).

Expenses incurred for monitoring will be borne by The project holder and/or The health facility. *If possible, indicate the amount or percentage of the amount paid by each party.*

#### EVALUATION

At the end of the project, in order to ascertain whether the aims of the project have been attained, particularly if the medical device is still operational, used and well maintained, The project holder undertakes to:

- carry out a self-evaluation of the project or to coordinate the carrying out of an evaluation by an external evaluator; *adapt to the project.*
- provide The health facility with an evaluation report within a reasonable timeframe. *Possibly indicate this timeframe.*

The health facility undertakes to:

- organise logistics for the arrival of the project holder team who have come on an evaluation mission;
- call upon and make available staff to participate in the evaluation;
- facilitate access to data and documents necessary for carrying out the evaluation.

Expenses incurred for the evaluation will be borne by The project holder and/or The health facility. *If possible, indicate the amount or percentage of the amount paid by each party.*

#### > Article 8: Human resources

The partners undertake to assign internal human resources and/or to call upon external service providers to carry out the project's activities in accordance with the commitments made and reiterated in the various articles. *If possible, provide details on the staff assigned to the project: role, % of working time dedicated to the project, etc.*

They undertake to ensure the continuity of these human resources throughout the project by recruiting, replacing and hiring on contract if necessary.

#### > Article 9: Promoting and publicising the project

The partners undertake to promote the project to communities, institutions, funders, the media and other players likely to have a positive effect on the project and/or to bring in additional people, devices or funding.

### SECTION III: FINAL PROVISIONS

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#### > Article 10: Duration of the agreement

This agreement is concluded for the duration of the project, that is to say *<indicate the duration>* and will end on *<date>*.

#### > Article 11: Entry into application of the agreement

This agreement takes effect from the date of signature or a subsequent date, that is to say, *<date>*.





## > Article 12: Modification, suspension and termination of the agreement

### MODIFICATION

At the request of the partners, the agreement may be discussed again and modified by common agreement. These modifications must be attached as endorsements to the agreement.

### SUSPENSION AND TERMINATION

In the following circumstances, be they provoked or sustained by either of the partners, the partnership agreement could be suspended or terminated at the request of either of the partners:

- non respect for the terms of the agreement;
- deflection from the aims of the project or its activities;
- use of medical device for other purposes than those defined by the project's objectives;
- dissolution of either partner's healthcare facilities;
- case of force majeure.

The suspension or termination of the agreement must be notified by one of the partners to the other, by registered letter with acknowledgement of receipt/letter/email with notice *<duration of notice>*.

Should there be minor disagreement between the partners, an amicable settlement should be sought. In the case of persistent discord, it should be resolved by law *<indicate which legal system should be applied: that of The project holder or that of The health facility>* and submitted to court *<indicate the name and location of the appropriate court selected>*.

This agreement has been drawn up in *<indicate the number of copies>* original copies. It has also been written in *<indicate the language>* and printed in that version in *<indicate the number of copies>*. Both versions are legal documents.

Drawn up in *<place>* on *<date>*

Signatures of partners  
Preceded by "Read and approved"

# DEFINITIONS

## FOR A CLEAR UNDERSTANDING OF THE PLANNING METHOD

**ACCESSORY:** in the medical field, an object that is used in conjunction with medical equipment and is usually essential to its function: defibrillator paddles, ECG cables, handle for an electrosurgical generator, etc.

**CONSUMABLE:** in the medical field, this is an essential supply for an action, which is normally replaced after use. For example: bandages, compresses, gloves, masks, printing paper, X-Ray film, scan gel, sterile towels, diathermy knife blades, etc.

**PARTNERSHIP AGREEMENT:** formal document/agreement which dictates the relationship between several parties who have agreed to work in partnership and which defines their respective duties.

**MEDICAL EQUIPMENT:** medical device requiring maintenance, on which users need training, and that need to be overhauled – activities that are usually the job of biomedical engineers. It can be used alone or in conjunction with accessories, consumables and/or other medical devices.

**MAINTENANCE KIT:** a set of element that is required to carry out preventive maintenance on a specific piece of medical equipment. A maintenance kit could, for example, consist of filters, joints, valves, etc.

**MAINTENANCE:** in the biomedical field, action plan to maintain a medical device in an optimal operating mode. There are different sorts of maintenance:

**PREVENTIVE MAINTENANCE:** planned action to reduce the likelihood of a breakdown of an equipment and maintaining it in a state of optimal operation.

**CORRECTIVE MAINTENANCE:** action carrying out repairs following a breakdown or malfunction noticed on an equipment, with the aim of rendering it durably operational again.

**MEDICAL DEVICES:** the term medical devices as used in this document applies to all medical devices as defined by article L.5211-1 in the French public health Code as indicated below (which specifically includes medical devices) as well as the technical equipment for hospitals which is not considered to be medical devices (furniture and minor hospital instruments)

Article L.5211-1 of the French public health Code, article 1 item 2 in directive 2007/47/CE defines medical devices as: "any instrument, machine, device, software, material or other article, used alone or in conjunction with another, as well as any other accessory, including software designed by the manufacturer to be used specifically for diagnoses and/or therapy, and necessary for it to work properly, intended by the manufacturer for use on humans for the purposes of:

- Diagnosis, prevention, control, treatment or alleviation of an illness;
- Diagnosis, control, treatment, alleviation or to compensate for a wound or a disability;
- Examination, replacement or modification to the anatomy, or for a physiological process;
- Implementing a design, the desired principal action of which, in or on a human body, cannot be obtained by pharmacological or immunological means nor by metabolism, but the operation of which can be assisted by such means."

**STOCK OF MEDICAL DEVICES/EQUIPMENT:** all the medical devices available to a health facility.

**PARTNERSHIP:** in the field of international solidarity, relationship between legal entities which have decided to carry out a project in order to achieve common objectives. It is a dynamic process, usually long-lasting, based on principles of cooperation, equality, and exchange, confidence and reciprocity. It can be conveyed by a formal agreement, which often takes the form of a partnership agreement.

**PROJECT HOLDER:** in this document, a person or legal entity responsible for coordinating all the tasks and the stages necessary for the success of the medical equipment support project (preliminary assessment, definition of the aims, planning, recruiting partners, fund raising, management and implementation of human resources, equipment and financing, communication, logistics, monitoring, evaluation, etc.).

**MEDICAL EQUIPMENT SUPPORT PROJECT:** international aid project aiming to reinforce the quality and capability of care in a health facility by the provision of medical devices that is appropriate in the context and local resources.

### BIOMEDICAL HUMAN RESOURCES:

**BIOMEDICAL ENGINEER:** healthcare professional who designs, leads and controls the investment and maintenance policy of medical equipment in conjunction with the healthcare facility's policies and the desired levels of quality and safety. They are usually in charge of a team of biomedical technicians, they keep up with technological innovation, the regulations and precautions regarding medical devices and manage all the facility's equipment throughout its life span, from procurement to withdrawal.

**BIOMEDICAL TECHNICIAN:** healthcare professional who ensures the maintenance of medical equipment. They are responsible for the installation of equipment and management of the stock of spare parts, accessories and maintenance kits. They train and inform the operators and participate in the detection of risks to the safety of patients and operating staff. The biomedical technician usually works under the supervision of a biomedical engineer.

**BIOMEDICAL MAINTENANCE SERVICE:** service responsible for the management and maintenance of medical equipment in a health facility.

# HOW TO OBTAIN SUPPORT OR GET TRAINING

There are a number of organisations that can provide assistance to project holders wishing to draw up a medical equipment support project in a health facility. Their support can take the form of individual support, training, recommendations for further reading, networking with other project holders, the offer of biomedical services, technical advice. In France, these organisations are mainly regional networks which support international aid providers, resource centres and specialist organisations. Examples are listed below. Look for organisations in your own country that could provide assistance.

## HUMATEM

Provides methodological support, the supply of all sorts of medical devices and technical services on your devices.  
www.humatem.org



## GROUPE URD

Provides support on quality control and field expert report missions.  
www.urd.org



## BIOLOGIE SANS FRONTIÈRES

Provides methodological support, supplies of laboratory devices and technical services on them.  
www.bsf.asso.fr



## BIOPORT

Provides technical support with international logistics.  
www.bioport.asso.free.fr



## CAP SOLIDARITÉS

Provides assistance in setting up a project.  
www.capsolidarites.asso.fr



## ENTRAIDE BIOMÉDICALE

Provides imaging devices and technical services on this type of device.  
www.entraide-biomedicale.org



## MISSION AIR

Provides made-to-measure solutions for humanitarian transport needs.  
www.mission-air.com



## TRANSHUMA

For national and international road transport.  
www.transhuma.org



## RECOMMENDED READING

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Coordination Sud (2006) *Guide du partenariat. Outils pratiques à l'usage des partenaires du Nord et du Sud*, Paris: Coordination Sud.

F3E (2007) Abrégé: *Planifier un projet de solidarité internationale* (available on-line).

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Klecowski B.M & R. Pibouleau (1986) *Planification et conception des équipements de santé dans les régions en développement: approches possibles*, vol. 5, Geneva: WHO (available on-line).

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URD (2009) *COMPAS Qualité. Méthode d'assurance qualité pour l'action humanitaire*, Plaisians: URD.



# THE WORKING GROUP

## MEDICAL DEVICES IN THE ACTIONS OF INTERNATIONAL COOPERATION

This *Planning Method* was created by Humatem, in partnership with the Groupe URD and contributions from the “Medical devices in the Actions of International Cooperation” working group.

This working group has been managed by Humatem since 2003, and is composed of actual donors, specialised platforms, networks and health professionals, who all want reflection and practices to progress.

Their objective is to optimise donations of medical devices in order to contribute to an improvement in the quality of healthcare in developing countries or those in crisis situations.

The working group’s objective is to consider carefully and carry out research regarding medical device donations, to produce technical support materials, methodologies and awareness raising documents and finally to publish the tools they have developed and their conclusions. This working group is an area of free exchange offering participants an opportunity to commit for the time it takes to create one or several tools. The group was consulted on numerous occasions during the writing of this method, in order to gather their experiences, their informed comments and proof reading.

The following organisations and people participated in the creation of the *Planning Method for medical equipment support projects for health facilities in developing countries*:

- **HUMATEM** [www.humatem.org](http://www.humatem.org)
- **GROUPE URD** [www.urd.org](http://www.urd.org)
- **ACTIONS MONGOLIE** [www.actionsmongolie.org](http://www.actionsmongolie.org)
- **ASSISTANCE PUBLIQUE - Paris hospitals** [www.aphp.fr](http://www.aphp.fr)
- **BIAGNE** [www.biagne.org](http://www.biagne.org)
- **BIOLOGIE SANS FRONTIÈRES** [www.bsf.asso.fr](http://www.bsf.asso.fr)
- **CABINET 2BC**
- **HORIZONS SAHEL** [www.horizons-sahel.org](http://www.horizons-sahel.org)
- **HOSPICES CIVILS DE LYON** [www.chu-lyon.fr](http://www.chu-lyon.fr)
- **INSTITUT BIOFORCE** [www.bioforce.asso.fr](http://www.bioforce.asso.fr)
- **LYON SOLIDAIRE**
- **MASH EUROPE**
- **PLATEFORME D'INSERTION PAR L'HUMANITAIRE ET LA COOPÉRATION**  
[www.plateformehumanitaire.asso.fr](http://www.plateformehumanitaire.asso.fr)
- **VOIR LA VIE** [www.voirlavie.org](http://www.voirlavie.org)
- **FLAVIA MARIANI**
- **KADER OMAR**
- **JULIEN PASQUIER**





## PLANNING METHOD

This Planning Method is designed for international aid workers and healthcare facilities in developing countries who have decided together to implement a medical equipment support project.

It includes methodological components and practical factsheets that the project holders and their partners can use during the planning stage. It provides advice to ensure that they remember all the activities and tasks that need to be implemented, how to allocate them and identify the most appropriate monitoring and evaluation indicators. Finally, it will help during the formalisation stage of their partnership in the context of a medical equipment support project by providing a template for a partnership agreement.

This document is part of a series of methods and tools designed to improve the quality of medical equipment support projects.

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