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POPULATION/FAMILY HEALTH OVERVIEW:

MADAGASCAR

by

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GLOSSARY

AVSC	Association for Voluntary Sterilization, Inc.
CEDPA	Centre for Development and Population Activities
CPS	Contraceptive Prevalence Survey
FISA	Fianakaviana Sambatra, a private family planning association
FTK	Natural Family Planning Association
GDRM	Government of the Democratic Republic of Madagascar
IEC	Information, Education, and Communication
IFFLP	International Federation for Family Life Promotion
INSRE	National Institute of Statistics and Economic Research (Institut National de la Statistique et de la Recherche Economique)
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
JTRAMA	water and electric utility parastatal
MOH	Ministry of Health
OSTIE	group of private enterprises with its own health care system
RAPID	Resources for the Awareness of Population and Development
SOLIMA	petroleum parastatal
SSME	Central Department of Maternal and Child Health Service (Service Central de la Sante de la Mere et de l'Enfant)
SSSD	Department of Sanitation and Health Statistics (Service des Statistiques Sanitaires et Demo- graphiques)
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	U.S. Agency for International Development
USAID/Tana	USAID/Antananarivo

EXECUTIVE SUMMARY

After an absence of nearly 10 years, the U.S. Agency for International Development (USAID) reestablished its presence in Madagascar in 1984. According to the first Country Development Strategy Statement prepared for fiscal year 1986 the focus of USAID development assistance to Madagascar will be agriculture. As a complement to these major activities, and given the relationship between population factors and agricultural development, the strategy statement also recommends support for start-up family planning activities.

To design population and family planning activities to be responsive to the cultural context, the policies of the Government of the Democratic Republic of Madagascar (GDRM), and the country's needs, a team was requested to conduct a Population/Family Health Overview. The team consisted of a demographer/population policy expert and a public health physician who specializes in family planning. The team was in the country from May 12 through May 31, 1985, and visited the provinces of Antananarivo and Tamatave. According to its terms of reference, the team carried out the following activities: review of existing policies and programs in population and family health; assessment of government and nongovernment plans and capabilities in program implementation; review of other donor activities; identification of constraints impeding population and family health activities; and preparation of recommendations for areas in which USAID assistance could be provided. In making these recommendations, the team was instructed to take into account the Mission's limited management capability; no bilateral activity was foreseen, and centrally funded sources of assistance were to be used.

No problems were encountered in carrying out the terms of reference. Contacts were made with the primary ministries concerned, namely the Ministry of Population, Social Conditions, Youth and Sports; the Ministry of Health; and the Direction Generale du Plan (Madagascar's central planning agency). The several private organizations providing family planning services were also contacted, as were demographers at the University of Madagascar and the country's major research institutions. Programs of other donor agencies were reviewed, and the team worked closely with the United Nations Fund for Population Activities' representative to coordinate planned activities.

Madagascar's population of nearly 10 million is growing at an estimated rate of 2.8 percent annually. The country suffers from many of the problems common to the developing world: poor health status of the population, particularly high infant mortality; lagging agricultural production and increasing reliance on food imports; and difficulty in providing basic social services, especially in urban areas. Nonetheless, the GDRM has articulated no official population policy. An Office of Population has existed since 1973, but it collaborates only minimally with the central planning agency (Direction Generale du Plan). There are increasing indications, however, that the GDRM is realizing the implications of the country's rapid growth rate. The Director of Planning, for

example proposed to the team that a seminar on population and development be held.

Even in the absence of an official population policy, the GDRM's actions long have reflected an attitude of acceptance, and increasingly show direct support, of family planning. Although the French law of 1920 forbidding the sale and use of contraception has not been rescinded, it is not enforced. Contraceptives are sold, by prescription, in private pharmacies. The private family planning association, Fianakaviana Sambatra (FISA) (an International Planned Parenthood Federation affiliate), is officially recognized as a nongovernmental organization and provides contraceptive services in clinics throughout the country. The public health system provides no contraceptive services. However, at the request of public health physicians, FISA now provides services at 40 Ministry of Health facilities. The medical services of several parastatals (state-run companies), such as JIRAMA (water and electricity) and SOLIMA (petroleum), provide contraceptive services as part of their health care programs for employees. The Natural Family Planning Association, FTK, another recognized nongovernmental organization, provides natural family planning education. Within the army's health system, family planning also is provided.

In spite of the above, the use of modern contraception remains extremely limited. Contraceptive prevalence in 1982 was estimated at 1 percent of women aged 15-49 years. There are indications, however, that unmet demand exists: for example, medical personnel report increasing cases of women asking what they can do to postpone or avoid pregnancy; the number of abortions is known to be high; and abandoned children are increasingly visible and of growing concern to the GDRM.

The obstacles that have impeded access to contraception include low levels of awareness and lack of data on fertility and other variables necessary to expanding a family planning program. Malagasy culture favors large families, and the influence of the Catholic church is strong. Although the lack of an official population policy need not present an insurmountable obstacle, it appears to cause reluctance to act by persons who might wish to promote family planning.

Taking into account these obstacles, USAID/Tana's limited management capability, and the need to proceed cautiously given the sensitivity of population issues in Madagascar, the team proposed six areas in which assistance can be provided. The following are listed in order of priority:

- (1) Population policy. This area was felt by the team to be the single most important, and most appropriate, area in which USAID should initiate activities. Policymakers must be made to understand and take into account the relationship between population factors and development. A Resources for Awareness of Population and Development project and a seminar on population and development are strongly recommended to begin this sensitization process.

(2) Training/sensitization of medical community. Concurrent with the above activity, it is necessary to sensitize several target groups to the health implications of current fertility patterns: medical and paramedical personnel; agricultural extension agents; and community development agents. A series of in-country training seminars on reproductive health is recommended. Clinical training through the Johns Hopkins Program for International Education in Gynecology and Obstetrics should be continued.

(3) Support to existing private voluntary organizations. The several private voluntary organizations currently providing contraceptive services should receive continued support. Approved activities of the Association for Voluntary Sterilization, Inc., should proceed. A consultant from an organization such as Pathfinder Fund of Family Planning International Assistance should review the needs of the private voluntary organizations with a view to supporting small-scale projects.

(4) Demographic statistics and research. If family planning program expansion is to occur, it is essential to obtain baseline data for planning and evaluation. A survey should be designed and executed to combine aspects of contraceptive prevalence/knowledge, attitudes, and practice-type surveys and to obtain basic data on fertility, infant mortality, and other key issues. When the GDRM decides whether to conduct a national census, needs for assistance should be reviewed most likely by the Bureau of Census.

(5) Information, education, and communication. Technical assistance should be provided to the Ministry of Health's Maternal and Child Health Service to design an overall information, education, and communication strategy. Further assistance in this area would be developed in the context of such a strategy.

(6) Collection and reinforcement of health statistics. To maximize its capacity, the newly established health statistics collection system of the Ministry of Health must be computerized. USAID should coordinate any assistance in this area with the United Nations Fund for Population Activities, which has already expressed its interest in supporting this activity.

I. INTRODUCTION

I.1 Scope of Work

The objectives of the consultation were to review existing policies and programs in population and family health; to assess government and nongovernment plans and capabilities in program implementation; to review other donor activities; to identify constraints impeding population and family planning activities; and to prepare recommendations for the U.S. Agency for International Development (USAID) assistance to Madagascar. The team was instructed to consider Mission's limited management capability and to propose activities that could be implemented through centrally funded cooperating agencies.

I.2 Itinerary

On May 11, 1985, a briefing was held in Nairobi, Kenya, with the USAID Regional Population Advisor. The team consisted of Dr. Darlene Ferguson-Risson, a demographer and population policy expert, and Dr. Jean Lecomte, a public health physician specializing in family planning. They arrived in Madagascar on May 12 and began contacts with host government officials the following day. On May 17, accompanied by Ministry of Health (MOH) officials, the team members visited (separately) a dozen health facilities in the province of Antananarivo. May 19 through 21 were spent visiting facilities in the province of Tamatave. The difficulty of moving about within Madagascar (extremely poor road conditions and airline schedules that are not always convenient) prevented the team's making other field visits, given the short duration of the assignment. The remaining time was spent in meetings with government and nongovernment officials and representatives of other donor agencies, and in preparing the report (see Appendices A and B for further details).

Although it had been hoped that the report could be completed, typed, and translated before the team's departure, it became evident early in the visit that this was not a realistic goal. Thus, the report was left behind in draft form and USAID/Tana agreed to send the translated version to the team members for review and correction, as necessary. Then the report is to be distributed to appropriate Government of the Democratic Republic of Madagascar (GDRM) officials for review, so a concrete work plan can be developed.

I.3 Country Overview

Madagascar is an island nation lying off the eastern coast of Africa at the edge of the Indian Ocean. It is a primarily rural country with agriculture as the main activity of the 86 percent of the population who live in rural areas. Madagascar shares with many developing countries such characteristics as high fertility, low life expectancy, and high infant mortality (estimated at between 109 and 140 per 1,000 live births). Fertility in Madagascar has not declined

along with death rates over the past two decades. There are several reasons for this. In the first place, Malagasy women marry young, begin childbearing young, and continue bearing children well into their forties. Other contributing factors to high fertility are the value attached to large families and the near-absence of modern contraception. Furthermore, the influence of the Catholic church is strong.

II. OBSERVATIONS AND FINDINGS

II.1 Government Policy on Population

The GDRM has no officially proclaimed population policy. Nonetheless, the attitude of the government is reflected in documents, institutional structures and actions. The current National Development Plan (an interim plan for 1984 to 1987) does not address the demographic situation directly. In its response to the Economic Commission for Africa's population inquiry among governments, Madagascar was listed in 1983 as among those countries having expressed no policy with regard to fertility, although it had adopted a policy with regard to population distribution. In this regard, the GDRM policy seeks minor changes within the country, primarily slowing growth of the largest urban centers.

In spite of the lack of an official policy, the GDRM has created institutional structures to address the demographic aspects of development. The Office of Population has existed since 1973 and currently is situated within the Ministry of Population, Social Conditions, Youth and Sports. The most recent indicator of the GDRM's population policy is seen in its participation in the World Conference on Population in 1984. The Minister stated in the official declaration:

In Madagascar, we are certainly conscious of the difficulty of breaking the vicious circle of under-development--high fertility--rapid demographic growth --under-development, but it remains that the Malagasy perception of the problems of population and development is based on the conviction that economic and cultural emancipation have priority over the demographic solution.

Beyond this, the GDRM's policy must be inferred from its actions. For sometimes there has been acceptance of family planning; increasingly, there is direct support. The private family planning association, Fianakaviana Sambatra (FISA), was officially recognized in 1967 and is permitted to import and distribute contraceptives. Sale of contraceptives in private pharmacies also is allowed. In 1984, the GDRM approved a United Nations Fund for Population Activities (UNFPA)-supported observational tour by representatives of four key ministries to visit family planning programs in four countries. The Malagasy Parliamentarians have formed a group on population and development.

II.2 Current Status of Family Planning Activities

The major organization providing family planning services is the International Planned Parenthood Federation affiliate, FISA. Although the MOH system does not include contraceptive services as part of its health care services, at

the request of MOH physicians, FISA is providing services in 40 MOH facilities. Private pharmacies account for most of the contraceptive distribution, with oral contraceptives being sold by prescriptions written by private physicians or, on occasion, by public health physicians. Contraceptive services also are provided in the medical centers of at least three organizations: JIRAMA, the water and electricity parastatal; SOLIMA, the petroleum parastatal; and OSTIE, a group of private enterprises that has its own health care system. A Catholic organization, FTK (Natural Family Planning Association), provides education and training in natural family planning.

II.3 Status of Demographic Research and Statistics

Demographic research has not been accorded a high priority in Madagascar; as a result, the country's capabilities in the area are relatively limited. Presently, demographic research is carried out within several institutional structures: the Office of Population (Direction de la Population) includes two demographers among its staff and has conducted a number of small-scale surveys over the past several years. The National Institute of Statistics and Economic Research (Inscitut National de la Statistique et de la Recherche Economique, or INSRE), situated within the Ministry of Finance and Economic Development, was the executing agency for the 1975 general census of the population. INSRE's major activity is currently the maintenance of the civil registration system. The ability of INSRE is limited, and the director expressed concern to the team that, should the GDRM decide to go forward with a national census in 1987, INSRE would have difficulty handling this task.

Demographic data are also collected on an on-going basis by the Department of Sanitation and Health Statistics (Service des Statistiques Sanitaires et Demographiques, or SSSD) within the MOH. As part of the project financed by UNFPA, SSSD conducts three types of monitoring: death, birth, and a general enumeration of the population.

The University of Madagascar has no demography department; it includes demographic-related issues in courses in various departments such as sociology, economics, and geography. The faculty of the University includes one demographer, although several others not on the full-time staff teach courses in demography. Several demographers also are among the personnel of the National Center of Scientific and Technical Research (Centre National de la Recherche Scientifique et Technique) and the Office of Population.

II.4 Other Donor Activities

The major donor in the area of population/family planning is UNFPA. Madagascar has been, since 1978, the site of the UNFPA regional office, which also covers the Comoro Islands and Mauritius. Although Madagascar meets the criteria of UNFPA's priority countries, its assistance to Madagascar has consistently fallen below its potential. The first major activity was assisting the 1975 census. A UNFPA needs assessment in 1979 was followed by a flurry

of activity, which soon diminished because of UNFPA budgetary constraints and in-country difficulties in project approval and implementation. UNFPA assistance through 1985 has totaled \$2.4 million. In addition to the 1975 census, the major activities have been the establishment of the system of health and demographic statistics and a population education project with the ministries of Education and Population, for which the United Nations Educational, Scientific, and Cultural Organization is the executing agency.

The activities of The United Nations Children's Fund (UNICEF) in the area of health are relevant to the planned USAID assistance. UNICEF's major areas of intervention for the coming years will be promoting oral rehydration; establishing nutritional rehabilitation; training 500 sanitary agents; furnishing antimalarial medications; educating about water usage; and furnishing pedagogical materials for six paramedical schools.

The major bilateral donor, France, supports no projects within the areas of population or family planning directly. Its assistance in the area of health is substantial, however, and amounts to 30 million French francs annually.

II.5 USAID-Sponsored Population/Family Planning Activities

For several years, USAID has provided population assistance to Madagascar through its centrally funded projects including: (1) The Johns Hopkins Program for International Education in Gynecology and Obstetrics (JHPIEGO)--Since 1977, 35 medical and paramedical personnel have been trained through JHPIEGO. Laparoscopic equipment has been installed in 10 medical facilities; it is used primarily for diagnostic procedures and for sterilization of older women with many children. (2) Centre for Development and Population Activities (CEDPA)--In 1994, two members of FISA received management training at CEDPA courses in the United States. In 1985, CEDPA is planning to finance a training workshop for 25 Malgache women program administrators. (3) International Federation for Family Life Promotion (IFFLP)--The private organization, FTK, received \$2,900 in 1985 to support its activities in natural family planning from IFFLP. (4) Pathfinders Fund--For over two years, contraceptives have been supplied along with medical kits to OSTIE. (5) The Association for Voluntary Sterilization, Inc. (AVSC)--Several small-scale projects have been financed, with FISA and with OSTIE, as well as with the Anglican church by AVSC.

III. RECOMMENDATIONS

The following recommendations are presented in order of descending importance according to the priorities determined by the team. The first three should be considered as highest priority, with implementation beginning during the current fiscal year. The fourth recommendation likely would be implemented during the next year. The final two recommendations should be considered for longer-term (two- to three-year) implementation.

III.1 Population Policy

The team accorded this area the highest priority. Assistance should be directed to two general objectives: providing guidance to the GDRM in deciding which stance it ultimately wishes to adopt officially with regard to population; and encouraging the systematic incorporation of demographic factors into sectoral development planning. A Resources for the Awareness of Population and Development (RAPID) project for Madagascar is recommended strongly. The country database should be developed in close collaboration with GDRM officials. An initial presentation to high-level officials could be the focal point of a seminar on population and development. This should be followed by specific sectoral analysis, using the RAPID technology, with technical assistance provided by RAPID consultants.

III.2 Training/Sensitization of Medical Community

Although some medical personnel are aware of the relationships between high fertility and maternal/child health, this awareness should be expanded and deepened. The current curriculum of the medical school does not include these issues. JHPIEGO has developed a project to incorporate these into the curriculum, but the project document has not been approved by the dean. It is recommended that a JHPIEGO consultant visit Madagascar to resolve this issue and to discuss the most effective ways of continuing the JHPIEGO training of medical and paramedical personnel. In addition, it is recommended that an organization such as JHPIEGO organize a series of in-country national and/or regional seminars to sensitize medical personnel and rural development agents to the relationships between fertility and health.

III.3 Support to Existing Private Voluntary Organizations

Several private organizations currently are active in conducting family planning information, education, and communication (IEC) efforts and providing contraceptive services. They should be supported to continue these efforts. It is recommended that a consultant from the Pathfinder Fund or Family Planning International Assistance visit Madagascar to review with SOLIMA, JIRAMA, OSTIE, FISA, and other interested groups their commodity needs as well as the possibility of financing small-scale projects they wish to conduct.

III.4 Demographic Statistics and Research

Lack of reliable data presently hinders program development and evaluation. A national fertility survey has never been conducted in Madagascar, nor has a contraceptive prevalence survey (CPS). A full-scale CPS would not be advisable. However, a general survey is recommended that would combine elements of a fertility survey, a CPS, and a knowledge, attitudes, and practice-type survey. This could be conducted through the Family Health and Demographic Surveys project and should involve both the MOH and the Ministry of Population, Social Conditions, Youth and Sports. The work program of the Office of Population includes at least two activities for which support should be considered, most likely in collaboration with UNFPA.

III.5 Information, Education, and Communication (IEC)

The Central Department of Maternal and Child Health Service (Service Central de la Sante de la Mere et de l'Enfant, or SSME) is responsible for, among other activities, the conceptualization, planning, and execution of activities for education directed at promoting the health of vulnerable groups. It is also responsible for producing and distributing audiovisual and other informational materials. However, SSME's capability is limited by budgetary constraints and lack of equipment. It is recommended that a consultant in IEC visit Madagascar to develop, with the directors of SSME, an overall IEC strategy and to identify clearly the service's needs in the areas of audiovisual equipment and related materials.

III.6 Collection and Reinforcement of Health Statistics

Overall, the system of health statistics, recently established by the MOH, is impressive. However, it is absolutely essential that the system be automated. All recording and calculation are currently carried out manually. Not only is this an extremely cumbersome and time-consuming task, but such a system inevitably involves a large error factor. UNFPA has expressed willingness to finance a part of the automation of the system. USAID should coordinate assistance in this area with UNFPA.

APPENDIX A

PERSONS CONTACTED

Ministere de la Population, des Conditions Sociales, de la Jeunesse et des Sports

Minsitre, Ndremananjary Jean Andre
M. Senn Harrison, Directeur de la Population
Mme. Monique Andreas, Directrice de la Condition Feminine

Ministere de la Sante

Dr. Jean-Jaques Seraphin, Ministre de la Sante
Dr. Paul Randimbiuahiny, Directeur des Services Sanitaires et Medicaux
Dr. Paul Randrianaino, Directeur, Service de Lutte Contre les Maladies Transmissibles
Dr. Sylvie Rakotoarivelo, Chef de la Division Centrale SMI d'Antananarivo
Dr. Andriamiharisoa, Medecin Resident Centre Medical
Dr. Lock Yong, Medecin Chef Hopital Secondaire
Dr. Laurent Ramialison, Hopital Itosy
Dr. Rakotomanga, Adjoint Chef Service Provincial Tamatave
Dr. Randriamanjaka, Medecin Inspecteur C.M. Tamatave
Dr. Givance, Medecin Inspecteur C.M.
Dr. Raharimanana, P.M. Tamatave
Dr. Nsee Ralijaona, Chef de Service, Direction des Services Sanitaires
Dr. Ralantonisainana Daniele, Chef de Service
Dr. Ratsifasoamanana Lala, Chef de division ONG
Dr. Jean Louis Razafimahatratra, Medecin Inspecteur
Dr. Razakamaniratsoa, Medecin Chef Maternite Tamatave

IISAIID

Mr. Samuel Rea, AID Representative
Mr. David P. Rawson, DCM
Mlle. Agnes Rakotomalala

Other Organizations

Mr. Jean Claude Corbel, FAC (French Cooperation)
Dr. Celaetine Algan, WHO
Mr. Paul Blay, World Bank
Mr. Ottorino Jannone, UNDP Resident Representative
Dr. Hakizimana, WHO
M. Claude Paulet, UNFPA Representative
Mme. Malou Marfing, UNESCO Consultant
M. Ajavon Ayi, IPPF Representative, Nairobi

Ministry of the Interior

Mr. Adrien Dahy, President of Executive Committee of the Province of Tamatave

FISA (private family planning association)

Mme. Rodo Ramabason, Executive Director
 Mme. Raharimanana, Sage femme FISA Tamatave
 Mme. Razafindravao, "Animatrice" FISA
 Dr. Daniel Ralantonisainana, Chef de Service de Medecine de Soins
 Dr. Daniel Radaonarivony, Chef de Service Provincial de Sante de Antananarivo
 Dr. Emmanuel Razafindrakoto, Medecin Inspecteur de l'Imamina Est
 M. Manitra Adriamasinaro, IEC
 Mme. Alice Rajaonah, Presidente Nationale
 Mme. Yvette Randena, Vice-President Nationale
 Dr. Bert

Direction Generale du Plan

M. Jean Robiarivony, Directeur

Assemblee Nationale

M. Michel Kapoma, President du Groupe National des Parlementaires pour
 la Population and le Developpment
 M. Jean Louis Ramandraiarisoa, Deputy

Catholic Relief Service

Patrick Johns

JIRAMA

Dr. Monique Rakotomalala, Chef de Service Medical

FTK (Natural Family Planning Association)

M. and Mme. Randriambelo, National Presidents
 M. and Mme. Rabarijaona, Secretaries General
 M. Pandriamihoatra, National Treasurer
 Mme. Rafaralalao, National Treasurer

Universite de Madagascar

M. Tovoanahary Rabetsitonta, Demographer
 M. Rafrezy Andrianarivelo

SOLIMA

M. Odon Randriamananten

OSTIE

Dr. Samuel Ratsirahonana, Medecin Chef

Anglican church

Msr. Remi Joseph Rabenirina

APPENDIX B

SITE VISITS

Province of Antananarivo

Poste d'infirmierie de Faliarivo
Poste Sanitaire d'Antsahadita
Centre Medical Imerintsiantosika
Centre de soins de sante primaire d'Ankasilanga
Siege de la Circonscription
Hopital Secondaire d'Itaosy
C.S.S.P. Antsahamaro
Poste Sanitaire d'Ambohibao sud
Centre-Medical d'Ambohitrolomahitsy
Hopital Secondaire de Manjakadriana
Centre de P.M.I. d'Antananarivo

Province of Tamatave

Polyclinique de Tamatave
Bureau de la FISA
Maternite de Tamatave
Dispensaire de Tamatave
Poste Sanitaire de Foulpointe
Sante Maternelle et Infantile de Fenerive
Hopital Secondaire de Fenerive Est