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MCHIP Maternal and Child Health Integrated Program

Maternal and Child Health Integrated Program

Burkina Faso

Final Report of Field-Supported Activities: October 2009 through March 2013

April 2013

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The Maternal and Child Health Integrated Program (MCHIP) is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition, and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening.

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ABBREVIATIONS AND ACRONYMS

ANC	Antenatal care
CSPS	Health and social promotion center
CMA	Medical center with surgical unit
ENSP	Ecole Nationale de la Santé Publique (National School of Public Health)
IMTP	Integrated Malaria Training Package
IPTp	Intermittent preventative treatment in pregnancy
ITN	Insecticide-treated net
LLIN	Long-lasting insecticide-treated net
MCHIP	Maternal and Child Health Integrated Program
MCH	Department of Maternal and Child Health (formerly Family Health Directorate)
NMCP	National Malaria Control Program
PCV	Peace Corps Volunteer
RDT	Rapid diagnostic test
SP	Sulfadoxine/pyrimethamine
USAID	United States Agency for International Development

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MCHIP would like to acknowledge the close collaboration and contributions of the Ministry of Health of Burkina Faso, and the National Malaria Control Program (NMCP) specifically, throughout the course of this project. We would like to acknowledge the support of Dr. Patrice Combary, Coordinator of the NMCP, as well as Kathleen Webb and Dr. Victor Nana, USAID Malaria Advisors. We would also like to recognize the staff of the following offices and organizations, who were central to the realization of this project:

- National Malaria Control Program, Ministry of Health of Burkina Faso
- General Directorate of Health Protection, Ministry of Health of Burkina Faso
- Directorate of Maternal and Child Health, Ministry of Health of Burkina Faso
- Ecole Nationale de la Santé Publique (National School of Public Health), Burkina Faso
- Directorate of Public Hygiene and Health Education
- Regional and District Health Directorates
- USAID DELIVER PROJECT

ORGANIZATION OF THIS REPORT

This report documents and shares MCHIP/Burkina Faso's approach, results, and lessons learned over the life of the project. It describes MCHIP's work and offers recommendations that the USAID Mission may find helpful. The main section of the report is organized according to the four MCHIP/Burkina Faso objectives.

BACKGROUND

Slightly larger than the U.S. state of Colorado, Burkina Faso is a land-locked country in the heart of West Africa that covers 272,967 km² and is surrounded by Mali to the north, Niger to the northeast, and Benin, Togo, Ghana, and Cote d'Ivoire to the south. The country has a tropical climate with two seasons: dry and rainy. With a population of 17.48 million people, an annual population growth rate of 2.8%, a per capita gross domestic product estimated at $1,300 (PPP, 2011), 57% of the population living on less than $1.25 per day, and the majority of the population (74%) residing in rural areas, Burkina Faso ranks 183th out of 187 on the United Nation's Human Development Index (UNICEF, 2012; CIA World Factbook, 2012; UNDP, 2012). More than 80% of Burkina Faso's burden of disease is due to communicable diseases, with the population affected by high rates of infectious diseases such as malaria, diarrhea, and neglected tropical diseases (WHO Country Health Profile, 2012).

Malaria is a leading public health problem in Burkina Faso. In 2011, 5.1 million consultations for suspected malaria were reported nationwide, and 7,001 cases of malaria resulted in death (Annuaire statistique 2011). Malaria accounted for about 48% of all outpatient consultations, 63% of all hospitalizations, and 54% of all deaths nationwide in 2011. The burden on children under age 5 is worse, accounting for 70% of hospitalizations and 85% of deaths. An estimated 800,000 pregnancies occur per year, all of these women are at risk for malaria and its potential negative effects on fetal development, anemia, and so on. According to the 2010 Demographic and Health Survey (DHS), 95% of pregnant women in Burkina Faso were found to have attended at least one antenatal care (ANC) visit during pregnancy, yet this has not translated into similar rates of intermittent preventive treatment in pregnancy (IPTp). Similar inconsistencies appear with other indicators related to malaria prevention and treatment.

Key Indicators Related to Malaria in Burkina Faso	
Households with at least one insecticide-treated net (ITN)	56.9%[1]
Children under five years old who slept under an ITN the previous night	47.4%[1]
Pregnant women who slept under an ITN the previous night	44.5%[1]
Women who received two or more doses of IPTp during pregnancy in the last two years	10.6%[1]
Children under five years old with fever in the last two weeks who received treatment with an artemisinin combination therapy (ACT) within 24 hours of onset of fever	23.7%[1]
Outpatient consultations for suspected malaria	5,140,334[2] 51% of all opt consults
IPT2 coverage as a proportion of antenatal care registrations	62%[2]
Rapid diagnostic tests (RDTs) performed at clinics	445,272[2]
ACTs distributed at clinics	3,136,903[2]
ACTs distributed by community health agents	719,906[2]

[1]Burkina Faso DHS, 2010
[2]HMIS, 2011 data

GOALS AND STRATEGIES OF THE MCHIP GLOBAL PROGRAM

The goal of USAID's Maternal and Child Health Integrated Program (MCHIP) is to assist in scaling up evidence-based, high-impact maternal, newborn, and child health interventions and thereby to contribute to significant reductions in maternal and child mortality and progress toward Millennium Development Goals 4 and 5. MCHIP is a leader in supporting countries in addressing malaria prevention and control, leading to a reduction in the global burden of malaria morbidity and mortality.

USAID & MCHIP'S APPROACH TO MALARIA PREVENTION IN BURKINA FASO

USAID's malaria program in Burkina Faso emphasizes health system strengthening and capacity development to help accelerate rollout and scale-up of malaria prevention and control interventions nationwide in order to improve health outcomes for those most vulnerable to malaria—children under five and women. Since MCHIP started in Burkina Faso in October 2009, the program, with support from USAID, has worked in close collaboration with the National Malaria Control Program (NMCP) and the Family Health Directorate (now the Department of Maternal and Child Health, or MCH) as well as other Roll Back Malaria partners. MCHIP has provided technical and programmatic support to the NMCP to address comprehensive malaria prevention and control, with a particular focus on diagnostics, treatment, and malaria during pregnancy. Project activities are centered on pregnant women and children under five, who bear the heaviest burden of malaria, with interventions that address malaria prevention, diagnosis, and treatment.

MCHIP/BURKINA FASO PROJECT: GOALS AND OBJECTIVES

The overall goal of the MCHIP/Burkina Faso project is to support the NMCP as well as the MCH in building national, regional, and district-level capacities and in strengthening the health system to accelerate scale-up of malaria prevention and control interventions. MCHIP/Burkina Faso has the following objectives:

Objective 1: Improve health care providers' knowledge and skills in integrated malaria prevention and control based on current policy, guidelines, and training materials[1]

Objective 2: Improve regional and district-level supervisors' capacity to provide integrated malaria supervision to frontline providers, as well as national capacity to lead and manage malaria programming

Objective 3: Develop and disseminate appropriate communication materials to improve knowledge, attitudes, and practices of two key target groups—health service providers and health facility clients—through the use of job aids and culturally appropriate posters and related materials

Objective 4: Strengthen pre-service education—specifically, update malaria training content and teaching methods in national nursing and/or midwifery schools

The objectives focus on supporting efforts to build capacity in malaria prevention and control among trainers, supervisors, providers, and students at the national, regional,

[1] Integrated malaria prevention and control includes IPTp, LLIN promotion, and case management, including RDTs and artemisinin-based combination therapies.

district, and community levels. To achieve this, the project focused on national-level policy updates and dissemination as well as capacity development in the first year and built toward progressive rollout of training and support to providers nationwide in subsequent years. In the second year, MCHIP/ Burkina Faso also began its engagement with the National School of Public Health (ENSP), which trains all nursing and auxiliary cadres through seven schools nationwide, to reinforce the knowledge and skills of faculty to prepare students to address the most common illness seen in health care services—that is, malaria. This engagement became more formalized in Year 3, with the addition of pre-service education strengthening as Objective 4. A focus on capturing, documenting, and disseminating lessons learned was also added in Year 3 of the project.

MCHIP Key Strategies and Interventions in Burkina Faso

- Strengthening of clinical training system and trainers skills; and updating curricula to reflect evidence-based best practices in malaria prevention and case management
- Training providers on an integrated training package for malaria prevention and treatment, including use of rapid diagnostic tests (RDTs) for case confirmation and promotion of cascade orientation of colleagues
- Strengthening supervision skills to support high-quality care and prevention of malaria
- Reinforcing management capacity of the National Malaria Control Program to support activities
- Supporting the development and dissemination of communication materials related to malaria prevention, case management, and the use of RDTs; and supporting the development of a national communications strategy
- Updating national nursing school pre-service curricula to reflect revised malaria protocols and strengthening teaching skills of tutors and preceptors
- Documenting best practices and lessons learned in malaria programming in Burkina Faso

Key Successes of the MCHIP Burkina Faso Project

- With support from MCHIP, Burkina Faso trained 2,648 providers nationwide on the updated Integrated Malaria Training Package. An additional 4,867 providers in 41 districts were reached through cascade orientation, with the addition of this component in Year 3.
- Supportive supervision visits reached 495 providers in 290 facilities across 63 districts.
- Job aids and communication materials on malaria in pregnancy, case management, RDT use, and prevention strategies have been distributed to 1,600 health centers, 45 district hospitals, and 12 regional and national hospitals.
- The malaria content of pre-service education curricula was updated for seven cadres of health service providers, and 20 instructors from the seven regional ENSP schools were trained on effective teaching skills

ACTIVITIES AND ACCOMPLISHMENTS BY OBJECTIVE

OBJECTIVE 1: Improve health care providers' knowledge and skills in integrated malaria prevention and control based on current policy, guidelines, and training materials[2]

*With support from MCHIP, Burkina Faso trained **2,648** providers nationwide on the updated Integrated Malaria Training Package. An additional **4,867** providers in 41 districts were reached with the addition of cascade orientation in Year 3.*

Providers discuss a case study during training

During the first year of the project, MCHIP worked in close collaboration with the NMCP and MCH, as well as other Roll Back Malaria partners in Burkina Faso, to reinforce malaria prevention and control. During this time the partners developed an Integrated Malaria Training Package (IMTP) by updating existing tools in collaboration with the Ministry of Health (see Appendix 3 for documents in this package). In Year 1, 165 district and regional trainers were trained, and in Year 2, the trainers trained 1,095 additional providers from 20 districts. In the first 20 districts, two providers per facility were trained (generally, the nurse in-charge and the auxiliary midwife who provides antenatal care). In Year 3, the target for training was to reach at least one provider from each health facility in the 44 remaining districts so that training reached all districts nationwide.

Cascade Orientation Trainings

Cascade training was introduced as an additional strategy to increase dissemination of updated clinical knowledge and skills for malaria prevention and treatment. In November 2011, MCHIP developed a transfer of learning training module to support trained providers in using cascade orientation to train their colleagues, thus further disseminating updated malaria protocols at their worksites. The module focused on five key aspects of cascade orientation: sharing information, demonstrating skills, observation of skills transfer, feedback, and documentation of orientation activities.

A brief evaluation of the cascade orientation trainings conducted in November 2012 found that providers who received cascade orientation were able to recall key elements of the orientation, including how to use RDTs, the definitions of and treatment for uncomplicated and severe malaria, prevention protocols for pregnant women, signs of severe malaria, and counseling for prevention.[3] Of the 259 providers who received the cascade orientation, 93.5% indicated that they felt they had the skills to effectively "combat" malaria. Additionally, 65% of providers who received cascade orientation reported that their facility had received job

[2] Integrated malaria prevention and control includes IPTp, LLIN promotion, and case management, including RDTs and artemisinin-based combination therapies.
[3] This evaluation consisted of a short questionnaire administered during supervision visits. At the 32 facilities visited, 53 trained providers and 259 providers who received cascade orientation were interviewed.

aids, protocols, and manuals to support their work. The presence of these materials seemed to reinforce new knowledge and skills learned during orientation sessions.

OBJECTIVE 2: Improve regional and district-level supervisors' capacity to provide integrated malaria supervision to frontline providers, as well as national capacity to lead and manage malaria programming

*As training scaled up between 2011 and 2012, MCHIP-supported supervisory visits reached **495** healthcare providers in **290** facilities across all 63 districts of Burkina Faso.*

In September 2010, the national supervisory guidelines for malaria were updated and validated. In November 2011, the malaria supervision guidelines were updated again in collaboration with the NMCP, the MCH, and national trainers in order to strengthen the components about RDT use for case confirmation and counseling on prevention messages. This update included key information on intermittent preventive treatment during pregnancy using sulfadoxine/pyrimethamine (SP) and the promotion of long-lasting insecticide-treated nets (LLINs). In addition, a simplified form was developed for improved documentation of supervision findings.

In order to reinforce provider learning, MCHIP supported the NMCP in improving supportive supervision, including follow-up with providers trained on the updated integrated malaria package. Supervision support began in Year 2 and consisted of two main components, mentoring supervisors and joint supervision visits to health care providers.

During Year 2, malaria supervision visits were made in 17 out of 20 districts. The teams consisted of regional and district-level supervisors, accompanied by NMCP and/or MCHIP staff. Three facilities per district were targeted for supervisory visits for a total of 51 facilities visited, or 33% of all district hospitals and 67% of health centers in the 17 districts. Supervisory guidelines and tools were used in all visits.

During Year 3, supervision teams visited three facilities in each of 49 districts during the first round of supervision (March-June) and in 28 districts during the second round of supervision (October- November 2012; includes additional facilities in districts previously visited). A total of 495 health care providers benefited from malaria focused supportive supervision visits over the life of the project.

A pregnant woman taking directly observed SP for IPTp during an ANC visit

Reliance on central-level supervision of malaria services is costly and may not offer sufficient support to providers, particularly those in rural sites (as seen in the relatively few rural facilities reached by project supported supervision). MCHIP struggled to organize supervision visits because of competing priorities of the NMCP staff. Expected funding for supervision from the Global Fund also was unavailable. MCHIP worked with regional and district supervisors to improve their skills to mentor providers, but met with resistance to adding detailed supervision of malaria to the already-overloaded quarterly supervision plans, even though malaria is the leading reason for health care consultations.

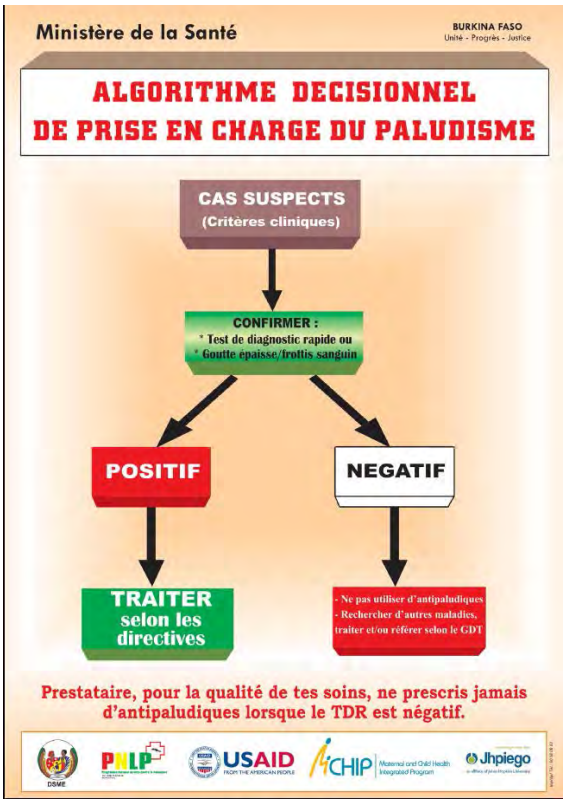
National-Level Capacity Development

In addition to supportive supervision, MCHIP organized two workshops on team building and strengthening management capacity for the NMCP. The first workshop was held in May 2012. Before the workshop, a desk review and interviews with NMCP staff and partners were conducted in order to highlight strengths and weaknesses of the NMCP. During the workshop, the NMCP's vision, goals, objectives, and functioning were discussed. Presentations covered topics such as performance improvement, teamwork, and job descriptions. Each unit prepared job descriptions for the positions on their teams and also prepared six-month action plans for performance improvement.

During a second workshop in December 2012, job descriptions for the positions in each subunit of the NMCP were finalized (see Appendix 3). In addition, NMCP staff were oriented to government policies and procedures for performance review. Action plans were reviewed in order to assess progress and make plans for the coming six-months. Because NMCP has not provided the review of progress or the second round of action plans to MCHIP following the meeting, it is difficult to comment on progress made.

OBJECTIVE 3: Develop and disseminate appropriate communication materials to improve knowledge, attitudes, and practices of two key target groups—health service providers and health facility clients—through the use of job aids and culturally appropriate posters and related materials

1,800 job aids and 36,000 leaflets related to malaria in pregnancy and 10,800 job aids and 72,000 leaflets related to case management, use of RDTs, and prevention strategies were disseminated in early 2012. These materials have been distributed to 1,600 health centers, 45 district hospitals, and 12 regional and national hospitals. Following the updating of three job aids, 9,000 copies were provided for distribution to health facilities before the end of the project.



MCHIP supported the NMCP and MCH in developing effective communication materials for both providers and clients to reinforce messages about malaria prevention and control. Specifically, MCHIP supported the development and dissemination of eight job aids targeting providers and covering topics such as ANC, including IPTp, RDTs for case confirmation, assessment of consciousness (two aids), and case management (two aids), as well as three leaflets for distribution to clients (ANC, malaria prevention, and the steps for diagnosis and treatment of malaria). These job aids were distributed through the MCH and the NMCP. During supervision visits in 2012, the communications materials were found in approximately two-thirds of facilities.

At the request of the NMCP, two workshops for the development and validation of an integrated communication plan for malaria were convened with support from MCHIP during Year 3. The

purpose of the workshops was to address the need for job aids and communication materials that support the key messages for malaria prevention and treatment. During the second workshop, existing communication tools were updated. MCHIP supported the reprinting of updated job aids on the decision tree of RDT use, malaria prevention during pregnancy, and focused ANC to be distributed by the NMCP and the MCH. A list of the job aids can be found in Appendix 3.

Partnership with Peace Corps Volunteers

In Burkina Faso, MCHIP technical assistance primarily targeted the central, district, and facility levels. MCHIP also recognizes the critical importance of bridging the link between facility and community-level care. Collaboration with the Peace Corps offered an opportunity to build that bridge from facility to community. In an effort to better engage communities in malaria prevention and control efforts, MCHIP partnered with Peace Corps Volunteers (PCVs) beginning in Year 2. In 2011, MCHIP trained 16 PCVs and eight counterparts in malaria prevention. During Year 3, a Peace Corps Response Volunteer joined the MCHIP team as a PCV liaison working on advancing community-based activities for malaria prevention and control in conjunction with the Peace Corps' Stomp Out Malaria initiative.

In April 2012, supported by the MCHIP senior malaria advisor, the Peace Corps Response Volunteer trained 26 PCVs and 27 volunteer counterparts as part of a cascading training of trainers. MCHIP led sessions on RDTs, strategies for prevention and treatment, and bed net use. Early data on the outreach activities of the PCVs and their counterparts showed that:

PCVs and counterparts discussing during an exercise

- 1,082 people were reached, with 866 demonstrating understanding or change in behaviors as a result of the information provided; and
- Three theatre performances on malaria prevention reached more than 600 middle school students, teachers, and parents, with themes such as the use of bed nets, early care-seeking behavior, and malaria prevention in pregnancy.

This partnership served as an excellent opportunity to create synergy between MCHIP's work at the facility level and the Peace Corps' Stomp Out Malaria initiative, which challenges all PCVs to carry out malaria prevention and control activities in their communities and work sectors.

OBJECTIVE 4: Strengthen pre-service education—specifically, update malaria training content and teaching methods in national nursing and/or midwifery schools

With support from MCHIP/Burkina Faso, malaria content was updated for the pre-service curricula for seven cadres of health service providers, and 20 instructors from the seven regional ENSP schools were trained on effective teaching skills.

MCHIP's collaboration with the ENSP has been very positive, beginning in Year 2 with the training of 60 teachers in comprehensive malaria prevention and control. ENSP faculty members were enthusiastic about receiving support from the project to update their clinical knowledge and pedagogic skills.

Instructors from ENSP practice rapid diagnostic tests

During Year 3 of the project a curriculum revision steering committee was formed under the leadership of the Director General of the ENSP. Regular meetings were held to review existing curricula, share experiences from other countries, and prepare for key activities. In 2012 faculty at the ENSP updated the malaria content of the curricula for seven health care cadres trained by the ENSP. In May 2012, before the curricula were updated, a workshop on effective teaching skills was held for 20 instructors from the seven regional schools of the ENSP.

Documentation of Best Practices and Lessons Learned in Malaria Programming in Burkina Faso

This Year 3 activity followed the model developed by MCHIP and the Malaria Action Coalition. Key activities included a desk review of policy, programmatic, and evaluation documents. Findings from the desk review were used in follow-up interviews with the NMCP and partners to gather additional information on best practices and bottlenecks. The final version of the document was sent to USAID and the NMCP for their review at the end of August 2012. During a meeting on September 25, a French summary was presented to PNLP staff for their feedback. The document will be finalized and shared with NMCP and key stakeholders in April 2013.

CONCLUSIONS

LESSONS LEARNED

Providers from Gorom-Gorom district during practice of rapid diagnosis test

1. Participants found the inclusion of practical skills sessions, such as practicing RDTs and clinical assessment, and role-playing counseling sessions, very useful as a means of advancing their learning and preparation for implementing new practices in their facilities.

2. Scaling up the reach of training by reducing the targeted cadres to be trained may have had an inadvertent negative effect on IPTp. Auxiliary midwives, who provide ANC, were included in training sessions in the first 20 districts. However, in order to scale up the reach of training without increasing the resources devoted to the effort, the number of providers trained per facility was cut to one, and the selected provider was usually the nurse in-charge, who often does not directly provide ANC services. Data are not yet available to assess the impact of this decision, but the impact may warrant consideration as one of the tradeoffs in going to scale.

3. Consistent availability of SP stocks for the provision of IPTp is another factor that influences IPTp implementation, both where auxiliary midwives were trained in the updated Integrated Malaria Training Package and where they were not.

4. Also related to IPTp, this project's experience highlights the importance of coordination between the NMCP and the MCH. IPTp is not a standalone intervention; rather, it is part of focused antenatal care. To ensure that an integrated package of services is provided to pregnant women, coordination of technical inputs and resources to support dissemination of the focused ANC package is essential.

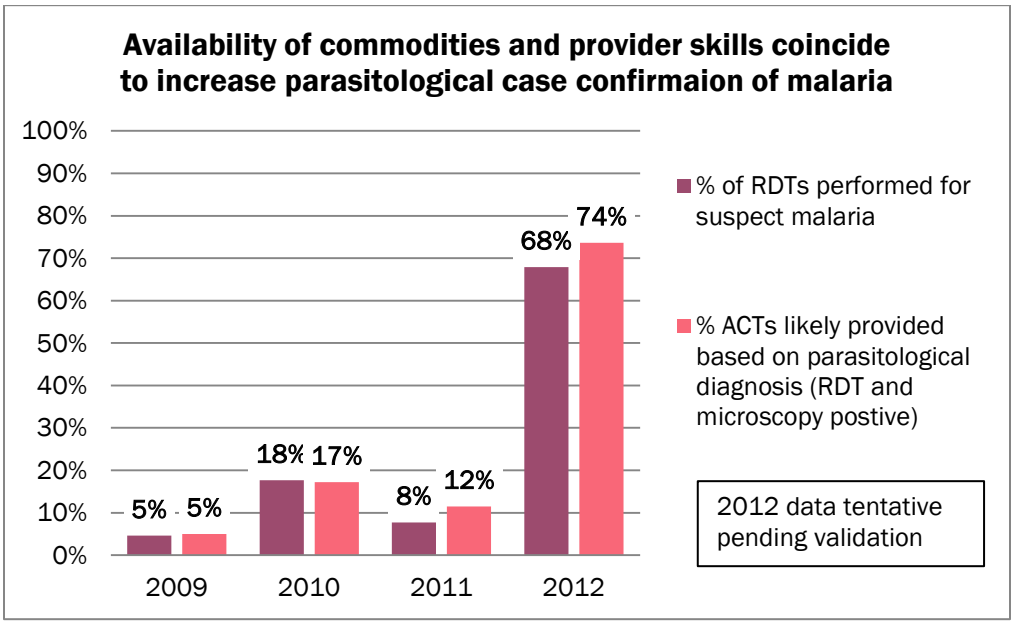
5. While MCHIP was unable to fully assess the acquisition of new knowledge using the cascade orientation method, the transfer of learning process was positive and has the potential to help disseminate changes and updates in policy in a novel way.

6. Post-training supervision is essential to building the capacity of health care providers because it reinforces the correct implementation of new knowledge and skills at the provider's actual work site. It is important that supervisors understand the training content and have the skills to provide mentoring during field visits. During post-training supervision, correct practices can be recognized (e.g., providing clean water and food to women attending ANC and administering directly observed SP) and incorrect practices can be corrected (e.g., all patients being tested with RDTs even if they do not present with fever). Integrated supervision activities should be organized to ensure reinforcement of current practices and to illustrate the importance of the investment in supervision.

7. The availability of resources can motivate or inhibit providers' behavior change in a variety of ways. The coordination of stocks of the RDTs and drugs needed to implement

updated treatment directives did not always coincide adequately with MCHIPs training activities (and because procuring RDTs and drugs was not part of MCHIP's mandate, it required coordination with a variety of partners). Providers would have a supply of RDTs for a period of time and then revert to presumptive treatment when the stock ran out, thus contributing to overuse of ACTs and stock-outs of medication. The availability of job aids was also found to motivate improved practice, but distribution of the aids to the facilities was not consistent. Finally, although many providers indicated that they felt there should be incentives for the cascade orientation sessions (e.g., a coffee break or meal), the lack of incentives did not appear to hinder trained providers from conducting orientation sessions with their colleagues.

8. The coordination of health system inputs to improve malaria prevention and treatment is essential to achieve intervention objectives and to maximize the efficacy of invested resources. Training should not take place without access to needed commodities; likewise, commodities should not be distributed until the clinical directives and provider skills exist to use them correctly. During MCHIP's training and supervision activities, stock-outs were an ongoing challenge due to funding and procurement cycles. As seen in the graph below, a large stock of RDTs in early 2012 coincided with the cumulative training activities of 2011 and 2012 and led to an increase in case confirmation. Challenges remain in linking changes in clinical practice with consistent availability of required commodities for malaria diagnosis and treatment, so that all suspected cases of malaria are tested and ACTs are provided only to those testing positive for malaria.



9. Strengthening pre-service education is an important step in changing practices in malaria prevention and treatment. Given that malaria is the leading reason for health care visits in Burkina Faso, it is particularly important that faculty and instructors at training institutions keep up-to-date on national protocols and can prepare their students in evidence-based best practices for malaria. Effective investment in capacity-building must balance the need to update current health care providers through training courses and other continuing education opportunities with the need to produce new human resources for health who have the same up-to-date knowledge and skills.

10. Limited management capacity and delegation within the NMCP was a persistent challenge to project implementation. Although they occurred late in the project, the

capacity-building workshops do appear to have resulted in improved teamwork and improved understanding of the roles and contributions of the different members of the NMCP team.

RECOMMENDATIONS

1. Continue dissemination of updated malaria protocols using a multidimensional approach to capacity-building that includes formal training, on-site orientation sessions, dissemination of job aids, and post-training follow-up/supportive supervision.
2. High-level advocacy may be needed to reassess and realign supervision to better support providers at their worksites and increase the focus on mentoring providers in addition to reviewing service statistics. To consistently support more providers, resources for supervision should be invested at the district level, with occasional reinforcement from the central-level technical units like the NMCP.
3. Although this project focused primarily on prevention and case management at the health center level, its accomplishments and challenges cannot be completely separated from those at referral facilities, where management of severe malaria is a matter of life and death. Additional inputs are needed to address this. Implementation of a performance and quality improvement approach that focuses on time-sensitive management of complex cases at referral facilities is one suggestion to improve case management and reduce the case fatality rate for severe malaria.
4. Link the dissemination of job aids and information, education, and communication materials to training so that dissemination complements and reinforces training. When this is not feasible or when it would lead to delays in dissemination, dissemination plans should ensure that new materials are received at facilities and that providers receive instructions to remove out-of-date materials.
5. During this project, different treatment approaches were in use by providers at facilities and by community health workers in the community (case confirmation with RDT versus syndromic treatment). As case confirmation with RDTs is scaled up in Burkina Faso, it will be important to foster partnerships between facilities and communities to extend the use of RDTs to community health workers. It will also be important to involve facility providers in the training and supervision of the large cadre of community health workers. As of the end of 2012, a pilot for CHW use of RDTs was under development.
6. Continue supporting the ENSP in implementing the revised malaria curricula. Strengthen ongoing coordination between the ENSP and technical leadership units such as the NMCP to maintain up-to-date pre-service education curricula for new human resources for health.
7. Continue NMCP capacity-building to reinforce the technical leadership role in malaria and the support provided to regional and district health offices for implementation.
8. Although slightly beyond the scope of this project, MCHIP did observe that data collection and analysis systems within the NMCP were poorly equipped to analyze data for decision-making and were conducted in parallel to HMIS. Streamlining of these systems and capacity-building for analysis would further support the NMCP's technical leadership capacity.

Appendix 1: M&E Framework (reflects changes in indicators across project years)

Year, Number	Indicator Name	Definition/ Clarification	Data Source, Frequency	Year 1[4] Achieved	Year 2 Targets	Year 2 Achieved	Year 3 Targets	Year 3 Achieved	Total
PROVIDER KNOWLEDGE AND SKILLS									
Year 1, Indicator 1.1	Number of **advocacy meetings** held	At both national and regional levels	Report after each meeting	5 meetings	N/A	N/A	N/A	N/A	
Year 1, Indicator 1.3; Year 3, Indicator 1.1	Number of **people** (medical personnel, health workers, etc.) **trained** in malaria treatment or prevention through MCHIP-supported programs	Data to be disaggregated by trainers and providers	Training reports and database after each training	165 trainers	1,095	1,095 providers	1,050	1,553	2,813
Year 3, Indicator 1.2	Transfer of **learning module developed** for cascade orientation	Module contents developed and available electronically	Program records, first quarter report	N/A	N/A	N/A	1	1	1
Year 3, Indicator 1.3	Number of **providers who receive cascade orientation** by trained providers	Trained providers to orient their colleagues on the job at their facilities	Report, quarterly	N/A	N/A	N/A	2,100	4,867	4,867
SUPERVISION									
Year 1, Indicator 2.1	Number of **supervisors mentored**	Supervisors mentored during regional/ district level trainings	Trip reports, semi-annual	6	47	41 (34 at district and 7 at regional levels)	153 (2 per district, 1 per region)	103 (77 district, 26 regional)	144
Year 1, Indicator 2.2	Number of **districts demonstrating improved use of data for decision-making**/priority setting with MCHIP support	Support supervision visits observing health records with malaria outcomes, including IPTp uptake, ITN use, treatment based on correct RDT reading	Supervision visits, semi-annual	N/A	20	17	63	63	63 (total for country)

[4] Year 1 project documents did not set targets

Year, Number	Indicator Name	Definition/ Clarification	Data Source, Frequency	Year 1[4] Achieved	Year 2 Targets	Year 2 Achieved	Year 3 Targets	Year 3 Achieved	Total
Year 2, Indicator 2.3	Number of **providers** who have received integrated malaria **supervision**	Providers supervised during routine supervision visits	Supervision reports, semi-annual	N/A	640	351 (153 at PHC and approx. 200 at DH during group debrief)	210	495	846
Year 3, Indicator 2.1	Updated **supervision guidelines** developed	To include IPT, LLIN promotion, availability of communication materials	Program records, quarterly	N/A	N/A	N/A	1	1	1
Year 3, Indicator 2.2	Summary **supervision reporting tool** developed	Developed for district teams to report out/capture key quantitative and qualitative performance data across all facilities supervised on IPT, LLIN promotion, availability of communication materials, treatment, etc.	Program records; supervision reports, after tool developed	N/A	N/A	N/A	1	1	1
Year 3, Indicator 2.3	Number of supervisors who receive **refresher training** in **supervision skills**	Supervisors trained in previous year to receive two-day refresher training	Training reports and database, after every training	N/A	N/A	N/A	165	0	
Year 3, Indicator 2.4	Number of supervisors who receive **both refresher training and malaria technical update**	Supervisors trained in a six-day workshop (in addition to those in 2.3) to add trained supervisors in the newly formed/divided districts, and to address gaps	Training reports and database, after every training	N/A	N/A	N/A	Up to 30	0 (new districts not formed)	N/A
Year 3, Indicator 2.5	Number of **district teams** who receive mentoring supervision support		Supervision reports, semi-annual	N/A	N/A	N/A	52	63	63

Year, Number	Indicator Name	Definition/ Clarification	Data Source, Frequency	Year 1[4] Achieved	Year 2 Targets	Year 2 Achieved	Year 3 Targets	Year 3 Achieved	Total
DIAGNOSTIC CAPACITY									
Year 1, Indicator 3.1; Year 2, Indicator 3.1	Number of health providers **trained in appropriate RDT use** through MCHIP-supported programs	Number trained by job function	Training database after every training	165 trainers	1,095 providers	1,095	1,050 providers	1,553	2,813
Year 1, Indicator 3.2; Year 2, Indicator 3.2	**Percentage of facilities supervised that are using RDTs**	Health facilities using RDTs receiving supervisory visits; some facilities may experience stock-outs	Supervision visits, registers, semi-annual	N/A	80%	6% (only Diebougou district)	63%	42%	N/A
Year 2, Indicator 3.3	Percentage of **RDTs performed** at target facilities among suspected malaria cases	National guidelines, in 2011: any person > 5 and < 5 presenting suspected malaria should be tested with RDT	HMIS, monthly	N/A	75%	RDT stock-out for all districts except in Diebougou	100%	68%[5]	N/A
Year 2, Indicator 3.4	Percentage of **cases treated correctly,** based on RDT results	Numerator: RDT+, ACT given; RDT-, ACT not given. Denominator: numerator plus RDT-, ACT given; RDT+, ACT not given; & ACT given, no RDT given	Supervision visits, registers, semi-annually	N/A	75%	RDT stock-out (see above)	100%	Not available[6]	N/A
Year 2, Indicator 3.4A	**RDTs performed** in last month/number of **ACTs distributed** in last month	MCHIP districts: April–June 2011	HMIS, monthly	N/A	No target	RDT stock-out (see above)	N/A	N/A	N/A

[5] Based on provisional data from NMCPs analysis of HMIS data
[6] NMCP analysis not complete at time of writing. 74% reported in graph above is based on RDT+ and ACT given only.

Year, Number	Indicator Name	Definition/ Clarification	Data Source, Frequency	Year 1[4] Achieved	Year 2 Targets	Year 2 Achieved	Year 3 Targets	Year 3 Achieved	Total
RECORD KEEPING									
Year 2, Indicator 4.1	Percentage of **supervision** visits that included capacity-building for providers in **standardized reporting** procedures	Standardized tools/records were jointly developed by MCHIP, DELIVER and the NMCP	Supervision reports, semi-annual	N/A	100%	100%	100%	100%	100%
Year 2, Indicator 4.2	Percentage of target facilities for which standardized **tools/record-keeping forms** for malaria services were disseminated and implemented	In each of 20 districts that receive MCHIP-facilitated supervision, 3 health facilities (2 CSPSs and 1 CMA) or 60 to receive supervision visits	Supervision reports, semi-annual	N/A	100%	100%	NA	NA	NA
Year 2, Indicator 4.3	Percentage of target facilities that **submit accurate reports** on a timely basis	In facilities receiving MCHIP-supported supervision, supervisors check whether the facilities report to districts	Supervision reports, semi-annual	N/A	100%	100%	NA	NA	
BEHAVIOR CHANGE & COMMUNICATION (BCC)									
Year 2, Indicator 5.1; Year 3 Indicator 3.1	Number of **facilities** for which **posters and brochures (targeting clients)** were disseminated	Poster and brochures targeting clients educate on the importance of ANC and malaria prevention and control	Supervision reports submitted to NMCP, semi-annual	N/A	At least 1,000	Delayed to Y3	1,800	NA[7]	
Year 2, Indicator 5.2	Number of tools translated into four local languages	Languages include Mooré, Dioula, Gulmacéma, and Fulfuldé	Reports, annual	N/A	TBD	TBD	NA	NA	
Year 3, Indicator 3.2	**LLIN job aid** developed and printed		Final job aid	N/A	N/A	N/A	1	0 (cancelled)	

[7] Job-aids and communications materials were provided to NMCP and DMCH for distribution to facilities (Objective 3). Project was unable to confirm if the materials reached all facilities as set out in this indicator.

Year, Number	Indicator Name	Definition/ Clarification	Data Source, Frequency	Year 1[4] Achieved	Year 2 Targets	Year 2 Achieved	Year 3 Targets	Year 3 Achieved	Total
Year 2, Indicator 5.3; Year 3, Indicator 3.3	Number of **facilities for which job aids for** providers were disseminated (Year 3: number of facilities for which **LLIN job aid** was disseminated)	Similar indicator, Year 3 refers to new LLIN job aid	Reports, supervision visits, annual	N/A	At least 1,000	1,583	NA	NA (see above)	
Year 3, Indicator 3.4	Number of **Peace Corps** Volunteers mentored		Supervision reports, semi-annual	N/A	N/A	N/A	16	42	
Year 3, Indicator 3.5	Number of **health facilities with job aids and brochures accessible to health providers and clients**	Indicator met if any job aids and brochures are available and accessible to providers /clients	Supervision reports, semi-annual	N/A	N/A	N/A	1,600	Not available	
PRE-SERVE EDUCATION									
Year 3, Indicator 4.1	**Pre-service committee** formed	Drawing on existing *comité pedagogique*	Meeting records, quarterly	N/A	N/A	N/A	1	1	
Year 3, Indicator 4.2	**Curricula** updated, validated, and printed		PSE program records, annually	N/A	N/A	N/A	1	1 (for 6 cadres)	1
Year 3, Indicator 4.3	Number of **teachers trained** and **mentored** in ETS		PSE program records, annual	N/A	N/A	N/A	30	20	20
Year 3, Indicator 4.4	Number of **schools** using the new curricula		PSE program records, annual	N/A	N/A	N/A	7	7	7

Appendix 2: Success Stories

THE CHALLENGES OF CHANGE

Malaria is such a commonplace illness in countries like Burkina Faso that it can be difficult to change people's beliefs and practices about how it can be prevented or treated. Before the development of rapid diagnostic tests, health care providers assumed pretty much every fever to be malaria and treated it with antimalarial medications. Villagers and city dwellers alike also believe that a fever must mean they have malaria and this is the treatment they expect. The dissemination of the updated treatment guidelines through the training and orientation activities supported by MCHIP, as well as supportive supervision in conjunction with the NMCP, have helped to change this practice, but it has not always been easy This comment from Mr. Noufou Guiro, the Nurse in Charge at Sissamba Health Center, Ouahigouya District, is one example of a successful change in practice:

"As soon as we received RDTs, we used them according to the new guidelines. We noticed that for a period of 10 days we received 105 suspected cases; among them, only 25 were positive using RDTs and only those cases received treatment with ACT. If RDTs were not available, we would have treated 105 patients; but by using RDTs, we saved 76% of our ACT stock."

Madame Balima Assita, Nurse in Charge at Sector 27 of Nongr Massom in Ougadougou, recounts a similar story of how cascade orientation helped to change practices among her colleagues:

"After the training, even though RDTs were available, providers were reluctant to do the test. They talked about not having training on the use of RDTs, the heavy workload, and the longer consultations when RDTs are used. But with the transfer of learning and restitution of the training, all of the providers learned how to perform RDTs and now they cannot do without it.

We have also started to systematically train the students from the ENSP who are assigned to our health venter to perform RDTs. The practice has become so common that even our clients have noticed. To avoid long waiting lines, rapid triage is conducted, including taking the client's temperature and asking about symptoms in order to identify suspect cases of malaria. RDTs are performed for these clients before they are called in for consultation. We are performing an average of 2,000 tests per month; 65 to 70 per day. Among the 2,000 tests, approximately 1,400 are positive (70%). Now we report only the confirmed cases of malaria [to the epidemiological surveillance system]."

The rationalization of medication use and avoidance of the development of drug resistance is exactly why RDTs have been developed. Nevertheless there are important beliefs and

experiences that need to be addressed through training and behavior change communication to make this new practice a reality.

IMPROVED REGIMENS FOR PREVENTION OF MALARIA IN PREGNANCY ENCOURAGE COMPLIANCE (originally included with 2011 annual report)

Malaria is a leading public health problem in Burkina Faso. About three million cases of malaria are reported annually nationwide among a population of approximately 15 million people. Malaria accounts for about 35% of all outpatient consultations, 41% of all hospitalizations, and 38% of all deaths nationwide. Pregnant women and children under five are most vulnerable to malaria. Each year, approximately 750,000 women become pregnant in Burkina Faso and are at risk of malaria, which leads to higher rates of maternal anemia and low birth weight babies.

MCHIP supports Burkina Faso's National Malaria Control Program (NMCP) in building national, regional, and district-level capacities and strengthen health systems to accelerate scale-up for prevention and control of malaria. Project activities place an emphasis on pregnant women and children under five, who bear the heaviest burden of malaria.

In order to reach the largest number of pregnant women with proven approaches for reducing the dangers of malaria during pregnancy, MCHIP focuses on in-service training for health care providers who regularly see women for their antenatal care visits. Since the MCHIP project started in 2009, **MCHIP has trained 1,035 health care providers from 17 districts in prevention and treatment for malaria in pregnancy** using IPTp SP, an effective anti-malarial medication, during routine ANC in the second and third trimesters of pregnancy.

Mrs. As and her local ANC provider trained by MCHIP

Mrs. As is a woman who has directly benefited from improved health services as a result of MCHIP's training. She lives in Pouytenga, where MCHIP implemented training in October 2010. Pouytenga is a rural town located some 140 kilometers from Ouagadougou, the capital of Burkina Faso. In December 2010 Mrs. As visited her local health clinic for ANC services during her fifth pregnancy. MCHIP staff caught up with her as she was leaving the clinic and discussed what had changed since her previous pregnancy.

"Whenever I am pregnant, I go to the health center for antenatal care so that I can receive advice and benefit from the available medicines in order to prevent diseases, especially malaria and anemia. During my previous pregnancies, I had to take chloroquine, which meant swallowing three tablets weekly and continuing that treatment for up to six weeks after delivery. This type of treatment was very hard for me because I often forgot to take my tablets. Sometimes I avoided taking them because of side effects such as dizziness and pruritus, and therefore I often contracted malaria and had to stay in the health center for care. Pregnancies were very hard for me. Now, however, when you go to the health center for antenatal care, the providers will give you SP, which is better. I only need two doses during my pregnancy. This is easier and more comfortable for me and my family. Since I

receive this treatment at the health center during my ANC visits I cannot forget to take them. I can tell you that I feel better and have had neither fever nor malaria during my pregnancy. I would like to encourage each pregnant woman to attend health facilities and benefit from IPTp with SP so that their pregnancy will be safe and they will have healthy babies."

Mrs. As offered her thanks for those who have made IPTp with SP possible at her local clinic.

NATIONAL SCHOOL OF PUBLIC HEALTH INSTRUCTORS UPDATED ON MALARIA PREVENTION AND CONTROL

Beginning in December 2010, MCHIP began meeting with the Director General of the National School of Public Health (ENSP) to discuss strategies for updating the training materials according to new policies and guidelines for malaria prevention and control. As a first step, MCHIP training sessions were held for ENSP instructors in July 2011 to update their knowledge and skills. Sixty instructors attended these training sessions.

Following MCHIP practice, instructors completed a pre-test to assess their knowledge. The results were not what one might expect from teachers. The instructors could not explain the difference between uncomplicated and severe malaria; they were not aware of the new drugs used for malaria case management; and they were also not aware of intermittent preventive treatment protocols.

After three days of training, which combined theory and practice and used a variety of teaching methods, participants demonstrated improved knowledge as well as a new commitment to revise their course content in time for the upcoming academic year (September 2011).

At the end–of-course post-test, participants demonstrated understanding of key concepts such, including how to define and classify malaria; diagnosis of malaria; case management; and how to give SP to prevent malaria in pregnancy.

A group of instructors during a case study RDT practical session

Appendix 3: Materials and Documents Produced by MCHIP in Burkina Faso: October 2009–March 2013

DOCUMENT TITLE	TYPE OF RESOURCE	DESCRIPTION	LANGUAGE	YEAR DEVELOPED
Integrated Malaria Training Package (Malaria training curriculum of the MOH/NMCP developed with MCHIP technical assistance)				
Réalisation du Test de Diagnostic Rapide	Presentation	Module 4: Use of rapid diagnostic tests	French	Revised 2012 (first developed in 2010)
Transfert des Compétences pour L'orientation des Prestataires sur la Lutte contre le Paludisme	Presentation	Module 6: Transfer of skills for the orientation of providers on malaria (cascade orientation)	French	Added to IMTP in 2012
Directives Nationales pour la Prise en Charge du Paludisme dans les Formations Sanitaires du Burkina Faso	National Standards	National standards for management of malaria in health centers in Burkina (copies provided with IMTP)	French	2010
Manuel de Formation pour la Prise en Charge des Cas de Paludisme au Niveau des Formations Sanitaires	Facilitator guide	Trainer's manual for training of facility providers on malaria prevention and management	French	2010
Manuel de Formation pour la Prise en Charge des Cas de Paludisme au Niveau des Formations Sanitaires	Participant manual	Provider's manual for training course on malaria prevention and management	French	2010
Définition et Epidémiologie du Paludisme (Formation des Prestataires de Soins sur la PEC du Paludisme)	Presentation	Module 1: Definition and epidemiology of malaria	French	2010
Aperçu sur le Fardeau du Paludisme	Presentation	Module 1: The burden of malaria	French	2010
Evaluation et Prise en Charge du Paludisme Simple	Presentation	Module 2: Evaluation and management of uncomplicated malaria cases	French	2010
Evaluation et Prise en Charge du Paludisme Grave	Presentation	Module 3: Evaluation and management of severe malaria cases	French	2010
Evaluation de la Guérison et Education pour la Sante	Presentation	Module 5: Assessment of patient recovery and health education counseling	French	2010
Traitement Préventif Intermittent du Paludisme pendant la Grossesse	Presentation	Module 5: Intermittent preventive treatment of malaria in pregnancy	French	2010

DOCUMENT TITLE	TYPE OF RESOURCE	DESCRIPTION	LANGUAGE	YEAR DEVELOPED
Supervision				
Supervision in the Southwest Region	Presentations	Review of quality of supervision and record keeping; used to inform revision of supervision guidance	English	August 2011
Liste de Vérification de la Qualité de L'offre de Soins	Checklist	Checklist for observation of clinical consultations	French	Revised Nov. 2011
Canevas pour Rapport de Supervision	Guide	Report outline of supportive supervision	French	2011
Guide de Supervision des Agents de Sante sur la Lutte contre le Paludisme au Burkina Faso	Supervision guide	Guide for supervision of health workers on the prevention and management of malaria	French	2010
Communication Materials				
Algorithme Décisionnel	Job aid (poster)	Decision tree for treatment based on RDT result	French	Revised 2012
Soins Prénatals Recentre	Job aid (poster)	Focused antenatal care, including IPTp	French	Revised 2012
Prévention du Paludisme chez la femme enceinte	Job aid (poster)	Prevent malaria in pregnant women and provide a decision algorithm	French	Revised 2012
Prise en Charge du Paludisme	Brochure	Management of malaria	French	2011
Prévention du Paludisme	Brochure	Information on malaria and prevention strategies	French	2011
Traitement du Paludisme Simple	Job aid (treatment algorithm)	Treatment of simple (uncomplicated) malaria	French	2011
Traitement du Paludisme Grave	Job aid (treatment algorithm)	Treatment of severe malaria (for both adults and children)	French	2011
Évaluation du niveau de conscience chez l'enfant de plus de 3 ans et chez l'adulte: Score de Glasgow	Job aid	Glasgow Score: Evaluation of consciousness in adults and children > 3 years	French	2011
Évaluation du niveau de conscience chez l'enfant de moins de 3 ans: Score de Blantyre	Job aid	Blantyre Score: Evaluation of consciousness in children < 3 years	French	2011
Plan Intégré de Communication pour la Lutte contre le Paludisme 2011–2015 (DRAFT)	Document	Draft of integrated communication plan for malaria prevention, 2011–2015 (DRAFT)	French	2012
NMCP Team Building				
Synthèse de L'atelier de Renforcement des	Presentation	Synthesis of team-building and management	French	May 2012

DOCUMENT TITLE	TYPE OF RESOURCE	DESCRIPTION	LANGUAGE	YEAR DEVELOPED
Capacités Managériales de la Coordination du Programme National de Lutte contre le Paludisme		capacity development workshop with the NMCP		
Rapport de L'atelier de Renforcement des Capacités Managériales du Programme National de Lutte Contre le Paludisme	Documents	Report of second team-building meeting facilitated by MCHIP with annex of job descriptions for each post in each technical or administrative unit of the NMCP	French	December 2012
Pre-Service Education				
Carnet de Stage pour les Elèves: Infirmiers (eres), Sages-Femmes/Maïeuticiens D'état, Accoucheuses Brevetés et Agents de Première Ligne	Course book	Course book for students (nurses, midwives, traditional birth attendants); pre-service education documents from malaria curriculum revision with National School of Public Health	French	March 2013
Guide de l'Enseignant Pour le Cours sur le Paludisme à L' Intention Des Elèves Infirmiers D'Etat et Sages-Femmes/Maïeuticiens d'Etat	Trainer's guide	Trainers guide for the course on malaria for state nurses and midwives; malaria curriculum revision with National School of Public Health	French	March 2013
Plan de Session de Cours sur le Paludisme	Lesson plan	Session plan for malaria courses	French	March 2013
Sommaire du Cours Sur le Paludisme Pour les Agents de Premiere Ligne Les Accoucheuses Brevetees et Les Infirmiers Brevetes	Course summary	Malaria course summary for certified midwives and certified nurses	French	March 2013
Sommaire du Cours sur le Paludisme pour les Attache de Sante en Pediatrie	Course summary	Malaria course summary for pediatric health workers	French	March 2013
Sommaire du Cours sur le Paludisme pour les Infirmiers Diplomes D'Etat les Sage Femmes et Maieucticients Diplomes D'Etat	Course summary	Malaria course summary for state-certified nurses and midwives	French	March 2013
Sommaire du Cours sur le Paludisme pour les Techniciens d'Etat du Genie Sanitaire	Course Summary	Malaria course summary for environmental health technicians	French	March 2013
Conference Presentations				
Rapid Diagnostic Tests for Malaria in Burkina Faso	Presentation	2011 Global Health Council Conference, Washington, DC	English	2011
Project Reports				
Malaria Program Implementation in Burkina Faso: A Documentation	Report	Best practices and bottlenecks analysis of malaria programming, based on a framework developed by MCHIP and the Malaria Action Coalition and conducted in several countries	English and French	2013

DOCUMENT TITLE	TYPE OF RESOURCE	DESCRIPTION	LANGUAGE	YEAR DEVELOPED
MCHIP Country Summary Burkina Faso: FY 2012 (October 2011–September 2012)	Report	Annual summary of activities (FY12)	English	2012
MCHIP Burkina Faso Malaria Project Year Three Quarterly Report (April 1–June 30 2012)	Report	Quarterly report (FY12, Q3)	English	2012
MCHIP Semiannual Country Summary Burkina Faso: FY 2012, Quarters 1 and 2	Report	Semiannual summary of activities (FY12)	English	2012
Overview of MCHIP Activities (Project Year 3)	Presentation	Project review with USAID Burkina Faso, 2012 annual summary	English	2012
Rencontre Trimestrielle des Partenaires de Mise en Oeuvre des Programmes Appuyes par l'USAID-Bilan des Activites MCHIP au 4eme Trimestre (Juillet–Septembre 2012)	Presentation	Project review with USAID Burkina Faso (FY12, Q4)	French	2012
Rencontre Trimestrielle des Parternaires de Mise en Oeuvre des Programmes Appuyes par l'USAID	Presentation	Project review with USAID Burkina Faso (FY12, Q3)	French	2012
Bilan des Activites, MCHIP (January–March 2012)	Presentation	Project review with USAID Burkina Faso (FY12, Q2)	French	2012
Accelerating Malaria Prevention and Control in Burkina Faso: Review of MCHIP Activities (October 2010–2011)	Presentation	Project review with USAID Burkina Faso, 2011 annual summary	English	2011
Rencontre des Partenaires Technique de l'USAID: Bilan de la Mise en Oeuvre du Plan d'Action de 2011	Presentation	Technical partners meeting of USAID; implementation of 2011 annual action plan	English	2011
Recontre des Parternaires Techniques de l'USAID (Year 2, Quarter 4)	Presentation	Technical partners meeting of USAID; implementation progress for Q4, 2011	French	2011
USAID Burkina Faso Malaria Project Year Three Quarterly Report (October 1–December 31 2011)	Report	Quarterly report	English	2011
MCHIP Burkina Faso Year 2 Annual Report (October 2010-September 2011)	Report	Annual report	English	2011
MCHIP Burkina Faso Year 2 Quarterly Report 4/1–6/30	Report	Quarterly 4eport	English	2011
MCHIP Burkina Faso Year 2 Quarterly Report 1/1–3/31	Report	Quarterly report	English	2011
MCHIP Burkina Faso Year 1 Annual Report (October 1, 2009–September 30, 2010)	Report	Annual report	English	2010

DOCUMENT TITLE	TYPE OF RESOURCE	DESCRIPTION	LANGUAGE	YEAR DEVELOPED
Rapid Diagnostic Tests for Malaria in Burkina Faso: An Assessment of Use and Management	Report	Assessment of RDT introduction in 29 districts	English	October 2010
USAID Malaria Programming in Burkina Faso: Assessment and Work Planning for MCHIP and Deliver (baseline assessment)	Presentation	Results of baseline assessment to inform year one work planning	English	October 2009
End of Project Workshop				
Atelier de Cloture de MCHIP: Objectifs	Presentation	End of project workshop presentation: objectives	French	2013
Atelier de Cloture de MCHIP: Contribution de MCHIP a la Lutte contre le Paludisme au Burkina Faso	Presentation	End of project workshop presentation on MCHIP's contribution to the fight against malaria in Burkina Faso	French	2013
Rapport de L'atelier de Cloture du Programme Integer de Santé Maternelle et Infantile (MCHIP) au Burkina Faso	Presentation	Report on the end of project workshop for MCHIP	French	2013
Atelier de Cloture de MCHIP: Experience du CSPS du Secteur 27 District Sanitaire de Nongr-Massom	Presentation	End of project workshop presentation describing the experience of the Disctrict 27 health center in Nongr-Massom with MCHIP	French	2013
Atelier de Cloture de MCHIP: Experience du CSPS de Sissamba District Sanitaire de Ouahigouya	Presentation	End of project workshop presentation describing the experience of the Sissamba health center in Ouahigouya with MCHIP	French	2013
Renforcement des Competences des Prestataires sur le Paludisme avec L'appui de MCHIP: Experience du District Sanitaire de Fada	Presentation	Skills reinforcement for providers on malaria with MCHIP support: the experience of the Fada health center	French	2013
Renforcement des Competences des Prestataires sur le Paludisme avec L'appui de MCHIP: Experience du District Sanitaire de Kombissiri	Presentation	Skills reinforcement for providers on malaria with MCHIP support: the experience of the Kombissiri health center	French	2013
Renforcement des Capacities des Acteurs de la Lutte contre le Paludisme au Burkina Faso avec L'appui de MCHIP: Experiences des Formateurs	Presentation	Capacity-building in the fight against malaria in Burkina Faso with MCHIP support: trainer experiences	French	2013
Atelier de Cloture de MCHIP: Resultats de la Reflexion du Groupe 1 sur l'axe "Renforcement des Capacities Manageriales"	Presentation	End of project workshop: results from group work topic "reinforcement of managerial capacity"	French	2013
Atelier de Cloture de MCHIP: Travaux de Groupe sur l'axe "Formation Continue"	Presentation	End of project workshop: results from group work topic "in-service training"	French	2013

DOCUMENT TITLE	TYPE OF RESOURCE	DESCRIPTION	LANGUAGE	YEAR DEVELOPED
Atelier de Cloture de MCHIP: Travaux de Groupe sur l'axe "Supervision"	Presentation	End of project workshop: results from group work topic "supervision"	French	2013
Atelier de Cloture de MCHIP: Travaux de Groupe sur l'axe "Formation de Base"	Presentation	End of project workshop: results from group work topic "pre-service education"	French	2013
Atelier de Cloture de MCHIP: Resultat des Travaux de Groups sur l'axe "Communication"	Presentation	End of project workshop: results from group work topic: "communication"	French	2013
Trip Reports				
MCHIP Program Trip Report: Lyndsey Wilson-Williams	Trip report	Review data collection and opportunities to improve documentation of project outputs and outcomes; a cross-cutting activity	English	August 2012
MCHIP Program Trip Report: Tsigue Pleah and Yolande Hyjazi	Trip report	Prepare upcoming workshops in collaboration with MCHIP/Jhpiego/Burkina staff; conduct a five-day workshop with ENSP faculty to revise the malaria curriculum to ensure effective teaching	English and French	July 2012
MCHIP Trip Report: Tsigue Pleah and Yolande Hyjazi	Trip report	To provide technical assistance for the implementation of planned MCHIP activities for MCHIP/Jhpiego/Burkina; to conduct a course on effective teaching skills for faculty of the ENSP	English French	May/June 2012
MCHIP Trip Report: William Brieger	Trip report	Provide technical assistance for MCHIP's ongoing USAID malaria program	English	February 2012
MCHIP Program Trip Report: Rachel Waxman	Trip report	Orientation with country office and program overview for new Jhpiego program staff	English	February 2012
MCHIP Program Trip Report: Elaine Roman, William Brieger, Katy Brignole	Trip report	Develop draft MCHIP Year 3 work plan; document the feasibility of supervisory practices and analyzing lessons learned	English	August 2011
MCHIP Trip Report: Eva Bazant	Trip report	Provide technical assistance and support related to monitoring and evaluation of the MCHIP malaria prevention and treatment program.	English	January 2011
MCHIP Trip Report: Stephanie Gallagher	Trip report	Provide programmatic support to the MCHIP RDT assessment	English	July 2010

DOCUMENT TITLE	TYPE OF RESOURCE	DESCRIPTION	LANGUAGE	YEAR DEVELOPED
MCHIP Trip Report: William Brieger	Trip report	Joint assessment and work planning trip with DELIVER and USAID to guide development of USAID malaria programming for Burkina Faso and synergies between programs	English	October 2009