Integrated Health Project in Burundi (IHPB)

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Quarterly Report

July 1 – September 30, 2014

(THIRD PROJECT QUARTER)

Submitted by: FHI 360 and its partners

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Table of Contents

Introduction: 7

Formative Analysis and Baseline Assessments 8

Planned activities for the formative and baseline assessments in Q4 – October to December 2014 9

CLIN 1: Increased Positive Behaviors at the Individual, Household and Community Levels 9

Sub-CLIN 1.1: Improved key behavioral pre-determinants at the individual, household and community levels 9

Progress overview for Sub-CLIN 1.1 9

Planned activities for Sub-CLIN 1.1 in Q4 – October to December 2014 12

Sub-CLIN 1.2: Increased accessibility and availability of health products to individuals and households 12

Progress overview for Sub-CLIN 1.2 12

Planned activities for Sub-CLIN 1.2 in Q4 – October to December 2014 13

Sub-CLIN 1.3: Strengthened support for positive gender norms and behaviors and increased access to GBV services 13

Progress overview for Sub-CLIN 1.3 13

Planned activities for Sub-CLIN 1.3 in Q4 – October to December 2014 14

CLIN 2: Increased Use of Quality Integrated Health and Support Services 15

Sub-CLIN 2.1: Increased access to health and support services within communities 15

Progress overview for Sub-CLIN 2.1 15

Planned activities for Sub-CLIN 2.1 in Q4 – October to December 2014 16

Sub-CLIN 2.2: Increased percent of facilities that provide quality integrated health and support services 16

Progress overview for Sub-CLIN 2.2 16

2.2.a – Drafted in-kind grants for supported BDS 17

2.2.b – strengthening facility based services 17

Planned activities for Sub-CLIN 2.2 in Q4 – October to December 2014 20

Sub-CLIN 2.3: Increased capacity of providers and managers to provide quality integrated health services 20

Progress overview for Sub-CLIN 2.3 20

Planned activities for Sub-CLIN 2.3 in Q4 – October – December 2014 21

CLIN 3: Strengthened Health Systems and Capacity 21

Sub-CLIN 3.1: Strengthened decentralized health care and systems in targeted geographic areas 21

Progress overview for Sub-CLIN 3.1 21

3.1.b - Make PFB monthly payments to facilities 22

3.1.c – Provide TA to help strengthen the Burundi PBF scheme 22

Planned activities for Sub-CLIN 3.1 in Q4 – October to December 2014 23
Sub-CLIN 3.2: Strengthened M&E and data management systems at facility and community levels.....23
Progress overview for Sub-CLIN 3.2.....23
Planned activities for Sub-CLIN 3.2 in Q4 – October to December 2014 24
Sub-CLIN 3.3: Increased civil society capacity to support positive behaviors and quality integrated services 24
Planned activities for Sub-CLIN 3.3 in Q4 – October to December 2014 25
Project Management 25
Procurement of Vehicles and Medical Equipment and Supplies 25
Identification of Research Firm 25
Problems Encountered/Solved or Outstanding: 25
Proposed solutions to new or ongoing problems: Not applicable. 26
Success Story: Beyond Buying Indicators: Performance Based Financing Strengthens Responsiveness of Burundi Health System 26
Navarro, V. (2000). Assessment of the World Health Report 2000. In: *THE LANCET*, Vol 356, November 4, 2000. 28
Annex II: IHPB participation in meetings/events 28
Annex III: STTA and other visitors to IHPB 29

Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ABUBEF	Association Burundaise pour le Bien Etre Familial
ACTs	Artemisinin-based Combination Therapy
ADBC	Agent Distributeur à Base Communautaire (Community Based Distributors of Contraceptives)
ANC	Antenatal Care
ANSS	Association Nationale de Soutien aux Séropositifs et aux Sidéens
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
BDS	Bureau du District Sanitaire (District Health Bureau)
BMCHP	Burundi Maternal and Child Health Project
BPS	Bureau Provincial de Santé (Provincial Health Bureau)
CBO	Community-Based Organization
C-Change	Communication for Change
CCM	Community case management
CCT	Community Conversation Toolkit
CHW	Community Health Worker
COP	Chief of Party
COSA	Comité de Santé
CPR	Contraceptive Prevalence Rate
CPVV	Comité Provincial de Vérification et de Validation
CS	Capacity Strengthening
CSO	Civil Society Organization
CTN	Cellule Technique Nationale
DCOP	Deputy Chief of Party
DHE	District Health Educator
DHIS	District Health Information System
DHS	Demographic and Health Survey
DHT	District Health Team
DPSHA	Department of Health, Hygiene and Sanitation Promotion
EC	Emergency Contraception
EID	Early Infant Diagnostic
FAB	Formative Analysis and Baseline Assessment
FGD	Focus Group Discussion
FHI 360	Family Health International
FFP	Flexible Family Planning Project
FP	Family Planning
FTO	Field Technical Officer
GBV	Gender Based Violence
GOB	Government of Burundi
HBC	Home-Based Care
HH	Household
HIV	Human Immunodeficiency Virus
HPT	Health Promotion Technician
HIS	Heath Information System
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health

HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
iCCM	Integrated Community Case Management
IDI	In-Depth Interview
IHPB	Integrated Health Project in Burundi
INGO	International Non-Governmental Organizations
IP	Implementing Partner
IPTp	Intermittent Preventive Treatment of malaria in Pregnancy
IPC	Interpersonal Communication
IRB	Institutional Review Board
ISTEEBU	Institut des Etudes Statistiques et Economiques du Burundi
ITN	Insecticide-Treated Net
Kfw	Kreditanstalt für Wiederaufbau (Établissement de crédit pour la reconstruction), Allemand (German Development Bank)
KII	Key Informant Interview
LMIS	Logistics Management Information System
LOE	Level of Effort
LOP	Life of Project
LPT	Local Partner Transition
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MPHFA	Ministry of Public Health and the Fight against AIDS
MNCH	Maternal, Neonatal and Child Health
NMCP	National Malaria Control Program
NGO	Non-Governmental Organization
OIRE	Office of International Research Ethics
OVC	Orphans and Vulnerable Children
PBF	Performance-Based Financing
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMEP	Performance Monitoring & Evaluation Plan
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public-Private Partnership
QA/QI	Quality Assurance/Quality Improvement
Q1	First Quarter
QA	Quality Assurance
QI	Quality Improvement
RBP+	Réseau Burundais des Personnes vivant avec le VIH
RDTs	Rapid Diagnostic Test
RH	Reproductive Health
ROADS II	Roads to a Healthy Future II Project
SARA	Service Availability and Readiness Assessment
SDPs	Service Delivery Points
SBC	Strategic Behavior Change
SBCC	Social and Behavior Change Communication
SCM	Supply Chain Management
SCMS	Supply Chain Management Specialist
SDA	Small Doable Action
SIAPA	System for Improved Access to Pharmaceuticals and Services

SLT	Senior Leadership Team
SOP	Standard Operating Procedure
STA	Senior Technical Advisor
STI	Sexually Transmitted Infection
STTA	Short-Term Technical Assistance
SWAA	Society for Women against AIDS in Africa
TA	Technical Assistance
TBD	To be Determined
TOR	Terms of Reference
TWG	Technical Working Group
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
URC	University Research Corporation
Y1	Project Year 1

Introduction:

The *Integrated Health Project in Burundi* (IHPB) is a five-year project (December 23, 2013 to December 22, 2018) funded by the United States Agency for International Development (USAID). Led by Family Health International (FHI360) as the prime contractor, the IHPB partnership includes two sub-contractors: Pathfinder International and Panagora Group. The IHPB builds on USAID's legacy of support to the health sector in Burundi and FHI 360 and Pathfinder's successes in assisting the Government of Burundi (GOB) to expand and begin to integrate essential service for: HIV/AIDS; maternal, neonatal and child health (MNCH); malaria; family planning (FP) and reproductive health (RH).

The Ministry of Public Health and Fight against AIDS (MPHFA) is a major partner that will be involved at every step, throughout the project planning and implementation. The goal of the IHPB is to assist the GOB, communities, and civil society organizations (CSOs) to improve the health status of assisted populations in 12 health districts located in the provinces of Karusi, Kayanza, Kirundo and Muyinga - with potential for expansion in up to four additional provinces in 2015. IHPB expected results are:

1) Increased positive behaviors at the individual and household levels;
2) Increased use of quality integrated health and support services; and
3) Strengthened health system and civil society capacity.

During the first year, IHPB is implementing activities that include: a) continuing to support essential services supported under previous USAID-supported projects; b) conducting joint formative assessments with the MPHFA in target districts; c) facilitating a participatory process to define initial integration and improvement ideas and begin implementing; d) developing an integrated SBCC strategy; e) establishing a QA/QI system; f) developing and supporting capacity strengthening plans for four CSOs; g) providing funding for Burundi's PBF scheme; and h) beginning to develop public-private partnerships.

This IHPB's 3rd Quarterly Report details program achievements during the period July 1, 2014 to September 30, 2014. Highlights include:

- Completed data collection for the service availability and readiness assessment in all 164 targeted health centers and 9 district hospitals–data being presently analyzed;
- Completed data collection for the community services mapping in all 12 targeted districts. Services offered by 87 organizations with 158 branches were mapped. The data is presently being analyzed
- The protocol for the qualitative assessment on behaviors and gender was reviewed and approved by the Burundi National Ethics Committee and submitted to the Burundi Institute of Statistics and Economic Studies (ISTEEBU);
- Organized a four-day training of trainers on participatory approaches on health communication through action media followed by three four-day hands on action media workshops;
- Conducted a four-day training of trainers for 25 health care providers on community case management of malaria who trained 200 community health workers (over a four day period) from Kirundo (106) and Bugabira (94) communes on community case management of malaria;
- Signed 21 in-kind grants (12 for Health Districts and 9 for Hospitals) totaling approximately $2,584,207 (over five years) and three standard grants for Civil Society Organizations (CSOs) totaling approximately $487,148 (over two years);
- In partnership with district health staff, carried out one support supervisory visit focused on neonatal care in three hospitals;
- In partnership with the National Reproductive health Program (PNSR), organized an 11-day training (6 days of theoretical followed by a five-day practical) for 15 health care providers (8 females and 7 male) on contraceptive technologies;
- *O*rganized a training of trainers for 30 health providers from the four IHPB intervention provinces, focused on antenatal care and post natal care;

- Conducted formative supervision (11 health centers) focused on post-partum hemorrhage (PPH) prevention, the use of pantograph, antenatal and postnatal services, assessing training needs on basic emergency obstetrical care (BEmOC) focused ANC and active monitoring of third stage of labor (AMTSL);
- Organized a three-day workshop on integration of health services that brought together key staff from different programs of the MPHFA, USAID, bilateral and multilateral partners, provincial and district health managers and representatives from non-government organizations;
- Provided technical and logistic support to Muyinga Provincial Committee for Verification and Validation (CPVV): refresher training to 149 surveyors from local associations; supported quality restitution workshop attended by 118 persons (facility managers, COSA members and district supervisors); conducted training for 114 (85 males and 29 females) health providers on the revised PBF Manual (version 2014); and conducted a PBF assessment in four IHPB target provinces to analyze strengths, weaknesses, opportunities, and threats on PBF implementation;
- Published tender document for procuring medical equipment and materials and analyzed the 25 tender documents received in response;
- Conducted baseline capacity assessment of four civil society organizations (CSOs) - Association Nationale de Soutien aux Séropositifs et aux malades du SIDA (ANSS), Association Burundaise pour le Bien Etre Familial (ABUBEF); Burundi Chapter of Society for Women Against AIDS in Africa (SWAA); and, Réseau Burundais des Personnes vivant avec le VIH (RBP+);and
- Finalized public private partnership (PPP) and private sector assessment report and 2014-2018 PPP Private sector strategy.

Formative Analysis and Baseline Assessments

During the quarter July – September 2014, IHPB made progress on Formative Analysis and Baseline Assessments:

1) Services Availability and Readiness Assessment (SARA): (a) Submitted protocol and other instruments and received approval from FHI 360 IRB which determined it a non-research study. (b) From August 19-22, 2014, organized a four-day training of trainers and supervisors of data collectors (facilitated by Director of Programs, FHI 360 TechLab). Representatives from the National Program of HIV/STIs Control (PNLS/IST), the National Reproductive Health Program (PNSR) and the National Integrated Program for Malaria Control (PNILP) attended the training. The training focused on the use of mobile technology (tablets) for data collection. (c) Successfully completed the Service Availability and Readiness Assessment (SARA) data collection across 173 facilities (hospitals and health centers) in IHPB target provinces from September 8 through September 19, 2014. That activity was conducted by 36 data collectors supervised by 10 supervisors including representatives from the National Program for HIV/STIs Control (PNLS/IST) and the National Reproductive Health Program (PNSR). Preliminary data analysis started immediately as data was collected using tablets.

2) Community Services Mapping: (a) submitted protocol and other instruments and received approval from FHI360's IRB which determined it as a non-research study. (b) Over a three day period (September 16-18, 2014) trained 20 data collectors and four supervisors and successfully completed a one-week (September 22-26, 2014) community services mapping exercise across the 12 IHPB target health districts.

3) Qualitative Behavioral and Gender Assessment: Following approval by OIRE and PHSC, (a) translated the protocol and related documents (focus group discussion guide, in-depth interview guide, key informant interview guide, informed consent forms) from English to French and Kirundi, and submitted to the Burundi Ethics Committee for review and approval on July 15, 2014 - received approval on August 7, 2014. (b) Submitted (on August 12, 2014) the Qualitative Behavioral and Gender Assessment and attachments to the Burundi Institute of Statistics and Economic Studies (ISTEEBU) for approval. (c) Held series of follow up meetings with ISTEEBU and provided clarifications as needed. ISTEEBU granted approval but currently awaiting official notification by the Ministry of Finance and Economic Development.

4) Household Survey (HH): Following approval by OIRE and PHSC and translation of the HH survey package into French (protocol) and Kirundi (consent forms and questionnaire), on September 25, 2014, submitted to the Burundi Ethics Committee for review and approval.

5) Health Services Qualitative Assessment: Submitted protocol and other instruments and received approval from FHI 360 IRB which determined it a non-research study. Plans underway to train data collectors and conduct survey in October 2014.

6) Health District Bureau Capacity Diagnostic: Determined a non-research study, plans are underway to train data collectors and conduct survey in October 2014.

Planned activities for the formative and baseline assessments in Q4 – October to December 2014

- Continue SARA data analysis
- Data entry and analysis of Community Services Mapping
- Qualitative Behavioral and Gender Assessment data collection, data entry and analysis
- Training of data collectors, data collection and analysis for the District Health Systems Diagnostic and the Health Services Qualitative Assessment
- Household Survey: After approval by Burundi Ethics Committee, submit to ISTEEBU for approval for Statistical Visa by the Ministry of Finance and Economic Development and begin data collection.

CLIN 1: Increased Positive Behaviors at the Individual, Household and Community Levels

Sub-CLIN 1.1: Improved key behavioral pre-determinants at the individual, household and community levels

Progress overview for Sub-CLIN 1.1

	Planned for Year 1	Achievement and results	Comments
1.1.a: Develop strategic communication framework and implementation plan	1) Hold stakeholder workshop	Planned for December 2014	Qualitative Behavioral and Gender Assessment (planned for October 2014) will inform workshop
	2) Draft IHPB SBCC framework	Planned for December 2014	Framework will be drafted based on Qualitative Behavioral and Gender Assessment findings
	3) Discuss framework with stakeholders	Planned for December 2014	Feedback from stakeholders will be incorporated in to draft strategy
	4) Hold workshop to revise and validate framework	Planned for January	MPHFA and other partners will be invited to participate
	5) Finalize and submit strategic communication framework and implementation plan	Planned for December 2014	Draft strategy will be submitted to USAID by December 22, 2014
1.1.b: Enlist and train Health Promotion Focal	1) Design recruitment and management plan	Completed in June 2014	
	2) Write technical brief	Completed in June 2014	

Points	3) Design training	Planned for January 2015	IHPB is in the process of finalizing the development of communication materials through action media workshops
	4) Recruit trainers	Planned for January 2015	Trainers will be recruited in close collaboration with DPSHA
	5) Conduct trainings	TOT planned for January – February 2015	Upon availability of printed communication materials, IHPB will proceed with roll out phase of training
	6) Conduct phased community roll out	Planned February – July 2015	Once trainings have taken place, community roll out phase will start
	7) Internal reporting system implemented	Planned for May 2015	Reporting system will be discussed with and agreed upon with DPSHA
	8) Supervision and monitoring	Start in June 2015 and continue thereafter	
	9) SBCC data collection	Planned for July 2015	
	10) SBCC data analysis	Planned for August 2015	
1.1.c: Use the Small Doable Actions (SDA) approach to engage target audiences by Life Stage in taking concrete steps toward improved health	1) Review national strategies and materials	Completed in April 2014	
	2) Conduct action media workshops	2 action media workshops planned for November 2014	Three action media workshops completed
	3) Consult with relevant partners and organizations	Continuing, on track	IHPB has already started reviewing communication materials produced by third party organizations to avoid duplication
	4) Hire graphic art firm and printer	Continuing, on track	Graphic art firm (hired in August 2014) participated in action media workshops. Printer to be hired in December
	5) Harmonize messages	Planned for December 2014	Contingent upon completion of action media workshops
	6) Draft Life Stages and SDA materials	Planned for December 2014	Draft life stage will need additional evidence from formative assessments
	7) Pre-test materials	Planned for January 2015	
	8) Revise Life Stage and SDA materials	Planned for January 2015	
	9) Finalize Life Stage and SDA materials	Planned for February 2015	
	10) Print Life Stage and SDA materials	Planned February 2015	
	11) Distribute Life Stages and SDA materials	Planned for March 2015	
1.1.d. Develop and air a radio serial drama that	1) Formative assessment of health behaviors	Planned for November/December 2014	Research firm identified. Findings from assessment will inform content of

reinforces Interpersonal Communication and community mobilization efforts			different radio drama episodes
	2) Develop creative briefs	Planned for January 2015	IHPB will conduct action media workshops to determine scope, theme, story line and story progression
	3) Draft story boards	Planned for February 2015	
	4) Consult relevant partners on scope and content	Planned for February 2015	
	5) Conduct stakeholder meeting to present creative briefs	Planned for March 2015	
	6) Draft script and story board	Planned for March 2015	
	7)Record and pre-test results	Planned for March 2015	
	8)Analyze and incorporate pre-test results	Planned for March 2015	

During the quarter July – September 2014, IHPB worked very closely with the MPHFA's Department of Health, Hygiene and Sanitation Promotion. The strategic communication framework and implementation plan will be informed by the Qualitative Behavioral and Gender Assessment. During Quarter 3 the protocol for the communication and gender assessment was reviewed and approved by the Burundi National Ethics Committee and submitted to the Statistical Institute within the Ministry of Planning. ISTEEBU sent comments on the protocol and instruments in September, all of which have been addressed by IHPB. Final approval is pending, but is expected to be received in October 2014.

While awaiting final approval from ISTEEBU, IHPB issued a request for proposals for a firm to conduct the data collection and has identified a local firm to complete the research. The final contract has been prepared but execution is pending until ISTEEBU approval is received; however, plans are in place to hold data collector training and pretesting in October 2014. Data collection will begin in late October 2014 and continue through November 2014 and top line data analysis will be conducted simultaneously with data collection and will be completed in early December.

Conduct action media workshops

During this quarter IHPB conducted 3 Action Media Workshops. The first Action Media Workshop was part of the training process and package as capacity building for IHPB staff. The objective of the Training of Trainers (TOT) was to develop capacity among IHPB and the MOH staff, particularly the Department of Health, Hygiene, and Sanitation Promotion (DPSHA) of the MPHFA in implementing participatory approaches to health communication development through the use of the Action Media methodology. Action Media emphasizes social-change thinking, and combines research on health-related vulnerability with a consultative and participatory approach towards understanding communication in the context of health challenges.

With technical guidance from an international consultant on participatory approaches (Warren Parker) for health communication through action media, IHPB organized a four-day TOT on action media in Muyinga Province (August 20-23, 2014) followed by a four-day hands-on workshop in Muyinga Province (August 25-28, 2014) with pregnant women as the target audience. Trainees included five IHPB staff, three staff from the DPSHA and the graphic designer consultant.

The hands-on action media workshop included ten pregnant women and five men who were expectant fathers. Small group discussions allowed participants to dialogue in Kirundi. These sessions were recorded and later transcribed for the facilitator. Through discussions, participants illustrated how male involvement plays a key role in improving the health status of the family. The participatory method allowed pregnant women and expectant fathers to develop slogans, posters and logos into poster concepts. Participants were also divided into two groups and tasked with developing a song about a theme of their choice. Themes selected were HIV prevention and caring relationships. The slogans and logo will be developed by the graphic designer recruited for this end. Evaluation of the training illustrated an appreciation of the opportunity to learn about consultative and participatory approaches for originating communication resources.

During the Action Media Workshop

In addition, IHPB in partnership with the DPSHA, organized two additional action media workshops respectively held with parents who have children under five years of age in Kirundo province (September 17- 20th, 2014) and with youth in Karusi Province (September 22-25th, 2014).

Planned activities for Sub-CLIN 1.1 in Q4 – October to December 2014

- Conduct remaining 2 action media workshops
- Engage the services of a research firm to conduct Qualitative Behavioral and Gender Assessment, train data collectors and conduct assessment
- Develop and submit draft SBCC strategy to USAID

Sub-CLIN 1.2: Increased accessibility and availability of health products to individuals and households

Progress overview for Sub-CLIN 1.2

	Planned for Year 1	Achievement and results	Comments
1.2.a: Build capacity in supply chain management, upgrade equipment and infrastructure, and strengthen the LMIS	1) Meet with national stakeholders	Continuing, on track	
	2) Meet with provincial and district stakeholders	Continuing, on track	
	3) Create flow charts of district supply chains for essential commodities	Planned for February 2015	
	4) Develop and adapt SCM logistics system performance diagnostics tools (FAB)	Planned for October/November 2014	
	5) Train BDS and BPS officials in using supply chain diagnostics ,	Planned for February 2015	
	6) Conduct district health system diagnostics	Planned for October /November 2014	
	7) Begin identifying needs for supply chain equipment procurement		SARA, Services Quality Assessment and BDS interviews will inform needs
	8) Analyze diagnostics data and include results in district reports	Planned for December 2014	

1.2.b: Help GOB make reforms to supply chains for increased community distribution of certain commodities	1) Map current community based distribution of commodities and knowledge of same (FAB)	Planned for March 2015	Upon completion of community mapping
	2) Begin redesign of HBC kits for PLHIV and care givers	Planned for March 2015	
	3) Begin identifying gaps and barriers in commodity access and use	Planned for January/February 2015	Continue discussion with other HIV/AIDS partners
	4) Generate ideas for other potential reforms to CBD of health products	Planned for March 2015	
	5) Systematically analyze/vet ideas	Planned for February 2015	Continue discussions

During the quarter July – September 2014, as a member of the national quantification of HIV/AIDS commodities, the IHPB Supply Chain Specialist participated in monthly quantification meetings including the elaboration of the national forecasting and the development of tools to be used for the quantification and procurement of HIV/AIDS commodities for the period 2014 to 2017. IHPB held meetings to with SIAPS, SCMS and Deliver projects to discuss and coordinate efforts. In addition, activities focused on preparing and developing a questionnaire to conduct district health systems diagnostics for a foundation that will inform system strengthening plans and investments to be made in future years.

Planned activities for Sub-CLIN 1.2 in Q4 – October to December 2014

- Conduct district health system diagnostics (part of supply-side formative assessment)
- Monitor stock status at district pharmacies to avoid stock outs and overstocks specially for HIV and malaria commodities

Sub-CLIN 1.3: Strengthened support for positive gender norms and behaviors and increased access to GBV services

Progress overview for Sub-CLIN 1.3

	Planned for Year 1	Achievement and results	Comments
1.3.a: Promote gender integration and transformation across project activities	1) Design gender elements of baselines	Completed in July 2014	
	2) Review gender tools and activities in Burundi	Completed in July 2104	
	3) Review gender documents and strategies	Completed in July 2104	
	4) Develop and finalize gender strategy	Planned for December 2014/January 2015	Gender strategy will be informed by the Behavioral and Gender Assessment planned for October/November 2014
	5) Review and provide inputs on SBCC activities	Continuing	
	6) Develop and begin implementing additional activities to address priority gender gaps	Planned for February 2015	
1.3.b: Expand access to high quality and comprehensive services for GBV survivors	1) Design GBV components of baseline assessments	Completed in July 2014	
	2) Analyze GBV-relevant FAB data	Planned for November/December 2014	Awaiting Burundi IRB and ISTEEBU approvals

	3) Continue and strengthen GBV services at 24-hour drop-in centers	Conducted 1st supervision in August 2014	Will conduct quarterly visits
	4) Adapt/develop GBV secondary prevention service training curricula for providers, supervisors and health facility staff		In February 2013, with support from USAID (Respond and International Medical Corps), the National Reproductive Health Program updated the SGBV case management manual for providers. IHPB will use this document in training providers.
	5) Incorporate secondary GBV prevention and case management into service integration		Findings from the SARA will guide IHPB on how to integrate GBV services in identified health facilities
	6) Develop/adapt guidelines and job aids for GBV case management	Planned for March/April 2015	IHPB will develop/adapt guidelines from the SGBV case management manual to disseminate in health facilities
	7) identify pilot sites to establish additional integrated secondary prevention services for GBV survivors	List of potential sites will be available in January 2015	Findings from the SARA will inform identification of pilot sites to establish additional services for GBV survivors.

In August 2014, IHPB conducted supervision in 19 health facilities of Muyinga health district. GBV related findings were following: (a) Each health facility (18 health centers and 1 hospital) in the district has at least one provider trained on GBV; (b) Lack of ART for PEP in health facilities which are not ART sites; even for ART sites, there remain an issue for health providers to offer ART for PEP, survivors are referred to Muyinga hospital; (c) delay in seeking services; and (d) 21 cases were reported from April to July 2014 in the district; 4 cases in health centers and 17 cases in Muyinga hospital.

Planned activities for Sub-CLIN 1.3 in Q4 – October to December 2014

- Conduct Qualitative Behavioral and Gender Assessment that will inform the gender strategy
- Identify pilot sites for strengthening comprehensive GBV services
- Continue strengthening GBV services through supportive supervision

CLIN 2: Increased Use of Quality Integrated Health and Support Services

Sub-CLIN 2.1: Increased access to health and support services within communities

Progress overview for Sub-CLIN 2.1

	Planned for Year 1	Achievement and results	Comments
2.1.a: Expand and strengthen CHWs	1) Define essential CHW skills	completed April - June 2014	Essential CHW skills related to CHW skills are in the Manuel *des Procédures Santé Communautaire* developed by the DPSHA
	2) Assess current tools and training	Completed April – June 2014	SARA will provide information on tools and training
	3) Begin review and further clarify roles and responsibilities	Completed April – June 2014	Roles and responsibilities defined by DPSHA
	4) Map distribution and coverage of CHWs		Will be informed by SARA findings - being analyzed
	5) Assess CHW knowledge and practice		Will be informed by SARA and Quality of Services Assessment
	6) Investigate how data on CHW performance are collected, tracked and addressed		Will be informed by quality of services assessment planned for October/ November 2014
	7) Identify successful models for expanding and strengthening CHWs		Will be informed by SARA and quality of services assessment
	8) Share findings (Tasks 4-7) with health facilities and COSAs	Planned for 1st quarter of year 2	
	9) Begin developing CHW capacity strengthening plans	Planned for 1st quarter of year 2	
	10) For integration and improvement activities, develop training and resources	Planned for 1st quarter of year 2	
2.1.b: Expand and strengthen COSAs	1) Engage with stakeholders supporting COSAs	Continuing	
	2) Assess COSA status		Will be informed by SARA and service quality assessment
	3) Factors impacting COSA functionality		Will be informed by SARA and service quality assessment
	4) COSA capacity strengthening		Will be informed by SARA and service quality assessment

Planned activities for Sub-CLIN 2.1 in Q4 – October to December 2014

- Analyze SARA and Service Quality Assessment data

Sub-CLIN 2.2: Increased percent of facilities that provide quality integrated health and support services

Progress overview for Sub-CLIN 2.2

	Planned for Year 1	Achievement and results	Comments
2.2.a: Provide support to help maintain critical public sector services supported under ROADS II, BMCHP, and FFP projects	1) BDS engagement	Continuing, on track	
	2) Inventory needs	Completed	
	3) Draft In-kind grants for supported BDS	Completed	
	4) Review, refine and sign grants with each BDS	Completed	
	5) Implement grants	Continuing, on track	
	Planned	**Achievement and results**	**Comments**
2.2.b: Define and test initial package of promising interventions for service integration and improvement	1) Develop conceptual framework for "smart integration"	Completed	
	2) Review existing standards	Completed	
	3) Engage stakeholders and specialists	Completed	
	4) Develop agenda and materials for integration and improvement prioritization meeting	Completed	
	5) Convene integration and prioritization meeting	Completed	
	6) Literature review and information gathering	Completed	
	7) Prepare for implementation and testing	Continuing	
2.2.c: Use QI to test and roll-out select integrations and improvements	1) Engage with URC	Continuing	URC participated in integration workshop
	2) Study and explore application of collaborative model	IHPB will utilize the PDSA approach initially and the collaborative model for scaling up improvements	
	3) Identify improvement and integration structure	Achieved, August/September 2014	Improvement charters signed with four provinces
	4) Train potential coaches and local teams in collaborative model and tools	Training coaches planned for Jan/Feb 2015 for PDSA and collaborative model	
	5) Draft and test indicators, checklists and any additional tools needed to support QI efforts	Indicators for each of the four provinces drafted	Testing will start in February/March 2015
	6) Conduct supportive supervision visits to coach facilities	Supervision will start in March 2015 and continuous thereafter	
	7) Support teams to conduct PDSA	Will start in April 2015 with continuous support thereafter	
	8) Support teams to develop and	First learning session will	

	present learning	commence in May 2015	
	9) Document work through quarterly technical briefs and case studies	Continuous starting in April 2015	
	10) Conduct first 2-day quarterly learning sessions to discuss and exchange best practices	Planned for June 2015	
	11) Continuously refine tested service improvement and integration	Will continue from start	

2.2.a – Drafted in-kind grants for supported BDS

During the quarter July through September 2014, IHPB developed and submitted for approval (by Contracting Officer's Representative (COR) and FHI360's Contract Management Services, CMS) 21 in-kind grants (IKG) (12 for Health Districts and 9 for Hospitals located in IHPB intervention zone) and three Standard Grants for Civil Society Organizations. After the grants were approved by both COR and CMS, the subsequent step was getting them countersigned by specific partners before the latter would proceed with activity start. In-Kind Grants amount to approximately $2,584,207, while standard grants total $487,148.

Despite some minor differences in grant beneficiaries' scope of work that is normally a reflection of the need for each entity/organization to provide integrated services, the IKGs are designed to provide a response to *Sub CLIN 2.2: Increased percent of facilities that provide quality integrated health and support services*. The period of performance for IKGs goes up to September 30, 2018; it is exactly two years for IHPB partner civil society organizations.

Overarching grants objectives include strengthening the entity's capacity, and strengthening HIV services as well as strengthening the integration of services. Clearly stated, IHPB aims to provide management and financial guidance, along with technical assistance to sub-grantees to build local capacity and enable more sustainable approaches aimed at a sound level of integrated services.

Upcoming planned activities include holding orientation sessions for the grants managers to equip them with the necessary guidance/knowledge/skills/awareness directly linked to performance and donor requirements as regards achievements. This is to be achieved through trainings, equipment procurement, and rehabilitation/renovation (non-construction activities) activities that shall be implemented.

2.2.b – strengthening facility based services

Conceptual framework for "smart" integration:

IHPB, with support from the FHI360 and Pathfinder International Home Offices, developed an integration strategy document that presents: (a) relevant literature on health services integration; (b) analysis of integration of health services within the context of Burundi; (c) conceptual framework and operational definition of integrated health services; and (d) implementation and monitoring and evaluation of the strategy.

Integration and prioritization workshop:

The conceptual framework and integration strategy served as the basis for the prioritization workshop whose objectives, expected results/outputs and main activities are presented below:

	Day 1	Day 2	Day 3
Objectives	• Inform the participants on national and international experiences on integration. • Identify the integration opportunities in Burundi.	Prioritize the integration opportunities in supported provinces and begin to plan for implementation	Suggest a structure (working group on integration) to follow up the implementation of the integration strategy.
Expected Results/ Outputs	Integration opportunities of a package of services are validated by the participants as a table.	• Priorities of integration are identified per province • Sites for piloting integration ideas are identified	• Draft charter on integration is developed in each province • Draft terms of reference for the working group are developed
Main activities	• MPHFA describes its policy and priorities in integration • IHPB presents the objectives and results related to integration • IHPB presents a literature revue on integration and some international experiences • IHPB presents a table of essentials integrated services • Participants work in groups to validate the integration opportunities by level (community, health centers, hospital)	• IHPB presents a prioritization matrix and a format of an improvement charter • Participants work in groups to identify the integration priorities and develop decision criteria for provincial integration projects	• Provinces present their integration charter • IHPB present the types of support (technical and financial) for integration activity • Participants discuss the composition and the terms of reference of a working group on integration • IHPB present the next steps

Chaired by the Advisor to the Permanent Secretary of the MPHFA, the workshop brought together key staff from different programs of the MPHFA, USAID, bilateral and multilateral partners, provincial and district health managers and representatives from non-government organizations. During the workshop, the following presentations were made:

- IHPB mandatory results specifically linked to the integration component;
- Review of the international literature in order to better define the concept of integrated services and integrated health systems and its multiple dimensions;
- Pathfinder's experiences in Uganda, Tanzania and Ethiopia, with a focus on integrating family planning services to address unmet needs and increase the coverage of the population with modern family planning methods and maternal health services;
- Types of support available from IHPB to the provincial and district health system to integrate health services and improve their quality (in-kind, financial and technical assistance);
- Description of the use of QI models to address process issues at service delivery level and the health systems strengthening activities at the district level.

The workshop participants conducted the following activities:

- Six working groups were established the first day to review and complete a list of services that should be provided during a specific encounter between the health system and a client at the three delivery levels (hospital, health center and community), using a table drafted by IHPB. The working groups covered maternal, neonatal and child health services provided during antenatal care clinics, delivery and post-natal care visits; specialized care and treatment; services provided to people living with HIV; preventive and curative services for malaria targeting at-risk groups; growth monitoring of children; family planning services; and the curative clinics. The result was a comprehensive list of integration opportunities that covers all services described in the IHPB contract as the "integrated package of services".
- Four working groups, one for each province, were then established and prioritized one integration opportunity per province (below) based on their specific contexts and priorities:
    - Kayanza: Integration of family planning in maternal health and HIV services
    - Kirundo: Integration of ANC, GBV, screening for malnutrition and HTC services in curative care

- Muyinga: Integration of PMTCT and malaria management in maternal, newborn and infant services
- Karusi: Integration of family planning in maternal child health services

Preparation and implementation of integration efforts:

Following the three-day (August 12-14, 2014) workshop on integration of health services, IHPB, in collaboration with the MPHFA, four IHPB target provincial health bureaus and 12 health districts, completed quality improvement charters (a short document that serves as a roadmap for implementing systems' interventions/changes and follows the steps of a quality improvement model with the following elements – aim, justification, objectives, structure and risk factors) based on the integration opportunities identified by each province. In partnership with individual provinces, IHPB organized (from August 25 to September 4) provincial workshop to refine the improvement charters (agreed upon during the three–day workshop) and signed the charters. Preparations for implementation of integration efforts will commence in the quarter January – March 2105.

Use of quality improvement to test and roll out selected integration and improvements:

During the quarter July – September 2014, IHPB worked closely with USAID and non-USAID partners including URC. URC is currently working in 59 sites (2 hospitals and 57 health centers) across the four IHPB provinces. IHPB will utilize the PDSA approach initially and the collaborative model for scaling up improvements.

Strengthening malaria services

During the quarter July – September 2014, in collaboration with the Kirundo Provincial Bureau of Health and the National Malaria Control Program, IHPB:

- Organized a workshop to plan and sensitize political leaders, health providers, and community leaders on planned community case management (CCM) of malaria activity in Kirundo health district. Representatives of the Kirundo Governor, communal administrators, chiefs of zones, the Kirundo health provincial director and Kirundo health district director, nurses in charge of health facilities, health promotion technicians and religious leaders attended the workshop. The Gahombo Health District Director was also invited to give testimonies and share success stories and challenges of CCM of malaria implemented by community health workers in Kayanza province. The National Malaria Control Program was represented by the chief of the case management unit and two other technicians. A total of 67 participants attended the workshop.
- Organized a one-day workshop on sensitizing community members on CCM of malaria in the Kirundo community. In one day, simultaneous sensitization sessions were held in Bugabira and Kirundo communes of Kirundo health district. Two teams composed of two IHPB staff and Kirundo health district staff (director, health promotion technician and focal point for malaria) coordinated to organize the sensitization workshops. In Bugabira, 115 CHW (54 women) and 13 chiefs of collines and in Kirundo commune, 135 CHW (68 women) and 27 chiefs of collines participated.
- Conducted a training of trainers for 25 health care providers on community case management of malaria. The training was led by a team of three persons from the National Integrated Program for Malaria Control. Following the TOT, from August 26 -29, 2014, trained 200 community health workers from Kirundo (106) and Bugabira (94) communes on community case management of malaria. Training was conducted by Kirundo provincial and district health staff trained as trainers during the August 18-21 session.
- Conducted a five-day on the job follow-up training (internships) of 200 community health workers (CHWs) trained to implement community case management of malaria in August. Internships were held at 13 health centers, with a group of ten CHWs assigned to a health center.
- Participated in series of meetings (September 16th, 18th and 24th) whose objectives were to initiate implementation of the national malaria in pregnancy (IPTp) guidelines validated in April 2014; identify a consultant to develop the IPTp implementation plan (including training of trainers); and assess the status of the procurement of sulphadoxine-pyrimethamine (SP).

During the quarter October to December 2014, IHPB will:

- Work closely with UNICEF. MSH and other partners to support the National Malaria Control Program (NMCP) in developing the IPTp implementation plan including training of trainers

- Monthly supportive supervision of CHWs in close collaboration with Kirundo health district staff.

Strengthening Reproductive Health services

During the quarter July – September 2014, IHPB

- Supported Buhiga and Nyabikere health districts to strengthen the capacity of health providers on contraceptive technologies. Training took place from 11-22 August, 2014, in two stages: six days of theoretical training followed by a five-day practical training. 15 health care providers (8 females and 7 males) were trained. The theoretical training was held in Ruyigi, and practical training in the CDS Kinyinya (BDS Ruyigi), CDS Muriza (BDS Butezi), CDS Mubira (BDS Ruyigi), CDS Nyaruhinda (BDS Buhiga), and CDS Rusamaza (BDS Nyabikere). The trainers were PNSR staff trained as trainers on contraceptive technologies.

Practical Training Session

- Conducted formative supervision focused on post-partum hemorrhage (PPH) prevention and neonatology. A total of five district hospitals (neonatology and maternity services) were visited and reports on PPH related activities from twenty health centers (Kayanza and Muyinga health districts) were collected. Table below presents the reasons for hospitalization in the neonatology ward. 20% of the neonates died.

Reason	Kayanza Province	Muyinga Province
Premature	61 (35%)	28 (77%)
Neonatal infection	59 (34%)	1(3%)
Distress	54 (31%)	7 (19%)
	174 (100%)	36 (100%)

Planned activities for Sub-CLIN 2.2 in Q4 – October to December 2014

- Continue discussions with the MPHFA for constituting a technical working/steering committee on integration

Sub-CLIN 2.3: Increased capacity of providers and managers to provide quality integrated health services

Progress overview for Sub-CLIN 2.3

	Planned Year 1	Achievement and results	Comments
2.3.a: Strengthen human resource system for professional health staff, including managers, administrators and service providers	1) Review existing district HRH systems, procedures, and tools	Completed	
	2) Design HRH system elements of baseline assessment	Completed	
	3) Implement HRH system elements of baseline assessment	Planned for October/November 2014	
	4) Develop BDS capacity to assess HRH system strengthening needs through demonstration, mentorship and coaching	Planned for April 2015	
	5) Draft HRH system strengthening plans as part of broader HSS plans	Planned for January/February 2015	
	6) Review HRH strengthening plans with BDS, provincial leadership and MPHFA	Planned for January/February 2015	

	7)Refine and disseminate HRH system strengthening plans	Planned for February 2015	
	8)Begin implementing HRH system strengthening plans	Planned for April 2015	

Planned activities for Sub-CLIN 2.3 in Q4 – October – December 2014

- Implement HRH systems diagnostic and needs assessment as part of FAB including: a) reviewing existing human resources systems, procedures, and tools; and b) assessing existing training offerings and curricula versus provider, CHW, manager and administrator knowledge, skills and needs.

CLIN 3: Strengthened Health Systems and Capacity

Sub-CLIN 3.1: Strengthened decentralized health care and systems in targeted geographic areas

Progress overview for Sub-CLIN 3.1

	Planned for Year 1	Achievement and results	Comments
3.1.a: Work collaboratively with Provincial and District Health Bureaus to progressively strengthen district-level capacity and performance in managing the decentralized health system	1) Review existing assessments and tools	Started and on track	
	2) Engage partners	Continuing, on track	
	3) Create summaries of district health systems structures and processes	Continuing, on track	
	4) Engage BPS and BDS	Continuing, on track	
	5) Design a district health system diagnostic (FAB 2)	Continuing, on track	
	6) Conduct district health system diagnostics	Planned for October/November 2014	Tools not finalized
3.1.b: Provide 12 districts with funding for seven HIV/AIDS indicators in Burundi PBF scheme	1) Sign agreements with BDS for PBF	Completed in June 2014	
	2) Monitor and verify facility performance	Continuing, on track	
	3) Make monthly payments	Continuing on track	Monthly payments started with June 2014 invoices
3.1.c: Provide TA to help strengthen the Burundi PBF scheme	1) Attend PBF TWG meetings	Continuing and on track	
	2) Provide TA to the MPHFA to review the costing tool	Continuing and on track	
	3) Provide TA to MPHFA to update the Burundian costing structure	Planned for February 2015	
	4) Assess BPS and BDS PBF capacity	Completed in September 2014	
	5) Assess CPVV	Completed in September 2014	
	6) Update training materials to address identified needs	Continuing and on track	
	7) Training BPS and BDS core teams on PBF and decentralization	Continuing and on track	One training of health facility providers was held in Muyinga on the revised PBF Manual
	8) Use existing training tools to train CPVV in four provinces on PBF approach	Continuing and on track	
	9) Conduct assessment of existing community PBF schemes	Planned for November/December 2014	

3.1.d: Provide TA to develop and update protocols, policies and guidelines for integrated services	1) Identify needs for new or updated service policies/protocols/guidelines	Continuing on track	Integration workshop held in August 2014

3.1.b - Make PFB monthly payments to facilities

During the month of July, IHPB drafted 12 in-kinds grants for 12 health districts. After the sub-grants were signed, the MPHFA issued invoices for HIV indicators. During the last quarter, following invoices transmitted by the MPHFA, IHPB has made payments for HIV indicators for the months of June and July 2014. The total amount paid was one hundred and twenty three millions eight hundred eighty five thousand and four hundred sixteen Burundian francs (123,885,416 bif).

3.1.c – Provide TA to help strengthen the Burundi PBF scheme

During the quarter of July to September, 2104, IHPB worked in close collaboration with the National PBF Unit, Provincial and District Health Offices and facilities in the development and implementation of PBF activities.

Support monitoring and verification of facility performance

Following a request from the MPHFA, IHPB is providing support to the CPVV of Muyinga in the process of monthly data verification and validation. This support is in the form of vehicles hired by the project to transport verifiers on the field at facility level during the verification process. The PBF technical field officer attended all three of the validation workshops of the quarter.

TA to the MPHFA to review the costing tool

During the month of September, 2014, IHPB conducted preliminary contacts for the review of the costing tool. The MPHFA insisted that, for the purpose of sustainability, this study should be an opportunity to involve MPHFA in the whole process and build their capacity to conduct it by themselves in the future. IHPB is in the process of recruiting a local consultant who will be responsible for coordinating the study.

Assess CPVV, BPS and BDS PBF capacity

IHPB conducted PBF assessments in the four intervention provinces to analyze strengths, weaknesses, opportunities, and threats on PBF implementation faced by peripheral PBF implementers (CPVV, BPS, BDS and health facilities). The assessment was directed toward the BPS, BDSs and facilities. The findings are summed up in the following table.

Strengths	Weaknesses
✓ Supervisions are conducted in accordance to MPHFA norms ✓ All entities have approved work plans ✓ Results of quality assessments are analyzed at BPS level ✓ Training needs are included in most district work plans	➢ The map of community health actors is not available; their data are not collected and shared ➢ Most BDSs do not have the information on the facilities which received bonus and/or malus ➢ Results of quality assessment are not shared until the restitution workshop ➢ Few capacity building requirements exist in the field of health good governance and management
Opportunities	**Threats**
✓ Lists of CHWs are available at health facilities; they are already gathered in community based associations ✓ A community PBF-like scheme is being piloted by APRODEM in Kirundo ✓ Data from CHWs are available at facility level	➢ Incentives sharing even when the facility received a malus during the quality assessment by the BPS ➢ After the validation meeting, data quality reports are not shared to serve as a basis during the supervisions ➢ The PBF budget for the province is not known by the BPS

IHPB will work in close collaboration with the MPHFA central level authorities to address weaknesses and threats through capacity building, health system strengthening and quality improvement of healthcare delivery.

Training on the revised PBF manual of procedures

From August 18-21, 2014, IHPB supported a training for 114 (85 males and 29 females) health providers on the revised PBF Manual (version 2014). This training was conducted by two experts from the national PBF cell (CTN)

and gave facility managers the opportunity to lay out their misunderstandings and all shortcomings resulting from the application of the new grids. The CTN responded to their concerns and where relevant, promised that necessary changes would be made to the grids. After the training, the PBF Technical Field Officer conducted post-training visits in six facilities in Muyinga Province.

Support to the community survey

IHPB carried out a refresher training of local association surveyors, with a total number of 149 (62 females and 87 males) surveyors trained from July 9-10, 2014. Following the refresher training, Muyinga CPVV launched the 1st half-year community survey. The CPVV also benefitted from IHPB technical and logistic support to supervise the community survey. Following the survey, out of 39 facilities concerned by the survey in Muyinga province, 26 had a user satisfaction rate of 75% and above.

Quality assessment feedback workshop (restitution)

From July 9-10, 2014, IHPB supported the quality assessment feedback workshop in Muyinga Province. The workshop was attended by 118 persons (facility managers, COSA members and district supervisors). It was an opportunity for them to discuss problems encountered in the process of quality improvement and possible solutions. Participants asked the project to organize a training workshop intended for facility managers on the revised PBF manual of procedures (Version 2014) and subsequent quality assessment grids. The IHPB intends to take the opportunity of the forthcoming restitution workshops to discuss with facility managers about QI processes and collaboratives and/or health services integration.

Planned activities for Sub-CLIN 3.1 in Q4 – October to December 2014

- Continue providing funding for the seven HIV/AIDS indicators in the 12 districts
- Provide support for quantitative verification and validation of data, support to community surveys and support to restitutions in Muyinga
- Conduct an exchange visit to Makamba to learn about the community PBF scheme
- Provide TA to the MPHFA to review the costing tool

Sub-CLIN 3.2: Strengthened M&E and data management systems at facility and community levels

Progress overview for Sub-CLIN 3.2

	Planned for Year 1	Achievement and results	Comments
3.2.a. Conduct District M&E System Diagnostic in 12 districts	1) Review existing M&E documents, reports, and assessments	Completed in Q2	
	2) Develop and adapt district M&E diagnostic tool	Completed in Q2	
	3) Map national information systems and flows	Completed in Q2	
	4) Train BPS and BDS staff on conducting M&E system diagnostics	Planned for February 2015	
	5) Implement District M&E systems including validation of data flow pathways in 12 districts	Planned for October/November 2014	
	6) Analyze data by district	Planned for Nov/Dec 2014	
	7) Validate findings with BDS and identify priorities for district systems strengthening	Planned for Dec 2014	
	8) Include findings in district-based IHPB reports	Planned for Dec 2014 /January 2015	
	9) Develop performance improvement plans for district M&E systems strengthening	Planned for January 2015	

In order to strengthen the M&E and data management systems at facility and community levels, it has been planned to first of all conduct a Health District Systems Diagnostic including M&E Systems. The preparations of that activity are underway and expected to be conducted in October 2014. The findings of the assessment will guide the identification of district specific priorities. Most of the Y1 expected results will be achieved in quarter 4 and some in the beginning of Y2.

Meanwhile, as there is already an M&E System in place, IHPB is tracking information via the existing HIS flow pathways. In addition, IHPB started to implement use of HIV services related tools already validated by the National Program for AIDS and STIs Control.

Planned activities for Sub-CLIN 3.2 in Q4 – October to December 2014

- Continue SARA data analysis
- Data entry and analysis of Community Services Mapping
- Data collection and analysis for the District Health Systems Diagnostic and the Health Services Qualitative Assessment
- Data collection and analysis – Household Survey,

Sub-CLIN 3.3: Increased civil society capacity to support positive behaviors and quality integrated services

Progress overview for Sub-CLIN 3.3

	Planned	Achievement and results	Comments
3.3.a: Execute sub-awards for 4-5 CSO partners instrumental in delivering community-based services under previous USAID-funded programs	1)Develop new program descriptions and budgets with local CSO partners	Completed June 2014	
	2)Conduct pre-award assessments	Completed June 2014	
	3) Develop local CSO sub-agreements	Completed July 2014	
	4) Sub-agreement signing	Signed with ANSS, SWAA Burundi and RBP+.	Awaiting CMS approval for 1 CSO (ABUBEF).
3.3.b: Strengthen the technical and organizational capacity of the 4-5 CSO partners, working towards local partner transitions	1) Design the Local Partner Transition (LPT) program	Completed in June 2014	
	2) Customize organizational and technical capacity assessment	Completed in May/June 2014	
	3) Initiate and plan capacity self-assessment	Completed in June 2014	
	4) Conduct baseline capacity assessments	Completed in July/August 2014	3 in July and 1 in August
	5) Prioritize areas for investment	Ongoing	Development of Institutional improvement plans underway
	6) Implement institutional improvement plans	On-track	

Conduct baseline assessment of CSOs

During this quarter (July-September 2014), IHPB conducted baseline assessments of technical and institutional capacities of four Civil Society Organizations (CSOs). The CSOs involved are Association Burundaise pour le Bien Etre Familial (ABUBEF), Association Nationale de Soutien aux Séropositifs et aux Sidéens (ANSS), Réseau Burundais des Personnes vivant avec le VIH (RBP+) and Society for Women Against AIDS in Africa (SWAA Burundi).

The Institutional Development Framework (IDF) tool used allowed the self-assessment of the CSOs and thereby enabled them to score their capacities after having reached consensus. The IDF tool has been proven efficient and

effective in many countries and can be applied to any organization, regardless of its size, its area of intervention or its duration.

For the sake of enabling the facilitators to more fully lead the CSOs throughout the assessment process, the project staff conducted first a two-day interview meeting at each CSO with members of their National Board, Director and heads of departments, management. And administrative staff. This allowed the facilitators to collect relevant information, build their understanding of critical priorities, and hear from a broad range of actors. A three-day self-assessment workshop was then held with each CSO. These capacity assessments focused on organizational domains (vision and mission, human resources, management resources, financial resources and external resources) as well as technical domains (HIV care and treatment, prevention of mother to child transmission of HIV, malaria, most at-risk populations, family planning, maternal newborn and child health, and advocacy and community mobilization).

Prioritize areas for investment

The main result of the four CSO workshops is four Improvement Plans. Improvement Plans were drafted during the assessment workshops, validated internally, and later submitted to IHPB. The Improvements Plans address critical CSO performance gaps identified during the assessment workshops and the interviews with the National Committees and staff.

Implement Institutional Improvement plans

In those Improvement Plans, improvement objectives are outlined for areas of critical weakness as well as the activities needed to bring about change, necessary resources (human, financial, material, etc.), responsible persons and the timeline. The IHPB staff have received all improvement plans and are now working with the CSOs to finalize each plan based on technical feedback and available project resources. The IHPB team is also working with each CSO to ensure that critical audit findings outside the scope of the baseline assessments are properly incorporated in the plans. Once finalized, IHPB management will approve each plan and implementation will fully begin.

Planned activities for Sub-CLIN 3.3 in Q4 – October to December 2014

- Finalize and approve four CSO Institutional Improvement Plans
- Begin implementing the four CSO Institutional Improvement Plans

Project Management

Procurement of Vehicles and Medical Equipment and Supplies

Following approval by USAID on June 27, 2014, IHPB placed order for procuring 10 vehicles with Toyota Burundi. Ten vehicles were delivered to IHPB office on September 26, 2014. In addition, during the quarter, IHPB finalized the tender document for procuring medical equipment and materials and published in the tender in Renouveau newspaper and Intercontact Services website. A six-member IHPB committee constituted for opening and analyzing the tenders has started reviewing the 25 tender documents received in response to request for tenders.

Identification of Research Firm

On June 30th 2014, IHPB advertised for identifying and hiring a research firm that will carry out the Qualitative Behavioral and Gender Assessment that will inform the SBCC strategy and gender strategy. The publication was made through www.intercontactservices.com website and the public local newspaper Le Renouveau as well as on FHI360 website. Only two bidders (IPSOS Kenya and CERPED) submitted their offers. After analyzing technical and financial bid, IHPB appointed the research study to CERPED, a local-based research firm. The approval of the research firm is under process.

Problems Encountered/Solved or Outstanding:

During the reporting period, IHPB did not roll out training on and the implementation of the new IPTp policy including distribution of 150 copies of the IPTp guidelines. Training on IPTp will be rolled out once adequate quantities of SP are available in the facilities while distribution of copies of the IPTp guideline will start once the

Minster of Public Health and Fight against AIDS signs the preface page of the IPTp guideline. IHPB, in partnership with MSH and UNICEF, drafted a preface that is awaiting signature by the MPHFA. It is important to note the contributions of World Relief – Kibuye - while training of CHWs on community case management of malaria was underway in Kirundo, Burundi was experiencing a nationwide stock out of RDTs. For the smooth roll out of the CHW training, Kirundo Health District obtained 1,600 RDTs from Word relief.

Also, training of providers on basic emergency obstetric and neonatal care could not take place due to the unavailability of the pool of MPHFA trainers (only seven in Burundi) that resulted in postponing of training sessions. In addition, the only two designated training sites (Rema Hospital in Ruyigi and INSP in Bujumbura) were busy.

Proposed solutions to new or ongoing problems: Not applicable.

Success Story: Beyond Buying Indicators: Performance Based Financing Strengthens Responsiveness of Burundi Health System

The child Ndayikengurukiye immunized at Nyungu HC with his mother Adija

Adija is the mother of Ndayikengurukiye, an 11-month old boy who received his measles vaccine in May 2014 at Nyungu Health Center. They live at Ruhama, a sub-*colline* of Nyungu *colline* with Ndayikengurukiye's three siblings and their father, Muhamed. On July 21st, 2014, the family received a home visit from Mr. Felicien, a member of *Computer Training (COTRA) Club*, the local association selected to conduct community verification in that catchment area. He had come to inquire about their last visit to the health center.

After casual greetings to the guests in the courtyard, the discussion starts. Adija confirms the last immunization visit to the facility. Mr Felicien asks if it is possible to get the vaccination booklet. Adija promptly provides it. Mr. Felicien checks and the dates for all received vaccines are recorded.

"Did you pay any fees?" asks Mr. Felicien.

"No! But you know that immunization is free." answers Adija.

"Oh, I just wanted to know. In case you were asked to pay for any reason when you brought the child for the vaccine." says Mr. Felicien.

"No. I paid nothing." remarks Adija.

"Were you satisfied with the way the personnel treated you and your child?" asks Mr. Felicien.

"Oh yes." answers Adija. She then explains how the nurse was compassionate and courteous.

Responsiveness is an important element of health system performance evaluation, alongside effectiveness and fairness (WHO, 2000). Responsiveness is about '**user-centered healthcare**' (WHO, n.d.); thus user satisfaction is its proxy.

Mr. Felicien, asked Adija, the mother of Ndayikengurukiye, whether their health center was all that responsive to their needs all the time. She answered that it was not so before the introduction of the surveys. Adija said that the providers were arrogant, did not explain to the clients how to take their medicine, and most of the time they sent clients to private drugstores to buy medicine. She wondered aloud that even if you had a complaint, where could you take it? She said that things were different then, but that now the surveys record their views. Adija told Mr. Felicien they were very thankful for the work he and the other surveyors were doing because it allowed them to contribute to improving the quality of their healthcare.

The case of this mother is not isolated. In many countries, governments build facilities, equip them and assign personnel to work there. They think that these actions are enough to assure quality healthcare. But that is not quite true. In order to be responsive, health systems need to listen to their beneficiaries, and re-orient their priorities accordingly. In his criticism of the WHO 2000 report on health systems performance, Navarro (2000) showed how for example the WHO report ranked the Spanish health system in the 3rd position in Europe and 7th best performing of the world. Yet, Spaniards were on strike and wanted a deep reform of their health system. Then Navarro (2000) asked the question of who reasonably ought to evaluate the responsiveness of the health system: beneficiaries themselves or established health authorities? In Burkina Faso in 2011, following the neglect by a health provider which caused the death of a woman during childbirth, the population reacted violently by burning the facility (Meessen, 2012). This raises the question of who defines responsiveness and how. It is reasonable to obtain information on users' satisfaction or dissatisfaction and the reasons for either in order to reform the processes of healthcare provision accordingly (Donabedian, 1992). This is why the Burundian PBF opted to assess responsiveness through the community surveys of healthcare beneficiaries. Indeed, Burundi's PBF Manual outlines how the health system should ensure not only the technical capacity of facilities to provide quality healthcare, but also consider the voices and opinions of the beneficiary population: "The health services user population has a great role in expressing its level of satisfaction and proposing necessary changes." (Ministère de la santé publique et de la lutte contre le sida, 2011, p.27). The PBF Manual explains how beneficiaries' opinions are collected by the Provincial Committee for Verification and Validation (CPVV) through local association surveyors with regular feedback meetings to facility, district and provincial managing teams (Ministère de la Santé Publique et de la Lutte contre le Sida, 2011, p.27).

Feedback meeting (restitution) with in-charge nurses and district managers

Like 11-month old Ndayikengurukiye, a sample of facility users is selected every six months from different service registers by the CPVV verifiers. The ministry has developed forms to guide the surveyors during their visits in the community. The surveyors go to the community to confirm information about the users, which services were received, any costs, and beneficiary satisfaction. They inquire whether users have ideas of how to improve the quality of healthcare at the facility (Ministère de la Santé Publique et de la Lutte contre le Sida, 2011, p.29). Collected data are analyzed and feedback is provided to the facilities to improve the quality of healthcare provided at that site.

This way, *beyond buying indicators*, the Burundian PBF scheme strengthens the health system's responsiveness.

Through the IHPB, USAID is supporting the continued success and improvement of Burundi's PBF model through funding facilities based on achievement of performance indicators and through helping to strengthen the administration of the PBF system. The goal is to strengthen the functioning of the PBF scheme and system and to continue refining and improving the model and its operating systems in order to improve the health of the population.

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Annex II: IHPB participation in meetings/events

Date	Title of IHPB Staff Member	Theme of Meeting/Event
July 9-12, 2014	Capacity Building Advisor, Child Health Specialist	National advocacy workshop for scaling up integrated community case management strategy
July 21-31, 2014	Supply Chain Specialist, Technical Officer for HIV/AIDS Services	HIV/AIDS quantification workshop
July 22, 2104	Chief of Party, Deputy Chief of Party, Technical Advisor Health Systems Strengthening, Senior Program Officer SI and M&E	Met with Engender team to discuss venues for collaboration
August 11-15, 2014	Malaria Officer from Kirundo Field Office	Develop concept note on malaria for Global Fund funding
August 13, 2014	Reproductive Health Officer from Kirundo Field Office	Coordination meeting organized by the national Reproductive Health Program
September 7-17, 2014	Associate Director in Charge of Administration and Finance	PEPFAR expenditures analysis training held in Pretoria, South Africa
September 24-25, 2014	Reproductive Health Specialist	Validate the national multi-sectorial adolescent and youth strategy
September 25, 2014	Capacity Building Officer	Planning for nationwide mother and child health week

Annex III: STTA and other visitors to IHPB

Name	Title	Dates	Purpose
David Wendt	Technical Advisor, Health Systems strengthening, FHI360	July 14-25, 2014	Support design and planning of the district health system assessment
Katherine Lew	Senior Technical Officer, Strategic Information and M&E, FHI360	July 14-25, 2014	Support planning for and implementation of the SARA and health services qualitative assessment
Keith Aulick	Technical Advisor, Leadership Capacity Development, FHI360	July 10-21, 2014	Support conduct of CSO baseline assessment
Philippe Sanchez[1]	Senior Program Officer, FHI360	July 14-25, 2014	Provide administrative and management support to the IHPB office and other implementing partner
Carina Stover	International Public Health Consultant, Panagora Group	July 21-August 3, 2014	Consolidate and finalize technical approach for public-private and private partnerships
Donatien Ntakuritimana	PEPFAR Team Leader and IHPB Contracting Officer Representative, USAID/Burundi	July 23, 2014	Discuss critical project issues – review mandatory results; request for budget re-alignment, work planning calendar; referencing approved work plan when reporting; balancing baseline and administrative processes with service delivery
Garoma Kena	Health Team Leader, USAID/Burundi		
Liévin Nsabiyumva	Program Development Specialist (Malaria) USAID, Burundi		
Graciela Davila Salvador	Senior Advisor, Maternal and Newborn Health, Pathfinder,	August 14-25, 2014	Support IHPB staff in conduct of integration workshop
Bruno Bouchet	Director Health Systems Strengthening, FHI360	August 14-25, 2014	Support IHPB staff in conduct of integration workshop
Berhane Gebru	Director of Programs, Tech Lab, FH360	August 10-22, 2014	Prepare and conduct the training of trainers and supervisors of data collectors for SARA using mobile technology (tablets)
Warren Parker	International Consultant	August 22-28, 2014	Facilitate participatory approaches to health communication through action media
Mbaye Khouma	Consultant, Public Private partnership, Panagora	September 9-30, 2014	Support development of public private partnership (PPP) assessment and PPP strategy

[1] Trip was totally funded by FHI360 funds