

Integrated Health Project in Burundi (IHPB)

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Quarterly Report

January – March, 2015

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ABUBEF	<i>Association Burundaise pour le Bien Etre Familial</i>
ACTs	Artemisinin-based Combination Therapy
ADBC	<i>Agent Distributeur à Base Communautaire</i> (Community Based Distributors of Contraceptives)
ANC	Antenatal Care
ANSS	<i>Association Nationale de Soutien aux Séropositifs et aux Sidéens</i>
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
BDS	<i>Bureau du District Sanitaire</i> (District Health Bureau)
BEmONC	Basic Emergency Obstetric and Neonatal Care
BMCHP	Burundi Maternal and Child Health Project
BPS	<i>Bureau Provincial de Santé</i> (Provincial Health Bureau)
CAM	<i>Carte d'Assistance Médicale</i>
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	<i>Comité de Santé</i>
CPSD	<i>Cadre de Concertation pour la Santé et le Développement</i>
CPVV	<i>Comité Provincial de Vérification et de Validation</i>
CS	Capacity Strengthening
CSO	Civil Society Organization
CTN	<i>Cellule Technique Nationale</i>
CT FBP	<i>Cellule technique du Financement Basé sur la Performance</i>
DCOP	Deputy Chief of Party
DHE	District Health Educator
DHIS	District Health Information System
DHS	Demographic and Health Survey
DHT	District Health Team
DPE	<i>Direction Provinciale de l'Éducation</i>
DPSHA	<i>Département de Promotion de la Santé, Hygiène et Assainissement</i>
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
HD	Health District
HH	Household
HIV	Human Immunodeficiency Virus
HPT	Health Promotion Technician
HIS	Health 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	<i>Institut des Etudes Statistiques et Economiques du Burundi</i>
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
MNCH	Maternal, Neonatal and Child Health
MoU	Memorandum of Understanding
MPHFA	Ministry of Public Health and the Fight against AIDS
NHIS	National Health Information System
NPAC	National Program for AIDS Control
NMCP	National Malaria Control Program
NGO	Non-Governmental Organization
OIRE	Office of International Research Ethics
OVC	Orphans and Vulnerable Children
PBF	Performance-Based Financing
PCR	Polymerase Chain Reactions
PECADOM	<i>Prise en Charge à domicile</i> (Community case Management)
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
PNSR	<i>Programme National de Santé de la Reproduction</i>
PPP	Public-Private Partnership
QA/QI	Quality Assurance/Quality Improvement
QA	Quality Assurance
QI	Quality Improvement
RBP+	<i>Réseau Burundais des Personnes vivant avec le VIH</i>
RDTs	Rapid Diagnostic Tests
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
SIAPS	System for Improved Access to Pharmaceuticals and Services
SIMS	Site Improvement through Monitoring System
SLT	Senior Leadership Team
SMS	Short Message Service
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
TB	Tuberculosis
TOR	Terms of Reference
ToT	Training of Trainers
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
VMMC	Voluntary Medical Male Circumcision
WP	Work Plan
Y2	Project Year 2

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, IHPB partnership includes two sub-contractors: Pathfinder International and Panagora Group. 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 integrate essential services 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. IHPB's goal is to assist the GOB, communities, and civil society organizations (CSOs) to improve the health status of populations in 12 health districts located in the provinces of Karusi, Kayanza, Kirundo and Muyinga. 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.

The January-March 2015 IHPB Quarterly Report details program activities and results during the period from January 1st through March, 31st, 2015. Highlights include:

- Finalization of data collection and continuation of the analysis of the FABs
- Finalization of the SBCC strategy and held a validation workshop
- Provision of PECADOM kits to 242 CHWs
- Availing a supply vehicle to Gashoho BDS
- Conducted supervision visits in 12 health facilities providing services to SGBV victims
- Training of 492 CHWs from Giteranyi and Kayanza health districts on the integrated CHW Manual
- Orientation session for 48 service providers and managers in the 4 provinces to support integration of services through a QI model
- Amendment of the 12 PBF grants to include new facilities and obligate additional funds
- Continuation of support to the Provincial committee of Data verification and validation of Muyinga for facility data verification and validation, community survey and feedback workshops
- Continuation of support to strengthen capacity for 3 CSOs
- Training of 30 nurses from Kirundo on the Contraceptive Technologies
- Training of 41 providers from Kirundo and Karusi provinces (40 nurses and 1 medical doctor) on BEmONC
- Trained of 23 health providers on antiretroviral therapy
- Training of 49 Health providers on HIV counseling

Formative Analysis and Baseline Assessments

Progress overview

Year 2 work plan activity	Planned for Q2 (January– March 2015)	Status	Comments
<i>Analyze, Use, and Disseminate FAB Findings</i>	Finalize comprehensive data analysis plan	Delayed	Only specific data analysis plans have been developed for each Baseline assessment
	Conduct facility-level data verification, as needed	On track	Data verification is conducted through PBF assessments, and supervision visits
	Complete analysis of supply-side data	Completed	Data from individual FABs (SARA, FQA and health offices) were analyzed in a way that provides easy access to the relevant source of information needed for indicators of the district reports.
	Produce supply-side sections of situation analysis reports for each BDS	On track	An outline of the district report was developed and started the validation and analysis of data, starting with Muyinga district report
<i>Complete Household Survey</i>	Finalize HH Survey implementation plans	Achieved	January 2015
	Conduct mapping and sampling field exercises	Achieved	February 16-20, 2015
	Recruit, hire, and train data collectors	Achieved	February 23-27, 2015
	Pre-test and refine data collection tools	Achieved	February 27-March 6, 2015
	Conduct data collection in 12 health districts	On progress	Started on March 9 and was completed on April 4
	Support data management and data quality assurance	On-going	On-going process along data collection

During the reporting period, progress was made on Formative Analysis and Baseline Assessments:

- 1) Services Availability and Readiness Assessment (SARA): completed data analysis and started writing the specific district report. District-specific supply-side data analysis was also undertaken for Muyinga health district to inform development of the 12 district reports
- 2) Qualitative Behavioral survey and Gender Assessment: During the reporting period, data analysis was finalized and draft report written. Preliminary findings were presented on March 26, 2015 and served as the basis for the SBCC and gender strategies.
- 3) Facility Qualitative Assessment (FQA) : data analysis was completed during the reporting period in order to inform the development of the district reports
- 4) Health District Bureau Capacity Assessment (BDS): Data analysis was completed in order to inform the development of the district reports.
- 5) Household Survey (HHS): From 16-20 February 2015, IHPB conducted the enumeration of households from which 2,560 households were randomly selected for survey within the 256 sub-hills of the 4 target provinces (Karusi, Kayanza, Kirundo and Muyinga) in the proportion of 64 sub-hills and 640 households in each province. IHPB also recruited and trained 58 data collectors on research ethics, the study protocol and on questionnaire administration using a tablet (February 23-27, 2015). Among the 58 trained candidates, 56 passed the selection test on

research ethics. Of them, 48 were recruited for data collection, i.e. 12 for each province. Data collection was initiated on March 9, 2015 and was in progress at the end of the period under review; finalization of data collection is expected on April 4, 2015.

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 Q2 – March 2015)	(January	Achievement and results	Comments
<i>Finalize SBCC strategy and share findings from SBC Qualitative Study</i>	Convene workshop with DPSHA, USAID and other stakeholders to present SBC Qualitative Study findings and solicit additional input and buy-in on SBCC Strategy		Achieved	Recommendations are being incorporated before approval by USAID
	Finalize SBC Qualitative study results and SBCC strategy		Achieved	validated in a workshop held on March 26-27 th , 2015
<i>Develop campaign and materials using Life Stage Approach</i>	Convene message harmonization workshop for Life Stage 1		Draft of Life Stage 1 achieved	Planned for April as per Y2 Work plan
	Complete first draft of Life Stage 1 materials		Achieved	
<i>Develop and air radio serial drama that reinforces IPC and community mobilization efforts</i>	Advertise for and secure a radio drama production house		Delayed	RFP developed for international bidders. The contract and grant department of FHI 360 is reviewing the RFP to ensure compliance with rules and regulations

During the reporting period, the SBCC Program planned and achieved the following activities:

Finalize SBCC strategy and share findings from SBC Qualitative Study: IHPB conducted communication and gender research to guide SBCC and gender strategies. Reports are available and have been translated into French to be shared with the Project partners. The final SBCC strategy which derives from the qualitative research was issued in February 2015. IHPB worked hand in hand with the MPHFA to validate the strategy in a workshop held on March 26th-27th 2015 in Kayanza Province and brought all Project partners of the starting from USAID up to implementers to the District level, including religious leaders.

Develop campaign and materials using Life Stage Approach: The first draft of materials on the life stage 1 (pregnant women) has been completed. It comprises 11 illustrations and three draft logos of the communication campaign. The pre-test activity is planned for May 2015.

Develop and air radio serial drama that reinforces IPC and community mobilization efforts: Along the implementation of SBCC, IHPB envisages to collaborate with media to pass on messages for healthy

behaviors in the community. In the first year, the Project advertised for a potential radio drama channel but did not find any bidder. During this quarter, the Project adopted a new strategy to open the request for proposal to an international radio firm.

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

Progress overview for Sub-CLIN 1.2

	Planned for Q2 (January–March 2015)	Achievement and results	Comments
	1) Participate in MPHFA TWGs and committee meetings to advocate for CBD of cotrimaxazole and misoprostol	On Track	
	2) Provide Kits to CHWs in PECADOM focus area	Achieved	
	3) Make available vehicles (on BDS request) for timely delivery of commodities to health facilities per district requests	Achieved	

Provide Kits to CHWs in the PECADOM intervention area: During the first quarter, the project provided materials and tools available for CHWs in need of such resources, particularly in Gashoho (242 CHWs), Kirundo (143 CHWs) and Gahombo (160 CHWs) districts where the project is supporting PECADOM implementation. This activity was conducted in collaboration with the BDSs which made the inventory of CHWs in need and will ensure proper use of the kits.

Make available vehicles (on BDS request) for timely delivery of commodities to health facilities per district: For transport, District Gashoho which had a supply problem made a request to IHPB and was granted a supply vehicle through a MOU which was signed on February 18th, 2015. The cost of repair and vehicle maintenance and driver are in charge of IHPB. The district will ensure proper utilization and respect of IHPB/USAID protocols and norms and buy fuel from legally recognized petrol stations. IHPB project also provided vehicle as needed to other health district (BDS and health facilities); as need arose.

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 January-March 2015	Achievement and results	Comments
<i>1.3.b: Strengthen support for positive gender norms and behaviors</i>	Analyze gender-related data from FABs to inform gender assessment and strategy	The gender assessment was achieved	Report available
	Conduct policy analysis to identify facilitators and barriers to service utilization and health-seeking behaviors	Achieved	
	Draft gender assessment report	Achieved	
	Consult with partner organizations to identify opportunities to collaborate on delivering gender norm and male involvement interventions	Continuing	

Analyze gender-related data from FABs to inform gender assessment and strategy

In view to run evidence-based gender activities which are, IHPB had conducted in October to December 2014 a gender assessment to identify barriers, norms and beliefs that inhibit the health seeking behaviors. Data were collected through interviews with key informants, focus group discussions and review of existing policies. During the reporting period, a report from data analysis was produced and is intended to guide the gender integration strategy. On 26-27th March, 2015 the Gender Assessment Report was shared with all the project partners: MPHFA, USAID, partner CSOs, religious leaders and NGOs and feedback and comments were collected to be integrated in the final report.

	Planned for January-March 2015	Achievement and results	Comments
<i>1.3.b: Expand access to high quality and comprehensive services for GBV survivors</i>	1) Coordinate and provide support for supportive supervision visits for 12 health centers and facilities supported for GBV services under Flexible FP	On track	Wait for Seruka center ¹ availability
	2) Finalize jobs aid for GBV clinical case management for health providers and share with MPHFA for validation	Achieved	Waiting for validation in collaboration with PNSR
	3) Work with Centre Seruka to plan, prepare for and conduct trainings on GBV case management for identified health and multisectoral providers from Muyinga District and Kirundo Province	On track	Wait for Seruka center availability

¹ Seruka center is the only local NGO providing comprehensive GBV services to survivors, it is the reference training center for GBV case management.

Coordinate and provide support for supportive supervision visits for 12 health centers and facilities supported for GBV services under Flexible FP: IHPB met with Seruka to organize field supervisions for 12 health centers and facilities supported for GBV services under Flexible FP. Seruka will not be available until the end of March due to other priorities but will keep contact with IHPB; meanwhile, field supervision will be conducted by IHPB in collaboration with health district.

Finalize job aids for GBV clinical case management for health providers and share with MPHFA for validation: during the quarter, a draft of job aid for GBV clinical case management for health providers was developed according to the national manual for SGBV case management. IHPB met the Director of PNSR to discuss about the job aids developed. The director found the job aids could be helpful and agreed to work on proposed tools. IHPB will continue to work with the Chief of clinical management in PNSR to finalize the proposed job aids.

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 Y2 (January-March 2015)	Achievement and results	Comments
<i>Support BDS to train CHWs on Integrated CHW Manual</i>	1) Support the BDS to conduct 5 day ToT on CHW manual and data collection tools for 24 trainers from Giteranyi health district and Kayanza province	Achieved	
	2) Support 5-day trainings on CHW Integrated Manual and data collection tools for 575 CHWs from Giteranyi and Kayanza	Achieved	492 CHWs trained
	3) Provide CHWs with working guides and data collection tools	On track	The trained CHWs were also provided with working guides and data collection tools
	4) Assist the BDS to organize semi-annual CHW meetings to follow-up community health activities in Kayanza and Muyinga provinces	Delayed	In Y2 WP, the activity was planned for March and August 2015 Postponed in April due to conflicting agenda of the household survey

Support the BDS to conduct a 5 day ToT on CHW manual and data collection tools for 24 trainers from Giteranyi district and Kayanza province: The training was conducted in Kayanza on 9-13 February 2015; 25 people were trained: all 17 HPTs from Kayanza province, 5 HPTs and one nurse from Giteranyi health district, and three supervisors from Kayanza, Gahombo, and Musema health districts. A total of 4 women and 21 men were trained. The training followed a methodology set by the MPHFA. A pre-test and post test were conducted and results showed a significant improvement in knowledge after training: an average of 46% in pre-test against 78% in post-test; scores ranging between 32% and 70% in pre-test against 59% and 93% in post-test.

Support 5-day trainings on CHW Integrated Manual and data collection tools for 575 CHWs from Giteranyi and Kayanza: 236 CHWs from Kayanza health district (116 women and 122 men), and 256 from Giteranyi health district (94 women and 162 men) were trained (a total of 492 CHWs, i.e. 85% of the expected target). The training was organized at commune level and targeted all CHWs of Giteranyi health district, and the CHWs from the health centers chosen to initiate integration in Kayanza and Gahombo health districts (namely Kayanza, Kabuye 1, Kavoga, and Rubura health centers in Kayanza health district; Rukago, mubogora, Ngoro, and Gakenke health centers in Gahombo health district). At each commune, the training was organized in one or two sessions depending on the number of CHWs. Trainers were HPT who were previously trained as trainers. The DPSHA and the BDS ensured supervision of the training.

The first three days were devoted to the CHW Integrated Manual where different themes were exploited. The participatory methodology was adopted, brainstorming, group discussions followed by plenary sessions and home visit simulation.

The last two days were devoted to the standard community collection tools including the semi-annual work plan canvas, the monthly report form for the CHWs group, the mobilization session report form, the home visit report form, the community referral form. Explanation was provided on each tool and clarification questions were asked by participants. Exercises allowed them to further understand the tools. The training started by a pretest and ended by a post-test prepared by the MPHFA. Results of pre- and post-test show that the trainees made an improvement in the score.

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 Y2 (January – March 2015)	Achievement and results	Comments
<i>2.2.c: Support integration with QI model and prepare districts for scale up of best practices</i>	1) Develop the material needed for the orientation and training workshops	Achieved	
	2) Conduct four three-day provincial orientation workshops	Achieved	Length of orientation was reduced from three to two days
	3) Organize four three-day training sessions to train QI coaches	On track	1 session completed in Karusi health province, completion expected in April
	4) Conduct first joint coaching visits to establish QI teams	On track	11 QI teams established in Karusi

IHPB developed the material needed for the orientation and training workshops: The material and tools developed are: QI charters, model of service integration plan, job aids for QI team, job aids for organization of QI meetings, job aids for meeting report, QI team functionality follow up form, decision making form, data collection sheet, etc.

Conducted four two - day provincial orientation workshops: IHPB has conducted 4 two-day provincial orientation workshops: Karusi (February 16- 18, 2015), Muyinga (February 19- 20, 2015), Kirundo (February 23- 24, 2015) and Kayanza (February 26- 27, 2015).The purpose was to provide an orientation to provincial and district actors on implementation of QI and integration charters.

Specific objectives included reminding and harmonizing a common understanding of QI and integration charters, set up QI Teams at health facility level, discuss and develop integration data collection system, discuss and identify a provincial collaborative coordination structure, and foster the ownership and commitment of MPHFA partners.

During the workshop, coaches agreed that they will support health centers and district hospital managers in: finalizing the initial process mapping; finalize setting up QI Teams; identifying ideas to test and develop a work plan; implementation of the work plan and the submission of monthly report.

As part of implementation of the collaborative approach to improving integrated services, health centers and district hospital managers requested to participate in coaches training session to learn how they will lead their quality improvement and integration team. That is why orientation training was reduced from three to two days and coaches training session was increased from three to four days. Next steps for the other 3 provinces are training of the coaches for Kayanza, Kirundo and Muyinga which are planned in May, 2015.

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

Progress overview for Sub-CLIN 2.3

Planned for Q1 (January – March 2015)	Achievement and results	Comments
1) Develop a project-wide training plan and data-base	Completed	IHPB has a computerized database of training activities that tracks training needs, number and names of trainees, their professional categories and gender, the results of pre/post tests and follow up plans
2) Develop Standard Operating Procedures (SOPs) and tools for updating training plans (coordinated planning) and database (monitoring implementation)	On-track	Tools being drafted
3) Develop a project-wide Calendar of supervision visits (jointly with district supervisors)		The calendar is quarterly set according to the post monitoring training already completed
4) Adapt SOPs and tools for coordinating and monitoring supervision activities	On-track	Tools being drafted
5) Identify a HRH management computerized database appropriate for the district	Continuous	IHPB is in contact with the MPHFA

Develop a project-wide training plan and data base: IHPB set up a database for tracking training already conducted, problems encountered and solutions. It is important to have SOPs to define in precise way the role of each actor in training and monitoring and their responsibilities to update the training database with the required information.

Identify a HRH management computerized database appropriate for the district: During the reporting period, IHPB contacted the BTC technical assistant HR manager in charge of supporting the HR directorate to implement the database. In order to avoid duplication, it was agreed that as soon as the database is set, IHPB will be allowed to use it in its intervention districts.

CLIN 3: Strengthened Health Systems and Capacity

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

	Planned for Y2 (January – March 2015)	Achievement and results	Comments
3.1.a: Work with provincial and district health bureaus to progressively strengthen district-level capacity and performance in managing the decentralized health system	Strengthen the supportive supervision system		Postponed to April due to district conflicting agenda

Providing support during the annual work planning process: During the reporting period, IHPB continued data analysis of the Health District Assessment (BDS survey). Data from the survey will be integrated in each district baseline report.

Provide and support maintenance of essential equipment: During the period under review, IHPB drafted a provisional equipment distribution plan, an inventory of health providers to be trained for the maintenance of the equipment and the existence of rooms where the equipment will be stored for usage in the health facilities. The staff to be trained include: one supervisor from health district, maintenance technician and 5 health providers in each hospital. Due to delays in the procurement process, the staff has not yet been trained.

Make PBF monthly payments to facilities

	Planned for Y2 (January – March 2015)	Achievement and results	Comments
<i>3.1.b Provide essential technical and financial support for PBF</i>	1) Amend and sign standard grants with 12 target BDS for funding seven HIV/AIDS indicators of the Burundi PBF scheme	Achieved	12 grants amended and signed
	2) Monitor and verify facility performance	Continuous	Activities conducted on monthly basis
	3) Make monthly payments to facilities based on performance against seven HIV/AIDS indicators	Continuous	
	4) Make feedback to BDSs in the four provinces on the payments made	Continuous	

Amend and sign standard grants with 12 target BDS for funding seven HIV/AIDS indicators of the Burundi PBF scheme: Amendment of grants with the 12 health districts were completed and 15 new facilities were included. These amendments started being implemented with January 1st, and bills were issued starting last March.

Make monthly payments to facilities based on performance against seven HIV/AIDS indicators: During the reporting period, IHPB continued to ensure payments of the seven HIV indicators of the Burundi PBF scheme. The November bill was paid in January (68,190,571 BIF), December bills in February (68,738,728 BIF) and January bills in March (52,183,361 BIF). This can be respectively estimated up to USD 43,185; 43,147 and 32,934.

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

	Planned for Y2 (January – March 2015)	Achievement and results	Comments
<i>3.1.c. Support community PBF and essential training for PBF actors</i>	1) Participate in the CTN quarterly meeting	Continuous	
	2) Provide technical and logistical support for data verification and validation processes in Muyinga province	Continuous	
	3) Support quarterly quality knowledge sharing workshops in Muyinga province	Continuous	One workshop supported in February
	4) Support semi-annual refresher training of 256 CBO members conducting community surveys in Muyinga	Continuous	One workshop supported in January
	5) Support follow up (supervision) of the community survey in Muyinga province	Achieved.	Support provided for the January survey
	6) Coach health facilities in PBF in Muyinga province	On track	6 facilities visited
	7) Work collaboratively with the CT-FBP to adapt Community PBF procedures used in Makamba	On track	Contacts with the CTN are underway.
	8) Prepare IHPB-CHW Support Group (Groupement d'Agents de Santé Communautaire) contract templates for community PBF implementation	On track	
	9) Obtain written request from the MPHFA to implement pilot community PBF in Gashoho Health District	On track	
	10) Develop protocol for community-based PBF pilot in Gashoho	Achieved	Draft available

Participate in the CTN quarterly meeting: The CTN quarterly meeting is an opportunity to discuss among the MPHFA and partners issues related to PBF implementation. The 23rd January 2015 meeting aimed to discuss possibility to reduce unit costs at health center level to face the increasing financial gap. After analyzing the extent of the financial gap and all the measures previously undertaken to absorb it, new unit costs were approved and started being applied with January bills.

Provide technical and logistical support for verification and validation processes in Muyinga province: During the reporting period, CPVV Muyinga was supported with vehicles and fuel to conduct the monthly facility verification process. This allowed the CPVV to be on time to validate and send invoices to the CTN.

Support quarterly quality knowledge sharing workshops in Muyinga province: From February 26 to 27th, IHPB supported the Muyinga CPVV to organize the quarterly knowledge sharing meeting. The workshop was attended by 124 participants of whom 33 women and 91 males (facility managers, COSA members and district supervisors). The analysis of facility quality scores showed a steady increase of quality scores from January to December 2014. Data for the period of January to March 2015 will be available in May 2015.

Support semi-annual refresher training of 256 CBO members conducting community surveys in Muyinga: From January 5th to 6th, 2015, IHPB provided the CPVV Muyinga with support to conduct a knowledge sharing workshop to 230 members from 44 CBOs contracted to conduct community survey. Among the attendees, 98 were women (42.6%) and 132 males (57.4%) and the main points for discussion were:

- Objectives of community survey
- Results of the last survey
- Techniques on how to conduct community survey
- How to fill in the forms during the survey
- Contractual links between the CPVV and the CBOs
-

Coach health facilities in PBF in Muyinga province: During the reporting period, this activity was conducted in six facilities: Buhorana, Gahararo, Rabiro, Mugano and Gashoho and Excellence Hospitals. Depending on particular situations encountered, specific solutions were proposed: a register for daily registration of referral cases at Gashoho hospital, particular focus on hygiene at Rabiro and Buhorana health centers, respect of supply requirements at Rabiro to avoid stock out, use of bed-nets for inpatients at Buhorana. The activity was coupled with verification monitoring.

Preparation for the community PBF implementation in Gashoho health district: in order to prepare for community PBF implementation in Gashoho, a draft protocol was drafted and IHPB is in contact with the MPHFA. The CTN provided IHPB authorization to proceed through an e-mail on April 13, 2015; and supplementary documentation on community PBF.

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 Y2 (January – March 2015)	Achievement and results	Comments
<i>Strengthened M&E and data management systems at facility and community levels</i>	Work with the NPAC and Health Districts to introduce and implement updated data collection tools	In progress	IHPB attended a meeting organized by the NHIS to review HIV tools (February 18, 2015)
	Work with the NHIS and NPAC to set up an electronic database for HIV-related data at district level	In progress	IHPB is waiting for the finalization of standard tools by the NPAC and the NHIS
	Participate in routine data quality assurance exercises and supervisions	On-going	M&E TO monthly attended the CPVV data validation meetings and quarterly data analysis workshops

On February 18, 2015, IHPB Senior Technical Advisor attended a meeting jointly organized by the National Health Information System Director and the National Program for AIDS Control. The purpose of the meeting was to review HIV services related tools in order to make them compatible with DHIS II. A consultant from the Belgian Technical Cooperation was invited to present his suggestions. IHPB will support introduction of the new tools in health districts of its intervention zone once they are finalized.

On a regular basis, the M&E technical officers partook in monthly data validation meetings of the CPVV for the Performance-Based Financing System and in the quarterly data verification workshop organized by each health district.

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

Progress overview for Sub-CLIN 3.3

	Planned for Y2 (January – March 2015)	Achievement and results	Comments
Civil Society Organizations capacity strengthening	1) Provide support to CSOs in improving management systems, financial management, and human resources management (strategic planning, procedures manuals, HR management manuals, procurement procedures, etc.)	On-going activity	Continuous activity; SWAA, RBP+ and ANSS finance personnel have been supported through site visits on SFR, timesheets, salary components RBP+ received a comprehensive orientation on the project
	2) Supervise IIP implementation	On track	Continuous activity
	3) Measure quarterly the progress of the capacity strengthening work using the Local Partner Transition criteria for graduation	On track	LPT criteria for graduation assessed in March
	4) Conduct a 5-day training for 30 youths and women peer educators from SWAA Burundi on the different reproductive health topics in Muyinga and Kayanza provinces	Achieved	

After baseline assessments of technical and institutional capacities of four CSOs, organizational and technical improvement plans were developed. 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)*.

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. IHPB staff received all improvement plans and worked with the CSOs to finalize each plan based on technical feedback and available project resources. The improvement plans include also the CSO critical audit findings outside the scope of the baseline assessments. Now the improvement plans are being implemented and IHPB staff follow up their implementation.

Local Partner transition for CSOs graduation: Besides, IHPB designed the Local Partner Transition Program for CSOs graduation to measure progress in the implementation of organizational Improvement Plans in order to prepare them to receive direct funding from USAID. The LPT criteria are assessed on a quarterly basis; and for this quarter, assessment was conducted in March 2015. Data from the assessment are being analyzed and will be part of the next quarterly report. The result of the assessments will inform the progress towards CSO graduation in September 2015.

Provide support to CSOs in improving management systems: The CSOs currently supported by IHPB (ANSS, RBP+ and SWAA Burundi) have received regular support from IHPB staff especially in the areas of financial management and human resources. The project leads tours in CSOs in order to strengthen capacities in the development of financial reporting, timesheets, payroll including the calculation of the tax on salary, procurement procedures and reporting against FCO (financial cost objective).

RBP+ orientation session: IHPB signed a financing agreement with RBP+ to contribute to the well-being of children aged 0-17 years in order to improve their access to health services, education and protection of human rights. Therefore an orientation session for strengthening the management staff capacities was held on February 9-10th, 2015 facilitated by IHPB staff. The national coordinator, the national accountant and the RBP Kirundo branch participants (President, Deputy President, Supervisor, assistant supervisor and the social assistant) attended to that session. The session was an opportunity to better know IHPB project and the place of RBP+ within the project.

Presentations and participatory discussions were made on indicators, sub-grant's components and circuit of reports. At that time, RBP+ was busy identifying needy children and setting up the database of OVCs with the appropriate template that can help generate easily the monthly report statics.

IHPB staff made presentations on USAID procedures related to finance, human resources, procurement, branding and marketing policy and other topics deemed necessary. Finance management was treated in depth based on the issues daily encountered by RBP+ like timesheets, SFRs, cash advance requests and petty cash.

SWAA orientation session: IHPB project held an orientation session on 20 and 21 January 2015, related to the management of the grant signed between SWAA Burundi and FHI 360 through IHPB. Topics include: (1) general information on IHPB project, (2) Distribution of budget and expenses according FCOs, (3) rules and regulations on USAID fund management, (4) Preparation of financial reporting, (5) requests for funds, (6) new law on income taxing, (7) equipment management and other tools such as timesheets and payment authorizations.

Priority Health Domain Strategies

Reproductive, Maternal, and Newborn Health Strategy

	Planned for January-March 2015	Achievement and results	Comments
<i>Reproductive, Maternal, and Newborn Health Strategy</i>	1) Conduct three 14-day training sessions of 45 providers on contraceptive technologies from Kirundo province	On track	30 nurses already trained , the remaining will be trained in April as planned
	2) Conduct two six-day training sessions on BEmOC for 30 providers (2 doctors and 28 nurses) from Kirundo province	Achieved	26 providers trained
	3) Conduct two, six-day training sessions on BEmOC for 30 providers (2 doctors and 28 nurses) from Karusi province	15 providers trained	15 others will be trained from March 30 to April 4 , 2015
	4) Identify providers to be trained on neonatology	Postponed for May	The training is planned in May
	5) Train and support three district hospitals on monthly blood collection drives	On track	One session held with Muyinga hospital

Training on contraceptive technologies: The first week was dedicated to the theory and practice on anatomical models. Training was delivered according to adult learning approach using various participatory techniques (brainstorming, question and answer, role playing, etc.).

The trainers set up five stands that were used by the participants during the practice in the classroom.



Participants during theoretical session



Class practice on implant

At each stand there are anatomic model, material for the infection prevention, and other tools that were used for the insertion and removal of family planning methods. The stand enabled the trainers to organize the participants into five groups (3 participant per

group) and each group was supervised by on trainer. The practical activities on anatomic models started with demonstrations by trainers. Unfortunately, one participant did not complete the training due to illness that occurred during clinical training. Nevertheless, 29 participants completed the training.

Participant appreciated the training how it affects all aspects related to the PF in the same session either side of the theoretical and practical and especially new chapters introduced on the new WHO Quick Reference Card containing WHO admissibility of the records, infection control and IEC counseling access to the customer's needs and not on contraceptive methods.

After the theoretical training, practicums were organized in ten sites: Kayanza health center, Musasa , Mubanga II , Gashikanwa and Buye health centers in Ngozi province; Muyinga , Murama , and Munagano health centers in Muyinga; Rusamaza and Nyaruhinda health centers in Karusi province.

At the end of each day of training, there was a review of the case and the exchange was done on the difficulties encountered and the appropriate clarifications were made.

By the end of the training, participants developed action plans indicating the innovations that will help improve quality of services. Everyone left with this plan in order to implement the activities with all the staff.

IHPB Conducted four six-day training sessions on Basic Emergency Obstetric and Neonatal Care(BEmONC) for 41 health providers; in collaboration with PNSR, IHPB organized three six-days training sessions on BEmONC for health providers from Kirundo and Karusi. Trainings were conducted in Bujumbura at INSP. The trainings consist in strengthening health providers' capacity aimed at offering quality emergency obstetric care in their respective facilities. Seven signal interventions for BEmONC are defined and must be available to all women giving birth in order to address major causes of maternal



A trainee practicing manual vacuum aspiration of retained products of conception



A participant practicing the active management of the third stage of labor

and newborn mortality. The seven interventions are (1) parenteral treatment of infection (antibiotics), (2) parenteral treatment of pre-eclampsia/eclampsia (anticonvulsants), (3) parenteral prevention and treatment of postpartum hemorrhage (uterotonic), (4) manual vacuum aspiration of retained products of conception, (5) vacuum assisted delivery,(6) manual removal of the

placenta and (7) newborn resuscitation.

Each training included:

- In-service trainings, which include best practices in the management of labor, demonstration of key intervention on anatomic models and cases studies
- Acquisition of competencies sessions where learners use standardized checklist to become competent in specific skills. Each learners is assessed for competency and anyone who does not succeed in a skill must continue practice until competent

For each training session, participant knowledge and competencies were assessed three times: at the beginning by a pre-test, during the training using a mid-evaluation test and at the end of the session by a post test.

	Planned for Y2 (January – March 2015)	Achievement and results	Comments
HIV/AIDS	1) Support facility renovations to improve district and hospital functionality	On track	Needs assessed for 33 facilities
	2) Support supervision and coordination activities	On track	5 facilities supervised and assessed with SIMS
	3) Train health providers on HIV testing techniques	Achieved	49 trained
	4) Train trainers on the integration of RH/HIV/PMTCT services	Delayed	
	5) Train providers on the integration of RH/ HIV/PMTCT service	Delayed	
	6) Train health providers on STI management	On track	Training conducted in Muyinga, Karusi and Kirundo.
	7) Increase ART sites located in project intervention zone	On track	
	8) Maintain equipment for HIV testing and PLHIV biological and immune-virological monitoring	2 CD4 Count machines maintained	
	9) Through IKG support transportation of CD4 and DBS samples		Transportation of PCR samples to INSP has stopped due to stock out of reagents
	10) Disseminate MOH-developed new HIV prevention and ART guidelines		More than 200 guidelines and 400 algorithms distributed in the health facilities and BDSs
	11) Monitor sharing of knowledge acquired during training sessions with other providers		

Support facility renovations to improve district and hospital functionality and equipment maintenance: a description of all the work to be carried out for the rehabilitation of 33 health facilities was made by grantees. These details will help assess whether budget will suffice. The next step will be drafting requests for the proposals to be followed by publication.

On January 29-30, curative maintenance was performed by an engineer from Beckton Dickson² Nairobi for 2 Counters under contract of 6 BD FACSCOUNT machines.

Support supervision and coordination activities: Using the new PEPFAR SIMS grid, IHPB conducted supervision of five facilities (Kayanza Hospital and 4 health centers, namely Kayanza, Nyabihogo, Gahahe and Kabuye) in Kayanza province; as well as Kigozi health center and Kirundo hospital in Kirundo province)..

Train health providers on HIV testing techniques: From 19 to 23 January, 45 lab technicians and 4 BPS and BDS supervisors from Kayanza were trained on HIV rapid test and DBS (dried blood spots) sampling

² Beckton Dickson is the company from which the counters were purchased.

for HIV early diagnosis among infants using PCR technique. During this training session, all the participants had the opportunity to practice key steps in HIV diagnosis.

Train health providers on ART services: on January 5-9, 23 Kirundo health providers (11 women and 12 males) were trained on ART services. The training module encompassed the following key sections: the epidemiology of HIV, prevention challenges, HIV testing and counseling; HIV diagnosis techniques; describe antiretroviral therapy and ART protocols, initial assessment and monitoring patients on ARVs. Participants were given a pre and post-test to assess their knowledge on the subject before the training. In pre-test, the high score was 23/29 while the low score was 6/29 with an average of 13.47/29. During the post - test, it was observed an increase, the lowest score was 14/29 while the high score was 29/29 with an average of 22.27/29.

Health providers on HIV counseling: On January 19-23, 49 nurses (10 women and 39males) from Kirundo were trained on HIV counselling. The training was composed of theoretical aspects coupled to simulation role play.

During these role play, participants realize some challenges, best's practices, errors, learned lessons related to counseling. In pre-test, the high score was 28.5 / 30 while the low score was 5/30 with an average of 15.04/30. During the post - test, it was observed an increase, the lowest score was 10/30 while the high score was 30/30 with an average of 22.27 / 30.

Training on the management of STI: 42 health providers in Muyinga and 70 (25 women and 45 male) health providers in Kirundo were trained on the syndromic approach of STIs management. The training focused on: prevention and the fight against STI; transmission of STI; STI-problem; challenges posed by the fight against STIs; advantages and disadvantages of traditional methods; syndromic Management of STIs; use of algorithms; the needs of a STI patient; establish a good relationship with the patient and health education. A pre and post-test were organized to assess participants' knowledge; the results show that there was improvement in the knowledge of skills by health providers in the subjects covered by the training.

CAM Medical Assistance Cards distributed to OVCs: In Kirundo province, IHPB distributed medical assistance cards (CAM)³ to 1,256 OVC households.

³ CAM is a medical health care assistance which allow beneficiary to seek care from the health facility.

Malaria Strategy

	Planned for Y2 (January – September 2015)	Achievement and results	Comments
Malaria	1) Design and implement one-day provincial sensitization workshop on IPTp benefits and introduction and roll-out strategy in Kirundo, Gashoho and Gahombo health districts (234 participants)	Achieved	
	2) Multiply and disseminate 200 laminated copies of IPTp implementation guide	Achieved	Each health center was given one copy of the guideline
	3) Multiply and disseminate 200 algorithms on care for pregnant women	Achieved	Each health center was given one copy of the guideline
	4) Conduct three three-day training sessions on IPTp (refocused ANC including IPTp) for 83 nurses and 6 medical doctors from three health districts – Kirundo, Gashoho and Gahombo	Achieved	
	5) Supportive supervision visits in HF to ensure quality of malaria prevention activities (e.g. counseling, acceptance rate, vital statistics) for pregnant women and children under five years (case management of malaria, diagnosis, ITN and ANC)	Continuous	Planned supervisions for the report period were achieved
	6) Supply/furnish CCM of malaria equipment for CHW in Gahombo, Kirundo and Gashoho HD	On track	
	7) Support monthly follow up meetings with CHW, nurses-in charge and HTPs on CCM of malaria	Achieved	
	8) Ensure monthly supportive supervision for CHWs (done by HPs and HTPs)	Continuous	Planned supervision accomplished
	9) Ensure quarterly supportive supervision for CHWs (by BDS and IHPB)	Continuous	
	10) Conduct three four-day training sessions for 80 nurses on guidelines for malaria case management in Muyinga Province	On track	22 HP from Giteranyi HD trained
	11) Support monthly technical meetings for information system on CCM of malaria at district level	Continuous	Technical meeting held in Kirundo HD

Provincial sensitization on IPTp: The MPHFA in collaboration with IHPB organized a workshop sensitization on rolling-out Intermittent Preventive Treatment in pregnancy (IPTp) in 3 IHPB's provinces: that is Muyinga, Kirundo and Kayanza. The goal of the workshop was to inform and share information on rolling out IPTp as a new strategy of malaria prevention for pregnant women. In Muyinga province, on 18th, March 2015, this meeting gathered 63 participants among whom 18 women and 44 males. In Kirundo Province, on 19th, March 2015, this sensitization workshop gathered 65 participants, 15 women and 50 males. On 20th, March 2015, in Kayanza Province, 76 participants, 25 women and 51 males took part in the sensitization workshop on IPTp. Steps forward were discussed at the end of each workshop. The follow-up supervisions will be carried out by BDSs in collaboration with IHPB.

Multiplication and dissemination of algorithms on care for pregnant woman: 200 algorithms on IPTp care for pregnant woman have been produced and dispatched in health centers. All health centers involved in IPTp implementation were covered.

Training of trainers on IPTp: According to the need expressed by the NMCP, IHPB supported a three-day training session of trainers on IPTp from February 16-18th, 2015. 8 women and 12 males took part in this three-day training of trainers on IPTp. At the end of this training session, health districts directors established the agenda to train health providers in Gahombo, Gashoho and Kirundo.

Training of health providers on IPTp: following the ToT, 79 health providers (29 women and 50 male) were trained on the implementation of IPTp in Gahombo, Gashoho and Kirundo health districts. At the end of the training, NMCP recommend the district health to begin to supply in SP according to the number of pregnant women expected.

Supportive supervision visits: during the reporting quarter, IHPB and BDS conducted joint supportive supervision to 18CHWs in Gashoho, 3CHWs and 5 health centers (Rukago, Ceyerezi, Muhanga I, Nzewe and Maramvya) in Gahombo to ensure proper implementation of malaria activities.

Support PECADOM monthly follow up meetings: IHPB supported financially and technically the monthly CHW meeting to follow up PECADOM implementation in Gahombo, Gashoho and Kirundo Health districts. These technical meetings focused on analysis of CHWs data reports, how to fill in the registers and revising the referral form. During the meetings, CHWs expressed their challenges. Some of these were that health centers give small quantity of malaria commodities (ACT&RDT) so they are obliged to come back many times to supply in and stock outs are frequent. In Gahombo and Gashoho where CCM of malaria began in 2012, some materials (umbrellas, bags, torches and bicycles) are worn out and need to be replaced. They also need to be regularly refreshed on CCM of malaria and extend the case management package in treating cough and the diarrhea at household level.

Conduct training sessions on guidelines for malaria case management: From March 23-27th, 2015 a five-day training session have been conducted to 22 health providers from Giteranyi HD (included 5 women and 17 males): 16 health care workers from health centers, 2 health care workers from Giteranyi hospital and 4 Giteranyi HD supervisors.

Project Management

	Planned for Y2 (January – September 2015)	Achievement and results	Comments
	1) Upon approval by USAID, establish sub-offices in Karusi and Kayanza	Achieved	Approval request was submitted and awaiting response from USAID
	2) Recruit and post staff as necessary	Achieved	Field Office Manager hired and already appointed
	3) Convene quarterly planning and review meetings with partners	Continuous, On-going	
	4) Bujumbura-based staff conduct support visits to sub-offices	Continuous, On-going	
	5) Hold regular staff planning and management meetings	Continuous, On-going	
	6) Finalize year 2 work plan, present to MPHFA and partners and submit to USAID	Achieved	Work plan was submitted on January 30 and approved on March 16
	7) Submit monthly, quarterly and annual reports	Continuous, On-going	All due reports were submitted on time
	8) Participate in collaboration, coordination and partnership building meetings at national and field office levels	Continuous, On-going	

Established sub-offices in Karusi and Kayanza provinces: During the reporting quarter, in anticipation of approval by USAID, IHPB, with the objective to opening sub-offices in Karusi and Kayanza, identified office premises and entered rental lease agreements. Once functional, the fully staffed sub-offices will further support and accelerate implementation of field activities with a stronger mandate to coordinate all assistance mechanisms of IHPB based on the findings from the FABs described in the district reports.

Support visits to sub-offices: Senior staff including the COP, DCOP and other Senior Leadership Team members conducted support supervision visits while key project activities were underway. Key visits included US Ambassador's visit to Community Case Management (CCM) of malaria sites in Muyinga and informing community leaders and administrative authorities on the new MPHFA policy on IPTp.

Regular staff planning and management meetings: Under the leadership of the Chief of Party (COP), the six-member Senior Leadership Team (SLT) (COP; Deputy COP; Associate Director Finance & Administration (AD FA); Senior Technical Advisor Health Systems Strengthening (STA HSS); Senior Technical Advisor Monitoring and Evaluation (STA M&E); and Integrated Services Advisor) held regular weekly (on Mondays) meetings to make strategic decisions and monitoring program implementation including coordinating with USAID, GOB entities and other USG partners. Under the leadership of a Field Office Manager, technical teams also held regular meetings with their respective staff and in their respective offices.

Year 2 Work plan submitted to USAID: Meant to align with the USAID fiscal year, IHPB submitted a nine-month (December 23, 2014 to September 30, 2015) year 2 Work Plan for review and approval by USAID. Activities in the work plan are presented for each sub-CLIN, and include the completion of formative analyses and baseline assessments. Additional sections describe Y2 strategies and activities across

specific health domains, including public-private partnerships (PPPs), innovations, project learning program monitoring and evaluation, and program management.

Proposed revisions to mandatory results and performance indicators were also presented in the Y2 work plan for USAID to consider for review and approval. Activities proposed for the second year are consistent with the strategic guidelines and objectives of the Ministry of Public Health and the Fight against AIDS (MPHFA) and has strong support from the various technical programs (Reproductive Health, Malaria, etc.) and throughout the year 2 work plan development process, IHPB consulted with and involved the technical programs of the MPHFA and presented the content of the work plan during a two-day workshop in January 2015, also attended by USAID. On Tuesday, March 16, 2015, IHPB received USAID approval of the Year 2 work plan. The current (and future) quarterly reports present progress according to the structure of the Y2 work plan by activities planned during that quarter.

Submit monthly, quarterly and annual reports: On January 29, 2015, IHPB submitted its first annual (23 December 2013 - 22 December 2014) report which presents achievements and challenges during the first year. In the first year, IHPB produced key deliverables, including a Sustainability Plan, Innovation Plan, Social and draft Behavior Change Communication (SBCC) Strategy, PMEP, Grants Under Contract Manual, Branding Implementation and Marking Plan, Environmental Mitigation and Monitoring Plan, and Y1 Workplan.

The Project also designed and implemented five formative analyses and baseline assessments (FABs): a Service Availability and Readiness Assessment (SARA); a Facility Qualitative Assessment (FQA); Community Services Mapping (CSM); a Social and Behavior Change (SBC) Qualitative Study (which includes a Gender Assessment); and a District/BDS Assessment. In addition, the capacities of four CSOs were assessed. IHPB also supported the continuation of essential services for 12 districts and nine hospitals, and assessed and is responding to the medical equipment needs of nine hospitals and 159 health facilities. In addition, IHPB submitted monthly reports for the months of January, February and March 2015 and a January to March 2015 quarterly report as required.

Collaboration, coordination and partnership building meetings: During the reporting period, IHPB fostered collaboration and coordination with USG-funded projects and organizations that include Management Sciences for Health (planning to train health promotion technicians as trainers on supply chain management), Engender Health (shared job aids for GBV case management), Catholic Relief Services (participated in the official launching of the AMASHIGA Project and shared findings of IHPB gender assessment).

Other management activities: These included: (a) Participation (March 7 to 21, 2015) by the Associate Director for Finance and Administration and Contracts and Grants Officer in a workshop on Grants Management and Administration Training, Finances Training organized by FHI360 in South Africa . (b) Organized the US Senate and House of Representatives Staffers Visit to IHPB Sites: On Wednesday, February 18, 2015, a seven-member US Senate and House of Representatives staffers visited IHPB in Muyinga with the objective to have a picture of maternal and child health activities being implemented with the support of USAID in Burundi. (c) Organized US Ambassador's visit to a CHW who treat malaria at the community level in Gashoho Health District.

PPP initiatives

Planned for Y2 (January – March 2015)	Achievements and results	Comments
1. Collect handsets from LEO Burundi	On track	IHPB plans to discuss progress and next steps with LEO, after which this activity is planned to take place in mid-May.
2. Meet with the Director of DPSHA for buy-in	Achieved	
3. Get communication plan from DPSHA	Achieved	
4. Develop weekly malaria prevention SMS with LEO Marketing	Achieved	
5. Develop an MOU between IHPB and DPE Kirundo	Achieved	
6. Project presentation to Province Governor and MOU signed with DPE	Achieved	
7. Project presentation to the principals and teachers at Cumva high school	Achieved	
8. Project presentation to student representative and parents' committee at Cumva high school	Achieved	
9. Complete selection of malaria champions at Cumva High school.	Achieved	
10. Project presentation to the principal and teachers at Kiyonza high school	Achieved	
11. Project presentation to students representative and parents' committee	Achieved	
12. Complete selection of malaria champions in Kiyonza High School	Achieved	
13. Project presentation to the principal and teachers at Nyamabuye high school	Achieved	
14. Project presentation to student representative and parents' committee at the Nyamabuye high school	Achieved	
15. Complete selection of malaria champions in Nyamabuye high school.	Achieved	
16. Develop detailed activity plan for execution process of CHWs project	Achieved	

During the first quarter of 2015, January to March, the PPP team collaborated with various partners including education, health, and administrative authorities, to begin implementation of the two PPP initiatives signed in December 2014. These PPP initiatives targeted Kirundo and Bugabira communes for malaria prevention activities; the first initiative through dissemination of awareness messages by high school students from three selected high schools, and the second by facilitating communication among Community Health Workers. The two initiatives are now ready to be launched, as soon as mobile phone handsets from the partner LEO/UCOM are available. To move forward with the implementation of these two projects, IHPB PPP team undertook the following specific activities.

Meetings with health authorities. In separate sessions, the PPP team has conducted productive meetings with the Director of the Department of Promotion of Health, Hygiene, and Sanitation, DPSHA, and the Director of the National Integrated Malaria Control Program, PNILP, for their buy-in to the two malaria prevention initiatives. The meetings resulted in an agreement that development of the malaria prevention messages to be distributed to high school champions would be a collaborative effort with DPSHA, PNILP, IEC, and IHPB teams, and final messages will be submitted to DPSHA management for approval.

Meetings with Kirundo educational authorities. The PPP team originally planned to develop and sign a MoU between IHPB and the Kirundo Provincial Education Director (known as DPE) to authorize the involvement of student malaria champions in IHPB programs. However, as a result of these meetings it was agreed that IHPB would instead submit a letter requesting official authorization to work with the selected high schools. This letter was submitted, and the DPE responded with an official letter authorizing the work.

Meetings with Kirundo Province administrative authorities. IHPB PPP team supported by the Kirundo office teams met with the Province Governor and contacted all other local administrative authorities to inform them of the upcoming IHPB malaria prevention activities and of the official authorization of the DPE to conduct the activities.

Development of malaria prevention short messages (SMS). IHPB social behavior change communication (SBCC) and PPP teams collaborated with the PNILP team to develop a list of 23 malaria prevention messages, which will be shared with DPSHA and IEC and submitted to DPSHA for finalization and approval during the first week of April. Per the MOU, the finalized and approved messages will be submitted to LEO for distribution to the high school champions.

Development of code of conduct for malaria champions. In consultation with IHPB SBCC, malaria, and administrative staff, the PPP team developed a code of conduct, which specifies duties and responsibilities of participants in malaria prevention through the high school sponsorship initiative. Malaria champions will sign it to commit themselves to the program. The PPP team will distribute the codes of conduct for signature during the first week of May 2015.

Selection of malaria champions. IHPB PPP and Kirundo office teams worked with the principals, educational authorities, students representatives and parents members of school committees of the Cumva, Kiyonza, and Nyambuye high schools, to develop a list of criteria for selecting high school

students to participate in the program as malaria champions. Based on these criteria, the respective principals selected a list of 138 total students from the three high schools to act as malaria champions in their communities.

Project presentation to key implementing partners in the implementation sites. The PPP team organized a series of meetings in the Kirundo and Bugabira communes to present the project to implementing partners in the implementation sites. These meetings clarified project expectations and roles to ensure the success of activities.

The first meeting was arranged for school staff. To ensure efficiency and a uniform message, the team arranged one meeting for principals, teachers, student's representatives, and parents as schools committee's members of each of the three participating high schools to discuss details of the malaria prevention through high school sponsorship project. Communal educational and administrative authorities were also invited to the meeting to allow them the opportunity to understand project objectives and details of implementation. One of the many items discussed was the definition of criteria for the selection of the malaria champion, to ensure that the project is carried out in a transparent manner.

The second set of meetings consisted of three meetings organized for the malaria champions. The PPP team collaborated with IHPB Kirundo field officer and malaria specialist as well as education and health authorities to meet with the selected malaria champions from the three high schools. The meetings successfully explained project objectives, expectations of participants, and details of implementation.

The third set of meetings consisted of two meetings organized for Community Health Workers CHWs from the Kirundo and Bugabira communes. The meetings also included IHPB Kirundo field officer and malaria specialist as well as the Kirundo health officer. The meeting successfully overviewed the project objective of addressing CHW communication and reporting issues by providing mobile phone handsets and the roles of the CHWs in the project. The CHWs were enthusiastic about the initiative and were committed to working to ensure the project's success.

Success Story:

Title: How the US Ambassador's visit impacted my life as Community Health Worker

Sub-title: 'Being a CHW has been the biggest achievement of my life'



Francine Nijimbere, 34, is a Community Health Worker (CHW) living with her husband and three children in Shambusha, a village located in Gashoho commune, Muyinga Province. Her two daughters, who are respectively 19 and 17, are studying in Bujumbura and Ngozi while his youngest son, 14 just started high school and is living with his parents. Francine is an active CHW since 2011. She dropped from school in 7th grade due to civil war in Burundi. She had never hoped she could one day be able to treat malaria in her community. Passionate about her work, Francine proudly highlights one of her

best experience: 'I am the first CHW to have been honored with a visit by the US ambassador to Burundi Ms. Dawn Liberi at my house'.

Malaria is a major public health problem in Burundi responsible for up to 60% of all outpatient visits and up to 50% of deaths in health facilities among children under five years. Gashoho is among health districts with highest risk for transmission and burden of malarial disease. Thanks to USAID fund, the Integrated Health Project in Burundi (IHPB) works to reduce child mortality related to malaria through the Community Case Management of Malaria (CCMM). This strategy promotes the early recognition, prompt diagnostic testing and appropriate treatment of malaria among children under five years of age in the home or community.

Francine has been trained and received material for malaria treatment and prevention. She treats up to five children a week. *'I did not do medical studies or have any background in health sciences; but I always felt a call to help others. I am lucky to share the vision with my husband, he values and encourages me in my work'* indicates Francine.

Her daily activities include treating malaria for children under five and helping women with health issues such as reproductive health, neonatal care, healthy behaviors and HIV. In parallel, she owns a small restaurant where she serves food to health providers at night shifts. *'Although in the beginning my community did not believe in my ability to treat malaria; whenever a child presents symptoms of malaria they come to me for help and if it is a serious case I guide them to where they can find assistance. My neighbors do not need to travel long distances anymore'* declares Francine.

On March 5th 2015, the US ambassador to Burundi, Ms. Dawn Liberi paid her a visit. *'I was elated, it felt good to see that the ambassador was carefully following my presentation on the CCMM process and being congratulated and applauded by her after I talked about my work was enjoyable'* recalls Francine. That was the first time a high level official visited a CHW in Gashoho. The privileged CHW claims to have noticed a significant change after the visit. People trust her more and feel encouraged to bring their children to be checked. *'The number of children I treat has now increased, it went from 10 to 20 children a month'* says Francine.

IHPB IHPB's main objective is to improve the health status of assisted populations in twelve health districts located in the provinces of Karusi, Kayanza, Kirundo and Muyinga.

Francine encourages all her passionate fellow CHWs to pursue their work even if they are not paid for it. It is a valuable commitment to improve children's health condition in Gashoho. *'Our motivation should lie in the results we see in our communities'* concludes Francine.

Annex I: IHPB participation in meetings/events

Date	Title of IHPB Staff Member	Theme of Meeting/Event
February, 5th 2015	STA/HSS	Validation meeting of the transition plan to solar equipment (Extended Program on Immunization)
February 19 th and March 13 th , 2015	Capacity Building Advisor	Preparation of the week dedicated to the mother and child health
03 March 2015	PBF Technical Officer	Muyinga CPSD quarterly meeting
12 March 2015	MH specialist	Activities join planning with PNSR
18-20 March 2015	Community Mobilization Program Officer	Gender Analysis organized by CRS
March 31, 2015	Field Office Manager	Attending Kayanza Partners coordination meeting (CPSD)

Annex II: STTA and other visitors to IHPB

Name	Title	Dates	Purpose
Gina Etheredge	Technical Advisor (M&E) FHI 360	February 18, 2015 March 11, 2015	To provide TA for household survey data collector training, pre-testing, and implementation

Annex III: 2015 Quarterly PMEP indicators achievements, January-March 2015

No	Indicator	Disaggregation	Data Source	Collection Method	Q1 Jan-March 2015	LOP Target
	Process					
	Number of people trained in SBCC approaches	District, sex, age	Project training records	Document review	0	100
	Number of people reached with malaria related messages (this indicator has been deleted) TBD	District, sex, age	Facility records	Document review	213 ⁴	
	Number of health communication materials developed, field tested, and disseminated for use	District, type of material	Material, project reports	Document review	0	0
	Output indicators					
	Percent of USG-assisted service delivery points (SDPs) that experience a stock out at any time during the reporting period of a contraceptive methods that the SDP is expected to provide [3.1.7.1-2]		LMIS	Document review		
1.2.2	Percent of PLHIV who received cotrimoxazole through home-based care kits		TBD	TBD	0	+75%
1.2.3	Percent of USG-assisted service delivery sites providing family planning counseling and/or services [3.1.7.1-3]		Facility records	Document review	107 (61.8%)	+5%
	Process					
	Number of people trained in supply chain management	District	Project training records	Document reviewer	0	100
	Output indicators					
1.3.4 (GENDER_NORM)	Number of people completing an intervention pertaining to gender norms, that meets minimum criteria				0	400
1.3.5 (GEND_GBV)	Number of persons receiving post-GBV care (Post-rape care, other post-GBV care, PEP)	Age, type of care	Facility records	Document review	181	+20%
	Process indicators					
	Number of facilities that provide PEP to GBV survivors	District	Facility records	Document review	17	34 by EoP
	Number of health providers trained in GBV case management	District	Training records	Document review	0	(136 by EoP)
	Outcome indicators					
2.0.1	Percent of targeted audiences who receive specific health services					+5%
2.0.1a	Number/percent of children who received DPT3 by 12 months of age in USG-Assisted programs [3.1.6-61]	District, sex	Facility records	Document review	10521	
2.0.1b	Number/percent of women giving birth who received uterotronics in the third stage of labor through USG-supported programs [3.1.6-64]	District, age	Facility records	Document review	3407	
2.0.1c	Number/percent of USG-supported facilities ⁵ that provide appropriate life-saving maternity care (This will be defined as seven signal functions for BEmONC and nine signal functions for CEmONC)		Facility records	Document review	46	
2.0.1d	Number/percent of women reached with education on exclusive breastfeeding		Facility records	Document review	9559	TBD

⁴ People reached by IPTp sensitization messages

⁵ 176 is the total number of facilities in the four IHPB intervention provinces

No	Indicator	Disaggregation	Data Source	Collection Method	Q1 Jan-March 2015	LOP Target
2.0.1e	Proportion of women attending antenatal clinics who receive IPTp2 under direct observation of a health worker ⁶	Age	Facility records	Document review	0 ⁷	
2.0.1f	Proportion of pregnant women attending ANC who received ITNs	Age	Facility records	Document review	13979 (80.4%)	
2.0.1g	Proportion of children under five who received ITNs during measles immunization	Gender	Facility records	Document review	11463 (96.7%)	
2.0.1i (SITE_SUPP)	Number of PEPFAR-supported DSD and TA sites (HTC, Treatment, care and support, PMTCT, TB/HIV, OVC, lab, PHDP)	Program area	District & Project records	Document review	178	186
2.0.1j	Percentage of PEPFAR-supported sites achieving 90% ARV or ART coverage for HIV+ pregnant women		Facility records	Document review	44 (36.7%)	90%
2.0.1k (PMTCT_STAT_DSD)	Number and percent of pregnant women with known status [NGI]	Known/ new	Facility records	Document review	33171	95%
2.0.1l (PMTCT_ARV_DSD)	Percent of pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy and delivery (DSD)	Prophylaxis type	Facility records	Document review	331 (83.2%)	95%
2.0.1m (GPY_PREV_DSD)	Percent of the target population who completed a standardized HIV intervention including the minimum components during the reporting period	Age, sex	Facility records	Document review	0	86000
2.0.1n (KP_PREV_DSD)	Percent of key populations reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards	Key population	Facility records	Document review	253 (76.7%)	900
2.0.1o(HTC_TST_DSD)	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their results	Test result, age, sex	Facility records	Document review	124.055	389480
2.0.1p (CARE_CURR_DSD)	Number of HIV-infected adults and children who received at least one of the following during the reporting period: clinical staging or CD4 count or viral load	Age, sex	Facility records	Document review	10.152	19866
2.0.1q (CARE_SITE)	Percentage of PEPFAR-supported HIV clinical care sites at which at least 80% of PLHIV received all of the following during the reporting period: 1) clinical assessment (WHO staging) OR CD4 count OR viral load, AND 2) TB screening at last visit, AND 3) if eligible, cotrimoxazole				19 (11%)	90%
2.0.1r (TB_SCREEN)	Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting [NGI C2.4.D]	Age, sex	Facility records	Document review	1017 (10%)	95%
2.0.1s (PMTCT_EID)	Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	Age at test (<2 months or 2-12 months)	Facility records	Document review	0	95%
2.0.1t (TX_CURR_TA)	Number of adults and children receiving ART (TA only)	Age, sex	Facility records	Document review	5749	6651
	Output indicators					

⁶ Assuming that SP would be available

⁷ IPTp-SP implementation began from 18th, March 2015

No	Indicator	Disaggregation	Data Source	Collection Method	Q1 Jan-March 2015	LOP Target
2.1.2	Number of cases treated or referred by CHWs (Malaria, diarrhea, ARI, FP, malnutrition, iron for pregnant women)	District, case type	Facility records Document review	malaria cases treated	24201	TBD
				malaria cases referred	12114	
2.1.2a	Number of children under five treated for malaria by CHWs (in Kirundo, Gashoho and Gahombo HD). This indicator is redundant see above. To be replaced by: (see in the IHPB Y2 WP) Proportion of children under five with fever who received ACT within 24 hours of onset of fever	District, type of worker, gender	Special study, post-training t, activity report, assessment	assessment, document review	77	
OVC_SERV_DSD_	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS				2488	11935
Process indicators						
FPINT_STE	Family Planning and HIV Integration: Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services		Facility records	Document review	107 (61,8%)	90%
	Number of QI teams established and track monthly progress on improvement indicators		Reports, project records	Document review, site visits	11	TBD
Output indicators						
2.3.1a	Number of health providers (nurses and medical doctors) trained on the new malaria treatment protocol	District, type of worker, gender	Special study, post-training assessment	assessment, document review	48(21 females, 27 males)	
2.3.1b	Number of CHWs trained to use IPTp communication tools	District, type of worker, gender	Special study, post-training assessment	assessment, document review	0	
2.3.1c	Number of CHWs trained in CCM of malaria	District, type of worker, gender	Special study, post-training assessment	assessment, document review	70 (39 females and 31 males)	
Process indicators						
	Percent of IHPB-supported trainings that are evaluated for effectiveness		Project records	Document review		100%
Output indicators						
	Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests (clinical laboratory)				7	6
Output indicators						
3.2.1	Percent of facilities that maintain timely reporting	District, province	District records, HMIS	Document review	173 (100%)	+5%
3.2.2	Percent of provinces, districts and facilities that demonstrably use facility- and community-level data for timely decision making	Health level, district, province	Annual/quarterly plans, district review meetings	Document review		+10%