

Integrated Health Project in Burundi (IHPB)

Contract Number: AID-623-C-14-00001

Quarterly Report

April – June 2015

Submitted by: FHI 360 and partners

Submission date: July 30, 2015



IHPB

Table of Contents

Table of Contents	i
Acronyms and Abbreviations	iii
Introduction	1
Formative Analysis and Baseline Assessments - Progress overview	3
CLIN 1: Increased Positive Behaviors at the Individual, Household and Community Levels	5
Sub-CLIN 1.1: Improved key behavioral pre-determinants at the individual, household and community levels - Progress overview	5
Sub-CLIN 1.2: Increased accessibility and availability of health products to individuals and household - Progress overview.	7
Sub-CLIN 1.3: Strengthened support for positive gender norms and behaviors and increased access to GBV services: Progress overview	8
CLIN 2: Increased Use of Quality Integrated Health and Support Services	11
Sub-CLIN 2.1: Increased access to health and support services within communities:	11
Progress overview	11
Sub-CLIN 2.2: Increased percent of facilities that provide quality integrated health and support services: Progress overview.	14
2.2. C: Support integration with a QI model and prepare districts for scale-up of best practices	14
Sub-CLIN 2.3: Increased capacity of providers and managers to provide quality integrated health services: Progress overview	16
CLIN 3: Strengthened Health Systems and Capacity	17
3.1. a. <i>Work with provincial and district health bureaus to progressively strengthen district-level capacity and performance in managing the decentralized health system</i>	17
Make PBF monthly payments to facilities	18
3.1. c – Provide TA to help strengthen the Burundi PBF scheme	18
Sub-CLIN 3.2: Strengthened M&E and data management systems at facility and community levels:	20
Sub-CLIN 3.3: Increased civil society capacity to support positive behaviors and quality integrated services: Progress overview	21
Priority Health Domain Strategies	24
Maternal and Newborn Health Strategy	24
Reproductive Health Strategy	25
<i>Reproductive health/ family planning</i>	25
HIV/AIDS Strategy	27
Malaria Strategy	29
Child Health Strategy	32
Project Management	32
Progress overview for Innovation Study.....	34

Problems Encountered/Solved or Outstanding:	35
Proposed solutions to new or ongoing problems:.....	35
Documentation of best practices:	35
<i>Annex I: STTA and other visitors to IHPB</i>	36
<i>Annex II: 2015 Quarterly PMEP indicators achievements, April – June 2015</i>	37

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 Distributor of Contraceptives)
AMTSL	Active Management of the Third Stage of Labor
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 la Santé</i> (Provincial Health Bureau)
BRAVI	Burundians Responding Against Violence and Inequality
BTC	Belgian Technical Cooperation
CAM	<i>Carte d'Assistance Médicale</i> (Health Assistance Card)
CBO	Community-Based Organization
C-Change	Communication for Change
CCM	Community case management
CCT	Community Conversation Toolkit
CFR/OMB	Code of Federal Regulations/Office of Management and Budget
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>
DATIM	Data for Accountability, Transparency and Impact
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'Enseignement</i>
DPSHA	<i>Département de Promotion de la Santé, Hygiène et Assainissement</i>
DQA	Data Quality Assurance
EC	Emergency Contraception
EID	Early Infant Diagnostic
EONC	Emergency Obstetric and Neonatal Care
ENA	Emergency Nutrition Assessment
FAB	Formative Analysis and Baseline Assessment
FGD	Focus Group Discussion
FHI 360	Family Health International

FFP	Flexible Family Planning Project
FP	Family Planning
FQA	Facility Qualitative Assessment
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
IIP	Institutional Improvement Plan
IPTp	Intermittent Preventive Treatment of malaria during Pregnancy
IPC	Interpersonal Communication
IRB	Institutional Review Board
ISTEEBU	<i>Institut de Statistiques et d'Etudes Economiques du Burundi</i>
ITN	Insecticide-Treated Net
IYCF	Infant Young Child Feeding
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
MARPs	Most at Risk Populations
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
MSH	Management Sciences for Health
MUAC	Mid-Upper Arm Circumference
NHIS	National Health Information System
NPAC	National Program for AIDS/STIs 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 Reaction
PECADOM	<i>Prise en Charge à domicile</i> (Community case Management)
PEP	Post-Exposure Prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMEP	Performance Monitoring & Evaluation Plan
PMTCT	Prevention of Mother-to-Child Transmission
PNILP	<i>Programme National Intégré de Lutte contre le Paludisme</i>
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
SARA	Services 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 System
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 Procedures
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 (FHI 360) as the prime contractor, the 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 is 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's 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.

This quarterly report details program activities during the period April 1, 2015 to June 30, 2015. Highlights of achievements are presented below:

- Conducted household survey – 2,552 randomly selected households were surveyed and data cleaning completed and over 85% data analysis completed;
- Submitted PEPFAR October 2014 to March 2015 Semi Annual Performance Report;
- Submitted final IHPB SBCC strategy;
- Trained different categories of health workers on various malaria-related themes: New Guidelines of Malaria Case Management (44); Community Case Management of Malaria (70); Correct Diagnosis of Malaria Using Microscopy (91); and Intermittent Preventive Treatment of Malaria During pregnancy (136);
- Trained different categories of health workers on various themes related to maternal and reproductive health: Basic Emergency Obstetrics and Neonatal Care (15); Maternal Death Audits (56); and Essential Obstetrics and Neonatal care (15);
- Organized separate, one-day semi-annual coordination meetings in Kayanza and Muyinga provinces whose objective was to assess the challenges facing community health and seek solutions;
- Quality improvement activities included: training sessions on coaching of the quality improvement (QI) teams to integrate services; coaching visits to support QI Team (QITs) in designing QI process maps; and trained 26 health care providers on family planning (FP) counseling on integration of FP in immunization services;
- Over a four-day period, trained 28 staff from the four CSO partner staff on policies and procedures governing USAID grants. Also, trained (three days) ANSS staff on USAID management procedures;
- Provided technical and logistical support to the Muyinga Provincial Committee for Verification and Validation (CPVV);

- HIV/STIs activities: (a) organized a five-day workshop and trained 38 health workers on HIV/AIDS counseling techniques and 39 others on HIV diagnostic; (b) held five-day training for 26 health workers on syndromic management of STIs; and (c) conducted supportive supervision related to PMTCT, STI management and adherence to ART including laboratory units using SIMS tools (Site improvement through Monitoring System) in 72 health facilities;
- Finalized and submitted for review and approval by FHI 360's Protection of Human Subjects Committee, the pilot study protocol of integration of PMTCT and Early Infant Diagnosis (EID) of HIV into Routine Newborn and Child Health Care;
- Received notification of arrival of medical equipment from the two selected suppliers and started inspecting that equipment met specifications;
- Trained 54 pharmacy staff from Kirundo province on supply chain management (SCM) – quantification, stock management, and inventory method;
- Distributed 200 laminated copies of IPTp implementation guide and 200 algorithms on IPTp across facilities in 12 health districts; and 150 algorithms in 10 facilities in Karusi on BEmOC;
- Held preliminary exploratory partnership discussions with potential public and private partners that could complement and support IHPB's work;
- Attended various meetings organized by the Ministry of Public Health and Fight against AIDS (MPHFA) - National Program for AIDS Control, Performance Based Financing Unit, National Malaria control Program, and National Reproductive Health Program;
- Within the framework of IHPB staff capacity building, (a) IHPB organized a three-day training for its 9 M&E team members on DATIM (Data for Accountability, Transparency and Impact) and another two-day training on data quality assurance (DQA); (b) IHPB Senior M&E Advisor and Data Manager attended a five-day workshop (June 7-13, 2015) organized by FHI 360 Home Office (HO) in Addis Ababa, whose core objective was to examine and discuss experiences on data quality and data use and develop action plans for addressing identified challenges and critical issues; and (c) IHPB Reproductive Health Specialist attended the Implementing Best Practices in Family Planning Workshop held in Addis Ababa (June 14 to 19, 2015) where he made a presentation on integration of family planning into maternal and child health services to reduce missed opportunities and improve the quality of services.

The achievements registered during the quarter April – June 2015 can be attributed to the excellent working relationship with the central and peripheral structures of Ministry of Public Health and the Fight against AIDS (MPHFA) and the strong support IHPB received from the various technical programs – the National Reproductive Health Program (PNSR), National Integrated Malaria Control Program (PNILP), and Department of Health, Hygiene and Sanitation Promotion (DPSHA) – that availed national trainers and, where necessary, training centers for Basic Emergency and Neonatal Care (BEmONC) and modern contraceptive technology.

Formative Analysis and Baseline Assessments - Progress overview

Planned for April– June 2015	Achievement and results	Comments
Conduct data collection (Household Survey) in 12 districts	Achieved	Completed on April 4, 2015
Support data management and data quality assurance	Achieved	During data collection, survey supervisors regularly reviewed data before submission to cloud server
Analyze data and interpret results	On-going	Household Survey Data cleaning and analysis was initiated and almost completed. Interpretation through report writing planned for Q4.

During the quarter under review, IHPB finalized the household survey data collection- 2,552 households out of 2,560 randomly selected were visited and 4,312 individuals (1,877 males and 2,435 females) were interviewed. Their distribution across provinces is as follows: 637 households and 1,105 individuals (481 males and 624 females) in Karusi, 640 households with 1,057 individuals (440 males and 617 females) in Kayanza, 640 households with 1,072 respondents (483 males and 589 females) in Kirundo and 635 households with 1,078 interviewees (473 males and 605 females) in Muyinga. After data collection, IHPB completed data cleaning and over 85% of analysis by end of June 2015.

In addition, draft reports for Service Availability and Readiness Assessment (SARA), Facility Qualitative Assessment (FQA) and District Health Bureau (BDS) Capacity Diagnostic were developed by investigators; they are presently under internal review to be synthesized in district-specific reports. Preliminary results revealed the following:

Service Availability and Readiness Assessment (SARA)

SARA was conducted among 173 health facilities, 138 are governmental, 32 are faith-based, 2 are CSO-owned and one is private. For the geographic location, 160 are rural and 13 are urban.

Regarding the health services provided, most health centers offer antenatal care (ANC), child immunization, Integrated Management of Childhood Illness (IMCI), malaria services and HIV Counseling and Testing Services. All the nine district hospitals provide maternity services, post abortion care, curative health care services, malaria services, HIV counseling and testing services and HIV clinical services.

All of the 173 health facilities assessed are open 7 days per week; the health centers and hospitals are open 24 hours for emergency whereas other services are offered 8 hours a day.

Facility qualitative Assessment (FQA)

About facility management, a high turnover was observed as 53% of facility managers have been in their position for less than 2 years; only 47% of facility managers have received a copy of their job description.

Concerning capacity building, the FQA revealed high needs in some areas as less than 20% have been trained on basic and comprehensive emergency obstetric and newborn care, 27% on RH/HIV integration and 22% on refocused ANC.

Most of services are available but nutrition services are less likely to be offered (47%).

Orientation training to learn about specific procedures is done less often in district hospitals (10%) than in health centers (63%). Although supervision visits are mostly perceived by service providers as being supportive, only 67% say that they are given a positive feedback.

Referral of patients to district hospitals is limited by lack of transport means (61%) and appropriate referral tools that are available in only 8% of facilities while 15 % of health providers interviewed reported that there is no documentation of patients referred by CHWs

Community health services still have challenges as only 40% of CHWs interviewed have received a copy of their job description, 33% of CHWs have no data collection tools, only 58% of CHWs have regular supplies of male condoms and 36% for female condoms, whereas 14% have regular supplies of contraceptive pills, only 15% for ITNs; 78% do not receive the malaria rapid test kits or anti-malarial drugs, whereas 56% don't have boxes to keep medicines and commodities.

District capacity diagnostic

Results show that of the eleven priority functions performed by district health teams, four of the following are the most problematic - mobilization of resources, planning and budgeting, district management, and inter-sectoral collaboration. The remaining seven functions are: (1) supply chain management of drugs, vaccines, and consumables; (2) health information management; (3) management and development of human resources; (4) sectoral coordination, (5) quality management; (6) financial management; and (7) management of infrastructure, equipment and transportation.

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

	Planned for April-June 2015	Achievement and results	Comments
<i>Develop campaign and materials using Life Stage Approach</i>	Pre-test and revise Life Stage 1 materials	Delayed	The graphic designer recruited for designing communication materials did not complete his tasks in due time; therefore materials could not be pre-tested.
<i>Enlist and train CHWs</i>	Develop CHW project brief detailing overall organizational, managerial and logistical plan	Draft available	Will be finalized in August 2015
	Develop CHW training package, training of trainers (ToT) curricula and identify elements of the field tool kit	On going	Training package will be ready by the end of August 2015
	Recruit CHW Focal Point trainers [IHPB will identify and contract for temporary service providers (consultants) to provide training at the provincial and district level]	Delayed	Training of trainers roll out will begin in September 2015
<i>Community Mobilization</i>	Develop overarching community mobilization strategy and plan of action	Achieved	According to approved work plan, this activity was planned for July but was achieved in June 2015.
<i>Develop and air radio serial drama that reinforces IPC and community mobilization efforts</i>	Hold stakeholder meeting to present creative briefs and design document for script writers	Delayed	
	Draft script and storyboard for pilot episode	Delayed	
	Record and pre-test pilot episode	Delayed	
	Analyze and incorporate pre-test results	Delayed	

Pre-test and revise Life Stage 1 materials: IHPB uses the Life Stage approach and Communication for Social Change (C-Change), SBCC Framework, to understand and address health needs in an integrated way relevant to an individual's stage in life and the context in which he or she lives. The Life Stage approach separates audiences by recognizing predictable influences on behavior when transitioning from various life stages, such as leaving home, getting married, becoming pregnant and raising children. For example, pregnant women need pregnancy related information, but also tend to be more interested in MCH, PMTCT and FP issues than when they are not pregnant. Similarly, recently married men show more openness to information about family health as they explore new responsibilities as heads of households. In the same line, the SBCC team has undertaken the development of a number of communication materials that address behavioral determinants as described in the strategic framework.

IHPB had drafted communication materials, but following the designer contract termination in March 2015, completion of the designs could not be materialized and therefore pre-test with target audiences could not take place. Important to note that during the quarter April – June 2015, IHPB finalized and submitted to USAID the SBCC strategy.

Develop CHW project brief detailing overall organizational, managerial and logistical plan:

During this quarter, SBCC team has developed a CHW project brief detailing overall organizational, managerial and logistical plan. The CHW operational brief that is included in the community mobilization plan clearly indicates the goal is linking demand and supply of health services by promoting the adoption of key actions, benefits of being an agent of change, role of CHW's in spearheading social change that brings about better health in the communities, selection criteria, identification of the training curricula and their support materials, supervisory system and reporting of SBCC activities.

Develop CHW training package, training of trainers (ToT) curricula and identify elements of the field tool kit:

SBCC team also drafted the interpersonal communication module as part of training package intended for training of trainers and will finalize it the next quarter. The module outlines the basics of communication concepts, the SBCC approach, the role and quality of a good community actor, counseling and dialogue and use of communication materials.

Recruit CHW Focal Point trainers [IHPB will identify and contract for temporary service providers (consultants) to provide training at the provincial and district level]:

During the months of August and September 2015, IHPB will identify 20 focal point trainers and equip them with interpersonal communication skills using IPC module being developed by IHPB. The 20 focal point will include 4 staff from IEC department of DPSHA, 4 from provinces, and 12 supervisors from health districts. After their training, the 20 staff will start a roll out to train CHW's in the 12 districts with the support of the project.

Develop Community Mobilization Plan:

During the reporting period, the IHPB developed the community mobilization plan to support community efforts by empowering community members and groups to take action to facilitate change. This includes mobilizing necessary resources and disseminating information. The document describes the role of community actors in the health promotion, and the operational brief. It also highlights the strengths, weaknesses, opportunities and threats, which allows IHPB to plan strategically. Ultimately, the document describes the monitoring and evaluation framework.

Sub-CLIN 1.2: Increased accessibility and availability of health products to individuals and household - Progress overview.

Planned for April – June 2015	Achievement and results	Comments
Five- day training of 54 HPTs as trainers on SCM	67 trained	Supported provinces suggested to include 13 additional participants
2 sessions of 5-day training for 52 pharmacy managers in Kirundo province	54 trained	52 pharmacy managers and 2 from civil society (ABUBEF and ANSS)
Adapt the training curriculum for CHW	In progress	In lieu of training curriculum, slide presentation to be used was developed
Training on SCM for 257 CHWs from Kirundo Health District by HPTs	Delayed	Training, using slides, is planned for August and September 2015
Participate in MPHFA TWGs and committee meetings to advocate for CBD of cotrimaxazole and misoprostol	N/A	Only informal meetings were held with PNSR and PNLs
Provide kits to CHWs in three Community Case Management (PECADOM) health districts	Over 800 CHWs received kits	Activity planned every quarter

Five-day training of 54 HPTs as trainers on SCM: Instead of a five-day training of trainers, IHPB organized two parallel sessions of four-day trainings that brought together 67 health workers (57 males, 10 females) as presented in the table below. While the initial plan was to train 54 HPTs, at the request of the four provinces, additional 13 trainers (health promotion technicians based at district hospitals, supervisors of focal points of community activities and provincial coordinators of health promotion) were trained.

Province	Health Promotion (HP) Technician	Provincial HP Coordinator	District HP Coordinator	Focal Point Community Activities
Kayanza	17	1	-	-
Muyinga	16	1	2	1
Karusi	11	1	-	1
Kirundo	10	1	3	1
Total	54	4	5	4

The trainings were facilitated by the IHPB team using the pertinent sections of the MPHFA's new Manual on Management Tools and Logistics of Pharmaceutical Products (Feb. 2015). Training sessions started with a pre-test (45.7% as average) and ended with a post-test (with an average of 76.5%). A post-training plan was also established to permit the HPTs to put in practice what they have learned.

Two sessions of five-day training for 52 pharmacy managers in Kirundo health province: Instead of a five-day training, IHPB organized a four-day (June 8 to 11, 2015) training on SCM (quantification, stock management, and inventory method) attended by 54 pharmacy staff (30 females and 24 males) from the four health districts of Kirundo province. In attendance were: 4 health district staff, 2 hospital pharmacy staff, 46 HC pharmacy staff and two staff members each from ANSS and ABUBEF. The pertinent sections of the MPHFA's new Manual on Management Tools and Logistics of Pharmaceutical Products was used for the training.

Adapt the training curriculum for CHW: IHPB developed slides to be used in supply chain management training. These slides were developed according to the tools they used in drug management at community level.

Provide Kits to CHWs in the Community Case Management of Malaria (PECADOM) intervention areas: Table below presents the materials that were delivered to CHWs.

Item	Kirundo HD	Gahombo HD	Gashoho HD	Total
Requisition Notebook	563	533	373	1,469
Referral Notebook	424	338	227	989
CCM Malaria Registers	257	241	160	658
ACT Stock Cards 2 to 11 months	309	292	212	813
ACT Stock Cards 1 to 5 years	771	726	480	1,977
RDT Stock Cards	309	292	212	813
Gloves Stock Cards	309	292	212	813
Bags	257	242	85	584
Safety Boxes	386	242	162	790
Solar Lamp	72	242	162	476
Gloves	257	242	162	661

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

	Planned for April-June 2015	Achievement and results	Comments
<i>1.3a: Strengthen support for positive gender norms and behaviors</i>	Provide gender integration training to IHPB staff and identify opportunities to further integrate gender into project	Delayed	STTA provider could not travel due to security situation
	Develop gender strategy in collaboration with project leads	Delayed	Activity also contingent upon STTA
	Consult with partner organizations to identify opportunities to collaborate on delivering gender norm and male involvement interventions	Continuing	Contacts with (EngenderHealth and MPHFA and Ministry of Gender underway

Provide gender integration training to IHPB staff and identify opportunities to further integrate gender into project: The objectives are to increase understanding of gender norms and inequalities and how they affect health outcomes, and identify opportunities to address gender themes (e.g. male norms, GBV, service equity, power imbalances within the household, etc.) across IHPB interventions and technical strategies. However, the gender STTA which was expected for May 2015 was cancelled due to security measures taken by the donor. The activity is to be conducted as soon as the security situation normalizes.

Develop gender strategy in collaboration with project leads: The gender strategy to be developed by the project will utilize the results of the gender assessment to define an action plan for more thoroughly integrating gender into project activities, as well as guidance for measuring and ensuring the project's progress towards achieving gender integration results. The gender strategy will be

developed in collaboration with project and STTA leads across programmatic and technical areas, with input from USAID and other international and local organizations. FHI 360 and Pathfinder International HQ have already joined hands to develop a draft strategy remotely and the final version will be available once the STTA is rescheduled and the strategy is adapted to fit Burundi context.

Consult with partner organizations to identify opportunities to collaborate on delivering gender norms and male involvement interventions: IHPB has conducted gender assessment to identify gender determinants of good health practices. In order to strategically plan for gender integration into project activities, IHPB has established contacts with USG-funded organizations such as International Medical Corps, EngenderHealth, and the Ministry in Charge of Gender.

	Planned for April – June 2015	Achievement and results	Comments
<i>1.3.b: Expand access to high quality and comprehensive services for GBV survivors</i>	Coordinate and provide support for supportive supervision visits for 12 health centers and facilities supported for GBV services under Flexible FP	Continuous	Integrated supervision documented; 5 SGBV cases were managed at 3 HCs
	Coordinate and provide support for supportive supervision visits for 12 new facilities (not the ones mentioned earlier) staffed by newly trained health providers	Continuous	Supervision planned after training scheduled for July and August 2015
	Work with Centre Seruka to plan, prepare for and conduct trainings on GBV case management for identified health and multi-sector providers from Muyinga and Kirundo Provinces	Delayed	IHPB will instead work with PNSR to train providers during next quarter July – September
	Collaborate with BRAVI to review and provide inputs on development of additional job aids, tools, and training curricula for clinical management of GBV cases	Continuous	Draft of algorithm on GBV case management shared with BRAVI
	Collaborate with BRAVI for quarterly multi-sectorial coordination meeting	Delayed	Partner’s unavailability obliged project to postpone the activity

Coordinate and provide support for supportive supervision: During the quarter, the Muyinga-based IHPB technical officer, in partnership with district staff, conducted an integrated supervision in the health district of Giteranyi, where 16 health centers (HC) were supervised from April 20 to May 18, 2015. In addition, it was observed that most health facilities have one provider trained in SGBV case management; it was recommended that a second health provider be trained.

Work with Seruka Center: During the quarter, the major challenge encountered was the unavailability of our main partner, **Seruka Center**, with whom supervision of SGBV activities and training providers on SGBV case management were planned. For supervision, the IHPB technical officer in Muyinga supervised SGBV activities during integrated supervision conducted in Giteranyi. The next step will be to integrate SGBV activities into integrated formative supervision in other health districts, after revising the supervision tool. For trainings on SGBV, IHPB will coordinate with the National Reproductive Health Program (PNSR), which accepted to lead these trainings and also seek assistance from trainers from non-health services such as legal services and social services.

Collaborate with BRAVI (Burundians Responding against Violence and Inequality) to review and provide inputs on development of additional job aids, tools, and training curricula for clinical management of GBV cases: During the quarter, IHPB held a series of meetings with BRAVI to discuss the elaboration of tools - supervision tools, and an algorithm on GBV clinical management proposed by IHPB. BRAVI was in the process of recruiting a consultant to develop tools including, but not limited to, supervision tools. IHPB will be invited to the elaboration process. IHPB presented the algorithm in GBV case management, which will be validated upon consultation with the PNSR.

Multi-sectorial coordination meetings: Due to partners' unavailability, this activity was not conducted as planned for the quarter. IHPB will work with provincial health authorities to conduct this activity.

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

	Planned for April – June 2015	Achievement and results	Comments
<i>Strengthening COSAs</i>	Support the BDS to provide a 5-day training of 90 members of 30 COSAs	Delayed	Planned for August 2015
	Mentor CHW groups' biannual planning in Giteranyi and 12 health centers in Kayanza province	Achieved	
<i>Strengthening community health workers</i>	Assist the BDS to organize semi-annual CHW meetings to follow-up on community health activities in Kayanza and Muyinga provinces	Achieved	
	Enable the BDS to hold CHW quarterly meetings at HC in Giteranyi and 12 health centers in Kayanza province	Achieved	
	Support the biannual coordination meetings at provincial level on community health system in Kayanza and Muyinga	Achieved	
	Support the BDS to conduct 5-day training of trainers for 22 trainers from Nyabikere health districts on malnutrition screening and ENA/IYCF	Delayed	Activity planned tentatively for August 2015. Training module on the new National Protocol for management of malnutrition not ready – waiting for a workshop to be organized by National Program of Food and Nutrition (PRONIANUT) for a common view (by partners) on the new protocol.
	Support the BDS to conduct 3-day trainings of 166 CHWs from Nyabikere health districts on malnutrition screening and Emergency Nutrition Assessment (ENA)/Infant Young Child Feeding (IYCF)	Delayed	Activity is tributary to the previous one
	Provide 166 CHWs with mid-upper arm circumference (MUAC) tools	Delayed	Activity is tributary to the training of CHWs
	Conduct integrated supervision of CHWs including malnutrition screening and follow-up on discharged malnutrition cases in Nyabikere Health District	Delayed	Activity is also dependent to the training

Assist the BDS to organize semi-annual CHW meetings to follow-up on community health activities in Kayanza and Muyinga provinces: Devoted to restarting community IMCI activities, the

meeting brought together community health workers (CHWs) at communal administrative level and health workers including the health promotion technicians, supervisors from health district bureau, and provincial health promotion coordinators. In Kayanza, 801 of the 890 CHWs, as well as 680 of 758 CHWs in Muyinga, attended the two separate meetings. The methodology used was to make a brief presentation on community IMCI, its history, and its contributions to improving child health; distribution of community reporting forms; and recall the seven key household practices (exclusive breastfeeding, complementary feeding, hand washing, diarrhea management, malaria prevention, danger signs recognition, and children immunization). This activity enabled IHPB to: renew CHW commitment to regularly report on community IMCI activities and offer an opportunity to identify challenges facing community IMCI.

Enable the BDS to hold CHW quarterly meetings at HC & mentor CHW groups' biannual planning in Giteranyi and 12 health centers in Kayanza province: These two planned activities were carried out in three health centers in Kayanza province and in 4 health centers in Muyinga province. Conducted at the health center level, the meetings brought together CHWs, health center in-charge nurse, health promotion technician (HPT) of the area, a supervisor from the health district bureau (HDB), and the province health promotion coordinator. The aim was to reinforce the relationship and linkages between CHWs (and their groups) and health centers on how to use community data collection tools including the monthly report and the community referral form.

During the sessions, CHW groups elaborated their respective work plans and practiced completing their monthly reports. The following strengths were observed: *CHW groups understood the importance and correct utilization of the semi-annual work plan and monthly report template and CHWs appreciated the new community data collection tools.*¹

The following weaknesses were observed:

- *Weak collaboration between CHWs and health care providers in health centers: in some health centers, health centers in-charge nurses did not participate in CHW group planning, so the work plan didn't take into account health center problems;*
- *CHWs don't have registers to write in;*
- *Weak involvement of health care providers in supervising CHWs.*

These observations enabled IHPB to identify challenges faced by CHWs and helped to improve the CHWs capacity in planning and reporting. In addition, with the use of the standard community data collection tools, IHPB will collect and report on a key indicator, the number of patients treated or referred by CHWs.

Support the biannual coordination meetings at provincial level on community health system in Kayanza and Muyinga: Two separate provincial meetings were held, one in Kayanza, another in Muyinga. The meetings brought together health center in-charge nurses, health promotion technicians (HPTs), health district bureaus (HDB) and province health bureaus (HPB) staff. From Kayanza, 64 staff attended (36 health centers in-charge nurses, 16 HPTs, 11 staff from HDBs, 1 supervisor from the PHB) while 69 attended in Muyinga (42 health centers in-charge nurses, 19 health promotion technicians, and 8 people from the HDB and the HPB).

¹ a CHW at Kamaramagambo health center boasted that he referred patients to the health center and health care providers counter-referred to him and the standard data collection tools recall CHWs on their activities package: they helped to recover family planning dropouts (reported in Kamaramagambo and Kinyami health centers)

The meetings were aimed at reviewing the challenges and issues facing the functioning of community health workers (CHWs), debating the issues, and proposing solutions. The meetings started with a presentation on community health (definition, history of CHWs and the situation in Burundi), followed by the issues noted within the province, debate on the issues, and solutions formulated by working groups. The key issues identified were:

- Personnel shortage: instead of one HPT assigned to each health center, one HPT covers three or more health centers making it difficult for one HPT to oversee community activities for more than one health center. Also, while there is a coordinator for health promotion at province level, there isn't any at district level resulting in a shortage of community coordination at the health district level.
- Weak collaboration between clinical and community services: there is no information exchange between health centers and CHWs.

With the objective to contribute to the operation of a well-functioning community health system the following solutions were proposed:

- The health district and the health center in-charge nurses (from health centers without a HPT) committed to assign a health care provider for coordination of community health activities and requested IHPB to support their training.
- The health centers in-charge nurses committed to provide CHWs with working registers; but indicated that since their current financial situation did not allow it, requested IHPB to provide the registers (one time).
- The HPTs and the health center in-charge nurses committed to plan together the visits in community so that the health centers provide HPTs with needed means.
- Health center in-charge nurses committed to adopt the new standard community data collection tools and requested IHPB to support by training CHWs and coaching them on the use of the tools.
- The health district committed to assign a supervisor as a community health focal point.

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

2.2. C: Support integration with a QI model and prepare districts for scale-up of best practices

	Planned for April – June 2015	Achievement and results	Comments
<i>2.2.c: Support integration with QI model and prepare districts for scale up of best practices</i>	Organize 4 three-day training sessions to train QI coaches	Two three-day sessions held	One session in Kayanza and another in Kirundo held in May 2015. <i>N.B. A session was held in Karusi in March. The Muyinga one is planned in August 2015.</i>
	Conduct first joint coaching visits to establish QI teams	Continuous	11 QI teams established in Karusi and 9 QI teams established in Kirundo in June 2015. In Kirundo, 8 QI teams remaining will be established in July, 2015. In Kayanza, 15 QI teams remaining will be established in August, 2015. In Muyinga, 6 QI teams remaining will be established in September 2015.
	Conduct monthly QI coaching visits	Delayed	Activity will start after QI teams are established. Tentatively planned for July and August 2015 for Karusi and Kirundo provinces.
	Train 15 health care workers on FP in Kayanza Province	Achieved	15 health care workers trained
	Train 11 health care workers on FP in Karusi	Achieved	11 health care workers trained
	Train 19 health workers on PITC in Kirundo	Delayed	Planned for August 2015
	Train 19 health workers on GBV in Kirundo	Achieved	
	Train 11 health workers on provider initiated testing and counseling (Karusi)	Achieved	

Organized four three-day training sessions to train QI coaches: In partnership with the Kayanza and Kirundo Provincial health Bureaus, IHPB organized two four-day training sessions on coaching of the QI efforts to integrate services: Kayanza (May 11-14, 2015) session was attended by 31 participants - supervisors from provincial and district health offices (7), hospital directors and chief of nursing (6), in-charge of health centers (12) and IHPB provincial office staff (2). The Kirundo session (May 18-21, 2015) was also attended by 31 participants - supervisors from provincial and district health offices (10), hospital directors/delegates and chief of nursing (2), in-charge of health centers (15), and IHPB provincial office staff (4).

The purpose of the workshop was to strengthen the skills of coaches to support Quality Improvement teams as part of the implementation of the collaborative approach to improving integrated services in Burundi. Highlights of the training sessions are as follows: development of a services integration plan based on integration and quality improvement charter, establishment of quality improvement and integration team, design of the initial process mapping, development of indicator monitoring plan, collaborative QI approach, development of ideas for change that may lead to an improvement, increased understanding of roles and activities of a coach, establishment of norms assessment sheet, post training plan, and post-test.

Besides the power point presentations, the training focused on practical exercises and group work on different themes. Specifically, each health facility leader had to design a realistic process map of his own facility, including: establishing a provisional QI team on job aids for QI team composition, monitoring indicator forms have been developed in guidance of facilitators, and evaluating items of documentation standards in data records that have been developed.

After the workshops, the next steps that coaches could take to support health centers and district hospital managers included: (a) finalizing the initial process mapping, (b) finalizing setting up QI Teams, (c) identifying ideas to test and develop an improvement work plan, (d) implementing the work plan, (e) and transmission of the monthly report.

Conducted joint visits to establish and coach facility-based QI teams on site: In partnership with the Karusi and Kirundo Provincial health staff, IHPB organized five-day coaching visits to Karusi (June 1-5, 2015) and Kirundo (June 22-26, 2015) provinces. The purpose of the visits was to help facilities in: designing the quality improvement process map, identifying problems and finding local solutions, setting improvement goals, forming the correct team, analyzing their system, identifying ideas for changes to improve the system on PDSA cycle, and collecting and analyzing data to measure the effects of these changes.

In Karusi, where IHPB has started integration of FP and HIV in maternal and child health services, 11 QITs (from 11 facilities) were supported. The sites coached for the Health District Buhiga were CDS Buhiga, the hospital Buhiga, CDS Masabo, CDS Nyaruhinda and CDS Karusi; and for the health district Nyabikere: CDS Nyabikere, CDS Rusi, CDS Gisimbawaga, CDS Gihogazi, CDS Rusamaza and CDS Nyabibuye.

In Kirundo, where IHPB has started integration of antenatal care, gender-based violence (GBV), screening for malnutrition and HIV testing and counseling in curative care, 9 QITs (from 9 facilities) were supported.

The sites coached for the Health District of Kirundo were CDS Kiyonza, CdS Gakana, CDS Ruhehe, CDS Kigozi and Kirundo hospital and the following for the health district of Vumbi: CDS Gikomero, CdS Muramba, CDS Ntega, CDS Rushubije.

The overall observations were: across all the facilities visited, QI teams were established and at least one meeting of the members of the QI teams was held while the majority of structures had not yet developed a process diagram. During the coaching visits, QI teams received feedback on what they have already achieved and at least one initial process diagram was developed. Tools such as the guide for meetings conduct, the integration plan, the sheet for quality standards as well as the data collection sheet were provided to each facility.

Finally, instructions were given for next steps: finalizing the analysis of bottlenecks and identification of ideas for change to be tested, the improvement action plan and its implementation.

Organized five-day training session to train health care workers:

(a) In partnership with the Karusi and Kayanza Provincial Health Bureaus, IHPB organized a five-day (June 22 to 26, 2015) training on FP counseling for integration of FP in immunization service. The purpose was to provide knowledge to health providers on family planning counseling. In fact, one of the integration opportunities in their service integration plan model is integration of FP in child immunization services in health centers and pediatric services in district hospitals. Therefore, the training targeted immunization services providers from health centers and pediatric services providers from district hospitals whereby 26 health care providers (15 in Kayanza Province: 8 females and 6 males, and 11 in Karusi province: 6 females and 8 males) were trained.

(b) Organized a six-day (June 8 to 13, 2015) training of trainers on the Integration of RH/HIV/PMTCT services that brought together over 35 participants from the four IHPB target provinces. On the third day of the training, the Director General of the MOH on a visit to Karusi, instructed suspension of the training on grounds that the key participants (provincial and district medical directors) did not follow procedures in obtaining travel authorization to attend the workshop.

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

Planned for April – June 2015	Achievement and results	Comments
<i>Develop a project-wide training plan and database</i>	Achieved	Excel-based database of training activities in place - number and names of trainees, their professional categories and gender, the results of pre/post tests and follow up plans
<i>Develop Standard Operating Procedures (SOPs) and tools for updating training plans (coordinated planning) and database (monitoring implementation)</i>	Delayed	Planned for August 2015
<i>Develop a project-wide calendar of supervision visits (jointly with district supervisors)</i>	Continuous	For trainings completed, post-training follow-up calendar is in place
<i>Adapt SOPs and tools for coordinating and monitoring supervision activities</i>	Delayed	Panned for August 2015
<i>Identify a HRH management computerized database appropriate for the district</i>	Continuous	IHPB is coordinating with the MPHFA through its Direction of Human Resources

Develop a project-wide training plan: IHPB has set up an Excel-based spreadsheet for tracking trainings already conducted, problems encountered and, solutions proposed.

Develop Standard Operating Procedures (SOPs) and tools for updating training plans (coordinated planning) and database (monitoring implementation): SOP will be drafted and validated by the IHPB team during the quarter July to September 2015.

Identify a HRH management computerized database appropriate for the district: Based on the discussions IHPB has had with MPHFA, the Human Resources Department of the MPHFA, with support from Belgian Technical Cooperation (BTC), has identified and ordered a human resources management software and recruited a firm to manage and roll out trainings, beginning with the installation of the software at the central level and PHB, and with trainings of trainers planned for the quarter July – September 2015. IHPB will partner with the MPHFA in the rolling out of this activity across the target districts.

CLIN 3: Strengthened Health Systems and Capacity

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

	Planned for April – June 2015	Achievement and results	Comments
<i>3.1. a. Work with provincial and district health bureaus to progressively strengthen district-level capacity and performance in managing the decentralized health system</i>	Provide support during the annual work planning process	N/A	Awaiting instructions (from MPHFA) to start planning process
	Provide, through sub-grants, financial support to organize quarterly coordination workshops at the district level	Partially achieved	5 districts quarterly coordination workshops were organized
	Strengthen the supportive supervision system	Supportive supervision by HSS team conducted in 3 districts (Gahombo, Kayanza and Musema)	
	Provide medical equipment to health facilities as per needs assessment	In progress	Equipment arrived in country. Distribution planned for next quarter
	Train 66 health providers in preventive maintenance	Delayed	Planned for August 2015

Provide support during the annual work planning process: During the reporting period, IHPB finalized the data analysis for the Health District Assessment which will be used in developing plans for each of the 12 IHPB target health districts. Districts are awaiting instructions from the MPHFA on to start the annual district specific work planning process. IHPB will support the planning process technically and logistically, with a presentation of results from the FABs..

Provide through sub-grants financial support to organize quarterly coordination meetings at the district level: Through the IHPB sub-grants mechanism, health districts are supported to organize quarterly coordination meetings. While the health districts of Buhiga, Nyabikere, Gashoho, Giteranyi and Muyinga were able to request and organize quarterly coordination meetings, three out of the 12 target districts (Gahombo, Kayanza and Musema) didn't request for funds, while four health districts in Kirundo (Busoni, Kirundo, Mukenke and Vumbi) continue to get support from the Belgian Technical Cooperation.

Strengthen the supportive supervision system: IHPB provided logistic support to supervision visits through sub-grants that cover the recurrent costs of supervision. IHPB field officers also actively mentor district supervisors during visits by providing feedback and coaching on ways to strengthen their supervision practices.

Provide and support maintenance of essential equipment: With the arrival (in-country) of the equipment ordered by IHPB (worth USD 2,157,604), IHPB developed a provisional equipment distribution plan along with an inventory of health providers to be trained for the use and maintenance of the equipment.

Make PBF monthly payments to facilities

	Planned for April – June 2015	Achievement and results	Comments
3.1.b Provide essential technical and financial support for PBF	Monitor and verify facility performance	Achieved	
	Make monthly payments to facilities based on performance against seven HIV/AIDS indicators	Achieved	
	Make feedback to BDSs in the four provinces on the payments made	Achieved	

Monitor and verify facility performance: On June 1-4th, IHPB PBF Advisor accompanied the CPVV verifiers in Tura, Nonwe, Giteranyi, Cumba, Gitaramuka, Kagari and Nyungu health centers in Muyinga to monitor the quality of the sampling process. In general, the principles defined in the PBF Manual are respected to randomly cover all facility users over the previous six months in all concerned services. The activity coincided with the sampling period and the visited facilities were the ones scheduled for the period. It can be noted that facilities have improved the quality of registration of health services users; which allows community surveyors to easily find them in the community.

Make monthly payments to facilities based on performance against seven HIV/AIDS indicators: During this quarter, bills from the CTN were paid as they landed in IHPB services. A total of 227,906,875 Burundi Francs were paid covering the months of January, February, March and April 2015.

Month of payment	Covered month	Amount
April-15	January 2015	52,183,361
May-15	February 2015	56,940,833
June-15	March 2015	62,502,466
	April 2015	56,280,215
Total		227,906,875

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

Planned for April – June 2015	Achievement and results	Comments
Participate in the CTN quarterly meeting	Continuous	
Provide technical and logistical support for data verification and validation processes in Muyinga province	Support provided for April 2015	From May 2015, this activity was assigned to a local NGO named COPED (Conseil Pour l'Education et le Développement)
Support quarterly quality knowledge sharing (restitution) workshops in Muyinga province	Achieved	
Coach health facilities in PBF in Muyinga province	Achieved	
Collaborate with CT-FBP to validate community PBF manual of procedures	Achieved	

Participate in the CTN quarterly meeting: On June 25th, 2015 the quarterly meeting of the extended CTN was organized at the MPHFA. The meeting was held to analyze strategies to maintain the quality of services between quality evaluation periods. Presentations were made on the results of improvised quality assessment in district hospitals and scenarios that included their results of the calculation of the global quality scores discussed in order to stimulate facilities to maintain the standards in-between evaluations.

Provide technical and logistical support for verification and validation processes in Muyinga province: In April 2015, CPVV Muyinga was supported with vehicles and fuel to conduct the monthly facility verification process on April 7th to 21st, 2015. This allowed the CPVV to be on time to validate and send invoices to the CTN. This support was extended to cover the partial sampling process for the community survey to be conducted in July 2015.

Coach health facilities in PBF in Muyinga province: During the reporting period, this activity was conducted in seven health centers: Tura, Nonwe, Giteranyi, Cumba, Gitaramuka, Kagari and Nyungu. As a general observation, there was an overall decrease in the scores of technical quality.

Support quarterly quality knowledge sharing (restitution) workshops in Muyinga province: On 17-18th June, 2015, IHPB provided financial and logistic support to the CPVV Muyinga to organize a restitution workshop (feedback workshop) on the January-March quality assessment. The workshop was attended by 48 in-charge nurses, 45 COSA members, 8 members from hospital management teams, 15 from district and BPS core teams, 12 from the CPVV, 8 from the communal and provincial administration and 1 from IHPB (35 females and 102 males).

Collaborate with CT-FBP to validate Community PBF manual of procedures: On April 10th, 2015, IHPB held a technical meeting in Bujumbura with the PBF National Unit (CTN-FBP) of the MPHFA about community PBF implementation tools. Following that meeting, it was agreed that IHPB should use the available community and PBF guidelines in its intervention area: *Manuel des procédures FBP Communautaire*, *Orientations stratégiques en santé Communautaire*, and the *Manuel de l'agent de santé communautaire (Kirundi)* to guide the implementation of community PBF in Gashoho district.

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

Planned for April – June 2015	Achievement and results	Comments
Contribute to PEPFAR semi-annual report	Achieved	
Convey internal M&E workshop	Postponed	As the reporting quarter was a very busy field implementation of activities involving IHPB project staff, the internal M&E workshop was postponed.
Participate in PBF validation meetings	Continuous	IHPB field office M&E technical officers attended the monthly provincial PBF data validation workshops

During the quarter under review, IHPB implemented other planned and routine Project Monitoring and Evaluation activities:

- (a) finalized and submitted the PEPFAR Semi-Annual Report 2015 (October 2014 to March 2015) using the new web-based PEPFAR Planning and Reporting System DATIM (Data for Accountability, Transparency and Impact);
- (b) Within the framework of IHPB staff capacity building, 9 M&E officers attended a 3-day (May 25-27, 2015) training on DATIM and a 2-day (May 28-29, 2015) training on Data Quality Assurance (DQA).
- (c) In addition, finalized development of the Kirundo OVC database after inclusion of the field officers' feed-back;
- (d) M&E Field Officers maintained routine data quality assurance through reports review and feed-back as well as through training opportunities. In fact, a session on the use of all HIV and STIs data collection and reporting tools was conducted for the 36 participants to a training session on Syndromic Management of STIs in Muyinga and on HIV counseling and testing and to 43 health providers attending a training on HIV counseling and testing in Karusi Province.
- (e) Formatives supervisions on the use of newly introduced HIV services tools were conducted in 39 health centers (16 in Muyinga, 10 in Kirundo, 9 in Kayanza, and 4 in Karusi).

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

	Planned for April – June 2015	Achievement and Results	Comments
Civil Society Organizations capacity strengthening	Conduct five-day training on leadership and management for 12 board members and 16 senior staff from four focus CSOs	Delayed	Planned for August 2015
	Conduct five-day training for 16 CSO staff on financial management, procurement procedures including USAID management procedures	Achieved	31 participants trained and received manual on « Conseils de mise en œuvre pour les partenaires de l'USAID »
	Provide support to CSOs in improving management systems, financial management, and human resources management (strategic planning, procedures manuals, HR management manuals, procurement procedures, etc.)	Continuous	SWAA Burundi, RBP+ and ANSS finance personnel supported through site visits
	Case-by-case, provide support to hold statutory meetings	N/A	No demand expressed until now
	Ensure conduct of a 5-day training for 40 leaders from most at-risk populations (MSM, FSW and prisoners) and RBP+ personnel on the directives and approaches of the interventions including the package of services	Delayed	Bujumbura-based MARP leaders not available
	Supervise the IIP implementation	Continuous	
	Measure quarterly the progress of the capacity strengthening work using the Local Partner Transition (LPT) criteria for graduation	Continuous	LPT criteria for graduation assessed quarterly

Conduct five-day training on leadership and management for 12 board members and 16 senior staff from four focus CSOs: As the CSOs funded through the IHPB project are also funded by the PMTCT project, the two projects have agreed to jointly organize the training on leadership and management. Then IHPB agreed to conduct this training in August 2015 to meet the planning and the availability of both projects.

Conduct five-day training for 16 CSO staff on financial management, procurement procedures including USAID management procedures: In collaboration with PMTCT Acceleration Project, IHPB organized four-day training for members of six CSOs (ANSS, SWAA Burundi, RBP+, ABUBEF, Service Yezu Mwiza and Croix-Rouge du Burundi). In total, 31 participants (14 males and 17 females) attended the training, which focused on the following topics: assistance versus acquisition under USAID funding; grant document content; contract management requirements; restricted and prohibited items; exclusion/terrorism searches; accounting general principles; cost principles according to CFR 200 OMB A-122, eligible vs ineligible costs; payroll; branding and marking plan; environment monitoring and mitigation requirements; indirect costs; audit; procurement requirements; and USAID standard provisions for non US NGOs. At the end of the session, participants (5 from SWAA Burundi, 6 from ANSS,

5 from RBP+, 5 from ABUBEF, 5 from Service Yezu Mwiza and 5 from Croix-Rouge du Burundi) received a hand out of the manual: « *Conseils de mise en œuvre pour les partenaires de l'USAID* »², which covers governance, financial management, human resources management, program management, compliance, monitoring and evaluation and external affairs.

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, the elaboration of the timesheets, the calculation of wages (including the calculation of the tax on salary), procurement procedures, and the completion of FCO (financial cost objective). Specifically, support activities included an ANSS orientation session; SWAA Burundi finance reinforcement; and setting up OVC database for OVC activities being implemented by RBP+.

(a) ANSS orientation session: IHPB issued a grant to ANSS with a goal to increase use of quality integrated services at ANSS Kirundo. Therefore, an orientation session for strengthening the management staff and the key technical staff capacities was held on June 16-18, 2015 facilitated by IHPB staff. The ANSS national program coordinator and the national program assistant, the medical doctor head of the ANSS Kirundo branch, and the accountant of ANSS Kirundo attended that session. The session was an opportunity to better educate staff on the IHPB and the place of ANSS within the project. Thus, they better understood the Health Integrated sub-project executed by ANSS Kirundo. It focused on (1) strengthening capacities for ANSS in terms of hiring staff, improving infrastructures and providing equipment; (2) strengthening HIV activities in the ANSS Kirundo clinic and in the health center of Ruhehe; and (3) strengthening the integration of malaria, family planning, maternal and child health, tuberculosis, non-communicable diseases services in existing services.

Presentations and participatory discussions were made on indicators and/or targets and on the development of reports. The IHPB staff made presentations on USAID procedures related to finances, human resources, procurements, branding and marking policy, environment monitoring and mitigation plan and other topics deemed necessary.

Some issues emerged from discussions: (1) need for regular and timely submission of the 3 mandatory reports (monthly finance report, monthly technical report and quarterly technical progress report), (2) need for a training for health providers on clinical IMCI approach and integration of this component into the existing HIV services, (3) improvement of health care for men who have sex with men (MSM by identification of target population and training health staff on MSM services package, and (4) building capacities for Ruhehe health center staff through transfer of knowledge and skills from ANSS staff.

ANSS Kirundo developed a work plan covering the 4 remaining months (June-September 2015) which included the development of the environment mitigation and monitoring plan, improvement of the MSM case management and integration of the services of malaria, mother and child health, FP, in existing services.

Both parties (IHPB and ANSS) agreed to maintain communication and dialogue and to find solutions to issues that would be raised in the course of grant implementation.

² Implementation tips for USAID partners

(b) SWAA Burundi finance reinforcement: The administrative and finance Associate Director and the accountant from IHPB conducted a visit aimed at improving the finance and human resources management of SWAA Burundi, Muyinga branch. As SWAA Muyinga had already submitted reports that contained errors, the IHPB team reviewed and corrected all the reports from October 2014 to April 2015 allowing them to explain all the different gaps and build staff capacities on the identified issues. Occasionally, the SWAA contracts with service providers and timesheets contain irregularities that need to be corrected. Staff based in Bujumbura must send the staff timesheets each month. IHPB staff showed the accountant how to fill the bank book with 4 FCOS and how to separate the management of funds from PMTCT Project and from IHPB.

(c) Set up database for OVC project executed by RBP+: During this quarter, IHPB set up a database for the project assisting OVC. The establishment of this database meets the need to equip the staff of RBP + a simple and reliable tool that allows the registration of data related to OVC, and aids the OVC and their families to easily produce reports on the services provided. This database is consistent with collection forms used by CPDO when collecting data and reveals almost all avoidable mistakes while checking reports that OVCs are in the list approved by the OSC. The report provided by this database allows tracking regularly and more reliable indicators for assistance to OVC related medical care, home visits, monitoring of education, assistance for hygiene and habitat as well as legal assistance. The next step is to train the RBP+ staff involved in data collection and in producing reports on this database.

Ensure conduct of a 5-day training for 40 leaders from most at-risk populations (MSM, FSW and prisoners) and RBP+ personnel: As part of preparing the MARPs training, staff from PMTCT, IHPB and RBP + held a preparatory meeting. 4 people from MARP, 1 from RBP+, 1 from PMTCT Project and 1 from IHPB were in attendance. The training was planned for May or June 2015 but due to the unavailability of MARP representatives, the activity was not carried out.

Supervise Implementation of the Institutional Implementation Plan (IIP): As in baseline assessments, it appeared gaps in both technical and organizational areas, therefore CSOs were supported to build in both areas. Regarding the organizational domain, the staff was formed on finance management systems, human resources and procedures of USAID. In addition CSO visits were undertaken to improve the development of reports, procedures for advance requests, and development of budget amendment. During this quarter, IHPB supported the CSOs RBP + to improve OVC files. Regarding the technical areas, each CSO was supported in its field: (1) a database for OVC project implemented by RBP+ was set up; (2) suggestions on improvement of supervision conducted in the CDS Ruhehe for PLWHA were given to ANSS Kirundo staff; (3) work plans and quarterly assessments were regularly done which IHPB for SWAA Burundi.

Priority Health Domain Strategies

Maternal and Newborn Health Strategy

	Planned for April – June 2015	Achievement and results	Comments
Maternal, and Newborn Health Strategy	Conduct two six-day training sessions on EONC – train 30 providers from Karusi (15) and Muyinga(15) provinces	15 providers from Muyinga trained	15 providers from Karusi will be trained in July 2015
	Conduct two, six-day training sessions on BEmOC for 30 providers (2 doctors and 28 nurses) from Karusi province	15 providers trained current quarter	15 providers were trained the quarter January – March 2015
	Identify providers to be trained on neonatology	Delayed	Activity tentatively planned for September 2015
	Conduct training on neonatology	Delayed	See previous comment
	Train and support three district hospitals on monthly blood collection drives	Delayed	Planned for September 2015

Organized six-day training sessions on Basic Emergency Obstetric and Neonatal Care (BEmONC) for 15 health providers from Karusi:



A trainer performing the ventouse extraction for trainer

In collaboration with PNSR, IHPB organized one six-day training session on BEmONC for 15 health care providers (11 males and 4 females) from Karusi. Training was conducted in Bujumbura at the National Institute of Public Health (INSP) and consisted of strengthening health providers' capacity 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 and newborn mortality - (1) parenteral treatment of infection (antibiotics), (2) parenteral treatment of pre-eclampsia/eclampsia (anticonvulsants), (3) parenteral prevention and treatment of postpartum hemorrhage (uterotonics), (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 session includes:

- 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 session where learners use standardized checklist to become competent in specific skills. Each learner 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.

Organized one six-day training sessions on Essential obstetric and neonatal care (EONC) for 15 health providers from Muyinga:



Trainees practicing on delivery in station 2



Trainee practicing on episiotomy reparation in station 3

In collaboration with PNSR, IHPB organized one six-day training session on EONC for health care providers from Muyinga - training was conducted in Gitega. The aim of the training was to strengthen health care providers' capacity in offering quality continuum of services before, during and after pregnancy. Organized in two parts, in the first part, for two days participants followed theory topics (in class) related to antenatal care, safe delivery and post-natal care. The two day theory was followed by four days of practical sessions using standardized check list to become competent in offering services during the three periods (antenatal, delivery and postnatal). For the second part of the training, three stations were established: (1) for antenatal services where discussed focused antenatal care and PMTCT, (2) for safe delivery where delivery, active management of the third stage of labor (AMTSL) and newborn resuscitation (3) for post-natal services with focus on episiotomy, mother resuscitation and post-natal services. For each station, 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. A total of fifteen nurses were trained (4 female and 11 male) and they were all from Giteranyi health district. Following the training, trainers will supervise the field to see how trainees are providing services.

Identify providers to be trained on neonatology and conduct training on neonatology: Due to security instability as the training on neonatology is conducted at a National Hospital in Bujumbura and unavailability of national trainers, this activity, including identification of providers to be trained, was not achieved. This activity is tentatively, planned for September

2015.

Train and support three hospitals on monthly blood collection: Due to the unavailability of trainers from the National Center for Blood Transfusion (CNTS), the five-day on the job training for on blood collection techniques was not conducted. This activity is tentatively, scheduled for September 2015.

Reproductive Health Strategy

	Planned for April-June 2015	Achievement and results	Comments
<i>Reproductive health/ family planning</i>	Train 54 providers from nine hospitals in intervention area on maternal death audits	Achieved. 56 providers from 10 facilities trained	Activity initially planned for July 2015
	Support monthly maternal death audit sessions in nine hospitals	One session supported	Activity initially planned for July 2015
	Identify health centers that can offer YFS	Achieved	13 health centers identified
	Train 30 nurses providers on YFS	Delayed	Planned for July and August
	Conduct post training supervision	On track	2 sessions held

Train 54 providers from nine hospitals in intervention area on maternal death audits: During the quarter, two five-day training sessions were organized and 56 health care providers trained on how to conduct maternal death audits. The first session brought together 25 health care workers (8 females and 17 males) from Karusi and Muyinga provinces - 15 from 5 hospitals (2 hospitals in Karusi and 3 hospitals in Muyinga) and 11 health workers from BDS and BPS. The second, brought together 31 health care providers (10 females and 21 males) from Kirundo (2 hospitals) and Kayanza Provinces (3 hospitals).

The training sessions focused on the following topics: (a) How to make pregnancy safe - analyze maternal deaths and complications; (b) Why analyze maternal deaths and obstetric complications; (c) Challenges and prospects of reducing maternal and neonatal mortality in Africa; (d) Methods of maternal health audits; (e) Reviewing severe maternal morbidity ("Near-Miss"); (f) Verbal Autopsies: Learning from the Death Review occurring in the community; (g) Confidential enquiries into maternal deaths; (h) Study of maternal deaths in health facilities; (i) Clinical audits; (j) Factors facilitating the implementation of audits; and (k) Development of action plans at hospitals.



Support monthly maternal death audit sessions in nine hospitals: During the quarter, one maternal death audit session was organized at Giteranyi district hospital attended by 24 staff (Hospital: 11; BDS:1 and HCs:12). Rupture of the uterus with subsequent hemorrhage was determined as the main cause of maternal deaths and the following recommendations were made: improve patient follow up during delivery; call medical doctors on duty to attend to patients referred by health centers to the emergency unit; improve patient record keeping and archiving; post algorithms and protocols and fully respect directives; and train health workers on BEmOC.

Identify health centers that can offer Youth Friendly Services (YFS): In collaboration with the district team, IHPB identified 9 facilities (*CDS amis des jeunes*) from Kirundo and 4 from Muyinga that could offer youth-friendly services using National Reproductive Health Program (PNRSR) criteria.

Formative supervision in health centers of Kirundo provinces (Post training supervision on Family planning): Two supportive supervision exercises were held in Kirundo province - 7 health centers were visited.

HIV/AIDS Strategy

	Planned for April to June 2015	Achievement and results	Comments
HIV/AIDS	Support facility renovations to improve district and hospital functionality	In progress	Renovation needs assessed for 33 facilities
	Support supervision and coordination activities	Continuous	72 supervision visits to 72 facilities conducted using SIMS
	Train providers on the integration of RH/ HIV/PMTCT service	Delayed	Planned for August-September 2015 waiting for the completion of the training of trainers (ToT)
	Train providers on HIV counseling	Achieved	39 health care providers trained.
	Train health providers on STI management	36 trained current quarter	Additional staff will be trained August 2015
	Increase ART sites located in project intervention zone	Delayed	District hospitals are still mentoring and coaching former satellite sites. The new satellite sites are planned in August – September when the former sites will be strengthened.
	Maintain equipment for HIV testing and PLHIV biological and immune-virological monitoring	Continuous, as needed	5 out of 6 CD4 count machines are functioning, except that of Kirundo Hospital. The breakdown is already notified to Beckton Dickson Nairobi in charge of maintenance. Meanwhile samples are sent to Mukenke Hospital
	Through IKG support transportation of CD4 and DBS samples	Continuous	CD4 samples are transported from satellite sites to district hospitals laboratory as well as results. Transportation of PCR samples to INSP has stopped as PCR machine was not working due to stock out of reagents.
	Disseminate MOH-developed new HIV prevention and ART guidelines	N/A	No new guidelines were developed during the reporting period.
	Monitor sharing of knowledge acquired during training sessions with other providers	Continuous	A post training follow-up of 32 health providers that were trained on STI management, ART was conducted in Karusi.

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.

The CD4 count machine of Kirundo district hospital is out of duty. The breakdown is already notified to Beckton Dickson Nairobi in charge of maintenance. Meanwhile samples are sent to Mukenke Hospital

Support supervision and coordination activities: Using the new PEPFAR SIMS grid, IHPB conducted supervision of 72 facilities. The health facilities supervised per province are:

- 12 in Karusi province: Buhiga Hospital, Bugenyuzi Health Center, Gitaramuka HC, Nyabikere HC, Karusi HC, Gatonde HC, Rusamaza HC, Nyabibuye HC, Rusi HC, Gihogazi HC, Gisimbawaga HC and Masabo HC.
- 10 in Kayanza province: Gahombo and Musema Hospitals and 8 health centers, namely Mubuga, Gasenyi, Banga, Matongo, kabuye II, Gahombo, Jene and Maramvya.

- 20 in Kirundi province: ANSS branch of Kirundo, Gitobe, Kigozi, Marembo, Gasura, Muramba and Mukenke hospital, Ruhehe, Kiyonza, Gakana, Kirundo Hospital, Ntega, Muramba and Gikomero, Rushubije, Ntega, Busoni, Mukenke, Kirundo, Vumbi Health District.
- 30 in Muyinga province: Buhorana, Gahararo, Butihinda, Nonwe, Kidasha, Mika, Giteranyi, Mugano, Rabiho, Ngomo, Masaka, Tura, Kinyami, Ruzo, Kamaramagambo and Giteranyi hospital. Gashoho, Musama, Nyagatovu, Mirwa, Gisabazuba, Rusimbuko, Nyungu, Kigoganya, Kizi, and Bwasare, Gasorwe, Kagari, Gisanze and Gashoho hospital.

Main observations are: lack of client monitoring tools, stock out of some HIV commodities, challenges in monitoring missed appointments for ARVs supply, cotrimoxazole or CD4 count every 6 months for some patients and missing of clinical and biological information in patients' records. Appropriate and feasible solutions were proposed.

Train health providers on HIV counseling: In partnership with the Karusi and Muyinga Provincial health Bureaus, IHPB organized five-day training session on HIV counseling in Karusi (June 15-19, 2015); 39 participants attended the training session.

The purpose of the workshop was to strengthen the skills of the counselors to different categories of clients in HTC in general population as well particular people namely: pregnant women, youth and adolescent, couple, sexual violence survivors, children, certain diseases like STI and TB.

Train health providers on STI management: In partnership with the Karusi and Muyinga Provincial health Bureaus, IHPB organized five-day training session on STI management for district hospital nurses: Karusi session (June 15-19, 2015) was attended by 10 participants from Buhiga district hospital; Muyinga session (June 15-19, 2015) was attended by 26 participants from Muyinga, Mukenke and Giteranyi district hospitals. The purpose of the training was to strengthen the capacities of the health providers in diagnostic and managing of STI with new algorithms.

Through IKG support transportation of CD4 and DBS samples: The district hospital team regularly go to satellites ART sites for mentoring and coaching health providers for ART initiating and follow-up of new and old cases. At that occasion they take blood and bring it to the district hospital laboratory where is CD4 count machine. After, they bring back the results at the following visit. Transportation of BDS samples to INSP has stopped as the PCR machine is out of duty due to stock out of reagents.

Disseminate MOH-developed new HIV prevention and ART guidelines: MOH HIV guidelines are disseminated as they are developed. During the reporting quarter no new guidelines were disseminated because no new guidelines were developed.

Monitor knowledge sharing acquired during training sessions with other providers: In Karusi, a post training follow up of 32 health providers trained on STI management and ART was conducted. These visits aimed at the verification of training restitution by the participant at workplace. Restitution meeting reports were checked during the post training follow up visits.

Malaria Strategy

Planned for April to June 2015	Achievement and results	Comments
Conduct six three-day training sessions on IPTp (refocused ANC including IPTp) – train 80 nurses and 6 medical doctors from nine health districts ³ of the provinces of Karusi, Kayanza, Kirundo and Muyinga contingent upon availability of SP	135 from 6 Health Districts (HD) trained	3 HDs scheduled for July 2015
Conduct three, four-day trainings of CHW on CCM of malaria (74 CHW) in Kirundo and Gashoho HD	Achieved	70 (68 from Kirundo HD and 2 from Gashoho HD) trained
Supply equipment of CCM of malaria for CHWs in Gahombo, Kirundo and Gashoho HD	Continuous	
Support monthly follow up meetings with CHW, in-charge nurses and HPTs on CCM of malaria	Continuous	Planned supervisions for the report period were conducted
Ensure monthly supportive supervision for CHWs (done by HPs and HPTs)	Continuous	Planned supervisions for the report period were conducted
Ensure quarterly supportive supervision for CHWs (by BDS and IHPB)	Continuous	Planned supervisions for the report period were conducted
Conduct three five-day training sessions for 80 nurses on guidelines for malaria community case management in Muyinga Province	44 nurses trained during the quarter	22 trained in March 2015. 13 health workers will be trained in July
Conduct seven six-day training sessions for 120 microscopists/laboratories on correct malaria diagnosis	5 six-day sessions held and 91 trained	2 remaining sessions (Giteranyi and Gashoho) planned for July 2015
Support monthly technical meetings for information system on CCM of malaria at district level	Continuous	
Support supportive supervision for facility case management	Continuous	Planned supervisions for the report period achieved. Activity planned monthly
Develop key messages and leaflets on IPTp	Draft available	In consultation with NMCP finalize (July/August) messages
Multiply and disseminate 500 copies of leaflets on IPTp to CHWs		See previous comment

Training on IPTp: The introduction and rolling out of IPTp-SP as a new strategy for malaria prevention to pregnant women is one of priorities of strategic plan for malaria control in IHPB-targeted facilities. In close collaboration with NMCP staff, IHPB conducted three-day training sessions on IPTp in 6 health districts (Musema, Kayanza, Muyinga, Giteranyi, Mukenke and Vumbi HD) for 103 health providers including 84 nurses from Health Centers (one per HC), 14 nurses from HD hospitals and 3 from CSOs and 2 medical doctors (HD directors: Nyabikere and Buhiga HD). In addition, 32 HD supervisors have been trained with health. As IPTp is a new strategy in the national health policy of Burundi, it was important to train health district's supervisors and nurses from HD hospitals and medical doctors to ensure supervision and follow up of IPTp implementation. These trainings have been facilitated by health district directors and NMCP staff at district level. Implementation guidelines, reference guidance on IPTp

has been used and distributed to trainees. Each health center worker received one algorithm on IPTp to be displayed at health centers (HCs).

Numbers of health providers trained on IPTp, Apr-June 2015

District	Nurses trained (HC)	Nurses trained (Hospital)	CSOs	HD supervisors	Medical Doctors	Sex		Total
						M	F	
Giteranyi	16	2	-	5	-	16	7	23
Muyinga	20	5	2	4	-	22	9	31
Musema	13	2	-	5	-	12	8	20
Kayanza	14	2	-	4	-	7	13	20
Mukenke	8	1	1	2	-	7	5	12
Vumbi	13	-	-	1	-	11	3	14
Karusi	-	2	-	11	2	12	3	15
Total	84	14	3	32	2	87	48	135

Training CHWs on CCM of malaria: During the second year, IHPB support to CCM of malaria continued: in Kirundo HD (257 CHWs), Gahombo HD (160 CHWs) and Gashoho HD (242 CHWs). In Kirundo HD, 183 CHWs are active and in Gashoho HD, 2 new CHWs were elected. To ensure coverage of CCM of malaria in all sub-collines, IHPB supported a four-day training session on CCM of malaria to 68 CHW from Kirundo and 2 new elected CHW from Gashoho HD. The total would be 74 CHW, however 4 CHW from Kirundo had fled to Rwanda. Participants included: 39 females and 31 males. This training had been conducted by 2 staff from NMCP and 6 nurses from Kirundo HD.

Supply equipment of CCM of malaria for CHWs in Gahombo, Kirundo and Gashoho HD:

To further support CCM of malaria implementation in Kirundo, Gashoho and Gahombo HD, health districts addressed needs of material and tools used by CHWs. The materials were purchased and distributed; distribution list is presented is SUB-CLIN 1.2.

Support follow up meetings on CCM of malaria: Health promotion technicians, in-charge nurses and HD supervisors, in collaboration with IHPB, are committed to ensuring the quality of CHWs services throughout meetings with CHWs on CCM of malaria activities. IHPB provided a technical support to the monthly CHW meetings to follow up CCM of malaria implementation in Gahombo, Gashoho and Kirundo Health districts. These technical meetings, which are held at health center level, focus on analysis of data reported, how to fill in the registers of malaria community cases and other challenges that CHWs meet. Challenges included a shortage of RDTs, resulting in the referral of all malaria cases at health center. They also reported that community members would like to have home-based management of cough and diarrhea.

Ensure monthly supportive supervision for CHWs (done by HPs and HPTs): Health centers and health promotion technicians work closely with CHWs to access malaria services within the community. To monitor the quality of community activities, health promotion technicians and nurses in charge of CCM of malaria established a calendar of supervision visits within the community and meetings with CHWs at health center level.

In reference to CCM of malaria report, in Gahombo HD, HPTs carried out household visits to 77 CHWs. In Kirundo HD, 54 CHWs had been visited by HPTs and in Gashoho HD, household visits have been conducted to 36 CHWs. These household visits are opportunity to see how commodities and tools are kept and how CHWs follow guidelines to treat children with fever.

Ensure quarterly supportive supervision for CHWs (by BDS and IHPB): Since November 2014, IHPB, in close collaboration with health districts, supported CCM of malaria implementation in Kirundo, Gashoho, and Gahombo HD. From May to June 2015, three joint supportive supervision visits have been held by BDS team with IHPB staff at household level one joint supportive supervision per HD in CCM of malaria areas. With the help of the supervision tool, the supervision team observed that some CHWs forgot symptoms of severe malaria and don't refer correctly to health centers. The team found that rapid diagnostic tests (RDTs) used by Gahombo CHWs are not adapted to be used within the community. (This kind of RDT is named BIOLINE and detect a combined type of plasmodium, in which case Quinine is indicated). The supervision team returned those RDT to the health center and recommended holding a meeting with all CHWs in order to ask them to give back those RDT at their HC. The report has been shared with NMCP.

Training sessions on guidelines of malaria case management: Resulting from the introduction plan of intravenous Artesunate and Clindamycin (new molecules in protocol of malaria treatment), IHPB in collaboration with NMCP conducted two five-day training sessions for 44 health providers (19 females and 15 males) from Gashoho (19) and Muyinga HD (15) using New 2012 *Guidelines on Malaria Treatment*.

Training laboratory technicians (microscopists) on correct malaria diagnosis: In partnership with expert laboratory technicians from the NMCP, IHPB organized **five** five-day training sessions on correct diagnosis of malaria using microscopy and trained 91 (23 females and 68 males) laboratory staff from 6 health districts: Mukenke (11), Vumbi (13), Kirundo (17), Busoni (9), Gahombo (16), and Muyinga (25). An existing NMCP module was used for the training.



Training of HD lab technicians in Mukene and Gahombo

Support monthly technical meetings for information system on CCM of malaria at district level: To improve the quality of malaria information generated by CHWs in CCM of malaria, IHPB in close collaboration with the three CCM of malaria supported health districts, held a meeting with HD supervisors. The meeting aimed at improving data collection at the community level and resolved problems on stock out of malaria commodities used within the community.

Support supportive supervision for facility case management: In Gahombo health district, IHPB, in partnership with the HD, conducted a joint supportive supervision focused on availability of malaria commodities and quality of clinical and parasitological diagnosis, including mobilizing communities on using preventive methods and seeking timely care.

Develop key messages and leaflets on IPTp: In partnership with the NMCP, IHPB developed a leaflet on key messages for use by CHWs to promote IPTp. This guide which contains key messages on IPTp should be validated by NMCP before disseminating to CHWs.

Child Health Strategy

	Planned for April – June 2015	Achievement and results	Comments
<i>Improve clinical IMCI</i>	Develop a simplified IMCI supervision form	Achieved	
	Sensitize BDS for integrating IMCI into routine supervision activities	Achieved	
	Train 36 health providers on clinical IMCI in Nyabikere health district (Karusi)	Delayed	Activity planned for July 2015 due to non-availability of national trainers
<i>Improve nutrition services</i>	Conduct five-day training of 32 health providers from Nyabikere health district on acute malnutrition management	Delayed	The National Food and Nutrition Program (PRONIANUT) yet to organize a workshop to agree on the new National Protocol on the Management of Malnutrition. Planned for August 2015.

Develop a simplified IMCI supervision form and sensitize BDS for integrating IMCI into routine supervision activities: During the quarter, a simplified form for clinical IMCI supervision was adapted from the complex 30-page form used by the MPHFA and national team when supervising IMCI activities. The simplified version would enable BDS to integrate IMCI during routine supervisions and assess the following: proportion of health care providers trained on IMCI; completeness of registers according to IMCI practices; stock-out of child medicines; and availability of essential materials. The simplified form was submitted to the 6 BDS in Kayanza and Muyinga for introduction during routine supervision.

Project Management

Planned for April – June 2015	Achievement and results	Comments
Convene quarterly planning and review meetings with partners	Continuous	
Bujumbura-based staff conduct support visits to sub-offices	Continuous	
Hold regular staff planning and management meetings	Continuous	
Submit monthly, quarterly and annual reports to USAID	Continuous	All due reports were submitted on time
Participate in collaboration, coordination and partnership building meetings at national and field office levels	Continuous	

Convene quarterly planning and review meetings with partners: In partnership with the IHPB field offices, at the provincial levels, partnership coordination meetings were held.

Bujumbura-based staffs conduct support visits to sub-offices: Senior staff including the COP, DCOP, Senior Leadership Team members and other technical specialists and advisors conducted support supervision visits while key project activities were underway – trainings on CCM Malaria, QI/QA and

integration, strengthening capacity of community structures, basic emergency and neonatal, modern contraceptive technology, building capacity of civil society organizations and other trainings.

Hold 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 meetings (Mondays) 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.

Submit monthly, quarterly and annual reports: During the reporting period, as required by the IHPB contract, FHI 360 submitted monthly progress reports for the months of April, May and June 2015 and a January to March 2015 quarterly report. The monthly and quarterly reports present achievements and challenges during the report period. In addition, IHPB developed and submitted the PEPFAR Semi Annual Performance Report (SAPR) into DATIM (Data for Accountability, Transparency and Impact) interface, and hosted the SAPR review meeting organized by the PEPFAR team to partners (June 16, 2015).

Participate in collaboration, coordination and partnership building meetings at national and field office levels: During the reporting period, IHPB fostered collaboration and coordination with USG-funded projects and organizations and MPHFA.

Date	Title of IHPB Staff Member	Theme of Meeting/Event
April 7, 2015	Field Office Manager	Stakeholder Meeting on the preparation of the Perinatal Health week (SSME)
April 13, 2015	MH specialist and Community Mobilization Program Officer	Discussion with BRAVI on tools and job aid to develop
April 23, 2015	PPP International Consultant and PPP Advisor	Discussion with RBP+ Director to explore potential PPP
April 24, 2015	PPP International Consultant and PPP Advisor	Discussion with Right to Play to explore potential PPP
April 24, 2015	MH specialist	Activities join planning with PNSR
June 2, 2015	Field Office Manager/ IHPB -Karusi	Attending KARUSI Partners coordination meeting (CPSD)
June 3, 2015	MH specialist	Activities join planning with PNSR
June 12, 2015	PPP Advisor	Meeting with Secretary General of Burundi Chamber of Commerce to explore possibilities of mobilizing potential PPP partners
June 17 to 19, 2015	FOM	Restitution of the quality of the resulting assessment
June 23, 2015	Capacity Building Advisor	Workshop on Fast track strategy on HIV/AIDS epidemic eradication
June 24, 2015	PPP Advisor	Follow up on status of signed MOUs with Leo/ECONET

PPP initiatives

Due to changes in the leadership of LEO ECONET and occasioned by the change/transition of Managing Directors, IHPB could neither obtain handsets which were critical for the implementation of the two PPP initiatives with LEO ECONE, nor implement the following activities: train high school champions; distribute handsets and signing of code of conduct; project launch; and train High School professors on Malaria; train across the three High Schools (Cumva, Kiyonza, and Nyamabuye). However, during the quarter, the PPP team held preliminary exploratory partnership discussions with potential public private partners that could complement and support IHPB's work.

Progress overview for Innovation Study

	Planned for April-June 2015	Achievement and results	Comments
<i>Innovation study: Pilot of Integration of Prevention of Mother-to-Child Transmission (PMTCT) and Early Infant Diagnosis (EID) of HIV into Routine Newborn and Child Health Care</i>	Develop Scope of Work for Technical Advisory Group	Achieved	SOW developed
	Set up the Technical Advisory Group	On track	The SOW was submitted to the Ministry of Public Health but due to the limited availability of the MOH staff during this period, it is not yet in place
	Convoke Technical Advisory Group and hold meetings	Delayed	The limited availability of the MOH staff during this period caused the delay
	Elaborate Protocol including data collection tools	Achieved	Protocol completed
	Meet with Local Stakeholders	Delayed	The limited availability of the MOH staff during this period caused the delay
	Submit protocol to FHI 360's PHSC	Achieved	Waiting for feedback
	Submit protocol to Burundian IRB	On track	Will be submitted after the feedback from FHI 360's PHSC

Develop Scope of Work for Technical Advisory Group: The TAG will include experts from MPHFA, USAID, other stakeholders and IHPB and will be requested to follow closely the implementation of the study. A SOW has been developed by IHPB in which its role, composition and the meetings frequency are clearly stated. The meetings should be organized at a quarterly basis and the proposed roles of the TAG are the following: provide input on concept notes, provide input on the study protocols and other tools used, validate the study protocols, facilitate in obtaining authorizations, oversee the implementation of the study, and approve the results of studies.

Set up the Technical Advisory Group: IHPB has proposed to the MPHFA, the staff who may be part of the TAG and the next step will be the Minister decision appointing officially the members.

Elaborate protocol including data collection tools: Based on the services available in the health centers and tools used for the collection and transmission of data, after consulting the national data and documentation on studies conducted elsewhere, the protocol has been developed. This is a prospective case-control study with a cohort of intervention group and a control group followed during 24 months. It aims to analyze the retention and integration of services for HIV positive mothers and their children for PMTCT into MCH services in the CDS Kayanza province.

Submit protocol to FHI 360's PHSC: The protocol has been transmitted to the PHSC and the head of the committee has asked some questions for clarification. The clarifications have been produced and we are waiting for the feedback.

Problems Encountered/Solved or Outstanding:

Achievements registered during the quarter April – June 2014 can be attributed to the close working relationships with the central and peripheral structures of the MPHFA; quality and timely technical assistance from IHPB home office staff; and timely response to IHPB requests by USAID.

The main challenge encountered during the quarter was the unavailability of critical partners - while training on clinical IMCI, on-the-job training on blood collection techniques, acute malnutrition management, and training providers on SGBV case management were planned for the quarter April to June 2015, they could not take place due to the unavailability of National Center for Blood Transfusion (CNTS), the National Food and Nutrition Program (PRONIANUT), and Seruka Center trainers.

IHPB is also awaiting USAID approval for the revisions to mandatory results and performance indicators it proposed in the Y2 work plan that USAID approved on March 16, 2015.

Proposed solutions to new or ongoing problems:

During the current and past quarters, a major challenge encountered regarding supervision of SGBV activities and training providers on SGBV case management was non- availability of our main partner, Seruka Center, with whom, supervision of SGBV activities and training providers on SGBV case management were planned. For trainings on SGBV, IHPB will coordinate with the National Reproductive Health Program (PNSR), which accepted to lead these trainings and also seek assistance from trainers from non-health services such as legal services and social services.

Documentation of best practices:

An IHPB Reproductive Health Specialist attended the Implementing Best Practices in Family Planning Workshop held in Addis Ababa (June 14 to 19, 2015) where he made a presentation on integration of family planning into maternal and child health services to reduce missed opportunities and improve the quality of services.

Annex I: STTA and other visitors to IHPB

Name	Title	Dates	Purpose
Juan Manuel Urutia	PPP/Private Sector Health Specialist Panagora	April 19-28, 2015	Development of new PPP initiatives, implementation of negotiated PPPs, and building capacity among the IHPB team and most specifically, the PPP team.

Annex II: 2015 Quarterly PMEP indicators achievements, April – June 2015

No	Indicator	Disaggregation	Data Source	Collection Method	Q1 Jan-March 2015	Q2 April-June 2015	LOP Target
	Process						
	Number of people trained in SBCC approaches	District, sex, age	Project training records	Document review	0	0	100
	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						
1.2.2	Percent of PLHIV who received cotrimoxazole through home-based care kits		TBD	TBD	N/A	N/A	+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	152 (87.9%)	152 (87.9%)	+5%
	Process						
	Number of people trained in supply chain management	District	Project training records	Document reviewer	0	119	100
	Output indicators						
1.3.4 (GENDER_NORM)	Number of people completing an intervention pertaining to gender norms, that meets minimum criteria				-	-	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	61	62	+20%
	Process indicators						
	Number of facilities that provide PEP to GBV survivors	District	Facility records	Document review	18	32	34 by EoP
	Number of health providers trained in GBV case management	District	Training records	Document review	0	0	(136 by EoP)
	Outcome indicators						
2.0.1	Percent of targeted audiences who receive specific health services				N/A	N/A	+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	23081	16033	
2.0.1b	Number/percent of women giving birth who received uterotonics in the third stage of labor through USG-supported programs [3.1.6-64]	District, age	Facility records	Document review	3407	4566	
2.0.1c	Number/percent of USG-supported facilities ⁴ 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	46	
2.0.1d	Number/percent of women reached with education on exclusive breastfeeding		Facility records	Document review	9559	22128	TBD

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

No	Indicator	Disaggregation	Data Source	Collection Method	Q1	Q2	LOP Target
					Jan-March 2015	April-June 2015	
2.0.1e	Proportion of women attending antenatal clinics who receive IPTp2 under direct observation of a health worker	Age	Facility records	Document review	0 ⁵	0	
2.0.1f	Proportion of pregnant women attending ANC who received ITNs	Age	Facility records	Document review	28871 (74.2%)	19126 (78.8%)	
2.0.1g	Proportion of children under five who received ITNs during measles immunization	Gender	Facility records	Document review	25469 (94.8%)	14277 (92.1%)	
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	181	186
2.0.1j	Percentage of PEPFAR-supported sites achieving 90% ARV or ART coverage for HIV+ pregnant women		Facility records	Document review	41 (38.0%)	57 (72.2%)	90%
2.0.1k (PMTCT_STAT_DSD)	Number and percent of pregnant women with known status [NGI]	Known/new	Facility records	Document review	33171	30104 (84.5%)	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%)	243 (98.8%)	95%
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%)	170 (51.1%)	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	115567	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	10418	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%)	25 (23.4%)	90%
2.0.1r (TB_SCREEN)	Percent of HIV-positive positive patients who were screened for TB in HIV care or treatment setting [NGI C2.4.D]	Age, sex	Facility records	Document review	1,017 (10%)	4626 (34.7%)	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%	0%	95%
2.0.1t (TX_CURR_TA)	Number of adults and children receiving ART (TA only)	Age, sex	Facility records	Document review	5749	6433	6651
	Output indicators						
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 malaria cases	24201 12114	17514 4121	TBD

⁵ IPTp-SP implementation began from 18th, March 2015

No	Indicator	Disaggregation	Data Source	Collection Method	Q1 Jan-March 2015	Q2 April-June 2015	LOP Target
				referred			
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	73.2% (17514)	
OVC_SERV_DSD_	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS				2488	2456	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%)	152 (87.9%)	90%
	Number of QI teams established and track monthly progress on improvement indicators		Reports, project records	Document review, site visits	11	28	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)	39(14 females, 25 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	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)	0	
	Process indicators						
	Output indicators						
	Number of PEPFAR-supported testing facilities with capacity to perform clinical laboratory tests (clinical laboratory)				7	7	6
	Output indicators						
3.2.1	Percent of facilities that maintain timely reporting	District, province	District records, HMIS	Document review	173 (100%)	173 (100%)	+5%