

**Integrated Health Project in Burundi (IHPB)**  
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Quarterly Report  
January – March 2016

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## Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ABUBEF	<i>Association Burundaise pour le Bien Etre Familial</i>
ACTs	Artemisinin-based Combination Therapy
ADBC	<i>Agent Distributeur à Base Communautaire</i> (Community Based 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
GASC	Groupement d'Agents de Santé communautaire
GBV	Gender Based Violence
GoB	Government of Burundi
HBC	Home-Based Care
HD	Health District
HealthNet TPO	Dutch aid agency – merger between HealthNet International and Transcultural Psychosocial Organization
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
JICA	Japanese International Cooperation Agency
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
UNFPA	United Nations Population Fund
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
WHO	World Health Organization
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). 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 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, and 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 from January 1, 2016 to March 31, 2016. Highlights of the achievements are presented below:

- Submitted a letter to the MPHFA requesting the development of an SBCC Technical Working Group (TWG) and made follow ups on the status;
- Finalized the Burundi-specific French version of the SBCC C-module curriculum which is now ready for use;
- Conducted two participatory action media workshops – one with 15 young adults aged 19-30 in Kayanza and another with 15 adolescents aged 15-18 in Kirundo;
- Conducted four two-day training sessions on supply chain management (SCM) and trained 159 (59 female and 100 male) community health workers (CHWs) in Gashoho health district;
- Conducted a five-day training for 23 health care workers on gender-based violence (GBV) case management;
- Developing a job aid for good dispensation practices;
- Designing a simplified pictorial booklet on seven key messages on child health
- Held a mentoring meeting of CHWs in Nyabikere and trained 28 trainers (27 male and 1 female) on the community component of the integrated management of childhood illnesses (IMCI);
- Organized two learning sessions and trained 15 curative care providers (11 male and 4 female) in Karusi on integration of family planning into curative consultation services, and trained 23 providers (16 male and 7 female) in Kirundo to integrate screening and managing of malnutrition in curative services;
- Continuously updated the Excel-based data base for of training activities;
- Supported (funding through sub-grants) 12 district-led quarterly coordination meetings;
- Submitted a Local Partner Transition (LPT) report. (IHPB considers ANSS, RBP+ and SWAA Burundi to be leading health-focused CSOs in Burundi, and based on evaluation results, recommended each of them to USAID for direct funding);

- Organized two six-day training sessions on Basic Emergency Obstetric and Neonatal Care (BEmONC) and trained 30 health care workers (11 male and 4 female) from Muyinga;
- Organized two six-day training sessions on Essential Obstetric and Neonatal Care (EONC) and trained 30 health workers from Karusi (5) and Kirundo (25)
- Following the training of 22 health workers (15 male and 7 female) as trainers, 469 CHWs (182 female and 287 male) were trained on promoting family planning and the use of contraceptives at the community level;
- Through in-kind grants (IKG), organized a five-day workshop on HIV testing and counseling attended by 15 (12 male and 3 female) health promotion technicians (HPTs) and a two-day training session for 55 laboratory technicians (41 male and 14 female) on rapid HIV testing;
- Testing 346 orphans and vulnerable children (OVC) and family members for HIV in Kirundo;
- Supported 74 prevention of mother-to-child (PMTCT) sites (43 in Kirundo and 31 in Kayanza) to offer ARVs;
- Transported 89 DBS and 39 viral load samples from health facilities to a National Reference Laboratory (INSP);
- Established 25 new ART sites (10 in Kayanza and 15 Kirundo) mentored staff;
- Supported transport of 1,457 CD4 samples for cell count;
- Using a Site Improvement through Monitoring System (SIMS) tool, conducted supervision of 13 facilities (7 in Kirundo and 6 in Kayanza);
- Introduced community case management (CCM) of malaria in the Musema health district
- Identified 286 CHWs; trained 30 trainers on integrated community case management (iCCM); and conducted 11 parallel 5-day training sessions to train 286 CHWs;
- In response to the malaria outbreak that affected 11 provinces and the 12 IHPB health districts, IHPB availed project staff and vehicles over a two-week period, including allowances to carry out mobile and outreach treatment activities – out of the 173,531 that were tested, 126,869 were found positive for malaria and treated;
- Submitted for review and approval by the Burundi Ethics Committee, a French version of the protocol (and appendices) for the pilot study on the integration of PMTCT and Early Infant Diagnosis (EID) of HIV into routine newborn and child health care;
- Attended various meetings organized by the Ministry of Public Health and Fight against AIDS (MPHFA). These included: the Capacity Building Officer represented IHPB at series of urgent meetings (January 27, February 8, and February 11) on the management of malaria outbreaks called by the MPHFA; the Capacity Building Officer represented IHPB at a meeting (March 10) to prepare for the workshop on the involvement of CSOs in the COP FY 16 process; the Integrated Health Services Advisor represented IHPB at a workshop (March 24-27) to write operational plans for the Global Fund to Fight AIDS, Tuberculosis and Malaria Burundi Grant; and the Malaria Officer represented IHPB at meetings (March 24 and 31) to prepare for the 9th World Malaria Day.

## 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

	Planned for January-March 2016	Achievement and results	Comments
<i>Establish SBCC Stakeholder Working Group</i>	Provide Working Group with draft IHPB SBCC messages and materials, solicit feedback, and incorporate revisions	Submitted a letter requesting the MPHFA to establish a TWG and held series of follow-up meetings	
<i>Develop campaign and materials using Life Stage Approach</i>	Identify graphic designer for Life Stage materials to be developed	Achieved	Two consultant graphic designers, two consultants in communication were identified and signed their contract
	Finalize and print Life Stage I materials	Finalized Life Stage I communication materials (leaflet, posters, and a flip chart)	Printing will start during the next quarter (April – June)
	Plan, prepare and conduct Action Media workshops on Life Stage II	Achieved	An action media workshop on Life Stage II (young adults) was conducted in Kayanza province. Materials on Life Stage II are under development
	Plan, prepare and conduct Action Media workshops on Life Stage III	Achieved	An action media workshop on Life Stage III (adolescents) was conducted in Kirundo province. Materials are under development
<i>Strengthen MPHFA Capacity in SBCC Community mobilization</i>	Develop Burundi-specific French version of SBCC C-Module curriculum	Achieved	Module ready to be used
	Develop Community Mobilization Guide	Achieved	The first draft of the guide is ready
<i>Develop and air radio serial drama that reinforces IPC and community mobilization efforts</i>	Advertise for and secure radio drama production house	Achieved	A contract with PCI Media Impact for serial radio drama production is under development
	Develop creative briefs for radio drama	Achieved upon execution of the contract with PCI Impact	Contract is under development

During the reporting period, the SBCC section planned to continue activities that are in line with our strategic framework. The key activities are: to establish an SBCC stakeholders working group; to continue developing materials using the life stage approach; to strengthen the capacity of the Ministry of Health in the SBCC area; develop a community mobilization guide; and develop a serial radio drama as part of a mass media approach to reinforce other communication interventions.

Key Achievements for January – March 2016 are as follows.

***Establish SBCC Working Group***

During the last quarter, a detailed scope of work was developed and shared with the Ministry of Health through the IEC/DPSHA department. IHPB will start meetings with stakeholders during the next quarter to solicit and incorporate feedback on the various materials and SBCC messages. IHPB expects to receive the authorization letter shortly, thereby enabling this activity to proceed as planned in the next quarter.

***Identify graphic designer for development of life stage materials***

In an effort to accelerate the development of life stage-based materials, two consultant designers were recruited to develop communication materials on adolescents and young adults. They signed their contract in February. Under supervision and guidance of SBCC team, the consultants are developing materials on Life Stages II and III. They are currently working on developing and refining the messages. Preliminary designs are expected to be ready for pre-testing by May 2016.

***Finalize and print life stage I materials (pregnant woman)***

The SBCC team developed a leaflet, posters, and a flipchart targeting pregnant women. These materials focus on promoting and encouraging pregnant women to seek early ANC services, create a delivery plan, practice exclusive breastfeeding, and use post-partum services. They also highlight the importance of male involvement during pregnancy. The materials have been pre-tested, reviewed, and are ready to be printed. The SBCC team has also finalized the draft of a booklet for pregnant women that will be pre-tested in late April.

***Plan, prepare, and conduct action media workshops on life stage II & III***

On 15-19 February 2016, the SBCC team conducted a participatory action media workshop with 15 young adults aged 19-30 in Kayanza to collect data on the appropriateness of the materials and messages with the target audience.

On 29 February through 4 March, the SBCC team organized a similar participatory action media workshop with 15 adolescents aged 15-18 in the province of Kirundo. The main objective of this consultation process was to gather feedback on illustrations and messages in order to finalize the communication materials for this audience. The two workshops enabled field facilitators to gather input on barriers and messaging on HIV/AIDS prevention and testing, the delay of sexual debut, sexual and reproductive health information seeking from trusted sources, and condom use and male circumcision.

### ***Develop Burundi-specific French version of SBCC C-Module curriculum***

The SBCC team developed a C-Module curriculum adapted to the Burundi local context. The module consists of six steps: introduction of SBCC fundamentals, analysis of the situation, designing a strategy, messaging and materials creation, implementing and monitoring, and evaluating and replanning. Relevant training for MPHFA staff is scheduled for May 2016 and will include 20 staff from the central (national programs) and peripheral (provincial coordinators of health promotion) entities of the MPHFA.

### ***Develop Community Mobilization Guide***

The SBCC team developed the first draft of the Community Mobilization Guide, which provides Health Promotion Technicians with mobilization strategies and techniques on how to identify public health problems and develop appropriate strategies to address them.

### ***Implement mobile cinema in the Gashoho health district***

In the week of 18-22 January 2016, the SBCC team conducted sensitization activities through mobile cinema in the Gashoho Health District. Messages were on early ANC and assisted delivery in facilities, LLIN use to fight malaria, and exclusive breastfeeding for the first six months. These activities reached an estimated 300 women, 75 men, and 30 young girls in three sites (Gisanze, Bwasare, and Kizi). This activity proved to be entertaining while creating a platform to discuss various ways of addressing barriers to adopting these healthy behaviors. This activity will continue on a regular basis in the next quarter.

### ***Advertise for and secure radio drama production house***

SBCC staff developed an RFP for the recruitment of a radio drama production house. A competitive selection process was completed and a contract will be issued to PCI Impact, a U.S.-based organization. PCI Impact is now seeking a local company partner to help in the identification of local actors and serve as a production unit for an efficient contract execution.

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

<b>Planned for January-March 2016</b>	<b>Achievement and results</b>	<b>Comments</b>
Construct supply chain process map and monitor stock-outs	Activity postponed for implementation during April – June quarter	Consultant recruitment is under way. It is anticipated that consultant will start in May 2016
Develop and distribute job aid for good dispensation practices to district hospitals and health centers	Achieved	Job aid developed; distribution forthcoming
Conduct quarterly SCM supervision visits for Kirundo, Mukenke, and Busoni health districts	Achieved	Supervision visits conducted for Muyinga and Kayanza Health provinces
13 three-day SCM training sessions convened for CHWs in Gashoho and Gahombo health districts	159 CHWs In Gashoho trained	Training for CHWs in Gahombo planned for the quarter April – June 2016
Provide essential tools and supplies to support CHWs in CCM focus areas	Achieved	Gloves have been provided to Gashoho, Gahombo and Kirundo health districts

Planned for January-March 2016	Achievement and results	Comments
Avail project vehicles (on as-needed basis) for timely delivery of commodities to health facilities per districts' requests	Continuous	

***Construct supply chain process map and monitor stock-outs***

During this quarter, the recruitment of a SCM specialist was undertaken according to project and organizational requirements. Eleven candidates were considered and the team discussed the proposed methodologies with the most promising candidates to make a selection. The proposed methodology will use an adapted version of USAID|DELIVER's Logistics Indicators Assessment Tool (LIAT) and Logistics System Assessment Tool to reveal district- and facility-level supply chain bottlenecks across a selected sample of facilities and recommend capacity-building tools and approaches to address them.

***Develop and distribute job aid for good dispensation practices to district hospitals and health centers***

A job aid for good dispensation practices has been developed (Annex II). Its distribution is in progress in all health centers (pharmacy dispensation) in Kayanza, Karusi, Kirundo, and Muyinga health provinces.

***Conduct quarterly SCM supervision visits for health districts***

The IHPB Project, in collaboration with supervisors in the Kirundo, Busoni, and Vumbi health districts, organized post-training supervision visits. Three health centers per health district were randomly selected and visited in Gashoho, Gahombo, Giteranyi, Kayanza, Musema, and Muyinga.

We found that many of the learners improved calculations of their average monthly consumption, storage conditions, and regular filling of medicines using management tools. Also, prior to the training some pharmacies in health centers were run by health center directors; after the pharmacy management training it has become the responsibility of the deputy holders under the Ordinance of the Ministry of Public Health and Fight against AIDS.

***Conduct four sessions of two-day training in supply chain management for community health workers in Gashoho health districts***

IHPB conducted four sessions of two-day trainings with Gashoho Health District officers from 28 to 31 March, 2016. In total, 159 CHWs (59 female and 100 male) were trained by seven trainers who were trained in ToT trainings last year. The trainers included the director of the Gashoho health district, four health promotion technicians, two district supervisors, and the Gashoho health district managers. This training was aimed to reduce stock-outs by improving the calculation of average monthly consumption of inputs based on their stock cards, and by improving filling and keeping using management and filling tools and best practices in distribution.

This activity was initially scheduled for the third quarter; however, based on the need for this training and the availability of CHWs, some sessions took place in the second quarter. Other sessions will be conducted in the next quarter.

***Provide kits to CHWs in the Community Case Management of Malaria (PECADOM) intervention areas***

List of kits provided to CHWs are illustrated in the table below.

Item	Musema HD	Kirundo HD	Gahombo HD	Gashoho HD
Gloves (B/50 pairs)	0	257	242	160

***Avail project vehicles (on as need basis) for timely delivery of commodities to health facilities per districts' requests***

The project provides a supply vehicle for the Gashoho health district and supports health districts in the transport of drugs and other consumables. In this capacity, IHPB facilitated the transport of four kits of 50 tests (200 tests) from the National Reference Laboratory to the Kirundo and Kayanza health provinces (100 tests to each province). The project also facilitated the transport of 41 samples of PCR/DBS for analysis from Kayanza and 22 samples from the health province of Kirundo to the National Reference Laboratory.

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

**1.3. a.: Strengthened support for positive gender norms and behavior**

Planned for January-March 2016	Achievement and results	Comments
Train IHPB and CSO partner staff on gender integrated approaches	Training module developed	The module is available. The training is planned for early May
Develop Gender Strategy	Not achieved	The Gender Strategy is being developed remotely. The draft will be finalized to meet local context
Conduct stakeholder dissemination workshop for IHPB Gender Strategy	Not achieved	This will be subsequent to Gender Strategy availability

***Provide gender integration training to IHPB staff and CSO partners***

In the course of this quarter (January-March) the project developed and finalized the Gender Training Module intended for 30 IHPB and local partner staff. The Training Module is composed of three main chapters: generalities, gender analysis, and gender Integration into health programming. The two-day-training is planned for early May 2016.

***Develop Gender Strategy***

The gender strategy, which is informed by the Gender Assessment, is under development remotely with the technical assistance of FHI 360 HQ. The first draft will be sent to the project for adaptation.

***Conduct stakeholder dissemination workshop for IHPB Gender Strategy***

Once developed and adapted to the local context, IHPB plans to organize a one-day workshop to disseminate the Gender Strategy to relevant stakeholders, including representatives from supported health districts and IHPB-partner CSOs. The workshop will provide a critical opportunity to build partner understanding of and support from partners engaged in gender.

### 1.3. b. : Expand access to high quality and comprehensive services for GBV survivors

Planned for January-March 2016	Achievement and results	Comments
Coordinate and provide support for supervision of GBV clinical services	8 health facilities supervised in Kayanza(5) and Muyinga(3)	
Organize SGBV job aid validation workshop		Activity planned for the April - June 2016 quarter within PNSR WP
Train 104 health and non-health providers from the four provinces on clinical management of SGBV	22 health providers trained in Muyinga with BPS	
Disseminate SGBV job aid through a workshop	Planned for after validation	
Support quarterly multisectoral coordination meetings to discuss GBV issues	There was no GBV related discussion during the quarterly meeting supported by the project	Nine workshops were organized in Kayanza

To further expand access to clinical services for GBV survivors, IHPB conducted the following activities during the January - March 2016 quarter.

#### ***Coordinate and provide support for supervision of GBV clinical services***

IHPB supervised GBV-related services in eight health facilities (five in Kayanza and three in Muyinga) during integrated supervisions conducted by field officers in the two provinces. In Kayanza, it was noticed that drugs for PEP were not available. The main cause was that providers did not have PEP kit stocked. It was recommended that health facilities should have at least two kits for GBV victim care and facilities should order PEP drugs in upcoming orders to the health district pharmacy. In Muyinga, the main challenge noticed was related to data collection tools; it was recommended that the province staff use the same tool as other provinces, where GBV data are reported in the HIV data collection sheet.

#### ***Train health workers on GBV case management***

In collaboration with the Muyinga health province, IHPB conducted a five-day training session for 23 health providers (12 female and 11 male). Training consisted of strengthening health providers' capacity at offering quality services to GBV survivors. The « MANUEL DE FORMATION SUR LA PRISE EN CHARGE GLOBALE DES VICTIMES DES VIOLENCES SEXUELLES ET VIOLENCES BASEES SUR LE GENRE » was used for the training. Evaluation conducted before and after the training showed progress; the average score during the pretest was 29.3% and the average score at the post-test was 75.7%.

#### ***Support quarterly multi-sectorial coordination meetings to discuss GBV issues***

During coordination meetings organized during this quarter in the four provinces, there were no GBV issues discussed. The project took the opportunity to raise the GBV issue during one-day workshops on MCH organized in Kayanza for community leaders. A total of nine workshops, whose objective was to increase demand for MNH services, were organized, for a total of 744 participants (253 female and 391 male). IHPB will continue discussions with health province authorities to consider GBV items in upcoming coordination meetings.

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

### Sub-CLIN 2.1: Increased access to health and support services within communities' community strengthening

Planned for January-March 2016	Achievement and results	Comments
Support the BPS to organize a semiannual coordination meeting on the community health system in Kayanza and Muyinga provinces	Achieved	Postponed because of malaria outbreak
Conduct a three-day training of 87 members of 29 COSAs from Kirundo and Muyinga provinces on <i>Curriculum de Renforcement des COSAs</i>	One of three three-day sessions was held	Two three-day sessions will be held during the April-June 2016 quarter
Support BDS quarterly visit to CHWs and COSAs in Kayanza and Muyinga		Postponed for implementation during the April-June quarter due to the malaria outbreak
Conduct a five-day training of 20 trainers from Kirundo and Vumbi on the community component of National Protocol of Acute Malnutrition Management		
Conduct a three-day training for 345 CHWs from Kirundo and Vumbi health districts on Community Management of Acute Malnutrition, including IYCF		
Conduct supervision visits to 30 health centers whose management committee members were trained in Year 2		

#### ***Support the BPS to organize a semiannual coordination meeting on the community health system in Kayanza and Muyinga provinces***

A coordination meeting on community-based activities was held in February in Muyinga province with 81 participants (10 female and 71 male): 46 health care providers from health centers, 19 health promotion technicians, seven supervisors from the BDS and BPS, four staff responsible for the health information system in BDS and BPS, three medical staff, and the province health office chief. The discussion included: follow up on recommendations of the previous meeting; harmonizing community data collection tools; experience with the community database suggested by IHPB; and improving the quality of CHW mentoring. It was recommended that: health centers be responsible for providing registers to CHWs; health promotion technicians organize monthly meetings with CHWs; and the BDS needs to integrate community data in regular data analysis.

#### ***Conduct a three-day training of 87 members of 29 COSAs from Kirundo and Muyinga provinces on Curriculum de Renforcement des COSAs***

A three-day training session was organized for management committees of 10 health centers in Kirundo province on the management of the health center. Thirty participants (three members per committee) were trained on health center management (8 female and 22 male).

The training targeted COSAs that did not meet all the functionality criteria and aimed to strengthen their management of health centers. Training subjects included: COSA history; COSA organization; COSA role

and responsibilities; techniques for conducting meetings; health center work plans; financial management; and a performance indicators matrix for COSAs. The training pretest results were an average of 50%, while the post-test results had an average of 71.5%.

In response to the malaria outbreak that erupted in December 2015, the MPHFA instituted a suspension of all activities (other than those related to malaria). Even though the decision affected and resulted in postponement of activities, IHPB carried out the following additional activities:

**(1) Designed, for CHWs, a simplified booklet on the 7 key messages of child health:** A simplified booklet (Annex III) on 7 key practices of the community component of the integrated management of childhood illnesses (IMCI) was designed in collaboration with the MPHFA, tested with CHWs, health promotion technicians, and health center-based health care providers, and made available for use. In effect, the government of Burundi adopted the IMCI approach to address illnesses that kill most children. The community component of the strategy comprises 19 practices to be adopted by families and the community; 7 of the 19 practices were identified as key practices that are related to CHWs training and work. The booklet was deemed to be worthwhile because CHWs did not previously have a simplified document on the 7 key practices; they used a comprehensive guide comprising the 19 practices, without illustration, that was not easy to use. The new booklet will be used starting in April 2016.

**(2) Held mentoring meetings of CHWs on community-based management of acute malnutrition in Nyabikere health district:** In collaboration with the Nyabikere health district office, IHPB organized meetings with CHWs from Nyabikere health district to mentor them on the community component of the national protocol of acute malnutrition management. The meetings, held at the commune level, included 186 CHWs, 18 health center chiefs, and seven health promotion technicians. The meetings addressed community data analysis, a reminder on the protocol including malnutrition screening, the referral system including referral and counter-referral from the health care providers to the CHWs, nutritional education, and a reminder on report form filling. The CHWs from Nyabikere health district had been trained on the national protocol of acute malnutrition management in September 2015.

**(3) Conducted a training of 28 trainers from Nyabikere health district (27 male and 1 female) on the community component of IMCI:** In collaboration with the MPHFA, IHPB conducted a five-day training of 28 participants from Nyabikere health district including three supervisors of BDS, 18 health center titulaires, and seven health promotion technicians on the community component of Integrated Management of Childhood Illnesses (IMCI) approach. The 28 trainees were trained as trainers of CHWs; the training of CHWs will follow in April 2016. This was the first session preparing to train the CHWs of Karusi province on the 7 key practices of IMCI. The pretest score for the training was 73%, compared to an average posttest score of 90%.

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

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

Planned for January-March 2016	Achievement and results	Comments
Organize two to three learning sessions per province	Two learning sessions (one in Kirundo and one in Karusi) held	
Mentor coaches through coaching visits during supportive supervision	Continuous activity	Supportive supervision visits documented in reports available in Kirundo, Karusi health provinces
Document QI work through technical briefs and case study	On track	First draft available
Train 15 curative care providers in Kayanza Province on integration of FP into MH and HIV services	Postponed for implementation during the quarter April – June 2016	
Train 11 curative care and child care providers in Karusi on integration of FP into MNCH services	Achieved	15 trained
Train 15 curative care providers in Kirundo on malnutrition screening and care	Achieved	23 trained

***Organized learning sessions in Karusi and Kirundo health provinces***

In collaboration with the MPHFA, IHPB organized the first two learning sessions – one in Karusi (January 12 to 14, 2016) and one in Kirundo (January 20 to 22, 2016). Learning sessions were attended by Quality Improvement Team (QIT) members, district in-charges of health information systems, QI coaches, and IHPB staff. In addition to sharing experiences on the process of conducting an improvement collaboration and documenting progress on the integration of services, the specific objectives were to: remind participants of the collaborative implementation process; review the improvement goals and ideas for changes in testing site by site; review the data of specific indicators on run charts; and identify promising ideas for change.

The steps that were followed during the sessions were: (a) a review of the steps of quality improvement and the collaborative approach; (b) discussion of progress made in the collaborative implementation in that province; (c) presentations by QIT leads, ideas for changes being tested, specific indicators, and meetings already held in relation to those planned; (d) participatory discussions with members of other sites to exchange experiences; (e) group work on the development of run charts by indicator; (f) a plenary presentation (followed by comments) on the run charts; (g) development of revised action plans as well as ideas for changes in the next three months; (h) and a ranking of the top two sites that had good indicators and the best ideas for changes.

***Karusi learning session:*** The main changes that were identified were: conducting (every morning) collective and individual health education on FP, targeting women who bring their children for

immunization services; ensuring the availability of all inputs and medicines in FP services; providing FP services every day to avoid missed opportunities; accompanying the client who accepts the FP method or service; and sensitizing CHWs to provide FP counseling to every woman who brings a child for CCM of malaria and to provide a referral note to those who accept the methods. As a result of these changes, it was observed that the:

- Percent of women who brought children for immunization services and received advice on family planning was high in the majority of sites;
- Percent of women who brought children for immunization services and were given FP methods increased from zero to 6 %;
- Percent of women referred by CHWs and given FP methods (Karusi) increased from 55% in June 2015 to 86% in February 2016;
- Integration of FP into curative care of children under five years of age and pediatric inpatients was low due to difficulties encountered by providers in introducing FP counseling to women who have sick children. As a result FP counseling was given after when the child recovered or just before discharge from the hospital when mothers were in a more positive frame of mind.
- Data varied from site to site depending on the dynamics of each QIT;
- Participants cited a lack of regular meetings due to the QIT chairman often not being available.
- When a QIT member was absent in service, a decrease of integrated cases was observed in that service;
- Masabo and Rusamaza health centers were ranked as the top two sites that had the best ideas for change and good indicators.

***Kirundo learning session:*** The main changes that were identified in Kirundo health province were: (a) every provider must ask any woman of reproductive age about her last menstrual period offer a free pregnancy test to those who cite a delay in menstruation and are not using a contraceptive method; (b) enhance quality in ANC services by assigning a qualified provider in that service; (c) provide counseling on HIV testing to all adult patients whose status is unknown or the last screening is more than 3 months; and (d) record the result in the register at curative services and the same provider accompany and refer the client whose test is positive to ART management care. As a result of these changes, it was observed that the:

- Number of pregnant women seen in curative care who received early CPN from June to December 2015 was 692 out of 952, or 73%;
- A total of 2,120 patients were tested for HIV from June to December 2015. However, providers involved in HTC for children under 18 year old who were seen in curative care encountered difficulties because they had to seek the approval of parents or tutors.
- The top three sites that had the best ideas for change and good data were the Kigozi, Muramba, and Kabanga health centers.

Other findings from the two sessions included that:

- They were an excellent occasion to clarify things that were previously unclear, according to the participants;
- Underperforming sites learned from performing sites;
- Four indicators are improving: integration of FP in immunization services (Karusi); integration of FP in the community (Karusi); integration of early ANC in curative care (Kirundo); and integration of HTC into curative care was experienced by 10 out of 17 teams in Kirundo;

- The integration of FP into curative care (Karusi) is more difficult to achieve for women who bring sick children; and
- The data presented needs validation.

***Trained 15 curative care and child care providers in Karusi on the integration of FP into curative consultation services***

In collaboration with the Karusi provincial and district bureaus, IHPB organized a five-day training for health care providers in charge of curative consultation for children under five on family planning counseling. The purpose was to strengthen their competences and skills in offering family planning counseling during curative consultation services. A total of 15 participants (11 male and 4 female) were trained using the national manual on contraceptive technology (Manuel de reference sur la formation en technologie contraceptive).

***Trained 23 curative care providers in Kirundo on malnutrition screening and care***

In partnership with the Kirundo Health District Bureaus, IHPB organized five 5-day training sessions on screening and managing of malnutrition for healthcare providers. The training session took place March 14-18, 2016 and included 23 participants (16 male and 7 female). The purpose of the training was the integration and quality improvement of malnutrition screening and care in curative consultation. The training manual used was “Protocole national de prise en charge integree de la malnutrition aigue (PCIMA).”

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

Planned for January-March 2016	Achievement and results	Comments
Continuously update the IHPB training database	Continuous	The Excel database was continuously updated
Continue developing the post-training assessment	Continuous	<ul style="list-style-type: none"> <li>• Two tools were set up and tested</li> <li>• A post-training monitoring tool related to the new management guidelines for malaria was crafted in collaboration with the malaria specialist</li> </ul>
Plan and coordinate the supervision visits supported by IHPB	Achieved	<ul style="list-style-type: none"> <li>• In the post-training follow-up framework, joint supervision visits were conducted in 18 health facilities in three districts in Muyinga and Kayanza</li> <li>• Joint supervision visits were also conducted at six health facilities in two districts of Karusi</li> </ul>

During this quarter, the following Sub CLIN 2.3 activities were conducted:

### ***Continuously update the IHPB training database***

The Excel data base was continuously updated to include a total of nine trainings and 498 trainees. Data on training during the first quarter (October-December 2015) were routinely entered:

- Two training sessions on supply chain management conducted at Kayanza and Muyinga;
- Two training sessions on the use of HIV data collection tools conducted at Kayanza and Kirundo;
- One 3-day training on new malaria treatment guidelines conducted at Kayanza, Kirundo and Karusi;
- Two training sessions on the management of acute malnutrition conducted at Karusi;
- Two training sessions on clinical IMCI conducted at Karusi and Gitega;
- A training session for laboratory technicians on quality assurance and quality control in medical laboratories;
- An upgrade session on new guidelines of antiretroviral treatment conducted at Kayanza;
- A training session on integration of RH/HIV/ PMTCT conducted at Kirundo; and
- A workshop on 90-90-90 strategies conducted at Kirundo.

The Excel database was refined to include pre-selected drop-down lists and defined parameters to reduce error and data cleaning, as well as to conform to nomenclature used by the Ministry of Health. In addition, the number of data variables was extended with the aim of integrating and coordinating the use of additional information on training and trainees, which is expected to facilitate database use by the IHPB project and its partners (BDS/BPS). For example, the project would like to ensure skills coverage across the IHPB's integrated health topics, and the database can be used to identify which facilities have staff recently been trained in these areas.

During this quarter, the database was reviewed by project team members, including the Senior Monitoring and Evaluation Advisor, and additional refinements were made. The data variables for each section of the database are described below.

Planned and conducted trainings:

- Each training and individual training session has its own location and session dates are designated a unique identifying code.
- The database includes planned/actual training dates, place of training, training topics, trainers, learning objectives or skills covered, and the cost of the training.

Trainees:

- A unique identifier code for each trainee taking part in a session is created for the purposes of tracking the trainee's pre- and post-test scores and linked to the unique identifier code of the training.
- Standard data variables, including first and last name, gender, province, district, current facility representation, BDS provenance, CDS provenance, job post, health worker type, and qualifications are recorded in the database. When possible, the trainees' matriculation number, email address, and phone number will also be recorded.
- The results of the trainees' pre- and post-test scores and self-guided post-training action plan will be recorded.

The database was designed from Excel-based files for use by the M&E team of the project. Thus, it was reviewed by the M&E technical advisor, who agreed to its rollout in provinces and compilation by the HSS team in Bujumbura. In the next quarter, the project team will finalize the database and update Year 2 training and trainee records in this new format, so as to develop an evidence-based Year 4 capacity building plan that takes into account training coverage by topic (MNCH/FP, HIV, malaria, supply chain, gender) and targets gaps, and also demonstrates integrated health skills existing at the facility level. In addition, the project team is considering how the use of tablets and digital data collection at the training sites by trainers and trainees could improve the efficiency and accuracy of trainee tracking.

***Continue developing the post-training assessment***

Both tools (post-training action plan and post-training monitoring sheet) have been tested during the post-training follow-up training on the supply chain management chain held the previous quarter. In addition, a post-training monitoring tool related to the new management guidelines for malaria was crafted in collaboration with the malaria specialist. This is a simplified supervisory guide (adapted from the supervision guide designed by the Integrated National Program of Fight against Malaria (PNILP)) was first used during the post-training follow-up jointly organized with BDS Buhiga and Nyabikere.

***Plan and coordinate the supervision visits supported by IHPB***

In the post-training follow-up framework, joint supervision visits were conducted in 18 health facilities in four districts of Muyinga and Kayanza. In collaboration with the provincial staff of IHPB, BDS Muyinga Giteranyi, Gashoho, and Kayanza have conducted the joint supervision visits. Eighteen trainees in SCM were followed up during those supervisory visits. Six learners in six health centers were monitored as part of the training on national guidelines for treating malaria during a joint supervisory visit with BDS Buhiga and Karusi. A calendar of post-training follow-up was set up for the next quarter.

**CLIN 3: Strengthened Health Systems and Capacity**

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

**3.1. a.: Work with provincial and district health bureaus to progressively strengthen district-level capacity and performance in managing the decentralized health system**

<b>Planned for January-March 2016</b>	<b>Achievement and results</b>	<b>Comments</b>
Identify, reproduce and distribute all current national health policies, protocols, and guidelines needed by FOSAs		Distributed current national guidelines and other related documents
Build capacity of 12 supervisors in preventive maintenance for medical equipment	Postponed for implementation to the April – June quarter	Twelve supervisors were not available
Improve quarterly coordination meetings	Achieved	Supported one coordination workshop per district
Assess and strengthen supervision system	Achieved	Supervision is assessed and strengthened and IHPB is developing a supervision tool

**Identify, reproduce, and distribute all current national health policies, protocols, and guidelines needed by FOSAs**

During the current quarter, during various training sessions, the following were distributed:

- New guidelines on malaria treatment to 193 participants from the health facilities of Karusi, Kayanza and Kirundo health provinces;
- 10 different kinds of BEmONC guidelines to 15 health facilities in Muyinga health province;
- Supply chain management modules to 159 CHWs in Gashoho health district;
- 122 “Directives nationales de traitement de l’infection par le VIH au Burundi “ to 74 health facilities in Kayanza province;
- 394 modules “Igitabu Mfashanyigisho c’abaremashakiyago ntungamagara muvyerekeye irondeka rijanye n’amagara meza” to CHWs of Giteranyi health district ;
- 51 “Module du formateur sur le PECADOM” was distributed and 51 “Livret de l’agent de santé communautaire sur le PECADOM » : 22 in Gahombo district and 29 in Musema district ;
- 17 “Manuel de reference sur la formation en technologie contraceptive” in Buhiga and Nyabikere districts ; and
- 27 “Protocole national de Prise en charge intégrée de la malnutrition aigüe”.

**Improve quarterly coordination meetings**

IHPB supported 12 district-led quarterly coordination meetings through the participation of technical staff and funded them through sub-grants. Health and non-health sector partners participated in these meetings. IHPB attended the coordination workshops and reported on the progress of activities, results, and implementation issues.

**Assess and strengthen the supervision system**

IHPB continued to strengthen the supervision system through logistical and financial support for supervision visits via sub-grants to districts. Joint supervision visits were conducted. A training session for 12 IHPB program technical officers is planned for the next quarter to strengthen their capacity in supervision.

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

During the reporting period, IHPB conducted a series of M&E activities throughout supported provinces in order to improve data quality, data demand, and data use at the facility and district levels. A summary of achievements is displayed in the table below.

Activities	Outputs	Achieved Jan-March 2016	Comments
Initiate and improve use of standardized CHW reporting tools and include community-driven data in facility data	345 CHWs trained on standardized reporting tools	81 supervisors were updated on the use of standardized tools	Trainings of CHWs in which the use of standard reporting tools were to be included were postponed due to scheduling conflicts
Conduct one DQA per facility	174 DQAs completed	Six health facilities visited	During the reporting period, a malaria outbreak hindered the organization of a number of activities, including DQA exercises

Activities	Outputs	Achieved Jan-March 2016	Comments
Strengthen capacity of district teams and facility managers on use data through quarterly district data analysis workshops	36 workshops organized	Two data analysis workshops were supported by the project during the reporting period: one district-based and one province-based	In addition to the malaria outbreak, some data analysis workshops are supported by other donors such as Belgian and Swiss Cooperation in Kayanza, ASSYST Project, etc.
Develop and disseminate data visualization dashboards for use at the facility level	80% of facilities have data visualization dashboards	Assessment was conducted in 110 facilities	Data visualization dashboards are whether inexistent or outdated

***Train CHWs on standardized reporting tools to initiate and improve reporting of community-driven data***

IHPB seeks to strengthen the health information system at the community level, especially through CHWs. As part of scope of work under Sub-CLIN 3.2, IHPB continued to integrate training on community reporting tools into CHW trainings supported by the project. During the quarter, IHPB used a provincial workshop on the coordination of community health activities to explain to 81 attendees the use of the standard community health reporting tool. Participants included health promotion technicians and in-charges of health centers; they will contribute to the training and mentoring of community health workers on the use of the aforementioned tool.

***Conduct data quality assessments (DQAs)***

As part of Year 3 work plan, routine data quality assessments are conducted during field supervisions. Such exercises help health providers in facilities to better understand variables and indicators included in data collection and reporting tools; this contributes to the quality improvement of their reported data. During the period under review, six health facilities were visited with a focus on data quality. The major constraint observed and repeatedly reported is the stock-out of standardized registers, especially in the MNCH area. As it is usually the role of the National Health Information Department to make data collection tools available country-wide, IHPB was not required to support that area. However, as standardized tools play a critical role in data quality, IHPB created an inventory of needs and introduced to USAID a request for concurrence in order to, at least temporarily, contribute to the availability of those tools.

***Strengthen capacity of district teams and facility managers on data use through quarterly workshops***

IHPB supports district quarterly data analysis workshops through in-kind grants. The workshops call together in-charge nurses of health facilities to analyze and discuss data and determine next steps. Those workshops are good opportunities for identification of strengths and weaknesses in data quality and services. During the quarter, two data quality analysis workshops were conducted: one in the health district of Kirundo, another in the province of Karusi. The latter was organized at the provincial level and gathered health providers and district teams from the two supported districts: Buhiga and Nyabikere. Its objectives were to analyze the evolution of malaria cases from 2015 to February 2016; analyze the evolution of immunization, ANC, assisted delivery and FP indicators; and plan for improvement actions for underachieved indicators.

### ***Develop and disseminate simple-to-use data visualization dashboards for use at the facility level***

As part of Y3 work plan, a situational assessment on use of dashboards in health facilities was conducted in 110 health facilities (44 in Muyinga, 40 in Kayanza, 16 in Karusi, and 10 in Kirundo). Globally, although some facilities still have displayed data visualization dashboards, they are not updated, as they are no longer required by health authorities, according to interviewed health providers. IHPB officers used health provider training to demonstrate ways to update existing dashboards. In upcoming quarters, IHPB will work at selecting key indicators for which dashboards will be initiated in supported health facilities.

### ***Other project-supported M&E strengthening activities***

Within the same time-period, IHPB supported additional M&E strengthening activities:

1. At the request of the Muyinga Health District, IHPB supported the training of 21 health providers as M&E focal points in their respective health facilities in order to lessen the workload of in-charges on activity and data reporting.
2. In partnership with Muyinga health authorities, IHPB supported a workshop attended by provincial and district health teams, all health facility in-charges, and health promotion technicians on the coordination of community health activities.
3. Due to data quality issues inherent to manual aggregation of community case management of malaria reports, IHPB developed a database to facilitate data aggregation and installed it on project computers. If the new database is found to be efficient, IHPB will propose it to health districts as part of community HIS strengthening.

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

<b>Planned for January – March 2016</b>	<b>Achievement and Results</b>	<b>Comments</b>
Provide support to CSOs for improving management systems, including financial management and human resources management, through (at least) quarterly visits	Achieved	IHPB staff provided support to ANSS and RBP+ administrative and financial staff
Conduct quarterly joint supportive supervisions focused on technical activities	Achieved	IHPB staff, in collaboration with the antenna coordinators, conducted supportive supervision to ANSS and RBP+ field staff in Kirundo district
Ensure CSO VAT requirements	RBP+ documented and claimed VAT reimbursement	ANSS did not claim the VAT reimbursement
Conduct trainings following PEPFAR assessments with SIMS tool	No need for formal trainings identified	After PEPFAR assessment, an improvement plan was set up, implemented, and assessed

Ownership of the capacity-strengthening process for civil society partners is critical to achieving USAID's desired outcome that CSOs become direct recipients of USAID funds. IHPB ensures that participating CSOs realize measurable and sustainable improvements in both technical and organizational capacities.

During this quarter, IHPB continued to provide technical and organizational support. IHPB also submitted to USAID the Local Partner Transition report in which it presented a final assessment results that formed the basis for IHPB's recommendations for CSO transition and additional ongoing support needs.

### ***Submission of the Local Partner Transition (LPT) report***

The LPT report presents the methodology used for assessing the CSOs, the process, the criteria required for graduation, and the CSO findings. By drawing from the results of organizational and technical capacity assessments, evaluating performance in the implementation of IHPB sub-awards, and performing a final assessment based on USAID's Non-U.S. Organization Pre-Award Survey (NUPAS) tool, IHPB has made comprehensive recommendations to USAID about how to move forward with direct funding for its three transitioning organizations. Each assessment has been conducted in three phases:

1. Desk review: IHPB staff appraised the candidate's legal documentation, guidelines, manuals and other tools and analyzed the assessments conducted as part of the Organizational and Technical Capacity Assessment. These include both self-assessments and the assessment utilizing the NUPAS tool.
2. Site visits, consultations and staff reports: The information gathered in the desk review is complemented by a site visit and observations of the IHPB staff members who work most directly with the partners.
3. Comprehensive analysis: The assessment team compares its findings to the criteria to decide whether an organization should be recommended for advancement.

IHPB considers these three organizations, ANSS, RBP+, and SWAA Burundi, to be among the leading health-focused CSOs in Burundi and, based on the evaluation results, has recommended each of them to USAID for direct funding.

### ***Provide support to CSOs in improving management systems, financial management, and human resources management through at least quarterly visits***

For improving management systems, with a special emphasis on financial management and human resources management, IHPB staff from the finance team conducted supportive supervision of staff from ANSS and RBP+ at the central level. This supervision aimed to assess whether the recommendations from previous evaluations had been implemented. For RBP+, all documents related to procedure policies, financial reports, and human resources management were in place, comprehensive, and well completed. Nevertheless, VAT is not yet being reimbursed. When the CSOs submitted the VAT claim documents for reimbursement, the Burundi Revenue Authority, which is in charge of collecting all taxes, obliged the CSOs to produce a document for exemption. They did not have it and therefore could not be reimbursed. IHPB staff will continue to support the CSOs as they pursue the matter further.

### ***Conduct quarterly joint supportive supervisions focused on technical activities***

The USAID team, along with IHPB staff and health district staff, conducted a supervision of ANSS Kirundo and RBP+ Kirundo focused on HIV activities using the SIMS tool. Recommendations for improvement were formulated. IHPB staff supported the two CSOs in setting up an improvement plan. Usually, a quarterly supervision has been conducted in order to monitor implementation of the improvement plan.

During this quarter, IHPB staff supervised the Kirundo ANSS clinic and Ruhehe health center supported by ANSS Kirundo. The improvement plan had been implemented as planned with the exception of some issues to be discussed with the Provincial Health Office. Usually the health district provides the commodities used in antenatal care, but currently the clinic is not supplied because the health district team does not consider antenatal care as part of the clinic services package. In addition, MSM service delivery is a big issue because MSMs are not identified in Kirundo and do not have a focal point for discussions with the ANSS clinic team. Some suggestions to further improve the recovery of the dropouts of PLHIV have been formulated. At the Ruhehe health center, the PLHIV regularly receive treatment but the ARV medicines are provided by ANSS Kirundo instead of the health district office. This situation should change since it is stated that the health district office supplies all the health centers in the district.

Supportive supervision of RBP+ was conducted. The provincial team, the communal team, the grassroots team, and the beneficiaries were visited and interviewed. With the provincial team, IHPB staff monitored the implementation of recommendations from the PEPFAR evaluation and noted that they have been implemented. A few issues still have to be improved, such as the implementation of income-generating activities, violence services mapping, a quarterly report of school notes, and highlighting the problems of girls. With these activities not yet achieved, RBP+ set up a new schedule for implementing them. The communal team, the grassroots' team, and the beneficiaries were satisfied with RBP+'s activities under IHPB.

#### ***Ensure CSO VAT requirements***

Organizations implementing development projects funded by the U.S. government are exempted from certain taxes (including the Value Added Tax) imposed by the Government of Burundi and exemptions cover both the principal recipients and sub-recipients. The claim of the VAT refund for any invoice of an amount equal or greater to \$500 is mandatory. RBP+ claimed the VAT paid but the Burundi Revenue Authority did not agree to refund, arguing that they do not have required exemption decision letters. ANSS has not yet made its claim for a VAT refund.

#### ***Trainings following PEPFAR assessments with SIMS tool***

Although trainings were planned following the PEPFAR assessments, trainings were not indicated in the improvement plan that was set up. IHPB staff conducted supportive supervisions, in which coaching techniques were applied. For ANSS, IHPB promised to train the technical staff on U.S. Government legislative and policy requirements for family planning in the coming quarter because that training is mandatory for all entities funded by USG for family planning activities.

## Priority Health Domain Strategies

### Maternal and Newborn Health Strategy

Planned for January-March 2016	Achievement and results	Comments
Conduct formative supervision for BEmONC in Kirundo	Postponed for implementation in April – June quarter	National trainers not available.
Conduct formative supervision for BEmONC in Karusi		
Conduct formative supervision for BEmONC in Muyinga		
Elaborate and validate tools for maternal death audit	Tools elaborated and already used to collect data in hospitals	Activity conducted in partnership with partners (UNFPA, WHO, JICA and HEALTHNET TPO).
Support maternal death audits in nine hospitals	8 sessions conducted	C six sessions in Muyinga and two in Karusi
Train 30 providers from Muyinga on BEmOC	Achieved	
Train 45 health providers and health district supervisors on EONC	30 health providers trained	15 will be trained early in April

#### ***Organized two six-day training sessions on Basic Emergency Obstetric and Neonatal Care (BEmONC) for 30 health providers from Muyinga***

In collaboration with PNSR, IHPB organized two six-day training sessions on BEmONC for 30 health care providers (11 male and 4 female) from Muyinga. 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 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. During the training, four different topics are addressed simultaneously at four stations for three or four participants per station. In each station, a trainer makes an initial assessment before his demonstration. This is followed by practice by the participants and a mid-course evaluation. Participants then move to another station; participants must attend all stations (an average of four stations are run per day).

Each training session includes:

- In-service trainings, which include best practices in the management of labor, demonstration of key interventions on anatomic models, and case studies;
- Acquisition of competencies session where learners use a 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 to practice until they are competent. For each training session, participant knowledge and competencies are assessed three times: at the beginning via a pre-test, during the training using a mid-evaluation test, and at the end of the session via a post-test.

Knowledge and competencies in different topics improved significantly. Assessments found that participants showed great progress in acquiring competencies at the different stations. For the first session on shoulder dystocia management, competencies increased from 1.7% at pre-test to 94.2% at post-test. Competence on the management of twin delivery increased from 0% at the beginning to 94.2% at the end. The average in all topics grew over 80%. Competence in all topics was under 30%, with some scoring 0%: shoulder dystocia, the twin delivery, and use of the suction cup.

### ***Organized two six-day training sessions on essential obstetric and neonatal care (EONC) for 30 health providers***

In collaboration with PNSR, IHPB organized two six-day training sessions on EONC for 30 health care providers from Karusi (5) and Kirundo (25). Trainings were conducted in Gitega. The aim of the trainings was to strengthen health care providers' capacity in offering a quality continuum of services before, during, and after pregnancy. During the first two days, participants attended theory-based sessions on topics such as antenatal care, safe delivery and postnatal care. This was followed by four days of practical sessions using a standardized checklist that measured competence in offering services during the three periods: antenatal, delivery, and postnatal. During this hands-on part of the training, three stations were established: one for antenatal services (antenatal care and PMTCT); one for safe delivery (delivery, active management of the third stage of labor (AMTSL), and newborn resuscitation); and one for post-natal services (episiotomy, mother resuscitation, and postnatal services). At each station, participant knowledge and competencies were assessed three times: at the beginning via a pre-test, during the training using a mid-evaluation test, and at the end of the session by a post-test.

For the first session, there was an average increase in competencies from under 35% to over 85% in all stations. Knowledge increased from 66.96% to 84.29%. During the second session of the training, competencies were raised from 30% up to 70%; knowledge increased from 57.14% to 86.61%.

### ***Conduct formative joint supervision for MH services in Karusi and Kirundo***

A joint field supervision of MCH activities was conducted in Karusi. The Maternal Health and Child Health specialists visited eight health centers with IHPB field-based staff. In one health center we noticed that there was a lack of obstetrical folders; the project will provide folders for the health center for one month. Some equipment was stocked and we took a fetal Doppler and the vacuum in to delivery room. We found that there is a need to strengthening the capacity of health providers on some MCH related topics, such as the use of a non-pneumatic garment, the use of a partogram, and the correct use of an obstetric folder. Small sessions will be organized. Supervisors also suggested that they should be trained on EONC as well. This training will be conducted next quarter.

### ***Support maternal death audits in nine hospitals***

During the quarter, eight sessions (six in Muyinga and 2 in Karusi) of maternal death audits were conducted. Participants included hospital staff, health district representatives, and health providers from health centers near the hospital hosting the session. Causes of death were: uterine rupture (3), postpartum hemorrhage (3), infection (1) and malaria (1).

## Reproductive Health Strategy

Planned for January-March 2016	Achievement and results	Comments
Conduct monthly follow-up on FP activities at the health facility level	Continuous	12 facilities in Kirundo province were supervised
Organize training of trainers on importance of family planning at the community level	Achieved	22 trainers were trained
Train CHWs and provide tools on the importance of family planning	Achieved	469 CHWs were trained
Train HPT on the community-based distribution of contraceptives		HPT were trained by UNFPA
Organize sensitization meetings on reproductive health targeting leaders	One meeting was held in Karusi province	During the next quarter, meetings will be organized in the remaining three provinces

### ***Conduct monthly follow-up on reproductive activities health facility level***

During the quarter, the following were supervised: 12 facilities in Kirundo province (Mukenke (3), Busoni (5), Vumbi (1) and Kirundo (3); five facilities in Kayanza province, both in the Gahombo District; and five facilities in Karusi province, both in Buhiga district. The major challenges that prevent people from adhering to contraceptive methods are misconceptions by religious leaders and rumors related to family planning in general and to long acting methods in particular. To address these issues, IHPB held a series of meetings with the BPS and BDS to develop strategies and organize regular sensitization and outreach activities.

In addition, IHPB conducted formative supervision of health care providers that were trained on youth-<sup>1</sup> friendly services in Muyinga and found that 3,442 youth (refer to table below) attended and received services. This activities were implemented in six health facilities in Muyinga province (Giteranyi (2), Gashoho: (2), and Muyinga (2)). Documents to enhance their libraries are being printed and will be distributed in the month of May.

10-14 years		15-19 years		20-24 years		TOTAL
Female	Male	Female	Male	Female	Male	
53	84	171	1041	279	1814	3442

### ***Training of trainers and training on Community -based distribution of FP methods***

Following a five-day training of 22 (15 male and 7 female) trainers from Gahombo district, and four trainers (3 male and 1 female) from the national reproductive health program, IHPB trained a total 469 community health workers (287 male and 182 female) on promoting family planning and the use of

<sup>1</sup> The World Health Organization (WHO) defines adolescents as those people between 10 and 19 years of age. The great majority of adolescents are, therefore, included in the age-based definition of “child”, adopted by the Convention on the Rights of the Child, as a person under the age of 18 years. Other overlapping terms used in this report are youth (defined by the United Nations as 15–24 years) and young people (10–24 years), a term used by WHO and others to combine adolescents and youth.

contraceptives. The trained CHWs received a tool that will help them during sensitization meetings in their community. The training covered the following topics: Reproductive Health Concept; Family Planning Concept; Women's Anatomy; Reproductive Physiology; Family Planning Methods; Conducting a Sensitization Session; Materials to be Distributed by the Community Health Workers; and Data Collection and Reporting.

The project has also ordered a kit for CHWs that contains a bag, umbrella, notebook, pen, and boots. The kit will be distributed in May. The results for February and March in Giteranyi district show that 527 individuals (330 new individuals) received methods through community activities; 291 were referred to the health facility.

***Organize sensitization meetings on reproductive health targeting local leaders***

During the quarter, IHPB, in partnership with the Karusi provincial and district health authorities, organized a one-day sensitization workshop on reproductive health attended by 33 participants (29 male and 4 female) that included religious and local opinion leaders. The goal was to: inform administrative, religious, local elected officials and community leaders (including civil society) on the importance of family planning; seek involvement of the aforementioned opinion leaders to mobilize the population to seek reproductive health services; and discuss strategies to improve access to maternal health services in general and family planning in particular. Participants made commitments to raise awareness on the importance of family planning at the community level and on sexual and reproductive health of adolescents in schools.

**HIV/AIDS Strategy**

Planned for January-March 2016	Achievement and results	Comments
Conduct two one-day sensitization sessions of district hospital workers per district hospital	Second sensitization session held in Kirundo District Hospital	Sensitization meetings for Kayanza, Gahombo, Musema and Mukenke are planned for the next quarter
Hold a two-day workshop per province to identify potential zones with a high risk of HIV infection	Workshop organized in Kayanza province	A workshop for Kirundo was held in December 2015
Target potential zones with a high risk of HIV infection	90 potential high-risk areas identified in Kayanza	
Train 30 HPTs on HIV counseling	15 HPTs trained in Kirundo	Kayanza training session is planned for the next quarter
Organize five outreach HTC sessions	16 outreach HTC sessions organized in two provinces	
Test 487 OVC and other members of their families on HIV through a RBP+ grant	346 OVC and other members tested	Testing will continue

Planned for January-March 2016	Achievement and results	Comments
Support 101 PMTCT sites to offer ARV to reduce MTCT of HIV	78 PMTCT sites supported in Kirundo (43) and Kayanza (31)	Support will continue
Organize the routine transport of samples	89 DBS and 39 viral load samples transported from health facilities to the reference laboratory (INSP or ANSS)	Supporting the transportation of DBS and Viral load samples through IKGs will continue
Treat victims of SGBV	28 victims received ARV prophylaxis	PEP, HIV test, and psychological support will continue
Provide support services for OVC through a RBP+ grant	1,359 OVC served during the quarter	Support to OVC will continue in Kirundo
Establish 14 new ART sites	25 new ART sites established in Kayanza (10) and Kirundo (15)	Identification of new sites will continue
Organize mentoring visits	25 new ART sites mentored	Mentoring will continue
Support the transport of 1,457 CD4 samples from health centers to district hospitals through IKGs	1,479 CD4 cell count samples transported from health facilities to district hospitals	Supporting transportation will continue

***Conduct two one-day sensitization sessions of district hospital workers per district hospital***

During the quarter, in partnership with the directors of the district hospitals, IHPB organized a sensitization session that brought together a total of 18 healthcare providers (8 male and 10 female) from Kirundo district hospitals. The objective was to sensitize health care providers to integrate HTC into their respective services (e.g., internal medicine, pediatrics, gynecology and obstetrics, surgery) and outpatient units (e.g., adult and infant outpatient, emergency).

***Hold a two-day workshop per province to identify potential zones with a high risk of HIV infection***

In partnership with the provincial health bureau and the National Program against HIV/AIDS and STIs, IHPB supported a one-day workshop on March 31 to sensitize key stakeholders on the “Fast Track Strategy”<sup>2</sup> and to identify strategies for its implementation in Kayanza province.

The workshop brought together 95 participants (75 male and 20 female) from the Provincial AIDS Control Committee (Comité Provincial de lutte contre le SIDA-CPLS), Health Provincial Bureau (Bureau Provincial de Santé-BPS), Health District Bureaus (Bureau du District de Santé-BDS), faith-based organizations, civil society organizations (SWAA Burundi), health center managers and health promotion technicians in Kayanza province. During the workshop, 90 hotspots were identified based on data analysis and high-risk behaviors for HIV: 38 in Kayanza HD; 34 in Musema HD, and 18 in Gahombo HD. The participants proposed to organize outreach campaigns for HIV testing in the targeted zones. These will include sensitization on HIV/AIDS, testimonies of PLWHA about living positively, and on-site HIV testing. They recommended setting up a committee to consider the referral mechanism for those who test HIV-positive.

<sup>2</sup> Fast Track Strategy is a strategy to accelerate the response to HIV/AIDS in order to achieve the objective of 90% of people living with HIV knowing their HIV status; 90% of people who know their HIV positive status on treatment; and 90% of people on treatment with suppressed viral loads by 2020.

### ***Target potential zones with high risk of HIV infection and organize outreach HTC sessions***

In collaboration with the district and provincial health bureaus, IHPB supported outreach HTC sessions in identified zones with a high risk of HIV infection, targeting key populations and other groups with higher risk of HIV transmission (e.g., single mothers, separated couples, men, and women with multiple sexual partners, waiters/waitresses). The sessions included awareness on the routes of HIV transmission, HIV prevention methods and factors favoring the spread of HIV, HIV testing and counseling, health care for PLWHA. They also provided testimonies of positive living with HIV and optional on-site HIV testing.

**Key populations:** 199 female sex workers (FSWs), 36 men who have sex with men (MSM) and 17 lesbians, benefited from HIV and other STIs awareness. Of these 252, 27 already knew their seropositivity. Of the 292 that volunteered for HIV counseling and testing, 21 (8%) tested positive and were referred for treatment to an ART site. Overall, 3,486 condoms (3,065 male and 421 female) condoms were distributed. (Annex IV).

**Other populations with higher risk of HIV transmission (single mothers, separated couples, men, and women with sexual multiple partners, waiters/waitresses):** During the quarter, outreach HTC sessions were conducted in 10 hotspots, targeting 564 persons falling under the category of “other key populations.” Of these (564), four already knew their HIV-positive status. Of the 551 that volunteered to be tested, 47 were found to be positive and were referred to an ART site. Overall, 3,798 condoms (20 female and 3,778 male) were distributed. (Annex V)

### ***Strengthen capacities of health workers***

During the quarter, in partnership with the Kirundo provincial/district health bureaus and through in-kind grants (IKGs), IHPB supported a variety of capacity-strengthening activities. This included a five-day training on HIV counseling and testing where 15 HPTs (12 male and 3 female) were trained using the counseling module, “*Module de formation sur le dépistage du VIH intégrant le dépistage à initiative du prestataire.*” The objective was to strengthen their capacities to conduct HIV sensitization and HIV testing in communities. IHPB also conducted two five-day training sessions on rapid HIV testing that brought together 55 laboratory technicians (41 male and 14 female) with the objective of improving the quality of testing. The national “*module de formation sur le dépistage du VIH intégrant le dépistage à initiative du prestataires*” was used.

### ***Test 487 OVC and other members of their families for HIV through RBP+ grant***

Through an RBP+ grant and in partnership with health facilities, a total of 347 OVC (157 male and 190 female) were tested HIV. Sixteen (7 male and 9 female) that were found to be positive were referred to health care and ARV treatment in different facilities.

### ***Support 101 PMTCT sites to offer ARV to reduce MTCT of HIV***

IHPB supported (in office supplies, fuel, per-diem, etc.) health centers and district hospitals in offering ARV to reduce MTCT of HIV. Nurses were assisted in introducing ARV prophylaxis in PMTCT programs; 78 PMTCT sites (in Kayanza and Kirundo) are operational and serving 1,102 pregnant mothers (276 in Kayanza and 826 in Kirundo). (Annex V)

### ***Organize the routine transport of lab samples and lab results***

In partnership with health districts and through IKGs, IHPB supported the transport of DBS and viral load samples from health facilities to the reference laboratory (INSP) or ANSS, and then transporting lab

results from INSP and/or ANSS to the health facilities. During the quarter, 89 DBS and 39 viral load samples were transported from health facilities to the INSP.

### ***Treat victims of SGBV***

During the quarter, IHPB supported health centers and district hospitals to treat victims of rape; 28 victims of rape received ARV prophylaxis.

### ***Provide support services for 2,448 OVC through RBP+ grant***

Through a RBP+ grant, IHPB organized a five-day retraining of Orphans Right Protection Committee (CPDO) volunteers on OVC care, including medical services and HIV/AIDS counseling and testing, SGBV care, and reproductive health/family planning services. The event brought together 46 participants (19 male and 27 female). IHPB also served a total of 1,359 OVC as follows:

- Paid school fees for 93 OVC (50 male and 43 female) in secondary school
- Provided health care to 241 OVC (106 male and 135 female)
- Provided medical cards to 1,402 OVC (670 male and 732 female)
- Provided nutrition counseling to 390 OVC (179 male and 211 female)
- Provided psychosocial support during home-based visits by volunteers to 1,310 OVC (590 male and 720 female)
- Provided hygiene kits (soap and towels) to 98 OVC (5 male and 93 female)

### ***Establish new ART sites and organize mentoring visits***

With the objective of ART decentralization, 25 new ART sites (10 in Kayanza and 15 in Kirundo) were established and mentored. IHPB support consisted of enabling nurses to prescribe and manage antiretroviral therapy (task shifting), as well as providing needed tools (protocols, data collection tools) to these new sites. Annex VII presents the distribution of old and new ART sites.

### ***Perform health facilities supervision***

In collaboration with the district and provincial health bureaus, IHPB supported formative supervision missions. Using the SIMS tool, 13 health facilities that provide HIV services were visited in Kirundo (Mukenke Hospital, Bunyari HC, Muramba HC, Kinyovu HC, Cumva HC, Kiri HC, and Kiyonza HC) and Kayanza (Kayanza HC; Kabarore HC; Matongo HC, Musema Hospital; Rugazi HC and Kabuye I HC). The main challenges encountered were: incomplete patient records (e.g., patients' files are not filled and WHO staging is not mentioned) and stock-out of STI medicines. Discussions with health workers convinced them to complete the tools.

### ***Support transport of 1,457 CD4 samples from health centers to district hospitals through IKGs***

In partnership with health districts, IHPB supported campaigns for accelerating enrollment in ART. The campaign consisted of transporting CD4 cell count samples from health facilities to district hospitals, obtaining results, and putting eligible people on ART. During the quarter, 1,479 CD4 cell count samples (out of 1,457 planned) were examined (Kirundo (835), Kayanza (644)) and 447 persons infected by HIV were placed on ART (358 in Kirundo and 89 in Kayanza). Annexes V and VI present the details for Kayanza and Kirundo, respectively.

## Malaria Strategy

Planned for January-March 2016	Achievement and results	Comments
Mobilize communities and district leaders and conduct 13 four-day training sessions on CCM of malaria for 289 CHWs in Musema health district <sup>3</sup>	Achieved	469 persons were sensitized, 30 trainers were trained on iCCM and 286 CHWs were trained on implementation of Malaria CCM
Conduct three four-day training sessions of 47 HWs on CCM of malaria in Kirundo (17), Gashoho (15), and Gahombo (15) HDs	17 health care providers trained in Kirundo	Trainings in Gashoho and Gahombo are planned for the next quarter
Conduct 16 two-day refresher trainings of CHWs on CCM of malaria and referral in Gahombo (242) and Gashoho (160) HDs		Trainings were postponed due to the malaria outbreak. They are slated for the next quarter
Support technical follow-up meetings on CCM of malaria with CHW, in-charge nurses, and HPTs at the HC and HH levels	Two meetings in Gasho and one in Kirundo held	The activity is planned for every two months
Provide technical assistance for the quality of CCM of malaria reporting	Achieved	The database is developed and in use
Supply/furnish CCM of malaria equipment to CHWs in Gahombo, Kirundo, Gashoho, and Musema HDs	659 boxes of gloves supplied to three districts	To launch CCM of malaria in Musema HD, a kit composed by 19 <sup>4</sup> items has been ordered and will be delivered in the next quarter
Conduct HH visits to CHWs involved in CCM of malaria	Achieved	39 CHWs in Gashoho and 45 CHWs in Kirundo HD were visited at their households
Conduct supportive supervision visits within HC to improve IPTp implementation, ITN distribution, case management, and correct parasitological diagnosis	Eight health centers supervised	
Organize two one-day workshops with religious leaders on the burden of malaria, and their contribution in sensitizing people to malaria		The events were postponed for due to the malaria outbreak. They are slated for the next quarter
Support religious leaders in delivering monthly messages to congregations on malaria prevention, care, and treatment		

<sup>3</sup> After discussion with Kayanza health authorities, Kayanza HD had been replaced by Musema HD with 289 CHWs

<sup>4</sup> Register of cases, referral and requisition book, stock cards, iCCM module, box, solar lamp, bag, jerri-can, spoons, cup, safety box, manual timer, box of gloves, algorithms and job aid on use of RDT, Cadena, soaps, trash can.

In line with the National Malaria Strategic Plan (2013-2017) and Malaria Operational Plan 2015, IHPB registered the achievements detailed below.

***Mobilize communities and district leaders and conduct 13 four-day training sessions on CCM of malaria for 289 CHWs in the Musema health district***

The implementation of CCM of malaria follows a process described in the guidance of Integrated Management of Childhood illness at the Community level (IMCI). The steps that were followed are described below:

- In partnership with the National Malaria Control Program (PNILP) and the Direction de l'Offre et de la Demande des Soins (DODS) at the provincial level (Kayanza), IHPB organized a one-day sensitization workshop on CCM of malaria/iCCM in the Musema health district. In all, 87 participants (48 male and 39 female) attended, including administrative and health authorities, civil society organizations, and representatives of churches and other public services. Community health workers from Gahombo HD were invited to share the benefits and challenges of CCM of malaria. A similar one-day sensitization workshop was held in three communes in Musema that brought together 382 participants (135 in Matongo commune (58 female, 77 male), 102 in Butaganzwa commune (59 male, 43 female) and 145 in Rango commune (95 male, 50 female). There were 285 CHWs, 11 chiefs of zones, and 86 chiefs of collines. These workshops were an opportunity to inform stakeholders on the goals of the IMCI guidance and to share experiences and advantages of the community case management of malaria.
- A session was held to identify CHWs that will implement CCM of malaria in Musema. According to the guidance document on IMCI at the community level, two to three CHWs per colline are required to implement iCCM. Thus, for Musema HD, where some collines have more than five CHWs, a selection test was given to CHWs to identify two to three CHWs that will be involved in CCM of malaria. This test, designed by the MOHFA, was focused on the ability of CHWs to introduce themselves in writing, their level of education, and their knowledge of the main health problems that affect children under five years of age. In the end, 201 of 286 CHWs were identified to implement CCM of malaria in Musema HD.
- A five-day training session of trainers on iCCM was held, bringing together 30 participants (5 female and 25 male), including 15 health care providers, five health promotion technicians, five Musema health districts supervisors, and five persons from BPS Kayanza. Using the training module from MOHFA, the booklet for CHWs on iCCM, and other materials and tools, this session was conducted by four representatives from MOHFA at central level. The training module and PowerPoint presentations have been shared and distributed to participants.
- Eleven four-day training sessions on CCM of malaria were provided to 286 CHWs from Musema HD (154 female, 132 male). The CHWs were trained on how to implement CCM of malaria and how to record and report malaria cases with fever from their communities. These training sessions were conducted by health care providers, health promotion technicians, and health district supervisors. After this training, selected and trained CHWs (201) were further supported with five-day internships in their catchment health centers. Health promotion technicians and health care providers facilitated these internships.

***Conduct three four-day training sessions of 47 health workers on CCM of malaria in Kirundo (17), Gashoho (15), and Gahombo (15) HDs***

In response to the need of Kirundo HD to train additional health providers on CCM of malaria, IHPB conducted a four -day training session for 17 health care providers (12 male, 5 female) on CCM of

malaria in that district. One additional health care provider per health center attended. Four health district supervisors conducted this training.

***Support technical follow-up meeting on CCM of malaria with community health workers, in-charge nurses and health promotion technicians at the HC and HH level***

In partnership with health district supervisors, IHPB organized technical meetings with 157 CHWs (97 male, 60 female) from Gashoho HD and 221 CHWs from Kirundo HD (110 male, 111 female) on implementation of CCM of malaria at the health center level. The agenda was focused on how to estimate commodities needs (RDT, ACT, and gloves) by calculating the average monthly consumption (Consommation moyenne mensuelle) of these commodities for each CHW and how to compile the monthly report by using the report template distributed. Supervisors then helped CHWs to compile and submit January and February reports on the CCM of malaria. This report template was revised by IHPB and refers to mandatory results and medication management.

After meeting the CHWs, the supervisors selected a group of three CHWs per HC to visit their household; 39 CHWs in Gashoho HD and 45 CHWs in Kirundo HD were visited. The goal of these household visits was to observe storage conditions for malaria commodities and the keeping of stock cards. The findings were that some boxes (containing malaria commodities and tools) were broken and that some CHWs do not update the stock records. Supervisors reminded those CHWs that they should update stock cards daily. IHPB staff asked the health district supervisors to make a list of missing materials that should be replaced.

***Provide technical assistance for the quality of CCM of malaria reporting***

To overcome issues related to the delay of CCM of malaria reporting and to reduce compilation errors, IHPB developed a database of CCM of malaria. An internal training session on this tool has been provided to IHPB data collection staff at each district area. Information contained in the case management register (kept by CHWs) has been used for developing that database.

***Supply/furnish malaria CCM equipment to CHWs in Gahombo, Kirundo, Gashoho and Musema HDs***

IHPB provided different material and tools to CHWs to support implementation of malaria CCM. Each CHW was provided with 50 pairs of gloves: 242 CHWs in Gahombo, 257 CHWs in Kirundo, and 160 CHWs in Gashoho. In Musema HD, kits for CHWs were purchased that contained: a register of cases, a referral and requisition book, stock cards, an iCCM module, solar lamp, bag, jerri-can, spoons, cup, safety box, manual timer, box of gloves, algorithms and a job aid on the use of RDT, padlock, soaps, and a trash can.

***Conduct supportive supervision visits within HC to improve IPTp implementation, ITN distribution, case management, and correct parasitological diagnosis***

A supportive supervision visit was conducted in eight health centers in Karusi: four in Buhiga HD (Nyaruhinda, Cirambo, Bugenyuzi, Rugazi) and another four in Nyabikere HD (Rusamaza, Gihogazi, Gitomde, Nyabikere). Using an integrated malaria supervision guide developed by NMCP in collaboration with IHPB, these visits were focused on improving IPTp reporting, rational use of SP (sulphadoxine pyrimethamine), and the correct diagnosis of malaria. The supervisors explained how to record and report correctly on IPTp to each health center team visited.

**Organize a three-day interactive theater in Gatara and Muhanga communes/Gahombo HD**

In partnership with Gahombo health district (Kayanza province), IHPB organized a three-day interactive theater event using a local music, dance and drama group that focused on malaria prevention, early care seeking, and the use of insecticide-treated nets and IPTp. The event was held in three sites of the two most affected communes (Muhanga and Gatara) and attended by 855 people (452 male and 403 female).

**Organize two one-day workshops with religious leaders on the burden of malaria and their contribution in sensitizing people to malaria**

In partnership with the health district bureau and HPTs in Muyinga, Kayanza, Karusi and Kirundo province, IHPB identified religious leaders at the communal level. In collaboration with NMCP, IHPB expects to meet with these religious authorities in April to share information on the burden and consequences of malaria and to obtain their commitment to participate in social and behavior change activities on malaria in their communities.

**Support religious leaders to deliver monthly messages to congregations on malaria prevention, care, and treatment**

This activity is contingent upon the achievement of the previous task. Harmonized messages validated by NMCP will be used.

**Support health districts in carrying out mobile clinics and outreach treatment activities during outbreaks of malaria period**

In response to the malaria outbreak that affected 11 provinces and the 12 IHPB health districts over a two-week period, IHPB availed its project staff and vehicles (including allowances) to carry out mobile clinics and outreach treatment activities. Out of 173,531 people that were tested, 169,276 were positive for malaria parasites and treated.

**Child Health Strategy**

Planned for January –March 2016	Achievement	Comment
Conduct joint visits (BDS/IHPB) in health facilities with immunization coverage <70%	Achieved	
Conduct root-cause analysis of low immunization coverage	Achieved	
Suggest activities to address identified causes of low immunization coverage	Achieved	
Support BDS to conduct three five-day training sessions for 90 health care providers from Karusi and Kirundo on clinical IMCI		Postponed and slated for the next quarter
Conduct two five-day trainings for 92 health care providers from 45 health facilities in Kirundo Vumbi and Nyabikere health districts on the National Protocol of Malnutrition Management		

**Conduct joint visits (BDS/IHPB) in health facilities with immunization coverage <70% and conduct root-cause analysis of low immunization coverage**

A joint supervision was conducted by IHPB and health district offices at six health centers (three in Gahombo health district and three in Musema health district) identified as having low maternal and child health indicators, including low immunization coverage. The aim of the visit was to conduct a root

cause analysis of the low performance. The main weaknesses included: the refrigerator was not well maintained or was broken down; there was a high level of immunization dropout and no recovery strategy; administration officials were not involved in resolving health issues; there was a lack of synergy between CHWs and local administration officials; and the recording of children vaccinated was problematic. Some activities were consequently suggested to resolve some of these problems, including: organizing workshops to mobilize the community and sensitize community leaders; organizing community drama events; and organizing an outreach strategy in the remote collines.

In response to identified causes of low immunization coverage, IHPB, in partnership with the health districts, organized workshops to mobilize the community on maternal and child health, including immunization.

The root cause analysis found, among other causes of low performance, that the CHWs' work was not corroborated by administration officials, and that there was a lack of synergy in community sensitization. Recommendations were addressed to administration officials at the colline level to collaborate with CHWs in sensitizing and mobilizing communities on health-related matters. Health facilities were urged to improve registration and follow up of immunization dropout cases.

***Provide integrated supervision of MCH services in Karusi province***

An integrated supervision of MCH services was conducted in five health centers of the Nyabikere health district. Among weaknesses were that some health centers had no personnel trained on IMCI; there was ineffective allocation of personnel according to their capacity (e.g., nurses trained in IMCI were not used in consultations with children); there was ineffective coordination between CHW activities and activities in health centers; and there was no recovery system for cases of immunization dropout. Activities that were decided upon included: organizing quarterly mentoring meetings gathering CHWs, health promotion technicians, and health center titulaires; initiating a strategy of immunization surveillance by CHWs whereby each CHW will be provided with a register to record all of the children under 2 years old and follow up on immunization schedule completion; and training CHWs on the community component of IMCI.

**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**

Planned for January-March 2016	Achievement and Results	Comments
Meetings with implementing partners (BPS, BDS, etc.)		Meetings will start after required approval from Burundi Ethics Committee and ISTEERU
Protocols development and approval by FHI 360 PHSC.	Achieved	Protocol has been approved
Protocol submission to Burundi Ethics Committee , Ministry of finance and ISTEERU		Protocol was submitted to Burundi Ethics Committee
Tools (guidelines, job aids) development	Achieved	Data collection forms for infants and mothers, Informed Consent form were translated into French and submitted to Burundi Ethics Committee

The pilot study for the integration of PMTCT and EID of HIV into routine newborn and child healthcare was selected to be implemented during Y3. During this quarter, IHPB finalized the protocol and its appendices such as data collection forms and the Informed Consent form. They were subsequently submitted to the FHI 360 Protection of Human Subjects Committee (PHSC). After FHI 360 PHSC approval, the documents were translated into French and submitted to the Burundi Ethics Committee. The following activities were achieved to accomplish these objectives.

***Submit the protocol to the FHI 360 Protection of Human Subjects Committee (PHSC)***

The principal investigators of the study submitted the protocol and its appendices to the FHI 360 headquarters staff that provide technical assistance to IHPB project. The headquarters staff reviewed these documents, provided their comments, and returned them to the principal investigators for submission to the PHSC. PHSC members who reviewed the protocol and its appendices asked questions for clarification, provided comments, and made suggestions for improvements. After addressing the questions and comments and making relevant revisions, IHPB resubmitted the documents to the PHSC. The PHSC approved moving forward with implementation of the study.

***Submit the protocol to the Burundi Ethics Committee***

The Protocol and its appendices (previously translated into French), were submitted to the Burundi Ethics Committee. The protocol is currently being analyzed and the committee will hopefully provide feedback soon.

After approval by the Burundi Ethics Committee, the protocol and its appendices will be transmitted to the Ministry of Finance and the Institute of Statistics and Economic Studies of Burundi (ISTEEBU), which will issue the statistics visa authorizing the implementation of the study.

**Implement learning, documentation and dissemination activities**

IHPB has continued to document and disseminate information on project implementation and achievements. The following documents were published: (a) child health booklet on the 7 practices of the community component of IMCI; (b) the March issue of the IHPB Newsletter, which focused on IHPB partnering with civil society organizations; and (c) three success stories (two success stories on HIV from Kayanza and one success story on HIV from ANSS Kirundo). Additional publications of materials still in the process of production include: (a) two newsletters, one related to QI and another on HIV; (b) three success stories on FP and one success story on IPTp, all from Karusi.

**Program Monitoring & Evaluation**

Planned for January-March 2016	Achievement and results	Comments
Conduct an internal workshop on project monitoring, data quality assurance, and data use	Achieved	

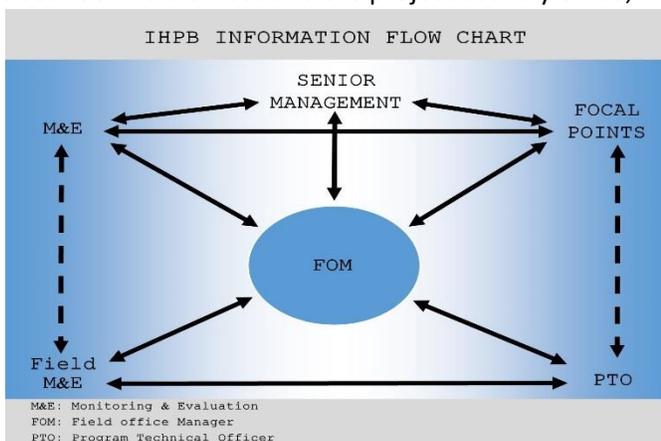
***Conduct an internal workshop on project monitoring, data quality assurance and data use***

During the quarter under review, IHPB conducted a workshop on project monitoring, data quality and data use (La Détente, March 10-12, 2016). The 44 attendees included all project field office managers (4), senior technical officers (14), all technical program officers (12), and all M&E technical officers and data entry associates (10). The workshop was co-facilitated by the project’s Senior Technical Advisor and

the Data Systems Manager. Topics covered included the project’s M&E Indicators, data demand and use, data quality, and data analysis.

At the end of the workshop, some resolutions were reached:

- 1) Develop a project information flow chart between field offices and the project country office;
- 2) Use dashboards to improve monitoring of key indicators
- 3) Pull together all project-specific data collection tools to improve data tracking;
- 4) Adopt a culture of written and clear data demand;
- 5) Establish a monthly DQA planning meeting;
- 6) Establish a monthly data analysis meeting;
- 7) Improve the quality of the project-supported district analysis workshops



### Program Management

Planned for January-March 2016	Achievement and results	Comments
Recruit and post additional staff as necessary		Three positions were filled this quarter
Submit monthly, quarterly, and annual reports	Achieved	All deliverables were submitted on time
Bujumbura-based staff conduct support visits to sub-offices	Achieved	
Hold quarterly staff planning and management meetings	Achieved	
Prepare for and convene Program and Technical Quality Assessment (PTQA)		Activity will be implemented in May 2016
Participate in collaboration, coordination and partnership-building meetings at the national and field office levels	Achieved	

#### ***Recruit and post additional staff as necessary***

During the quarter, the following positions were filled: two receptionists/secretaries (one for Karusi and one for Kayanza) and a driver (for Karusi).

#### ***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 January, February, and March. The monthly and annual reports present achievements during the report period.

***Bujumbura-based staff 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 of malaria, QI/QA and integration; strengthening capacity of community structures; basic emergency and neonatal care; modern contraceptive technology; building capacity of civil society organizations; and other trainings.

***Hold quarterly staff planning and management meetings***

Under the leadership of the Deputy Chief of Party, the six-member Senior Leadership Team (COP, Deputy COP, Associate Director of Finance & Administration), the Senior Technical Advisor of Health Systems Strengthening, the Senior Technical Advisor of Monitoring and Evaluation, and the Integrated Services Advisor held regular weekly meetings to make strategic decisions and monitor 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.

***Prepare for and convene Program and Technical Quality Assessment (PTQA)***

This activity will be carried out in May 2016.

***Participate in collaboration, coordination, and partnership-building meetings at the national and field office levels***

During the reporting period, IHPB fostered collaboration and coordination with USG-funded projects and organizations and MPHFA. The table below presents key events and meetings attended by project staff.

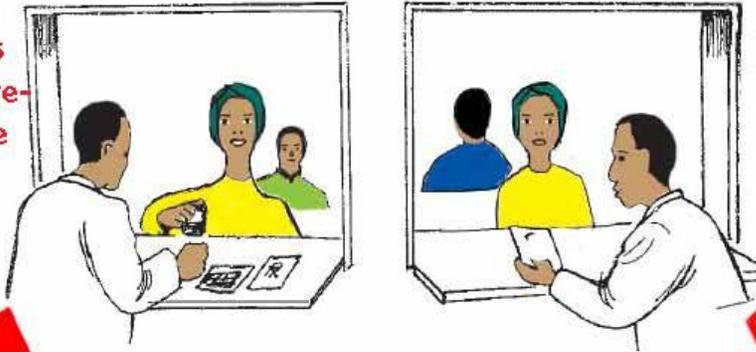
Date	Title of IHPB Staff Member	Theme of Meeting/Event
January 27, February 8 and February 11, 2016	Capacity Building Advisor	Urgent meeting on the management of epidemic outbreaks of malaria led by the MPHFA
January 29 , 2016	Maternal Health specialist	Meeting on activities planning related to training on BEmONC and contraceptive technologies led by PNSR
February 24, 2016	Capacity Building Advisor	Meeting on the preparation of the workshop on the involvement of CSOs in the Country Operational Plan (COP) FY 16 process including USAID (PEPFAR) , UNAIDS, PMTCT and IHPB projects
February 24-27, 2016	Health Integrated Services Advisor	Workshop to write operational plans for the Global Fund to Fight AIDS, Tuberculosis and Malaria Burundi Grant
February 25, 2016	M&E senior technical advisor, MH specialist	Meeting with Measure Evaluation to discuss on gender issues
March 10 , 2016	Maternal Health specialist	Workshop on EONC training approach and AMTSL algorithm validation led by PNSR
March 10, 2016	Capacity Building Advisor	Workshop to raise CSO contributions for COP 16

Date	Title of IHPB Staff Member	Theme of Meeting/Event
March 17-18, 2016	MH specialist	Coordination meeting for PNSR partners organized by PNSR
March 23, 2016	Supply Chain Management Specialist	Technical meeting organized by the MHFA
March 24 and 31, 2016	Malaria specialist	Preparation for the 9th World Malaria Day.

**Problems Encountered/Solved or Outstanding**

Following the outbreak of malaria that affected 11 provinces including the four IHPB provinces, the MPHFA instructed that all activities other than the emergency malaria response be suspended and that all staff (at the central and peripheral levels) should support peripheral health care providers in diagnosing and treating malaria cases. This situation delayed implementation of certain planned activities for the quarter. All IHPB vehicles (in each province) and staff were made available for the malaria response.

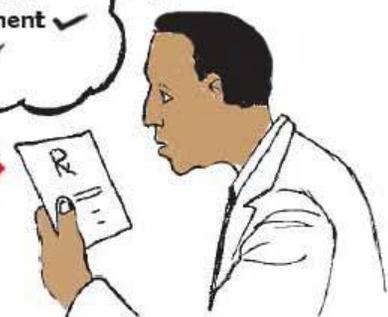
5. Informer le patient sur la posologie, effets indésirables possible, conservation, contre-indication et s'assurer que le patient a bien compris et dispenser le médicament.



1. Analyse de l'ordonnance

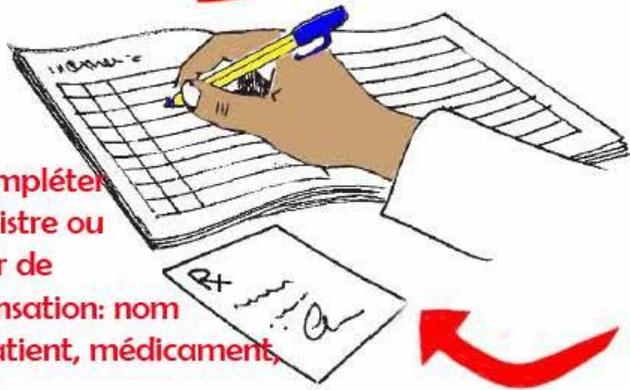
- Réception de l'ordonnance
- s'assurer de la conformité de l'ordonnance

2. Comprendre et interpréter l'ordonnance

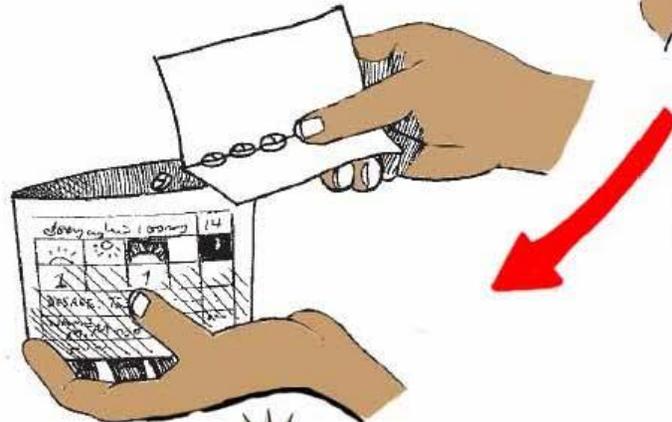


Circuit de dispensation

4. Compléter le registre ou cahier de dispensation: nom du patient, médicaments, date



3. Préparer la dose à délivrer, question sur la santé du malade, emballer et étiquetter si besoin.



IHPB



Umugambi

**IMIGIRWA INDWI NYAMUKURU  
YO GUSHIGIKIRA AMAGARA**

DUSHIGIKIRE AMAGARA Y'  
ibibondo

1. KWONSA UMWANA KUVA  
AKIVUKA GUSHIKA  
AKWIZE AMEZI 6  
ATAKINDI BAMUHAYE  
NAHO YOBA AMAZI
2. Gufungurira umwana ari  
kw'ibere arengeje amezi 6
3. Kugirira isuku aho tuba kugira  
dukingire abana indwara zo  
gucibwamwo zivuye ku  
mwanda w'amazirantoki
4. Gufasha umwana acibwam-  
wo
5. Gukingira malariya abana  
BARI MUNSI Y'IMYAKA  
ITANU N'ABAKENYEZI  
BIBUNGENZE
6. GUTABARIZA UMWANA  
AREMUYE MU KUMUJANA  
KW'IVURIRO
7. Gucandagisha umwana kuva  
akivuka gushika akwize  
INCANCO ZOSE  
ZATEGEKANIJWE



**IHPB**

Annex III: Outreach HTC Sessions Targeting Key Populations (Female Sex Workers, Lesbians, Gays)

Date	Hotspot	Target	# participants			Already aware of their seropositivity			# Retrieved Results			# HIV tested positive			# Distributed Condoms		
			M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
February 11, 2016	Kirundo urban	FSW (Kirundo)		40	<b>40</b>		5	<b>5</b>		35	<b>35</b>		3	<b>3</b>	266	65	<b>331</b>
February 24, 2016	Kirundo urban	FSW (Kirundo)		43	<b>43</b>		1	<b>1</b>		43	<b>43</b>		5	<b>5</b>	351		<b>351</b>
February 18, 2016	Kayanza urban	FSW (Kayanza)		35	<b>35</b>		10	<b>10</b>		25	<b>25</b>		1	<b>1</b>	576	100	<b>676</b>
March 2-3, 2016	Kayanza urban	FSW (Kayanza)		81	<b>81</b>		5	<b>5</b>		76	<b>76</b>		6	<b>6</b>	1008	56	<b>1064</b>
March 17, 2016	Kayanza urban	FSW (Kayanza)		40	<b>40</b>		4	<b>4</b>		39	<b>39</b>		4	<b>4</b>	432	100	<b>532</b>
March 24, 2016	Kayanza urban	MSM & LGBT (Kayanza)	36	17	<b>53</b>	1	1	<b>2</b>	28	16	<b>44</b>	1	1	<b>2</b>	432	100	<b>532</b>
<b>TOTAL</b>			36	256	<b>292</b>	1	26	<b>27</b>	28	234	<b>262</b>	1	20	<b>21</b>	3,065	421	<b>3,486</b>

Annex IV: Outreach HTC Sessions Targeting Other Key Populations (single mothers, separated couples, men and women with multiple sexual partners, and waiters/waitresses)

Date	Hotspot	# participants			Already aware of seropositivity			# Retrieved Results			# HIV tested positive			# Distributed Condoms		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
February 18, 2016	Internally displaced center of Vumbi	13	35	48			0	12	35	47	1	2	3	158		158
February 24, 2016	Ruhehe	15	34	49	0	0	0	15	29	44	0	0	0	0	0	0
February 25, 2016	Kabuyenge	39	32	71		1	1	39	32	71	5	7	12	144		144
February 25, 2016	Kayanza urban	27	15	42	0	0	0	27	15	42	1	1	2	288	20	308
March 3, 2016	Kabuyenge (2 <sup>nd</sup> session)	28	40	68	0	0	0	28	40	68	2	16	18	580	0	580
March 3, 2016	Rusarasi	24	41	65	1	1	2	20	40	60	1	1	2	356	0	356
March 9, 2016	Vumbi	20	28	48	0	0	0	20	28	48	0	3	3	668	0	668
March 10, 2016	Mwendo	28	29	57	0	0	0	28	29	57	3	0	3			0
March 17, 2016	Mukenke	6	45	51	0	0	0	6	44	50	0	4	4	864		864
March 23, 2016	Ruhehe/Kimena	33	32	65	0	1	1	33	31	64	0	0	0	720		720
<b>TOTAL</b>		233	331	564	1	3	4	228	323	551	13	34	47	3,778	20	3,798

Annex V: 78 PMTCT sites offering ARV to reduce MTCT of HIV

PMTCT sites in Kayanza		PMTCT Sites in Kirundo	
1. Banga	4	1. Bunyari	12
2. Buraniro	11	2. Burara	13
3. Gasenyi I	12	3. Kabanga	28
4. Gikomero	4	4. Marembo	12
5. Hôpital Musema	23	5. Mukerwa	11
6. Karehe	1	6. Murore	19
7. Matongo	5	7. Sigu	3
8. Musema	2	8. Vyanzo	9
9. Rango	2	9. ANSS Kirundo	71
10. Gahahe	3	10. Cumva	2
11. Hôpital Kayanza	73	11. Gaharo	4
12. Jene	5	12. Gakana	11
13. Kabarore	7	13. Hôpital Kirundo	79
14. Kabuye I	7	14. Izere	15
15. Kavoga	2	15. Kigozi	13
16. Kayanza	16	16. Kirundo	19
17. Murima	1	17. Kiyonza	3
18. Mubuga	9	18. Muyange	5
19. Remera	1	19. Rugasa	1
20. Rubura	7	20. Ruhehe	7
21. Rugazi	1	21. Rugasa	1
22. Rwegura	4	22. Rutare	27
23. Ryamukona	1	23. Rukuramigabo	7
24. SWAA	20	24. Bucana	15
25. Gatara	8	25. Bugorora	9
26. Maramvya	27	26. Buhoro	17
27. Mubogora	1	27. Gitobe	15
28. Muhanga I	12	28. Hôpital Mukenke	60
29. Rukago	5	29. Kibazi	8
30. Ceyerezi	1	30. Kimeza	4
31. Gakenke	1	31. Nyenzi	6
		32. Shore	8
		33. Tonga	7
		34. Mukenke	47
		35. Gasura	83
		36. Gikomero	2
		37. Kinyovu	10
		38. Mugendo	30
		39. Mugina	24
		40. Muramba	38
		41. Murungurira	3
		42. Ntega	31
		43. Nyabikenke	9
		44. Nyamisagara	5
		45. Runyankenzi	2

		46. Rushubije	13
		47. Vumbi	8
<b>TOTAL</b>	<b>276</b>	<b>TOTAL</b>	<b>826</b>

#### Annex VI: ART sites

Kayanza		Kirundo	
Old sites	New sites	Old sites	New sites
1. Kayanza Hospital	1. Kayanza HC	1. Mukenke Hosp	1. Kimeza HC
2. Rubura HC	2. SWAA Kayanza	2. Gitobe HC	2. Mukenke HC
3. Mubuga HC	3. Buraniro HC	3. Kirundo Hosp	3. Bucana HC
4. Kabarore HC	4. Gisenyi I HC	4. Ruhehe HC	4. Buhoro HC
5. Rwegura HC	5. Banga HC	5. ANSS	5. Kabanga HC
6. Kabuye I	6. Matongo HC	6. Bugorora HC	6. Murore HC
7. Musema Hosp	7. Maramvya HC	7. Kibazi HC	7. Gasura HC
8. Gahombo Hosp	8. Gatara HC	8. Nyenzi HC	8. Muramba HC
	9. Muhanga I HC	9. Shore HC	9. Ntega HC
	10. Rukago HC	10. Tonga HC	10. Gakana HC
		11. Bunyari HC	11. Izere HC
			12. Kigozi HC
			13. Kiri HC
			14. Kiyonza HC
			15. Nyamabuye HC

#### Annex VII: CD4 samples transportation and newly enrolled on ART in Kayanza province

Health District	Health Facility (17)	CD4 samples analyzed (644)	# newly enrolled on ART		
			January (42)	February (38)	March (89)
KAYANZA	1. Kayanza Hosp	40	6	13	23
	2. Kabuye I HC	19	1	3	
	3. Rubura HC	104	2		2
	4. Mubuga HC	25		2	1
	5. Rwegura HC	10	2	2	
	6. Kabarore HC		5	1	
	7. Kayanza SWAA	115	6	5	33
MUSEMA	8. Musema Hosp	20		5	8
	9. Buraniro HC	22	6	1	4
	10. Gisenyi I HC	44			10
	11. Banga HC	30			1
	12. Matongo HC	24		1	5
GAHOMBO	13. Muhanga I HC	57	1	3	
	14. Gahombo Hosp	1			
	15. Rukago HC	11			
	16. Maramvya HC	122	8	2	2

	17. Gatara HC		5		
		644	42	38	89

**Annex VIII: CD4 samples transportation and newly enrolled on ART in Kirundo province**

Health District	Health Facility	CD4 samples analyzed	# newly enrolled on ART		
			January	February	March
MUKENKE	1. Buhoro HC			9	
	2. Gitobe HC			1	
	3. Kibazi HC		2	1	
	4. Kimeza HC	9		1	2
	5. Mukenke HC			6	2
	6. Mukenke Hosp	152	1	12	57
	7. Nyenzi HC	13		1	
	8. Shore HC	14	1	1	
	9. Tonga HC	7			
	10. Bucana HC	18			8
	11. Gitobe HC	27			
	12. Buhoro HC	9			4
BUSONI	13. Kabanga HC	17			13
	14. Marembo HC	17			
	15. Murore HC	19			10
	16. Bunyari HC		13	3	
	17. Vyanzo HC	1			
VUMBI	18. Gasura HC	71			58
	19. Muramba HC	26			20
	20. Ntega HC	51			16
	21. Vumbi HC	19			
KIRUNDO	22. Cumva HC	2			
	23. Gakana HC	6			5
	24. Izere HC	17	3	2	24
	25. Kigozi HC	13			8
	26. Kiri HC	14			5
	27. Kirundo HC	7			
	28. Kirundo Hosp	197	12	21	59
	29. Kiyonza HC	12			15
	30. Nyamabuye HC	3			3
	31. Ruhehe HC	4	2		5
	32. Rutare HC	19			
	33. Kibazi		2		
	34. ANSS	71	15	10	44

TOTAL		835	51	68	358
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## Annex IX: Success stories

### One OVC/PLHIV recovers hope thanks to IHPB CSO partner, ANSS



**KIRUNDO, BURUNDI** - Diane Nshemezimana is an 18-year old girl. She is now in secondary school and lives in Bushaza Quarter I, in Kirundo city, the Northern Province of Burundi. She is the 4<sup>th</sup> born in her family and was born HIV positive. Diane lost her father in 2002 and her mother passed away in 2007 due to HIV/AIDS. She was 12 years-old when she discovered that she was HIV-positive, just a while after her mother's passing. She was shocked.

She used to ask herself many unanswered questions. She could not understand why she was the only one among her siblings to be HIV positive. She also could not understand why her mother never told her that the medications she used to give her were ARVs and why she would take them seriously.

While at school, she was deeply in sorrow and much affected by the stigma around HIV. She had lost concentration and failed many courses. She was discouraged and became more depressed. She had decided not to tell anyone about her HIV status. She also had started neglecting to take her ARVs on time. As a result, she starting becoming sick.

One tremendous change happened in her life in 2014: "Two years ago, ANSS approached me. They organized a training together with many other fellows on the importance of treatment observance. I took part in that therapeutic weekend session and met other children living with HIV. I heard others' stories and was powerfully impacted and healed. I understood that they experience every single day the same problem, pains, fears, doubts, and stigma like I do."

Diane reveals: "Since that time, I opened up: I regularly meet with other young people living with HIV AIDS, and talk and play together. I do no more feel bad about being 'different.' I personally do not fear to tell some boys who seek to have sex with me that I am HIV positive and advise them on HIV testing and importance of protection."

Diane's life obviously improved. "I am no longer sick and have succeeded well at school. I help others who are in the same situation and do not fear to tell my status at school or wherever I am. I thank God, ANSS and his partners for their invaluable support. I wish to end my studies and work in an organization like ANSS, taking care of people living with HIV."

## One PLHIV's health is improved thanks to IHPB supported decentralization of ART services

*“By the time Kabarore HC started ART services, I brought my 3 children to be tested for HIV and I am happy now that they are healthy and do not carry HIV.”*



**KABARORE, BURUNDI** - Hakizimana Macaire, a 40 year-old man, was met by Abel Ntakarutimana, the IHPB Technical Field Officer, during an HIV supervision visit at Kabarore health center (HC). IHPB is supporting the Ministry of Health (MoH) via the Kayanza health district on decentralization of ART services in target HCs.

Hakizimana Macaire explains: “I discovered that I was HIV positive 10 years ago when I accompanied my wife to Kayanza hospital for antenatal care for her first pregnancy. Since that time, I started treatment and my wife was put under PMTCT services. We were living here in Kabarore and it is very far from Kayanza hospital (around 30 miles). But, because some NGOs were supporting freely our treatment, we were encouraged to make an effort to reach the hospital.”

Continuing, Macaire reveals: “Years passed and Kayanza was very far. Sick, I had become too poor to be able to get a ticket to reach the hospital for getting the ARVs. It was much harder, especially during the rainy seasons. I sometimes interrupted treatment. This aggravated my case. During these last years I became very weak and tired. The distance being too long. I was going to resign and preferred to die.”

One episode completely changed Macaire's situation: “Now two years, they announced that we can take the drugs and be followed up from our HC in Kabarore. This was quite a relief for me and my family. It was very good news. I am leaving near by the HC, at 8 kilometers and I make exactly 1 hour time to reach there. I used to walk 4 long hours to reach at Kayanza hospital. At Kabarore HC, we are also not having long queues as we used to at Kayanza hospital and the nurses can recognize us quickly when we show up for drugs. I am delighted to see that the HC takes our samples to the district hospital and brings back results instead of referencing patients. By the time Kabarore HC started ART services, I brought my 3 children to be tested for HIV and I am happy now that they are healthy and do not carry HIV. My wife never absented or missed medication.”

Concluding his story, Macaire happily confides: “Recovering my health, I decided to volunteer as a community health worker to sensitize and educate my community.”

## Annex X: IHPB Indicators – Achievements for the period January-March 2016

PMEP No	Indicator	Data Source	Collection Method	Reporting Frequency	Baseline	Year 3 Target	Jan-Mar 2016
							Actual
1.2.1	Percent of supported facilities that experienced a stock-out at any point during the last three months [MR]	Facility Monthly Report	Document review / HIS database review	Quarterly	62%	35%	64.3% (104/164)
1.2.2	Percent of USG-assisted service delivery points (SDPs) that experience a stock out at any time during the reporting period of a contraceptive method that the SDP is expected to provide [FP/RH 3.1.7.1-2]	SARA Channel /	Data will be extracted from SARA/ Channel (district-level database)	Quarterly	37.6%	0%	4.1% (6/147)
1.3.4 [GEND_GBV]	Number of persons receiving post-GBV care (Post-rape care, other post-GBV care, PEP)	Facility records	Document review	Quarterly	102	150	26
1.3.5	Number of facilities that provide PEP to GBV survivors	Facility records	Document review	Quarterly	7	27	23
2.0.3	Number of individuals who were referred to and received other health and non-health services [MR]	Facility reports	GESIS analysis	Quarterly	7,137	18,200	4,389
2.0.4	Number/percent of children who received DPT3 by 12 months of age in USG-Assisted programs [3.1.6-61]	Facility records	Document review	Quarterly	81.9% GESIS 2013	82%	91.7% (16,719/18,231)
2.0.5	Number/percent of women giving birth who received uterotonics in the third stage of labor through USG-supported programs [3.1.6-64]	Facility records	Document review	Quarterly		7,765	78% (10,690/13,695)
2.0.6	Number/percent of women reached with education on exclusive breastfeeding	CHWs monthly report	Document review	Quarterly	NA	115,000	42,363
2.0.7 [PEPFAR PMTCT_STAT]	Number and percent of pregnant women with known HIV status [MR]	Facility records	HIV database analysis	Quarterly	94% 127,306/135626	95%	90.1% (14,877/16,514)
2.0.8 [PEPFAR PMTCT_ARV]	Percent of pregnant women who received antiretrovirals to reduce the risk of mother-to-child-transmission (MTCT) during pregnancy and delivery [MR]	Facility records	Document review	Quarterly	93% 957/1028	95%	98.4% (240/244)
2.0.9 [PEPFAR HTC_TST]	Number of individuals who received Testing and Counseling (T&C) services for HIV and received their results	Facility records	Routine data	Quarterly	360,446	138,048	81,563
2.0.10 [PEPFAR CARE_CURR]	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	Facility/ Client records	Routine data collection	Quarterly	10071	8,435 <sup>5</sup>	7,389
2.0.11 [PEPFAR TB_SCREEN]	Percent of HIV-positive positive patients who were screened for TB in HIV care or treatment setting	Facility records	Routine data collection	Quarterly	12,8%	50% <sup>6</sup>	59.4% (4,392/7,389)
2.0.12 [PEPFAR PMTCT_EID]	Percent of infants born to HIV-positive women that receive a virological HIV test within 12 months of birth	Facility records	Routine data collection	Quarterly	31% (314/1028)	61% <sup>2</sup>	54.1% (132/244)
2.0.13 [PEPFAR TX_CURR]	Number of adults and children receiving ART (TA only)	Facility records	Routine data collection	Quarterly	4996	7,200 <sup>2</sup>	5,121
2.0.14	Proportion of women attending antenatal clinics who receive	Facility	Document review	Quarterly	NA <sup>7</sup>	70%	64.0% (30,405/47,502)

<sup>5</sup>PEPFAR reduced coverage zone from 4 to 2 provinces

<sup>6</sup> Performance Indicator Reference Sheet target for FY2016

PMEP No	Indicator	Data Source	Collection Method	Reporting Frequency	Baseline	Year 3 Target	Jan-Mar 2016
							Actual
	IPTp2 under direct observation of a health worker	records					
2.0.15	Proportion of pregnant women attending ANC who received ITNs	Facility records	Routine data collection	Quarterly	80.3% 116160/144739	94%	83.3% (19,350/23,212)
2.0.16	Proportion of children under five with fever who received ACT within 24 hours of onset of fever	CHW reports	Routine data collection	Quarterly	66.6% 20666/31060	75%	74.7% (25,150/33,676)
2.0.16a	Proportion of children under five RDT positive who received ACTs						97.5% (28,260/28,971)
2.1.2	Number of cases treated or referred by CHWs (Malaria, diarrhea, ARI, FP, malnutrition, iron for pregnant women) [MR]	CHW reports	Routine data collection	Quarterly	NA	62,000	28,260 5,692
2.2.2	Percentage of HIV service delivery points supported by PEPFAR that are directly providing integrated voluntary family planning services [PEPFAR FPINT_STE]	Facility Records	Routine Data collection/HIV database	Quarterly	26% 45/173	63%	64.2% (61/95)
2.3.2	Percent of supported health providers, managers and CHWs who have demonstrated improvement post-training [MR]	Training reports	Document review	Quarterly	N/A	90%	96% (437/455) 100% (64/64) 94.8% (370/390)
2.3.5	Number of health care workers who successfully completed an in-service training program	Training records	Document review	Quarterly	NA	-	235
2.3.6	Number of community health/para-social workers who successfully completed a pre-service training program	training logs	Document review	Quarterly	NA	-	390
3.2.1	Percent of facilities that maintain timely reporting [MR]	Facility reports	HMS (GESIS) analysis	Quarterly	95% 165/173	97.8%	100% (173/173)
3.3.3	Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS [PEPFAR OVC_SERV_DSD]	OVC database	Routine Data Analysis	Quarterly	11,9358	2,488	1141