

BURUNDI

GLOBAL HEALTH INITIATIVE

STRATEGY

2011-2015

September 2011

## **Introduction**

This document outlines a strategy for the USG's Global Health Initiative (GHI) in Burundi for the period 2011-2015. It includes a description of the overall health situation in Burundi, the Government of Burundi's (GOB) health priorities, and its budget constraints; and provides an overview of planned U.S. Government (USG) health programming based on these priorities. The strategy includes an initial strategic framework, action plan, management plan, and monitoring and evaluation (M&E) framework by which to implement activities and monitor progress against defined GHI outcomes and impacts.

The development process of this strategy went through various stages. After having received GHI guidance documents in March 2011, an in-country USG team composed of relevant USAID and DOD personnel began consultation meetings to agree on how the process would be conducted. Key documents including GOB's National Health Development Plan (NHDP 2011-2015) were referenced and have been used to design the strategy, as have data from the 2010 Demographic and Health Survey (DHS).

During the strategy development phase, the U.S. Ambassador to Burundi and USAID Country Representative met the Minister of Public Health and Fight against AIDS (MOHA) to discuss the GHI framework. The Minister was – and remains – supportive of GHI principles, which emphasize the importance of aligning with country-led plans, country ownership, sustainability, leveraging, and efficiency. The Minister has since been consulted on subsequent versions of the strategy, and provided important feedback and input.

Before finalizing the GHI strategy document, the USG Burundi team shared it with other stakeholders involved in the health sector in Burundi. Their comments have been integrated into the current strategy document. They were appreciative of the emphasis made on country ownership, alignment with country-led plans, and enhanced coordination with other donors. The ultimate goal of the consultations was to achieve full support from both the GOB and relevant stakeholders, and engage in transparent processes of communication to help achieve GHI and GOB health objectives. As we move forward, this will be enhanced through joint site visits by USG and GOB officials, as well as other donors.

### **I. U.S. Global Health Initiative**

Through the GHI, the USG is assisting partner countries to improve health outcomes through country-owned and sustainable strategies. The GHI supports critical goals and ambitious targets in maternal, newborn and child health, reproductive health/family planning, HIV/AIDS, malaria and tuberculosis and confirms USG's commitment to the health-related Millennium Development Goals (MDGs). The GHI calls for a comprehensive and whole of USG approach to doing business in order to promote integration and synergy between USG investments in partner countries with an emphasis on leveraging, building on existing platforms, and strengthening systems thereby creating greater efficiencies and impact.

## **II. GHI Vision in Burundi**

GHI's objective in Burundi is to reduce neonatal, child and maternal morbidity/ mortality and reduce the incidence of major communicable diseases (HIV and malaria). This is in line with the GOB's health goal, as espoused in its National Health Development Plan 2011-2015, which states that: "By 2015 all Burundian citizens will have increased access to basic health care through strengthened leadership of the MOHA and individual and community participation. Accordingly, through the GHI strategy, the USG will continue to build on the successes achieved and lessons learned thus far in Burundi and globally to support GOB priorities in maternal, newborn and child health, reproductive health/family planning, malaria, nutrition and HIV/AIDS for the period 2011-2015.

The USG will achieve this through investments and activities that seek to achieve three interrelated results: (1) strengthened health management information systems; (2) improved behavior and demand for health services; and (3) improved quality of health services. These areas were identified based on GOB and USG health priorities, available resources, and key opportunities for USG leveraging and expected impact. The USG in Burundi will make a concentrated effort to leverage its resources and harmonize its efforts to attain greater impact. The USG will also, through its modest health resources, work in partnership with GOB, other donors, private sector, civil society and community actors to achieve these objectives. This includes close coordination among USG health teams and other health partners to increase efficiencies, with a particular focus on jointly identified cross-cutting areas.

## **III. Economic, Demographic and Health Profile of Burundi**

Burundi remains one of the poorest countries in Africa, if not the world. Its per capita GNI (2010) was \$150 (source: IBRD). Burundi ranked 166 out of 169 countries on the 2010 UN Human Development Index. Burundi is also one of the world's 40 "Heavily Indebted Poor Countries (HIPC)" – defined as developing countries with high levels of poverty (68% in Burundi's case) and substantial foreign and domestic debt overhang.

The population in 2008 was estimated at eight million. The annual population growth rate is estimated at 2.4%; Burundi's demographic profile reflects a large and growing "youth" bulge. According to GOB statistics, 45% of the population is under the age of 15, 50% is under the age of 20, and the median age is seventeen (17) years of age. Life expectancy is 46 years for men and 52 years for women.

The disease burden is dominated by infectious and communicable diseases, primarily HIV/AIDS, malaria and diarrhea. Respiratory tract infections, malaria, and waterborne diseases, particularly diarrhea, remain the main causes of death in children under five years of age. In adults, AIDS is among the leading causes of death - although, given the stigma attached, it is likely under-reported. Many of these communicable diseases can be effectively prevented or managed by affordable and proven public health interventions, including immunization, health education, and environmental health. In addition, chronic and non-communicable diseases, such as malnutrition, high blood pressure, diabetes and mental illness, also factor into the overall health morbidity and mortality rates in Burundi.

Burundi faces a low-prevalence, generalized HIV/AIDS epidemic that continues to be a priority public health threat. National health information systems are weak and provide little reliable recent data on HIV/AIDS. Recent studies include a national HIV survey conducted by the National AIDS Council (NAC) in 2007, and older studies by UNAIDS and the World Bank.

In 2010, Burundi conducted its second DHS. Preliminary results from the 2010 DHS provide some indications on the health situation in Burundi.

- Child mortality rate: 96/1000 live births.
- Total fertility rate (TFR): 6.4 children per women. High fertility combined with a population growth rate of over three percent per year is expected to place pressure on economic growth. In addition, strengthened services are needed to address the high unmet need for voluntary family planning (current modern contraceptive prevalence rate 18%).
- Immunization coverage for children under 12 months: 83%, which will need to be maintained over time to ensure effective disease control.
- Anemia prevalence in children under five years of age: 45%.
- Anemia prevalence in pregnant women: 19%.
- Stunting rate in children under five: 58%. Stunting rates – and nutritional status – have worsened over the past five years.
- Percentage of households with at least one bed net: 53%. This improvement is a direct result of the mass distribution of bed net campaigns launched in 2009 and continued in early 2011.
- Proportion of youth reporting having had at least one casual sexual encounter in the previous 30 days: 70%, with only 11.8% using condoms.

Other preliminary results from the DHS show that Burundi is on the right track in improving health indicators. For example, the number of pregnant women attending antenatal care at least for one visit is 99%, while assisted births in health facilities has reached 60% from 22.9% in 2005.

That said, on the whole, Burundi's health indicators are challenging and performance has been considerably weaker than those of the rest of Sub-Saharan Africa. It is unlikely that Burundi will achieve its Millennium Development Goals unless there is a dramatic improvement in service delivery. As illustrated in the DHS and a recent report<sup>1</sup> on the evolution of the Millennium Development Goals, Burundi is not likely to achieve the targets set for reducing infant mortality, maternal mortality, and HIV incidence by 2015.

#### **IV. GOB Health Sector Priorities and Response**

The GOB has just finalized its second NHDP for the period 2011-2015. The GOB's health goals are identified as to: reduce maternal and neonatal mortality; reduce infant and child mortality; reduce mortality from communicable diseases; and, strengthen the health system and meet MDG goals 4, 5, and 6 respectively related to reducing child mortality, improving maternal health, and combating infectious diseases. NHDP II is informed by the findings of the previous NHDP's

---

<sup>1</sup> Rapport Burundi 2010, Objectifs du Millénaire pour le Développement

evaluation, conducted in close partnership with the USG, development partners, and civil society to respond to the following key challenges:

- ***Scarcity/low motivation of health professionals.*** There are no clear strategies for distribution, coverage, and retention of staff in rural areas. Less than 50 percent of health facilities meet the minimum staffing requirements. No human resource (HR) management tools exist, and there are specific HR shortages in medical specialists, pharmacists, and anesthetists. Public sector salaries remain low (and their real value has significantly declined in recent years) and are substantially lower than those in neighboring countries.
- ***Financial barriers to accessing health care.*** Public health expenditures are still low (seven percent) compared to World Health Organization's norms. In a country where 67 percent of the population lives below the poverty line, 40 percent of health care expenditures come from households themselves. Data show that about one-third of the population does not seek health care when it is needed, and among those who responded, 80 percent indicated that the prohibitive cost of health services was the main reason.
- ***Poor quality of health services.*** Utilization of health services remain low despite 80 percent of the population living within 5 km from a health center, due to the poor perception of the quality of services provided. Systems for quality assurance are weak at all levels of the health system. Quality assurance policies, strategies, protocols and guidelines are still lacking or not enforced, affecting diagnosis and treatment. The capacity of service providers is weak and needs strengthening.
- ***Poor access to essential medicines throughout the country.*** Insufficient resources are available to purchase essential drugs. There is an illicit network for essential drugs and the GOB is struggling to eradicate it. Due to limited knowledge and limited guidance, irrational prescription of drugs by service providers prevails. Very often, health facilities suffer stock shortages of essential drugs because the supply chain management system remains underdeveloped.
- ***Weak health information system.*** There is no rigorous national health information system in place. An overall monitoring and evaluation results framework is missing. Parallel data collection and monitoring and evaluation systems are still used separately, with each health actor tracking its own indicators. There is weak human resource and research capacity to generate and use information.

Based on these findings and in line with GOB's health goals, the NHDP II focuses on making a "contribution to reducing morbidity and mortality from communicable and non communicable diseases, and to reducing maternal and child morbidity and mortality". To achieve these goals, the GOB plans to respond to health sector challenges through:

- decentralization of health services through the health districts;
- expanded access to family planning;
- integration of health services, immunization, prevention and treatment of malaria and HIV/AIDS and other diseases;
- antenatal care and assisted delivery;
- expanded health communication;
- integrated management of childhood illness; and
- performance-based financing.

To improve access to the most vulnerable groups such as women and children, the GOB has implemented policies to support free services to pregnant women for deliveries in facilities and for children under five years of age, and to expand community-based service delivery and national health insurance schemes. The GOB will continue to strengthen the quality of health services through human resource management, capacity building, quality assurance and control, and the performance-based financing approach.

The GOB, with many of its partners, has moved towards a sector-wide approach (SWAP) to support its National Health Development Plan. A Memorandum of Understanding (MOU) for the SWAP was signed in 2007 by the GOB and those donors and nongovernmental organizations (NGOs) involved in the health sector. Burundi has also joined with other countries and several organizations in signing the International Health Partnership (IHP) Global Compact. Although the USG is not a signatory of the SWAP or IHP, due to USG policy restrictions, it does work very closely with the host government to ensure its funding is closely aligned with national strategies and plans. All planned health activities will continue to be coordinated at different levels, through: the National Strategic Coordination Forum for Health and HIV/AIDS, led by the Second Vice-President's Office; and the National Health and Development Coordination Forum, led by the Minister of Public Health, which will also be decentralized at the provincial and district levels. The GOB and health partners recognize that better coordination is critical for improving efficiency.

## **V. USG Current Health Programs and Priorities**

### **Background**

USG support to Burundi's health sector began in 2003. Initial USG assistance (2003-2005) focused primarily on humanitarian assistance, including malaria prevention and treatment, therapeutic and supplementary feeding, building the capacity of health center staff, strengthening health center management, and improving water points. As Burundi transitioned from relief to recovery and development (2005-2007), the USG worked with major NGO partners to ensure an essential health interventions package, support health committees, and mobilize the community to use the services in targeted provinces. In addition, small HIV prevention programs were funded by DOD at military installations, targeting military members, their families and the surrounding communities. With the end of the civil war, the USG was able to begin to work directly with the GOB through annual assistance agreements in the areas of maternal and child, nutrition, malaria and HIV/AIDS – all priority areas for the USG.

### **Budget**

Over the years, USG foreign assistance to Burundi in the health sector has been growing. In FY 2011, USAID's health budget represents nearly 80% of the USG resources in Burundi. In FY 2011, the budget for health is approximately \$29 million, allocated under the following health areas and USG agencies:

(In US \$ million)

• Malaria	:	6.0
• HIV/AIDS	:	8.7 (USAID/DOD)
• MCH	:	13.5
• Reproductive Health/Family Planning:		<u>1.0</u>
Total		29.2

### Current Programs

#### *Malaria*

- Although not a President's Malaria Initiative (PMI) country, in 2009 Burundi received USAID malaria funds to implement a new, national malaria program that complements existing malaria activities supported by other donors, specifically the Global Fund and UNICEF. The focal areas are: treatment with artemisinin-combined therapies; distribution and proper use of insecticide-treated nets; development of integrated vector management strategy; intermittent preventive therapy (IPT) for pregnant women; epidemic preparedness and response; and health system strengthening. (USAID)

#### *HIV/AIDS*

- The overarching goal of the expanded HIV/AIDS program in Burundi is to strengthen the capacity of the GOB, civil society, and the private sector to plan, deliver, monitor, and evaluate high-quality, sustainable HIV/AIDS prevention, care, and treatment services. Given massive unmet needs and limited initial funding, the USG's program mixes linked service delivery in priority technical areas, technical assistance for national and local capacity building, and preparation for longer-range policy and structural interventions. The USG provides HIV/AIDS technical assistance and services at key health centers and hospitals in four provinces: Kayanza, Kirundo, Muyinga and Karusi. Comprehensive services are provided by clinical and community partners in HIV prevention through strategic communications, prevention of mother to child transmission (PMTCT), palliative care, support to antiretroviral therapy (ART), support to orphans and vulnerable children (OVC), and counseling and testing that collectively contribute to the objectives of the GOB's national strategic plan 2007-2011. Targeted groups are the military and their families, the general population, pregnant women and their sexual partners, youth (15-24 years), vulnerable women, transport workers, people living with HIV/AIDS, commercial sex workers, and orphans and other vulnerable children. (USAID, State, DOD).

In addition, it is worth noting that Burundi was selected beginning in FY 2011 as a PMTCT Acceleration Country and will scale up PMTCT services to respond to the Global Task Team towards the Elimination of Pediatric HIV and keeping Mothers Alive. In addition to other gender-sensitive activities, the PMTCT Acceleration Plan will be an opportunity to improve the health status of women. Men will be sensitized to be active

partners in the HIV/AIDS area, especially for testing and counseling and support for their family members to seek PMTCT services.

### *Maternal and Child Health (MCH)*

- The USG MCH program is implemented in two provinces (Muyinga and Kayanza) and focuses on service provision and health system strengthening at the facility and community levels. Key areas supported include: antenatal care (ANC); immunization; malaria and HIV/AIDS prevention and treatment; integrated management of childhood illness (IMCI); essential nutrition best practices; monitoring and evaluation; improving the technical capacity of health care providers; quality assurance; and, awareness raising. (USAID)
- In addition, two P.L. 480 Title II food aid programs funded through Food for Peace operate in five provinces in Burundi, -- Muyinga, Kayanza, Kirundo, Cankuzo, and Ruyigi. These programs support: pre- and antenatal care (ANC); breastfeeding; immunization; IMCI; essential nutrition and hygiene actions; food diversification; recuperation of malnourished children; behavior change communication (BCC); improving the technical capacity of health care providers; quality assurance; and, awareness raising. Both programs use Lead Mothers living alongside community members to complement activities of CHWs. Adopting a preventive approach, one program specifically targets pregnant and lactating women and children under two years of age, to take advantage of the critical “1,000 days” window for a young child’s physical and cognitive development. (USAID/FFP)

### *Family Planning and Reproductive Health (FP/RH)*

- The USG FP/RH program in Burundi is limited, despite the high unmet needs for family planning. The “Flexible Family Planning, Reproductive Health and Gender-based Violence Services for Transition Situations” Program is a three-year regional program being implemented in two provinces in Burundi (Kayanza, and Muyinga) and the eastern Democratic Republic of Congo. The program delivers comprehensive FP/RH/gender-based violence (GBV) services for populations affected by crisis, including: early planning pre-crisis, and planning at various phases of crises; training a core cadre; establishing mobile outreach teams; setting up 24-hour drop-in centers; offering post-exposure prophylaxis and emergency contraception; addressing sexual and gender-based violence (including the Healthy Images of Manhood approach [HIM]); implementing community advocacy activities, including health promotion and community outreach; and, developing government partnerships and coordination with other organizations, including the United Nations, other humanitarian organizations, and local NGOs. (USAID/East Africa). While finalizing this strategy document, we and Burundi were informed that USAID/Washington is making \$1 million available in FY 2011 for family planning activities, specifically for the purchase of contraceptive implants and strengthening the family planning component of the Maternal/Child Health Program.

## **VI. Application of GHI Principles in Burundi**

The GHI principles are in harmony with the guiding principles of the GOB, outlined in its national health development plan. Below are some concrete examples that demonstrate how the USG programs have and are attempting to meet the GHI principles to address the GOB health priorities, and the key opportunities to further expand the GHI principles among USG actors in Burundi.

### ***Women, girls, and a gender-centered approach to reducing morbidity and mortality***

Gender inequity and gender-based violence (GBV) heighten risk across age and socio-economic groups. According to UNICEF's Situational Analysis of Children and Women in Burundi (2009), 19% of children had their sexual debut before age ten, 35% between the ages of 10-14, and 35% between the ages of 15-19. In 21% of cases, the partner was a parent or a family friend, and only 19% of those surveyed used condoms during their first sexual intercourse. One in five (19%) said that sexual violence had occurred in their school. Project data and anecdotal evidence suggest that other factors contributing to high-risk behavior include alcohol abuse and poverty.

Gender aspects were taken into consideration during the USG health sector assessment, conducted in late 2009. No significant issues were found in the area of health service provisioning. Women and girls represent the large portion (more than 60%) of beneficiaries of USG assistance. The area of greatest concern is gender-based violence against women and girls. Additional sources revealed that in 2010, at least 2,330 rapes were committed in Burundi; more than 95% of survivors were women. A recent study (2010) by the Ministry of National Solidarity and Gender also noted 3,707 other cases of violence based on gender, of those that were even reported. These gender-based rapes and acts of violence are usually committed at home, the workplace, school, or in the fields, according to the study which stated that perpetrators use "cunning, strength, weapons or abuse of authority".

To understand more deeply the problem of sexual violence, USG through its PEPFAR program has planned (August 2011) a sexual assessment that will inform future programming. Women and girls are the primary targets of all USG efforts in the health sector in Burundi. Under its existing MCH, FFP, malaria and HIV/AIDS programs, the USG supports a package of services to respond to the special needs of women and children. These include: ANC, assisted delivery, immunization, prevention of malaria and HIV/AIDS (PMTCT), case management of common childhood illnesses and nutrition counseling. Recognizing the critical role men play in household decision making, USG programs target men to serve as role models in community-level health activities to promote key health practices. In the HIV/AIDS sector, the USG also targets men (the military), and their families for prevention and treatment services. USG's MCH and FFP program also follow the Care Group Model, a best-practices approach which uses Lead Mothers to provide and disseminate health, hygiene, and nutrition messages at the community level to women and their families. Furthermore, USG programs ensure gender equality in training opportunities and promote male participation alongside those of women. This focus will be maintained over the coming five years.

In order to ensure that USG assistance makes the optimal contribution to gender equality, performance management systems and evaluations at the program level will include gender-sensitive indicators and sex-disaggregated data. When reporting on GHI, quantitative indicators will be disaggregated by sex and gender-related narratives will be used to demonstrate how gender particularities are taken into consideration in the programming and implementation stages.

#### *Key opportunities for expansion*

- Target BCC for young girls and family communication, procurement of post-exposure prophylaxis (PEP) kits for health centers, and training to ensure that CHWs, teachers, and health workers are capable of screening for and addressing risks for GBV, including providing or referring GBV victims for PEP, care, and legal services.
- Design a longer-range initiative to address social and gender norms conducive to GBV and high-risk behavior by funding a partner to work with the Ministries of Gender, Justice, and Social Affairs, as well as relevant CSOs, religious leaders, and women's associations, to develop a strategy for BCC, advocacy, and policy analysis and reform.
- Conduct a gender assessment to develop strategies that explore and document gender issues in targeted communities in Burundi with the aim of: strengthening male involvement; promoting community level discussion on gender issues; the inclusion of women in community and household decision making, and focusing on attitude shifts for men and women about gender roles that could strengthen household-level efforts to improve MCH, food security, nutrition, malaria, and HIV/AIDS programs.
- Expand the USAID MCH program currently implementing Care Group activities, which focuses on providing high-quality nutritional support to pregnant and lactating women. USG aims for national adoption of this strategy by GOB.
- Promote BCC campaigns geared toward changing gender and social norms and behavior and promoting primary and secondary education for girls.
- Evaluate how to improve GBV and family planning services in post-conflict and emergency settings. The USG will work closely with these pilot programs to integrate expanded PMTCT and other interventions as appropriate.
- Significantly expand and accelerate PMTCT into antenatal care (ANC) settings to improve access to services.

#### ***Improving USG health program impact through strategic coordination and integration***

The USG Burundi team, working in collaboration with the Burundian government, has helped integrate health service delivery at health centers where USG programs overlap. Programs are limited in scope and budget, however. Nonetheless, the USG team is actively pursuing linkages with other programs, such as the USDA's nutritional fortification of rice, malaria, MCH, child nutrition, democracy and governance, and public-private partnerships. The USAID malaria, MCH, FFP, and HIV/AIDS teams are actively seeking to synergize target populations at the provincial level to integrate bed nets and nutritional support as components of the expanding USG-supported home-based care program. With this approach, the link between ANC services and PMTCT has been effective at a limited scale. The same link was established between the MCH and the malaria program via routine distribution of bed nets to vaccinated children and pregnant women. The MCH program is training CHWs in Community-IMCI and the malaria

program takes advantage of the platform to introduce community-based delivery of the first line treatment of malaria for children under five. The integration between TB-HIV/AIDS, IMCI/PMTCT and nutrition exists.

The USG Burundi team is exploring opportunities for collaboration with the Department of State Bureau for Population, Refugees, and Migration (PRM), which programs about \$8 million per year to support the resettlement of Burundian returnees from Tanzania. The Voice of America will receive funding from PEPFAR to develop and broadcast programs to promote HIV prevention, testing, care, and stigma reduction. The DOD (AFRICOM/USN) supports HIV prevention and TC services for the military, their families, and surrounding communities (with DOD HIV Prevention Program (DHAPP) funding), as well as the purchase of lab equipment (with DOD FMF funds). In FY 2011, the DOD plans to use DHAPP funding to build a clinic for these target populations and to use PEPFAR funding to continue and expand HIV prevention and TC services including messages on GBV, male norms, and alcohol awareness. Once the clinic is completed (expected in early 2012), DHAPP and PEPFAR funds will support the clinic to provide a full range of HIV/AIDS services. USG Burundi team, GOB, and Peace Corps will also pursue the possibility of using PEPFAR funding to leverage a small HIV-AIDS-focused Peace Corps program in Burundi.

#### Key opportunities for expansion

- The USG has plans to integrate intermittent preventive treatment (IPT) and ANC and the community case management of fever (malaria) via CHWs in the near future. At the community level integrated services will be expanded to include MCH/nutrition /hygiene, HIV/AIDS prevention, ANC and community IMCI.
- Expand the integrated health service delivery approach; assist the MOH with developing national integration strategy and integrated messages for health.
- Improve coordination between USG and its implementing partners and strengthening internal USG alignment among the MCH, malaria, HIV/AIDS, and FFP partners by coordinating on MCH activities, approaches, lessons learned; expand community level integrated service provision, conducting joint USG planning, monitoring; harmonizing messages among USG partners; develop national community based strategy with community packages of integrated services, including good governance and harmonized community messages among the USG partners.

#### ***Strengthen and leverage multilateral organizations, global health partnership and private sector engagement***

The USG participates actively in the national Strategic Coordination Forum for Health and HIV/AIDS, led by the vice president's office; the National Health and Development Coordination Forum, led by the Minister of Public Health and Fight against AIDS, which will also be decentralized at the provincial and district levels; the health M&E thematic group; and the network of civil-society organizations. The USG recognizes that better coordination with the GOB and with other donors is imperative as national and USG programs scale up.

In an effort to strengthen and improve partnerships, the GOB joined several international initiatives, including the Commitment Declaration on HIV/AIDS, Prevention Acceleration, the 3X5 Initiative, and Universal Access to Prevention, Treatment, Care and Support. The New

Partnership for Africa's Development (NEPAD), to which Burundi adheres, offers other opportunities for the accomplishment of African Union Objectives related to HIV/AIDS and of the Millennium Development Goals.

To leverage activities and interventions by multilateral organizations, global partnerships, and the private sector, the USG is:

- Supporting HIV/AIDS program by leveraging Global Fund (GF) resources to support antiretroviral therapy (ART) with ARVs bought by the GF. It is also leveraging World Food Program (WFP) funding in food supplementation for people living with HIV/AIDS under antiretroviral therapy.
- Supporting the MCH program in leveraging GAVI-health system strengthening funding for health district systems and performance-based financing. In addition, the MCH program is leveraging UNICEF and GAVI resources in the immunization program. Closely coordinating with the Global Fund whose grant provides all the annual malaria treatment needs for the country.
- Through FFP resources, supporting nutritional activities in collaboration with UNICEF and WFP to treat malnourished children less than five years of age.
- Managing a public-private partnership (PPP) with Coca-Cola for the water/sanitation sector and a Development Credit Authority (DCA) agreement with a private bank to promote commercial lending in the agriculture sector.
- Negotiating two more PPPs: one with an insurance company to support HIV/AIDS programs and a second one with a commercial bank to support the Burundi malaria program.
- Working with a nonprofit organization on an operational and biological feasibility study of rice supplementation, to promote fortification among government, NGO, and private sector actors.

The private sector offers opportunities and knowledge that can positively impact the health status of Burundians. Increased incomes and access to finance are critical to health outcomes; USG engagement in these areas will also support GHI principles and GOB goals. The USG plays a leadership role in private-sector development activities in Burundi. USAID works with the Ministry of Commerce and the Chamber of Commerce to champion policy and program efforts to reignite private-sector activity following the crisis years, which had particularly negative effects on infrastructure, capital formation, entrepreneur in-country presence, and private domestic and foreign investment. The GOB has initiated a variety of legislative and policy reforms to stimulate private-sector development, which will be critical to Burundi's success in integrating into the East African Community (EAC). These actions resulted in considerable growth in investments in the communications, banking, and agriculture sectors.

#### Key opportunities for expansion

- Developing a local capacity strengthening strategy and improving partnerships with and engagement of the private sector. This includes promising potential for linkages through Global Development Alliances.
- The USG has limited direct relationships in health with local NGOs. In line with USAID Forward and Implementation and Procurement Reform for example, USG will strengthen

civil society organizations to “graduate” to USG prime partner status. The USG-supported malaria program will also work with a local organization at the community level for the hanging-up of bed nets to maximize the benefits from the bed nets mass distribution campaign.

- As donors transition to more development-focused activities in the health field, USG actors in Burundi, East Africa, and Washington will liaise with donors on the development of future programming, and modifications of existing ones. For example, USG and other donors will coordinate planned activities geographically, by activity type and sector, targeted groups, etc. to maximize donor resources. This will also include ensuring that activities in other sectors might include complementary health outputs or outcomes, such as through investments in education and literacy/numeracy, governance, and agriculture. For example, a forthcoming food security program financed by the European Commission will focus on agricultural activities but with investments in nutrition. USG will ensure such activities complement those already being implemented, ideally built into the design stages.
- To continue and increase leveraging of USG and donor resources in general, USG will continue to help train health professionals in new or modified national protocols, including, for example, the new protocol for the case management of malnutrition. They will also continue to provide monitoring and evaluation support, joint supervision, coaching, etc. of health center staff, to implement proper procedures correctly, manage equipment, supplies, and medicine, etc.
- During the development of USAID’s Country Development Cooperation Strategy in 2012, moreover, leveraging donor resources will play a prominent role in mission strategies, and future programs will be designed with this in mind to maximize limited resources available. The USG will also ensure that future programs --- DOD, USAID, Embassy, USDA --- both large and small, use the GHI Results Framework and objectives when designing, and approving, future activities. USAID’s Bujumbura-based Program Officer will be called upon to assist in coordination activities among donors, regional actors, multilateral organizations, and USG actors in Washington, while also improving the USG’s communication and PR strategy through increased visibility.

### ***Encourage country ownership and invest in country led-plans***

The GOB leads the national health response, constrained mainly by limited human resource, management and technical capacities, and funding. The USG program is designed to provide the GOB with critically needed support to sustain and strengthen HIV/AIDS and malaria prevention and control, and interventions in MCH and nutrition, while emphasizing national and local capacity building and key policy and structural reforms needed for a sustainable national response. For example, the USG will capitalize on the GOB’s high level of ownership and commitment to fighting HIV/AIDS and other health concerns to build an effective, mutually accountable partnership aimed at a country-led response to health. This approach is in line with GHI and PEPFAR II core principles, which place an emphasis on effective, efficient, and country-led platforms for the sustainable delivery of essential services and public health programs.

Over the next year, the USG Burundi team also hopes to develop a PEPFAR Partnership Framework Agreement (PF) and PF Implementation Plan to increase opportunities and funding

to build GOB, civil-society, and private-sector capacities to lead an effective national response to integrated health programs. Principles will emphasize shared responsibility for planning, funding, and monitoring, as well as mutual accountability for increased investments in health. Areas that are being explored include: policy analysis and development, particularly as regards human rights and GBV; HRH issues (pre-service training, deployment); and, working with the Ministry of Education to integrate a life-skills curriculum into the national school system. As the USG in Burundi scales up its activities, it has begun and will continue to expand efforts to engage in more regular and intensive consultation and coordination efforts with the GOB, civil society, the private sector, and other donors, and intends to learn from the successes and lessons of other countries to strengthen GOB capacity to coordinate an effective national response.

#### *Key opportunities for expansion*

- Increase collaboration between the GOB and the USG by signing Assistance Agreements each fiscal year, as well as soliciting GOB involvement in the strategy, design, implementation and monitoring and evaluation of USG programs. USG will actively consult the GOB for every program and strategic action the USG anticipates, while continuing to ensure that USG programs are aligned with national health development plans, policies and strategies.
- The activities supported by the USG are designed to complement health activities supported by other donors such as the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), UNICEF, the World Bank, Belgian Technical Cooperation, and the European Commission. This also includes efforts to strengthen health care provisioning through Performance-Based Financing (PBF). The USG indirectly supports these efforts through its existing health programming, but will continue to bring its technical assistance to the PBF model as needed, and work with MOH actors in implementing changes.
- The USG Burundi team will continue to ensure that the USG programs are aligned with national health development plans, policies and strategies. When and where possible, the USG will adopt in its programs standard performance indicators among GOB donors operating in Burundi for nationwide health outcomes, in alignment with the Paris Declaration on Aid Effectiveness and the Accra Agenda.

#### ***Build Sustainability through health system strengthening***

One of the four goals of the Burundi Health Development Plan is to enhance the performance of the national health system. Strengthening the health system will improve the quality of all health services, including clinical and community services. A health district approach is part of the GOB strategy for quality decentralized health services, and the formation of health district teams is underway. An objective of the health district, which is under the supervision of the provincial directorate, is to place the patient at the center of the health system. This will be achieved through the creation of new geographic operational clusters, which will be more manageable than the current system for health facilities and CHWs.

In addition, USG health resources will contribute to Burundi's ongoing health sector reforms through support for the implementation of PBF to improve public health services, including those delivering HIV/AIDS services. PBF has proven successful in other countries to improve the quality of services, motivate and retain health care workers, and build the sustainability of the

health system. With PBF, each structure under contract submits its work plan quarterly and is evaluated and incentivized according to its performance.

At the provincial and district levels, funding will support provincial health structures and strengthen CSOs to deliver services. USG assistance will be used to train provincial health directorates in supervision, quality assurance, and M&E of health services in their districts. It will also be used to train CHWs in nutrition/MCH, malaria, and HIV/AIDS. Facility-based health providers will receive extensive in-service training (including refresher training) in PMTCT, HIV testing and counseling, prevention with positives (PwP), and prevention for discordant couples and for HIV-negative clients.

The USG approach to promoting country ownership includes supporting a thoughtful balance between the roles of government and civil society. In addition to fostering dialogue between the two, the USG will invest at the community level in CHWs to provide a physical link between the health facility and community-based care and support systems.

Through Supply Chain Management Systems (SCMS), the USG has planned to work closely with the National AIDS Council and the entity in charge of purchasing medicines (CAMEBU) to strengthen the procurement and the supply chain system in Burundi.

#### Key opportunities for expansion

- Strengthening GOB capacity in strategic information management, including surveillance in malaria and HIV/AIDS, and pharmacological vigilance.
- Strengthening the institutional capacity of the MOHA to improve its ability to provide supervision, quality assurance, M&E, and support pre-service training including through the national public health institute, nursing schools, and universities.
- Providing technical assistance to the central pharmacy (CAMEBU) to implement a comprehensive assessment of the national supply chain system. Capacity building will strengthen CAMEBU's forecasting and monitoring abilities of essential commodities, including products procured by other donors, allowing the GOB to own the procurement process and remain accountable for commodities brought into the country.
- Providing technical assistance in coordination with other donors to strengthen the national health management information system (HMIS), including support for the standardization and harmonization of donor and national indicators, and support policy work focusing on the development, updating, and implementation of national policies on GBV, human-rights protection (e.g. addressing current laws making homosexual practice illegal), and task shifting to allow ARV prescription by nurses.

#### ***Improve metrics, monitoring and evaluation***

The GOB's M&E framework needs strengthening to track progress and gaps in the health sector, including HIV/AIDS. At present, the timely and accurate collection and reporting of health data at local and provincial levels are lacking, while the aggregation, use, and analysis at the national level are also sub-standard. As a result, GOB and its partners lack the ability to use current data, information, and analysis to plan for and respond to acute and chronic health challenges.

The USG Burundi team will continue and expand its assistance to the GOB to develop the capacity of provincial and district teams and local partners to report consistently and accurately on national indicators. These indicators will be revised and included in the upcoming National AIDS strategic plan and will also help the GOB monitor progress toward the MDGs. The USG will collaborate with the GOB and the Belgian Technical Cooperation to implement portions of the national HMIS, which will monitor ongoing programs and help provide an evidence base to inform program planning.

Key opportunities for expansion

- Strengthen the national HMIS.
- Strengthen community-level health information systems, including feedback and capacity for data analysis and data use.
- Strengthen decision-making based on the use of health information at all levels of the health system in Burundi.

***Promote research and innovation***

The USG support in research and innovation in the health sector is limited. In MCH/nutrition, a Title II-funded FFP program is helping prevent malnutrition in children under two years of age, and includes a robust research arm documenting the nutritional and operational effectiveness of this approach for potential scale-up worldwide. In addition, a USDA-funded program is implementing a study analyzing the effectiveness of a new fortified rice product in Burundi.

In addition, USAID funded the development of mobile phone technology to track the availability of malaria drugs and malaria rapid diagnostic tests. The USAID malaria program will use this technology to conduct an end-user verification exercise twice per year.

Key opportunities for expansion

- Include innovation line items into the design of new grants and in new agreements, allowing partners the flexibility to adopt or implement promising new techniques or activities.
- Promote joint analysis and research among USG agencies and projects in Burundi.
- Support national research institutes, including coordination on data collection and use;
- Explore innovative uses information, include a clear communication strategy for GHI goals, and for data collection and information dissemination;
- As part of the GHI PMP, include potential M&E indicators and monitoring questions that identify and document research and innovative approaches within the USG and the activities of its partners.

**VII. USG Burundi GHI Priority Areas**

Under the GHI, the USG is proposing to put more emphasis on three priority areas where it will focus and leverage its resources in ways that will have greater impact. These include: (1) health management information systems; (2) behavior and demand for health services; and, (3) quality of health services. The selected areas present opportunities where USG financial inputs and technical assistance could make the most significant and sustainable impact across the entire

Burundian health sector, while also strengthening the capacity and ownership of the GOB at all levels. USG efforts in these areas will also be complementary to the work of other partners. Through concerted USG interventions in these priority areas, the USG will contribute to the GHI goal: “Reduced neonatal, child and maternal morbidity and mortality and reduced incidence of communicable diseases (HIV and Malaria)” and USG Burundi health objective: “Improved Health Status of Burundians”. The achievement of the goals and objectives is dependent on the success of three highly interdependent results: (IR1) strengthened health management information systems; (IR2) improved behavior and increased demand for health services; and, (IR3) improved quality of health services at the district and community level. The three cross-cutting areas are also among the priority areas identified by the government in its national health development plan (2011-2015).

The health management information system (IR1) is identified as a weak area and will need more attention in the coming years. The need to have reliable data for decision making is regularly cited as a key challenge among health stakeholders. By coordinating resources among USG actors, as well as other donors and partners, this area is likely to achieve rapid improvements with limited resources.

To increase the uptake of available health services, joint efforts will aim at improving behaviors and increasing demand for services among the general population (IR2). For example, behavior change and demand creation activities are needed to increase-household awareness of and engagement in PMTCT and voluntary family planning services. These objectives will be achieved through strong IEC and BCC messaging through various media. Communication materials and approaches for BCC will be harmonized and more attention to and support of community-level input and participation work will be provided. Overlapping with IR1, the collection and analysis of data at the community level for decision making will also be enhanced.

Improving the quality of health services (IR3) is a continuous process and must be supported. This concept includes a wide range of activities from capacity building of health service providers to commodity procurement and the provision of quality services. The MCH, FFP, FP, malaria, and HIV/AIDS programs – in collaboration with other donors – will work in synergy to address issues related to quality of health services. These include, for example: poor quality of services in general; frequent stock outs of essential drugs; poor referral systems; weak supervision; poor capacity of health care providers, limited community-based health services; and a non-systematic approach to integrated service provision delivery.

All of these efforts have the ultimate goal of improving the quality of life of the Burundian population on the one hand, and of measuring the impact of joint efforts on the other. They will increase the visibility of USG assistance in Burundi and the imperative alignment with government policies. More specifically, the new way of doing business will be based on: (1) smart integration of all USG health programs; (2) greater synergy among USG teams to attain efficiency and greater impact; (3) joint planning, joint supervision of activity implementation and joint monitoring and evaluation extended to external stakeholders especially in regard to the three cross-cutting areas; (4) strategic leveraging of external resources during the planning phase and making sure that it is taking place during the implementation phase; (5) increased donor coordination led by the national health programs with technical support from the USG; (6) staying on track of the agencies’ priorities and policy directions; and (7) regular meetings between USG implementing partners with a particular focus on the three cross-cutting areas.

### ***Priority One: Strengthened Health Management Information System (HMIS)***

A number of health systems areas are critical to successful service delivery. Currently, the USG, given its limited resources, supports health information systems, human resources for health, supply chain management, governance, leadership, and service provision. Under the GHI strategy, the USG determined that it will focus its efforts on the HMIS since the opportunities for leveraging and coordination among USG actors is greater here than in other health system areas and has the potential for sustainable impact on the health sector. USG assistance will target the national, district, and community levels. Support to other health system areas will also continue, but to a lesser extent.

As it moves forward with the GHI, the USG will build on its work already underway through the malaria, HIV/AIDS and MCH programs to further strengthen the national health management information system and lay a solid and sustainable foundation in Burundi. Its efforts will first and foremost focus on building national capacity through the transfer of skills to Burundians and their institutions. In addition, the USG will strengthen its work with other donors, especially the Belgian Technical Cooperation, to identify complementary efforts to help the GOB put in place a functioning health information system with harmonized, realistic and measurable indicators, and help standardize data collection tools and approaches. The USG will build the national capacity at all levels for data analysis and use. It will assist the GOB to strengthen community-level health information systems including data collection and reporting, and promote and improve the feedback system. The use of strategic information for decision-making will be promoted. The USG will also support the national statistics division (EPISTAT), and support surveillance and surveys. Through its maternal and child health program, the USG will continue its support in training the health district teams in the USG-supported provinces in management of health information especially improving the use of the HMIS software (GESIS). Through Measure Evaluation and in close collaboration with the Belgian Technical Cooperation, the USG will identify gaps in the HMIS area and will propose specific actions to address them. Given the importance of tracking all gender-related aspects and for better programming, HMIS support will also be a critical monitoring and implementation tool.

The table below provides a list of GOB national-level indicators for HMIS that USG will also use to gauge progress in this area, in addition to those identified in its PMP.

<b>Key GOB HMIS Indicators</b>
<ul style="list-style-type: none"><li>• National health information system put in place and functioning</li><li>• Integrated M&amp;E system and tools in place</li><li>• HMIS coordination system in place</li><li>• Percentage of health facilities that use integrated M&amp;E tools for data collection</li><li>• Percentage of health facilities that regularly provide complete and accurate reports</li></ul>

### ***Priority Two: Improved behavior and increased demand for health services***

USG investments will increase demand for health services through expanded health promotion at the facility and community levels, and improved knowledge, attitudes and practice of good health behaviors. To do so, the USG will focus on extensive Information, Education, and Communication (IEC) and BCC activities, particularly through training exercises for formal and informal service providers at the facility and community levels. It will assist the GOB with revising its communication strategy (where necessary) and standardization of its messages.

Currently, there is insufficient coordination and harmony among the USG-funded programs when it comes to behavior change and demand strategies. The USG will create a mechanism to ensure that USG messages are harmonized across agencies and among partners and GOB, and successful approaches are shared and applied. USG messages will be comprehensive to include key messages in MCH, malaria, HIV/AIDS, nutrition, and hygiene such as: breastfeeding, antenatal care, Essential Nutrition Action packages, immunization, and malaria and HIV/AIDS prevention. The USG will continue to strengthen and expand its communication strategy using peer educators and positive deviant mothers/fathers approach to reach out to communities with effective messages. It will also explore other innovative, effective and culturally appropriate communication strategies. To be more supportive of best care seeking behaviors within their families, sensitization messages will target both men and women, individually and in groups.

The table below provides a list of GOB national-level indicators for behavior change and health service demand that USG will also use to gauge progress in this area, in addition to those identified in its PMP.

<b>Key GOB Indicators for IEC/BCC</b>
<ul style="list-style-type: none"><li>• Integrated IEC/BCC tools elaborated</li><li>• Community-level IEC/BCC for health and nutrition coordinated</li><li>• 75% of children are exclusively breastfed before reaching 6 months of age (current rate 69%). Health center utilization rate</li></ul>

***Priority Three: Improved quality of health services***

USG investments will improve the quality of health services through targeted and proven interventions that focus on service providers, service facilities, and the community in line with GHI principles. Special attention will be focused on women, girls, and gender equity principles to make sure that women and girls benefit from quality health services as needed. The USG will ensure that updated national norms, standards, protocols and training materials in MCH, malaria, HIV/AIDS, and nutrition are in place, disseminated and used. The USG will strengthen the skills of service providers through regular training and supervision, including through the utilization of the training of trainers approach across all health sectors. Specific interventions will include expanding emergency obstetric care (EMOC) and commodity availability (malaria, HIV, FP). Services will be integrated at the facility and community level. Quality assurance measures will be introduced across all USG-supported facilities and support to PBF will continue. The USG will ensure that health facilities are equipped with basic health equipment and will enforce the use of data for decision making through training. Where resources are available, the USG will

strengthen the curricula for nurses and other public health institutions and provide technical assistance to the GOB to develop national health accounts (NHA). The NHA is a policy informing tool that can improve health outcomes through improving the quality of decision making on the allocation of budgets, staff deployment, etc.

The table below provides a list of GOB national-level indicators for quality health services that the USG will also use to gauge progress in this area, in addition to those identified in its PMP.

<b>Key GOB Indicators for Quality Health Services</b>
<ul style="list-style-type: none"><li>• Immunization coverage</li><li>• Coverage for health facility delivery</li><li>• Norms and procedure documents revised and disseminated</li><li>• Quality assurance system in place</li><li>• Integrated service delivery</li><li>• EMOC and neonatal services in place and of good quality</li><li>• Essential nutrition package available</li></ul>

### **VIII. Communication Strategy**

The USG will develop a whole-of-government communication strategy to promote GHI and its implications on USG activities in Burundi. The strategy will improve internal communication and coordination within USG, and with senior GOB officials, the donor community, implementing partners, and other relevant stakeholders. The strategy will promote a common understanding of GHI and dialogue among stakeholders, and encourage feedback on GHI plans and programs.

Implementation of the GHI in Burundi will be coordinated with the GOB, other donors, implementing partners, and other stakeholders including professional associations and the private sector. The USG already participates in standing meetings with the MOHA and the Ministry of Defense, as well as their corresponding offices. In addition, it participates in GOB-donor forums, technical working groups, and planning and review meetings, which serve to promote learning, exchanges, and improved coordination and synergies among the GOB and other partners. At the district level, the USG will continue to liaise closely with provincial health bureaus/health district bureaus and support the planning, implementation and monitoring of GHI activities. The USG will support coordination meetings at all levels where possible.

Internally, the USG will ensure that its multi-agency team, as well as its implementing partners, has a common understanding of the GHI approach and way of doing business, through regular meetings and other forums. The USG will call upon additional actors in regional and headquarters offices to further strengthen and refine its communication strategy, to better promote lessons learned and best practices, and how best to monitor activities and collect information to do so. In the GHI action plan, mechanisms will be established to improve internal communications within the GHI Burundi team, to promote dialogue, inclusiveness, coordination

and participation at all levels of USG. Joint USG planning, implementation and monitoring is critical to the success of the GHI priority areas.

### **IX. Linking High-Level Goals to Programs**

The GHI strategy document will serve as USG's health strategy in Burundi, thereby ensuring that all activities aim to serve the same overarching objectives. For example, the Operational Plan (OP), the Malaria Operational Plan (MOP), and the Country Operational Plan (COP) will follow the outline of the GHI country strategy. In effect, these documents will serve as the operational tools of the GHI strategy. The possible drafting of a Country Development Cooperation Strategy (CDCS) would also take into accounts the GHI Country Strategy document.

Current USG health programming in Burundi encompasses MCH including nutrition, HIV/AIDS, reproductive health/family planning, and malaria. The MCH/N programs will aim to improve the health of women and children by assisting the government in providing quality services for those target groups and by increasing demand for those services through behavior change and information messages. The PEPFAR program, through its prevention services, will contribute to the reduction of new HIV infections by focusing on the most-at-risk populations. In this area, particular attention will be given to preventing mother-to-child transmission of HIV. It will contribute to the improvement of the quality of life of people living with HIV/AIDS, as well as orphans and vulnerable children impacted by the virus. The malaria program will contribute to the reduction of morbidity and mortality due to malaria through its support to routine distribution of bed nets to pregnant women and children less than five years of age. All these activities will be implemented through government, faith-based, and civil society organization health facilities, and at the community level, to reinforce their managerial capacity.

As part of these efforts, capacity building, especially training and supervision, will be provided to health providers, both at the facility and community levels. For example, the PEPFAR program will train 1,134 health care workers, the MCH program will train 780 health providers, and approximately 400 care workers will be trained by the malaria program by the end of September 2012. FFP programs will train over 31,000 people in health and nutrition in FY 2012, including through the Care Group/Lead Mother community approach.

A key aspect of the GHI is alignment with host government policy directions and priorities. In Burundi, this will be the rule, and the GHI aligns with the country's NHDP (2011-2015). The latter recognizes the importance of cross-cutting themes such as gender, research and innovation, and USG in collaboration with other partners will make every effort to ensure that these principles are applied. Importantly, GHI, integrated alongside and reinforcing GOB priorities, will contribute to achieving the MDGs for the country. As mentioned earlier, GHI supports the following GOB goals as espoused in the NHDP:

- Improving MCH through the strengthening of national programs for mother and child health and nutrition;
- Reducing the incidence of communicable and non-communicable diseases through the malaria and HIV/AIDS programs;

- Adopting a multi-sector approach to improving the sector, by linking with other sectors, ministries, and partners (e.g., Department of National Defense and Veterans Affairs, Ministries of Education, Gender, Youth, etc.)
- Preventing and treating malnutrition through MCH and FFP programs;
- Increasing access to voluntary FP/RH activities as one measure to address high population growth rates;
- Increasing demand for and quality of health care services;
- Strengthening the health system through strategic investments and M&E;
- Strengthening and sustainability of PBF.

To do so, coordination internally, with GOB, other donors and among partners will be increased and reinforced, to leverage program activities, ensure complementary and avoid duplication. For example, the USG will participate in the Partnership Framework for Health and Development (CPSD in French) as well as the different thematic groups that inform the decisions of the CPSD. USG input and GHI alignment will contribute substantially to the third strategy of the CPSD 2, whose goal is to “improve the rate of accessibility and quality for basic services, and strengthening national solidarity.”

GHI also supports larger USG goals and objectives. In support of Procurement Implementation Reform and USAID Forward, USG Burundi activities are also aiming to diversify and expand upon its implementing partners, including through the use of local organizations. A significant number of civil society organizations are already benefitting from the financial support from the USG as sub-grantees, especially in the HIV/AIDS domain. In early 2011, the USG completed an assessment to identify the capacity building needs of six local CSOs that are working in the HIV/AIDS sector in Burundi. The assessment covered three broad areas of organizational capacity and competence: management and governance; finance and administration; and, technical service delivery. The ultimate goal of the assessment is to have practical recommendations on targeted interventions to strengthen their corporate governance performance and to reinforce their service delivery. In the future, these organizations will become partners eligible for USG or other funding.

## **X. GHI Management Plan**

USAID has been proposed as the planning lead for GHI, charged with planning and overseeing the development, implementation, monitoring and evaluation of GHI activities. To effectively do so, a management plan will be created and expanded upon to ensure effective implementation. The Management Plan will be developed and modified alongside the GHI PMP and action plan. This will include:

- The development of a GHI action plan, including key benchmarks and timelines (see Monitoring and Evaluation). In-country USG staff plan will conduct preliminary site visits to inform decision making. The action plan will be created in accordance with the development of a GHI logical framework and Performance Management Plan (PMP), including the selection of performance indicators, both standard (GOB, USG/FACTS, USG/FtF, etc.) and individual (GOB, USG/FACTS).
- The establishment of regular meetings among GHI USG actors to develop and implement the action plan, including joint site visits and/or exchange visits to promote cross-learning

and complementarities as well as outcome- and impact-targeted discussions during GHI's mid-point and final years. Ideally, TDY technical assistance would be provided at these points.

- The inclusion of GHI performance in Performance Plans and Reports (PPR), as well as in discussions held during annual Program Implementation Reviews (PIR).
- The inclusion of GHI principles, goals, and targets during the development of USAID/Burundi's Country Development Cooperation Strategy (CDCS) in 2012 and 2014 MSRP.

Within this framework, USAID has assigned a technical leader for activities, and an operational leader for implementation. The technical leader will be charged with ensuring the quality, efficiency, and effectiveness of implementation, leading team reviews and monitoring and evaluation efforts and providing oversight to activities in donor and partner coordination, for example. Given the heavy workload of USAID/Burundi health sector staff, however, the operational leader will be charged with maintaining and monitoring the GHI action plan, and ensuring key deliverables are implemented. S/He will also be charged with logistical support in implementing some aspects of the GHI action plan, for example in arranging meetings internally and among various stakeholders. S/He may also be charged with leveraging USG actors in the region and in Washington, as needed.

## **XI. Monitoring and Evaluation**

The USG/Burundi results framework (see Annex A) seeks to contribute to the GHI goal: "decrease in maternal, neonatal and child morbidity and mortality and reduction in the incidence of communicable diseases (HIV and malaria)" and the USG health objective: "Improved health status of Burundians". The USG seeks to achieve this through three pillar results: 1) health information systems, 2) behavior and demand for health services, and 3) quality of health services. The USG GHI results framework contributes directly to the GOB goal and objectives. The GOB's goal in health is: "To improve the health of the population not only because it is a human right, but also to allow for economic recovery and poverty reduction." Moreover, the National Health Development Plan aims to "contribute to reducing morbidity and mortality from communicable and non-communicable diseases; contribute to reducing maternal mortality; and contribute to reducing the mortality of children less than five years."

USG will continue to rely on the national health information system to obtain the data its needs to track and measure progress, which will also inform the degree of progress in USG's HMIS activities. It will also adopt and use standard and custom USG indicators as needed. Where there is a gap, the USG will utilize data from its implementing partners. The DHS and NHDP will serve as the primary, baseline sources for the USG to assess progress in high level indicators such as maternal, neonatal and child mortality, modern contraceptive prevalence rate and HIV prevalence. Other data sources will include the malaria indicator survey and surveillance data system for HIV/AIDS, which the USG plans to establish in coordination with the host government.

GHI performance will be documented in the Performance Plan and Report (PPR) submitted annually through FACTS Info. The USG will collaborate and discuss performance with GOB

and other partners and donors through regular program reviews and coordination meetings. In this way, it will also ensure there is harmony in the data it collects and that its efforts are complementary, not duplicative. It also plans to increase the level of coordination and exchanges internally as well, among USG agencies and partners.

In addition, the USG will develop an integrated Performance Management Plan (PMP) to capture and monitor GOB and USG indicators pertinent to its PEPFAR, MCH, malaria, DOD and FFP activities. Impact, outcome, output, and input indicators will be identified to serve both monitoring and evaluation purposes in the short- and long-term. The PMP will help inform program monitoring, assess whether activities are on track, and inform future decision-making, particularly among cross-cutting areas like health systems strengthening, capacity building and communication. The potential to include “triggers” among the indicators selected exists, at which point the USG might respond with a rapid appraisal or targeted analysis for areas in need of improvement. The USG also plans to implement qualitative mid-term and final evaluations to ascertain longer-term progress and make adjustments as needed. To fund these additional M&E activities, USG actors will need to dedicate additional resources to M&E in their program budgets.

To ensure implementation of the GHI, USG/Burundi will establish an action plan, including specific actions to be taken per year, responsible parties, deadlines, and benchmarks for progress. Information garnered in the action plan will also feed into the PMP. An illustrative sample of items to be included in the action plan is provided in the table below.

<b>Budget Allocation</b>	<b>M&amp;E</b>	<b>Coordination, Management, and Communication</b>
GHI principles captured in CDCS, MSRP, and future program designs	Creation of logical framework, PMP, and indicators	Regular program and inter-agency coordination meetings with GOB and partners
Allocations defined and reported on in OP and PPR submissions	Creation and implementation of action plan, including program monitoring and evaluation	Ad hoc, targeted meetings with donors on short- and long-term objectives and assistance
Ad hoc, targeted meetings with donors and private sector to include discussions on complementarity, leveraging, PPPs, and future planning	Minimum 3% allocation to M&E in program design/budgets	Joint USG participation in program design activities, including among non-health USG actors (e.g., economic growth activities)
Mapping of TDY technical assistance	Quarterly GHI team meetings, updates of action plan and PMP	Creation and dissemination of communication strategy for GHI principles and implementation, including lessons learned and best
	Exchange and joint visits among USG partners	
	Joint evaluations of USG	

	<p>programs</p> <p>Program reviews, in tandem with GOB, donors, partners</p> <p>Performance meetings as part of Program</p> <p>Implementation Reviews</p>	<p>practices</p>
--	---	------------------

**XII. Challenges**

Landlocked, resource-poor Burundi’s unmet “needs” are enormous. Burundi remains one of the poorest countries in the world, marked by chronic food shortages and abnormally high rates of chronic malnutrition among children (2010 Demographic and Health Survey). For Burundi truly to turn the corner – and not fall back into a “failed” state – the international donor community must remain substantially and substantively engaged for at least the next ten years.

While the GOB is implementing major economic and governance reforms which it hopes will stimulate the economy and attract private investment, Burundi will continue to remain heavily dependent on direct budget support from donors: Nearly 60% of its government budget (in 2010-2011) is supported by direct budget transfers from four donors (World Bank, IMF, European Union and Norway).

With respect to the health sector alone, the GOB’s current investment in health is low, at about seven percent of the national budget, and aggressive plans for resource mobilization are not yet in place in the context of the current financial crisis.

USG investment in Burundi’s health sector has increased dramatically in the past few years. But at current and projected funding levels, it – indeed, overall donor funding -- is still inadequate to meet Burundi’s health needs.

Furthermore, to keep pace with our investments in the health sector and in order to sustain over the long-term the benefits of the our substantial investments to date – and our future investments -- in Burundi’s health sector, international donors need, at the same time, to maintain robust funding for Burundi’s broad-based economic growth and democratic governance to keep pace with health investments.

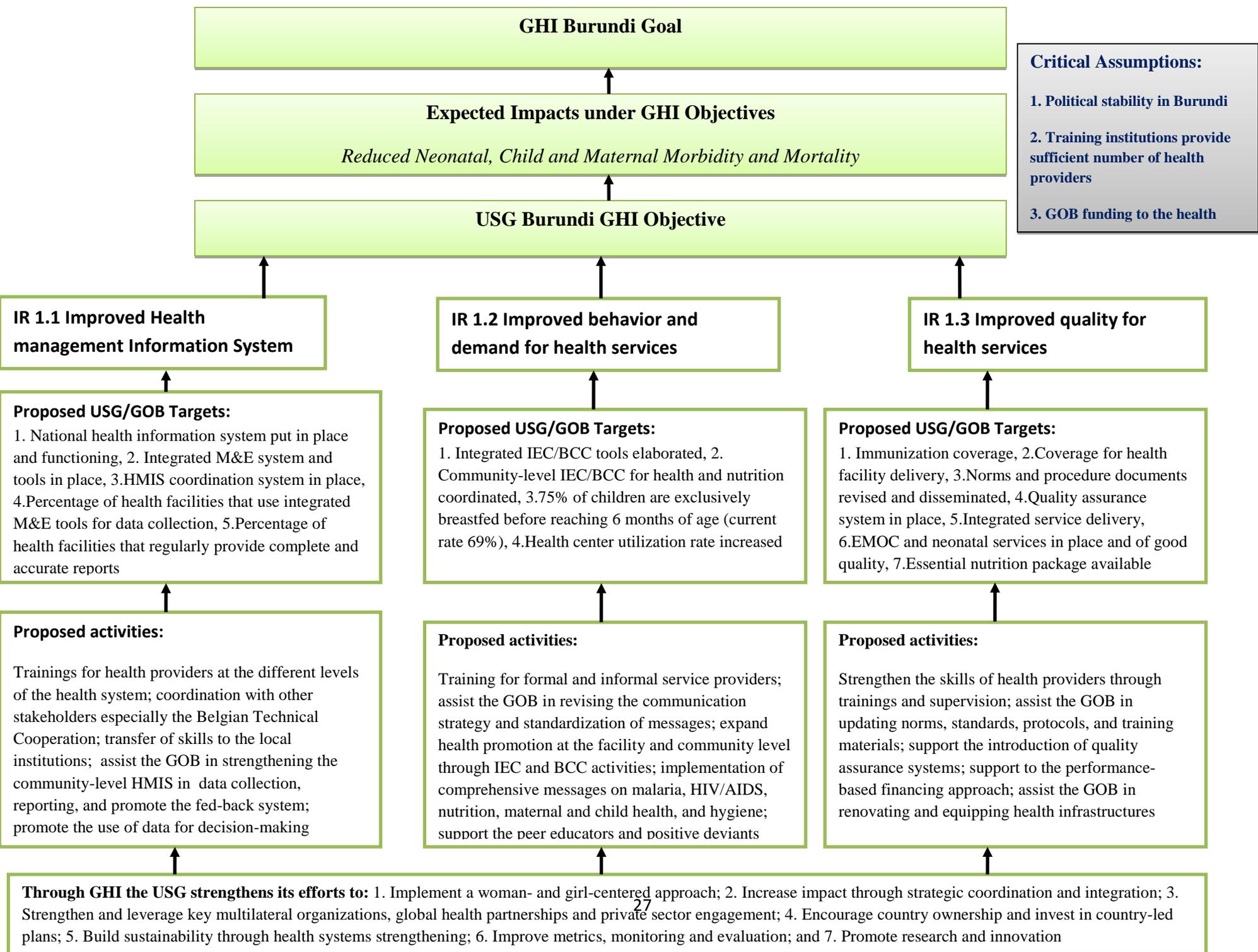
As a recent independent study conducted by the Results for Development Institute at the request of S/OGAC recommends: “To ensure that we can achieve the USG’s goal of long-term sustainability in fighting the HIV/AIDS epidemic, a high priority for FY 2013 and multi-year budget plans should be to increase our focus on broad-based economic growth and democratic governance in low-income PEPFAR focus countries.” The Report goes on to note that “Barring dramatic medical breakthroughs, developing countries themselves may need to generate an additional \$17 billion per year in order to sustain the impacts of donors’ current HIV/AIDS

investments. They will only be able to do this if their economies, public revenues, and household incomes expand rapidly.”

This recommendation applies not just to the sustainability of our investments in PEPFAR, but indeed to the sustainability of all USG investments in the health sector in Burundi as a whole. If Burundi is to build its capacity to fund and sustain donor and national investments in health, Burundi will continue to require substantial donor assistance and private investment in order to meet its **economic growth** targets. Increased and sustained investments in the economic growth and governance sectors are needed in order to boost agricultural production, rural household incomes, and GOB tax revenues -- which, in turn, will enable the sustainable provision of health services and improve food security, dietary diversity, and nutritional quality.

**ANNEX A**

**Burundi GHI Results Framework and GHI Country Strategy Matrix**



**GHI Burundi Goal**

**Expected Impacts under GHI Objectives**

*Reduced Neonatal, Child and Maternal Morbidity and Mortality*

**USG Burundi GHI Objective**

**IR 1.1 Improved Health management Information System**

**IR 1.2 Improved behavior and demand for health services**

**IR 1.3 Improved quality for health services**

**Proposed USG/GOB Targets:**

- 1. National health information system put in place and functioning,
- 2. Integrated M&E system and tools in place,
- 3.HMIS coordination system in place,
- 4.Percentage of health facilities that use integrated M&E tools for data collection,
- 5.Percentage of health facilities that regularly provide complete and accurate reports

**Proposed USG/GOB Targets:**

- 1. Integrated IEC/BCC tools elaborated,
- 2. Community-level IEC/BCC for health and nutrition coordinated,
- 3.75% of children are exclusively breastfed before reaching 6 months of age (current rate 69%),
- 4.Health center utilization rate increased

**Proposed USG/GOB Targets:**

- 1. Immunization coverage,
- 2.Coverage for health facility delivery,
- 3.Norms and procedure documents revised and disseminated,
- 4.Quality assurance system in place,
- 5.Integrated service delivery,
- 6.EMOC and neonatal services in place and of good quality,
- 7.Essential nutrition package available

**Proposed activities:**

Trainings for health providers at the different levels of the health system; coordination with other stakeholders especially the Belgian Technical Cooperation; transfer of skills to the local institutions; assist the GOB in strengthening the community-level HMIS in data collection, reporting, and promote the fed-back system; promote the use of data for decision-making

**Proposed activities:**

Training for formal and informal service providers; assist the GOB in revising the communication strategy and standardization of messages; expand health promotion at the facility and community level through IEC and BCC activities; implementation of comprehensive messages on malaria, HIV/AIDS, nutrition, maternal and child health, and hygiene; support the peer educators and positive deviants

**Proposed activities:**

Strengthen the skills of health providers through trainings and supervision; assist the GOB in updating norms, standards, protocols, and training materials; support the introduction of quality assurance systems; support to the performance-based financing approach; assist the GOB in renovating and equipping health infrastructures

**Through GHI the USG strengthens its efforts to:** 1. Implement a woman- and girl-centered approach; 2. Increase impact through strategic coordination and integration; 3. Strengthen and leverage key multilateral organizations, global health partnerships and private sector engagement; 4. Encourage country ownership and invest in country-led plans; 5. Build sustainability through health systems strengthening; 6. Improve metrics, monitoring and evaluation; and 7. Promote research and innovation

**Critical Assumptions:**

- 1. Political stability in Burundi
- 2. Training institutions provide sufficient number of health providers
- 3. GOB funding to the health

## Burundi GHI Country Strategy Matrix

<i>Relevant Key National Priorities/Initiatives</i>	<i>Key Priority Actions/activities Likely to Have Largest Impact</i>	<i>Baseline info/country-specific GHI targets</i>	<i>Key GHI principles</i>	<i>Key Partners</i>
<b>Improved behavior and demand for health services</b>				
Promotion of vector control strategies in particular insecticides treated nets (ITNs)	Organize household distribution campaigns for ITNs  Maintain the routine distribution of ITNs for vulnerable groups	Move from 46% of children <5 years who had slept under ITN the night before the survey (DHS 2010) to more than 60% in 2015  Move from 50% of pregnant women who had slept under ITN the night before the survey (DHS 2010) to more than 60% in 2015	country ownership, Women, girls, and gender approach, coordination	GFATM, UNICEF, GAVI
Increasing community awareness on reduction of maternal mortality strategy	Capacity strengthening in birth preparedness for community health workers	The maternal mortality will decrease from 866/100,000 live births to 390/100,000 live births	coordination, M&E, country ownership	UNFPA
Improvement of the best nutrition practices to prevent malnutrition	Utilization of foster learning and nutritional rehabilitation as well as program of community-based nutrition	Proportion of children less than 5 years who are underweight moves from 29% in 2010 to 21% in 2015.	Women centered approach	UNICEF, World Food program

## Burundi GHI Country Strategy Matrix

<b>Relevant Key National Priorities/Initiatives</b>	<b>Key Priority Actions/activities Likely to Have Largest Impact</b>	<b>Baseline info/country-specific GHI targets</b>	<b>Key GHI principles</b>	<b>Key Partners</b>
Scale up of community integrated management of childhood illness	<p>Training of CHWs in C-IMCI and formative supervision</p> <p>Expansion of Community case management of fever (malaria) countrywide</p>	Proportion of children under five years old who received treatment with ACTs within 24 hours of onset of fever: move from 19% (DHS 2010) to 80% in 2012	Coordination, M&E, country ownership.	GFATM, UNICEF, Swiss Cooperation
<b>Improved quality for health services</b>				
Scale up of PMTCT services	<p>Reinforcement of the linkages between antenatal care and HTC for pregnant women</p> <p>Capacity building for health providers</p>	Move from PMTCT coverage of 10.8% to 85% by 2015.	The services will be provided in taking into consideration the special needs for women, girls and gender.	GFATM, Ministry of Public Health and Fight against AIDS, UNICEF, World Bank, WHO, local organizations.
Improvement of malaria diagnosis and malaria case management	Capacity building for health providers in malaria case management and diagnosis	Number of clinical outpatient cases of confirmed malaria for under five at USG assisted health facilities: move from 79,058 (2010) to 96,000 (2012)	country ownership, strategic coordination/integration, strengthening and leveraging partner engagement, health system strengthening, metrics, M&E	GFATM, WHO

## Burundi GHI Country Strategy Matrix

<b>Relevant Key National Priorities/Initiatives</b>	<b>Key Priority Actions/activities Likely to Have Largest Impact</b>	<b>Baseline info/country-specific GHI targets</b>	<b>Key GHI principles</b>	<b>Key Partners</b>
Implementation of the roadmap for the acceleration of maternal mortality reduction in Burundi	Generalize emergency obstetric care services in the different health facilities  Capacity strengthening for health providers in birth preparedness	The maternal mortality will decrease from 866/100,000 live births to 390/100,000 live births	Women, girls, and gender approach, health system strengthening, leveraging, coordination, M&E, country ownership.	GAVI-RSS, GOB, WHO, local organizations, UNFPA
Scale up of community integrated management of childhood illness	Training of health providers and formative supervision  Provision of essential medicines and deliverables	The under-five mortality rate is reduced from 96/1000 to ... (the national Health development plan to determine)	Country ownership, strategic coordination/integration, strengthening and leveraging partner engagement, health system strengthening, metrics, monitoring	UNICEF
Support immunization activities for the 8 antigens and for the new ones	Strengthen routine immunizations programs through “reach each child in each district approach” including fixed, advanced, and mobiles strategies for immunization	The immunization coverage of 83% is increased to more than 90% and is maintained at that level.	Health system strengthening, leveraging, coordination, M&E, country ownership.	UNICEF, GAVI, GOB, WHO, local organizations
Improvement of the best nutrition practices to prevent malnutrition	Utilization of foster learning and nutritional rehabilitation as well as program of community-	Proportion of children less than 5 years who are underweight moves from 29% in 2010 to 21% in 2015	Health system strengthening, leveraging, coordination, M&E, country ownership.	UNICEF, World Food program, WHO, GOB, local organizations, Feed the Future Initiative

	based nutrition  Continue performance-based financing approach for quality services			
<b>Burundi GHI Country Strategy Matrix</b>				
<b><i>Relevant Key National Priorities/Initiatives</i></b>	<b><i>Key Priority Actions/activities Likely to Have Largest Impact</i></b>	<b><i>Baseline info/country-specific GHI targets</i></b>	<b><i>Key GHI principles</i></b>	<b><i>Key Partners</i></b>
<b>Improved health management information system</b>				
Increase ART coverage at the national level	Provision of ARVs for PMTCT prophylaxis in all the health facilities in accordance with the new WHO recommendations,  Capacity building for the health providers  Provision of ARVs, reagents and equipment for biological monitoring for people under ARVs.  Continue performance-based financing approach for quality services	Move from ART coverage of 30% to 80% in applying WHO recommendations	The GHI principles including country ownership, strategic coordination/integration, strengthening and leveraging partner engagement, health system strengthening, metrics, monitoring and evaluation will be fully applied.	

## Burundi GHI Country Strategy Matrix

<b><i>Relevant Key National Priorities/Initiatives</i></b>	<b><i>Key Priority Actions/activities Likely to Have Largest Impact</i></b>	<b><i>Baseline info/country-specific GHI targets</i></b>	<b><i>Key GHI principles</i></b>	<b><i>Key Partners</i></b>
Implementation of the roadmap for the acceleration of maternal mortality reduction in Burundi	<p>Support to the referral system for obstetric complications</p> <p>Continue performance-based financing approach for quality services</p>	The maternal mortality will decrease from 866/100,000 live births to 390/100,000 live births.	Health system strengthening, leveraging, coordination, M&E, country ownership	GAVI-RSS, GOB, WHO, local organizations, UNFPA
Strengthen supply chain management	<p>Provision of artemisinin-combined therapy (ACTs) for all cases of malaria</p> <p>Strengthening pharmaceutical management systems</p>	Percentage of health facilities reporting less than seven days of no stock out for Artesunate/Amodiaquine (AS/AQ): from 68% in 2010 to 90% in 2012	Health system strengthening, leveraging, coordination, M&E, country ownership	GFATM