Document up-dated in May 2009

Country: Burundi

TITLE OF PROPOSAL: HEALTH SYSTEM STRENGTHENING

ISO Code	Round	Time Period		Total Budget USD	Approval Track	Disburse-ment Date
		HSS Prop.	Nat. Health Plan			
BDI	1	2007-2011	2006-2010	8,251,600[a]	**First Submitted**: *13.10. 06* **App. W conditions**: *n.a.* **Not approved**: *n.a.* **Resubmitted**: *n.a.* **Final Approval**: 07.02.07	05.04.07

a) There is a slight arithmetic error: US$ 8,227,600 is the figure in the proposal's budget and approved by GAVI

SECTION I: HSS PROPOSALS AND NATIONAL HEALTH POLICIES: LINKAGES

National Health Policy Goals

Strengthening the health system as a strategy for economic growth and reduction of poverty.
and reduction of poverty. Particular focus is on:

- reduction of the ratio of maternal and neonatal mortality;
- reduction of the infant-juvenile mortality rate;
- reduction of the rate of morbidity related to transmissible and non-transmissible diseases;
- reinforcing health service delivery

Proposal Goals

Improve the health (system) performance, particularly MCH, of the 4 provinces which have weak health indicators.

Proposal: Specific Health System Development Objectives:

MCH & Immunisation focussed	*Health System Wide*
• Increasing coverage of preventive services for women and children through PCIME, distribution of MII; • Increase immunisation coverage	• Devt of technical capabilities of health personnel, health committees and community health agents • Organization, management & integration of health services and programme • Strengthen the HIS to help evidence-based decision-making • Strengthen the capabilities of the central level for planning

SECTION II: IMPLEMENTATION ACTIVITIES, AND BUDGETARY ALLOCATIONS

Unmet Needs, "Bottlenecks"& Barriers Identified:	Proposed Tasks/Activities	Budgetary Allocation	
		USD	%
Governance, Management, Organisational • Insufficient and inadequate planning and management capabilities at the intermediate and peripheral level • Weak health financing mechanisms	• Effective integration of health services and programmes in the execution of medical interventions at all levels. • Strengthen the SNIS to support integration and management of essential data for decision-making decision • Set up a system of reference and cross- reference in the 12 districts of the 4 medical provinces (Bururi, Gitega, Kayanza et Mwaro). • Strengthen capabilities of the central level in its role of S/E planning at the intermediate and peripheral levels	2,545,600	30.8
Human Resource Development/Performance Management. • Insufficient human resources – especially in the rural sector • Weak technical capabilities of health personnel	• **C**ontinuous training of medical personnel, nurses and nursing aides. • Establish performance-based contract system for motivation of health personnel and the health committees of district health centres and hospitals	2,942,000	35.7
Drugs, Equipment, Supplies, Facilities • Insufficiency of the health infrastructure – largely due to socio-political crises and conflicts. • Inadequate availability and accessibility to medicines	• Vaccines, materials for injection and logistics • Distribution of MII, the organisation of the week dedicated the health of the mother and child, and the introduction of the PCIME	2,704,000	32.8
Monitoring and Evaluation • Poor coordination and monitoring /evaluation of health services- especially at the peripheral level	• Epidemiological monitoring: Annual and mid-term reviews; • Installation of medical planning procedures; strengthen the system of medical information at the provincial & district levels; • Rapid evaluation of the needs	60,000	0.7
Overheads	None stated	---	---
TOTALS		**8,251,600**	**100.00**

Health financing Gap: Estimated shortfall of funds required: an average of US$24,550,500 per annum over the 2006-2011 period.

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SECTION III - PERFORMANCE MONITORING, & EVALUATION ACTIVITIES

Indicator	Baseline Values	Final Targets 2009	Expected Source of Data/Information
Outcomes/Outputs:			Sources of data:
• DTC3 coverage	83%(2005)	93%(2011)	
• Systematic measles coverage	78%(2005)	90%(2011)	Demographic and Health Survey [EPISTAT]; Quarterly & half-yearly monitoring and activity reports, supervision reports, & Financial audits.
• Rate of mortality among those less than 5 years old	176/1000 (2005)	120/1000 (2011)	
• Number of personnel trained or reassigned	30% (2007)	100%	
• % of care structures having integrated the PCME approach	20%	100%	
• Number of medical districts with a correct completed and protected database	20%	100%	
• % of medical structures using the performance-based contracts strategy for the motivation of the personnel	0%	100%	
• Number of medical districts possessing a functional system of reference and cross reference	0%	100%	
• % of district care structures supervised per month	0%	100%	
• % of CDS applying the PCIME strategy	20%	100%	

SECTION IV: PROPOSAL DEVELOPMENT, SUPPORT AND MANAGEMENT

Country Management of Implementation: Inter-Agency Co-ordinating Committee

Channelling/Management of funds: EPI account opened at the Banque de République. Funds transferred in tranches to accounts of the Provincial Health Offices, the district medical offices and the district hospitals following an accounting of previous tranches, and the planning of the medical activities validated by the Health Committees and the Boards of Directors. Internal & external financial audits will be done.

Strategies proposed for sustainability of activities: None indicated

Collaboration with/ Involvement of other organisations in

i) *Proposal Design & Planning*: Ministry of Public Health, UNICEF,WHO, Committee of Inter-Agency Co-ordination [CCI]

ii) *Proposal Management*: CCI, Ministry of Public Health

iii) *Proposal Implementation:* MOH, Coordaid, Health Net [NGO]

Other Financial Support for HSS: US$10m obtained from World Bank, European Union & Belgian Cooperation 2007-2011