THE MINISTRY OF HEALTH

BURKINA FASO
Unity - Progress - Justice

PROPOSAL OF BURKINA FASO FOR A SUPPORT PACKAGE OF GAVI FOR THE STRENGTHENING OF THE HEALTH SYSTEM (GAVI - RSS)

(Version taking into account the conditions of GAVI-Alliance)

Mr. Craig Burgess
Principal administrator of programs, RSS
Secretariat of GAVI Alliance
Operating under UNICEF, Palais de Nations
1211 Geneva 10, Switzerland
Email: cburgess@gavialliance.org

February 2008

Form for:

proposals for a support package of GAVI Alliance for the strengthening of the health system (RSS)

March 2007

An electronic version of this document is available on the website of GAVI Alliance (www.gavialliance.org) and provided on CD. It is strongly recommended to submit proposals by e-mail, including scanned documents with the necessary signatures. Please send the completed proposal to:

Mr. Craig Burgess
Principal administrator of programs, RSS
Secretariat of GAVI Alliance operating under UNICEF,
Palais de Nations 1211 Geneva 10, Switzerland
Email: cburgess@gavialliance.org

Please ensure that the proposal is received by the Secretariat of GAVI within the deadline indicated. Proposals received after this date will not be considered for this assessment session. GAVI will not be held responsible for the delays in distribution or the lack of distribution of the proposals by dispatch companies.

All the documents and annexes must be submitted in English or French. All necessary information must be included in this proposal form. The Secretariat of GAVI will not accept any separate document as belonging to the proposal. The Secretariat of GAVI is not able to return the documents and the annexes submitted to the countries. Unless otherwise specified, the documents could be made available of the partners of GAVI Alliance, its employees and the public.

Any question must be sent to:
Mr. Craig Burgess (cburgess@gavialliance.org) or the representatives of a partner institution of GAVI.

Table of Contents Page

Abbreviations and acronyms

For the attention of the proposer

- *Please make sure that all abbreviations and all acronyms presented in the proposal and the documents of support of the proposal are included in the list given below*

ARV: Anti Retro Viral

ASC: Community Health Agent

BCG: Calmette and Guerin Bacillus

CDMT: Medium-Term Cost Framework

CHR: Regional hospital

CMA: Medical Centre with Surgical Wing

CPN: Antenatal consultation

CS/PNDS: Monitoring committee of the National plan of Health Development

CSPS: Health and Social Promotion Centre

CTB: Belgian technical collaboration

EPD: Department of Studies and Planning

DGEP: General Department of the Economy and Planning

DGIEM: General Department of Infrastructure, Equipment and Maintenance

DRD: District Distribution Depot

DRS: Regional Department of Health

DS: Medical district

DSF: Department of Family Health

DTC1: Diphteria, Tetanus, Pertussis 1st round

DTC3: Diphteria, Tetanus, Pertussis 3rd round

DPV: Department of Prevention by Vaccinations

ECD: District Executive Team

EDS: Demographic and Health Survey

ENAM: National school of Administration and Magistrature

ENSP: National school of public health

FCFA: Franc of the Communauté Financière Africaine

FS: Health professional training

GAVI: Global Alliance for Vaccines and Immunization

GDT: Guide of Diagnostic and Treatment

HepB: Viral hepatitis B

Hib: Hemophilus Influenzae B

IEC: Information, Education, Communication

IST: Sexually Transmissible Infection

LCB: Consumer Association of Burkina

LQAS: Low Quality Assurance Sampling

MCD: Chief District Doctor

MEG: Generic Essential Medicines

MESSRS: Ministry for Higher Secondary Education and Scientific Research

MEF: Department of Economics and Finance

MFPRE: Ministry for the Civil Service and Reform of the State

NA: Not applicable

NC/Hbt/an: Number of new Contacts per capita and year

OMD: Millennium Development Targets

WHO: The World Health Organisation

ONG: Non-Governmental Organisation

PADS: Programme of Support for Health Development

PCA: Supplementary Package of Activities

PCIME: Comprehensive Handling of Childhood Diseases

PEV: Extended Vaccination Programme

PF: Family-Planning

LDC: Minimum Package of Activities

PNAN: National Policy of Nutrition

PNAQ: National Policy of Quality Assurance

PNDS: National Plan for Health Development

PPaC: Complete Multiannual plan

PTF: Technical and Financial Partners

PTME: Prevention of Transmission of HIV from Mother to Child

RGPH: General Census of Population and Habitat

RHS: Human Resources in Health

RNB: Gross National Revenue

RSS: Strengthening of the Health System

SBC: Basic Community Services

SNIS: National System of Health Information

SPONG: Permanent Secretariat of the Non-Governmental Organisations

SONU: Emergency Obstetric and Neonatal Care

SR: Health of Reproduction

ST/PNDS: Technical Secretariat of the National Plan of Health Development

TDR: Terms of Reference

UFR/SDS: Unit of Training and Research in Health Science

UGP: Unit of Management of the Projet

UNFPA: Fund of the United Nations for Population

UNICEF: Fund of the United Nations for Children

VAT 2+: Vaccine Anti Tetanus 2nd round and further

VIH/SIDA: Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome

VPO: Oral Polio Vaccine

Summary

For the attention of the proposer

- *Please provide a summary of the proposal which comprises the aim and the objectives of the proposal for a support package of GAVI for the RSS, the strategies and principal activities which will be undertaken, the anticipated results, the duration of the support and the full amount of the funds requested, as well as the basic information and the objectives to be reached for the selected priority indicators*

- *Please indicate the person or persons responsible for the whole of the activities of preparation of the proposal for a support package of GAVI to the RSS, and specify the role and the nature of the CCSS (or its equivalent), as well as the persons who have taken part in the drafting of the proposal*

The proposal of Burkina Faso for a support package of GAVI for the RSS falls within the scope of the implementation of the National Plan of Health Development (PNDS) 2001-2010 and the achievement of the Millennium Development Targets (OMD). Its aim is to improve and maintain at a high level the vaccine cover of the country

The main objective of the application is the increase in the accessibility and the use of the services of care intended for mother and child, in particular the cover of this target population with vaccines

The intermediate aims are:

1. to improve the organisation and management of the health services by the year 2010;
2. to develop human resources in health by the year 2010;
3. to improve the social mobilisation and social marketing in the areas with low level of use of the departments of health by the year 2010;
4. to improve the system of maintenance of the equipment and infrastructures by the year 2010
5. to reinforce the basic medical infrastructures and the equipment in the areas least well served by the end of 2010

Specific main objectives for the selected priority indicators:

It will be necessary:

to increase or maintain the cover vaccine of the various antigens:

Level of cover reached in 2006		Objectives to be reached	
	2008	2009	2010
BCG: 102,96 VPO1: 101,58 VPO3: 94,37 Penta1: 101,58 Penta3 75,76 VAR: 88,05 VAA: 88,06 VAT2+: 81,41	BCG: 100 VPO1: 100 VPO3: 96 Penta1: 100 Penta3: 96 VAR1: 90 VAA: 90 VAT2+: 86	BCG: 100 VPO1: 100 VPO3: 97 Penta1: 100 Penta3: 97 VAR1: 91 VAA: 91 VAT2+: 88	BCG: 100 VPO1: 100 VPO3: 97 Penta1 100 Penta3 97 VAR1: 91 VAA: 91 VAT2+ 90

- to increase the cover with CPN2 from 61,2% (2006) to 66% in 2010;
- to increase the cover with assisted childbirth from 42,91% (2006) to 46% in 2010;
- to ensure a significant decrease of the rate of low birth weight in children of less than 5 years old from 38% to 35% in 2010;
- to increase the additional cover of Vitamin A for children of less than five years old;
- to ensure a fall of morbidity due to diarrheal diseases from 18,3% to 9,1% in 2010

For these objectives, it intends to adopt the following strategies:

- training of the care providers;
- offer of quality service;
- social mobilisation in support of health;
- motivation of the health workforce and the community agents;
- construction of infrastructures;
- equipment of health care institutions;
- maintenance of equipment;
- research operations;
- implementation of pilot experiments in certain medical districts
- monitoring of the implementation of the activities;
- evaluation of the intervention

The main activities envisage:

- strengthening of competences of the players in organisation and management of the services of care (training in planning, monitoring, operations research and evaluation);
- the construction and equipment of basic infrastructures (CSPS) in the areas with poor medical cover;
- the acquisition of logistics resources (motor cycles and vehicles) for the strategies advanced in vaccination and the supervision of the players on the ground;
- good enforcement of the health facilities and rolling stock;
- sensitising of the populations of the areas with weak cover to the use of the services of care (social mobilisation and social marketing);
- strengthening of the functionality of the eight (8) DS recently created.

The principal anticipated results are:

an increase in the utilisation ratios of the services of maternal and infantile prevention and care, in particular:

- vaccine cover for all the antigens;
- cover in antenatal consultations;
- cover in assisted childbirth;
- a significant decrease of the rate of low birth weight of children less than 5 years old;
- a fall of morbidity due to diarrheal diseases;
- a fall of the rate of dropout between penta 1 and 3.

The period covered by the support requested from GAVI for the RSS is three (3) years as from 2008. The global amount of the requested support is four million nine hundred and seventy eight thousand seven hundred and sixty thirteen American dollars **(4 978.773 USD).**

The Director of Studies and Planning (EPD) of the Ministry of Health coordinated the drafting process of the proposal.

An executive, a Public Health Doctor in the Department of Studies and Planning, supervised the drafting of the proposal.

The select committee worked out the draft proposal in a workshop.

The members re-examined the proposal following terms of references worked out by the DEP.

The Members of the Commission “Sectoral approach and indicators of monitoring of the PNDS” extended to the Regional Directors of Health (DRS) and Chief District Doctors (MCD) amended the draft document in a workshop for consensus. Lastly, the members of the CS/PNDS, the multisector supreme body of the PNDS, adopted the proposal at an extraordinary session.

1st section: drafting process of the proposal

For the attention of the proposer

Please describe in this section the drafting process of the proposal for a support package of GAVI for the RSS.

- *Please start with the presentation of your Coordination committee of the health service or its equivalent (table 1.1).*

1.1. The CCSS (or its equivalent in your country)

Name of the CCSS (or its equivalent): In Burkina Faso, the equivalent of the

CCSS is the Monitoring Committee of the National Plan of Health

Development (CS/PNDS)

The CS/PNDS has been discharging all its tasks since: February 2003

Structure (e.g., sub-committee, independent organism):

To achieve its mission, the CS/PNDS makes use of Technical Commissions:

- the commission on “Sectoral Approach”;
- the commission on “Indicators of monitoring of the PNDS”;
- the commission on “Human Resources”;
- the commission on “Institutional Strengthening”;
- the commission on “Decentralisation”;
- the commission on “Private sector”.

Frequency of the meetings:1

The CS/PNDS holds two ordinary sessions a year. However, extraordinary sessions can be held in the event of need.

[1] The reports of the meetings of the CCSS relating to support for RSS, including the report of the meeting in the course of which the proposal has been adopted, must be attached to the proposal, as supporting documents. The reports must be signed by the President of the CCSS. The minutes of the meeting of adoption of this proposal for the support of GAVI for the RSS must be signed by all the members of the CCSS.

Role and function:

The tasks of the Monitoring Committee are as follows:

1. to promote the sectoral approach;
2. to approve the various three-year and annual plans of implementation of the PNDS and their budgets;
3. to make the case for the PNDS and to mobilise resources for its financing;
4. to monitor the mobilisation of the resources as well as their use for the execution of the plans;
5. to ensure the external monitoring of the execution of the plans on the basis of technical and financial reports;
6. to validate the policies, strategies and standards defined within the framework of the implementation of the PNDS;
7. to approve the reports of the internal and external evaluations of the action plans, the three-year plans and the PNDS at the end of its execution;
8. to take care of the implementation of the recommendations of the Monitoring Committee;
9. to take all corrective measures necessary for the good progress of the activities of implementation of the PNDS.

For the attention of the proposer

- *Please next describe the process followed by your country to work out the proposal for a support package of GAVI for the RSS (table 1.2)*

1.2. Summary of the drafting process of the proposal

Who coordinated and supervised the drafting process of the proposal?

The Director of Studies and Planning of Ministry of Health, President of the commission "Sectoral Approach and Indicators of monitoring of the PNDS".

Who directed the drafting of the proposal? Was any technical assistance provided?

An executive, the Public Health Doctor of Department of Studies and Planning of the Ministry of Health, was the chairman of the select committee of drafting of the proposal.

Technical assistance was necessary through the involvement of a national consultant to support the drafting of the draft proposal and the review by the members coming from the Ministry of Health, WHO and UNICEF.

Please describe the brief chronological process of the activities, meetings and assessment meetings which preceded the submission of the proposal.

The drafting process of the proposal for a support package of GAVI for the RSS started in the last quarter of 2006. Executives of the Department of Studies and Planning (EPD) in collaboration with others of certain central departments of the Ministry of health, were instructed to work out a draft proposal to be submitted for approval and validation by the bodies of coordination of the PNDS in which the Technical and Financial Partners also sit, as well as the organisations of civil society. In February 2007, this commission, in a workshop approved the document proposed after integration of the various suggested amendments.

.

The proposal, which was to be submitted to the Secretariat of GAVI in May 2007 after adoption by the CS/PNDS, could not be made, following information resulting from the technical workshop of sub-regional briefing GAVI-Renforcement of Health system (GAVI-RSS) held at the end of March in Ouagadougou. Indeed, this workshop recorded new directives and a new form of filling in the proposal. A briefing of the Members of the Sectoral Approach Commission took place on the new orientations of GAVI. The Ministry then decided to resume the drafting process of the proposal by setting up a working committee with for mandate for writing a new draft.

The aforementioned committee held several preparatory meetings before holding a workshop of drafting from 4 to 7 June 2007. The draft proposal was worked out by a working committee with the support of a national consultant and the participation of Technical and Financial Partners (WHO and UNICEF in particular).

The draft was submitted to review by the members on two levels: initially by four persons in charge of the Department of Studies and Planning (Director of Studies and Planning, the Planning Department head, technical Secretary of the PNDS and Coordinator of the Support Programme in Health Development) which proceeded to an internal review of the draft proposal, then by members external to the EPD and Ministry of Health such as those coming from WHO, UNICEF and the World Bank.

A workshop of consensus was held and related to the Sectoral Approach Commission extended to certain Regional directors of Health and Chief District Doctors; the adoption of the proposal document was made by the CS/PNDS. The Minister of state, Minister for Health and that of the Economy and Finances signed the proposal before it was submitted to the Secretariat of GAVI.

Who participated in the assessment of the proposal, and what were the methods?

The members re-examined the proposal following the terms of references worked out by the DEP.

The Members of the Sectoral Approach and indicators of the PNDS extended to the Regional directors of Health (DRS) and Chief District Doctors (MCD) amended the draft document during a workshop.

The members of the CS/PNDS adopted the proposal during a workshop.

Who approved and adopted the proposal before it was submitted to the Secretariat of GAVI?

The Monitoring Committee of the PNDS adopted the proposal and the Minister of state, Minister for Health and that of the Economy and Finances signed the document before it was sent to the Secretariat of GAVI.

For the attention of the proposer

- *Please describe on the following page the roles and responsibilities of the key partners associated with the drafting of the proposal for a support package of GAVI for the RSS (table 1.3).*

Note: Please make sure that all the key partners appear in the description: the ministry for health, the department of finance, the program of vaccination, bilateral and multilateral partners, coordination committees concerned, non-governmental organisations (ONG) and civil society and finally employees of the private sector. If there was no participation of civil society or private sector in the drafting of the proposal for a support package of GAVI for the RSS, please explain the reasons for this below (1.4).

1.3. Roles and responsibilities of the key partners (members of the CS/PNDS and others)

Title/position	Organisation	Member of CS/PNDS yes/no	Roles and responsibilities for this partner in the drafting of the proposal for a support package of GAVI for the RSS
General secretary of the Ministry of Health	Ministry for Health	Yes	Administrative coordination
Technical Health Adviser	Ministry for Health	Yes	Technical support
General inspector of the Health Services	Ministry for Health	Yes	Technical support
Permanent secretary of the National Council for Combating AIDS and IST	Presidency of Faso	Yes	Technical support
Managing director of Health	Ministry for Health	Yes	Technical support
Director of Studies and of Planning	Ministry for Health	Yes	Technical coordination of the drafting process
Technical Secretary of the PNDS	Ministry for Health	Yes	Technical support
Managing director of the supervision of Public hospitals and of the Private Health Subsector	Ministry for Health	Yes	Technical support
Director of Administration and Finance	Ministry for Health	Yes	Technical support
Director of Prevention by Vaccinations	Ministry for Health	No	Technical support
Director of Family Health	Ministry for Health	No	Technical support
Coordinator of the Programme of Support for Health Development	Ministry for Health	Yes	Technical support Member of the team for peer review
Coordinator of the Ministerial Committee of Combating AIDS of the Health sector	Ministry for Health	Yes	Technical support
Director-General of Pharmacy, Medicines and Laboratories	Ministry for Health	Yes	Technical support
Director of Human Resources	Ministry for Health	Yes	Technical support
Representative of the Department of economics and Finance	Department of economics and of Finance	Yes	Technical support
Representative of the Ministry of Secondary and Higher Education and Scientific Research	Ministry for Enseignements Secondary, Supérieur and Scientific Research	Yes	Technical support
Representative of the Ministry of Territorial Administration and Decentralisation	Ministry for Territorial Administration and Decentralisation	Yes	Technical support
Representative of the World Health Organisation	The World Health Organisation	Yes	Technical support
Representative of UNICEF	UNICEF	Yes	Technical support
Representative of the Embassy of the Netherlands	Embassy of the Netherlands	Yes	Technical support
Representative of the Embassy of Canada	Embassy of Canada	Yes	Technical support
Representative of the World Bank	The World Bank	Yes	Technical support
Representative of Consumers Association	Consumer Association of Burkina	Yes	Technical support Select committee member
Representative of private care firms	Private sector	Yes	Technical support
Representative of Belgian Technical Collaboration	Belgian technical collaboration	No	Technical support
Representative of the European Union Commission	Commission of the European Union	No	Technical support
Representative of the Fund of the United Nations for Population	UNFPA	No	Technical support
Representative of the Permanent Secretariat of non-governmental organisations	Permanent secretariat of non-governmental organisations	Yes	Technical support
Persons in charge of the decentralised structures of the Ministry of Health (DRS and DS)	Ministry for Health	No	Amendment of the draft proposal

For the attention of the proposer

- *If the CCSS would wish to make more comments or has recommendations to make regarding the proposal for a support package of GAVI for the RSS to the Secretariat of GAVI and Independent Assessment Committee, please do so below:*

- *If there has been no participation of civil society or private sector, please give the reasons and indicate if the latter will be required to play a part in the provision of services or making the case in the context of the implementation of the support of GAVI for the RSS.*

1.4. Other comments on the drafting process of the proposal for a support package of GAVI for the RSS

No particular comment.

2nd section: general information on the country

For the attention of the proposer

• Please provide the most recent demographic and socio-economic information which you have on your country. Please specify the sources of the dates and data provided. (table 2.1).

2.1. The most recent socio-demographic and economic information on your country[2]

Information	Value	Information	Value
Population	13.730.258 **	RNB per capita	460 USD (World Bank 2006)
Cohort of annual births	632.965 (0,0461)	Death rate of children of less than five years old	184/1000 ***
Surviving infants*	581.695	Infantile death rate	81/1000 ***
Percentage of the RNB allocated to health	-	Percentage of the expenditure of the government in connection with health	11,3 (2006)*****

- **Surviving Infants = infants still alive at the age of 12 months**
- **** RGPH 2006**
- ***EDS, 2003**

For the attention of the proposer

• Please provide a brief summary of the Plan of the health service of your country (or its equivalent) which comprises the main aims of the plan, the strengths and principal weaknesses identified during analyses of the health service, as well as the priority fields for future improvement (table 2.2).

[2] If the proposal identifies activities to be achieved at the infranational level, infranational data must be provided when they are available. These data are to be provided in addition to the national data.

2.2. Summary of the Strategic Plan of the national sector of health

The National plan of Health Development (PNDS) covers the period 2001-2010 and constitutes the framework of reference for the interventions of the various partners. It is the operational translation in specific actions of the National Health Policy (PSN) adopted in 2000.

It sets out to solve seven priority problems:

1. General morbidity and mortality are high
2. The prevalence of HIV/AIDS is strong
3. The geographical and financial access of the populations to the health services is limited
4. The quality of the health services is low
5. The Human Resources management in health is not powerful
6. The institutional framework is weak
7. Coordination and intersector collaboration are insufficient

The general objective of the PNDS is to reduce morbidity and mortality within the populations. To achieve this goal, eight (08) intermediate objectives have been fixed. These objectives are not classified by an order of priority, but they all contribute to the improvement of the enforcement of the national system of health. They are:

1. *to increase the national medical cover;*
2. *to improve the quality and the use of the Health Services;*
3. *to reinforce the fight against transmissible and nontransmissible diseases;*
4. *to reduce the transmission of HIV/AIDS;*
5. *to develop human resources in health;*
6. *to improve the financial access of the populations to the health services;*
7. *to improve the finances of the health service;*
8. *to reinforce the institutional capacities of the Ministry of Health.*

The methods of financing are based on the sectoral approach.

The PNDS 2001-2010 was evaluated in midcourse in September 2005 and the 2006-2010 tranche of implementation was drafted. The evaluation in midcourse and the results of the work of the various commissions of drafting of the tranche 2006-2010, made it possible to draw up the main strengths and weaknesses of the period 2001-2005 which are, inter alia:

a) The strengths (acquired)

- a reduction of the average range of action of the CSPS from 9,18 km in 2001 to 8,2 km in 2005;
- the operationalisation of 85% of the DS (forecast range = 50%) thanks to the strengthening of the operational capacities of the medical districts;
- strengthening of collaboration with the private and traditional medical sub-sectors for the launch of a dialogue and collaboration with these sub-sectors;
- improvement of the availability and access of essential high-quality drugs;
- promotion of the preventive services at the place of the vulnerable groups (antenatal consultation, family planning);
- improvement of the vaccine cover of children from 0 to 11 months and of expectant mothers. In practice, this has made it possible to change the vaccine cover for the various antigens between 2001 and 2005 respectively from 84,46% to 111,72% for the BCG, 64,26% to 96,29% for the DTC3, from 65,44 to 84% for the VAR and from 51,95% to 84,09% for the VAA and from 37,06% to 70,87% for expectant mothers in VAT2. ;
- reduction from 4,2% to 2,3% of the rate of prevalence of HIV;
- training of the health workforces: improvement of the capacity of the training colleges (National College of Public Health (ENSP), National College of Administration and Magistrature (ENAM), Unit for Training and Research in Health Science (UFR/SDS) having allowed an increase in the employment of medical staff (with for the most part 800 carers a year directly integrated), a promotion of about 30 doctors and 15 pharmacists a year, training of several health administrators;
- improvement of the financial access of the populations to health services (exemption from payment of preventive care for mother and child, provision for the poor, support of the SONU.

b) The weaknesses

In spite of the assets mentioned above, weaknesses still persist at the level of the various intermediate objectives of the plan: this relates, in particular, to:

- persistence of disparities in geographical terms of access to public health courses. Indeed, the largest average areas of action by CSPS, which reflect the distance of the populations to a health training course, are found in the area of East (13,28km) and the Sahel (12,84km), Cascades (9,29) Boucle de Mouhoun (8,36) and Southwest (8,16); while the highest inhabitants/CSPS ratios were recorded in the area of the centre (15 161), in those of the Sahel (13 199) and East (13 003). Moreover intra-regional disparities and intradistricts persist;
- not consolidation of the assets of the system of maintenance;
- the absence of a national strategy of health at community level;
- weak implementation of the applied research;
- disparities as regards use of the Health Services on the national scale;
- the insufficiency of financial resources for the training of specialists;
- the absence of a strategy as regards continuing education of personnel;
- the insufficiency in quantity and quality of available human resources in health;
- bad distribution of the health workforce;
- the insufficiency of motivation of the health workforce;
- the absence of definition of measures of motivation of human resources performing in difficult areas.

The priority problems to solve remain those identified in the document of the PNDS.

3rd section: situation analysis/evaluation of requirements

For the attention of the proposer

Support of GAVI for the RSS The support of GAVI for the RSS cannot address all the obstacles present in the health system which have an impact on the services of vaccination and the other Health Services of mother and child. The support of GAVI for the RSS must supplement and not substitute or duplicate the activities and the initiatives existing (or envisaged) of strengthening of the health system. The GAVI support for the RSS must target the "gaps" existing in the attempts in the course of improvement of the health system.

- *Please provide information on the most recent evaluations of the health service which identified the constraints and obstacles in the health system. (table 3.1)*

Note: The evaluations could include a recent balance-sheet of the health service (realised during the last 3 years), a report or a recent study of the sectoral constraints, an analysis of the situation (such as that which was carried out for PPAc), or any summary of these documents. Please attach the reports of these evaluations to the proposal (with summaries if you have any). Please number them and give the list of them in annex 1.

Note: If there has been no recent thorough evaluation of the health system (during the last 3 years), it will be absolutely necessary to carry out an assessment which identifies and analyses the principal bottlenecks of the health systems before the submission of your request to obtain the support of GAVI to the RSS. This assessment will have to identify the strengths and principal weaknesses of the health system and the points where it will be necessary to reinforce the capacities of the system to manage to improve the vaccine cover and to maintain it at the level reached.

3.1. Recent evaluations of the system of health

Title of the evaluation	**Institutions involved**	**Covered fields/topics**	**Dates**
1. Evaluation in midcourse of the National plan of Health Development (PNDS)	• Financed by the PTF of health through the PADS • Realised by KIT Amsterdam	- Process of planning/monitoring/evaluation - Implementation of the priority programmes of combating diseases - Situation of human resources - Institutional reforms - Involvement of the private sector - Taking into account of the vulnerable groups - Financing of the health sector - Evaluation of the performance of the structures	2005
2. National plan for Health Development : Tranche 2006-2010 of the PNDS **(ex-ante evaluation**)	• Ministry for Health • other ministries • Civil society • PTF	- Process of planning/monitoring/evaluation - Implementation of the priority programmes of combating diseases - Situation of human resources	2006
		- Institutional reforms - Involvement of the private sector Taking into account of the vulnerable groups - Financing of the health sector - Evaluation of the performance of the structures	
3. Analyses of the systemic determinants of the vaccine cover in the medical districts of Burkina Faso	■ University of Montreal (UdeM) ■ Research centre for international development (CRDI) ■ Burkinabe Association of Public Health		**2006**

For the attention of the proposer

- *Please provide information on the principal obstacles present in the health system which are preventing the improvement of the vaccine cover which was identified by the recent evaluations listed above. (table 3.2)*
- *Please provide information on the obstacles which are being controlled satisfactorily with the existing resources (table 3.3).*
- *Please provide information on the obstacles which are not being controlled satisfactorily and which need a support package of GAVI for the RSS (table 3.4).*

3.2. Principal obstacles to the improvement of the vaccine cover identified by recent evaluations

The main obstacles to the improvement of the vaccine cover and which are recorded in the various documents of evaluation are:

the insufficiency in the organisation and the management of the Health Services

- minimum package of activities whose vaccination is not entirely offered in existing health care institutions; that is due partly to the insufficiency of the resources, especially human, in quantity and quality. This involves a low availability of the services of care (curative, preventive and promotional) at the level of health care institutions; the services offered by the structures of care, do not always meet the criteria of constant availability, integration, continuity, globality and satisfaction of the populations;

- the system of reference and counter reference is not functional enough. Indeed, health care institutions of reference are not always accessible for lack of ambulances for transportation of the patients. Moreover, they are not able to deal with certain cases of diseases because of their underequipment and the insufficiency of the specialised personnel;

- the continuity of care between Health Services and villages is not ensured because the activities at community level are poorly developed;

- the insufficiency in planning and monitoring of the activities at the level of peripheral health care institutions does not make it possible to take into account the key activities of the LDC;

- certain health programmes (PTME, PCIME…) are not extensive;

- system of maintenance of the equipment and basic infrastructures is not very powerful;

- the rolling stock for the activities in advanced strategy, the transport of the drugs and various material is insufficient;

- the medical information system is not sufficiently powerful (completeness and speed);

- the financial access of the populations to health services is blocked by irrational regulations, the failure of the system of assumption of responsibility for the poor, the still limited number of the mechanisms of division of health risks as well as the absence of a real policy of division of risk as regards health;

- poor involvement of the Private Health Subsector in the activities of prevention in particular vaccination and the counterweight of traditional medicine and pharmacopeia;

- insufficient quality of the Health Services and the unharmonised development of communication for the promotion of health can partly explain the low level of use of the services although it has improved in the last few years (0,21 NC/Hbt/year in 2001 to 0,34 NC/Hbt/year in 2006);

- research action in order to solve the specific problems of the Health Services, in particular those related to vaccination is very little developed in the medical districts**;**

- the monitoring and evaluation of health programmes is insufficient.

the poor development of human resources in health

- the insufficiency of human resources in health and the bad existing manpower deployment with duplication effects in the urban centres whereas in rural environment, nearly a third of the Health centres and of social advancement (CSPS) do not even meet the minimum standards in human resources;

- the procedures and management tools of the personnel are still incomplete and there is no good control of the manpower by category on the various levels;

- the poor motivation of the existing personnel on the ground blocks the execution of the activities;

- effective implementation of the LDC and the PCA is slowed down by the great mobility of the personnel from the periphery to the urban centres;

- capacity of the training colleges (ENSP, UFR/SDS) is low.

The insufficiency of the social mobilisation in support of health

- communities are insufficiently involved in the management of primary health care including vaccination activities;
- the involvement of ONGs, Associations and other sectors of development in the activities of vaccination is poor.

The insufficiency of the national medical cover in basic medical infrastructures (CSPS) and of the system of maintenance:

- the cover of the country in basic medical infrastructures (CSPS) is insufficient overall, combined with an unequal distribution of existing health care institutions in the areas.

  Indeed, although one observes a reduction of the average range of action of health care institutions which passes from 9,18 km in 2001 to 7,83 km in 2006, the rural and suburban areas remain poorly covered in infrastructures (in particular in certain districts of the areas of Boucle de Mouhoun, the Southwest, the Sahel, East and Cascades); which limits its geographical access for the populations.

- the existence of many incomplete CSPS. Indeed, 126 maternities, 63 dispensaries, 342 wells, 400 residences and 305 MEG deposits are envisaged to be added in phase 2006-2010 of the PNDS and very often, the existing infrastructures and equipment, including those of the cold chain, are strongly degraded because of the insufficiency of maintenance.

3.3. Obstacles which are being controlled satisfactorily with the existing resources

Notable efforts have been made to remove the obstacles related to the personnel through:

- census of the personnel and analysis of the results;

- development of a plan of redeployment included in the study on the development of the RHS but not yet implemented in expectation of the updated results of the census;

- recruitment of all the categories of personnel with a regionalization of recruitment as from 2003;

- the periodic updating of the manpower emphasising a progression of the payroll of the agents of all categories together from 9.062 agents in 2001 to 14.443 agents in 2006;

- improvement of the capacity of the training colleges (ENSP, ENAM, UFR/SDS) having allowed an increase in the payrolls of medical staff (graduation of 800 carers a year directly integrated for the most part in the public office), a promotion of about 30 doctors and 15 pharmacists a year, training of several health administrators. The health professionals profit to a differing degree from the continuing education initiatives but with problems of rational planning.

It is noted the installation of incentive measures (Decree NO° 2005-570/PRES/PM/MFB/MFPRE modifying the decree NO° 2005-010/PRES/PM/MFB/MFPRE of 24/01/2005 introducing the compensation regime applicable to the public agents of the state, the provision of a career development which allows advances and category progression through the adoption of the texts of organisation of the specific uses of the Ministry of Health, the improvement of the work conditions (buildings, materials, comfort) and the introduction of a more transparent marking system of the agents, based on performance.

With regard to the infrastructure and equipment, there has been a reduction of the average range of action of health care institutions which passed from 9,18 km in 2001 to 7,83 km in 2006. This progress was obtained thanks to:

- the construction and equipment of 129 new health and social advancement centres (CSPS) and 7 medical centres with surgical wing (CMA: sector 22 and 15 of Bobo, Dano, Batié, Dandé, Boussé and Sindou) i.e. a completion rate of 43% for the CSPS and 87,5% for the CMA with regard to the forecasts of the range 2001-2005;

- standardisation of 920 medical infrastructures of all categories together (dispensary, maternity, deposit distributor of district, MEG deposit, housing and drilling) with regard to a forecast of 972 works for the period covered;

- the application of the standards in infrastructure and equipment and preventive and curative maintenance of the infrastructure and equipment (all the regional workshops of maintenance are equipped with qualified personnel).

In the field of the organisation and management of the services, one notes:

- the development and distribution of norms and standards of high-quality care for all the levels of the health system: national policy of quality assurance (PNAQ), standards and protocols of health of reproduction (SR), national directives for the implementation of the activities of prevention of the transmission of HIV from mother to child (PTME), standards and indicators of nursing practice in the hospital context, guide of nutritional recovery, standards in infrastructure, equipment and personnel, groundwork of audit processes, etc;

- strengthening of the frame of reference and counter reference and the supervision of persons receiving benefits;

- strengthening of the activities of support and promotion of health;

- subsidy of obstetric and emergency neonatal care;

- exemption from payment of preventive, maternal and infantile care;

- promotion of public health thanks to the development of the policy and the code of public health whose implementation led to the development of the national strategy of IEC/health and management of biomedical waste.

In the field of community mobilisation, it is possible to note a certain development of the services at community level (SBC) within the effective totality of the functional CSPS thanks to:

- social mobilisation (development and implementation of integrated plans of communication);

- promotion of the activities at community level (training and recruitment of SBC agents involved in the implementation of several national plans, training/recycling of several members of the management committee in management of the activities of health care institutions, etc).

3.4. Obstacles which are not being controlled satisfactorily and which need a support package of GAVI for the RSS

In spite of the progress made and mentioned above, efforts are still necessary for overcoming the obstacles below:

The field of the organisation and the management of the services needs the support of GAVI because, in spite of the efforts made, it is still possible to observe the following obstacles:

- the frame of reference and counter reference is not functional enough. Indeed, the health care institutions of reference, are not always accessible for lack of ambulances for transportation of the patients. Moreover, they are not able to deal with certain cases of diseases because of their under equipment and the insufficiency of the specialised personnel;

- the continuity of care between Health Services and villages is not ensured because the activities at community level are poorly developed;

- the insufficiency in planning and monitoring of the activities at the level of peripheral health care institutions does not make it possible to take into account the key activities of the LDC;

- the medical information system is not sufficiently powerful (completeness and speed);

- several programs, in particular the PCIME, are carried out on a reduced scale;

- the system of maintenance of the equipment and basic infrastructure is not very powerful;

- the insufficiency of rolling stock for the activities in advanced strategy, the transport of the various drugs and material;

- the financial access of the populations to health services is blocked by irrational regulations, the failure of the system of assumption of responsibility for the poor, the still limited number of the mechanisms of division of health risks as well as the absence of a real policy of division of risk as regards health;

- poor involvement of the private subsector in the activities of prevention in particular vaccination and the counterweight of medicine and traditional pharmacopeia;

- the insufficiency of the monitoring and the evaluation of the health programmes.

In the field of the development of human resources:

- the capacity of the training colleges (ENSP, UFR/SDS) remains insufficient;

- poor motivation of the existing personnel on the ground blocks the execution of the activities;

- communities are insufficiently involved in the management of primary health care including vaccination activities.

As regards cover in medical infrastructure, equipment and of system of maintenance:

- cover of the country in basic medical infrastructure (CSPS) is overall insufficient, combined with an unequal distribution of existing health care institutions in the areas. Indeed, although one observes a reduction of the average range of action of health care institutions which passes from 9,18 km in 2001 to 7,83 km in 2006, the areas of Boucle de Mouhoun, the Southwest, of the Sahel, of East and Cascades still present a larger average range of action with regard to the remainder of the country;

- system of maintenance of the equipment and infrastructure is not powerful**.**

In the field of the social mobilisation in support of health:

- the communities are insufficiently involved in the management of primary health care including vaccination activities.

4th section: aims and objectives of the support of GAVI for the RSS

For the attention of the proposer

- *Please describe below the aims of the support of GAVI for the RSS (table 4.1).*
- *Please describe (and number) the objectives of the support of GAVI for the RSS (table 4.2). Please ensure that the selected objectives are strategic, measurable, realisable, realistic and limited in time.*

4.1. Aims of the support of GAVI for the RSS

The aim of support GAVI is to improve and maintain at a high level the vaccine cover of Burkina Faso.

The global objective of the support requested from GAVI is to increase and maintain the vaccine cover by the strengthening of the capacities of the health system required services of vaccination and other Health Services, in particular those intended for mother and child.

4.2. Objectives of the support of GAVI for the RSS

The objectives of the support of GAVI for the RSS are the following:

1. to improve the organisation and management of the Health Services by the end of 2010;
2. to develop human resources in health by the end of 2010;
3. to reinforce the social mobilisation and social marketing for the areas with low level of use of the Health Services (DS of Sapouy, Dori, Djibo and Dédougou) by the end of 2010;
4. to improve the system of maintenance of the equipment and infrastructure by the end of 2010;
5. to reinforce the basic medical infrastructure and the equipment in the areas least served by the end of 2010.

Justification of the proposal of Burkina Faso for a support package of GAVI for Renforcement of the health system.

The results deriving from the various evaluations of the health system in Burkina Faso in the last three years have highlighted insufficiencies at various levels:

- insufficiency of organisation and management of the Health Services;
- insufficiency in quantity and quality of human resources in health;
- poor community mobilisation and poor social marketing in the areas with low level of use of the Health Services;
- insufficiency of the equipment, infrastructure and maintenance.

During the development of the section of the PNDS 2006-2010, a financial gap has emerged. The support of GAVI which contributes to the address of the targets of the PNDS and those of the Millennium Development (OMD), will put a special emphasis on the health of mother and child in the areas at poor indicators of health.

The choice of the interventions of GAVI will relate to the following fields:

- improvement of the organisation and management of the Health Services;
- development of human resources in health;
- strengthening of community mobilisation and social marketing in the areas with low level of use of the Health Services;
- improvement of the system of maintenance, equipment and infrastructure;
- strengthening of the basic infrastructure and the equipment in the least served areas.

In the field of the organisation and management of the Health Services

Certain indicators in connection with curative and preventive care are poor. To remedy this irrefutable fact, the strengthening and the extension of the practice of the monitoring of the activities of the LDC, (which is not yet effective in all the FS of the districts) are an effective tool for diagnosis of the bottlenecks at the time of implementation of the curative and preventive activities. The research of sight loss (vaccination, CPN, processing of tuberculosis…) also suffers from a lack of financial support. The evaluations of the implementation of the action plans of the districts are not always systematic, which does not make it possible to choose the strategies most suitable for an improvement of the indicators of the LDC. In the same way, it is possible to note an insufficiency in the quality control of the routine data at the level of the Health and Social Promotion centres (CSPS).

Financial inaccessibility is one of the factors of the poor use of the Health Services. The development and promotion of the mechanisms of division of illness risks (mutual health associations) through the support of GAVI will make it possible particularly to remove these obstacles in the areas with poor indicators.

Periodic meetings of the players on the various levels of the health system, as well as the various programmed evaluations are essential for addressing the envisaged objectives.

The financial support for the implementation of all the enumerated activities will have positive effects in the short run on the indicators of health including those of vaccination.

In the field of the development of human resources in health

One of the factors which negatively influence the performance of the health system of Burkina Faso is the insufficiency of qualified personnel at various levels of the health-care system and in various fields both in quantity and in quality. To that should be added major mobility of the health workforce tending to direct itself more to the big cities to the detriment of the peripheral areas.

The qualified personnel available is not always motivated in the performance of its tasks; this is due partly to the insufficiency of mechanisms of motivation (premium accounts, price, plan and career development). With this intention, Burkina Faso intends to reinforce competences of the agents of health of the 1st level in planning to enable them to make a good analysis of the situation of their medical area and to take into account the essential problems involved in the implementation of the LDC which includes vaccination. The training of these same agents in the servicing of the technical medical material and the cold chain is a pledge of curative and preventive services of quality to the populations.

The strengthening of competences of the players at the operational level associated with the introduction of performance bonuses related to the implementation of the LDC as a whole, in the final analysis, serve to improve the indicators of the LDC on the basis of the vaccine cover.

In the field of the strengthening of the community mobilisation and social marketing in the areas with low level of use of the Health Services

Certain districts present poor indicators, reflecting a poor use of the Health Services due to the insufficiency and the inadequacy of the public awareness campaigns of the communities about the advantages related to the use of the Health Services. The promotion of the contractual approach with private structures specialised in this field will make the activities more effective. Indeed, the contractualisation requires for the contractors an obligation of results which will have as a consequence a rise of the attendance of health care institutions with a positive effect on the vaccine cover.

In the field of the improvement of the system of maintenance of the equipment and infrastructure

Not only is the technical medical equipment and that of the cold chain insufficient at the level of the entire country, but they also suffer from a lack of maintenance due to the insufficiency of structures, equipment of maintenance and qualified personnel. To mitigate this difficulty, the government has planned the construction and the equipment of Services of Infrastructure and Maintenance (SIEM) at the level of the 13 medical areas and the workshops of maintenance at the level of 55 medical Districts. The support of GAVI is requested in complement for the realisation of 3 SIEM in three medical areas and of 15 workshops of maintenance for the level of 15 medical districts. This, coupled with the training of maintenance personnel, will ensure a better availability of the curative and preventive care and will involve, without any doubt, a better use of the Health Services, with, as a consequence, an improvement in the long term of the vaccine cover.

In Burkina Faso, the construction of incinerators of small capacity at the level of each CSPS has proved to be ineffective because the majority of them very quickly become inoperative. As an alternative to this strategy, the support of GAVI is requested for the construction of incinerators of great capacity in each of the 13 medical areas. They will be intended for the processing of nondegradable biomedical waste coming from health care institutions of Health Districts and in particular those resulting from the vaccination campaigns, improving the leve of vaccine safety.

In the field of the strengthening of the basic infrastructure and equipment in the least served areas and Medical Districts recently created.

One of the obstacles to the use of the Health Services both for curative and for preventive care is the remoteness of the populations of the Health and Social Promotion centres (CSPS). In the case of Burkina Faso, there is a regional disparity (even subregional) in the distribution of the establishment of these structures. Thus certain districts are found with a large average range of action, thus limiting the access of a good portion of the populations to the curative and preventive care. The construction of new CSPS in these areas with poor cover will guarantee a greater degree of access of the populations to health services in general and will thus increase the number of children having access to vaccination.

Eight new Health Districts have just been created by the Ministry of Health and their persons in charge designated. These new DS need the infrastructure and equipment to make them operational. The Burkinabé state has envisaged gradual measures to make them functional. The support of GAVI through: the construction and the equipment of a PEV deposit, the installation of a District Distribution Depot (DRD) of generic essential drugs and the goods of an initial charge in MEG and a vehicle of supervision for each one of them will make it possible to make them functional more quickly to offer preventive and curative care to the populations of cover.

In addition, the motor cycles for the care providers at the level of the CSPS and the bicycles for the community agents are essential to the proper conduct of the activities in advanced strategy (sensitising the populations to the attendance of the FS, distribution of certain micro-nutrients in particular Vitamin A, contraceptives, mosquito nets impregnated with insecticides concerning the community agents; vaccination and curative and promotional care with regard to the agents of health). GAVI already takes into account the purchase of motor cycles within the framework of the support for vaccination. The state and certain partners also equip the FS with the motor cycles but the requirements are not completely met and the existing rolling stock is amortised very quickly because of defective condition of the roads. The financial support of GAVI to the RSS for the purchase of motor cycles will supplement the efforts already provided in this area by the state and the partners in development.

Many children and women die in their villages quite simply because of the insufficiency of the frame of reference and counter reference and especially of the lack of ambulances in the majority of the CMA. By reinforcing the efforts of the government in this field by the provision of ambulances to some CMA in need, GAVI will contribute to relieving the sufferings of thousands of children and mothers.

The transport of the drugs, vaccines and other material requires adequate means of transport. A refrigerated waggon is in the course of acquisition for the DPV for the transport of the vaccines. An ordinary truck of 15 tonnes is necessary also for this Department for the transport of consumables (syringes, needles and other consumables). It will also be useful for transport of various material to the medical areas and districts.

5th section: activities of the support of GAVI for the RSS and time-table of performance

For the attention of the proposer

i) For each objective identified in table 4.2, please set out in detail the principal activities which will be carried out to achieve the quoted objective and the time-table of performance of each of these activities for the duration of the support of GAVI for the RSS (table 5.2 on the following page).

Note: GAVI recommends that the support of GAVI for the RSS is addressed only to a limited number of objectives and activities having high degree of priority. It is necessary that the activities can be implemented, followed and valued throughout the support of GAVI for the RSS.

Note: Please add (or remove) lines so that table 5.2 contains the exact number of objectives corresponding to your proposal for a support package of GAVI for the RSS, and the exact number of activities for each one of your key objectives.

Note: Please add (or remove) years so that table 5.2 corresponds to the duration of your proposal for a support package of GAVI for the RSS.

For the attention of the proposer

ii) Please indicate how you intend to maintain, at the technical or financial level, results obtained by the support of GAVI for the RSS (5.1) when the resources of the support of GAVI for the RSS are not available any more.

5.1: Long-term nature of the support of GAVI for the RSS

The long-term nature of the support of GAVI for the RSS will be ensured, in both technical and financial terms, by the conjunction of the efforts of the state, the territorial collectivities, the technical and financial partners and the communities themselves.

The long-term nature of the results obtained by the support of GAVI for the RSS will be more specifically ensured by the following favourable factors and opportunities:

- the priority which the government grants to the reduction of neonatal, infantile and maternal mortality through the purchase of vaccines, the support of the SONU, the exemption from payment of the maternal and infantile preventive care in the budget of the state;
- financial liabilities of the government until 2015 making maternity with less risk a reality;
- the planning and the allocation of the relevant financial resources thanks to the CDMT of the health service;
- the agreement between the range of implementation of the support of GAVI for the RSS and that of the tranche 2006-2010 of the PNDS, thus offering an opportunity of financially taking into account the facets supported by GAVI in the new strategic planning which will be drafted after the plan 2001-2010;
- the existence of an effective technical and financial support of the partners within the framework of the sectoral approach, which allows their involvement of the phase of planning the evaluation. More and more, new partners subscribe to the concept of the sectoral approach and are included in the common basket of the Ministry of Health, which generates a progressive increase in the financial resources for the implementation of the PNDS.

5.2. Principal activities and time-table of performance

Principal activities	**Year 1 (2008)**				**Year 2 (2009)**				**Year 3 (2010)**			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
Objective 1: Objective 1: To improve the organisation and management of the Health Services by the end of 2010.												
Activity 1.1: To carry out an annual inquiry of validation of the data of the PEV at the level of the DS (LQAS)				**X**				**X**				**X**
Activity 1.2: To financially support the Districts for the implementation of the strategy of research of lost sight of the fact for the preventive and curative activities	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Activity 1.3: To carry out external evaluations of the implementation of activities of GAVI at the level of the districts.				**X**				**X**				**X**
Activity 1.4: To carry out every six-months the quality control of the routine data in health care institutions		**X**		**X**		**X**		**X**		**X**		**X**
Activity 1.5: To revise the supports and the mechanisms of medical data-gathering of the System of Health Information												
Activity 1.6: To financially support 10 DS with poor financial resources for the integrated monitoring of the activities of the LDC at the level of CSPS (Sapouy, Toma, Tougan, Karangasso Vigué, Mangodara, Batié, Manga, Kongoussi, Gourcy and Seguenega)	**X**		**X**		**X**		**X**		**X**		**X**	
Activity 1.7: To support the medical information system in the collection, the analysis and the distribution of statistical data	**X**				**X**				**X**			
Activity 1.8: To set up a pilot model of the provision of neighbourhood maternal and infantile health care within the communities in three villages of three districts over three years in the districts of Zabré, Léo and Po.	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Activity 1.9: To support the creation of the cells of management of obstetric emergencies within the communities in the districts of Tenkodogo and Solenzo	**X**	**X**	**X**	**X**								
Activity 1.10: To undertake operational research on the reference and counter reference in two pilot districts			**X**	**X**								
Activity 1.11: To support the installation of mutual insurance companies of health in the DS with poor use of the Health Services (Sapouy, Djibo, Dori, Dédougou)	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Activity 1.12: To carry out operational research on the epidemiologic monitoring in 5 districts (Ouargaye, Po, Banfora, Dano and Solenzo)				**X**								
Activity 1.13: To hold 2 meetings for assessment of the implementation of the RSS-Global activities each year at the regional level		**X**				**X**				**X**		
Activity 1.14: To hold 1 meeting for the assessment of the implementation of the RSS-Global activities each year at the national level				**X**				**X**				**X**
Activity 1.15: To equip 5 DS recently created in initial charge with Essential Generic Medicines (Lena, Karangasso Vigué, Baskuy, Pouytenga, Bittou)		**X**										
Activity 1.16: To pay periodic ground visits for the follow-up of the implementation of RSS-Global	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Activity 1.17; To support the operation of the EPD for the follow-up of the implementation of RSS-Global	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Activity 1.18: To evaluate in midcourse the implementation of RSS-Global						**X**						
Activity 1.19**:** To carry out a final evaluation of the implementation of RSS-Global												**X**
Objective 2: To develop human resources in health by the end of 2010												
Activity 2.1: To implement the plan of strengthening of competences of the community agents in the following fields: PEV, community PCIME, family planning, and the recognition of the signs of danger in pregnancy			**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Activity 2.2: To reward the two best FS, by district on the basis of the results/year in particular in vaccine cover				**X**				**X**				**X**
Activity 2.3: To train the agents of level CSPS in medical planning for better taking into account the preventive and curative activities			**X**	**X**								
Activity 2.4: Set up a plan of orientation of the teachers of the schools and training institutes of the health workforces on the modules of management of the PEV and the programs SR.			**X**	**X**								
Activity 2.5: To hold a workshop of revision of the curricula of training of the schools and training institutes of the health workforces on the management of the PEV and the programs SR.					**X**							
Activity 2.6: To support the realisation of a research initiative in the field of the PEV in 5 Districts with poor indicators of the PEV (Séguenega, Kombissiri, Sapouy, Nongremassom, Dandé and Gayéri)	**X**	**X**	**X**	**X**								
Objective 3: To reinforce the social mobilisation and social marketing for the areas with low level of use of the Health Services (DS of Sapouy and Dédougou) by the end of 2010												
Activity 3.1: To contractualise the social mobilisation and social marketing in support of health with the private sector in 2 DS (Sapouy and Dédougou)		**X**		**X**				**X**				**X**
Activity 3.2: To annually carry out an external evaluation of the performances of the contracting structures for the social mobilisation in 2 DS (Sapouy and Dédougou)				**X**				**X**				**X**
Activity 3.3: To carry out operational research on the epidemiologic monitoring at community level (SEBAC) of the target diseases of the PEV in 6 medical districts with poor indicators of the PEV (Séguénéga, Kombissiri, Sapouy, Nongremassom, Dandé and Gayéri)				**X**								
Activity 3.4: To train and recruit 8000 agents SBC involved in the implementation of the programmes of health in all the medical districts	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Objective 4: To improve the system of maintenance of the equipment and the infrastructure by the end of 2010												
Activity 4.1: To train 300 users in the servicing of the technical medical equipment			**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Activity 4.2: To train 30 maintenance agents of the cold chain				**X**	**X**							
Activity 4.3: To equip the DGIEM with a **vehicle 4x4 for the maintenance of** Biomedical equipment including the cold chain			**X**									
Activity 4.4: To subcontract the curative maintenance of the biomedical equipment to agents of the private sector	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**	**X**
Activity 4.5: To build and equip 1 SIEM in the medical area of Cascades				**X**	**X**	**X**						
Activity 4.6: To build and equip 3 workshops with maintenance in 3 medical districts: (Léo, Sindou, Diapaga,)				**X**		**X**				**X**		
Activity 4.7: To build 3 incinerators of good functionality and great capacity in 3 Health Regions (Centre Ouest, Southwest and Centre East)				**X**			**X**		**X**			
Objective 5: To reinforce the basic medical infrastructure and the equipment in the areas least served by the end of 2010												
Activity 5.1: To build and equip 5 CSPS in the areas with poor medical cover: **Sami** (DS of Solenzo), **Varpuo** (DS of Dano) **Boulmatchiangou,** (DS of Diapaga) **Sassamba,** (DS of Mangodara), **Datambi** (DS of Sebba)				**X**		**X**						
Activity 5.2: To equip 4 medical districts with 4 4x4 pick up vehicles for supervision (Lena, Sebba, Karangasso Vigué, Gayéri)			**X**									
Activity 5.3: To equip 100 CSPS with motor cycles for the activities in advanced strategy (CSPS)			**X**									
Activity 5.4: To equip the Service of Health Information of the EPD with a vehicle 4x4 for the strengthening of the National System of Health Information as regards monitoring of the quality of the statistical data			**X**									
Activity 5.5: To equip the village cells with 4 medical areas (Centre East, of Boucle de Mouhoun, Centre West and Centre North) with 400 bicycles for the implementation of the community activities as regards vaccination, distribution of contraceptives,			**X**									
Activity 5.6: To equip the DPV with a 15 tonnes truck for the supply of the regional deposits with vaccines, drugs, medical consumables and other materials			**X**									

Activity 5.7: To equip 3 CMA with vehicles ambulances for medical references and evacuations			**X**		**X**				**X**			
Activity 5.8: To build and equip 2 PEV deposits in 2 of the 8 DS recently created (Mani and Mangodara)			**X**									

6th section: monitoring, evaluation and operational research

For the attention of the proposer

All the proposals must comprise the three indicators of impact/principal results of the support of GAVI for the RSS:

- **i.** *The national cover by the DTC3 (%) to take penta 3*
- **ii.** *The number/% of districts reaching > 80% of cover by the DTC3*[3]
- **iii.** *The death rate of children of less than five years old (for 1000)*

- **iv.** *Please please also indicate a maximum of three indicators of impact/results which can be used to evaluate the negotiable instruments of the support of GAVI for the RSS on the improvement of the services of vaccination and other Health Services of mother and child.*

Note: We strongly encourage you to choose indicators related to some of the objectives of the proposal and not inevitably to activities.

iv) For all the indicators, please give the source of the data, the value and the date being used as a basis of reference for the indicator, and a level and target date. Certain indicators can have more than one source of data (table 6.1).

Note: The selected indicators must be drawn from those which are used to carry out the monitoring of Plan of the national sector of health (or its equivalent) and will be in theory already measured (i.e. it will not cost any more to measure them). They need not inevitably be specific to the GA VI support to the RSS. Examples of indicators of impact and additional results are given in the tables below. If the activities are especially implemented at the infranational level, it is also recommended to carry out monitoring of them at the infranational level as far as possible.

Examples of indicators of impact

v) Rate of maternal mortality

Examples of indicators of results

vi) National Cover by the vaccine against measles
vii) Proportion of the districts having a cover equal to at least 80%
viii) Cover by Hib
ix) Cover by HepB, cover by BCG
x) Rate of abandonment of the DTC1-DTC3
xi) Proportions of childbirths assisted by qualified health workforce
xii) Use of prenatal care
xiii) Rate of supplementation in vitamin A

Intervention	Possible indicators
Vaccination	National cover by the vaccine against measles; proportion of the districts having a cover of at least 80%; cover by the BCG; cover by Polio 3; cover by Hib; cover by HepB3
Protection of maternity	Use of the prenatal care; qualified assistance of childbirth; at least 2 amounts of tetanus toxin; rate of Caesareans; postnatal care
Family planning	Use of contraceptives by women
Care brought to children patients	Rehydration by oral means and continuation of the nutrition of children affected by diarrhoeas; request for care for pneumonia; antibiotic treatment of pneumonia
Nutrition	Rate of breast feeding; (starting the first day, exclusive between 0 and 3 months, feeding diversification between 6 and 9 months); rate of supplementation in vitamin A for children from 6 to 59 months (in the last 6 months) and of mothers up to 8 weeks after the childbirth
Water/hygiene	Access to a source of healthy water; satisfactory sanitary facilities
Tuberculosis	Cover of the DOTS, treatment directly observed, short range (rate of success of the treatment, rate of tracking)
Paludism	Children reached of fever receiving from antipaludics; children sleeping under impregnated mosquito net
AIDS	% of seropositive expectant mothers for HIV receiving ARV; PTME among the expectant mothers

For the attention of the proposer

xiv) Please indicate a maximum of 6 indicators of activity based on the activities chosen in the 5th section (table 6.2).

xv) For all the indicators, please give the data source, the value and the date being used as a basis of reference for the indicator, a level and a target date, as well as a numerator and a denominator. Certain indicators can have more than source of data (table 6.1).

Note: Examples of indicators of activity being able to be used are indicated below with the numerator, the denominator (if relevant) and the data source. As far as possible, it would be necessary to use existing information sources to collect information on the selected indicators. In certain countries, it will sometimes be necessary to carry out an inventory list of the sanitary institutions or households, or set up demographic monitoring. If additional funds are necessary for these activities, they will have to be included.

Examples of indicators of activity

Indicator	**Numerator**	**Denominator**	**Data source**
Systematic supervision	Many health centres which have been the subject of at least 6 visits during the past year, during which a quantified checklist was used.	Total number of health centres	Inventory list of the sanitary institutions
Knowledge of the health workforce	Average score achieved by the health workforce in the health centres public or managed by ONG for the oral control of knowledge with examples of specific cases.		Inventory list of the sanitary institutions
Index of availability of the drugs	Median number of ten kinds of essential drugs in inventories in the health centres included in the sample		SIGS & inventory list of the sanitary institutions
Indicator	**Numerator**	**Denominator**	**Data source**
Systematic supervision	Many health centres which have been the subject of at least 6 visits during the past year, during which a quantified checklist was used.	Total number of health centres	Inventory list of the sanitary institutions
Knowledge of the health workforce	Average score achieved by the health workforce in the health centres public or managed by ONG for the oral control of knowledge with examples of specific		Inventory list of the sanitary institutions

[3] If the number of districts is provided, the total number of districts in the country must also be provided.

	cases.		
Index of availability of the drugs	Median number of ten kinds of essential drugs in inventories in the health centres included in the sample		SIGS & inventory list of the sanitary institutions

6.1. Indicators of impact and results

Indicator	Data source	Value of the base of référence[4]	Source[5]	Date from the reference index	Objective	Date-judgment
1. National cover by the DTC HepB-Hib 3	routine	95,31%	Statistical directory	2006	97	2010
2. Number of districts reaching 580% of cover by the DTC HepB-Hib 3	routine	52	Statistical directory	2006	63	2010
3. Death rate of children of less than five years old (for 1000)	Inquire	184	EDS 2003	2003	-	2010
4. Deposit rate in CPN 2	routine	61,2%	Statistical directory	2006	90	2010
5. Rates of childbirth assisted by qualified personnel	routine	42,9%	Statistical directory	2006	60	2010
6. Cover in VAT 2 of the expectant mothers	routine	81,41%	Statistical directory	2006	90	2010
Indicator	**Data source**	**Value of the reference index**	**Source**	**Date from the reference index**	**Objective**	**Date-judgment**
1. National cover by the DTC HepB-Hib 3	routine	95,31%	Statistical directory	2006	97	2010
2. Number of districts reaching 580% of cover by the DTC HepB-Hib 3	routine	52	Statistical directory	2006	63	2010
3. Death rate of children of less than five years old (for 1000)	Inquire	184	EDS 2003	2003	-	2010
4. Deposit rate in CPN 2	routine	61,2%	Statistical directory	2006	90	2010
5. Rates of childbirth assisted by qualified personnel	routine	42,9%	Statistical directory	2006	60	2010
6. Cover in VAT 2 of the expectant mothers	routine	81,41%	Statistical directory	2006	90	2010

[4] If the basic data are not available, please indicate if you are planning to collect such data and when they will be collected.
[5] This information is important to facilitate access to the data and to check their compliance.

6.2. Indicators of activity

Indicator	Numerator	Denominator	Data source	Value of the base of référence5	Source	Date from the reference index	Objective	Date-judgment
1. % of DS having profited from an evaluation LQAS	Number carried out	Number envisaged	Inquiry	15%	DPV	1994	30%	2010
2. Proportion of functional pilot sites offering neighbourhood maternal and infant health care	Number of functional pilot sites offering neighbourhood maternal and infant health care	Number of sites envisaged	Routine	0%	EPD	2007	100%	2010
3. Proportion of CSPS having an action plan of quality	Number of CSPS having an action plan of quality	Number envisaged	Department report	50%	DS	2007	100%	2010
4. % of CSPS created and equipped	Many CSPS created and equipped	Number envisaged	Report of follow-up and evaluation	85,8%	EPD	2006	95%	2010
5. % of workshops of maintenance created and equipped	Many workshops created and equipped	Number envisaged	Report of follow-up and evaluation	15,8%	EPD	2007	30%	2010
6. % of CMA equipped with one ambulance for evacuations medical	Number of CMA equipped with one ambulance	Number envisaged	Report of follow-up and evaluation	88,8%	DGIEM	2007	95%	2010

<u>For the attention of the proposer</u>

xvi) Please present the way in which the data will be collected, analysed and used. As far as possible, the existing methods of collection and data analysis will be used. Please indicate in the last column the way in which the data will be used at the local level and will be communicated to the other speakers (table 6.3).

Collection, analysis and use of the data

Indicator	Data-gathering	Data analysis	Use of the data
Impact and results			
1. National cover by the DTC HepB-Hib 3 (95,31%)	The data acquisition will be done through the medical information system for routine data, the investigations specific (EDS, MICS, the review of the PEV) for the indicators of impact, and the reports of progress for the indicators of process. From the mechanism installed by the medical information system, each health centre collects the information targeted on the basic media which are: books or cards for the community health agents, the weekly telegrams and official letters, registers of consultation, registers of maternity, registers of hospitalisation, cards of collection of the diseases of special interest. These data are synthesised in the form of monthly and quarterly department reports. The person in charge of the collection is the senior nurse of the station at the level of the health centre and person in charge of the epidemiologic monitoring at the level of the district. The collected data are transmitted, in cascades to the higher level, according to a frequency well defined by level: - at the latest 5 of each month from the health centre to the medical district; - at the latest 15 days after the end of the quarter for the quarterly reports of the operational level to the intermediate level; - at the latest 25 of the first month of the quarter in progress for the preceding quarterly reports of the intermediate level to the central level; - at the latest June (6 months) of the current year for the publication of the national statistical directory of the previous year. The system integrates the components which are the data of the PEV, the monitoring, tuberculosis, human and financial resources, etc The information on the data of impacts (infant mortality, life expectancy) will be made through the major investigations that constitute the EDS and Multiple Indicator Cluster Survey (MICS). Moreover, the appreciation of the qualitative aspects will be done by the monitoring of the activities. In the same way, the data informing about the indicators of process will be provided by the report of progress.	: Each level of care carries out a systematic analysis of the data for decision taking. The data analysis makes it possible to calculate the leading indicators. A guide of data analysis is available at each level of the pyramid. It indicates: the definition of the indicators, the method of calculating, the source of data and interpretation. The data presented in the form of rate, ratio, index will make it possible for each structure to follow and compare its performances. The comparison will be able to be carried out with regard to the previous quarters, but also with regard to the same period of the preceding year. Lastly, for the central level, the analysis will be focused on the comparison of the performances between the districts and the areas. The data analysis will be reported at all the levels. These documents, which are: the statistical directory, the instrument panel, the report of progress, will be submitted to GAVI. The leading indicators which are provided by the system take into account those retained for the follow-up of RSS GAVI. It recovers the indicators of morbidity and mortality (death rate and impact and prevalence), the indicators of cover (rate of cover), utilisation ratio, indicators of availability and access.	The data will be used at all the levels for decision taking within the framework of: planning, the follow-up evaluation and research. The analysis will make it possible to identify areas with poor cover and those with strong cover. For the areas with poor cover, the obstacles will be identified and of the solutions suggested. The factors of success of the areas with high cover will be shared with the others.
2. Number of DS reaching >80% of cover by the DTC HepB-Hib 3			
3. Death rate of children of less than five years old (for 1000)			
4. Deposit rate in CPN 2			
5. Rate of childbirth assisted by qualified personnel			
6. Cover in VAT 2 of the expectant mothers			

For the attention of the proposer

xvii) Please indicate if the system S&E needs to be reinforced to measure the enumerated indicators, and if so, specify which indicators in particular would need a strengthening. (table 6.4).

xviii) Please indicate if the proposal for a support package of GAVI for the RSS covers elements of operations research which address some of the obstacles present in the health systems for the purpose of having better information to guide decision taking and to have a better knowledge of the results for health. (table 6.5).

6.4. Strengthening of the system S&E

The system S&E needs to be reinforced to measure the enumerated indicators.

The needs for strengthening are at several levels:

- to ensure the supervision and the active collection of data;
- for data analysis: computer material;
- operational budget of the ST/PNDS: paper, ink, telephone expenses, fuel and costs of visits on the ground, motivation of the executive who has managed the development of the proposal and expenses for his inclusion in the telephone fleet of the Ministry of Health to facilitate his communications with the various players involved in the implementation of activities GAVI-RSS;
- budget for the evaluations;

The strengthening will make it possible to collect the data necessary to the production of the various reports.

For the implementation of the PNDS, Ministry of Health has chosen a sectoral approach. The measure of the indicators will be ensured by the system set up within the framework of the common basket.

The ST/PNDS in charge of the semi-annual production of the reports of progress will be required to produce the summary of the reports, with the involvement of the executive who has directed the drafting of the proposal.

The indicators of follow-up of the implementation of GAVI will be integrated in the report of already existing progress.

The annual report sent to GAVI

Financial reporting and management report: This is an annual report produced by the PADS inside of which a part for GAVI will be reserved. This report will make it possible for GAVI to have a total outline on the whole of the activities financed by the common basket and will emphasise in a distinct way the activities financed by GAVI.

Summary of the reports of progress

The annual summary of the reports of progress will emphasise the level of address of the indicators and the analysis of the results and the resulting recommendations. For the indicators specific to GAVI which do not appear in the report of progress, the data relating to it will be the subject of active collection.

The funds of GAVI aim at helping the ST/PNDS to produce tools making it possible to establish the connections between the various supports and the results reached.
In addition to the methodological aspects related to the design of such tools, the ST/PNDS will develop an approach of “technical audits” on the model of the current global audits.
The technical audit is understood as being a process which makes it possible on the one hand to validate information contained in the reports of progress and on the other hand to supplement information by an analysis of the technical quality of certain activities implemented in the action plans.

6.5. Operational research

The operational research which will be carried out will relate to Epidemiological Surveillance at the community Level (SEBAC). Its aim is to measure the vaccine effectiveness by a monitoring of the target diseases of the PEV at community level.

This operational research will be carried out in 6 medical districts.

Insofar as the SEBAC supplements the monitoring done by health care institutions, it contributes to the reduction of morbidity and mortality linked to the target diseases of the PEV. The aforementioned research aims at the address of the following specific objectives:

- to reinforce the monitoring system by notifying in time all the cases of the diseases identified, priorised and which have occurred in the community for an early and effective response;
- to reduce to the maximum the time of response against the epidemics or health issues.

The results of this research will make it possible to compare the rates of completeness of cases and deaths in the pilot areas and the evidence areas.

7th section: systems of implementation

For the attention of the proposer

• Please specify the way in which the support of GAVI for the RSS will be managed (table 7.1). Please also indicate the roles and responsibilities for all the key partners of the implementation of the support of GAVI to the RSS (table 7.2).

Note: GAVI supports the alignment of the support of GAVI for the RSS on the existing mechanisms in the countries. We strongly discourage proposers from setting up of the units of management of the PROJECTs (UGP) for the support of GAVI for the RSS. The support for any UGP will be examined only under exceptional conditions, and on the basis of reasoned justification.

7.1. Management of the support of GAVI for the RSS

Mechanism of management	**Description**
Name of the person responsible/group responsible for management for the implementation for the support for GAVI for the RSS/S&E etc	Director of Studies and Planning and Coordinator of the PADS
Role of the CCSS (or its equivalent) in the implementation of the support of GAVI for the RSS and in the S&E	Coordination, monitoring and control of the implementation
Mechanism of coordination of the support of GAVI for the RSS with the other activities and programs of the system	The mechanism of coordination will be the same as that in force for the implementation of the PNDS more especially as GAVI-RSS is a contribution to the address of the objectives of the PNDS. With this intention, the CS/PNDS which is the body of coordination of the PNDS will also ensure in an integrated way the coordination and the control of the implementation of GAVI-RSS. The PADS being the structure which will be given the responsability to manage the funds, its management committee will approve the departmental and financial reports.

7.2. Roles and responsibilities of the key partners (members of the CS/PNDS and the others)

Title/position	**Organisation**	**Member of the CS/PNDS yes/not**	**Roles and responsibilities for this partner in the implementation of the support of GAVI for the RSS**
General secretary of the Ministry of Health	Ministry for Health	Yes	Administrative coordination
Technical Health Adviser	Ministry for Health	Yes	Technical support
General inspector of the Health Services	Ministry for Health	Yes	Technical support
Permanent secretary of the National Council for Combating AIDS and Sexually Transmissible Infections	Presidency of Faso	Yes	Technical support
		Member of the CCSS yes/no	**Roles and responsibilities for this partner in the implementation of the support of GAVI for the RSS**
Director-General of Health	Ministry for Health	Yes	Supervision
Director of Studies and Planning	Ministry for Health	Yes	Technical coordination
Technical secretary of the National plan of Health Development	Ministry for Health	Yes	Technical support
Director of the supervision of the Public hospitals and of the Private Health Subsector	Ministry for Health	Yes	Technical support
Director of Administration and Finance	Ministry for Health	Yes	Technical support
Director of Prevention by Vaccinations	Ministry for Health	No	Technical support
Director of Family Health	Ministry for Health	No	Technical support
Coordinator of the Programme of Support for Health Development	Ministry for Health	Yes	Technical support Member of the team of peer review
Coordinator of the Ministerial Committee of Combating AIDS of the Health sector	Ministry for Health	Yes	Technical support
Director-General of Pharmacy, Medicines and Laboratories	Ministry for Health	Yes	Technical support
Director des Human Resources	Ministry for Health	Yes	Technical support
Representative of the Department of economics and Finance	Department of economics and of Finance	Yes	Technical support
Representative of the Ministry of Secondary and Higher Education and Scientific Research	Ministry for Secondary and Higher Education and Scientific Research	Yes	Technical support
Representative of Ministry for Territorial Administration and Decentralisation	Ministry of Territorial Administration and Decentralisation	Yes	Technical support
Representative of the World Health Organisation	The World Health Organisation	Yes	Technical support
Representative of UNICEF	UNICEF	Yes	Technical support
Representative of Embassy of the Netherlands	Embassy of the Netherlands	Yes	Technical support
Representative of Embassy of Canada	Embassy of Canada	Yes	Technical support
Representative of the World Bank	The World Bank	Yes	Technical support

Representative of Consumers Association	League Consumers of Burkina	Yes	Technical support Select committee member of development of the proposal
Representative of private care companies	Private sector	Yes	Technical support
Representative of Belgian Technical collaboration	Belgian technical collaboration (CTB)	Not	Technical support
Representative of the European Union Commission	Commission of the European Union	Not	Technical support
Representative of the Fund of the United Nations for Population	UNFPA	Not	Technical support
Representative of the Permanent secretariat of the Governmental organisations	Permanent secretariat of the Governmental organisations	Yes	Technical support
Persons in charge of the decentralised structures of the Ministry of Health (DRS and DS)	Ministry for Health	Not	Implementation of the activities of strengthening of the health system

For the attention of the proposer

- *Please present the devices of financial management for the support of GAVI to the RSS. GAVI supports the management of the funds in compliance with the governmental budget. Please indicate how this objective will be achieved (table 7.3).*

- *Please present the possible mechanisms of purchase which will be used for the support of GAVI for the RSS (table 7.4).*

7.3. Financial management of the support of GAVI for the RSS

Mechanism/procedure	**Description**
Mechanism of transfer of the funds of the support of GAVI for the RSS for the country	The pooling of the resources mobilised for the address of the objectives of the PNDS is the essence of the PADS. The givers of the PADS have agreed on common procedures of call for funds, decision taking, mechanism of withdrawal, production of the financial checking and management reports and by the global audits carried out by independent listeners. - Call for funds The calls for funds are done on the basis of annual forecast in two (02) tranches during the financial year on the basis of action plan. The 1st withdrawal is made to cover the first six months of activities of the financial year. The 2nd withdrawal is made on the basis of production of the financial reporting of the 1st six-month range provided by the Unit of management of the PADS. The special account The funds will be transferred in the account open of the common basket where the funds are already transferred from the Netherlands, Sweden, the AFD, the UNFPA and the World Bank. The rules of access will be applied as regards accounting management. For the requirements of the monitoring of the activities for financing GAVI, the physical and financial reporting will appear in the same report produced by the Unit of management PADS but in a distinct way.
Mechanism of transfer of the funds of the support of GAVI for the RSS from the central level to the periphery	The procedure of financing retained within the framework of the implementation of the PADS is decentralised management based on performance. The objective is to encourage the players to develop a culture of results instead of a focusing of the realisation of the programmed activities. The transfer of funds GAVI to the peripheral structures will obey the following rules: - distribution of the funds in conformity with the activities retained in the proposal and according to a key and criteria previously defined - communication of the appropriations granted to each structure as of September - development of an action plan - assembly and signature of the agreements (convention) between the profit structures and Management Committee of the PADS - transfer of the funds of the 1st six-month range to PADS commercial accounts available to each structure - development of a total action plan integrating all the funding sources with a consolidated budget taking into account the needs expressed by health care institutions of 1st level - assessment and financing of the action plans by Management Committee - allocation of resource by the transfer in two semi-annual tranches in the existing commercial bank accounts already in each structure whose first payment is carried out as of January
Mechanism (and responsibilities) for use of the budget and authorisation	The use of funds GAVI will be done in conformity with the already existing manual of procedures of decentralised management (see manual in appendix)
Mechanism of disbursement of the funds of the support of GAVI for the RSS	In conformity with the manual, the disbursements will be done by respecting the activities retained in the agreements and the detailed budgeting through their commercial accounts
Procedures for audit	Regional accountants sitting at the level of the Regional Health Services are instructed to monitor and control monthly the use of the funds and the respect of the procedures. The Unit of management of the PADS through the internal monitoring service at least once in the year carries out internal audits in each structure. Finally independent auditors will realise global audits (taking into account of all the funding sources) in each structure once a year and the latter are recovered at the national level with all the players.

7.4. Mechanisms of purchase and provisioning

The mechanisms of purchase and provisioning will marry the procedures installed within the framework of the implementation of the Programme for the Support of Health Development (PADS).

The manual of the procedures of management lays down the regrouping of the goods and services of comparable nature for the issuing of tenders by the Unit of management for on the one hand ensuring the respect of the regulations in force in Burkina Faso and on the other hand to support scale economies.

Acquisitions of the goods and service within the framework of the PADS are made in accordance with General Regulations of the Open-Tender Purchases of Burkina Faso in particular the decree No°2003-269/PRES/PM/MFB and its implementing orders whose principal ones are:

- the order No°2003-0283/MFB/CAB bearing operation of the commissions of attribution of the markets, Commissions de Amicable Resolution of Disputes and Commissions of reception.
- the order No° 2006-0282/MFB/CAM bearing methods of establishment of the order form, the letter of order and the government contract.
- the order No° 2003-0281 bearing the administrative documents to be produced by the candidates for government contracts.
- the order No° 2005-049/MFB/SG/DCMP of 31/01/2005 on the fixing of the conditions of provision of the documents for a tender with competition and of the requirements of the contracts by the private procedure.

In addition to these statutory texts, standard files of competition have been worked out by the competent services of the Ministry of Finance of which the use is obligatory for any natural or legal person attributed to conclude tenders financed by public money. Thus, there is a:

- a standard file of invitation to tender for the conclusion of supply and service contracts;
- a standard file of invitation to tender for the conclusion of works tenders (in particular of civil engineering).

A standard file of selection of the consultants.
All these standard files have been considered to be acceptable by the community of backers intervening in the field of health in Burkina Faso.
The rules imposed by these texts rest on the principles of the good use of the resources, of the free access to the public orders, the equal treatment of the candidates and the transparency in the procedures of conclusion and enforcement of the contracts.

This decree as well as the closures of applications envisage procedures adapted to each property type and service to be acquired. Thus, it is envisaged:

For the investments (works agreements)

Selection upstream of a professional specialised (research firm or individual consultant) by call to demonstration of interest followed by a request for proposal for the technical studies and the monitoring of future work and the recruitment of the companies of civil engineering either by public invitation to tender or by invitation to tender restricted taking account of the complexity of the work.

a. For supply and service contracts:

The supply and service contracts are concluded after public invitation to tender or exceptionally a restricted or private competition.

Contracts for intellectual services:

They are concluded after a competition of the consultants preselected following a public invitation to submit expressions of interest except whenever the services require the selection of a particular consultant because of his unique qualification or the need for continuing with the same service provider as before.

For the attention of the proposer

• Please present the systems to give an account of the progress made in the implementation and the use of the funds of the support of GAVI for the RSS, indicating the entity responsible for the preparation of the RAS. (table 7.5)

Note: The Annual situation report of GAVI, which must be given on 15 May of each year, must provide: the proof of appropriate an use of the funds of the GAVI support to the RSS, existence of audits of financial statement and purchases in the rules (in accordance with the national regulations or through UNICEF), the proof of real and effectively carried out disbursements (from the central level to the infranational levels, within the framework of a Swap mechanism, if necessary), and finally, signs of progress showing that the annual objectives of activity and the longer-term performance targets could be reached.

7.5. Systems of drafting of the reports

The report of the use of the funds will be done according to the mechanisms installed within the framework of the PNDS. It is a semi-annual evaluation made by the Ministry of Health

A report revealing the level of performance and progress is drawn up semi-annually and transmitted to all the partners of the common basket. The report of the last six-month range acts as annual report.

For the attention of the proposer

• Certain countries will need technical assistance to implement the support of GAVI. Please specify the type of technical assistance necessary throughout support of GAVI to the RSS, as well as its origin if it is known (table 7.6).

7.6. Requirements for technical assistance

Activities requiring technical assistance	**Duration considered**	**Date considered (year, quarter)**	**Source considered (local, partner etc)**
1. Workshop of development of the draft proposal	20 days	June 2007	Local
2. Peer review of the draft proposal	10 days	July 2007	Local
3. Evaluation in mid-course of the implementation of GAVI-Global	30 days	July 2009	Local and partner
4. Final evaluation of the implementation of GAVI-Global	30 days	December 2010	Local and partner

NB: Please register activities of monitoring and evaluation in the chronogram

8th section: costs and financing of the support of GAVI for the RSS

For the attention of the proposer

• *Please calculate the costs of all the activities throughout the support of GAVI for the RSS. Please add or remove lines/columns to obtain the exact number of objectives, activities and years. (table 8.1)*

Note: Please make sure that all the costs of support for management, the S&E and the technical assistance are included. Please convert all the costs into USD *(at the current foreign exchange rate), and ensure that the deflators of GAVI are used for the future costs (see the guidelines on the website of GAVI: www.gavialliance.org).*

Note: The grand total of the funds of the support of GAVI for the RSS requested in table 8.1 should not exceed the grand total of the funds of the support of GAVI for the RSS allocated to table 8.2. The funds can be required in annual tranches according to the estimated annual costs of the activities. The latter can vary from year to year with regard to the sums allocated in table 8.2.

8.1: Cost of the implementation of the activities of the support of GAVI for the RSS

Area of support	**Cost per year in USD**				
	Year of proposal to GAVI	Year 1 of implementation	Year 2 of implementation	Year 3 of implementation	**TOTAL COSTS**
	2007	2008	2009	2010	
Costs of the activities					
***Objective 1*: To improve the organisation and management of the Health Services by the end of 2010.**					
Activity 1.1: To carry out an annual inquiry of validation of the data of the PEV at the level of the DS (LQAS)		18,200	18,746	19,308	**56,254**
Activity 1.2: To support financially the 63 Districts for the implementation of the strategy of research of lost sight of the fact for the preventive and curative activities		54.545	56.182	57.867	**168,595**
Activity 1.3: To carry out external evaluations of the implementation of activities GAVI at the level of the districts.		21,800	22,454	23,128	**67,382**
Activity 1.4: To carry out each six-month range the quality control of the routine data in health care institutions		15,005	15,456	15,919	**46,380**
Activity 1.5: To revise the supports and the mechanisms of medical data-gathering of System of Health Information		137,000			**137,000**
Activity 1.6: To support financially 10 DS with poor financial resources for the monitoring integrated of the activities of the LDC at the level of CSPS (Sapouy, Toma, Tougan, Karangasso Vigué, Mangodara, Batié, Manga, Kongoussi, Gourcy and Seguenega)		10,909	11.236	11.573	**33,719**
Activity 1.7: To support the SIS in the collection, the analysis and the distribution of statistical data		25,000	25.750	26,523	**77,273**
Activity 1.8: To set up a pilot model of the provision of maternal and infantile neighbourhood health care within the communities in three villages and over three years in the districts of Zabré, Léo and Po		17,713	18,244	18,791	**54,748**
Activity 1.9: To support the creation of 8 cells of management of obstetric emergencies within the communities in the districts of Zabré, Léo and Po		186,182			**186,182**
Activity 1.10: To undertake operational research on the reference and counter reference in the districts of Fada Ngourma and Orodara		4,909			**4,909**
Activity 1.11: To support the installation of mutual insurance companies of health in 4 DS with poor use of the Health Services (Sapouy, Djibo, Dori, Dédougou)		9.091	9.091		**18,182**
Activity 1.12: To carry out operational research on the epidemiological monitoring in 5 DS (Ouargaye, Po, Banfora, Dano, Batié)		18.182			**18.182**
Activity 1.13: To hold two meetings for the assessment of the RSS-Global activities each year at the regional level		94,549	97,385	100,307	**292,242**
Activity 1.14: To hold a meeting for the assessment of the RSS-Global activities each year at the national level		30,182	31,087	32,020	**93,290**
Activity 1.15: To equip 5 DS recently created with initial supplies of Essential Generic Medicines (Pouytenga, Bittou, Karagansso Vigué, Lena, Baskuy)		180,000	185.400		**365.400**
Activity 1.16* To carry out periodic ground visits for the follow-up of the implementation of RSS-Global					

1.17* activity: To support the operation of the ST-PNDS for the follow-up of the implementation of GAVI-RSS					
1.18* activity: To evaluate in midcourse the implementation of RSS-Global					
1.19* activity: To carry out a final evaluation of the implementation of RSS-Global					
Under total (To improve the organisation and the management of the Health Services by the end of 2010).		**823,267**	**491,032**	**305,437**	**1,619,736**
Objective 2: To develop human resources in health by the end of 2010					
Activity 2.1: To implement the plan of strengthening of competences of the community agents in the following fields: PEV, community PCIME, family planning, and the recognition of the signs of danger in pregnancy		36,364	37,455	38,578	**112,396**
Activity 2.2: To reward the two best FS, by districts on the basis of the results/year in particular in vaccine cover		22,909	23,596	24,304	**70,810**
Activity 2.3: To train the agents at the level of the CSPS in medical planning for better taking into account the preventive and curative activities		236,364			**236,364**
Activity 2.4: Set up a plan of orientation of the teachers of the schools and training institutes of the health workforces on the modules of management of the PEV and the programs SR.		18,182			**18,182**
Activity 2.5: To hold a workshop of revision of the curricula of training of the schools and training institutes of the health workforces on the management of the PEV and the programs SR.		9,091	9,364		**18,455**
Activity 2.6: To support the realisation of a research initiative in the field of the PEV in 5 S with poor indicators of the PEV (Séguénéga, Kombissiri, Sapouy, Nongremassom, Dandé and Gayéri)		45.455			**45.455**
Subtotal *(To develop human resources in health by the end of 2010)*		**368,364**	**70,415**	**62,882**	**501,661**
Objective 3: To reinforce the social mobilisation and social marketing for the areas with low level of use of the Health Services (DS of Sapouy and Dédougou) by the end of 2010					
Activity 3.1: To contractualise the social mobilisation and social marketing in support of health with the private sector in 2 DS (Sapouy, and Dédougou)		38.182	39.327		**77.509**
Activity 3.2: To annually carry out an external evaluation of the performances of the contracting structures for the social mobilisation in the 2 DS (Sapouy, and Dédougou)		25.455	26.218		**51.673**
Activity 3.3: To carry out operational research on the epidemiological monitoring at community level (SEBAC) of the target diseases of the PEV in 6 medical districts with poor indicators of the PEV (Séguénéga, Kombissiri, Sapouy, Nongremassom, Dandé and Gayéri)		13.636			**13.636**
Activity 3.4: To train and recruit agents SBC involved in the implementation of the programmes of health in all the medical districts		19.636	20.225	13.888	**53.750**
Subtotal (To reinforce the social mobilisation and social marketing for the areas with low level of use of the Health Services (DS of Sapouy, Dori, Djibo and Dédougou) by the end of 2010)		**96.909**	**85.771**	**13.888**	**196.568**
Objective 4: To improve the system of maintenance of the equipment and the infrastructure by the end of					

2010					
Activity 4.1: To train 300 users in the servicing of the technical medical equipment		18.182	18.727	19.289	**56.198**
Activity 4.2: To train 30 maintenance agents of the cold chain		2.727	2.809		**5.536**
Activity 4.3: To equip the DGIEM with a **vehicle 4x4 for the maintenance** of the biomedical equipment including the cold chain		27,273			**27,273**
Activity 4.4: To subcontract the curative maintenance of the biomedical equipment to agents of the private sector		90.900	93.627	96.436	**280.963**
Activity 4.5: To build and equip 1 SIEM in the medical area in Cascades)		72.727			**72.727**
Activity 4.6: To build and equip 3 workshops for maintenance in 3 medical districts: Léo, Sindou, Diapaga,		43.636	22,473		**66,109**
Activity 4.7: To build 3 incinerators of good functionality and large capacity in 3 Health Regions (Centre West; Southwest, Centre East)		29.091	14,982		**44,073**
Subtotal (To improve the system of maintenance of the equipment and infrastructure by the end of 2010)		**284.536**	**152,618**	**115,725**	**552,879**
Objective 5: To reinforce the basic medical infrastructure and the equipment in the areas least served by 2010					
Activity 5.1: To build and equip 5 CSPS in the areas with poor medical cover: Sami (DS of Solenzo), Boulmatchiangou (DS of Diapaga), Varpuo (DS of Dano), Sassamba (DS of Mangodara), Datambi (DS Sebba)		395.455	271,545		**667,000**
Activity 5.2: To equip four (4) medical districts in the 4 vehicles 4x 4 pick up for the supervision (Lena, Gayéri, Sebba, Karangasso Vigué)		218.182			**218.182**
Activity 5.3: To equip 100 CSPS with motor cycles for the activities in advanced strategy (CSPS)		236.364			**236.364**
Activity 5.4: To equip the SIS with a vehicle 4x4 for the strengthening of the national system of medical information as regards monitoring of the quality of the statistical data		54,545			**54,545**

Activity 5.5: To equip the village cells with 4 medical areas (Centre East, Boucle de Mouhoun, Centre West and Centre North) with 400 bicycles for the implementation of the community activities as regards vaccination, distribution of contraceptives,		**58.182**			58.182
Activity 5.6: To equip DPV with a 15 tonnes truck for the supply of the regional deposits with vaccines, drugs, consumable medical and other materials		**109,091**			109,091
Activity 5.7: To equip 3 CMA with vehicles ambulances for medical references and evacuations		**212,727**			212,727
Activity 5.8: To build and equip 2 deposits PEV in 2 for the eight medical districts recently created (Mani, Mangodara)		**48.429**			48.429
Subtotal (To reinforce the basic medical infrastructure and the equipment in the areas the least served by the end of 2010)		1.332.975	271,545		1,604,520
Costs of support		2.906.051	1.071.381	497.933	4,475,364
Administration costs (7% of the cost of support)		116,171	116,171	116,171	348,514
Costs of support for the S&E		41,490	41,490	41,490	124,469
Technical assistance		10,142	10,142	10,142	30,425
TOTAL COSTS		3.073.854	1.239.184	665.736	4,978,773

The costs of activities 1.16, 1.17, 1.18 and 1.19 are included in the monitoring and evaluation budget

For the attention of the proposer

• Please calculate the amount of the available funds per year coming from GA VI for the activities of the support of GAVI for the RSS proposed, on the basis of of the annual number of births and RNB per capita in the following way (table 8.2):

- If RNB < 365 USD per capita, the country are entitled to receive a maximum of 5 USD per capita.
- If RNB > 365 USD per capita, the country are entitled to receive a maximum of 2,5 USD per capita.

Note: The example below supposes that the cohort of birth of the year of the proposal of GAVI is equal to 100,000 and gives the total of the compensation of funds if the RNB < 365 USD per capita and if the RNB > 365 per capita.

Examples: Calculation of the allocation of the GA VI support for the RSS for the countries

Allocation of the support of GAVI for the RSS (RNB < 365 USD per capita)	**Allocation per year (USD)**				
	2007	**2008**	**2009**	**2010**	**TOTAL OF THE FUNDS**
Cohort of birth	100,000	102,000	104,000	106,000	
Allocation per new-born baby	5 USD	5 USD	5 USD	5 USD	
Annual allocation	500,000 USD	510,000 USD	520,000 USD	530,000 USD	**2.060,000 USD**

Allocation of support of GAVI to the RSS (RNB > 365 USD per capita)	**Allocation per year (USD)**				
	2007	**2008**	**2009**	**2010**	**TOTAL OF THE FUNDS**
Cohort of birth	100,000	102,000	104,000	106,000	
Allocation per new-born baby	2,5 USD	2,5 USD	2,5 USD	2,5 USD	
Annual allocation	250,000 USD	255,000 USD	260,000 USD	265,000 USD	**1.030,000 USD**

8.2. Calculation of the allocation of the support of GAVI for the RSS for the countries

Allocation of the support of GAVI for the RSS	Year of the proposal to GAVI	Year 1 of implementation	Year 2 of implementation	Year 3 of implementation	**TOTAL OF THE FUNDS**
	,	…6	…0	…0	
ort of birth		156	712	641	**1.991.509**
cation per new-born baby		USD	USD	USD	
Annual allocation		0.390 USD	9.280USD	9.103 USD	4.978.773USD

Source and date of information on the RNB and the cohort of birth.

RNB: The World Bank 2006

Cohort of birth: National Institute of Statistics and Demography, RGPH 2006 .....

Total others: .....

For the attention of the proposer

Note: Table 8.3 should not obligatorily be filled in.

• Please endeavour to specify the entire amount of all the expenditure envisaged in the country under the strengthening of the health system throughout proposal of the support of GAVI for the RSS (table 8.3).

Note: Please specify the contributions of funds of the government, GAVI and the partners or another financing institutions. If there are more than four principal givers, want to insert additional lines. Please indicate the names of the partners in the table, and gather all the contributions of remaining funds unit. Please indicate the source of the data (Review of the public expenditure, CDMT, reports of givers etc)

8.3. Source of all the financings planned for the activities of strengthening of the health systems

Funding sources	**Allocation per year (USD)**				
	Year of the proposal to GAVI	Year 1 of implementation	Year 2 of implementation	Year 3 of implementation	**TOTAL OF THE FUNDS**
	2007	2008	2009	2010	
GAVI		**3.073.854**	**1.239.184**	**665.736**	**4.978.773**
Government		58.596.364	65.623.636	65.616.364	189.836.364
Giver 1: PADS (Netherlands, Sweden, French Development Agency, UNFPA, the World Bank)		16.796.363	13.925.399	13.445.745	44.167.507
Giver 2: PADS-CEN (Banque Africaine de Développement)		8.952.909	18.975.109	8.282.927	36.210.945
Giver 3: PCCS-ZR (Banque Islamique de Développement)		6.180,000	2.795,000		8.975,000
Giver 4: Project CSPS (China Taiwan)		870.204	-		870.204
Giver 5: Project AN KA HERE SO (PHASE 2) Burkina Faso January 2008 - December 2010 (Italy)		848.485	848.485	848.485	2.545.455
TOTAL FINANCING		63.388.907	67.711.305	67.130.585	198.230.797

The total of the financial contributions in support of the RSS total including that of GAVI amounts to 198.230.797 $US.

Givers 3: Construction project for Health centres in Rural areas (PCCS-ZR) and 4: Health centres project and of Social Promotion (Projet CSPS), intervene in the construction and the equipment of new medical infrastructure. To also note that giver 5: Project AN KA HERE SO (PHASE 2) Burkina Faso, in addition to the rehabilitation of the existing infrastructure, intervenes in the field of the improvement of the financial access of the populations to health services like in the strengthening of the capacities of the health workforce.

All other remaining givers (giver 1: Project of Appui to Health Development (PADS), giver 2: Project of Appui to Health Development of the areas of Centre East and North (PADS-CEN)) and the government intervene in all the facets of the RSS.

The list of the givers registered in table 8.3 is not exhaustive. For the government, only the personnel and funds expenditures were taken into account.

Source of information on the source of the financings:

GAVI: Document of the request of Burkina Faso on Renforcement of the Health system (RSS)

Government: National plan of Health Development, Tranche 2006-2010 ;

PADS: Programme of Support for Health Development 2008-2012

PADS-CEN: Program of Support for Health Development of the Regions of Centre East and North

PCCS-ZR: Construction project for Health Centres in Rural areas

Total others: 4 (cf table above) ....

9th section: Adoption of the proposal

For the attention of the proposer

- Representatives of the ministry for health and department of finance and Coordination committee of health service (CCSS). or its equivalent, are required to sign the proposal of the support of G HAS VI to the RSS
- All the members of the CCSS are required to sign the report of your meeting during which the proposal for a support package of GAVI for the RSS was adopted. The report will be required to be given with the proposal (numbered and indexed in appendix 1).
- Please give the name and the coordinates of your person to be contacted by GAVI where necessary.

Note: The signature of the members of the CCSS represents agreement with the infonnations and the projects presented in this proposal and of support for the implementation of these projects. It does not imply any financial liabilities or legal institution partner or of the individual.

9.1. Adhesion of the government

The government of Burkina Faso undertakes to provide services of vaccination and other Health Services of mother and child on a durable basis. The effectiveness of the strengthening of the systems of health will be evaluated each year on the basis of system of transparent monitoring. The government asks the partners of G HAS VI Alliance to provide financial aid to support the strengthening of the health systems such as it has presented it in this proposal.

Ministry for Health:	**Department of economics and Finance:**
Name: Bèdouma Alain YODA	**Name : Jean Baptist COMPAORE**
Title/position; Minister of State, Minister of Health	**Title/position: Minister of the Economy and Finance**
Signature	**Signature:**

9.2. Adhesion of the Coordination committee of health service (CS/PNDS) or its equivalent in the country

The committee members of coordination of the health service or its equivalent adhered to this proposal at the time of a meeting which was held on 21 September 2007 the signed report is appended as annex 1

President of the CS/PNDS
Name: Pr Agr Jean Gabriel OUANGO Position/Organisation: General secretary of the Ministry of Health

9.3: Person to contact for all information:

Name: Dr. Isaïe MEDAH
Section: Doctor of public health in the Department of Research and Planning of the Ministry of Health
Addresses: 03 BP 7009 Ouagadougou 03
NO° of Tel.: (226) 70 25 57 13
NO° of fax: (226) 50 30 45 31
Email: isaiemedah@yahoo.fr

ANNEX 1 Documents of support to the proposal for a support package of GAVI for the RSS

For the attention of the proposer

- Please number and index in the table below all the documents given with this proposal.

Note: All the documents of support must be presented in English or French, in the form of electronic copies as far as possible. Only the documents to which reference is made in the proposal must be presented.

Document (with the name of equivalent use in the country)	Available (Yes/No)	Duration	Enclosure number
National plan of Health Development 2001-2010	Yes	10 years old	1
Evaluation in mid-course of the PNDS	Yes	NA	2
Medical development plan: Tranche 2006-2010	Yes	5 years	3
Analysis of the systemic determinants of the vaccine cover in the medical districts of Burkina Faso	yes	-	4
Complete Pluriannual Plan	Yes		5
Medium-Term Cost Framework of the health service 2007-2010	Yes	5 years	6
Manual of procedures of decentralised management of the PADS funds (DRS, DS, CHR, CHU)	Yes	-	7
Manual of administrative, accounting and financial procedures	yes	-	8
Excel file of the details of the budget in US dollars	Yes	-	9
Report of the workshop of consensus on the proposal by the members of " Sectoral Approach Commission and indicators of the PNDS"	Yes	-	10
Report of the extraordinary session of the CS/PNDS for the adoption of the proposal of Burkina Faso for a support package of GAVI for the strengthening of the health system.	Yes	-	11