

**INITIATIVE POUR LA PROMOTION DE LA
SANTÉ RURALE ET LE DÉVELOPPEMENT
IPROSARUDE**



STRATEGIC PLAN 2018-2021

Final version

Adopted in November 2017

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List of acronyms

A	: Activity
IGA	: Income Generating Activities
API	: Agence de Promotion des Investissements (Investment Promotion Agency)
ARV	: Antiretroviral
BRB	: Banque de la République du Burundi (Bank of the Republic of Burundi)
CDS	: Centre de Santé (Health Center)
CBD	: Community-Based Distribution
DPAE	: Direction Provinciale de l’Agriculture et de l’Elevage (Provincial Direction of Agriculture and Breeding Livestock)
EAC	: East African Community
BDHS	: Burundi Demographic and Health Survey
NRC	: Nutritional and Rehabilitation Centre
PBF	: Performance-based financing
BIF	: Burundi Franc
SWOT	: Strength, Weaknesses, Opportunities, Threats
FOSA	: Formation Sanitaire (Health facilities)
CHWG	: Community Health worker Group
IPROSARUDE	: Initiative pour la Promotion de la Santé Rurale et le Développement (Initiative for the promotion of rural health and Development)
MPHAC	: Ministry of Public Health and AIDS Control
MFI	: Microfinance Institution
OVI	: Objectively Verifiable Indicators
NCDs	: Non-communicable diseases
SDGs	: Sustainable Development Goals
NGO	: Non-Governmental Organization
NAPA	: National Action Plan for Adaptation to climate change
PATA	: Paediatric Aids for Treatment in Africa
SME	: Small and Medium-sized Enterprise
NHDP	: National Health Development Plan
NHP	: National Health Policy
NIFNP	: National Integrated Food and Nutrition Programme
PSI	: Population Services International
TFP	: Technical and financial partner
R	: Result
REGIDESO	: Régie de production, de distribution et de commercialisation de l’eau et de l’électricité (Production, distribution, and commercialization of water and electricity Board)
SRH	: Sexual and Reproductive Health
SUN	: Scaling Up Nutrition
TOR	: Terms of reference
HIV/AIDS	: Human Immunodeficiency Virus /Acquired Immunodeficiency Syndrome
SGBV	: Sexual and Gender-based violence
VSLA	: Village Savings and Loan Association

1. General introduction

Promoting and improving health is a foundation for the development of the country and its people. Indeed, sustainable development cannot be expected if the population does not have access to effective health services. Burundi's health system is organized in pyramidal form and is divided into 3 levels: central, intermediate, and peripheral.

The health situation in Burundi remains worrying and marked by the prevalence of numerous communicable and non-communicable diseases. Diseases that are the main causes of morbidity and mortality are malaria, acute respiratory infections, diarrheic diseases, malnutrition, HIV/AIDS and tuberculosis.

Many risk factors related to living conditions, particularly in relation to hygiene, sanitation, nutrition and the environment, contribute to increasing the burden of morbidity in the population. Vulnerable groups include pregnant women, children, and orphans. This situation is aggravated by the low social protection of the population from disease risk.

1.1. Background presentation

Every organization works in a context. During the planning workshop, the analysis of the context, known as "PESTEL", attracted the attention of the participants as it influences the choices to be made in terms of strategic activities to be implemented and the results to be expected.

1.1.1. Political background

With regard to health, the Government of Burundi has initiated several reforms to improve the accessibility of health care from a geographical point of view. These include: (i) decentralization through the setting up of health districts, (ii) the presidential measure of free care for children under five and pregnant women, (iii) the performance-based financing approach, (iv) the merging of the Ministry of Public Health and the Ministry of AIDS control, (v) institutional reforms of the MPHAC, (vi) the setting up of a framework for concerted action by partners for health and development, (vii) the increase in the state health budget (13%) which is close to the level recommended by the Abuja Declaration (15%).

Thus, the share of priority sectors in executed expenditure (excluding common expenses) increased from 40.09% in 2005 to 54.4% in 2009. Particularly for the health sector, where the health budget rose from 5.6% in 2006 to 7.7% in 2010.

In terms of regulation and standardization of the sector, progress has been made through the adoption of several texts regulating the sector and the existence of manuals of procedures, protocols, standards for human resources and infrastructures, the international health regulations.

The government and its partners have made significant efforts to ensure the availability of health inputs. Geographical accessibility is satisfactory, since the general population (80%) can access a health centre within 5 km of the health centre, although there are geographical disparities, especially in favor of urban centres.

1.1.2. Economic background

The disastrous impact of the war has resulted in a significant slowdown in the performance of the national economy and a generalized impoverishment of the population, with a poverty rate estimated at 67% in 2006. The vicious circle of « poor health – harmful effect on the economy- pauperization - worsening health status ». Approximately 17% of patients do not have access to health care ; 81.5% of patients are forced to take on debt or sell goods in order to meet the cost of health care.

With regard to affordability, the majority of Burundian households use direct payments to finance their health expenditure. Household financing of direct payments for health care accounts for 40% of total health expenditure. With its low purchasing power, this method of payment limits people's access to healthcare. To address this problem, the government had introduced a health insurance card (HIC). However, this card is only accepted in certain public and approved health facilities because the related claims are difficult and late reimbursed.

For civil servants, a public service mutual insurance company covers 80% of their care, with the compensation being paid directly by the beneficiaries and by the MPHAC for its staff. Private insurance, community mutuals and initiatives of people living with HIV/AIDS exist but do not cover the whole country. It should be noted that Burundi's external dependence on the health sector remains high, while the private sector is not well integrated into the national health system, as is traditional medicine and community participation.

1.1.3. Social background

Burundi's population characterized by its youth and strong growth. Burundi's total fertility rate is 6.4 children on average per woman, which is very high. Women of

childbearing age account for almost half of the total female population, or 46 percent, resulting in high levels of maternal and infant morbidity and mortality.

Burundi has difficulty meeting food needs. By way of illustration, according to the joint harvest assessment report, production in the 2010 season covered just the food needs of about three months. A gross food deficit of 412,000 tones of cereal equivalent, or 32.3% of domestic needs, was identified in this report, although this deficit is felt mainly by the most vulnerable households. The impact of this drop in legume production is felt in terms of the quality and balance of the food supply, which is becoming less and less diversified, which is a gateway to malnutrition. Thus, very high rates of chronic malnutrition are observed. Endemic deficiency malnutrition affects children under five years of age with acute acuity (percentage approaching 63.3% according to NHP 2016-2025).

With regard to « water », the vast majority of Burundians obtain their water from fountain stands or from streams and rivers. Hygiene and sanitation is one of the main determinants of health. Access to hygienic latrines remains a major problem for many households. The 2009 household survey showed that 53.1% of households use a traditional latrine and 31.1% a pit or open pit latrine. Improved latrines and flush toilets represent only insignificant proportions, 6.3% for each type.

Mortality due to NCDs is estimated as follows: (i) diabetes (1%), (ii) cardiovascular diseases (10%), chronic respiratory diseases (2%), cancers (5%), trauma including road injuries (11%), other NCDs (11%), according to the WHO 2014 report in Burundi. The contraceptive rate is still only 25.3% (PNSR 2013). It is worth noting the persistence of attitudes of the Burundian population towards witchcraft and consultations with healing soothsayers, as well as the socioial inequalities in access to health care and services.

1.1.4. Technological background

The technological context is characterized by a lack of information on the promotion and prevention and the cost of modern medical equipment. The PBF has set up data collection tools with a limited number of indicators, which can constitute an integrated management information system model for monitoring the performance of the health system. The upcoming arrival of fiber optics will undoubtedly improve the level of health communication.

Technologically, it is also important to note the availability of processed foods that cause malnutrition and obesity. With regard to family planning, it is noted that the unmet need is estimated at 31% (DHS 2010), with a total demand for family planning in Burundi of 58% (BDHS). With regard to access to health services, there is a shortage of specialist doctors in rural areas.

1.1.5. Environmental background

Climate change is a global problem. Burundi has adopted its National Action Plan for Adaptation to climate change, NAPA. It has a plan for adapting the health sector to climate change in Burundi for the 2014-2017 period. It intends to continue its efforts in the application of the international health regulations (IHR 2005) through its national contingency plan for the fight against pandemics and health emergencies (according to the NHP 2016-2025).

In terms of water sources, Burundi is relatively well served even though a good proportion of the population is supplied by rivers. Malaria is one of the diseases exacerbated by climate change. In general, inadequate sanitation and hygiene is a reality in Burundi.

1.1.6. Legal background

At the legal level, it should be stressed that the right to health is integrated in the various international documents. However, the absence of an updated health code is regrettable.

1.2. Justification for updating the strategic plan

Strategic planning has been the process by which IPROSARUDE officials have developed the general objectives, policies and strategies that will facilitate the acquisition, use and allocation of resources. Faced with an ever-changing environment and capacities, IPROSARUDE adopted a process of updating its 2017-2020 strategic plan, which allowed it to re-analyze the organization's vision and mission, its fundamental values, its key objectives, its areas of specialization, its strengths and weaknesses, its opportunities and threats, its activities and, in addition its short-and medium-term subjects or areas of decision making.

In this way, IPROSARUDE intends to better align itself with this logic of contribution to health for all, with an emphasis on rural health, by updating its strategic plan.

1.3. Methodological approach

The updating of the 2017-2020 strategic plan for the period 2018-2021 was mainly the work of IPROSARUDE itself and an independent consultant hired by the partner CARE International as a facilitator. There were three main phases: literature review, planning workshop and writing.

1.3.1. Literature review

The literature review was an important step in this update exercise. In order to get acquainted with the operation and especially in preparation for the planning workshop, the consultant used all the documents deemed relevant from IPROSARUDE and other sources. The list of documents used is included in the bibliography.

1.3.2. Planning workshop facilitation

To maximize effectiveness, the three-day workshop was held in Bujumbura from 8 to 10 November 2017. With the participation of 6 resource persons, listed in the annex, the workshop allowed to reanalyze and make proposals on the main articulations of the strategic plan document.

More specifically, under the facilitation of the consultant and in participatory approach, the IPROSARUDE resource persons were able to:

- Analyze the achievements of the current strategic,
- Analyze the main constraints overcome when implementing its programmes and projects,
- Re-analysis of the IPROSARUDE situation in terms of strengths, weaknesses, opportunities and threats, SWOT,
- Re-examine the political, economic, social, technological, environmental and legal context PESTEL
- Confirm strategic axis,
- Revisit key problems to be solved axis by axis,
- Redefine the overall objective and specific objectives and relevant activities, while estimating the respective budgets,
- Review elements of the logical framework,
- Outline the strategic plan's implementation mechanism,
- Analyze the main foreseeable risks when implementing the strategic plan.

1.3.3. Redaction of the strategic plan

After the planning workshop, the consultant synthesized all the information, including the source documents and the planning workshop. Keeping in touch with the resource persons who participated in the planning workshop, the consultant drafted the first draft of the updated plan and submitted it to IPROSARUDE for comments. The draft incorporating the comments was submitted for validation.

2. Presentation of the IPROSARUDE

2.1. IPROSARUDE background

The initiative for the promotion of rural health and development (IPROSARUDE) NPO is a non-profit association created in 2010 and approved by Ministerial Order N° 530/772 of 29 May 2013. In November 2017, IPROSARUDE conducts its activities in the provinces of Gitega, Karusi and Mwaro, for the central region of the country, the provinces of Rutana, Makamba and Bururi for the southern region, the provinces of Bujumbura-Mairie, Cibitoke and Bubanza for the western region, as well as the provinces of Kayanza, Kirundo and Muyinga. It intends to operate throughout the national territory. IPROSARUDE is part of the Sustainable Development Goals, (SDG). For health actors in general and rural health in particular, it is a favorable framework for carrying out field actions, including advocacy.

The objectives set by IPROSARUDE at its creation are as follows:

- Contribute to improving the quality of life of populations by promoting sexual and reproductive health, SRH,
- Contribute to the health education of the population,
- Carry out information, education and communication, advocacy, service delivery and training actions,
- Promoting rural research,
- Contribute to promoting socio-economic development,
- Contribute to the improvement of sustainable environmental health.

2.2. Partnership Relationships

IPROSARUDE has entered into, and is committed to continuing to negotiate, mutually beneficial partnership relations. In November 2017, it had partnered with the following public and private organisations:

- The Burundi Government via the MPHAC
- Segal Family Foundation,

- ❑ CARE International,
- ❑ LIFE NET INTERNATIONAL,
- ❑ PSI,
- ❑ Fondation John Gould,
- ❑ Adopt clinic in africa,
- ❑ Food for hungry.

3. Institutional and operational diagnosis of IPROSARUDE

3.1. Strengths and weaknesses of IPROSARUDE

Strengths	Weaknesses
<ul style="list-style-type: none"> ▪ Opening of four IPROSARUDE clinics ▪ Implementation of community projects, ▪ Other open services, ▪ Presence of a research and development unit (RDU), ▪ Existence of medical staff in governance bodies and staff, ▪ Membership in national and international health networks , ▪ Motivated and competent human resources , ▪ IPROSARUDE has gained its reputation and recognition in the field. 	<ul style="list-style-type: none"> ▪ Low capacity to maintain equipment, ▪ Limited reception capacity in clinics, ▪ Insufficient qualified staff, ▪ Low skills of local technicians in high technology, ▪ Instability of specialized medical staff, ▪ Lack of infrastructure specific to IPROSARUDE, ▪ Low capacity to mobilize funds, ▪ Lack of a good practice guide for practitioners, ▪ Lack of advocacy strategy, ▪ Lack of updated management tools, ▪ Insufficient financial means to implement planned activities.

3.2. Opportunities and threats of IPROSARUDE

Opportunities	Threats
<ul style="list-style-type: none"> ▪ Subscriptions of Burundi to international declarations and acts in the field of health, notably, Alma-Ata, SDG, ▪ Abuja Declaration in 2001: 15% of the national budget is allocated to the health sector, 	<ul style="list-style-type: none"> ▪ Non-state actors often sidelined in the process of implementing strategies and actions aimed at developing the health system, ▪ Poverty of the population,

Opportunities	Threats
<ul style="list-style-type: none"> ▪ Existence of a partnership agreement with the MPHAC, ▪ Possibility to recruit staff in the EAC, ▪ Creation of mutual health insurance funds, ▪ Presence of paramedical schools: number of paramedical school increased from 4 in 2005 to 25 in 2013, ▪ Existence of free health policies for pregnant women and children under 5 years of age, ▪ Existence of TFPs that support in the health field, ▪ Existence of a collaborative framework with frequent sessions of reflection and experiences exchange, ▪ Networking opportunities at local, regional and International level. 	<ul style="list-style-type: none"> ▪ Inadequate financial resources, ▪ Frequent REGIDESO power outages, ▪ Repetitive machines failures, ▪ Very expensive rents ▪ The lack of medicines and reagents in quantity and quality as a result of soaring prices due to the depreciation of the Burundian currency.

4. Strategic Orientations

The planning workshop revisited and maintained the vision, mission, fundamental values and strategic directions of the previous strategic plan. As mentioned above, the workshop again analyzed the key issues to be resolved from 2018 to 2021, axis by axis.

4.1. IPROSARUDE Vision

A BURUNDI where everyone has access to health care.

4.2. IPROSARUDE Mission

Save human lives and improve rural health in general and among vulnerable people in particular through access to quality health care for this population.

4.3. Fundamental values of IPROSARUDE

- Integrity,
- Excellence,
- Vitality,

- Collaboration,
- Empowerment,
- Community involvement,
- Solidarity,
- Mutual respect,
- Humility,
- Success.

4.4. Strategic axes and key problems axis by axis

The IPROSARUDE's strategic plan is based on four strategic axis that respond to the specific needs of the organization during the period 2018-2021. In carrying out the mission, IPROSARUDE aims to achieve the expected results, by finding solutions to key problems, in line with its vision and mission. During the period of the strategic plan, from 2018 to 2021, IPROSARUDE's activities will address the key issues identified and will revolve around the following 4 axis.

4.4.1. Axis 1: Strengthening governance and knowledge management in IPROSARUDE

- Lack of a practitioner's good practice guide,
- Very high rents,
- Lack of advocacy strategy,
- Management tools not updated,
- Low capacities for maintenance of medical equipment,
- Local technicians are not well trained in high technology,
- Insufficient financial resources compared to planned activities,
- Few initiatives on rural research,
- Lack of an effective communication strategy,
- Inadequate management of health information.

4.4.2. Axis 2 : Enhancing community health

- Insufficient information on health promotion and disease prevention,
- Insufficient sanitation and hygiene,
- A high rate of acute and chronic malnutrition,
- Recourse of the population to traditional practices at risk,
- Increased environmental destruction,
- The mismanagement of expired medication ,
- Sexual and reproductive health remains a concern.

4.4.3. **Axe 3 : Access to health services**

- Lack of medicines and reagents in sufficient quantity and quality,
- The effects of chronic and communicable diseases very harmful,
- Limited recourse to the expertise of foreign personnel ,
- Insufficient technical support,
- Low affordability of the population,
- Limited universal access to health care,
- Very high maternal and child morbidity and mortality,
- The lack of specialized services in rural areas.

4.4.4. **Axis 4: Support for the promotion of sustainable development**

- Poverty of the population,
- The lack of a savings culture in households,
- Difficulty in accessing credits,
- Rudimentary agro-farming at the root of food insecurity,
- Increased unemployment among young people,
- Limited access to information and new technologies.

4.5. **Strategic Objectives**

Overall objective: from 2018 to 2021, IPROSARUDE will have contributed to improving the health status of the population in the intervention provinces, access to quality health care and community development.

- Specific objective 1:** From 2018 to 2021, IPROSARUDE will have strengthened its governance and staff knowledge management by updating and equipping itself with new management tools.
- Specific objective 2:** from 2018 to 2021, IPROSARUDE will have contributed to the promotion and prevention of diseases, sanitation and hygiene, environmental protection and improvement of nutrition and SRH.
- Specific objective 3:** from 2018 to 2021, IPROSARUDE will have contributed to the increase in health services and access to these services as well as medicines and reagents.
- Specific objective 4:** from 2018 to 2021, IPROSARUDE will have contributed to promoting sustainable development through vocational training, increasing agricultural production and the creation of IGAs.

5. Logical framework for intervention

5.1. Strengthening IPROSARUDE governance and knowledge management

Intervention logic	Objectively verifiable indicators impact	Sources of verification	Assumptions
Overall Objective: from 2018 to 2021, IPROSARUDE will have contributed to improving the health status of the population in the intervention provinces, access to quality health care and community development.			
Specific Objective 1: from 2018 to 2021, IPROSARUDE will have strengthened its governance and staff knowledge management by updating and equipping itself with new management tools.	Number and types of activities aimed at strengthening IPROSARUDE governance and knowledge management.	<ol style="list-style-type: none"> 1. Activity reports 2. Training reports 3. Service delivery reports. 	<ol style="list-style-type: none"> 1. Availability of IPROSARUDE resource persons 2. TFPs' understanding of the ambitions of the IPROSARUDE .
<p>Expected results :</p> <ol style="list-style-type: none"> 1. 4 management tools are updated 2. IPROSARUDE improves its advocacy, communication and practitioner's good practice and strengthens access to maternal and child health services. 3. IPROSARUDE is equipped to increase access to maternal and child health services 4. Maintenance and communication capabilities are enhanced. 5. With the infrastructure, rental charges decrease. 6. Capacities of 80 CHWG on CBDs, referral and counterreferral of patients and community screening are strengthened. 7. The capacities of 106 nurses and 4 doctors in cervical cancer screening and treatment are strengthened. 	<ol style="list-style-type: none"> 1. Number of tools elaborated 2. New approaches in advocacy, communication and practitioner's practices and the rate of increase in beneficiaries of maternal and child health services. 3. Impact: the growth rate of beneficiaries of maternal and child health services. 4. Services provided by the resource persons in place initially requested outside. 5. Amount saved through reduced rental charges. 6. Number of CBD cases and community malnutrition screening treated with new CHWG competencies. 7. Number of doctors and nurses trained and number of patients treated by 	<ol style="list-style-type: none"> 1. IPROSARUDE activity reports 2. Training reports written by trainer(s) 3. Administrative authorities of the localities in which services are provided. 	<ol style="list-style-type: none"> 1. Availability of funding. 2. Availability of trainers/consultants 3. Good cooperation with authorities in the localities where services are provided.

Intervention logic	Objectively verifiable indicators impact	Sources of verification	Assumptions
	training recipients.		
<p>Activities to develop :</p> <ol style="list-style-type: none"> 1. Update 4 management tools 2. Develop an advocacy strategy, a strategy to strengthen access to maternal and child health services, a communication strategy, a capacity building plan and a practitioner's guide to good practice. 3. Recruit 2 resource persons in charge of maintenance and communication respectively 4. Realize 4 thematic studies on rural health 5. Acquire at least one infrastructure specific to IPROSARUDE(Building) 6. Train 80CHWGs on CBDs, referral and counter referral of patients and on community screening for malnutrition. 7. Train 106 nurses and 4 doctors on cervical cancer screening and treatment. 	<ol style="list-style-type: none"> 1. TOR for updating the 4 management tools. 2. TOR for the development of capacity building strategies and plan. 3. Recruitment notice for maintenance and communication resource persons. 4. TOR or concept notes for carrying out thematic studies. 5. Approaches initiated to acquire the infrastructure (acquisition of the plot from the town planning departments, ordering building plans, etc.) 6. TOR for training the 80 CHWGs. 7. TDR for training the 106 nurses and 4 doctors. 	<ol style="list-style-type: none"> 1. Narrative and financial reports of IPROSARUDE 2. Personalities or organizations identified or approached to conduct, participate in or be associated with the various activities. 	<ol style="list-style-type: none"> 1. Favourable replies of TFPs to requests for funding 2. Responsiveness and collaboration of authorities in the communities where services are to be provided.

5.2. Enhancing community health

Intervention logic	Objectively verifiable indicators impact	Sources of verification	Assumptions
<p>Overall objective: from 2018 to 2021, IPROSARUDE will have contributed to improving the health status of the population in the intervention provinces, access to quality health care and community development.</p>			
<p>Specific objective 2: from 2018 to 2021, IPROSARUDE will have contributed to the promotion and prevention of diseases, sanitation and hygiene, environmental protection and improvement of nutrition and SRH.</p>	<p>Number and nature of activities aimed at improving community health.</p>	<ol style="list-style-type: none"> 1. Activity reports. 2. Reports on training, capacity building and awareness raising. 	<ol style="list-style-type: none"> 1. Recipients responsiveness 2. Recipients' openness to follow advice.
<p>Expected outcomes :</p> <ol style="list-style-type: none"> 1. Distributed young fruit plants help improve community health. 2. One million trees planted contribute to protecting the environment. 3. The public is informed about community health issues. 4. The public is informed about sexual and reproductive health aspects (SRH) 5. Public taps contribute to sanitation and hygiene around 100 markets and other public places. 6. 400 public garbage cans and other waste management mechanisms contribute to the sanitation of the city of Gitega. 7. 100 NRCs contribute to the fight against acute and chronic malnutrition. 8. 100 baby-friendly communities contribute to the fight against acute and chronic malnutrition. 9. 1,000 ecological cookers serve as a model for contributing to environmental sanitation. 10. 20 youth-friendly health centers contribute to the fight against acute and chronic malnutrition. 	<ol style="list-style-type: none"> 1. Number of seedlings distributed and number of beneficiaries consuming the fruit of the seedlings distributed 2. Number of trees planted 3. Memories and Behaviors of People Affected by Awareness Raising on Community Health Issues 4. Memories and Behaviours of People Affected by SRH 5. Hygiene level compared to the situation before taps. 6. Hygiene level around the front of the garbage cans. 	<ol style="list-style-type: none"> 1. IPROSARUDE activity Reports 2. Authorities of targeted localities for activities 3. Media that relayed IPROSARUDE messages 4. Beneficiaries of services and infrastructure. 	<ol style="list-style-type: none"> 1. Favourable replies from TFPs to funding requests 2. Availability of the workforce to accept proposed remuneration 3. Responsiveness of the IPROSARUDE message by the interlocutors 4. Public sensitivity to problems caused by malnutrition, lack of hygiene and unhealthy conditions. 5. Government commitment to keep the fight against malnutrition among its priorities

Intervention logic	Objectively verifiable indicators impact	Sources of verification	Assumptions
	<p>7. Number of children receiving NRC services</p> <p>8. Impact: Number of beneficiaries of baby-friendly community services.</p> <p>9. Changes in behaviour towards ecological cookers</p> <p>10. Number of youth-friendly health center service recipients.</p>		<p>6. The political situation allows private radio stations to operate.</p>
<p>Activities to develop:</p> <ol style="list-style-type: none"> 1. Establish 50 nurseries for fruit crops 2. Protect watersheds by planting one million trees 3. Host 192 radio programs to raise awareness of community health issues such as malnutrition, poor traditional practices, outdated medicines, prohibited drinks, unassisted deliveries, poor hygiene, etc., with a total of 192 radio broadcasts. 4. Organize 64 mass awareness campaigns on sexual and reproductive health issues. 5. Develop 100 public taps around markets and other public places. 6. Initiate a pilot project to clean up the city of Gitega (400 public garbage cans) and to manage household waste and wastewater. 7. Set up 100 NRCs. 	<ol style="list-style-type: none"> 1. Workforce employed in nurseries 2. Number of people employed in tree planting 3. Number of programs animated/Number and type of subjects programmed/number of media identified to be associated with the programs. 4. Number of campaigns planned/number and types of topics to be covered. 5. Order forms for 	<ol style="list-style-type: none"> 1. IPROSARUDE narrative and Financial reports 2. Personalities or organizations identified or approached to conduct, participate in or be associated with the various activities. 	<ol style="list-style-type: none"> 1. Availability of labor to carry out the activities proposed by IPROSARUDE 2. Willingness of the media to work with IPROSARUDE 3. Engagement and collaboration of authorities in implementing activities. 4. PTFs' willingness to internalize the relevance of IPROSARUDE

Intervention logic	Objectively verifiable indicators impact	Sources of verification	Assumptions
8. Establish 100 baby-friendly communities. 9. Popularize 1,000 eco-friendly cookers. 10. Establish 26 youth-friendly health centers.	fitting out taps 6. Gitega City Remediation and Garbage and Wastewater Management Project Document 7. Concept note on the implementation of the 100 NRCs. 8. Concept note on community building. 9. Concept note on the extension of cookers. 10. Order forms for setting up health centers.		initiatives. 5. The authorities' commitment to the importance of hygiene in public places. 6. Public commitment to take ownership of the project. 7. Engagement of local leaders, mothers, a good cultural season with good harvests

5.3. Access to health services

Intervention logic	Objectively verifiable indicators	Sources of verification	Assumptions
Overall objective: From 2018 to 2021, IPROSARUDE will have contributed to improving the health status of the population in the intervention provinces, access to quality health care and community development.			
Specific objective 3: From 2018 to 2021, IPROSARUDE will have contributed to the promotion and prevention of diseases, sanitation and hygiene, environmental, protection and improvement of nutrition and SRH.	Number and nature of activities aimed at increasing access to health services.	1. Activity reports 2. Awareness-raising reports. 3. Partnership reports	1. Enough income for beneficiaries to access paid services, 2. Responsiveness of advocacy recipients.

Intervention logic	Objectively verifiable indicators	Sources of verification	Assumptions
<p>Expected results:</p> <ol style="list-style-type: none"> 1. Stakeholders are made aware of the importance of free health care for vulnerable groups. 2. Medicines are more accessible thanks to the partnership relationships with the 10 pharmacies. 3. The capacities of the 4 clinics are strengthened 4. The solar energy used in clinics improves hospitalization conditions. 5. Recipients of affected services learn about the need to integrate health insurance companies. 6. Additional radiography, physiotherapy and microbiology services compensate for the lack of specialized services. 7. Access to health services is increasing through the partnership relationship with a northern hospital. 8. Access to health services is increasing thanks to the establishment of a mobile clinic 9. The number of specialized services is increasing thanks to the 3 foreign volunteers recruited 10. Comprehensive management of cervical cancer compensates for lack of specialized services in the Gitega, Mwaro and Kayanza health facilities (FOSA) (100 services) <p>Activities to be developed:</p> <ol style="list-style-type: none"> 1. Conduct 2 advocacy campaigns for free access to health care for vulnerable groups 2. Build partnerships with 10 existing pharmacies 3. Equip 4 clinics 4. Install a pilot project for solar energy use in clinics 	<ol style="list-style-type: none"> 1. The number of stakeholders reached by advocacy campaigns and their reactions after the message. 2. Facilitated by partnerships and types of medicines that have become more accessible than the initial situation. 3. Number and types of equipment. 4. The increase in the number of lighting hours made possible by solar energy. 5. Number of new requests from health insurance companies. 6. Impact: The number of beneficiaries of specialized services and their rate of increase. 7. The number and type of health services provided by the hospital partnership. 8. New services and facilities attributable to the mobile clinic. 9. The number and types of specialized services provided by the 3 volunteers. 10. The number of people receiving comprehensive management of cervical cancer. 	<ol style="list-style-type: none"> 1. IPROSARUDE Activity Reports 2. Beneficiaries of the various services. 3. Reports from partner pharmacies. 4. Reports from associated insurance companies. 5. The hospital that will have accepted the partnership. 	<ol style="list-style-type: none"> 1. Responsiveness of the recipients of advocacy activities. 2. Enough income for beneficiaries to access paid services, 3. Collaboration of insurance companies. 4. The collaboration of partner pharmacies.

Intervention logic	Objectively verifiable indicators	Sources of verification	Assumptions
<p>5. Sensitize beneficiaries of services to integrate health insurance companies (160 sessions)</p> <p>6. Implement 3 new services not available (radiography, physiotherapy, microbiology)</p> <p>7. Develop a partnership relationship with a northern hospital</p> <p>8. Setting up a mobile clinic</p> <p>9. Recruit 3 foreign volunteers to support specialties not available in Burundi</p> <p>10. Establish a comprehensive cervical cancer management service in the Gitega, Mwaro and Kayanza health facilities (100 services).</p>			
	<ol style="list-style-type: none"> 1. Concept Note on Campaign Preparation 2. Steps taken to establish partnerships. 3. Equipment purchase orders. 4. Solar Energy Use Project Document. 5. Message prepared to ensure awareness. 6. Steps taken to implement the 3 new services. 7. Steps initiated to propose the partnership. 8. Steps taken to start the mobile clinic. 9. TOR to recruit the 3 volunteers 	<ol style="list-style-type: none"> 1. IPROSARUDE narrative and Financial reports 2. Personalities or organizations identified or approached to conduct, participate in or be associated with the various activities. 	<ol style="list-style-type: none"> 1. Improved political situation in the country. 2. Interest of stakeholders in ensuring free access to vulnerable groups 3. TFPs' willingness to internalize the relevance of IPROSARUDE initiatives 4. Commitment by health authorities to authorize the Clinic to

Intervention logic	Objectively verifiable indicators	Sources of verification	Assumptions
	10. Steps taken to create the global cervical cancer management service.		perform its services.

5.4. Support for the promotion of sustainable development

Intervention logic	Objectively verifiable indicators impact	Sources of verification	Assumptions
Overall objective: From 2018 to 2021, IPROSARUDE will have contributed to improving the health status of the population in the intervention provinces, access to quality health care and community development.			
Specific objective 4: From 2018 to 2021, IPROSARUDE will have contributed to promoting sustainable development through vocational training, increasing agricultural production and the creation of IGAs.	Number and nature of activities to promote sustainable development.	1. Activity reports	1. Interest of partners in supporting IPROSARUDE initiatives.
Expected outcomes : 1. The living conditions of 5, 000 households are improving thanks to small livestock breeding. 2. The living conditions of the beneficiaries of 100 soap factories and 150 product processing units are improving. 3. The income sources of 5,000 households are diversified thanks to mushroom cultivation. 4. The culture patterns of the surrounding populations of the 40 model fields are improving. 5. Agricultural activities are carried out on purchased land 6. Producers are diversifying the methods of fertilization with organic fertilizer made from waste. 7. 4 provinces have 720 VSLAs . 8. 2,500 young people supported start up SMEs. PME 9. The capacities of 200 young people in vocational occupations are being strengthened.	1. Additional needs met by small livestock breeding. 2. Additional needs met by soap factories and processing units 3. Additional income from mushroom cultivation. 4. Innovations in crop modes related to model fields. 5. Number and types of field activities carried out 6. Number of producers purchasing the new fertilizer and quantities sold. 7. Financial services rendered and the number of beneficiaries. 8. Impact: Number of SMEs created. 9. Number of training beneficiaries and types of capacity building.	1. IPROSARUDE Activity Reports 2. DPAE Services 3. Reports from communes hosting the activities	1. Responsiveness of service recipients. 2. Prices on the disposal markets are remunerative. 3. Recipients are receptive to the VSLA approach.
Activities to develop: 1. Initiate and promote small livestock breeding among beneficiaries (5,000	1. List of people identified to benefit from support for small	1. IPROSARUDE narrative and financial	1. Engagement of beneficiaries

Intervention logic	Objectively verifiable indicators impact	Sources of verification	Assumptions
<p>households).</p> <p>2. Establish product processing and preservation units (100 soap factories and 150 product processing units).</p> <p>3. Popularising mushroom cultivation (5,000 households).</p> <p>4. Implement 40 model fields in targeted communes.</p> <p>5. Buy 4 plots of land for agricultural activities.</p> <p>6. Set up a plant to transform waste into organic fertilizer</p> <p>7. Implement 720 VSLAs in 4 provinces.</p> <p>8. Support 2,500 young people in the learning and start-up of SMEs in promising niches in rural areas.</p> <p>9. Training 200 young people out of school in vocational occupations.</p>	<p>livestock breeding.</p> <p>2. List of persons identified to receive support for the creation of 100 soap factories and 150 processing units.</p> <p>3. List of households identified to try mushroom growing.</p> <p>4. Sites identified to house the 40 model fields.</p> <p>5. Steps taken to purchase the 4 plots of land.</p> <p>6. Steps taken to set up the plant.</p> <p>7. Provinces identified for VSLA implementation.</p> <p>8. List of young people identified to benefit from SME small business start-up support.</p> <p>9. List of young people identified for vocational training.</p>	<p>reports</p> <p>2. Personalities or organizations identified or approached to conduct, participate in or be associated with the various activities.</p>	<p>of initiated services</p> <p>2. The authorities and IPROSARUDE agree on the criteria for selecting the various beneficiaries.</p> <p>3. Partners accept their fields as templates.</p>

4. Strategic Plan Implementation Mechanism

IROSARUDE's governing bodies provide general guidance, while the day-to-day management and implementation of the strategic plan is carried out by the permanent staff team, which coordinates activities. The Executive Committee appoints permanent staff to ensure the day-to-day management of the organization in general, and to carry out planned activities in particular. But implementation of the strategic plan is the responsibility of the governing bodies and the Executive Committee.

4.1. Development of annual action plans

Each year, IROSARUDE will develop an annual action plan, or operational plan, drawn from the strategic plan to effectively operationalize the implementation of the plan. Results-based management also recommends that projects from the strategic plan be developed. The operational plan will include the planned annual activities, expected results, projected budgets, objectively verifiable indicators and those responsible for the activities.

4.2. Monitoring the implementation of the strategic plan

Led by IROSARUDE staff, the monitoring will be a measure of the performance of the implementation of the Strategic Plan. It is a mechanism that will allow IROSARUDE bodies to have an interested and participative viewpoint on the control of the implementation of the activities in relation to the forecasts in terms of expected results and, therefore, to the objectives set. Monitoring will provide opportunities for staff and bodies to make changes that reflect performance levels. More specifically, the follow-up will be organized as follows:

- Preparation of regular (monthly or quarterly) reports by staff based on performance indicators and results,
- Preparation of annual performance reports to be presented to the General Assembly.

4.3. Mid-term evaluation of the strategic plan

IROSARUDE will appreciate the opportunity to carry out a review, i. e. towards the end of 2019. If this is the option, it will be a matter of learning from actual implementation in order to improve subsequent design and implementation. This activity may be carried out by the research unit team or an external expert.

4.4. Final evaluation of the strategic plan

Depending on the means available, the final evaluation of the Strategic Plan will be carried out by an external evaluator at the end of 2021 in order to:

- measure the quality of interventions
- to identify the achievements and challenges encountered,
- appreciate the sustainability of the results and,
- Draw conclusions that may inform the subsequent activity, project or program.

A detailed report will be prepared to cover all these aspects of the implementation of the Strategic Plan. This will be an in-depth analysis of achievements and challenges/constraints in relation to results and objectives. It will not limit itself to assessing progress but will provide timely assessments of the relevance, effectiveness, efficiency, impact and sustainability of activities, projects or programs.

In retrospect, the question of relevance will come down to whether the results of an activity, a project or a program remain appropriate in the light of development in the situation. Effectiveness will measure the degree of economy with which inputs will be transformed into outputs. Efficiency (cost-effectiveness) will determine whether the costs of an activity, project or program can be justified by results (products and effects). Sustainability refers to the persistence of the benefits of an activity or project once key assistance has ceased.

The evaluation will enable IROSARUDE to draw lessons from activities or projects, drawn from the strategic plan, that have been successful and less successful. This is important to improve subsequent implementations by taking remedial action, if necessary, but also by ensuring that similar pitfalls are avoided in the future. Lessons learned, experience and knowledge gained from the evaluation will translate into progress in the development of decision-making processes, programming and management.

If resources do not permit, IROSARUDE will conduct the two evaluations itself. At mid-term or at the end of the Strategic Plan period, the Executive Committee will collect information/data from the reports and on the field to assess the achievements and challenges mentioned in the reports, trying to meet the above-mentioned criteria. This evaluation should also include an analysis of the perception of TFPs and other stakeholders. The conclusions of this evaluation by the Executive Committee shall be presented to the General Assembly.

5. The Strategic Plan Budgeting

N	Activities	UC	Freq.	TC (BIF)	TC
Strategic axis 1: strengthening IPROSARUDE governance and knowledge management					
1	Update 4 management Tools	4,000,000	4	16,000,000	8,979
2	Develop an advocacy strategy, a communication strategy, a capacity building plan and a practitioner's guide to good practice.(respectively 5000000, 5000000, 2000000 and 5000000)	4,250,000	4	17,000,000	9,540
3	Elaborate a strategy to strengthen access to maternal and child health services.	5,000,000	1	5,000,000	2,806
4	Recruit 2 resource persons in charge of maintenance and communication respectively	64,000,000	2	128,000,000	71,829
5	Realize 4 thematic studies on rural health	15,000,000	4	60,000,000	33,670
6	Acquire at least one infrastructure specific to IPROSARUDE (Building)	500,000,000	1	500,000,000	280,584
7	Train 80 CHWGs on CBD, referral and counter referral of patients and on community screening for malnutrition	18,000,000	1	18,000,000	10,101
8	Train 106 nurses and 4 doctors on cervical cancer screening and treatment.	50,000,000	1	50,000,000	28,058
Total Axis 1				794,000,000	445,567
Strategic Axis 2: Enhancing community health					
1	Establish 50 nurseries for fruit crops.	2,000,000	50	100,000,000	56,117
2	Protect watersheds by planting one million trees in 4 provinces	12,500,000	4	50,000,000	28,058
3	Host 192 radio programs to raise awareness of community health issues such as malnutrition, poor traditional practices, outdated medicines, prohibited drinks, unassisted deliveries, poor hygiene, etc.	15,000	192	2,880,000	1,616
4	Organize 64 mass awareness campaigns on sexual and reproductive health issues.	1,000,000	192	192,000,000	107,744
5	Develop 100 public taps around markets and other public places	1,000,000	100	100,000,000	56,117

N	Activities	UC	Freq.	TC (BIF)	TC
6	Initiate a pilot project to clean up the city of Gitega(400 public garbage cans) and to manage household waste and wastewater.	215000	400	86,000,000	48,260
7	Set up 100 NRCs	200,000	100	20,000,000	11,223
8	Establish 100 baby-friendly communities	200,000	100	20,000,000	11,223
9	Popularise 1,000 eco-friendly cookers.	50,000	1,000	50,000,000	28,058
10	Establish 26 youth-friendly health centres.	10,000,000	20	200,000,000	112,233
Total Axis 2				820,880,000	460,651
Strategic axis 3: Access to health services					
1	Conduct 2 advocacy campaigns for free access to health care for vulnerable groups	12,000,000	2	24,000,000	13,468
2	Build partnerships with 10 existing pharmacies	500,000	10	5,000,000	2,806
3	Equip 4 clinics	200,000	4	800,000	449
4	Install a pilot project for solar energy use in clinics	50,000,000	1	50,000,000	28,058
5	Sensitize beneficiaries of services to integrate health insurance companies (160 sessions)	5,000	160	800,000	449
6	Implement 3 new services not available (radiography, physiotherapy, microbiology)	37,500,000	4	150,000,000	84,175
7	Develop a partnership relationship with a northern hospital	5,000,000	1	5,000,000	2,806
8	Setting up a mobile clinic	150,000,000	1	150,000,000	84,175
9	Recruit 3 foreign volunteers to support specialties not available in Burundi	6,700,000	3	20,000,000	11,223
10	Establish a comprehensive cervical cancer management service(100 services) in the Gitega, Mwaro, and Kayanza health facilities(FOSA)	200,000	100	20,000,000	11,223
Total Axis 3				425,600,000	238,833
Axis 4: Support for the promotion of sustainable development					
1	Initiate and promote small livestock breeding among beneficiaries (5.000 households)	5,000	20,000	100,000,000	56,117
2	Establish product processing and preservation units (100 soap factories and 150 product processing units)	950,000	100	95,000,000	53,311
3	Popularising mushroom cultivation (5,000 households)	15,000	5,000	75,000,000	42,088
4	Implement 40 model fields in targeted communes.	2,500,000	40	100,000,000	56,117
5	Buy 4 plots of land for agricultural activities	30,000,000	4	120,000,000	67,340

N	Activities	UC	Freq.	TC (BIF)	TC
6	Set up a plant to transform waste into organic fertilizer	200,000,000	1	200,000,000	112,233
7	Implement 720 VSLAs in 4 provinces	15,000,000	4	60,000,000	33,670
8	Support youth in the learning and start-up of SMEs in promising niches in rural areas	2,500,000	50	125,000,000	70,146
9	Train youth out of school in vocational occupations	500,000	200	100,000,000	56,117
Total axis 4				975,000,000	541,138
General total				3,015,480,000	1,692,189
		Average exchange rate on 20/11/2017			
		1782			

6. Risk analysis and mitigation plan

During the update workshop, the exercise of identifying risks that are more or less likely to occur during the implementation of the program was carried out. Risks have been identified taking into account political, economic, social and other factors.

N°	Description	Type of risk	Gravity level	Explanation of the risk	Management Action Items/Response
1.	Persistent political instability	Political and financial	High	The persistence of the unrest linked to the 2015 elections could lead to the persistence of a situation of neither war nor peace that could lead to a freeze of funding.	Monitoring of the situation to identify IPROSARUDE's best contribution so that stakeholders can find win-win solutions to the political and information problems of the TFPs.
2.	Persistence of the situation of neither war nor peace	Political	High	This situation can limit mobility on the field and prevent IPROSARUDE from carrying out field activities due to the problems.	Monthly analysis of the context and taking of consequent measures according to the situation on the field.
3.	Existence of some misunderstandings between CSOs and government	Political	Medium	The crisis of trust between CSOs and the Government can undermine IPROSARUDE's room for maneuver.	As IPROSARUDE is an apolitical organization, it intends to maintain a dialogue with government actors in order to prove to the Government that its actions do not

N°	Description	Type of risk	Gravity level	Explanation of the risk	Management Action Items/Response
					constitute a counter-power but rather a contribution to the achievement of the objectives that the government has set itself to achieve.
4	Low project funding	Financial and strategic	High	The situation of political uncertainty may give rise to reticence on the part of IPROSARUDE's TFPs, which should affect the implementation of this plan.	To address this problem, IPROSARUDE plans to adopt, as a matter of urgency, a flexible funding mobilization strategy that can be adapted to different contexts.

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Appendix 1 : Strategic plan Monitoring and Evaluation Matrix

Type	Description	Indicators (OVI)	Base (%)	2018	2019	2020	2021
1. Strengthening IPROSARUDE governance and knowledge management							
A11	Update 4 management tools	Consultancy TOR	0	100	100	100	100
A12	develop 3 strategies (advocacy, communication and access to health services), a capacity building plan and a practitioner's guide to good practice.	Consultancy TOR	0	100	100	100	100
A13	Recruit 2 resource persons (Maintenance and communication)	Recruitment notice	0	100	100	100	100
A14	Realize 4 thematics	Consultancy TOR	0	100	100	100	100
A15	Acquire at least one infrastructure specific to IPROSARUDE	Approaches to acquiring infrastructure	0	25	50	75	100
A16	Train 80 CHWG on CBD techniques and community screening for malnutrition	Training TOR	75	100	100	100	100
A17	Train 106 nurses and 4 doctors on cervical cancer screening and treatment	Training TOR	75	100	100	100	100
R11	<i>4 management tools are updated</i>	<i>Number of tools elaborated</i>	<i>0</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
R12	<i>IPROSARUDE improves its advocacy, communication and good practices and strengthens access to maternal and child health services</i>	<i>New approaches in advocacy, communication, and practitioner's practices and the rate of increase in beneficiaries of maternal and child health services.</i>	<i>0</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
R13	<i>Maintenance and communication capabilities are enhanced</i>	<i>Services provided by the resource persons in place initially requested outside</i>	<i>0</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
R14	<i>8 themes on rural health are documented</i>	<i>Number of rural health themes documented and content</i>	<i>0</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
R15	<i>With the infrastructure, rental charges decrease</i>	<i>Amount saved through reduced rental charges</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>0</i>	<i>100</i>
R16	<i>Capacities of 80 CHWGs are strengthened</i>	<i>Number of CBD cases and community malnutrition screening treated with new CHWG competencies</i>	<i>75</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>
R17	<i>Capacities of 106 nurses and 4 doctors are strengthened</i>	<i>Number of doctors and nurses trained and number of patients treated by training recipients</i>	<i>75</i>	<i>100</i>	<i>100</i>	<i>100</i>	<i>100</i>

Type	Description	Indicators (OVI)	Base (%)	2018	2019	2020	2021
2. Enhancing community health							
A21	Establish 50 nurseries for fruit crops	Workforce employed in nurseries	0	25	50	75	100
A22	Protect watersheds by planting one million trees	Number of people employed during plantation	0	25	50	75	100
A23	Host 192 radio programs to raise awareness of community health issues	Number of programs/ number of type of subjects programmed/ number of medias identified to be associated	0	25	50	75	100
A24	Organize 64 mass awareness campaigns on sexual and reproductive health thematic	Number of campaigns/ number and types of topic	0	25	50	75	100
A25	Develop 100 public taps around markets and other public places	Order forms for fitting out taps	0	0	100	100	100
A26	Initiate a pilot project to clean up the city of Gitega (400 public garbage cans).	Remediation project document	0	0	100	100	100
A27	Set up 100 NRCs.	Concept note on the implementation of the 100 NRCs	0	0	50	100	100
A28	Establish 100 baby-friendly communities.	Concept note on community building	0	0	50	100	100
A29	Popularise 1,000 eco-friendly cookers	Concept note on the extension of cookers	0	0	0	100	100
A210	Establish 26 youth-friendly health centres	Order forms for setting up health centers	0	0	50	100	100
R21	<i>Distributed young fruit plants help improve community health</i>	<i>Number of seedlings distributed and number of beneficiaries consuming the fruit of the seedlings distributed</i>	<i>0</i>	<i>25</i>	<i>50</i>	<i>75</i>	<i>100</i>
R22	<i>One million trees planted contribute to protecting the environment</i>	<i>Number of trees planted</i>	<i>0</i>	<i>25</i>	<i>50</i>	<i>75</i>	<i>100</i>
R23	<i>The public is informed about community health issues</i>	<i>Memories and behaviors of people affected by awareness raising on community health issues</i>	<i>0</i>	<i>25</i>	<i>50</i>	<i>75</i>	<i>100</i>
R24	<i>The public is informed about SRH aspects</i>	<i>Memories and behaviors of people affected by SRH awareness raising</i>	<i>0</i>	<i>25</i>	<i>50</i>	<i>75</i>	<i>100</i>
R25	<i>Public taps contribute to sanitation and hygiene around 100 markets</i>	<i>Hygiene level compared to the situation before taps</i>	<i>0</i>	<i>0</i>	<i>100</i>	<i>100</i>	<i>100</i>
R26	<i>400 garbage cans and other waste management mechanisms contribute to the sanitation of the city of Gitega</i>	<i>Hygiene level compared to the situation before public garbage cans</i>	<i>0</i>	<i>0</i>	<i>100</i>	<i>100</i>	<i>100</i>
R27	<i>100 NRCs contribute to the fight</i>	<i>Number of children</i>	<i>0</i>	<i>0</i>	<i>50</i>	<i>100</i>	<i>100</i>

Type	Description	Indicators (OVI)	Base (%)	2018	2019	2020	2021
	<i>against acute and chronic malnutrition</i>	<i>receiving NRC services</i>					
R28	<i>100 baby-friendly communities contribute to the fight against acute and chronic malnutrition</i>	<i>Number of beneficiaries of baby-friendly community services</i>	0	0	50	100	100
R29	<i>1,000 ecological cookers serve as a model for contributing to environmental sanitation</i>	<i>Changes in behavior towards ecological cookers</i>	0	0	0	100	100
R210	<i>20 youth-friendly health centers contribute to the fight against acute and chronic malnutrition</i>	<i>Number of youth-friendly health centers service recipients</i>	0	0	50	100	100
3. Access to health services							
A31	Conduct 2 advocacy campaigns for free access to health care for vulnerable groups	Concept note on campaign preparation	0	0	100	100	100
A32	Build partnerships with 10 existing pharmacies	Steps taken to establish partnerships	0	100	100	100	100
A33	Equip 4 clinics	Equipment purchase orders	0	25	50	75	100
A34	Install a pilot project for solar energy use in clinics	Solar energy use project document	0	0	100	100	100
A35	Sensitize beneficiaries of services to integrate health insurance companies (160 sessions)	Message prepared to ensure awareness	0	50	100	100	100
A36	Implement 3 new services not available (radiography, physiotherapy, microbiology)	Steps taken to implement the 3 new services	0	0	100	100	100
A37	Develop a partnership relationship with a northern hospital	Steps initiated to propose the partnership	0	100	100	100	100
A38	Setting up a mobile clinic	Steps taken to start the mobile clinic	0	0	100	100	100
A39	Recruit 3 foreign volunteers to support specialities not available in Burundi	TOR to recruit the 3 volunteers	0	100	100	100	100
A310	Establish a comprehensive cervical cancer management service(100 services) in the Gitega, Mwaro and Kayanza health facilities(FOSA)	Steps taken to create the global cervical cancer management service	0	0	100	100	100
R31	<i>Stakeholders are made aware of the importance of free health care for vulnerable groups</i>	<i>The number of stakeholders reached by advocacy campaigns and their reactions after the message</i>	0	0	100	100	100
R32	<i>Medicines are more accessible thanks to the partnership relationships with the 10 pharmacies</i>	<i>Facilitated by partnerships and types of medicines that have become more accessible than the initial situation</i>	0	100	100	100	100
R33	<i>The capacities of the 4 clinics</i>	<i>Number and types of</i>	0	25	50	75	100

Type	Description	Indicators (OVI)	Base (%)	2018	2019	2020	2021
	<i>are strengthened</i>	<i>equipment</i>					
R24	<i>The solar energy used in clinics improves hospitalization conditions</i>	<i>The increase in the number of lighting hours made possible by solar energy</i>	0	0	100	100	100
R35	<i>Recipients of affected services learn about the need to integrate health insurance companies</i>	<i>Number of new requests from health insurance companies</i>	0	50	100	100	100
R36	<i>Additional radiography, physiotherapy, and microbiology services compensate for the lack of specialized services</i>	<i>The number of beneficiaries of specialized services and their rate increase</i>	0	0	100	100	100
R37	<i>Access to health services is increasing through the partnership relationship with a northern hospital</i>	<i>The number and types of health services provided by the hospital partnership</i>	0	100	100	100	100
R38	<i>The access to health services is increasing thanks to the establishment of a mobile clinic</i>	<i>New services and facilities attributable to the mobile clinic</i>	0	0	100	100	100
R39	<i>The number of specialized services is increasing thanks to the 3 foreign volunteers recruited</i>	<i>The number and types of specialized services provided by the 3 volunteers</i>	0	100	100	100	100
R310	<i>Comprehensive management of cervical cancer compensates for lack of specialized services in the Gitega, Mwaro, and Kayanza health facilities(FOSA)</i>	<i>The number of people receiving comprehensive management of cervical cancer</i>	0	0	100	100	100
4. Support to the promotion of sustainable development							
A41	Initiate small livestock in 5,000 households	List of people identified to benefit from support for small livestock breeding	0	25	50	75	100
A42	Create 100 soap factories and 150 product processing units	List of persons identified to receive support for the creation of soap factories and processing units	0	0	50	75	100
A43	Popularize mushroom cultivation among 5,000 households	List of persons identified to try mushroom growing	0	0	50	75	100
A44	Implement 40 model fields in targeted communes	Sites identified to house the 40 model fields	0	25	50	75	100
A45	Buy 4 plots of land for agricultural activities	Steps taken to purchase the 4 plots of land	0	0	50	100	100
A46	Set up a plant to transform waste into organic fertilizer	Steps taken to set up the plant	0	0	0	100	100
A47	Implement 720 VSLAs in 4 provinces	Provinces identified for VSLA implementation	0	25	50	75	100
A48	Support 2,500 young people in the learning and start-up of SMEs in promising niches in rural areas	List of young people identified to benefit from SME small business start-up support	0	25	50	75	100
A49	Training 200 young people out of	List of young people	0	0	100	100	100

Type	Description	Indicators (OVI)	Base (%)	2018	2019	2020	2021
	school in vocational occupations	identified for vocational training					
R41	<i>The living conditions of 20,000 households are improving</i>	<i>Additional needs met by small livestock breeding</i>	0	25	50	75	100
R42	<i>The living conditions of the beneficiaries of soap factories and product processing units are improving</i>	<i>Additional needs met through these IGAs</i>	0	0	50	75	100
R43	<i>The income sources of 5,000 households are diversified thanks to mushroom cultivation</i>	<i>Additional income from mushroom cultivation</i>	0	0	50	75	100
R44	<i>The culture patterns of the surrounding populations of the 40 model fields are improving</i>	<i>Innovation in crop models related to model fields</i>	0	25	50	75	100
R45	<i>Agricultural activities are carried out on purchased land</i>	<i>Number and types of field activities carried out</i>	0	0	50	100	100
R46	<i>Producers are diversifying the methods of fertilization with organic fertilizer made from waste</i>	<i>Number of producers purchasing the new fertilizer and quantities sold</i>	0	0	0	100	100
R47	<i>4 provinces have VSLAs</i>	<i>Financial services provided and the number of beneficiaries</i>	0	25	50	75	100
R48	<i>2,500 youth supported start-up SMEs</i>	<i>Number of SMEs created</i>	0	25	50	75	100
R49	<i>The capacities of 200 youth in vocational occupations are being strengthened</i>	<i>Number of training beneficiaries and types of capacity building</i>	0	0	100	100	100

Appendix 2: List of participants in the planning workshop

N°	Full name	Posts	Contacts
1.	Dr BIGIRIMANA Joseph	Legal Representative IPROSARUDE	79978670/61282067
2.	Dr NDAYIRUKIYE Jean Pierre	Executive Director of IPROSARUDE	79927913/77828505
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4.	IRAKOZE Joëlle	Administrative and Financial Manager	79410588
5.	MUFAFARA Claudine	Project manager/ joint programme	79900616
6.	TUYIZERE Cyprien	Capacity Building Officer	76152659
7.	KINEZERO Mathias	Facilitator	79276249/76252114