

REPUBLIC OF BURUNDI



MINISTRY OF PUBLIC HEALTH



**BURUNDI PROPOSAL OF SUPPORT FOR THE
REINFORCEMENT OF THE HEALTH SYSTEM**



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<u>Contents</u>	<u>PAGES</u>
INTRODUCTION.....	1
1. DESCRIPTION OF THE PROPOSAL	1
<i>Field 1: Development of the technical capacities of health personnel, health committees and community health agents</i>	1
<i>Field 2: Reinforcement of the organisation and management of health services</i>	2
<i>Field 3: Reinforcement of key interventions in maternal and child health</i>	3
<i>Field 4: Control and monitoring /evaluation of health activities</i>	3
<i>Field 5: Expertise within the framework of the execution of RSS actions</i>	4
2. JUSTIFICATION FOR THE PROPOSAL	4
3. THE PRINCIPAL ACTIONS FOR THE REINFORCEMENT OF THE HEALTH SYSTEM IN THE 3 PROVINCES : BURURI, KAYANZA, GITEGA.....	7
4. MONITORING THE PROGRESS OF THE IMPLEMENTATION OF THE PROPOSAL.....	12
5. EXPECTED PROGRESS IN THE INDICATORS, IN TIME	13

1.1 List of initials and abbreviations

MII	: Mosquito nets impregnated with insecticide
BPS	: Provincial Health Bureau
BSS	: Health Sector Bureau
CDS	: Health Centre
CV	: Vaccinal Coverage
DTC-HepB-Hib	: Anti-diphtheria-anti-tetanus-anti-whooping cough anti-hepatitis B and anti-haemophilus influenza type B vaccine
EPISTAT	: Epidemiology and Statistics Cell
GAVI	: Global Alliance for Vaccines and Immunisation
GIVS	: Global Immunization Vision and Strategy
IEC	: Information, Education and Communication
MICS	: Multi Indicators Cluster Survey
MPDR	: Ministry for the Planning of Development and Reconstruction
OMS	: World Health Organisation
ONGs	: Non Governmental Organisations
PCIME	: Integrated assumption of responsibility for Children's Diseases
PMA	: Minimum package of activities
PEV	: Expanded Programme on Immunization (EPI)
PFA	: Acute flaccid paralysis
IPPTE	: Initiative of Highly Indebted Poor Countries
PVF	: Financial Viability Plan
SIS	: Medical information system
TMN	: Maternal and Neonatal tetanus
UNICEF	: United Nations Children's Fund
USD	: United States of America Dollar (Dollar American)
VAR	: Anti-measles vaccine
VAT	: Anti-tetanus vaccine
Vit A	: Vitamin A
VPO	: Oral anti-polio vaccine

INTRODUCTION

Since the beginning of 2004, the Ministry of Health Public and its partners have undertaken a process of planning both participative and inclusive of all the actors concerned (recipients of health care, persons in charge of health at all levels, the civil society and the partners in health development) to draw up a report on the sector and to propose the broad strategic lines and the action priorities as well as the methods of financing the health sector.

The key stages in this planning process are:

- Preparation, conduct and adoption of the report on the General States of Health;
- Preparation, development and adoption of the National Policy on Health 5PNS 2005-2015);
- Preparation, development and adoption of the National Plan for Medical Development (PNDS 2006-2010);

The objectives of the PNDS 2006-2010 are:

- The reduction of the ratio of maternal and neonatal mortality;
- The reduction of the infant-juvenile death rate;
- The reduction of the rate of morbidity related to transmissible and non-transmissible diseases;
- Reinforcement of the performances of the health services;

This last objective constitutes a transverse component for the three other objectives and creates an environment favourable to the fight against disease.

The reinforcement of the health system is one of the priorities of the National Plan for Medical Development (PNDS 2006-2010) and enters the line of the national strategy of economic growth and reduction of poverty(2007-2009).

1. DESCRIPTION OF THE PROPOSAL

The Burundi proposal concerning the reinforcement of the health system falls under the achievement of objective no. 4 of the National Plan for Medical Development 2006-2010 and aims to improve the performance of **four medical provinces (Bururi, Gitega, Kayanza, Mwaro)**, with weak health indicators including vaccine cover and not currently benefiting from partners (financial backers) in health development.

However certain actions will be developed at the national level in order to allow the maintenance of national vaccine cover at a very high level.

The principal fields identified in this proposal for reinforcement of the health system of the three provinces are:

- Development of the technical capabilities of health personnel, health committees and community health agents,
- Reinforcement of the organization and management of the health service,
- Reinforcement of the key interventions in maternal and child health
- Control, monitoring and evaluation of the health activities of districts by the central level
- Expertise within the framework of the execution of RSS actions

Field 1: Development of the technical capabilities of health personnel, health committees and community health agents

In the district health and hospital centres of these 4 provinces, the technical capabilities of the personnel are weak in assuming integrated responsibility for children's diseases, in the practical use of partograms, in taking care of obstetrical emergencies, laboratory diagnosis, epidemiologic monitoring, in the technique of the supervision and monitoring/evaluation of health activities.

The low technical capability also relates to the members of the health committees and the community health agents who are important actors in the community management of health centres and in the execution of community health activities initiated by the medical districts.

Efforts must be made by the Ministry of Health with the support of the partners in the continuous training of health personnel, health committees and community health agents in order to arrive at a quality of health care appreciable technically by the health personnel in charge and acceptable by the population. The development of the technical capabilities of health personnel, health committees and community health agents will necessarily go through the development of the provincial plans for continuous training for all categories of health personnel in order to contribute to develop their skills and to the implementation of the minimum package of activities (LDC) at the level of health centres and the community level and to the installation of the package complementary to the essential care at the level of the district hospitals.

The table below gives the situation of human resources planned from 2007 in the 4 provinces according to the standards adopted in September 2006.

Standards of health personnel

Province	Inhabitants	Medical districts	Hospitals	Health centres	No. of inhab.	No. of inhab.	Standards of health personnel from 2007 *				
					/hospital	/ CDS	Doctors	Nurses	Techn. promotion of health	Hygiene workers	Administrative and management personnel
BURURI	505,038	4	4	48	126,259	10,522	8	508	52	316	84
GITEGA	719,543	4	5	34	143,909	21,163	10	419	34	265	79
KAYANZA	541,776	2	1	34	541,776	15,935	4	290	34	208	52
Mwaro	260,088	2	1	21	260,088	12,385	2	142	21	124	30
Total	2,026,445	12	11	137	-	-	24	1,359	141	913	245

* Standards adopted in 2006

Community involvement

Province	Inhabitants	Medical districts	Hospital	Health centres	No. of inhab.	No. of inhab.	Standards of health agents from 2007 *	
					/hospital	/ CDS	Health committees	Community health agents
BURURI	505,038	4	4	48	126,259	10,522	48	508
GITEGA	719,543	4	5	34	143,909	21,163	34	419
KAYANZA	541,776	2	1	34	541,776	15,935	34	290
Mwaro	260,088	2	1	21	260,088	12,385	21	140
TOTAL	1,766,357	10	10	116	-	-	137	1357

* Standards adopted in 2006

Field 2: Reinforcement of the Organization and management of health services

The priorities in this field are the installation of health planning and budgeting procedures, the reinforcement of the health information system at the provincial level and the level of the health district and the installation of the mechanisms and tools for the management of resources.

The interventions in this field aim at developing the capabilities of the health services and the Community organizations to correctly manage the implementation of health activities and resources within a framework of contractualisation based on the total performance of the health services.

Field 3: Reinforcement of the key interventions in maternal and child health

The following table show the very low indicators of maternal and child health apart from those of vaccination.

Province	Inhabitants	Medical district	Hospitals	Health centres	/hospital	No. of inhab / CDS	Rate of coverage DTC-Hib / hepB3 %	Rate of coverage anti measles vacc.. %	Rate of neonatal mortality in the health structures	Rate of maternal death in the health structures	Rate of assisted childbirth
BURURI	505,038	4	4	48	126,259	10,522	77.8	70.5	3.5	156.4	6.4
GITEGA	719,543	4	5	34	143,909	21,163	88.4	82.6	23.4	165.8	13.3
KAYANZA	541,776	2	2	34	270,888	15,935	89.3	96.4	11.6	193	18.0
Mwaro	260,088	2	1	21	260,088	12,385	79.7	82.1	9	424	10.7
TOTAL	1766 357	-	10	116	-	-	-	-	-	-	-

Source : EPISTAT

Consequently, in addition to the activities programmed in field 1, which improves the quality of the services offered to the woman and children, the installation of the reference against reference, the introduction of the clinical and community PCIME, the practical use of the partogram in maternity departments of district health centres and hospitals, the distribution of mosquito nets impregnated with insecticide (MII) to children during vaccination against measles and the continuation of the strategy "Week dedicated to the health of the mother and child" whose impact on the survival of the mother and child no longer needs to be demonstrated, will be organised in the 4 provinces.

However, despite the fact that the support requested from the GAVI focuses on the four provinces with weak cover, the continuation of the strategy "Week dedicated to the health of the mother and child" will be organized at the national level in order to maintain national vaccine coverage at a very high level.

Field 4: Control and monitoring/evaluation of health activities

The production of health data at all levels of the health system on the basis of the essential performance indicators of the health system including the community level for the decision-making, planning and the monitoring /evaluation of health programs is one of the major results expected from the PNDS 2006-2010.

However, the health information system in the 4 provinces reveals weaknesses at the level of the tools for the collection, recording, processing and distribution of data and at the skill level in the analysis of the data for decision-making.

The capacities for the electronic transfer of the databases at the central level are not yet available. To reinforce the health information management, the provincial health offices and district hospitals must have protected data-processing tools.

In addition, the technical skills of monitoring and evaluation of performance are weak and remain to be developed at the district level and at the provincial and central level to allow the monitoring and evaluation of the degree of achievement of the objectives of the country, and the OMD.

The monitoring of the execution of this RSS proposal presented to the GAVI will be integrated in the monitoring-evaluation of the PNDS 2006-2010 steered at a high level by the health topics group of the National Committee for coordination of assistance in the process of formalization to the second Vice Presidency of the Republic.

The Director General of Resources and the Director General of Public Health supported technically by a multidisciplinary team of executives chosen from the various services at the central level (having skills in planning, management, staff training, implementation of contractualisation based on performance, and evaluation of health services and programs at the operational level) will ensure the operational monitoring of the implementation of the proposal.

Planning of the support of the central level at the intermediate and peripheral level will be decreed annually and will be the subject of quarterly and annual evaluation.

The realization of the evaluations of operations and the performance of health centres, district hospitals, provincial health offices and health programs, constitutes the database for the production of the factual base necessary for the improvement of health policies and strategies.

This mission in the three provinces will be entrusted to the department of research of the INSP in collaboration with the WHO and UNICEF.

Field 5: Expertise within the framework of the execution of RSS actions

To accelerate the implementation of the proposal, an expertise will be necessary in the following fields:

- The fast evaluation of the needs and development of the provincial and district plans for the continuous training of personnel;

The period covered by this support requested from the GAVI for the reinforcement of the 4 provinces is **five (5) years from 2007**. The investments and the activities are spread out over the five years

2. JUSTIFICATION FOR THE PROPOSAL

Burundi made significant progress in terms of improvement in the health of the population from the end of 1950 until 1993. Before the war of 1993, this improvement was amongst other things demonstrated by the reduction of mortality and morbidity. This progress was thanks to the improvement of living conditions, in particular access to drinking water, improvement of the habitat, generalization of vaccination and the progressive coverage of the country as regards patient care at the level of health centres and hospitals.

With the return of peace and security, the Government of Burundi, in its National Health Policy 2005-2015 has set itself the objective of rectifying the situation and reinforcing the health system since one of the major problems handicapping the improvement in the quality of health care is the weak performance of the health system.

Since 2004, in order to demonstrate fairness in the financing of the medical provinces, the strategy of directing a partner (financial backer) by province was adopted by the Ministry of Health.

The following table shows the partners who have already been announced for the financing of the health development of the country's provinces.

Province	Inhabitants	Hospitals	Health centres	Rate of coverage DTC-Hib/hepB3	Rate of contraceptive coverage	Financial backers
				%	%	
BURURI	505,038	4	48	77.8	1.5	GAVI (proposal)
GITEGA	719,543	5	34	88.4	2.2	GAVI (proposal)
MWARO	260,088	1	21	79.7	2.0	GAVI (proposal)
KAYANZA	541,776	1	34	89.3	2.2	GAVI (proposal)
BUBANZA	348,215	1	17	82.6	1.2	EUROPEAN UNION
BUJA-RURAL	508,974	1	46	95.6	1.2	NGOs (humanitarian emergency)
BUJA-MAIRIE	385,241	12	86	89.1	10.7	To be sought
CANKUZO	203,137	2	15	95.2	1.5	EUROPEAN UNION
CIBITOKI	410,629	2	40	101.7	1.2	EUROPEAN UNION
KARUZI	329,431	1	13	113.3	1.2	MSF Belgium
KIRUNDO	587,796	1	34	84.4	2.2	BELGIAN COOPERATION
MAKAMBA	261,606	1	42	133.1	1.2	Cordaid
MURAMVYA	287,144	2	19	92.4	2.2	To be sought
MUYINGA	560,123	1	32	122.6	3.0	To be sought
RUTANA	287,692	2	27	91.7	0.4	EUROPEAN UNION
RUYIGI	300,031	3	22	114.8	1.3	EUROPEAN UNION
NGOZI	702,939	2	43	73.4	3.2	SWISS COOPERATION
TOTAL	1,766,357	42	572	93.6	2.4	

Burundi's proposal to GAVI for the reinforcement of the health system is in addition to the efforts made since 2004 by the government and the other partners in the financing of the rehabilitation of the national health system. The training and motivation of health personnel, health committees and community health agents will make it possible to improve the skills and performance of health personnel while the rehabilitation and equipment of hospitals and health centres and the reinforcement of the organization and management of health services will make it possible to improve the availability of the services. These combined actions will appreciably improve the supply of both preventive and curative services in the medical districts targeted for intervention.

The activities proposed aim at reinforcing the provincial health systems through the improvement of the quality of the services provided to the population in general and the vaccination services in particular.

This choice is dictated by the fact that by attacking the weaknesses which handicap the health system of these three provinces at the operational level, it will be possible to allow the national health programmes to improve the health indicators.

The support of GAVI will make it possible to raise the indicators of maternal and child health including the vaccine coverage by achieving the national goal of more than 80% of coverage for all the country's provinces.

At the end of the support period, thanks to the increase in the use of health services and the improvement in the management of resources, the district health centres and hospitals will be able to balance their operational budget in terms of receipts and expenditure.

The government and partners will continue to support the medical districts in terms of the necessary investments and in the implementation of the major actions in public health which exceed their financial and technical capacity

3. Principal actions for the reinforcement of the health system in the 4 provinces : Bururi, Kayanza, Gitega and Mwaro.

<i>Fields</i>	Specific objectives	Principal actions	Activities	Managers	Budget 2007	Budget 2008	Budget 2009	Budget 2010	Budget 2011	Total costs in USD \$
1.Development of the technical capabilities of personnel	Improve the technical skills by 100 % of health personnel in the 4 provinces by 2010.	Continuous training of health personnel, nurses and nursing aides	Develop a plan and programme of continuous training of personnel (Doctors, district supervisors, nurses in CDS and hospitals) on the following topics: - Taking care of obstetrical emergencies at the CS level - Practical use of partograms - Taking care of surgical-obstetrical emergencies at the hospital level	General Management of Health, Management of Health services and programmes, Provincial health bureaux	10 000					10,000
			Organise sessions by year and by topic for the continuous training of 250 managers (Doctors, district supervisors, nurses in CDS and hospitals) on the first 3 topics mentioned above	General Management of Health, Management of Health services and programmes, Provincial health bureaux	100 000	350 000	350 000			800,000
			Organise sessions of 3 months a year for 6 district doctors in surgical-obstetrical emergencies in the hospitals of 1 st reference of Bujumbura.	General Management of Health, National programme of reproduction health, Provincial health bureaux and the Hospitals of Bujumbura	24 000	24 000	24 000			72,000

<i>Fields</i>	<i>Specific objectives</i>	<i>Principal actions</i>	<i>Activities</i>	<i>Managers</i>	Budget 2007	Budget 2008	Budget 2009	Budget 2010	Budget 2011	Total costs in USD \$
2.Organisation and management of health services in the 4 provinces	<i>By 2010, improve the organisation and management of the health services</i>	<i>Effective integration of health services and programmes in the execution of health interventions at all levels</i>	Equip each of the 12 medical districts and the 4 medical provinces with 1 supervision vehicle and 1 supply vehicle to	General Management of resources, Management of infrastructures and equipment, the 4 provincial bureaux in collaboration with UNICEF	480,000	480,000				960,000
			Equip each BPS with 1 supervision vehicle (4 vehicles)	General Management of resources, Management of infrastructures and equipment, the 4 provincial bureaux in collaboration with UNICEF	160,000					160,000
			Equip the communal coordinators for the promotion of health with 42 motorcycles	General Management of resources, Management of infrastructures and equipment, the 4 provincial bureaux in collaboration with UNICEF	84,000					84,000
			Equip the health centres of the 3 medical provinces with 116 bicycles	General Management of resources, Management of infrastructures and equipment, the 4 provincial bureaux in collaboration with UNICEF	11,600					11,600
		<i>Reinforcement of the SNIS in order to make it capable of integrating and managing essential data in view of making an enlightened decision</i>	Equip the BPS, medical districts and hospitals with computer and Internet hardware and software (40 IT Kits and training for the 3 medical provinces)	General Management of resources, Management of infrastructures and equipment, the 4 provincial bureaux in collaboration with UNICEF	120,000					120,000

Fields	Specific objectives	Principal actions	Activities	Managers	Budget 2007	Budget 2008	Budget 2009	Budget 2010	Budget 2011	Total costs in USD \$
		<i>Set up a system for the motivation of health personnel and the health committees of district health centres and hospitals through contractualisation based on the global performance of health services</i>	Develop and execute plans for the motivation of health personnel (health centres, Hospitals, medical district bureaux, provincial health bureaux) and health committees	General Management of Health, Management of Health services and programmes, EPI, provincial health bureaux and medical district bureaux	60 000	750 000	750 000	250 000	250 000	2 060 000
3. Reinforcement of interventions in maternal et child health		<i>Set up a system of reference and cross-reference in the 8 districts of the 4 medical provinces (Bururi, Gitega, Kayanza)</i>	Purchase 8 ambulances and communication materiel for the CDS and Hospitals of the medical district in the 4 provinces	General Management of resources, Management of infrastructures and equipment, the 4 provincial bureaux in collaboration with UNICEF	800 000					800 000
		<i>Growth of the rate of coverage of preventive and curative services for women and children</i>	Contribute to the purchase and distribution of MII to children during vaccination against measles in the 4 provinces	General Management of Health, Management of Health services and programme, EPI, Provincial health bureaux and medical district bureaux	244 000	150 000	150 000	150 000	150 000	844 000
			Contribute twice a year to the operational costs of the health of mother and child week	General Management of Health, Management of Health services and programme, EPI, Provincial health bureaux and medical district bureaux	300 000	300 000	300 000	300 000	300 000	1 500 000
			Introduction of the PCME and community clinic in the 12 districts	General Management of Health, Management of Health services and programme, EPI, Provincial health bureaux and medical district bureaux	80 000	160 000	120 000			360 000

Fields	Specific objectives	Principal actions	Activities	Managers	Budget 2007	Budget 2008	Budget 2009	Budget 2010	Budget 2011	Total costs in USD \$
4. Control and S/E by the central level	<i>Reinforce the control of the 4 medical provinces by the central level</i>	<i>Reinforcement of capabilities of the central level in its role of S/E planning at the intermediate and peripheral levels</i>	Install and assure the operation of teams of executives from the central level responsible for bring technical support to each province benefiting from GAVI support (4 vehicles, costs of supervision)	General Management of Health, Management of Health services and programmes, EPI, provincial health bureaux and medical district bureaux	210 000	50 000	50 000	50 000	50 000	410 000
		<i>External reviews</i>	Organise annual reviews, mid term in 2009 and final in 2011, of the health activities of the medical districts of the 3 provinces benefiting from GAVI funds by the research department of the INSP	General Management of Health, Management of Health services and programmes, INSP	10 000	10 000	10 000	10 000	10 000	50 000
6. Expertise within the framework of the execution of RSS actions	<i>Accelerate the implementation of the execution of the RSS</i>	<i>Rapid evaluation of the needs and rapid development of the continuous training plan for health personnel, health committees</i>	Evaluate the needs of the medical districts	General Management of Health, Management of human resources, Management of Health services and programmes, EPI, provincial health bureaux and medical district bureaux	10 000					10 000

MONITORING THE PROGRESS OF THE IMPLEMENTATION OF THE PROPOSAL

The General Manager of Resources and the General Manager of Public Health supported technically by a multidisciplinary team of executives chosen from the various departments of the central level will assure the operational monitoring of the implementation of the proposal.

The table below suggests the indicators which will be monitored in the implementation of the support granted by GAVI at the medical districts level.

	Indicator(s)	Source(s) of data
RSS contributions Availability of funds at the operational level - Use of funds	• % of medical districts having benefited from GAVI funds over time ▪ Rate of execution of funds	▪ Half yearly monitoring / evaluation report by the central level ▪ Financial evaluation report by the central level ▪ Internal and external financial audit
Principal RSS actions (financed by GAVI) Continuous training of medical personnel, nurses and nursing aides. Effective integration of health services and programmes in the execution of medical interventions at all levels. Reinforcement of the SNIS in order to make it capable of integrating and managing the essential data with a view to making an enlightened decision Set up a system for the motivation of health personnel and the health committees of district health centres and hospitals through contractualisation based on the global performance of health services.	▪ Number of personnel trained or reassigned ▪ % of care structures having integrated the PCME approach ▪ % of care structures possessing a PMA. ▪ Number of medical districts possessing a completed and protected database ▪ Number of medical districts with data promptly entered >80% ▪ Number of medical districts with completeness of data >90% ▪ % of medical structures using the strategy for the motivation of the personnel through contractualisation based on performance	▪ Training report ▪ Monthly, quarterly and annual report of the EPISTAT routine ▪ Half yearly monitoring / evaluation report by the central level ▪ Supervision report ▪ Internal and external evaluations ▪ Weekly and monthly routine reports ▪ Activity reports ▪ Financial balance sheets ▪ Half yearly monitoring / evaluation report by the central level

Principal RSS actions (financed by GAVI)	Indicator(s)	Sources of data
Setting up a system of reference and cross- reference in the 12 districts of the 4 medical provinces (Bururi, Gitega, Kayanza et Mwaro. Growth of the rate of coverage of preventive services for women and children through the distribution of MII and the organisation of the week dedicated the health of the mother and child Reinforcement of the capabilities of the central level in its role of S/E planning at the intermediate and peripheral levels Rapid evaluation of the needs and rapid development of the continuous training plan for health personnel, health committees	▪ Number of medical districts possessing a functional system of reference and cross reference ▪ Number of pregnant women referred and treated by caesarean ▪ Number of other illnesses referred ▪ % of coverage in MII among those less than 5 years old ▪ Number of unvaccinated children recovered ▪ Strategic and annual plans at the intermediate and peripheral levels developed ▪ Plan for continuous training of personnel developed ▪ Plan for training health committees developed	▪ Monthly, quarterly and annual report of the EPISTAT routine ▪ Half yearly monitoring / evaluation report by the central level ▪ Routine reports ▪ Supervision reports - Half yearly monitoring / evaluation report by the central level - Half yearly monitoring / evaluation report by the central level
Results (impact on the capacity of the system)	▪ % of district care structures having been supervised per month ▪ % of CDS applying the PCIME strategy ▪ % of medical structures using the strategy for the motivation of the personnel through contractualisation based on performance ▪ Indicator of quality and motivation ▪ Rate of coverage in MII (among infants of 0-11 months)	EPISTAT report EPISTAT report Half yearly monitoring / evaluation report by the central level Half yearly monitoring / evaluation report by the central level EPISTAT report
Impact on vaccination	• % of DTC3 coverage • % of systematic measles coverage	EPISTAT report
Impact on infant mortality	• Rate of infant mortality • Deaths due to measles	Demographic and health survey Epistat (surveillance)

EXPECTED PROGRESS IN THE INDICATORS, OVER TIME

The evolution of the indicators over time will be monitored annually from the following estimates:

Indicator(s)	Indicators: base data and objectives						
	Year of reference	Year of proposal to GAVI	Year 1 of implementation	Year 2 of implementation	Year 3 of implementation	Year 4 of implementation	Year 5 of implementation
	2005	2006...	2007...	2008...	2009...	2010...	2011...
RSS contributions % of medical districts having benefited from GAVI funds	ND	ND	100%	100%	100%	100%	100%
Rate of execution of funds	ND	ND	30%	60%	80%	95%	100%

RSS actions	2005	2006 ...	2007...	2008...	2009...	2010...	2011...
▪ Plan for continuous training of personnel developed	ND	ND	100%	100%	100%	100%	100%
▪ Number of personnel trained or reassigned	ND	ND	30%	70%	100%		
▪ % of care structures having integrated the PCME approach	0	0	20%	50%	100%	100%	100%
▪ Number of medical districts possessing a correct completed and protected database	0	0	20%	100%	100%	100%	100%
▪ % of medical structures using the strategy for the motivation of the personnel through contractualisation based on performance structures	0	0	0	100%	100%	100%	100%
▪ Number of medical districts possessing a functional system of reference and cross reference	0	0	0	100%	100%	100%	100%

Results (impact on the capacity of the system)	2005	2006 ...	2007...	2008...	2009...	2010...	2011...
▪ % of district care structures having been supervised per month	ND	ND	100%	100%	100%	100%	100%
▪ % of CDS applying the PCIME strategy	0	0	20%	50%	100%	100%	100%
▪ % of medical structures using the strategy for the motivation of the personnel through contractualisation based on performance	0	0	0	100%	100%	100%	100%
Impact on vaccination • DTC3 coverage	83%	90%	93%	93%	93%	93%	93%
• Systematic measles coverage	78%	85%	90%	90%	90%	90%	90%
Impact on infant mortality • Rate of mortality among those less than 5 years old (MICS survey of UNICEF)	176/1000 ¹		176/1000 ²		140/1000		120/1000

¹ MICS3 2005

² MICS3 2005