The Global Fund

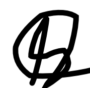
Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **The Global Fund to Fight AIDS, Tuberculosis and Malaria** (the “Global Fund”) and the **United Nations Development Programme** (the “Principal Recipient”), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 13 October 2016, as amended and supplemented from time to time (the “Framework Agreement”), between the Global Fund and the Principal Recipient, to implement the Program set forth herein.

2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, representations, conditions, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the UNDP-Global Fund Grant Regulations).

3. **Grant Information.** The Global Fund and the Principal Recipient hereby confirm the following:

3.1.	Host Country or Region:	Republic of Burundi
3.2.	Disease Component:	Malaria
3.3.	Program Title:	Supporting the reach of global coverage in LLINs for sustainable prevention of Malaria in Burundi
3.4.	Grant Name:	BDI-M-UNDP
3.5.	GA Number:	1588
3.6.	Grant Funds:	Up to the amount of USD 36,656,018.00
3.7.	Implementation Period:	From 1 January 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	United Nations Development Programme Rohero II Avenue des Patriotes 10 BP 1490 Bujumbura Republic of Burundi Attention Dr. Garry Conille UNDP Resident Representative



		Telephone: +257 22 30 11 00 Facsimile: Email: garry.conille@one.un.org
3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	Swiss Tropical and Public Health Institute Socinstrasse 57 P.O. Box - 4002 CH-4051 Basel Swiss Confederation Attention Mr. Jean-Pierre Juif Team Leader Telephone: +41612848674 Facsimile: +41612848101 Email: jean-pierre.juif@swisstph.ch
3.11.	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland Attention Tina Draser Regional Manager Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: tina.draser@theglobalfund.org

4. **Conditions**. The Global Fund and the Principal Recipient further agree that:

4.1 Force Majeure Conditions:

(i) The parties acknowledge that as of 1 January 2018, the situation in Burundi has been characterized by high safety and security threats and political instability (collectively, the "Force Majeure Conditions"). Under the circumstances, the parties acknowledge and agree that:

(a) In consultation with the Global Fund, the Principal Recipient may suspend or terminate the activities under this Agreement at any time if the Force Majeure Conditions so require;

(b) The budget and performance framework (including the frequency and contents of reporting) will be reviewed by the parties as needed, with a view to evaluating and accounting for any change in the Force Majeure Conditions in the country and its impact on the performance of the Grant, and, should the changes in the Force

Majeure Conditions warrant a reprogramming of the Program, the Principal Recipient shall, at the request of the Global Fund, deliver to the Global Fund a revised budget and performance framework in form and substance satisfactory to the Global Fund; and

(c) Notwithstanding Articles 8 and 10 of this Agreement, and except in the case of gross negligence or wilful misconduct of the Principal Recipient, the Principal Recipient shall not be liable for the loss or damage to any assets financed under this Agreement (including Health Products), as well as for the loss of any Grant Funds (the "Relevant Assets and Funds") caused by the Force Majeure Conditions, provided that the Principal Recipient (i) has fully complied with the other terms and conditions of this Agreement and has exercised due care and diligence and (ii) has exercised all reasonable efforts to mitigate the risk of loss of the Relevant Assets and Funds. Nevertheless, the Principal Recipient shall use its best efforts to seek and obtain recovery of any potential losses to the Relevant Assets and Funds.

(ii) The parties agree that the aforementioned provision shall automatically terminate after the earlier of (a) 31 December 2018 and (b) the determination by the parties that the Force Majeure Conditions no longer exist, unless the period ending on the date referred to in (a) is extended by written agreement of the parties.

(iii)The parties also acknowledge that the agreement by the Global Fund to the aforementioned provision does not commit the Global Fund to limit the liability of the Principal Recipient (a) if a loss of any Relevant Assets and Funds is not caused by the Force Majeure Conditions or (b) under any programs implemented by the Principal Recipient in any other jurisdiction.

[S*ignature Page Follows.*]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria	**United Nations Development Programme**
By:______________________	By:______________________
Name: Mark Edington	Name: Dr Garry Conille
Title: Head, Grant Management Division	Title: UNDP Resident Representative
Date:	Date:

Schedule I

Integrated Grant Description

Country:	Republic of Burundi
Program Title:	Supporting the reach of global coverage in LLITNs for sustainable prevention of Malaria in Burundi
Grant Name:	BDI-M-UNDP
GA Number:	1588
Disease Component:	Malaria
Principal Recipient:	United Nations Development Programme

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Malaria is endemic and a leading cause of morbidity and mortality in Burundi. The entire population (11.2m inhabitants) is at risk of malaria, and pregnant women and children under the age of 5 are particularly vulnerable. In 2015, according to the WHO World Malaria Report, there were an estimated 7 million cases of malaria, and 15,000 deaths. There was a total 5.5m reported cases (67% positivity rate): 5.2m were through the public sector, and 269,000 from community level. Among these 5.2m cases, 99.5% were tested by microscopy or RDTs. Based on 2015 data, among the 47 countries of the WHO Africa Region, Burundi ranked second in incidence, with 493 malaria cases per 1,000 population (5.5 mill cases / 11,178,921) (World Malaria Report 2016).

Since November 2015, the country has suffered a malaria epidemic, with a near-doubling of reported malaria cases, reaching 8.9m in 2016, and remaining high in 2017 (PNILP data). With high LLIN usage (87%) following the 2014 LLIN mass campaign, the epidemic is likely related to the effects of El Nino. In March 2017, the malaria epidemic was declared by the Minister of Health, and a Malaria Emergency Plan was developed in collaboration with WHO. The emergency plan mobilized partners, both in terms of financial and technical support, to ensure case management needs were met (sufficient supplies of RDTs and ACTs), including support through mobile outreach efforts, in addition to the work carried out by community health workers. The main achievements of the program in 2016-2017 include: implementation of iCCM (integrated community case management) in 12 districts supported by the GF (including trainings, equipment and remuneration), complementing 18 other districts supported by partners; the successful completion of a LLIN mass campaign in September 2017; and Indoor Residual Spraying (IRS) carried out in 4 out of 11 eligible districts where pyrethroid resistance had been documented. Several studies are underway in 2017, including a Treatment Efficacy study, as well as a EUV (End Use Verification) study; and a MIS/DHIS (Malaria Indicator Survey, combined with a Demographic Health Survey) were completed early

2017.Between 2007 and 2010, reported health facility data showed an increase in the number of cases, which were attributable to increased efforts in diagnostic testing and case management as a result of government initiatives, including: free provision of ACTs for all ages in the public sector, provision of free malaria treatment to pregnant women and children under the age of 5, and improvements in the reporting system. The country continues to strengthen and develop its Health Management Information System, through cross-cutting investments in DHIS2, currently rolled out nationally at district and hospital levels. Efforts to harmonize data collection and reporting at community level are also ongoing.

The proposed interventions under the Program Continuation request will be implemented by the 'UNDP' (the "Principal Recipient"), in collaboration with the 'Programme National Intégré de Lutte contre Paludisme' (PNILP) as well as Caritas, as SRs. The interventions are aligned with the objectives of the Malaria National Strategic Plan (NSP) (2013-2017), being renewed to cover the period 2018-2023 (expected early 2018). In line with the priorities of the NSP, this grant finances LLINs for a mass campaign end of 2019 in 46/46 districts (complementing routine distribution among pregnant women and children under 5 years, supported by partners)); case management activities, including diagnostics and treatment, through procurement of RDTs and ACTs; integrated community case management (iCCM) in 12 districts (adding up to a total of 30 districts, in collaboration with partners); the continued scale-up of Intermittent Preventive Treatment during pregnancy; and the use of artesunate injectable to treat severe malaria. The grant also includes cross-cutting investments to support the country's community health strategy, through the remuneration of community health workers (CHWs) who are part of CHW groupings (or "GASC"), in districts where the PBF (performance-based financing) community pilot is not yet available (12 provinces in 2018 and 6 provinces 2019).

2. Goals, Strategies and Activities

Goals:

By end 2020:

- Reduce malaria morbidity and mortality by 30% compared to 2016;
- ≥80% of the population slept under an ITN the previous night, including pregnant women and children under 5 yrs;
- Ensure access to IPTp among all eligible women attending antenatal care, reaching ≥90% of pregnant women with at least three doses of SP;
- 100% of suspected malaria cases are confirmed and receive first-line antimalarial treatment according to national policy at public sector and private health facilities, as well as at community level (focusing among children aged under 5 years);
- Reinforce the capacity of the National Malaria Programme in the management of the fight against malaria.

Strategies:

The strategies to reach the above-mentioned goals include:

- LLINs distributed to all age groups through a mass campaign in 2019, complementing ongoing routine distribution efforts among pregnant women and children under 5 (supported by partners);
- Case management at health facility level, with diagnostic testing through RDTs and treatment with antimalarials (ACTs) according to national guidelines;
- Diagnostic testing and case management of simple malaria cases at the community level, including iCCM (malaria, diarrhea, pneumonia treatment);
- Treatment of severe malaria with artesunate injectable;
- Provision of IPTp (intermittent preventive therapy) among pregnant women;
- Information, education and communication (IEC) activities relating to the mass LLIN campaign and LLIN utilization;
- Strengthening of procurement and supply management mechanisms to avoid stock-outs at the central, regional, district, health facility and community health worker levels;
- Strengthening and capacity building of the National Malaria Control Program (NMCP).

Planned Activities:

The main activities are listed below, to be carried out in collaboration with the PNILP and Caritas (SRs):

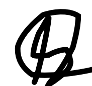
- Procurement of health products, including RDTs, LLINs, ACTs, artesunate injectable, and SP (for IPTp).

a. PNILP

- Implementation of the 2019 LLIN mass campaign in 46/46 districts including pre-distribution activities like microplanning, transport of the LLINs as well as supervision of the enumeration phase and voucher distribution;
- Prevention and treatment activities through community health workers;
- Supervision at the regional, district, heath facility and community levels for effective and quality ACT treatment and use of RDTs;
- Monitoring and Evaluation-related activities for routine data collection and validation, from the public and private sectors, as well as from community level; study on the quality of case management in health facilities (to be carried out in 2019);
- Mid-course evaluation in Q3 2020 of the implementation and impact of the NSP (2018-2023);
- Logistical and material support to the National Malaria Control Program, including capacity-strengthening.

b. Caritas

- Mass media activities relating to the 2019 LLIN mass campaign, LLIN use and iCCM;
- Equipment and training of the volunteers responsible for the household enumeration prior to the LLIN mass campaign;
- Transport and storage of the LLINs from the communal storage warehouses to the distribution sites;
- Distribution of bednet vouchers by community-level actors during the LLIN mass campaign;



- Regular supervisions of the LLIN distribution at communal level during the LLIN mass campaign;
- Consumables (gloves, register, etc.) and remuneration of community health workers (CHWs) (1290) carrying out iCCM in the 12 districts supported by this grant (adding up to a total of 30 districts in collaboration with partners).

3. Target Group/Beneficiaries

- Pregnant women
- Children aged under 5 years
- General population

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

The Global Fund

Performance Framework

Country	Burundi
Grant Name	BDI-M-UNDP
Implementation Period	01-Jan-2018 - 31-Dec-2020
Principal Recipient	United Nations Development Programme

Reporting Periods	Start Date	01-Jan-2018	01-Jul-2018	01-Jan-2019	01-Jul-2019	01-Jan-2020	01-Jul-2020
	End Date	30-Jun-2018	31-Dec-2018	30-Jun-2019	31-Dec-2019	30-Jun-2020	31-Dec-2020
	PU includes DR?	No	Yes	No	Yes	No	No

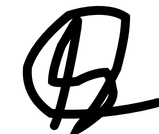
Program Goals and Impact Indicators

1	Réduire la morbidité et mortalité liée au paludisme d'au moins 30% de 2016 à 2020

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
1	Malaria I-3.1(M): Inpatient malaria deaths per year: rate per 100,000 persons per year	Burundi	58	2016	Age	N: 48 D: P: % Due Date: 15-Feb-2019	N: 37 D: P: % Due Date: 15-Feb-2020	N: 28 D: P: % Due Date: 15-Feb-2021	Numerator: Number of inpatient deaths each year x 100,000 Denominator: Total population in the year Malaria data are included in the new District Health Information System (DHIS2). At end-2016, there were 5,853 malaria-related deaths (i.e. 58 per 100,000 population). The program's aim is to bring this rate down by at least 30 percent in 2020 (compared with 2016), i.e. to reduce the number of deaths to 5,110 at end-2018, then to 4,035 at end-2019, and 3,181 at end-2020 – a rate of 48, 37 and 28 per 100,000 population in 2018, 2019 and 2020 respectively (based on a total population of 10,681,186 in 2018, 10,953,317 in 2019, and 11,215,578 in 2020).
2	Malaria I-1(M): Reported malaria cases (presumed and confirmed)	Burundi	8842367	2016	Malaria case definition,Species,Age	N: 8,567,946 D: P: % Due Date: 15-Feb-2019	N: 7,882,510 D: P: % Due Date: 15-Feb-2020	N: 7,409,560 D: P: % Due Date: 15-Feb-2021	Numerator: Number of reported malaria cases (presumed and confirmed). Malaria data are included in the new DHIS2. There were 8,842,367 malaria cases at end-2016, compared with 5,453,968 at end-2015 – an increase of 38 percent that can be attributed to the epidemic. As the response plan is implemented and efforts are scaled up (mass long-lasting insecticidal net (LLIN) distribution campaign, scale-up of community awareness-raising and case management), the number of malaria cases is expected to fall by 10 percent in 2018, 8 percent in 2019 and 6 percent in 2020, i.e. the total number of cases will decrease to 8,567,946 at end-2018, 7,882,510 at end-2019, and 7,409,560 at end-2020.

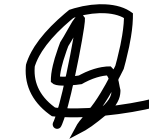
Program Objectives and Outcome Indicators

1	Assurer que 100% des patients diagnostiqués positifs beneficieront d'un traitement du paludisme selon les directives nationales a differents niveaux.
2	Assurer le maintien de la couverture universelle des menages en MILDA et leur utilisation par au moins 80% de la population generale d'ici 2020
3	Assurer qu'au moins 90% des femmes enceintes reçues en CPN beneficient d'au moins trois doses de SP
4	Assurer la prise en charge des cas au niveau communautaire chez les enfants de moins de 5 ans dans les 28 districts les plus affectés d'ici 2020



The Global Fund

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2019	Comment
1	Malaria O-1a: Proportion of population that slept under an insecticide-treated net the previous night	Burundi	32%	2016	Gender	N: D: P: 90.00% Due Date: 31-Jan-2020	Numerator: Population having slept under an LLIN the previous night Denominator: Population having slept in the interviewed households the previous night. This indicator – the number of people who slept under an insecticide-treated net the night before the survey – is calculated by survey, either Demographic and Health Survey (DHS) (every five years) or Malaria Indicator Survey (MIS)/Multiple Indicator Cluster Survey (MICS) (every two years). The percentage is calculated according to the sample size (i.e. the denominator as determined at the time the survey is conducted). Data from the DHS III show that 32 percent of the population could have slept under a net, rising to 39.9 percent for children under 5, and 43.8 percent for pregnant women (pages 35-37 of the DHS III preliminary report). The survey also revealed that only 17 percent of households own a net. LLIN use increased from 49 percent in 2012 to 87 percent after the 2014 distribution campaign. The last LLIN mass campaign was carried out in September 2017 (results expected end 2017), including a series of initiatives to increase LLIN usage, such as media campaigns, awareness-raising by community health workers (CHWs), and mobile cinemas. Pregnant women, infants under 1 and special groups (boarding schools, refugees, returnees, military camps, etc.) also received nets as part of routine distribution. These efforts could see net usage increase to 90 percent. Historical data point to an estimated annual dropout rate of 22 percent, caused by damage and loss of efficacy. The usage rate will therefore be 70 percent in 2018, rising to 90 percent from end-2019 onwards following the mass distribution campaign scheduled for 2019. The MIS will be conducted with support from the Global Fund (if the prioritized above allocation request (PAAR) is approved) and USAID. The findings on LLIN usage among pregnant women and children under 5 will be reported in the comments for this In the reporting of this indicator, the indicator "Malaria O-6: Proportion of households with at least one insecticide-treated net for every two people" will be included i the comment, to be measured during studies, such as MIS or DHS, or LLIN post-campaign study.



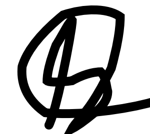
Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
Vector control												
VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Country: Burundi; Coverage: National	N: 5,020,076 D: P:	2014 LLIN mass campaign report		N-Non-cumulative	N: D: P:	N: D: P:	N: D: P:	N: 6,531,828 D: P:	N: D: P:	N: D: P:	Numerator: Number of LLINs distributed to the total population via the mass distribution campaign. The total population figure is based on Institut de statistiques et d'études économiques du Burundi [Burundi Institute of Statistics and Economic Studies - ISTEEBU] projections (10,681,186 in 2018, 10,953,317 in 2019, and 11,215,578 in 2020). The number of LLINs required for the campaign is calculated on the basis of one net for 1.8 people (WHO standard). The total figure has also been adjusted to take account of the micro-planning, based on past experience, which shows that the 2013 population figure was 12 percent higher than the ISTEEBU estimate. Moreover, for logistics reasons, we have included 3 percent buffer stock. The total adjustment is therefore 15 percent. For information, total needs for the 2017 campaign were an estimated 6,471,695 LLINs. Needs for the next campaign, in 2019, are 6.997 million LLINs (population x 1.15/1.08). Due to budgetary constraints, the Global Fund will only be able to fund 6,531,828 (population*1.0734/1.8), leaving a gap of 466k LLINs. The country will therefore seek to cover this gap through a PAAR, and by mobilizing other partners. If all 6.997 million LLINs are obtained, it is estimated that 97 percent of the total will be distributed to households. The LLINs will also be distributed as part of routine activities to pregnant women at antenatal consultations (ANCs), to infants under 1 at immunization appointments, and to special groups (refugees, boarding schools, orphanages, returnees, etc.). A request for the special-group LLINs has been made via the PAAR. At 31 December 2016, 845,230 LLINs had been distributed (430,631 to pregnant women at ANCs, 292,216 at extended program on immunization (EPI) appointments, and 122,383 to special groups), out of a target of 952,832 (i.e. a performance rate of 84 percent). Routine distribution will continue, with support from the United States Agency for International Development (USAID), to pregnant women at ANCs (2018: 529,787, 2019: 543,285, 2020: 556,293), to infants under 1 (2018: 377,025, 2019: 386,630, 2020: 395,887) and to special groups (2019: 26,000, 2020: 156,000). Each year, 50,000 LLINs are also set aside for social marketing. Regarding indoor residual spraying (IRS), 11 districts are eligible (pyrethroid resistance). The GF was funding IRS in 4 out of these 11 districts in 2016-2017. Given a restricted financial landscape, the funding needs for IRS are to be mobilised through partners and/or the PAAR request.

The Global Fund

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
Case management												
CM - other1: Percentage of CHWs not having had a stock-out for ACTs or RDTs during the reporting period in the 30 districts implementing iCCM.	Country: Burundi; Coverage: Subnational	N: 159 D: 268 P: 59.3%	Data from the regional supervisors of CHWs (Caritas)		N-Non-cumulative	N: 3,479 D: 4,349 P: 80.0%	N: 3,479 D: 4,349 P: 80.0%	N: 3,697 D: 4,349 P: 85.0%	N: 3,697 D: 4,349 P: 85.0%	N: 3,914 D: 4,349 P: 90.0%	N: 3,914 D: 4,349 P: 90.0%	Numerator: Number of CHWs implementing iCCM having reported no ACT and RDT stock-outs during the half-year period in the 30 districts implementing iCCM. Denominator: 4,349 CHWs from 2018 onwards (CHWs implementing iCCM according to the national protocol in 30 health districts). The baseline value refers to the 12 districts funded by the Global Fund. The target refers to the health districts funded by all partners (total: 28 or 30, to be confirmed during grant implementation). At end-2016, this intervention was only operational in four (Bubanza, Butezi, Mutaho and Mpanda) of the 12 districts in which the Global Fund funds iCCM. There were a total of 268 CHWs in these districts. Of these, 159 CHWs had reported no ACT and RDT stock-outs. Caritas currently covers 12 districts, with 1,290 CHWs. Caritas Burundi intends to support monitoring and evaluation activities in all 30 districts implementing iCCM from 2018 onwards (4,349 CHWs). The current targets are based on the following assumptions: 80 percent of CHWs will report no stock-outs in 2018, 85 percent in 2019, and 90 percent in 2020. A stock-out is defined in accordance with the international definition, i.e. at least one day with no ACTs in the month. Because CHWs report on a monthly basis, the numerator will be the monthly average of CHWs reporting no stock-outs of ACTs and RDTs. The average will be taken over six months in each half-year period. At the community level, the NMCP's agreed definition of a stock-out is one or more days without ACTs in each month. The list of health products is aligned with the targets.
CM-1a(M): Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Country: Burundi; Coverage: National	N: 11,487,514 D: 10,896,389 P: 105.4%	HMIS	Age,Type of testing	N-Non-cumulative	N: 5,523,563 D: 5,523,563 P: 100.0%	N: 5,523,564 D: 5,523,564 P: 100.0%	N: 4,904,410 D: 4,904,410 P: 100.0%	N: 4,904,411 D: 4,904,411 P: 100.0%	N: 4,443,514 D: 4,443,514 P: 100.0%	N: 4,443,514 D: 4,443,514 P: 100.0%	Numerator = Number of suspected malaria cases that received a parasitological test (thick smear (TS) + rapid diagnostic test (RDT)) in a public health care facility Denominator = Total number of suspected malaria cases expected at public health care facilities In 2016, 105.4 percent of suspected malaria cases were tested at public health care facilities. In line with program guidelines, there are plans to increase the contributions of the community sector (through CHW capacity building) and the private sector (through the signing of contracts). As a result, the proportion of suspected cases tested at public health care facilities is expected to fall to 86 percent in 2018, 83 percent in 2019, and 80 percent in 2020. At the national level, there will be an estimated 12,845,496 suspected cases in 2018, 11,817,857 in 2019, and 11,108,785 in 2020. The public sector contribution will therefore be 11,047,127 cases in 2018, 9,808,821 in 2019, and 8,887,028 in 2020. Microscopy accounts for 20 percent of all tests performed, and RDT the remaining 80 percent. The government covers 20 percent of annual RDT needs and all microscopy test needs. As regards support from other partners, needs will be covered by USAID (approx. 2 million RDTs each year) and World Relief (2018: 174,450; 2019: 34,225; and 2020: 68,450) for all sectors (public, community and private). The Global Fund covers 21 percent, 47 percent and 45 percent of total parasitological test needs, with the government and partners covering the remainder. The Global Fund covers 59 percent and 57 percent of RDT needs in 2019 and 2020 respectively.



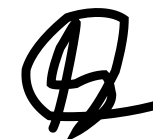
The Global Fund

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
CM-1b(M): Proportion of suspected malaria cases that receive a parasitological test in the community	Country: Burundi; Coverage: Subnational	N: 646,543 D: 781,862 P: 82.6%	HMIS	Type of testing,Age	N-Non-cumulative	N: 513,820 D: 513,820 P: 100.0%	N: 513,820 D: 513,820 P: 100.0%	N: 590,893 D: 590,893 P: 100.0%	N: 590,893 D: 590,893 P: 100.0%	N: 666,527 D: 666,527 P: 100.0%	N: 666,527 D: 666,527 P: 100.0%	Numerator = Number of suspected malaria cases that received a parasitological test (RDT) in the community Denominator = Estimated total number of suspected malaria cases in the country (in the community) At the national level, there will be an estimated 12,845,496 suspected cases in 2018, 11,817,857 in 2019, and 11,108,785 in 2020. As part of integrated community case management (iCCM), 1,290 CHWs have received training through the community malaria grant, and 5,896 CHWs have received training on TB/HIV and malaria through the community TB/HIV grant. There are 11,845 CHWs at the national level. Community case management interventions are conducted in 30 health districts which, together, account for more than 85 percent of malaria cases, including 12 health districts supported by the Global Fund and 18 that were previously supported by other partners (Integrated Health Project in Burundi (IHPB)/USAID: 5 districts, Concern Worldwide: 3 districts, World Relief: 2 districts, World Vision: 6 districts, Initiative d'Appui au Développement Humain Durable [Sustainable Human Development Support Initiative -IADH]/Cordaid: 2 districts). IADH/Cordaid has withdrawn its support for the two districts as of 2017. The community sector contribution is expected to rise from 8 percent of total suspected cases in 2018 (1,027,640), to 10 percent in 2019 (1,181,786), and to 12 percent in 2020 (1,333,054). RDTs account for 100 percent of the total. The government covers 20 percent of annual RDT needs. As regards support from other partners, needs will be covered by USAID (approx. 2 million RDTs each year) and World Relief (2018: 174,450; 2019: 34,225; and 2020: 68,450) for all sectors (public, private and community). Les cibles sont alignées avec le liste de produits de sante. Regarding the remuneration of CHWs: The number of CHWs in Burundi is 11,845. in 2018, the GF will fund the remuneration of CHWs and groupings of CHWs (GASC) in the non-PBF provinces (12 provinces, 417 GASC, 6404 CHWs, or 90% of the CHWs in the provinces), and 6 non-PBF provinces in 2019 (219 GASC, 3310 CHWs, or 90% of the CHWs in those provinces). This will ensure national geographical coverage at community level (18 provinces) for the support of the CHWs and CHW groupings, complementing the efforts of partners (e.g. World Bank, GAVI) supporting the PBF approach. The PBF approach aims to reach 6 provinces in year 1, 12 provinces in year 2, and all provinces (18) in year 3 (or 2020). The payments of the CHW groupings will include: 30% for the strengthening of the GASC, and 70% for the CHW. The payment of the CHWs will be done via "mobile money", allowing for traceability. The payment to the GASC will be done via a bank transfer to the groups' accounts. For more details, see the worksheet "Hypothèse Mec GASC transitoire" of the grant budget. The CHWs carry out health promotion activities for the three diseases (malaria, HIV, TB), as well as for RMNCH (reproductive, maternal, neonatal and children's health), malnutrition, and SGBV (sexual and gender-based violence). Verification of the paments will be done via the "mobile money" payments, and the bank transfers to the GASC for the strengthening of the GASC.

The Global Fund

Coverage Indicators												
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
CM-1c(M): Proportion of suspected malaria cases that receive a parasitological test at private sector sites	Country: Burundi; Coverage: National	N: 757,055 D: 759,546 P: 99.6%	HMIS	Type of testing,Age	N-Non-cumulative	N: 385,365 D: 385,365 P: 100.0%	N: 385,365 D: 385,365 P: 100.0%	N: 413,625 D: 413,625 P: 100.0%	N: 413,625 D: 413,625 P: 100.0%	N: 444,352 D: 444,351 P: 100.0%	N: 444,352 D: 444,351 P: 100.0%	Numerator = Number of suspected malaria cases that received a parasitological test (TS + RDT) in a private health care facility Denominator = Total number of suspected malaria cases presenting at health care facilities. At the national level, there will be an estimated 12,845,496 suspected cases in 2018, 11,817,857 in 2019, and 11,108,785 in 2020. The private sector is expected to account for 6 percent of total cases in 2018 (i.e. 770,730 cases), 7 percent in 2019 (i.e. 827,250) and 8 percent in 2020 (i.e. 888,703). Microscopy will account for 53 percent of all tests in 2018, 51 percent in 2019, and 50 percent in 2020. RDTs, meanwhile, will account for 47 percent in 2018, 49 percent in 2019, and 50 percent in 2020. The government covers 20 percent of annual RDT needs and all microscopy test needs. Other partners funding the purchase of RDTs are USAID (5,362,925 RDTs each year) and World Relief (2018: 174,450; 2019: 34,225; and 2020: 68,450), i.e. in total: 5,537,375 in 2018, 5,397,150 in 2019, and 5,431,375 in 2020. The private sector will use 6 percent of available RDTs in 2018, 7 percent in 2019, and 8 percent in 2020. The list of health products is aligned with the targets.
CM-2a(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Country: Burundi; Coverage: National	N: 7,446,810 D: 7,759,020 P: 95.9%	HMIS	Age	N-Non-cumulative	N: 3,573,690 D: 3,573,690 P: 100.0%	N: 3,573,691 D: 3,573,691 P: 100.0%	N: 3,173,104 D: 3,173,104 P: 100.0%	N: 3,173,105 D: 3,173,105 P: 100.0%	N: 2,874,909 D: 2,874,909 P: 100.0%	N: 2,874,909 D: 2,874,909 P: 100.0%	Numerator = Number of confirmed and treated malaria cases that received first-line malaria treatment, in line with national policy, in public health care facilities Denominator = Number of confirmed malaria cases in public health care facilities The number of cases is calculated by multiplying the total number of suspected cases by the estimated positivity rate (66.7 percent). National artemisinin-based combination therapy (ACT) needs are calculated to be 97 percent of the total number of malaria cases (with the remaining 3 percent accounting for severe malaria cases), i.e. 8,310,908 in 2018, 7,646,035 in 2019, and 7,187,273 in 2020. The public sector will contribute 86 percent (7,147,381) in 2018, 83 percent (6,346,209) in 2019, and 80 percent (5,749,818) in 2020. The following interventions will help drive down the number of cases: 2017 LLIN distribution campaign, early treatment (with outreach strategy), and treatment in the community by CHWs. Strengthening of the CHW package (visits, assistance, family support) will help to foster behavior change, ensuring that LLINs are used to good effect and enhancing access to treatment. As a result, the number of cases is expected to fall by 10 percent in 2018, 8 percent in 2019, and 6 percent in 2020. Injectable artesunate needs for the 3 percent of severe malaria cases are partially covered by USAID for 2018 (105,662 cases), and the remainder is covered by the GF. The list of health products is aligned with the targets.
CM-2b(M): Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Country: Burundi; Coverage: Subnational	N: 502,453 D: 1,147,382 P: 43.7%	HMIS	Age	N-Non-cumulative	N: 332,437 D: 332,436 P: 100.0%	N: 332,437 D: 332,436 P: 100.0%	N: 382,302 D: 382,302 P: 100.0%	N: 382,302 D: 382,302 P: 100.0%	N: 431,237 D: 431,236 P: 100.0%	N: 431,237 D: 431,236 P: 100.0%	Numerator = Number of confirmed malaria cases that received first-line malaria treatment, in line with national policy, in the community Denominator = Total number of confirmed malaria cases in the community. The community sector contribution stands at 8 percent in 2018 (664,873), 10 percent in 2019 (764,604), and 12 percent in 2020 (862,473). The country's strategy is to deploy the community strategy in the 30 districts recording the highest numbers of malaria cases. Other partners funding the purchase of ACTs are USAID (2018: 5,530,242; 2019: 5,401,982; and 2020: 5,401,982) and World Relief (2018: 138,025; 2019: 26,650; and 2020: 53,300), i.e. in total: 5,668,267 in 2018, 5,428,632 in 2019, and 5,445,282 in 2020. The community sector will use 8 percent of the ACTs in 2018, 10 percent in 2019, and 12 percent in 2020. The government does not contribute to the purchase of ACTs. The list of health products is aligned with the targets.



The Global Fund

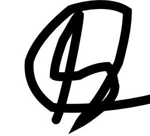
Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
CM-3c: Proportion of malaria cases (presumed and confirmed) that received first line antimalarial treatment at private sector sites	Country: Burundi; Coverage: National	N: 94,012 D: 205,031 P: 45.8%	HMIS	Age	N-Non-cumulative	N: 249,327 D: 249,327 P: 100.0%	N: 249,327 D: 249,327 P: 100.0%	N: 267,611 D: 267,611 P: 100.0%	N: 267,611 D: 267,611 P: 100.0%	N: 287,491 D: 287,491 P: 100.0%	N: 287,491 D: 287,491 P: 100.0%	Numerator = Number of confirmed malaria cases that received first-line malaria treatment, in line with national policy, in private health care facilities Denominator = Total number of confirmed malaria cases in private health care facilities. The public sector will contribute 5.8 percent (498,654 cases) in 2018, 6.8 percent (535,222) in 2019, and 7.8 percent (574,982) in 2020. Other partners funding the purchase of ACTs are USAID (2018: 5,530,242; 2019: 5,401,982; and 2020: 5,401,982) and World Relief (2018: 138,025; 2019: 26,650; and 2020: 53,300), i.e. in total: 5,668,267 in 2018, 5,428,632 in 2019, and 5,445,282 in 2020. The private sector will use 6 percent of the ACTs in 2018, 7 percent in 2019, and 8 percent in 2020. The list of health products is aligned with the targets.
Specific prevention interventions (SPI)												
SPI-1: Proportion of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria	Country: Burundi; Coverage: National	N: 140,741 D: 243,404 P: 57.8%	Data reported by the BDS (health distict offices), S2		N-Non-cumulative	N: 178,910 D: 267,029 P: 67.0%	N: 178,910 D: 267,029 P: 67.0%	N: 186,206 D: 273,833 P: 68.0%	N: 186,206 D: 273,833 P: 68.0%	N: 196,273 D: 280,389 P: 70.0%	N: 196,273 D: 280,389 P: 70.0%	Numerator = Number of pregnant women attending antenatal clinics who received three or more doses of intermittent preventive treatment for malaria Denominator = Number of first visits to antenatal clinics. The number of expected pregnancies is calculated by multiplying the total population by 5 percent (see 2015 statistical yearbook), i.e. 534,059 in 2018, 547,666 in 2019, and 560,779 in 2020. The projections for 2018, 2019 and 2020 are based on the 2015 ANC3 rate (66.5 percent of women seen at ANC1), i.e. 67 percent (357,820), 68 percent (372,413), and 70 percent (392,545). According to the preliminary results of the DHS III (2017), the % of pregnant women having received 3 doses or more of SP/Fansidar during the pregnancy was 12.9% (and 20.7% for 2 doses or more, and 29.6% for 1 dose or more). The difference between the two sources of data is linked to the different methodologies (household survey, and routine data). Improvements in routine data are expected to better measure this indicator, as well as improvements in access to IPTp.
RSSH: Health management information systems and M&E												
M&E - other1: Percentage of CHWs having submitted their monthly reports in a timely manner, from the community to the health centres.	Country: Burundi; Coverage: Subnational	N: 229 D: 268 P: 85.4%	Data from the regional supervisors of CHWs (Caritas)		N-Non-cumulative	N: 3,697 D: 4,349 P: 85.0%	N: 3,697 D: 4,349 P: 85.0%	N: 3,914 D: 4,349 P: 90.0%	N: 3,914 D: 4,349 P: 90.0%	N: 3,914 D: 4,349 P: 90.0%	N: 3,914 D: 4,349 P: 90.0%	Numerator: Number of CHWs implementing iCCM having submitted monthly reports, from community to health center, in the half-year period in the 30 health districts implementing iCCM. Denominator: Number of CHWs implementing iCCM activities in 30 districts. At end-2016, this intervention was only operational in four (Bubanza, Butezi, Mutaho and Mpanda) of the 12 districts in which the Global Fund funds iCCM. There were a total of 268 CHWs in these districts. Of these, 229 CHWs submitted timely reports. Caritas currently covers 12 districts, with 1,290 CHWs Caritas Burundi intends to support monitoring and evaluation activities in all 30 districts implementing iCCM from 2018 onwards (4,349 CHWs). The current targets are based on the following assumptions: 85 percent of CHWs will submit timely reports in 2018, 90 percent in 2019, and 90 percent in 2020. CHWs collect health data at the community level on a daily basis, compiling the data into monthly reports and submitting these reports to health centers via the health promotion technician (HPT) no later than the 5th day of the month following the month covered by the report. The concept note includes plans for a monthly CHW meeting for this purpose The health centers then compile these reports and include some of the data in their monthly reporting template, which they forward to the NHIS. Unfortunately, the NHIS is unable to disaggregate these figures to show which come from the community level. CHWs collect health data at the community level on a daily basis, compiling the data into monthly reports and submitting these reports to health centers via the health promotion technician (HPT) no later than the 5th day of the month following the month covered by the report. The concept note includes plans for a monthly CHW meeting for this purpose. The health centers then compile these reports and include some of the data in their monthly reporting template, which they forward to the NHIS. Because CHWs report on a monthly basis, this number will be the monthly average of CHWs submitting timely reports in each half-year period.

The Global Fund

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Jun-2018	01-Jul-2018 31-Dec-2018	01-Jan-2019 30-Jun-2019	01-Jul-2019 31-Dec-2019	01-Jan-2020 30-Jun-2020	01-Jul-2020 31-Dec-2020	Comments
M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	Country: Burundi; Coverage: National	N: 951 D: 951 P: 100.0%	HMIS		N-Non-cumulative	N: 1,090 D: 1,090 P: 100.0%	N: 1,090 D: 1,090 P: 100.0%	N: 1,090 D: 1,090 P: 100.0%	N: 1,090 D: 1,090 P: 100.0%	N: 1,090 D: 1,090 P: 100.0%	N: 1,090 D: 1,090 P: 100.0%	Numerator: Number of National Health Information System (NHIS) entities or other routine reporting units submitting timely reports according to national guidelines Denominator: Total number of NHIS entities or other routine reporting units. The numerator and denominator assumptions are based on the number of public and private health centers submitting monthly reports to the NHIS. The health care facility reports are transmitted to the district on the 25th day of the month, following verification by the performance-based funding (PBF) verification committee. The district then inputs the reports in the DHIS 2 system and completes the verification process no later than the 5th day of the following month. Following the introduction of PBF, it stands to reason that health care facilities submit health data promptly.



The Global Fund

Summary Budget

Country	Burundi
Grant Name	BDI-M-UNDP
Implementation Period	01-Jan-2018 - 31-Dec-2020
Principal Recipient	United Nations Development Programme

By Module	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y3	Grand Total	% of Grand Total
Program management	$928,381	$402,657	$358,941	$375,557	**$2,065,535**	$1,689,158	$444,226	$400,182	$399,073	**$2,932,639**	$626,928	$474,202	$371,854	$382,867	**$1,855,850**	**$6,854,024**	**18.7 %**
RSSH: Financial management systems																	**0.0 %**
Vector control	$13,075	$41,013	$5,053	$5,441	**$64,582**	$14,940,031	$296,376	$609,136	$354,087	**$16,199,630**	$111,749	$1,632,599	$247,201		**$1,991,550**	**$18,255,762**	**49.8 %**
Case management	$2,447,818	$166,335	$239,219	$166,335	**$3,019,707**	$4,045,566	$86,785	$159,670	$86,785	**$4,378,806**	$3,686,351	$1,657	$74,542	$1,657	**$3,764,206**	**$11,162,719**	**30.5 %**
RSSH: Health management information systems and M&E	$29,584	$29,035	$29,584	$29,035	**$117,238**	$51,764	$29,035	$29,584	$31,252	**$141,634**	$29,584	$29,035	$36,988	$29,035	**$124,642**	**$383,513**	**1.0 %**
Grand Total	**$3,418,857**	**$639,040**	**$632,797**	**$576,368**	**$5,267,062**	**$20,726,519**	**$856,422**	**$1,198,571**	**$871,196**	**$23,652,708**	**$4,454,611**	**$2,137,493**	**$730,585**	**$413,559**	**$7,736,248**	**$36,656,018**	**100.0 %**

By Cost Grouping	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	$569,635	$436,274	$425,967	$436,274	**$1,868,149**	$360,907	$359,769	$349,461	$359,769	**$1,429,906**	$282,095	$384,711	$300,018	$289,268	**$1,256,092**	**$4,554,147**	12.4 %
Travel related costs (TRC)	$114,306	$69,893	$34,636	$34,321	**$253,157**	$173,571	$247,423	$39,597	$58,774	**$519,365**	$132,685	$1,318,107	$109,990	$28,880	**$1,589,661**	**$2,362,183**	6.4 %
External Professional services (EPS)	$13,200			$10,000	**$23,200**		$82,595	$26,475	$10,000	**$119,070**				$10,000	**$10,000**	**$152,270**	0.4 %
Health Products - Pharmaceutical Products (HPPP)	$669,838				**$669,838**	$2,411,411				**$2,411,411**	$2,342,827				**$2,342,827**	**$5,424,076**	14.8 %
Health Products - Non-Pharmaceuticals (HPNP)	$1,100,386				**$1,100,386**	$13,108,702				**$13,108,702**	$514,139				**$514,139**	**$14,723,227**	40.2 %
Procurement and Supply-Chain Management costs (PSM)	$438,374				**$438,374**	$3,183,251	$31,947	$572,648	$108,600	**$3,896,446**	$758,701	$231,293	$133,759		**$1,123,752**	**$5,458,572**	14.9 %
Infrastructure (INF)	$16,796	$33,000			**$49,796**											**$49,796**	0.1 %
Non-health equipment (NHP)	$213,415	$1,386	$74,271	$1,386	**$290,457**	$74,271	$1,386	$74,271	$45,818	**$195,745**	$74,271	$1,386	$74,271	$1,386	**$151,313**	**$637,516**	1.7 %
Communication Material and Publications (CMP)	$1,657	$1,812	$1,657	$1,812	**$6,939**	$1,657	$21,223	$1,657	$175,189	**$199,725**	$3,314	$7,003	$9,594	$1,812	**$21,724**	**$228,388**	0.6 %
Programme Administration costs (PA)	$281,250	$96,674	$96,266	$92,574	**$566,765**	$1,412,750	$112,079	$134,463	$113,046	**$1,772,338**	$346,581	$194,993	$102,953	$82,213	**$726,739**	**$3,065,842**	8.4 %
GrandTotal	**$3,418,857**	**$639,040**	**$632,797**	**$576,368**	**$5,267,062**	**$20,726,519**	**$856,422**	**$1,198,571**	**$871,196**	**$23,652,708**	**$4,454,611**	**$2,137,493**	**$730,585**	**$413,559**	**$7,736,248**	**$36,656,018**	100.0 %

By Recipients	01/01/2018 - 31/03/2018	01/04/2018 - 30/06/2018	01/07/2018 - 30/09/2018	01/10/2018 - 31/12/2018	Total Y1	01/01/2019 - 31/03/2019	01/04/2019 - 30/06/2019	01/07/2019 - 30/09/2019	01/10/2019 - 31/12/2019	Total Y2	01/01/2020 - 31/03/2020	01/04/2020 - 30/06/2020	01/07/2020 - 30/09/2020	01/10/2020 - 31/12/2020	Total Y3	Grand Total	% of Grand Total
PR	**$3,103,320**	**$293,862**	**$336,728**	**$266,762**	**$4,000,672**	**$20,354,634**	**$377,089**	**$860,496**	**$502,201**	**$22,094,420**	**$4,198,562**	**$492,300**	**$476,534**	**$256,111**	**$5,423,506**	**$31,518,598**	**86.0 %**
UNDP	$3,103,320	$293,862	$336,728	$266,762	$4,000,672	$20,354,634	$377,089	$860,496	$502,201	$22,094,420	$4,198,562	$492,300	$476,534	$256,111	$5,423,506	$31,518,598	86.0 %
SR	**$315,537**	**$345,178**	**$296,069**	**$309,606**	**$1,266,390**	**$371,885**	**$479,334**	**$338,075**	**$368,995**	**$1,558,288**	**$256,049**	**$1,645,193**	**$254,051**	**$157,449**	**$2,312,742**	**$5,137,420**	**14.0 %**
CED-Caritas	$257,453	$253,486	$237,986	$238,374	$987,299	$188,612	$156,318	$157,381	$159,038	$661,349	$85,228	$1,399,434	$116,288	$83,571	$1,684,522	$3,333,170	9.1 %
Ministry of Public Health and Fight against AIDS of the Republic of Burundi	$58,083	$91,692	$58,083	$71,232	$279,091	$183,273	$323,016	$180,694	$209,956	$896,939	$170,821	$245,759	$137,763	$73,877	$628,220	$1,804,250	4.9 %
Grand Total	**$3,418,857**	**$639,040**	**$632,797**	**$576,368**	**$5,267,062**	**$20,726,519**	**$856,422**	**$1,198,571**	**$871,196**	**$23,652,708**	**$4,454,611**	**$2,137,493**	**$730,585**	**$413,559**	**$7,736,248**	**$36,656,018**	**100.0 %**