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For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation

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Abbreviations

AIDS    Acquired immunodeficiency syndrome
ANC     Antenatal care
ART     Antiretroviral therapy
ASSIST  USAID Applying Science to Strengthen and Improve Systems Project
CHW     Community health worker
DHMT    District Health Management Team
ENC     Essential newborn care
FY      Fiscal year
HC      Health center
HCT     HIV counseling and testing
HIV     Human immunodeficiency virus
IPs     Implementing partners
MOH     Ministry of Health
NGOs    Non-governmental organizations
PEPFAR  U.S. President’s Emergency Plan for AIDS Relief
PHMT    Provincial Health Management Team
PLHIV   People living with HIV
PMTCT   Prevention of mother-to-child transmission of HIV
PNLS    Programme National de Lutte contre le SIDA et les Infections Sexuellement Transmissibles (National Program for the Fight Against AIDS and Sexually Transmitted Infections)
Q       Quarter
QI      Quality improvement
TB      Tuberculosis
URC     University Research Co., LLC
USAID   United States Agency for International Development
1 Introduction

With funding support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the United States Agency for International Development (USAID) Applying Science to Strengthen and Improve Systems (ASSIST) Project in Burundi in fiscal year (FY) 17 supported quality improvement (QI) activities to prevent mother-to-child transmission of HIV (PMTCT) and improve adherence to antiretroviral therapy (ART) and retention in care for people living with HIV (PLHIV), including children. The project worked in targeted facilities in five PEPFAR-supported USAID priority provinces to contribute to meeting the 90-90-90 targets. The provinces were: Kirundo, Kayanza, Ngozi, Bujumbura Rural, and Mairie de Bujumbura. To address HIV care quality gaps, ASSIST supported the Ministry of Health (MOH), in collaboration with other PEPFAR implementing partners (IPs) – FHI 360 (IHPB, PMTCT Activity, HIV/AIDS Military, and the new LINKAGES projects), Engender Health (BRAV project), MEASURE Evaluation, PSI (HIV military prevention project), Chemonics (Global Health Supply Chain - Procurement and Supply Management), and EQUIP.

When the project began its work in January 2013, the first phase (phase 1) of the project focused on two areas: documentation of care and HIV counseling and testing (HCT) among pregnant women. Activities were initiated in 70 demonstration sites in Kirundo, Muyinga, Karusi, and Kayanza provinces. Between January and July 2015, a Phase 1 change package of best practices and dissemination strategies was developed. Starting in September 2015, the project began to disseminate this change package in 194 new sites (known as the scale-up sites). In FY16, as a result of changes in PEPFAR’s strategy to prioritize high-burden geographic areas, ASSIST’s focus shifted to the five currently supported provinces.

Starting in January 2017, ASSIST started implementing phase 2 of the project which focused on adherence to therapy and retention in care for PLHIV. A total of 50 pilot sites were selected across the five provinces: Kayanza (9 sites), Ngozi (11 sites), Kirundo (14 sites), Bujumbura Rural (7 sites), and Bujumbura Mairie (9 sites). By the end of FY17 – and with it the project in Burundi – ASSIST supported QI activities in all 229 PMTCT sites located in the five PEPFAR priority provinces.

In addition to the clinical improvement work in facilities, ASSIST supported community QI teams in two provinces—Bujumbura Rural and Kirundo—to improve the performance of community health workers (CHWs) in supporting PMTCT services at the community level, applying practices developed through pilot community QI work in Giteranyi Health District (Muyinga Province) in prior years.

ASSIST’s program in Burundi closed in September 2017.
2 Program Overview

<table>
<thead>
<tr>
<th>What did we try to accomplish?</th>
<th>At what scale?</th>
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<tbody>
<tr>
<td><strong>1. Implement PMTCT and adherence to care and treatment improvement interventions</strong></td>
<td></td>
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<tr>
<td>• Improve uptake of PMTCT services (by mothers, infants, and partners)</td>
<td>• Provinces (5/18): Bujumbura Mairie (Nord, Centre, and Sud districts), Bujumbura Rural (Kabezi, Gwibaga, and Isale districts), Ngozi (Buye, Kiremba, and Ngozi districts), Kayanza (Gahombo, Musema, and Kayanza districts), Kirundo (Kirundo, Busoni, Mukenke, and Vumbi districts)</td>
</tr>
<tr>
<td>• Improve retention of mothers and infants along the PMTCT cascade</td>
<td>• Districts: 16 out of 16 districts in the 5 phase 2 provinces (16 out of 46 health districts in the country)</td>
</tr>
<tr>
<td>• Improve adherence to therapy and retention in care for PLHIV (adult and pediatric) in targeted provinces</td>
<td>• Facilities in selected districts: 100% (229 out of 229 PMTCT sites in the 16 districts)</td>
</tr>
<tr>
<td>• Improve quality of HIV services in targeted PMTCT sites</td>
<td>• QI teams: 229 facility teams</td>
</tr>
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<td>• Strengthen community system to improve the performance of CHWs to provide quality of PMTCT services at the community level in selected communities</td>
<td>• Catchment population facilities/communities served: 3,456,165 out of 10,557,259 inhabitants</td>
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<td>• Community work: Spreading best practices developed through community QI work in Giteranyi Health District in two districts, Busoni (Kirundo Province) and Kabezi (Bujumbura Province)</td>
</tr>
<tr>
<td></td>
<td>• Catchment population communities served in the two targeted health districts: 384,156 inhabitants</td>
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Improvement Activity
3 Key Activities, Accomplishments, and Results

Activity 1: Implement PMTCT and adherence to care and treatment improvement interventions

BACKGROUND

Although the current MOH National Health Development Plan has explicitly highlighted quality needs, it lacks a continuous and structured approach to improvement. ASSIST worked to introduce a modern QI approach and improvement science, both technically and operationally, at all levels of the health care system. In addition to facility-level work, ASSIST supported the MOH to improve the performance of CHWs to provide quality PMTCT services in select communities. ASSIST has worked closely with the Programme National de Lutte contre le SIDA et les Infections Sexuellement Transmissibles [National Program for the Fight Against AIDS and Sexually Transmitted Infections, or (PNLS)] coordination committee to build the capacity of committee members in QI methods. The project has also supported the PNLS to develop evaluation and monitoring tools to evaluate the quality and coordination of PMTCT services. The content of those tools will be integrated by the MOH into national template for supervision, patient files, as well as into PMTCT registers.

KEY ACCOMPLISHMENTS AND RESULTS

The spread of the change package from phase 1, focused on documentation and HIV counseling and testing (HCT), occurred in 194 scale-up sites and in 35 demonstrations sites out of 229 PMTCT sites located in the five ASSIST supported provinces. Activities carried out included:

- **Conducted monthly site coaching visits in all five provinces** (Oct 2016 - Sept 2017). ASSIST provided technical support to district and provincial coaches’ monthly visits. District coaches conducted coaching visits in all sites on a monthly basis while coaching visits in mixed teams (district coaches and PNLS or ASSIST technical staff) were conducted in 92 sites. The purpose of the coaching visits in dissemination sites was focused on implementing the change package, QI team functionality, as well as data collection and analysis. Coaching visits in selected sites for phase 2 was focused on checking the number of pregnant/breastfeeding women enrolled on ARTs as well as exposed children under follow up in each site. In addition, the coaching visits provided an opportunity to follow-up on the implementation of the recommendations suggested during previous exchange meetings and coaching visits.

  All 50 demonstration sites for phase 2 have been visited monthly by mixed teams of coaches (including health district coaches, provincial coaches, national coaches, and ASSIST and/or PNLS staff).

- **Conducted a data quality validation and control study** (Sept – Dec 2016). The purpose of the data quality validation and control study was to demonstrate the added-value of improvement work by comparing over time PMTCT indicators in ASSIST-supported sites vs. sites not receiving QI support, as well as the reliability of the data collected. The comparison period was from June 2015 to May 2016. Error! Reference source not found. shows an increase in the percentage of pregnant women attending first antenatal care (ANC) visit before 14 weeks (early ANC) of pregnancy in five ASSIST-supported sites in Kirundo Province versus five non-supported sites in Muramvya Province. The five Muramvya sites were chosen because they were similar to the five sites of Kirundo in terms of size, type/level, presence of other partners (FHI) and zone (urban/rural).
Figure 1. Percentage of pregnant women attending first ANC visit before 14 weeks of pregnancy in five ASSIST-supported sites versus five non-ASSIST sites, Kirundo and Muramvya provinces (Jun 2015 – May 2016)

Figure 2 shows preliminary results of a comparison study conducted by ASSIST in five sites with QI interventions in Kirundo Province versus five non-supported sites (no QI interventions) in Muramvya Province. The graph shows that the percentage of pregnant women tested for HIV during ANC visits whose partners were also tested for HIV in the five ASSIST-supported sites in Kirundo Province improved, while performance in the five comparison sites in Muramvya Province remained unchanged from Jun 2015 to May 2016. The 10 sites are the same as those in Figure 1.
Figure 2. Comparing partner HIV counseling and testing in 5 ASSIST-supported sites in Kirundo Province vs. 5 control sites in Muramvya Province (Jun 2015 – May 2016)

- Conducted the provincial semi-annual workshop to review quality of HIV/PMTCT data and services in all five provinces ASSIST works in: Bujumbura Mairie (Feb 27-28, 2017), Bujumbura (March 6-7, 2017), Ngozi (March 9 - 10, 2017), Kayanza (March 21-22, 2017) and Kirundo (March 23-24, 2017). ASSIST, along with the National HIV/AIDS Program and provincial/district managers, organized a two-day meeting to review the quality of data and services relating HIV/PMTCT. Participants included provincial and district health teams, coaches, and health data managers at all levels; health facilities’ representatives; and QI teams’ representatives. The meetings focused on identifying local barriers/obstacles to data quality for HIV and PMTCT services and the design of what each health facility could do in a short time to address identified issues.

- Conducted a provincial exchange meeting on change package dissemination in three provinces (July-Aug 2017). In close collaboration with all levels of the MOH, ASSIST conducted provincial exchange meetings on change package dissemination in Ngozi (July 25-26, 2017), Bujumbura Mairie (July 27-28, 2017) and Kayanza (July 31-Aug 1, 2017). The purpose of these meetings was to share the results obtained from the implementation/dissemination of the change package from phase 1. Each site presented the data they collected and the changes implemented for
each improvement aim and indicator. The improvement has been appreciated by measuring data for each indicator and its evolution before and after QI activities. During these meetings, coaches from PNLS/IST explained the PMTCT key indicators that will be collected every month in the national data record system. At the end of the meeting, each health district formulated recommendations and developed a plan in the form of a dashboard in order to address weaknesses identified.

- **ASSIST started the demonstration phase of phase 2 which focused on adherence to therapy and retention in care for PLHIV (Q1-4).** A total of 50 pilot sites were selected across the 5 provinces: Kayanza (9 sites), Ngozi (11 sites), Kirundo (14 sites), Bujumbura Rural (7 sites) and Bujumbura Mairie (9 sites). The following activities were carried out:
  
  o **Conducted training session for phase 2 coaches from all 5 provinces Bujumbura, Mairie de Bujumbura, Kayanza, Kirundo and Ngozi** (Dec 13 -16, 2016). To conduct the phase 2 implementation, ASSIST, in collaboration with PNLS/IST, organized a training session for the phase 2 coaches from all five provinces. The training allowed the coaches to gain knowledge on the phase 2 technical content, the QI approach, the process of identification of change ideas, the use of PDSA cycle as an engine of improvement, the organization and implementation of a coaching visit, and the importance of QI site level data collection and analysis. A total of 78 participants attended the training session, among them 38 women and 40 men.

  o **Conducted a QI teams’ orientation meeting on initial change package of phase 2 in Kayanza Province** (Dec 27-30, 2016). In collaboration with all levels of the MOH, ASSIST conducted an orientation meeting for the QI team members from 50 selected sites on the technical content of initial change package of phase 2, which will focus on adherence to ARTs and retention in care. During the meeting, the QI team members discussed indicators and data collection forms, which will be used to collect phase 2 data. At the end of the meeting, each health district drafted recommendations and put in place a plan in order to accelerate phase 2 implementation in their selected sites. A total of 71 men and 51 women participated on orientation meeting among them 97 participants coming from 50 selected pilot sites for phase 2 and 25 coaches coming from all health districts; health provincial bureau and PNLS/IST.

  o **Collected baseline data in phase 2 pilot sites** (Feb 7-21, 2017). Baseline data related to all phase 2 indicators were collected in all 50 targeted PMTCT sites. For the applicable phase 2 indicators (% of HIV-infected infants enrolled on ART, % of exposed infants enrolled on ART prophylaxis, % of HIV-exposed infants initiated on CTX prophylaxis, % of HIV-infected infants under ART lost to follow-up, % of PLHIV on ART who received appropriate care, % of PLHIV on ART lost to follow-up), the baseline data was collected sex-disaggregated, and for the same indicators, project data will also be collected and analysed sex-disaggregated. The baseline data collected will help us understand over time the added value of QI interventions in adherence and retention in care and treatment.

  o **Conducted monthly site coaching visits in all 50 sites** (April 2017 - Sept 2017). Coaching visits in selected sites for phase 2 was focused on checking the number of pregnant/breastfeeding women enrolled on ARTs as well as exposed children under follow up in each site. In addition, the coaching visits provided an opportunity to follow-up on the implementation of the recommendations suggested during previous orientation meeting. All 50 demonstration sites for phase 2 have been visited by mixed teams of coaches (including health district coaches, provincial coaches and national coaches, as well as ASSIST and/or PNLS staff. During the visits, some weaknesses were identified such as the process of identifying change ideas, using the PDSA cycle as an engine of improvement, how to organize and implement a coaching visit, and the importance of QI site level data collection and analysis. To address these weaknesses, a QI training for all 50 QI teams’ representatives was organized in May, June and July 2017).
- **Conducted QI training session for QI team members selected for phase 2.** Bujumbura Mairie and Ngozi (May 22-24, 2017), Bujumbura (June 27-29, 2017), Kayanza (Kayanza June 27-29, 2017) and Kirundo (July 12-14, 2017). During May-July 2017, ASSIST, along with the National HIV/AIDS Program and Provincial/Health district managers, organized a two-day QI training session for QI team members’ representatives selected for phase 2. The training allowed the QI team members and coaches to gain knowledge on the phase 2 technical content, the QI approach, the process of identifying change ideas, using the PDSA cycle as an engine of improvement, how to organize and implement a coaching visit, and the importance of QI site level data collection and analysis. The session also provided the opportunity to share baseline data with QI teams across each health district and provincial levels as well as to address weakness identified during previous coaching visits.

**Results:** Please note that additional data, past May 2017) was collected, but due to the project closing at the end of September 2017, there was no time to verify and analyze it.

- **Figure 3** shows the percentage of pregnant women attending first ANC before 14 weeks of pregnancy (i.e., early ANC) in 194 scale-up PMTCT sites of five provinces: Kirundo (28 sites), Kayanza (28 sites), Ngozi (65 sites), Bujumbura Rural (43 sites), and Bujumbura Mairie (30 sites). In September 2015, sites began to simultaneously introduce two changes. The first change was the mobilization of the community by CHWs and community leaders in each sub-colline on the importance of early ANC to maintain the good health for mothers and babies. The second change was to offer free a pregnancy test in the health facility to women who may be pregnant. At this time, ASSIST in Burundi covers all 229 PMTCT sites in the five ASSIST-supported provinces. Those 229 PMTCT sites include 194 scale-up PMTCT sites and 35 prior demonstration PMTCT sites. The demonstration PMTCT sites are in two provinces Kayanza (15 sites) and Kirundo (20 sites). The lighter blue line shows the same indicator in 35 prior pilots sites located in Kayanza (25 sites) and Kirundo (20 sites). For scale-up sites, the percentage of pregnant women who attended early ANC increased from 28% (May 2015) to 59% (May 2017). For pilot sites, the percentage of pregnant women attending early ANC increased from 42% (May 2015) to 73% (May 2017). The following changes have been introduced simultaneously since September 2015:
  - Announcement made in the church that any pregnant woman who attends 1st ANC visit before 14 weeks will receive an incentive such as soap, free test of pregnancy, and free test of glycemia.
  - Increase in number of health education sessions in health facility per week on advantages of early ANC.
  - Mobilization of the community by CHWs and community leaders in each sub-colline on the importance of early ANC to maintain the good health for mothers and babies.
  - Offer free pregnancy test to potential pregnant women received in the health facility.
Figure 4 shows the increased percentage of pregnant women tested for HIV during ANC visits whose partners are also tested in 194 scale-up sites, five provinces (Kayanza, Ngozi, Kirundo, Bujumbura Mairie, and Bujumbura Rural) versus 35 pilots sites in Kayanza and Kirundo Provinces from May 2015 to May 2017. For scale-up sites, the percentage of pregnant women tested during ANC visit whose partners are also tested for HIV increased from 15% (May 2015) to 66% (May 2017). For pilot sites, the percentage increased from 37% (May 2015) to 78% (May 2017). The light blue line shows the results for 35 prior pilot sites for that same indicator. The four changes introduced were written in the change package and have all been implemented simultaneously. These changes were:

- Announcements made in churches and other venues on advantages of partners accompanying women to ANC visits and HIV testing for couples
- Health education session conducted once a week on the advantages of HIV testing for couples
- Mobilization of men on PMTCT (importance of accompanying pregnant women in ANC visit and HIV testing for couples) by CHW and community leaders in each sub-colline
- Invitation letters for partners given to unaccompanied women during ANC visit
Figure 4. Percentage of pregnant women tested for HIV during ANC whose partners are tested, 194 scale-up sites in 5 provinces vs. 35 pilot sites, Kayanza and Kirundo provinces (May 2015 – May 2017)

Figure 5 shows the increase in the percentage of HIV+ pregnant women screened for TB in the 50 phase 2 pilot sites from 36% (May 2016) to 53% (May 2017). Two change ideas were tested:

- Inclusion of the TB screening tool in PMTCT file of each HIV-positive pregnant woman received in PMTCT services. Nurses fill out TB screening tool and record in the PMTCT file. This change idea has been tested since February 2017.

- Training of QI team members on the use of TB screening tool. At the time of the meetings, discussions were held on how to complete the TB screening tool and the different options after screening. This change idea has been initiated since March 2017.
Some activities were carried out in the extension phase of community QI work, which started to be implemented in two targeted health districts (Busoni in Kirundo Province and Kabezi in Bujumbura Province):

- **Conducted coaching visits of the community QI teams in the pilot project in Giteranyi Health district** (Nov-Dec 2016). Coaching visits continued in all the 24 community QI teams on a monthly basis. The coaching visits focused on screening the tested changes to see which ones resulted in an improvement, and to select the changes which to be part of the community PMTCT change package. At the end of the coaching visits, QI team members and coaches validated best practices which were started to be disseminated in two new health districts (Kabezi in Bujumbura Province and Busoni in Kirundo Province). Based on best practices identified and validated by field actors including coaches and community QI team members, ASSIST, with the technical assistance from the regional office and in close collaboration with the MOH through the HIV/AIDS National Program developed a community PMTCT change package, which was started to be disseminated in community scale up sites in Kabezi (Bujumbura Province) and Busoni (Kirundo Province) Health districts.

- **Conducted a rapid assessment on community activities in Busoni and Kabezi Health Districts** (Dec 2016- Jan 2017). The main purpose of this rapid assessment was to identify the existing community activities in the two health districts including a mapping of existing and active community groups as well as the linkage between community works and surrounding health
facilities. The results of this mapping have been used to determine coverage area in terms of collines and how many facilities and Community Groups to be included.

- **Organized a national exchange meeting on the community change package for community health managers at all levels of the MOH** (Ngozi, June 15, 2017), the purpose of the meeting was to share community best practices collected from pilot project in Giteranyi Health district across all levels of health system including national, provincial, district as well as health facility in the spirit to get a large validation of the change package.

- **Conducted an orientation meeting on community change package for health community managers in Kabezi Health district** (Bujumbura, July 12-14, 2017).

**SPREAD OF IMPROVEMENT**

Before spreading phase 1 best practices, which focused on improving documentation and HIV testing and counseling, ASSIST in collaboration with the MOH and other partners, defined what would be considered as best practices based on their evidence, relevance, implementation simplicity, and replicability. The development of the change package constituted the final step in phase 1, which has been disseminated throughout FY16. In addition, in order to guide the spread of the change package, ASSIST staff with the PNLS developed dissemination strategies which clarify the approach to be followed, the roles and responsibilities of each stakeholder including the central level MOH, provincial health managers, district health managers, as well as the quality improvement teams at the health facilities.

In FY17, ASSIST continued to support and to reinforce spreading improvement through the following activities:

- ASSIST continued to build the capacity of health workers including QI team members, coaches, and provincial and district health managers through coaching visits on a monthly basis and learning and sharing sessions on a quarterly basis.

- Conducted provincial semi-annual workshops to review quality of HIV/PMTCT data and services.

- Conducted provincial meetings on change package dissemination. During the meetings, each site shared with other sites the results from the dissemination, lessons learned, challenges and constraints, and the solutions to address identified weaknesses.
4 Improvement in Key Indicators
Pilot Sites

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<tbody>
<tr>
<td>Implement PMTCT and adherence to care and treatment improvement interventions</td>
<td>% of pregnant women tested for HIV during ANC visits</td>
<td>47% (1,953/4,117)</td>
<td>99% (5,577/624)</td>
<td>97% (4,650/4,778)</td>
<td>97% (4,372/4,517)</td>
<td>84% (2,012/2,135)</td>
<td>93% (2,135/2,307)</td>
<td>92% (1,542/1,683)</td>
<td>100% (1,713/1,702)</td>
</tr>
<tr>
<td># of Sites Reporting</td>
<td>66 (in 4 provinces – Muyinga, Kirundo, Karusi, Kayanza)</td>
<td>69 (in the 4 provinces)</td>
<td>69 (in the 4 provinces)</td>
<td>68 (in the 4 provinces)</td>
<td>35 (in 2 provinces– Kirundo and Kayanza)</td>
<td>35 (in the 2 provinces)</td>
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<tr>
<td>% of women attending ANC visits before 14 weeks</td>
<td>8% (327/4,117)</td>
<td>42% (2,372/5,624)</td>
<td>50% (2,388/4,778)</td>
<td>54% (2,437/4,517)</td>
<td>54% (1,289/2,399)</td>
<td>63% (1,449/2,307)</td>
<td>63% (1,055/1,683)</td>
<td>73% (1,235/1,702)</td>
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<td>69 (in the 4 provinces)</td>
<td>69 (in the 4 provinces)</td>
<td>68 (in the 4 provinces)</td>
<td>35 (in the 2 provinces– Kirundo and Kayanza)</td>
<td>35 (in the 2 provinces)</td>
<td>35 (in the 2 provinces)</td>
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<tr>
<td>% of pregnant women attending ANC and tested for HIV whose partners are tested for HIV</td>
<td>0% (7/1,953)</td>
<td>61% (3,424/5,577)</td>
<td>68% (3,106/4,650)</td>
<td>67% (2,946/4,372)</td>
<td>66% (1,358/2,048)</td>
<td>62% (1,138/2,213)</td>
<td>67% (1,042/1,561)</td>
<td>78% (1,301/1,670)</td>
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<td># of Sites Reporting</td>
<td>66 (in the 4 provinces)</td>
<td>69 (in the 4 provinces)</td>
<td>69 (in the 4 provinces)</td>
<td>68 (in the 4 provinces)</td>
<td>35 (in the 2 provinces– Kirundo and Kayanza)</td>
<td>35 (in the 2 provinces)</td>
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<tbody>
<tr>
<td># of exposed children tested for HIV at 18 months</td>
<td>9</td>
<td>305</td>
<td>384</td>
<td>438</td>
<td>302</td>
<td>331</td>
<td>447</td>
<td>479</td>
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<tr>
<td># of Sites Reporting</td>
<td>69 (in the 4 provinces)</td>
<td>70 (in the 4 provinces)</td>
<td>70 (in the 4 provinces)</td>
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<td>35 (in the 2 provinces– Kirundo and Kayanza)</td>
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## Scale-up Sites

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<tr>
<td></td>
<td>% of pregnant women tested for HIV during ANC visits</td>
<td>93% (8,128/8,767)</td>
<td>97% (9,084/9,368)</td>
<td>106% (8,921/8,389)</td>
<td>108% (9,148/8,427)</td>
<td>101% (8,579/8,502)</td>
<td>103% (8,562/8,283)</td>
<td>98% (7,245/7,372)</td>
<td>99% (7,361/7,426)</td>
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<tr>
<td># of Sites Reporting</td>
<td>179 scale-up sites in 5 provinces</td>
<td>179 scale-up sites in 5 provinces</td>
<td>180 scale-up sites in 5 provinces</td>
<td>180 scale-up sites in 5 provinces</td>
<td>181 scale-up sites in 5 provinces</td>
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<td></td>
<td>% of women attending ANC visits before 14 weeks</td>
<td>28% (2,626/9,223)</td>
<td>37% (3,615/9,856)</td>
<td>37% (3,410/9,146)</td>
<td>41% (3,705/8,966)</td>
<td>45% (4,263/9,518)</td>
<td>48% (4,599/9570)</td>
<td>52% (4,588/8,766)</td>
<td>59% (4,815/8,210)</td>
</tr>
<tr>
<td># of Sites Reporting</td>
<td>179 scale-up sites in 5 provinces</td>
<td>179 scale-up sites in 5 provinces</td>
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<td></td>
<td>% of pregnant women attending ANC and tested for HIV whose partners are tested for HIV</td>
<td>15% (1,198/8,135)</td>
<td>28% (2,531/9,007)</td>
<td>35% (3,042/8,759)</td>
<td>42% (3,782/8,900)</td>
<td>53% (4,731/8,891)</td>
<td>58% (5,309/9,168)</td>
<td>66% (5,245/7,902)</td>
<td>66% (5,506/8,312)</td>
</tr>
<tr>
<td># of Sites Reporting</td>
<td>178 scale-up sites in 5 provinces</td>
<td>178 scale-up sites in 5 provinces</td>
<td>180 scale-up sites in 5 provinces</td>
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<td>181 scale-up sites in 5 provinces</td>
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<td>180 scale-up sites in 5 provinces</td>
<td></td>
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<tr>
<td></td>
<td># of exposed children tested for HIV at 18 months</td>
<td>17</td>
<td>472</td>
<td>660</td>
<td>780</td>
<td>1,010</td>
<td>1,216</td>
<td>1,337</td>
<td>1,471</td>
</tr>
<tr>
<td># of Sites Reporting</td>
<td>182 scale-up sites in 5 provinces</td>
<td>180 sites</td>
<td>184 sites</td>
<td>185 sites</td>
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</table>
5 Sustainability and Institutionalization

ASSIST has actively engaged national policy makers, as well as local managers (provincial and district health managers), in all phases of the design and implementation of improvement work, especially in the collection, synthesis, and dissemination of best practices and tested changes. Local managers and district coaches provided support to facility QI teams and were regularly mentored on QI. Building capacity among local managers and district coaches and institutionalizing improvement practices strengthened the health system at all levels and provided information and evidence to inform strategic planning at all levels. Institutionalization is a process and will be achieved over time but will require consistent and continuous effort. ASSIST Burundi has:

- Continued sharing and engage in discussions on QI in coordination meetings at all health system levels
- Integrated ASSIST coaching visits with supervision visits of the District Health Management Team (DHMT) and Provincial Health Management Team (PHMT)
- Supported the MOH to develop and integrate improvement activities into the annual action plans of MOH structures [PNLS, the Bureau Provincial de la Santé (BPS) and Bureau de District Sanitaire (BDS)]
- Created a critical mass of informed and skilled health providers on QI methods
- Assisted the PNLS to conduct a national meeting on quality improvement of PMTCT services at all levels.
- Work with the counterparts, especially at the national level, to integrate evident PMTCT/ART best practices into national tools and guidelines

6 Knowledge Management Products and Activities

- Developed a change package for improving PMTCT and ART services. The project published, with the Ministry of Health, a summary of the best practices developed through the work of site-level QI teams supported by ASSIST (Synthèse de la mise en œuvre du Collaboratif d’Amélioration de la Qualité des Services VIH/SIDA au Burundi). The document is available at: https://www.usaidassist.org/resources/synthese-amelioration-de-la-qualite-des-services-vih-sida-burundi

- Developed a community change package which started to be spread to other health districts. ASSIST staff in Burundi, with technical assistance from the regional office and in close collaboration with the MOH through the HIV/AIDS National Program, developed a community change package which will be used by the MOH used to guide community QI work in two districts (Busoni in Kirundo Province and Kabezi in Bujumbura Province). The community change package – Synthèse de la mise en œuvre du Collaboratif Communautaire d’Amélioration de la Qualité des Services PTME au Burundi – is available at: https://www.usaidassist.org/resources/synthese-de-la-mise-en-oeuvre-du-collaboratif-communautaire-ptme-burundi
7 Gender Integration

In FY17, ASSIST continued to promote and track male partner involvement in PMTCT as a way to improve maternal and child health outcomes as well as male partner HIV outcomes. Involvement is measured through the percentage of male partners of women enrolled in PMTCT services tested for HIV. In phase 2, ASSIST also tracked linkage to services for male partners who test positive for HIV (to care and treatment), and collected patient data by sex when relevant. The data collection forms have been drafted to disaggregate data by sex where applicable. In addition, ASSIST tried to integrate gender aspects when applicable, for example coaches’ selection and QI team’s establishment.

At the phase 2 QI training, data collection forms with columns to disaggregate data by sex were explained to the participants as well as the importance of having this type of data.

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- **Case study on male partner involvement in PMTCT in French** *(Améliorer la participation des partenaires masculins des femmes enceintes dans la PTME pour augmenter l’utilisation des services PTME au Burundi)*. It can be accessed at:
  
  https://www.usaidassist.org/sites/assist/files/burundi_assist_case_study_french_2may2017_ada.pdf