BURKINA FASO PROGRAMME

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Sectorial strategic plan 2009-2014:

Health
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<thead>
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<th>ACRONYMS AND ABBREVIATIONS</th>
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<tbody>
<tr>
<td><strong>AAS:</strong> Association African Solidarity</td>
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<td><strong>ADS:</strong> Association Dounia Solidarity</td>
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<td><strong>AIDS:</strong> Acquired Immunodeficiency Syndrome</td>
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<td><strong>ALAVI:</strong> Association Lafi La Viim</td>
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<td><strong>ARV:</strong> Anti-Retro-Viral</td>
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<td><strong>BAMAKO INITIATIVE:</strong> Bamako Initiative</td>
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<td><strong>BF:</strong> Burkina Faso</td>
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<td><strong>CADI:</strong> Welcome Centre for Screening and Information</td>
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<td><strong>CBO:</strong> Community-based Organization</td>
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<td><strong>CIDA:</strong> Canadian Agency for International Development</td>
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<td><strong>CLSP/IST:</strong> Strategic Plan against AIDS and STI</td>
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<td><strong>CMA:</strong> Medical Centre with Surgery Unit</td>
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<td><strong>COGES:</strong> Management Comity</td>
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<td><strong>CPPA:</strong> Canadian Programme Partnership Agreement</td>
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<td><strong>CRNE:</strong> Centre for Recovery and Nutrition Education</td>
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<td><strong>CRS:</strong> Catholic Relief Service</td>
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<td><strong>CSLP:</strong> Strategic Plan against Poverty</td>
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<td><strong>CSO:</strong> Civil Society</td>
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<td><strong>CSPS:</strong> Centre for Health and Social Promotion</td>
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<td><strong>CUSO:</strong> Canadian University Service</td>
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<td><strong>DHR:</strong> Department of Human resources</td>
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<td><strong>DSP:</strong> Department of Studies and Planning</td>
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<td><strong>EDS:</strong> Health Demographic Inquiry</td>
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<td><strong>HIV:</strong> Human Immunodeficiency Virus</td>
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<td><strong>IEC:</strong> Information, Education and Communication</td>
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<td><strong>IGA:</strong> Income Generating Activities</td>
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<td><strong>LTV:</strong> Long Term Volunteer</td>
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<td><strong>MDG:</strong> Millennium Development Goals</td>
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<td><strong>MO:</strong> House of Observance</td>
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<td><strong>NGO:</strong> Non Governmental Organization</td>
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<td><strong>OD:</strong> Organisational Development</td>
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<td><strong>OVC:</strong> Orphans and Vulnerable Children</td>
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<td><strong>PAMAC:</strong> Support Programme to the Associative and Community World</td>
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<td><strong>P&amp;G:</strong> Participation and Governance</td>
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<td><strong>PMTCT:</strong> Prevention of Mother to Child Transmission of HIV</td>
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<td><strong>PNDS:</strong> National Plan for Sanitary Development</td>
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<td><strong>PNS:</strong> National Health Policy</td>
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<td><strong>PNVB:</strong> National Volunteers Programme/BF</td>
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<td><strong>REVS+:</strong> Responsibility, Hope and Positive Life</td>
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<td><strong>SND:</strong> Civic Service</td>
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</table>
SP/CNLS: Permanent Council of the Struggle against Aids

SSP: Sectoral and Strategic Plan

STI: Sexually transmitted disease

STV: Short Term Volunteer

TFP: Technical and Financial Partners

UHC: University Health Center

UNDP: United Nations Development Programme

VSO: Voluntary Service Overseas

VSO/BF: Voluntary Service Overseas Burkina
Summary

Following the merger between CUSO and VSO Canada in order to join VSO International federation, the new team of Burkina Faso that is from now on called VSO/BF, has analysed the pertinence of its intervention in the health sector.

Health is a multi-factorial variable that is very complex and dependent on several determinants: biological and environmental determinants, determinants linked to health care systems and also those that are linked to knowledge, behaviour, attitudes and practices (CAP).

The impact of health determinants that are linked to environment, health systems and to CAP makes of the Burkina Faso's sanitary system one of the weakest of the west African sub-region where the problematic of HIV, of endemic and epidemic diseases and poverty contribute also to enhance the rate of morbidity and mortality.

After an analysis of the Burkinabe sanitary sector, VSO/BF has realized that the health of some marginalized populations, notably women, children and people living with AIDS might be significantly ameliorated by the betterment of their accessibility to health care services of quality.

The aim of VSO/BF is the building of a well structured burkinabe health care system that will be able to supply quality sanitary services at low cost to the marginalized populations.

To realize this vision, VSO/BF has the following objectives:

**General objective:**

-To contribute to the amelioration of the health of women, of children under five years old and people living with AIDS, through equal and sustainable access to health care by five years in the areas of intervention of VSO/Burkina.

**Specific objectives:**

1-To reinforce the technical and management abilities of health actors in the intervention zones by five years.

2- To enhance the quality of promotional, preventive and curative sanitary provision offered to the poor and marginalized groups of VSO intervention's areas by five years.

3- To reinforce activities of advocacy and lobbying for a fair access to quality health care benefice in favour of the poor and marginalized groups of VSO Burkina intervention's zone by five years.
The health strategic plan that is planned to span five years will be implemented in two regions of the country: the region of the centre and hauts-bassins. International volunteers will be the main mean of intervention.

The volunteers' work will be reinforced by workshops of formation, exchanges visits and small subsidies.

**The gender/ equity approach will be integrated transversely in VSO Burkina interventions.**

The Department of health will be a privileged partner of VSO/BF, and VSO/BF will be present at all the levels of the public sanitary pyramid:

- central level (Department of Studies and Planning (DSP), Department of Human Resources (DHR));
- intermediate level (Health Regional Departments, Regional Hospital Centre);
- peripheral level, in the sanitary districts (Medical Centre with surgery unit) (CMA), Centre of Health and Social Promotion (CSPS)).

The partnership agreement with the Department of Health in order to sensitize on some endemic diseases will also be a strategic element of the intervention plan of VSO/BF.

VSO will also work with civil society organizations in order to reinforce their capacity buildings in management and ameliorate the quality of health care service.

Conscious of the fact that health sector cannot be followed by only one actor, VSO/BF will develop a partnership with the Technical and Financial Partners (TFP) that are already active in the sector, with a view to giving a better impact of the technical support on one hand, and possibly of the collection of funds for the realization of projects of the organizations and local structures on the other hand.

1. CONTEXT AND ANALYSIS OF THE SITUATION

A. METHODOLOGICAL APPROACH

For the development of this sectoral strategic planning (SSP), in the double issue to enter in the objectives of VSO International and to determine if there is coherence between the intervention of VSO/BF and the national policy, as regards the struggle against poverty (CSLP), and the national planning for sanitary development in particular; the office of VSO/BF has led a certain amount of studies, meetings and documentary researches for a better analysis of the country sanitary context. For this purpose, it got the Prime Minister to converse with VSO/BF about the role and
objectives of CSLP, the actors of its implementation, challenges and opportunities too.

Its has afterwards allowed to benefit from the support of resource persons for sectorial studies in the domains of health, HIV & AIDS, Participation & Governance(P & G) and education.

The result of this research has led VSO/BF to intervene in the field of health, to add a section on HIV & AIDS in a transverse way, and to the identification of other numerous thrusts of possible interventions.

The programme office has then fixed the objectives, and has identified a certain number of partners, and there where among them former CUSO partners it has judged strategic.

The numerous discussions VSO/BF had with the partners, has enabled to identify the strategic interventions that satisfy the needs of partners and of the strategic orientations of VSO/BF.

To improve the content of SSP in the possible activity to carry out in order to systematize a gender approach, organizational development, national volunteership in the programme, VSO/BF has elaborated three projects on the three themes and has submitted to the Canadian Programme Partnership Agreement(CPPA) and have approved.

To this day, a workshop on gender and equity has been realized with partners that have afterwards submitted a gender plan of action.

A final gender plan of action of VSO will then be elaborated.

The workshop on national volunteership has been elaborated and the actions that have followed has enabled to expand this SSP.

The workshop on capacity building has enabled to present the approach of VSO on partnership development and the step to the accompaniment of development partners for organisational development. The majority of partners have shown a keen interest to this tool of self - evaluation.

An iterative and participative process of meeting between partners has enabled a first qualitative and quantitative planning (in terms of number of volunteers) to take up, a process VSO/BF will continue to apply as the implementation of the programme is done in order to add precisions and necessary adjustments.
B. CURRENT SANITARY SITUATION

DIFFICULT SANITARY SITUATION

Burkina faso is a sahalian and landlocked country. It is one of the poorest country in the world and was ranked 177th out of 182 countries according to the UNDP human development Rating in 2009.

Despite the adversity of its nature, the economic growth rate of the country has been of the average of 5% per year for almost a decade due to important political and socio-economic reforms.

The result of the survey on the conditions of living of households realized in 2003, shows a tendancy to the growth of the effect of poverty that has gone up from 45% in 1998 to 46,4% in 2003.

Poverty is becoming an urban problem, and women are the most affected because of their low access to resources and to factors of production.

The weakness of the income per inhabitants (300 US dollars) ranks Burkina among the least developed countries.

Health is at the centre of the preoccupation of the State, as it constitutes an important factor in the reduction of poverty. It enables an optimal development of human capital.

The economic development of a country is called into question when the population, notably the active one is not in good health. Economists used to say that health is a capital, a sustainable good, a good that one can maintain or even increase through investments.

However, health indicators in Burkina Faso are very low. At birth, it was an estimated 52 years of lifetime in 2007. The rates of morbidity (15,8%) and general mortality (15,25%) remains high. This morbi-mortality is attributed to bacteria infections, parasites and also to HIV infection. Indeed, 50% of deaths are impute in increasing order to breathing infections, AIDS, malaria and diarrhoeal diseases (PNDS 2006-2010).

PROBLEMATIC OF HIV&AIDS

The HIV pandemia constitutes an important health problem in Burkina Faso. In 2008, the seroprevalence rate was 1,8% and the number of persons living with AIDS was estimated at about 270000 in Burkina Faso (UNAIDS).

The combined efforts of the different actors (States, private sector, OBC) have contributed to a notable advance in the struggle against this pandemia. From a generalized pandemia it has moved to a << relatively controlled >> pandemia as it is
testified by the variations of the seroprevalence rate in 2001, 2003 to 2008 respectively: 6.5%, 4.2%, and 1.8%\textsuperscript{1}. A lot of progress has been noted, among other things, free ARV therapy for the PVVH.

**VULNERABLE POPULATION HEALTH**

**WOMEN’S HEALTH**

Women represent a vulnerable bracket of the population as regards health in Burkina Faso. In 2007\textsuperscript{2}, the rate of maternal mortality was 484 for 100 thousands of living birth, from which 72% are imputable to haemorrhage, infections and dystocia\textsuperscript{3}. In addition only 54,63 births were assisted by a qualified personnel in 2007. Martial deficiency (40 to 68%) and nutritional deficiencies (34 to 38%) of pregnant women are also implicated\textsuperscript{4}. However, the coverage of antenatal consultation (two antenatal consultations per pregnancy) is in notable progression with 69.87% in 2007\textsuperscript{5}.

An advanced study on the causes of maternal mortality notes shows causes of delays:

- a first delay in the decision to take the pregnant woman to health center when she is sick. This can be explained by misknowledge of the signs of danger during pregnancy or delivery and to the weak decisional power of women in Burkina.

- a second delay that is caraterized by the difficult access to health centres because of the remoteness of health structures that have complete technical platform, absence or insufficiency of ambulances, defective roads, weak network of communication and finally to the weakness of the mecanism of communauty support.

- the third delay is a delay in the access to treatments because of the lack of qualified personnel (midwife, maieuticians, gyneco-obstetrician, anesthesist) equipment and medecines.

Women are the most affected by HIV infection. According to UNAIDS, 56% of the 270,000 persons living with AIDS are women, and among them an important proportion of teenagers aged from 15 to 24 years. They are exposed because of several reasons:

- biological (wider and accessible vaginal mucous membrane);

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\textsuperscript{1} Chart 2008  
\textsuperscript{2} Burkina health statistic year-book  
\textsuperscript{3} PNDS 2006-2010  
\textsuperscript{4} PNDS 2006-2010  
\textsuperscript{5} Statistic yearbook 2007
- socio-cultural (levirate, sororate, polygamy and weak power of negotiation to make their partner use preservatives),
- economic (poverty, financial dependency, high cost of feminine preservative).

CHILDREN’S HEALTH

Despite the realization of noticeable progress during the last ten years, the mortality of young children and teenagers remains high. Between 1993 and 2003, the death rate has moved from 204.5 to 184 out of 1000. Malaria is one of the main causes of death, followed by diarrhoeal diseases and respiratory infections.

Curative and preventive measures are inadequate. Between 2003 and 2007, only 18% of children under two(2) years slept under a mosquito net and 42% of children suffering from diarrhoea received an oral rehydration solution(2000-2007).

According to the World Health Organization, 32% of Burkinabe children suffered from moderate to severe malnutrition between 2000 and 2007.

Burkinabe children are also affected by HIV infection.

In 2007, an estimated 100 000 Burkinabe children were HIV orphans. In addition, the programme of transmission prevention between mother and child is still noting insufficiencies in its functionality in rural areas as new born medical, therapeutic and nutritional taking charge is concerned.

C. STAKES AND PROBLEMATICS

GENERAL HEALTH STAKES

Health Determiners Linked To Health System

The deficit of human resources in quantity as well as in quality does not enable to answer in a functional way to the populations needs in health care. In Burkina Faso, there is one doctor for 31 144 inhabitants (the WHO standard is one doctor for 10 000 inhabitants); a chemist for 188 861 inhabitants (the standard is 1 for 30 000), a nurse for 5721 inhabitants (the standard is 1 for 5000) and a midwife or maieutician for 21 135 women in procreative age (the standard is one midwife for 3000).

6 EDS 1993; 2003
7 Chart 2008
8 UNICEF
9 PNDS 2006-2010
10 Health chart 2008
There is also a disparity in the distribution of the personnel in the national territory. The most important number is concentrated in the region of the centre: that is to say 44% of dental surgeons, 41% of doctors, and 31.7% of midwife and maieuticians despite the fact that only 12.3% out of the total population lives there.\(^{11}\)

The management of these health human resources does not favour neither their blooming nor their achievement. The system of remuneration is characterized by its rigidity. The allowances that are granted, remunerate only the physical conditions of practice of the activity. Most of the times, such a system that does not give any possibility to remunerate achievement or productivity, leads to discourage initiatives and drives on term to a deep demotivation whose perverse sides are difficult to quell. This situation leads to the migration of health personnel from the public sector to the private sector (for good or temporarily). However, promotion is very linked to continuing education, and this constitutes an undeniable and positive experience to maintain and to consolidate.

Weak frequenting of health centres

Though in progression, the frequenting of health centres remains low. The rate of frequenting of health centres for treatments has indeed moved from 36% in 2006 to 51% in 2008.\(^{12}\) However, the ratio of yearly contact with an health centre per inhabitant is under 1 in 2007, that is to say 0.38 contact per inhabitant.\(^{13}\)

The remoteness of health centres from the beneficiary populations might explain this situation: the medium theoretical action range is 7.5 km but reaches 10 to 16 km in the sahel region and the region of the east respectively.\(^{14}\) This low frequenting rate can also be explained by the low income of the population, mostly in rural areas but also by the fact that the population first turn towards traditional practitioners, illicit drug merchants or self-medication in case of diseases.

Moreover, health structures are sometimes characterized by their lack of reactivity: respect of human dignity, confidentiality of information and rapidity of treatments, the access to the social support network for destitutes, the quality of essential services, and the choice of service providers are not done according to the book.

The State of Burkina Faso recognizes traditional medicine and pharmacology, and this is an important step. However, no formal policy has been adopted in the matter and it is what explains the organizational weakness of traditional medicine and pharmacology.

This situation is expressed by:

\(^{11}\) Statistics yearbook 2008
\(^{12}\) Health chart 2008
\(^{13}\) Department of studies and planning of the Ministry of health
\(^{14}\) Health chart 2008
- inadequacy in the management of local medicinal plants;

- a very traditionally- made production of pharmacology products;

- difficulties to validate the products ;

- proliferation of tradi-practitioners of every type.

**Equipments maintenance**

Medical equipments and logistic are confronted with an insufficient management and maintenance and are sometimes unsuitable. The numerous origins of the equipments, due to donations and to the demands of some partners make maintenance difficult. There is no preventive and curative maintenance because the policy of maintenance is not clearly defined. The Depreciations and the replacements of the material are not always planned and it is sometimes difficult to obtain some materials of replacement, the technical personel is easily surpassed by the required specialization or the overuse of equipments and the negligence of the medical personel lead also to the weakness of the quality of sanitary service in Burkina Faso.

**Intersectorial coordination**

Health system is a set of items that interact to reach an objective none of them could reach if were working individually. Health cannot rely only on the ministry of health. Sanitation, environment, demography and education contribute to the determinism of health. The intersectorial coordination existing between the ministry of health and the other ministries on which these health determinants depend, is insufficient and the functioning of the existing concertation meeting is not satisfactory.

**ENVIRONMENTAL DETERMINANTS**

Environment can be defined as a set formed by biocenosis and biota and also by interactions inside and between the two components. Health can be perceived as a permanent and dynamic balance between human being and its environment. Any threat of an element of the environment has repercussion on health.

The impact of environmental factors on morbidity global charge is not negligible. Burkina Faso is located in the soudano-sahalian tropical zone with temperatures that varies between 25 and 45 C, and this favours the proliferation of micro- organism that are at the origin of bacterial and parasitic infections, responsible among others for the high rate of morbidity(15,8%)

In rural area, lands under cultivation are often close to houses; with stagnant water and unhealthy environment that create good conditions for the development of the
anopheles, vector of malaria that represented 44.5% of reasons of consultation in 2008\textsuperscript{15}.

An important number of diseases (dirty water diseases, parasitis etc) are linked to the consumption of non-drinking water. In 2007 more than one third (35%) of all the population and 42.3% of the rural population drank non-drinking water coming from wells, rivers, and dams.

Low respiratory infections represent the second cause of consultation after malaria, that is to say that 14.1% are attributed to air pollution, the use of heating woods by households etc.

The lack of sanitation, the insufficient management of solid and fluid waste, refuses, the lack of sewers and conducts of discharge (household waste, floodgate) favour the proliferation of bugs vector of diseases: rat, flies, mosquitoes etc.

**SOCIAL DETERMINANTS**

46.5% of the population of Burkina Faso lives under the poverty line with less than one dollar per day and for this group of the population, daily survival represents most of the time the first priority. Accessibility to health centre for this group will be limited because of the cost of provisions of service in health structures.

The cultural perception of some pathotologies, combined with the ignorance of the populations on the physiopathological mecanism of diseases have as consequence a wrong judgement of pathological situations and a late recourse to treatment.

Some social practices such as levirate, sororate and excision are harmful but remains despite numerous sensitization campaigns.

**SOCIAL DETERMINANTS OF HEALTH**

Knowledge, behaviours, attitudes and practices of individuals determine their state of health. The low level of education of the population (on 26.2% of literates, only 16% are women) and socio-cultural heaviness reduce the impact of information, education and communication activities for the acquisition of attitudes and behaviours favourable to health such as the importance of hand washing in order to avoid stools peril such as salmonella poisoning, or the importance of a balanced died to avoid malnutrition. There is a necessity to space out births as it is a factor that ameliorates the health of women and children under 5 years.

Burkina faso is a country where bikes and motorbikes have an important place in road traffic, mostly in urban areas. This situation is at the origin of a lot of traffic accidents. These accidents are in great proportion due to human errors (drivers and pedestrians), followed by material environment and the state of the engines.

\textsuperscript{15} Health chart 2008
HIV AND AIDS SPECIFIC STAKES

STIGMA AND DISCRIMINATION

The stigmatization of persons living with AIDS plays an important role in the spreading of HIV infection. A lot of persons still refuse to be screened for HIV and continue to have behaviours with high risk of contamination. The fear to be rejected by one’s spouse or by the community because of one’s seropositivity hinders frank discussion in some couples and families. This discrimination and stigmatization has something to do with the non-respect of the rights of persons living with AIDS by the community and also to the non-respect of the obligations towards the community by some persons living with AIDS.

TAKING CHARGE

The take charge of people living with HIV has met success in Burkina Faso and the last in date has been free ARV access since 2010.

However, difficulties linked to patients observance, availability of ARV of second and third lines (generation) and also to the access to take charge (PTME, paedriatic PEC etc) throughout the country (rural zone) remain.

The adherence of patients to the treatment represents an important difficulty and needs a regular follow up of patients.

ORGANIZATIONAL SHORTCOMINGS OF CIVIL SOCIETY - ACTORS

Civil society is very active in the specific field of the struggle against HIV and AIDS. Their action has enabled the progression of the struggle against this pandemia. However many stakes have to be raised and civil society organizations need as much qualified human resources for provisions of health services (doctors, nurses, social workers etc.) as the strengthening organizational capacity of their structures (planning, management, accountancy, follow up, evaluation, etc.)

D. PROBLEM SOLVING

STRATEGIC PLAN AGAINST POVERTY

In order to reach the amelioration of the population health, Burkina Faso has chosen to use its Strategic Plan against the Poverty (CSLP) that is a referential of all the policies (sectorial and transverse) to guarantee the access of the poor to basic social services and to social protection. This strategy reiterates with the Millenium Development Objectives (MDO) that the sanitary secteur is a sensitive and prior sector. Divided into prior programme of actions and revised each year, it aims at the objectives of the struggle against poverty with the overall objective to ameliorate the state of health of the population. CSLP insists on the necessity of a multiple
partnership and on multi-sectoral character. CSLP stipulates explicitly that: << the sanitary policy must keep a particular attention to vulnerable groups in needs of health particular needs.....>>  

BAMAKO INITIATIVE

Since 1987, Burkina Faso has subscribed to **Bamako Initiative (IB)** that aims at increasing the accessecibility to medecines and basic health center to populations (the poor, mothers and chidren particularly). BI is based on the principle of cost recovery for a sustainable management of sanitary structures and the capacity to supply free services to the poor.

The participation of the community is also fundamental. It is the reason why management commitee are created in basic sanitary structures ruled by communities.

POLITICS AND HEALTH PLAN

VSO/BF welcomes positively the strong political commitment to improve the health of the population in Burkina Faso, as shown by the adhesion and the ratification of the different conventions and texts on the subject, the policies adopted by the government in favour of heath and the implications of the highest authorities in the struggle against HIV/AIDS (The National Council for the Sruggle against AIDS directed by the President of Faso).

According to CSPL principles, the government has endowed itself with a national health policy (PNS) and a **national planning for sanitary development 2001-2010(PNDS)** that is added to the national health strategy (1975) and based on the search for sanitary security through a low cost access to preventive and curative treatments. Among these key thrust, these plannings apply to problems of collaboration and coordination in creating a common basket.

The government has also put into action an institutional and adminisrative reorganization of the sanitary system that goes together with the policy of **decentralization** of the country. This current restructuration transfers competences to communes in the domain of health and builds new sanitary infrastructure in each region to ensure more sustainable sanitary coverage.

The management of sanitary structures by communes will in long-term allow an effective implication of communities in decisions related to their health (linked between the health programme and the participation and governance programme).

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16 Section 4.2.2 Health, p50  
17 see Annex 3 for a summary of Burkina Faso health system
As the governement is concerned about a better coordination and harmonization of the activities of the diverse actors that intervene in health domain, it has implemented a national policy of contractualization in the domain of health, adopted in 2007. This policy contractualized a number of NGO and OSC activities in order to fight against ordinary pathologies, malaria, nutrition, reproductive health and the struggle against STD, HIV and tuberculosis.

In its struggle against the HIV& AIDS pandemia, the government of Burkina Faso has subscribed to the principles of the <<Three One>>, that is to say a strategic framework, a coordination authority and a national system of follow up and evaluation. The government has elaborated a strategic plan against AIDS AND STD(CSLS/STD) with the objective of prevention, screening, taking charge of persons affected with HIV& AIDS. The national council of the struggle against AIDS and STD(CNLS/IST), central organe of decision and orientation, come within the competence of the Presidency of Faso.

Despite this national answer to HIV, materialized by the strategic framework of the struggle about AIDS(2001-2005 and 2006-2010), and by an institutional and administrative reorganization of the sanitary system there are still deficits as regards health in general and specifically in the prevention and taking charge of HIV.

INITIATIVES OF TECHNICAL AND FINANCIAL PARTNERS

Financial and technical partners, multilateral and bilateral institutions and international NGO are integral part of the struggle for health and against HIV infection in Burkina Faso.

Concious of the fact that it is important to harmonize their help and to follow the objectives defined by the country for a more efficient and a higher impact, these organizations have subscribed to a common with the government.

At present, their priorities in Burkina Faso include the universal access to ARV and thanks to their support the price has been lowered from 5000 FCFA to 1500 FCFA, and then free since January 2010; the transfer of responsibility in the management of the activities of the struggle of HIV and AIDS to the burkinabe Government; the enforcement of the activities of screening of the civil society among other, through PAMAC.

E. BENEFITS OF CUSO AND VSO

BENEFITS OF CUSO

VSO/BF wants to build its health programme on the results of the 2004-2009 programme of CUSO/BF in the struggle against HIV&AIDS infection. The CUSO/BF
programme accompanied civil society organizations struggling against HIV in various fields: prevention, screening taking charge, automation through income generating activities (IGA) and microcredits, advocacy for access rights, and twinning with sister organizations throughout the world. This programme has been recognised because of its contribution to this struggle and the main benefits are:

**Autonomization of persons living with HIV** through the volunteers that have helped the organizations to develop income generating activities (IGA). Fifty (50) women have benefited from credits in the four (4) intervention zones of REVS+ from which a group has made soap and another group has developed dyeing.

**For children affected with HIV**, volunteers have helped to develop tools of sensitization (animation kits), of follow-up and evaluation (LIFE SKILL) (children affected with HIV & AIDS) and a medical and psycho social taking charge. It has allowed to take charge and follow-up of at least one hundred (100) children in (4) antennas.

**Realization of two houses of observance**, to supervize persons living with HIV and under ARV, and having difficulties to observe a good therapeutic observance in aid of two (2) partners (AAS, REVS+). These houses have allowed to accompany on the social and therapeutic level a minimum of fifty (50) persons each year for AAS since 2005 (that is to say two hundred persons in two years), and at least fifteen (15) for REVS+ since 2007 (that is to say thirty persons in two years). This initiative has moreover inspired the Burkinabe authorities that are ready to accompany the realization of six (6) other houses of observance.

CUSO/BF has also met some difficulties in the implementation of its programme in Burkina Faso and VSO/BF wants to learn from it. Particularly the geographical extension of CUSO activities in several regions of the country made difficult the follow-up of volunteers and partners, creating a ‘sprinkler’ that has limited the impact on the field. VSO/BF planned a better follow-up of volunteers, with a well-targeted strategy.

VSO has also noted that the institutional weakness of OSC in the domain of planning, financing, follow up and evaluation have been a barrier to the longivity of the benefits of CUSO/BF. VSO plans to bring solutions through a process of self-evaluation and of enforcement of targeted capacities.

**BENEFITS OF VSO INTERNATIONAL**

Present for several years in several countries in the five continents through programmes of health, education etc, VSO international notes that the amelioration of the population’s health cannot be without the enforcement of health care systems. In its new strategic framework planning (2009-2014), VSO international put this report in the centre of its preoccupations, in identifying four key thrusts of intervention, and
among them health care service, the enforcement of the capacities of management, the influences of communities policies and researches in the field of health. VSO/BF has naturally inspired itself from these thrusts in the choice of thrusts of intervention in Burkina Faso.

2.OBJECTIVES OF VSO BURKINA PROGRAMME

A. AIM OF THE PROGRAMME

VSO/BF has decided to develop an health programme with a HIV&AIDS composite for three main reasons:

1. As PNDS includes the struggle against HIV in the national policy, VSO/BF in the worry of harmonization found itself obliged to aligne itself to the official approach of the government. Moreover ,this harmonization to the national policy of the Ministry of Health more synergy for a better impact.

2. The knowledge acquired in management capacities, sensitization and taking charge of HIV&AIDS by CUSO/BF could be put in the general field of health. Moreover this implementation of the HIV&AIDS programme has developed a higher awareness of the other health problems of women and children and this could contribute to the development of VSO/BF programme.

3. The decision was influenced by the policy and the objectives of VSO/BFin its document on orientations in the matter of health.18

The objectives of VSO/BF are then guided by VSO international strategic plan that that aims at <<a stronger, inclusive and accessible health care systems so that the poorest and most vulnerable population could realise their right to health care>>.

The general objective of VSO/BF health programme is to<< contribute to the amelioration of the state of health of women, children under five years, persons living with HIV , by an equal and sustainable access to health centre in the intervention zones of VSO Burkina by five years >>.

B. SPECIFIC OBJECTIVES

In order to reach the general objective, three specific objectives are identified and are in adequation with the objectives described in the health strategy of VSO International and the PNDS of Burkina Faso. The theme of HIV & AIDS will be dealt in a tranverse way in those specific objectives.

SPECIFIC OBJECTIVES 1

1-Enforcement of the technical and managerial capacities of actors of health sector in the zones of intervention of VSO Burkina by 5 years.

18 Strategic position paper for VSO’S Goal and increasing VSO’s impact in heath development
Summary:

The amelioration of the health of the groups targeted by VSO Burkina requires the enforcement of the managerial capacities of health center actors, on the central level (DST, DHR) as well as on the intermediate level (DRS, CHR), periphery (CMA, CSPS) and basis community (OSC). The enforcement of health actors capacities will enable to better the organization of their activities and to have more efficient provisions of services. So, they will be able to reorganize their timetable in a better way by an efficient distribution of health technical activities and activities linked to with management.

VSO/BF expects its interventions to reach the following objectives:

- increase of the time allocated by health professionals to their patients;

- increase of the confidency of the populations in health care system (it will enhance the frequenting rate of health centres and ameliorate the state of health of populations through low cost health care);

- VSO/BF will place volunteers at the level of the DST, the DHR, Health Regional Directions and districts in order to support planification, budgetization and the follow up and evaluation of the implementatin of the sanitary policy, in taking into account the needs and interest of the marginalized populations;

- VSO/BF will also place volunteers at the periphery to form health professional in the technique of management of their health structures, and to give their support in the development of acceptable financing in order to guarantee free access or moderate social cost to marginalized populations for the health care they need. VSO will also support OSC in the inforcement of their managerial capacities. It will mainly intervene through volunteers, but also with worshops on themes dealing with management or techniques.

**SPECIFIC OBJECTIVE 2**

1. Increase the quality of the sanitary, preventives and curative services given to poor and marginalized groups in the zones of intervention of VSO Burkina by five years.

Summary: The enforcement of the technical and management competence in allowing a better distribution of the activities of management on one hand, and technical activities on the other hand will increase the quality of the sanitary services.
The betterment of promotional sanitary services will allow the concerned population to adopt attitudes that favour their health (balanced diet and promotion of breast-feeding in order to avoid children’s malnutrition, hand washing after motions to avoid diseases of faecal peril).

With the preventing sanitary service such as the use of impregnate mosquito net, vaccination of children against infancy diseases (poliomyelitis, measles, German measles), iron supplements for pregnant women, a reduction of the effect of some pathologies (malaria, anaemia, etc) could be noticed. And finally the amelioration of health care delivery will allow a better reaction in case of disease.

The amelioration of the quality of health care services will allow to enhance the confidence of the populations in the sanitary structures, it will result in the increase in the frequenting of sanitary structures, and as a consequence the amelioration of the state of health of the population.

**SPECIFIC OBJECTIVE 3**

1- Reinforce activities of advocacy and lobbying for a fair access to sanitary service of quality in favour of the poor and marginalized groups within the intervention zones of VSO Burkina by five years.

**Summary:** Communication is in the centre of the behavioural change required in the domain of health, as to better inform the populations on the themes of public health as to pass on the need of the poor populations to political decision-makers. For that reason, VSO/BF has stressed its third thrust of intervention on advocacy/lobbying and social mobilization. By its activities of Information Education and Communication (IEC), VSO/BF expect its interventions to contribute to the increase of knowledge, behaviour, attitudes and practices that favour a good health of the populations, but also watch over the effectiveness of the whole measures taken by the political decision-makers, while being a force that provides propositions. Through contractualization with the Ministry, VSO/BF will work with its OSC partners for social mobilization, that is to say, carrying out sensitization campaigns beside the populations on diseases (malaria, filariosis, malnutrition etc) and behaviours that favour a good health (hygiene, sanitation, nutrition, sensitization on endemic diseases, HIV & AIDS). As far as advocacy/lobbying is concerned, VSO/BF wishes that policies and programmes favour the general access to health care to marginalized populations. VSO/BF will place voluntaries with actives OSC in the advocacy to support the development of their strategies and activities to influence the government, and put in in connection different organisms (local and
international) that will give more impact. VSO/BF will look for financing in order to lead activities of plaidoyer/lobbying.

4. TARGETS OF VSO BURKINA FASO

A. BENEFICIARIES

WOMEN AND CHILDREN

Seeing that in Burkina Faso women and children are vulnerable when faced with diseases (high rates of maternal, and juvenile mortality). VSO/BF will give privilege to interventions that have a real impact on that target. The aims of the interventions will be to increase their access to health care of quality, and also to take into account their specific needs in the development of health policies. So, VSO BF will work in unison with state partners and civil society in health programmes where women and children are the main beneficiaries: such as Centres for Recovery and Nutrition (CRNE), Services for maternal and infantile health (SMI), the Burkinabe Associations for family wellbeing (ABBEF).

VSO/BF will encourage to turn to their needs, interests and particular health problems. For this fact, in the social mobilization VSO/BF will give privilege to sensitization on specific thematic (endemic and epidemic diseases, HIV & AIDS, malnutrition, hygiene, womb cancer, health of pregnant women).

PERSONS LIVING WITH HIV AND AIDS

As the rate of HIV positive is high (1.8) in Burkina Faso, persons living with HIV and AIDS represent a vulnerable strata as far as health is concerned.

VSO/ will continue with the dynamic of CUSO in putting a particular emphasis in the promotion of their rights. Its efforts will support the OSC that work in the field to offer them health care service of quality (screening taking charge of houses of performance), and also to help to become autonomous through the development of income generating activities.

Moreover, VSO/BF will support its partneers in sensitizing the public in order to prevent.
B. INTERVENTION ZONES

At first time, two zones of intervention have been chosen for the activities health programme and HIV & AIDS of VSO/Burkina: the regions of the Centre and Hauts Bassins.

These two zones were selected for their strategic importance in the sanitary development of Burkina Faso, their political weight, the possibility of collaboration with the government and the technical and financial partners that are already on the field through the existence of potential OSC that could be taken as models and generate a snowball effect.

Several OSC in these two regions have antennas in peripheries that allow VSO/BF to reach a maximum of beneficiaries and to answer the needs of the poor of the rural areas. For HIV & AIDS, the two zones regions that have been chosen are zones where the rate of HIV positive is the highest (sources and numbers) and where there are populations with risk of contamination (prostitutes, truck drivers, etc).

It is also in these two regions that the programme of CUSO/BF has intervened. The prior knowledge CUSO/BF has acquired on the field favours the mastery of questions of security and the conditions of working of international partners. While giving priviledge to a geographical organization for a better follow-up and impact of its intervention, VSO/BF will enforce the acquisitions of CUSO. The presence in these regions of future and potential partners of VSO/BF, already known as CUSO/BF will also help the development of local expertise through exchanges and charring out of experiences between partners of the two regions.

A. REGION OF THE CENTRE

Besides, the forementioned criteria, the choice of the region of the centre (Ouagadougou and its periphery) is justified by the fact that it is the centre of political decisions and VSO would need to be active to lead advocacy activities. The region has several OSC that have installed their seat in a strategic way but work in several provinces and all over the country.

As VSO is working with partners that are based in Ouagadougou, it will be able to join beneficiaries all over the country, particularly the poor populations living in rural areas. Moreover, most of the formation in health are given in the capital, and it offers VSO the opportunity to intervene in order to enforce the capacities of health professionals.

B. REGION OF THE HAUTS- BASSINS

The sanitary region of the Hauts-Bassins (Bobo Dioulasso and its periphery) is subject to an important migratory flow, national as well as international, with important implications on the populations health.
The high demographic growth in urban area, coupled with its important youth and migratory flows are conditions that favour unemployment, promiscuity, unhealthy environment and as consequences attitudes with risks of sexually transmitted infections including HIV, consumption of drug, etc.

The existence of socio-cultural heaviness that are not in favour of women also the particularity of the region of represent the Hauts-Bassins.

**C- PARTNERS**

VSO will work in partnership with some state institutions of Burkina Faso, and also with OSC that work in the health field, in the groups targeted by VSO/BF: women, children and persons living with HIV and AIDS. These partners who promotes an approach based on the right of access to health care services for all, and also shares the visions and values of VSO\(^19\).

In order to have a more important impact, VSO/BF plans to intervene in all the levels of the sanitary pyramid of the public health care system of Burkina Faso and also with the community world\(^20\).

**CENTRAL PUBLIC STRUCTURES**

The Ministry of health is one of the key partners that supports VSO/BF health programme to reach its objectives. At the central level, VSO/BF will work with two departments: the Department of Studies and planning (DSP) and the Department of Human Resources (DHR) and also with University hospital, notably those that intervene in children’s health (VCHUP CD) and in the prevention of mother to child transmission of HIV (PMTCT).

With the DSP in charge of the implementation of PNDS, VSO/BF will support the development of tools, the follow up and evaluation of annual planning of implementation of the Ministry health care policy.

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\(^19\) See annex 2 for the listing of current partners and potential programme

\(^20\) See annex 3 for a detailed description of the Burkinabe health care system
At the level of the DHR, VSO/BF will support the development of tools of recruitment, formations and curricula for health professionals in order to increase the quality and the quality of health providers.

At the level of the CHUP CD, VSO/Bf will accompany the implementation of the programme of taking charge children on the nutritional level.

VSO/BF expects also to be eligible to the policy of contractualization of the Ministry of health in order to answer bids, to supply services in social mobilization to its partners (ex: sensitization on endemic diseases)

**INTERMEDIATE PUBLIC STRUCTURES**

At the intermediate level, VSO/BF will work in unison with the regional health care directions and also with regional hospitals.

At this scale, interventions will put stress on the reinforcement of the technical capacities and on the management of health professionals and the implication in regional health programmes.

**PERIPHERAL PUBLIC STRUCTURES**

VSO/BF will place emphasis on its activities within sanitary districts that are operational entity of the public health care system, in order to have a direct impact on the beneficiaries.

To reinforce sanitary districts, VSO/BF will place some volunteers within CMA, with the responsibility to serve CSP that are under their jurisdiction. Its interventions will include the reinforcement of technical competences and of the management of health professionals and also of promotional and preventive activities of public health in the perspective of ameliorating the taking into account of the specific needs of under privileged populations.

VSO/BF will also intervene within CRNC involved in the taking in charge on the nutritional level of children suffering from malnutrition (Kwashiorkor, miasmas). It will enforce the sensitization and formation of mothers and women in reproductive age on the importance of a balanced diet for children and pregnant women.

This intervention will also focus on the funding of CSPAS according to a model of cost recovery, redynamism of management comities, the development of tools of patients follow-up, planning and budgeting for the taking into account of the needs of
discriminated persons, etc. So, VSO/BF will favour a joined intervention of its 2 fields of intervention (health and participation of governance) for a higher participation of the population of the localities concerned in the process of development of the sanitary policy of the commune, and of commune development plans (link between the health programme and participation and governance).

ORGANIZATION OF THE CIVIL SOCIETY

At the community level, VSO/BF will work closely with the OSC that struggle for the access of women, children and persons living with HIV AIDS to health care services of quality. They will be helped in the enforcement of their technical, management, social mobilization, plea and lobbying capacities.

The choice of partners lies on some key criteria such as:

- to have a minimum of capacities in order to guarantee the effectiveness of competencies transfer;
- to be eligible to the policy of the Ministry of Health; contractualization
- existence of a closed relation between the organization of communities at the basis
- to lead activities of social mobilization or advocacy / lobbying

Besides these criteria, the concern of the enforcement of the benefits obtained with some partners of CUSO/BF will be taken into account.

The strategic partners that support VSO/BF to reach its objectives with strong experience in health domain are among other things:

- ALAVI: is a main actor in the taking charge of persons living with HIV & AIDS and in the access to health care of women and children
- ASMADE: is an actor in social mobilization, particularly in reproductive health
- REVS +: is a main actor in the taking charge of medical / social and the independence of women living with HIV of AIDS

- SOS Sahel International: is a major actor in community health

- SOS Santé: is an important actor in the sensitization on endemic and epidemic diseases: HIV of AIDS, tuberculoses, malaria\(^{21}\).

4- Intervention strategy of VSO/BF

A. Specific objective 1

To reinforce the technical and management capacities of those who performs in the health field of the intervention zones of VSO Burkina by 5 years.

EXPECTED RESULTS

- management, follow-up / evaluation tools are elaborated.
  - reference books and manuals of procedure are elaborated

- health actors are endowed with necessary technical competences to answer to the needs in health care of the targeted groups.

- tools of follow-up / elaboration are developed and spread

- sanitary district (CMA, CSPS) and OCB use mechanism of follow-up evaluation that are suitable to their activities

- tools of database management are developed

The management of medical activities (consultation, visit etc.) are better organized

ACTIVITIES

\(^{21}\)List of partners at the end of the document
INTERNATIONAL VOLUNTEERS

To reach objective I, international volunteers are the main resources of VSO. The enforcement of technical capacities and the management of health actor will be done as follows:

- support of the DHR of the Ministry of health in the development and diffusion of curricula and programmes of formation and sensitization of health professionals on the health of the well-targeted groups;

- support to DST (2 voluntaries) and sanitary districts (8 voluntaries) in the planning, the follow-up and evaluation of the implementation of PNDS and the health thrust of CSLP;

- support to DST and OSC in the development of cost and financial models (health financing);
- The support of regional health directions and OSC in the application of programmes of formation and sensitization.

- support to sanitary districts and OSC in the training of health actors on technical and managerial aspects.

- support to sanitary districts (CMA, CSPS) and OSC in the management of health care structures;

- support of districts and OSC in the development of the systems of patients database management.

- support to OSC in the elaboration, management, follow-up and evaluation of projects;

- support to OSC in the search of health projects financing;

- support to OSC in the field of health, in their process of self evaluation (organizational development/ and strategic planning.

The success of VSO/BF will be evaluated versus the expected changes by taking into account the referential of the beginning (1) relative to the technical competences.
and management of health actors. VSO/BF will identify changes according to ACDI logical frame.

INDICATORS

The success of VSO/Burkina Faso will be evaluated versus the expected changes in connection with the initial frame of reference (1) related to the technical and management competences of health actors. VSO/BF will identify changes according to the logical framework of ACDI.

<table>
<thead>
<tr>
<th>Level of change</th>
<th>Potential indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Change in individual competences</strong></td>
<td>- Proportion of health actor whose competences in the management of the health system have been improved</td>
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<tr>
<td></td>
<td>- Proportion of health actors whose technical competences have been improved</td>
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<tr>
<td></td>
<td>- Proportions of actors with new technical competences in management</td>
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<tr>
<td></td>
<td>- Number and types of management tools developed</td>
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<tr>
<td></td>
<td>- Percentage of additional competence reported by the players</td>
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<tr>
<td></td>
<td>- Proportion of female actors in the health sector who have acquired reinforced competence</td>
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<tr>
<td><strong>Change in organizational competences</strong></td>
<td>- Number of training modules developed and disseminated</td>
</tr>
<tr>
<td></td>
<td>- Number of management tools designed or improved</td>
</tr>
<tr>
<td></td>
<td>- Number of viable planning and monitoring process designed</td>
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<tr>
<td></td>
<td>- Variation of the proportion of the resources allotted to the coverage of the target people by the DSP</td>
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<tr>
<td></td>
<td>- Number of training sessions, participative meetings, or workshops realized</td>
</tr>
</tbody>
</table>
| Change in organizational performance | • Proportion of structures that have acquired a notable change in the organization of activities  
• Proportion of structures that have adopted an organizational development process  
• Proportion of time allocated to the different activities by the professionals of the health sector (technical management)  
• Time allowed for the execution of activities planned  
• Rate of success of requests for funding that have been realized  
• Level of satisfaction of the beneficiaries  
• Rate of attendance of health structures |
| Changes for the beneficiaries | • Level of satisfaction of the beneficiaries  
• Rate of attendance of the health structures  
• Variation of mortality rate of marginalized population |

**B. SPECIFIC OBJECTIVE 2**

*To increase the quality of promotional, preventive and curative health services to poor groups and marginalized populations in the fields of intervention of VSO/BF within five years.*

**EXPECTED OUTCOME**

- The responsiveness of public health structures and OCB have improved.
- The level of the quality of health service provided in health structure (CMA, CSPS, OCB) is up.
- State health structures and OSC meet the quality norms required in management and technical nature.
- Health structures and OSC supply health services that are adapted to the needs of target groups.
- The accompanying measures to the districts (CMA, CSPS, CREN) and OSC concerning nutrition (sensitization, health care) in favour of children and pregnant women, women who can procreate and PVVIH.
- Access to quality health service for marginalized populations is up.
- OSC are implementing programmes and projects that meet the needs of the beneficiaries.
· The rate of the satisfaction of the beneficiaries is up.
· The level of attendance of health structures by the populations is improving.
· The rate of health structures attendance by the population is increasing.
· The beneficiaries actively participate in the development and evaluation of OSC programmes and projects in the health sector.
· Marginalized populations acquire new knowledge that is favourable to health.
· Marginalized populations are showing attitudes that are favourable to health.
· The diet of marginalized populations (mainly children) has improved.
· The mortality and morbidity rates of populations are going down.
· The incidence of endemic-epidemic diseases has been reduced.

**ACTIVITIES (INTERNATIONAL VOLUNTEERS)**
- Organize retraining sessions for health professionals.
- Design sensitization tools for the promotion of health (CPN units, measures to fight malaria, tuberculosis, meningitis, promotion of breastfeeding, etc).
- Work in order to change reception in health structures (sensitize health professionals to the rights of patients in general and to the rights of the target groups to their rights and duties).
- Help to enforce the application of treatment procedures.
- Organize IEC sessions for the beneficiaries.

**INDICATORS**

The achievement of this objective will be evaluated versus the expected changes with regard to the initial frame of reference (1) in the underprivileged groups' access, mainly women and children to the basic quality service and (2) related to the promotional, preventive, curative quality health services. VSO/BF will identify changes according to the logical framework of ACDI.
| Change in individual competences | • Proportion health actors showing quality improvement in their provision of services  
• Proportion of women health actors showing improvement in their provision of services |
| Change in organizational competences | • Number of health districts and OSC showing improvement in the provision of health services  
• Number of sensitization sessions and IEC for the beneficiaries accomplished  
• Number of sessions accomplished for health professionals  
• Report on the improvement of the level of responsiveness of public health and OCB |
| Changes in organizational performance | • Rate of satisfaction of marginalized population with the provision of services.  
• Rate of attendance of health structures  
• Level of the quality of provision of health services in health structures  
• Involvement of the beneficiaries in the coverage of their health care. |
| Changes for the beneficiaries | • Proportion of beneficiaries showing new knowledge that is favorable for their health  
• Proportion of beneficiaries whose attitudes and practices are favorable to their health  
• Level of the state of the health of marginalized populations (incidence of endemic and epidemic diseases)  
• Level of the quality of the living conditions of marginalized populations  
• Rate of malnutrition  
• Rate of mortality and morbidity of marginalized populations |

A. SPECIFIC OBJECTIVE 3
Reinforce advocacy and lobbying activities for a fair access to quality health services for poor and marginalized groups of the fields of intervention of VSO/BF within five years

EXPECTED OUTCOME

- Districts and CMA carry out IEC activities for the beneficiaries
- Players in the health sector are sensitized to the rights of marginalized groups
- Opinion leaders are sensitized and involved in the promotion of fair access to quality health care for vulnerable groups
- Opinion leaders are involved in the promotion of a fair access to quality healthcare for vulnerable groups.
- Marginalized populations display knowledge, attitudes, practices favorable to their health
- Marginalized populations display knowledge, attitudes, practices favorable to their health
- The rate of prevalence and incidence of endemic and epidemic diseases are going down
- OSC community better with the beneficiaries, money lenders and political decision makers
- Advocacy and lobbying activities are influencing changes in policies, programs and consistent budgets to increase the access to health care services for marginalized groups

ACTIVITIES

INTERNATIONAL AND NATIONAL VOLUNTEERS

To achieve the results of the objective 3, the international volunteers will be the most important source of support to the OSC by VSO/BF. Among the most important categories of support to the reinforcement of their capacities in sensitization and advocacy, let us mention the following:

- The support to districts and OSC in the designing and implementation of sensitization tools, activities and events of marginalized populations and community health workers to endemic diseases and prevention practices
- The support to OSC in the management of contracts with the ministry of health (development of proposals, planning and monitoring)
- Accompanying measures to OSC in the development of advocacy/lobbying strategies and their implementation on various elements related to the access to health care for marginalized people.
- Involvement of opinion leaders in the promotion of fair access to marginalized population
INDICATORS

The success of VSO/BF will be evaluated versus desired changes in connection with the initial frame of reference (1) in the favourable behaviours of the children in particular, and (2) related to activities of advocacy/lobbying. VSO/BF will identify changes in the logical framework of ACDI.

<table>
<thead>
<tr>
<th>Level of change</th>
<th>Potential indicators</th>
</tr>
</thead>
</table>
| Change in individual competences      | • Number of health actors trained in advocacy/lobbying/communication with regard to health in given topics  
                                           • Number of opinion leaders trained in advocacy/lobbying/communication in connection with health  |
| Change in organization competence     | • Number of communication or advocacy lobbying sensitization developed  
                                           • Number of public structures and OSC that have set up new programs to sensitize their beneficiaries.  
                                           • Number of public and OSC that structures have implemented new programs to sensitize opinion leaders  
                                           • Number of new advocacy/lobbying campaigns on health related themes accomplished  |
| Change in organizational competence   | • Number of beneficiaries concerned by sensitization activities  
                                           • The number of meetings between the OSC and the political decision makers is increasing  
                                           • Changes in policies and programs areas where OSC have run advocacy lobbying campaigns  |
<table>
<thead>
<tr>
<th>Changes for the beneficiaries</th>
<th>Number of beneficiaries showing new knowledge, attitudes and practices that are favorable to health</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number of beneficiaries adopting new knowledge, attitudes and practices that are favorable to health</td>
</tr>
<tr>
<td></td>
<td>Rate of prevalence and incidence of endemic and epidemic diseases</td>
</tr>
<tr>
<td></td>
<td>Variation of ARC price for the beneficiaries</td>
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<tr>
<td></td>
<td>Rate of attendance of health structures by the beneficiaries</td>
</tr>
</tbody>
</table>

D. LINK BETWEEN THE TWO PROGRAMMES: HEALTH AND PARTICIPATION & GOVERNANCE.

The link between the two fields of intervention of VSO/BF will be established as much at the level of state partners (ministry of health and ministry of territorial communities) as at the level of civil society partners.

The process of complete communualization policy that is being carried out in Burkina Faso is intended, when fully achieved, to transfer 11 fields of competences including health. As far as health sector is concerned the territorial communities be responsible for construction and management of basic health structures, the organization and pharmaceutical supplies, hygiene, sanitation, control of the enforcement of sanitary regulation in their territorial responsibility.

The transfer of health structures management at the peripheral level to the communes will establish a link between the two programs of VSO/BF: health and participation & governance. The reinforcement of the capacities of the communes will help them effectively manage the health structures that are within their authority, which will allow them to take into account the community’s specific needs in health.

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22 Capacities of rural communes in Burkina Faso, M Ouattara, E Millogo, M Guire, M Kabore
The process of self evaluation of the OSC, through the DO process, constitutes a link with the P&G program as it achieves participative management and good governance within these partner organizations of the health program.

As some civil society partners of the health program have interventions that are related to those of participation and governance, they will help to make a link between the two programs. For example, ALAVI or REV+, in addition to activities that provide medical and social care of the people living with HIV, work for the empowerment and creation of income generating activities and food security for the benefit of PVVIH.

5. PARTNERSHIP MANAGEMENT

A. PARTNERSHIP DEVELOPMENT METHODOLOGY

VSO/BF is progressively establishing a methodological approach to partnership development, which is based on VSO’s new partnership approach. VSO/BF has listed potential partners and all the partners who have been selected are helping to reach the objectives of VSO health programme and meet the VSO partnership criteria. This has been validated thanks to a review of available documents on the organization (strategic plans, yearly reports, brochures, etc), meeting of knowledge and in-depth discussions on capacity building needs. During the implementation of health pss.VSO is going to do a continuing research on OSC in Burkina Faso that might be strategic partners.

YEAR 1: (2009-10) : DEVELOPMENT OF THE APPROACH

VSO/BF has developed organizational development tools inspired from the knowledge of VSO. Cameroon and has begun marketing the approach with a partner, in dealing with the possibility of having DO partners with some key partners to supervise the approach in 2010-11. Volunteers who are on the spot are trained in DO so they can be the ambassadors of the concept and start gather basic information on the capacity of the organization for monitoring purposes. VSO/BF has also developed tools for discussing the partnership.

YEAR 2: (2010-11) : PILOTING THE APPROACH

VSO Burkina Faso will host its first volunteers in organizational development. In connection with the monitoring process and the yearly reviews of partners, the committee will get the diagnosis of their member’s capacities and would draw up partnership plans based on capacity building.
YEAR 3 (2011-12): SYSTEMATIZED APPROACH

All the new partners of VSO/BF will have to follow an organizational development process. All the partners will have completed or will be making the diagnosis of their capacities (self evaluation) and the design of a reinforcement plan.

B. MONITORING

A monitoring system based on the outcome and the indicators of the identified results on the basis of tools within VSO/BF with regard to the tools developed by volunteers posted in the organizations / Structures will be carried out. This will help observe the developments so as to achieve the objectives set by the program.

The program monitoring system will consist of periodical follow-ups of volunteers, evaluation of activities and yearly reviews of partnership, and a yearly review of the program, all in relation to the logical framework as defined by the sectorial strategic plan.

The program will support the volunteers through six-monthly follow-up on the progress of their program as well as evaluations and six monthly reports. As far as, all the activities will be done.

Every partnership will be reviewed every year in order to see the level of the performance of their activities. As the funding of the program mainly comes from ACDI, VSO/BF is committed to meet the requirements of the monitoring of CPPA. As stated in CPPA, at last 25% of the partners will go through a much more severe review of partnership. All the partners who have completed an organizational development process will go through this approach. These partners will be selected at the beginning of the fiscal year to make sure that the database will be collected. The lessons learnt from the results of the monitoring will be integrated in the yearly partnership plans and the review of yearly program.

VSO/BF, the volunteers and the partners will be involved in the program review process. The data collection will lay emphasis on the changes of individual and institutional capacities and, if possible, the charges for beneficiaries.

6. NEEDS AND RESOURCES

A. VOLUNTEERS

To achieve its objectives, VSO/BF relies on the support of the international partners. In this regard, VSO/BF is planning to increase the program in order to get an average of 30 volunteers in the field every year, 25 of whom at long term, 5 at short term. A gross estimate by category of competences as follows:
### TABLE 1: DIVISION OF THE VOLUNTEERS\(^{23}\)

<table>
<thead>
<tr>
<th></th>
<th>2009-10(^{24})</th>
<th>2010-11</th>
<th>2011-12</th>
<th>2012-13</th>
<th>2013-14</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTV</td>
<td>8</td>
<td>17</td>
<td>25</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Short-term</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>8</td>
<td>20</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
</tbody>
</table>

The health professionals needed are mainly nurses, social workers, surgeons. In many cases, having some experience in HIV/AIDS would constitute an advantage.

The expected management professionals include many profiles and mainly people with expertise in strategic planning, organizational development, project design and monitoring. Concerning communication and advocacy/lobbying professionals, VSO/BF will seek expertise in the development of social sensitization activities, in communication and in advocacy/lobbying.

VSO/BF is planning to increase its impact by joining its volunteers in the health structures with national volunteers. As of 2010-11, VSO/BF will support about fifteen national volunteers.

#### B. OTHER RESOURCES

VSO/BF schedules periodical meetings with its partners to follow up the implementation of the PSS. It will pay each partner a visit once every year, even all the partners hosting a volunteer every term. As described in the monitoring section, VSO/BF will also have yearly reviews of partnership with one fourth of the partners (workshop).

In order for VSO to share its key documents with its partners, VSO/BF will need translation resources. The program is planning to get funding to support the volunteers and the partners, particularly for training in management and advocacy/lobbying. VSO/BF seeks funding for the development of tools, frame of reference sensitization modules and support the partners’ advocacy activities. In addition, the program will develop with its partners’ projects to be submitted to other technical and financial partners.

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\(^{23}\) For a more detailed division of the first two years, see annex 4

\(^{24}\) Volunteers of 2009-10 already in the field or confirmed.
In particular, the program requests the support of the CPPA gender Fund in order to run trainings and other activities in gender and equity defined in the common action with the partner organization (income generating activities). VSO/BF will organize exchange trips with health structures in the sub-region and in Canada as well.

VSO/BF is planning to organize a workshop/training with the partners on advocacy and communication, topics about good governance and management, like monitoring techniques, organizational development, use of an approach based on the VSO/BF rights will help to complete organizational development projects and develop reference guides. VSO/BF will seek financial support to reactivate the Songtaaba network in grouping its partners for a better visibility and performance in application for funding concerning mainly. A twinning with similar organizations in Canada will be done in order to share knowledge and run advocacy/lobbying activities.

VSO will also study the possibility of developing relationship with other structures or public health schools (for example the Sainte Justine teaching hospital on Montreal), Opavih committee of people affected by HIV/AIDS from Quebec), GAP-VIE, Clinique Actuel, Maison Plein Coeur\textsuperscript{25}, or with famous resource people in the domain of health and HIV/AIDS\textsuperscript{26}.

\section*{C. RESOURCES PLAN}

For the phase 2009-2014, nearly all the funding of VSO/BF health program will come from CPPA and its specific funds for national voluntary service, genre and organizational development.

VSO/BF will try and get other funding from active institutions in topics about health, such as UNICEF, the European Union, Catholic Relief Service, Plan international. VSO/BF is also contemplating participating in the call for propositions for the realization of projects.

\section*{7. HYPOTHESES AND RISKS}


\textsuperscript{26} Resources persons: DR Vinh Kim NGUEN of Clinique L’actuel; Louis Marie GAGNON of Maison Plein Coeur, Bastien LAMONTAGNE de l’Universite de Montreal.
A. HYPOTHESES

At the level of the country

- The social political context of Burkina Faso is favorable to the delivery of the program;
- VSO/BF enters in contract with the ministry of health.

At the level of the volunteers

- The hired volunteers meets the needs identified;
- Volunteers stay in post for the duration of the contract;

At the level of the resources

- The office has minimum equipment and resources to support the volunteers and partners

B. RISKS

At the level of the impact on the field

- The refusal of the health districts to subscribe to the programme
- The OSC don’t have enough financial autonomy to run activities in the field.
- Social cultural influences
- The lack of transparency of visibility in the management of the OSC
- Communication and information failure on the part of the ministry of health and the OSC

At the level of partnership

- Failure of OSC to respect the agreement protocol with VSO/BF
- The risk of misunderstanding of the partnership

At the level of resources

- Difficulty in recruiting volunteers, particularly health professionals such as surgeons and nurses
- Shortage of material and financial resources outside of VSO to support the activities weakness of supporting partners.
## APPENDIX 1: RECAPITULATING TABLE OF VSO INTERVENTIONS

### Keys Partners

- Ministry of health (department of human resources, Regional / Directorate of health, health district (CMA, CSPS, CREN)
- OSC that provide services: AHAVI, AIMADE, SOS, Health, LREV+ SIDAKATTA, CADI, AES, etc
- Objective 1: To reinforce the technical and management capacities of health actors involved in the operation zone within five years

### Activities

#### International volunteers:

- Support to the human resource office of the ministry of health in the development and dissemination of curricula, training modules and sensitization of health professionals on the target groups’ health
- Support to the DEP (2 volunteers) and health districts (8 volunteers) in planning, the follow up and the evaluation of the implementation of the PNDS and the health section of CSLP
- Support to DEP and OSC in the development of cost Models and financial models (health financing)
- Accompaniment to the regional directorates and OSC in application of the training and sensitization modules.
- Support to the health districts and OSC in the in-service training of the parties involved in the technical and managerial aspects.
- Support to the health districts (CMA CSPS) and OSC in the management of the health structures.
- Support to the districts and OSC in the development of patient’s data management systems
- Support to OSC in the development, management, follow up and evaluation of projects.
- Accompaniment to OSC in search for health projects financing
- Support to OSC in the domain of health in their processes of self-evaluation (organizational development) and strategic planning
### Results

- Management and monitoring tools have been developed.
- Frame of reference and procedure manuals have been developed.
- Parties involved in health have been equipped in management and technical competences required to meet the target groups' needs in health.
- Databases have been developed.
- The management of technical activities is better organized.
- Health districts (CMA, CSPS) and OCB adopt monitoring mechanisms and are adapted to their activities.

### Performance indicators

<table>
<thead>
<tr>
<th>Changes in individual competences</th>
<th>Changes in organizational competences</th>
<th>Changes in organizational performance</th>
<th>Changes for the beneficiaries</th>
</tr>
</thead>
</table>
| - Proportion of parties involved in health actors competences in the management of health systems have been improved | - Number of training modules developed and disseminated  
- Number of management tools developed or improved  
- Number of planning and monitoring processes developed  
- Variation of the proportion of resources allotted to the charge of target | - Proportion of structures relating to a notable change in the organization of activities.  
- Proportion of structures that have adopted an organizational development process.  
- Proportion of time devoted by health professionals to the different activities (technical, management) | - Level of satisfaction of beneficiaries  
- Rate of the frequency of people requesting services  
- Variation of mortality and morbidity rates of marginalized people |
<table>
<thead>
<tr>
<th>Ways of checking</th>
<th>Risks</th>
</tr>
</thead>
</table>
| • Volunteers’ reports  
  • Yearly reports on partnership  
  • Reports on the activities of health districts and the ministry of health  
  • Reports on the activities of OSC  
  • Data on monitoring                                                                 | • Lack of interest of getting VSO volunteers on the part of the ministry  
  • Difficulty of recruiting volunteers with desired profiles  
  • Failure to respect the placement contract                                                                                     |
Objective 2: To improve the quality of promotional preventive and curative health services to poor and marginalized groups in the intervention regional of VSO/BF within five years

**International volunteers:**

- Organization of training sessions for health professionals
- Design sensitization tools for the promotion of health (usefulness of CPN, ways of fighting malaria, tuberculosis, meningitis, promotion of breastfeeding, etc)
- To work in order to change customer service in a structures (sensitize health professionals to patients’ rights in general and target groups in particular sensitize target groups to their rights and duties).
- Help in the application of treatment procedures.
- Organize IEC sessions for the beneficiaries.

**Results**

- Responsiveness of public health structures and OCB is improving.
- The level of quality of health service provided in health structures (CMA, CSPS, OCB) is increasing.
- The health districts (CMA, CSPS) and OCB meet the quality norms required in management and technical procedures.
- The health districts (CMA, CSPS) and OCB provide health services that are adapted to the target groups’ needs.
- The accompaniment of the districts (CMA, CSPS, CREN) and OSC in the nutritional domain (sensitization, charges in care) for children and pregnant women, breastfeeding mothers, women procreative age and PVVIH
- Access to quality health service by marginalized population
- OSC are implementing programs and projects that meet beneficiaries’ needs
- The rate of beneficiaries’ satisfaction is improving
- The frequency rate of health services by population is increasing
- The level of confidence of the beneficiaries in health professional is increasing
- The beneficiaries participate actively in the development and evaluation programs and projects of OSC in the domain of health
- The rate of frequenting of health centre by the populations is increasing
- Marginalized populations have adopted new attitudes that are favourable to health
- The marginalized populations’ diet (mainly children) has improved gone down
- The incidence of endemic-epidemic diseases has gone down.

### Performance Indicators

<table>
<thead>
<tr>
<th>Change individual les competences</th>
<th>Change in the organizational competences</th>
<th>Change in organizational performance</th>
<th>Change for the beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of parties involved in health relating to the improvement of services provided</td>
<td>Number of districts and OSC relating to the improvement of health service</td>
<td>Rate of satisfaction of marginalized populations about health services</td>
<td>Proportion of beneficiaries relating to new knowledge that is favourable to health</td>
</tr>
<tr>
<td>Proportion of women among the parties involved in health relating to improvement of the quality of services</td>
<td>Number of sensitization sessions carried out for beneficiaries</td>
<td>Rate of attendance of health structures</td>
<td>Proportion of beneficiaries who have adapted and practices favourable their health</td>
</tr>
<tr>
<td></td>
<td>Number of IEC sessions realized for the beneficiaries</td>
<td>Level of the quality of health services</td>
<td>Level of state of the marginalized populations</td>
</tr>
<tr>
<td></td>
<td>Level of pro-activeness of the beneficiaries</td>
<td>Implication of beneficiaries in the care provided for their health.</td>
<td>Level of the quality of health services</td>
</tr>
</tbody>
</table>

~ 45 ~
Objective 3: To reinforce advocacy and lobbying activities for fair access to quality health services in favour of poor and marginalized groups in the intervention zones of VSO/Burkina within 5 years

### Activities

**Subcontracting sensitization services for endemic diseases provides to VSO by the Ministry of health**

- The support to districts and OSC in the designing and implantation of sensitization tools, activities and events of marginalized populations and community health workers on endemic sicknesses and preventive practices.
- The support to OSC in the management of contracts with the ministry of health (designing of proposals, planning and
monitoring)
- The accompaniment to the OSC in the development in advocacy and lobbying strategies and their health care by marginalized populations
- Implication of opinion leaders in the promotions of the marginalized groups' access to health care.

## Results

- The districts and the CMA carry out IEC for the beneficiaries
- Parties involved in health have been sensitized to the right of marginalized groups
- The opinion leaders have been sensitized and involved in the promotion of fair access of vulnerable groups to quality health care
- The opinion leaders are involved in the promotion of vulnerable groups to quality health care
- The marginalized populations have acquired knowledge, attitudes and practices that are favourable to their health
- The prevalence and incidence rate of endemic-epidemic diseases is going down
- The OSC are communicatory better with beneficiaries, money leaders and political decision makers
- Advocacy/lobbying activities are influencing changes in policies, programs and consistent budgets to increase the access to health care for marginalized groups

## Performance indicator

<table>
<thead>
<tr>
<th>Changes in individual competences</th>
<th>Changes in organizational competences</th>
<th>Changes in organizational performance</th>
<th>Changes for the beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of health actors trained in advocacy/lobbying communication in the</td>
<td>Number of communication tools or advocacy/lobbying sensitization developed</td>
<td>Number of beneficiaries affected by the sensitization activities</td>
<td>Number of beneficiaries who have got new knowledge, attitudes and practices that are</td>
</tr>
<tr>
<td>Ways of checking</td>
<td>Risks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Volunteers' reports</td>
<td>• VSO did not get a contract from the ministry of health for sensitization service supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Yearly reports on partnership</td>
<td>• The OSC do not have means to run advocacy programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Reports on the activities of the ministry of health, the districts, regional</td>
<td>• Difficulty recruiting volunteers with desired profiles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>directorates of health and OSC</td>
<td>• Failure to respect the terms of the placement contract.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CAP survey on the marginalized population</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Number of opinion trained in advocacy/lobbying/communication in health field.
- Number of new advocacy/lobbying programs in topics related to health carried out.
- Number of public and OSC structures that have put in place new sensitization programs to mobilize their beneficiaries.
- Number of public and OSC that have put in place new sensitization program to sensitize opinion leaders.
- Number of new advocacy/lobbying programs in topics related to health carried out.
- Between OSC and the political decision makers:
  - Changes in the policies and programs in the zone run advocacy/lobbying programs.
- Number of new advocacy/lobbying programs in topics related to health carried out between OSC and the political decision makers.
- Changes in the policies and programs in the zone run advocacy/lobbying programs.
- Number of beneficiaries who accept new knowledge, attitudes and practices that are favourable to their health.
- Prevalence and incidence rates of endemic-epidemic.
- Variation of ARV cost for beneficiaries.
- Rate of health structure attendance by beneficiaries.
- Variations of ARV cost for beneficiaries.
- Rate of health structure attendance by beneficiaries.
- Ways of checking
  - Volunteers' reports
  - Yearly reports on partnership
  - Reports on the activities of the ministry of health, the districts, regional directorates of health and OSC
  - CAP survey on the marginalized population
- Risks
  - VSO did not get a contract from the ministry of health for sensitization service supply.
  - The OSC do not have means to run advocacy programs.
  - Difficulty recruiting volunteers with desired profiles.
  - Failure to respect the terms of the placement contract.
<table>
<thead>
<tr>
<th>Partners</th>
<th>Excellence/mission Domain</th>
<th>VSO/BF contribution</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State Partners</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Ministry of health (centralized level: DEP,DRH DRS, CHU) | The Ministry of health is responsible for the implementation and follow-up of the government’s health policy. | • Technical support to develop training on the prevention and treatment of endemic diseases  
• Support in the planning of the implementation of health policies  
• Contribute to influence policies and reinforce the capacities in health of actors | The improvement of the health system cannot be achieved without being within the ministry of health in order to influence the development of policies and programs and to assure competent professionals of health that are competent and committed. Moreover the new policy in force offers through the contract system possibilities to the organization of the civil society to implement some activities for the population in general. |
| HEALTH DISTRICTS: (CMA ,CSPS CREN) | A district is the operational entity of the Burkinabe health system. It includes a CMA | • Technical support to prevention and treatment of endemic diseases.  
• Support to the development of good health structure management practices. | CSPS are structures that have more contact with people and are closer to marginalized people and that have more difficulties getting human and material resources to provide them |
<table>
<thead>
<tr>
<th>Partners</th>
<th>Excellence/mission Domain</th>
<th>VSO/BF contribution</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Support to techniques in nutrition and mother and child’s health.</td>
<td>services. The CREN are critical structures for the promotion of the good health of VSO/BF’s two target populations: women and children.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Support to the development of sensitization activities towards women.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Civil society’s partners</strong></td>
<td></td>
</tr>
<tr>
<td>Responsibility, life and hope (REVS+)</td>
<td>Social mobilization of women (people living with HIV) in the region of Hauts-Bassins and organization of income generating activities for a socio economic rehabilitation of people living with HIV</td>
<td>REV+’s technical and operational capacity building.</td>
<td>REVS+ displays an exceptional social mobilization capacity, mainly women in the Hauts-Bassins region. Its particularity in the organization of income generating activities with and for persons living with HIV make it a model association that gives hope to people living with HIV.</td>
</tr>
</tbody>
</table>
|                                            | Realization of micro-loans | - Contribution to a better working of the observation house and a better quality of care taking (service package)  
- Support to advocacy activities for free ARV | As a result, the duplication of the observation house in Bobo-Dioulasso by REVS+ on the basis the                                                                 |

~ 50 ~
<table>
<thead>
<tr>
<th>Partners</th>
<th>Excellence/mission Domain</th>
<th>VSO/BF contribution</th>
<th>Justification</th>
</tr>
</thead>
</table>
| SOS health and development | Promotion of community health and well being, particularly young people affected by HIV/AIDS  
  Taking charge of orphans and vulnerable children (children affected by HIV/AIDS) | • SOS/AIDS’s capacity building in management, follow up and support to activities for children affected by HIV/AIDS.  
  • Support to the development of sensitization activities in the framework of contracting with the ministry  
  • Support to advocacy activities for ARV | SOS health is recognized for its work with children that are vulnerable. The development of tools such as LIKE KILL with CUSO has been very helpful in the follow up of the activities of SOS health concerning children affected by HIV/AIDS. SOS health has to reinforce its knowledge in achieving a pertinent monitoring of all its activities. |
<table>
<thead>
<tr>
<th>Partners</th>
<th>Excellence/mission Domain</th>
<th>VSO/BF contribution</th>
<th>Justification</th>
</tr>
</thead>
</table>
| **Dounia Solidarity Association**       | Screening, women education center for girls living with HIV/AIDS sewing center C.A.F.F.E.) | - Help for a better organization of activities and better management of appropriate strategies of the CAFFE centre for the benefit of the girls  
- Support to marketing activities for an efficient production of the centre and a better sale of the products  
- Support to sensitization activities in the framework of the contract with the ministry | The activities of the CAFFE centre contribute to a big involvement of girls, a target population in the process of their socioeconomic rehabilitation through vocational training. This is all the more important because it results in a real autonomization of girls. |
| **Laafi Association La Viim ALAVI**     | Screening taking charge of medical and psycho social services                              | - Support to the accompaniment of ALAVI in the capitalization of its experience and monitoring and organizational reinforcement  
- Technical support to ALAVI in its typically medical specific activities  
- Support to sensitization activities in the framework of making contracts with the Ministry | ALAVI has been successful in screening activities, but also in providing medical and biological service. Also, the realization of a database and monitoring was necessary to capitalize all the experience and advantage. The priorities of ALAVI are aligned with those of VSO/BF: ALAVI has already |
<table>
<thead>
<tr>
<th>Partners</th>
<th>Excellence/mission Domain</th>
<th>VSO/BF contribution</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Support to advocacy activities for ARV free of charge</td>
<td>entered a contract with the Ministry and is running advocacy activities for ARV free of charge</td>
</tr>
<tr>
<td>SIDA KA TA</td>
<td>Sensitization to HIV and other health related topics through artistic activities</td>
<td>• Support to organization of sensitization activities targeting people living with HIV</td>
<td>It is a type of new experience in sensitization to HIV that is promising. It needs to be shared with other partners' organizations in the domain of HIV and more generally in the sensitization to public health.</td>
</tr>
<tr>
<td>Centre of screening and information (CADI)</td>
<td>Screening</td>
<td>• Accompaniment in the realization of a data base (consolidation of knowledge/experience) • Support to advocacy activities for ARV free of charge</td>
<td>The analysis and interpretation will help to update statistics of people who were screened as well at the region directorate level and at the regional level as at the national level</td>
</tr>
<tr>
<td>Songui Manégré Association Aid for endogenous development (ASMADE)</td>
<td>Promotion of community health through sensitization activities, setting up health insurance companies and advocacy for reproductive health</td>
<td>• Accompaniment of communication capacity building with money lenders and beneficiaries • Support to monitoring activities • Support to sensitization activities in the framework of making contracts with the ministry</td>
<td>ASMADE is strongly involved in rural areas in the promotion of the health of women and underprivileged population. Moreover, it has already entered a contract with ministry of health in order to run sensitization activities.</td>
</tr>
<tr>
<td>Partners</td>
<td>Excellence/mission Domain</td>
<td>VSO/BF contribution</td>
<td>Justification</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Association for family well-being (ABBEF)   | Maternal health and reproduction, sensitization, advice and consulting on family planning | ● Technical support to the promotion of women’s and children’s health  
● Support to the development of sensitization activities of the beneficiaries  
● Support to advocacy activities for more access to treatment and family planning services for women and children                                                                                                                                                                                                                                                                                                                                                       | ABBEF is leading in the promotion of women’s health and is also involved throughout the country. The interventions of VSO will help it to better serve underprivileged population.                                                                                                                                                                                                                           |
<p>| Child and health association (AES)           | Designing and management of health programs at the district level and social communication for child and mother’s | ● Support to development of sensitization activities of beneficiaries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | In the central region, AES is running an effective way, many activities for the promotion for children’s health and its intervention zones which are aligned to those of VSO/BF.                                                                                                                                                                                                                       |</p>
<table>
<thead>
<tr>
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<th>VSO/BF contribution</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing secretariat of the committee for the fight against malaria (SP/CNLS)</td>
<td>Implementation of the national policy for fighting HIV/AIDS</td>
<td>• Build capacities in the domain of follow up, evaluation and capitalization of their impact.</td>
<td>The SP/CNLS is the structure in charge of the implementation of the policy for fighting HIV and intervention of VSO will help to better deliver its prerogatives.</td>
</tr>
<tr>
<td>Plan/Burkina</td>
<td>Prevention in the fight against HIV/AIDS</td>
<td>• Build capacities in the domain of project writing and the search for financing</td>
<td>Plan/Burkina is a partner with whom VSO will work to get funding for the implantation of projects and advocacy/lobbying activities</td>
</tr>
<tr>
<td>Catholic Relief Service (CRS)</td>
<td>Support to the prevention of the fight HIV/AIDS in schools</td>
<td>• Build the capacities of the structures of the partners of CRS</td>
<td>CRS/Burkina is a partner with whom VSO works to get funding for the implementation of projects and advocacy/lobbying activities</td>
</tr>
<tr>
<td>Partners</td>
<td>Excellence/mission Domain</td>
<td>VSO/BF contribution</td>
<td>Justification</td>
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</table>
| CPAHIV                                       | A national community agency whose mission is to inform people living with HIV/AIDS and promote their rights | • Linking health structures from the central level to the peripheral level and also with OBC that are actively involved in the domain of health in general  
 • Fields trips                                                                                     | These networks will help build bridges between the structures of the North and those of Burkina, (VSO/BF's partners) in order not only to make sure that VSO/BF programs are a source providing information and practices for our partners from the North; but also in a way to build our local partners' good practices and transfer of competences and expertise. |
<p>| Action Group for the prevention of HIV transmission and the eradication of AIDS (GAP-VIES) | Prevention of the transmission of HIV/AIDS and help people affected by AIDS among the population in general and in the Haitian community in particular. |                                                                                                                                          |                                                                                                                                                                                                                     |</p>
<table>
<thead>
<tr>
<th>Partners</th>
<th>Excellence/mission Domain</th>
<th>VSO/BF contribution</th>
<th>Justification</th>
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</thead>
<tbody>
<tr>
<td>Clinique l’Actuel</td>
<td>Sexual health clinic including screening services and treatment of HIV and STI and taking charge of people with HIV diagnoses</td>
<td></td>
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<tr>
<td>Maison Plein Cœur</td>
<td>Renewal of community services in HIV&amp;AIDS intended to identify signs of vulnerability, to the understanding of the causes of these disorders and the identification of possible solutions that are adapted and accessible to people in their home environment</td>
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<tr>
<td>Partners</td>
<td>Excellence/mission Domain</td>
<td>VSO/BF contribution</td>
<td>Justification</td>
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<tr>
<td>Hospital complex Sainte-Justine</td>
<td>A high level hospital complex exclusively devoted to children, teenagers and mothers. It helps to anticipate, promote and justify the conditions that have an impact on the development and health of mothers, children and teenagers.</td>
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</tbody>
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ANNEXE 3 : PUBLIC HEALTH SYSTEM IN BURKINA FASO

THE PUBLIC HEALTH SYSTEM

In Burkina Faso, as far as the organization of the health system is concerned, many efforts have been made by the government to improve its performance and management. All this constitutes a functional and operational whole and will have to take into account the ongoing decentralization process. Indeed, according to law number 055-204 AN of December 21, 2004 relating to the general code of decentralization in Burkina Faso in its article 76, the transfer of competence in health to urban communities must be enforced in 2005 at the latest ».

But due to the thoughtfulness and complexity required in health matters, some precautions are being taken before transferring competences to the communities that has been ultimately scheduled for 2010.

Currently, the organization of the health system comprises three complementary levels:

THE CENTRAL LEVEL

It includes the health minister’s office, the main office, the central directorates, and related services. It is responsible for designing policies, mobilization of resources, management control and performance evaluation.

The 3 teaching hospital complexes (CHU) in Ouagadougou and Bobo-Dioulasso provide tertiary treatments training research supervision and monitoring.

INTERMEDIATE LEVEL

It corresponds to the 13 health regions divided into health regional directorates whose responsibility is to coordinate and support the districts.

PERIPHERAL LEVEL

It includes 55 health districts whose team-frames (-executives) manage basic health services. The sanitary districts include:

- 35 Health centres (CMS) and 20 Health centres with surgical unit (CMA) are the reference structures for the peripheral level. The CMA provides coverage of medico-surgical emergencies and cases referred by the structures of the 1st level (CSPS, health centres, maternity hospitals).

- The Basic health centres (1 172 CSPS, 83 health centres, 23 maternity hospitals) which are the first level of contact between health services and population. The CSPS provide healthcare and organize a set of curative, promotional and preventive activities. These activities include the diagnosis and the treatment of common affections, antenatal consultations, postnatal consultations, the follow-up of children,
the expanded program of vaccination, childbirths, family planning, social mobilization, and the IEC / CCC and management activities.

The distribution of medicines in the public sector is made through the CAMEG that provides supplies to Districts Warehouse Distributors (DRD) and hospitals. Then, public peripheral, confessional and private health structures, through their sales medicines deposits get supplies from the warehouses distributors. As far as the human resources are concerned, the health system has qualified personnel to administer health care, but very insufficient in number.

Along with the system of public health, we have the Health service of the National Armed forces (22 health structures), the Workers' Healthcare Service (35 health structures) and the National Security Branch Social Fund that contribute to the provision of care through their own institutions.

THE PRIVATE SECTOR

Along with the public health sector, there is a growing private sector with 448 private health structures and 44 confessional health structures. This sector includes private non-profit making clinics, healthcare institutions that are run by associations and Non-governmental organizations (NGO). The private sector participates in the medical coverage of people infected by HIV. In this regard, we shall quote for example: TAN-Aliz, SOFTEX, SONABEL, CAD-CAM Groups.
ANNEXE 4 : CHART OF VSO’S HEALTH PROGRAMME

HEALTH MINISTRY (state Partner) (1)

CIVIL SOCIETY ORGANIZATION (CSO) (other partner) (2)

Medical center (2.1) (HIV) (volunteer)

Other interventions (2.1): livelihoods, women rights, gender and equity, Advocacy and lobbying (volunteer)

Central level (1.1)
DEP: (Health system Planning department) (volunteer)
DRH: Human resources department (volunteer)
CHU: university hospital center (volunteer)

Regional Department of Health, Regional Medical Center (CHR) (1.2) (middle level) (volunteer)

CMA (periphery level) (1.3) District Medical Center with surgery (volunteer)

CSPS (Health center and social promotion) (volunteer)
CREN/SMI (center for nutrition education) (volunteer)
Maternity (Volunteer)

Community health officers (1.4) (Volunteer)

Community level (One commune = villages group)

PAP P&G (3) CSPS, CREN, maternity, CMA, will be manage by the commune ( Advocacy and lobbying) (volunteer)

Link with PAP P&G

Link with PAP P&G
1. The Ministry of Health is the key state partner of the program health of VSO Burkina

1.1 The central level: it includes the office of Minister of Health, the main office, central directorates among which the DEP and the DRH with which VSO Burkina is planning to work by placing volunteers there and the related structures. It is responsible for designing policies, mobilizing resources, controlling management and performance evaluation.

3. Teaching hospitals (CHU) in Ouagadougou and Bobo-Dioulasso provide tertiary care, training, research, supervision and monitoring and evaluation. VSO Burkina is planning to work with the pediatric hospital Charles de Gaulle of Ouagadougou by assigning volunteers.

1.2 Intermediate level: it corresponds to 13 health regions organized in regional directorates of health which are loaded with the coordination and the support for districts.

VSO Burkina is going to work during these

1.3 It includes 55 health districts the teams-executives) of which manage the basic health services. The health districts include:

- 35 Health centers (CMS) and 20 Health centres with surgical unit (CMA) are the reference structures for the peripheral level. The CMA provides coverage of medico surgical emergency cases and cases referred by the structures of the 1st level (CSPS, health centers, maternity hospitals). The 35 Health centers (CM) and 20 Health centers with surgical unit (CMA) are the reference structures for the peripheral level. The CMA provides care of the medical emergencies (urgent matters) and the cases referred by the structures of the 1st level (CSPS, health centers, maternity hospitals).

- Basic health centers (1 172 CSPS, 83 health centers, 23 maternity hospitals and CREN in certain districts which are the first level of contact between health services and population. The CSPS provide care for the problems of health and organize a set of curative, promotional and preventive activities. These activities include diagnosis and the treatment for common affections, antenatal consultations, postnatal consultations, the follow-up of children, a huge program of vaccination, childbirths, family planning, social mobilization, the IEC / CCC and activities of management.

VSO Burkina is planning to assign volunteers there.

1.4 Community health agents are chosen by the community. They help health team of the CSPS in promotional and preventive activities. VSO/Burkina is planning to assign volunteers there.

2. Partners of the Civil society working in the field of the health and of the HIV (REVS +, CADI, ALAVI, SOS HEALTH etc.)

Some partners have structures of health to provide the medical care but also intervene in the other activities in favor of their beneficiaries: income generating activities, food security, literacy etc. VSO Burkina has already assigned volunteers there.

3. Link between 2 programs health and participation and governance: the link between both fields of activity of VSO / BF will be made as much at the level of the state partners (Ministry of Health, ministry of charge of rural communities as at the level of the partners of the civil society.

The transfer of the management of the health structures of the peripheral level to the rural Communes that include several villages) will allow a link between both programs of VSO / BF: health and participation and governance. The reinforcement of the skills of communes will help them effectively manage the health structures that are within their authority, which will allow them to take into account the community& specific needs in health.

The process of self evaluation of the OSC, through the DO process, constitutes a link with the P&G program as it achieves participative management and good governance within these partner organizations of the health program.