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REQUEST FOR INFORMATION (RFI)

RFI NUMBER: **RFI-695-18-00001**
ISSUANCE DATE: **December 14, 2017**
RESPONSE DUE DATE & TIME: **January 05, 2018; 4:00 pm Bujumbura, Burundi Time**

Activity Title: USAID/Burundi Tubiteho (Let's Take Care of Them) Health Activity

Dear Interested Parties:

The U.S. Agency for International Development (USAID) Office in Bujumbura, Burundi, is posting this Request for Information (RFI) to inform the design of an upcoming health activity focused on increasing the use of quality health systems in targeted provinces in Burundi. This will be accomplished by increasing access to essential health services, adopting positive health seeking behaviors, and strengthening the health system per the attached draft Program Description (PD), Attachment 1. This draft PD is intended solely as a thought-piece; ideas contained herein may change significantly.

USAID/Burundi requests interested organizations and individuals to provide comments, opinions, and recommendations on the attached draft Program Description (PD) for this upcoming Health Activity.

In addition to general feedback on the draft Program Description, USAID/Burundi requests that commenters address the following questions and issues when responding to this RFI:

1. Does the Program Description address the most critical health problems in Burundi?
2. Does the Program Description address existing gaps in its geographic focus?
3. Feasibility of achieving the results in the Results Framework and the associated budget.
4. Strategic approach and potential interventions to implementing this Activity. Commenters are welcome to provide examples of effective approaches and interventions.
5. How can this activity best leverage support/co-invest in existing successful activities in Burundi?

Note: This is a Request for Information (RFI). This is not a Notice for Funding Opportunity (NOFO) and is not to be construed as a commitment by USAID/Burundi to issue any Notice of Funding Opportunity, or ultimately make an award on the basis of this RFI or to pay for any costs incurred in the preparation and submission of any comments as a result of this request.

Please note that responding to this RFI will not give any advantage to or preclude any organization or individual from any solicitation that may be subsequently issued as any/all comments received will be strictly for information gathering purposes.

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Responses received may be used by USAID without restriction or limitation and shall become proprietary and the property of USAID. Therefore **information that cannot be shared should not be sent**. The purpose of this RFI is to offer the opportunity for interested organizations and individuals to provide comments, information, opinions and recommendations with focus on the technical approach as well as the financial feasibility of **Tubiteho**, as described in the attached Draft Program Description (PD).

Kindly respond to this RFI through email directed to Godfrey Kyagaba, Senior Acquisition and Assistance Specialist at gkyagaba@usaid.gov and Peggy Manthe, Agreement Officer, USAID/Burundi at **pmanthe@usaid.gov** by the due date and time stated above with a subject line: Response RFI-695-18-00001. Questions regarding this RFI will not be answered. USAID/Burundi will review and consider responses as part of determining whether and how to proceed with a new Activity in this area.

Thank you for your interest in this important health activity. We look forward to receiving your comments.

Sincerely,

Peggy L. Manthe

Peggy L. Manthe
Agreement Officer
USAID/Burundi

ATTACHMENT 1 – DRAFT Program Description for the Tubiteho Health Service Delivery Activity

1. OBJECTIVES

USAID/Burundi plans to award a five-year Cooperative Agreement to implement the **Tubiteho** Activity with the main objective of increasing use of quality reproductive, maternal, newborn and child health as well as malaria control and prevention services in Burundi. The Total Estimated Amount range for this activity is $24 million to $28 million. With limited funding, Tubiteho will focus on specific provinces to increase access to quality essential health services; increase positive health behaviors; and strengthen the health system.

2. COUNTRY CONTEXT

The Republic of Burundi is a small country in the Great Lakes region with a population of 11.5 million. Agriculture is the main source of income, including coffee as an export commodity. Burundi enjoyed a decade of relative stability following the signing of the Arusha Peace Accords in 2000 and the return to democratic governance in 2005 that marked the end of a protracted civil war in which more than 300,000 people were killed, health and social welfare systems were severely weakened, and donor support and private sector investment were virtually non-existent. Burundi's economic, health and demographic situation is one of the poorest in Sub-Saharan Africa. Burundi has a Gross National Income (GNI) of $758 per capita (adjusted for purchasing power parity) and remains one of the least developed countries in the world, ranked 184 out of 188 countries on the 2015 UNDP Human Development Index.

3. DEVELOPMENT CHALLENGE

The health status of Burundians, and especially of women, children and infants, is undermined by multiple factors within and outside their immediate control. Factors outside their immediate control are the unfavourable political and economic climate, climatic changes, availability of affordable health services and the quality of those services. Factors within the control of families, but not necessarily women and children, are utilization of health services and positive health behaviors within and outside the homestead.

a. Health Indicators

Burundi has made significant improvements in basic health indicators over the past three decades. Child mortality has reduced from 152 per 1000 live births in 1987 to 78 per 1000 live births in 2016. Total fertility rate also made improvement from 6.9 to 5.5 children per woman of reproductive age. Table 1 provides an overview of key health and service utilization indicators.

Table 1. Key health and service utilization indicators in Burundi (DHS 2010 and 2016)

Key Indicator	**DHS 2010**	**DHS 2016**
Infant Mortality (<12 months)	**59 per 1000 live births**	**47 per 1000 live births**
Child Mortality (<5)	**96 per 1000 live births**	**78 per 1000 live births**
Births per woman of reproductive age	**6.4**	**5.5**
Anemia (<5)	**23.1%**	**61%**
Malaria prevalence (<5)	**26.8%**	**37.9%**
Service utilization indicators		
Health facility deliveries	**60%**	**84%**
Use of modern family planning methods	**18%**	**23%**
ITN use by pregnant women (reported)	**49.9%**	**43.8%**
Malaria preventive treatment by pregnant women (one dose)	**0.3%**	**29.6%**
Children with fever tested for malaria	**27%**	**66.4%**

5. RELATIONSHIP WITH GOVERNMENT OF BURUNDI

The health of Burundians is influenced by a multitude of factors within and outside the health sector. The actions and policies of ministries concerned with internal and external relations, national security, agriculture, climate change, basic transport and road networks, women and children and others will affect the impact of this Activity.

The health sector is financed by the Government of Burundi from taxation and exports,

through multinational and bilateral development assistance, humanitarian NGOs, health insurance and out of pocket expenditure. The Burundian health system is led by the Ministry of Public Health and Fight Against AIDS (MSPLS) and consists of several key vertical programs (predominantly donor funded) responsible for planning and supporting implementation of activities on disease specific areas such as malaria, HIV/TB and reproductive health. Key cross-cutting departments provide oversight on health information, planning, financing, drugs and supply chain, etc. NGOs, the private sector and civil society organizations are key players in the Burundi health sector.

Several significant reforms have been introduced into the health sector with donor support, including decentralization of the health system through the formation of health districts, introduction of Performance-Based Financing (PBF), which allows for autonomous health financing at the health facility level based on the provision of quality health services, and the elimination of fees for pregnant women, children under the age of five years, and HIV/AIDS patients.

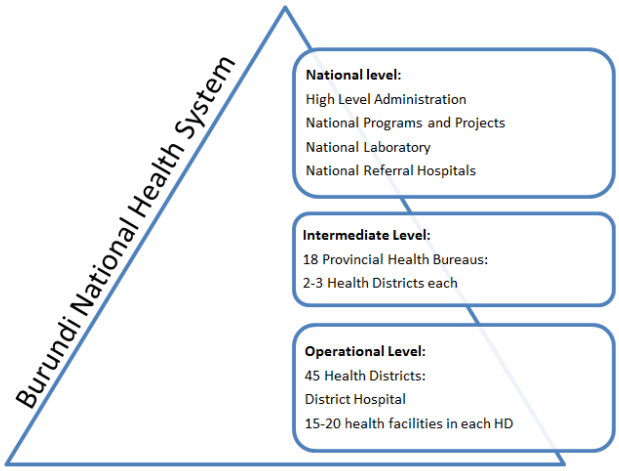
a. Health system

While several positive advances have been made in Burundi's health care system, signs of deteriorating health status have become apparent over the period 2010-2016. The second Poverty Reduction Strategy Paper (PRSP-II)[1] highlights the underlying factors that contribute to the poorly performing health system: decentralization of health services without sufficient healthcare staff; under-funding of the health sector despite significant donor financing; weak epidemiological surveillance and health information systems; and poor access to drugs at affordable prices. Health data collection capacity is limited, and this has hampered government understanding of, and response to health crises in the country. In addition, most quality health services are concentrated in Bujumbura, and modern water and sanitation systems are lacking in most rural areas.

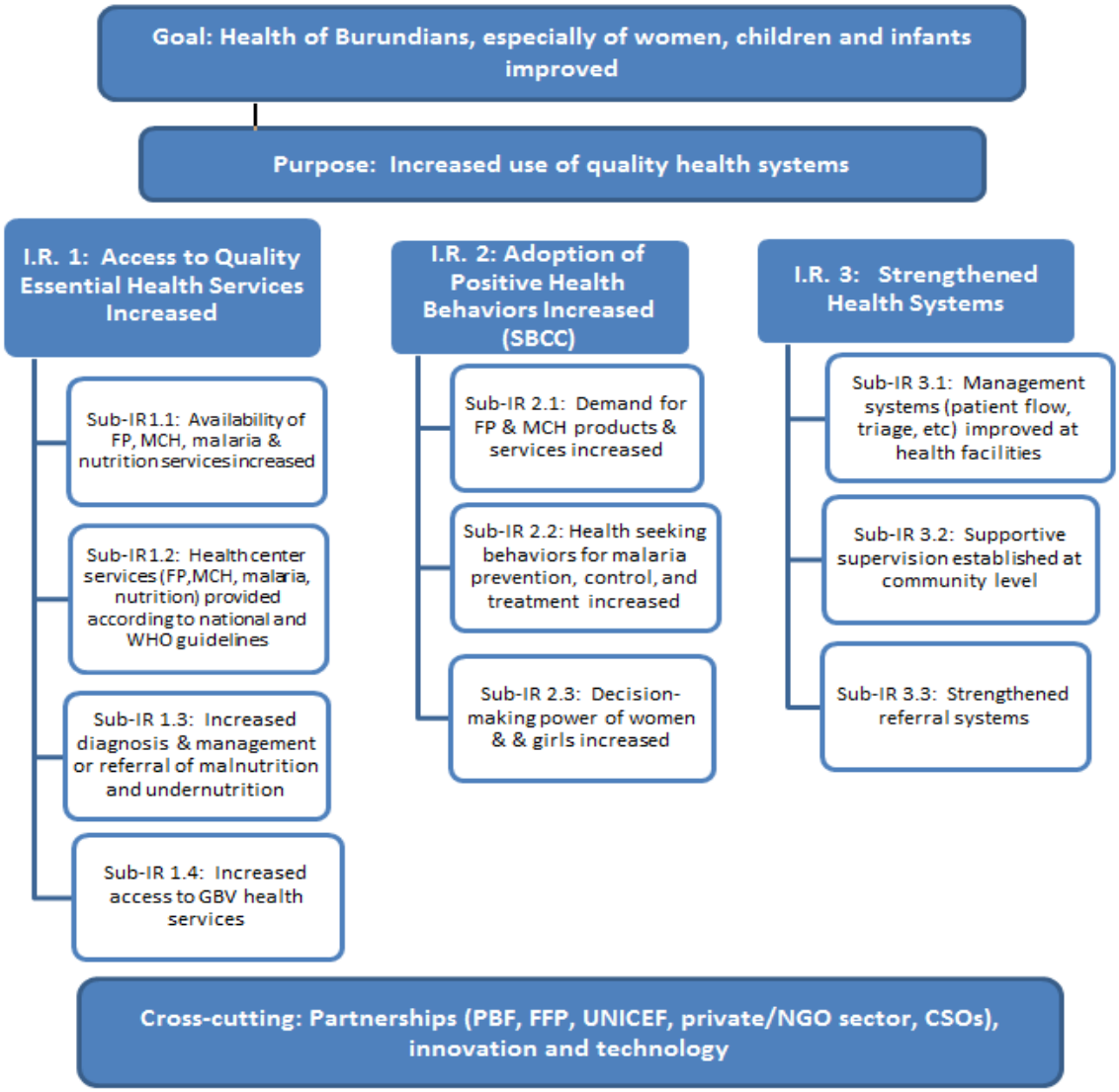
Figure 1 below shows the hierarchy of the public, national health system and services at each level. In each district, the estimated fifteen to twenty health facilities include both public and faith-based facilities that both fall under the supervision of district health officials. Below the district level, smaller clinics and dispensaries provide essential health services. In rural communes, community health workers deliver community health services by conducting outreach and providing referrals to higher-level services as needed.

[1] Poverty Reduction Strategy Paper-II (IMF 2012)

Figure 1: The Burundi National Health System Hierarchy



6. EXPECTED RESULTS



7. ACTIVITY DESCRIPTION

As shown in the above Results Framework, the overarching goal of this Activity is to improve the health of all Burundians. The primary purpose of the Activity is to increase the use of quality health systems in Burundi. The three IRs that have been proposed to achieve this purpose are:

- Increase access to quality essential health services to improve uptake and increase impact

- Increase positive health behaviors, increasing the demand for (and correct use of) services and products, as well as early health care seeking behaviors
- Strengthen health systems to support provision of quality health services

IR1: Increase access to quality essential health services to improve uptake and increase impact
In Burundi access to some health services is high due to a well decentralized health system that allows community(s) access to a health clinic within a radius of five kilometers. However, some barriers to access remain for populations living in economic hardship and there is evidence that the quality of these services is sub-optimal. Investment in the development of clinical and procedural guidelines and tools has been extensive and funded by numerous Development Partners. This Activity, leveraging support from the existing systems, will focus on increasing use of both MOH and WHO guidelines. Under this component, the Tubiteho will assist the MOH to use evidence based, innovative approaches to deliver technically sound, culturally-appropriate, cost-effective, and high quality health services that will lead to reducing maternal, newborn and child morbidity and mortality, and reduce the malaria burden in Burundi.

Tubiteho will focus on service provision at the facility and community levels. Under this IR, Tubiteho should support the MoH's vision of providing on-the-job training/mentorship to supported districts. Tubiteho should support improving the quality of care provided by clinicians and Community Health Workers (CHWs). At the clinical and community levels, there should be several interventions including supporting national accreditation efforts through the implementation of quality safety goals and filling clinical and management capacity gaps through the enhancement and scale-up of existing mentoring, coaching, and supervision frameworks.

IR2: Increase positive health behaviors, increasing the demand for services and products, as well as early health care seeking behaviors
Effective and innovative Social Behavioral Change and Communication (SBCC) is key to increasing demand for quality MCH/FP/Malaria services in Burundi. Evidence-based communication programs can increase knowledge, shift attitudes and cultural norms and produce changes in a wide variety of behaviors. This is particularly crucial in Burundi where services are largely available. It is necessary to remove the remaining barriers to accessing available services and to promote healthy practices surrounding these services. Key interventions under the IR should include the development and testing of MCH/FP/Malaria messages to improve health seeking behavior, and practices and community engagement in meeting health needs of vulnerable populations. Evidence-based messages and methods of delivery are needed to reflect a thorough understanding of the population's beliefs, perceptions, and practices in order to address individual and interpersonal factors; gender, social and cultural norms; and structural issues that promote or impede healthy behaviors and lifestyles for men and women.

IR 3 Strengthen health systems to support provision of quality health services

Burundi's health sector infrastructure is supported by many development partners, but there is sub-optimal day-to-day implementation of the systems, tools and guidelines. These factors, combined with a shortage of qualified staff, has compromised the quality of care. While the availability of the range of services is very important, the functioning of hospitals and health centers is critical in determining whether clients actually receive quality services and are encouraged to continue to attend the public sector health facilities for care. Tubiteho is expected to assess the strengths and weaknesses in the different facilities, and provide support to improve their overall functioning and adherence to these systems and tools.

Strong decentralization of the health system in Burundi is an opportunity to strengthen operations at the provincial and district levels, including the district management teams, the health clinics (hospitals and health centers) and the community health committees. This Activity will support the district and the province in improving the management of health facilities to increase availability and quality of services with increased use of clinical guidelines, strengthened referral systems and effective supportive supervision at the clinic and community levels.

8. GENERAL PROGRAM PARAMETERS

a. Target Beneficiaries

Given the focus on maternal and child health, family planning, reproductive health and malaria outcomes, the direct beneficiaries of Tubiteho should be the most vulnerable with a specific focus on women and children under-five. Indirect beneficiaries should include the millions of Burundians who utilize the public health sector beyond these target groups, the MOH and local government. The general population should benefit as a result of the improved capacity of facilities to deliver quality services. MOH and local government should benefit from the capacity building received, ultimately contributing to the overall sustainability of the activity. Specific interventions under Tubiteho could identify other priority populations for its service packages, such as adolescents, the most vulnerable and hard to reach communities.

b. Geographic Coverage

Geographic target areas will differ, depending on the needs in those areas. Most of the Activity interventions (RMNCH) will be implemented in the South, in the provinces of Bururi, Makamba and Rumonge. The malaria-specific activities will be implemented nationwide in theory, but interventions will be prioritized based on malaria context and funding levels and will be identified in close collaboration with USAID/Washington and the NMCP during the implementation plan stage. For instance, initial focus may be in provinces that have the highest burden of malaria with eventual expansion and roll-out of activities to other provinces.

c. Sustainability and Exit Plan

Tubiteho is designed to build upon and maintain any substantial gains made in the health sector during the past thirty years. Additionally, Tubiteho should focus on under-performing

districts/facilities in order to improve the equity of services provided. Sustainability is at the foundation of Tubiteho, and the expectation from the onset is to transfer skills and strengthen systems so that they, ultimately, outlast the implementation period of Tubiteho. While, it remains highly unlikely that the Burundian health sector should have the capability to function without donor assistance by the end of the Activity, it is expected Tubiteho should add to the strong foundation of sustainability in the country. As one of the deliverables for this activity, an exit strategy will be required from the outset of this Activity.