

Community health and nutrition interventions. The Reach Every Child approach for improved equity in immunization by reaching the most vulnerable and hard to reach is still under development. The integrated community case-management (iCCM), growth monitoring and severe acute malnutrition screening, the management of moderate acute malnutrition with locally available food and infant and young child feeding behaviour change are not yet provided at scale, nor are they integrated together. Community-level promotion of prenatal consultation, referral in cases presenting danger signs and postnatal care is limited to one province. Community health workers are volunteers who are provided with non-monetary incentives, such as trainings and equipment. Since 30-40% of sick children remain in their communities, community health workers are overburdened. The heavy workload placed on these voluntary workers threatens the sustainability of community-based approaches. The community performance based-financing (PBF) programme, which will be implemented by the Government with financial support from the World Bank, the Global Fund, and other partners, is expected to help address this challenge.

3. THEORY OF CHANGE

3.1 Overview

The Vision of the Health and Nutrition Programme's vision is *Progress toward universal, quality health care and improved nutritional status*. This Vision, and all UNICEF-supported efforts to achieve it, will be aligned with national development priorities for health and nutrition, with national sectoral strategies related to UNICEF's health and nutrition mandate and with Eastern and Southern Africa Regional Priorities 1 (Survive and Thrive) and 2 (Reduce Stunting). They will also align with Burundi's UNDAF 2019-2023 and ultimately contribute to SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-being), SDG 1 (No Poverty) and SDG 5 (Gender Equality).

The expected Outcome toward which the Health and Nutrition Programme will contribute, is ***By 2023, children and women, especially the most vulnerable and hard-to-reach, utilise more quality essential health and nutrition services and benefit from positive health and nutrition care practices.*** For the prevention of chronic malnutrition and child, neonatal and maternal mortality, the Programme will place a particular focus on the first 1,000 days of life.

The theory of change underlying the Health and Nutrition Programme is that if women and young children equitably access and use quality health and nutrition services, this will contribute to the elimination of preventable maternal, neonatal and child deaths and chronic malnutrition, which will in turn accelerate the country's overall development. Success in improving health and nutrition relies heavily on Burundi's ability to trigger multi-sectoral action and on cooperation among partners and across the components of UNICEF's country programme.

Toward the achievement of its envisioned results, the Health and Nutrition Programme will support the scale-up of high-impact, cost-effective health and nutrition interventions and services. Specifically, the Programme will contribute to national efforts by reviewing and strengthening health and nutrition interventions for children, girls and boys, and women delivered through the two main platforms: *health facilities* and *communities*. Although both platforms are essential for both supply and demand, the facility-based platform will be used mainly for supply-related interventions while the community-based platform will focus on extending quality services to currently unreached girls, boys and women and creating demand for these services. Some interventions—such as those related to maternal and neonatal health, growth monitoring and behaviour change communication on multi-sectoral infant and young child feeding and care practices—will be strengthened or developed. A particular focus will be placed on improving the quality of some existing interventions and services, such as those related to iCCM, management of severe acute malnutrition and HIV prevention and treatment. To ensure

sustainability of investments at the facility and community levels while enhancing national ownership, the Programme will support health and nutrition coordination and governance with a gender-sensitive focus.

Since the prevalence of childhood diseases and access to health care are similar for boys and girls, no distinctive actions or messages will be used in favour of one sex or the other, thereby avoiding the risk of creating differences in the treatment of girls and boys. Vulnerable and hard-to-reach groups and areas will be offered a comprehensive, quality package of services at the facility and community levels. The Health and Nutrition Programme will coordinate its geographical targeting with the geographical strategy for the Country Office as a whole, which is under development.

Strategic partnerships, based on a common vision and set of principles, will be essential for the Health and Nutrition Programme to contribute effectively to its expected Outcome, especially given the multi-sectoral factors affecting women's and children's health and nutrition. The sectors in which the Programme will pursue joint approaches, within and beyond UNICEF, include WASH, child protection, social protection, education, agriculture and food security, social affairs and community development.

UNICEF will continue participating actively in the H6+ Network (“Every Woman, Every Child”) for joint health-related interventions with UNAIDS, UNFPA, UNICEF, UN Women, WHO and the World Bank. In the nutrition sector, the establishment of the UN Nutrition Network will facilitate joint programming, knowledge sharing and joint advocacy. Close collaboration with FAO, IFAD, WFP and WHO will also continue. Partnerships with NGOs in health and nutrition will add value mainly, but not exclusively, in linking communities with health centres for the promotion of sustainable behaviour change. UNICEF will also continue supporting sectoral coordination and partner dialogue in the health and nutrition sectors. Within UNICEF, the Programme will seek technical collaboration with Communication for Development for behaviour change communication, the supply team for supply chain strengthening and ICT for RapidPro reporting and monitoring. Finally, partnerships will be developed with academic and research institutions and donor agencies to improve sub-national nutrition actions, research, monitoring and evaluation and resource mobilization.

Therefore UNICEF will contribute to the outcome

Outcome: By 2023, children and women in Burundi, especially the most vulnerable and hard-to-reach, utilise more quality essential health and nutrition services and benefit from positive health and nutrition care practices.

Then UNICEF can reach these results

Output 1: By 2023, under-five children and pregnant women have increased access to quality integrated facility-based health and nutrition services.

Output 2: By 2023, under-five children and pregnant women have increased knowledge on optimal maternal, neonatal and child health and nutrition practices.

Output 3: By 2023, government capacity for health and nutrition coordination, planning, implementation, monitoring and evaluation is enhanced.

If these interventions and approaches are implemented

- Maternal care from prenatal consultation to delivery and postnatal care including HIV prevention
- Neonatal care at birth and postnatal care including HIV prevention and treatment
- Immunization
- Integrated management of childhood diseases
- Management of severe acute malnutrition
- Micronutrient supplementation (and deworming as necessary)
- Infant and young child feeding and care practices
- Growth monitoring
- Health and Nutrition Emergency preparedness and response

- Pregnancy follow-up and referral
- Promotion of assisted delivery
- Post-natal care and breastfeeding complications referral
- Immunization through reach every children approach
- Integration community case management of childhood diseases with growth monitoring and severe acute malnutrition screening and referral
- Moderate acute malnutrition management with locally available food
- Behavior change promotion of multisectoral IYCF practices, including and home fortification with micronutrient powders, hygiene and early child development

- National policies, norms and guidelines
- Health and Nutrition coordination mechanisms including (SUN and UN Network)
- Health Districts
- Equity and bottlenecks monitoring
- Health Information System for facility and community levels
- Supply chain strengthening from national to community level

Linkages with WASH in health centres and child protection for birth registration

Linkages with WASH in communities, child protection credit and saving-groups, cash transfer and other social protection opportunities, food security/agriculture actions, education

Linkages with SUN multisectoral platform and resilience opportunities

Potential risks

Collapse of public health system

High staff turnover affecting delivery of quality service

Communities do not buy-in

Community actors are too solicited to deliver quality services

Nutrition does not remain a priority

Low health district buy-in

Government does not declare emergencies

Assumptions

- Political will to address quality of health and nutrition services at facility and community level is present ; Donors respond to fund mobilization efforts ; Partners adhere to multisectoral and equity approaches ; Political stability and security

3.2 Outcome and Output Statements

***Outcome:** By 2023, children and women, especially the most vulnerable and hard-to-reach, utilise more quality essential health and nutrition services and benefit from positive health and nutrition care practices.*

***Output 1:** Under-five children and pregnant women have increased access to quality, integrated facility-based health and nutrition services.*

***Output 2:** Under-five children and pregnant women have increased knowledge on optimal maternal, neonatal and child health and nutrition practices.*

***Output 3:** Government capacity for health and nutrition coordination, planning, implementation, monitoring and evaluation is enhanced.*

3.3 Implementation Strategies

To achieve Output 1 on integrated facility-based health and nutrition services, the Programme will pursue the following implementation strategies:

- **Enhancing the quality of antenatal and newborn care.** UNICEF will assist in the provision of supplies and equipment for antenatal and newborn care and will support improvements in the quality of capacity building efforts. This will include support for the design of a mentorship programme and service package that prioritizes antenatal and newborn care. A competency-based curriculum with innovative strategies, post-training follow-up and supportive supervision will be supported. Trainings will include medical and psycho-social management for cases of gender-based violence. Implementation guidelines for sensitizing health staff on gender mainstreaming will be developed.
- **Promotion of birth registration and access to birth certificates.** Jointly with the Child Protection Programme, the Health and Nutrition Programme will advocate for the identification of a focal point in the MoH at national level to develop linkages with the administrative system for registering births using the Mother and Child Booklet, which has been available to all pregnant women since 2015. UNICEF will support joint discussions and capacity building activities so that officials of the administrative and health systems have a joint understanding of the procedure facilitating use by all parents, including single mothers, and access to birth certificates.
- **HIV prevention and treatment.** UNICEF will continue its support for basic essential supplies for HIV diagnosis test kits and essential drugs for prevention of mother to child HIV transmission, prevention of HIV in newborn from HIV-positive mothers and paediatric HIV care. Linkages with the management of severe acute malnutrition and promotion of infant and young child feeding will be strengthened.
- **Immunization.** UNICEF will continue to provide traditional vaccines as needed with cold chain support for the transition to solar energy and temperature control monitoring. UNICEF will also support vaccination campaign planning, implementation and monitoring.
- **Prevention of chronic malnutrition and management of severe acute malnutrition.** The Mother and Child Booklet gives health facilities a way to document growth, but they still lack

the capacity and equipment needed to fully monitor child growth. UNICEF will support the Ministry of Health to conduct a national assessment on the needs for growth monitoring equipment at facility and community levels and will contribute to the procurement of needed equipment, tools and job aids as well as capacity building of health facility staff. Growth monitoring will be combined with infant and young child feeding (IYCF) promotion. UNICEF and the National Nutrition Programme will scale up the national IYCF multisectoral counselling package in targeted health districts and ensure partners' use of the package and its related training material and job aids for training, implementation and monitoring.

Mother and Child Health Week—a biannual mass campaign for supplementing children with vitamin A, de-worming children and pregnant women, and introducing new vaccines or catching up on vaccination—will be integrated into the routine health system through health facilities and/or community channels, ensuring that health services reach children who are less than six months of age at the onset of the campaign while community delivery covers mothers and children who would be unreached otherwise. Supply tracking and beneficiary reporting will be maintained through SMS real-time reporting while UNICEF continues advocating for improved coordination and monitoring mechanisms at the national level.

Although the prevalence (1%) of severe acute malnutrition (SAM) is low in Burundi, its management remains essential at the facility level. Despite the integration of this service into the existing health system, MoH is highly dependent on UNICEF's support to maintain quality service. Additional mobilization of funds is crucial for maintaining the supply and distribution of nutrition therapeutic products, strengthening health staff capacity and strengthening the RapidPro real-time monitoring system within the national health management information system. UNICEF will work with the National Nutrition Programme to integrate IYCF promotion and early childhood development interventions into the SAM service package for a more holistic care approach to the sick child.

UNICEF Burundi's Health and Nutrition Programme will also support the linkage of the cash transfer programme to communities with large numbers of undernourished children.

- **Emergency preparedness and response.** Under the leadership of WHO, emergency preparedness and response plans will be revised to strengthen preparedness for health emergencies. Building on UNICEF's support for the creation of a national malaria prevention toolkit, emergency preparedness and response initiatives will seek to improve communication for development for known recurrent health issues, such as cholera and malaria. Nutrition surveillance in health districts where communities host large numbers of IDPs or returnees will be intensified to ensure that SAM cases are identified and quality facility-based nutrition services are provided.

To achieve Output 2 on community health and nutrition, the Programme will pursue the following implementation strategies:

- **Increasing demand for comprehensive services: Child Friendly Communities.** To improve the quality of maternal, newborn and child care at the community level, the Programme will support the establishment of Child Friendly Communities with the capacity to provide a comprehensive package of health and nutrition interventions for the first 1,000 days of life. This initiative will take place in health districts selected among those benefitting from the "Reach Every Child/Reach Every District" immunization strategy, community performance-based financing, integrated community case management of childhood diseases (iCCM) and other ongoing interventions.

- **Increasing demand for prenatal and newborn care.** To address the bottleneck of low community awareness about the importance of timely maternal and newborn services, UNICEF will work to strengthen linkages between health facilities and communities. Cross-sectoral interventions focussing on behaviour change communication by trained female and male community health workers will be an important aspect of this work. UNICEF will support increased capacity of these community actors to register pregnant women and pregnant adolescent girls via RapidPro, to notify them of prenatal consultations on a timely basis and to identify danger signs related to pregnancy and newborn care. An analysis of male involvement and support to partners will be undertaken to enable greater understanding of male beliefs and practices regarding pregnancy and childcare. To increase the resilience of vulnerable mothers living with HIV and expand their income-generation opportunities, the Programme will strengthen linkages among the nutrition, food security, child protection, social protection and WASH sectors.
- **Increasing demand for child health care.** Treatment and prevention of childhood diseases will be a core focus of the community performance based-financing (PBF) programme, which will be implemented by the Government with financial support from the World Bank, the Global Fund, and other partners. UNICEF will contribute to community PBF through the procurement of essential drugs for treatment of childhood diseases at community level in selected health districts. UNICEF will continue its technical support for the design of the training package and its dissemination to female and male community health workers, ensuring that key messages for basic behaviour change are integrated, and will support MoH in the planning, implementation and follow-up of these trainings for quality purposes. Community actors, such as community health workers and religious leaders, will also receive capacity building support and supervision for promoting immunization so that vaccine coverage is increased, especially among the most vulnerable girls and boys. Batwa community health workers, in particular, will be engaged in increasing immunization coverage among deprived groups. Under the leadership of WHO, UNICEF will also advocate for improved planning and coordination of community health interventions to ensure coverage of unreached children.

Community activities will emphasize that girls and boys require equal attention and care. Male involvement in children's care will be promoted to ease decision-making processes at the household level regarding timely access to health care when needed and to raise awareness of male roles among local authorities. Male or Father Champions will be identified to serve as role models at the community level.

- **Multi-sectoral approach to nutrition promotion.** Recognizing that community-based nutrition promotion can serve multiple purposes, including women's empowerment, social cohesion, and peacebuilding, UNICEF will ensure that nutrition promotion is pursued in conjunction with other community-level development and humanitarian interventions. These will include, for example, the community approach to total sanitation (CATS), credit and saving groups, cash transfer initiatives, and programming for early childhood development. UNICEF will scale up the multi-sectoral IYCF behaviour change communication strategy, including the management of acute malnutrition and home micronutrient fortification. The collective effort of the Government and NGOs in building the capacity of female and male health staff, community volunteers, religious leaders, school teachers and role-model mothers ("light-mothers") and in using mass media channels will be essential for the success of behaviour change communication. To help address the problem of low food diversity in the traditional Burundian diet, UNICEF will advocate, under FAO's leadership, for diversified agriculture and joint implementation of food security and nutrition projects.

Bottleneck analysis and action research will be conducted at the community level to assess the adoption and maintenance of key health and nutrition behaviours and to gain a better knowledge of the constraints that mothers and families face. Understanding the unspoken traditional social norms that limit the uptake of positive behaviours may require further socio-anthropologic research on gender role segregation, challenges specific to Batwa communities, and other issues.

- **Emergency preparedness and response.** While Burundi is not prone to nutrition emergencies, its dependence on subsistence agriculture and chronic food insecurity make households highly vulnerable to shocks, which often then lead to cases of severe acute malnutrition. As the nutrition sector lead with MoH, UNICEF will encourage partners to implement joint nutrition-specific and -sensitive interventions in vulnerable geographic areas to build community resilience. Jointly with the WASH Programme, the Health and Nutrition Programme will also advocate for the development of a national investment plan to sustainably address Burundi's vulnerability to cholera epidemics. Within UNICEF, these Programmes will jointly create an internal long-term investment plan to identify and budget for cholera-related activities for community resilience, bringing together behaviour change communication, introduction of the cholera vaccine, and the community approach to total sanitation (CATS), and other areas of intervention.

To achieve Output 3 on Government coordination, monitoring and emergency response, the Programme will pursue the following implementation strategies:

- **Contribution to policies, norms and guidelines.** UNICEF will continue contributing to the development and revision of policies, norms, guidelines and training material related the management of childhood diseases based on the country's evolving needs. Jointly with WHO, UNICEF will support the development of a national standard on quality of care, which is essential to ensure quality in training and formative supervision of health staff and community health workers with an emphasis on reaching pregnant women, newborns and children who are not accessing the health services on a timely basis. UNICEF will engage in joint advocacy at the international and national levels with UNFPA, WHO, and other partners for Burundi's inclusion in the Quality of Care Network, which is important for ensuring that maternal and newborn care receives sufficient attention at the national level to raise staff motivation. National guidelines for maternal and newborn care need to be updated with the latest recommendations including follow-up and monitoring guidance for improved problem analysis and solution identification.

The Programme will support efforts to develop a more complete package of policies and guidelines on stunting reduction in association with IYCF and micronutrient supplementation/fortification. This will require strengthening collaboration with nutrition-sensitive sectors such as agriculture and social protection to ensure that they also adequately integrate nutrition, with gender mainstreaming, into their normative documents and implementation strategies.

- **Advocacy for health and nutrition financing.** Given Burundi's limited fiscal space, UNICEF will be realistic in its expectations for increased national health financing for children. The Programme will focus its advocacy in this area primarily on immunization. The success of Burundi's immunization programme has created pressure for the country to introduce new vaccines without proper planning for the future investments that will be needed for sustainability. In collaboration with WHO, UNICEF will offer technical support to plan and assess opportunities for providing both traditional and new vaccines in the future. UNICEF will

also explore the possibility of national financing for the procurement of nutrition products, even if only for a symbolic amount.

- **Health and nutrition sectoral coordination.** In regard to **health sector coordination**, UNICEF will continue its current participation in MoH coordination mechanisms and technical groups (essential drugs, planning and monitoring and resources) and consider engaging in new technical groups (e.g., immunization). UNICEF will also ensure a presence in the national health partners' consultation platform and remain a member of the consultation committee for activities related to the Global Fund. As a Gavi alliance member, UNICEF will engage in strategic planning, implementation and monitoring of immunization-related activities. UNICEF will also remain an active member of the health donor groups.

In the **nutrition sector**, UNICEF will build on its role as the lead agency since 2013. Revitalization of the Scaling Up Nutrition (SUN) Secretariat and the establishment of the UN Nutrition Network will enhance the Government's coordination, design, implementation and monitoring of nutrition-related interventions. The Programme will support the SUN Secretariat in the revision and dissemination of the national multi-sectoral plan for food and nutrition security. Under the new UN Nutrition Network, participating agencies will engage in joint programming, knowledge sharing and advocacy.

Maintaining and expanding donor investment and stakeholder motivation, interest and engagement in the multi-sectoral SUN platform are likely to be the biggest challenges to coordinated action against chronic malnutrition. In response to this challenge, UNICEF will take a leading role in policy dialogue, advocacy, strengthening accountability and fund mobilization. In selected health districts or provinces, UNICEF will support female and male government staff to create local SUN alliances with linkages to the ongoing process of health district strengthening. At both national and decentralized levels, UNICEF will advocate for inclusion and tracking of nutrition finance and selected indicators in related sectors, such as food security and agriculture, child survival, WASH and social protection. Despite Burundi's endorsement of the East African Community's iodization standards, some non-iodized salt is still imported into Burundi; UNICEF will therefore seek to strengthen the Government's technical capacity to ensure the population has access to and uses adequately iodized salt. Finally, working closely with WFP, UNICEF will support the Government's development of promotional tools for the consumption of fortified food for the benefit of children and pregnant women.

- **Health systems strengthening.** To facilitate equitable access to quality health care for children, UNICEF will focus on (1) improving technical capacity and skills of female and male health managers at decentralised levels, (2) enhancing the supply chain for essential life-saving commodities, and (3) strengthening the health management information system.

In support of the Government's decentralization policy, UNICEF will offer support for improved health and nutrition planning, implementation and monitoring in selected health districts. Bilateral donors have provided this type of support in the past, so it would be an innovation for UNICEF to develop a skills strengthening package specifically for the decentralized level. This would present an entry point for UNICEF to facilitate the establishment of child friendly communities in the context of stronger local governance and accountability. Improvement of local management and leadership capacity for planning, financing, monitoring and decision-making would facilitate the creation of an integrated micro-planning mechanism.

UNICEF will continue supporting the supply chain for essential drugs and will support any additional procurement of essential drugs requested by the MoH. To ensure the full functionality of the system down to the community level, UNICEF will support the adequate integration of health and nutrition community interventions into the logistic monitoring information system.

UNICEF will continue promoting the innovative technology RapidPro (SMS reporting) for regular, timely reporting on health and nutrition interventions, including the development of a user-friendly dashboard for data consultation and analysis at all operational levels. This technology will be used to document community health and nutrition efforts and facilitate service package revisions when needed. UNICEF will also continue supporting the development of the community health management information system, its integration into the DHIS2 and its scale-up.

Building on previous contributions to improved monitoring for action, UNICEF will identify and advocate for sustainable equity and bottleneck assessment methodology considering health and nutrition care over the lifecycle (pregnancy, delivery, neonatal and child health and nutrition) for integration into the existing monitoring system. UNICEF will ensure that the MoH can easily replicate this methodology for annual planning purposes without continued external support. Indicators in the new methodology will need to be harmonized with indicators in the routine health management information system. The pertinence and quality of neonatal health indicators will be assessed and a national methodology to complete regular newborn and maternal mortality audits.

The SUN Secretariat dashboard is suffering from insufficient and low quality data, including a lack of disaggregation by sex and age. This impairs the Secretariat's annual reporting and ability to engage in the policy dialogue necessary for sound decision-making and appropriate action. UNICEF will support improved evidence generation and knowledge management, including the collection and use of sex and age disaggregated data, for the identification and development of appropriate interventions for stunting reduction. Information will be gathered and analyzed on gender-specific social norms, knowledge and behaviours related to the nutrition of mothers, infants and young children and on the coverage and quality of nutrition services at all levels. Documentation of experience with innovative multi-sectoral intervention packages (e.g., related to social protection, agriculture, and WASH) will also be generated for use in strengthening nutrition-related policies and strategies. Improved evidence generation is expected to facilitate problem identification and solving and to ease scaling-up processes.

4. RESULTS STRUCTURE AND FRAMEWORK

The proposed results structure is illustrated in the following figure, including linkages with the relevant UNDAF Outcome, the relevant National Development Plan Priority, and the related SDGs. The figure presents the Programme's implementation approaches as they relate to supply/quality, demand and the enabling environment, in many cases extending across the facility and community levels and therefore across Outputs. Progress indicators for the Outcome and Outputs are defined in the following table.

[REDACTED]

[REDACTED]

Note for the Record

Subject: **Environmental Impact Assessment (EIA)**

As part of the development of the [REDACTED] and in accordance with recommended practice, the UNICEF Country Office [REDACTED] has undertaken an initial screening of all proposed activities within each draft programme component to assess their potential impact on the environment.

The Country Office applied the recommended assessment methodology as described in the PPP Manual, Chapter 6, Section 3 (the Manual's 2011 version), namely Checklist 1 "Initial Screening". The completed checklist attached to this note reflects that the Country Office considers that the programme components contemplated in the draft Country Programme Document, submitted to the UNICEF [REDACTED], should have no impact on the environment.

Sincerely,

[REDACTED]

Attachment 1 – Checklist 1 "*Initial Screening*"

[REDACTED]

Checklist 1- Initial Screening

Does the proposed programme or project contain activities that fall under one or more of the following categories? If the answer is **NO**, and EIA is not required, and the process is complete

- Extraction of water (e.g., groundwater, surface water, and rain water) NO
- Disposal of solid or liquid wastes (e.g., human faeces, animal wastes, used supplies from a health centre or health campaign) NO
- Use of chemical (e.g., pesticides, insecticides, paint and water disinfectant) NO
- Use of energy (e.g., coal, gas, oil, wood and hydro, solar or wind power) NO
- Exploitation of natural resources (e.g., trees, plants, minerals, rocks, soil) NO
- Construction work above household level (e.g., hospital or school) NO
- Changing land use (deforestation, forestation, and developing industrial housing or recreational centres) NO
- Agricultural production (e.g., growing crops, fish farming) NO
- Industrial production (e.g., small scale town/village workshops) NO

