

## Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Programme d'Appui au Développement Sanitaire (PADS)** (the "Principal Recipient") on behalf of Burkina Faso (the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 30 April 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Burkina Faso
3.2	Disease Component:	Malaria
3.3	Program Title:	Malaria-free Burkina Faso for sustainable human development
3.4	Grant Name:	BFA-M-PADS
3.5	GA Number:	1881
3.6	Grant Funds:	Up to the amount of EUR 151,025,513 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2021 to 31 December 2023 (inclusive)

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3.8	Principal Recipient:	<p>Programme d'Appui au Développement Sanitaire (PADS)            BP 7062            01 Ouagadougou            Burkina Faso</p> <p>Attention: Dr. Souleymane OUBIAN Coordonnateur</p> <p>Telephone: +226 70 20 51 81            Facsimile: +226 25 30 52 56            Email: <a href="mailto:oubian_solo@yahoo.fr">oubian_solo@yahoo.fr</a></p>
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	<p>Swiss Tropical and Public Health Institute            Socinstrasse 57            P.O. Box - 4002            CH-4051 Basel            Swiss Confederation</p> <p>Attention: Odile Pham-Tan</p> <p>Telephone: +41 612848264            Email: <a href="mailto:odile.phamtan@swisstph.ch">odile.phamtan@swisstph.ch</a></p>
3.11	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria            Global Health Campus, Chemin du Pommier 40            1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention: Maria Kirova            Department Head            Grant Management Division</p> <p>Telephone: +41587911700            Facsimile: +41445806820            Email: <a href="mailto:maria.kirova@theglobalfund.org">maria.kirova@theglobalfund.org</a></p>

4. **Policies.** The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.
5. **Representations.** In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorized by or obtained all necessary consents,

approvals and authorizations to execute and deliver this Grant Confirmation and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

6. **Covenants**. The Global Fund and the Grantee further agree that:

6.1 The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6 hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

6.2 Personal Data

(1) Principles. The Principal Recipient, on behalf of the Grantee, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"): (a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and (b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles: (a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and (b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

6.3 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all

necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

6.4 In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the Grantee shall:

- (1) progressively increase government expenditure on health to meet national universal health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Grantee fails to meet these requirements;
- (2) comply with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The commitment and disbursement of EUR 22,381,831.95 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Grantee's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce all or part of the Co-Financing Incentive during the current or any subsequent Implementation Period, in the event the Grantee fails to comply with the Co-Financing Incentive Requirements; and
- (3) acting through the Principal Recipient, no later than 31 March of each calendar year of the Implementation Period, submit to the Global Fund, in form and substance satisfactory to the Global Fund, information on funding received by the Principal Recipient and the Sub-recipients from the Government of Burkina Faso and other donors for the previous year as well as the planned contribution for the on-going year.

6.5 The procurement of Health Products shall be carried out through the Pooled Procurement Mechanism ("PPM") of the Global Fund, unless the Global Fund directs the Principal Recipient otherwise in writing. The Principal Recipient has all the necessary power and authority to execute, deliver and carry out its obligations under the wambo.org - PPM registration letter in the form approved by the Global Fund.

6.6 Fiscal Agent:

- (1) Grant Funds may be used to pay for services performed by a fiscal agent retained by the Global Fund (the "Fiscal Agent") and the Global Fund may disburse such Grant Funds directly to the Fiscal Agent;
- (2) The Principal Recipient consents to the terms of reference of the Fiscal Agent and agrees that such terms of reference may be amended from time to time at the Global Fund's discretion;
- (3) The Principal Recipient shall take all necessary actions under applicable laws, regulations, rules and procedures to grant to the Fiscal Agent co-signature authority to all bank accounts of the Principal Recipient in which Grant Funds are held ("Program Accounts") and give full effect thereto, and shall provide

evidence thereof to the Global Fund upon request. The Principal Recipient shall not change any Program Account without the Global Fund's prior written approval, which shall be subject, among others, to receipt by the Global Fund of evidence of co-signature authority pursuant to the immediately preceding sentence;

(4) The Principal Recipient shall cooperate fully with the Fiscal Agent to allow the Fiscal Agent to perform its services, including, but not limited to, by (a) providing all information requested by the Fiscal Agent or the Global Fund; (b) taking all necessary actions prior to collection of Personal Data and at all times thereafter to ensure that the processing of Personal Data by the Fiscal Agent does not violate any applicable law or regulation; and (c) implementing any recommendations made by the Fiscal Agent; and

(5) The appointment of the Fiscal Agent shall not, nor shall it be construed to, discharge the Grantee nor the Principal Recipient of their respective obligations under the Grant Agreement, which shall remain in full force and effect. The Fiscal Agent shall not have authority to act as the Global Fund's agent, unless provided otherwise in writing by the Global Fund. Accordingly, the Global Fund reserves the right to classify any expenditure of Grant Funds as non-compliant, notwithstanding its verification or endorsement by the Fiscal Agent.

6.7 The Program budget includes EUR 1,813,300 ("Matching Funds") programmed towards activities to support improved data science in community health (the "Catalytic Priority"). Notwithstanding anything in the Grant Agreement to the contrary, Matching Funds must remain invested in activities relating to the Catalytic Priority for the duration of the Implementation Period, and may only be reprogrammed for other activities supporting that Catalytic Priority, unless otherwise approved in writing by the Global Fund.

6.8 All pharmaceutical commodities procured under the Grant Agreement shall be stored and distributed by the Centrale d'Achat des Medicament Essentiels Generiques ("CAMEG") as constituted as at the effective date of the Grant Agreement. The Principal Recipient undertakes to give the Global Fund written notice of any anticipated material change to the legal status of CAMEG which may adversely impact on the storage and distribution of pharmaceutical commodities procured with Grant Funds. Upon receipt of such notification, the Global Fund has sole discretion to revisit and modify the storage and distribution arrangements of pharmaceutical commodities procured under the Grant Agreement.

6.9 Prior to the hiring of the Principal Recipient's Coordinator, Head of Finance and Account, Internal Auditor, Controller, Head of Procurement, Head of Monitoring and Evaluation, Logistician and Specialist in Supply and Inventory Management of Pharmaceutical Products and Medical Equipment (PSM), the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund's written approval of, supporting documentation showing compliance with the terms of the Grant Agreement (including, but not limited to, Article 5 of the Global Fund Grant Regulations (2014) and Section 7.1 of the Global Fund Guidelines for Grant Budgeting (2019) (as amended from time to time)).

6.10 No later than 30 June 2023, the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund's prior written approval of, a detailed workplan setting out how the Principal Recipient will assume all the funding of community health worker positions by 1 January 2024, independently of Global Fund support.

[Signature Page Follows.]

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

**The Global Fund to Fight AIDS,  
Tuberculosis and Malaria**

By: M.A. Eldon Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Nov 20, 2020

**Programme d'Appui au Développement  
Sanitaire (PADS)  
on behalf of Burkina Faso**

By: Léonie Claudine Lougué/Sorgho

Name: Léonie Claudine Lougué/Sorgho

Title: Minister of Health

Date: 17 NOV 2020



**Acknowledged by**

By: Pascal Antoine NIAMBA

Name: Pascal Antoine NIAMBA

Title: Chair, Country Coordinating Mechanism of Burkina Faso

Date: 17/11/2020



By: Geoffroy SAWADOGO

Name: Geoffroy SAWADOGO

Title: Civil Society Representative, Country Coordinating Mechanism of Burkina Faso

Date: 17/11/2020



**Schedule I**  
**Integrated Grant Description**

**A. PROGRAM DESCRIPTION**

**1. Background and Rationale for the Program**

Malaria remains a significant public health problem in Burkina Faso and is the main reason for medical consultation and the leading cause of death reported by health facilities in the country.

Malaria incidence has increased between 2000 and 2018 by 15% (or more recently from 449/1000 in 2015 to 591/1000 in 2018), while mortality has decreased by 64%. Contributing factors to the rise in incidence could be increase in coverage of service provision, increase in health facility attendance as a result of free services proclaimed for pregnant women and children under 5 years of age in 2016, insufficient net use, non-respect of testing policy and improved reporting system. At the same time, the case fatality rate dropped during the same period.

Burkina Faso is one of the HBHI countries and has optimized its strategy 2021-2025 further to a stratification and definition of an intervention mix dictated by the context. The Malaria Programs goal is to reduce malaria morbidity by at least 60% and mortality to zero by 2023. It focuses especially on vulnerable populations such as children under 5 years of age, pregnant women, and internally displaced people. Case management in public, private and community sectors will be pursued; LLIN distribution will switch to new generation nets as of the next mass campaign planned for 2022 and seasonal chemoprophylaxis will continue to be deployed at national scale.

The current grant comprises investments for RSSH, included in a joint grant with the Malaria component for the 2021-2023 cycle. The RSSH program will continue to strengthen procurement and supplies systems, the health management information system including logistic information system, community interventions and program management.

**2. Goals, Strategies and Activities**

**Goals:**

- Reduce malaria morbidity by at least 60% by 2023; and
- Reduce malaria mortality to zero by 2023.

**Strategies:**

- Parasitological diagnosis of malaria at the community level and in public and private health facilities, including quality control and assurance of laboratories;
- Treatment of malaria at the community level and in public and private health facilities;
- Vector control through universal access to LLINs (PBO and IG2);
- Prevention of malaria amongst pregnant women by means of routine distribution of LLINs;
- Seasonal chemoprevention of malaria amongst children aged between 3 and 59 months;
- Securing the provision of supplies;
- Monitoring, evaluation and research;
- Combating epidemics and managing emergencies;
- Program management; and
- RSSH: strengthen procurement and supplies systems, health management information system, community interventions and program management.

**Planned Activities:**

- Procurement of health products;
- LLIN mass campaign in 2022, routine distribution of LLINs for pregnant women and children <5 years old;
- Trainings and refreshment trainings to optimize case management at public, private and community levels;
- Supervision at the regional, district, heath facility and community levels;
- Reporting to the Global Fund and the ACT Committee on the collection of revenues for the sale of ACTs;
- Logistical and material support to the National Malaria Control Program, including capacity-strengthening;
- Monitoring and Evaluation-related activities, including the Malaria Indicator Survey, and all other surveys and data collection for the program;
- Establishment of a computerized system for managing supplies; supervision/monitoring; quality assurance for health-care products and laboratory examinations;
- Improvements to the collection, analysis and handling of data (DHIS-2);
- Capacity-building for public and community health workers;
- Training of service providers, strengthening of LMIS data quality monitoring and validation through regular coordinated meetings and use of technology, improvement of the district distribution system up to the last mile to improve products availability at community level; improving the capacities of the LNSP with regard to quality control, lab information system, improvement, integration and decentralization of sample transport system; acquisition of equipment for CBOs;
- Training of health-care providers and community players (CBOs, CBHWs); provision of supplies and equipment; motivation and supervision;
- Digitalization of community health data; and
- Monitoring of malaria products availability at community level.

**3. Target Group/Beneficiaries**

- Pregnant women;
- Children aged under 5 years;
- Rural populations with difficult access to health facilities;
- Internally displaced people; and
- General population.

**B. PERFORMANCE FRAMEWORK**

Please see attached.

**C. SUMMARY BUDGET**

Please see attached.

<b>Country</b>	Burkina Faso
<b>Grant Name</b>	BFA-M-PADS
<b>Implementation Period</b>	01-Jan-2021 - 31-Dec-2023
<b>Principal Recipient</b>	Programme d'Appui au Développement Sanitaire (PADS)

Reporting Periods	Start Date	01-Jan-2021	01-Jul-2021	01-Jan-2022	01-Jul-2022	01-Jan-2023	01-Jul-2023
	End Date	30-Jun-2021	31-Dec-2021	30-Jun-2022	31-Dec-2022	30-Jun-2023	31-Dec-2023
	PU includes DR?	No	Yes	No	Yes	No	No

**Program Goals, Impact Indicators and targets**

1	Contribuer à l'amélioration de l'état de santé de la population en réduisant le fardeau du paludisme d'ici 2025. "Contribute to the improvement of the health status of the population by reducing the burden of malaria by 2025"
2	Contribuer au meilleur état de santé possible pour l'ensemble de la population à travers un système de santé national accessible, performant et résilient à l'horizon 2027. "Contribute to the best possible health status for the entire population through an accessible, efficient and resilient national health system by 2027."

	<b>Impact Indicator</b>	<b>Country</b>	<b>Baseline Value</b>	<b>Baseline Year and Source</b>	<b>Required Dissagregation</b>	<b>Responsible PR</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
1	Malaria I-2.1 Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year	Burkina Faso	N: 581 D: P:	2019	Age,Species	Programme d'Appui au Développement Sanitaire (PADS)	N: 323 D: P: %	N: 266 D: P: %	N: 209 D: P: %
<b>Comments</b>									
" populations to be updated as soon as the results of the RGPH 2019 are available Targets aligned with NSP 2021-2025 data source: routine SNIS through DHIS2 geographical area: national change of methodology: no entity responsible for collection and reporting: PR".									
2	Malaria I-3.1M: Inpatient malaria deaths per year: rate per 100,000 persons per year	Burkina Faso	N: 18.4 D: P:	2019	Age	Programme d'Appui au Développement Sanitaire (PADS)	N: 17 D: P: %	N: 16 D: P: %	N: 15 D: P: %
<b>Comments</b>									
" populations to be updated as soon as the results of the RGPH 2019 are available Targets aligned with NSP 2021-2025 data source: routine SNIS through DHIS2 geographical area: national change of methodology: no entity responsible for collection and reporting: PR".									
3	Malaria I-4 Malaria test positivity rate	Burkina Faso	N: 12,120,934 D: 16,267,508 P: 74.5%	2019	Species-Type of testing	Programme d'Appui au Développement Sanitaire (PADS)	N: D: P: 70.00%	N: D: P: 58.00%	N: D: P: 45.00%
<b>Comments</b>									
" populations to be updated as soon as the results of the RGPH 2019 are available Targets aligned with NSP 2021-2025 data source: routine SNIS through DHIS2 geographical area: national change of methodology: no entity responsible for collection and reporting: PR".									
4	Malaria I-5 Malaria parasite prevalence: Proportion of children aged 6-59 months with malaria infection	Burkina Faso	N: D: P: 46.0%	2014	Gender	Programme d'Appui au Développement Sanitaire (PADS)	N: D: P: 27.00%	N: D: P: %	N: D: P: 25.00%
<b>Comments</b>									
"The reference value is that of the 2014 MIS survey because the 2017 MIS survey was conducted during the period of low transmission. The next MIS survey is scheduled for 2023. Targets aligned with NSP 2021-2025 data source: survey geographical area: national entity responsible for collection and reporting: PR".									






5	Malaria I-6 All-cause under-5 mortality rate per 1000 live births	Burkina Faso	N: 82 D: P:	2015	Gender	Programme d'Appui au Développement Sanitaire (PADS)	N: 52.54 D: P: %	N: D: P: %	N: D: P: %
<b>Comments</b>									
"The 2020 DHS will inform the indicator. targets aligned with investment case data source: survey geographical area: national entity responsible for collection and reporting: PR".									

#### Program Objectives, Outcome Indicators and targets

1	Réduire le taux de mortalité du paludisme d'au moins 75% par rapport à 2015 au Burkina Faso d'ici à fin 2025. " Reduce the malaria mortality rate by at least 75% compared to 2015 in Burkina Faso by the end of 2025."
2	Réduire l'incidence du paludisme d'au moins 75% par rapport à 2015 au Burkina Faso d'ici à fin 2025. "Reduce the incidence of malaria by at least 75% compared to 2015 in Burkina Faso by the end of 2025"
3	Renforcer la capacité du PNLP dans la gestion de la lutte contre le paludisme au Burkina Faso d'ici à fin 2025. "Strengthen the capacity of the NMCP in the management of the fight against malaria in Burkina Faso by the end of 2025"
4	L'accès aux services de santé de qualité est garanti à tous. "Access to quality health services is guaranteed to everyone"

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2021	2023						
							N:	D:						
1	Malaria O-1a Proportion of population that slept under an insecticide-treated net the previous night	Burkina Faso	N: D: P: 44.0%	2017 DHS/MIS	Gender	Programme d'Appui au Développement Sanitaire (PADS)	N: D: P: 70.00%	N: D: P: 80.00%						
							Due Date: 15-Aug-2022	Due Date: 15-Aug-2024						
<b>Comments</b>														
Numerator: Number of people who slept under an ITN the previous night X 100 Denominator: Total number of persons who spent the previous night in the surveyed households The data will be filled in with the results of the EDS 2020/2021 and the MIS 2023 survey (following the CDM). Targets are aligned with NSP 2021-2025														
2	Malaria O-1b Proportion of children under five years old who slept under an insecticide-treated net the previous night	Burkina Faso	N: D: P: 54.0%	2017 DHS/MIS		Programme d'Appui au Développement Sanitaire (PADS)	N: D: P: 75.00%	N: D: P: 85.00%						
							Due Date: 15-Aug-2022	Due Date: 15-Aug-2024						
<b>Comments</b>														
Numerator: Number of children under age five who slept under an ITN the previous night X 100 Denominator: Total number of children under five years of age who spent the previous night in surveyed households The data will be filled in with the results of the EDS 2020/2021 and the MIS 2023 survey (following the CDM). Targets are aligned with NSP 2021-2025														
3	Malaria O-1c Proportion of pregnant women who slept under an insecticide-treated net the previous night	Burkina Faso	N: D: P: 58.0%	2017 DHS/MIS		Programme d'Appui au Développement Sanitaire (PADS)	N: D: P: 80.00%	N: D: P: 90.00%						
							Due Date: 15-Aug-2022	Due Date: 15-Aug-2024						
<b>Comments</b>														
Numerator: Number of pregnant women who slept under an ITN the previous night X 100 Denominator: Total number of pregnant women in surveyed households The data will be filled in with the results of the EDS 2020/2021 and the MIS 2023 survey (following the CDM). Targets are aligned with NSP 2021-2025														
4	Malaria O-3 Proportion of population using an insecticide-treated net among those with access to an insecticide-treated net	Burkina Faso	N: D: P: 58.0%	2017 DHS/MIS	Gender	Programme d'Appui au Développement Sanitaire (PADS)	N: D: P: 75.00%	N: D: P: 85.00%						
							Due Date: 15-Aug-2022	Due Date: 15-Feb-2024						
<b>Comments</b>														
Numérateur: Nombre de personnes ayant dormi sous une MII la nuit précédente X 100 Dénominateur: Nombre de personnes ayant accès à une moustiquaire imprégnée d'insecticide dans les ménages enquêtés Les données seront renseignées avec les résultats de l'EDS 2020/2021 et l'enquête MIS 2023 (suite au CDM) Les cibles sont alignées sur le PSN 2021-2025														

5	Malaria O-4 Proportion of households with at least one insecticide-treated net for every two people and/or sprayed by IRS within the last 12 months	Burkina Faso	N: D: P: 33.0%	2017 DHS/MIS		Programme d'Appui au Développement Sanitaire (PADS)	N: D: P: 90.00%	N: D: P: 100.00%
<b>Comments</b>								
Numerator: Number of households that have at least one insecticide-treated net for every two people and/or have been sprayed with indoor residual spraying in the last 12 months X 100 Denominator: Number of households surveyed The data will be filled in with the results of the EDS 2020/2021 and the MIS 2023 survey (following the CDM). Targets are aligned with NSP 2021-2025								

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021 30-Jun-2021	01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023
<b>Case management</b>															
1	CM-1a <sup>(M)</sup> Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	Country: Burkina Faso;  Coverage: Geographic National, 100% of national program target	N: 16,267,508 D: 18,116,942 P: 89.8%	2019 HMIS	Age, Type of testing	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 4,457,551.28 D: 4,898,407.92 P: 91.0%	N: 11,462,274.72 D: 12,595,906.08 P: 91.0%	N: 4,703,020.56 D: 5,111,978.76 P: 92.0%	N: 12,093,481.44 D: 13,145,088.24 P: 92.0%	N: 4,913,879.32 D: 5,283,741.12 P: 93.0%	N: 12,635,689.68 D: 13,586,762.88 P: 93.0%	
<b>Comments</b>															
13	CM-1 other: Percentage of CHWs with commodities at the community level	Country: Burkina Faso;  Coverage: Geographic National, 100% of national program target	N: 4,275 D: 12,053 P: 35.5%	2019 HMIS		Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 6,026 D: 12,053 P: 50.0%	N: 6,026 D: 12,053 P: 50.0%	N: 9,642.4 D: 12,053 P: 80.0%	N: 9,642.4 D: 12,053 P: 80.0%	N: 10,847.7 D: 12,053 P: 90.0%	N: 10,847.7 D: 12,053 P: 90.0%	
<b>Comments</b>															
2	CM-1b <sup>(M)</sup> Proportion of suspected malaria cases that receive a parasitological test in the community	Country: Burkina Faso;  Coverage: Geographic National, 100% of national program target	N: 167,762 D: 199,683 P: 84.0%	2019 HMIS	Age, Type of testing	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 786,626.68 D: 864,424.96 P: 91.0%	N: 2,022,754.32 D: 2,222,807.04 P: 91.0%	N: 829,944.64 D: 902,113.8 P: 92.0%	N: 2,134,143.36 D: 2,319,721.2 P: 92.0%	N: 867,155.24 D: 932,424.92 P: 93.0%	N: 2,229,827.76 D: 2,397,664.08 P: 93.0%	
<b>Comments</b>															
3	CM-2a <sup>(M)</sup> Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	Country: Burkina Faso;  Coverage: Geographic National, 100% of national program target	N: 11,223,002 D: 11,637,679 P: 96.4%	2019 HMIS	Age	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 3,120,285.9 D: 3,120,285.896 P: 100.0%	N: 8,023,592.3 D: 8,023,592.304 P: 100.0%	N: 2,727,751.92 D: 2,727,751.9248 P: 100.0%	N: 7,014,219.24 D: 7,014,219.2352 P: 100.0%	N: 2,211,245.69 D: 2,211,245.694 P: 100.0%	N: 5,686,060.36 D: 5,686,060.356 P: 100.0%	
<b>Comments</b>															
4	CM-2b <sup>(M)</sup> Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community	Country: Burkina Faso;  Coverage: Geographic National, 100% of national program target	N: 88,971 D: 130,692 P: 75.6%	2019 HMIS	Age	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 550,638.68 D: 550,638.676 P: 100.0%	N: 1,415,928.02 D: 1,415,928.024 P: 100.0%	N: 481,367.89 D: 481,367.8912 P: 100.0%	N: 1,237,803.15 D: 1,237,803.1488 P: 100.0%	N: 390,219.86 D: 390,219.858 P: 100.0%	N: 1,003,422.49 D: 1,003,422.492 P: 100.0%	




4	Comments												
<b>Vector control</b>													
5	VC-10(M) Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Country: Burkina Faso; Coverage: Geographic National, 100% of national program target	N: 11,961,405.02 D: P:	2019 LLIN Mass distribution Campaign Report	Target / Risk population group	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: D: P:	N: D: P:	N: D: P:	N: 16,051,519 D: P:	N: D: P:
<b>Comments</b> Numerator: Number of insecticide-treated nets distributed to at-risk populations through mass campaigns Denominator: NA The campaign target is obtained by adding to the projected population of 2022 the average (26.55%) of the discrepancies recorded during the enumerations of the 2016 (23.58%) and 2019 (29.53%) campaigns applied to the same population of 2022. IDPs and boarding schools are included in the overall population estimate; only they were estimated at 5% of the total population. This estimate will allow the program to take them into account in the reception areas. Targets are aligned with NSP 2021-2025 Results will be disaggregated by vulnerable populations.													
6	VC-20(M) Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	Country: Burkina Faso; Coverage: Geographic National, 100% of national program target	N: 1,145,782 D: P:	2019 HMIS	Target / Risk population group	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 902,498.5 D: P:	N: 902,498.5 D: P:	N: 908,334 D: P:	N: 908,334 D: P:	N: 914,234.5 D: P:
<b>Comments</b> Numerator: Number of insecticide-treated nets distributed to targeted at-risk groups (ET and children under 1 year of age) through routine distribution Denominator: NA The groups at risk are FE + children under one year of age. Targets are aligned with the NSP 2021-2025.													
<b>Specific prevention interventions (SPI)</b>													
7	SPI-2 Percentage of children aged 3-59 months who received the full number of courses of SMC (3 or 4) per transmission season in the targeted areas	Country: Burkina Faso; Coverage: Geographic National, 100% of national program target	N: 3,476,525 D: 3,725,614 P: 93.3%	2019 Seasonal Malaria Chemo Prevention Campaign Report (reconstructed data)	Gender	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: D: P:	N: 3,887,042 D: 3,887,042 P: 100.0%	N: D: P:	N: 4,007,541 D: 4,007,541 P: 100.0%	N: D: P:
<b>Comments</b> Numerator: Number of children aged 3-59 months who received the total number of MCH doses (4) during the reference period X 100 Denominator: Number of children aged 3-59 living in areas targeted for seasonal malaria chemoprevention during the reference period. The coverage of districts by partners is as follows: PMI 19 districts; MC 27 districts; UNICEF 2 districts; FM 22 districts 56 districts will make 4 cycles and 14 districts will make 5 cycles.													
<b>RSSH: Integrated service delivery and quality improvement</b>													
11	SD-other 1: Rate of implementation of clinical IMCI in health facilities (child-contacts)	Country: Burkina Faso; Coverage: Geographic Subnational, 100% of national program target	N: 4,916,501 D: 5,738,409 P: 85.7%	2019 HMIS		Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 2,799,681.6 D: 3,181,456.4 P: 88.0%	N: 4,199,522.4 D: 4,772,184.6 P: 88.0%	N: 3,923,853.2 D: 4,265,058 P: 92.0%	N: 5,885,779.8 D: 6,397,587 P: 92.0%	N: 4,394,715.6 D: 4,626,016.4 P: 95.0%
<b>Comments</b> Numerator: Number of children under five years of age treated using the IMCI approach X 100 Denominator: Number of children under 5 years of age in care													
12	SD-6 Number of ICCM conditions treated among children under five in target areas during the reporting period	Country: Burkina Faso; Coverage: Geographic National, 100% of national program target	N: 153,090 D: P:	2018	ICCM condition	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 186,864.4 D: P:	N: 280,296.6 D: P:	N: 275,253.2 D: P:	N: 412,879.8 D: P:	N: 408,371.6 D: P:
<b>Comments</b> These are the cases of uncomplicated malaria, uncomplicated diarrhea and uncomplicated pneumonia managed by the ASBCs at the community level (Community IMCI).													
<b>RSSH: Health products management systems</b>													
10	PSM-other 1: Proportion of HFs that did not experience stock-outs in tracer commodities during the period	Country: Burkina Faso; Coverage: Geographic National, 100% of national program target	N: 183 D: 1,647 P: 11.1%	2019 HMIS		Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative - other	N: 435 D: 2,179 P: 20.0%	N: 435 D: 2,179 P: 20.0%	N: 683 D: 2,279 P: 30.0%	N: 683 D: 2,279 P: 30.0%	N: 951 D: 2,379 P: 40.0%






10	Comments Numerator: Number of GEDs that did not experience breakthrough of tracer drugs X 100 Denominator: Number of existing DMEGs											
RSSH: Health management information systems and M&E												
8	M&E-2a Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received  Country: Burkina Faso; Coverage: Geographic National, 100% of national program target N: 31,786 D: 34,218 P: 92.9%	2018 HMIS	Type of report	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 16,348 D: 17,209 P: 95.0%	N: 16,348 D: 17,209 P: 95.0%	N: 16,568 D: 17,259 P: 96.0%	N: 16,568 D: 17,259 P: 96.0%	N: 16,962 D: 17,309 P: 96.0%	N: 16,962 D: 17,309 P: 96.0%
<b>Comments</b>												
9	M&E-2b Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines  Country: Burkina Faso; Coverage: Geographic National, 100% of national program target N: 22,888 D: 34,218 P: 66.9%	2018 HMIS	Type of report	Yes	Programme d'Appui au Développement Sanitaire (PADS)	Non cumulative	N: 12,046 D: 17,209 P: 70.0%	N: 12,046 D: 17,209 P: 70.0%	N: 13,807 D: 17,259 P: 80.0%	N: 13,807 D: 17,259 P: 80.0%	N: 15,578 D: 17,309 P: 90.0%	N: 15,578 D: 17,309 P: 90.0%
<b>Comments</b>												
Numerator: Number of monthly reports actually entered on time in Endos-BF X 100 Denominator: Number of monthly reports expected from the health facilities for the reference period.												

Workplan Tracking Measures											
Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country						
<b>Comments</b>											

<b>Country</b>	Burkina Faso
<b>Grant Name</b>	BFA-M-PADS
<b>Implementation Period</b>	01-Jan-2021 - 31-Dec-2023
<b>Principal Recipient</b>	Programme d'Appui au Développement Sanitaire (PADS)

<b>By Module</b>	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
Case management		€133,329	€8,716,361	€1,075,115	€9,924,805		€133,329	€10,625,981	€1,298,217	€12,057,528		€133,329	€4,134,495	€575,855	€4,843,679	€26,826,012	17.8 %
Program management	€464,908	€422,129	€267,949	€696,960	€1,851,946	€469,730	€442,196	€272,771	€330,908	€1,515,605	€474,758	€447,225	€277,800	€400,811	€1,600,595	€4,968,146	3.3 %
RSSH: Community systems strengthening	€96,017	€196,278	€146,539	€1,226,783	€1,665,617	€180,926	€108,835	€113,267	€187,624	€590,652	€104,921	€184,841	€136,427	€187,624	€613,813	€2,870,082	1.9 %
RSSH: Financial management systems	€90,000	€90,000	€90,000	€90,000	€360,000	€90,000	€90,000	€90,000	€90,000	€360,000	€90,000	€90,000	€90,000	€90,000	€360,000	€1,080,000	0.7 %
RSSH: Health management information systems and M&E	€74,390	€1,302,371	€1,388,544	€1,426,114	€4,191,418	€75,495	€1,036,924	€436,292	€495,438	€2,044,150	€75,495	€526,697	€787,303	€131,331	€1,520,825	€7,756,393	5.1 %
RSSH: Health products management systems	€46,431	€380,020	€368,975	€589,825	€1,385,251	€46,431	€305,108	€220,909	€207,910	€780,358	€52,212	€299,327	€278,539	€207,910	€837,987	€3,003,596	2.0 %
RSSH: Health sector governance and planning			€18,902	€20,343	€39,246			€18,902	€5,175	€24,078			€18,902	€5,175	€24,078	€87,401	0.1 %
RSSH: Human resources for health, including community health workers	€848,059	€985,842	€1,961,539	€985,842	€4,781,282	€848,059	€985,842	€848,059	€985,842	€3,667,801	€848,059	€985,842	€848,059	€985,842	€3,667,801	€12,116,885	8.0 %
RSSH: Integrated service delivery and quality improvement		€923,026		€923,026	€1,846,053		€738,421		€738,421	€1,476,842		€184,605		€184,605	€369,211	€3,692,106	2.4 %
RSSH: Laboratory systems	€17,379	€54,538	€34,248	€26,319	€132,484	€17,379	€54,538	€17,379	€26,319	€115,615	€17,379	€54,538	€17,379	€26,319	€115,615	€363,714	0.2 %
Specific prevention interventions (SPI)	€341,144	€924,164	€4,076,112	€1,141,309	€6,482,729	€329,707	€776,134	€3,872,691	€1,017,189	€5,995,722	€329,707	€776,134	€3,931,370	€1,023,424	€6,060,635	€18,539,086	12.3 %
Vector control	€76,337	€136,554	€3,011,750	€37,012,943	€40,237,584	€13,343,510	€10,885,163	€1,703,526	€237,431	€26,169,630	€76,337	€76,337	€3,039,619	€122,586	€3,314,879	€69,722,093	46.2 %
<b>Grand Total</b>	<b>€2,054,664</b>	<b>€5,548,252</b>	<b>€20,080,920</b>	<b>€45,214,579</b>	<b>€72,898,415</b>	<b>€15,401,236</b>	<b>€15,556,492</b>	<b>€18,219,778</b>	<b>€5,620,474</b>	<b>€54,797,980</b>	<b>€2,068,867</b>	<b>€3,758,876</b>	<b>€13,559,892</b>	<b>€3,941,482</b>	<b>€23,329,118</b>	<b>€151,025,513</b>	<b>100.0 %</b>

<b>By Cost Grouping</b>	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	€333,312	€165,003	€165,003	€165,003	€828,321	€338,134	€169,825	€169,825	€169,825	€847,609	€343,162	€174,854	€174,854	€224,483	€917,353	€2,593,282	1.7 %
Travel related costs (TRC)	€562,701	€2,659,111	€5,385,883	€3,674,561	€12,282,255	€1,794,865	€11,481,813	€2,836,724	€1,928,863	€18,042,265	€558,378	€1,671,695	€3,273,724	€1,555,367	€7,059,164	€37,383,684	24.8 %
External Professional services (EPS)	€118,035	€1,222,290	€240,140	€1,206,679	€2,787,145	€134,714	€1,848,835	€231,366	€959,341	€3,174,256	€126,710	€420,770	€133,052	€420,770	€1,101,302	€7,062,702	4.7 %
Health Products - Pharmaceutical Products (HPPP)			€6,937,995		€6,937,995			€8,662,060		€8,662,060			€2,857,264		€2,857,264	€18,457,319	12.2 %
Health Products - Non-Pharmaceuticals (HPNP)		€22,867	€4,383,490	€28,702,573	€33,108,930	€7,175,643	€22,867	€3,531,290		€10,729,800		€22,867	€4,730,666		€4,753,533	€48,592,263	32.2 %
Procurement and Supply-Chain Management costs (PSM)			€1,821,106	€8,984,038	€10,805,145	€2,353,011		€1,705,698	€1,491,034	€5,549,743			€1,333,709	€696,129	€2,029,838	€18,384,726	12.2 %
Non-health equipment (NHP)	€5,830	€255,310	€33,145	€1,446,252	€1,740,536	€2,337,812	€394,854	€5,830	€17,263	€2,755,759	€5,830	€255,310	€5,830	€5,830	€272,799	€4,769,093	3.2 %
Communication Material and Publications (CMP)	€31,694	€222,408	€112,895	€34,210	€401,206	€263,965	€637,034	€75,721	€52,885	€1,029,606	€31,694	€212,118	€49,531	€37,640	€330,982	€1,761,794	1.2 %
Indirect and Overhead Costs	€153,491	€151,661	€151,661	€151,661	€608,475	€153,491	€151,661	€151,661	€151,661	€608,475	€153,491	€151,661	€151,661	€151,661	€608,475	€1,825,424	1.2 %
Payment for Results	€849,602	€849,602	€849,602	€849,602	€3,398,409	€849,602	€849,602	€849,602	€849,602	€3,398,409	€849,602	€849,602	€849,602	€849,602	€3,398,409	€10,195,226	6.8 %
<b>GrandTotal</b>	<b>€2,054,664</b>	<b>€5,548,252</b>	<b>€20,080,920</b>	<b>€45,214,579</b>	<b>€72,898,415</b>	<b>€15,401,236</b>	<b>€15,556,492</b>	<b>€18,219,778</b>	<b>€5,620,474</b>	<b>€54,797,980</b>	<b>€2,068,867</b>	<b>€3,758,876</b>	<b>€13,559,892</b>	<b>€3,941,482</b>	<b>€23,329,118</b>	<b>€151,025,513</b>	<b>100.0 %</b>




By Recipients	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
PR	€1,387,529	€3,926,114	€16,066,129	€43,037,354	€64,417,126	€14,631,566	€4,336,646	€15,599,967	€4,133,410	€38,701,589	€1,403,190	€2,350,056	€10,987,973	€2,445,584	€17,186,802	€120,305,516	79.7 %
Programme d'Appui au Développement Sanitaire du Burkina Faso	€1,387,529	€3,926,114	€16,066,129	€43,037,354	€64,417,126	€14,631,566	€4,336,646	€15,599,967	€4,133,410	€38,701,589	€1,403,190	€2,350,056	€10,987,973	€2,445,584	€17,186,802	€120,305,516	79.7 %
SR	€667,135	€1,622,138	€4,014,791	€2,177,226	€8,481,290	€769,670	€11,219,846	€2,619,811	€1,487,064	€16,096,391	€665,678	€1,408,820	€2,571,920	€1,495,898	€6,142,316	€30,719,997	20.3 %
CICDOC	€119,837	€195,752	€477,020	€187,098	€979,707	€204,869	€108,432	€125,682	€187,221	€626,204	€128,988	€184,562	€125,806	€204,774	€644,130	€2,250,042	1.5 %
DRS	€35,306	€62,503	€50,920	€60,404	€209,133	€35,306	€119,602	€50,920	€60,404	€266,233	€35,306	€62,503	€50,920	€60,404	€209,133	€684,500	0.5 %
DS	€28,454	€749,958	€2,342,692	€1,139,321	€4,260,426	€40,600	€10,043,314	€1,663,819	€765,648	€12,513,381	€32,596	€690,888	€1,756,107	€765,648	€3,245,239	€20,019,046	13.3 %
PNLP	€106,795	€253,322	€783,554	€429,799	€1,573,470	€111,927	€587,668	€418,560	€112,962	€1,231,117	€91,591	€109,809	€278,029	€87,777	€567,206	€3,371,793	2.2 %
Projeto Mondo M'LAL	€376,743	€360,604	€360,604	€360,604	€1,458,553	€376,969	€360,829	€360,829	€360,829	€1,459,457	€377,197	€361,058	€361,058	€377,295	€1,476,607	€4,394,617	2.9 %
<b>Grand Total</b>	<b>€2,054,664</b>	<b>€5,548,252</b>	<b>€20,080,920</b>	<b>€45,214,579</b>	<b>€72,898,415</b>	<b>€15,401,236</b>	<b>€15,556,492</b>	<b>€18,219,778</b>	<b>€5,620,474</b>	<b>€54,797,980</b>	<b>€2,068,867</b>	<b>€3,758,876</b>	<b>€13,559,892</b>	<b>€3,941,482</b>	<b>€23,329,118</b>	<b>€151,025,513</b>	<b>100.0 %</b>