Burundi Agenda Setting for Sexual and Reproductive Health and Rights Knowledge Platform

Mission report submitted to Share-Net International
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<th>Description</th>
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<tbody>
<tr>
<td>ANC</td>
<td>Antenatal Care</td>
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<tr>
<td>APFB</td>
<td>Association pour la Promotion des Filles Burundaises</td>
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<tr>
<td>BEmONC</td>
<td>Basic Emergency Obstetric and Neonatal Care</td>
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<td>CEmONC</td>
<td>Complex Emergency Obstetric and Neonatal Care</td>
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<tr>
<td>CNR</td>
<td>Centre National de Reference</td>
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<tr>
<td>CPR</td>
<td>Contraceptive Prevalence Rate</td>
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<td>CSLP –II</td>
<td>Cadre Stratégique de croissance et de Lutte contre la Pauvreté-II</td>
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<td>DGIS</td>
<td>Netherlands Directorate-General for International Cooperation</td>
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<td>EmONC</td>
<td>Emergency Obstetric and Neonatal Care</td>
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<td>ESTHER</td>
<td>Ensemble pour une Solidarite Therapeutique Hospitaliere en Reseau</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>GLID</td>
<td>Great Lakes Inkingi Development</td>
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<td>HNTPO</td>
<td>Health net TPO</td>
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<td>INSP</td>
<td>Institut National de Santé Publique</td>
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<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<tr>
<td>KIT</td>
<td>Royal Tropical Institute, Amsterdam</td>
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<td>KP</td>
<td>Knowledge Platform</td>
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<tr>
<td>KFW</td>
<td>German Development Bank</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MRP</td>
<td>Most at Risk Population</td>
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<td>MSM</td>
<td>Men having sex with Men</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>NICHE</td>
<td>The Netherlands Initiative for Capacity development in Higher Education</td>
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<td>Acronym</td>
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<tr>
<td>NWO/WOTRO</td>
<td>Netherlands Organisation for Scientific Research/Science for Global Development</td>
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<td>PBEA</td>
<td>Peace Building Education and Advocacy</td>
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<tr>
<td>PBF</td>
<td>Performance-Based Financing</td>
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<tr>
<td>PMTCT</td>
<td>Prevention from Mother to Child Transmission</td>
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<tr>
<td>PNC</td>
<td>Postnatal care</td>
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<td>PNSR</td>
<td>Programme National de Santé de la Reproduction</td>
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<td>PSI</td>
<td>Population Services International</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<tr>
<td>SPPDF</td>
<td>Synergie des Partenaires pour la Promotion des Droits de la Femme</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>YFHC</td>
<td>Youth-Friendly Health centre</td>
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SUMMARY

In this agenda setting mission for SRHR, majority of key players have been interviewed in order to gain better understanding of their main activities, their attitude vis-à-vis the envisioned participation to the Knowledge Platform and their proposals concerning the themes to be part of experience sharing within the KP.

The interview has equipped the consultant with a thorough understanding of the activities carried out by the different organizations. All of them are favourable to the KP and would like to participate. They see it as a key strategy in improving coordination in the sector of SRHR and PNSR is generally perceived as the natural local knowledge node.

Considering the activities of all partners and the themes proposed during the interviews, the consultant is suggesting that the KP focuses on one theme with 6 sub-themes. The main theme is on “Improved utilization by young people and adolescents of quality information and services in sexual and reproductive health and rights, including sexual and gender-based violence. Sub-themes include Comprehensive sexuality Education, Strategies to reach out to out-of-school youth, socio-cultural barriers, community involvement, Performance-Based Financing and M&E system. Reducing the knowledge gaps in those areas would result in improved capacity to design more evidence-based programmes and policies for young people.

Lastly, the report tries to carry out a stakeholder analysis, which proved to be a challenging task given the limit of information that could be collected on the various organizations and the impossibility to reach some of the partners carrying out SRHR activities in Burundi due to time constraints1. This stakeholder analysis therefore should be considered as a start and needs to be updated as the work goes along.

1 “As a reference point, a national-level stakeholder analysis that interviews 35-40 stakeholders requires a four-person team working full-time for about two months, depending upon how quickly the interview appointments are made”, Schmeer, Kammi. Guidelines for Conducting a Stakeholder Analysis. November 1999. Bethesda, MD: Partnerships for Health Reform, Abt Associates Inc.
1. INTRODUCTION

This brief introduction is a summary description of the status and recent trends of SRHR in Burundi, the terms of the reference for the current agenda setting mission and the methodology used by the consultant.

1.1 Recent trends in Sexual and Reproductive health

With the end of war and progressive recovery of peace and stability, Burundi has made significant progress in the area of sexual and reproductive health and rights (SRHR). Policy and strategic documents have been adopted, among which, the National Population Policy Statement (2011), the National Health Development Plan and the revised National Sexual and Reproductive Health Strategy (2013-2015). Sexual and reproductive health issues are well reflected in key development frameworks, notably the “Vision Burundi 2025”, and the CSLP-II (2012-2016). Progress has been made on majority of health indicators, although still far from reaching MDGs.

CPR moved from 8.4% in 2005 to 30% in 2014 although unmet need for family planning remains high at 31% and the fertility rate of young people (15-19 years old) remains high at 110/1,000.

Maternal mortality ratio has decreased from 910 in 2005 to 500 maternal deaths per 100,000 live births in 2010, which remains high compared to the 275/100, 000 required to meet MDG5. Delivery rate in a health facility has increased significantly from 17.8% in 2000 to 70% in 2014, as a result of the free maternity care decreed by the Government in 2006. However, 30% of pregnant women still deliver in their homes without the assistance of skilled personnel. More efforts are needed to improve BEmONC and CEmONC since the EmONC needs assessment (March 2011) found out that only 5 health centres out of 229 sampled, i.e. 2% were fully functioning for BEmONC and only 17 hospital out of 47 sampled i.e. 36% were fully functioning for CEmONC.

In 2012, Burundi adopted a National HIV/AIDS Programme, which will facilitate integration of HIV interventions into the whole package of SRH services. According to DHS-2010, HIV/AIDS sero-prevalence among women aged 15-49 was estimated at 1.4%. The same survey shows that prevalence among women aged 15-24 is 0.8% compared to 3.5% in 2007 (UNAIDS Report, 2008). Data from sentinel sites point to a decline in sero-prevalence among pregnant women.

The same trend is observable among the Most at Risk Population where seroprevalence declined from 2.9 in 2007 to 0.4% in 2011 among men in uniform and from 37.7 to 19.8% among sex workers.

One of the challenges Burundi is facing is its rapid population growth (2.4% per year) and the youthfulness of its population (median age of the population is 17 years). TFR is one of the highest in the World, at 6.4 children per woman and there is no sign of significant fertility decline.

In its “Vision Burundi 2025”, Burundi acknowledges that its demographic evolution constitutes an impediment to its long term development. Family Planning is perceived as one of the key strategies to curb the rapid population growth. The objective of the Government is to reduce the current TFR from 6.4 children per woman to 3 by 2025, which would require increasing the CPR up to 60% by 2025.
The Government’s priorities for SRHR in the next 5-10 years as spelt out in the National Demographic Policy Statement (October 2011) are:

- Strengthening Family Planning interventions with the objective of reducing TFR to 3 children per woman by 2025. To reach that objective, the country is committed to improving accessibility to modern contraception by setting up health secondary posts in the vicinity of religious-owned health facilities, that don’t provide modern contraception. Burundi shall also master the supply chain management, avoiding stock-outs of contraceptives, particularly with regard to Long Term Action Methods;

- Promoting behaviour change communication through innovative IEC activities, in order to increase the demand for modern contraception including by youth and adolescents;

- Improving the quality of EmONC at health center and hospital levels to contribute to the achievement of MDG5, which corresponds to a MMR of 275 per 100,000 live births in 2015. This requires strengthening technical capacity of health centres and hospitals, institutionalization of maternal deaths audits, strengthening obstetrical fistula prevention and repairs, and integrating PMTCT activities into the package of SRH activities.

1.2. Terms of reference of the national research consultant in Burundi

The present mission was ordered by SHARE NET-INTERNATIONAL. The background, the overall assignment and the objective for this consultancy are briefly described below.

1.2.1. Background

On September the 5th 2013, the Knowledge Platform for Sexual and Reproductive Health and Rights (SRHR) was launched in Utrecht the Netherlands. The Dutch government has the vision that people should be able to have a satisfying and safe sex life, the freedom to decide how many children they want and with whom, and access to good-quality care to meet their sexual and reproductive health needs. The Platform aims to make a contribution to achieving this vision by combining the expertise and strengths of Dutch organizations, Southern partners and key international actors working in the area of SRHR to achieve Millennium Development Goals 5 and 6 and contribute to the post-2015 agenda.

The Platform and its Secretariat are based in the Netherlands. The Department of Health of the Royal Tropical Institute in Amsterdam hosts the Secretariat of the Platform. The Platform will stimulate the sharing of existing knowledge among platform participants, the generation of new knowledge to address prioritized research gaps, and the translation of knowledge into formats appropriate for intended audiences, so as to contribute to the application of knowledge. The Platform’s focus is on strengthening the role knowledge can play in developing evidence-based policies and practices and ensuring that resources are used strategically and to maximum effect, in relation to the four core areas of Dutch policy on SRHR, namely;

- Better information and greater freedom of choice for young people about their sexuality
• Improved access to reproductive health commodities
• Better sexual and reproductive health care (during pregnancy and childbirth, including safe abortion)
• Greater respect for the sexual and reproductive rights of groups who are currently denied these rights.

In December 2013 the Knowledge platform was renamed Share-Net International.

Central to the work of Share-Net International, are the knowledge nodes and SRHR networks in the four different countries. Two initial focus countries, Bangladesh and Burundi have been selected by the ad-interim Steering Committee from the 8 SRHR partner countries in which DGIS is active, based on set criteria, a desk review and consultations with partners. Two other countries will be selected in June 2014 by the Steering Committee based on argued proposals from partners in the Knowledge Platform.

In Burundi, local institutions that are currently already fulfilling some of the SRHR networking functions as foreseen by the Knowledge Platform, were identified, visited and consulted during a short scoping visit in November 2013.

In the next phase of development, an institution/combination of institutions or a network operating in the field of SRHR from each country will be invited to become the country node and host of the local SRHR knowledge platform. Share-Net International will support the nodes in effectively carrying out the necessary functions. The nodes can be connected to each other directly and are all connected to the Share-Net International website.

The next step in the process of establishing the knowledge node is to conduct an agenda setting exercise to identify a small number of themes, or an overarching theme with subtopics, around which research and other activities can be conducted. This, alongside a thorough mapping of organisations that are active in the field of SRHR in Burundi constitute the core of this mission. These themes will not only be selected on the basis of local priorities but also how these fit with the Dutch expertise and policies. The focus will be on reviewing existing data and interviewing relevant stakeholders.

This assignment also provides an important opportunity to establish 'buy in' from local organisations and other stakeholders (e.g. Government, private sector) into the aims and activities of Share-Net International.

1.2.2. Overall assignment for this project

a) To identify thematic areas and knowledge gaps that need to be strengthened in the coming years in order to optimize the SRHR interventions, especially in the field of the 4 Dutch priority areas

b) To get an oversight of the organisations, networks and the policy context in the field of SRHR in the two countries
c) To describe the policy context of SRHR and the degree of interest of the government (different sectors) in pursuing an SRHR agenda.

d) To identify potential organisations, networks or combination of organizations that could serve as a focal point for SRHR in the country.

e) To positively represent Share-Net International to all stakeholders and encourage their engagement with the ongoing programme.

1.2.3. Objective

The objective of this assignment is to identify strong partners and assess a SRHR agenda for the SRHR knowledge node in Burundi. The secondary aim is to ensure buy in from local organisations to the aims and ways of working of Share-Net International.

1.3. Methodology

The consultant started with a list of organizations working in the area of SRHR in Burundi. After reconciling two lists, one provided by the Dutch Embassy and one drawn from the report of the scoping mission, the consultant identified and interviewed the organizations listed below. Given the short time allocated to this exercise (15 working days in total), the consultant chose to conduct a light interview with a limited number of open questions centred on the following questions:

- A snapshot of the current and planned (2-3 years) Organization’s activities;
- The Organization’s interest in participating in the KP’s activities;
- The themes the Organization would prioritize for the KP;
- The specific role the Organization would like to play in the Burundian network and the international KP;
- Any observation the Organisation would like to bring to the attention of the consultant.

The consultant would like to sincerely thank all the Organizations interviewed for their cooperation and support.

The following chapter is, in a nutshell, the essence of the Organizations responses.

2. ORGANIZATIONS OVERVIEW

ABUBEF

An IPPF-affiliated organization, ABUBEF focus is on Sexual and Reproductive Health, which includes HIV/AIDS/STIs, ASRHR, FP, anti-natal and post-natal care and post-abortion care. HIV programme includes voluntary testing and counselling, assistance to People Living with HIV, treatment of
opportunistic infections, biological and clinical monitoring (CD-4 count), psycho-social support and PMTCT. The entire 7 ABUBF centres apply same standards. ABUBEF also runs a maternity in the suburb of Jabe (Bujumbura town).

With regard to ASRH, ABUBEF youth friendly spaces offer information and counselling on sexuality, prevention of unintended pregnancies, cycle troubles and STIs. Young people may also receive services for FP, voluntary testing, anti-natal and postnatal care, management of unsafe abortion.

A new programme on abortion is underway, through community sensitization and management of abortion complications.

Another programme, titled “Gender, Rights and Sexuality” targeting male and community involvement has just started, aimed at demand creation. Advocacy activities are carried out with Parliamentarians in order to create a conducive environment for SRHR.

ABUBEF mentions the absence of a model of sexuality education in Burundi as one of the biggest challenges. Such model would indicate the content of sexuality education per age and by who (parent, teacher, peer educator, etc.). Education on sexuality and SGBV should start at an early stage since children may experience sexual abuse when they are still very young.

At community level, ABUBEF uses 2 community health agents per “colline” for IEC activities and community distribution of contraceptives (pills and condoms). Peer-educators recruited from the community or schools are used for IEC activities. Efforts should be made to better define the package of messages being conveyed by the community health agent and to harmonize the profile of the community health agent across the various organizations working in the field.

ABUBEF has shown a keen interest in the knowledge platform. The Platform would permit a better sharing of experiences and best practices and would be used for advocacy activities. It recommends that PNSR lead the platform. It also recommends being selective when choosing participating organizations, limiting the selection to strong organizations that have actually something to share.

**CORDAID**

CORDAID is implementing a regional project covering Burundi, Rwanda and DRC (Southern Kivu) with Dutch funding over a 3 year-period, through a consortium of 4 NGOs, i.e. Health Development and Performance (HDP), Healthy Entrepreneurs, I+Solutions and Swiss TPH. Each NGO implements a component of the project. The project goal is to improve sexual and reproductive health services for next generation. The target of the project is young people between 10 and 24 years old. In Burundi, the project covers the 6 provinces of Bururi, Makamba, Rutana, Cankuzo, Ruyigi and Karuzi.

The project has 3 main components: Improvement of SRH services for youth and adolescents, improvement of access to FP commodities and reduction of barriers, integration of ASRH in public, private and confessional health facilities. The project uses following approaches: utilisation of peer-educators (in and out-of-schools), youth-friendly services, performance-based Funding and rehabilitation of youth centres, establishment of secondary posts in the vicinity of confessional health facilities, men involvement (men peer-educators), research through Bales University (Switzerland). Cordaid is piloting PBF in SRH in two provinces. Through community agents, they
conduct sensitization activities for behaviour change. PBF is being transferred into education system targeting unintended pregnancies. The project also promotes women leadership towards a better control of assets by women. It also address the issue of GBV both psycho-social and medical support.

Swiss TPH is part of the consortium of 5 NGOs implementing the so-called “improving SRH services for next generation” funded by the Dutch Government. The general objective of the project is to improve reproductive health for young people and women of reproductive age. Swiss TPH is specifically in charge of the monitoring/evaluation of the whole project. A total of 54 indicators, including a great deal of ASRH indicators, are used to monitor the project. Indicators cover services offered at the 4 levels: health facilities, youth centres, schools and community.

CORDAID is interested in the KP. It would like to use the platform to share its experience on how PBF can improve access to SRH. With the introduction of PBF into the Education sector, it becomes possible to use PBF in the reduction of unintended pregnancies in schools. Other themes identified by CORDAID include how male involvement can increase access to SRH and FP and decrease SGBV and lastly, integration of sexual education in the curricula.

**INSTITUT NATIONAL DE SANTE PUBLIQUE**

The mission of INSP is two folds: Education and Research. INSP trains health personnel and midwives at the level of bachelor’s degree. It also organizes continuous trainings in EmONC. A PhD candidate is currently carrying out a research on accountability in maternal health, under the supervision of KIT. INSP has also carried out a research on the determinants of the utilisation and adoption of methods to fight HIV/AIDS in boarding schools.

INSP is interested in the platform as it would help to boost research, produce more knowledge in order to formulate more-evidence based policies in SRHR and improve coordination. Amongst others, INSP suggests to prioritize the setting up of a policy on sexual and reproductive health of young people and community involvement in ASRH.

**PNSR**

PNSR coordinates the implementation of the SRHR Strategic Plan (2013-2015), which focuses on FP, ASRH, and EmONC. According to PNSR, the main challenges to FP are the pronatalist mentality of Burundians, the churches that prone usage of the natural FP methods and the donor-dependency of the programme. According to a just-concluded study, main reasons for discontinuation of FP lay in the church's teachings and rumours on side effects of contraceptives.
In terms of ASRH, PNSR is much interested in the integration of FP, HIV/AIDS, management of complications of unsafe abortion, sexual violence. The magnitude of unintended pregnancies in the schools is a matter of concern and has been documented by a recent study by UNFPA.

PNSR is also undertaking activities in the areas of sexual disorders, gynaecological cancers, infertility, and menopause.

PNSR has shown interest for the knowledge platform and sees itself in a leading position. One assignment of the platform would be to elicit the socio-behavioural determinants of the low adherence to FP in spite of a fair knowledge. It’s a fact that all KAP surveys conducted so far have shown a fair knowledge of FP despite a low level of practice.

**PSI**

Under its programme titled “Expanding integrated Family health Services in Burundi”, PSI supports private clinics to integrate FP in existing services. Priority is given to the promotion of Long Term Methods (IUD and Implants) but other methods such as pills and injectable are offered as well. The 40 PSI-supported clinics in Bujumbura-Mairie, Ngozi and Gitega provinces are meant to follow the same standards and quarterly quality assurance checks are conducted.

PSI is the lead in social marketing of male condom and social franchising. Beneficiaries pay a token to access condoms and other contraceptives.

PSI is interested in the KP as long as it doesn’t duplicate PNSR’s current efforts to strengthen coordination. Some of the themes for the KP are: Social Marketing in the Private Sector and the new method for post-abortion care, i.e. the Manual Vacuum Aspiration.

**PATHFINDER INTERNATIONAL**

PI primary focuses is FP. Community distribution of contraceptives is carried out in 10 provinces, i.e. Kayanza, Ngozi, Kirundo, Muyinga, Karuzi, Gitega, Rutana, Mwaro, Muramvya and Bubanza. Each one of these provinces has a PI’s representative and a well-trained agent is assigned to a colline for the distribution of contraceptives (pills and condoms). Discussions are underway to allow the agent to administer injectables as well.

With regard to safe motherhood, capacity strengthening of care givers for BEmONC and CEmONC as well as for ANC, PNC and referral are carried out.

Under “Integrated Health Project” PI has recently received a USAID 5 year grant on SGBV including HIV/PMTCT.

Amongst others, PI proposes two themes for the KP, i.e. Barriers to access to contraception and interventions towards young people.
Care International is piloting two major programmes in SRHR, namely:

- Women Empowerment Program
- Children Empowerment Program

The duration of the intervention is 36 months (2013-2015) with a total budget of €2.8 million funded by the Dutch Embassy. The project covers 33 communes in the 4 provinces of Bubanza, Bujumbura-Mairie, Bujumbura Rural and Cibitoke and is implemented by a consortium of 1 international partner (Rutgers WPF) and 4 national partners (APRODEM-GIRIZINA, Centre SERUKA, GLID and SPPDF).

The entry point of the project is the low access to information and quality SRH services that Burundian youth is facing and its exposure to SGBV. The project acts at the four levels: individual, services, community and institutional. Its global objective is to contribute to gender equity and to improving SRH for young people in Burundi. The project specific objective is that women and young people living in Bubanza, Bujumbura-Mairie, Bujumbura Rural and Cibitoke enjoy improved SRHR outcomes and reduced SGBV.

APRODEM runs the “BIRATURABA” component of the project, aimed at strengthening community structures. Leaders of different walks of life (religious, traditional, administrative, judiciary…) are trained on SRHR and SGBV prevention and response using the so-called male-centred interventions. Project direct beneficiaries are young people in “capacities groups”. APRODEM’s activities cover the 4 provinces mentioned above.

Amongst other obstacles, APRODEM highlights the low access to SRH for young people, the churches’ preaching’s and the socio-cultural barriers which make parent-child dialogue impossible, and the rumours on the side effects of contraceptives. APRODEM has shown keen interest in the platform as it would help them in learning from others.

The SERUKA Centre is a specialized centre in global care (medical, psycho-social and judicial) for sexual violence victims and a referral centre for the training of care providers. The centre contributes to the “BIRATURABA” project through improvement of access to SRH for 38,710 young people and improved quality care for SGBV survivors in the project area.

GLID’s objective is the economic empowerment of women and young girls through a two-prong approach:

- Initiation of savings and loan activities
- NAWE-NUZE: setting up of community-based associations

Lastly, SPPDF is a national platform for the promotion of women rights. It counts 485 Civil Society Organizations all over the country.
**NTURENGAHO**

NTURENGAHO, a local NGO, conducts both prevention and care activities. Prevention is done through IEC activities while SGBV victims receive psycho-social and medical care. Young girls (12-14 years old) receive counselling on a temporary boarding basis.

NTURENGAHO provides victims of sexual violence with post exposure care to prevent them from HIV, ISTIs and unintended pregnancies. Frequent stock outs of ARVs, PEP kits and medicines are experienced and clients are often time referred to Centre SERUKA. The association accompanies pregnant women to maternity and assists them to practice FP. The psycho-social support activities have been supported by a regional Swiss-funded project covering Burundi, Rwanda and DRC, which is ending this year. A second phase has been successfully negotiated and will focus on unintended pregnancies.

The project is established in the 4 provinces of Bujumbura-mairie, Makamba, Mwaro and Ngozi.

NTURENGAHO is interested in the KP as it will strengthen capacities and provide an enabling environment for knowledge sharing. It suggests PNSR to be the lead.

**HEALTHNET TPIO**

Under the current programme, HealthNetTPIO focus is on demand creation through community systems strengthening. At community level, mixt committees are established and mapping of needs/obstacles are carried out. Plans at colline level are drawn up at community level which focuses on capacity strengthening of members who can provide FP, ASRH and SGBV. It’s a bottom–up approach. HealthNet works closely on the ground with Pathfinder International that provides services. Trainings on the ground are combined with “Caisses de solidarite” and “groups de parole” for socio-therapy and counselling.

A new project for the period 2013-2016 has been approved by EU and will cover the 5 provinces of Gitega, Makamba, Mwaro, Bururi and Rutana, the focus being again on demand creation.

HealthNet **TPIO** is aware of the idea of Knowledge Platform and is interested to work with it. It suggests utilizing the Platform to establish a reliable M&E system which is lacking at the moment. It stresses the need to give more visibility to the good work done in the field, by using modern technologies.
**War Child Holland**

War Child Holland aims at addressing the plague of violence as a sequel of the war. It acknowledges that the girl doesn’t make decisions but is affected by decisions made by men. The best way to empower her is through education in the broader sense, which goes beyond prevention.

The main target is children and young people between 6 and 18 years old. Exceptionally, youth up to 24 years is included. The child being the target, the programme touches him/her through parents, teachers and political leaders. Education is conducted through established modules. The dispensation of modules is spread over 6 months, with a session of 45 minutes per week. The training includes parents and aims at fostering the parent-child dialogue. It includes in and out-of school youth at colline level. It works with Ministry of Education for the training of children in school.

War child is interested by the Platform but suggests avoiding any duplication with the current coordination mechanisms. As it works mainly on demand side, it would like to know how to link demand and supply.

**ABS**

ABS is a national network of over 400 members of faith-based, community-based and non-governmental organizations, involved in the national response to HIV/AIDS in Burundi. ABS is the voice of Civil Society within the national AIDS response in Burundi. It works to support its members to engage effectively with communities through capacity building, grants, technical support and thematic technical trainings.

ABS is the local implementing partner of LINK UP (2013-2016), a five country project funded by the Dutch Ministry of Foreign Affairs, which aims to improve the sexual and reproductive health and rights (SRHR) of young people who are affected by HIV. Link Up also works to ensure that SRHR is integrated into existing HIV services or young men and women and vice versa. The programme works with youth as an entry point to reach the Most at Risk Population (People Living with HIV/AIDS, MSMs, and sex workers).

ABS is partnering with CNR, a national partner of a French Organization called ESTHER, in order to strengthen its research capacity.

**GIZ**
GIZ supports a SRH project with a rights-based approach. The project has 3 main components:

- Initial and continuous training with INSP: GIZ supports training in midwifery, nursing and reanimation/anaesthesia. With the introduction of the three levels at Higher Education (Bachelor, Mater and Doctorate), GIZ is supporting an adjustment of the programmes. A Roadmap to quality education is under implementation within the East African Community. A study is underway with the 8 Universities and 2 Institutes that train health professionals at University level in Burundi, looking at programmes harmonization.

- Availability and Accessibility of health services: A quality competition has started among health facilities in the provinces of Mwaro, Muramvya and Gitega. Health facilities are free to compete, using quality checks established by the district hospital. GIZ collaborates with PNSR in setting up FP secondary posts.

- Support to NGOs and Civil Society organizations working in SRH: The main targets of this component are young people and men. 6 local NGOs are being contracted.

**KFW**

The current programme which started in 2005 and is ending in 2014 provides contraceptives, equipment and capacity building at all levels (national, intermediary and peripheral) related to FP, safe motherhood and IEC. There is no support for gynaecological cancers or sexual dysfunctions. KFW also supports sexual and reproductive health for adolescents and young people. The total budget is around 3 million euros per year.

As a follow up to negotiations carried out by end 2013, KFW has elevated the health sector at a priority level. A new programme is therefore starting in 2015, initially for two years with possibility of further extensions. The new programme will focus on the provision of contraceptives, equipment, PBF through health centres and at national level, some capacity building and part of PNSR running costs.

KFW has shown interest in the KP, which is seen as one way to assist PNSR in its coordination role. Priority themes are ASRH, SGBV and gynaecological cancers and sexual dysfunctions.

**UNFPA**

UNFPA programme has three main pillars: FP, ASRH and EmONC.
Family Planning activities aimed at creating a favourable environment for FP include advocacy towards political authorities, parliamentarians and religious leaders. Communication tools for behaviour change are produced and disseminated through appropriate channels. To increase the supply of quality services, UNFPA assists PNSR in the training of care providers, agents for community based distribution and in setting up FP secondary posts. UNFPA also strengthens the utilisation of Long Action Methods of contraception (vasectomy, tubal ligation, Implants and IUD) and ensure RH commodity security. A survey conducted in 2013 has shown that only 9% of health facilities had experienced stock outs.

Regarding ASRH, worth mentioning is the new approach initiated by PNSR with UNFPA’s assistance, based on socio-community networking and advocacy for youth leadership around a youth-friendly health centre as illustrated in the below diagramme.

In the six target provinces, 285 actors (staff from DPE, DCE, CDS), 299 facilitators of health clubs from 56 high schools and 7 youth associations have been trained on providing youth friendly services. The number of YFHCs has increased from 4 in 2012 to 18 in 2013 and services have been provided to 163,238 young people in the 18 health centres networked with 56 schools, 7 youth clubs and 10 youth organizations. A Management committee has been established for each one of the 18 networks to follow up on the implementation plan of the network.
Graphic 1 Socio-community network 1
PMC started its activities in January 2014. Despite its young age, PMC is already well known by the public through its radio drama called “Agashi” (Hey, Look Again!). Agashi addresses issues such as child nutrition and family planning through intriguing storylines and plot twists. Over the course of the episodes, characters demonstrate choices and consequences, learning from their actions and teaching listeners as well. “Agashi” will last approximately two years, airing two episodes per week on different local radios such as Isanganiro, Bonesha FM, National Radio and African Public Radio (RPA). “This program will obviously be an exciting one,” says Kriss Barker, the Population Media Center Managing Officer of International Programs through a Press Release. “We’re thrilled that our work will get more young people involved in addressing these issues.”

For the first time, US-based Population Media Centre has teamed up with Global Health Corps to pay agents working in USA and in Burundi. The organizations are seeking passionate young professionals who are committed to global health and social justice to start working from July 2014. In the press release, Kriss Barker says that they have never done that before: “It’s really exciting and different. We are looking for two great fellows, fluent in French since our Burundi office is entirely French-speaking.” The Global Health Corps fellows will be an integral part of the Burundi office, helping through two large projects: program promotion and program research.

Program promotion will include items such as advertisements and events to generate awareness and encourage active engagement in the community. Program research will include items such as leading focus groups, analyzing listener responses and helping writers with key information to influence storyline and plot development. Global Health Corps will provide a variety of additional training sessions and professional development opportunities as well as a completion award and life-long access to a network of globally-minded change-makers. Global Health Corps mission is to mobilize a global community of emerging leaders to work for health equity. This commitment to health as a human right aligns perfectly with Population Media Center’s effort to address the population stabilization through four pillars: improving human health, human rights, economic equality and environmental protection.

PMC receives funding not only from their Headquarters in the US but also from local donor community (UNFPA, PSI, WFP, UNICEF, Segal Family Foundation, etc.)
Chap.3 THEMES FOR THE KNOWLEDGE PLATFORM

It appears from the above overview that, in a way or another, all organizations working in the field of SRHR in Burundi are dealing with youth and adolescents SRH, including SGBV, as one of their core business. What is striking however is the diversity of approaches, the weak coordination and lack of any M&E system at national level, as well described in the evaluation report of services offered by youth-friendly health centres, ABUBEUF and youth centres (Dec, 2012). The revised national SRH strategic plan (2013-2015) lists ASRH as one of its six pillars and this theme is in relation to the four core areas of Dutch policy on SRHR.

There seems to be a general awareness that youth needs a special attention due to its demographic importance (10-24 years represent 34% of the total population), their vulnerability to coercion, abuse and exploitation, unintended pregnancies and sexually, unsafe abortion, higher maternal mortality, HIV transmission, etc. At the same time, there is need to invest in young people for the country to be able to seize the window of opportunity offered by the demographic bonus.

The above reasons have led the consultant to propose youth as the overarching theme for the KP.

The overall goal is: “Improved utilization by young people of quality information and services in sexual reproductive health and rights, including sexual and gender-based violence”.

A number of sub-themes are also proposed below, based on the discussions held with the various organizations interviewed.

Sub-theme1. Research on the content of a Comprehensive Sexuality Education in Burundi.

The CSE should include education on SGBV.

Few young people receive adequate preparation for their sexual lives. This leaves them potentially vulnerable to coercion, abuse and exploitation, unintended pregnancy and sexually transmitted infections (STIs), including HIV. Many young people approach adulthood faced with conflicting and confusing messages about sexuality and gender. This is often exacerbated by embarrassment, silence and disapproval of open discussion of sexual matters by adults, including parents and teachers, at the very time when it is most needed.

Evidence has shown that comprehensive sexuality education that is age-appropriate, gender-sensitive and life skills-based, can provide young people with the knowledge, skills and efficacy to make informed decisions about their sexuality and lifestyle. When young people are equipped with accurate and relevant information, when they have developed skills in decision-making, negotiation,
communication and critical thinking, and have access to counselling and SRH/HIV services that are non-judgmental and affordable, they are better able to:

• Take advantage of educational and other opportunities that will impact their lifelong well-being;
• Avoid unwanted pregnancies and unsafe abortions;
• Improve their sexual and reproductive health and protect themselves against STIs including HIV; and
• Understand and question social norms and practices and contribute to society.

"If we are to make an impact on children and young people before they become sexually active, comprehensive sexuality education must become part of the formal school curriculum, delivered by well-trained and supported teachers." Michel Sidibe, UNAIDS Executive Director

The objective of the research is to design adapted curricula for the Burundi context. At global level, there is an "International Technical Guidance on Sexuality Education”. Volume II focuses on the topics and learning objectives to be covered in a “basic minimum package” on sexuality education for children and young people from 5 to 18+ years of age. The consultant was informed that a revision of the curricula was underway in the Ministry of Education order to introduce the CSE in the curricula, with financial and technical support from UNFPA.

Sub-theme 2. A research on the best strategies to reach out to out-of-school youth with ASRH messages for behaviour change.

Reaching out to out-of-school youth is a daunting task since that youth is not organized in formal structures as in-school youth is. As of today, different organizations use different approaches, i.e. youth centres, ABUBEF centres, youth-friendly health centres, community-based approach and the most recent networking approach. The objective of the research is to bring all actors together in order to evaluate the different strategies and find out which ones yield the best results.

Sub-theme 3 Socio-cultural barriers to SRH information and services for young people

Culture is understood as the total of all factors that influence the perception, comprehension, behaviour and reaction of human beings. Culture is, therefore, not quantifiable but pervasive. Culture agents are those who determine, influence and articulate perceptions, attitudes and behaviour. These

include intellectuals, authors, artists and media personalities as well as tribal leaders and religious and community leaders. In the context of Burundi, it can be argued that religious leaders in particular and faith-based networks in general, constitute some of the most influential cultural gatekeepers and actors. Amongst others, the research will determine the influence of the latter on the uptake of SRH information and services and lay out strategies for further engagement with faith-based organisations.

**Sub-theme 4. Research on the community involvement in ASRH**

For more than 3 decades, community involvement has been seen as essential to the success and sustainability of development programmes, including for public health. In the case of Burundi, all new ASRH programmes involve communities. Yet, as resources for public health are more and more restricted and considering the considerable amount of resources the up scaling at national level of such approach may require, some may question if community–driven interventions are worth the time, effort and resources.

On the role of community involvement in ASRH, there is a need to articulate more clearly relationships between community involvement processes and ASRH outcomes.and the impact of participation on individual behaviour.

> “Involving communities in development is good practice, because community members know their own needs and understand issues that influence their health. While most youth programmes acknowledge the importance of community involvement and participation in their activities, the literature also shows that very few programmes focus on measuring social changes that result from programs”.

4. **STAKEHOLDER ANALYSIS**

In the following lines, we attempt to carry out a stakeholder analysis, i.e. an assessment of various stakeholders’ interests and the ways in which these interests affect the project and its viability.

In this case, a stakeholder is any institution with an interest in the KP project as described below.

Stakeholder analysis results should be managed carefully—the information can be very sensitive (e.g. a stakeholder may not like to be identified as with low power).

4.1 **Project definition**

**Project:** Knowledge Platform on sexual and reproductive health and rights

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Theme: Improved utilization by young people of quality information and services in sexual reproductive health and rights, including sexual and gender-based violence.

Sub-themes: (a) Comprehensive sexuality education

(b) Strategies to reach out to out-of-school youth

(c) socio-cultural barriers to SRH information and services for young people

(d) Community involvement in ASRH
4.2 Stakeholder table

The table below shows the characteristics of the various organizations, their attitudes and responsibilities vis-a-vis the KP project.

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Stake in the project</th>
<th>Impact</th>
<th>What do we need from them</th>
<th>Perceived attitudes/risks</th>
<th>Stakeholder Management Strategy</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNSR</td>
<td>Coordination</td>
<td>High</td>
<td>Host the KP - Create and chair a working group -commitment to implement the project</td>
<td>Favourable to the project but not necessarily under his leadership. Wouldn’t mind to leave leadership to INSP</td>
<td>Manage closely</td>
<td>Host of Burundi knowledge node</td>
</tr>
<tr>
<td>ABUBEF</td>
<td>Provide information , sharing experience/best practices</td>
<td>Moderate</td>
<td>Their experience in approaching sensitive issues</td>
<td>Committed to participate Only strong NGOs having something to share should participate</td>
<td>Manage closely</td>
<td>Node member</td>
</tr>
<tr>
<td>INSPI</td>
<td>Share research results/learning from others</td>
<td>Moderate</td>
<td>Their expertise in research No demonstrated interest</td>
<td>Keep satisfied</td>
<td>Network member</td>
<td></td>
</tr>
<tr>
<td>CORDAID</td>
<td>Sharing field experience</td>
<td>High</td>
<td>Their partnership</td>
<td>Committed to participate</td>
<td>Manage closely</td>
<td>Node member</td>
</tr>
<tr>
<td>HealthNet TPO</td>
<td>Provide information, sharing experience/best practices</td>
<td>Moderate</td>
<td>Community empowerment</td>
<td>Favourable to the project</td>
<td>Keep informed</td>
<td>Network member</td>
</tr>
<tr>
<td>PSI</td>
<td>Provide information, sharing experience/best practices</td>
<td>Moderate</td>
<td>Social marketing, social franchising</td>
<td>Favourable to the project</td>
<td>Manage closely</td>
<td>Network member</td>
</tr>
<tr>
<td>WarChild Hollande</td>
<td>Provide information sharing</td>
<td>Moderate</td>
<td>Reaching to out of school youth Community involvement</td>
<td>Favourable to the project</td>
<td>Keep informed</td>
<td>Network member</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>Stake in the project</td>
<td>Impact</td>
<td>What do we need from them</td>
<td>Perceived attitudes/risks</td>
<td>Stakeholder Management Strategy</td>
<td>Responsibility</td>
</tr>
<tr>
<td>-----------------------------</td>
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<td>-----------</td>
<td>---------------------------</td>
<td>---------------------------</td>
<td>---------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Pathfinder International</td>
<td>Family Planning</td>
<td>Moderate</td>
<td>Community based distribution</td>
<td>Interested by the theme and sub-themes but advocating for FP</td>
<td>Keep satisfied</td>
<td>Network member</td>
</tr>
<tr>
<td>Care International</td>
<td>Sharing experience</td>
<td>Moderate</td>
<td>Field experience</td>
<td>Interested</td>
<td>Manage closely</td>
<td>Network member</td>
</tr>
<tr>
<td>GIZ</td>
<td>Sharing experience</td>
<td>High</td>
<td>Support</td>
<td>Interested</td>
<td>Manage closely</td>
<td>Network member</td>
</tr>
<tr>
<td>KFW</td>
<td>Experience sharing</td>
<td>High</td>
<td>Support</td>
<td>Interested</td>
<td>Manage closely</td>
<td>Network member</td>
</tr>
<tr>
<td>UNFPA</td>
<td>Youth is one of its core area</td>
<td>High</td>
<td>Solid experience working with young people</td>
<td>Interested</td>
<td>Manage closely</td>
<td>Network member</td>
</tr>
<tr>
<td>NTURENGAHO</td>
<td>Experience sharing</td>
<td>Low</td>
<td>Hands-on experience on unintended pregnancies</td>
<td>Interested</td>
<td>Keep informed</td>
<td>Network member</td>
</tr>
<tr>
<td>ABS</td>
<td>HIV/AIDS</td>
<td>Moderate</td>
<td>Experience working with MRP</td>
<td>Committed to work with the project</td>
<td>Manage closely</td>
<td>Network member</td>
</tr>
<tr>
<td>PMC</td>
<td>Processing information</td>
<td>Moderate</td>
<td>Their outreach</td>
<td>Committed to the project</td>
<td>Manage closely</td>
<td>Node member</td>
</tr>
<tr>
<td>Dutch Embassy in Bujumbura</td>
<td>Assure project in line with Dutch policy on SRHR</td>
<td>High</td>
<td>Support</td>
<td>Committed to support the project</td>
<td>Manage closely</td>
<td>Network member</td>
</tr>
</tbody>
</table>
4.3 Stakeholder map

The grid below shows the distribution of the various stakeholders per power/interest. Beside PNSR, which has the big advantage of being a national institution, there are four other institutions ShareNet needs to engage with more closely, i.e. CORDAID, ABUBEF and PMC. These could constitute the Burundi node. The map also shows that it would take a lot of efforts to bring INSP to the level of a node member given its apparent low interest in the project.

The placement of the different organization on the quadrant is somehow subjective given the limitation of information collected from them. Note that stakeholder positions can change. So, they should be regularly reviewed and also new stakeholders may emerge.
4.4 stakeholder Meeting, 19 June 2014, venue: PNSR Conference Room

The meeting was opened by Dr Juma Ndereye, the director of PNSR (ministry of health). He mentioned that he was happy to see Share-Net international and that the improvement of the coordination and management of knowledge in the domain of SRHR was very welcomed. There were still some questions as what are the elements of the platform, which initiatives and activities will take place, which type of research.

A round of introduction of the participants followed. They represented Population Media Centre, Pathfinder, PSI, USAID, ABS, Care, ABUBEF, CORDAID, War Child Holland and the Royal Netherlands Embassy.

Colin gave a presentation in which he highlighted the vision, the focus area of the Dutch policy. That there are 5 Knowledge platforms in total and that besides Share-net International there will be Share-Net Burundi and Bangladesh and a third country selected next week. Colin explained that the knowledge platform in the Netherlands consists of 65 member organizations that pay a fee. The question is whether this or another format is applied. The members and partners here have to decide which format is chosen and where the node will be located. He also described the possibility of the research via NWO/WOTRO and possibility of doing other capacity strengthening or small scale research activities.

Athanase gave a presentation in which he showed the report and described his mapping exercise and the organizations almost all present he had talked to. He highlighted theme of “Improved utilization by young people of quality information and services in sexual reproductive health and rights, including sexual and gender-based violence”. He suggested the subthemes after which the participants were asked whether they agreed, were there themes missing.

1. Approaches targeting young people in their contexts
2. A research on the best strategies to reach out to out-of-school youth with ASRH messages for behaviour change.
3. Socio-cultural barriers to SRH information and services for young people
4. Research on the community involvement in ASRH
5. The role of the PBF in improving the performance of SRHR
6. A research on a M&E system for young people programs
Questions after the two presentations

There were questions about how to share and document knowledge that is not documented? In Burundi a lot of work has been done also in the field of SRHR that has not been capitalized upon. There is a lot of information but not discussed and shared. Pathfinder mentioned that we need that: people jumped to percentages: to publish, we need some evidence and capacity strengthening of research institutes in mixed method research and how to presents and publish findings.

Care mentioned that it is very important that when we speak of Knowledge translation the information will be used to inform the right audiences and not always the same usual suspects

Then there were questions about the writing group: how will this be linked to the local context of Burundi. Also what will happen after 4 years?

Colin and Anke answered that there is awareness that there is a strong need for capacity strengthening, write shops and capitalization of what has been done and document this in the right formats. The platform here will be linked to the website in the Netherlands but has an own website that serves in combination of other means to communicate policy, research etc. to the members and contribute to research dialogues and policy discussions.

Colin emphasized that in order to make Share-Net International or the others sustainable it should not be only donor driven but be owned and implemented by the members and partners. Additional funding has to be sought however.

Suggestions by the participants

The first plea was that there is a need for flexibility and that people agreed on the necessity of a focus on young people however it has to be addressed in broader terms. Then there is a need for an additional theme which is family planning and safe motherhood. This was brought forward by Pathfinder.

Dr. Juma mentioned that from a technical angle there is a strong need to focus on youth. From a political angle this is quite challenging. 65% of the Burundi are Catholic and they are very conservative. SRHR and youth: very sensitive if we start with youth themselves: they will see it as a challenge. He proposes a broader topic but then including the youth (strategic) Issues. Integrate it into a family planning and safe motherhood focus. Central question: why do people not making use family planning commodities? And also research the challenges for young people.

Athanase mentioned that access to family planning can be included in the access to services. He pointed out that there is a difference between access to commodities and access to family planning which can also include spacing approaches.

Another question was raised concerning the age category of young people. Do we start already with 5-18 years? Advice to check and find argumentation. The War Child representative mentioned that sexual abuse also takes place among very young children and they are in favour to include as young as possible. Another advice was to include parents somewhere in the themes.

Then someone underlined that there should be a focus on in and out of school youth as access to secondary schools which is a great challenge in Burundi.
The USAID representative brought forward that next to family planning, also sexuality and gender are challenging. Institutional delivery is now 73% so this has become better, but male involvement in the field of SRHR and safe motherhood not mentioned. Men sexual health especially MSM should also be mentioned.

Quite a long discussion was held about religious players and their important role in both research and advocacy and any other level of intervention. Many participants agreed as the CORDAID representative said. We already know and we need to include the religious leaders. But we need to know best practices, how to communicate with them, and how intersection with age and gender work.

Dr. Juma again mentioned sexual and reproductive health focus on family planning and safe motherhood. There is a need in Burundi for a good comparative analysis: what is happening including family planning on the other hand on safe motherhood

MSI underlined the Role of parents, and the visible generation gap related to SRHR: A lot of these themes have been part of studies but often not shared or: capitalization of studies

War child emphasized that there is a need for a more in-depth focus on the rights of children and adolescents. There is very little research on young people in Burundi and secondly child protection is an important theme. Especially girls and violence is important; gender based violence need to be addressed

It is questioned how family planning is related to the health of young people. Gender violence is a very sensitive but important theme in relation to the young. Sexuality education is also a challenge but if you

ABUBEF proposed the theme of unwanted pregnancies. She mentions that they have been working on this many years like Plan. A focus on behavioural change is needed and see how to best realize this; which approaches are effective, She also mentioned that we have to accommodate the opposition of catholic leaders; continuous discussion and dialogues make them understand. Then they don’t ask us to take a position. How can we improve our communication and with which level of religious leaders are we talking. Socio-cultural beliefs and practices need to be taken into account.

Christian aid is not here but they see many opportunities to work with religious leader. On the 23rd of February there was a meeting with Bishops of Mulinga. He seemed to be open minded. Also here the discrepancy between theory and practice counts. What a bishop says can be different from the reality on the ground. Nuns providing contraceptives to the young. This could also be a very good research.

Another proposal came to look at strategies: with regard to peer education, comprehensive sexuality education and life skills. Which one is more effective? It would be good to do a comparative study to look which approaches work best in the local context of Burundi.

Care asks the audience “do we know what kind of activities have been taking place within the theme of SRHR. There is very scattered and fragmented information. Need to list best practices, but especially what knowledge is around and what are the sources and the access. We should not start from scratch, learn also organization not directly working in SRHR and see what happens In the field of Gender based violence, and learn from Christian aid. What about HIV and AIDS and approaches to reach the young. Community involvement: young people are not the ones who profit from development it seems as they are also lacking access to knowledge.
The last question was about the language to be used in the platform and the need to do everything in English and French.

Dr. Juma concluded with the broader framing of the topic of the young. He asked for a volunteer for typing the participants list and he mentioned a next meeting will be held soon. Popular Media Center volunteered to take up this role.

From the discussion and also meetings with PSI, Embassy and others there seems a need to rephrase the theme a little bit different.

Young people and SRHR: access and approaches to quality information and services in sexual reproductive health and rights, including sexual and gender-based violence”. He suggested the subthemes after which the participants were asked whether they agreed, where there themes missing.

1. Approaches targeting young people in their contexts, in and out of school and how to involve their caretakers and parents and also involve teachers, religious leaders and civil society

2. Access to services including maternal, youth friendly and family planning. Role and attitudes of health providers, religious leaders and local healers

3. Socio-cultural opportunities and barriers to SRH information and services for young people; beliefs gender, generational conflicts and construction of femininity and masculinity

4. Research on the community involvement in ASRH, religion and decision making and the role of civil society

The role of the PBF in improving the performance of SRHR and A research on a M&E system for young people programs is something for the seed money.
## ANNEX 1

### ORGANIZATIONS MET BY THE AGENDA SETTING MISSION

<table>
<thead>
<tr>
<th>Date and time</th>
<th>Organization</th>
<th>People met</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>05 May 10:30-12:30</td>
<td>Dutch Embassy</td>
<td>Maaike Van Vliet, first secretary of Embassy, Nicole Rasolo, SRHR Advisor</td>
<td>+257 78 181041 <a href="mailto:maaiekevanvliet@yahoo.com">maaiekevanvliet@yahoo.com</a> +257 79 177594 <a href="mailto:NN.Rasolo@minbuza.nl">NN.Rasolo@minbuza.nl</a></td>
</tr>
<tr>
<td>09 May 11:00-12:30</td>
<td>ABUBEF</td>
<td>Mme Donavine Uwimana, Executive Director, Mme Aline Ndayikeza, Directrice des Programmes</td>
<td>+257 22 233435 +2572 248472 <a href="mailto:abubef@gmail.com">abubef@gmail.com</a> <a href="mailto:abubef@cbinf.com">abubef@cbinf.com</a></td>
</tr>
<tr>
<td>12 May 08:00-09:30</td>
<td>INSP</td>
<td>Dr. Pierre-Claver Kazihise</td>
<td>+25 22228167 +257 79927852 <a href="mailto:kazihise@yahoo.fr">kazihise@yahoo.fr</a></td>
</tr>
<tr>
<td>13 May 07:30-09:00</td>
<td>PNSR</td>
<td>Dr. Juma Ndereye, Director, Dr. Josiane, Deputy Director</td>
<td>+257 22 222573 <a href="mailto:jumandec@gmail.com">jumandec@gmail.com</a></td>
</tr>
<tr>
<td>9:15-10:30</td>
<td>PSI</td>
<td>- Mr. Achile Kounou, Country Representative a.i. - Mr. Emmanuel Bimenyimana, Health Services Manager - Ms. Nina Shalita, Health Services Technical Advisor - Dr. Cynthia Mfuranziza, Quality Assurance Manager</td>
<td>+257 22 22 9466 +257 77 25 9888 <a href="mailto:akounou@psiburundi.org">akounou@psiburundi.org</a> <a href="mailto:akounou@psirwanda.org">akounou@psirwanda.org</a> +257 77 730158 <a href="mailto:ebimenyimana@psiburundi.org">ebimenyimana@psiburundi.org</a> +257 76 623561 <a href="mailto:nshalita@psi.org">nshalita@psi.org</a> <a href="mailto:cmfuranziza@psiburundi.org">cmfuranziza@psiburundi.org</a></td>
</tr>
<tr>
<td>17:00 - 18:30</td>
<td>CORDAID</td>
<td>- Dr. Michel Bossuyt, Country Director - Dr. Juvenal Ndayishimiye, SRH Project Manager - Mr. Rene Queffelec,</td>
<td>+257 22 210199 <a href="mailto:michel.bossuyt@cordaid.net">michel.bossuyt@cordaid.net</a> <a href="mailto:juvenal.ndayishimiye@cordaid.net">juvenal.ndayishimiye@cordaid.net</a></td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Organization</td>
<td>Advisor/Coordinator</td>
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<tr>
<td>14 May</td>
<td>8:00-9:00</td>
<td>PATHFINDER INTERNATIONAL</td>
<td>Dr. Irenee, Technical Director Dr. Eric Manirakiza, RH Project Coordinator</td>
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<td>09:00-10:00</td>
<td>APRODEM-GIRIZINA</td>
<td>Dr. Thierry Nkurabagaya, Coordonnateur Programmes Sante</td>
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<tr>
<td></td>
<td>15:00-16:30</td>
<td>NTURENGAHO</td>
<td>Ms. Janviere</td>
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<td>17:00-18:30</td>
<td>HealthNet TPO</td>
<td>Ms. Bibian Van Mierlo, Chef of Mission</td>
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<tr>
<td>15 May</td>
<td>11:00-12:30</td>
<td>WarChild Holland</td>
<td>Mr. Francois Wongue, Director</td>
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<td>17:00-18:30</td>
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<td>16 May</td>
<td>9:00-10:30</td>
<td>PNSR</td>
<td>- Mr. Sadique Niyonkuru, Chief, IEC Unit</td>
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<td></td>
<td>- Mr. Jean Marie Musavyi</td>
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<td>- Mr. Sylvere Baregensabe</td>
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<td>13:00-14:00</td>
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<td>Care International</td>
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<td>14:30-16:00</td>
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<td>ABS</td>
<td>Ms. Jeanne d’Arc Kabanga, Executive Director</td>
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<tr>
<td>2 June</td>
<td>9:00-10:30</td>
<td>GIZ</td>
<td>Ms. Laetitia Nzitonda, Conseillere Formation SDSR</td>
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<tr>
<td>3 June</td>
<td>9:00-12:00</td>
<td>KFW</td>
<td>Mr. Isidore Nzobambona, local Representative of KFW Bujumbura antenna</td>
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<td>Dr. Gilbert Batungwanayo, National Expert, KFW/GFA Project</td>
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<tr>
<td>9 June</td>
<td>9:00-10:00</td>
<td>Swiss TPH</td>
<td>Dr. Nina Ndabihore, M&amp;E</td>
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<td>13:00-14:00</td>
<td>UNFPA</td>
<td>Dr. Yolande Magonyagi</td>
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<td>19 June</td>
<td>15:00-16:00</td>
<td>Population Media Center</td>
<td>Mr. Jean Bosco Ndayishimiye, Country Representative</td>
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