



# Royal Tropical Institute

## **Initial scoping mission of sexual and reproductive health and rights networks and organizations for Share-Net international**

Report on visit to the Royal Netherlands Embassies in Burundi

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## Acronyms and abbreviations

AMREF	African Medical and Research Foundation
BBC	British Broadcasting Cooperation
CT	Cash transfer
CSA	Centre for the Study of Adolescence
DFID	UK Department for International Development
DGIS	Netherlands Directorate-General for International Cooperation
DME	Directie Multilaterale Organisaties en Mensenrechten
DRC	Democratic Republic of Congo
Eoi	Expression of Interest
EMOC	Emergency Obstetric Care
EMTCT	Ending mother to child transmission of HIV
EU	European Union
HE	Health education
HOS	Head Development Cooperation
HNTPO	Health net TPO
HPNSDP	Health, Population and Nutrition Sector Development Program
ICGLR	International Conference on the Great Lakes Region
IMC	International Medical council
INSP	Institut National de Santé Publique
IPPF	International Planned Parenthood Federation
IRC	International Water and Sanitation Centre
ISS	Institute of Social Studies
JICA	Japan International Cooperation Agency
KIT	Royal Tropical Institute, Amsterdam
KP	Knowledge Platform
KFW	German development bank
M&E	Monitoring and evaluation
MDF	MDF Training and Consultancy
MDG	Millennium Development Goal
MSI	Marie Stopes International
NGO	Non-governmental organization
NIAYA	Network of Adolescents and Youth of Africa

NICHE	The Netherlands Initiative for Capacity development in Higher Education
NWO/WOTRO	Netherlands Organisation for Scientific Research)/Science for Global Development
OVC	Orphans and other vulnerable children
PBEA	Peace Building Education and Advocacy
PMNCH	Partnership for Maternal, Newborn and Child Health
PMTCT	Prevention from Mother to Child Transmission
PNSR	Programme National de Santé de la Reproduction
PSI	Population Services International
PSTC	Population Services and Training Center
RNE	Royal Netherlands Embassy
RHSTEP	Reproductive Health Services Training and Education Program
SAFE	Growing up safe and healthy
SAHARA	Social Network of HIV/AIDS research network
SAIPEH	Support Activities in Poverty Eradication and Health
SRHR	Sexual and Reproductive Health and Rights
TVET	Technical and Vocational Education and Training
UBR	Unite for Body Rights
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
VAW	Violence against women
WB	World Bank
WHO	World Health Organization

## SUMMARY

In this mission a first understanding has been developed of the SRHR sector in Burundi and the main players have been identified. In Burundi there is a multinational plan for SRHR, a clear oversight of programmes in operation and a strong Dutch commitment for the SRHR sector. Here many new initiatives are being launched and there is a need for close communication and collaboration with all actors in order to prevent overlap and redundant activities.

Dutch funding into the SRHR sector in Burundi is strong and there are many national, bilateral and unilateral initiatives and programmes. One option for the platform is to support a structure or strengthen some collaborating organizations; creating a knowledge node or network will have a real additional value to the SRHR work in Burundi. Another option would be a regional approach and linking to the Knowledge Translation Network in Uganda or the Great Lakes University Kisumu that has links with institutes in many countries including Burundi, or the School of Public Health in Rwanda that also hosts regional networks.

In this short scoping mission some interviews were held with government representatives. In the future assessment insights need to be gained into government as well as other knowledge institutes both public and private

Studies have been carried out but until now there is too little evidence as to which approaches work best to reduce unintended pregnancies and make SRHR services responsive to the needs and realities of young people. Approaches like structural male involvement, cash transfer for women and safe spaces related to SRHR are potential strategies to be tested. There is definitely space and a need for additional research, especially action research

In Burundi there is a need for more evidence in the field of young people, especially young girls and unintended pregnancies and all factors contributing to early sexual debut, including socio and religious determinants all in the context of a post-conflict fragile state.

To conclude, in Burundi the Netherlands SRHR development cooperation is focused on SRHR and gender and there are solid programmes in operation. A new Knowledge Platform should have a clear supplementary function to those and not overlap with current and future activities. Expected outcomes of a knowledge network and regional action research should clearly contribute to a decrease of unintended pregnancies, address taboos and stigma around sexuality, make education and health services better equipped to discuss and educate about sexuality and gender, inform the policy and practice of youth friendly services and last but not least create an enabling environment in the post conflict situation for more respect between males and females and less gender based violence. These initial conclusions will be examined and further developed during the more in depth agenda exercise to follow.

## 1. INTRODUCTION

On September the 5<sup>th</sup> 2013 the Knowledge Platform for Sexual and Reproductive health and rights 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, among others in relation to the four core areas of Dutch policy on SRHR.

The Knowledge Platform is an interactive structure that brings together different people, organizations and networks for a common purpose: the identification, generation, sharing, translation and use of knowledge relevant for improved SRHR, especially in the four core areas of Dutch SRHR policy.

In Annex A the Platform's organizational set-up is presented. In the section below we describe the Platform's different entities and the operationalization of the Secretariat's key tasks in relation to these entities.

In December 2013 the Knowledge Platform was renamed Share-Net International, the Dutch node will be Share-Net NL. In this report we will however still use the old terms, as these names had not been approved by the Steering Committee at the time of the visit.

The communication and exchange will be done through the Dutch knowledge node, Share-Net Netherlands. A Steering Committee is in charge of providing substantive direction to the Platform and its Secretariat. In addition, the Platform will encompass national knowledge nodes in four countries. These nodes will serve as conduits for situation assessments, defining research priorities, facilitating research participation by country institutions and hosting the local knowledge base/platform. They will also

stimulate the participation of key international partners and regional and national actors in SRHR, based in their countries.

This report presents the findings of a short scoping mission by the Interim coordinator to Burundi. The Royal Netherlands Embassy was visited as well as key actors in the SRH networks of the respective countries.

In chapter one of this report a short description of the knowledge platform will be presented and the essential entities related to the knowledge platform will be described. In chapter three Burundi and the Great Lakes Region will be introduced. Without the help of the Dutch Embassy in Burundi this report could not have been written. The consultant acknowledges Maaïke van Vliet, and Nicole Risolo, for all their valuable input and advice. It is important to underline that this report reflects only the ideas and opinions of the consultant after a scoping visit of 1.5 days.

## 2. SRHR IN BURUNDI AND THE GREAT LAKES REGION

### Introduction

The mission to the Royal Netherlands Embassy took place on November 21-22. The interim coordinator was received by Maaïke van Vliet First Secretary and Senior advisor and specialist Gender, Education and SRHR at the embassy and Nicole Risolo, the sexual and reproductive health and rights officer.

There was a full 1,5 days program (refer to Annex D) in which there was ample time to discuss issues with them as well as with key actors in the field of SRHR.

Main questions were: what are the main topic areas or themes the Platform should focus on here in Burundi? What are gaps, are there niches? Are there important SRHR actors, networks or organizations which can host a knowledge platform here in Burundi or who can be the coordinating body for activities in the field of SRHR.

### The Great Lakes Region

The Great Lakes' region is a fragile but strategic region, growing out of civil war and instability. In The Great Lakes Region the countries of Rwanda, the Democratic Republic of Congo, Uganda, Tanzania and Burundi are strategically situated around the lakes and they collaborate in many different sectors also in the field of SRHR.

In Burundi a national strategic plan for SRHR exists with 6 strategic aims:

Strengthening care benefits and sexual and reproductive health, promotional services (preventive and curative rehabilitation) and quality at all levels of the health system, (ii) Improving the management of drugs and other products of SSR (iii) Improved coverage in infrastructure and equipment, (iv) Increase in health financing reproduction and improvement of its use, (v) Strengthening governance and leadership in the area of reproductive health and (vi) Strengthening the system of planning and monitoring and evaluation<sup>1</sup>

The Netherlands support related to SRHR in the Multi annual plan from 2012-2015 is to support government efforts to reduce the unmet need to family planning, second goal is to improve access by youth to quality sexual and reproductive health services and help them make informed choices regarding sexual attitude and behavior, and third to reduce sexual and gender based violence, for a comprehensive overview see the Multi-Annual Strategic Plan of Burundi <sup>2</sup>

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<sup>1</sup> Plan Stratégique de Santé de la Reproduction Burundi 2010-2014

<sup>2</sup> Multi-Annual Strategic Plan - Rijksoverheid.nl

In the Multi Annual Plan it is also underlined that women and girls remain a vulnerable group in Burundi due to local culture and tradition, but also due to former war. Although the situation in Burundi is now post conflict, violence against women is still widespread, affecting thousands of women each year with rape regularly committed by state and non-state actors. The Netherlands aims at contributing to the eradication of violence against women<sup>3</sup>.

At this moment the Netherlands is one of the prime funders in the field of SRHR in Burundi; there have been different attempts to start coordination amongst partners and create synergies but without a lot of results. Emerging themes in need of attention are;

1. Gender related issues such as gender based violence resulting in unintended pregnancies
2. Youth, little evidence: project Cordaid and see report Low Horizons: Adolescents and Violence in Burundi
3. SRH and Religion; the catholic and born again church have a large influence on this field. How do people navigate and cope with religious prescriptions and interpretations.
4. Cross cutting is the fragile states approach and what does this mean for the SRHR situation in Burundi.

At the moment the following bilateral funded clusters in the field of SRHR programs can be distinguished:

1. Peace building and young people UNICEF
2. SRHR Fund category B: the Netherlands: Men care, RutgersWPF gender based violence
3. PNSP, UNFPA focus on EMOC, JICA Midwifery, Japan
4. PSI, bilateral social franchising and youth
5. SRHR Fund category A: Next generation Cordaid in lead with Swiss tropical medicine, Rwanda, Burundi and DRC
6. SRHR Fund category A: Integration HIV alliance
7. NICHE Nuffic (mission Feb 2014)
8. WOTRO (INSP)
9. Knowledge Platform

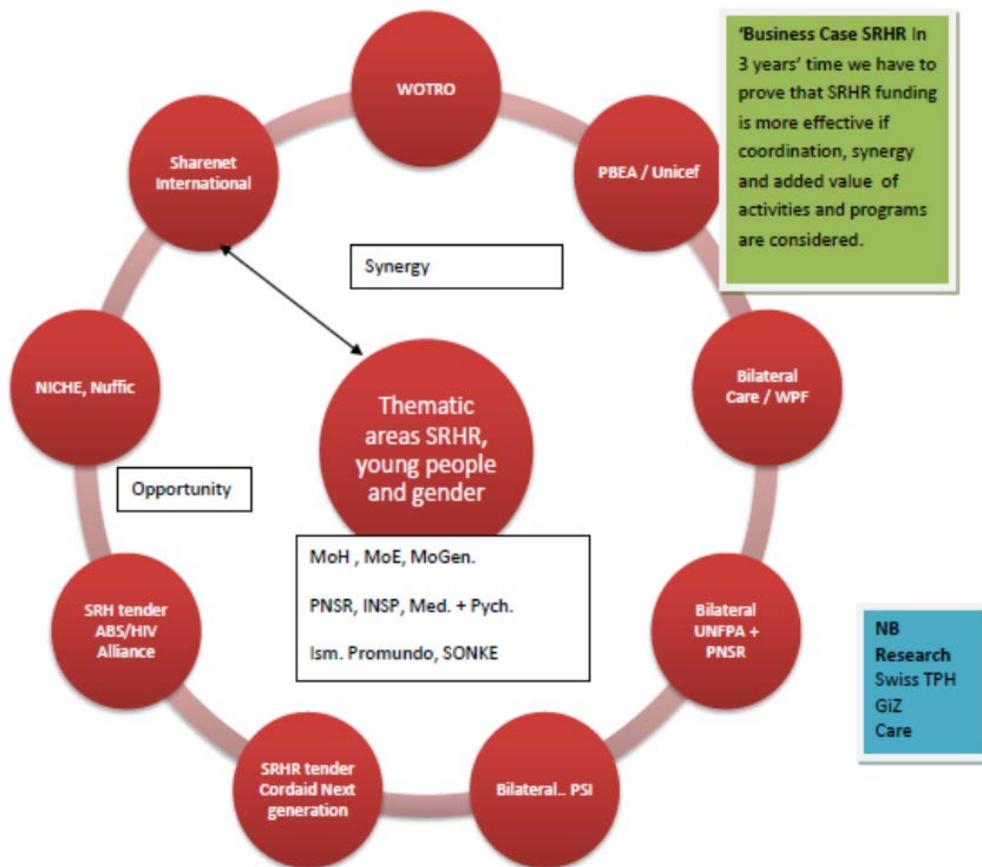
Other organizations which are operational in Burundi are Care (EU) , GIZ, KWF, CPTC  
If the Knowledge Platform starts up something it is important to think about the added value: see for an overview of Dutch funded SRH programs Annex D.

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<sup>3</sup> Gender: Sexual and gender based violence (SGBV) Meerjarenplan ambassade 2012-2015

1. Coordination with European partners, Belgians and the Swiss are key
2. Coordination activities with UN organizations such as UNFPA and UNDP.
3. Coordination with Dutch initiatives as WOTRO and Niche : There is a Niche mission in February 2014 the focus will be more on maternal health, skilled attendants (Belgians, DFID, GIZ) , WHO, UNFPA, JICA, WB. Then USAID –Pathfinder, PSI, IMC, FHI, IRC . In addition there are youth centres operated by priests and funded by UNFPA. HealthNet TPO works on mental health and on the sustainable (re)construction of health care in areas disrupted by war or disaster. Moreover they focus on ‘evidence-based’ interventions on accessible health care.

Please see below for an overview provided by Maaïke Van Vliet and refer to Annex D for an overview of the programs funded by Dutch Cooperation in Burundi. Here a short reflection of the visit and interviews by the consultant will be presented.



## **Regional approaches in SRHR**

There are several regional approaches and networks in the Great Lakes. For instance, the SRHR Alliance in Kenya comprises of seven civil society organizations namely: Africa Alive; African Medical and Research foundation (AMREF)-Kenya; Centre for the Study of Adolescence (CSA); The Great Lakes University of Kisumu (GLUK); Nairobis Trust; Network of Adolescents and Youth of Africa (NAYA), and Support Activities in Poverty Eradication and Health (SAIPEH). GLUK in its turn is part of the SAHARA network and is linked to universities in the Great Lakes. Then there is a Knowledge Transfer Network operational at Makerere University <sup>4</sup> There are several Dutch programmes under the Dutch SRHR FUND working in several countries of the Great Lakes. Men care works in Rwanda and Burundi, Next generation in Rwanda, Burundi and DRC.

## **Some insights in organisations operational in SRHR in Burundi**

Here an impression of the interviews held by the consultant will be described

### **Promundo**

Promundo has just published a so called Images study focused on men and gender equality and gender-based violence in the Eastern DRC with Sonke Gender Justice. The embassy underlines the need for a similar study in Burundi. It would be good if ideas and male involvement perspectives will be integrated in the regional call for proposals for Burundi.

The study shows that conflict contributes to increased levels of violence within the family. The study calls for psychosocial services to the men, women and children affected by violence to stop cycles of violence at all levels of society. *“Peace in the home starts with peace in the mind”*. Key findings from the report show that more than half of men surveyed report ever carrying out some form of violence against a female partner, and many men hold deeply alarming attitudes about rape and women’s rights. The study also indicates that large numbers of men are themselves victims of various forms of violence, including sexual violence, and shows a clear association between men’s exposure to violence during childhood and increased likelihood of subsequent perpetration. The report reveals that all forms of violence against women, including domestic and sexual violence, is underpinned by widespread acceptance of patriarchal norms and perceptions that support, justify and normalize rape, and the everyday subordination of women. The context of war was also found to have caused high levels of trauma amongst men, which further exaggerates levels of violence in the home.

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<sup>4</sup> <http://www.sahara.org.za/about-us/what-is-sahara>  
<http://www.nwo.nl/en/news-and-events/news/2013/WOTRO/2013.01.08-award-for-knowledge-translation-network.html>

Findings also affirm just how much conflict affects families in the DRC: half or more of the men and women who had witnessed conflict lost family members, and more than three-quarters lost property.

The findings underscore how critical it is that development partners engage men in preventing violence against women, including by educating men and boys about women's human rights; changing norms that fuel violence; ending impunity for sexual violence; and providing psychosocial services to the men, women and children affected by violence to stop cycles of violence at all levels of society.<sup>5</sup>

The theme of men and gender equality is also closely related to other influencing factors in Burundi such as the influence of the local churches on the daily life of people.

It is also good to look at the Living peace campaign<sup>6</sup>.

### **UNICEF/ Peace Building Education and Advocacy (PBEA)**

Within UNICEF the focus is on three main areas:

1. Health and nutrition
2. Child protection
3. Basic education and gender equality

There is some overlap between the peacebuilding and SRH agenda. Moreover the point of departure is that promoting the SRH agenda means a gender and equality focus that really contributes to the peacebuilding agenda.

UNICEF Uganda developed the so called Ureport tool, a user-centered social monitoring tool based on simple SMS messages (poll questions, results, and useful information) designed for young Ugandans to strengthen community-led development and citizen engagement. Ureport allows citizens to speak-out on what is happening in their communities, provides a forum to amplify their voices through local and national media, sends alerts to key stakeholders about the issues their constituents are facing, and feeds back useful information to the Ureporters, so they are empowered to work for change and improvements in their localities themselves.<sup>7</sup>

Another important cross cutting approach is that poverty, unemployment and violence have a major impact on the lives of young people. In this the focus on young boys becoming men and pressure on girls for "adulthood" are core processes which need attention.

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<sup>5</sup> Promundo, New Comprehensive Gender Study in Eastern Democratic Republic of Congo (DRC) for Psychosocial Support to Stop the Violence, 27 November 2013, Cape Town, South Africa  
[www.promundo.org.br/en](http://www.promundo.org.br/en)

<sup>6</sup> . <http://liveforpeace.org/>

<sup>7</sup> <http://unicefinnovation.org/case-studies/ureport-community-empowerment-rapidsms-uganda#sthash.wjKzTG1x.dpuf>

The peacebuilding research agendas focus both on individual and institutional level, there is a relation with the AISSR/UVA and University of Burundi for doing studies. especially empirical studies looking into what works and why, related to life skills. Then there are evaluations on influence of conflict on strategies and which environments are conducive for peace and war.

Adulthood, the transition to adulthood, the psychology of parenting and how the reproduction of a culture of poverty and violence influence the socialization of youth are major themes for Burundi. There is a consortium with Yale university looking into this from an ecological approach, effect of young people raised by siblings etc.

Another type of study in Kenya, but that is also of interest for Burundi, is a control trial measuring the impact of an unconditional cash transfer programme targeting orphans and vulnerable children (OVC) in Kenya<sup>8</sup>. The study found a number of benefits, some of them unintended, including on sexual and reproductive health. As the Executive Summary states, "Together these results suggest that the CT-OVC has boosted the life chances of OVC by facilitating their safe and healthy transition into adulthood."

Unconditional cash transfers is seen as an effective programme modality for achieving multiple resilience outcomes and is important in itself, but even more the way that it measures some of those outcomes -- for instance, the "Hope Scale", which measures the extent to which young people feel empowered and hopeful about the future.

## Care

Care's work on market access, child poverty, youth empowerment. Care focuses on several interesting thematic areas such as how to engage men for development<sup>9</sup>, and savings, loans and empowerment initiatives for girls<sup>10</sup>. Related to knowledge management: they are engaged in evaluations, mixed methods and action research. They have implemented studies on culture, taboo and adolescents and young people. They are interested in how to empower young people, how to implement YFS, how to prevent gender based violence<sup>11</sup> and they worked with score-cards to ease the access of young people and mothers to health services. Other themes they underlined as crucial are the involvement of men, access to PMTCT and EMTCT.

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<sup>8</sup> Impact of the Kenya CT-OVC on the Transition to Adulthood August 2012; Carolina Population Center University of North Carolina at Chapel Hill 123 West Franklin Street/ Campus Box 8120 / Chapel Hill, North Carolina 27516-2524

<sup>9</sup> Prio policy brief 05 2012 The Abatangamuco Engaging men for women's empowerment in Burundi

<sup>10</sup> [https://www.google.nl/?gfe\\_rd=ctrl&ei=GIIEU9\\_qOMb10gXm3IDAaw&gws\\_rd=cr#q=ishaka++tool+kit](https://www.google.nl/?gfe_rd=ctrl&ei=GIIEU9_qOMb10gXm3IDAaw&gws_rd=cr#q=ishaka++tool+kit)

<sup>11</sup> For instance SASA! takes a benefits-based approach to violence prevention. Instead of blaming or negative messages, SASA! encourages community members to think about the positive effects of balancing power in relationships between men and women

They collaborate with INSP, with Path in Tanzania and regional universities but also sandwich studies with ISS and others. Main topics that need attention are according to them:

1. Teenage pregnancies (unintended, abortion, child marriages).
2. Youth friendly services, access to services.

## **GIZ**

GIZ focuses mainly on health systems and tropical medicine, They collaborate with partners in the USA, France, Belgium and here in Burundi also with ABUBEF.

They underline the weakness of the health system and that there is a need to mobilize both the population in accessing and using the services and also increase the competence of the human resources for health. Quality of care is a focus. INSP and PNSR are government institutions and central in this, but not very strong.

They underline that more evidence is needed for young people and especially behavioral studies. Teenage pregnancy is one of the major problems in relation to gender based violence, access of girls to education, both primary and secondary education. Education level is low and is a contributing factor to this all.

There is also a need for write shops in proposal writing and capacity strengthening in research.

## **ABUBEF/IPPF**

ABUBEF is a member organization of IPPF the organization runs a clinic and a youth friendly service, which is not really operational.

ABUBEF praises the Network started by the RNE (Reseau Pays Bas) in which a focus should be on the capitalization of best practices in the field of SRHR. ABUBEF is engaged in hosting the secretariat of a national network with UNFPA, IPPF, MOH, MOE, MOF. Then there is a regional network with the other IPPF member associations, such as in Uganda. They also work together with INSP and PNSR, both governmental institutes.

There is a need to identify and reach vulnerable groups and also find out how to strengthen family planning in the country. At the moment there are what is called *post secondaire*, these are kiosks in which one can get contraception but there is a need to evaluate this approach.

In the view of ABUBEF the following topics need attention in the Burundian context

1. Quality of SRHR services, need to evaluate approaches like the one with *post - secondaires*, private clinics near the confessionnal clinics
2. Stronger collaboration with the religious leaders and see how this can best be done

3. Young people: comprehensive sexuality education, how to prevent unintended pregnancies, drop out of girls for schools
4. Integration of SRH and HIV: how to reach couples, access to PMTCT, integration HIV and FPL.

### **Institut National de Santé Publique (INSP)**

In the office of INSP, the WOTRO programme on human resources for health is hosted. This is the training institute for doctors and nurses but they are in between training and research. This could be a place where the KP could be hosted.

### **Programme National de Santé de la Reproduction (PNSR)**

The SRH programme is interested in getting better insights in how people decide for family planning and how the use can be increased; In discussion with the senior researcher it was emphasized that mainly quantitative research is implemented and there is a need for more mixed method research and qualitative inquiry.

The following themes were brought forward:

1. Uptake and knowledge of family planning
2. Health of young people and especially unintended pregnancies: how to prevent them
3. Abortion and post abortion care, prevention of complications
4. Religious leaders: they are one of the root causes for misunderstanding of SRHR, There should be more knowledge about what would be the best ways to send messages, and raise awareness.
5. Mixed methods and qualitative research

Here the Permanent Technical Assistance for the 'Amagara Meza' Project for performance based financing of the Health Sector in Burundi is based. It is funded by EU and in collaboration with Ministry of Public Health and the Fight Against AIDS.

### **Discussion and debriefing with the Royal Netherlands Embassy**

In summary the themes emerging during all conversations from this visit are very clear:

1. Studies like the images study: gender, gender based violence, peoples perspectives.
2. The how, what and why of unintended pregnancies (taboos, services FPL, abortion).
3. Religion: what are the roots of misunderstanding; role of religion in and about SRHR, what are the good examples.

The idea is that a, to be appointed, consultant has to see whether the three themes are indeed relevant and whether a focal point or a knowledge network or a strong institutionalized strategic partnership has something to offer in the Burundian context. The overview below shows the many actors in the SRHR field in Burundi that the RNE is related to (also funding).

The knowledge node needs to find its own position in relation to research by HealthNet TPO and the Swiss, Cordaid's Next generation, and also find synergies with the current WOTRO research and the new Niche programme.

The new Niche programme will probably be focused on the training of nurses and health workers in relation to skilled delivery. The regional emphasis is another important point for attention: For the knowledge platform there is a need to think about how to involve the government in the best way.

Another option would be the ICGLR, the International Conference on the Great Lakes Region (ICGLR) is an inter-governmental organization of the countries in the African Great Lakes Region. Its establishment was based on the recognition that political instability and conflicts in these countries have a considerable regional dimension and thus require a concerted effort in order to promote sustainable peace and development. Most notable among the conflicts that have had cross-border impacts or origins are the 1994 Rwandan genocide that led to the loss of more than 800,000 lives, and the political instability in DRC. These conflicts constituted a major threat to international peace and security. The organization is composed of twelve member states, namely: Angola, Burundi, Central African Republic, Republic of Congo, Democratic Republic of Congo, Kenya, Uganda, Rwanda, Republic of South Sudan, Sudan, Tanzania and Zambia.

With its headquarter in Bujumbura, the Conference Secretariat is the technical arm and coordinating body of the International Conference on the Great Lakes Region.

The KP should also link to the private sector such as PSI, and FBO and the work of Cordaid and the Next Generation where they try to target young people with post-secondaire is important for the theme of SRHR. Then maybe it is an idea to look at the work of the commercial private sector like Heineken.

The embassy underlines that a mission related to the KP should be harmonized with missions coming for NICHE and DGIS.

### **Conditions for the Knowledge Platform in Burundi:**

The network and the research should contribute to cultural change, empowerment in context of peace building (Living peace)

Expected outcomes

- Decrease of unintended pregnancies.
- Decrease of taboos and stigma around sexuality.
- Education services are better equipped to discuss and educate about sexuality and gender.
- More youth friendly services.
- More respect between males and females and less gender based violence.

#### Results

- More evidence based and action-oriented research.
- SRHR higher on the policy agenda.
- More insight into the impact and relation between religion and SRHR.
- Gender and youth higher on the agenda and how to engage men and boys.
- More evidence on adolescent girls, unintended pregnancies, empowerment.
- Better understanding on how best to link education.

The Royal Netherlands Embassy liked to underline that they find it very important to be part of the KP. Starting point is that it would have an added value and that it suits very well the focus of the Embassy on young people and on SRHR-GBV and peace building. The health services do not reach young people, quality is low and gender related factors do not make it easier.

For the Embassy it is important to support a knowledge network on SRHR but it should not create more work. It should be a win-win situation for all. The embassy can facilitate processes in the context of the knowledge platform. It however would also help them to profile themselves better. There is a need for a fluid process which all parties gain from. In the view of the embassy it is really important to link the platform to the government. In INSP and MOH there is not so much experience in processes of linking and learning but they need to be involved. Creating of ownership is crucial but there was no discussion how that should be done.

## CONCLUSION

The short mission to the Royal Netherlands Embassies in Burundi had the following objectives;

1.To get initial insight into the number of organizations that are active in the field of SRHR, their respective foci and the way in which they coordinate their activities  
Understanding has been grown in the SRHR sector and the main players are identified. In Burundi there is multinational plan for SRHR , a clear oversight of programmes in operation and a strong Dutch commitment for the SRHR sector. Here many new initiatives are launched and there is a need for close communication and collaboration with all actors in order to prevent overlap and redundant activities.

2.To get insight into the different networks that are operational in SRHR and/or related development fields and the manner in which these networks are operational.  
In Burundi Dutch funding into the SRHR sector is strong and there are many national, bilateral and unilateral initiatives and programmes. In Burundi an option for the platform is to support a structure or strengthen some collaborating organizations; creation of a knowledge node or network will have a real additional value. An option would also be a regional approach and links to the Knowledge Translation Network in Uganda or the Great Lakes University Kisumu that has links to institutes in many countries including Burundi or the School of Public Health in Rwanda that also hosts regional networks.

3.To understand the policy context of SRHR and the degree of interest of the government (different sectors) in pursuing an SRHR agenda.  
In this short mission only some interviews were held with government representatives. This should be a priority in the next stage of agenda setting.

4.The focus of current SRHR interventions and research as well as future priorities.  
In Burundi there is a focus on adolescents and unintended pregnancies as a main priority. There is also a need for a so called Dutch approach with emphasis on gender equity, sexuality and sexual health integrated in policy and especially services and practice. In Burundi the focus could be on the post-conflict society and how religion power relations and gender construct the reality of everyday life.

5.The degree in which research has influenced current policy – analysis of facilitating and hindering factors.

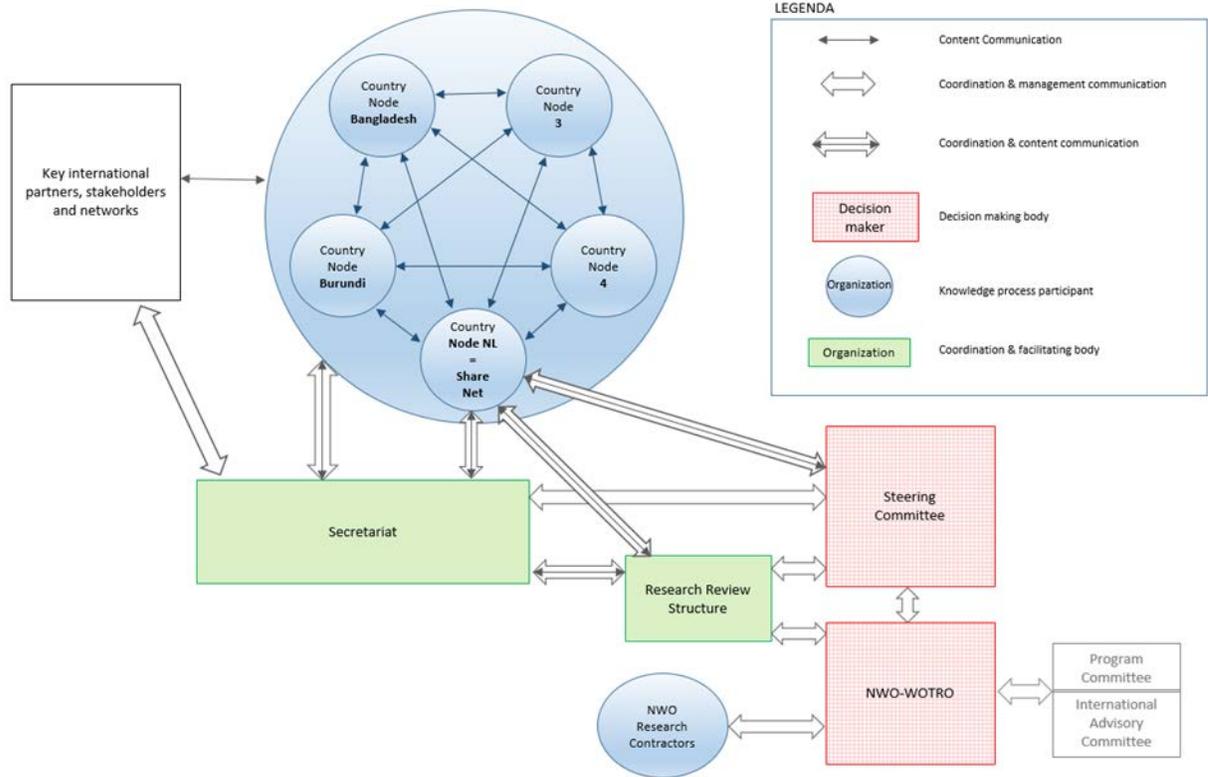
Studies are being carried out but until now there is too little evidence of which approaches work best to reduce unintended pregnancies and make SRHR services responsive to the needs and realities of young people. Approaches like structural male involvement, cash transfer for women and safe spaces related to SRHR are maybe strategies to be tested. There is space and a need for additional research, especially action research.

6.The gaps in knowledge necessary to optimize the SRHR interventions, especially in the field of the 4 Dutch priority areas :

- Young people and sexuality
- Maternal and newborn health, including family planning, pregnancy, childbirth, newborn care, safe abortion and prevention of mother-to-child transmission of HIV (PMTCT), and with a focus on vulnerable populations, community-based interventions and performance-based financing;
- Sexual and reproductive health care, including access to reproductive health commodities;
- Equity and sexual and reproductive rights, including HIV prevention among key populations

In Burundi there is a need for more evidence in the field of young people, especially young girls and unintended pregnancies and all factors contributing to early sexual debut, socio and religious determinants this in the context of a post-conflict fragile state.

# ANNEX A



## **ANNEX B STEPS TO BE UNDERTAKEN BY THE SECRETARIAT OF THE KPSRHR**

### **First Phase**

1. The Royal Tropical Institute has been selected as host organisation for the secretariat on the basis of agreed criteria and process;
2. Dutch partners – diverse and multi-stakeholder involvement - will be invited to participate on the basis of the knowledge contribution. The Ministry will be actively involved together with NGOs, existing networks (e.g. Share-Net and GPHSR), universities and knowledge institutes. The Knowledge Platform will actively approach private sector organizations where there is interest in participation in the Knowledge Platform;
3. Organisation of communication among partners and alliances;
4. Country selection – initially activities will concentrate on four countries. Two countries 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 by the Steering Committee based on argued proposals from partners in the Knowledge Platform. The choice of countries will be based on the potential impact on the four core result areas and quality of the potential of local partner organizations and institutions in a given country. The four countries will include at least one fragile state/conflict country;
5. Other strategic alliances, such as the WHO and other important international or regional organizations (including private partners), will be informed and invited to collaborate;
6. Agenda setting in the selected countries and consultations with strategic alliances to identify key priorities in relation to the Dutch focus;
7. Development of a full work program by the secretariat.

### **Steps Second Phase**

8. Selection of key areas for research calls and organisation of call (NWO/ WOTRO);
9. Seed grant programme to encourage funding leverage from other sources;
10. Knowledge sharing activities and development of data base;
11. Development of “knowledge to policy” strategy and activities;
12. Review of focus and strategy and of options for sustainability of platform activities

## ANNEX C GUIDELINE FOR SITUATION ANALYSIS AND AGENDA SETTING KPSRHR

KP November 2013

The main objective of the November visit was to pay a courtesy call to the Royal Netherlands Embassy and to collect information and documents that will inform the future situation analysis of the SRHR situation in the country and the possible role for the Knowledge Platform . The visit aimed at informing the following objectives.

1. To get insight in the number of organizations that are active in the field of SRHR, their respective foci and the way in which they coordinate their activities.
2. To get insight in the different networks that are operational in SRHR and/or related development fields and the manner in which these networks are operational.
3. To understand the policy context of SRHR and the degree of interest of the government (different sectors) in pursuing an SRHR agenda.
4. The focus of current SRHR interventions and research as well as future priorities.
5. The degree in which research has influenced current policy – analysis of facilitating and hindering factors
6. The gap in knowledge necessary to optimize the SRHR interventions, especially in the field of the 4 Dutch priority areas.

**Annex D Dutch supported initiatives in  
Sexual and Reproductive Health and Rights (SRHR) in Burundi** Source RNE

PARTNERS	PROJECTS	OBJECTIVES and INTERVENTIONS	KEY TARGET GROUPS	GEOGRAPHICAL AREA	CONTRACTING & IMPLEMENTING PARTNERS	BUDGET and DURATION	FOCAL POINTS
<b>EMBASSY FUNDING( BILATERAL)</b>							
HealthNet TPO	<b>Sexual- and Reproductive Health and Rights Project(SRHR)</b>	<ul style="list-style-type: none"> <li>- Address unmet need on family planning with a focus on SRH services for youth and adolescents;</li> <li>- Promote informed choice, inform on SRHR and prevent SGBV;</li> <li>- Implement community based integrated SRHR program;</li> <li>- Reinforce existing structures capacity via community approach.</li> </ul>	15-24 year old youth and adolescents, vulnerable group and community members	Cibitoke, Bubanza , Buja Rural	Health Net TPO in collaboration with PNSR, Provincial level and local NGOs	3,885,969 Euro, for 2012-2016	Bibiane van Mierlo, chef de mission ai, Tel 22 25 75 60 bibianevanmierlo@hotmail.com

PARTNERS	PROJECTS	OBJECTIVES and INTERVENTIONS	KEY TARGET GROUPS	GEOGRAPHICAL AREA	CONTRACTING & IMPLEMENTING PARTNERS	BUDGET and DURATION	FOCAL POINTS
PSI	<b>Mapping of SRH available service for youth and adolescents. ( completed)</b>	Produce a reference tool( interactive database) compiling data on availability, accessibility and utilization of youth RH / FP services	SRHR service offered to 15-24 year old.	Nationwide health facilities (private, public)	PSI in collaboration with PNSR and UNFPA	BIF 172,941,601  (85600 Euro)  2012- May 2013	Beth Brogaard, Country Representative Tel 22 22 94 66 bbrogaard@psi.org
	<b>Expanding Family Planning and Integrated Health Services New proposal</b>	- Increase access to high quality, affordable, FP and reproductive health products and services through various approaches including social franchising and social marketing of FP products;  - Strengthen private sector to contribute to the improvement of the national health system;  - Create demand and inform on SRH and Rights.	15-24 year old, women of Reproductive Age, policy makers, men and providers of reproductive health.	Bujumbura Mairie, Gitega, Ngozi	PSI (with Pathfinder International, PMC) in coordination with PNSR.	4,500,000 Euro,  for 2013-2016	
		-Social marketing of condoms		Nationwide			
Care Intenational	<b>Biraturaba: "Sexual and Reproductive</b>	-To contribute to gender equity along with an environment free of gender-based violence (GBV).	Men and women aged 10-24	Cibitoke, Bubanza , Buja Rural, Buja Mairie	Care Netherlands <u>International</u> <u>partners:</u> Care Burundi, World Population	<i>2,800,000 Euro ;</i>  <i>2013-2016</i>	Bena Musembi Country representative <a href="mailto:Bena.Musembi@co.care.org">Bena.Musembi@co.care.org</a>  22 21 46 60

PARTNERS	PROJECTS	OBJECTIVES and INTERVENTIONS	KEY TARGET GROUPS	GEOGRAPHICAL AREA	CONTRACTING & IMPLEMENTING PARTNERS	BUDGET and DURATION	FOCAL POINTS
	<i>Health and Rights for Youth and Adolescents</i>	-To improve sexual and reproductive health and rights (SRHR) of young people in Burundi;  -To reposition both SRHR of young people and the fight against GBV			Fund, <u>Local partners</u> include SERUKA, APRODEM, APFB, GLID and SPPDF.		
UNFPA- PNSR	<b>Support to Ministry of Public Health and HIV/AIDS control in contraceptives</b>	-More than 200,000 Implants/ Jadelle made available by UNFPA Burundi to PNSR - to ensure continuity of FP service provision, to decrease unmet need for FP and scale up the provision of long acting FP methods at the national level;	All eligible women in Burundi. (cf. national Eligibility criteria)	Nationwide: every Provinces, every Health Districts	UNFPA PNSR	1,874,963 USD	Isabelle Moreira Programme Advisor UNFPA- Burundi, 22205754 moreira@unfpa.org  Dr Juma NDEREYE Directeur PNSR 22 222573- 22 245348 jumandec@gmail.com
<b>DUTCH CENTRALLY FUNDED (SRHR TENDER, HIV/AIDS)</b>							
CORDAID	<i>Making SRH services work for the next Generation</i>	- Better SRHR for women and youth;  - Improve supply chain management;  - strengthen capacity of youth and couples to make choices;	Youth and adolescents  (10-24 old)	Cankuzo, Karuzi, Ruyigi, Rutana, Makamba and Bururi	<b>Intl. consortium:</b> Cordaid( lead agency), Swiss TPH, I+Solutions, Healthy Entrepreneurs.	2013-2015. Approximately 10 million Euro for Burundi.  (With	Karin de Graaf Programme Manager/ Cordaid NL Karin.de.Graaf@cordaid.nl  -----  Dr Michel Bossuyt, Chef de Mission Cordaid- Burundi

PARTNERS	PROJECTS	OBJECTIVES and INTERVENTIONS	KEY TARGET GROUPS	GEOGRAPHICAL AREA	CONTRACTING & IMPLEMENTING PARTNERS	BUDGET and DURATION	FOCAL POINTS
		- create a supportive environment for sexual and reproductive health			Implementation in Burundi will involve SWAA, IADH, CPAJ and CEPBU	4,871,747 Euros to support PBF and remaining budget for SRHR providers capacity development)	Tel 22210199 michel.bossuyt@cordaid.net
<b>ABS</b>  (Alliance Burundaise de lutte contre le SIDA)	<b>(Regional)</b> <b>Link Up</b> <b>Project: Better sexual and reproductive health &amp; rights for young people affected by HIV</b>	- contribute to reduce unintended pregnancies, HIV transmission and HIV-related maternal mortality amongst young people affected by HIV;  - increase health seeking behaviours and uptake of quality integrated maternal health, FP and HIV information, services and commodities amongst young people affected by HIV and uphold their sexual and reproductive rights	10-24 old HIV affected, MSM, young sex workers, children exploited for sex.	<u>In Burundi:</u> Bujumbura, Gitega(not all), Ruyigi, Muyinga, Ngozi, Muramvya, Kayanza, Bururi and Makamba (not all)	International HIV AIDS Alliance (lead organisation)  <i>Sub contracting partners in Burundi: ABS</i>	2013-2015.  1,200,000 USD (direct funding to ABS) plus technical assistance from Link up consortium member.	Ruth Ayarza <a href="mailto:Rayar2a@aidsalliance.org">Rayar2a@aidsalliance.org</a> ----- Catherine Simmons Csimmons@ aidsalliance.org ----- National coordinator 22 24 87 59 fredyhakiza@yahoo.fr,
<b>DUTCH CENTRALLY FUNDED (Research, Capacity development, Education)</b>							
							Tjard de Cock Buning,

PARTNERS	PROJECTS	OBJECTIVES and INTERVENTIONS	KEY TARGET GROUPS	GEOGRAPHICAL AREA	CONTRACTING & IMPLEMENTING PARTNERS	BUDGET and DURATION	FOCAL POINTS
<b>WOTRO</b> (Dutch research program)	<b>WOTRO-Project.</b>	- operational research - capacity development to strengthen operational research of university students including post doc and researchers.	Two INSP PhD students and staff	Burundi (and DRC)	INSP Burundi, VU University Amsterdam, NL  - Royal Tropical Institute, NL	-	tjard.de.cockbuning@vu.nl <a href="http://www.falw.vu.nl/nl/onderzoek/athena-institute/">http://www.falw.vu.nl/nl/onderzoek/athena-institute/</a> ----- Marjolein Dieleman m.dieleman@kit.nl
<b>ORIO</b>	<b>ORIO project</b>	-Health facilities building	Community	Kirundo province (2Health Districts: Vumbi and Busoni)	ORIO and Pharmaccess	80% of the total cost.  <i>NB. 8,000,000 Euro reserved to be disbursed only if the 20% will be funded by the Burundi Govt.</i>	MURINGA Gérard, conseiller à la coopération et en finances publiques. Netherlands Embassy G.Muringa@minbuza.nl
<b>VNG</b> (Intl. cooperation agency of the Association of Netherlands Municipalities)	<i>Association Burundaise des Elus Locaux (ABELO)</i>	-Provide capacity development to strengthen local governments, their associations, training institutes and decentralisation task forces both in developing countries and countries in transition.	Elus locaux (conseillers communau)	Cibitoke, Bubanza , Buja Rural	ABELO	Annually funding: eg. EUR 191,686 for 2013:	Richard Nimubona, focal point LGCP Burundi et chargé de renforcement de capacité ABELO richard.nimubona@lgcp.nl 22273193

PARTNERS	PROJECTS	OBJECTIVES and INTERVENTIONS	KEY TARGET GROUPS	GEOGRAPHICAL AREA	CONTRACTING & IMPLEMENTING PARTNERS	BUDGET and DURATION	FOCAL POINTS
<b>War Child Holland</b>		-Conn@ct.Now program: promoting the spirit of change via Education (including Life Skills), Psychosocial (including GBV), the Protection and Promotion of the Rights of Children and Youth, through creative methods, including Information-Communication Technology(ICT).	Children, Youth, adults, parents, teachers, civil society, local authorities	Cibitoke, Bubanza , Buja Rural and soon Bururi	na	2011-2015.  Funding from MFSII  (EUR 3,553,939)	Francois Wongue , country Director 22276759 francois.wongue@warchild.nl  <a href="#">Conn@ct.Now</a>  New address : N°14, Avenue JRR Quartier Rohéro I
<b>UNICEF</b>	<i>Peace Building Education and Advocacy</i>	-Strengthen education systems and policies that support peacebuilding, integrate peacebuilding in education  -Increase recognition and support for education within broader peacebuilding processes, plans and policies  -Evidence building, knowledge sharing and knowledge  -Capacity development  -Improve access to conflict sensitive Education	Children and adolescents < 18 y (girls in conflict/post-conflict affected contexts. ,marginalized populations	Global : <u>West and Central Africa</u> : Chad, DRC, Sierra Leone <u>East and Southern Africa</u> : Burundi, Ethiopia, South Sudan <u>Middle East and North Africa</u> : Yemen <u>South Asia</u> : Pakistan <u>East Asia and Pacific</u> : Myanmar)	UNICEF in collaboration with Ministries of Education and others as locally determined including national and international NGOs and local research institutions.	2011-2016  Total amount of Euro €120 million(=€30 million per year)for 10 countries	Erin Tettensor Peacebuilding Specialist UNICEF Burundi Tel: 22 20 20 39  etettensor@unicef.org

PARTNERS	PROJECTS	OBJECTIVES and INTERVENTIONS	KEY TARGET GROUPS	GEOGRAPHICAL AREA	CONTRACTING & IMPLEMENTING PARTNERS	BUDGET and DURATION	FOCAL POINTS
<b>NICHE</b> An instrument that supports the implementation of Dutch development cooperation policy	<i>Netherlands Initiative for Capacity Development in Higher Education and Higher Education Programme</i>	<ul style="list-style-type: none"> <li>- Strengthen capacity of professionals working in selected developing countries within the priority areas of Dutch development cooperation and economic cooperation;</li> <li>- Strengthen capacity of institutions for post secondary and vocational education and training and other relevant institutions within the priority areas in the partnercountries</li> <li>- Contribute to economic diplomacy.</li> </ul>	TBD	15 countries: Afghanistan, Bangladesh, Benin, Burundi, Ethiopia, Ghana, Indonesia, Yemen, Kenya, Mali, Rwanda, Mozambique, Palestinian territories, Uganda, South Sudan	TBD	TBD	Hélène Bernot Ullerö Senior Programme Administrator Nuffic, Capacity Building Department The Hague/The Netherlands T: +31 (0)70 4260 148 E: hullero@nuffic.nl W: www.nuffic.nl
<b>KNOWLEDGE – PLATFORM SRHR</b>	<i>Knowledge management program</i>	<ul style="list-style-type: none"> <li>-Ensure that knowledge relevant for achieving improved SRHR is identified, shared, generated and used to achieve international development goals</li> <li>-Ensure that resources are used strategically and to maximum effect.</li> <li>- Practical use of knowledge that can make a real difference in the lives of people.</li> </ul>	TBD	Burundi, Bangladesh	TBD	TBD	TBD

## ANNEX E LIST OF RESPONDENTS

### Respondents Burundi

AGENDA - Mrs. Anke van der Kwaak VISIT – Knowledge Platform SRHR					
	Time	Meet with:	Place	Status	Involvement of:
Thursday 21 November 2013	9.30 to 10.30	EKN SRHR team	EKN	OK	Anke, Maaike, Nicole
	10.30 to 11.45	Henny Slegh, Promundo	EKN	OK	Anke, Maaike, Henny
	12 to 1.10	<i>Lunch</i>	TBD	OK	Anke, Maaike, Henny, Nicole
	1.30 -2.00.	UNICEF/ Peace Building Education and Advocacy(PBEA)	Royal Palace	OK	Anke, Maaike, Nicole, Erin
	2.15 to - 3.15	CARE	CARE	OK	Anke, Maaike, Nicole, Jimmy
	3.30 to 4.30	RNE staff	EKN	Ok	Maaike and Nicole in MASP conference call.  <i>Open space for Anke</i>

	5.00- 5.40	Lucien Aubert( <i>chef d'équipe pour le volet formation</i> ), Marie Claire and Dr Hammer	GIZ	OK	Anke, Maaike, Nicole, Lucien, Hammer, Marie Claire
	From 6pm	Supper	Maaike's	OK	TBD
Friday 22 November 2013	8.15 to 8.50	Cdp and HOS	EKN	OK	Anke, Maaike, CdP(?), HOS
	9 to 10.15	Dr Donavine, executive Director	ABUBEF	OK	Anke, Maaike, Nicole, Dr Donavine, Jocelyn
	10.30.30-11.00	Michel Bossuyt	Cordaid	Not available, out of the country	
	10.30.30-11.00	INSP	INSP	Walk in visit	Anke, Maaike, Nicole, Renata, Dr Prosper Nyiongabo
	11.15-11.30	Dr Georges Nsengiyumva	MSPLS, Amagara Meza EU project	OK	Anke, Maaike, Nicole, Dr Georges
	12.00-13.00	RNE for Debriefing	EKN	OK	Anke, Maaike, Nicole

#### Core actors in SRHR

1. Royal Netherlands Embassy Maaïke van Vliet, Sector Senior advisor and specialist Gender, Education and SRHR: Maaïke-van.Vliet@minbuza.nl and Dr Nicole RASOLO Conseiller Santé et Droits Sexuels&ReproductifsAmbassade du Royaume des Pays Bas au Burundi NN.Rasolo@minbuza.nl, HOS Fritz Meijndert.
2. Ministry of Health, Ministry of Gender, the Ministry of education ( no contact persons)
3. Promundo Henny Slegh, h.slegh@promundo.org.br
4. UNICEF Erin Tettensor Peacebuilding Specialist UNICEF Burundi Chaussée d'Uvira B.P. 1650 Bujumbura-Burundi Tel: (+257) 22 20 20 39 Mob: (+257) 71 81 92 91 and Marc Sommers msommers@bu.edu
5. Dr Donavine UWIMANA, executive director ABUBEF, ulyndadona@yahoo.fr

6. Isabelle Moreira Programme Advisor UNFPA- Burundi, 2220575 moreira@unfpa.org
7. PNSR, Dr Juma NDEREYE PNSR 22 222573- 22 245348 jumandec@gmail.comUNFPA
8. PNSR/WOTRO Dr. Georges Nsengiyumva georges.nsengiyumva@gmail.com
9. Dr. Prosper Nyiongabo INSP Prosper Niyongabo and Renate Douwes cf WOTROMarjolein Dieleman m.dieleman@kit.nl, Tjard de Cock Buning, tjard.de.cockbuning@vu.nl
10. GIZ ,Lucien Aubert(chef d'équipe pour le volet formation), Marie Claire and Dr Hammer, Lucien [Lucien.Aubert@gfa-group.de](mailto:Lucien.Aubert@gfa-group.de) Lucien Aubert ; lucien.aubert@gfa-group.de GSM +257 76 180 615
8. Care : Bena.Musembi@co.care.org Bena Musembi Country representative Bena.Musembi@co.care.org 22 21 46 60
9. HealthNet TPO Wim Overbeeke, Tel 22 25 75 60 wim.overbeeke@hntpo.org
10. PSI Beth Brogaard, Country Representative Tel 22 22 94 66 bbrogaard@psi.org
11. Cordaid, Dr Michel Bossuyt, Cordaid- Burundi 22210199 michel.bossuyt@cordaid.net
12. ABS,A lliance Burundaise de lutte contre le SIDA, Ruth Ayarza [Rayar2a@aidsalliance.org](mailto:Rayar2a@aidsalliance.org), Catherine Simmons Csimmons@ aidsalliance.org
13. War Child Francois Wongue , country Director 222767 [francois.wongue@warchild.nl](mailto:francois.wongue@warchild.nl) Conn@ct.Now
14. ORIO (health facilities) MURINGA Gérard, conseiller à la coopération et en finances publiques. Netherlands Embassy, G.Muringa@minbuza.nl
15. VNG Richard Nimubona, focal point LGCP Burundi et chargé de renforcement de capacité ABELO richard.nimubona@lgcp.nl 22273193

### **Other key informants for Burundi:**

Dia Timmermans DSO

Olivier Basenga consultant

Marc Sommers consultant

Cordaid-Karin de Graaf/ Geertje van Mensvoort

WOTRO/ Marjolein Dieleman

Care NL Carla Bishof, Joke Langbroek

WPF Henk Rolink

NICHE/NUFFIC Mieke Vogel

Healthy Interpreneurs Renate Douwens of Timo Beentjes

Marjan van Schaik at DME of DGIS

