

Spearhead	Organisation	Date	Reporting Period
SRHR	Netherlands Embassy Bujumbura, Burundi	19-June-2013	1st Jan - 31st Dec 2012

Activity Number	Implementing Organisations	Implementation Channel	Actual Expenditure 2012
23944	Identification mission (ETC Crystal)	private sector	16.254
24751	Pilot project SRHR in North-West Burundi (HealthNet TPO)	NGO	610.214
24904	Mapping of SRH services (Population Services International (PSI))	NGO	85.601
Under consideration	Expanding family planning and integrated health services in Burundi (PSI)	NGO	0
Under consideration	Youth and SRHR (implemation organization t.b.d.)	NGO	0
Under consideration	Commodity support (UNFPA)	Multilateral	0

Result area 1	Young people are better informed and are thus able to make healthier choices regarding their sexuality					
Question 1a: To what extent are young people better informed? What evidence is there that they are making healthier choices regarding their sexuality?	In conservative Burundi sex and sexuality related issues are a taboo and not talked about within families, nor in schools. Young people are ill informed. Of the total % of pregnancies 10% takes place in the age group of 13-19 years old. 70% of these pregnancies is unwanted, including 10% as a result of rape, and 82% of the women lack education and are often unemployed.					
<i>disaggregate information by male/female, if possible</i>	Baseline	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
Percentage using condoms at last high-risk sex, by age group (MDG indicator 6.2)	M: 14% (2010)	NA	35.6% for MSM, 91.2% for Sex Workers			DHS 2010, UNAIDS, MoH 2011
Percentage of young people (15-24) with comprehensive correct knowledge of HIV/aids (MDG indicator 6.3)	F: 30.4% (2005) M: NA	NA	F: 46,5% M: 44,5%			UNAIDS 2005, DHS 2010
Question 1b: With which results has your programme contributed to comprehensive sexuality education for young people in and outside of school	Results are expected in better informed and empowered young people on sexual and reproductive rights and roles, negotiating safety in sex, combatting gender-based violence and the acceptance of equity and equality between men and women.					
<i>Optional indicators</i>	Baseline (year)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
Number (or %) of youth-friendly (health) centres	5 (or 1.08 %) (2008)	50%	10 (or 2.16%)			MoH 2012
Number of young people being counselled for HIV/STI/contraception and/or tested for HIV/STIs	NA	NA	NA			DHS 2010 UNAIDS
Number of schools (/pupils) that adopt (/receive) comprehensive sexuality education	NA	NA	NA			
Question 1c: With which results has your programme contributed to opportunities for young people to have their voice heard and stand up for their rights?	A four year programme for sexual- and reproductive health and rights (SRHR) covering 3 provinces in North West Burundi has been designed and approved to be implemented by the NGO HealthNet TPO in collaboration with Government and non-governmental partners. Among expected results are: (1) Increased use of modern contraception, (2) improved access to youth friendly counseling, information and sexual/reproductive health services, (3) respect and acceptance of mutual rights among 50% of young men and women, (4) improved position of women and better gender equity in sexual relations.					
Assessment of results achieved across the entire result area, Dutch contribution	B					
A. Results achieved better than planned	Reasons for result achieved: NGO HealthNet TPO programme is in place. It aims at addressing youth challenges in sexual- reproductive health and rights (SRHR) including meeting their needs, giving better access/ utilization and strengthening youth friendly SRHR services. NGO Population Services International (PSI) contracted to design national interactive tool to be used by all (Government and non - governmental partners) for mapping youth SRHR services.					
B. Results achieved as planned						
C. Results achieved poorer than planned						
D. Results achieved much poorer than planned						
Implications for planning	Programmes under design aim at building synergies with government (MoH) and other development partners and NGOs (e.g. Cordaid, HealthNetTPO, Care International, Population Services International and UNFPA). The focus will be on empowering youth (m/f) to become responsible adults and positive change agents. The target groups will include adolescent girls, men and boys, and vulnerable youth (m/f). Contacts with the private sector have been established (e.g. Heineken) aiming at introduction of innovative solutions such as transport of reproductive commodities in collaboration with NGO Population Services International.					

Result area 2	A growing number of people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health					
<p>Question 2a: To what extent do more people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health?</p>	<p>Use of anti-retroviral drugs, modern contraceptives and other commodities has increased since 2006. However there is still a huge unmet demand for contraceptives (49,6%), in particular by women, who are interested in using long term contraceptives. The female condom has only recently been introduced on a very small scale. Reproductive health services (including supply of commodities) are limited to married couples.</p>					
	<p>Baseline (2010)</p>	<p>Objective (2015)</p>	<p>Result (2012)</p>	<p>Result (2013)</p>	<p>Result (2014)</p>	<p>Source</p>
<p><i>Contraceptive Prevalence Rate - modern methods- all women / married 15-49 (MDG indicator 5.3)</i></p>	<p>15-49: 11%/18% 15-19: 1%/8% 20-24: 12%/18%</p>	<p>40%</p>	<p>25,3%</p>			<p>DHS 2010 MoH 2012</p>
<p><i>Unmet need for family planning (per age group, where available and relevant)(MDG indicator 5.6)</i></p>	<p>49,6% 15-19: 19% 20-24: 29%</p>	<p>24%</p>	<p>NA</p>			<p>national KAP study 2010 MoH 2011</p>
<p><i>Proportion of population with advanced HIV infection (according to CD4) with access to antiretroviral drugs (MDG indicator 6.5)</i></p>	<p>39% (2010)</p>		<p>NA</p>			<p>MoH 2010</p>
<p>Question 2b: With which results has your programme contributed to a greater choice in and sufficient availability of contraceptives/medicines?</p>	<p>A programme will be jointly designed by the government of Burundi (MoH) and key partners, in particular NGO Population Services International and UNFPA. Objective is to strengthen and increase family planning of both the public (MoH, National SRHR programme) as well as the private sector (NGO Population Services International through social marketing). MoH activities to be supported will include purchase of modern family planning commodities to help satisfying unmet needs for contraceptives and to accompany expected increase of demand. The activities of Population Services International will include social marketing of condoms, community based distribution of family planning methods by health workers, social mobilization, information- and communication.</p>					
<p><u>Optional indicators</u></p>	<p>Baseline (year)</p>	<p>Objective (2015)</p>	<p>Result (2012)</p>	<p>Result (2013)</p>	<p>Result (2014)</p>	<p>Source</p>
<p><i>Type of new, user-friendly products / medicines on the market for improved sexual and reproductive health</i></p>	<p>"Prudence" (Condoms) 2009</p>		<p>"Prudence class" (Condoms)</p>			<p>NGO Population Services International 2009, 2012</p>
<p><i>Couple Year Protection Rate (CYP)</i></p>	<p>359.102 (2010)</p>		<p>438.276</p>			<p>MoH 2012</p>
<p><i>Number of people being treated with anti-retroviral drugs</i></p>	<p>22,735 (2011)</p>		<p>27,706</p>			<p>MoH 2012</p>
<p>Question 2c: With which results has your programme contributed to addressing sociocultural barriers preventing women from using contraceptives?</p>	<p>No results are available until the new programme will start. These future interventions focus on the inferior political, economic and social status of Burundian women, deriving from the patriarchal organization of society (CEDAW report, 2007). In the aftermath of civil war, there is a dominance of female headed households, poverty and erosion of traditional values. All these factors contribute to the persistence of sexual and domestic violence against women. Expected results are: (1) increased demand for, and access to reproductive health and family planning products and services, (2) increased integration of services to combat HIV and sexually transmitted infections with family planning and reproductive health services, (3) a more favorable environment for sexual and reproductive health- and rights, and service delivery.</p>					

Assessment of results achieved across the entire result area, Dutch contribution	A / B / C / D
A. Results achieved better than planned	Reasons for results: Results have not been achieved yet
B. Results achieved as planned	
C. Results achieved poorer than planned	
D. Results achieved much poorer than planned	
Implications for planning	
Sexual and Reproductive Health is a new theme for the embassy in Burundi (since September 2012). Planned results are expected to be achieved after formulation, approval and implementation of a full fledged programme of support.	

Result area 3		Public and private clinics provide better sexual and reproductive healthcare services, which more and more people are using				
Question 3a: To what extent has the use of sexual and reproductive healthcare services in the public and private sector changed?	Utilisation of antenatal care services and supervised deliveries by trained personnel are gradually increasing. The access to anti-retroviral therapy for pregnant mothers and interventions to prevent the transmission of HIV from mother to child health services has almost tripled in the past five years. A major challenge will be to effectively address the negative attitude towards family planning of the Catholic church and its affiliated hospitals and clinics, taking into account that 60% of the population is catholic and 267 of all 800 clinics are linked with the Catholic church.					
	Baseline (2011)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
<i>Antenatal care coverage (at least one visit and at least four visits) (MDG indicator 5.5)</i>	1 visit: 100% 2 visits: 79% >3 visits: 66,1%		1 visit: 100% 2 visits: 86% 3 visits: 80% 4 visits: 41%			MoH 2012
<i>Proportion of births attended by skilled health personnel (MDG indicator 5.2)</i>	60%		64,4%			MoH 2012
<i>Percentage of HIV-positive pregnant women receiving treatment to prevent mother-to-child transmission of HIV</i>	18%		43.5%			MoH, UNAIDS (2012)
Question 3b: With which results has your programme contributed to improved cooperation between public and private healthcare services?	The planned programme of cooperation between the Government of Burundi (MoH) and PSI (social marketing) is expected to contribute to improved cooperation between public, private and religious based (e.g. Catholic church) health care services, resulting in better, and more accessible, sexual and reproductive health care services for the people of Burundi. To obtain more insight into the actual situation in Burundi a mapping of all family planning services (public and private) is designed.					
<i>Optional indicators</i>	Baseline (year)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
No. of governmental kiosks for family planning (FP) services next to the FP restricting health facilities	5 (2010)		9			MoH, UNFPA
Question 3c: With which results has your programme contributed to making sexual and reproductive health care more affordable?	More affordable and accessible sexual and reproductive health care is anticipated to be achieved through health system strengthening, partnership with private sector and social marketing. Also the Performance Based Financing approach that is nationally applied with support of the World Bank and Cordaid is expected to further increase affordability of services, for example with the provision of free services and a voucher scheme.					
<i>Optional indicators</i>	Baseline (year)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
<i>To be determined</i>						
Question 3d: With which results has your programme contributed to improved obstetric care?	Cooperation with the NICHE programme will be explored to support capacity development of human resources, e.g. midwifery training.					
<i>Optional indicators</i>	Baseline (year)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
<i>Number of doctors, nurses and midwives per 1000 inhabitants</i>	0.03 doctors, 0.2 nurses and midwives (2005)		0.05 doctors, 0.6 nurses and midwives			Observatoire des ressources humaines pour la sante de l'Afrique (2005)-Burundi SNIS 2012
<i>Compliance with the most recent safe abortion guidelines</i>	NA		NA			
<i>Access to basic emergency obstetric care (BeMOC) per 500,000 population</i>	0.28 (2010)		NA			MoH (EMOC survey)
Assessment of results achieved across the entire result area, Dutch contribution	A / B / C / D					
A. Results achieved better than planned	Reasons for results: Results have not been achieved yet					
B. Results achieved than planned						
C. Results achieved poorer than planned						
D. Results achieved much poorer than planned						
Implications for planning						

Result area 4	Greater respect for the sexual and reproductive rights of people to whom these rights are denied					
Question 4a: What evidence is there of greater respect for the sexual and reproductive rights of women, young people, sexual minorities, sex workers and intravenous drug users?	Sex work and homosexuality are still considered a crime by Burundian legal standards. There is evidence that sexual minorities are actively discriminated. The SRHR programme will not address key populations directly. In the field of peace and security issues of conflict management of these groups are included. The rights of women and young people will be specifically addressed. Abortion remains illegal in Burundi, except for life threatening situations. Legal age of marriage is 18 for women and 21 for men. There are many unwanted teenage pregnancies which "force" girls to marry "traditionally" before the age of 18.					
<i>indicators that illustrate the compliance with the law - choose the issues relevant to local context</i>	Baseline (2010)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
Percentage of girls married before age 18	8%		NA			
Percentage of female genital mutilation	NA		NA			
Percentage of unsafe abortion	NA		NA			
Percentage of women/men that would be in favour of abandoning FGM	NA		NA			
Percentage of women that think it is normal to be punished / beaten if they refuse sexes	F: 74% , M: 44%		NA			
Percentage of fistula	4/1000 live births (2006)		NA			MoH, UNFPA, 2006
Question 4b: With which results has your programme contributed to the identification of or changes in legal and policy barriers for the sexual and reproductive health of women, young (unmarried) people, sexual minorities, intravenous drug users and sex workers?	In 2009 revisions in the Burundian Penal Code establish rape, sexually slavery, forced prostitution, forced pregnancies and forced sterilization as crimes against humanity. However implementation is a challenge and impunity is a major problem. Handicapped people (often with diverse handicaps, limited education and economic dependency) are vulnerable for gender based violence (GBV).					
<i>optional indicators- choose the issues relevant to local context</i>	Baseline (year)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
Number of organisations active to come up for the rights and needs of						
Sexworkers	NA		40			NGO ABS and LGBT org. Rainbow Candle Light (RCL)
LGBT	NA		10			NGO ABS and LGBT organisation RCL
unmarried - young people	NA		NA			
intravenous drug users	NA		NA			
Number of organisations active to advocate for abandoning harmful practices such as	Nr.					
childmarriages	NA		NA			
FGM/FGC	NA		NA			
Number of communities / local leaders that have denounced						
childmarriages	NA		NA			
FGM/FGC	NA		NA			

Number of LGBT reported to be assaulted / imprisoned (i.e. via E/M technology)	NA		44			Moli (Movement for Individual Freedom), LGBT organisation
Question 4c: With which results has your programme contributed to improving the access of these specific groups to sexual and reproductive health services and commodities?	No results yet because of start of new programs.					
Assessment of results achieved across the entire result area, Dutch contribution	A / B / C / D					
A. Results achieved better than planned	Reasons for results: Results have not been achieved yet					
B. Results achieved as planned						
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D. Results achieved much poorer than planned						
Implications for planning						
The Netherlands Embassy will include young people and marginalized groups, who enjoy little public or social protection, which affects their SRHR and overall health, in all SRHR programmes. Human rights issues and gender issues are also addressed in the Security Sector Development programme (peace keeping and security) and through diplomacy and advocacy.						