

USAID-EA Flexible Family Planning, Reproductive Health and Gender-based Violence Services for Transition Situations: Burundi and DRC

Final Report

USAID East Africa Associate CA No. 623-A-00-08-00051-00

Submitted June, 2013



Pathfinder International

With:

IntraHealth International



Contents

Acronyms and abbreviations.....	1
I. Background.....	2
II. ACTIVITIES AND RESULTS.....	3
A. PLAN EARLY AND CONTINUE PLANNING THROUGH EACH PHASE	3
B. TRAIN A CORE CADRE.....	4
C. ESTABLISH MOBILE OUTREACH TEAMS.....	5
D. COMMUNITY-BASED DISTRIBUTION OF FAMILY PLANNING SERVICES	9
E. SET UP of 24-HOUR DROP-IN CENTERS AND POST RAPE CARE	10
F. ADDRESS GENDER ISSUES.....	13
G. IMPLEMENT COMMUNITY ADVOCACY/ACTIVITIES INCLUDING HEALTH PROMOTION AND COMMUNITY OUTREACH	15
H. DEVELOP PARTNERSHIP AND COORDINATION	16
III. Challenges and lessons learned.....	18
Challenges:.....	18
Lessons learned:.....	19
IV. Conclusion	20

ACRONYMS AND ABBREVIATIONS

ABUBEF	: Association Burundaise pour le Bien Etre Familial
AIDS	: Acquired Immune Deficiency Syndrome
ANC	: antenatal care
BDOM	: Bureau Diocésain des œuvres médicales
CBD	: Community Based Distribution
CDF	: Centre de Développement Familial
CHW	: Community Health Workers
C-IMCI	: Community Integrated Management of Child Illness
DRC	: Democratic Republic of Congo
EC	: Emergency Contraception
ERP	: Emergency Response Plan
FP	: Family Planning
GBV	: Gender Based Violence
GP	: General Practitioner
HIM	: Healthy Image of Manhood
HIV	: Human Immunodeficiency Virus
HTSP	: Health Timing and Spacing of Pregnancies
IDP	: Internally Displaced Persons
IMT	: Integrated Mobile Team
IPPF	: International Planned Parenthood Federation
IUD	: Intrauterine Device
MCH	: Maternal and Child Health
MISP	: Minimum Initial Package Services
MOH	: Ministry Of Health
MoU	: Memorandum of Understanding
NGO	: Non-Governmental Organizations
PEP	: Post Exposure Prophylaxis
PNSR	: Programme National de la Santé de la Reproduction
RAMP	: Reflection and Action within Most at Risk Population
RH	: Reproductive Health
SGBV	: Sexual Gender Based Violence
SRH	: Sexual and Reproductive Health
STI	: Sexual Transmitted Infection
ToT	: Training of Trainers
TPS	: Technician de Promotion de Santé (Health Technician Promotion)
UN	: United Nations
UNFPA	: United Nations Population Fund
USAID	: US Agency for the International Development.

I. Background

The Regional Flexible Family Planning, Reproductive Health and Gender-based Violence Services for Transition Situations Project was funded by the United States Agency for International Development (USAID) and implemented by Pathfinder International, in collaboration with IntraHealth International.

The Flexible FP/GBV Services for Transition Situations was piloted in Burundi and Walungu (Eastern DRC). In Burundi, as in DRC, political crisis generated internally displaced populations (IDPs), refugees' camps and returned populations who were at high risk of death and disease from reproductive health disorders and interpersonal violence. The affected populations experienced forced displacement from homes, exposure to violence, poverty and separation from families and communities, all of which significantly disrupted their access to health services, including family planning and reproductive health services. The Flexible FP/GBV Services for Transition Situations project aimed to produce flexible approaches that can be matched and packaged as models to deliver RH/FP/GBV services at different phases of crisis as well as pre and post crisis.

The Project targeted the IDPs, refugees and populations living in transition situation mainly in Muyinga Province and Walungu the eastern DRC.

Pathfinder's proposed models to deliver comprehensive RH/FP/GBV services for populations affected by crisis included the following menu of options:

- Early planning- pre-crisis and planning at various phases of crises;
- Training a core cadre;
- Establishing mobile outreach teams;
- Providing community-based distribution of Depo Provera;
- Setting up 24-hour drop-in centers;
- Offering post exposure prophylaxis and emergency contraception (EC)
- Addressing sexual and gender-based violence (including the Healthy Images of Manhood approach [HIM]);
- Implementing community advocacy/activities including health promotion and community outreach; and
- Government developing partnerships and coordination with other organizations, including the UN and other humanitarian organizations, and local NGOs.

This report covers the activities and results produced during 4 years of the project's life.

II. ACTIVITIES AND RESULTS

A. PLAN EARLY AND CONTINUE PLANNING THROUGH EACH PHASE

One of the approaches piloted was about preparing the response to a crisis before it happens. Planning that occurs in advance of a crisis can take place at a slower pace than planning at the onset of an emergency. Comprehensive RH/FP/GBV services need to be established as soon as possible in the stabilized/comprehensive prevention and response phase after the emergency phase. To do this requires early planning, starting from the emergency preparedness phase, continuing into the midst of emergency, which includes the implementation of the Minimum Initial Service Package (MISP) for Reproductive Health.

Activities below were implemented by the Project:

In Burundi

During its four-year life, the FP Project supported updates to the national contingency plan in collaboration with UNFPA. For the first time, the MISP for the RH component was integrated into the national Emergency Preparedness Plan.

At the provincial level, workshops were organized in Kayanza and Muyinga to update the two provincial contingency plans and incorporate the MISP for RH concept.



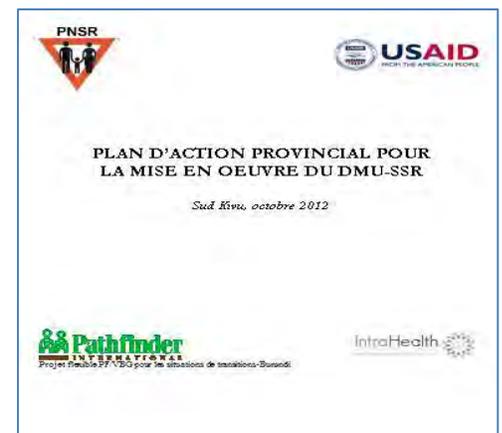
Participants to the National Contingency Plan validation workshop in Burundi



The Burundian National Contingency Plan.

In DRC

In 2011, the project supported trained SRH (Sexual and Reproductive Health) coordinators on the MISP for RH to develop and finalize the MISP for RH provincial work plan before its integration into the South Kivu province Contingency plan. The document was updated in October 2012 and validated at the provincial level.



The South Kivu's MISP for RH work plan

The work plan developed was presented by the PNSR and validated at the provincial level for future integration into the South Kivu's provincial contingency plan.

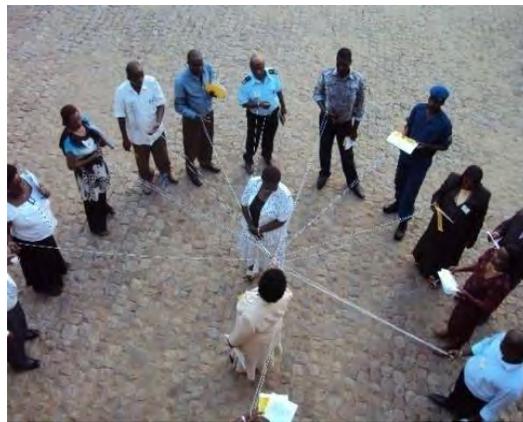
B. TRAIN A CORE CADRE

Another program approach is to train a core cadre of program planners and implementers. Different types of crises and phases of a crisis require different skill sets and appropriate training. Pathfinder identified and trained a core cadre of personnel composed of health and non-health providers— comprising select key staff and health workers.

In Burundi

During the project, trainings of a core cadre of trainers were conducted in various topics: MISP, SGBV, and HIM. Trainings were conducted both at the national and provincial levels.

A total of 101 trainers were trained in Burundi (5 trainers trained on SGBV case management, 50 trainers trained on MISP and 46 trainers trained on HIM). Training participants were from both the health sector and non-health sector.



Participants from 15 organizations becoming MISP for RH coordinators

In DRC

During the 4 years of implementation, in close collaboration with PNSR department of the provincial MOH in the South Kivu province, trainings of a core cadre of trainers were conducted on various topics: MISP, SGBV, HIM.

A total of 54 trainers were trained in South Kivu province (5 trainers trained on SGBV case management, 24 trainers trained on MISP and 15 trainers trained on HIM). Training participants were from both the health sector and non-health sector.



*SRH task force in Bukavu, South Kivu.
October 2012.*

C. ESTABLISH MOBILE OUTREACH TEAMS

This approach, which was piloted in Burundi and DRC, aimed to complement and supplement services provided by existing clinics/facilities. Planning for an integrated mobile team (IMT) approach can be initiated pre-crisis or teams can be established at various phases of a crisis, including the post-crisis recovery phase. The accomplishments are described below:

In Burundi

The IMT approach started in 2011, with the implementation of the strategy requiring close collaboration with official authorities (health and administration) and with various implementing partners. The project signed 2 MoUs (one with ABUBEF and another with Kayanza health district), defining roles, responsibilities and mechanisms of effective and strategic co-implementation of the integrated activities. The range of services offered in the IMT outreach activities were:



Returnees and IDPs benefiting from integrated mobile outreach activities

- **Family planning services:** services offered during IMT include long acting FP methods (Implants and IUD), contraceptive side effect management, oral contraceptives, condoms (male and female), and pills.



Clients seeking for Long Acting and Permanent FP methods in Gasorwe.



On-site testimony by an implant beneficiary to public.

- **Gender-based violence prevention and case management:** during IMT activities, GBV services were offered. Survivors of gender-based violence received clinical and psycho-social services (EC, PEP, HIV/AIDS testing, etc.). Also sensitization and community mobilization/orientation events were organized for all the attendants.

- **HIV testing and STI case management:** clients for HIV testing benefit “one-on-one counseling” and testing. Clients receiving STI treatment also benefit from counseling during and after medical consultation.
- **ANC and post natal care:** IMT sessions were the opportunity for pregnant women to benefit from antenatal care and post natal care for those who recently delivered. These services were offered either by nurses, midwives or other trained health workers. It should be noted that, pregnant women presenting “danger signs” were referred to the nearest health center/hospital and/or specific appointments set up for delivery with skilled birth attendants and in a secure place (health centers or hospitals, depending on the identified signs).
- **Nutrition:** Another new element into the IMT services is nutrition at the community level. This was done in collaboration with the MCH project-trained “Mamans lumières” (Illuminating Mothers) and CHWs trained on IMCI. This approach has proven to be the most effective “entry point” for FP services. Indeed, through these nutrition activities, mothers, while taking care of their children, not only received key messages on Family Planning but



Women waiting for ANC/PNC.



Children captivated by a longer singer



Screening process in Gasorwe

they also had the chance to discuss with health providers and CHW about FP methods and ultimately adopted their preferred method.

- Malaria:** The Home-based Management of Malaria aiming to reduce malaria related deaths by timely screening and treating children is a strategy piloted by the Pathfinder International-MCH project in the same provinces. During IMT sessions, trained CHWs provided malaria testing and treatment to children. Mothers were also provided with adequate counseling on malaria prevention and appropriate use of bed nets but also connecting those mothers to other services including Reproductive Health (Family Planning, Gender based Violence, HIV/AIDS&STI) and nutrition.



Trained CHW offering Malaria testing

As a result, 3 IMT were established and 22 sessions were conducted in Kayanza and Muyinga. During these IMT sessions, achievements include:

Indicator	Total achieved
people reached	11003
Implants inserted	54
DMPA offered	90
condoms distributed	795
HIV tests	1325
Nutrition screening for under five	1588
STI treatment	173
malaria testing	195

In DRC

The project started piloting IMT in DRC from 2011 up to the end of the project and activities were conducted in Walungu and Miti health zones. Details of the integrated package offered in South Kivu region are listed below:

- Family planning:** FP service offered by the Integrated Mobile Team in the South Kivu region includes: (1) FP counseling and (2) service provision that includes pregnancy testing, contraceptive administration and side effect management. As mentioned above, the IMT also integrate the long acting FP in addition to those already provided at the community level.
- Gender-based violence prevention and case management:** GBV prevention and case management are part of the integrated service package offered during the IMT activities. If cases of SGBV existed, survivors received clinical and psycho-social services including emergency contraception (EC), post exposure prophylaxis (PEP), HIV/AIDS testing, as

appropriate. Often, community mobilization and sensitization were organized targeting GBV survivors.

- **HIV testing and STI case management:** Clients requesting HIV testing received personalized counseling before any testing and those who tested positive were referred accordingly for case management. Those receiving STI treatment also benefited from counseling during medical consultation.
- **Antenatal care and post natal care:** during the IMT activities, women received antenatal and postnatal care from the team’s technicians who were medical doctors, nurses, midwives. Counseling was given to client or couple on FP methods and educational materials were made available on site to help with HTSP.
- **Nutrition:** this service was offered in Walungu and Miti-Murhesa health zones by the Hospital staff leader in collaboration with volunteer mothers from the community. Using local resources and crops, there were a cooking demonstration showing different ways to mix ingredients to improve and maintain good nutritional status; the session was also accompanied by nutritional screening targeting mainly children under five.
- **Medical consultation:** A GP from the Referral General Hospital was made available during the IMT outreach for outpatients in consultations as well as referred cases from the nearby health centers, especially for those clients living at significant distance from hospitals. The GP also received clients in need of help beyond the capacity of health center technicians.



Awareness session during an IMT activity in Miti Health Zone (South Kivu, DRC)

With 2 IMT established, a total of 26 sessions of IMT were conducted in DRC. During these IMT sessions, achievements were as below:

Indicator	Total achieved
people reached	7000
DMPA offered	35
condoms distributed	632
HIV tests	225
Nutrition screening for under five	1652
STI treatment	159
onsite medical consultation	444

D. COMMUNITY-BASED DISTRIBUTION OF FAMILY PLANNING SERVICES

Trained community health workers can safely provide FP methods including injectable contraceptives and insure access to the full range of FP methods to populations in transitional situations. Community distribution of FP methods takes the service to populations cut off from facility-based services. In this axis, the Project realized the below activities:

In Burundi

During the 4 years, sessions of trainings for CBD agents and supervisors were organized in the two provinces of project's intervention zone. A total of 104 CBD agents and 40 supervisors were trained to cover 10 project sites. Trainers were from the PNSR and Provincial level and the training manual used was the national guide for CHWs. Formative supervisions were also conducted by the FP Project with health districts' supervisors and monthly workshops were organized. One of the monthly workshops' objectives was to develop provincial ownership.



View of CBD agents during a training session in Burundi

The achievements from the Burundi CBD activities are shown in the table below:

Raising awareness activities conducted by CBD agents in Burundi	
Households visited	20408
# People reached	110811 reached with FP/GBV messages
FP commodities distributed during raising awareness activities	
Condoms	84550
Pills	1701
Cycle beads	1080

In DRC

During the 4 years of the project's life, training sessions for CBD agents and supervisors were organized.



CBD agents equipped by "USAID donated bicycles" under Walungu Health Zone authorities' supervision

A total of 189 CBD agents in DRC (97 from Walungu and 92 from Miti) were trained, including 55 offering DMPA. Trained CBD agents were equipped with a CBD kit, accessories for hand washing, raincoats, boots and management tools (register, client cards, and calendar). The Walungu CDB agents received bicycles to facilitate their transportation within their communities. In total 91 bicycles were distributed to 91 CHWs in the Walungu Health Zone by the FP Project. The distribution was directly managed by the Walungu health zone authorities for future follow-up.

Joint formative supervisions of CBD activities were conducted in Walungu and Miti health zones with the RH Provincial department and monthly workshops were organized with the objectives to (1) refresh CBDs on communication and technical skills as well as enhance experience exchange, (2) re-supply CBDs and (3) compile the data collected by these CBDs. Achievements from the DRC CBD activities are shown in the table below:

Raising awareness activities conducted by CBD agents in DRC	
Households visited	30546
# People reached	60313 reached with FP/GBV messages
 <p><i>Joint formative supervision of CBD activities in DRC</i></p>	
FP commodities distributed during raising awareness activities	
DMPA	5716
Condoms	121078
Pills	7390
Cycle beads	4119

E. SET UP of 24-HOUR DROP-IN CENTERS AND POST RAPE CARE

Setting up 24-hour drop-in services, preferably within existing clinics, is important respond to emergency RH/FP needs of all women, including survivors of sexual and gender-based violence. Considering the high HIV prevalence and incidence of rape in communities living in transitional situations, PEP and EC are critical services. The gaps in equipment and need to renovate health facilities made establishing these 24-hour drop-in services even more challenging.

The FP/GBV Project accomplished a varied range of activities:

In Burundi

While piloting approaches for 4 years, health facilities benefited medical and non-medical equipment and supplies including but not limited to solar panels, delivery kits, and height measuring scales, stethoscopes, IUD kits, hospital beds and plain foam mattresses, infant incubators to insure that 24 hour services are functional. The project also supported people from Mugano for the rehabilitation of Mugano health center which was transformed in a district hospital. The FP Project supported with fuel, Kayanza and Muyinga in two-way referral system, a critical aspect in managing emergencies, to ensure a fluid and working reference mechanism between communities and health center through CHWs, the health centers and the referral hospitals. Referred clients include emergency obstetrical cases and clients from remote communities in need of special care.

The FP Project organized training workshops for health providers on GBV case management in order to offer emergency services 24 hours a day. A total of 35 health providers from Kayanza and Muyinga were trained on SGBV clinical care, in collaboration with SERUKA. A total of 35 SGBV providers trained by the FP Project continue to assist survivors in Muyinga and Kayanza. Formative supervisions were carried out by the FP Project. The project organized a training of trainers on SGBV case management for 5 selected providers who were previously trained on SGBV case management.

The project proposed to update the SGBV manual and an addendum was produced and submitted to the PNSR for use and appropriation. The project supported the PNSR to organize a workshop to integrate the addendum in SGBV training manual. Currently the SGBV training manual is updated thanks to the Project's support.

From trainings, renovation and equipment benefited, the 12 health centers and hospital reported having received more than 300 SGBV survivors where they received care including Emergency Contraception (EC) and psychosocial care from nurses trained on SGBV case management by the project. Twenty-four hour drop-in services are also functional in the 12 health facilities.

In DRC

Five health facilities were renovated by the project to enable them to offer 24-hour drop-in services. These facilities are Walungu hospital, Kidodobo, Burhale, Bideka. Also, the Project equipped 26 health facilities in medical and non-medical equipment and supplies including but not limited to solar panels, delivery kits, and height measuring scales, stethoscopes, IUD kits, hospital beds and plain foam mattresses, all to insure availability of services 24-hours a day.



Burbale Health Center before rehabilitation



Izirangabo Health Center before rehabilitation



Burbale Health Center after rehabilitation (one bloc)



Izirangabo Health Center after rehabilitation

Follow up sessions were conducted by the FP Project to evaluate quality of services in the health facilities that were renovated. Burhale and Izirangabo health facilities were visited in the DRC and it was noticed that:

- Equipment distributed is being used to meet the needs of population;
- Service provision and FP/GBV service uptake are improving;
- The number of clients seeking care has increased.

The FP Project supported Kayanza and Muyinga with fuel for the two-way referral system, a critical aspect in managing emergencies, and ensuring a fluid and working referral mechanism between communities and health center through CHWs, the health centers and the referral hospitals. Referred clients include emergency obstetrical cases and clients from remote communities in need of special care.

The FP Project also organized training on SGBV case management for health providers to offer 24 hours services. A total of 30 providers attended the training. The project also organized a training of trainers on SGBV case management for 5 selected providers who were previously trained on SGBV case management.

The trainings, renovation and equipment donations, enabled health centers and hospitals to report having received around 80 SGBV survivors who received care including EC and psychosocial care from nurses trained on SGBV case management by the project. Twenty-four hour drop-in service is also operational in partner health facilities.

F. ADDRESS GENDER ISSUES

In transitional situations, women don't have the same access to power structures and material resources. Also, the breakdown of social networks and institutions, the loss of means of livelihood, and the weakness of social and sexual norms increase the vulnerability of girls and women to sexual and gender-based violence. In order to prevent/address those issues, the FP Project implemented the successful HIM approach.

In Burundi

During the 4 years, HIM activities were mainly conducted in Gasorwe. A training of trainers' session on HIM was conducted in Gasorwe commune. A total of 13 participants were present during the 5-day training. These participants included staffs from the Administration Department of Muyinga Province, Administration of Gasorwe Commune and the MOH.

The FP Project conducted also 5-day HIM trainings for each of the 11 selected collines for HIM activities in Gasorwe, Burundi. A total of 331 participants attended the HIM trainings.

The FP Project organized a HIM training for religious leaders in Muyinga and Kayanza provinces. In total, 50 religious leaders from various religious groups were trained over a 5-day period. By the end of this training, religious leaders were equipped with visual tools including FP posters to support them when communicating FP messages with their peers and community members. Among the 50 religious leaders trained, 8 from the Kayanza Province were female. After implementation, follow-up meetings were conducted for HIM champions who were trained at Gasorwe refugee camp. The purpose of the meetings was to assess the progress of the outreach educational activities.

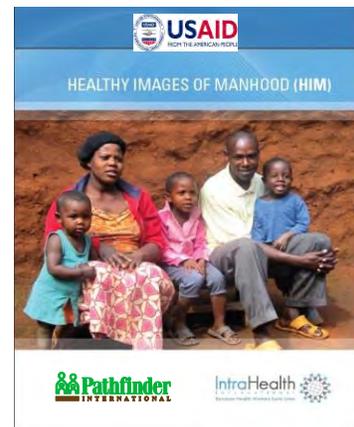


Participants in HIM Training in Gasorwe



View of participants (religious leaders) in Muyinga after the HIM training

At the end of the project, a qualitative assessment was conducted about the HIM approach. Feedbacks from the community of Gasorwe commune were collected. Health providers and beneficiaries were enthusiastic describing the great positive behavior changes in their communities. Interviewed “HIM Champions” showed interest in continuing raising awareness beyond the project’s life. Provincial and communal authorities are now champions in promoting the HIM approach as a solution for their “living together”.



In DRC

While piloting approaches, the FP Project conducted a SGBV prevalence assessment in Walungu health zone. The purpose of the assessment was to determine (1) Estimated number of survivors/victims of SGBV, (2) Types of SGBV and perpetrators, (3) Institutions/organizations providing care and treatment and services offered. In all, 99,6% of reported survivors were women victims of sexual violence cases, 58,1% of victims/survivors sought services and 90,1% of perpetrators were military/rebels.

The FP Project conducted trainings for trainers for 20 participants. The first step of training aimed to establish HIM trainers' core team.

HIM champion trainings were also organized for 87 HIM champions. The participants were representatives of public services, churches (including choir members), local associations (including women's associations), small business owners (such hairdressers and retail sellers of gasoline), nurses, and teachers.



Participants and facilitators at the HIM ToT. Family Picture, Bukavu

A workshop was organized by the PNSR to review the HIM approach module and adapt it to Bukavu context. During the workshop the participants agreed to change the title of the HIM to **"Implication Des Hommes dans La Santé de la Reproduction"** ("Involvement of Men in Reproductive Health") and to include an advocacy plan that involves authorities, community leaders and health care providers from South Kivu province.



HIM adaptation workshop, Bukavu

G. IMPLEMENT COMMUNITY ADVOCACY/ACTIVITIES INCLUDING HEALTH PROMOTION AND COMMUNITY OUTREACH

The goal of the community advocacy and mobilization activities is that populations in transition situations would recognize, analyze, and prioritize resources and needs and take collective actions to maintain and improve their health.

In Burundi

During the 4 years, awareness raising events were conducted by the FP Project to reach community with FP/GBV messages. The FP Project partnered with local theater groups and developed several theater sessions widely disseminating FP and SGBV messages and scenarios. Among theater groups were UMUCO and TUBIYAGE theater groups.



Theater group member acting as FP counselor in Kayanza.

In collaboration with the local health and administrative authorities and ABUBEF, the FP Project conducted advocacy sessions, community mobilization and awareness raising events in Muyinga and Kayanza province, preceding all IMT outreach activities. This “pre-IMT session” activity is key for the IMT success. It was an opportunity to inform the community of the event and educate them on the variety of services to be offered. More than 150,000 people reached by sensitization messages on FP/GBV through different channels used by FP Project (theatre performance, IMT and CBD).

The project also organized a three-day training of trainers whose objective was Reflection and Action within Most at Risk Population (RAMP). It is all about identifying a list that prioritizes barriers to behavior change by listing as many community life issues as possible. A way of creating a prioritized list of behavior issues that the community is facing. Thirty-four Health Promotion Technicians (TPS) in Kayanza and Muyinga provinces attended the training of trainers.

In DRC

During the 4 years, the FP Project, in collaboration with Walungu Health Zone authorities, organized several community awareness raising activities engaging community leaders and local officials to maximize the sensitization impact on family planning, reproductive health, and gender based violence. Findings show that in the absence of their husbands, wives express interest in choosing a family planning method or seeking other RH services. The FP Project initiated and maintained its awareness campaigns, conducted every Tuesday and Friday, targeting mothers seeking health services in the Walungu General Hospital maternity yard. Information about modern contraceptive methods were shared using visual tools and materials showing samples of all available methods including long acting and permanent methods. More than 70,000 people reached by sensitization messages on FP/GBV through different channels used by FP Project (theatre performance, IMT and CBD).

H. DEVELOP PARTNERSHIP AND COORDINATION

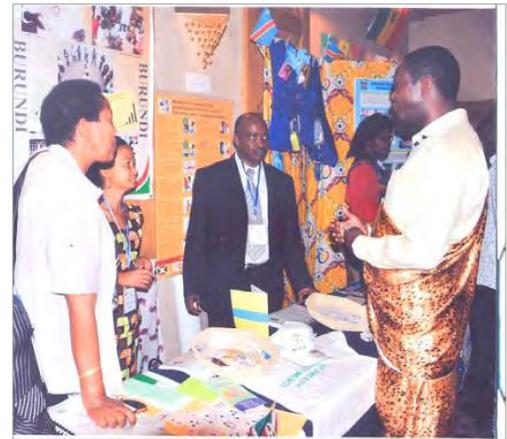
In order to improve service access and quality, the FP Project solicited the collaboration of the MOH at all levels (National, Provincial, Districts), NGOs, and different associations involved in ensuring health services to populations in transitional situations.

In Burundi

During the 4 years, Coordination meetings involving FP Project, the Civil Protection department, UNICEF, UNFPA and Red Cross Burundi were organized to prepare the update of the National

Contingency Plan and integration of the MISP for RH into the national Emergency Preparedness Plan workshop. In addition, the FP Project supported Burundi to participate to regional FP gatherings. Team members included the MOH and partners. The FP Project staffs were invited to participate in meetings organized by other partners to review activities and explore synergies.

Moreover, as most of the activities offered in IMT were not included in the FP Project scope of work, coordination mechanisms were established with the Pathfinder



Nairobi FP meeting, Burundi gallery walks, July 2011

International-Burundi MCH Project.

Also 2 formal MoUs were concluded (one with ABUBEF and another with Kayanza health district) defining roles and responsibilities and mechanisms of effective and strategic co-implementation of the integrated activities. Joint supervisions initiated by the FP Project and health districts' supervisors were conducted with the objective to assess the level of collaboration between CBDs and health centers, to reinforce CBD agents' capacity and to support health districts to develop ownership of the activity by monitoring CBD activities by themselves during other health center's activities.

A successful collaboration and negotiation with UNFPA resulted on the provision of more than 1000 FP charts to distribute in different health facilities.



MoU with ABUBEF

In DRC

During the project's life in DRC, the FP Project supported the Walungu General Hospital by making available tools and medical equipment for improving the quality of care offered to victims of SGBV. The delivery (maternity) ward benefited from partograms, clean water and electricity source via generator. The FP Project continued strengthening the Walungu referral system and the ambulance functioning by providing support on fuel.



MoU with Walungu health zone

Also 2 formal MoUs were concluded (one with Walungu health zone, one with Miti health zone and another with BDD) defining roles and responsibilities and mechanisms of effective and strategic partnership.

Joint formative supervisions of CBD activities were conducted in Walungu and Miti health zones with the RH Provincial department and health zones’ supervisors to strengthened partnership and health authorities’ ownership of the CBD approach.

A successful collaboration and negotiation with UNFPA resulted on the provision of a certain amount of FP commodities to support the CBD activities.

Commodities provided by UNFPA in DRC

FP commodities		Quantity	Expiration period
Emergency Contraception	NORISTERAT	27.100 doses	Sept 2016
	LEVONORGESTREL	1.000 doses	April 2016
Implanon	JADELLE	1.100 pieces	Sept 2016
Pills	Oral Contraceptives (COC)	11.760 boxes x 3 tablets	Aug 2015
Condoms	male condoms	187.200 pieces	Feb 2016
Accessories	Syringes (2 ml)	26.400 pieces	NA

III. Challenges and lessons learned

During the implementation of the FP Project, Pathfinder International faced the following challenges but also learned some lessons:

Challenges:

- Insufficient skilled personnel to update Contingency Plans. This was a big issue to update contingency plans in a timely way;
- Mobility of the personnel; the FP Project trained people who were transferred to other places out of our intervention area;
- National Decision makers who were far from intervention area in DRC was a big issue for documents’ update which took longer than planned;
- The success of the IMT required the use of mobile clinic car, which was not available within the FP Project. This was solved by using district ambulances in Kayanza and DRC and a mobile clinic car provided by ABUBEF in Muyinga;
- Health policies did not allow CHWs to offer injectable contraceptives. In Burundi, this was solved by referring clients in need of injectable methods to the nearest health facility. In DRC, unemployed nurses were trained as CBDs to offer DMPA within their community;
- All CHWs trained as CBD agents worked voluntary. This remains a big challenge to the sustainability of the activity after the project is over;
- Religious beliefs constitute a major hindrance to FP methods uptake by the population. Workshops were organized with religious leaders to leverage views;

- The fact that the PEP kits were not available at health center level and SGBV services were not integrated into all health facilities was an enormous barrier to some SGBV survivors ability to seek care;
- Culture was another barrier for SGBV survivors. It seems shameful to go to the facility saying that one has been a victim of sexual abuse; in this context, most women abandon seeking services and remain at home without seeking care;
- The main challenge remains to be the reference approach that health providers used to refer survivors of sexual violence. The health provider usually gives EC and can also give medicine against transmitted sexual infections and refer the survivor to the hospital for ARV. In many cases, the survivors are traveling far from their homes to reach the hospitals. The survivors may come alone, unaware of their surroundings in an unfamiliar place. The consequences are that she could be “lost to follow up” and the health provider does not know in the future if the person has been to the hospital or not;
- Other NGOs collaboration, especially those involved in refugee camps, was challenging. It was not possible to stand alone but had to rely on already existing structures such as CHWs;
- The distance that HIM champions had to travel to reach different households during their sensitization activities constituted a barrier to the full success of the approach;
- Insufficient number of staff as the approach was piloted by one gender specialist in both Burundi and DRC;
- Piloting new approaches requires hard work, creativity, and strong partnerships. During the implementation of the FP Project, it was realized that most partners were not enthusiastic about a pilot project. It was therefore difficult to make enough partnerships to overcome challenges posed by the project requirements.

Lessons learned:

- The MISP for RH initiated by the project and integrated in contingency plans was a new strategy introduced in the two countries. The coordination and partnership initiated around this strategy need to be strengthened;
- Working in close collaboration with the national level is a key for success in piloting approaches and updating documents;
- Addressing health issues requires effective collaboration between health and non-health providers;
- IMT approach helped to build a bridge between community and facility levels. It improved access to FP/GBV services for vulnerable populations and the package of services tested for people in transition situation can also be used in normal situations to reach underserved populations;
- CBD approach helped to overcome barriers against FP services use and to increased FP coverage;

- Increasing services availability and quality by renovating and equipping HF increases numbers of people seeking services;
- HIM approach was successful when integrated into existing and functional structures;
- Community leaders are key players in community projects;
- Piloting new approaches needs more stakeholders for successful implementation.

IV. Conclusion

The eight strategies tested to respond to the RH/FP/GBV needs of populations in transition situations work well now. IMTs and CBDs emerged as the best examples to follow in Burundi and DRC. From the experience with the FP project, IMT activities are now implemented by health district and the CBD approach is now integrated as part of national RH norms. The proposed package of services for people living in transition situations could also be used in normal situations to reach underserved populations. RH/FP/GBV community-based services are helpful to break barriers to the use of such services by the population.

Annex 2: M&E Table

#	Indicators	Method of calculation	Achievements	Targets	Comments/ Observations
1.	<i>Number of assessments completed, documented and disseminated among key players, by project site, by country</i>	Total number of assessments completed, documented and disseminated (situational assessment, gap analysis, training needs assessment, RH/FP, gender, DMPA, etc.). See details in 'Observations' column on types and timing of assessments.	37	37	Achieved
2.	<i>Number of contingency coordination plans for RH/FP/GBV service delivery in crisis situations for key respondent organizations developed.</i>	Total number of contingency coordination plans for RH/FP/GBV service delivery in crisis situations for key respondent organizations developed.	8	12	
3.	<i>Number of FP/RH/GBV national documents/curricula initiated/developed by MOH that have benefited from USG technical assistance</i>	Total of documents/ guidelines/ curricula initiated/developed/updated by MOH for which project provides technical assistance.	6	6	achieved
4.	<i>Number of people trained as core cadre in FP/RH/GBV/Gender with USG funds, by type of trainee, by sex, by sites, by country as a results of the Project's intervention</i>	Total of people trained as core cadre in FP/RH/GBV/Gender in Burundi and DRC. Disaggregate the indicator by the following types of trainees: (1) CBD agents, (2) CHWs, (3) facility-based providers, (4) religious leaders, (5) community leaders	125	106	Exceeded. Among the first trained group, some have moved and had to be replaced. Trainings were held upcountry to maintain the same budgeted cost.
5.	<i>Number of mobile outreach teams established</i>	Total number of outreach teams established. Outreach teams are made up of health providers working in clinics. Mobile teams offer services in the community at various free locations.	5	5	achieved

6.	<i>Number of outreach visits performed</i>	Total number of contacts made with clients by Provincial, District, communal mobile and Walungu teams. Services are provided by outreach teams at service delivery sites located in the community.	48	40	Exceeded. The project continue to conduct IMT in a slower pace d to meet high field demands
7.	<i>Number of people trained on FP with USG supported program</i>	Total number of people trained in family planning. Type of providers include: (1) Community-health workers, (2) Community-based distributors and (3) facility-based providers	991	830	Exceeded. Due to MoH policy of “redeployment”, among trained providers, some have moved, left the project intervention area and had to be replaced.
8.	<i>Number of people trained on CBD of contraceptive methods including administration of DMPA in DRC</i>	Total number of people trained on CBD of contraceptive methods including administration of DMPA in DRC. Type of trainees: (1) CBD agents, (2) CHWs, (3) facility-based providers, (4) religious leaders, (5) community leaders	177	105	Exceeded. Due extension of the approach in Miti and among trained providers, some have moved, left the project intervention area and had to be replaced.
9.	<i>Quantity of DMPA received by clients in DRC via CBD approach</i>	Total number of injections administered to clients in DRC via CBD approach.	5716	2800	Exceeded because of high demand and successful collaboration with UNFPA who donated more DMPA
10.	<i>Number of people trained on CBD approach in Burundi with USG supported program</i>	Total number of CBD and CBD supervisors trained on community-based distribution of contraceptives in Burundi.	141	159	CBD agents in Burundi are either CHWs or residents of peace villages and the project tr
11.	<i>Number of Cycle beads distributed with USG supported programs</i>	Total number of cycle beads distributed	5199	6520	With CDB activities and IMT, people reached asked for LAMP method
12.	<i>Couple years of protection(CYP) in USG supported programs, by contraceptive method type</i>	Sum of: quantity of contraceptives distributed * conversion factor. The types of contraceptive methods include: (1) condoms (male) (2) condoms (female) (3) Depo (4) Pills (5) Cycle beads	2160	1000	Calculated for the FY 2012 only. The target is that of 2012 too.
13.	<i>Number of USG assisted service delivery sites providing FP/GBV counseling sessions or services 24 hours a day</i>	Total number of service delivery sites (excluding door- to-door CBD) providing FP/GBV counselling sessions or services 24 hours a day.	17	16	Exceeded. One service delivery point in Miti health zone was added under South Kivu RH department request

14.	<i>Number of USG assisted service delivery sites offering PEP & EC and psychosocial care</i>	Total number of USG assisted service delivery sites offering PEP& EC and psychosocial care. This is a subset of the service delivery sites reported under indicator 13.	14	14	achieved
15.	<i>Number of people trained on HIM and SGBV case management</i>	Total number of people trained on HIM and SGBV case management.	817	705	Exceeded due to special needs expressed by Religious leaders and Miti new health zone
16.	<i>Number of people selected and trained to be professional trainers on SGBV case management</i>	Total number of people selected and trained to be professional trainers on SGBV case management.	10	10	achieved
17.	<i>Number of counseling visits for FP/RH/GBV as a result of USG assistance</i>	Total number of counseling visits for FP/RH/GBV. This only includes counseling by CBD agents.	60592	20700	Visits exceeded target because of (1) high demand from clients either for side effects management or just a need to be updated on FP (2) CBDs good performance wanting to do more follow up than planned
18.	<i>Number of people reached through community education/HIM champions/IEC-BCC on FP/GBV/awareness raising activities by project sites, by country with USG support</i>	Total number of people reached through community education /HIM champions/ IEC/awareness raising activities: counseling or outreach, IEC outreach, DMPA awareness raising (Community Based activities).	234004	77000	Exceeded because of high demand coming from clients, CBDs good performance wanting to do more mass education, IMT activities reached a lot more people
19.	<i>Number of people that have seen or heard a specific USG supported FP/RH/GBV message</i>	Total number of people who have seen or heard a specific USG supported FP/RH/GBV message (Radio and/or TV channels)	231553	121500	Exceeded because of effective community mobilization and the project visibility increase through renovation activity.
20.	<i>Number of alliances/MOUs signed with partners who are responsible in providing services to IDP/Rs in crisis settings</i>	Total of alliances/MOUs signed with partners who are responsible in providing services to IDP and refugees (R) in crisis settings.	5	5	achieved

21	<i>Number of coordination meetings with partners who are responsible/involved for providing FP/GBV services to IDP/Rs held</i>	Total number of coordination meetings held. Coordination meetings include meetings organized by the Ministry in Charge of Gender. USG funds will support and sometime facilitate these meetings.	49	28	Exceeded. Some meetings are split into more than one to be held in different areas to facilitate partners' availability and involvement. Not all coordination meetings have cost implication, some are just held in the project conference room
23.	<i>Number of publication/OR produced and widely distributed as results of the implementation of the models, including lessons learned, in different stages of a crisis</i>	Total number of publication/OR produced and widely distributed as results of the implementation of the models, including lessons learned, in different stages of a crisis	9	9	achieved