

BURUNDI FINAL REPORT

September 2002–June 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT



USAID
FROM THE AMERICAN PEOPLE





Family Health International
2101 Wilson Blvd.
Suite 700
Arlington, VA 22201 USA
Tel: 703.516.9779
Fax: 703.516.9781
www.fhi.org

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**Burundi Final Report
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for**

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and Care (IMPACT) Project**





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*Submitted to USAID
By Family Health International
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Family Health International
2101 Wilson Boulevard, Suite 700
Arlington, VA 22201
TEL 703-516-9779
FAX 703-516-9781

In partnership with

**Institute for Tropical Medicine
Management Sciences for Health
Population Services International
Program for Appropriate Technology in Health
University of North Carolina at Chapel Hill**



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TABLE OF CONTENTS

GLOSSARY OF ACRONYMS	1
ACKNOWLEDGMENTS	3
EXECUTIVE SUMMARY	4
PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS	5
Introduction	5
Country Context	5
Implementation and Management	7
Program Objectives, Strategies, and Activities	8
IMPACT Burundi Program Timeline	12
Program Results	14
LESSONS LEARNED AND RECOMMENDATIONS	16
HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES	18
Implementing Partner Matrix	18
Subproject Highlights	19
ATTACHMENTS	21
Attachment A: Country Program Financial Summary	21
Attachment B: Technical Assistance Roster	22
Attachment C: Bibliography of Resources Published with Support from IMPACT/Burundi	23

GLOSSARY OF ACRONYMS

ABUBEF	Association Burundaise pour le Bien Etre Familial
ADRA	Adventist Development and Relief Agency
AIDS	Acquired immune deficiency syndrome
ANS	Action Nord-Sud
ANSS	Association Nationale de Soutien aux Seropositifs et Sideens
APECOS	Association de Prise en Charge des Orphelins du SIDA
ARV/ART	Antiretroviral/Antiretroviral therapy
BSS	Behavioral surveillance survey
CEFORMI	Centre de Formation et de Recherche en Médecine et Maladies Infectieuses
CNLS	Conseil National de Lutte Contre le SIDA
CPAJ	Collective for the promotion of associations of young people
DFID	Department for International Development
FHI	Family Health International
FVS-AMADE	Famille pour Vaincre le SIDA
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GVC	Groupe de Volontariat Civil
HBC	Home-based care
HIV	Human immunodeficiency virus
IEC	Information, education, and communication
IMPACT	Implementing AIDS Prevention and Care Project
M&E	Monitoring and evaluation
MOH	Ministry of Health
MSA	Ministry of Social Affairs
NAC	National AIDS Council
NGO	Nongovernmental organization
OI	Opportunistic infection
OVC	Orphans and other vulnerable children
PLHA	People living with HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PNLS	Programme National de Lutte contre le SIDA
PSI	Population Services International
QA	Quality assurance
RBP+	Réseau Burundais des Personnes Vivant avec le VIH/SIDA
REDSO	Regional Economic Services Office
STI	Sexually transmitted infection
SWAA	Society of Women and AIDS in Africa
TA	Technical assistance
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNESCO	United Nations Educational Scientific Cultural Organization
UNFPA	United Nations Population Funds
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

USLS Sectoral unit in the fight against AIDS
VCT Voluntary counseling and testing
WHO World Health Organization

ACKNOWLEDGMENTS

Family Health International (FHI) has prepared this report to document IMPACT/Burundi's contribution to HIV/AIDS programming in Burundi. Several partners, from the national government to local community organizations, collaborated to ensure the success of the IMPACT program in Burundi.

We are grateful to the Burundian government's Ministry of Health and Ministry of HIV/AIDS for the support provided. We appreciate the effective collaboration established with the implementing agencies, including CEFORMI, Association Burundaise pour le Bien Etre Familial (ABUBEF), Réseau Burundais des Personnes Vivant avec le VIH/SIDA (RBP+), Association Nationale de Soutien aux Seropositifs et Sideens (ANSS), and Famille pour Vaincre le SIDA (FVS-AMADE). We would have achieved little without the guidance, support, participation, and unique contributions of these organizations in Burundi.

We are also grateful to the U.S. Agency for International Development (USAID) and the Regional Economic Services Office (REDSO) for providing the opportunity and financial support to implement the diverse portfolio of HIV/AIDS programs made possible through IMPACT funds.

EXECUTIVE SUMMARY

Burundi has one of the highest HIV/AIDS infection rates in Central Africa. Since 1965, the country has experienced a number of violent civil conflicts. Due to this unrest, approximately 200,000 Burundians have perished and more than 800,000 others have been internally displaced or have become refugees in neighboring countries. A combination of factors, including high infection rates, civil conflict, and displacement of citizens, makes HIV/AIDS an especially pressing concern in Burundi. Between 2002 and 2007, the Implementing AIDS Prevention and Care (IMPACT) Project in Burundi provided critical leadership and expert technical assistance to Burundi's national government and key local partners to strengthen the national response to HIV/AIDS.

During the course of the project, IMPACT/Burundi helped the national government develop appropriate policies, strategies, and guidelines related to voluntary counseling and testing (VCT), monitoring and evaluation (M&E), orphans and other vulnerable children (OVC), and youth programming. Specifically, IMPACT/Burundi worked with key partners to develop a national standard operating procedures manual in VCT, which was widely used throughout the country. IMPACT/Burundi provided strong technical support to the Conseil National de Lutte Contre le SIDA (CNLS) to finalize and validate Burundi's national strategic plan for M&E. The project also spearheaded a comprehensive situational analysis that provided a critical snapshot of current youth services in Burundi. Recommendations from this report helped to identify strengths and weaknesses in youth programming and led to new and innovative youth activities, including a youth-focused VCT center in Bujumbura.

In fiscal year 2004, IMPACT/Burundi completed the first ever behavioral surveillance research on HIV and sexually transmitted infections (STIs) in Burundi. Findings from this survey provided important insight into socio-demographic characteristics and behavioral patterns of targeted populations and were widely disseminated within the development community. These findings provided a foundation for developing Burundi's first evidence-based HIV/AIDS programming.

IMPACT/Burundi supported several key local partners in their implementation of services from prevention to clinical care. The project also built the capacity of nascent local partners in underserved regions in the areas of care and support, orphans and other vulnerable children, and people living with HIV/AIDS (PLHA).

PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS

INTRODUCTION

Beginning in 2002, USAID/REDSO began supporting the IMPACT project in Burundi. The project focused on strengthening the capacity of the government, nongovernmental organizations (NGOs), and other partners to develop an effective national response to HIV/AIDS that would reduce the transmission and impact of HIV/AIDS. Key activities included strengthening the national surveillance and HIV/AIDS M&E systems, enhancing VCT services, building local capacity to address the needs of PLHA, and establishing stronger OVC and youth activities. These key activities were designed to contribute to the strategic objectives elaborated in the Burundian National HIV/AIDS Action Plan 2002-2006.

Throughout the project, IMPACT/Burundi guided and supported the work of a range of stakeholders, including the national government, local NGOs, university groups, and other donor-supported partners. USAID committed a total of \$2,150,000 in field support funding to IMPACT/Burundi during the life of the project.

COUNTRY CONTEXT

Burundi is a landlocked Central African country that borders Rwanda to the north, Tanzania to the east and south, and the Democratic Republic of Congo to the west. It is a relatively small country of 27,830 km². In 2001, on the eve of the IMPACT project's inception, the total population was estimated at 6.8 million, with approximately 47 percent of the population under 15 years and less than 3 percent 65 years or older. Life expectancy was 42 years on average, and the infant mortality rate was 105/1,000 live births. Fifty-two percent of the population over the age of 15 was illiterate. Burundi is a highly rural country, with only 9 percent of the population residing in urban areas.



HIV/AIDS in Burundi

Burundi has one of the highest HIV/AIDS infection rates in Central Africa. An HIV prevalence survey conducted in 2002¹ estimated that 3.2 percent of the general population (over 12 years old) is HIV-positive. The seroprevalence estimate was 9.4 percent in urban areas, 10.5 percent in semi-urban areas, and 2.5 percent in rural areas. Seroprevalence was 3.8 percent for women while only 2.6 percent for men. HIV/AIDS in Burundi has brought significant social, demographic, and economic consequences to communities, as those most affected by the epidemic are of productive age (15-49 years old). More than half of those infected with HIV work in the agricultural sector.

HIV/AIDS in Burundi is characterized as a generalized epidemic. The first AIDS case was identified in 1983. By 1987, HIV prevalence was estimated at 11 percent in urban populations and 0.7 percent in rural populations. By the mid-1990s, prevalence among pregnant women in Bujumbura had reached 27 percent and rates in semi-urban surveillance sites ranged from 3 to 17 percent. Since 1997, prevalence among pregnant women has remained elevated and somewhat stable, particularly in Bujumbura. A knowledge, attitude, beliefs, and practices (KABP) survey conducted in 2000 showed that 10.6 percent of the adult population (15-49 years old) had had non-regular sexual partners in the past 12 months; men were more likely to have had non-regular sexual partners than women (14.4 percent versus 7.3 percent). The same survey showed that 18.4 percent of the 15- to 19-year-olds were sexually active. Current data of others at risk—such as sex workers, pregnant women, displaced persons, men who have sex with men, and drug users—are not available.

Women are disproportionately affected by the epidemic and represent an estimated 56 percent of adult cases. In 2000, the number of children estimated to be living with HIV totaled 19,000. Combinations of factors, including economic breakdown, civil conflict, and HIV/AIDS, have left orphans and other vulnerable children in a dire situation. An estimated 16.6 percent of children in Burundi are orphaned (more than 500,000 children). About half of these children are thought to be without parents as a result of HIV/AIDS.

Political Challenges in Burundi

Burundi has an extremely complex political, economic, and social context as a result of the ethnic war beginning in October 1993. A cycle of violence began when members within a Tutsi-dominated army assassinated the first freely elected president, Melchior Ndadaye, igniting Hutu-Tutsi fighting. Since the fighting began, it is estimated that more than 200,000 people have been killed and more than 800,000 have been displaced. In 2000, 19 Burundi parties signed the Arusha Peace and Reconciliation Agreement in Arusha, Tanzania, with former South African President Nelson Mandela overseeing the initiation of the peace process. The Arusha peace accords established an ethnically balanced army and legislature. In November 2001, the first president was elected for the transitional government.

The National Response to HIV/AIDS in Burundi

The Burundian government developed a National HIV/AIDS Action Plan for 2002-2006, which included three main goals: 1) prevention of HIV transmission; 2) improving the well-being of PLHA; and 3) mitigating the impact of HIV/AIDS. These strategic objectives were to be attained

¹ CEFORMI, "Enquete nationale de seroprevalence de l'infection par le VIH au Burundi," December 2002.

through multisectoral action involving all line ministries and by engaging civil society, including religious organizations, private enterprises, labor unions, farmers, women, youth and student associations, PLHA, and NGOs.

The Government of Burundi established the Conseil National de Lutte Contre le SIDA (CNLS) in July 2001 to oversee and coordinate implementation of the National HIV/AIDS Action Plan for 2002-2006, which is chaired by the Minister of HIV/AIDS. The CNLS replaced the Programme National de Lutte contre le SIDA (PNLS), which had been housed in the Ministry of Health since 1986. The CNLS is supported by sectoral units in the fight against AIDS (USLS). These units are responsible for the coordination of planning and implementing the sectoral plans. Each sectoral plan includes prevention strategies for staff operating in the sector and for the affected target populations. At the decentralized level, provincial committees, communal committees, and local committees (CLS) work to prevent the spread of HIV. Also situated in the Ministry of Health, the Programme National de Santé de la Reproduction is the national reference center for activities related to reproductive health, safe motherhood, breast-feeding, youth reproductive health, antenatal care, and family planning, and serves as an important stakeholder in prevention of mother-to-child transmission (PMTCT) activities.

Other ministries, particularly the Ministry of Health and the Ministry of Information, play key roles in reducing the spread of HIV. Despite these high-level commitments, capacity constraints, political instability, and competing health priorities have limited the degree to which government entities have been able to play a significant role in the national HIV/AIDS response.

IMPLEMENTATION AND MANAGEMENT

Design and Management Structure

Following a series of visits in 2002, FHI developed a program design concept and workplan. In March 2003, IMPACT/Burundi hired a country director and began the registration process with the Ministry of Foreign Affairs and Coordination. The workplan and budget were finalized the same month and approved by USAID/REDSO shortly thereafter.

In 2003, priority activities included identifying and establishing IMPACT/Burundi's office, procuring equipment and furniture, and recruiting support staff, including an accountant/administrative assistant and a driver. Due to IMPACT/Burundi's expanding portfolio, the country team grew to include two technical officers. However, these initial activities were delayed by sporadic fighting in Bujumbura as well as difficulties with the registration process, which was finally granted to FHI in August 2003.

Although the president of Burundi signed a power-sharing agreement in Pretoria in October 2003, the political insecurity in the country continued and delayed the implementation of planned program activities in the first and second years of operation. Throughout the program's history, FHI's IMPACT team in Arlington provided programmatic and technical backstopping support to the Burundi program.

Implementation Strategy

IMPACT/Burundi sought to build a Burundian national HIV/AIDS response by strengthening the capacity of local organizations. During the life of the IMPACT project, the majority of activities were implemented through subagreements with partner implementing agencies (IAs) and through the provision of technical assistance to the government, partner NGOs, and other donor agencies. Throughout the time period, FHI worked closely with USAID to implement IMPACT's work. Activities initiated under IMPACT were eventually transitioned to REDSO/ECA (the Regional Economic Development Services Office/East and Central Africa) and then ROADS (Regional Outreach Addressing AIDS through Development Strategies), as this five-year bilateral regional project ramped up. The work of IMPACT partner agencies is detailed in the Subproject Highlights section of this report.

PROGRAM OBJECTIVES, STRATEGIES, AND ACTIVITIES

IMPACT's primary activities focused on providing technical support to the national HIV/AIDS program by developing stronger M&E systems, implementing a behavioral surveillance survey (BSS), strengthening VCT guidelines and services, and reinforcing care and support services for PLHA. IMPACT/Burundi also focused on assessing the state of existing activities for both OVC and youth. The strategies and activities relating to each of these areas are described below.

M&E

One of IMPACT/Burundi's objectives was to strengthen the capacity of national and nongovernmental organizations to conduct effective monitoring and evaluation of HIV/AIDS programs. During the course of the project, IMPACT/Burundi collaborated with the CNLS to finalize and validate the national strategic plan for M&E. IMPACT/Burundi also developed and executed a five-day M&E training to draft national indicators with several partner organizations. A follow-up training for key provincial-level personnel was organized to introduce health professionals to the National HIV/AIDS Action Plan for 2002-2006 and the accompanying national indicators.

BSS

IMPACT/Burundi succeeded in strengthening Burundi's HIV/AIDS surveillance system by providing technical assistance (TA) to CEFORMI, a local research institute selected to undertake the national BSS in quarters three and four of FY2003. This BSS was the first survey of its kind to be conducted in Burundi. Key tasks of the BSS included revising questionnaires; developing training manuals for supervisors/surveyors; training the BSS team; collecting, cleaning, and analyzing data; and providing technical assistance (TA) for report writing and dissemination. A total of 8,860 individuals were interviewed, and five reports were prepared to highlight findings from the major target groups.

Major Target Groups	Number of Participants
Commercial sex workers	611
Displaced persons (15-49 years old)	1,083
Uniformed services (18-49 years old)	825
Youth (15-24 years old)	6,341

Please refer to the Program Results section of this report for information on key findings from the BSS.

VCT

A main objective of the IMPACT program in Burundi was to strengthen the quality of national VCT services. IMPACT/Burundi developed a national VCT standard operating procedures manual in collaboration with sectoral units (USLS) and GFATM.

IMPACT/Burundi collaborated with members of the Ministry of Health (MOH), the National AIDS Control Programme (NACP), the National AIDS Council (NAC), and Burundi's national VCT counselors' network to adapt IMPACT VCT quality assurance (QA) tools to the Burundian country context. During the process, IMPACT/Burundi worked with a team from the network of national VCT counselors to adapt four QA tools for VCT supervision and quality assurance:

- Counselor self-evaluation form
- Client exit survey form
- VCT site checklist
- Counselor supervision checklist

IMPACT/Burundi assisted in the development of training modules for VCT and opportunistic infections (OIs)/antiretroviral therapy (ART), and implemented this training for NGOs and MOH personnel through a series of training sessions and workshops.

July 2003: IMPACT/Burundi conducted a formative assessment of current VCT and psychological support activities and provided recommendations for the development of a referral network for care and treatment.

January 2004: IMPACT/Burundi facilitated two five-day VCT training sessions. The first session, with 57 participants, was provided to individuals with medical backgrounds, including nurses and social workers. The second session included 47 participants with non-medical backgrounds from national NGOs and PLHA associations.

March 2004: IMPACT/Burundi provided technical assistance to VCT counselors from the national association ANSS to strengthen their counseling skills as well as build the management and organizational capacity of the agency's VCT center.

October 2005: IMPACT/Burundi provided technical assistance in the planning and execution of a training event for VCT counselors' supervisors, which focused on how to effectively plan, organize, and carry out QA supervision for VCT using the quality assurance tools developed earlier in the project. Participants included supervisors from organizations where IMPACT/Burundi had already trained individuals in HIV counseling.

Two additional VCT counselor training workshops were held in October. During these workshops, facilitators used the national VCT counselors curriculum validated by the MOH and the NAC. Major topics addressed included the basic facts on HIV and AIDS,

interpersonal communication, and the “how-tos” of effective counseling. A total of 33 medical personnel including nurses, paramedical staff, and social workers were trained during the first workshop. The second workshop, in which 33 participants were trained, was held specifically for non-medical personnel.

PLHA

IMPACT/Burundi supported WHO to assess the national home-based care (HBC) program to identify local capacities for care and support to PLHA. In April 2004, IMPACT/Burundi organized a one-week participatory training on OIs/ART for 59 medical personnel (37 nurses and 22 physicians). Two external facilitators from the Institute of Tropical Medicine in Belgium supported this training.

IMPACT/Burundi also supported local partners to bolster PLHA services. A subagreement was executed with the local association RBP+ to carry out a program of information, education, and communication (IEC) activities. These activities, implemented in the Bubanza province, focused on home-based care, psychological support for PLHA, and sensitization of pregnant women for PMTCT. The project was completed in September 2005. In fiscal year 2005, home-based care services were provided to 327 PLHA. In addition, almost 2,500 women were informed about PMTCT services and 2,972 people were educated about HIV/AIDS and related health issues. IMPACT/Burundi also executed a subagreement with ANSS to provide care and support activities for more than 1,000 PLHA in Bujumbura.

OVC

In collaboration with ActionAid Burundi, IMPACT/Burundi assisted the Ministry of Social Affairs in defining a national OVC policy. In addition to providing assistance to the government, the project worked with select national and local partners to implement activities to strengthen existing OVC programs. IMPACT/Burundi developed a partnership with the national organization Association de Prise en Charge des Orphelins du SIDA (APECOS) to support vocational training and social and medical assistance to OVC in Bubanza province. As of September 2005, 40 orphans had received vocational training (sewing), and social and medical assistance had been provided to 1,290 OVC.

IMPACT/Burundi created a relationship with local NGO Famille pour Vaincre le SIDA (FVS-AMADE) that allowed for the provision of psychological and basic support to OVC in Bujumbura, Gitega, and Bururi provinces. Through this program, 2,500 OVC received educational support, 200 individuals received psychosocial and medical support, and 40 participants attended vocational training.

For several months, IMPACT/Burundi coordinated the organization of a workshop with the Ministry of Social Affairs (MSA) and UNICEF to raise discussion and debate about OVC issues in Burundi.

Youth

Because little was known about youth activities in-country, IMPACT/Burundi conducted a situational analysis of HIV/AIDS youth programs with technical assistance from FHI's YouthNet project. The goals of the assessment were to identify: 1) successes and challenges

encountered by current youth programs; 2) barriers to the expansion of current youth programs; and 3) gaps in both knowledge of youth and services to youth. The ultimate aims of the assessment were to guide program design, select target audiences, and identify youth program partners. From the findings of this analysis, IMPACT/Burundi proposed a minimum package of services to strengthen existing HIV/AIDS youth programs and meet HIV/AIDS prevention needs among youth.

As a result of the analysis, the Collective for the Promotion of Associations of Young People (CPAJ) and ABUBEF were identified as strong potential youth partners. IMPACT/Burundi developed subagreements with both organizations to open a youth-focused VCT center in Bujumbura. In addition to this center, ABUBEF provided information, outreach services, and legal assistance to children and orphans. By the end of September 2005, 2,719 clients had been tested for HIV, of which 387 tested positive (14.2 percent). Ninety-six percent of the clients tested received their test results (2,611/2,719). ABUBEF and CPAJ also trained 20 peer educators (10 male and 10 female) and provided care and support services to 104 PLHA (52 male clients and 52 female clients).

Additional IMPACT Support to Burundi

UNAIDS/WHO's Technical Working Group and Thematic Working Group

As a member of UNAIDS/WHO's Technical Working Group and Thematic Working Group, IMPACT/Burundi advocated for increased collaboration and coordination among partner organizations. IMPACT/Burundi also led the thematic working group focused on training, which was aimed at identifying national training needs and resources and advocating for standardized curricula and procedures for all agencies.

Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM)

IMPACT/Burundi provided technical assistance in the development of the Round 4 proposal to the GFATM.

NGO/Civil Society HIV/AIDS Forum

In December 2004, IMPACT/Burundi organized a two-day meeting for the NAC and local NGOs with the goal of improving collaboration and coordination among HIV/AIDS stakeholders.

Media

The local news media was used to promote HIV messages: Burundi's largest newspaper, the *Renouveau*, ran two full-page articles dedicated to the topic. IMPACT/Burundi's work was also featured on the following radio programs: Radio Renaissance, Radio RPA, Radio CCIB, and Radio Isanganiro. IMPACT/Burundi's acting country director organized a television show in Kirundi highlighting the work of six local partners (ANSS, ABUBEF, CPAJ, RBP+, FVS-AMADE and APECOS). In addition, radio and print media broadcast IMPACT/Burundi's VCT training for supervisors, with the goal of increasing uptake of VCT services.

IMPACT/BURUNDI PROGRAM TIMELINE

FY Quarters Q1 = October – December Q2 = January – March Q3 = April – June Q4 = July – September	FY2003		FY2004		FY2005		FY2006		FY2007
	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4	Q1/Q2
Program Activities									
Program management/start-up									
Recruit country director									
Establish office, recruit additional staff									
Behavioral surveillance survey									
Select research group, draft research protocol									
Conduct BSS training, data collection									
Conduct BSS analysis, report writing, and dissemination									
Finalize and validate national strategic plan for M&E with CNLS									
Develop M&E training curriculum for NGOs and agency personnel									
Provide TA for M&E training for NGOs and other agency personnel									
Establish and implement project M&E plan									
Conduct ongoing IA training in collection and analysis of monitoring data									
Training and capacity-building workshops									
Draft and revise counseling and quality assurance training modules with GFATM									
Facilitate VCT training, including PMTCT for counselors									
Support development and/or upgrade of HIV management guidelines, including OIs and provision of ARV and PMTCT									
Support assessment and training of healthcare providers on OIs and ART provision using upgraded guidelines (with Institute of Tropical Medicine)									

FY Quarters Q1 = October – December Q2 = January – March Q3 = April – June Q4 = July – September	FY2003		FY2004		FY2005		FY2006		FY2007
	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4	Q1/Q2	Q3/Q4	Q1/Q2
Program Activities									
Develop and implement subagreements with CED-CARITAS to strengthen PMTCT/VCT services									
Identification of local capacities in care and support to PLHA									
Provide technical assistance to WHO to assess the national HBC program to identify partners for care and support to PLHA									
Develop and implement subagreement with ANSS									
Develop and implement subagreement with RBP+ in Bubanza province									
Orphans and other vulnerable children activities									
Assist in development of national policy on OVC in collaboration with ActionAid Burundi									
Develop and implement subagreements with FVS-AMADE and APECOS to assist OVC									
Youth activities									
Conduct situational analysis of current youth activities and provide recommendations for programming									
Identify and develop partnerships with CPAJ and ABUBEF to implement youth activities									

PROGRAM RESULTS

From 2002 to 2007, IMPACT/Burundi produced the following results:

Program Outputs

IMPACT/Burundi provided technical leadership and assistance in the development of various documents for the national government and NGOs, including:

- National Strategic Plan for M&E
- National VCT Standard Operating Procedures Manual
- Four tools for VCT supervision and quality assurance
- Trainings modules for VCT and OI/ART management
- National policy on OVC

BSS

IMPACT/Burundi provided TA to CEFORMI, chosen as the local partner organization to undertake Burundi's first BSS. From this BSS, three reports were written on the target groups:

- Enquêtes de surveillance de comportements face aux IST/VIH/SIDA au Burundi, Rapport auprès des Corps en uniformes (2003), CEFORMI, January 2005.
- Enquêtes de surveillance de comportements face aux IST/VIH/SIDA au Burundi, Rapport auprès des Professionnelles du sexe (2003-2004), CEFORMI, January 2005.
- Enquêtes de surveillance de comportements face aux IST/VIH/SIDA au Burundi, Rapport auprès des Jeunes (2003-2004), CEFORMI, January 2005.

Key findings from the BSS:

	% of Uniformed Services (18-49 years old)	% of Commercial Sex Workers	% of Youth (15-24 years old)	% of Displaced Persons (15-49 years old)
Alcohol consumption	84	78	47 (male)	n/a
Drug use	n/a	16	5 (male)	n/a
Initial sex	n/a	n/a	37 (male) 21 (female)	n/a
Sex for commercial reasons in the past 12 months	1.2	n/a	3 (male) 5 (female)	0.4
Sex with multiple partners in the past 12 months	7	n/a	4 (all youth)	23
Condom use	1	74	23 (all youth)	2
Knowledge of methods for HIV prevention	12	5	3 (male) 3 (female)	6

Positive attitude toward PLHA	5	2	6 (male) 5 (female)	1
Previous HIV screening	68	41	12 (male) 12 (female)	17

Uniformed Services: n = 825 Commercial Sex Workers: n = 611 Youth: n = 6,341 Displaced Persons: n = 1,083

Training Outputs

Training	Number of persons trained
VCT	206
Stigma and discrimination	158
HBC for PLHA	59
Peer education	20

Service Outputs

Indicator	Result
OVC	
Number of OVC programs	3
Total number of OVC served/reached with basic support package	2,272
Number of OVC receiving psychosocial support	374
Number of OVC served	6,391
HBC	
Number of community and HBC programs providing general HIV-related palliative care	2
Number of HIV-infected individuals receiving palliative care/HBC	247
Number of individuals reached by HBC programs	2,056
SBC	
Number of community outreach HIV/AIDS programs that promote abstinence, being faithful, and condoms	3
Number of IEC events conducted	14
Number of individuals in target population reached one-on-one by peer education	105
Number of individuals reached through	3,798

community outreach programs	
VCT	
Number of individuals who received counseling and testing	5,237

Implementation Constraints

Continuous political instability and changes in national leadership made it difficult for IMPACT/Burundi staff and partners to undertake planned activities in a timely and consistent manner. Insecurity regularly caused delays and setbacks in implementation and resulted in office closures during challenging and dangerous times.

While the BSS progressed well and produced useful data, the prisoner population was dropped from the survey due to consistent delays in submitting the protocol to FHI’s Protection of Human Subjects Committee for approval. This was unfortunate, as data on this important population would have provided valuable insight.

When FHI’s country director resigned in 2004, it took time to recruit her replacement, given the instability in Burundi and the difficulty of living in Bujumbura. As a result, the country office functioned without onsite leadership for a short period. During this time, FHI’s Field Programs Group in Arlington and FHI/Rwanda’s country management team provided technical and programmatic support to the IMPACT/Burundi staff. The lack of a country director resulted in slight delays in IMPACT/Burundi’s implementation plan.

LESSONS LEARNED AND RECOMMENDATIONS

Partner with the national government to ensure national adoption and adaptation of tools and guidelines.

IMPACT/Burundi worked closely with the Burundian government to establish the first national guidelines for VCT. Several VCT tools developed by IMPACT/Burundi were adopted as national reference tools. Other tools, such as a VCT training manual and supervision checklist, were adapted to meet the needs of the Burundian government. In addition, IMPACT/Burundi worked closely with the national government to develop national strategies for M&E and OVC. Collaborating with the national government creates positive partnerships that are necessary for preventing the spread of HIV.

Develop an effective and comprehensive dissemination plan.

IMPACT/Burundi worked with the government to undertake the first-ever BSS in the country. To ensure the survey results would be distributed widely to all shareholders, IMPACT/Burundi developed a careful and comprehensive dissemination plan. The report was distributed to 64 institutions, including the MOH and its departments, WHO, UNAIDS, UNICEF, CARE International, ADRA, GVC, International Rescue Committee, ActionAid, UNESCO, World Bank, Médecins Sans Frontières Belgique, Médecins Sans Frontières Hollande, Coopération Technique Belge, PSI, International

Medical Corps, OFDA, UNFPA, and the European Union. As a result of this effective dissemination plan, almost all partners working in Burundi used these BSS data in planning their interventions and as a reference in dealing with Burundi's HIV/AIDS epidemic.

Design a comprehensive reporting and documentation system when entering a conflict area.

Due to the dangers and stressors associated with work in a conflict zone, staff turnover and local agency closures are often experienced. To retain the institutional knowledge that individuals and agencies develop during the program, a comprehensive reporting and documentation system should be developed at the outset. This system will help ensure accurate and consistent reporting from the project office and IAs. Unfortunately, IMPACT/Burundi was not able to create this type of system at the start of the program, which made reporting at the end of the project more difficult than necessary.

Promote collaborative efforts among governmental agencies, NGOs, and community groups.

During the course of project activities, IMPACT/Burundi collaborated with USAID/REDSO, the MOH/PNLS, and many other local partners. As was demonstrated in this project, holding regular lessons learned workshops and information sharing sessions fostered increased collaboration among organizations and helped to identify mutual goals. This collaborative approach also built consensus for selected strategies and helped to eliminate duplication of services while increasing the likelihood of sustainability after project activities ended.

Ensure sustainability by building local capacity.

Prior to IMPACT's work in Burundi, the capacity of many local NGOs working in the country's HIV/AIDS sector was relatively low. As a result, IMPACT/Burundi invested significant resources in local NGOs to build their capacity in several areas, including subagreement development and workplanning, financial training, and quarterly meetings. Some of the main IAs involved were ABUBEF, APECOS, FVS-AMADE, RBP+, and ANSS. As a result of capacity-building activities, many of these organizations have strengthened their programmatic and technical abilities and are now expanding their programming and increasing scale. One important example of success is that many of these organizations have secured additional funding to undertake HIV/AIDS programs in new provinces or technical areas where IMPACT/Burundi did not work.

HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES

Implementing Partner Matrix for IMPACT/Burundi

Recipient Name	Organizational Type	Location(s)	Target Population	Project Dates	Intervention(s)	Life of Project Budget \$US
ABUBEF	NGO	Bujumbura	Youth	2/01/05-1/31/06	VCT, psychosocial support	19,356
ANSS	NGO	Bujumbura, Gitega, and Kirundo	PLHA	07/14/04 -07/15/05	HBC, training, and outreach	80,366
APECOS	NGO	Bubanza	OVC	2/01/05-1/31/06	Training	35,834
CEFORMI	University	Bujumbura	BSS subgroups	11/01/03-9/30/04	BSS	152,824
CPAJ	NGO	Bujumbura	Youth	2/01/05-1/31/06	VCT services and peer outreach	29,222
FVS-AMADE	NGO	Gitega, Bururi, and Bujumbura	OVC	12/01/03-1/31/06	Outreach, human rights education, and training in foster care	134,528
RBP+	NGO	Bubanza	PLHA	2/01/04-9/30/05	Peer outreach for PLHA and PMTCT	31,615

Subproject Highlights

Association Burundaise pour le Bien Etre Familial (ABUBEF)

The Burundian affiliate of the International Planned Parenthood Federation was founded in 1991 and began implementing activities in 1993. ABUBEF is active in Gitega, Ngozi, Bujumbura Urban, and Bururi provinces. ABUBEF's Bujumbura center provides a number of reproductive health and VCT services, including youth drop-in centers where activities include sensitization, education, recreational and artistic activities, and family planning services. During the IMPACT project, ABUBEF launched peer education activities and opened a youth-focused VCT center in Bujumbura. ABUBEF provided information on individual human rights and protection and legal assistance to children and orphans. The association also served as a referral resource in Bujumbura for care and support services.

Association de Prise en Charge des Orphelins du SIDA (APECOS)

In 1993, a group of university students created APECOS to support the special needs of children orphaned due to AIDS. The organization works with vulnerable children including war orphans, street children, and child-headed households to meet these children's basic needs. APECOS supports school fees, food, medicines (including ART), and clothing as well as psychosocial support for OVC. During the IMPACT project, APECOS received a subgrant to work in the Bubanza province to promote community-based activities for OVC care and support. These activities included training community peer educators to speak about HIV/AIDS and human rights, and vocational training.

Association National de Soutien aux Séropositifs et Sidéens (ANSS)

Established in 1992 in Bujumbura, ANSS provides clinical care for OIs, VCT, and services for orphans. The organization also provides ART for people who can afford treatment with generic antiretroviral (ARV) drugs. During the IMPACT project, ANSS's specific objectives were to provide psychosocial and nutritional support to PLHA and to assist community health workers in implementing prevention activities in Gitega and Kirundo. IMPACT/Burundi also provided TA to ANSS to strengthen its institutional framework to provide appropriate care and support in the provinces of Gitega, Kirundo, and Bujumbura.

Centre de Formation et de Recherche en Médecine et Maladies Infectieuses (CEFORMI)

Based within the Faculty of Medicine of the University of Burundi, CEFORMI is a research institution established in 1997. The institute provides medical training, organizes outreach campaigns to improve community health, and conducts research in the medical field. During the IMPACT project, CEFORMI was selected to undertake IMPACT/Burundi's BSS to measure the behavioral trends surrounding HIV/AIDS and STIs in target populations, including youth, 15- to 24-year-olds, displaced persons, sex workers, military, and police officers. The specific objectives of the BSS were: 1) determine the sexual behaviors among each target group, particularly the number and type of sexual partners, previous history of STIs, and methods of HIV/AIDS prevention; 2) measure knowledge and attitudes toward HIV/AIDS and STIs in each target group; 3) measure HIV test acceptance in each target group; and 4) measure each target group's exposure to HIV/AIDS interventions. The results of this BSS were shared with a wide range of government offices, NGOs, and local partners.

La Famille pour Vaincre le SIDA (FVS-AMADE)

FVS-AMADE, one of the few associations addressing the special needs of OVC in Burundi, focuses on OVC in the provinces of Bujumbura Mairie, Gitega, Bururi, and Rural Bujumbura. The association works in collaboration with three other national NGOs to strengthen their respective programs: SWAA-Burundi focuses on women; ANSS provides healthcare to people affected by HIV/AIDS; and Nouvelle Espérance provides support to PLHA. FVS-AMADE promotes a community approach to addressing the special needs of orphans rather than supporting institutionalization. During the IMPACT project, IMPACT/Burundi supported FVS-AMADE to provide outreach and support services to educate communities about HIV and the rights of orphans and other vulnerable children. FVS-AMADE also worked to establish and train foster families for orphans.

Le Réseau Burundais des Personnes Vivant avec le VIH/SIDA (RBP+)

RBP+ works to improve the quality of life of PLHA and to increase their visibility and voice through active involvement in preventing the spread of HIV. The organization advocates for increased access to basic drugs, such as ARVs, and essential laboratory equipment. IMPACT/Burundi supported RBP+ in reducing HIV/AIDS transmission among PLHA and reducing mother-to-child transmission in Bubanza province. RBP+ met these challenges through peer outreach and education, specifically by encouraging voluntary testing and providing psychological support to HIV-positive individuals.

ATTACHMENTS

Attachment A: Country Program Financial Summary

Since fiscal year 2002, USAID/REDSO has committed a total of \$2,150,000 to IMPACT/Burundi. The IMPACT/Burundi program closed in June 2007.

Attachment B: Technical Assistance Roster

Technical Assistance Provided to IMPACT/Burundi

Date	Purpose	Consultant/Officer
July 2002	Travel with USAID/Burundi program officer to prepare for USAID/Burundi HIV response	Denis Jackson, FHI Senior Advisor, HIV Projects Europe
June 2003	Select research partner for BSS, draft protocol with CEFORMI	Jean Paul Tchupo, FHI Senior Technical Officer, M&E
July 2003	Provide technical assistance to VCT activities and provide recommendations for development of a referral network for HIV/AIDS care and treatment	Awa Ramata Ouattara, FHI Senior Technical Officer, VCT
October 2003	Provide technical assistance to CEFORMI to finalize questionnaires and surveyor manual	Jean Paul Tchupo, FHI Senior Technical Officer, M&E
December 2003	Provide technical assistance to CEFORMI in BSS mapping of commercial sex workers	Simon Pierre Tegang, FHI Senior Technical Officer, M&E
January 2004	Conduct a situational analysis of selected HIV/AIDS youth programs to examine their strategies and target audience	Ruth Kornfield, Consultant
January 2004	Provide technical assistance in BSS activities, especially the training of surveyors, development of the sample frame, and beginning the data collection process	Simon Pierre Tegang, FHI Senior Technical Officer, M&E
February 2004	Provide technical assistance to the Ministry of Health in scaling up PMTCT activities	Justin Mandala, FHI Senior Technical Officer, Care and Treatment
March-April 2004	Evaluate ANSS VCT services, develop VCT counselor training manual and participant manual with two national consultants, draft national VCT norms and directives document	Awa Ramata Ouattara, FHI Senior Technical Officer, VCT
April 2004	Provide additional assistance in BSS activities (data management and data cleaning)	Simon Pierre Tegang, FHI Senior Technical Officer, M&E
August-September 2004	Participate at the validation workshop of BSS reports in Burundi and help with finalizing the BSS report	Simon Pierre Tegang, FHI Senior Technical Officer, M&E
January-February 2005	Assist CPAJ, ABUBEF, FVS-AMADE, SQAA, APECOS, RBP+, and ANSS in the development of their monitoring tools and comprehension of indicators	Simon Pierre Tegang, FHI Senior Technical Officer, M&E
January-February 2005	Conduct two VCT counselor training sessions, begin VCT QA activities, and develop the first draft of VCT training of trainers (TOT) documents.	Awa Ramata Ouattara, FHI Senior Technical Officer, VCT
September-October 2005	Assist the FHI/Burundi country office in implementing its remaining VCT activities for FY2005. Conduct additional VCT counselor trainings and work to define steps for the validation of the VCT TOT curriculum and participants' handbook.	Awa Ramata Ouattara, FHI Senior Technical Officer, VCT

Attachment C: Bibliography of Resources Published with Support from IMPACT/Burundi

- Rapport d'évaluation des programmes VIH/SIDA pour la Jeunesse au Burundi, Ruth Kornfield, Février 2004.
- BSS reports:
 - Enquêtes de surveillance de comportements face aux IST/VIH/SIDA au Burundi, Rapport auprès des Corps en uniformes (2003), CEFORMI, Janvier 2005.
 - Enquêtes de surveillance de comportements face aux IST/VIH/SIDA au Burundi, Rapport auprès des Professionnelles du sexe (2003-2004), CEFORMI, Janvier 2005.
 - Enquêtes de surveillance de comportements face aux IST/VIH/SIDA au Burundi, Rapport auprès des Jeunes (2003-2004), CEFORMI, Janvier 2005.
- Evaluation de quelques structures de conseil et dépistage volontaire au Burundi, Awa Ramata Ouattara, 2003.