



An ESD trainer discusses hygiene and disease prevention with a woman from Burundi's Muyinga province.

The Extending Service Delivery (ESD) Project, funded by USAID's Bureau for Global Health, is designed to address an unmet need for family planning (FP) and to increase the use of reproductive health and family planning (RH/FP) services at the community level, especially among underserved populations, to improve health and socioeconomic development. To accomplish its mission, ESD has strengthened global learning and application of best practices; increased access to community-level RH/FP services; and improved capacity for supporting and sustaining RH/FP services. ESD has worked closely with USAID missions to devise tailored strategies that meet the RH/FP service delivery needs of specific countries. A five-year Leader with Associate Cooperative Agreement, ESD is managed by Pathfinder International in partnership with IntraHealth International, Management Sciences for Health, and Meridian Group International, Inc. Additional technical assistance is provided by Adventist Development and Relief Agency International, the Georgetown University Institute for Reproductive Health, and Save the Children.

ESD Country Brief: BURUNDI

The Republic of Burundi's development indicators have been hindered by more than a decade of ethnic conflict. Maternal mortality is 1,000 deaths per 100,000 live births, the total fertility rate is 6.8, and the infant mortality rate is 156 per 1,000 live births.¹ The national contraceptive prevalence rate is 8 percent.²



The health sector is particularly challenged in its pursuit to revitalize health facility management, staffing, equipment and commodities. Furthermore, severely limited health data, human resources and funding prevent the Burundian Ministry of Health from developing an informed response to the health needs of the Burundian people.

Despite these challenges, the government of Burundi has taken bold steps to improve the health of its citizens. As peace returns, Burundi is accelerating its efforts to rebuild the country's infrastructure and health care system. The government is also working to strengthen service delivery and is implementing a district model to decentralize the health care system.

In 2007, USAID awarded the Extending Service Delivery (ESD) Project an associate award to support the Burundi's Maternal and Child Health Project (MCHP). In October 2008, ESD was awarded a second USAID-funded associate award to develop and test "Flexible Family Planning, Reproductive Health and Gender-Based Models for Transition Situations" (see back page of this brief) in both Burundi and the Bukavu region of the Democratic Republic of Congo (DRC).

MCHP Objectives

The Burundian National Plan for Health Development (PNDS) focuses on maternal and child mortality, health sector reform, human resource management and integration of health programs. ESD's MCHP has been committed to assisting the government to implement its national plan, following these objectives:

- Assist the Ministry of Health to improve the quality of basic MCH services in Kayanza and Muyinga provinces.
- Build the service delivery capacity of health center staff.
- Build the capacity of national, provincial and district authorities to collect, analyze, disseminate and act on health information data.
- Provide communities with targeted knowl-

¹ Population Reference Bureau, Datafinder, Burundi, 2002 - 2006.
² UNICEF, Burundi Statistics, 2003 - 2008.



Refugees/IDPs at a camp in Walangu, DRC, are recipients of reproductive health, family planning and gender-based violence services, delivered through ESD’s “Flexible Models Project” for unsettled populations.

edge and skills to identify, prevent and address key maternal and child health risks.

MCHP covers five districts, 63 health centers and three hospitals in Kayanza and Muyinga. The two main strategies used in its implementation include creating demand for services, and building the capacity of the health system to effectively respond to this demand. The specific components of these strategies include:

- Improving the technical knowledge, skills and capacity of health care workers;
- Training and mentoring health care workers in health care leadership and management;
- Assessing and, where feasible, refurbishing the physical infrastructure, and supplying equipment to facilities;
- Establishing an effective MCH service network extending from the household to a district hospital; and
- Promoting community involvement and mobilization.

MCHP Activities

Project activities—the development of policies and service delivery guidelines, improvement in quality of care through revised training curricula and targeted provider training and community mobilization—have strengthened the country’s existing health infrastructure and

provision of quality MCH and reproductive health and family planning services. The project has also used core funds to incorporate healthy timing and spacing of pregnancy (HTSP) and family planning into MCH project activities.

ESD’s assistance has focused on improving MCH through:

- Prevention and treatment of childhood illnesses, specifically malaria, diarrhea, and acute respiratory illness;
- Maternal and young child nutrition;
- Birth preparedness and maternity services;
- Treatment of obstetric complications;
- Immunizations, including polio;
- Improving Burundi’s strategic information capacity;
- Improving household-level water, sanitation and hygiene; and
- Integrating HTSP and family planning into MCH activities at national, district, health facility and community levels.

At the national level, the project has worked with the National Program for Reproductive Health (PNRS) to update and finalize guidelines and IEC materials relevant to MCH and conduct trainings. The MCHP also supports the Ministry of Health’s National Health Information Systems’ (NHIS) by training staff, providing computers and equipment, developing databases and revising tools and systems.

At the district level, MCHP has worked with the Ministry of Health to increase the number of the newly-formed District Health Management Teams and builds their capacity. The project also identifies and integrates MCH within existing health care and nutrition support programs to reinforce district-level NHIS activities.

At health facilities, the project has conducted outreach activities to increase deliveries assisted by skilled birth attendants and has educated communities by visiting households and encouraging women to access antenatal care and delivery services at their nearest health facility. The project has also ensured health services are functional by rehabilitating health facility structures, maintaining a constant water supply and

providing health facilities with basic medical equipment. In addition, the project trains and provides facility-based staff with supportive supervision in clinical integrated management of childhood illnesses (IMCI).

At the community level, the program has trained community outreach workers and community health workers in community IMCI. The program has also established links with health management committees that work to raise health awareness and accountability in the community by training members and ensuring the committee is functioning. A group of community role models called “Mamans Lumières,” or Light Mothers, have been identified as “positive deviants,” for their capacity to raise well-nourished children, and educate, train and support other mothers to do the same. MCHP has provided IMCI training to traditional birth attendants, Mamans Lumières and community health workers who refer mothers to local health clinics for services. The latter two groups are also educated about family planning and HTSP.

Major Accomplishments

- Formed community health worker associations that met regularly with 12 traditional birth attendants; to provide support for MNCH services.
- Conducted 543 sensitization and education events conducted.
- Trained 3,334 healthcare workers, community health workers, traditional birth attendants and Mamans Lumières in MNCH.
- Supported 66,871 deliveries assisted by skilled birth attendants at health facilities.
- Generated reasonably accurate facility health records and timely monthly health information reports from MCHP-supported health facilities in fiscal year 2009.
- Vaccinated 123,183 children less than 12 months of age with DPT3.
- Improved access to drinking water for 148,861 MCHP beneficiaries.
- Increased family planning uptake by 35.8 % in Kayanza Province and by 47.6 % in Muyinga Province

MCHP Looking Forward

Because supporting an integrated package of services at all levels of the health system has been key to providing comprehensive services for MCH clients, the project has seen encouraging improvements in MCH services. The project will continue to scale-up the integrated package, and also to identify more “Light Mothers” as “positive deviants” who can be educated on nutrition, IMCI, family planning and HTSP.

Despite its successes, as an associate award funded through 2012, Burundi’s MCH Project will continue to face several challenges as it improves health in Kayanza and Muyinga. Human resources, for instance, have been severely affected by the recent ethnic conflict, as many skilled healthcare workers have left Burundi, diminishing the capacity of the health system and of existing health providers. As a result, the MCHP has had to balance capacity-building with providing direct services to clients. Damage in the health system infrastructure imposes challenges to ensure quality of care. The project is addressing this situation by providing basic medical equipment and strengthening the entire health system.

Additional challenges include the lack of coordination among partners leading to duplication of activities, as well as communities who lack knowledge about the value of health services and do not realize the benefit of seeking services, but when they do access them, find the care they receive to be extremely beneficial.

Flexible Models Project (FMP)

ESD is developing a package of flexible approaches to deliver reproductive health, family planning and gender-based violence services in different phases of emergencies with unsettled populations in Burundi and Walungu, the DRC. By supporting government efforts to improve the capacity of NGOs and humanitarian agencies to employ these approaches, ESD is helping to meet the needs of vulnerable populations living in a crisis or post-crisis situations. ESD has used its own tools and approaches, as well as the models of other relevant partners.³

FMP Objectives

- Improve the ability of governments, NGOs, and humanitarian groups to incorporate reproductive health, family planning and gender-based violence

³ ESD has adapted models and approaches from partners, including: the Inter-agency Working Group (IAWG) on Reproductive Health in Refugee Situations, the Reproductive Health Response in Conflict Consortium (RHRC), the United Nations Population Fund (UNFPA), and the United Nations Higher Commission for Refugees (UNHCR).

(GBV) services to internally displaced persons (IDPs) and refugees at different recognized stages of disaster and crisis.

- Expand the scope of family planning and GBV services provided to IDPs and refugees in Burundi and the DRC by generating models for providing and supplementing these services in times of crisis.
- Initiate activities to promote the use of injectable contraceptives at the community level.
- Improve the quality of existing family planning and GBV services provided to IDPs and refugees through providing technical support for improving training materials.

FMP Activities

By collaborating closely with the Burundian and Congolese Ministries of Health, as well as with humanitarian aid organizations, project staff have developed the following models to enhance reproductive health, family planning and gender-based violence services:

Model A: Emergency Preparedness Phase

Planned for Kinazi and Mugano transit camps for IDPs in Burundi.

Model B. Minimum Prevention and Response Phase (during an emergency)

Being implemented in Walungu, DRC.

Model C. Comprehensive Prevention and Response Phase (stabilized phase)

Being planned for and implemented in Nuarurama, Nyarunazi and Gasorwe in Burundi. It should be noted that Gasorwe is a refugee camp comprised of refugees from the DRC.

These models will be implemented in pilot sites during the first year, and expanded later based on the needs of the two countries and the respective Ministries of Health. The different elements of the models will be evaluated for their value and/or integrated into the National Emergency Response Procedures of each country.

The models include the following menu of options: training a core cadre of health service providers; establishing mobile outreach teams; providing community-based distribution of injectables as a family planning method; setting up 24-hour drop-in centers to address gender-based violence; offering post exposure prophylaxis for HIV and emergency contraception; addressing sexual and GBV (including ESD's "Healthy Images of Manhood" approach); implementing community advocacy/activities, including health promotion and community outreach; and developing stronger partnerships and coordination between the government and other organizations, including the United Nations, humanitarian organizations, and local NGOs.

FMP Preliminary Results

Project activities began in March 2010 after a situational analysis, which was used to inform the design of the three models. During a workshop in January 2010, ESD shared and disseminated the situational analysis key findings with the Ministries of Health and other relevant partners.

Preliminary results in Walungu, DRC show that community-based distributors have provided family planning to 100 new DMPA users. The FMP has trained five unemployed nurses to be community health workers who have visited 670 households and counseled 329 people on family planning. In Burundi, the project conducted three coordination meetings with relevant partners.

FMP Looking Forward

As the project introduces new ideas and plans for future emergencies, challenges remain. It has been difficult to recruit community health workers, as they must work for free in Walungu, and a lack of security, ongoing violence and weak infrastructure continue to compromise progress.



ESD IS MANAGED AND DIRECTED BY:



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