

# Addressing the Sexual and Reproductive Health Needs of Survivors of Gender-Based Violence through Service Integration in Burundi

## INTRODUCTION

Burundians Responding Against Violence and Inequality (BRAVI) was a five-year project (2014–2019) awarded by the United States Agency for International Development (USAID) with funding from the US President's Emergency Plan for AIDS Relief (PEPFAR). The project was implemented by EngenderHealth in collaboration with Burundi's Ministry of Public Health and the Fight against AIDS (MSPLS) and Ministry of Human Rights, Social Affairs, and Gender (MHRASAG) in Ngozi province. According to the country's most recent Demographic and Health Survey, approximately one-third of Burundian women (36%) and men (32%) ages 15 to 49 have experienced physical violence at some point in their lives; furthermore, 23% of women and 6% of men have experienced sexual violence (MPBGP et al. 2018). To address unacceptably high levels of sexual and gender-based violence (SGBV), BRAVI focused on challenging norms that perpetuate gender inequality and that contribute to incidences of violence, addressing harmful relationship dynamics, and countering justifications for SGBV.

## PROJECT STRATEGY

BRAVI began by working in 53 sites to address HIV prevention and treatment needs of SGBV survivors, including through promoting HIV testing and increasing access to post-exposure prophylaxis (PEP). While the initial focus was on preventing transmission of HIV to SGBV survivors, the project started receiving additional funding in its third year to integrate family planning (FP) in a smaller number of sites. The overall goal of the project was thus to improve SGBV prevention and response efforts, including provision of integrated FP and SGBV services. Broadening the scope to respond to other sexual and reproductive health services is consistent with EngenderHealth's client-centered approach and commitment to ensuring that individuals can readily access high-quality services that are relevant to their needs.

The need for contraceptive counseling and services that are sensitive to the unique circumstances of SGBV survivors is particularly important. Being able to access emergency contraception and other contraceptive options is vital to ensuring the needs of all Burundian women are met, including SGBV survivors. BRAVI's multi-tiered approach operated holistically across EngenderHealth's Supply, Enabling



Musasa Health Facility/Ngozi Health Province/Kiremba Health District

Environment, Demand (SEED™)<sup>1</sup> programming model, which entailed providing quality, comprehensive support for SGBV survivors (including strengthened FP services) as well as empowering community members and leaders to actively contribute to gender norms transformation, SGBV prevention, and voluntary adoption of relevant services.

## Strengthened Health Sector Response (Supply)

Under Intermediate Result 1 (IR1), BRAVI endeavored to strengthen the health sector response for SGBV survivors, including the provision of integrated FP and SGBV services. To support this result, BRAVI aimed to improve the quality of existing services and to foster service integration. The intent was to enable sites to screen FP clients for SGBV, and as survivors were identified, to allow these individuals to benefit from all or part of the package available to survivors seen in emergency contexts. In the SGBV unit, a survivor would not only be offered the standard services (PEP, sexually transmitted infection [STI] prophylaxes, and emergency contraception), but comprehensive counseling and contraceptive methods could be provided as well.

**Site selection and planning.** While FP and HIV services had already been integrated in some sites, and also integrated with

<sup>1</sup> For more information and to download a copy of the SEED™ Assessment Guide for Family Planning Programming, visit [www.engenderhealth.org/our-work/seed/](http://www.engenderhealth.org/our-work/seed/).



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other services (e.g., labor, delivery, and postnatal care), FP and SGBV services had always been provided separately. BRAVI conducted a baseline facility audit in early 2018 to establish the status of FP services across 39 facilities in the region identified by USAID for support; this included 24 public health centers, two public hospitals, two faith-based hospitals, seven faith-based health centers, and four private health centers. BRAVI supported health providers to develop site-specific action plans to establish FP-SGBV integration in 30 sites based on identified gaps such as the lack of: (1) individual records, (2) staff trained to provide SGBV counseling and care, (3) staff trained to provide FP counseling and methods, and (4) awareness around FP side effects. The action plans also included interventions designed to ensure an understanding of how to collect and record data related to SGBV-FP integration. Only 30 of the sites ultimately received the full integration package because the nine faith-based sites did not offer modern contraception. BRAVI instead focused support to these nine sites on building their capacity to offer quality care for SGBV survivors.

**Coaching, mentoring, and supportive supervision.** BRAVI facilitated coaching, mentoring, and supportive supervision to build the capacity of health providers to screen for and respond to FP needs of SGBV survivors, as well as to identify SGBV survivors seeking services in the FP unit. BRAVI trained teams of coaches comprised of health district supervisors and providers of integrated SGBV and FP using a guide developed in collaboration with the provincial and district health directors of Ngozi. These teams conducted supportive supervision visits to ensure all sites had developed activity plans for SGBV-FP integration with integrated indicators for tracking facility-level progress. The teams observed FP counseling with a focus on informed choice, insertion and removal of implants and intrauterine devices (IUDs), and FP client screenings for possible violence using an updated facility monitoring checklist that aimed to ensure appropriate referrals to SGBV and/or other needed ancillary services (like legal or psychosocial support).

**Quality improvement.** Existing quality improvement teams consisting of health providers and facility staff received technical assistance to support SGBV-FP service integration. This support focused on engaging and preparing staff to discuss the status of integrated services, to measure shared indicators, to identify job aids needed for SGBV activities, and to follow up on decisions made.

**Tools and job aids.** BRAVI helped develop, adapt, and translate a variety of tools and job aids into the local language (Kirundi) to strengthen FP service delivery and promote service integration. Examples of the types of materials that BRAVI supported included a poster identifying all available contraceptive methods,

counseling flipcharts discussing FP method options and reviewing side effects, and a flow chart explaining how providers should diagnostically screen FP clients for SGBV. The National Reproductive Health Program validated the materials developed by the project, and BRAVI disseminated them to all 39 supported sites. Clinical monitoring and coaching visits conducted as part of supportive supervision observed positive results from use of these materials; specifically these materials helped to reduce client wait times, improve case documentation, and increase adherence to minimum standards related to SGBV survivor care.

**Record keeping, data collection, and data use.** The project strengthened integrated record keeping, data collection, and data use in a number of ways. BRAVI ensured that project-supported health facilities maintained individual SGBV survivor medical records and provided a registry model detailing the information that health centers were required to collect. While the project did not formally modify the FP register (as the process for doing so is lengthy and costly), BRAVI did collaborate with the coaches and provincial health officials to introduce a list of abbreviations to be included in the “observation” column of the register to capture data related to new services. For example, providers used “C.SGBV+” to denote identification of a SGBV survivor in the FP unit. As this integrated service model for SGBV survivors is new and required district and health facility support, BRAVI actively participated in newly scheduled quarterly meetings organized by each health district in order to regularly analyze and validate SGBV and SGBV-FP data. Monitoring and coaching visits similarly focused on strengthening data collection and quality.

**Facility-level problem-solving.** Project-supported monitoring efforts also led to the identification of key challenges at the facility level and fostered provider-led solutions to these challenges. For example, providers in 12 facilities proposed rearranging facility rooms to ensure client comfort and privacy, and to enable them to offer FP and SGBV services confidentially in one space. In some facilities, efforts focused on service delivery, including comprehensive, rights-based, respectful counseling to ensure full, free, and informed choice, as well as insistence on strict adherence to infection prevention measures during method provision (e.g., during insertion and removal of IUDs or implants). In facilities that experienced stock outs of key commodities (e.g., PEP and a range of contraceptives) or that lacked equipment required for comprehensive FP service provision, BRAVI advocated with provincial health authorities and/or the MSPLS to address these critical supply issues.

**Community-based service extension.** In April 2019, BRAVI assisted facilities and coaches in organizing eight integrated mobile teams comprising providers, health officers,



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and district supervisors. After mass mobilization sessions, these teams conducted daylong community-based events to raise awareness about health and available services. These mobile teams targeted areas of unmet need, particularly the catchment areas of eight of the faith-based sites (the remaining faith-based facility was already engaged in other priority activities) and offered modern methods to clients who desired these options. Clients were able to access FP counseling and obtain short-acting contraceptives via the mobile team at these community events, or schedule appointments at a health center to receive a long-acting contraceptive method. The mobile teams additionally encouraged men to accompany their partners to antenatal care and FP visits, provided HIV and SGBV prevention information, and encouraged SGBV survivors to attend follow-up visits at the health center.

### Raising Awareness and Uptake (Demand)

Under IR2, the project sought to promote awareness and use of available SGBV and FP services, and strengthen referral networks.

**Site walk-throughs (SWTs).** BRAVI organized SWTs, or guided tours of health facilities for community representatives to learn about new and underutilized services (e.g., long-acting reversible contraceptive services, maternal health services, and SGBV services). In addition to raising community awareness about available services so that facility care could be sought, as needed and in a timely manner, SWTs also facilitated community and provider dialogues to help identify and address issues and concerns affecting the community. A total of 491 community representatives, including community health workers (CHWs), religious leaders, local authorities, social assistants from Family and Community Development Centers (CDFCs), youth, and men participated in 20 SWT visits in BRAVI-supported health facilities. During the SWTs, providers encouraged participants to reflect upon and discuss what they felt the facility was doing well, what could be improved, and what particular obstacles community members were facing in terms of accessing services. These participants then committed to increasing awareness of available services (particularly FP and SGBV services) within their communities and encouraging demand for and uptake of such services. For example, trained CHWs and community leaders accompanied survivors

“Before receiving coaching and mentoring sessions on the FP-SGBV integration, I was not able to advise and provide the minimum required information and identity SGBV cases that come for FP services. I did not have in mind that a SGBV survivor could need the FP service and I could not figure out that some FP clients could be SGBV survivors who needed particular attention.”

—Marie Goreth Manariyo, nurse at Musasa Health Facility, Ngozi Province

identified from their communities to project-supported facilities for health services, to CDFCs for psychosocial support, and/or to the police. SWT participants also established reflection groups in the vicinity of facilities where groups of five to six participants (CHWs, men, and youth) could jointly discuss sexual and reproductive health and FP and gender norms, organize community sensitization sessions around contraception, promote joint FP decision making for couples, and examine consequences of harmful gender norms.

**Information, education, and communication materials and messaging.** BRAVI developed and disseminated targeted messages

validated by the MSPLS pertaining to gender norms and the importance and availability of newly integrated FP and SGBV services. Messaging was captured on posters, leaflets, and stickers distributed to schools, health facilities, and communal offices. Client brochures disseminated at the facility level included written and visual information related to contraceptive methods and STIs. Furthermore, BRAVI leveraged innovative technologies to increase community awareness. For example, BRAVI collaborated with SERVAMAX, a local telephone company, to deliver texts, or short message system (SMS) notifications, to reach more than 250,000 members of the community with FP and anti-SGBV information. BRAVI also supported radio broadcasts in French and Kirundi, in collaboration with the Provincial Health Director, CDFC coordinators, youth representatives, and other FP and SGBV experts to reflect on gender norms and increase awareness of available SGBV and reproductive health services—including through highlighting the existence of nine youth-friendly facilities in Ngozi. Finally, BRAVI leveraged international events (e.g., International Women’s Day and 16 Days of Activism against Gender-Based Violence) and public gatherings at the community level to effectively reach thousands more individuals with FP and anti-SGBV messages.

### Policy and Social Norms (Enabling Environment)

The enabling environment is critical to fostering receptiveness to new ideas and to improving and sustaining service delivery and use. Under IR3, BRAVI aimed to promote gender-equitable norms in the community in order to prevent SGBV and support voluntary FP uptake. For this component, the project worked extensively with youth, men, and couples across the province.



**Gender-transformative training.** In partnership with the Society for Women and AIDS in Africa-Burundi, BRAVI facilitated training using an adapted version of EngenderHealth's CoupleConnect curriculum for 196 couples across four communes. CoupleConnect is an innovative, interactive curriculum created and piloted as part of the USAID-funded CHAMPION project in Tanzania with the aim of preventing HIV infection among couples by improving interrelationship communication and transforming harmful gender norms. As part of the adaptation process for the Burundian context, BRAVI integrated FP and incorporated messages related to sexual risks and pregnancy planning and spacing into the training. This intervention sought to engage men and women simultaneously to deconstruct notions of masculinity and femininity, address harmful gender norms that contribute to gender-related vulnerabilities, and ultimately alter social norms. Nearly a quarter (45 of 196) of the men accompanied their spouses to the health center for FP following participation in the training.

**Male engagement.** BRAVI employed EngenderHealth's Men As Partners® (MAP®)<sup>2</sup> programming approach to train a cadre of male peer educators to support uptake of integrated FP-SGBV services and transform gender norms. For example, one male participant from Marangara commune reported: "I had always thought that FP was women's business, now I know well that it is my business too." Additional information related to BRAVI's use of MAP® at the community level is the subject of a separate project brief (Nyamarushwa et al. 2019).

**Youth outreach.** BRAVI leveraged the nationally-validated Life Skills manual to engage youth (aged 15–24) in 20 schools with high pregnancy-related dropout rates. The project facilitated conversations and promoted learning around gender norms and adolescent and youth sexual and reproductive health issues, including early pregnancy, pregnancy and STI/HIV prevention, SGBV, and resiliency.

<sup>2</sup> To learn more, visit <https://www.EngenderHealth.org/our-work/gender/men-as-partners/>.

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**National strategy updates.** As a result of the project's rich experience, BRAVI helped update the National Strategy for Maternal, Reproductive, Newborn, Child, and Adolescent Health (2019–2023) to include SGBV-FP integration best practices and contributed to the development of indicators to ensure that there were consistent, responsive actions in this area.

## CONCLUSION

Throughout its implementation, BRAVI worked holistically across supply, demand, and enabling environment areas. Starting in its third year, BRAVI's mandate expanded to strengthen FP services in project-supported sites, integrate these services into the package offered to SGBV survivors, while continuing to address gender inequalities and SGBV prevention at the community level. In all, 34,084 clients were screened for SGBV in the FP unit as indicated on standard registers; 90 women were identified as SGBV survivors and were offered treatment and support, including referrals to auxiliary services, like psychosocial and legal support. BRAVI also identified improvements in understanding around sexual and reproductive health: the importance of negotiating sex among partners, the different types of FP methods and the benefits associated with birth spacing (such as the improved health of women and children), the importance of voluntary HIV testing and living positively with HIV, and the value of healthy communication about sexual relationships between couples.

## BIBLIOGRAPHY

- Ministère à la Présidence chargé de la Bonne Gouvernance et du Plan (MPBGP), Ministère de la Santé Publique et de la Lutte contre le Sida (MSPLS), Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), and ICF. 2018. *Enquête Démographique et de Santé au Burundi 2016–2017: Rapport de synthèse*. Bujumbura: MSPLS and ISTEEBU and Rockville, MD: ICF.
- Nyamarushwa, L., Karabaza, G., Nimfasha, E., and Malakoff, S. 2019. *Engaging Communities in Sexual and Gender-Based Violence (SGBV) Prevention and Response: The Experience with the Men as Partners (MAP®) Approach in Burundi*. Edited by A. Agarwal. Washington, DC: EngenderHealth.



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