

BURUNDI PROGRAM IMPLEMENTATION WORKSHOP, 3–5 JUNE 2014: LINK UP MEETING REPORT

Link Up is a three-year multi-country project implemented in Myanmar, Bangladesh, Burundi, Ethiopia, and Uganda, led by the International HIV/AIDS Alliance in partnership with five global partners. By drawing on the strengths of existing networks of national implementing partners, Link Up aims to promote better sexual and reproductive health and rights (SRHR) for young people living with, and affected by, HIV (ages 10 to 24). In Burundi, the implementation of Link Up is managed by the Alliance Burundaise contre le SIDA et pour la promotion de la Sante (ABS). ABS coordinates the efforts of 15 local civil society organizations to deliver Link Up services to young members of some of the most marginalized populations in Burundi:

- Young people living with HIV
- Female sex workers
- Men who have sex with men

At a program implementation workshop held in Bujumbura, Burundi, 3–5 June 2014, the Population Council and ABS collaborated with Link Up Burundi's local implementing partners to identify successful activities, to highlight important challenges and best practices, and to find innovative ways to improve Link Up programming. This document contains a selection of the most salient information generated during this workshop, and is organized in two sections. The first section describes the overarching SRHR needs of Burundi's young people and key populations, summarizes ongoing Link Up activities in Burundi, and provides general recommendations to improve programming. Section 2 examines the specific needs of each of the three key populations in greater detail. Each key population profile highlights innovative activities that have been implemented by



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local partners, and identifies specific challenges and relevant recommendations. An annex, providing topical recommendations for future research in Burundi, follows the report.

SECTION 1: LINK UP BURUNDI

Country context

In Burundi, an estimated 80,000 people live with HIV, with an adult prevalence of 1.4 percent (1.7 percent among women, 1.0 percent among men). The gender disparity is particularly striking among young people, who account for 25 percent of all new HIV infections. Among women aged 20 to 24, 1.5 percent were living with HIV in 2010, compared to 0.1 percent of men of the same age. Prevalence is four times higher in urban areas compared to rural (4.1 percent compared to 1.0 percent), and regional differences are pronounced. Bujumbura Mairie has the highest prevalence at 3.7 percent, compared to 0.9 percent in the South, the lowest in the country.³ The main driver of the epidemic is heterosexual transmission, which includes transactional and intergenerational sex.¹

The estimated 14,000 female sex workers in Burundi² bear a far higher disease burden than the national average. HIV prevalence among female sex workers is near 20 percent, and ranges from 8 percent in Bujumbura, to 29 percent in inland areas.⁴ Burundian men who have sex with men also carry an increased risk of HIV transmission and acquisition. Based on 2011 bio-behavioral surveillance data, HIV prevalence among men who have sex with men is 2.4 percent. Less than one-fourth of surveyed men who have sex with men had received an HIV test and knew the result in the past year.⁴

Programming and advocacy that support the improvement of SRHR is essential in Burundi. The 2008 Universal Periodic Report presented to the United Nations Human Rights Council criticized Burundi for widespread sexual violence and conflict-

TABLE 1: PROJECT OVERVIEW

Link Up Burundi partner	Young people living with HIV	Female sex workers	Men who have sex with men
Rama	X	X	
Reseau National de Junes Vivant avec VIH (RNJ+)	X		X
Friends Women's Association (FWA)	X	X	
Parole et Actions Pour le Reveil des Consciences et Evolution des Mentalites (PARCEM)	X		X
Nturenghao	X	X	
Encadrement des Personnes Vulnérables en Afrique (EPVA)	X	X	
Burundi Secours	X	X	X
Tubabarane	X	X	X
Tabara	X	X	
Society for Women Against AIDS (SWAA)-BURUNDI	X	X	X
Association Burundaise por la Prise en charge des Malades Vulnérables du SIDA (ABCMAV)	X	X	X
Solidalite por le Redressement des Toximanés (SORETO)	X	X	X
Association Jeunesse contre la SIDA (AJS)	X	X	X
Orphan's AIDS	X	X	
Humure			X

related rape. The report specifically stated that “sexual violence against women in general and against juveniles in particular...constitutes one of the critical problems confronting Burundi.”⁵ Additionally, current legislation criminalizes sex work and same-sex relations.

Widespread cultural and religious traditions dictate that the open discussion of sexuality is taboo, particularly between people of different generations. In this context, the concept of SRHR as they apply to young people is difficult for many to understand. These social and cultural barriers prevent young people from accessing adequate information and services regarding their SRHR, and there is no

framework for sexual health education in schools. Accordingly, misinformation about sexual health and contraceptive methods remains pervasive.

Indeed, the rights of young people to fulfilling sexual lives, and to comprehensive sexual health information are seldom acknowledged. Instead, any discussions about sex that do occur with family members or care providers focus on self-preservation and the protection of others. So, while the “right to sexuality” for young people is not generally understood in the Burundian context, the “right to preventative sexual health information and care” is becoming more widely accepted.

Ultimately, as young people’s ideas about their sexualities evolve and come into conflict with traditional norms, members of older generations may experience a sort of culture shock, and intergenerational communication can break down. This breakdown poses a major obstacle to Link Up. Thus engaging parents and community members in discourse, outreach, and advocacy activities is of paramount importance in order to mitigate the effects of this shock and promote SRHR.

Link Up activities

As its name implies, Link Up capitalizes on the reach of existing HIV testing and treatment resources in order to link those most often targeted by HIV testing, prevention, and treatment programs to SRHR programs and services. To accomplish this goal, Link Up leverages existing peer education networks and social support groups to connect beneficiaries to essential health education and services. The peer educators raise awareness via social and behavior change communication messaging, and deliver psychosocial support services, condoms and lubricants. They also provide referrals to appropriate centers for HIV testing, treatment, and care; and contraceptive method provision.

Support groups and peer education

Peer education and support are the backbone of Link Up activities. Many key populations, such as

female sex workers or men who have sex with men, are subject to legal or social persecution, and are often difficult to locate. Therefore, Link Up recruits community outreach volunteers from among those who are best able to reach members of these key populations: their peers. As a result, many people contacted by peer outreach workers choose to access Link Up services.

In one example provided during the workshop, the locally-based organization ABCMAV Ngozi launched a peer-outreach activity called “theater of the oppressed.” In these sessions support group members present the problems they are facing to the peer educators. The group then acts out brief sketches, interpreting these problems through improvisation. After the play, they sit together to discuss what they have seen and heard.

Although peer-led outreach is an essential component of Link Up programming, significant challenges can impede outreach activities. For instance, a small number of peer educators often serve a large area, limiting the time they have available for discussing the ideas raised in their support groups. Support groups are frequently heterogeneous with respect to the ages of the participants; this diversity often impedes open conversation about sensitive issues. Often, peer educators are not effectively trained; among those who are trained, many do not receive their field supply kits in a timely manner. Finally, local implementing partners frequently lack the staffing capacity to properly supervise peer educators; reports are not always accurately completed.

Recommendations to improve peer education activities

- Either through additional funding or increased central oversight from ABS, take steps to improve the supervisory capacity of implementing partners.
- Translate peer educator reporting templates into Kirundi, as many do not understand French.



Program implementation workshop attendees

- Peer educator field kits should be delivered by the training organization so that each peer educator receives his/her kit after the training.
- Peer educators who must travel to complete their work should receive reimbursement for their travel-related expenses in a timely manner.
- To foster more comfortable environments, subdivide peer support groups into three separate age categories: 10 to 14 years, 15 to 19 years, and 20 to 24 years.

Awareness-raising events

Several partners conduct community awareness-raising sessions to help sensitize parents and other adult community members to the SRHR needs of youth, while providing valuable information to young people. These awareness-raising activities integrate HIV and SRHR educational elements, covering subjects that include family planning, antenatal care, HIV prevention and treatment, dual protection benefits of condoms, and young people’s sexuality. Health services are often provided at these events free-of-charge: “if somebody needs HIV services, we take this opportunity to offer him/her a SRH [sexual and reproductive health] service and vice versa.”

Participant testimonies suggest these events have increased HIV testing rates, and improved the utilization of SRH services.

SWAA-Burundi’s Kayanza agency has held periodic “open day” events that typify these sorts of awareness-raising events. During open days, SWAA-Burundi created a supportive, comfortable environment in which participants were encouraged to speak openly about sensitive issues. In one instance, participating women said that they felt they could talk easily about sexuality with their daughters from the age of their first menses, but communication about reproductive health was difficult with their sons. Men, however, can discuss sex with neither their daughters nor their sons; instead, men typically resort to asking a third party to intercede.

Recommendations to raise awareness among the general public

- Sensitize police and local administrators to respect human rights.
- Encourage and empower parents to communicate with their children in a more open manner.

- Identify and implement a framework for improving teaching about SRHR issues through schools or families.

Service referrals and counter-referrals

Whether during awareness-raising events, social support group meetings, or during one-on-one peer education, one of the key services that Link Up peer educators provide is referring young people to youth-friendly healthcare services. To do this, the peer educators issue referral slips that connect beneficiaries with essential medical and supportive services. For program monitoring purposes, these referrals include a counter-referral sheet that facility staff complete once the young person attends the referral visit. Periodically, the health facility returns the counter-referrals to the originating partner organization to confirm that the referral was completed.

While this referral system can connect vulnerable people with health services that they might not otherwise receive, there are considerable challenges. Foremost among these challenges is that properly documenting the referral is cumbersome. Specifically, care providers complain that completing the counter-referrals sheets is unnecessarily time-intensive. Accordingly, Link Up partners indicate that the forms are not frequently returned. Furthermore, while Link Up reporting tools often collect similar basic information, they are sufficiently different from the standard documentation used by the Ministry of Health. This creates redundancy in reporting, which slows service delivery, and can impact a nurse's performance rating.

Recommendations to improve the Link Up peer referral system

- Understand the existing reporting demands of healthcare personnel working in public health facilities; tailor Link Up reporting requirements to minimize additional effort, and eliminate redundancy.
- Link Up should establish agreements between community-based organizations and public

health facilities, so both parties are committed to completing an efficient and effective referral and counter-referral process.

SECTION 2: LINK UP KEY POPULATIONS

Young people living with HIV

Young people living with HIV face many challenges. Among these challenges, access to essential health services, and communication barriers between young people living with HIV and their care providers or parents were discussed most frequently during the workshop. Young people living with HIV often have difficulty accessing health services. Health-care facility operating hours conflict with the school schedules of many young people, making it difficult for them to attend appointments. The expense of healthcare also limits access to care and support services, as young people living with HIV are required to pay for most health services unless they are enrolled in antiretroviral treatment (ART).

For those young people living with HIV who do access HIV care and support, prevailing beliefs and cultural taboos limit the effectiveness of these services. Young people are afraid to speak frankly about sexual matters with a doctor who is in the same age cohort as their parents. And, as has been seen in other countries, many in Burundi believe that adolescents living with HIV remain abstinent, leading some providers to assume that young people living with HIV have no need of sexual health or family planning services. Thus unintended pregnancies are frequently reported among young women living with HIV.

In addition to resolving communication issues between young people living with HIV and care providers, it is also essential to improve communications between HIV-positive parents and their children. Parents frequently withhold information, or lie to the child about his/her HIV status. Many children grow up taking ART without

ever knowing what it is or why they are taking it. If parents do finally reveal their own HIV status to their child, disclosure often occurs late in the child's life and can damage the child's relationship with his/her parents. These children sometimes have difficulty accepting their HIV-positive status, and the resulting mistrust of their parents can lead the child to stop taking their antiretroviral (ARV) medication.

Additionally, several of the service providers interviewed expressed concern that the special dietary considerations of people living with HIV, along with gastrointestinal side effects common to many ARV medications, expose young people living with HIV to ridicule for being "picky eaters." A source from a Link Up partner organization stated:

A child confessed that he wanted to commit suicide because...his mother was always scolding him, saying he eats like someone with stomach problems.

Link Up activities with young people living with HIV

In an attempt to remedy the numerous communication and health service access challenges facing young people living with HIV, Link Up partners have begun implementing a number of promising and innovative activities. At the workshop, participants discussed how activities such as one-on-one counseling, peer support groups, therapeutic weekends, communal gardening programs, and the previously described "open days" can improve communication between these children and their parents, care providers, peers, and other influential figures.

Counseling and peer education are particularly important for young people living with HIV, who are facing a difficult situation that they may not fully comprehend. During an interview, a staff member from the local service organization stated:

We organized a first training for PLHIV [people living with HIV] with a person who was not HIV-positive but who had some

knowledge about HIV. During the second training session, we resorted to an HIV-positive person from RNJ+ and the training was much better than the first one because the trainer was living what he was saying!

Indeed, counselling coupled with peer-led health education has helped some young people living with HIV realize that it is dangerous to stop taking ARVs—even temporarily—regardless of how they were feeling.

It is very difficult for many parents who are living with HIV to disclose their own status to their children. Thus many children receive ART without prior knowledge that they are living with HIV. An interesting solution to this problem has been proposed in Burundi. The process begins with a session, wherein a trained care provider leads the parent(s) and child through a mediated HIV status disclosure and discussion process. Then, the child attends a therapeutic weekend retreat with other children who have recently learned their status. They are accompanied by a multidisciplinary team including a doctor, psychologists, and social workers. This team fosters a fun and festive atmosphere, while leading activities to raise the children's awareness about HIV and its treatment, and to help them begin the process of accepting their status.

In another example of innovative programming, SWAA-Burundi has initiated the farmer-field school system to build relationships and social cohesion between young people living with HIV and their sero-negative peers. Members of these groups meet after school to discuss one of several health topics, such as HIV, family planning, malaria, conflict management, nutrition. They also work together to tend a communal garden. As young people cooperate and produce nutritious crops, they also build interpersonal relationships that aid in reducing HIV-related stigma.

Recommendations for Link Up activities focusing on young people living with HIV

Counseling and psychosocial support

- Currently, support groups may be too large, and cover an overly-broad range of subject material. Increasing the number of active support groups, while limiting group size to 25 participants, would improve the quality of support provided to participants.
- Introduce the formula of open days for parents as part of the of the peer educator's package to support rights to sexual information and development for young people living with HIV.
- Orphaned young people living with HIV are often deprived of property, and thus require legal support.
- Develop age-specific modules for young people of different age groups: 10 to 14 years versus 15 to 19 years.

Health service access for young people living with HIV

- Extend or modify hours of operation to accommodate youth school schedules.
- As young people feel that they are being judged by adults who see them waiting for HIV care services, health facilities should separate waiting areas for youth from those for adults.
- Health facilities should employ younger counsellors/providers, or train older doctors on how to build better rapport with young clients.

Female sex workers

Female sex workers are at increased risk for HIV transmission, sexually transmitted infections (STIs), and unplanned pregnancies. In Burundi, sex work is illegal and women who sell sex are often persecuted by police, are stigmatized by society, and have little protection against sexual violence. Thus, while Link Up is well positioned to provide female sex workers with comprehensive SRHR services, the need for confidentiality and sensitivity is critical.

Due to the highly stigmatized nature of sex work, female sex workers often find themselves unable to access the SRHR services that they badly need. Their knowledge of SRHR is often limited; many sex workers contract STIs, but are unaware that they can obtain effective treatment. As a result, female sex workers often leave STIs untreated until more serious complications arise. This inability to obtain timely and effective treatment is particularly problematic in controlling HIV transmission, and their often frequent migration presents a barrier to maintaining continuity of care for sex workers living with HIV who are enrolled in ART.

Compounding this problem is the fact that many sex workers do not routinely employ safer sex practices with clients. Clients may refuse to use either male or female condoms, particularly with sex workers who are under 15 years of age. Clients may also threaten or physically abuse sex workers who insist on using condoms. Such behaviors inevitably increase rates of HIV transmission and unintended pregnancy, as was observed by SWAA-Burundi. SWAA-Burundi indicated that during support group meetings, many of the young female sex workers who attended the meetings did so while carrying their young children on their backs. As it is nearly impossible to establish the paternity of the child, female sex workers encounter difficulties registering their children in the public records system, which can result in greater legal problems.

Finally, when planning their activities, Link Up partners must take care to preserve the confidentiality of the female sex workers that they reach. Specifically, sex workers often fear that Link Up peer educators, who convene and facilitate educational discussions, may attract the attention of the police. Therefore it is essential to train Link Up volunteers and peer educators to conduct educational sessions in ways that do not attract undue attention. Such trainings must also include content regarding confidentiality and sensitivity.

Link Up activities with female sex workers

A representative from an organization that works with female sex workers stated that women “became sex workers after an unintended pregnancy and the rejection [by] their parents.” Because of such rejection, female sex workers often lose the economic safety net that familial and social ties can provide. Others are orphaned heads of households, or come from impoverished families, and are trying to provide for younger siblings. With few other economic options, sex work is frequently intergenerational; a daughter of a sex worker will often sell sex herself.

With few financial buffers, life can quickly become unbearable for a sex worker who is unable to receive clients. Therefore, some Link Up partners who provide female sex workers in Burundi with HIV/SRHR information and services also focus on developing alternate means of economic support through income generating activities (IGAs). Nevertheless, challenges remain. Workshop participants discussed problems surrounding “attendance cheating” when reimbursements are provided to female sex workers who attend support group meetings. According to the experiences shared by SWAA-Burundi’s Gitega agency, simply providing start-up funds for an IGA does not yield good results. IGAs must also motivate young participants to sustain these supplemental income sources.

In one example, however, SWAA-Burundi supported the NAWU NUZE organization by developing a manual of management procedures for a microfinance program that engages female sex workers. Participants first set a group savings goal and a date for redistributing funds. Then, group members meet on a weekly basis contribute to the savings plan. Until three months prior to the redistribution date, group members may take small loans against the fund. These microloans must be paid back with interest. Penalties are imposed for late payment. More than 70 functional groups use this system, though more attention needs to be

paid to ensure that borrowers pay back their loan amounts.

Recommendations for Link Up activities focusing on female sex workers

Peer education and IGAs

- Female sex workers ask for travel expenses when coming to group discussions. For them, attending these sessions often means forgoing clients.
- Where reimbursements are given at sex worker support group meetings, some attendance “cheating” may occur.
- It is important to carefully monitor any start-up funds disbursed to support IGAs, as priorities change and beneficiaries may spend the money in other ways.

Advocacy

- Provide legal support to sex workers who need to register their children in the public records.

Health systems access

- Services need to recognize the high degree of mobility among female sex workers and effectively manage client care and follow-up.
- Finally, as female sex workers reported frequent physical abuse by their clients, comprehensive sexual violence counselling and support services are essential to Link Up programming.

Men who have sex with men and other sexual minorities

Like female sex workers, Burundian men who have sex with men face considerable legal and social SRHR challenges. Under current penal code, same-sex relations are illegal and can result in fines or prison sentences of up to two years. Though publicly identifying as a homosexual is tolerated under the law, the majority of Burundians view homosexuality as a deviation from cultural and religious customs. Several of those interviewed for this report expressed the belief that a person may be “led into” homosexuality while living in single-sex environ-

ments such as prisons or boarding schools, or that homosexuality may be the result of parental actions such as, “wanting to have a girl during the pregnancy.”

The repressive legal framework further perpetuates these social stigmas. As a result, many young lesbian, gay, bisexual, and transgender people in Burundi face familial or social rejection, societal discrimination, and persecution or extortion at the hands of law enforcement officials. Many of these youth drop out of school, and thus they may face limited economic prospects throughout their lives.

As a result, sexual minorities often lead secret lives that do not allow for their personal fulfillment and limit their access to basic healthcare. They fear stigma and discrimination against them in healthcare facilities, and often do not access the services intended for them. Ultimately, improved legislation is essential to protect sexual minorities, but such legislative action requires extensive advocacy work to shift public perceptions and promote the acceptance of sexual minorities.

Link Up activities among men who have sex with men and other sexual minorities

Implementing partners such as Humure utilize peer educators to reach men who have sex with men and other sexual minorities through support groups.

Recommendations for Link Up activities focusing on sexual minorities

Peer education, outreach and support

- Conduct a comprehensive review of programming for men who have sex with men in order to identify innovative and effective peer education, outreach, and support approaches.

Advocacy

- The government should require change in policy to allow health services to appropriately respond to the needs of young people, including those related to sexual minorities on SRHR and HIV.

Health systems access

- Information is not well disseminated to intended beneficiaries due to the poor level of training of sexual minority peer educators.
- Build the capacities of service providers to reduce stigmatizing behaviors and provide information and health services about STIs to men who have sex with men.

OVERALL KEY OUTCOMES

The workshop offered the opportunity to gather other partners who work in the same areas, or with the same key populations served by Link Up; these included national institutions, international nongovernmental organizations, United Nations institutions and donors. Participants learned about a task force of partners called “PASAT” (partenaires d’actions synergiques pour les adolescents et jeunes). The group includes, among others, the Ministry of Education and the Ministry of Health and Youth and Sport. It has developed an action plan and design modules on various themes for activities targeting young people. A close working relationship could be of mutual benefit to both Link Up and PASAT.

Workshop participants also recommended that the National AIDS Control Council develop and coordinate a national research strategy for HIV and AIDS. Annex 1 details recommendations for possible topics of future research. Ultimately, we recommend holding another similar implementation workshop toward the end of the Link Up project to document programmatic changes and share additional experiences between partners.

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ANNEX 1 POSSIBLE TOPICS FOR FUTURE RESEARCH

Prior to hosting the Link Up implementation workshop, ABS and workshop consultants conducted a literature review to identify studies addressing Link Up target populations that have been conducted in Burundi. ABS and the consultants presented key findings during the workshop, and held participatory discussions with Link Up partners to highlight potential areas for future exploration. The partners identified a number of future studies that could help local organizations better understand the needs of young key populations in Burundi, design more effective interventions, and channel their efforts towards these young people. Selected recommendations for future research are listed below.

Area 1: Improve HIV-related and sexual and reproductive health behaviors of young people living with HIV

1. Examine changes in HIV service utilization and sexual health behaviors of young people living with HIV during adolescence.
2. Assess unmet family planning need and contraceptive preferences of young people living with HIV.
3. Identify effective methods to improve parent-child communication around HIV and SRHR.
4. Identify difficulties that young people who are born with HIV face in accepting their HIV status.
5. Examine involvement of young males in PMTCT programs.
6. Study how HIV impacts young people with disabilities.

Area 2: Operational studies to enhance program reach and client health outcomes

1. Study the health service access patterns of young people, and young members of key populations.
2. Evaluate knowledge, clinical practices, and stigmatizing behaviors of healthcare providers who work with young people and young key populations.
3. Evaluate effectiveness of using peer networks to reach young key populations in Burundi.
4. Conduct a case study of *Ami Des Jeunes Au* (Youth-friendly) Burundi centers.

Area 3: Exploratory studies of Link Up target populations

1. Explore alcohol consumption among young people.
2. Conduct knowledge, attitudes, and practices or bio-behavioral surveillance studies of young key populations in Burundi.
3. Assess the prevalence of risk behaviors of male-male transactional sex in Burundi.
4. Examine bisexuality in Burundi, and how HIV prevention programming may better target bisexual people.
5. Study sexual risk behaviors among youth attending boarding schools.
6. Assess the social perceptions of the rights of young people living with HIV to marry and have children.

LINKUP

Link Up aims to improve the sexual and reproductive health and rights (SRHR) of one million young people affected by HIV across five countries in Africa and Asia. The project is being implemented by a consortium of partners led by the International HIV/AIDS Alliance. For more information, visit www.link-up.org



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