



**Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund**

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UNITED NATIONS POPULATION FUND

Final country programme document for Burundi

Proposed indicative UNFPA assistance: \$16.5 million: \$10.5 million from regular resources and \$6 million through co-financing modalities and/or other, including regular, resources.

Programme period: Five years (2010-2014)

Cycle of assistance: Seventh

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	4.5	2.5	7.0
Gender equality	2.0	3.0	5.0
Population and development	2.0	0.5	2.5
Programme coordination and assistance	2.0	-	2.0
Total	10.5	6.0	16.5

I. Situation analysis

1. The population of Burundi is estimated at just over 8 million. Fifty-two per cent of the population is female. Ninety-two per cent of the population lives in rural areas and is dependent on subsistence agriculture. Sixty-six per cent are under the age of 25, and 55 per cent live on less than \$1 per day. The annual population growth rate is about 2.5 per cent. The population density, estimated at 290 people per square kilometre, is as high as 500 in some provinces. This contributes to conflicts and to violations of human rights.

2. Life expectancy dropped from 52 years in 1990 to 47.4 years in 2007, due to rising poverty and malnutrition, the effects of civil war, and the resulting collapse of the health system. The total fertility rate is 6.3 children per woman. The percentage of deliveries taking place in health care facilities increased from 20.4 per cent in 2003 to 41.3 per cent in 2007, due to a 2006 decree granting free health care to children under five and to mothers who give birth. However, the maternal mortality ratio remains high, at over 800 deaths per 100,000 live births. Contributing factors include the poor quality of health services; cultural barriers; and the low use of family planning services. Access to reproductive health services and information is poor, particularly for young people. Modern contraceptive use was 9.4 per cent in 2007. The estimated unmet need for family planning was 20 per cent in 2002.

3. The rate of HIV infection decreased from 3.2 per cent in 2002 to 2.9 per cent in 2007. However, some population groups are more affected than others. Among youth aged 15 to 24, the HIV infection rate increased from 2.5 per cent in 2002 to 3.1 per cent in 2007. Among commercial sex workers aged 15 to 24, the rate is 24.3 per cent. The rate is higher for women than men in all age groups.

4. The Government has made efforts to reduce gender-based inequality and discrimination. However, inequities persist, especially with regard to secondary education,

economic opportunities and decision-making. Women experience difficulties in accessing resources, due to their low social status and the absence of a law on inheritance and marriages. Conjugal violence is common and culturally accepted. Gender-based violence is widespread, affecting even young women and children. However, gender-based violence related to the war has decreased. Parliament recently approved a criminal code that contains stronger measures against perpetrators of gender-based violence.

5. The 2005 peace treaty ended the civil war, which had begun in 1993. Humanitarian assistance is giving way to efforts to build communities, reintegrate returnees and demobilized soldiers, and rebuild government systems at all levels. This includes support for data collection and analysis; planning; the provision of basic services; and the protection of human rights.

II. Past cooperation and lessons learned

6. UNFPA and the Government extended the sixth country programme through the end of 2009. The programme, which had focused on humanitarian aid, was reoriented towards post-conflict reconstruction. The United Nations Development Assistance Framework (UNDAF), which became the United Nations Integrated Peacebuilding Strategy, was also extended through 2009.

7. The sixth country programme contributed to peacebuilding through a project in community recovery and reconciliation that involved youth. Financed through the United Nations Peacebuilding Fund, this project expanded and adapted youth activities to respond to the needs of a post-conflict situation.

8. In the area of reproductive health, the programme helped to improve access to and increase the use of health services, particularly reproductive health services. In the context of HIV prevention, the programme focused on integrating HIV prevention into general reproductive health activities, with a focus on

efforts targeting youth. The programme drew attention to the problem of obstetric fistula, and helped to build local capacity for the treatment of simple cases. The proposed programme promotes the inclusion of fistula treatment in free health services, and promotes fistula prevention as part of obstetric care.

9. In the area of population and development, UNFPA provided managerial and technical expertise for the 2008 population census. The programme established networks for parliamentarians and youth, which have been instrumental in advancing legislation relevant to the agenda of the International Conference on Population and Development (ICPD). The country programme underlined the need for more efficient and accessible sociodemographic databases, and for a national population policy.

10. In the area of gender equality, the country programme carried out sensitization campaigns in support of legislation promoting gender equality and the prosecution of gender-based violence. However, weak coordination, poorly integrated services and the poor quality of medical care hampered the campaign against gender-based violence. These problems highlighted the need for: (a) improved coordination among partners; (b) improved policy advocacy; and (c) integrated medical and psychological care for victims of gender-based violence.

11. Despite the achievements of the past programme, challenges remain. These challenges include: the high rates of maternal mortality and gender-based violence; the limited access to health and family planning services; and the weak capacity of government institutions. The proposed programme focuses on: (a) advocating the application of existing legislation, international treaties and conventions; (b) improving the quality of reproductive health services and promoting their use; and (c) increasing the accessibility of data.

12. A further challenge for the new country programme will be to move from the current, crisis-based approach, which relied primarily on non-governmental implementing partners. Although this approach had been successful in

the past, there is a need to move towards a systems-building and national capacity-building approach. Future cooperation will be based on a strengthened human rights-based approach.

III. Proposed programme

13. UNFPA and the Government have aligned the programme with the national poverty reduction strategy, the Programme of Action of the ICPD, the Millennium Development Goals, the 2010-2014 UNDAF, the UNFPA strategic plan, 2008-2011, and the Maputo Plan of Action. UNFPA developed the programme in close cooperation with the Government and development partners, on the basis of the recommendations of the final evaluation of the previous programme.

14. UNFPA and the Government developed the country programme within the context of post-conflict recovery efforts. The programme will support community-level interventions, while supporting the strategic planning and coordination process at the central level, in accordance with government priorities, and in coordination with other United Nations system organizations. Experienced non-governmental organizations will remain key partners.

15. The goal of the programme is to integrate the principles of the ICPD into community recovery, democratic governance and human rights efforts, enabling Burundians to contribute to peace and equitable development. The programme includes three components: (a) reproductive health and rights; (b) gender equality; and (c) population and development.

Reproductive health and rights component

16. This component contributes to the UNDAF outcome relating to basic social services, and specifically to the outputs relating to health services and the prevention of HIV and AIDS. The programme will build capacity in reproductive health and family planning, using a human rights-based approach, and will support integrated services for adolescents and youth.

17. The outcome for this component is: by 2014, communities have access to, and utilize,

high-quality sexual and reproductive health services, including HIV prevention and testing services, taking into account the needs of various population groups. This outcome will be achieved through three outputs.

18. Output 1: Enhanced capacity of national health systems to ensure safe deliveries, emergency obstetric care, family planning, HIV counselling and reproductive health commodity security. UNFPA, along with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), will support refresher training for health service personnel and the reform of paramedical training. UNFPA will also work with partners to improve reproductive health commodity security and the clinical referral system, and to provide materials and equipment.

19. Output 2: Increased demand for reproductive health services, including family planning and HIV prevention and testing. The programme will create demand through communication campaigns aimed at community leaders and target populations.

20. Output 3: Youth and health centres will provide a gender-sensitive, minimum package of services for adolescents and young people, including HIV prevention counselling and voluntary testing. UNFPA will provide these services jointly with UNICEF, WHO and non-governmental organizations. The programme will focus on unemployed youth as well as on integrated interventions related to health and life skills for youth.

21. The programme will carry out activities related to HIV and AIDS within the framework of the Joint United Nations Programme on HIV/AIDS. UNFPA will employ a human rights-based approach to reproductive health, using surveys to evaluate the fulfilment of rights such as the right to plan one's family, the right to be free from gender-based discrimination, and the rights of adolescents and youth.

Gender equality component

22. This component contributes to the UNDAF outcome concerning the establishment of a

culture of human rights. UNFPA has expertise in using demographic data for advocacy, and in programmes that combat gender-based violence and provide medical care to victims. UNFPA efforts will complement those of the United Nations Development Fund for Women (UNIFEM) in judiciary matters and of UNICEF in the area of child protection.

23. The outcome for this component is: by 2014, national systems, institutions and mechanisms that promote gender equity, prevent gender-based violence and integrate care of victims are strengthened, and a culture of human rights is fostered. It will be achieved through two outputs.

24. Output 1: Legislation that protects and promotes gender equity and human rights is adopted; application mechanisms are in place; and the population is informed and sensitized. This output will be achieved by: (a) advocating legislative change; (b) mobilizing partners in Government and in civil society organizations that provide legal counselling, rehabilitation and livelihood training, as well as information, advocacy and non-formal education on gender-based violence; and (c) informing women and girls about gender-based violence and their right to seek justice, and directing victims to legal support and services, including counselling and rehabilitation.

25. Output 2: Local health, community support and justice services are able to provide high-quality care, in a coordinated manner, for victims of gender-based violence in most provinces. To achieve this output, the programme will focus on medical care, the most common entry point for victims, in partnership with civil society organizations that operate referral and training centres. The programme will also cooperate with UNICEF and UNIFEM to integrate the community and legal aspects of gender-based violence.

Population and development component

26. This component relates to the UNDAF outcome relating to the national capacity to lead a participative strategic planning system. The expected programme outcome is: by 2014,

national information systems and the production and analysis of socio-economic data are improved and used by the Government to lead a participative process for drafting, implementing, monitoring and evaluating the new poverty reduction strategy and sectoral strategies. The component will focus on two outputs.

27. Output 1: Disaggregated population and socio-economic data and information are available, accessible and utilized at national, sectoral and decentralized levels. This will be achieved by: (a) analysing and disseminating the results of the 2008 population and housing census; (b) advocating resource and technical mobilization for implementing the 2010 demographic and health survey; and (c) building the institutional and technical capacity of the national statistical system to strengthen, utilize and maintain integrated management information systems.

28. Output 2: Strengthened capacity of decision makers and implementing agencies in charge of development programmes at central and subnational levels to recognize the linkages between population and development. Strategies will include: (a) promoting the use of disaggregated data for high-quality programming and accountability at all levels, particularly to address poverty, gender, equity and HIV issues; (b) undertaking policy-oriented research on population, poverty and environment linkages; (c) building the technical capacity to integrate population, reproductive health and gender issues into development frameworks at national, sectoral and decentralized levels; and (d) establishing coordination mechanisms among different stakeholders involved in the area of population and development.

IV. Programme management, monitoring and evaluation

29. The Government will coordinate the programme. The Ministry of External Relations and International Cooperation will ensure overall coordination, while the Ministry of Planning and Reconstruction, the Ministry of Public Health, and the Ministry of Human Rights and Gender will ensure coordination and

implementation of the three components, each in their respective areas.

30. UNFPA and other United Nations system organizations will develop joint programmes and projects in the areas of gender-based violence, socio-demographic data, the reduction of maternal and neonatal mortality and morbidity, and humanitarian questions.

31. UNFPA will develop a monitoring and evaluation plan based on the monitoring and evaluation plans of the UNDAF and the national poverty reduction strategy. The programme will emphasize national implementation through governmental and non-governmental organizations, using the harmonized approach to cash transfers. The programme will utilize basic data and indicators from the 2008 census, the multiple indicator cluster survey, the sociodemographic survey, and other pertinent surveys.

32. The country office consists of a representative, an assistant representative, an operations manager, three programme officers, two programme assistants and eight support staff. It will be necessary for the office to strengthen its capacity by recruiting additional national and international staff. The country office will utilize technical assistance from the Africa Regional Office and the Johannesburg and Dakar subregional offices; other technical units at headquarters; the South-South cooperation programme; and from other sources, as appropriate.

RESULTS AND RESOURCES FRAMEWORK FOR BURUNDI

National priority (national poverty reduction strategy): development of human capital UNDAF outcome: communities have equitable access to basic social services and the capacity to ensure their management				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome:</u> By 2014, communities have access to, and utilize, high-quality sexual and reproductive health services, including HIV prevention and testing services, taking into account the needs of various population groups</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ● Percentage of deliveries taking place in health structures ● Number of couples per year using family planning ● Rate of voluntary HIV testing 	<p><u>Output 1:</u> Enhanced capacity of national health systems to ensure safe deliveries, emergency obstetric care, family planning, HIV counselling and reproductive health commodity security</p> <p><u>Output 2:</u> Increased demand for reproductive health services, including family planning and HIV prevention and testing</p> <p><u>Output 3:</u> Youth and health centres will provide a gender-sensitive, minimum package of services for adolescents and young people, including HIV prevention counselling and voluntary testing</p> <p><u>Output indicators:</u></p> <p>Percentage of health structures offering:</p> <ul style="list-style-type: none"> ● Emergency obstetric care (basic and complete) ● Youth-friendly health services ● Family planning advice and methods ● Rate of voluntary HIV testing in target provinces 	<p>Ministry of Public Health; Ministry of Youth, Sports and Culture; Ministry for combating HIV/AIDS</p> <p>UNICEF; WHO; civil society organizations</p>	\$7 million (\$4.5 million from regular resources and \$2.5 million from other resources)
National priority (national poverty reduction strategy): improved governance and security UNDAF outcome: communities, as well as the institutions and mechanisms that protect and promote human rights, are better equipped to reduce the number of human rights violations and to establish a human rights culture				
Gender equality	<p><u>Outcome:</u> By 2014, national systems, institutions and mechanisms that promote gender equity, prevent gender-based violence and provide integrated care for victims are strengthened, and a culture of human rights is fostered</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> ● Existence of legislation and application mechanisms that protect and promote women's rights ● Number of victims treated 	<p><u>Output 1:</u> Legislation that protects and promotes gender equity and human rights is adopted; application mechanisms are in place; and the population is informed and sensitized</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ● Existence of a law on inheritance and marriage ● Existence of a law on reproductive health ● Existence of a specific law on gender-based violence ● Effective application mechanisms in place for the above ● Number of communities sensitized <p><u>Output 2:</u> Local health, community support and justice services are able to provide high-quality care, in a coordinated manner, for victims of gender-based violence in most provinces</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> ● Number of provinces in which all service providers have received training and other necessary support ● Number of provinces where criteria for efficient and coordinated care of victims are being met 	<p>Ministries of: Human Rights and Gender; Justice; Public Health; and Public Security</p> <p>UNICEF; UNIFEM, United Nations Office of the High Commissioner for Human Rights</p>	\$5 million, (\$2 million from regular resources and \$3 million from other resources)

National priority (national poverty reduction strategy): improved governance and security				
UNDAF outcome: key government institutions have the capacity to lead a participative strategic planning process, which includes national and international actors, and which takes into account regional and international norms and obligations				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: By 2014, national information systems and the production and analysis of socio-economic data are improved and used by the Government to lead a participative process for drafting, implementing, monitoring and evaluating the new poverty-reduction strategy and sectoral strategies</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> ● Integrated management information systems operational, with gender-specific indicators ● Number of ministries and target institutions able to integrate population and gender questions into sectoral plans and strategies 	<p>Output 1: Disaggregated population and socio-economic data and information are available, accessible and utilized at national, sectoral and decentralized levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Number of analysis reports published ● Integrated databases operational and updated with updated survey data ● Number of planners trained on the use of high-quality data at central, sectoral and decentralized levels 	<p>Ministries of: Community Development; Human Rights and Gender; Planning and Reconstruction; Public Health; the Interior; and Youth, Sports and Culture</p> <p>UNDP; UNICEF; World Bank</p>	\$2.5 million (\$2 million from regular resources and \$0.5 million from other resources)
		<p>Output 2: Strengthened capacity of decision makers and key implementing agencies in charge of development programmes at central and subnational levels to recognize the linkages between population and development</p> <p>Output indicators:</p> <ul style="list-style-type: none"> ● Number of updated national policies, strategies, action plans and monitoring and evaluation frameworks adopted and used ● National population policy adopted and implemented ● Existence of a functional research and planning unit within the Ministry of Human Rights and Gender ● Involvement of youth networks and organizations in advocacy and policy dialogues ● Percentage of national institutions with technical competence in integrating population, reproductive health, HIV and gender dimensions into national and sectoral programmes and strategies 	<p>National Assembly; Senate; Ministries of: Human Rights and Gender; Planning and Reconstruction; and Public Health</p> <p>United Nations system</p> <p>Civil society organizations; media</p>	<hr/> <p>Total for programme coordination and assistance: \$2 million from regular resources</p>