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**UNFPA**

**UNITED NATIONS POPULATION FUND**

**Draft country programme document for Burundi**

Proposed UNFPA assistance: \$5.3 million: \$3.15 million from regular resources and \$2.15 million through co-financing modalities and/or other, including regular, resources

Programme period: 3 years (2005-2007)

Cycle of assistance: Sixth

Category per decision 2000/19: A

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

	Regular resources	Other	Total
Population and development strategies	0.55	0.15	0.7
Reproductive health	2.00	2.00	4.0
Gender	0.30	-	0.3
Programme coordination and assistance	0.30	-	0.3
Total	3.15	2.15	5.3

## I. Situation analysis

1. The political crisis that erupted in October 1993 had far-reaching consequences for the population of Burundi. The resulting instability was marked by a succession of transitional governments. It is hoped that the Arusha Peace Accords and the subsequent ceasefire agreement will allow national elections to be held in November 2004.

2. About 1.2 million people (17 per cent of the population) live in extreme poverty. From 1992 to 2002, the annual income per inhabitant fell from \$200 to less than \$100, and the percentage of the population living in absolute poverty increased from 33.5 per cent to 68 per cent.

3. The population is estimated at 7.2 million, 92 per cent of whom live in rural areas. From 1990 to 2000, the proportion of women in the population increased from 51 per cent to nearly 53 per cent, while the percentage of young people under 15 years increased from 47 per cent to 49 per cent.

4. The total fertility rate is high, at 6.3 children per woman. Although the presence of skilled attendants at birth increased from approximately 11 per cent in 1993 to 20 per cent in 2003, the maternal mortality ratio remains very high, at 600-800 deaths per 100,000 live births. The infant mortality rate increased from 110 deaths per 1,000 births in 1992 to 129 deaths per 1,000 live births in 2000. Life expectancy recorded a significant decline, from 52 years in 1990 to 47.4 years in 2001. If the current trend of HIV/AIDS infection is not reversed, life expectancy could fall to 39 years by 2010.

5. The contraceptive prevalence rate, estimated at 4 per cent in 1993, rose slightly in 2003, to 5.4 per cent. Access to reproductive health services and information for adolescents and youth is extremely limited, with only five functional health centres in the country, all of which UNFPA supports. In urban and semi-urban areas, nearly 17 per cent of girls aged 10-14 are sexually active.

6. In 2002, the HIV prevalence rate among persons older than 12 was estimated at 3.2 per cent. The epidemic has spread at an extremely rapid pace, especially in rural areas, where the HIV prevalence rate rose from 0.7 per cent in 1992 to 2.5 per cent in 2002. The toll is especially heavy on women. The HIV prevalence rates for women and men are as follows: in urban areas, 13 per cent for women and 5.5 per cent for men; in semi-urban areas, 13.7 per cent for women and 6.8 per cent for men; in rural areas, 2.9 per cent for women and 2.1 per cent for men. Women account for 66 per cent of people aged 15-49 years who are living with HIV/AIDS.

7. The illiteracy rate for women over 15 is more than 61 per cent, compared to 44 per cent for men. In 2003, the net primary-school enrolment rate was 50 per cent for girls, compared to 63 per cent for boys. The percentage of women in decision-making positions is low, ranging from 2.5 per cent to 18 per cent, depending on the sector. Furthermore, traditions and norms that regulate inheritance are biased against women. Sexual violence against women increased dramatically during the political crisis.

8. In response to these socio-economic challenges and inspired by the Millennium Development Goals (MDGs), the New Partnership for Africa's Development (NEPAD) and the recommendations of major international conferences such as the International Conference on Population and Development (ICPD) and the Fourth World Conference on Women, the Government adopted a three-year interim poverty reduction strategy paper (PRSP) in 2002. UNFPA provided support to develop sociodemographic and health indicators.

9. The main priority areas of the interim PRSP are: (a) the promotion and participation of women in the development process; (b) the development of human capital; (c) the economic and social reintegration of people affected by conflicts; and (d) access to basic social services and the fight against HIV/AIDS.

The United Nations Development Assistance Framework (UNDAF) and the country programmes of various United Nations agencies take into account the PRSP priorities.

## II. Past cooperation and lessons learned

10. Within the context of the political crisis, UNFPA addressed reproductive health issues by: (a) promoting safe motherhood, family planning and adolescent sexual and reproductive health; and (b) improving access to and utilization of high-quality sexual and reproductive health services. As a result, policies and norms on sexual and reproductive health services, including adolescent and youth reproductive health services, were adopted.

11. The previous country programme included new areas of intervention, such as medical and psychosocial support to victims of sexual violence and the promotion of female condoms. The intervention areas of the fifth country programme showed the highest contraceptive prevalence rate: one and a half to two times the national rate.

12. A major outcome in the area of sexual and reproductive health and HIV/AIDS prevention is the partnership that was developed between public health structures and non-governmental organizations (NGOs) to ensure access to reproductive health services, in particular for adolescents and youth. The lessons learned include: (a) the need to concentrate the programme in specific geographical areas and to select health units likely to produce tangible results; (b) the marked preference of the population for long-term and reversible contraceptive methods; (c) the need to diversify behaviour change communication approaches, according to the needs of target groups; and (d) the need to target HIV-positive women to prevent mother-to-child transmission of HIV and to reduce the number of unwanted pregnancies.

13. In the area of population and development strategies, the programme helped to improve statistical information, both qualitatively and

quantitatively. The programme supported national data collection efforts, including the 2002 demographic and reproductive health survey. The programme also developed partnerships with civil society to promote gender equality and equity. These partnerships led to the drafting of a bill on reproductive health rights, equal inheritance and marital rights. The bill is being converted into law.

14. The timely allocation of funds and the commitment of national counterparts facilitated the implementation of the fifth country programme. Constraining factors included political insecurity, which prevented long-term planning; large staff turnover; and the lack of qualified personnel.

## III. Proposed programme

15. The United Nations Development Group (UNDG) agencies have agreed to help the Government develop a three-year programme aimed at making the transition from an emergency situation to one of sustainable peace and development. The Government, in partnership with national NGOs, led the development of the programme, which is based on the 2005-2007 UNDAF.

16. The UNFPA programme will contribute to the following UNDAF outcomes: (a) the promotion of peace and national reconciliation through participation and equitable allocation of resources; (b) the reintegration of at least 40 per cent of war-torn households into their original environments; (c) the promotion of income-generating activities and an integrated approach to formulating development policies; (d) reduction of the negative impact of major health problems and diseases on the health status of families and their production potential; (e) access of at least 70 per cent of girls and boys to primary school, with improved primary, secondary, tertiary and alternative schools; (f) reduction of the impact of HIV/AIDS and malaria; and (g) improved food security and sustainable development of natural and environmental resources.

17. The goal of the country programme is to contribute to an improved quality of life for the population of Burundi by: (a) promoting reproductive health, including the fight against HIV/AIDS; (b) rehabilitating victims of conflicts; (c) balancing demographic trends with development; and (d) promoting gender equality and equity.

18. The programme has three main components: population and development strategies, reproductive health and gender. Advocacy and gender are crosscutting issues.

*Population and development strategies component*

19. The expected outcome of the population and development strategies component is as follows: population and gender issues are taken into consideration in the planning, implementation, monitoring and evaluation of development policies and programmes. This outcome will be achieved through two outputs.

20. Output 1: Strengthened technical and institutional capacity of the planning units of target ministries through the provision of techniques and tools to integrate population and gender issues into the PRSP and sectoral programmes. This output will be achieved by: (a) developing partnerships between target institutions; (b) supporting advocacy and policy dialogues to ensure that population and gender issues are integrated into development programmes; (c) providing training in planning techniques and instruments to staff of the planning units of the target ministries; (d) supporting research and studies on the interrelationships between population, gender and development; and (e) establishing a coordination mechanism for stakeholders in population and development, reproductive health and gender.

21. Output 2: Improved capacity of the national statistical institute and the population department in the Ministry of Domestic Affairs in data collection, analysis and management of sex-disaggregated data for planning, monitoring

and evaluating the implementation of the MDGs, PRSP and sectoral programmes.

22. This output will be achieved by: (a) advocating training for statisticians and demographers; (b) supporting in-service training for statisticians in data collection, analysis and management; (c) establishing an integrated and functional database on population to produce indicators for monitoring and evaluation; (d) supporting advocacy to adopt and implement the statistical law; (e) supporting advocacy for programming and resource mobilization for the third population census; and (f) supporting the health information system.

*Reproductive health component*

23. The expected outcome of the reproductive health component is improved access to and utilization of high-quality services in sexual and reproductive health and reproductive rights (including HIV/AIDS), for men, women and youth, especially vulnerable persons.

24. Interventions that will be implemented nationally will promote family planning, condoms, behaviour change communication and advocacy. Interventions that aim to reduce maternal mortality prevent HIV/AIDS and provide services for adolescent sexual and reproductive health will target five provinces in addition to Bujumbura and Rumonge, in the province of Bururi. These provinces benefited from previous UNFPA assistance. The current programme will capitalize on existing provincial structures and networks of trained community organizers and NGO partners.

25. Output 1: Increased availability of and access to high-quality sexual and reproductive health services for women, men, adolescents and young people, as well as victims of war and crisis, in the areas of safe motherhood, family planning and sexual violence.

26. This output will be achieved by: (a) strengthening and expanding reproductive health services by training health providers and

by procuring equipment and material for emergency obstetric care; (b) establishing a pilot mobile clinic for war- and crisis-stricken people; (c) strengthening the planning, monitoring and evaluation system; (d) increasing behaviour change communication activities at the community level and with youth associations; (e) integrating gender and human rights approaches in sexual and reproductive health services; (f) strengthening partnerships with stakeholders involved in adolescent sexual and reproductive health; and (g) promoting income-generating activities, particularly for women and youth.

27. Output 2: Improved availability of and access to gender-sensitive prevention and treatment of STIs and HIV/AIDS, particularly for pregnant women, adolescents, youth and victims of war. This output will be achieved by: (a) increasing the availability of voluntary HIV/AIDS counselling and testing facilities; (b) integrating HIV/AIDS prevention into existing reproductive health services; (c) condom programming; (d) behaviour change communication activities at the community level and in the health sector; and (e) promoting income-generating activities for women affected by HIV/AIDS.

#### *Gender component*

28. The outcome of the gender component is as follows: gender equality and equity are enforced in the context of human rights, including reproductive rights; girls' access to and retention in primary and secondary schools; and increased decision-making power for women.

29. Output 1: Increased commitment of political and religious leaders, civil society and the community to combat gender-based violence and to adopt and enforce laws on reproductive rights and gender equality, particularly the law on inheritance and marital rights. This output will be achieved by: (a) strengthening existing partnerships in order to form coalitions and networks of civil society organizations and NGOs to promote the

elaboration, adoption and implementation of egalitarian laws; and (b) increasing the capacity of selected partners in gender advocacy and behaviour change communication techniques.

30. Output 2: Increased access to and retention of girls in primary and secondary schools and increased participation of women in decision-making at individual, family, community and national levels. This output will be achieved by: (a) strengthening existing partnerships and developing new ones with civil society, NGOs, parliamentarians and journalists; and (b) supporting sensitization and advocacy campaigns to increase the participation of women in decision-making and to promote girls' education.

#### **IV. Programme management, monitoring and evaluation**

31. The Ministry of Public Health, the Ministry of Social Action and Promotion of Women, the Ministry of Communication, the Ministry of Development Planning and Reconstruction, the Burundi Family Planning Association (*Association burundaise pour le bien-être familial*) and the Society for Women against AIDS in Africa will execute the programme. Civil society organizations and the network of parliamentarians on population and development will continue to implement specific activities.

32. The directorate of the national reproductive health programme will monitor and evaluate the reproductive health component, using results-based management. The directorate will coordinate the activities of various stakeholders, including those of the United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO). The reproductive health component will serve as a model to extend activities to other provinces. UNFPA will assist the Ministry of Public Health in mobilizing resources for this purpose.

33. The Ministry of Development Planning and Reconstruction will coordinate the activities of the population and development strategies component. Data generated by the 2002 demographic and health survey will be published in 2004 and will provide baseline indicators to monitor programme implementation. In addition to annual programme reviews, a final evaluation will be held in 2007.

34. The UNFPA country office will contribute to the annual inter-agency consolidated appeal process and will strengthen existing partnerships with multilateral and bilateral donors. With the return of peace, bilateral donors have exhibited a renewed commitment to the country. UNFPA will develop a comprehensive resource mobilization strategy for population, reproductive health and gender programmes.

35. The UNFPA country office in Burundi consists of a Representative, an Assistant Representative, a national programme officer and several programme and administrative support staff. Programme funds will be earmarked for one national programme officer post and three support posts, within the framework of the approved country office typology. National project personnel may also be recruited to strengthen project implementation and monitoring. The UNFPA Country Technical Services Team in Addis Ababa, Ethiopia, will provide technical support.

## RESULTS AND RESOURCES FRAMEWORK FOR BURUNDI

<p><b>National priority:</b> improve the quality of life of the population of Burundi by promoting peace, reconciliation and good governance; by reducing poverty; and by boosting the economy</p> <p><b>UNDAF outcome:</b> contribute to the reduction of the negative impact of major health problems and diseases on the health status of families and their production potential; the reintegration of at least 40% of war-torn households into their original environments; and contribute to reducing the impact of HIV/AIDS and malaria, which affect the health status of the population and the production potential of families</p>				
Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Role of partners	Indicative resources by programme component
Reproductive health	<p><u>Outcome:</u> Improved access to and utilization of high-quality services in sexual and reproductive health and reproductive rights (including HIV/AIDS), for men, women and youth, especially vulnerable persons</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of deliveries assisted by a trained health worker</li> <li>• Contraceptive prevalence rate in programme areas and at the national level</li> <li>• Number of youth who received the minimum package of reproductive health services in programme areas</li> </ul>	<p><u>Output 1:</u> Increased availability of and access to high-quality sexual and reproductive health services for women, men, adolescents and young people, as well as victims of war and crisis, in the areas of safe motherhood, family planning and sexual violence</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of health units in the programme areas offering at least three of the following reproductive health services: family planning, antenatal care, delivery care and HIV/AIDS prevention</li> <li>• Percentage of health units that did not have contraceptive and condom stock-outs</li> <li>• Percentage of health structures with a minimum reproductive health package for youth and adolescents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Government</li> <li>▪ NGOs</li> <li>▪ WHO; UNICEF; World Bank; United Nations Development Fund for Women (UNIFEM); UNDP</li> </ul>	<p>Regular resources: \$1 million</p> <p>Other resources: \$1 million</p>
<p><b>UNDAF outcome:</b> contribute to the reduction of the impact of HIV/AIDS and malaria</p>				
	<p><u>Outcome:</u> Improved access to and utilization of high-quality services in sexual and reproductive health and reproductive rights (including HIV/AIDS), for men, women and youth, especially vulnerable persons</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> <li>• Percentage of people who voluntarily accepted HIV testing in programme areas</li> <li>• Percentage of pregnant women who voluntarily accepted HIV testing in programme areas</li> </ul>	<p><u>Output 2:</u> Improved availability of and access to gender-sensitive prevention and treatment of STIs and HIV/AIDS, particularly for pregnant women, adolescents, youth and victims of war</p> <p><u>Output indicator:</u></p> <ul style="list-style-type: none"> <li>• Percentage of health units integrating HIV/AIDS prevention into reproductive health services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Government</li> <li>▪ NGOs</li> <li>▪ WHO; UNICEF; World Bank; United Nations Educational, Scientific and Cultural Organization (UNESCO)</li> </ul>	<p>Regular resources: \$1 million</p> <p>Other resources: \$1 million</p>

<b>UNDAF outcomes:</b> (a) the promotion of peace and national reconciliation through participation and equitable allocation of resources; and (b) access of at least 70% of girls and boys to primary school, with improved primary, secondary, tertiary and alternative schools				
<b>Programme component</b>	<b>Country programme outcomes, indicators, baselines and targets</b>	<b>Country programme outputs, indicators, baselines and targets</b>	<b>Role of partners</b>	<b>Indicative resources by programme component</b>
Gender	<p><b>Outcome:</b> Gender equality and equity are enforced in the context of human rights, including reproductive rights; girls' access to and retention in primary and secondary schools; and increased decision-making power for women</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Admission rate in primary schools</li> <li>• Net schooling rate per age and sex (primary and secondary)</li> <li>• Proportion of women members of parliament, in government and territorial authorities</li> </ul>	<p><b>Output 1:</b> Increased commitment of political and religious leaders, civil society and the community to combat gender-based violence and to adopt and enforce laws on reproductive rights and gender equality, particularly the law on inheritance and marital rights</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Existence of laws on reproductive health rights and on inheritance and marital rights</li> <li>• Number of actions taken to ensure enforcement of the laws</li> <li>• Number of public declarations of leaders in favour of egalitarian laws</li> </ul> <p><b>Output 2:</b> Increased access to and retention of girls in primary and secondary schools and increased participation of women in decision-making at individual, family, community and national levels</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of public declarations favouring retaining girls in the school system</li> <li>• Number of public declarations favouring increased decision-making by women</li> </ul>	<ul style="list-style-type: none"> <li>• Government</li> <li>• NGOs</li> <li>• Civil society</li> <li>• UNDP; UNIFEM; UNESCO</li> <li>• Networks of parliamentarians and journalists</li> </ul>	<p>Regular resources: \$0.2 million</p> <p>Regular resources: \$0.1 million</p>
<b>UNDAF outcomes:</b> (a) the promotion of income-generating activities and an integrated approach to formulating development policies; (b) improved food security and sustainable development of natural and environmental resources				
Population and development strategies	<p><b>Outcome:</b> Population and gender issues are taken into consideration in the planning, implementation, monitoring and evaluation of development policies and programmes</p> <p><b>Outcome indicators:</b></p> <ul style="list-style-type: none"> <li>• Number of national and sectoral plans and programmes, including PRSPs, that take into account population and gender issues</li> <li>• Data disaggregated by sex and age utilized in the PRSP and MDG reports</li> </ul>	<p><b>Output 1:</b> Strengthened technical and institutional capacity of the planning units of target ministries through the provision of techniques and tools to integrate population and gender issues into the PRSP and sectoral programmes</p> <p><b>Output indicators:</b></p> <ul style="list-style-type: none"> <li>• Proportion of structures integrating population and gender issues into their programmes</li> <li>• Existence of a functional coordination mechanism for stakeholders in population, gender and reproductive health</li> </ul> <p><b>Output 2:</b> Improved capacity of the national statistical institute and the population department in the Ministry of Domestic Affairs in data collection, analysis and management of sex-disaggregated data for planning, monitoring and evaluating the implementation of the MDGs, PRSP and sectoral programmes</p> <p><b>Output indicator:</b></p> <ul style="list-style-type: none"> <li>• Database integrating population and gender is functional at the national statistical institute</li> <li>• Advocacy document for resource mobilization for census</li> <li>• Existence of statistical laws</li> </ul>	<ul style="list-style-type: none"> <li>• Government</li> <li>• UNDP; UNIFEM; World Bank;</li> <li>• Networks of parliamentarians and journalists</li> <li>• University of Burundi</li> <li>• Government</li> <li>• UNDP; UNIFEM; World Bank; UNICEF</li> <li>• Networks of parliamentarians and journalists</li> <li>• University of Burundi</li> </ul>	<p>Regular resources: \$.25 million</p> <p>Other resources: \$.15 million</p> <p>Regular resources: \$.3 million</p> <p>Programme coordination and assistance: \$.3 million from regular resources</p>