

SDSR/GIZ PROJECT, BURUNDI: Tools for Adolescent and Youth Sexual and Reproductive Health

Community-based networking for promotion of young people's health

How educational, health and community actors in Burundi are weaving
a net to protect the young and vulnerable

An innovative approach for mobilising young people

In 2013, a growing number of early and out-of-wedlock pregnancies – as well as sexual and gender-based violence (SGBV) – alerted the National Reproductive Health Programme (*Programme National de Santé Reproductive* – PNSR) of Burundi's Ministry of Health (*Ministère de la santé publique et de la lutte contre le SIDA* – MSPLS) to an inadequate level of sexual and reproductive health knowledge among young people. With support from UNFPA, the PNSR responded by introducing 'youth-friendly' health centres. The training of staff to provide confidential and non-judgmental care to young people is aimed at all the country's health centres (HCs).

But how to get young people to use these improved services? The PNSR's innovative answer: Community-Based Networking for Youth Health Promotion.

As young people rarely visit the health facilities, the idea is to seek them out where they are – be it at school, in church or in their communities. To accomplish this, it is necessary to identify the structures that are in contact

The Sexual and Reproductive Health and Rights Project in Burundi

Commissioned by the German Federal Ministry for Economic Cooperation and Development (BMZ), the project *Renforcement des structures de santé dans le domaine de la planification familiale et de la santé et des droits sexuels et reproductifs* (SDSR) is implemented by the *Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH* (GIZ) in partnership with Burundi's National Reproductive Health Programme (PNSR). The project aims to improve the reproductive health of the population in the provinces of Mwaro, Muramvya and Gitega, particularly among young people aged 10 to 24, women and marginalised and vulnerable people, by on the one hand, supporting the quality of services in 90 health centres (HCs) and on the other, by strengthening the demand for reproductive health services.



School trip to CDS Kanka

with young people, associate these structures with the health centre, and train them to raise young people's awareness and guide them to the 'youth-friendly' HC.

Through the SDSR project, GIZ was the first of Burundi's technical and financial partners to embrace the PNSR's bold vision. Putting the concept into practice in a pilot phase, the SDSR Project helped simplify the approach and make it more functional. This GIZ experience inspired another group of partners – the Dutch Embassy, UNFPA, Care International, Cordaid and the Dutch foundation Rutgers International – to adopt a community network approach as part of their Joint Programme, which was extended to all regions of the country. Since 2015 GIZ has continued to develop its approach with a view to greater autonomy of the networks: there are by now 29 functioning networks constituted around HCs in the provinces of Mwaro, Muramvya and Gitega.

A network built around the health centre

Each community network coincides with the ‘area of responsibility’ of the HC at its centre. This geographical area covers a number of hill communities (on average between three and seven) around the HC, depending on population density, and contains several structures that target or associate young people aged 10 to 24. Such structures include public or denominational schools, churches with youth clubs, youth associations and centres, savings and credit groups, and the Communal Directorates for Family and Social Development (DCDFS) of Burundi’s Ministry of National Solidarity, Social Affairs, Human Rights and Gender.

Before the introduction of networking, all these structures pursued their respective missions in solo, without communicating with each other or with the health centre, despite all being located within the HC’s area of responsibility and existing alongside one another.

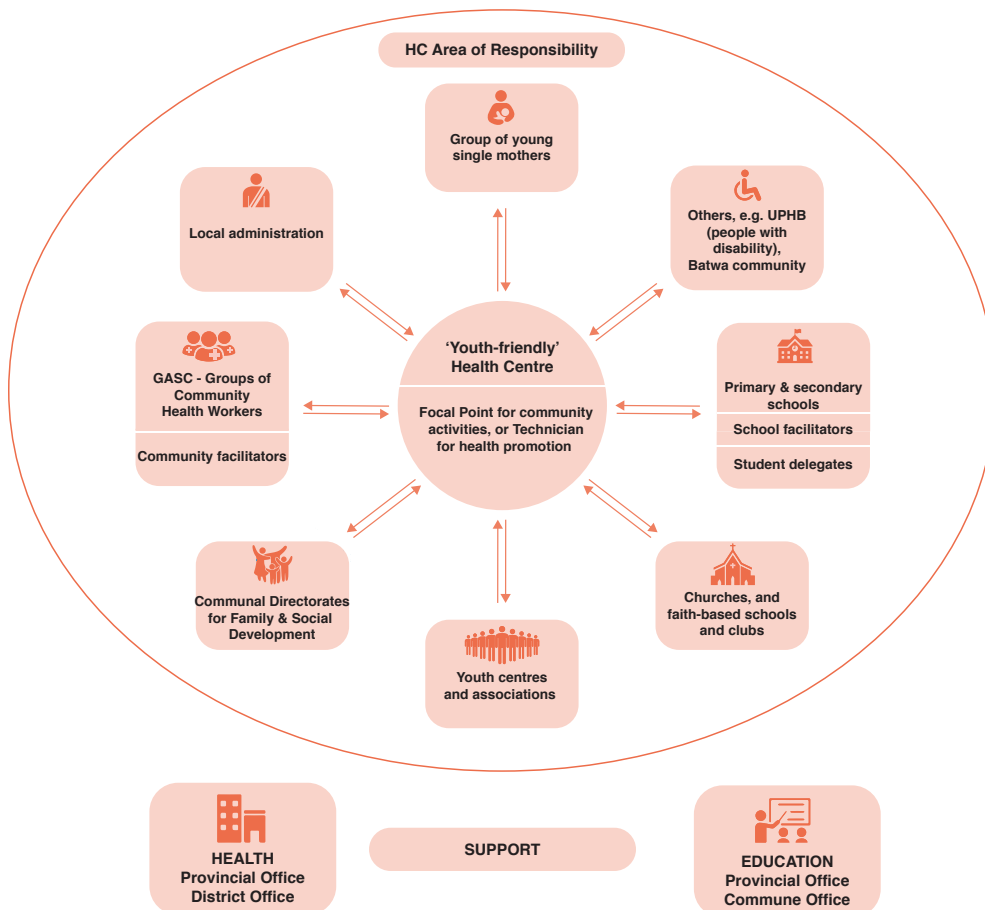
The central role of the HC

“In our youth-friendly health centre, all the staff are trained to welcome young people without prejudice and in a confidential setting. Condoms are available free of charge in a discreet place, and we can give the contraceptive pill to girls. We hold a weekly awareness session for young people, and we also do community outreach. Our HC is the centre of the network and the monthly network committee meetings are held here. Thanks to the collaboration of all the structures in the network, the communities are sensitised – they come readily for sexual and reproductive health services.”

Espérance, In-Charge of HC and Network Secretary

It is the networking that has brought the different structures that target young people out of their respective ‘silos’. Their participation in the same network reinforces them by enabling them to discover each other’s programmes, to collaborate and to work in a complementary manner. In this way, they coordinate with one another to be more effective in their work with young people – their shared target group.

Network organisation





Young people of Biganda Hill ready for an IEC session

Health and education are key players

Though a dozen types of structures make up the network, the importance of schools – because of their number and their educational mission – means that education and health are at the heart of the action, forming a dynamic duo. This is reflected in the joint responsibility of the municipal/district and provincial education and health administrations for supporting the networks.

In each school that participates in the network, the principal appoints certain teachers (at least one female and one male) as ‘school facilitators’. They conduct weekly awareness sessions after school hours on youth sexual and reproductive health and rights (YSRHR), as well as organising quarterly visits of their class to the HC. Here the students are welcomed by the Focal Point for Community Activities or the Health Promotion Technician – staff specially trained to educate and answer questions from young girls and boys.

“Networking gives us opportunities to meet young people – all schools in the health centre’s area of responsibility are members.”

Esperance, Health Centre In-Charge

An important activity organised each year by the network’s member schools is an inter-school competition, where learners get together to compose poems, skits, games or songs on a YSRHR theme. Each school nominates a group to represent it at the competition, where small prizes such as pens, notebooks, household articles or backpacks are awarded to the winners. The students of the different schools also elect their common delegate to the network committee.

Other important members of the networks are the religious denominations, some of which – Catholic, Pentecostal and Anglican – also run faith-based schools or youth clubs.

Young people who are no longer in school, sometimes members of savings and credit groups, are targeted through the Community Health Worker Groups (*Groupe-ments d’Agents de Santé Communautaire* – GASC), some of whom have been trained as community facilitators. The GASC are linked to the HC but organised by their respective hill communities under the responsibility of the local elected official. As with the schools, inter-community competitions are organised.

Special attention to vulnerable young people

In the interest of equity and inclusion, the network also targets young people who, because they belong to a vulnerable or marginalised group, have particular difficulty accessing sexual and reproductive health information and services.

A marginalised ethnic group: In Burundi, the Batwa represent less than 3% of the population. Members of this indigenous community, historically landless, work their neighbours’ land and live in extreme poverty. They are often subject to social exclusion, which reduces their sense of belonging to the wider society. Stigma and their lack of resources hamper their ability to keep their children in school and to access other social services. To break this isolation of young Batwa, a member of their community sits on the network committee, and they are the subject of special awareness-raising sessions by community facilitators with the support of the HC team, especially targeting young couples with information on reproductive health.

People living with disabilities: Another group often overlooked by programmes aimed at improving young people’s sexual and reproductive health, yet who have the same needs in this area, are young people with physical or mental disabilities. They also are often stigmatised, which puts especially girls at increased risk of sexual and gender-based violence. The Union of Handicapped Persons of Burundi (*Union des Personnes Handicapées du Burundi* – UPHB) is involved in the networking project, and with support from GIZ has trained peer educators to reach out to other members of this particularly vulnerable group.



Training single mothers on reproductive health in Fota

Young unwed mothers: In the context of YSRHR, young girls and women who have had a baby out of wedlock have a distinct status. Often punished by society (exclusion from school – sometimes even from their families), they are the living symbol of the consequences of SRH failure. They are therefore not only beneficiaries of the network’s support (medical monitoring of the pregnancy, mediation with the family), but above all they play a role in the networks to raise awareness among other young people to prevent them from experiencing similar misfortune. Each network includes a group of young single mothers (*Groupement de Mères Célibataires* – GMC) willing to talk about their experiences, but also to listen to those who are reluctant to confide directly in school or health officials.

Educational materials adapted to different contexts

The key activity for informing young people and getting them to visit the HC is awareness-raising sessions. These are conducted by different types of facilitators in different

contexts: teachers working as school facilitators in schools, community facilitators in the hills, peer educators for youth with disabilities, young single mothers for certain targeted interventions.

The different categories of facilitators are given appropriate training, but above all are equipped with specific educational materials, providing them a practical tool for dealing in a participatory manner with a wide range of YSRHR-related topics, including sexual and gender-based violence. For better understanding of users and young people, all materials are in Kirundi, the official language of Burundi used all through primary school.

‘The World Begins with Me’ (*Le monde commence par moi*) was developed by the Joint Programme for school facilitators and is also used in schools in the GIZ-supported networks. The manual is suitable for different learning levels and presents a comprehensive sexuality education programme.

‘Victorious Youth’ (*Une jeunesse victorieuse*) is the title of a guide on YSRHR developed for schools and clubs of religious denominations. Given the potential sensitivity of this topic, several religious groups were reluctant to join the networks, which led the SDSR Project to work with them on developing educational materials that they find acceptable.

‘Life Skills’ (*Compétences de vie courante*) is the manual used by community facilitators in contact with out-of-school youth.



‘Testimonies of Single Mothers’ (*Témoignages des mères célibataires*) and **‘Counselling Guides’** (*Guides de counseling*) are materials to be used by GMC members and other peer educators around the topic of unwanted pregnancies. The latter is intended as a basis for individual counselling of young girls facing difficult decisions, if they confide, for instance, in a student representative or a single mother.



Annual planning of Muyebe Network committee with community facilitators

The community network committee

The driving force of each network is its committee, which meets at the HC every month and manages the educational materials. Each year its 13 members are elected by their peers in their respective categories. The composition of the committee may vary, but it necessarily includes:

- A representative of the HC as chair or secretary of the network committee
- A school principal representing all schools in the HC's area of responsibility
- A representative of all the students and a delegate of the out-of-school youth
- A representative of the religious denominations
- One official representing the local administration
- A single mother representing the GMC
- A representative of the Batwa community.

The monthly meetings of the committee are used to plan and evaluate activities and to keep an overview of the programmes carried out by the different components of the network.

The representative of each network component, in turn, meets regularly with his or her peers to follow up on the youth activities for which their sub-group is responsible: in this way, all network members remain informed and active.

“In our network’s WhatsApp group there are all 13 members of the committee, plus all the school principals and facilitators, as well as the Communal Director of School Education and the District Health Office. This allows us to quickly share information that concerns the network; everyone who has information can respond.”

Emmanuel, Chair of a network committee

The YSRHR networking approach in steps

1. Prepare materials that present the network concept to decision-makers, and ensure the availability of educational materials for youth outreach.
2. Plan the intervention with administrative, health and education officials at provincial and communal/district levels (they will be responsible for the long-term support of the network).
3. Identify with the health districts the appropriate HCs for setting up a network.
4. Prepare the HC for its central role in facilitating the network and welcoming and sensitising young people (and their parents and other community members).
5. Identify the structures that work with young people in the HC's area of responsibility – indicate them on a map.
6. For inclusiveness, ensure that structures are included or created to target marginalised groups such as certain disadvantaged ethnic groups, people with disability, or young single mothers.
7. With the HC, contact each structure, explain how the network works (with appropriate materials) and ask if they want to participate (participation is voluntary).
8. Bring together members of the same type of structure (e.g. school principals, different religious denominations, youth associations) to elect their respective representative to the network committee.
9. Together with the health and education supervisors, train the network committee members (for the organisation of meetings to plan and evaluate activities, the management of educational materials, and for their liaison role between the HC and their respective peer group).
10. Support the structures to select the individuals who will be responsible for working directly with young people: school facilitators in each school (appointed from among the teachers by the principal), community facilitators (among the younger community health workers, appointed by the local elected official), in some cases peer educators.
11. With the health and education supervisors, train these facilitators in participatory communication on all the themes of YSRHR and the use of educational materials.
12. Support the network committee to prepare its annual action plan, to communicate it to all participating structures in the network, and to ensure its implementation.
13. Support the network committee at each monthly meeting to assess progress and adjust activity planning as necessary, and to coordinate the adjustment of member structures' activities.



Single mothers in Ceru ready to share their stories with other young people

Why is networking a promising approach for YSRHR?

After six years of implementing the networking approach, in the SDSR project's intervention zones there has been a measurable improvement in the knowledge of young people, both girls and boys, about YSRHR themes and the services available at the HC. There has been an increase in awareness, especially among young girls, concerning their SRH rights. Some observers note a reduction in out-of-wedlock pregnancies and early marriages in their community.

YSRHR is of great interest to young people. Sexual health naturally interests everyone, and all the more so adolescent girls and boys who are confronted with changes in their bodies and feelings, but are prevented from talking about these changes with their parents because of cultural and family taboos. The communication channels set up by the network – ranging from school or community facilitators to single mothers and to the HC – fill this gap, allowing this natural curiosity to be satisfied while providing a listening ear to the fears and concerns of the new generation.

“It is good that young people are represented in the network committee. I act as a liaison between the health centre and the students, who tell me their problems. I pass them on to the HC, which organises awareness sessions for them to adopt responsible behaviour.”

Alice, Student Representative in a network committee

Better yet, as one observer put it, “The beneficiaries are at the same time actors.” In the networking approach, young people are not just passive recipients of new knowledge: they are stimulated to play an active role, for instance in school clubs, in the network committees, and in inter-school and inter-community competitions.

According to some observers, the freeing up of speech in the network, particularly thanks to the testimony of single mothers, has even helped to reduce the taboo on talking about sexuality between young people and their parents, and with religious authorities.

Networking is based on existing local resources.

Contained within the area of responsibility of the HC, previously isolated actors who share the same objective – the development of young people's well-being – are brought together in a coalition that multiplies the impact of each. The activities in favour of YSRHR are integrated into the respective missions of each of these structures: thus, the existing coordination and supervision mechanisms, particularly of the health and education hierarchies, are sufficient for the support of the networks.

Testimony of Alexis, secondary school student

“I learn a lot in the weekly sessions our teacher organises for us after school. He also organises visits to the health centre – Friday afternoons are reserved for young people, and we can talk in confidence with the nurse. It's a very interesting topic: we learn how to behave as adults, how to protect ourselves, we learn about condoms and sexually transmitted diseases. When there are new students, the older ones explain these topics to them. I would like to become a doctor in order to treat those who have health problems, and advise young people.”

There is ownership of the network by its participating structures. Despite the extra effort required to maintain the intensive pace of sensitisation targeting young people, the network members show signs of having embraced this innovative approach. In certain HCs, the network's annual operational planning has already been integrated into the HC's planning, a sign that the network is beginning to be institutionalised. This appropriation of the networking approach by the structures implementing it has certainly been facilitated by its compliance with the PNSR guidelines, but increasingly reflects an appreciation of its convincing results.



Networking aims to bring young people closer to health services

“Before networking, youth health was very difficult – now we can easily refer young people to the health centre. We have seen that pregnancies in school have decreased a lot. There are no more dropouts due to early marriage.”

Yvette, secondary school principal

Would you like to know more?

Here are links to other SDSR Project publications and a toolbox on Community-Based Networking for Adolescent and Youth Sexual and Reproductive Health:

<https://health.bmz.de/fr/toolkits/reseautage-sdsr-jeunes/>

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