International HIV/AIDS Alliance

Together to end AIDS

LINKUP

Case Study

Working with young key populations in a hostile legal, socio-cultural and political environment

Experience of Alliance Burundaise Contre le SIDA implementing Link Up in Burundi

About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

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About Link Up

Link Up, an ambitious five-country project that ran from 2013-2016, improved the sexual and reproductive health and rights (SRHR) of nearly 940,000 young people most affected by HIV in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda. Launched in 2013 by a consortium of partners led by the International HIV/AIDS Alliance, Link Up strengthened the integration of HIV and SRHR programmes and service delivery. It focused specifically on young men who have sex with men, sex workers, people who use drugs, transgender people, and young women and men living with HIV.

For more information visit www.link-up.org

Acknowledgements
This case study was written by ABS and Humure, with the support of the Alliance secretariat.

We would like to thank the Government of the Netherlands for funding the Link Up project.

Designed by: Jane Shepherd/Garry Robson

Unless otherwise stated, the appearance of individuals in this publication gives no indication of either sexuality or HIV status.

Cover photo: Pacifique, 20 (right), is living with HIV and directs a theatre group which raises awareness of HIV and related issues in Bujumbura, Burundi. © 2016 International HIV/AIDS Alliance

Introduction

Established in Burundi in 1999 and registered in 2002, l'Alliance Burundaise contre le SIDA et pour la promotion de la santé (ABS) is a network of associations responding to HIV. In countries with a generalised HIV epidemic (Burundi, Ethiopia and Uganda), Link Up focused on young people aged 10 to 24 living with and affected by HIV by integrating sexual and reproductive health (SRH) into existing HIV services and vice versa. Link Up successfully carried out sexual and reproductive health and rights (SRHR) interventions in existing community-based HIV programmes and created linkages with SRH service providers in the public and voluntary sectors.

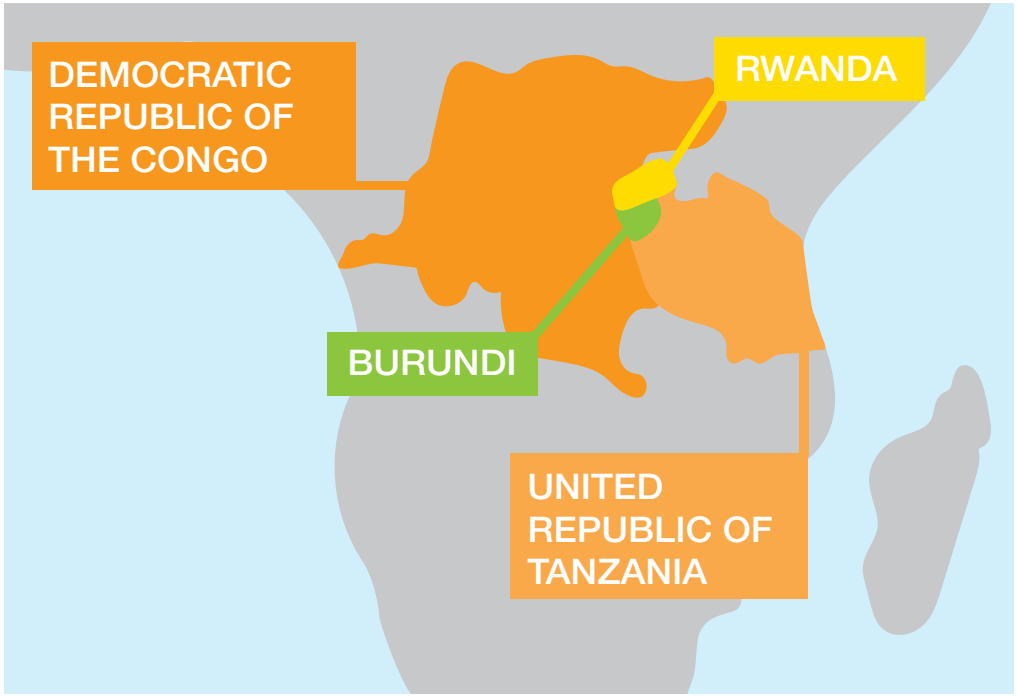
The project in Burundi is innovative in that it worked with young key populations who are most affected by HIV. Most of them are socially neglected or excluded, experience stigma and discrimination, and are marginalised. From the beginning of the HIV response, few actors have worked with these groups because of social taboos and stigma.

Nahimana, 22 (middle), sometimes sells sex to provide for her children. She is very close to her sister and mother, who support her as much as possible. © 2016 International HIV/AIDS Alliance

Pacifique, 20 (right), is living with HIV. He is optimistic about his future and directs a theatre group which raises awareness of HIV and related issues in Bujumbura, Burundi. © 2016 International HIV/AIDS Alliance

1. Context

Burundi is small landlocked central African state. Its population, which is 90% rural, is estimated at 8.5 million. According to the World Health Organization (WHO), in 2015, the maternal mortality ratio was 712 deaths per 100,000 live births,[1] infant mortality was estimated at 54.1 deaths per 1,000 live births, and the child mortality rate at 81.7 deaths per 1,000 live births.[2] The country has - with the help of the international community - mounted a robust response to HIV since 1983, when the first case of AIDS was discovered. Concrete results have begun to be observed, as indicated by a drop in new HIV infections and a decrease in AIDS-related deaths.



Map of central Africa

In Burundi, the 2010 Demographic and Health Survey[3] (DHS) records HIV prevalence among the general population, including among young people. According to this survey, HIV prevalence in the population aged 15-49 is 1.4%. Among women, HIV prevalence reaches a maximum of 3.7% in the 35-39 age group and then declines to 2.4% in the 45-49 age group. On the whole, the same tendency to decline after a certain age can be observed among men, from a peak of 3.3% in the 40-44 age group (DHS II 2010). The total estimated population of people living with HIV in 2015 was 77,390; 68,274 adults and 9,116 children, according to SPECTRUM. Among them, an estimated 42,169 people have received antiretroviral therapy (ART), including 2,654 children and 39,515 adults. In terms of coverage, however, this represents just 29.1% of children under 15 and 57.9% of adults.[4]

1. WHO Global Health Observatory data repository (2015), "Maternal mortality Data by country" http://apps.who.int/gho/data/node.main.15?lang=en last updated 2015-11-11
2. WHO Global Health Observatory data repository (2015), "Probability of dying per 1,000 live births Data by country" http://apps.who.int/gho/data/node.main.525?lang=en last updated 2015-09-11
3. Institute of Statistics and Economic Studies of Burundi (ISTEEBU) and ICF International (2012), Demographic and health survey 2010, Maryland, USA.
4. Ministry of public health and fight against AIDS, Annual report 2015, Burundi.

Prevalence among young people aged 15-24 is 0.5%, with 0.2% of young men and 0.8% of young women affected. Among women aged 25-49, 5% report having first sex before they were 15. This proportion goes up to 25% by age 18, and the majority of women (82%) were sexually active by the time they reached 25. Overall, the proportion of women estimated to be sexually active before the age of 15 is 3% (DHS II 2010).

In this context, Link Up provides young people with age-appropriate information and services to ensure sexuality education as well as the supply of targeted commodities and services.

2. Issues

In spite of progress in responding to HIV, stigma and discrimination, gender-based violence, homophobia and other human rights violations relating to HIV are still widespread in the country.

In the context of HIV, the main issues contributing to human rights violations in Burundi are:

- Risk of increased HIV prevalence in rural areas (where 90% of the population live)
- Early sexual debut and young people's particular vulnerability to HIV
- Women's and girls' heightened vulnerability
- Stigma and discrimination facing certain key populations, namely people living with HIV, sex workers and men who have sex with men.

A young user of the RNJ+ friendly centre. © 2016 International HIV/AIDS Alliance

3. Background

Root causes which hinder the HIV response include:

- Discriminatory policies and laws which criminalise some key populations in Burundi. These reinforce the persistent stigma and discrimination facing these populations and fuel self-stigma. The key affected populations are mainly people living with HIV, sex workers and men who have sex with men.
- Socio-cultural and religious factors limiting these key populations' access to quality health care also constitute barriers. These factors reinforce ignorance or incomplete knowledge of how HIV is spread, the low uptake of voluntary testing - including before marriage, and resistance to condom use.
- The limited capacity of community-based organisations results in HIV-education approaches which are not underpinned by active community participation or engagement. There are very few local services providing information and advice and those in existence are ill-equipped to include HIV and other sexually transmitted infections (STIs), particularly among young people. Furthermore, a weak condom distribution network, the trend for having multiple sexual partners in the popular city and semi-urban centre neighbourhoods, and use of alcohol and recreational drugs induce high-risk sexual behaviours which exacerbate the situation.
- Weak political commitment to gender equality has hampered the progress in integrating gender and human rights into the national response to HIV and AIDS in Burundi. The lack of a gendered response hinders access to health services for very young people, under-served young girls, men who have sex with men, sex workers and people living with HIV. Gender inequality and pervasive sexual violence intensify the risk of HIV transmission, unintended pregnancies among HIV-positive girls and young women, and difficulties in accessing post-abortion care.
- Another key issue is the problem of financial support for community initiatives implemented by various networks and associations working to meet the needs of key populations who are especially vulnerable to HIV. Given the current global economic climate and shrinking resources available to the development sector, it is essential to maximise the use of resources, while complying with internationally agreed frameworks, aligning with country priorities and harmonised procedures. Some groups who are not officially recognised as vulnerable will not be considered a national priority. The community approach is also thought by some to be too expensive or complicated.
- Weak coordination leads to isolated work, dissipation and a counter-productive duplication of efforts. The HIV response cannot be effective without strong multi-sectoral support for community systems, which provide structure in people's lives and complement the health sector's human resources.

4. Strategies

The five strategies described below, implemented by ABS through the Link Up project, all aim to ensure quality service delivery for vulnerable young key populations aged 10 to 24, including men who have sex with men, young women who sell sex, and people living with HIV.

Partnerships

L'Alliance Burundaise contre le SIDA et pour la promotion de la santé (ABS) is a network of more than 400 national NGOs responding to HIV and promoting health. The strategy adopted by ABS is not to provide services directly but to ensure that they are delivered by specialist partner organisations working under its guidance and coordination.

Nahimana, 22, mother of two, works at a market and also sells sex in order to provide for her children. © 2016 International HIV/AIDS Alliance

The creation of this type of partnership with different associations, which interface directly with the public, takes into account their ability to work on a regular basis with specific beneficiaries. It is a framework which facilitates the implementation of joint actions. These interventions mainly aim to achieve common objectives and have a lasting impact through the combination of everyone's efforts.

Applying this framework to Link Up, two community based organizations - HUMURE and PARCEM - implemented activities for the community of men who have sex with men. As far as young people living with HIV are concerned, the project was implemented by RNJ+ (the national network of young people living with HIV) and the RAMA Association. To reach young women who sell sex, ABS collaborated with associations working in the field of prevention or care: ABCMAV, FWA, RNJ+, TUBABARANE, AJS and NTURENGAHO.

Training peer educators

Young people trained as peer educators go on to reach further young people with useful information regarding SRHR and HIV. This strategy is acknowledged to be effective in achieving rapid results.

Peer educators are engaged in various areas, including:

- Prevention: general information, condoms, testing, STIs and referrals to prevention services.
- Treatment: information on ART, health centres, opportunistic infections, adherence, side effects and referrals for treatment, if needed.
- Human rights: sexual and reproductive rights, recognising rights, protecting rights, the political and legal context and exercising rights.
- Impact reduction: psychosocial care, education, days of social interaction.

Capacity building provided as part as the Link Up project had two aims: technical support facilitated the provision of integrated SRH and HIV services and quality information to young people aged 10 to 24. By targeting service providers, ABS aims to improve quality of care to address the need for appropriate, user-friendly SRH services. ABS had the same goal when it offered support in undertaking tailored programming and planning. ABS also provided an SRHR '101' training for leaders of organizations.[5]

Supervision to improve peer educators' performance

In their daily work, peer educators are regularly supervised. ABS' monitoring and evaluation team is responsible for this peer educator programme, working with a focal point at each implementing partner. For the associations providing care, two peer educators are integrated into service provision (reception, condom distribution, lubricants and reproductive health). There is a quarterly meeting between supervisors and focal points to validate data and a plan is drawn up to overcome any weaknesses.

The objective of this supervision is to improve peer educators' performance through capacity building and increased motivation, to encourage better organisation in tracking the young people they are in charge of, and to provide support if needed. After training, which provides theoretical knowledge, the leaders of ABS' specialist partners support them by familiarising them with the work: how to prepare and organise sessions and how to use the tools. Follow-up is carried out by monitoring the use of the tools. By analysing reports and peer educators' experiences, supervision helps to identify potential difficulties and resolve them.

5. International HIV/AIDS Alliance (2015), Sexual and reproductive health and rights, and HIV 101 workshop guide. Available at: http://www.aidsalliance.org/assets/000/001/769/LinkUp_101_SRHRintegration_FINAL_original.pdf?1441105738

Advocacy

In implementing the Link Up project, ABS had to take into account the country's complex and challenging legal, ethical and socio-cultural contexts. Tact is necessary to smooth the way and avoid clashes between stakeholders. Advocacy workshops involving policymakers (from the security and justice sectors) helped overcome differences and improve attitudes towards human rights.

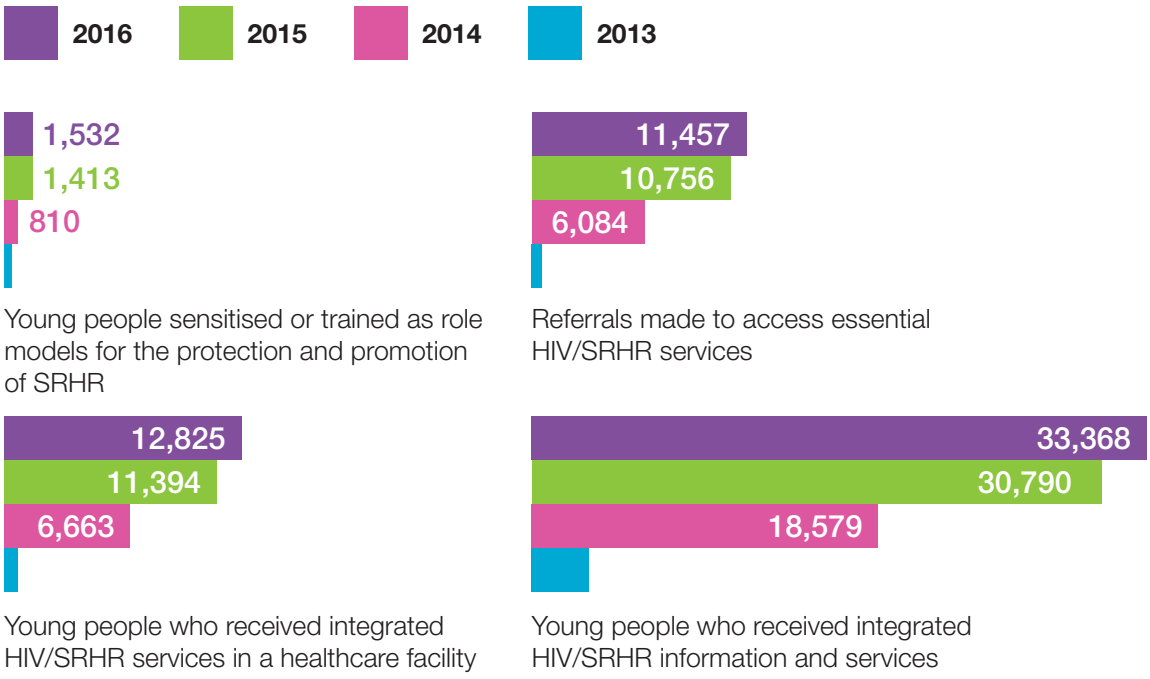
Research

A survey on the scope of backstreet abortions among young women who sell sex is ongoing. The results will be very useful in shaping interventions for this group.

5. Results

The project has achieved better results than expected (see figure 1 and tables 1 and 2).

Fig.1: Main achievements for young people affected by HIV



Targets have been met and surpassed in most cases, as shown by table 1 below. These results suggest that ABS had not only largely underestimated the capacity and engagement of the actors involved but also the relevance and effectiveness of the strategies used. The number of young people reached has risen steadily year on year, along with the number of referrals and the number of young people sensitised and trained.

Table1 : summary of results compared to anticipated outcomes

Indicators	Target	Actual	%
1.1. Number of young people aged 10-24 affected by HIV who have received integrated HIV and SRHR information and services in their community	17,500	33,368	191%
1.2. Number of people sensitised and trained as role models in protecting and promoting the SRHR of young people affected by HIV aged 10-24	1,080	1,532	142%
2.1. Number of young people aged 10-24 affected by HIV reached by integrated HIV and SRHR services in health facilities	2,625	12,825	489%
2.2. Number of facilities that offer integrated HIV and SRH services for young people aged 10-24 affected by HIV	44	32	73%
3.1. Number of service providers who received technical assistance in delivering quality, integrated HIV and SRHR services and information for young people aged 10-24 affected by HIV and who provide those services	44	178	405%
3.2. Number of young people aged 10-24 living with HIV who took part in user-friendly and appropriate programming and planning	820	352	43%
4.1. Number of civil society organisations with monitoring and reporting systems in place to track human rights violations among young people aged 10-24 affected by HIV and that shared the results	2	9	450%
4.2. Number of decision-makers/law enforcement officials sensitised	8	92	1,150%

The following factors contribute to those indicators where targets have been exceeded.

1.1. The strategy of peer education made it possible to reach a large number of young people. Every month, each peer educator is assigned a target number of new young people to reach (the number is counted on a cumulative basis, month by month). Altogether, the project engaged 130 peer educators.

1.2. Young people trained as role models - also called "youth champions" - stood out for their planning skills and participation during meetings. Many of them took an active part in community activities and exceeded ABS' expectations.

2.1. In the health system, contractual agreements with service providers facilitated the direct delivery of services to project beneficiaries. This has improved accessibility, including in public health facilities, where focal points have been trained. (In particular, the presence of focal points makes procedures easier to navigate for project beneficiaries).

3.1. During the course of the project, the project managers noticed particular issues affecting the beneficiary groups, including specific anal pathologies and the fact that health care settings are not used to dealing with them. They decided to increase the number of people trained by adding service providers from public health facilities. These people became focal points to greet young people who were referred for services. This helped reduce distances and increase the number of people reached under indicator 2.1.

4.1. Initially two organisations, HUMURE and RNJ+, were responsible for implementing human rights monitoring. Thanks to RNJ+'s attractive centre, other civil society organisations (CSOs) have joined in monitoring violations of their members' rights.

4.2. At first, the project targeted the parliamentary group of the National Assembly in charge of social affairs. During the project, the president of this group brought in other parliamentarians and policymakers involved in service provision to engage on human rights issues.

Most of these results have been achieved thanks to referrals by peer educators to health services in the public or voluntary sectors. Below is a table showing the number of referrals of vulnerable young people who benefited from services as part of the Link Up project.[6]

6. Data is also available disaggregated by gender and key population group. The list is not exhaustive; we have listed referrals of more than 500 people.

Table 2: number of people referred for, and who accessed integrated SRH/HIV services, disaggregated by most common services received and age group

	By age group					
	Total	0-9	10-14	15-19	20-24	25 and over
Total number of people referred for integrated HIV/SRH services	6,008	8	354	2,139	3,158	349
Number of people referred provided with clinical services	4,135	7	271	1,520	2,144	193
• HIV testing (provider-initiated)	4,049	7	271	1,499	2,080	192
Number of people referred provided with HIV/SRH information and counselling	5,069	8	347	1,895	2,543	276
• Family planning counselling	1,464	0	41	448	842	133
• Pre-test counselling	2,985	7	271	1,243	1,359	105
• Post-test counselling	2,762	7	261	1,184	1,230	80
• SRH and HIV preliminary consultation	935	1	43	330	468	93
• Counselling in prevention of mother-to-child transmission (PMTCT)	631	0	21	234	319	57

Human rights monitoring

In terms of human rights monitoring, the project uses a system called "REAct" (Rights, Evidence, Action), developed by the International HIV/AIDS Alliance.[7] Coverage of the system spread from nine provinces initially to 14. Young people documenting cases are called "Reactors" (there are two young people living with HIV from the RNJ+ and two men who have sex with men from HUMURE). Documented cases are submitted to a law firm to be validated: lawyers record the cases and verify whether a human rights violation has occurred with reference to the law. Once the cases are validated, a recovery action is undertaken by the organisations, with the lawyers' support. At the time of writing, 28 cases had been documented; of which 13 were validated and four had been resolved.

Using "MARTUS" software

The programme is run by a coordinator and four reactors who collect data and work with a law firm. "Martus" software is installed in the implementing agencies and its access is protected. As soon as data is posted on the system, four ABS managers and an International HIV/AIDS Alliance team member are directly informed of the case. The system also enables evidence to be collected, including pictures and administrative documents, in a totally confidential way. Principles of data security and confidentiality are respected so that victims are not exposed. For this reason evidence is destroyed on the computers; it is, however, kept on the server. Likewise, any images of the victims do not show their faces.

Supporting young women who sell sex

To further the socio-economic empowerment of young women who sell sex, in 2015, the association AJS supported ten groups of 20 of the most vulnerable young women who sell sex aged 15-24 with a guarantee fund to promote access to micro-credit. In total, 200 young women who sell sex have been supported.

6. Good practice

Examples of good practice include:

- **Peer education:** Using peer educators effectively helps consolidate learning as it differs from conventional teaching methods. Young people learn from each other, they are involved and take part in events, communication barriers are broken down and young people not only acquire knowledge but abilities and skills which allow them to adapt to situations.

7. International HIV/AIDS Alliance (2015) REAct user guide. Available at: http://www.aidsalliance.org/assets/000/001/310/REAct_User_Guide_original.pdf?1424259862

- **Integrated services through referral and counter-referral:** referrals and counter-referrals expand access to services and enhance communication between the facilities providing services and the community using them.

- **Partnerships between the voluntary and private sector:** partnership agreements with health centres for the provision of services is an alternative to the voluntary sector which is unable to offer those services.

- **Home visits:** young people visiting other young people and their families at home can be very comforting. It also strengthens links between the young person and other family members.

- **Support for young people who have undergone HIV testing from other HIV-positive young people:** young people who have lived with HIV for a long time accompany other young people to the voluntary testing centre, so they can provide emotional support following a positive result.

- **Documenting cases of human rights violations:** the REAct programme, set up to document cases of sexual rights violations, using MARTUS software, enables ABS to know which areas are of the most concern and therefore inform advocacy.

- **Creating and managing attractive centres:** the attractive, user-friendly centres integrate services tailored to young people. They are places for leisure, socialising, learning and sharing experiences.

- **Youth participation:** when young people are involved in planning and implementing programmes they feel engaged. They have a real stake in the results. They have time to reflect on their values as they discover that they own the project.

- **Parent-youth dialogues:** “Exchange days” between parents and young people help bridge gaps in perception, enable a discussion of different points of view and enhance mutual understanding. The testimonies heard during these events raise awareness about the use of services such as vaccination, antenatal care and prevention of mother-child transmission (PMTCT).

Three young users of the RNJ+ youth centre in Bujumbura, Burundi, which is a lifeline for young people most affected by HIV. © 2016 International HIV/AIDS Alliance

7. Lessons learnt

Lessons learnt include:

- Taking into account age groups, gender and key populations (men who have sex with men, young women who sell sex and people living with HIV) has been crucial to achieving the project's objectives.
- Such is the range of perceptions, reach, personalities and even levels of understanding among young people that service provision must be tailored to meet individual needs.
- Private-public partnerships and partnerships with community-based organisations help expand access to SRH and HIV services.
- The regular supply of commodities and their well-organised distribution by young people themselves are key to ensure the provision of quality SRH services.
- Training young people on health-promoting behaviour is vital. It requires an appropriate space where young people can reflect and not only access care.
- Engaging young people in all aspects of planning allows them to take ownership and facilitates implementation.
- Documenting cases of violations of sexual and reproductive rights is a very important step for advocacy: it means that advocacy is informed by evidence.

Cedric (right), the ED of RNJ+, the young people's positive network in Burundi. © 2016 International HIV/AIDS Alliance

8. Challenges

Challenges include:

- Scaling up interventions nationally to cover other geographic areas.
- Sustaining good results, despite the lack of resources.
- Implementing supportive legal and regulatory provisions relating to young people's SRHR.
- Capacity building of CSOs active in SRHR so that they can provide quality services to young people.
- Developing young people's knowledge and personal skills regarding SRHR in spite of various sources of information, which can often convey contradictory messages (parents, teachers, community leaders, religious figures, administrative sources, media and other communication channels).
- Lack of up-to-date data to document evidence and baseline situations.

9. Future plans

Link Up has been both innovative and successful, as indicated by the results above. Young people affected by HIV have proven that where there is life, there is hope, and that protecting and promoting SRHR closely relates to access to both services and information.

In future, ABS will seek to:

- Identify actions to scale up the programme, both by consolidating the positive results achieved in terms of the young people reached in project locations, and by possibly expanding the project interventions to reach other young people affected by HIV in other locations.

- Build on past successes. As we have seen, the existence of different groups with different needs is a reality (youth at risk of HIV, young people living with HIV, young women who sell sex, men who have sex with men, transgender people, and vulnerable youth). Disaggregation by age cohort must be strengthened - not only in recording outcomes, but also for the purpose of tracking financial support to these different groups.

- Develop linkages with other private institutions beyond the health sector which can create employment opportunities for young people, for example sections of the private sector specialising in community empowerment.

- Undertake advocacy so that community systems integrate the notion of SRHR in their work. Community health systems – such as the network of community health workers and committees defending rights - could extend their remit to include aspects of youth SRHR, or community mechanisms could adopt the strategy of working with peer educators.

10. Conclusion

In spite of a hostile political, legal, social, religious and cultural environment, ABS and its partners have been able to implement a strategy to improve the SRHR of young people affected by HIV in general, and of men who have sex with men, young women who sell sex and people living with HIV in particular. This strategy is considered innovative in responding to HIV. The results reflect the effort that ABS is making to achieve its main objective which is "to promote and ensure effective civil society participation in the definition, implementation, monitoring and evaluation of policies, strategies and national programmes to respond to HIV by mobilising, supporting and leveraging community initiatives." This work is even more impressive as it takes place in an unfavourable socio-cultural context, and an especially difficult political context: serious unrest occurred before and after the last presidential elections in 2015. ABS, with the support of the Link Up project, has demonstrated the central importance of prioritising young people, and especially young key populations, everywhere if we want to end AIDS by 2030.

Photo taken at The RNJ+ youth centre in Bujumbura, Burundi, which is a lifeline for young people most affected by HIV.

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LINKUP

Link Up improved the sexual and reproductive health and rights of nearly 940,000 young people affected by HIV across five countries in Africa and Asia. The project was 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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Funded by the Ministry of Foreign Affairs of the government of the Netherlands.