ROADS II Countries: Burundi

Introduction

ROADS II Burundi began operations in 2009 and is implemented in Bujumbura, Kayanza, Kirundo and Muyinga Provinces.

The Project aims to increase access to quality facility- and community-based HIV and broader health services for mobile and local audiences. The project targets services to most-at-risk populations (MARPs) representing a significant percentage of the country’s new HIV infections.

ROADS II Burundi also supports integration of HIV and FP/RH services, with a strong gender-based violence (GBV) component to address structural barriers to service uptake.

Target Audiences

- Pregnant women and their partners
- People living with HIV (PLHIV)
- Orphans and other vulnerable children (OVC)
- Youth out of school
- Low-income women
- Individuals engaged in commercial and transactional sex
- Truck drivers and other mobile men

Partners

- Ministry of Health
- National AIDS Commission (CNLS)
- National Program of Reproductive Health
- Provincial and district authorities
- Catholic Church
- Health facilities
- Local CBOs/NGOs

Activities

- HIV testing and counseling (HTC)
- Expanding access to antiretroviral therapy (ART)
- Care of PLHIV including nutrition, malaria, palliative care and end-of-life care
- Positive Health Dignity and Prevention (PHDP)
- Prevention of mother-to-child transmission (PMTCT) of HIV
- Prevention and management of sexually transmitted infections (STI)
- Prevention of HIV transmission through injecting drug use and in the health care settings
- Comprehensive HIV prevention for MARPs
- OVC care and support
- Health systems strengthening
- Family planning/reproductive health and GBV programming
- Malaria
- Capacity building of local CBOs and health facilities

Spotlight: Standard Days Method

In July 2010, ROADS II Burundi began piloting the Standard Days Method (SDM) in four sites, in partnership with Institute of Reproductive Health (IRH). The pilot was evaluated by IRH in March 2011 and the results dissemination in July 2011.

The evaluation showed that SDM is a highly acceptable and feasible family planning option for couples in Burundi, and can effectively address unmet need for FP. The evaluation recommended that SDM should become part of the FP method mix offered in all health facilities which was affirmed during the dissemination workshop.

Consequently, ROADS II is working with key stakeholders including Burundi’s National Program of Reproductive Health to scale up SDM to the rest of the country.

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