LINKUP Project Achievements in Burundi

End Of Project Evaluation Report

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ABBREVIATIONS

ABCMAV : Association Burundaise pour le prise en Charge des Malades Vulnérables
ABS : Alliance Burundaise contre le SIDA et promotion de la santé
AIDS : Acquired immunodeficiency syndrome
AJS : Association Jeunesse unie contre le Sida
ARV : Anti-rétroviraux
CAM : Carte d'Assistance Médicale
EPVA : Encadrement des Personnes Vulnérables en Afrique
FWA : Friends Women's Association
GYCA : Global Youth Coalition on HIV/AIDS
HIV : Human Immunodeficiency Virus
HPT : Health Promotion Technician
IHAA : International HIV/AIDS Alliance
KPs : Key Persons
LPRs : Local projet representatives
Mps : Members of Parliament
MSM : Men who have Sex with Men
NGOs : Non-Governmental Organizations
NRHP : National Reproductive Health Policy
PE : Peer Education or Peer Educator
PLHIV : People Living with HIV
PLWHA : People living with HIV/AIDS
SIDA : Syndrome d'Immunodéficience Acquise
SPs : Services Providers
SRH : Sexual and Reproductive Health
SRHR : Sexual and Reproductive Health and Rights
SW : Sex Workers
VIH : Virus de l'immunodéficience humaine
YP : Young People

Executive summary

Project goal

ABS Burundi has been implementing a project LINKUP for three years from 2013 to 2015 with an extention to June 2016. The aim of the project was to contribute to reduce unintended pregnancies, HIV tranmission and HIV-related maternal mortality amongst young people from PLHIV, people who sell sex and MSM by increasing health seeking behaviours and uptaking quality integrated maternal health, family planning and HIV information, services and commodities amongst young people and key populations and uphold their sexual and reproductive rights.

Target of the project

LINKUP targeted KPs made of young people affected by HIV, young PLHIV aged from 10 to 24 years, sex workers aged from 15 to 24 years and MSM aged from 15 to 24 years.

Project implementation strategies

The following strategies and others have proved their effectiveness and impacts on the outcomes of the project.

Beneficiaries perspectives lead activities. The strategy allowed the design of activities from the perspective of the beneficiaries. KPs were selected by their peers to be their PE and these PE were involved in the project management at all levels, they were connected to healthcare centers for referrals and orientations, they were connected to the community for information, formation, sensitization and referrals and they were connected to ABS management team to get necessary technical support.

Hidden population raised up. The PE strategy implemented by Link Up was

successful to get hidden population. The KPs of the project such as PLHIV, SW and MSM are marginalised population and can not be accessed by ordinary methods of targetting beneficiary from hills and administration representatives.

Linking partners for project implementation. Prior to project implementation, Link Up manager team had to set up partnership and preparer activities. This was done in a manner of linking every partner to the project designing process and letting the beneficiaries play a significant role by actively participating in their problem.

One stop point for service provision. As PE was a key point for the project management, the one stop point for service provision was a key point for service delivering.

Youth-friendly facilities. Youth-friendly facilities strategy was introduced in some healthcare centers to improve their accessibility.

Integration of KPs in service provision at healthcare centers. The strategy consists of placing a PE from the KPs in the healthcare center to help peers when they come for HIV/SRH services. This allowed KPs to go without fear as there is someone to welcome him. The strategy facilitated also to complete referrals.

A database to monitor Link Up activities. Data collected during project implementation fed a database called « SyrEx »built for Link Up purpose. Before data enterring, LPRs check them for validity. A lot of session of training and capacity building were organized for the end-users who are the LPRs.

Project achievements

Outcome 1 : *Young people are better informed and thus able to operate healthier choices with regards to their sexuality*

- The number of youth people from 10 to 24 years old affected or infected

by HIV getting the one stop point for HIV/SRHR service provision in the community or at home was expected to be 17500 but it was 33368 (190.7%) at the end of the projet. Young people of 10-14 years represent 6.9 % of the achieved number of young.

- The Number of young people from 10 to 24 years old sensitized or trained as models in the protection and promotion of the SRHR among young people affected or infected by HIV was targeted to be 1080 at the end of the project. At the end of the project the number reached 1532 (141.9% of the target). It shows an excess of 41.9 % over the expected numbers. The reasons of the success are found in the next sections.

Outcome 2 : Increased number of people accessing to antiretroviral drugs, contraceptives and other commodities for healthy sexual and reproductive

- The number of young people of 10-24 years affected by HIV having access to one stop point service provision for HIV/ SRHR in servicie provider centers achieved number is 12825 which is 488.6 times higher than the expected number. Young people from 10 to 14 years were 6 % of he achieved number of young people.
- The number of services provider points using the one stop point strategy for service provision of the HIV/SRH services for young affected by HIV was 32 out of 44. It was reported a reporting bias as some region did not fill report formula to feed the database.
- The number of referrals made to young people affected by HIV to access HIV/SRH services achieved was 11457.

Outcome 3 : Public and private healthcare centers are offering better sexual and reproductive health services and more people are using these services

- The number of service providers who received technical support on how to provide informmation of quality and how to use the one stop point stategy for HIV/SRHR service provision and who provide them was 178 which is 404.5 % times higher the targeted value given by 44 service providers.
- The number of young people of 10-24 years living with HIV who

participated in youth convivial and appropriate programming and planning strategies targeted was 810 and at the end of the project, the achieved value was 352 which is 43.5 %.

Outcome 4 : Respect of sexual and reproductive rights of persons to whom they are denied are improved

- Two civil organizations, RNJ+ and HUMURE, conceived monitoring systems and reporting facility to monitor human rights violations.
- A coalition made of 12 assoiciations is implementing activities adapted from national advocacy strategies developed by youth aged from 10 to 24 years affected by HIV. ABS, in collaboration with youth representatives of key populations developed an advocacy strategy, then an advocacy platform composed by young key populations has been established. The platform members have received advocacy capacity-building training on how to collect evidence of violations of human rights
- As output for this outcome, decision-makers and officials of the application of law have been sensitized. The project target on 8 individuals but the projet went to 92.
- Sustainability plan: The findings show a great achievement of link up project objectives, it is advisable to develop a Sustainability plan and assess the opportunities to share the good practice with local partner especially the public health facilities.

- The supply of medical products including reagents: More young people and providers are sensitized and that services become available, demand became strong and public hospitals are not always ready to deal with a strong demand. Link up should consider supporting hospitals which signed partnership agreement with implementing organization.

- Focus beyond target groups: dialogue with parents, police and religious leaders are remarkably effective, it is recommendable for the future project to intensify the dialogues with parents, police and religious

leaders for issues about youth sexuality and young key population

Conclusion

Overall, the programme was very relevant in addressing the priority SRH and needs of young people and this programme contributed well in implementation of the national reproductive health policy by improving uptake of the HIV and SRH services in one package.

Its relevance lay in its alignment with the NRHP, the youth-led approach ensured active participation of young people in bringing change amongst themselves and their community.

The programme was also effective in achieving its intended objectives. However, the evaluation mostly focused on project expected results because there was no indicator of the programme effects and impact. The evaluation findings show that the programme achieved and exceeded largely most of the results indicators.

This evaluation concludes that this programme has generated good lessons and is the type of programme that can be replicated with some adjustments to optimize impact.

Recommendations

Based on the findings, the evaluation suggest the following recommendations :

- Replication of the project : the project was very successful in the areas it was executed. There is need to extend it to other places within ou outside the Link Up regions. Indeed, even in Link Up area, PE could not rich all the places where there were vulnerable young especially young affected by HIV.

- Project effect or impact indicators : The project logframe showed activity

results indicators. However there was need for effect or impact analysis at the community level by evaluating changes of behavior in use of health facilities, changes in knowledge about HIV/SRH, knowledge about HIV/SRH services package, evaluation of the level of being able to operate healthier choices at community level, changes in the welfare of young PLHIV. The logframe of the project did not allow that quantitative research. In the future similar projet or the replication of this project should be prepared in a way the analyze project's effects by establishing related indicators and baseline values.

- Allow monitoring of whatever is done at community level: Monitoring and Evaluation budget should be increased to allow programming of monitoring and evaluation activities for project's activities.

- Age-specific thematics and strategies : the evaluation recommends to rebuild the material for sensitization of young of 10-14 years old. The existing material could not fit those kids and also peer education is not possible.

1 Introduction and scope of the study

1.1 Introduction

ABS Burundi has been implementing a project LINKUP for three years from 2013 to 2015 with an extention to June 2016. The project aimed to contribute to reduce unintended pregnancies, HIV tranmission and HIV-related maternal mortality amongst young people from PLHIV, people who sell sex and MSM by increasing health seeking behaviours and uptaking quality integrated maternal health, family planning and HIV information, services and commodities amongst young people and key populations and uphold their sexual and reproductive rights.

LINKUP targeted KPs made of young people affected by HIV, young PLHIV aged from 10 to 24 years, sex workers aged from 15 to 24 years and MSM aged from 15 to 24 years.

At higher level, the project aimed to improve the sexual and reproductive health and rights (SRHR) of one million young people affected by HIV across five countries in Africa and Asia. Led by the International HIV/AIDS Alliance (IHAA), a consortium of partners including Athena, Gyca, Marie Stopes International, Population Council and Stop Aids Now participated in implementation of the project.

In Burundi consortium seeked for an existing network of associations. Therefore the execution of the project was done by ABS Burundi in collaboration with its associated members.

1.2 Scope and methodology of the study

The scope of the study was primarily to evaluate performances of ABS in achieving results of Link Up project. Specifically, the study aimed to examine the progress towards the achievement of the ouputs indicators, to analyse success and challenges and deduce pragmatic recommendations for future actions with respect to SRH/HIV in Burundi.

The evaluation used mainly qualitative techniques approaches : analysis of primary (desk review of documents), interviews with key informants and focus groups discussions for beneficiaries, PE, clinic serivice providers and Link up respondants from the project implementing partners.

For each focus group discussion, 8 individuals were garthered. Relevance, efficiency, effectiveness, outcome and impact and sustainability led the discussions.

Quantitative data from the project database was analyzed and achieved values were compared to the targets/expected results.

2 The programme review

The programme executed under LINKUP project was entitled « De meilleurs droits à la santé sexuelle et reproductive pour les jeunes affectés par le VIH/SIDA: Link up ». Its overall objective was to increase health seeking behaviours and uptake of quality integrated maternal health, family planning and HIV information, services and commodities amongst young people and key populations and uphold their sexual and reproductive rights.

Specific objectives of the project were :

1. to help young people to be better informed and thus to be able to operate healthier choices with regards to their sexuality ;
2. to increase number of people accessing to antiretroviral drugs, contraceptives and other commodities for healthy sexual and reproductive ;
3. to improve sexual and reproductive health services of the public and private healthcare centers and to improve affluence to these services ;
4. to improve respect of sexual and reproductive rights of persons to whom they are denied

2.1 The programme design

To tackle the factors responsible for the non integration of sexual and reproductive health and rights, ABS utilized a combination of multiple strategic approaches including :

- working in partnership with civil society organizations with focus on HIV/AIDS, SRH activities and experienced to work with the project's KPs.

The partners were chosen among civil society organizations members of ABS ;

- studies and other research activities led by external and internal competences ;
- monitoring and evaluation of Link Up activities by ABS staff members and staff members of civil society organizations involved in Link Up project ;
- collaboration with other structures such as NGOs, public and associative structures working in SRH area to share experiences and good practices ;
- working with orther human rights protection organizations and KPs network for advocacy of the SRHR and their integration in sexual and HIV/AIDS programmes ;
- working in synergy with media and social and legal affairs parliament commission members to advance laws for the universal access to health care and sexual and reproductive rights ;
- signing conventions with partners for implementation of the project's activities ;
- peer education for sensitization of peers and prevention kit distribution.
- Initiation and sensitization of a one stop point strategy for HIV/SRH service provision

The project was executed in 26 districts within 8 provinces : Bujumbura (urban), Kayanza, Ngozi, Muyinga, Gitega, Muramvya and Bururi.

The principal activities of the programme were:

Peer Education for each KP :

- Strengthen the ability of KPs to make clear choices about SRHR and strengthen health care-seeking behaviours;

- Promote change in community attitudes and cultural norms that hinder the success of the SRHR and HIV programs, especially stigma and discrimination against young people infected and affected by HIV, SW and MSM.

Training of service providers :

- Improving access to quality SRH services for young people affected by HIV, through strengthening capacity of providers, partnerships with public and private healthcare facilities and other service delivery points, and the involvement of users in the planning and provision of services.

Working with networks of target groups :

- Support the advocacy in favour of reforms laws which support the SRHR and protect vulnerable young people against sexual abuse, harassment and maltreatment; changing laws and policies laws that hinder access to the SRH/HIV services such as the dispositions that criminalize the sex work or homosexuality and abortion.

Support or design of tools for :

- planning, coordination, monitoring and evaluation of the interventions of the project partners ;
- remote support tool by strengthening the anonymous and free SOS phone ;

Health Promotion Technician (HPT):

- Support the implementation of the activities of promotion of sexual and reproductive rights conducted by 129 HPT and targeting community and religious leaders

With those activities, the programme was set to achieve the following targeted values in 3 years period:

- 17500 young people from 10 to 24 years old affected or infected by the HIV getting the one stop point for HIV/SRHR services provision in the community or at home ;
- 1080 young people from 10 to 24 years old sensitized or trained as models in the protection and promotion of the SRHR among young people affected or infected by HIV ;
- 2625 young people of 10-24 years affected by HIV having access to one stop point service provision for HIV/ SRHR in servicie provider centers ;
- 44 services provider points using the one stop point strategy for service provision of the HIV/SRH services for young affected by HIV ;
- Unspecified number of referrals made to young people of 10-24 years old affected by HIV to access HIV/SRH services ;
- 44 service providers received technical support on how to provide informmation of quality and how to use the one stop point stategy for HIV/SRHR service provision and who provide them ;
- 810 young people of 10-24 years living with HIV have participated in youth convivial and appropriated programming and planning strategies ;
- 2 organizations of the civil society have monitoring systems and reporting facility to monitor violations of human rights among young people 10 to 24 years affected by HIV and shared results ;
- 8 decision-makers / officials of the application of law are sensitized ;
- 1 coalition of associations implements activities adapted from national advocacy strategies developed by youth aged from 10 to 24 years affected by HIV

2.2 Monitoring and evaluation

- Quarterly review meetings with implementing organizations with ABS team ;
- Share, from the quarterly review meeting, of experiences of different

actors from the field, identification of the strengths and weaknesses related to the implementation ;

- Participation in the various meetings organized by authorities and other partners on ground ;
- Monthly, ABS planned to conduct an audit of data collected on field, enter them in the software for further compilation and data treatment and reporting ;
- on a biannual basis, an evaluation meeting of the project implementing association and the steering committee was planned to evaluate the progress towards achievement of the project indicators ;

3 Findings

3.1 Linking partners for project implementation

Prior to project implementation, Link Up manager team had to set up partnership and preparer activities. This was done in a manner of linking every partner to the project designing process and letting the beneficiaries play a significant role by actively participating in their problem

3.1.1 Choice of project implementation partners

Execution of Link Up activities was done by ABS coalition members present in all the project area. They are : ABS, ABCMAV, ABS, AJS, ALCS-TABARA, ASSOCIATION HUMURE, BURUNDI SECOURS, EPVA, FWA, NTURENGAHO, ORPHAN'S AID, PARCEM, RAMA, RNJ+, SORETO, SWAA-GITEGA, SWAA-KAYANZA, SWAA-MUYINGA, TUBABARANE.

The choice of these NGOs was based on objective criteria such as :

- request for collaboration ;
- coverage area ;
- working experience with KPs ;
- experience working with the coalition ABS ;
- working in the area of the project ;
- being approved by Home Affairs Ministry as non profit organisation

working in field of health especially in reproductive health and HIV ;

- having experience in grant manager, having technical skills to organize training ;

- having the technical skills to conduct awareness sessions for target groups in the field of health and SRH and HIV ;

- having the capacity to provide services (screening, medical and psychosocial care of PLWHA, providing the SRH inputs for target groups

The weighted result for all these criteria was the key to choose implementing partner.

3.1.2 Beneficiaries perspectives lead activities

Prior to start of the project, focus group discussions were organized with KPs of the project. During the project meeting information, problems of the KPs and their expected solutions were garthered.

The strategy allowed the design of activities from the perspective of the beneficiaries. More than that, during the meetings some young people from different KPs were selected by their peers to be their peer educators. Therefore, ABS management team took them as partners in the project implementation. They were involved in the project management at all levels, they were connected to healthcare centers for referrals and orientations, they were connected to the community for information, formation, sensitization and referrals and they were connected to ABS management team to get necessary technical support.

3.1.3 Hidden population raised up

The PE strategy implemented by Link Up was successful to get hidden population. The KPs of the project such as PLHIV, SW and MSM are marginalised population and can not be accessed by ordinary methods of targetting

beneficiary from hills and administration representatives. Indeed, the PE are more reliable than any other recruiter in an environment where such population are the target of the police. Therefore it is expected that the strategy is relevant to get the target population involved in the project.

3.2 Monitoring of activities

3.2.1 Local project representative to better monitor Link Up activities

Local projet representatives (LPRs) called « Répondants Link Up » were the field activity coordonators. They were at provincial level. Among other activities they were monitoring activities of PE and Services Providers (SPs) in the healthcare centers, facilitating PE activities, verifying PE tools and validating data from field. On a monthly basis, a meeting of PEs and SPs under LPRs supervision to discuss on raised issues among other discussions.

3.2.2 A database to monitor Link Up activities

Data collected during project implementation fed a database called « SyrEx »built for Link Up purpose. Before data enterring, LPRs check them for validity. A lot of session of training and capacity building were organized for the end-users who are the LPRs.

3.2.3 Monitoring of LPRs' activities by ABS manager team

To monitor LPRs activities, ABS organized four times a year a meeting with LPRs for activity planing and data validation. Beside these meeting, ABS organized an on field data auditing. However even if the audit was programmed on a three months basis, due to the size in number of implementing organizations, this schedule was often violated.

3.2.4 Monitoring of ABS activities and capacity building from IHAA

Activities of ABS were monitored by IHAA. For this purpose, regional workshop for evaluation were organized yearly and necessary technical support was provided as needed. IHAA supported also horizontal exchange by allowing

experience sharing between countries.

3.3 Progress towards achievement of targets of output indicators

Table 1: Evolution of results indicators over time

Indicator	target	June- december 2013	2013-2014	2013-2015	2013- March 2016
1.1. Number of young people from 10 to 24 years old affected or infected by the HIV getting the one stop point for HIV/SRHR services provision in the community or at home	**17500**	**3111**	**18579**	**30790**	**33368**
1.2. Number of young people from 10 to 24 years old sensitized or trained as models in the protection and promotion of the SRHR among young people affected or infected by HIV	**1080**	**113**	**810**	**1413**	**1532**
2.1. Number of young people of 10-24 years affected by HIV having access to one stop point service provision for HIV/ SRHR in servicie provider centers	**2625**	**554**	**6663**	**11394**	**12825**
2.2. Number of services provider points using the one stop point strategy for service provision of the HIV/SRH services for young affected by HIV	**44**	**6**	**27**	**32**	**32**
2.3. Number of referrals made to young people of 10-24 years old affected by HIV to access HIV/SRH services	**-**	123	6084	10756	11457
3.1. Number of service providers who received technical support on how to provide informmation of quality and how to use the one stop point stategy for HIV/SRHR service provision and who provide them	**44**	95	158	178	178
3.2. Number of young people of 10-24 years living with HIV who participated in youth convivial and appropriate programming and planning strategies	**810**	156	319	352	352
4.1. Number of organizations of the civil society with monitoring systems and reporting facility to monitor violations of human rights among young people 10 to 24 years affected by HIV and who shared results	**2**	0	0	0	2
4.2. Number of decision-makers / officials of the application of law who are sensitized	**8**	0	92	92	92
4.3.Number of coalitions that implement activities adapted from national advocacy strategies developed by youth aged from 10 to 24 years affected by HIV	**1**	0	0	1	0

Activities like sensitization, formations and focus group discussions, referrals, distribution of contraceptive methods and others commodities were recordered, checked and entered in the database « SyrEx ». Analysis of data in SyrEx resulted in the table below showing the trend of the output towards the achievement of the targeted figures for the activities. Even if the project was design to last for 3 year from 2013 to 2015, an additional period of six months was added. Thus, the project was to continue up to June 2016. The reporting period of the project activities is from June 2016 to March 2016. It is be notified that the period from january 2013 to June 2013 was starting process of the

project with selection of partners, choice of PE, etc. The project started its activities by june 2013. However, by the end of 2014, most of the targeted values of the indicators were achieved. At the end of the project, only targeted values for two indicators were not achieved :

- Number of service provider points using the one stop point strategy for service provision of the HIV/SRH services for young affected by HIV (72.7%)
- Number of young people of 10-24 years living with HIV who participated in youth convivial and appropriated programming and planning strategies (43.5%)

Other target values are largely exceeded.

3.3.1 Outcome 1

Young people are better informed and thus able to operate healthier choices with regards to their sexuality

As first output of the outcome 1, the number of youth people from 10 to 24 years old affected or infected by HIV getting the one stop point for HIV/SRHR service provision in the community or at home was expected to be 17500 but it was 33368 (190.7%) at the end of the projet. The result is gender balanced as there are 47,88 % of males and 52,10 % of females. With respect to age, the number of young getting the one stop point for service provision is made of 6,9 % young of 10-14 years, 40.6 % young of 15-20 years and 52.5 % young of 20-24 years.

Very few young of 10-14 years got one stop point services. In Burundi context, even if report shows that girls and boys may have their first sexual relationship at 10 and 12 years respectively, a young of 10 to 14 years, boy or girl by mostly boy, is child with no knowledge about sex or HIV, they are with their parents doing home activities. Discussions with project partmers for implementation of Link Up activities revealed that the age group was not accessible and that the material was not appropriate to them. They suggested review of the used methodology and material. PE was not feasible for that category of young. PE could not leverage the vocabulary in use to their peers.

Table 2: targeted and achieved result from june 2013 to march 2016

Indicator	Targetted	Achieved	% of the target
1.1. Number of young people from 10 to 24 years old affected or infected by the HIV getting the one stop point for HIV/SRHR services provision in the community or at home	**17500**	**33368**	**190,7**
Gender			
Male		15979	
Female		17386	
Transgender		3	
Age			
10-14		2306	
15-19		13554	
20-24		17508	
KPs			
PLHIV		3878	
SW		6242	
MSM		4461	
Transgender		3	
Vulnerable youth		21032	
1.2. Number of young people from 10 to 24 years old sensitized or trained as models in the protection and promotion of the SRHR among young people affected or infected by HIV	**1080**	**1532**	**141,9**
2.1.Number of young people of 10-24 years affected by HIV having access to one stop point service provision for HIV/ SRHR in servicie provider centers	**2625**	**12825**	**488,6**
Gender			
Male		5004	
Female		7821	
Transgender		0	
Age			
10-14		753	
15-19		4336	
20-24		7736	
KPs affected by HIV			
PLHIV		1478	
SW		2151	
MSM		435	
Transgender			
Vulnerable youth		9088	
2.2. Number of service provider points using the one stop point strategy for service provision of the HIV/SRH services for young affected by HIV	44	32	72,7
2.3.Number of referrals made to young people of 10-24 years old affected by HIV to access HIV/SRH services		11457	
3.1. Number of service providers who received technical support on how to provide informmation of quality and how to use the one stop point stategy for HIV/SRHR service provision and who provide them	44	178	404,5
3.2. Number of young people of 10-24 years living with HIV who participated in youth convivial and appropriate programming and planning strategies	810	352	43,5
4.1. Number of organizations of the civil society with monitoring systems and reporting facility to monitor violations of human rights among young people 10 to 24 years affected by HIV and who shared results	2	2	100
4.2. Number of decision-makers / officials of the application of law who are sensitized	8	92	1150
4.3.Number of coalitions that implement activities adapted from national advocacy strategies developed by youth aged from 10 to 24 years affected by HIV	1	1	100

With regard to KPs, some inconsistences occur in the database. This may result in MSM group because during focus group discussions, all were complaining about MSM saying they were few and some or they activities could not be accomplished. Other young of the same age group were coming during Link Up activities to get advantages reserved to real MSM.

The second ouput of outcome 1 is the « number of young people from 10 to 24 years old sensitized or trained as models in the protection and promotion of the SRHR among young people affected or infected by HIV ». It was targeted to be 1080 at the end of the project. At the end of the project the number reached 1532 (141.9% of the target). It shows an excess of 41.9 % over the expected numbers. The reasons of the success are found in the next sections.

3.3.2 Outcome 2

Increased number of people accessing to antiretroviral drugs, contraceptives and other commodities for healthy sexual and reproductive

The first output for this outcome was the number of young people of 10-24 years affected by HIV having access to one stop point service provision for HIV/ SRHR in servicie provider centers. The global achieved number is 12825 which is 488.6 times higher than the expected number. As for the outcome 1, young people from 10 to 14 years were under represented (6 % of he achieved number of young people). Females represent 60.1 % of the total number.

The second output was the number of services provider points using the one stop point strategy for service provision of the HIV/SRH services for young affected by HIV. The reported number from the database is 32 (72.7 % out of 44 expected number. It was reported a reporting bias as some region did not fill report formula to feed the database.

The third output was the number of referrals made to young people affected by HIV to access HIV/SRH services. The logframe did not show targeted values.

The achieved value of referrals reported by the database was 11457. It represents 34.3 % of all the young people who got the one stop point for service provision in the community or at home.

3.3.3 Outcome 3

Public and private healthcare centers are offering better sexual and reproductive health services and more people are using these services

The first output for this outcome was the number of service providers who received technical support on how to provide informmation of quality and how to use the one stop point stategy for HIV/SRHR service provision and who provide them.

Result indicator exceeded targeted value. Indeed, 178 (404.5 % times higher) service providers received technical support for the project.

As result of technical support, service provider centers adopted the one stop point for service provision strategy, they managed youth freindly services like : youth specific service provider, timeline for youth in weekends or afternoon, acceptation of youth integrated in healthcare centers for young service provision and orientation. They were focus points for youth and referrals were made easy by those youth intergrated in healthcare centers.

The one stop point strategies was designed to provid the services shown in table 3 below.

The second output for the outcome was the number of young people of 10-24 years living with HIV who participated in youth convivial and appropriate programming and planning strategies.

The target number was not achieved. Only 43.5 % (352) of the expected number 810 was involved in youth convivial and appropriate programming and

planning strategies.

Table 3: Referrals and services provided

	by Gender			by age						by KPs					
Indicateur	Total	male	female	Total	6-9	10-14	15-19	20-24	25 and more	Total	PLHIV	SW	MSM	fishermen	Youth
[-] Total	5952	2396	3556	5952	8	348	2135	3157	349	5952	190	989	181	1	4667
[-] Services	4101	1654	2447	4101	7	265	1516	2143	193	4101	129	626	72	1	3303
[+] ARV	19	7	12	19	0	0	6	12	1	19	13	0	0	0	6
[+] Traitement des IO	5	2	3	5	0	0	2	3	0	5	4	0	0	0	1
[+] CDV (DIP)	4015	1617	2398	4015	7	265	1495	2079	192	4015	94	616	47	1	3282
[+]	1	0	1	1	0	0	1	0	0	1	0	1	0	0	0
[+] Diagnostic et traitment des IST	8	2	6	8	0	0	2	6	0	8	0	0	1	0	7
[+] Prevention et prise en charge des violences	50	12	38	50	0	0	9	35	6	50	0	28	0	0	22
[+] Sante maternelle et infantile	8	1	7	8	0	0	2	6	0	8	1	1	1	0	5
[+] Soutien au bien etre des PVVIH	2	1	1	2	0	0	0	2	0	2	2	0	0	0	0
[+] Prise en charge à domicile	7	0	7	7	0	0	1	6	0	7	6	1	0	0	0
[+] PTME	5	1	4	5	0	0	2	3	0	5	5	0	0	0	0
[+] Reduction d'Impact	43	29	14	43	0	0	10	33	0	43	13	3	27	0	0
[-] consultation	5021	2136	2885	5021	8	341	1892	2543	276	5021	166	719	146	0	4046
[+] Abus de drogue et des substances	40	17	23	40	0	0	7	28	5	40	0	21	0	0	19
[+] Counseling en ARV	28	4	24	28	0	3	12	13	0	28	18	4	0	0	6
[+] Counseling Psychosocial	30	7	23	30	0	0	15	15	0	30	0	9	0	0	21
[+] Counseling en Planning familial	1459	506	953	1459	0	41	448	842	133	1459	11	318	75	0	1057
[+] Counseling apres test	2738	1309	1429	2738	7	255	1181	1230	80	2738	104	186	34	0	2433
[+] Counseling pour rapport sans risk contre le VIH et les IST	381	95	286	381	0	13	117	231	20	381	34	148	23	0	177
[+] Counseling avant test	2959	1369	1590	2959	7	265	1240	1359	105	2959	104	263	43	0	2569
[+] Conception sans risque	1	1	0	1	0	0	1	0	0	1	0	0	1	0	0
[+] CPN, post CPN,vaccination, Conseils Allaitement	62	4	58	62	0	0	8	49	5	62	0	30	0	0	32
[+] Counseling pour TB	1	1	0	1	0	0	1	0	0	1	1	0	0	0	0
[+] Consultation preliminaire en SR et VIH	935	471	464	935	1	43	330	468	93	935	1	17	0	0	917
[+] Genre et sexualite	13	12	1	13	0	0	6	7	0	13	2	0	11	0	0
[+] Counseling pour prevention des Violence et conseiling postviolence	5	1	4	5	0	0	0	5	0	5	1	3	0	0	1
[+] Counseling pour PTME	631	302	329	631	0	21	234	319	57	631	1	17	0	0	613
[+] Vaccination	29	11	18	29	0	0	1	27	1	29	0	2	0	0	27
[+] Vivre positivement avec le VIH	46	11	35	46	0	1	16	28	1	46	1	19	0	0	26

3.3.4 Outcome 4

Respect of sexual and reproductive rights of persons to whom they are denied are improved

In this outcome, Link Up activiies aimed to wake up awareness and commitment to protecting the SRHR of YP and KPs. The targets of the activities were decision-makers, security forces, religious leader, etc.

KPs were also targeted to improve their capacity of mobilization and implementation of national advocacy strategies.

The first output was the number of organizations of the civil society with monitoring systems and reporting facility to monitor violations of human rights among young people 10 to 24 years affected by HIV and who shared results.

In this respect, 2 civil organizations conceived monitoring systems and reporting facility to monitor human rights violations. They are RNJ+ and HUMURE. The first one is dedicated to young PLHIV and the last is engaged to human rights for other KPs.

The second output is the number of decision-makers and officials of the application of law who are sensitized. The project target on 8 individuals but the projet went to 92. The reason is that the targeted groups of decision-makers and officials of law was responding fovarably to discussions. It was not so difficult de convince them as expected.

A coalition made of 12 assoiciations is implementing activities adapted from national advocacy strategies developed by youth aged from 10 to 24 years affected by HIV. An advocacy made of young KPs has been established and received capacity building on how to collect evidence of violation of human rights.

3.4 Analysis of Link Up implentation strategies

3.4.1 Link Up strategies: forces and weakness

The following strategies, their forces and weakness were approved by beneficiaries, peer educators, service providers, local project representatives and ABS managing team during focus group discussions and personal interviews.

Beneficiary-leading activities

In a participatory approach, youth of different categories were conveyed to discussions where they express their problems and expected solutions. With help of facilitators, approaches of solving the problems and future actions were conceived.

The force of the strategy is that it is made from beneficiaries and therefore, it

will be easy to implement. It will get support from beneficiaries.
There is no weakness of this strategy and would lead all community projects. Its impact is the success of Link Up projet in Burundi. Youth people and KPs helped a lot in the success of Link Up as they were involved in all activities.

Peer education

In the perspectives of Link Up, peer education was the key point for the project management. The input of Link Up was to let peer choose their peer educators. During focus group discussions prior to project start, peer educator were chosen among most lively participating in the discussions. They were validated by their peers and Link Up recruted them as peer educator who will get future technical support to help their peers.

All participants in the focus group discussions aggreed that Link Up PE approach was very successful. The success of the project is repose on Link Up peer educators choice approach. Indeed, Link Up made a sensitization by a peer of almost the same age, living in the neighborhood and thus with the same needs. This reduced the fear of youth to be sensitized either in a mass or personal sensitization.

Parent-young and police-KPs dialogues

Those innovative approaches helped bringing together parents and young groups (sometimes there was parents with their own children) at one side and the administration, police member and the KPs especially SW at the other side. These meeting helped bridging th gap by allowing each other to know what is accepted and prohited in his activities.

One stop point for service provision

As PE was a key point for the project management, the one stop point for service provision was a key point for service delivering. The strategy was in line

with the health ministry but was not implemented. Link up helped building capacity for health service providers and thus made operational the strategy.

Youth-friendly facilities

Youth-friendly facilities strategy was introduced in some healthcare centers to improve their accessibility. The strategy is made of :

- recreative space with games and television
- setting up special schedule for youth to get service provision
- involving youth at the reception of peer's orientation

Youth-friendly facilies were also introduced in youth centers (RNJ+) and () to allow youth visit those centers to play and therefore get informed and sensitized on HIV/SRH services.
The youth-friendly facilities permetted youth to be informed and get service out of the adults eyes. They claimed they are going to play and then with the one stop point for service provision, they got everything they need.
The youth-friendly centers were appreciated by parents. They realized that their children, instead of drinking beer or other drugs in regular bar with games such as billards and kicker, their children can play to those games without drinking.

KPs integration for service provision

The strategy consists of placing a PE from the KPs in the healthcare center to help peers when they come for HIV/SRH services. The strategy made easier the referrals to be complete as the integrated PE accomplished the job of filling the forms.

3.4.2. Joint effects of strategies on Link Up outcomes

Outcome 1 : Young people are better informed and thus able to operate healthier choices with regards to their sexuality

Relevance and appropriateness of activities or strategies towards the achievement of the outcome

Achieving this outcome was made possible by a combination of strategies and activities that helped to inform young people targeted by the project so to be in position of making healthier choices about their sexuality. Among strategies is **peer education outreach** from each of the target groups (young PLHIV, SW and MSM), **youth-friendly facilities** to support groups to discuss their issues and also get information from peer educators.

Other activities organized by peer education towards the vulnerable youth including young KPs were massive, group or personal sensitizations' meetings by the testimony and sketch as strategies, young KPs training on effective communication skills with the media, the **organization of sporting activities for young people for a massive awareness** on the rights of sexual and reproductive health and HIV voluntary testing.

The activities were relevant because the actors are also beneficiaries, so they treat their own problems with help of the project.

Effectiveness of used strategies

Touring of peer educators selected by and among the young people targeted by the project have allowed them to have easy access to information on sexual and reproductive health through friendly and direct way. Peer educators were adequately trained by experienced and relatively young trainer. The choice of peer educators among the young targeted group helped relay information easily as the peer educator already belong in the groups targeted by the project.

The support groups have contributed much in capacity building of groups targeted by the project and identifying the needs of young key populations. Support groups have also given to young key populations, a framework for exchange and experience sharing.

Massive awareness sessions by testimonies and sketch have shown a capacity of strong mobilization and information sharing to young people with more attention. Strong demand for condoms and voluntary testing demonstrated the effectiveness of the strategy.

Effectiveness comes from the capacity building of actors who know the problems as the problems are theirs and also from the fact that the beneficiaries got whatever they from from their community or home by their peers.

Impact

During the focus groups, health providers said that there are remarkable reduction of STIs and pregnancies among young people. According to them, young people can now express their sexual health problems. As peer educators, they confirmed that there is a strong demand for condoms and lubricant by young people and that they attend healthcare facilities without support from using peer educators. It is to be noticed that usually peer educators had to accompany the referred young to the healthcare centers.

The overall impact is change in use of health facilities as the referred young now can go alone and also change in being able to discuss about sexual issues. However in this respect, more need to be done for parents to discuss really with their children.

Sustainability of the activities

Most young people that attended different activities have quality information and know where to find services. Thus, even without project support, the will share the information with their peers in the community, at school, etc. So community may benefit from their skills.

Lessons learnt and best practices

Unlike other projects coming with activities to be implemented without considering the needs of beneficiaries, Link Up's success depended largely on analysis of the needs of the target groups with them. It was a **beneficiary based approach to get the project's activities** responding to really solutions from beneficiaries said all participants in the focus group discussions.

Regarding the selection of peer educators, the experience of other projects is that a young person who is not accepted by the communities cannot hold sessions as they were doing in Link up.

The key of the success of Link Up was also the **choice of the project actors (PE) from and by the beneficiaries** in all the aspect of the target populations. The choice of peer educators depended on the target groups, for young people living with HIV, support groups were enough to make the selection of peer educators but for SW and MSM, it was not easy to identify their PE in one sitting session, some lying for profit purposes. For MSM, a confirmation of the their association was necessary.

Successful awareness sessions depends mainly on the atmosphere and the **sketches and testimonials activities** are raising awareness approaches that promises success.

The **dialogues with conflicting groups** have proven their capacity to change behavior and produce immediate results, it would be better to multiply the dialogues on the same level as support groups.

The dialogue between police and sex worker raised up a common ground to ensure respect of rights of sex worker in whatever is not prohibited by the law.

Challenges and remedial measures

During Link up implementation, challenges related to this outcome ware largely the **mobility of PE**, especially SM and **PE work supervision.**

Each year, one should replace some peer educators among sex worker because they are very mobile, they often change their place of residence.

The huge number of the PE and the limited number Link Up staff made impossible the supervision of the work of peer educators. The remedy of this problem a PE was to point out to supervise the work of his peers.

Outcome 2: Increased number of people accessing to antiretroviral drugs, contraceptives and other commodities for healthy sexual and reproductive

Relevance and appropriateness of activities or strategies towards the achievement of the outcome

The quantitative data show that a number of young key population received services on HIV/SRH. Several activities and strategy have been implemented to achieve these results.

- The **signature of partnership contracts** between the Link Up project implementing organizations and some healthcare facilities. Collaboration based on a contract was intended to facilitate the work of peer educators who were referring young people to these structures. Through the partnership, healthcare facilities are aware of the work of peer educators in communities and should be prepared to provide services to young people referred by peer educators and also to complete referral which actually proved that the young received the service.

The agreement was relevant because without it the work of PE would be compromised by because health service provider says their product are there only for family planning.

- Setting up **centers for youth and youth-friendly health facilities**: there is need of attractive environment for youth to support PE activities in the community. These areas allow young to meet, play and get provided of the HIV/SRH services out of the look of adults.

- The **integration of young KPs in the service provision at healthcare centers** and the **purchase of health insurance cards** for young KPs: These two strategies allowed the young key population to access the healthcare facilities without fear of discrimination because they were received by their peer and also without fear of the health care cost since they had the card that allowed them to access services.

Effectiveness of the strategies

The signature of the partnership contract is very important in the way it engages the healthcare center to give the requested service and to complete the referral sheet and thus enabling the Link Up project to monitor the PE activities

"We were making verbal reference before Link up but now we have partnership agreements and primary documents which facilitate reference" said healthcare staff during the focus group discussions.

The creation of youth centers and youth-friendly health facilities facilitated the attraction of young people to services. As these centers are equipped with recreational games, young people go there either for leisure or for services or for both at once.

The integration of young KPs in the services provision made more accessible

and friendly the health facilities. According to the young KPs to attend the health facility when they know that one of the friends will welcome and guide him without fear judgment. As for the health insurance cards, their effectiveness lies primarily on reducing costs of care for young.

Impact

The combination of the four strategies resulted in **an influx of young people to the youth center and health facilities to request sexual and reproductive health services**. According to health providers, there is a big difference comparing before and during the Link up project in terms of attendance.

Sustenability of the activities

The health structures are **now accustomed to the offer youth friendly services for key populations and young key population** now that services are available and accessible. The successful combination of the four strategies may be a reference for the other project especially in working with beneficiaries

Lessons learnt and best practices

- Young people need friendly spaces which offers both leisure and services

- Health facilities already offer sexual and reproductive health services to young people, however access is limited by discrimination and fear of judgment, hence there is importance of developing strategies that open services access to young key populations

- Although there is an existence partnership agreement, it is more strategic to identify a key person in the health facilities as the focal point and contact person

- There is a need of specific training to young people integrated in the services provision , counseling, adherence, reception

Challenges and remedial measures

- There is a gaps in the Partnership Agreement, some district chief doctors do not fully support the agreements signed between the healthcare center and a community organizations, they want the partnership agreements first authorized by provincial doctors

- Recovery of completed referrals of person referred is sometimes impossible because the health center refuses to give back the referral sheets in order to register them as new clients of the health center to be reported to another project called “Performence Based Financing (PDF)” in order to get money.

- Some provider remain reticent, we decided to identify the providers that agree the partnership.

- The integration of young people in the services provision was not well received by all health providers.

Outcome 3: Public and private health centers are offering better sexual and reproductive health services and more people are using these services

Relevance and appropriateness of activities or strategies towards the achievement of the outcome

Capacities building of health providers is the key activity towards this outcome. Training for health providers were organized every year. The trainings were about non-stigmatizing reception, rights and sexual and reproductive health, gender based violence, the screening of cervical cancer, post abortion care and

the training on the protection of children.

All this training was to increase heath care capacity so that they can promote and facilitate youth access to sexual and reproductive health services.

Effectiveness of used strategies

The trainings provide of health providers helped firstly to improve their knowledge and acceptance of young key populations. Secondly, the training helped establish collaboration between project implementation partners and health providers to deliver services to young people.

Impact

The training of health providers has allowed young key populations referred by peer educators **be well received and have access the on sexual and reproductive health services**.

Sustenability of the activities

The training helped reduce discrimination and judgments. Now the **services are increasingly accessed** by youth.

Lessons learnt and best practices

The accessibility of services by young key populations largely depends on the acceptance of young people by health providers.

Challenges and remedial measures

- There is a self-discrimination of young key populations.
- Youth feel hovering with providers they often coexist or which are simply known by peer educators who sent them.

- Care structures experiencing temporary stock shortages due to the late supply.

Outcome 4: Respect of sexual and reproductive rights of persons to whom they are denied are improved

Relevance and appropriateness of activities or strategies towards the achievement of the outcome

To promote respect for sexual and reproductive rights of young people from key populations, ABS firstly, in collaboration with youth representatives of key populations **developed an advocacy strategy**, then an advocacy platform composed by young key populations has been established
The platform members have received advocacy capacity-building training on how to **collect evidence of violations of human rights**.

Other activities related to respect of sexual and reproductive rights were:

- **Dialogues** between the police and young people and dialogues between religious leaders and young people,
- **Trainings for journalists** on technical of communication with young key populations
- Development and dissemination of **messages to promote the right of sexual and reproductive health through audio spots**.

To these activities can be added the sensitization made for healthcare staff for acceptance of KPs.

Effectiveness of used strategies

- The development of the strategy has led to the creation of a youth platform of young key populations to implement the objectives of the strategy and the creation of partnerships with some policymakers.
- Dialogues between parents and young people, dialogues between the

police and young people and dialogues between religious leaders and young people resulted on sincere exchanges and allowed parents, police and religious leaders to be informed about the right to sexual and reproductive health of young people.

- From the training of journalists on technique of communication with young key populations and young key populations on effective communication with the media, it was noticed that these courses allowed a young key population capacity building and acceptance of key population by journalists and collaboration between the two groups.

Impact

- Training of members of the platform on advocacy and collecting evidence for advocacy has strengthened the capacity of young key population leaders to ensure the success of the strategy.
- The development of the strategy has led to the creation of partnership with parliamentary health committee and officers of the ministry of public health.
- Harmfull barrier of SRHR are destroyed. Now young girls can get SRH and HIV services from healthcare centers.
- The one stop point for HIV/SRH service provision is reality and no more separation of HIV and SRH, they are given as a single complete package.

Sustenability of the activities

Young leader of the key populations have become actors of advocacy at national and international level through capacity building training. This implies that project may continue without Link Up support.

Lessons learnt and best practices

It was necessary that the young key population are involved in the development of the strategy, this is an opportunity to build capacity but also to

allow the ownership of the strategy

Challenges and remedial measures

- After the 2015 elections, MPs have changed and there is need for new allies as the project of law is on the way to Mps. The law may validate the changes achieved in practice.
- In the partner search process, some were saying that ABS is promoting homosexuality which prohibited by Burundian law.

3.4.3 Project managment and Monitoring and evaluation of the project activities

Relevance and appropriateness of activities

The programme was highly relevant. First, it addressed priority SRH, HIV and AIDS needs of vulnerable YP and KPs which are marginalized and out of reach of national programmes due to their specific needs and problems. It also used a innovative strategy of linking service in one package and focus first on information in the community where there was lack of knowledge of both SRH information, unavailability of youth friendly SRH services and lack of life skills and livelihood options.

A second reason of relevance and appropriateness is that the programme design and its outcomes were well aligned and in sync with the national priority response efforts in addressing SRH needs of young people in Burundi as detailled in the National Reproductive Health Policy[1] (page 17, 20, 22, 24 and 25) and other strategy and policy documents.

The appropriateness of the programme was visibly observed through its targeting of the programme beneficiaries. It targeted and involved the youth

1 Politique Nationale de la Santé Reproductive, Bujumbura, Septembre 2007 (*ohi.eac.int/download/file/fid/219)*

with a participatve approch at all levels of the project.

Efficiency

The programme was efficiently managed both at Programme Management level, and programme fund management.

Programme management was led by specifically dedicated personnel with clear objectif and dedication in mind. The managing team acknowledged the project director during our intervious. They agree she is a key in the success of the projet. At an other side, the Link Up managing team was very thankful to IHAA support and quick intervention in all aspect , finance, capacity building and training, revision of the activities to meet the burundi context and also in the financial aspect. They did not lack anything during the project implementation.

Table 4: Monitoring and Evaluation budget share (% of the total amount)

	2013		2014		2015		2016	
Budgetary line	**Budget**	**Used**	**Budget**	**Used**	**Budget**	**Used**	**Budget**	**Used**
Salaires	16,8	16,5	21,7	23,9	26,9	30,7	21,9	22,8
Transport	0,0	1,9	0,8	1,4	0,0	0,3	0,0	0,0
Atelier et réunion	4,3	7,4	10,7	12,3	10,8	9,7	31,3	28,8
Suivi-évaluation	0,4	0,4	3,8	3,3	2,4	2,1	0,6	0,3
Appui technique	5,0	0,1	6,8	2,3	0,0	0,0	0,0	0,0
Subventions aux PMO	51,2	52,8	49,1	45,8	52,7	46,4	31,5	32,8
Achat , équipement et fournitures	10,6	12,2	1,0	3,6	0,5	1,5	5,7	5,9
Couts administratifs	10,2	8,8	5,3	7,4	6,0	8,5	6,7	7,0
Couts de publications	1,3	0,0	0,2	0,0	0,0	0,0	0,0	0,0
Audit	0,0	0,0	0,7	0,0	0,7	0,7	2,3	2,4
Total amount	671.843.873	652.363.305	818.293.242	689.408.783	764.063.124	713.019.998	497.050.572	477.218.652

The management efficiancy was lacking at the monitoring and evaluation chapter. The Table 4 shows there was no budget for monitoring and evaluation. The implications were that the monitoring was done form sheets filled by PE and SPs and checked for consistency by LPRs and Link Up managing staff. The work of PE including how they follow the plan and how they use the information was not fully evaluated.

4 Conclusion and recommendations

4.1 Conclusion

Overall, the programme was very relevant in addressing the priority SRH and HIV needs of young people and this programme contributed well in implementation of the national reproductive health policy by improving uptake of the HIV and SRH services in one package.

Its relevance lay in its alignment with the NRHP, the youth-led approach ensured active participation of young people in bringing change amongst themselves and their community.

This approach proved to be effective in ensuring reach and breaking one of the major barriers to communication about SRH in the community. The participation of YP in the programme was observed to be extensive beginning from programme design, its implementation as well as beyond the programme life. YP actively participated in the identification of the priority SRH needs and proposed intervention strategies. They actively engaged in the HIV/SRH activities within their areas. PE who were trained and supported by Link Up led the delivery of age-appropriate and contextually relevant SRH services and activities.

The programme was also effective in achieving its intended objectives. However, the evaluation mostly focused on project expected results because there was no indicator of the programme effects and impact. The evaluation findings show that the programme achieved and exceeded largely most of the results indicators.

Link Up programme was well coordinated both at programme and donor level. From beneficiaries to Link Up managing team, everybody was satisfied with the design and implementation. It is one project which really succeeded most due to its innovations to work in the community. This success was a result of a combination of factors including the youth-led implementation approach, involving and ensuring active participation of YP.

This evaluation concludes that this programme has generated good lessons and is the type of programme that can be replicated with some adjustments to optimize impact.

4.2 Recommendations

Based on the findings, the evaluation suggest the following recommendations :

- Replication of the project : the project was very successful in the areas it was executed. There is need to extend it to other places within ou outside the Link Up regions. Indeed, even in Link Up area, PE could not rich all the places where there were vulnerable young especially young affected by HIV.

- Project effect or impact indicators : The project logframe showed activity results indicators. However there was need for effect or impact analysis at the community level by evaluating changes of behavior in use of health facilities, changes in knowledge about HIV/SRH, knowledge about HIV/SRH services package, evaluation of the level of being able to operate healthier choices at community level, changes in the welfare of young PLHIV. The logframe of the project did not allow that quantitative research. In the future similar projet or the replication of this project should be prepared in a way the analyze project's effects by establishing related indicators and baseline values.

- Allow monitoring of whatever is done at community level: Monitoring and Evaluation budget should be increased to allow programming of monitoring and evaluation activities for project's activities.

- Age-specific thematics and strategies : the evaluation recommends to rebuild the material for sensitization of young of 10-14 years old. The existing material could not fit those kids and also peer education is not possible.

- Sustainability plan: The findings show a great achievement of link up project objectives, it is advisable to develop a Sustainability plan and assess the opportunities to share the good practice with local partner especially the public health facilities.

- The supply of medical products including reagents: More young people and providers are sensitized and that services become available, demand became strong and public hospitals are not always ready to deal with a strong demand. Link up should consider supporting hospitals which signed partnership agreement with implementing organization.

- Focus beyond target groups: dialogue with parents, police and religious leaders are remarkably effective, it is recommendable for the future project to intensify the dialogues with parents, police and religious leaders for issues about youth sexuality and young key population

Appendix: Terms of Reference

Evaluation du projet Link Up au BURUNDI
Termes de Références

1. CONTEXTE

Le PROJET: “De meilleurs droits à la santé sexuelle et reproductive pour les jeunes affectes par le VIH/SIDA “ est un projet ambitieux visant à atteindre Un million de jeunes .Il est implanté dans 5 Pays : Le Bangladesh, BURUNDI, ETHIOPIE, OUGANDA et MYAMAR. Il est finance par le gouvernement Néerlandais Le projet a été mené de 2013-2015 (avec une extension sans coût pour Juin 2016) sous le financement du gouvernement Néerlandais. La mise en œuvre a été faite par les associations de mise en œuvre membres du collectif ABS sous la supervision du collectif ABS.
Au BURUNDI, le projet visait à atteindre 17500 Jeunes et couvre 6provinces : BUJUMBURA, BURURI, NGOZI, MUYINGA, MURAMVYA et KAYANZA.
Link Up vise à renforcer l'intégration du VIH et les programmes liés au DSSR ainsi que l’offre des services. Il se concentre spécifiquement sur les jeunes des populations clés comme hommes ayant des rapports sexuels avec les hommes, les travailleuses de sexe et les jeunes vivant avec le VIH/SIDA de 10 à 24 ans.
Le projet a été mise en œuvre au BURUNDI par l’approche de consortium avec d’autres partenaires comme consul population, Alliance Ukraine et autres.

1.1 Manifestation d’intérêt

Alliance burundaise contre le SIDA et pour la promotion de la Sante (ABS) souhaite recruter un groupe de consultants pour examiner et évaluer les progrès accomplis dans la réalisation des résultats du projet Link Up (2013 à 2016) au BURUNDI.

2. But de evaluation

L'objectif principal est d'évaluer au BURUNDI les performances du collectif ABS dans la réalisation des résultats dans le cadre du projet Link Up

2.1 Objectifs spécifiques

1. Examiner les progrès accomplis dans la réalisation des indicateurs des résultats dans les domaines thématiques, y compris les réussites et les défis au BURUNDI.

2. Identifier et faire des recommandations pragmatiques pour les interventions VIH /

SSR à l'avenir au BURUNDI.

2.2 Utilisation de l'Evaluation

Les résultats de l'Evaluation au BURUNDI sera transmise au secrétariat de l'Alliance internationale et fera partie de toutes les évaluations des autres pays qui ont mis en œuvre le projet Link up. Il sera utilisé dans le dernier maillon des rapports que l'Alliance soumettra à BUZA, ainsi partagé avec d'autres partenaires au BURUNDI et servira de références à la rédaction du nouveau projet
L'Alliance a également entrepris une évaluation globale de cette année, avec un accent particulier sur Link Up et cette évaluation contribuera à l'évaluation globale

3. Portée des travaux

3.1 Cadre de résultats : des indicateurs de résultats à examiner

Link Up : cadre de résultats 2013-2016

Résultats	Indicateurs
1. Les jeunes sont mieux informés et sont donc en mesure de faire des choix plus sains en ce qui concerne leur sexualité	1 Augmentation en pourcentage des jeunes affectés par le VIH 10-24 ans ayant déclaré une meilleure auto-efficacité à faire des choix plus sains par le biais d'un environnement favorable à des pairs, famille et la communauté. Cet indicateur comprend: a) % des jeunes affectés par le VIH âgés de 15-24 ans ayant déclaré une meilleure auto-efficacité à utiliser la contraception. b) % des jeunes affectés par le VIH âgés de 15-24 ans ayant déclaré une meilleure auto-efficacité d'utiliser des préservatifs pour prévenir la transmission du VIH / IST. c) % des jeunes affectés par le VIH âgés de 15-24 ayant déclaré une meilleure l'auto-efficacité à se faire dépister pour le VIH. d) % des jeunes affectés par le VIH âgés de 15-24 qui utilisent des préservatifs pour prévenir la transmission du VIH / IST. e) % des jeunes affectés par le VIH âgés de 15-24 qui a fait un dépistage du VIH, ainsi que les résultats de l'année écoulée.
2. Un nombre	2 Pourcentage de jeunes femmes affectées par le VIH âgés de 15-

croissant de personnes ont accès aux médicaments anti-rétroviraux, les contraceptifs et autres produits de base nécessaires à une bonne santé sexuelle et reproductive	24 ans avec des besoins non satisfaits en matière de planification familiale.
3. cliniques publiques et privées offrant de meilleurs services en de santé sexuelle et reproductive, services de soins de santé, qui sont de plus en plus sollicités	3 les prestataires de services et les organisations de la société civile démontrant une plus grande capacité à offrir de meilleurs services SSR / VIH. Cet indicateur comprend: a) % des clients interrogés dans les établissements sélectionnés qui ont eu au moins un service ajouté au SRH / VIH. b) % des clients interrogés dans les établissements sélectionnés qui signalent la satisfaction de la qualité des soins reçus. c) % jeunes affectés par le VIH âgés de 15-24 pouvant identifier une structure à laquelle ils peuvent recevoir des services respectueux de SSR / VIH
4. Un plus grand respect pour les droits sexuels et reproductifs des personnes à qui ces droits sont refusés	4. % des jeunes affectés par le VIH âgés de 15-24 ans participant à des activités locales, nationales et mondiales de plaidoyer SRH / VIH .

Indicateurs et thèmes devraient être évalués en fonction de ces trois critères

d'évaluation :

• Preuve: la disponibilité des éléments de preuve à l'appui par les répondants de l'évaluation.
• Systématisation : dans quelle mesure l'organisation systématique pour traiter chaque thème, est-il institutionnalisé ?
• Résultat concentré : Les processus liés à la réalisation de chaque thème conçu d'une manière qui conduit à la réalisation des résultats ?

3.2. Questions d'evaluation

Thèmes	Questions d' evaluation
Résultats	Pour les indicateurs sélectionnés dans le cadre de résultats Link Up : • Dans quelle mesure le projet fait des progrès vers ces résultats? • Quels sont les défis et opportunités à atteindre les résultats ? • Comment les résultats contribuent à des changements dans la vie des gens ? • Comment le projet a –t-il établit un lien entre les systèmes communautaires et des structures de santé ? • Comment est-ce que les résultats et les leçons apprises de Link Up contribuent dans la réponse de l'intégration VIH/ SSR au BURUNDI ? ▪ En se focalisant sur la théorie du changement des politiques : dans quelle mesure ont été les résultats obtenus ? Quelle a été la contribution du projet Link Up à ces changements? Comment la théorie du changement se compare à ce qui est arrivé dans la pratique ?
Pertinence	• A quel degré le projet a atteint la population la plus pauvre et la plus marginalisée?
Le rapport qualite prix	• les investissements ont-ils fournis un bon rapport qualité prix? (En termes d'économie, d'efficience, l'efficacité et l'équité).
Participation et Partnenariat	• Comment le collectif ABS et le projet organisent les lignes directrices de l'engagement des jeunes (« viser plus haut ») ? • Quelle différence a apporté la participation des jeunes dans Link Up par rapport aux résultats du projet ? Quel impact a-t-il eu sur les jeunes? Comment a-t-il changé la façon dont les partenaires du Collectif travaillent ?

Thèmes	Questions d' evaluation
	▪ Comment les partenaires ont équilibré la génération de la demande et la prestation de services ? Dans quelle mesure cet équilibre est susceptible d'être maintenu après la fin de Link Up ?
Durabilité	• Dans quelle mesure les résultats du projet susceptibles d'être durables ?

4. METHODOLOGIE

La méthodologie sera finalisée en consultation avec les consultants du BURUNDI:

• Examen documentaire de documents Link Up et autres documents du projet de types rapports qui seront disponibles à l'évaluateur (comme la recherche de Population Council, les rapports des donateurs, des études de cas, etc.)

• Interviews et des groupes de discussion avec des informateurs clés: (Les points focaux de la mise en œuvre du projet, les bénéficiaires du projet, les responsables des organisations de mise en œuvre, les PE, les structures sanitaires, les gestionnaires du projet a ABS.
• Mise au point sur la théorie du changement pour la composante des politiques:
• Vérification des données de surveillance
Nous sommes particulièrement intéressés par des méthodologies qualitatives qui capteront la façon dont le projet a contribué à amener des changements dans la vie des jeunes populations clés. Les approches pourraient inclure la méthodologie de changement le plus significatif de la, ou de celui qui se penche sur la façon dont ce voyage de santé a été pris par les jeunes. (Témoignages)

Nous encourageons les applications qui impliquent d'une manière significative les communautés, en particulier les jeunes, dans le processus d'évaluation

5. RESULTATS

• Présentation verbale pour les parties prenantes pour discuter et valider les résultats
• Rapport provisoire et le rapport d'évaluation finale (pas plus de 50 pages hors annexes). Les annexes devraient inclure les termes de référence, une liste des personnes et organisations interrogées ; une liste des documents et du matériel examiné ; une chronologie des instruments du processus d'évaluation et de collecte de données utilisées
•Résumé de l'évaluation finale (pas plus de 8 pages)

• Power- point de la présentation des résultats de l'évaluation finale (pas plus de 30 diapositives

6. GESTION ET GOUVERNANCE DE L'EVALUATION

Cette évaluation sera gérée directement par le consultant principal qui assumera la responsabilité globale. Le gestionnaire du projet KABANGA Jeanne d'Arc agira en tant que premier point de contact pour l'équipe de consultants et sera chargé de superviser la mise en œuvre de l'évaluation.

Le gestionnaire du projet soutiendra toutes les étapes du processus d'évaluation, notamment: fournir la documentation pertinente, d'aider à la logistique de voyage, l'aide à l'organisation de la collecte des données (fournissant des détails de contact, assurer la disponibilité des personnes interrogées et les données pertinentes), fournissant une rétroaction sur les projets de tous les résultats convenus, y compris la méthodologie.

L'évaluation sera guidée par un comité de pilotage. Ils sont responsables de:
• Examiner et affiner les objectifs, les outils et les méthodologies en consultation avec l'équipe de consultants
• Fournir des commentaires sur les projets, de contributions présentées par équipe de consultants
• Signer les livrables finaux
• S'Assurer que les recommandations des évaluations sont mises en application.

7. CALINDRIER ET NOMBRE DE JOURS

Le calendrier indicatif pour l'évaluation est :

Activités	**Date**
Manifestation d'intérêt soumis au siège du collectif ABS	Le 01 Juin 2016
ABS invite un groupe de consultants présélectionnés par le groupe à soumettre une proposition complète	Le 03 Juin 2016
Validation du Plan de travail d'évaluation et la méthodologie	Le 07 Juin 2016
Présentation du projet de rapport et de la présentation des résultats Provisoire	Le 22 Juin 2016
Presentation du rapport final	Le 25 Juin 2016

Il est prévu que ce travail prendra environ (15 JOURS)

8. PROFIL DE L'EQUIPE DU CONSULTANT

Les consultants souhaites répondent aux critères suivants :

- Avoir un diplôme minimum de Licence en sciences sociales, sciences Humaines ou équivalente,
- Avoir une expérience pertinente dans la réalisation des évaluations des programmes VIH
- Avoir une Expérience à conduire les évaluations en utilisant des méthodologies quantitatives et qualitatives
- Avoir une Expertise dans l'intégration du VIH et en SSR
- Mieux comprendre le contexte du BURUNDI
- Bonne Compréhension de l'évaluation des approches participatives
- Avoir les Capacités d'analyser systématiquement et présenter les données et informations complexes
- Avoir une communication excellente et des compétences en facilitation des réunions.
- Avoir des connaissances excellentes en anglais /français et KIRUNDI écrit et parler
- Etre capable de livrer les résultats attendus dans le délai convenu en Anglais et en Français.
- respecter les engagements
- Avoir une bonne Compréhension de la santé sexuelle et reproductive des adolescents
- Avoir une bonne Compréhension des différentes méthodes d'Evaluation de l'efficience et de l'efficacité.
- Etre disponible (respect des délais)

Les candidats intéressés doivent envoyer leur manifestation d'intérêt sur deux pages au maximum décrivant l'approche, les qualifications du candidat et le budget indicatif au siège de du collectif ABS au plus tard Mercredi le 1er Juin 2016 à 16H.
Les courriers sous plis fermées seront adresses à Monsieur le Représentant Légal de l'ABS à BUJUMBURA.
Documents en annexes :
2 exemples de travaux antérieurs.

LIVRABLES
Documents de rapport final en Français et en Anglais.