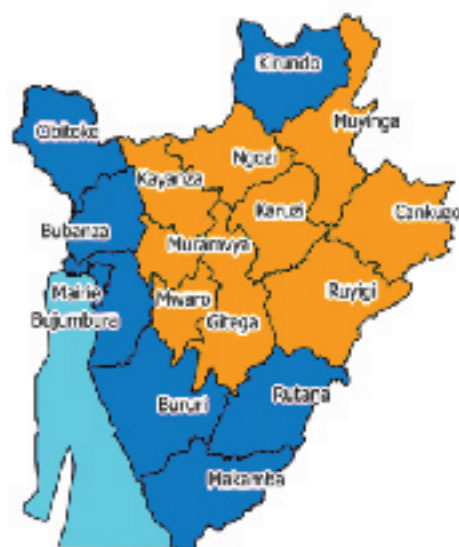


According to the multi - sectorial rapid assessment conducted in May 2015 by the National Platform of Risks and Disasters Prevention and Management and the humanitarian international community, a decrease of access and use of health services in general have been noted.

However, these results did not take into account the Reproductive Health (RH) issues. Thus, in order to identify needs for RH / Adolescents and Youth Sexual and Reproductive Health (ASRH) / Sexual and Gender Based Violence (SGBV) and to improve planning of interventions, a rapid assessment was conducted in 8 hotspots provinces identified by the UN humanitarian contingency plan.

This qualitative and quantitative survey was conducted by the Burundi Red Cross from 23 to 27 June 2015, with UNFPA technical and financial support, in the context of implementation of the agreement between the two partners. Objectives of this agreement includes " data availability on affected populations and response in the area of RH." The quantitative component targeted 29 structures in these provinces (15 health centers, 9 Hospitals, 3 ABUBEF clinics, 1SERUKA Centre and 1CDFC) and the qualitative component consisted of 86 interviews and 21 focus groups discussions with providers, clinic and administration managers, as well as the displaced and the host population (women, youth and men).



**PROVINCES COVERED BY THE SURVEY**

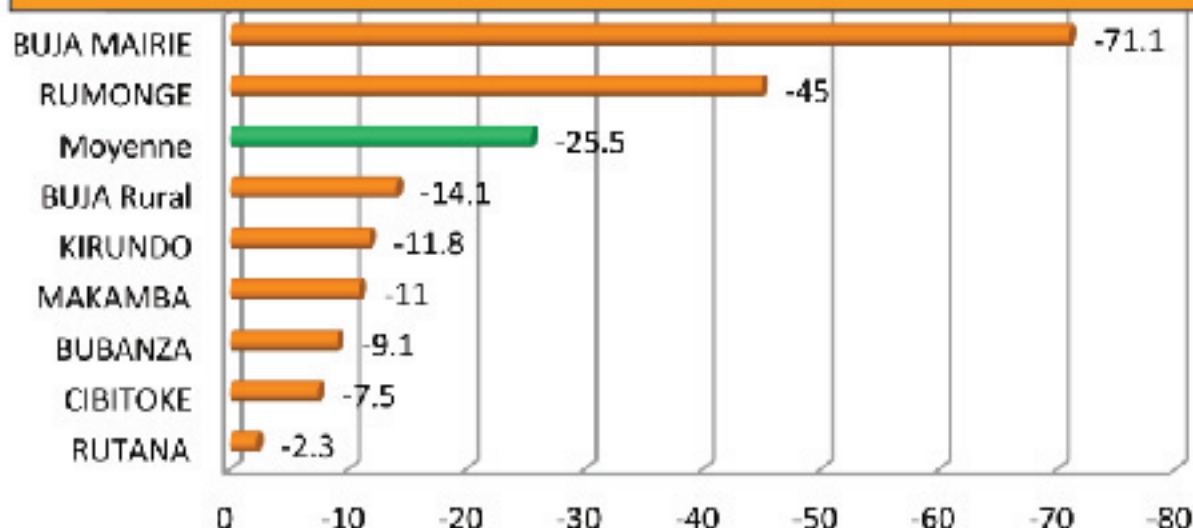
## **Report of the rapid assessment on Reproductive Health/Adolescents and Youth Sexual and Reproductive Health (ASRH)/Sexual and Gender Based Violence (SGBV) needs in 8 provinces of Burundi:**

**Bubanza, Bujumbura Mairie, Bujumbura Rural, Cibitoke, Kirundo, Makamba, Rumonge and Rutana**

## **ACCESS AND UTILIZATION OF ASRH SERVICES**

There has been an overall decline of 25.5% of curative consultations between March and May 2015. This decrease was observed more for men (26.2%) and for children under 5 years (21.9%) than for women (11.9%). The most affected provinces were Bujumbura Mairie (71.1%) and Rumonge (45.0%), while the province of Rutana was the least affected (2.3%).

**Chart A: Evolution (%) of curative consultations from January to May 2015 compared to the same period in 2014**



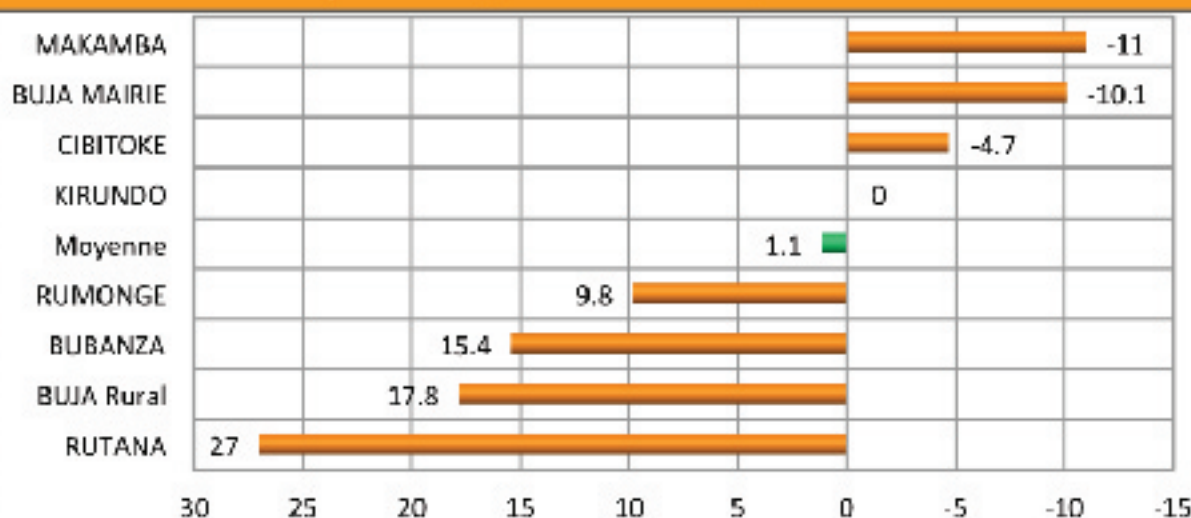
In Bujumbura Mairie, the main factors of the decrease of curative consultations could be linked to protests that lasted over a month, especially during May. In most districts where demonstrations were strong, people could not move due to blocked roads, lack of transportation, and fears of violence. Some health centers were also closed or their staff away.

In Rumonge, this drop in access is rather linked to rumors of an impending war, and this caused populations' displacement movement abroad.

## Skilled births attendance

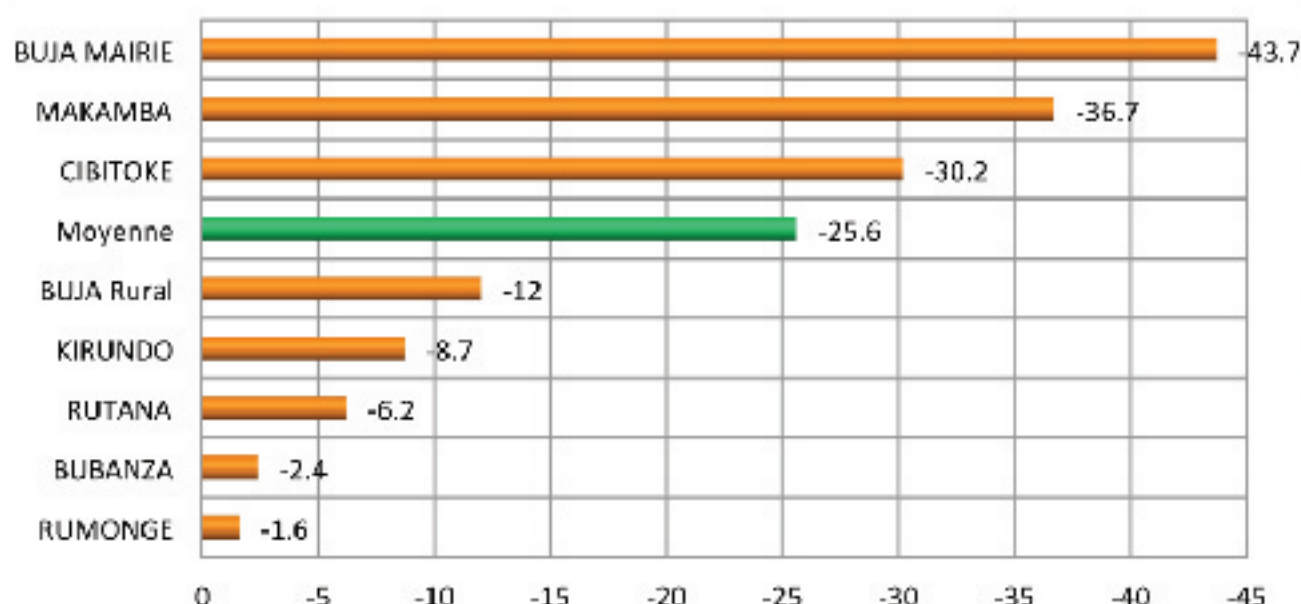
Although the number of births increased by 1.1% for January-May 2015, it remained below the level in 2014 for the same period. Nevertheless, a decrease in the number of births was observed in the provinces of Makamba (11.0%) and Bujumbura Mairie (10.1%) and to a lesser extent in Cibitoke (4.7%).

**Chart B: Evolution (%) of deliveries in Health Facilities between January-May 2015 compared as the same period in 2014**



It was reported cases of women who delivered at home in Bujumbura Mairie (Buyenzi Kanyosha and Kamenge) due to limited access to hospitals, especially at night.

**Chart C: Evolution (%) of antenatal consultations (ANC) in the Health Facilities between January and May 2015**



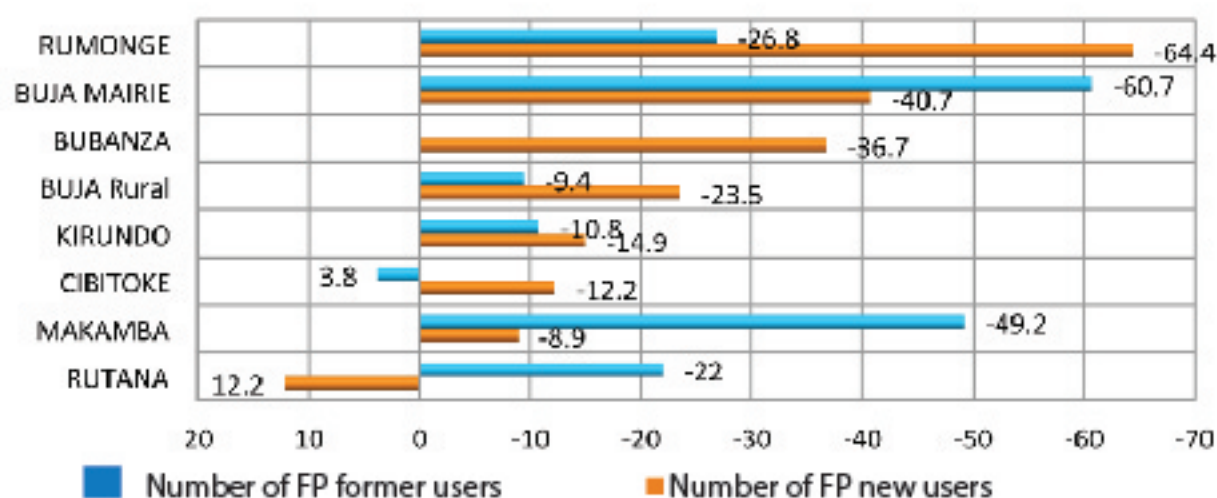
The number of antenatal visits has overall decreased by about 25% between January and May 2015. Provinces of Bujumbura Mairie (43.7%), Makamba (36.7%) and Cibitoke (30.2%) are more concerned. People interviewed highlighted challenge of access to nets especially for pregnant women.

In Bujumbura Mairie, the main factors of the decrease in ANC could be the same as for curative consultations. In Makamba and Cibitoke, this decrease is more linked to rumors of an impending war that caused a displacement movement of populations abroad.

## FAMILY PLANNING (FP) SERVICES

Overall, the number of consultations for FP decreased by 40.0% for the former FP users and 31.6% for new FP users. By province, the most notable declines were observed in Bujumbura Mairie (60.7% and 40.7%), in Makamba (49.2% and 8.9%) and in Rumonge (26.8% and 64.4%) respectively for former and for new users.

**Chart D: Evolution (%) of FP consultations between January and May 2015**



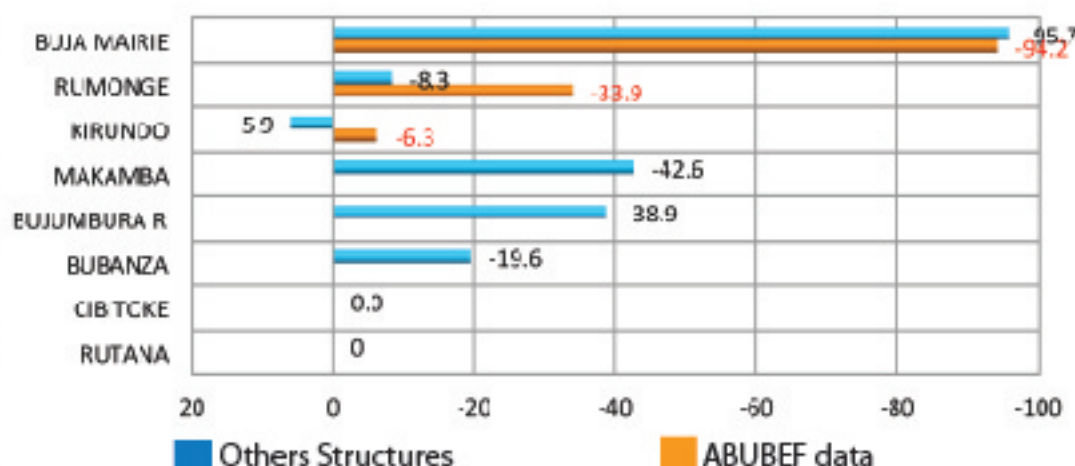
The decrease in FP utilization could be due to the spread of rumors, with also limited access to preventive and curative services during this period, which did not allow optimal use of services.

# ACCESS AND UTILIZATION OF ASRH SERVICES

The number of adolescents and young people who attended health centers for RH services is lower in 2015 compared to 2014. Between January and May 2015, the decline was 4.5%.

Significant decrease of 15-24 youth tested for HIV has been noted particularly in Bujumbura Mairie (95.7%), Makamba (42.6%), Bujumbura Rural (38.9%) and ABUBEF Rumonge - Clinic (33.9%).

**Chart E: Evolution (%) of HIV testing among 15-24 young people (all sexes) between March and May 2015**



## SEXUAL AND GENDER BASED VIOLENCE (SGBV)

The number of GBV survivors attending SERUKA GBV specialized center, has decreased from 113 to 55 between March and May 2015, a decrease of over 50% (51.3%). It was noted in this assessment that the number of reported sexual assaults is lower than usually. However, interviewed people reported increased cases of sexual and gender-based violence in their communities.

The reason for this limited access to SERUKA center could be blocked roads in areas where demonstrations occurred.

## RECOMMENDATIONS

- Organize safe transport for women in labor using Green Line of Burundi Red Cross to access to ambulances mostly at night
- Support hospitals that receive an additional burden for surgical management of obstetric complications
- Organize outreach communication for information about available GBV services, referral and prevention
- Use mobile clinics to offer RH and GBV services
- Encourage health facilities to distribute nets to pregnant women attending antenatal clinics
- Organize a public awareness campaign to fight against rumors, including using social networks that have been well used during this period, to encourage the use of FP services
- Organize an awareness campaign to encourage adolescents and young people to attend RH services