TABLE OF CONTENT

I. INTRODUCTION 6
II. SOCIOPOLITICAL CONTEXT OF BURUNDI 7
III. PREVENTION OF HIV NEW INFECTIONS / AIDS / STIs 7
   III.1. AWARENESS SESSIONS 8
   III.2. COUNSELING AND VOLUNTARY HIV SCREENING 10
IV. IMPROVING THE WELL-BEING AND QUALITY OF LIFE OF PLWH 11
   IV.1. PSYCHOSOCIAL SUPPORT ACTIVITIES 11
   IV.2. STRUGGLE AGAINST GBV, STIs AND HIV / AIDS 12
   IV.3. OVCs SUPPORT 13
   IV.4. ACTIONS FOR PMTCT 14
   IV.5. MEDICAL SUPPORT 15
   IV.6. ACTIONS AGAINST HIV/TB COINFECTION 16
   IV.7. SUPPORT ECONOMIC ACTIVITIES 17
V. THE FOLLOWING ACTIVITIES CARRIED OUT IN SUPPORT OF CERTAIN PARTNERS 19
   V.1. PMTCT / WITH ACCELERATION “FHI 360” 19
   V.2. ‘PRIDE’ COMMUNITY WITH NATIONAL AIDS COMMISSION 21
   V.3. PROMOTING RESPONSIBLE PARENTHOO, RH AND AWARENESS AGAINST GBV IN THE HEALTH CENTRES (CDs) OF MURAMVYA WITH “GIZ” 22
   V.4. SENSITIZATION CAMPAINS OF TEENS AND YOUNG PEOPLE ON PREVENTION OF SEXUAL AND GENDER-BASED VIOLENCE WITH CARE INTERNATIONAL 23
   V.5. ACTIVITIES BY SEGAL FAMILY FOUNDATION 25
VI. OBSERVED CONSTRAINTS 26
VII. SYM PROSPECTS 26
ANNEXES 27
1. WORLD DAY AGAINST AIDS 27
2. FINANCIAL SUMMARY 28

LIST OF ACRONYMS

AIDS : Acquired Immunodeficiency Syndrome
ART : Antiretroviral treatment
BCC : Behavior Change communication
GIZ : Deutsche Gesellschaft für International Zusammenarbeit
FHI : Family Health International
CAMEBU : Centrale des Achats des Médicaments Essentiels du Burundi
CARE : Cooperative for Assistance and Relief Everywhere
CD4 : Cluster differentiation4
COTRI : Cotrimoxazole
OI : Opportunistic Infections
INH : Isoniazide
ODDBU : Organisation pour le Développement du Diocèse de Bujumbura

OVCs : Orphans and other vulnerable children
PMTCT : Prevention Mother-To-Child transmission of HIV (Human immudeficiency Virus)
PLWH : People living with HIV.
SEP/CNLS : Permanent Executive Secretariate/ National AIDS Commission
SFF : SEGAL Family Foundation
SILC : Saving Internal Loading Community
RH/FP : Reproductive Health/Family Planning
RH : Reproductive Health
SYM : Service Yezu Mwiza
TB : Tuberculosis
S.J : Society of Jesus
GBV : Gender-based Violence
USAID : United States Agency International Development
EIGHT-YEARS EXPERIENCE IN THE MIDST OF THE NEEDIEST

Under the direction of Father Désiré Yamuremye, SJ, SYM has experience 8 years of mission in the midst of the neediest. The record of achievement has been largely positive. The number of people who applied for quality care has increased substantially. Cases of morbidity and mortality in the population have decreased through a holistic health care approach. The number of unwanted pregnancies decreased through our awareness sessions focusing on young people and out of school. The numbers of non-consensual marriages were reduced through training of uneducated girls and young women. At the national level as in the SYM intervention area, new HIV infections declined in children born of HIV positive mothers through PMTCT awareness activities and the promotion of reproductive health and The number of AIDS-related deaths has declined largely. And through the deployment of its services through mobile clinic strategy, the support rate has also improved as can be seen through figures of different indicators that you will read in this report.

The cases of morbidity and mortality due to opportunistic infections, STIs and other diseases have decreased in number compared to those recorded in the 2000s. The people who have been screened for HIV were inspired by behavior change rather than care-seeking. Cases of non-adherence to ARV treatment decreased as well as those of dropouts. Cases of chronic disease morbidity and mortality also fell. Morbidity and mortality due to tuberculosis has been overcome by enhanced screening and treatment of TB among PLWH. Regarding the activities aimed at increasing household incomes and improving living standards of PLWH, SYM has monitored and accompanied some of our beneficiaries who had been helped earlier. SYM multidisciplinary staff managed to:

- Strengthen interventions that contributed to the realization of the ‘three zeros’ objective (zero new HIV infections, zero AIDS-related deaths and zero discrimination).
- Intensify awareness and voluntary screening among groups at higher risk by prioritizing young people and pregnant women.
- Encourage the most vulnerable PLWH to start up Income Generating Activities.
- Provide support to community-based health workers such as traditional birth attendants, Sex Workers, Mentor-Mothers and Champion-Men for adequate and balanced care of HIV-positive mothers and their newborns.
- Seek partners that can subsidize laboratory equipment (for CD4 and Viral Load) and their equipment in order to achieve results.

A strategy in the future is needed to implement effective services efficiently in this fight against HIV / AIDS, to support key populations, to reach hot areas and communities most affected by HIV. All these will be done to realize the objective of ‘three-nineties’ (90% of people living with HIV who need to know their HIV status, 90% PLHIV which must be put on ART treatment and 90% of PLHIV on ART who must have undetectable antibodies).

Father Pierre Célestin MUSONI, S.J. Executive director of the SYM
I. INTRODUCTION

2015 was the final year for implementing a four-year Strategic Plan (2012-2015) that aimed at providing integral health care, promoting reproductive health for responsible motherhood and fatherhood, fighting against HIV / AIDS and its co-infections, STIs care and chronic diseases. The goal of Service Yezu Mwiza (SYM) Strategic Plan was “to make Burundi a country in which new HIV infections among the population from all social strata are reduced, and a country where people living with HIV have access to all services care.”

Through this strategic plan, the Jesuit region of Rwanda-Burundi committed itself to a holistic health in general and to the fight against AIDS in particular, striving to give its pastoral contribution by strengthening community health services, infection prevention services and HIV STIs, medical care and psychosocial service of vulnerable people living with HIV, reducing the impact of HIV / AIDS and its co-infections and promotion of human rights, and improving the Monitoring and Evaluation system.

II. SOCIOPOLITICAL CONTEXT OF BURUNDI

President Pierre Nkurunziza seeking another term in office in 2015 resulted in a political turmoil and the population in some part of the country protested such a move since 26 April 2015.

SYM’s area of intervention has been significantly affected by this instable situation, especially in the provinces of Bujumbura Municipality and Rural Bujumbura. PLWH and OVCs – beneficiaries of SYM – from the above-mentioned area experienced difficulties to accessing our services.

During this socio-political crisis, SYM never ceased to assist those people in need. SYM mobile clinic team (composed of a social worker, physician, nurse, and a psychologist) who performs normally field-visits in over 15 locations per month to provide services has adapted its activities considering the circumstances, the place and the beneficiaries.

Awareness sessions for HIV prevention and testing, medical care and psychosocial support, economic and nutritional services were provided by adaptation.

Certain SYM staff members from red-light neighborhoods were unable to report regularly to work due to their safety not assured either as the protesters leaders would not allow them to pass, or as the transportation was shuttered down.

Concerning the staff who found it difficult to come to work due to the insecurity in their respective districts, SYM has put its vehicles available to staff to facilitate their movements. Some roads were accessible and others not.

In face of such a situation, SYM has opted to suspend preventive activities (training and awareness) and economic support in favor of medical care and psychosocial activities. A short-term strategy was to ask the beneficiaries who could reach SYM head office to get there medical services care and biological follow-up. For hospitalizations, lab complementary and specialized exams and other services at SYM head office continued unhindered. For those whose security and distance made it impossible to reach the head office, SYM has opted to go through peer educators and community health agents who served as a bridge for the transportation of drugs (ARTs and Cotrimoxazole).

For other places, SYM asked the local health centers/partners to give medications to its beneficiaries to be reimbursed later. Thus, this strategy enabled SYM to be efficient so that no beneficiary suffered from lack of medicine because of the insecurity. After a few months, the activities resumed their normal pace and beneficiaries thanked the many SYM who has not abandoned them in these times of hardship.
III. PREVENTION OF HIV NEW INFECTIONS / AIDS / STIs

III.1. AWARENESS SESSIONS

These sessions are directed towards at higher risk HIV infection groups and towards the most vulnerable and poor people. Sexual Intercourses rank first of all channels of HIV transmission and, these days, young people constitute one of the key populations. Nevertheless, any young person who has a better knowledge of HIV prevention is likely to adopt a behavior change. To maintain the impetus in this fight against HIV / AIDS at this turning point, SYM has sought to upgrade its approaches in the area of HIV / AIDS prevention by taking into account the requirements and needs of each target group with which it works: schooled and unschooled youth, HIV-positive or discordant couples, women of childbearing age, multiple partners, sex workers, drug users, orphans and other vulnerable children (OVC), future spouses, divorced, geographically separated such as men in uniform. All these groups were given a real and appropriate communication in their working or nurturing environment, where everyone will face the challenge to behave responsibly.

The training and recycling of peer educators and community health workers, organizing awareness sessions in schools and other targeted key areas, topics centered on the fight against HIV / AIDS and its co-infections, community discussions around topics centered on sexual reproductive health, the creation of networks of young people in the fight against HIV / AIDS, these are the actions that allowed the SYM achieve the data included in this following table:

<table>
<thead>
<tr>
<th>Provinces</th>
<th>Communes</th>
<th>Trained animators and peer educators</th>
<th>The numbers of persons sensitized on various themes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Youth</td>
</tr>
<tr>
<td>Bujumbura</td>
<td>Bugarama</td>
<td>19</td>
<td>3950</td>
</tr>
<tr>
<td></td>
<td>Muhuta</td>
<td>16</td>
<td>3797</td>
</tr>
<tr>
<td></td>
<td>Kabazi</td>
<td>16</td>
<td>2662</td>
</tr>
<tr>
<td></td>
<td>Mutimbuzi</td>
<td>46</td>
<td>6341</td>
</tr>
<tr>
<td></td>
<td>Kanyosha</td>
<td>20</td>
<td>3312</td>
</tr>
<tr>
<td></td>
<td>Nyabirab</td>
<td>16</td>
<td>3083</td>
</tr>
<tr>
<td></td>
<td>Mukeke</td>
<td>19</td>
<td>1957</td>
</tr>
<tr>
<td></td>
<td>Mutambu</td>
<td>16</td>
<td>1751</td>
</tr>
<tr>
<td>Mairie</td>
<td>Buterere</td>
<td>18</td>
<td>3874</td>
</tr>
<tr>
<td></td>
<td>Kanyosha</td>
<td>18</td>
<td>2682</td>
</tr>
<tr>
<td>Muramvya</td>
<td>Muramvya</td>
<td>140</td>
<td>217</td>
</tr>
<tr>
<td>Total population affected by gender</td>
<td>344</td>
<td>6</td>
<td>19858</td>
</tr>
</tbody>
</table>

These numbers of persons sensitized include the percentage of the population at risk and in any case, the percentage of the population that is reached is from 70% to 80%.

These numbers of persons sensitized are the result of the activities undertaken by the SYM in the Bujumbura Mairie and in the provinces of Muhuta and Kabezi.
III.2. COUNSELING AND VOLUNTARY HIV SCREENING

A major obstacle to achieving the goal of universal access to prevention and treatment would be that a significant number of Burundians living with HIV lives in ignorance of their status. Additionally, early detection can enable the patient to get early treatment and thus to live longer. It was noticed that many people living with HIV consult health care facilities too late because they are unaware of their HIV status. During this year, the SYM has conducted counseling sessions and voluntary HIV screening at the initiative of our beneficiaries who helped many people to know their status. Mass screening sessions enabled SYM to reach 1927 people, among them prospective spouses, couples, young people at school or not, drug users, men in uniform... in following age groups:

<table>
<thead>
<tr>
<th>AGE</th>
<th>NUMBER OF TESTED PEOPLE</th>
<th>NEGATIVE RESULT</th>
<th>POSITIVE RESULT</th>
<th>INDETERMINED RESULT</th>
<th>GIVEN RESULT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MALE</td>
<td>FEMALE</td>
<td>MALE</td>
<td>FEMALE</td>
<td>MALE</td>
</tr>
<tr>
<td>from 0 to 4 years old</td>
<td>26</td>
<td>39</td>
<td>26</td>
<td>39</td>
<td>26</td>
</tr>
<tr>
<td>From 5 to 14 years old</td>
<td>30</td>
<td>51</td>
<td>30</td>
<td>51</td>
<td>30</td>
</tr>
<tr>
<td>From 15 to 24 years old</td>
<td>315</td>
<td>413</td>
<td>315</td>
<td>413</td>
<td>315</td>
</tr>
<tr>
<td>From 25 years old and more</td>
<td>623</td>
<td>430</td>
<td>623</td>
<td>430</td>
<td>623</td>
</tr>
<tr>
<td>Total of tested people by gender</td>
<td>994</td>
<td>933</td>
<td>994</td>
<td>933</td>
<td>994</td>
</tr>
</tbody>
</table>

IV. IMPROVING THE WELL-BEING AND QUALITY OF LIFE OF PLWH

IV.1. PSYCHOSOCIAL SUPPORT ACTIVITIES

Psychosocial support activities refer to positive prevention, care and support for PLWH for a better adherence to the care and mediation process between the caregiver and the patient, especially in relation to their families whose members are, in one way or another, infected or affected by their situation. The psychological support can bear various forms.

- Pre-therapeutic education sessions or support group conducted by a psychologist and a health mediator enabled SYM to help 611 males and 1263 females dealing with psychological difficulties.
- Collective coaching sessions gathered 975 men and 2764 women.
• 639 men and 4396 women participated in private counseling sessions reducing the risk of discrimination and stigmatization. Note that any person could participate more than once in this kind of counseling sessions.

• Home visits targeting problem cases have affected 59 men and 68 women.

• Accompaniment of income-generating projects has involved 162 participants of which 57 already in operation.

• Nutritional education sessions have affected a large number of people including 320 men and 756 women, all beneficiaries of SYM.

The following table summarizes the facts:

<table>
<thead>
<tr>
<th>PLWH participating in support group sessions</th>
<th>PLWH participating in collective coaching sessions</th>
<th>PLWH participating in adherence sessions</th>
<th>PLWH PVV/H benefiting of Home-based visits</th>
<th>Pregnant Women under PMTCT sensitized</th>
<th>Newborns under PMTCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>611</td>
<td>1263</td>
<td>975</td>
<td>2964</td>
<td>639</td>
<td>396</td>
</tr>
<tr>
<td></td>
<td></td>
<td>59</td>
<td>68</td>
<td>183</td>
<td>281</td>
</tr>
</tbody>
</table>

IV.2. STRUGGLE AGAINST GBV, STIs AND HIV/AIDS

There is an increasing recognition that the risk of HIV infection among women and girls and their vulnerability to infection is due largely to well-accepted and deep-entrenched inequalities—particularly violence against them.

In order to respond to this problem, SYM has organized awareness activities close to 3834 young people and 285 couples by developing themes centered on responsible parenthood, prevention of unwanted pregnancies, gender-based violence and responsible behavior.

The testimonies from participants to these awareness activities have shown that everyone must do their part to ensure the effective and fruit-bearing fight.

IV.3. OVCs SUPPORT

Orphans frequently suffer from prejudice. Poverty also compromises their chances of completing their schooling and can lead them into adopting survival strategies that would expose them to HIV. SYM, in its endeavor, supports 2937 OVCs among whom around 100 live with HIV. Access to education is a right that all children should benefit equally. In this sense, SYM supported 124 OVCs from 52 vulnerable families to go to school. It organized meetings for OVCs to ensure the OVCs non-stigmatization and non-discrimination as these children may suffer from stigmatization and discrimination in school and in their living environments. 213 OVCs living in vulnerable host families were given care of more than 5 years.
IV.4. ACTIONS FOR PMTCT

The vertical way of contamination from the mother to child is considered the quintessential through which HIV is transmitted to the newborn. SYM has made efforts to increase access to interventions that can significantly reduce the mother to child transmission of HIV, including the combination of antiretroviral prophylaxis and treatment regimes and strengthening advice on infant feeding. To reduce HIV infection in mothers, infants and young children, the SYM took ownership to a comprehensive approach that focuses on the four pillars including:

Pillar 1: Primary prevention of HIV infection - To accomplish this prevention, SYM staff focused the sensitization on responsible behavior and safer sex practices as an important element for the implementation and success of this pillar. In this sense, SYM has strengthened the activities of mentor-mothers, traditional birth attendants and champion-men who, in their turn, reached 165 couples that went for Antenatal consultations in their respective health facilities and 353 men and 1065 women attending for immunization their children.

Pillar 2: Prevention of unintended pregnancies among women infected with HIV - With appropriate support, the woman infected with HIV can avoid unwanted pregnancies and thus reduce the number of children at risk of MTCT. SYM has increased awareness and counseling sessions so that SYM community health workers could reach 350 people who had been counseled on HIV screening, 108 couples on FP and 354 women infected by HIV and their partners on the prevention of unwanted pregnancies.

Pillar 3: Proper prevention of transmission of HIV from infected woman to her child - In this context, SYM has identified 84 pregnant women with HIV for whom it availed effective tools to reduce MTCT.

Pillar 4: Treatment, Care and Support for HIV-infected woman, her child and her family - In this context, 187 women infected with HIV were treated, 163 have found nutritional support, 25 were accompanied through a supervision of their running income generating activities, 38 children born to infected women were cared for and supported nutritionally, 124 infected OVCs were supported in schooling.

IV.5. MEDICAL SUPPORT

Throughout this year, SYM has provided medical care to its 4144 beneficiaries, namely 1207 PLHIV and 2937 OVCs and to their families. The medical services package offered included: 766192 medical consultations including for STIs. The drugs offered by CAMEBU or specialties purchased with ALCHEM were delivered under medical prescriptions prescribed by SYM physicians. 69 hospitalizations, including 53 day hospitalizations at SYM Clinic, were provided.
IV.6. ACTIONS AGAINST HIV/TB COINFECTION

Tuberculosis (TB) is one of the main causes of death among people living with HIV, even when they are under antiretroviral therapy. The intensified TB case detection and access to diagnosis and quality treatment of this disease in conformity with national and international guidelines is an essential factor in quality of life and survival in people living with HIV. In this context, the SYM assured: 2675 consultations, 2655 case screening. Pulmonary and extra-pulmonary tests were made. Positive cases were treated at SYM clinic; while, other were referred to the hospitals.

GENDER/Age  

<table>
<thead>
<tr>
<th></th>
<th>Number of PLWH consulted</th>
<th>Number of TB screening cases</th>
<th>Number of TB Cases</th>
<th>Total of PLWH Under TB Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AC</td>
<td>NC</td>
<td>Under ART</td>
<td>NO-ART</td>
</tr>
<tr>
<td></td>
<td>TPM+</td>
<td>TPM-</td>
<td>TEP</td>
<td>TPM+</td>
</tr>
<tr>
<td>M&lt;15</td>
<td>157</td>
<td>168</td>
<td>155</td>
<td>0</td>
</tr>
<tr>
<td>F&lt;15</td>
<td>136</td>
<td>140</td>
<td>134</td>
<td>0</td>
</tr>
<tr>
<td>M≥15</td>
<td>539</td>
<td>572</td>
<td>531</td>
<td>0</td>
</tr>
<tr>
<td>F≥15</td>
<td>1843</td>
<td>1883</td>
<td>1835</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>2675</td>
<td>2763</td>
<td>2655</td>
<td>2</td>
</tr>
</tbody>
</table>

IV.7. SUPPORT ECONOMIC ACTIVITIES

Through these activities, SYM intends to reduce poverty and other vulnerability—contributing factors to HIV / AIDS knowing that AIDS has a significant negative impact on household economies. SYM has been very supportive in terms of economic situation with regards to its beneficiaries who are starting up small businesses, agriculture and livestock industry by creating or strengthening the initiatives of the associations for collective income-generating activities and improvement Housing and hygiene conditions.
Read this chart for more understanding:

<table>
<thead>
<tr>
<th>Nº</th>
<th>Types of activities</th>
<th>Number of sessions</th>
<th>Number of participants/visited</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Old case</td>
<td>New case</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>1</td>
<td>Monthly Meeting with Income Generating Activities beneficiaries</td>
<td>65</td>
<td>649</td>
<td>165</td>
</tr>
<tr>
<td>2</td>
<td>Monthly Meeting with SILCs Members</td>
<td>59</td>
<td>365</td>
<td>214</td>
</tr>
<tr>
<td>3</td>
<td>Home Visit for monitoring/Evaluation of Income Generating activities</td>
<td>23</td>
<td>92</td>
<td>53</td>
</tr>
<tr>
<td>4</td>
<td>Training on Income Generating Activities operation</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

V. THE FOLLOWING ACTIVITIES CARRIED OUT IN SUPPORT OF CERTAIN PARTNERS

V.1. PMTCT / WITH ACCELERATION “FHI 360”

The activities taking place in Rural Bujumbura province that offers clear opportunities that can help clinical services integrating PMTCT services and enhance the adherence of mother-child pairs enrolled in the PMTCT program. These are among others the promotion of result-based management, a functional referral and counter-referral system, the integration of HIV and PMTCT in reproductive health service within the sanitary province, a shortened medical supplies provision chain, and an improved involvement of health authorities at all levels in the promotion of PMTCT.

SYM implemented changes consisting of the creation of a Community network for the promotion of PMTCT. This community network comprises mentor-moms, champion-men, traditional birth attendants and sex workers peer educators. The specific objectives targeted by SYM are (a) achieve women of childbearing age with HIV transmission prevention messages through peer educational programs; (b) provide psychosocial support to pregnant women enrolled in PMTCT program for the early diagnosis of newborns.
To achieve these objectives, SYM has:

- Organized workshops and information exchange to health centers in-charge and beneficiaries of care on the approach of the Community network for the promotion of PMTCT.
- Trained and recycled mentor-mothers, champion-men, traditional birth attendants and sex workers peer educators on health education and PMTCT.
- Organized awareness sessions in PMTCT during prenatal visits of pregnant women through testimonies made by mentor mothers and champion-men.
- Organized workshops for community and religious leaders on their involvement in PMTCT;
- Organized awareness sessions on HIV screening and PMTCT among couples who are preparing for marriage in the parishes of Bujumbura Rural province
- Referred couples for HIV screening in Health facilities partners of SYM.
- Organized quarterly exchange meetings with mentor-moms, champion-men, traditional birth attendants and sex workers peer educators for PMTCT for a self-evaluation based on performance;
- Referred HIV-positive pregnant sex workers in the structures of support;
- Served as a permanent channel of communication between health facilities and women under PMTCT program and their newborn:
- Provided breast milk substitutes for infants of HIV-positive mothers whose breastfeeding constitutes a contraindication.
- To provide travel expenses for indigent women in PMTCT who require hospitalization.

As part of strengthening the community capacity of health workers, SYM, in collaboration with FHI 360 with Funds from PEPFAR/USAID, has organized workshops through which they set ambitious goals to implement the goal of "zero new HIV infection, zero discrimination and zero AIDS-related deaths" in concrete milestones and endpoints so as to define key areas and ambitious targets for HIV screening and treatment.

V.2. ‘PRIDE’ COMMUNITY WITH NATIONAL AIDS COMMISSION

As part of the implementation of the Project ‘PRIDE’ “community component” for the promotion of reproductive health and the fight against HIV/AIDS, SYM, in partnership with the SEP/CNLS with Funds from the Global Fund, organized and executed various projects, among other:

- SYM organized exchange meetings with BATWA Leaders of the Northern Region, in the provinces of Ngozi, Kayanza, Muyinga and Kirundo and those of the Western Region in the provinces of Cibitoke and Bubanza. SYM staff, along with UNIPROBA (a local organization) representatives, organized these exchange meetings with themes focused on general HIV and AIDS, TB / HIV coinfection, STIs, FP and SRH.
- SYM also trained for five consecutive days care providers in Bubanza, Cibitoke, Rural Bujumbura and Bujumbura Municipality, Ngozi, Kayanza, Mwaro and Muramya. The training focused on psychosocial care and was assured by the staff of SYM with the support of the Public Health Ministry.
V.3. PROMOTING RESPONSIBLE PARENTHOOD, RH AND AWARENESS AGAINST GBV IN THE HEALTH CENTRES (CDS) OF MURAMVYA WITH “GIZ”.

Under the partnership agreement between SYM and GIZ for the establishment of a Community network for the promotion of reproductive health and family planning for in school and out of school youth as well as young religious leaders, young girls, single mothers and young community leaders from the province of MURAMVYA.

SYM organized the following activities in the districts of Rutegama, Gatabo, Kivoga, Bukeye and Muramya during the reporting period:

• Training activities of peer educators on RH and FP among school leavers, single mothers, and religious leaders.
• Activities related to support groups on RH and FP in favor of in-school youth members of religious denominations.
• Counseling sessions for individuals or couples on RH and FP.
• Continuous training of peer educators and the collection of grievances.
• The provision of RH and FP services to all those of you who wish.
• Counseling sessions and voluntary screening for HIV / AIDS in five communes of the province MURAMVYA.
• Interreligious dialogue workshop for the involvement of older religious leaders in RH and FP.
• The On-field visits followed the activities of peer educators trained.

Here is the table summarizing the impact of such activities:

<table>
<thead>
<tr>
<th>Developed Themes by youth network</th>
<th>15-24 years old</th>
<th>25 years old and more</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>Couple</td>
</tr>
<tr>
<td>HIV/STIs</td>
<td>101</td>
<td>226</td>
<td>14</td>
</tr>
<tr>
<td>Family Planning</td>
<td>52</td>
<td>78</td>
<td>26</td>
</tr>
<tr>
<td>Love and sexuality</td>
<td>162</td>
<td>281</td>
<td>0</td>
</tr>
<tr>
<td>Prevention of early pregnancies</td>
<td>62</td>
<td>194</td>
<td>0</td>
</tr>
<tr>
<td>Antenatal Consultation</td>
<td>0</td>
<td>31</td>
<td>5</td>
</tr>
<tr>
<td>GBV</td>
<td>0</td>
<td>0</td>
<td>8</td>
</tr>
</tbody>
</table>

V.4. SENSITIZATION CAMPAIGNS OF TEENS AND YOUNG PEOPLE ON PREVENTION OF SEXUAL AND GENDER-BASED VIOLENCE WITH CARE INTERNATIONAL

Youth and adolescents outreach musical caravans were held in various squares of the two provinces namely, Gitega and Kayanza. This activity falls within the objectives of BIRATURABA project funded by CARE International and executed by SYM under the musical entertainment of Ingoma Arts Group by talented musicians: ROMEO and ASHLEY. As the project name suggests, the problem of unwanted pregnancies, infection and / or co-infection with HIV / STIs / TB and sexual and gender-based violence (GBV) concern not only youth and adolescents, but also the entire population. The causes and consequences have multifaceted implications for youth and adolescents, family and the whole society, affecting gender equity, health, sexual and reproductive rights.
As usual, the affluence of the population in different municipalities to the places of the caravans was made possible thanks to the involvement of the administrative authorities who informed the public and the road shows and posters in all paths and corners leading to markets, stadiums, or churches. After installing the podium, activities have always started with opening remarks of one of the SYM staff which brought to light the activities’ objectives and goals without forgetting the methodological approach for the success.

Various questions raised on this occasion were used to develop awareness themes interspersed with songs and modern dances of Ingoma Arts group. The activity is organized so that young people and adolescents of the place also had the chance to showcase their talents by joining the pace of musicians from Bujumbura.

In addition, various gifts (loincloths, hoes, soap, Jerry cans of 30 liters and T-shirts) for the best respondents to the question regarding HIV/AIDS, RH, and GBV have been distributed by the main musician Group Ingoma ARTS. Here the number of participants by location and by gender:

<table>
<thead>
<tr>
<th>Province</th>
<th>Commune</th>
<th>Young teens and adolescents</th>
<th>Adults (men and women)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>KAYANZA</td>
<td>Kayanza</td>
<td>1800</td>
<td>150</td>
<td>1950</td>
</tr>
<tr>
<td></td>
<td>Gatara</td>
<td>3300</td>
<td>380</td>
<td>3680</td>
</tr>
<tr>
<td></td>
<td>Kabarore</td>
<td>4400</td>
<td>900</td>
<td>5300</td>
</tr>
<tr>
<td>GITEGA</td>
<td>Gitega</td>
<td>2500</td>
<td>650</td>
<td>3150</td>
</tr>
<tr>
<td></td>
<td>Bukirazai</td>
<td>&gt; 2000</td>
<td>280</td>
<td>&gt;2280</td>
</tr>
<tr>
<td></td>
<td>Itaka</td>
<td>2850</td>
<td>436</td>
<td>3286</td>
</tr>
</tbody>
</table>

We welcome CARE International commitment to open collaboration with Service Yezu Mwiza. It is a commitment that enhances SYM’s efforts to approach higher-risk communities with information necessary to behavior and mentality change. Beneficiaries’ response to our activities clearly showed that, for instance, SYM’s outreach through musical caravan is inherently adapted to the current context in that it assesses the knowledge of the target group with objective questions and thus stimulate a spirit of responsibility prevention, support and care.

**V. 5 ACTIVITIES BY SEGAL FAMILY FOUNDATION**

The Segal Family Foundation (SFF) has been more than a partner for Service Yezu Mwiza. Our collaboration began in 2013 by an initial 6 months training on strategic planning, management, monitoring and evaluation of projects. The training took place at the Burundi Business Incubator (BBIN) in Bujumbura.

This was a great opportunity for Service Yezu Mwiza to really know our strengths and weaknesses and then plan accordingly to make more impact in the community. The initial training led to a review of our mission, vision, objectives and values which were clearly defined.

Our programmatic, financial, administrative and impact milestones were updated and regularly evaluated.

The mentorship of Segal Family Foundation is an ongoing process to achieve not only more activities and impact in the community but also a strengthened organization with innovative approaches in terms of leadership and management. The support of SFF allowed Service Yezu Mwiza to join a network of health partners with whom we share knowledge and learn from one another.

The potential of Service Yezu Mwiza has exponentially increased in health services delivery especially in terms of Reproductive health services to youth, the fight against Gender Based Violences, medical care and support of orphans and other vulnerable children.
VI. OBSERVED CONSTRAINTS

The following main difficulties were encountered during the implementation of our activities:

• The insufficiency of the supply of nutritional support to all eligible PLWH.
• The biological follow-up of people who are not yet on ART is not subsidized.
• Some beliefs prevent PLWH from accessing to early treatment of their disease.
• Resistance as to behavior change among many men who do not want to join the PMTCT as a couple.
• Despite awareness campaigns, new cases of HIV infection continue to be observed, which hinders the achievement of the objective of the three zeros and therefore the three 90.
• The lack of strong link between HIV services and comprehensive care for PLWH services is a reality in some health facilities.
• Insufficient laboratory capacity to provide a positive diagnosis of opportunistic infections and other co-morbidities, the weak performance of input supply system for the diagnosis and care of PLWH is an obstacle.
• Serious dependence to financial motivation in HIV-AIDS sector killing the volunteering spirit.
• Repetitive shut-down of laboratory equipment cause a decline in expected results.
• Despite awareness campaigns, new cases of HIV infection continue to be observed, which hinders the achievement of the objective of the three zeros and therefore the three 90.
• Resistance as to behavior change among many men who do not want to join the PMTCT as a couple.
• The lack of strong link between HIV services and comprehensive care for PLWH services is a reality in some health facilities.
• Insufficient laboratory capacity to provide a positive diagnosis of opportunistic infections and other co-morbidities, the weak performance of input supply system for the diagnosis and care of PLWH is an obstacle.
• Serious dependence to financial motivation in HIV-AIDS sector killing the volunteering spirit.

VII. SYM PROSPECTS

• Give autonomy to the most vulnerable PLWH through support for income-generating activities.
• Strengthen interventions that contribute to the achievement of the objective of the three a priori zero discrimination and stigmatization of PLWH and their orphans.
• Intensify awareness and voluntary screening sessions among groups at higher risk by prioritizing young people and pregnant women.
• Increase support to community health workers such as traditional birth attendants, Sex workers, Mentor- mothers and Champion-men for adequate and balanced Care of HIV-positive mothers and their newborns.
• Continue to seek partners that can subsidize laboratory equipment and laboratory equipment in order to achieve the desired results: exploiting the open track FHI 360 to donate a CD4 machine to SYM.

ANNEXES

1. WORLD DAY AGAINST AIDS

Every 1st December each year, countries around the world commemorate the day of struggle against HIV and AIDS. This year also, Burundi and civil society organizations have joined all mankind to see much progress in achieving the target set at the global level, of halting the spread of HIV and reverse the current trend. But it’s time to show more daring, to take innovative steps to ensure that the world can stop this epidemic by 2030. On the occasion of this World AIDS Day, the WHO has stressed that scaling up antiretroviral treatment to all people living with HIV will be essential to end the AIDS epidemic in the near future.

In Burundi, the events of that day highlighted by Ms. Denise Nkurunziza, the First Lady of the country, were esday 1st December 2015 in Rutana Province, town Gitanga under the theme of “Ending the HIV / AIDS to contribute to sustainable development.” Denise Nkurunziza stressed the commitment of the government that encouraged all stakeholders in the fight and which proves irreplaceable.

In Bujumbura, in the room of the Cercle St Michel, SYM has partnered with the Catholic Church actors namely: ODDBU, NOUVELLE ESPERANCE, CARITAS BURUNDI to express their contribution in the fight by asking participants to each share his participation in full collaboration and synergy; The authority of the Mayor of Bujumbura who took part in the ceremonies warmly thanked all stakeholders for the concrete actions that are close to the groups at highest risk of HIV contamination inviting them to always move forward. The discourse of each other were calling everyone to support PLHIV that they reach their full development.

In Bujumbura Rural Province, under the same theme of the year, events were held Wednesday, 09/12/2015 at Gatumba in the room of the fiftieth anniversary. These events were enhanced by the Principal Advisor to the Governor of Bujumbura accompanied by his Technical Advisor HIV. The activities were made possible through the collaboration of FHI and SYM and were marked by rich discourse advice to young people, adults, PLWH and people in general. The Governor advised revenue are much the theme of the year. The representative of PLWH emphasized the eradication of discrimination and stigma at the time the Director of SYM has
insisted on PMTCT, Sexual and reproductive health and on global care. The games, the content of dances and songs that have facilitated the session revolved on the theme of the year. At the end of the ceremonies, refreshments, facilitated by the financing by USAID supported technically by FHI360, was organized for representatives of civil society organizations and administrative leaders who were present.

### 2. FINANCIAL SUMMARY

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUBEJE (Flemish Jesuits)</td>
<td>4</td>
</tr>
<tr>
<td>Ministère de la santé</td>
<td>1</td>
</tr>
<tr>
<td>Clinique Martin Royackers (CNLS PRIDE Traitement)</td>
<td>1</td>
</tr>
<tr>
<td>Clinique Martin Royackers</td>
<td>1</td>
</tr>
<tr>
<td>PROCURE SUISSE</td>
<td>2</td>
</tr>
<tr>
<td>Don médicaments gouvernement (CAMEBU)</td>
<td>23</td>
</tr>
<tr>
<td>SELAVIP</td>
<td>9</td>
</tr>
<tr>
<td>CNLS PRIDE COMMUNAUTAIRE Méd</td>
<td>1</td>
</tr>
<tr>
<td>CNLS PRIDE COMMUNAUTAIRE Act</td>
<td>24</td>
</tr>
<tr>
<td>SEGAL FAMILY FOUNDATION</td>
<td>10</td>
</tr>
<tr>
<td>GIZ</td>
<td>1</td>
</tr>
<tr>
<td>CARE BURUNDI</td>
<td>6</td>
</tr>
<tr>
<td>PEPFAR/USAID</td>
<td>11</td>
</tr>
<tr>
<td>AUTRES</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

![Diagram of Mobilized Resources]

The chart shows the mobilized resources, with a significant portion coming from the Ministry of Health and USAID, followed by the Flemish Jesuits and other sources. Financial support from these entities was crucial in facilitating the session's activities, with a focus on PMTCT, sexual and reproductive health, and global care.

**Source**
- HUBEJE (Flemish Jesuits)
- Ministère de la santé
- Clinique Martin Royackers (CNLS PRIDE Traitement)
- Clinique Martin Royackers
- PROCURE SUISSE
- Don médicaments gouvernement (CAMEBU)
- SELAVIP
- CNLS PRIDE COMMUNAUTAIRE Méd
- CNLS PRIDE COMMUNAUTAIRE Act
- SEGAL FAMILY FOUNDATION
- GIZ
- CARE BURUNDI
- PEPFAR/USAID
- AUTRES

**Total**
- 100%
Organigramme de SYM

Jesuit Region/ Rwanda-Burundi

Jesuit Fathers Trustee/ Burundi

Service Yezu Mwiza (SYM)

Executive Board

Executive Director

Assistant to the Director

Financial Department

Financial Officer

Accountant

Auditor

Technical Coordinating Department

Coordinator

Prevention, PMTCT, Reproductive Health, Social, Psychological and Spiritual Care

Psychologist, Health Mediators, Assistant IEC

Medical Care

Doctors, Nurses and Lab Technicians

Programming

Program in-charge and Responsibilities of various components

Data collection and reporting

Monitoring and Evaluation Officer

Association des Pères Jésuites du Burundi

Service Yezu Mwiza

Rohero I, Avenue Bubanza No:15
B.P: 509 Bujumbura-Burundi
Tél: +257 22 25 33 16/ 22 25 90 34
E-mail: yezumwizasj@yahoo.com
info@yezumwiza.org
Site Web: www.yezumwiza.org