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USAID/BURUNDI GENDER ANALYSIS FINAL REPORT 2017

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Implemented by:

Banyan Global

1120 20th Street NW, Suite 950

Washington, DC 20036

Phone: +1 202-684-9367

Fax: +1 202-697-5020

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USAID/BURUNDI GENDER ANALYSIS

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ACRONYMS

ABUBEF	L'Association Burundaise pour le Bien-Etre Familial
ACHPR	African Commission on Human and Peoples' Rights
ADS	Automated directives system
ADVANTAGE	Advancing the Agenda of Gender Equality
AfDB	Banque Africaine de Développement
ANC	Antenatal care
ANSS	Association Nationale de Soutien aux Séropositifs et aux Malades du SIDA
AOR	Agreement officer's representative
AO/CO	Agreement officer/contracting officer
ARV	Antiretroviral
BRAVI	Burundians Responding Against Violence and Inequality
CARE	Cooperative for Assistance and Relief Everywhere
CCDC	Communal community development committee
CDFC	Family and community development centers
CED	Chronic energy deficiency
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CNIDH	Commission Nationale Indépendante des Droits de l'Homme
CNTB	Commission on Land and Other Assets
COP	Country operational plan
COR	Contracting officer's representative
CRS	Catholic Relief Services
CSO	Civil society organization
DG	Democracy and governance
DHS	Demographic and Health Surveys
DOS	U.S. Department of State
FFP	Food for Peace
FHI360	Family Health International
FSW	Female sex worker
GBV	Gender-based violence
GEWE	Gender equality and women's empowerment
GoB	Government of Burundi

IDIQ	Indefinite delivery, indefinite quantity
IFAD	International Fund for Agricultural Development
IHPB	Integrated Health Project in Burundi
IOM	International Organization for Migration
IRC	International Rescue Committee
ISTEEBU	Institut de Statistiques et d'Études Économiques du Burundi
ITN	Insecticide-treated net
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
M&E	Monitoring and evaluation
MEL	Monitoring, learning and evaluation
MEASURE	Monitoring and Evaluation Support Activity
MSM	Men who have sex with men
NAIP	National Agriculture Investment Plan
NAP	National action plan
NGO	Nongovernmental organization
NGP	National gender policy
NPARP	National Public Administration Reform Program
OMCT	World Organization Against Torture
OPJ	Judicial police officer
OVC	Orphaned and vulnerable children
PAD	Project appraisal document
PBF	Performance-based financing
PEP	Post-exposure prophylaxis
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLACE	Priorities for Local AIDS Control Efforts
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission
POC	Point of contact
PWD	Persons with disabilities
RBP+	Réseau Burundais des Personnes Vivant avec le VIH/SIDA (RBP+)
RFA	Request for application
RFP	Request for proposal
SARA	Service availability and readiness assessment
SFGPR	Strategic Framework for Growth and Poverty Reduction

SOW	Scope of work
STI	Sexually transmitted infections
SWAA	Society for Women against AIDS in Africa
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
UNSCR	United Nations Security Council Resolution
USAID	United States Agency for International Development
USG	United states government
VAW	Violence Against Women
WB	World Bank
WEF	Women's Empowerment Framework
WFP	World Food Program
WHO	World Health Organization

EXECUTIVE SUMMARY

Purpose, Methodology, and Structure of the Report

The United States Agency for International Development (USAID)/Burundi commissioned Banyan Global to conduct a mission-wide gender analysis in Burundi from September 2016 to January 2017. The objectives of the analysis were to identify key gender advances and constraints in the country that USAID/Burundi could address in its portfolio and to recommend how USAID/Burundi could achieve greater gender integration in its programming. The analysis concentrated on three sectors in the USAID/Burundi portfolio: health; democracy and governance; and food security, agriculture and economic growth. It addressed USAID's five domains of gender equality and women's empowerment analysis, and the specific needs and capacities of key populations such as lesbian, gay, bisexual, transgender, and intersex (LGBTI); men who have sex with men (MSM); persons with disabilities (PWD); albino persons; ethnic minorities, such as the Batwa; people living with HIV (PLHIV); and sex workers.

The research consisted of an extensive literature review; in-briefings with the U.S. Ambassador and USAID/Burundi Country Representative, Program Officer, and Gender Specialist; a quantitative online survey of USAID/Burundi staff and partners that garnered 22 responses; qualitative research that included more than 55 informant interviews and six discussion or focus groups with civil society organizations across the country; and an out-briefing with USAID/Burundi and U.S. Embassy staff to share preliminary findings and gather input prior to drafting this report.

A summary of the key gender equality findings and recommendations for USAID to implement in each sector follows. The report intersperses specific findings and recommendations on the safety and security of women and girls, LGBTI, and PWD throughout the report.

Key Advances, Gaps and Recommendations, by Sector

Health Sector - Advances and Gaps

This section provides a narrative breakdown of the key advances and gaps in USAID programming related to the health sector. The recommendations section that follows is informed by the advances and gaps identified here.

This section focuses on key gender equality and women's empowerment advances and gaps in Government of Burundi and USAID health policy and strategy and programming in family planning, maternal and child health, reproductive health, malaria prevention and response, HIV/AIDS prevention and response, and gender-based violence (GBV) prevention and response. It emphasizes the need to build upon successful approaches to increase access to and the use of antenatal care; to test different approaches to male engagement in such care; to address gender equality in intra-household decision-making in all healthcare programming; and to support increased coordination, quality and availability of GBV prevention and response services.

At the strategic and policy level, USAID/Burundi's health activities target pregnant women and children less than 5 years of age, whose health status tends to be most vulnerable. USAID/Burundi's health programming could further enhance its existing focus on persons with disabilities, as well as children of all age groups, GBV survivors, and males and females faced with the threat of HIV and sexually transmitted infections (STIs).¹ Burundi's health policy focuses on addressing women's vulnerability to HIV/AIDS, pregnant women's access to and use of prenatal care services (including HIV testing/treatment and malaria prevention/treatment), and youth reproductive health. In particular, a 2005 presidential measure provides for free healthcare for pregnant women and children under 5. However, the measure does not include free pregnancy testing, resulting in a missed entry point for healthcare facilities to reach clients at the earliest possible stage in their healthcare cycles (prenatal care). Though the Government of Burundi (GoB) has a GBV Strategy, it is not well integrated into Burundi's health policy and strategies.

With respect to family planning, men dominate decisions around the timing and spacing of pregnancy, as well as family size and contraceptive use. One of the biggest challenges in maternal and reproductive health in Burundi is women's use of prenatal care services during the early stages of pregnancy and attendance at all four antenatal care visits. Data evaluating USAID health programming in Burundi highlights that the integration of health services has contributed to an increase in women using antenatal healthcare services (including HIV testing and treatment and malaria prevention treatment).

Another challenge is the engagement of men in antenatal care and family planning. USAID-supported Integrated Health Project Burundi (IHPB) messaging emphasizes male engagement in prenatal visits and family planning, and USAID-supported Prevention of Mother-to-Child Transmission of HIV (PMTCT) programming also places men at the center of initiatives to decrease mother-to-child transmission of HIV. Both the IHPB and PMTCT programming have had promising results, although the stigma that persists in some cases for men who accompany wives to health structures can undermine efforts to involve them more.

Access to bed nets is essential for malaria prevention. USAID distributes bed nets to families or pregnant women. Men's dominant role in household decision-making, however, may result in men selling the bed nets without women's permission. Furthermore, it may limit women's ability to make decisions regarding self-care and care for children who have malaria or present with malaria-related symptoms.

One of the main challenges to HIV/AIDS prevention and response in Burundi is understanding the prevalence of HIV and reaching high-risk populations, such as MSM and sex workers. USAID programming targets these populations through dedicated healthcare providers (a venue-based approach). There is still a need, however, for additional targeting of the clients of sex workers.

With respect to GBV, one of the key issues in Burundi is the lack of coordination of prevention and response measures and programming as well as the lack of reliable GBV prevalence and incidence data. There is no national-level GBV referral pathway, and clinical management of GBV trainings and monitoring is uncoordinated. The cost of clinical management services to GBV survivors is one among numerous barriers in GBV service utilization; integrated GBV clinical management services are only free at specialized GBV service providers (Centre Seruka and Humura). The Ministry of Health, with World Bank support,

¹ PEPFAR, USAID and IHPB, Integrated Health Project in Burundi Gender Assessment Report (PEPFAR, 2015).

is creating new GBV integrated centers in district hospitals in Cibitoke, Muyinga, and Makamba (provinces on the southern border of Burundi). Furthermore, Handicap International provides GBV response services for persons with disabilities.

USAID supports public health centers to manage their stocks of post-exposure prophylaxis (PEP) and anti-retroviral (ARV) drugs, but those not receiving this support may have difficulty managing such stock, even if they are meant to be universally free under Ministry of Health directives. There is also no standardized rape kit in Burundi, and the tools and medications typically provided in the kit are not considered part of the reproductive health program. At the time of writing, only three providers were offering dedicated psychosocial support services, including models of community-level psychosocial support mechanisms.

Some organizations are implementing holistic models of GBV prevention programming that focus on individual-, family-, and community-level social and behavioral change. These include EngenderHealth's Men as Partners, International Rescue Committee's (IRC) Engaging Men through Accountable Practices, and Centre Seruka programming. However, the majority of GBV-prevention programming focuses narrowly on sensitizing key populations and stakeholders on the perils of GBV.

Health Sector - Recommendations

The top five recommendations for USAID programming in the health sector are listed below in descending order of priority for USAID based on the advances and gaps described above as well as what is in USAID's manageable interests.

1. USAID should employ a quasi-experimental program implementation approach in its current health programming, including robust monitoring, evaluation, and learning (MEL), to measure the effectiveness of different measures to engage more women and men in maternal and reproductive health and family planning.
2. USAID should conduct an in-depth study on GBV among MSM and transgender people, and propose a strategy to prevent and respond to GBV, beyond clinical services, to include engagement with associations serving or comprising the victims or perpetrators of violence (including taxi-moto drivers).
3. In collaboration with the World Bank, Care International, Centre Seruka, Humura, and Nturengaho, USAID and partners should improve coordination of its GBV programming (including clinical management of GBV training and services) with other GBV service providers and support the GoB and national and international non-governmental organization (NGO) service providers (including the current efforts of the GBV Sector Working Group) to establish a GBV referral pathway that scales up and standardizes community-level GBV first response and referral systems and pathways.
4. USAID should support research and programming to develop an intra-ministerial directive on: the provision of the medical certificate free of charge to GBV survivors; free testing and medical treatment for GBV survivors; the availability of rape kits to all health providers; and integrated GBV response centers in each province.
5. USAID should support measures to manage the stock of ARVs throughout Burundi, including a mapping of the PEP kit supply chain, to identify where there are shortages (outside of USAID programming regions). It should also support measures to create a national rape kit, and improve the rape kit's drug-supply system.

Democracy and Governance Sector – Advances and Gaps

This section provides a narrative breakdown of the key advances and gaps in USAID programming related to democracy and governance. The recommendations section that follows is informed by the advances and gaps identified here.

This section focuses on key gender equality and women's empowerment advances and gaps in GoB and USAID strategy and policy focused on democracy and governance. It highlights the need for more support for women's participation and increased gender-responsive planning at the *colline* (hill) level²; to engage women and girls as agents of change in conflict resolution programming; to integrate innovative approaches to increasing the registration of land in women's names into existing USAID programming; and to support the passing of inheritance legislation and enhance the dissemination of newly passed GBV legislation.

At the policy level, the GoB has established a framework on gender equality called the 2012-2025 National Gender Policy (NGP), but the mechanisms to implement the NGP have yet to be put in place. With respect to women in governance, the Burundian Constitution mandates a 30 percent quota and guarantees women's representation in the government, including the National Assembly and the Senate. The Communal Code provides for the 30 percent quota in communal councils, and for communal administrators. There is no such quota for the presidential institution (vice-presidency), the process of appointment of governors and ambassadors, the *colline* level, or in the civil service or quasi-public and private sectors. Though each Ministry has gender cells, the members of many of those cells appear to have limited capacity to support gender-responsive planning.

At the programmatic level, USAID has supported Counterpart International and Search for Common Ground to undertake conflict prevention programming. The main objective of this programming is to prevent youth violence, particularly among young men who are most vulnerable. Though the programming makes express efforts to ensure the participation of girls and young women, it does not emphasize the potential role of women and girls as agents of change in conflict prevention.

The UN Women's Network for Peace and Dialogue project plays a significant role in gender-responsive conflict resolution of land disputes and inheritance, and between spouses in case of separation at the commune level. USAID-supported programming has a unique opportunity to explore synergies between its conflict prevention programming and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) Network for Peace and Dialogue.

USAID has also been supporting the NGO ZOA to provide technical guidance for land registration for men and women. Burundian constitutional law provides the right to own land; however, there is no law on inheritance and a lack of political space to draft and pass such a law. In some cases, jurisprudence in this area is gradually changing the custom. For all land and other property acquired in the household, courts have ruled in some cases to give equal shares to male and female children. With funding from the International Development Law Organization, ZOA has undertaken a pilot approach to raise awareness about women's land rights and the mobilization of women to register their legal portions of the land, often

² Burundi's communes are divided up into *collines* (hills).

sharing title with a man. ZOA is using the findings from this pilot project in the implementation of the USAID-funded programming.

Democracy and Governance Sector – Recommendations

The top seven recommendations below are listed in descending order of priority for USAID based on the advances and gaps described above as well as what is in USAID's manageable interests.

1. USAID should ensure that gender equality and women's empowerment are prioritized in the Democracy and Governance Project Appraisal Document (including indicators) and in requests for proposals (RFPs), requests for applications (RFAs), and other democracy and governance (DG) solicitations.
2. USAID should focus on the unique roles that both male and female youth play as agents of change in its current and future conflict prevention programming.
3. USAID should support strengthening the capacity of the members of communal councils and communal community development committees (CCDCs) to integrate gender equality in their communal community development plans.
4. USAID should integrate findings in the programming that it funds through ZOA from the pilot program that ZOA implemented previously to encourage women who own land to register it in their name, and to change attitudes to empower women to understand and capitalize on their land inheritance rights.
5. USAID should conduct a study on gender and inheritance jurisprudence and use the results to scale up the promotion of gender equality in inheritance. USAID should also support decision-makers to enact the draft law on inheritance, matrimonial regimes, and gifts and/or use the new GBV law as an entry point to advocate for women's land inheritance rights (in particular for widows).
6. USAID should form a partnership with ZOA, Catholic Relief Services and the United Nations (UN) Network of Women Peace Mediators to coordinate programming that encourages women's enjoyment of usufruct rights within USAID-supported democracy and governance, and food security, agriculture and economic programming.

Food Security, Agriculture and Economic Growth Sector – Advances and Gaps

This section provides a narrative breakdown of the key advances and gaps in USAID programming related to food security, agriculture and economic growth. The recommendations section that follows is informed by the advances and gaps identified here.

This section focuses on key gender equality and women's empowerment advances and gaps in food security, agriculture and economic growth. GoB and USAID nutrition and food security strategies and programming recognize the nutritional needs of women of childbearing age, pregnant women and nursing women, but require quantitative indicators to measure changes in gender equality in food availability, accessibility and consumption.

Across all agricultural value chains in Burundi, women play a critical role. They dominate land preparation, planting, cultivation and harvest, accounting for 62 percent of the work hours. With respect to food availability, one of the biggest challenges is women's weak access to productive inputs, including training on new agricultural technologies, formal credit, and participation and leadership roles in agricultural

cooperatives or associations. They also lack access to formal inheritance rights, and traditional inheritance rights are enforced unevenly. Challenges in accessing formal lines of credit, due to a lack of collateral, impede women from gaining access to other productive inputs needed to expand and evolve their agricultural production. The research team was unable to uncover quantitative data on women's access to credit. However, qualitative research found that although Burundian women traditionally have more access to informal credit through community-based savings and lending groups, they rarely control the use of the credit at the household level. Another factor affecting household food availability is gender inequality in intra-household and communal decision-making on agricultural production.

With respect to food accessibility, gender equality is key in the management of household resources in Burundi. More precisely, men in some cases may use household resources, including the agricultural harvest, to buy alcohol or meat for themselves rather than choosing to use the harvest to benefit the household as a whole. Outside of the scope of USAID funding, ZOA has implemented a creative solution to discourage men from this practice through the creation of *colline*-level storage sheds for agricultural products.

Gender inequality also has an impact on food utilization and consumption. Better quality food is often allocated to male members of the household in Burundi. Furthermore, diminishing stocks of firewood affect the ability of women to prepare food for the family. Improved stove models developed as part of World Food Programme's school feeding in the provinces of Cibitoke and Bubanza have shown positive results and merit consideration for larger application. USAID is supporting the Amashiga program in Muyinga, which focuses on gender-responsive food availability, food accessibility, and food consumption, with an emphasis on engaging men and women in community decision-making for dealing with food security and nutrition, household-level food security, and nutrition decisions. There is an opportunity here to use quantitative indicators to measure changes in gender equality, and to scale up the approach in other regions of Burundi.

Food Security, Agriculture and Economic Growth Sector – Recommendations

The top four recommendations below for USAID are listed in descending order of priority based on the advances and gaps described above as well as what is in USAID's manageable interests.

1. USAID should use the findings herein to support the integration of gender equality and women's empowerment into forthcoming GoB nutrition and food security strategies.
2. USAID should include indicators in its current programming to measure change in gender equality and decision-making at the household level in the domains of health, nutrition, agricultural production, and the use of household income in standard USAID Food for Peace indicators.
3. USAID should support a quasi-experimental design to identify key success factors for increasing gender equality in household decision-making with respect to agricultural production, harvest, marketing and consumption. In the Amashiga program, for example, USAID should implement a quasi-experimental design methodology to determine whether specific interventions to engage men in household nutrition decisions and to engage women in village savings and loan associations contribute to changes in intra-household gender equality. USAID should adjust the program's current MEL framework to include quantitative measures of gender-equitable communal and household decision-making on food security and nutrition.

4. In the USAID-supported Burundi Coffee Alliance Activity, USAID should prioritize the selection of women as lead farmers and/or the selection of two lead farmers (one male, one female) per agricultural group. USAID should provide training and incentives to farmers to undertake joint (male/female) decision-making and require male and female leadership of agricultural groups, associations and cooperatives. USAID should adopt an approach developed by Kahawatu Foundation (current partner) to support women's agricultural groups to cultivate, harvest and market agricultural products, and provide them with support including seeds, funds to rent larger parcels of land, and skills to diversify their production.

I. ANALYSIS PURPOSE AND METHODOLOGY

I.1 PURPOSE OF THE USAID/BURUNDI GENDER ANALYSIS

The USAID/Burundi gender analysis identifies key gender advances, constraints and opportunities for USAID/Burundi to achieve greater gender integration in its current and future programs and projects. The objectives of the gender analysis are the following:

- Provide an overview of the significant gender issues at the country macro-level, including:
 - A snapshot of the gendered social and political economy in Burundi, with references to international indices such as the World Economic Forum Global Gender Gap or the United Nations Development Programme (UNDP) Gender Inequality Index;
 - A description of the policy environment and capacity to address gender gaps at the national and sub-national levels, including government gender action plan(s) and commitments to international agreements;
 - A description of civil society's efforts to promote gender equality; and
 - How other donors respond to gender issues.
- Assess key government of Burundi (GoB) and other donor gender-related policies, laws and programs, and identify opportunities for collaboration and mutual strengthening of gendered approaches.
- Outline significant gender issues that need to be addressed at the strategic and project levels for a broad range of USAID technical areas, including health, democracy and governance, food security and agriculture, and economic growth.
- Identify the gender-based constraints to and opportunities for men's and women's equitable participation in and access to programs and services in USAID/Burundi's existing portfolio and projected activities.
- Analyze the potential impacts of USAID/Burundi's activities and strategic approaches on the status of men and women in Burundi, taking into consideration the rural-urban divide, class, and other variables.
- Identify successful strategies, approaches, and lessons learned that USAID/Burundi can use to enhance accessibility and equitability of its programs to improve the well-being of women, men, girls and boys.
- Provide recommendations that identify and prioritize how the country team can better integrate gender considerations into current and future programs and higher-level strategic plans.
- Ensure the availability of recommendations on how to incorporate gender in monitoring and evaluation (M&E) systems.
- Address the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and Food for Peace gender analysis requirements.

I.2 ANALYSIS METHODOLOGY

The Banyan Global team's analysis considered the following factors:

- Sector-level and multi-sectoral level: health, democracy and governance, food security, agriculture and economic growth.
- The five dimensions of gender equality and women's empowerment (GEWE) analysis: laws, policies, regulations and institutional practices; cultural norms and beliefs; gender roles, responsibilities, and time used; access to and control over assets and resources; and patterns of power and decision-making.
- Key populations such as LGBTI, MSM, PWD, PLHIV, albino persons; and sex workers.
- The key role of civil society actors and donors in the sectors listed above.

The findings on the five dimensions of GEWE are summarized in Section 2 and are also interspersed throughout the report. The findings on key populations, as well as on the role of civil society actors and donors, are also interspersed throughout the report.

Per the USAID Health Project Appraisal Document (PAD), the most vulnerable populations include: pregnant women, children under 5 years of age, LGBTI (including MSM), PLHIV, PWD, and sex workers. The Democracy and Governance PAD does not define most vulnerable populations. USAID's Food Security programming does not have a PAD. Where pertinent, this gender analysis highlights additional vulnerable groups that merit specific consideration in the health, democracy and governance, and food security, agriculture and economic growth sectors.

The Banyan Global team implemented a multi-step methodology, detailed below, to conduct the analysis. Annex C contains a Gantt chart detailing the timeline for all steps and phases of the analysis.

1. Conduct a literature review to identify advances and gaps specific to the sector that USAID/Burundi's Country Office has prioritized for interventions. The literature review included all documents that USAID/Burundi recommended, as well as relevant documents the Banyan Global team identified.
2. Carry out a preliminary analysis of the gender equality and women's empowerment gaps and advances in each sector identified in the literature review.
3. Develop question guides and other data collection instruments (see Annex E), a list of respondents, and interview schedule.
4. Interview more than 50 key stakeholders and conduct six focus groups with USAID/Burundi staff from technical offices, and other U.S. government (USG) stakeholders; various USAID implementing partners, donors, leading gender organizations, and civil-society organizations; officials from Burundi's Ministry of Human Rights, Social Welfare, and Gender; and other stakeholders working on gender issues. Interviews took place in Bujumbura Mairie, Ngozi, and Gitega. The team also conducted one phone interview with a USAID partner in Makamba. The research team selected these project sites in consultation with USAID/Burundi, prioritizing factors including the need to meet with a diverse set of projects under each sector; to ensure geographic and socio-economic representation; and to consider the priorities and programming of local and international partners.

Table 1. Key Stakeholders

Stakeholders Consulted	
USAID/Burundi staff	Country representative, program officer, gender advisor, and sector specialists in health, food security and agriculture, economic growth and development, and democracy and governance
USAID partners	FHI360, Counterpart International, Search for Common Ground, ZOA, Society for Women Against AIDS in Africa (SWAA)-Burundi, Association Nationale de Soutien aux Séropositifs et aux Malades du SIDA, L'Association Burundaise pour le Bien-Être Familial (ABUBEF), Réseau Burundais des Personnes Vivant avec le VIH/SIDA (RBP+), Kahawatu, EngenderHealth, International Organization for Migration (IOM), United Nations International Children's Emergency Fund (UNICEF), Catholic Relief Services, MEASURE Evaluation
Government of Burundi	Ministry of Health; National Program for the Fight Against AIDS; Ministry of Human Rights, Social Welfare, and Gender; Ministry of the Interior and Patriotic Training; National Assembly
Civil society organizations and nongovernmental organizations	Centre Seruka, Humura, United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)-supported Network of Women Mediators, Dushirehamwe, Collectif des Associations et ONG Féminines du Burundi (CAFOB), Association des Femmes Juristes, Nturengaho, Care International
Donors	Swiss Cooperation, World Food Programme (WFP), International Fund for Agricultural Development (IFAD), Belgian Technical Cooperation, World Bank, the United Nations Population Fund (UNFPA), UN Women

5. Survey USAID/Burundi Country Office staff and partner country managers, via Google Forms, to gauge their knowledge, attitudes and practices on integrating gender into the project cycle and strategic planning process.
6. Hold an out-briefing with USAID and U.S. Embassy staff upon completion of fieldwork to share preliminary findings and draft recommendations.

Gender Analysis Tools

The interview protocols, questions and tools aligned with the areas of inquiry set out in the scope of work, which are reflected in the guiding questions included in Annex D. The questions were tailored to the category of respondent. The team ensured that the data collection strategy and questions adhered to ethical standards for data collection, such as the Inter-Agency Standing Committee and World Health

Organization ethical protocols on researching GBV. The team obtained informed consent from all respondents.^{3,4,5}

I.3 ANALYSIS LIMITATIONS

Burundi's main source of quantitative data, the Demographic and Health Survey (DHS), was outdated at the time of the writing of this report. At the time that the research team conducted the gender analysis, the most current DHS data were from 2010. This presents limitations for focusing on similarities and differences between populations living in urban and rural areas, and also between youth and populations of other age groups. More current DHS data should be available in 2017. The qualitative research conducted using key stakeholder interviews and focus groups provided an understanding of urban/rural populations and youth. These findings are interspersed throughout the report.

Apart from some documentation on GBV against PWD, the research team found limited data on this population in Burundi. The Netherlands Organisation for Scientific Research is funding a study of sexual and reproductive health of youth and adults with disabilities in Bujumbura, which was not available at the time of writing. This lack of data poses a challenge because the conflict in Burundi left many people injured and with disabilities. Furthermore, few organizations, with the exception of Handicap International, provide support to PWD. The lack of data and programming to address the capacities and needs of PWD made it difficult for the research team to identify advances and gaps, and make recommendations in this area. There is also a lack of data on the prevalence of GBV among women, girls, men and boys. The research team found a dearth of data on LGBTI in Burundi though there are some health data on MSM.

³ Inter-Agency Standing Committee, Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery (Geneva: 2015).

⁴ World Health Organization (WHO), WHO Ethical Safety Recommendations for Researching, Documenting, and Monitoring Sexual Violence in Emergencies (Geneva: WHO, 2007).

⁵ The United States Agency for International Development, Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions Along the Relief to Development Continuum (Arlington, Virginia: USAID, 2014).

2. GLOBAL OVERVIEW OF GENDER EQUALITY AND WOMEN'S EMPOWERMENT IN BURUNDI

2.1 Laws, Policies, Regulations and Institutional Practices

National-level Strategies and Frameworks

The GoB's efforts to promote gender equality focus largely on implementing the Beijing Declaration and the Beijing Platform that U.N. member countries adopted in 1995. Multiple crises in Burundi since 1993 have slowed the implementation of the Declaration and Platform and delayed the development of a national gender policy. In 2003, Burundi developed its first National Gender Policy and Action Plan for the period 2004–2008. In 2010, the GoB prepared a revised 2012–2025 National Gender Policy and accompanying 2012–2016 Action Plan. In 2011, Burundi also adopted a National Plan of Action for Implementation of United Nations Security Council Resolution 1325 on Women, Peace, and Security (NAP 2012–2016). Burundi's Second Generation Strategic Framework for Growth and Poverty Reduction (2010–2025) integrates gender more than its predecessor and includes a major focus on strengthening the rule of law and good governance as well as promoting gender equality. Several performance indicators in the plan have been used in the education and health sectors.

The 2012–2016 National Gender Policy Action Plan, the United Nations Security Council Resolution (UNSCR) 1325 Action Plan, and the Poverty Reduction Strategy Paper II are nearing the end of their mandates. Processes are in place to develop the next generation of these policies and action plans. In addition, some government ministries integrate gender into their current strategic approaches. Examples include the Ministry of Justice,⁶ the Ministry of Public Service,⁷ the Ministry of Agriculture and Livestock,⁸ the Ministry of Public Health and Fight Against HIV/AIDS,⁹ the Ministry of National Defense and Veterans Affairs,¹⁰ and the Ministry of Public Security.¹¹ The GoB national budget includes lines for implementing gender objectives. The funding in the national budget allocated to implementing the National Gender Policy, however, is low, and senior and junior-level ministerial staff often do not fully understand all aspects

⁶ République du Burundi, Politique Sectorielle de la Justice du Burundi 2011–2015 (Burundi: République du Burundi, 2011).

⁷ République du Burundi, Ministère de la Fonction Publique, du Travail et de la Sécurité Sociale, Document de Politique Nationale de l'Emploi (Bujumbura: République du Burundi, 2014).

⁸ République du Burundi, Ministère de l'Agriculture et de l'Elevage, Plan National d'Investissement Agricole 2012–2017 (Bujumbura: République du Burundi, 2011).

⁹ République du Burundi, Ministère la Santé Publique et de la Lutte contre le Sida, Politique Nationale de Santé 2005–2015 (Bujumbura: République du Burundi, 2004).

¹⁰ Ministère de la Sécurité Publique, Intégration de la Dimension Genre dans les Missions de la Police Nationale du Burundi. Stratégie & Plan d'Action Biennal 2011–2013 (Ministère de la Sécurité Publique).

¹¹ Ministère de la Défense Nationale et des Anciens Combattants, Stratégie d'Intégration du Genre au Sein de la Force de Défense Nationale 2011–2015 (Bujumbura: Ministère de la Défense Nationale et des Anciens Combattants, 2011).

of the National Gender Policy. Additional skills are needed to identify gender equality issues and women's empowerment in their sectors to integrate gender into their respective planning and strategy documents, and to undertake gender-responsive budgeting.¹²

At the institutional level, the Ministry of Human Rights, Social Welfare, and Gender is charged with gender issues. Gender units¹³ (currently present and functioning in seven ministries) comprising at least five persons are gradually replacing the gender focal points in all ministries that have been in place since 2004. The transition from gender focal points to institutionalized gender units is an advance. Additionally, both houses of parliament have a commission dealing with gender issues. The Ministry of Human Rights, Social Welfare, and Gender also heads a gender sector group that covers four thematic areas: GBV, participation, empowerment, and gender mainstreaming in policies and programs. The group provides a forum for meetings among governmental, bilateral and multilateral partners, as well as with civil society organizations (CSOs). At the decentralized level, the ministry has established family and community development centers (CDFCs) in all provinces. Initially called family development centers, the Ministry of Women's Affairs launched them in 1982 with the mission "to address all needs of women."¹⁴ In 2012, they were transformed into CDFCs, and their terms of reference expanded to include "medical, legal and judicial assistance, reintegration, prevention and care of GBV survivors, as well as the coordination of the operations of all initiatives to combat GBV."¹⁵ The CDFCs have representatives in municipalities across the country.

A number of factors hamper the functioning of these institutional gender mechanisms. Splits and merges within the Ministry of Human Rights, Social Welfare, and Gender, as well as multiple changes in the ministry's leadership, have compromised the continuity of gender policy and action. Moreover, the aforementioned gender sector group is not fully operational and fails to meet regularly. In addition, the staff of the Ministry of Human Rights, Social Welfare, and Gender, as well as the staff in the gender units in each ministry, would benefit from training on the identification of gender-specific needs and capacities and the preparation of gender-responsive budgets to better integrate gender in their ministry's policies and programs.

National-level Legal Framework on Gender

Reforms to the Nationality Code in 2000 made it possible for Burundian women to pass on citizenship to their children.¹⁶ Furthermore, Burundi's 2005 constitution stipulates that all citizens are equal, benefiting from equal protection and that no person shall be discriminated against—in particular based on his or her

¹² République du Burundi, Ministry of Human Rights, Social Affairs and Gender, Interview, November 8, 2016.

¹³ There are gender units in seven ministries, each comprising five people. One of the tasks of the units is to act as an intermediary between the Ministry of Human Rights, Social Affairs and Gender and their respective ministries to promote gender mainstreaming, coordinate gender activities, and collect gender-related data in their ministries.

¹⁴ République du Burundi, Rapport National d'Evaluation de Mise en Application du Programme d'Action de Beijing (Beijing + 3) (Bujumbura: République du Burundi).

¹⁵ Ibid.

¹⁶ République du Burundi, 18 juillet 2000. – LOI n° 1/013 Portant Réforme du Code de la Nationalité (Bujumbura: 2000).

sex.¹⁷ It also establishes a 30 percent minimum quota of women in the government¹⁸ in the National Assembly¹⁹ and in the Senate.²⁰ The revised electoral code of 2009 extends this quota to communal councils and administrators (Article 18). There is no quota for women's representation in the administration and public enterprises, the administration at the *colline* level.

Revisions to the GoB criminal code in 2009 removed certain clauses discriminatory to women and augmented the penalties for GBV crimes. Implementation of the revised code, however, has been deficient because the revised code of criminal procedure that would implement the criminal code was only promulgated in 2013. This 2013 revised code reflects the criminal code revisions, although the GoB has not applied some relevant provisions, in particular those in relation to medical expertise and the issuance of a medical certificate to GBV survivors. In addition, the GoB promulgated a new GBV law to protect victims, witnesses and other persons at risk in September 2016.

2.2 Cultural Norms and Beliefs

In Burundi, gender norms are fairly set with understood sociocultural expectations of both women and men. The role of Burundian women overseeing household and childcare responsibilities is acknowledged and respected and women are called *gahuzamiryango* (the one that binds families together). As such, the upbringing of girls is often centered on how to become a proper bride and housewife, with many Burundian proverbs linked to gendered roles in society. A girl must learn “female” tasks such as housework, cooking, cleaning and raising children. She is taught to respect men, especially her future husband, and to be hardened to work in the fields; for once married she will be “the plow and ox useful for agricultural production.”²¹

The Burundian woman is *umukenyenzi*, the one who ties her loincloth on thorns (who endures all burdens linked to the marriage) and walks without flinching and without the outside world noticing her pain. These norms reinforce the idea that women should respect men and be hardworking both inside and outside the home. The widespread acknowledgement of these norms often means that gender roles are defined early in a child's life, and it can be challenging for women or men to break out of these socially accepted roles later in life.

Once married, the community expects a woman in both rural and urban environments to be submissive to her husband, to respond to his sexual desires, and to be a good parent. These sociocultural norms and standards often limit the alternatives available to both women and men in the private and public sphere and can engender unequal power dynamics between men, women, boys and girls. They may also result in the physical and economic exploitation of women, as well as intimate-partner violence.²² In addition, mothers generally request their daughters perform all household work including cleaning the house,

¹⁷ République du Burundi, 2005 Constitution, Article 22. - Loi n° 1/010 du 18/03/2005 portant Promulgation de la Constitution de la République du Burundi (République du Burundi, 2005).

¹⁸ Ibid. Article 129.

¹⁹ Ibid. Article 164 and Article 108 of the 2009 Electoral Code.

²⁰ Ibid. Article 180 of the Constitution and Article 141 of the 2009 Electoral Code.

²¹ Ndayiragije, Gad, Images de la Femme au Burundi à Travers les Contes et les Épthalames: Mémoire de Master (Université d'Oslo Automne, 2011).

²² Niyonzigiye, Denise and Le Roux, Elisabet, Un Aperçu sur la Situation Actuelle des Violences Sexuelles au Burundi Le Rôle de l'Eglise et les Voies Possibles d'une Intervention (Tearfund, 2016).

fetching water, cooking and caring for younger siblings. As a result, unlike their brothers, girls often do not have much time for recreation and fun.

With respect to sociocultural norms in the public sphere, the man is meant to represent the entire family in all domains, both in- and outside of the home. Women traditionally are not called upon or expected to speak in public, though norms in this domain are changing in urban areas. A Burundian saying goes, “*Nta nkokokazi ibika isake iriho*” (the hen does not sing when the cock is present).

At the same time, Burundian society places a certain importance on women, who are perceived as the basis of a family’s prosperity. Therefore, great importance is placed on a man choosing the proper wife, as in the Kirundi saying, “*Umuhushatunga ahusha umugore*” (a bad choice of a wife makes you miss out on your fortune). The subtext of women considered to be *gahuzamirango*, however, is that if a household is not considered to be functioning well, it is the fault and responsibility of the woman.

2.3 Gender Roles, Responsibilities and Time Use

The gendered distribution of roles and responsibilities in traditional Burundian society derives from the norms and perceptions described above. At the household level, the gendered division of labor relegates most household tasks to women, such as caring for children and other family members, doing housework, and obtaining wood and water. Women are also often responsible for agricultural production (unreported and unpaid), which is traditionally handled individually, even when they are pregnant or carrying an infant on their backs. Men, in turn, traditionally are involved with production-related activities that are meant to yield a financial profit. In agriculture, for example, men are involved with cash crops (such as coffee, cotton and tea) and banana plantations. Men are more likely to engage in commerce and carpentry or to become a salaried employee.²³ No data are currently available on the time use of women and men in Burundi.

Political and economic crises in Burundi have displaced many families and brought many women, some of whom have become heads of households, into activities that were once the stronghold of men. The presence of women in nonagricultural sectors remains low, however, and women generally occupy subordinate posts.²⁴ Civil society movements are growing and many women join groups or associations (for example, *tontines*,²⁵ groups or associations of women farmers, and small cooperatives) that may provide opportunities for personal growth and income-generation outside of the home.

2.4 Access to and Control over Assets and Resources

Women have limited access to inputs for agricultural production, such as credit and land. Per the 2008 General Population and Housing Census, 80.2 percent of the population owns land—62.5 percent are men and 17.7 percent are women.²⁶ The absence of an inheritance law deprives women of the right to inheritance and property, further limiting their access to credit. 57 percent of respondents in a 2012

²³ Groupe de la Banque Africaine de Développement (AfDB), *Profil Genre du Burundi* (Tunis: AfDB, 2011).

²⁴ The research team was unable to identify current statistics detailing women in leadership positions in businesses.

²⁵ A *tontine* is a system in which members contribute a set amount of money every month to a common pot, and every month a different person takes the entire sum.

²⁶ Ndikumana, Alain, *Gender Equality in Burundi: Why does Support not Extend to Women’s Right to Inherit Land?* (Afrobarometer Policy Paper No. 22, 2015).

AfroBarometer survey believe that girls and women should not have the same right to inheritance as their brothers.²⁷ In the absence of a formal inheritance law, women often are subject to discrimination enshrined in customary norms, in which the daughter “comes in fifth place in the order of succession.” In customary usufruct norms, under the traditional *agaseke*, a small piece of land is given to married female children to exploit as a usufructuary,²⁸ but a woman’s brothers often dispute this right.

Thus, although women largely produce the food needed to feed their families, they do not have control over the food they harvest. They cannot, for example, sell a part of the harvest to meet their individual needs without their husband’s permission. Often, the land women cultivate is legally held in the name of their husbands. Though the male head of household traditionally is the only person in the house who can own cows, women may own small livestock (such as goats, sheep and chickens). Even when women own livestock, however, their husbands are still allowed to use the livestock for whichever purpose(s) they deem necessary.²⁹ Section 3.2 provides more information on inheritance usufruct rights.

With widespread access to school, women increasingly have gainful employment outside their homes. They are largely present in the low-paying agricultural sector, but they are poorly represented in the trade and banking sectors and “in the modern sector where they account for only 35.6 percent, occupying positions requiring generally low qualifications or working in the informal sector.”³⁰ This can be linked to women’s high illiteracy rate of 61.7 percent, compared to 53.2 percent for men.³¹ Women maintain low purchasing power in Burundi, limiting their access to healthy food and social services, including healthcare.

2.5 Patterns of Power and Decision-making

Cultural norms and values, as well as the distribution of traditional roles and responsibilities, often limit women’s opportunities for participation in household decision-making, as well as their potential social or political roles in community or public life. Again, the social expectation is that Burundian women should undertake most tasks related to the household and/or (underreported or underpaid) agricultural production.

The 30 percent quota for women’s participation is respected in the National Assembly (where 34.7 percent of the members are women), the Senate (42 percent), and at the communal level (32.7 percent women administrators). In 2016, as in 2005, however, the GoB had to use the co-optation clause to meet these quotas for the National Assembly.³² In Burundi, a co-optation system supplements elections (following a decision from the Arusha Accords) that allows for ex-post adjustments to fulfill gender and ethnic quotas stipulated in the electoral code. Where there is no quota, only 20.6 percent of *colline*

²⁷ Ibid.

²⁸ A usufructuary is someone who has usufruct rights, which is the legal right of using and enjoying the fruits or profits of something belonging to another without owning it.

²⁹ Ndikumana, Alain, Gender Equality in Burundi: Why does Support not Extend to Women’s Right to Inherit Land? (Afrobarometer Policy Paper No. 22, 2015).

³⁰ République du Burundi, Ministère de la Solidarité Nationale, des Droits de la Personne Humaine et du Genre, Politique Nationale Genre du Burundi 2012–2025 (République du Burundi, 2012).

³¹ République du Burundi, Recensement Général de la Population et de l’Habitat 2008 (Bujumbura: République du Burundi, 2011).

³² République du Burundi, Rapport Général sur le Processus Electoral de 2015 (Commission Électorale Nationale Indépendante, 2015).

councilors and 6.3 percent of *colline* chiefs are women.³³ At the community level, men traditionally occupy roles related to governance, including those related to conflict resolution such as the *bashingantahe*.³⁴ The *bashingantahe* are customary mechanisms and are, as such, not overseen or regulated via legislative reform. The low presence of women in these lower-level governing bodies, which are authoritative at the local level, results not only from the absence of legal provisions guaranteeing their representation but also from their low literacy rates and sociocultural norms.

Gradual change in this area, however, is occurring due to several factors. First, evidence suggests that sociocultural perceptions are evolving. A 2015 Afrobarometer study in Burundi revealed that 81 percent of the respondents are in favor (with 17 percent against) of men and women having the same rights and opportunities to be elected.³⁵ Slowly, women are being integrated into the institution of the *bashingantahe*, although they are not allowed to use the stick that men use to chant their words during their sessions. Women, particularly members of women's organizations supported by international partners such as UN Women, are increasingly and successfully involved in managing conflicts of all kinds (for example, GBV, land disputes, and conflicts between parents and children).

³³ Makulilo, Alexander B., Eugene Ntaganda, Francis A. Aywa, Margaret Sekaggya, Patrick Osodo, Election Management Bodies in Africa (Johannesburg: Open Society Foundation, 2015).

³⁴ Traditionally, *bashingantahe* have played a central role in the administration of justice and conflict resolution. Though the legislative reforms of 2005 and 2010 have somewhat diminished this institution's role, it still continues to occupy an important governance role for part of the population.

³⁵ Ndikumana, Alain, Gender Equality in Burundi: Why does Support not Extend to Women's Right to Inherit Land? (Afrobarometer Policy Paper No. 22, 2015).

3. USAID/BURUNDI GENDER EQUALITY AND WOMEN'S EMPOWERMENT FINDINGS BY SECTOR

3.1 Health Snapshot

Maternal and Child Health, Reproductive Health, and Family Planning

- Synthetic fertility rate: 6.1³⁶
- Women from 15 to 19 years of age who are already mothers or pregnant (%): 11³⁷
- Average age at first sexual relation, first marriage, first childbirth women (years): 20, 20.3, and 21.5 respectively³⁸
- Women using one method of family planning (%): 22³⁹
- Women received prenatal consultations during the early stages of pregnancy (%): 21⁴⁰
- Women received the recommended number of four prenatal visits (%): 33⁴¹
- Childbirth occurred in a health facility (%): 60⁴²
- Received postnatal care in days following childbirth (%): 29.8⁴³
- Women and men 15 to 49 years anemic (%): 19 and 12.2⁴⁴
- Pregnant women having slept in a mosquito net treated with long-acting insecticide (%): 50⁴⁵

Gender-Based Violence – Comprehensive Data provided in Table I below

HIV/AIDS

- HIV national prevalence (% of population between 15 and 49 living with HIV in 2014): 1.3⁴⁶
- HIV prevalence for women/men 15 to 49 years (%): 1.7 and 1.0 respectively
- Of 9,346 surveyed MSM, estimated HIV prevalence (%): 4.8
- Of 51,482 surveyed female sex workers (FSW), estimated HIV prevalence (%): 21.3
- Sex worker clients, estimated HIV prevalence (%): 3.8
- Partners of sex workers, estimated HIV prevalence (%): 5.2⁴⁷

³⁶ Population Reference Bureau, 2016.

³⁷ Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Burundi–Enquête Démographique et de la Santé : Rapport de Synthèse (Bujumbura: ISTEEBU, 2010).

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Population Reference Bureau, 2016.

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ Ibid.

⁴⁶ United Nations Programme on HIV/AIDS (UNAIDS), Burundi. *UNAIDS.org*. Retrieved from: <http://www.unaids.org/en/regionscountries/countries/burundi>

⁴⁷ U.S. President's Emergency Plan for AIDS Relief, USAID, and Monitoring and Evaluation Support Activity (MEASURE) Evaluation, Burundi Priorities for Local AIDS Control Efforts (PLACE) Report: Priorities for Local AIDS Control Efforts (Chapel Hill: MEASURE Evaluation, 2014).

3.1.1 Description of Pertinent Gender Data for Health

This section provides a profile of health data as it relates to gender equality and women's empowerment, with a specific focus on maternal and child health, reproductive health, HIV/AIDS, malaria and GBV. It reviews data from the 2010 DHS, the 2014 Priorities for Local AIDS Control Efforts (PLACE) Survey, and GBV service provider data. There are some limitations in analyzing and interpreting the 2010 DHS data, which are six years old; however, the data do provide a general overview of trends in reproductive health, maternal health and family planning.

One of the key findings across all health services is that women are often best placed to make the best decisions regarding health and nutrition for their families. Men tend to have control over family resources, however, which can limit women's ability to make those decisions and/or to pay for services or medications. Additionally, women may not have much influence over decisions regarding family planning methods, the use of reproductive healthcare services, and the use of treated bed nets to prevent malaria or care-seeking.⁴⁸

Family Planning, Maternal and Child Health, and Reproductive Health

Fertility is high in Burundi. The synthetic fertility rate is 6.1 children, with large discrepancies between urban and rural environments.⁴⁹ Eleven percent of women ages 15 to 19 are already mothers or are pregnant (14 percent in urban areas, 10 percent in rural areas).⁵⁰ The age of first sexual relations, first marriage and first childbirth are nearly all the same (20 to 21.5 years of age).⁵¹ Only 22 percent of women use one method of family planning (35 percent urban and 21 percent rural).⁵²

Among pregnant women, 21 percent benefit from prenatal consultations during the early stages of pregnancy, and 33 percent receive the recommended number of four prenatal visits.⁵³ Sixty percent give birth in a health facility, with a much higher percentage doing so in urban areas than in rural areas (86 percent versus 57 percent). A skilled provider attends 60 percent of births.⁵⁴ Approximately 30 percent of women receive postnatal care in the days following childbirth, with a higher percentage in urban areas (41 percent) than in rural areas (29 percent).⁵⁵ Women ages 15 to 49 are more anemic (19 percent) than men in the same age category (12 percent).⁵⁶ The maternal mortality rate of women ages 15 to 49 is 1 percent.⁵⁷

⁴⁸ USAID/Burundi, Health Project Appraisal Document (USAID, 2016).

⁴⁹ Population Reference Bureau, 2016.

⁵⁰ Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Burundi–Enquête Démographique et de la Santé : Rapport de Synthèse (Bujumbura: ISTEEBU, 2010).

⁵¹ Ibid.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ ISTEEBU, Enquête Démographique et de la Santé: Rapport de Synthèse (Bujumbura: ISTEEBU, 2010).

⁵⁵ Ibid.

⁵⁶ Ibid.

⁵⁷ Ibid.

Several gender-related factors likely limit women's access to and use of family planning and reproductive health services, including low educational attainment, early marriage, limited decision-making power at the household and community levels, and men's lack of active involvement in family planning and reproductive healthcare.⁵⁸ The following section analyzes some of these gender equality and women's empowerment factors and dynamics in greater detail.

Family planning decision-making. Gendered relationship dynamics create significant barriers for women to choose the timing and spacing of their pregnancies.⁵⁹ Men are the primary decision-makers about family size and contraceptive use, though few men accompany their partners to health providers for family planning and reproductive healthcare visits.⁶⁰ Though many men are knowledgeable about and accept the need for family planning, others do not allow their partners to use contraception. Some women use contraception secretly, but they may experience or fear violence, abandonment or other negative reactions if discovered by their partner.⁶¹ In general, the community (men and women) frowns upon men who accompany their wives to health services related to reproductive health because this is considered a woman's domain.⁶²

Religious-based barriers to family planning. In a 2016 USAID-funded Integrated Health Program Burundi evaluation,⁶³ a significant number (56 percent) of sites surveyed found that religious barriers undermined the provision of modern contraceptive methods and the health system's ability to introduce family planning in these affected institutions.

Uptake of antenatal care. According to the same evaluation, support for the integration of health services contributed to an increase in antenatal healthcare consultations, including an increase in the uptake of free prenatal HIV testing and malaria prevention (via use of intermittent preventive treatment of malaria in pregnancy and distribution of treated bed nets).

Availability and provision of antenatal HIV testing, immunizations and sexually transmitted infection (STI) screening. In the 2014 PLACE Report,⁶⁴ HIV testing and counseling in antenatal care and immunization against tetanus were provided in all health centers. Albendazol/Mebendazol and insecticide-treated net (ITN) distribution are offered by 99 percent of the health centers, while monitoring for hypertensive disorder of pregnancy and STI screening are offered by 98 percent and 88 percent of health centers, respectively. Intermittent preventive treatment of malaria during pregnancy is a new strategy not yet implemented in health facilities.⁶⁵

⁵⁸ PEPFAR, USAID and IHPB, Integrated Health Project in Burundi Gender Assessment Report (PEPFAR, 2015).

⁵⁹ Ibid.

⁶⁰ FHI360/IHPB, Interview, October 19, 2016.

⁶¹ USAID, Health Project Appraisal Document (USAID, 2016).

⁶² FHI360/IHPB, Interview, October 19, 2016.

⁶³ USAID/Burundi, IHPB Performance Evaluation, Global Health Technical Assistance Project (USAID/Burundi, 2016).

⁶⁴ PEPFAR, USAID, MEASURE Evaluation, Burundi PLACE Report: Priorities for Local AIDS Control (Chapel Hill: MEASURE Evaluation, University of North Carolina, 2014).

⁶⁵ Districts included Buhiga, Nyabikere, Kayanza, Musema, Gahombo, Kirundo, Vumbi, Muyinga, Gashoho, and Giteranyi. PEPFAR, USAID and IHPB, Service Availability and Readiness Assessment (SARA) Report (PEPFAR, 2015).

Gender and HIV/AIDS

According to the 2014 United Nations Joint Program on HIV/AIDS report on Burundi, the HIV prevalence rate among adults ages 15 to 49 is 1.3 percent.⁶⁶ The National Strategic Plan Against AIDS 2014–2017, however, notes that the prevalence rate varies according to age group. The most affected age group is 35 to 39, with a prevalence rate of 3.7 percent. People between 40 and 44 years have a prevalence rate of 3.3 percent, 30 to 34 years of 2.6 percent, and 45 to 49 years of 2.4 percent. New HIV infections among children 0 to 4 years account for 25 percent of all new infections due to the transmission of HIV from mother to child.⁶⁷

Data show a steady feminization of the HIV epidemic regardless of age. The DHS II 2010 showed a 1.7 percent prevalence rate among women of childbearing age versus 1 percent in men. This feminization of HIV infection is more pronounced in Bujumbura Mairie, where the prevalence rate among women of childbearing age is 5.9 percent—four times the national average.⁶⁸ Women ages 15 to 24 are also particularly vulnerable to acquiring HIV due to high rates of GBV in the school environment. There are no prevalence data for school-related GBV, though an estimated 13.7 percent of young girls are victims of sexual violence in all environments. This population group also has limited access to information about HIV prevention and health services.⁶⁹

NGO SWAA Burundi also highlights that among women, some of the most vulnerable to HIV are sex workers, women living alone, and women who sell and cook fish.⁷⁰ The 2013 PLACE Study estimates Burundi has 51,482 Female sex workers (FSWs), with an HIV prevalence rate of 21.3 percent. The same study estimates a 3.8 percent prevalence rate among the clients of sex workers and 5.2 percent rate among the partners of sex workers.⁷¹ The 2016-2015 National Health Policy prioritizes the prevention and treatment of HIV among pregnant women, including their access to ARVs if they are HIV-positive. In line with these priorities, USAID supports access to these services and management of the stock of ARVs. However, non-USAID supported health facilities may have difficulty managing the stock, even though they are universally free under Ministry of Health directives.

The aforementioned PLACE study also estimates that there are 9,346 MSM in Burundi, with an HIV prevalence rate of 4.8 percent. Vulnerabilities among this population are associated with early sexual activity (48.8 percent of MSM had their first sexual intercourse with a man at 14.6 years) and multiple sexual partnerships (MSM had on average three male partners over the last six months).

⁶⁶ United Nations Joint Program on HIV/AIDS. HIV/AIDS on Burundi (2014).

⁶⁷ PEPFAR, FY 2015 PEPFAR Burundi Country Operational Plan (COP) (Washington, D.C.: DOS, 2015).

⁶⁸ Ibid.

⁶⁹ PEPFAR, Burundi PEPFAR Gender Analysis. (Washington, D.C.: DOS, 2016.) NB: the report did not outline data specific to male demographics within the age range of 15 to 24 years of age. The forthcoming DHS 2016 report might offer relevant data on this point.

⁷⁰ SWAA-Burundi, Interview, October 20, 2016.

⁷¹ PEPFAR, USAID, MEASURE Evaluation, Burundi PLACE Report: Priorities for Local AIDS Control (Chapel Hill: MEASURE Evaluation, University of North Carolina, 2014).

PLHIV are at higher risk of nutritional vulnerability.⁷² The gender analysis team was unable to identify programming addressing the nutrition needs of this population via USAID-supported PMTCT programming.⁷³

Men Who Have Sex with Men. The Burundian penal code penalizes the practice of homosexuality. Burundi's MSM population consists mainly of young men, pupils and students. Most MSM also have heterosexual sex with women. The women generally do not know that the men also have sex with men. Existing information indicates that condom use is low for MSM.⁷⁴ Data also highlight that most MSM do not access public health services due to discrimination and stigmatization. The men who do seek services prefer to use CSO clinics and private health organizations, if they can afford them. MSM may also be vulnerable to physical abuse (from their families or communities), and physical and sexual abuse (from their partners). MSM engaging in transactional sex or sex work also may experience similar abuse. Factors that heighten MSM vulnerability include the criminalization of homosexuality in Burundi, stigma, and discrimination. The information about GBV among MSM is largely anecdotal and requires additional research.

Sex Workers. Sex workers, in particular FSWs, do not have much power with their clients over condom use.⁷⁵ FSWs are especially marginalized because sex work is illegal in Burundi, which renders sex workers vulnerable to HIV, rape and other forms of violence and exploitation with no means of legal recourse. They also face significant barriers to accessing healthcare for injury or illness.⁷⁶ Sex workers are vulnerable to sexual and other forms of GBV. The PLACE study found that 35 percent of FSWs and 19.8 percent of MSM had been raped, and 29 percent of FSWs had ever experienced physical violence by a partner. Furthermore, only about half of women who received money for sex in the past year used a condom at last vaginal sex (53 percent at last vaginal sex, 36 percent at last anal sex). About two-thirds of MSM used condoms at last vaginal and anal sex (60 percent and 66.7 percent). These low rates may be due in part to lack of knowledge about the importance of condom use, and also due to a lack of decision-making power and fear of violence from clients who prefer to have unprotected sex.⁷⁷

Gender and condom use. In USAID PEPFAR research focused on unmarried men and women, participants indicated that some men and boys manipulated girls to not use condoms, and that if a girl insisted on condom use, it implied she did not love or trust her partner.⁷⁸

Gender and inheritance rights. In Burundi, when their partner dies, many women, especially those living with HIV, have to forfeit their home, heritage, property, livelihoods, and even their children. This situation also may force women to adopt survival strategies (such as transactional sex) that increase their risk of contracting HIV or further increase their viral load if they are already HIV-positive.

⁷² PEPFAR, USAID and IHPB, Integrated Health Project in Burundi Gender Assessment Report (PEPFAR, 2015).

⁷³ FHI360 PMTCT Team, Interview, October 24, 2016.

⁷⁴ FHI360, IHPB Gender Assessment Report (FHI360, January 2015).

⁷⁵ PEPFAR, Burundi PEPFAR Gender Analysis (Washington, D.C.: DOS, 2016).

⁷⁶ PEPFAR, USAID and IHPB, Integrated Health Project in Burundi Gender Assessment Report (PEPFAR 2015).

⁷⁷ PEPFAR, USAID, MEASURE Evaluation, Burundi PLACE Report: Priorities for Local AIDS Control (Chapel Hill: MEASURE Evaluation, University of North Carolina, 2014).

⁷⁸ PEPFAR, USAID and IHPB Integrated Health Project in Burundi Gender Assessment Report (PEPFAR, 2015).

Stigma associated with HIV testing. In some cases, married women fear proposing HIV testing to their husbands, as it could imply that she had been unfaithful or that she believes her husband had been unfaithful. Additionally, in the event a woman gets tested for HIV by herself, both women and men indicate almost unanimously that the woman cannot disclose her results because her husband would accuse her of having extramarital sex and could abandon or beat her if she tests positive. Stigma, both around extramarital sex and being HIV-positive, is also a barrier for a man to be tested and to disclosing his test results, as his wife could leave him and the community might ostracize him.⁷⁹

Men undertaking extramarital relations. It is common for men to engage in (unprotected) extramarital sex while drinking at local bars or while traveling away from home for extended periods of time.⁸⁰ This behavior increases men's exposure, as well as the exposure of their partners, to HIV.

Transactional sex. Some young women and girls are compelled by severe poverty to have sex with older men—including teachers—for money, gifts or passing grades, which puts them at greater risk of HIV.⁸¹

Gender and Malaria

Malaria is an epidemic in Burundi. From January to March 14, 2017, 1.8 million cases of malaria were registered in Burundi, and more than 700 people died of the disease.⁸² Preventive care for pregnant women—using Intermittent Preventive Treatment in pregnancy with sulfadoxine-pyrimethamine—administered at each scheduled antenatal care visit after the first trimester, can prevent maternal and infant mortality, anemia, and the other adverse effects of malaria in pregnancy.

According to USAID partner monitoring, uptake of sulfadoxine-pyrimethamine in the first of four recommended antenatal care visits is approximately 70 percent, and approximately 20 to 40 percent for the second and third antenatal care visits.⁸³ Lack of participation in the second and third antenatal care visits poses an enormous challenge for the health of pregnant women and their unborn children. Women have little decision-making power or control over funds at the household level in regard to malaria prevention or response (for example, to care for children when sick and institute a behavior change).⁸⁴ According to the 2010 DHS, only 50 percent of pregnant women have slept under a mosquito net treated with long-acting insecticide.⁸⁵ Research highlights that in Burundi, it is primarily the husband's decision whether to secure an ITN for malaria prevention because he is the primary decision-maker and controls the finances. Though he can benefit from selling the ITN, he may be motivated to use it to avoid paying for malaria treatment later.

⁷⁹ Ibid.

⁸⁰ Ibid.

⁸¹ FHI360, IHPB Gender Assessment Report (FHI360, January 2015).

⁸² Voice of America, Burundi Says Malaria Reaches Epidemic Proportions (2017, March 14).

⁸³ USAID, E-mail communication, April 21, 2017.

⁸⁴ USAID, Interview, October 12, 2016.

⁸⁵ PEPFAR, USAID and IHPB Service Availability and Readiness Assessment (SARA) Report (PEPFAR, 2015).

GBV

To date, no GBV prevalence data are available in Burundi. The 2016 DHS will provide GBV prevalence data. Individual GBV service providers collect GBV incident data, each using their own data collection methodology. These providers include Centre Seruka and Humura as well as the Ministry of Human Rights, Social Welfare, and Gender Centers for the CDFCs in each of the country's 18 provinces.

The available GBV incident data, summarized in the table below, from the NGO Humura (based in the Gitega region), the Association of Women Lawyers, EngenderHealth, FHI360/IHPB and FHI360 PMTCT, and the CDFCs (nationwide) highlight uniform increases in all types of GBV.⁸⁶ For example, reported incidents of sexual and physical violence in the Humura data from 2015 to 2016 have increased by 150 and 200 percent respectively. Similarly, there has been a 150 and 300 percent respective increase in reported incidents of sexual violence and homicides in the CDFC data from 2015 to 2016. It is not clear whether these increases reflect increases in the actual prevalence of violence or simply increased reporting.

Table 2. GBV Incident Data from Main GBV Service Providers

Provider	Period	Region	Number of Cases
Centre Seruka	2014	Nationwide	<ul style="list-style-type: none"> Rape: 1,163⁸⁷
Humura	January—March 2016	Gitega and environs	<ul style="list-style-type: none"> Sexual violence: 112 Physical violence: 99 Socioeconomic violence: 49 Psychological violence: 125 Combined violence: 385⁸⁸
Humura	2015	Gitega and environs	<ul style="list-style-type: none"> Sexual violence: 202 Physical violence: 281 Socioeconomic violence: 107 Psychological violence: 162 Combined violence: 752⁸⁹
CDFCs	January—March 2016	Nationwide	<ul style="list-style-type: none"> Sexual violence: 813 Physical violence: 1,807 Socioeconomic violence: 2,133 Homicide: 94⁹⁰
CDFCs	2015	Nationwide	<ul style="list-style-type: none"> Sexual violence: 1,627 Physical violence: 3,631 Socioeconomic violence: 6,461 Homicide: 95⁹¹

⁸⁶ There may be double reporting of violence among different GBV service providers because Burundi does not have a system that allocates a unique identifier to each reported case of GBV.

⁸⁷ Centre Seruka. 2015 Report on Activities (Centre Seruka, 2015).

⁸⁸ Humura, 2016 Periodic Report on Activities (Humura, 2016).

⁸⁹ Humura, 2015 Report on Activities (Humura, 2015).

⁹⁰ République du Burundi Ministry of Human Rights, Social Affairs and Gender, Periodic Report (Burundi: Annual Report, 2016).

⁹¹ République du Burundi Ministry of Human Rights, Social Affairs and Gender, Annual Report. 2015 (Burundi: Annual Report, 2015).

Provider	Period	Region	Number of Cases
Association of Women Lawyers	2015	Bujumbura, Muyinga, Kiganda	<ul style="list-style-type: none"> • Intimate partner violence and concubines: 85 • Land inheritance & other property/goods: 455 • Rape: 3 • Blows and wounds: 35⁹²
EngenderHealth/ Burundians Responding Against Violence and Inequality (BRAVI)	October 2015—September 2016	Ngozi	<ul style="list-style-type: none"> • Sexual violence: 56 • Physical violence: 60 • Emotional violence: 3⁹³
FHI360/IHPB	October 2015—September 2016	Muyinga, Kirundo	<ul style="list-style-type: none"> • Sexual violence: 139⁹⁴
FHI360/PMTCT	October 2015—September 2016	Bujumbura Mairie, Bujumbura Rural	<ul style="list-style-type: none"> • Sexual violence: 468⁹⁵

Though GBV affects women and girls as well as men and boys in Burundi, some subpopulations are more vulnerable to violence. The following section highlights these and explains how and why they are (more) vulnerable.

Single women or women who live alone. Some women who live alone and have limited economic means are forced to engage in transactional sex to feed themselves or their children.⁹⁶

Married women or women in a common-law marriage. Women in this category experience numerous forms of economic, psychological, physical and sexual violence. This may include a husband leaving the wife and providing no economic support, a husband selling family property without consulting his wife, a male head of household spending family earnings or resources in clubs and leaving no funds for household needs, a husband bringing a concubine under the same roof with his first wife, and a husband torturing and even murdering his wife to yield a place for a concubine.⁹⁷

Women who sell fish or cook for fishermen. Some women who sell fish are forced to have sexual relations with fishermen to obtain fish to sell. Similarly, some women who are itinerant cooks for fishermen are forced to have sex with fishermen. These cooks travel along Lake Tanganyika on the Burundi side and sometimes follow the fisherman as far as the eastern Democratic Republic of the Congo.⁹⁸

Young women in or traveling to and from schools. Girls with few economic opportunities and resources (including orphaned or vulnerable children) may engage in transactional sex with older men,

⁹² Association of Women Lawyers, 2015 Report on Activities (Association of Women Lawyers, 2015).

⁹³ EngenderHealth, BRAVI Quarter 4 Report FY 2016 (EngenderHealth, 2016).

⁹⁴ FHI360, PMTCT Activity Project Annual Report FY 2016 (FHI360, 2016).

⁹⁵ FHI360, IHPB Annual Report Year 3 November Final (FHI360, 2016).

⁹⁶ SWAA-Burundi, Interview, October 20, 2016.

⁹⁷ FHI360, Rapid Baseline Assessment Report on Male Involvement in PMTCT Services. Pilot Health Districts: Bujumbura Nord, Kabezi, Kibuye, and Ngozi (FHI360, February 2015).

⁹⁸ SWAA-Burundi, Interview October 20, 2016.

including teachers, to meet their survival needs or in exchange for passing grades, money or other gifts. This puts them at risk of exploitation, gynecological fistula, HIV, STIs, stigma, unplanned pregnancies and maternal health problems. Poverty also drives some mothers—especially single ones—to engage in sex work to earn money for their children’s survival. Pre-adolescent girls may become victims of rape on their way home from school.

Young women with disabilities. Young women with disabilities are vulnerable to GBV on multiple levels. Due to their oft-overlooked status in society, young women with disabilities are less likely to report or speak out against GBV. This tendency might be due to heightened food or security needs accompanying transactional sex or even local beliefs that having sexual relations with a girl or woman with a disability keeps away bad luck. Data on GBV against young men with disabilities were not available.

Children in domestic servitude or working in guesthouses and entertainment establishments.

According to a 2016 U.S. Department of State report, some children are fraudulently recruited from rural areas for domestic work and later exploited and pushed into prostitution, including in rented houses in Bujumbura. The report does not specify whether this applies to both male and female children. Additional data on domestic servitude in Burundi are limited. Young women offer vulnerable girls room and board within their homes, eventually pushing some into prostitution to pay for living expenses. These brothels are located in poorer areas of Bujumbura; along Lake Tanganyika; on trucking routes; and in other urban centers such as Ngozi, Gitega, and Rumonge. Some orphaned or vulnerable girls are exploited and pushed into prostitution (with boys acting as their facilitators) to pay for school, food and shelter.⁹⁹

Uneducated and out-of-school young women. Out-of-school women and girls who have failed the national tests may be at a higher risk of rape or other sexual abuse. This may be due to out-of-school women lacking employment and finding themselves on the streets to survive. Similar vulnerabilities exist for young girls who did not receive or are not receiving a formal education. Some of these young women then seek domestic work in households where their bosses or the relatives of their bosses rape or sexually harass them.¹⁰⁰

Widows and divorced women. Widows and divorced women may suffer from economic and psychological violence inflicted upon them by their children, ex-husbands or family of origin. These hardships include deprivation of ownership and user rights to family property. The absence of a law on inheritance for women supports the persistence of this violence. Jurisprudence in this area, however, is gradually creating positive change. For all land and other property acquired in the household, the courts have ruled in some cases to give equal shares to male and female children.

Sex workers. Burundian law does not legally recognize sex work. Sex workers may be subjected to physical violence by the police who regularly raid them, charge fines, or ask them to pay an arbitrary amount to be released. An alternative report to the Committee on the Elimination of Discrimination Against Women, for example, lists 15 cases of violence against sex workers in Bujumbura neighborhoods during 2015. The perpetrators have not been prosecuted. Indeed, “the victims of this violence do not dare to complain because they fear the reprisals of their aggressors faced with the inaction of the public

⁹⁹ The United States Department of State, 2015 Trafficking in Persons Report (Washington, D.C.: DOS, 2015).

¹⁰⁰ L'Association Burundaise pour le Bien-Etre Familial (ABUBEF), SWAA et RBP+, Interview, October 31, 2016.

authorities and the impunity of the alleged perpetrators.”¹⁰¹ USAID is addressing this situation through its cross-border work in mining, fishing and construction zones.¹⁰²

Women and girls with albinism. In Burundi, 900 people live with albinism, the majority in Bujumbura, Gitega and Ruyigi. Women with albinism are often targets of sexual violence, and some people believe that sexual intercourse with a woman or a girl with albinism can cure HIV/AIDS.¹⁰³

Economically vulnerable girls, boys and women. Traffickers recruit Burundian (young) women and men (in particular those from economically vulnerable families) for prostitution in Bujumbura, as well as in Rwanda, Kenya, Uganda, and the Middle East.¹⁰⁴

3.1.2 Sector-Level GoB Gender Policies in Health

Table 3. Gender Equality and Women’s Empowerment (GEWE) in National Policies on Health

Policy, Strategy or Action Plan	Implications for GEWE
Strategic Framework to Combat Poverty 2010–2025 (Cadre Stratégique de Lutte Contre la Pauvreté 2010–2025)	This framework highlights the importance of guaranteeing free access to health services to pregnant women, reducing maternal mortality, providing PEP to women GBV survivors, providing PMTCT treatment to HIV-positive pregnant women and newborns, and supporting the reduction of HIV transmission to sex workers.
National Health Policy 2016–2025 (Politique Nationale de la Santé 2016–2025)	This policy focuses on women’s vulnerability to HIV (prevalence), the low level of testing for men and women, pregnant women’s lack of access to ARVs, the low participation in the requisite four prenatal visits, the high level of fertility, and the lack of trained midwives. The policy specifies measures to reduce malnutrition for pregnant and lactating women and PLHIV, among others; to intensify support for family planning; strengthen prenatal, natal, and antenatal services; and to establish measures and services ensuring comprehensive and quality care post-sexual assaults (including rape) for GBV survivors.
National Health Development Plan II 2011–2015 (Plan de Développement Sanitaire II) - extended 12 months to 2016	This plan enumerates priority domains for the health sector and a framework for their application. The priority domains include: addressing communicable diseases (including HIV), reducing maternal mortality, improving maternal health, enhancing sexual and reproductive health for youth (ages 20–24), and reinforcing the access to and use of family planning services. The plan dedicates little attention to GBV. Specifically, sexual violence is not mentioned in the diagnostics portion of the document, and allocations in the budget do not appear to address sexual violence.
2014–2017 National Plan to Combat AIDS (Plan Stratégique	This strategy does not address targeted responses to gender inequalities in HIV risk factors and vulnerabilities, including women and girls and key populations.

¹⁰¹ World Organization Against Torture, Alternative Report for the Committee for the Elimination of Discrimination Against Women for the 65th Session of CEDAW (World Organization Against Torture, 2015).

¹⁰² USAID. The Cross-Border Health Integrated Partnership Project (USAID, 2015).

¹⁰³ Office of the United Nations High Commissioner for Human Rights (OHCHR), Situation of People Living with Albinism in Burundi (OHCHR, 2015).

¹⁰⁴ U.S. Department of State (DOS), 2015 Trafficking in Persons Report (Washington, D.C.: DOS, 2015). République du Burundi Commission Nationale Indépendante des Droits de l’Homme, Etude sur l’Exploitation et le Trafic des Enfants au Burundi (Bujumbura: 2014, May).

Policy, Strategy or Action Plan	Implications for GEWE
National de Lutte Contre le SIDA 2014–2017)	
The 2010–2015 National Reproductive Health Strategy (La Stratégie Nationale de la Santé de la Reproduction 2010–2015)	This strategy focuses on developing educational programs to prevent sexual violence, on making rape kits available, and on reinforcing care for survivors of sexual violence. ³³ The key stakeholder interviews highlight that in general most of the strategy's measures have not been put into practice.
Law Number NI/13 of 22 September 2016 on the Prevention, Protection of Victims, and Repression of GBV (Loi 1/13 du 22 septembre 2016 Portant Prévention, Protection des Victimes et Répression des Violences Basées sur le Genre)	<p>The law is wide-ranging and addresses the following:</p> <ul style="list-style-type: none"> • It introduces, inter alia, equality between spouses with respect to reproductive health, family planning, and managing household property, thus correcting the discrimination of Article 122 of the Code of Persons and the Family, which makes the husband the head of the conjugal unit (Article 7). • It requires that the government promote the early detection of cases of GBV and the integrated care of victims through social, health, legal, and educational structures. In all cases of GBV, judicial bodies are required to request medical expertise and testing of the victim and perpetrator for HIV/AIDS and other STIs to assess the prejudice suffered. (Article 13). • It creates structures to shelter, including social services for victims to provide protection from the perpetrator (Articles 19 and 20). • It renders illegal free unions (unmarried couples) (Article 24). • It protects the rights of widows and divorced women to household goods (Article 59).
National GBV Strategy 2009–2015 (La Stratégie Nationale de Lutte Contre les Violence Basées sur le Genre)	This strategy highlights gaps in the health system's response to GBV, including at the national policy and strategy level; in access to care and quality of services for GBV survivors; and in coordination and information sharing of interventions between health service providers, justice actors, and police. The strategy aims to facilitate access to quality healthcare and services by reducing stress related to the issuing of a medical certificate; designing medical staff training tools; and making available a support kit for rape victims and setting up a warning system to prevent stock-out of drugs.
2016 National HIV Directives on the Use of ARVs for the Prevention and Treatment of HIV (Les Directives Nationales D'utilisation des Antirétroviraux pour La Prévention et le Traitement du VIH).	These directives provide guidelines for the testing and treatment of HIV, prevention of parent-to-child transmission of HIV, and the administration of post-exposure prophylaxis. The directives specify how to treat GBV survivors but do not obligate providers to make free treatment available.
Health-System Performance-Based Financing	Burundi has been implementing performance-based financing in all provinces in the health system since 2010. This system provides bonuses for handling health issues that are listed in the system's list of indicators. It focuses on curative services, reproductive health, preventative services, and HIV/AIDS services. There are no GBV indicators in the system.

3.1.3 Role of Central and Local Governance in Gender Equality and Health

Burundi's healthcare governance system is based upon robust health policies and strategies that the Ministry of Public Health and Fight Against HIV/AIDS developed. Several of these strategies are in the process of being updated. Two major developments in healthcare governance in Burundi are the provision of free healthcare for target groups (children under five and pregnant women) and the introduction of performance-based financing (PBF). The GoB initiated PBF first through a series of pilot projects in 2010 and then scaled it up countrywide in 2013. The PBF is a strategy based on results (output and performance). It differs from traditional health financing in which health facilities receive resources without being obliged to produce certain results. It focuses on bolstering the roles of community health workers, their organizations, their relationship with the Health Committee as an elected body, and the feasibility of a community PBF program.¹⁰⁵

One of the major gender equality governance challenges is the lack of integration of gender in reproductive health and family planning strategies and policies mentioned above. A specific emphasis on men's participation in family planning and reproductive health services is lacking.

Gender equality integration is stronger in programming to combat HIV/AIDS, particularly in efforts to address knowledge, attitudes and practices of women and men in HIV prevention and treatment.

With respect to GBV governance, the Ministry of Human Rights, Social Welfare, and Gender has placed social workers in each commune to collect GBV data and coordinate local service providers. The data are collected from medical centers, police stations and CSOs. Because of insufficient resources, however, these social workers cannot cover all *collines*. Furthermore, there are no standard, and confidential processes to assign a unique identifier to each case of GBV or for reporting, analyzing and interpreting these data at the national level among all service providers.¹⁰⁶ These limitations make it difficult to understand the frequency and extent of GBV in Burundi. Collecting data on GBV against men and boys is further complicated by the stigma against their reporting such violence.

The Ministry of Human Rights, Social Welfare, and Gender has already established a strategy for creating a national gender database and sectoral databases, financed by the World Bank and in collaboration with L'Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU). One of the sector databases will concentrate on collecting and analyzing GBV incident data.¹⁰⁷ A potential challenges with this national database is that it could compromise the confidentiality and safety of GBV survivors.

The Ministry of Human Rights, Social Affairs and Gender faces a problem coordinating with other independently operated ministries. The National Gender Policy mandates a coordination mechanism, which has not been established. Moreover, the ministry's budget is insufficient to cover the enormous needs in this area. There is a gender thematic group, ministry gender focal points, and the CDFC at the decentralized level. The Gender Ministry has established the CDFCs as GBV monitoring centers at the decentralized level, where members investigate and report cases of GBV and support GBV survivors and

¹⁰⁵ Peerenboom, Peter et al, *Bonne Gouvernance dans la Réforme du Financement du Système de Santé au Burundi* (France: Santé Publique, 2014).

¹⁰⁶ Centre Seruka, Interview, October 20, 2016.

¹⁰⁷ Ministry of Human Rights, Social Affairs, and Gender Interview, November 8, 2016, E-mail correspondence with IBSTEEBU, November 9, 2016.

their reintegration into the community. It has set up the Humura Center in Gitega, an integrated center to support GBV survivors. Most GBV survivors in the country (90 percent) come from Gitega, likely due to the relative convenience of Humura's location there.¹⁰⁸ Despite the involvement of the Gender Ministry, the Ministry of Health, the Ministry of Justice, and the Ministry of Public Safety, ministries and sectors have not effectively coordinated priorities and actions to implement the GBV policies and strategies. Ministry-level planning on GBV is relatively autonomous and uncoordinated. Some of the challenges resulting from this lack of coordination include the following:

- The 2009 GBV Strategy has not been evaluated, replaced or updated (though measures are in place to do so).
- No standardized national GBV referral pathway exists. Providers create their own referral pathway in each area.
- GBV survivors must pay for medical exams and treatment in public health facilities (with the exception of HIV testing and treatment).
- Qualified medical professionals are reluctant to prepare and provide a medical certificate to GBV survivors without payment from the survivor.
- No GBV incident data are available at the national level, though measures are being put in place to create a national-level gender database with a sector database on GBV. UNDP is supporting the Ministry of Justice to create a separate GBV database. During the field research conducted for this report it was unclear whether these efforts engage key GBV service providers operating in the domain.
- Case registration and referral forms exist, but their use is not standardized.
- The 2016 National HIV Directives on the Use of Antiretrovirals for the Prevention and Treatment of HIV emphasize the obligation of medical providers to treat GBV survivors but do not specify that this treatment should be free of charge, as is the case in many other countries in the region.

In the humanitarian sphere, there is a GBV-sector working group coordinated by UNFPA and the IRC. It includes membership of numerous GoB ministries, NGOs, and CSOs. The group, although nascent, is developing a GBV referral pathway/system. The first stage in the process is to map service providers. The group also conducted an exercise to evaluate GBV risk in 44 communities to prepare its contribution to Burundi's Humanitarian Action Plan.

As mentioned previously, there are challenges with the cost of the GBV medical certificate. Burundian Ministerial Order n° 030/203 of October 28, 1968 lays out the taxation standards for medical appraisals ordered by the public prosecutor's office or the trial court.¹⁰⁹ It stipulates that the GBV survivors are entitled to obtain a medical certificate free of charge from the doctor who performs the medical assessment. However, doctors who perform such assessments encounter several difficulties:

- The requisition form from the judicial police officer (OPJ) to prepare the medical certificate is often incomplete (that is, the name and surname of the victim are missing).

¹⁰⁸ Humura, Interview, November 3, 2016.

¹⁰⁹ République du Burundi, Ministerial Order n° 030/203 of 28 October 1968. This order specifies the standards of taxation for medical examinations ordered by the public prosecutor or by the trial court.

- It is not possible to gather and note all of the information that the OPJ requests in the form (determination of whether rape took place, the inclusion of details about the place, date and time of the rape).
- Consultations with victims may take place long after the violence occurred—a week or even a month after the incident—because GBV survivors sometimes go first to the police and then belatedly to see a doctor who, consequently, finds no evidence of GBV due to the lag time.
- Victims personally bring and return the requisition form to the medical expert, which creates a risk that the aggressor’s family may steal the completed form.
- The OPJ incorrectly interprets the medical report (indicating that the report revealed nothing) or shares the report with the aggressor, thus exposing the doctor to safety risks.¹¹⁰
- Medical doctors request, but do not receive, reimbursement from the Ministry of Justice for services rendered in the preparation of the medical report/certificate.

Due to the challenges with reimbursement, some doctors charge between 10,000 and 20,000 Burundian francs (approximately \$6 to \$12) to complete the medical certificate, which is unaffordable to many GBV survivors. Other doctors prefer to refer survivors to specialized GBV providers. For example, an audit in the courts of Bujumbura Mairie, Bujumbura Rural, and Bubanza highlighted that “almost all of the medical assessments and certificates found in the judgments by the court were issued by the specialized GBV service provider Seruka Center,” which in 2013 (until November) carried out medical assessments in favor of 534 victims.¹¹¹

One window of opportunity to increase the availability of medical expertise for GBV is the new law NI/04 of June 27, 2016 on the protection of victims, witnesses and other persons at risk, which allows witnesses and victims to benefit from protection during judicial proceedings.¹¹² This security would make it necessary not to resort to the sole evidence of medical expertise.

3.1.4 Gender Equality Advances, Gaps and Recommendations in Health Programming

The table below summarizes key advances, gaps and recommendations on gender equality and women’s empowerment for the Burundian health sector. It identifies how the GoB, other donors, and civil society actors respond to gender issues. The recommendations are for USAID to implement. Where they exist, the table also summarizes successful strategies and lessons learned on gender equality and women’s empowerment in the sector. Finally, the table provides targeted recommendations for USAID to undertake programming in collaboration with the GoB, national and international NGOs and CSOs, and other donors. The five priority recommendations for the health sector, as stated in the executive summary, include:

¹¹⁰ République du Burundi, Ministerial Order n° 030/203 of 28 October 1968. This order specifies the standards of taxation for medical examinations ordered by the public prosecutor or by the trial court.

¹¹¹ République du Burundi, Commission Nationale Indépendante des Droits de l’Homme (CNIDH). *Audit Judiciaire des Violences Basées sur le Genre: le Niveau d’Application de la Législation en Vigueur Depuis la Promulgation du Code Pénal d’avril 2009* (République du Burundi, 2014).

¹¹² République du Burundi, *Loi de Protection des Victimes-Témoins pour la Commission Nationale Vérité Réconciliation NI/04 of 27 June 2016* (République du Burundi, 2016).

1. Use a quasi-experimental program implementation approach in current USAID health programming, including robust MEL, to measure the effectiveness of different measures to increase women's uptake of prenatal services and to engage men in maternal health, reproductive health and family planning.
2. Conduct an in-depth study on GBV among MSM and transgender people, and propose a strategy to prevent and respond to GBV, beyond clinical services, to include engagement with associations serving or comprising the victims or perpetrators of violence (including taxi-moto drivers).
3. Support the establishment of a GBV referral pathway that scales up and standardizes community-level GBV first response and referral systems and pathways.
4. Support research and programming to develop an intra-ministerial directive on the provision of the medical certificate free of charge to GBV survivors; free testing and medical treatment for GBV survivors; the availability of rape kits to all health providers; and integrated GBV response centers in each province.
5. Support measures to manage the stock of ARVs and PEP kits, and to make rape kits available, throughout Burundi.

Advances in gender equality programming	Gaps in gender equality programming	Recommendations
Gender and Maternal and Child Health, Reproductive Health, and Family Planning		
<i>USAID Strategy and Policy</i>		
<ul style="list-style-type: none"> • USAID/Burundi's health activities target pregnant women and children less than 5 years of age, and populations whose health status is considered to be most vulnerable. • USAID's health programming in HIV activities targets key populations at higher risk for HIV/AIDS, such as FSW and MSM. • USAID's additional activities target young women and adolescent girls. 	<ul style="list-style-type: none"> • USAID/Burundi's health programming could enhance its focus on targeting of persons with disabilities, as well as children of all age groups, GBV survivors, and youth with limited knowledge of risks and choices associated with sexual behavior.¹¹³ 	<ul style="list-style-type: none"> • USAID should uniformly broaden the definition of the most vulnerable in USAID/Burundi at the strategic level, including in the USAID-supported IHPB, BRAVI, PMTCT, Linkages, and Amashiga programming, to include the groups mentioned in the gaps.¹¹⁴
<i>Government of Burundi reproductive health policy</i>		
<ul style="list-style-type: none"> • The 2005 GoB presidential measure stipulates free healthcare for pregnant women and children under 5 years of age. 	<ul style="list-style-type: none"> • Free pregnancy testing is not available at public health facilities. This lack of availability results in a missed entry point for facilities to reach clients at the earliest possible stage in their healthcare cycles (prenatal care).¹¹⁵ 	<ul style="list-style-type: none"> • USAID and partners should work with GoB officials, allied projects, donor agencies, NGOs, and the government to collaborate on policy initiatives focused on providing clients with free pregnancy testing.¹¹⁶ Consider whether youth-friendly

¹¹³ USAID/Burundi, IHPB Performance Evaluation, Global Health Technical Assistance Project (USAID/Burundi, 2016).

¹¹⁴ Ibid.

¹¹⁵ Ibid.

¹¹⁶ Ibid.

Advances in gender equality programming	Gaps in gender equality programming	Recommendations
		centers are necessary to avoid stigma associated with such testing.
<i>Uptake of antenatal care, fertility planning and reproductive health</i>		
<ul style="list-style-type: none"> • USAID-supported IHPB programming supports the integration of health services, which in turn contributes to an increase in antenatal consultations, including an increase in the uptake of free prenatal HIV testing and malaria prevention (via use of intermittent preventive treatment of malaria in pregnancy and distribution of treated bednets). • USAID-supported IHPB messaging emphasizes male engagement in prenatal visits and family planning, and it encourages men to take on more work when the wife is pregnant.¹¹⁷ • In USAID-supported PMTCT, men are at the center of initiatives to diminish mother-to-child transmission of HIV. The initiative uses the model-men approach to influence other men. • Some women and men perceive that providers require men to accompany their female partners to prenatal care visits. This perception has increased men's rates of HIV testing and male involvement in PMTCT. 	<ul style="list-style-type: none"> • In general, men do not attend prenatal visits and family planning with their wives and partners due to social norms in this domain.¹¹⁸ • Though the PMTCT has seen some positive results in engaging men in PMTCT of HIV, not all health facilities have had the same performance in this area due to the cultural stigma associated with men accompanying their wives to health structures.¹¹⁹ • The perception that healthcare providers require men to accompany their female partners on prenatal care visits has prevented some women from accessing prenatal care and HIV testing if their partners are unwilling to go with them or if they are unmarried. 	<ul style="list-style-type: none"> • USAID should employ a quasi-experimental program implementation approach to existing programs and projects, including robust MEL, to measure the effectiveness of different measures to increase women's use of antenatal care and to engage men in family planning, prenatal visits, and related PMTCT initiatives.¹²⁰ • USAID should ensure that the healthcare providers it supports encourage men's participation in prenatal care and HIV testing but that they do not make this a precondition for women's access to such services.
<i>Religious barriers to modern contraception availability</i>		
<ul style="list-style-type: none"> • There are none to report 	<ul style="list-style-type: none"> • In a significant number of sites surveyed during an IHPB evaluation (56 percent), religious barriers to the provision of modern contraceptive methods were observed to have a negative impact on the health 	<ul style="list-style-type: none"> • USAID should ensure that the health centers it funds have appropriate referral systems for Burundian patients to receive modern contraceptive methods.

¹¹⁷ USAID/Burundi, IHPB Performance Evaluation, Global Health Technical Assistance Project (USAID/Burundi, 2016).

¹¹⁸ FHI360/IHPB, Interview, October 19, 2016.

¹¹⁹ FHI360 PMTCT Team, Interview, October 24, 2016.

¹²⁰ FHI360/Burundi, Rapid Baseline Assessment Report on Male Involvement in PMTCT Services. Pilot Health Districts: Bujumbura Nord, Kabezi, Kibuye And Ngozi (FHI360/Burundi, 2015).

Advances in gender equality programming	Gaps in gender equality programming	Recommendations
	system's ability to introduce family planning. ¹²¹	
Gender equality and malaria		
<i>Access to bed nets</i>		
<ul style="list-style-type: none"> USAID programming targets women in malaria prevention and bed net distribution. 	<ul style="list-style-type: none"> Simple distribution of bed nets to families or pregnant women is not sufficient to ensure their effective use. Women's capacity to make decisions within the household regarding malaria prevention and response—such as the care for children with malaria or to sell or not sell bed nets—is limited.¹²² 	<ul style="list-style-type: none"> USAID should support messaging and other behavior change communications programming to encourage gender equality in household decision-making so women will have increased authority to keep free bed nets for household use even if their spouse wants to sell them.¹²³
Gender and HIV/AIDS		
<i>HIV/AIDS policy</i>		
<ul style="list-style-type: none"> A new GoB HIV directive includes free HIV testing and treatment for all Burundians. 	<ul style="list-style-type: none"> There are none to report. 	<ul style="list-style-type: none"> No action recommended.
<i>HIV and nutrition</i>		
<ul style="list-style-type: none"> There are none to report. 	<ul style="list-style-type: none"> Persons living with HIV are nutritionally vulnerable. No programming exists to address the nutritional needs of this population in USAID-supported PMTCT activity.¹²⁴ 	<ul style="list-style-type: none"> USAID should coordinate USAID PTMCT programming and other donor nutrition programming to address the nutritional needs of PLHIV.
<i>Venue-based versus institution-based approach to HIV testing and treatment</i>		
<ul style="list-style-type: none"> USAID/Burundi Linkages' venue-based approach for HIV testing and treatment of MSM and transgender people extends to these otherwise difficult-to-reach populations. 	<ul style="list-style-type: none"> In addition to a venue-based approach to HIV testing and treatment, an institution-based approach is needed to target sex workers, MSM, and sex-worker client associations. Formalized associations are needed to address needs of sex workers and MSM. 	<ul style="list-style-type: none"> USAID should support the development and formalization of informal or "under-the-radar" sex worker and MSM associations. USAID should target sex worker and MSM associations, as well as professional associations in which members are more likely to be clients of sex workers (such as motorcycle taxi drivers), with HIV testing and treatment and GBV prevention and response.
<i>Targeting youth for HIV and GBV programming</i>		
<ul style="list-style-type: none"> USAID's new Orphaned and Vulnerable Children (OVC) project aims to mitigate the risk 	<ul style="list-style-type: none"> USAID/Linkages does not expressly target youth (under 18 years of age). Among 	<ul style="list-style-type: none"> USAID should address HIV and GBV, in particular transactional sex and its

¹²¹ USAID/Burundi, IHPB Performance Evaluation, Global Health Technical Assistance Project (USAID/Burundi/2016).

¹²² USAID, Interview, October 12, 2016.

¹²³ USAID, Interview, October 12, 2016.

¹²⁴ FHI360 PMTCT Team, Interview, October 24, 2016.

Advances in gender equality programming	Gaps in gender equality programming	Recommendations
of HIV for vulnerable adolescent girls (10 to 18 years of age).	populations of all ages, adolescent girls and young women between the ages of 10 to 18 demonstrate characteristics that, if unaddressed, place them at high risk of acquiring HIV by the age of 24. ¹²⁵ For adolescent girls aged 10 to 14, the main HIV risk factor is the likelihood of dropping out of primary school or not transitioning to secondary school. For older girls and young women aged 15 to 18, being out of school and sexually active are strong markers of elevated HIV risk. ¹²⁶ Young women—in particular those who have no schooling, are out of school, and have disabilities—are vulnerable to GBV. Few prevention and response programs target them.	underlying risk factors (poverty, lack of sexual education, and lack of inheritance rights) in health programming for youth, including in the new USAID/Burundi project, “Enhancing Outcomes for Adolescent Girls and Young Women in Burundi.” USAID should ensure that this project links with Nturingaho’s existing programming and lessons learned in this area, which concentrate on providing psychosocial support to young girls who have been raped or who become pregnant. <ul style="list-style-type: none"> • USAID should develop an MEL framework to measure changes in knowledge, attitudes, and practice, such as about sexual education, GBV, and in sexually risky behavior.¹²⁷
Transgender persons and HIV		
<ul style="list-style-type: none"> • There are reliable data on the prevalence of HIV among MSM in Burundi.¹²⁸ • Preliminary quantitative data collection indicates high levels of HIV among transgender people. 	<ul style="list-style-type: none"> • More data are needed on the prevalence of HIV among transgender populations. 	<ul style="list-style-type: none"> • USAID should undertake additional research to better capture HIV outcomes among transgender populations and corroborate currently available preliminary findings.¹²⁹
GBV prevention and response		
GBV coordination and incident database management		
<ul style="list-style-type: none"> • By and large, the Gender Ministry, the Ministry of Public Health and Fight against HIV/AIDS, UNFPA, UN Women, the World Bank, the IRC, Centre Seruka, and Humura appear to coordinate their GBV programming in Burundi. 	<ul style="list-style-type: none"> • USAID health partners do not sufficiently coordinate GBV programming with other GBV service providers in Burundi. • Potential confidentiality issues exist with respect to the GBV database that need to be resolved prior to implementation. 	<ul style="list-style-type: none"> • USAID and partners should improve coordination of their GBV programming with other GBV service providers, including the GoB ministries, Centre Seruka, Humura, Dushiramwe, UNFPA, the World Bank, UN Women, and the IRC.

¹²⁵ FHI360/Linkages, Interview, October 31, 2016.

¹²⁶ USAID, Mwigeme Kerebuka Urabishoboye: Enhancing Outcomes for Adolescent Girls and Young Women in Burundi Statement of Work (USAID, 2016).

¹²⁷ Nturingaho, Interview, October 27, 2016.

¹²⁸ General data on HIV prevalence among lesbian, bisexual and intersex populations were not identified.

¹²⁹ FHI360/Linkages, Linkages Burundi Final Work Plan (April, 2015).

Advances in gender equality programming	Gaps in gender equality programming	Recommendations
<ul style="list-style-type: none"> The Gender Ministry has launched a strategy for creating a national gender database, including a GBV incident database, financed by the World Bank, and in collaboration with ISTEERU. 		
<i>GBV clinical management training and capacity building</i>		
<ul style="list-style-type: none"> The GoB has validated clinical management of GBV teacher training modules (developed with assistance from the USAID-supported NGO EngenderHealth). Student modules are currently under development. Numerous GBV service providers are providing or will soon provide training on the clinical management of GBV: NGO Humura (Gitega); Centre Seruka (Bujumbura); USAID-supported PMTCT (Kirundo, Kayanza, Ngozi, Bujumbura Mairie); USAID-supported IHPB (Karusi, Kirundo, Muyinga, Kayanza); EngenderHealth (Ngozi); and the World Bank (Makamba, Muyinga, Cibitoke). 	<ul style="list-style-type: none"> Healthcare facilities not located in target USAID zones or provinces do not receive training on the clinical management of GBV due to lack of coordination among providers. Burundi's performance-based financing system does not have performance-based indicators for GBV. As such, health workers lack official incentives to document and treat GBV survivors. 	<ul style="list-style-type: none"> USAID, GoB, GBV service providers, and donors should coordinate GBV clinical management training with GBV training for public healthcare providers to ensure coverage of all provinces. USAID should support the integration of GBV clinical management training in medical and nursing schools' curricula. USAID should support policy measures to include GBV indicators in Burundi's performance-based financing.¹³⁰

¹³⁰ For more information about performance-based financing in Burundi, please see: <http://www.fbpsanteburundi.bi/data/indicators.html>

<i>Cost of GBV clinical management services to GBV survivors</i>		
<ul style="list-style-type: none"> The 2013 Criminal Procedural Code includes provisions on managing costs related to GBV clinical management services requested by OPJs or judges in the state budget. The 2016 National HIV Directives emphasize medical providers' obligations to treat GBV survivors. 	<ul style="list-style-type: none"> The 2013 Criminal Procedural Code, which indicates that medical services for GBV survivors should be free of charge, is generally not applied.¹³¹ GBV clinical management services are only free at specialized GBV service providers (Centre Seruka and Humura). Many GBV survivors cannot afford to pay for these services. 	<ul style="list-style-type: none"> USAID should support research to determine whether there is a window of opportunity in the Law NI/04 of 27 June 2016 on the Protection of Victims, Witnesses and Other Persons at Risk to develop an intra-ministerial directive on the provision of the medical certificate free of charge to GBV survivors, free testing and treatment of STIs for GBV survivors, free medical treatment for victims of GBV, the availability of rape kits to all health providers, and integrated GBV management centers in each province.¹³²
<i>Access to PEP, ARVs, and rape kits (including emergency contraception)</i>		
<ul style="list-style-type: none"> USAID supports health facilities to manage their stocks of PEP and ARVs. 	<ul style="list-style-type: none"> Non-USAID-supported health facilities may have difficulty managing the stock of PEP and ARVs, even though they are universally free under Ministry of Health directives.¹³³ There is no standardized rape kit in Burundi, and the tools and medications in the kit are not viewed as pertaining to reproductive health.¹³⁴ As a result, public health providers, as well as private HIV/AIDS health providers, gather supplies (including the hepatitis B vaccine and PEP) from what is available for HIV treatment or from other sources.¹³⁵ Health centers with religious affiliations do not provide emergency contraception to GBV survivors.¹³⁶ 	<ul style="list-style-type: none"> USAID should support measures to manage the stock of ARVs throughout Burundi, and identify where there are shortages of PEP kits (outside of USAID programming regions). Support measures to create a national rape kit, and improve the rape kit's drug supply system, with a specific focus on viral hepatitis B vaccination, which is not currently available in Burundi.

¹³¹ République du Burundi, Ministère de La Santé Publique et de La Lutte Contre Le SIDA, Directives Nationales D'utilisation des Antiretroviraux Pour La Prévention et le Traitement du VIH (République du Burundi Ministère de La Santé Publique, 2016, September).

¹³² The National Reproductive Health Program and Ministry of Health, Interview, November 8, 2016.

¹³³ FHI360, Interview, October 31, 2016.

¹³⁴ The National Reproductive Health Program, Interview, November 8, 2016.

¹³⁵ SWAA-Burundi, Interview, October 20, 2016.

¹³⁶ EngenderHealth BRAVI, Interview, October 28, 2016.

<i>Integrated GBV response services</i>		
<ul style="list-style-type: none"> Effective models of integrated GBV response exist at Humura and Seruka. The Ministry of Health, with World Bank support, is developing new GBV integrated centers in district hospitals in Cibitoke, Muyinga, and Makamba (provinces on the southern border of Burundi). 	<ul style="list-style-type: none"> The capacity of IHPB service providers to respond to physical and psychological trauma is limited and not commensurate with the acknowledged prevalence of GBV.¹³⁷ There are insufficient GBV response services in the humanitarian context due to apparent increases in GBV. The IRC is the only dedicated GBV health provider in the humanitarian context in Burundi. 	<ul style="list-style-type: none"> USAID should support multi-sectoral and scaled up GBV response services in the humanitarian context, using IRC's mobile health services approach in areas with large numbers of vulnerable persons, internally displaced persons, returnees, and refugees in Bujumbura Mairie, Muyinga, Rutana, Ruyigi, and Makamba.
<i>GBV referral systems</i>		
<ul style="list-style-type: none"> The Gender Ministry has developed a standardized registration and referral form. The (humanitarian-focused) GBV Sector Working Group, run by UNFPA and the IRC, is mapping out service providers as a precursor to establishing a GBV referral system. 	<ul style="list-style-type: none"> Not all GBV service providers use (or know how to use) the standardized registration and referral forms. The distance between health centers and a referral district hospital may be far. GBV survivors may not have the means to cover transport and other costs, or they may fear visiting a hospital where they have never been and/or do not know anyone.¹³⁸ There is no national-level GBV referral pathway, only localized and ad-hoc GBV referral systems. Health workers are not aware of the urgency with which cases of GBV should be treated, which results in victims often missing deadlines for support post-exposure, medical expertise, or the chance to gather evidence. Many GBV first responders at the community level do not have the supplies and skills to provide GBV first-response services. 	<ul style="list-style-type: none"> Build upon GBV Sector Working Group, Care International, Centre Seruka, Humura, and Nturengaho GBV referral pathways to establish national and community-level GBV referral pathways and first response systems. USAID should consider linking IHPB's work with 3,300 health workers and link them with the network of women peace mediators to create a GBV community-based referral system.¹³⁹

¹³⁷ USAID/Burundi, IHPB Performance Evaluation, Global Health Technical Assistance Project (USAID/IHPB, 2016).

¹³⁸ FHI360/IHPB, Interview, October 19, 2016.

¹³⁹ The World Bank support for the Ministry of Health will focus on community-level GBV response mechanisms. Ministry of Health, Interview, October 27, 2016.

<i>GBV against sex workers and MSM</i>		
<ul style="list-style-type: none"> Through PEPFAR, USAID supports public- and private-healthcare provider HIV testing and treatment for sex workers and MSM. USAID is addressing GBV against sex workers in the Linkages project in all five PEPFAR-supported provinces and through its cross-border work in mining, fishing, and construction zones. 	<ul style="list-style-type: none"> Anecdotal evidence from PEPFAR partners indicates that GBV occurs against sex workers and MSM. A more systematic analysis of this violence is needed.¹⁴⁰ 	<ul style="list-style-type: none"> Under PEPFAR, USAID should undertake a study of the prevalence and root causes of GBV against sex workers and MSM. USAID should use the study finding to design and implement behavioral change activities that focus on preventing and responding to such violence.
<i>Psychosocial support and community-level GBV referral systems and pathways</i>		
<ul style="list-style-type: none"> Only two integrated providers at the national level (Seruka and Humura) have dedicated staff to provide psychosocial support to GBV survivors.¹⁴¹ NGO Nturengaho also provides psychosocial support to young girls who have been raped or who become pregnant. CARE Women's Empowerment Project,¹⁴² Centre Seruka, and Nturengaho have models of community-level psychosocial support that may be scaled up and replicated. 		<ul style="list-style-type: none"> USAID should support the integration of training on psychosocial support in medical, nursing, and midwifery schools' curricula.
<i>Evidence-based models of programming on GBV prevention, including engaging men as partners</i>		
<ul style="list-style-type: none"> Holistic models of GBV prevention programming (including individual-, family-, and community-level behavioral change) exist via organizations such as EngenderHealth Men as Partners, IRC Engaging Men Through Accountable Practices, Pluvif, and Centre Seruka. 	<ul style="list-style-type: none"> The majority of GBV prevention programming concentrates narrowly on GBV sensitization. USAID's monitoring and evaluation framework for most GBV prevention programming is largely qualitative and anecdotal. The frameworks lack quantitative indicators at the output and outcome levels to capture changes in the prevention of GBV. 	<ul style="list-style-type: none"> USAID should support the preparation of an inventory of GBV prevention programming, lessons learned, and the development and dissemination of information on effective social and behavioral change models to prevent GBV. USAID should consider scaling up the new EngenderHealth Men as Partners and SASA! Approach beyond the Ngozi region.

¹⁴⁰ SWAA Burundi in Ngozi provides listening and limited support to this group.

¹⁴¹ FHI360 PMTCT Team, Interview, October 24, 2016.

¹⁴² EngenderHealth, Interview, October 28, 2016.

3.2 Democracy and Governance

Democracy and Governance Snapshot

Elected positions

The 2015 elections yielded the following results:¹⁴³

- 42 of the 121 members of parliament elected in 2015 were women (%): 34.7
- 18 of the 42 senators were women (%): 42
- 39 of the 119 commune administrators were women (%): 32.7
- Out of 12,050 *colline* councilors, 2,486 were women (%): 20.6
- Out of 2,909 *colline* chiefs, 186 were women (%): 6.3
- Overall percentage of women registered to vote: 51¹⁴⁴

Positions by nomination

- After the 2015 elections, 5 of the 19 government ministers were women (26.3 percent).
- Women in decision-making positions within the 326-person civil service (%): 20

Land tenure

- 80.2 percentage of the population owns land: 62.5 percent of this total population are men and 17.7 percent are women.¹⁴⁵

3.2.1 Description of Pertinent Gender Data for Democracy and Governance

Burundi's 2005 constitution mandates that women hold at least 30 percent of the positions in the National Assembly and the Senate. The revised electoral code of 2009 has extended this quota to municipal councils and administrative officials. If elections do not produce the required percentages, a quota system rectifies the imbalances. Currently, 34.7 percent of members of parliament, 42 percent of senators, and 32.7 percent of commune administrators are women. In the 2015 elections (as in 2005, but unlike 2010), co-optation¹⁴⁶ was required to reach the mandated 30 percent in the National Assembly and at the commune level. This represented a decline in women's participation in elected office.

In 2015, just as in 2010, the percentage of women in the Senate exceeded 40 percent, with no need for co-optation. This result stems from the fact that the National Council for the Defense of Democracy–Forces for the Defense of Democracy party, which holds a large majority in the National Assembly, requires that the two provincial representatives selected for the senatorial elections be a man and a woman. The parity resulting from these elections is broken by the inclusion of former presidents (who are senators for life) and of the Batwa ethnic group (who enter the parliament through co-optation).

¹⁴³ République du Burundi, Independent National Electoral Commission; General Report on the 2015 Electoral Process (République du Burundi, December 2015).

¹⁴⁴ Nanourou, Serge and Abigail Wilson (IFES); Analysis of the Status of Women in Burundi's Political and Electoral System (May 2014).

¹⁴⁵ Ndikumana, Alain, Gender Equality in Burundi: Why Does Support Not Extend to Women's Right to Inherit Land? (Afrobarometer Policy Paper No. 22, 2015).

¹⁴⁶ In this system adjustments are made ex-post to ensure elected bodies fulfill the gender and ethnic quotas the electoral code stipulates.

At the ministerial level, women head 5 of the 19 ministries (26.3 percent), while Burundi's constitution requires at least 30 percent. When it comes to provincial administration, only 3 of the current 18 governors are women (16.6 percent), and only 2 of the 54 governors' advisors are women (3.7 percent).¹⁴⁷ Protocol I of the Arusha Peace and Reconciliation Agreement of August 28, 2000 urges governments to adopt general policy measures based, inter alia, on equality between men and women (Article 5); set up an administration focused on achieving a balance between men and women (Articles 5 and 7); give men and women equal access to positions not only within the civil service, but also within public and quasi-public companies (Articles 7 and 8); and enact reforms to correct gender imbalances in the defense and security forces (Articles 7 and 17). Women's representation remains low in the *colline* councils and in non-elective decision-making positions, and no provisions guarantee the participation of women in *colline* councils or in the public, quasi-public and private sectors.

There are no formal laws that provide women with the right to inheritance and property, which can limit their access to credit as credit guarantees often require collateral such as property title and holding of livestock. Per the 2008 General Population and Housing Census, of the 80.2 percent of the population that owns land, 62.5 percent are men and 17.7 percent are women.¹⁴⁸ During the desk review of documents relevant to the democracy and governance sector in Burundi, the gender analysis team identified limited information describing differences between urban and rural populations. When and where possible, such identified information is referenced below.

3.2.2 Sector-Level GoB Gender Policies in Democracy and Governance

Policy, strategy, and action plans	Implications for gender equality and women's empowerment
Law Decree of Number 1/024 of April 1993—Reform of the Code of the Persons and Family (Décret Loi N° 1/024 du 28 avril 1993 Portant Réforme du Code des Personnes et de la Famille)	Article 88 of the Code establishes different ages of maturity for boys (21 years) and girls (18 years). This treatment perpetuates stereotypes and reinforces the power imbalance between spouses already enshrined in Article 122 of the code. That article recognizes men as the head of the household and assigns women an auxiliary role (they only can replace their husband if he is absent or under prohibition).
Protocol to the African Charter on Human and People's Rights (Maputo Protocol) ¹⁴⁹ (1995)	This protocol guarantees comprehensive rights to women, including the rights to take part in the political process, to social and political equality with men, to control their reproductive health, and to be free from female genital mutilation. The protocol also guarantees the right of inheritance to daughters. Burundi has not yet ratified this protocol.
Arusha Peace Accords for Peace and Reconciliation	According to this agreement, "All citizens enjoy the same rights and are entitled to the same protection under the law. No Burundian may be excluded from the social, economic, or political life of the nation because of race, language, religion, sex, or ethnic origin" ¹⁵⁰ and the government shall

¹⁴⁷ Ministry of Public Security, Interview, November 12, 2016.

¹⁴⁸ Ndikumana, Alain, Gender Equality in Burundi: Why Does Support Not Extend to Women's Right to Inherit Land? (Afrobarometer Policy Paper No. 22, 2015).

¹⁴⁹ African Commission on Human and Peoples' Rights, Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (ACHPR, 1995).

¹⁵⁰ République du Burundi, Arusha Agreement for Peace and Reconciliation in Burundi; Protocol II, Democracy and Good Governance, Chapter One (I) (République du Burundi, 2000).

Policy, strategy, and action plans	Implications for gender equality and women's empowerment
Legal Framework for Reparations for GBV Survivors during War (2000)	ensure that all citizens, male and female, have the “opportunity to live in Burundi free from fear, discrimination, disease, and hunger.” ¹⁵¹ At the policy level, the framework states that the fight against impunity and crime should target “all violations of individual rights, including those of women.”
Burundian Constitution	<p>The Burundian Constitution puts forth a framework for gender equality through several measures:</p> <ul style="list-style-type: none"> • Guarantees equality by stipulating that all citizens are equal before the law (which guarantees them equal protection), and that “no one may be discriminated against based on their origin, race, ethnicity, or gender.” • Guarantees the right to women's participation in national and commune-level public office, by establishing a quota requiring that at least 30 percent of the positions in the National Assembly and the Senate be reserved for women. • Contains no provisions on women's participation in the <i>colline</i> councils and in the civil service. • States that “everyone has the right to own property” (Article 36); every citizen has the right to have equal access to education, instruction, and culture (Article 53), and everyone has the right to healthcare (Article 54).
Draft Law on Inheritance, Matrimonial Regimes (La Loi sur la Succession)	The draft law on marital property, inheritance, and gifts and bequests was drafted in 2002 at the initiative of several CSOs. In 2006, the Senate and the National Assembly transmitted the law to the GoB for analysis. The GoB requested translation of the law into Kirundi. In 2013, the GoB blocked the law. The law aims to provide inheritance rights to women and specifies procedures for marital property, inheritance, and gifts and bequests to be claimed as properties and possessions. Currently, Burundi is the only country in East Africa that does not have a law providing inheritance rights for women. ¹⁵²
Revised Electoral Code of 2009	This revision extends the 30 percent minimum quota for women's representation to the <i>commune</i> level, including administrators and advisors.
Revised Code of Criminal Procedure (2013)	In 2013, the GoB promulgated the revised Penal Procedural Code, which regulates the procedural implementation of the 2009 Penal Code. It includes provisions for victims of rape to withdraw a complaint, and an association to follow up on the victim's behalf with the victim's consent. Additionally, it authorizes health centers to gather forensic evidence that would be accepted in a court of law.
2016 Law on the Prevention, Protection of Victims and Deterrence of Gender-Based Violence (September 22, 2016)	See Section 3.1.2, Law Number NI/13 of 22 September 2016 on the Prevention, Protection of Victims, and Repression of GBV (Loi I/13 du 22 septembre 2016 Portant Prévention, Protection des Victimes et Répression des Violences Basées sur le Genre), under the Health Section.
National Strategy to Combat Gender-based Violence (January 2009)	One of this strategy's key achievements is its identification of the major challenges to preventing and responding to GBV in several sectors (health, justice, education, security, health, and social rights). The strategy also enumerates actions necessary to address those challenges.

¹⁵¹ République du Burundi, Arusha Agreement for Peace and Reconciliation in Burundi; Protocol II, Democracy and Good Governance, Chapter One (I) (République du Burundi, 2000).

¹⁵² USAID, USAID Office of Food for Peace Food Security Country Framework for Burundi FY 2014–FY 2019 (Washington, D.C.: USAID, 2013).

Policy, strategy, and action plans	Implications for gender equality and women's empowerment
Strategy for Mainstreaming Gender into the Missions of Burundi's National Police (Strategy and Biennial Action Plan 2011–2013)	One of this strategy's main objectives is to promote women's and girls' access to the National Police (where women are underrepresented) by reforming regulations and adapting infrastructure and logistical arrangements to meet the specific needs of women and girls. Implementation of the strategy at the Ministry of Public Security (MPS) is limited by two factors: lack of ownership and lack of proactivity. "The women in charge of gender issues view their roles mainly in terms of follow-up; they do not view themselves as proactive advisers who might take the initiative when it comes to implementation of the strategy and to advising their respective superiors within the MPS." ¹⁵³
Strategy for Mainstreaming Gender Issues within the National Defense Forces (2011–2015)	This strategy includes objectives for mainstreaming gender into the missions of Burundi's National Defense Forces. The weak implementation of the strategy is a result of "an internal reluctance to promote actual gender equality and the perception of women as being weak, which limits their rise to command positions." ¹⁵⁴
National Action Plan (NAP) for the Implementation of Resolution 1325 (2012)	In terms of governance, the NAP aims to: promote women's participation in reconstruction, rehabilitation, and recovery programs, and see to it that those programs take into account women's and girls' needs; ensure women's participation in transitional justice mechanisms, and see to it that those mechanisms take into account women's and girls' needs; and ensure equality and fairness in terms of male and female participation in the peacemaking, peacekeeping, and peacebuilding processes, as well as in the staffing of diplomatic positions. The NAP calls for extending the 30 percent female-participation quota to <i>colline</i> councils and non-elected positions; to the civil service and territorial administrations; and to the justice, defense, and security sectors. It also calls for "the enactment of the law on inheritance, matrimonial regimes, and gifts."
National Gender Policy (NGP), 2012–2025, Ministère de la Solidarité Nationale, des Droits de la Personne Humaine et du Genre (2011)	The 2012–2025 NGP and accompanying action plan sets out to: <ul style="list-style-type: none"> • Facilitate the creation of a sociocultural, legal, economic, political, and institutional environment conducive to the achievement of gender equality. • Promote the mainstreaming of gender into development interventions in all areas. • Strengthen equitable access of women, men, and adolescents to social services. • Contribute to reducing GBV. • Create a mechanism to implement the NGP, including a national gender council, a steering committee, and a technical implementation council, along with provincial and municipal committees.

¹⁵³ AFC, Consultants International; Security Sector Analysis (October 2013).

¹⁵⁴ Ibid.

Policy, strategy, and action plans	Implications for gender equality and women's empowerment
Strategic Framework for Growth and Poverty Reduction (SFGPR II) (2012–2016)	<p>By implementing policies to promote equality and fairness, alongside ones to reduce the impact of traditional customs that hold back girls and women, the strategic framework seeks to foster:</p> <ul style="list-style-type: none"> • A greater awareness of gender issues, with a view to reducing the impact of traditional customs that hinder the development of girls and women. • The rights of women and their representation in all spheres of activity. • Conditions favorable to increasing women's access to and control of resources and increasing their contribution to the country's socioeconomic development.¹⁵⁵

3.2.2.1 Legal Framework for the Inclusion of Gender Equality in Democracy and Governance

On August 28, 2000, Burundi's political parties signed the Arusha Peace and Reconciliation Agreement. Thanks to its adherence to the principles of consensus democracy, the agreement became the basis not only for the new Burundian Constitution (enacted in 2005), but also for other legal and political mechanisms that were put in place later to further its implementation. Burundian women played an important role in the negotiations that led to the Arusha Agreement. Although they could not participate directly in the process, they contributed to its success through advocacy and lobbying. In the end, "60 percent of their recommendations were accepted" and incorporated into the agreement.¹⁵⁶

Burundi has adopted and ratified the majority of the international instruments that recognize the rights of citizens with impartiality. This includes the Convention on the Elimination of All Forms of Discrimination Against Women. These texts have been incorporated into the Burundian Constitution.¹⁵⁷ Some other laws, such as the pre-existing Electoral Code, the Criminal Code, and the Code of Criminal Procedure, have been amended to correct certain provisions that discriminated against women. A new law targeting violence against women and girls was recently enacted (September 22, 2016).

The Revised Criminal Code establishes rape, sexual slavery, forced prostitution, forced pregnancy, forced sterilization and other generalized and systematic acts of sexual violence against civilians as crimes against humanity. The Code of Criminal Procedure that would implement the Criminal Code was only promulgated in 2013. The revised Code of 2009 criminalizes same-sex sexual intercourse (Article 257) in violation of the Burundian Constitution, which guarantees the right to privacy (Article 28), the right to not be discriminated against (Article 17), and the right to be protected by the international agreements that Burundi has ratified (Article 19). There have been challenges within the implementation of the code, in particular with the criminal chain of custody for GBV, which includes the judicial police, prosecution service and courts. One major challenge is the OPJ delaying transmission of investigation reports and not having sufficient training to investigate cases of GBV. Moreover, certain provisions in the Criminal Code

¹⁵⁵ République du Burundi. Strategic Framework for Growth and Poverty Reduction (SFGPR II) (Bujumbura: 2012).

¹⁵⁶ Mabobori, Catherine, *La Longue Marche vers Arusha: L'Implication des Femmes dans les Négociations* (République du Burundi: 2008).

¹⁵⁷ République du Burundi, Burundian Constitution of 2005 (République du Burundi, 2008).

were not included in the 2013 Revised Criminal Procedure Code, such as Article 562, which requires a publication of the conviction and presentation of the convicted person to the public.¹⁵⁸

The Revised Code of Criminal Procedure of 2013 regulates the procedural implementation of the 2009 Revised Criminal Code. Though it presents some advances, there are challenges with the application of the code. The Ministry of Justice is obliged to request medical expertise in cases of GBV when necessary and to pay the experts from its budget for the “operating costs of specialized structures to combat GBV.” Though no current data are available, interviews with key justice and health stakeholders indicate that physicians are rarely reimbursed for the provision of these services.¹⁵⁹

The 2016 GBV Law criminalizes common law unions (Articles 24 and 42), marital rape (Article 27), settlement agreement (*l'arrangement à l'amiable*) (Article 31), and sexual slavery (Article 34). The criminalization of common law unions protects women whose husbands take on new partners and do not honor their financial obligations to their common law wives. The law also provides equal treatment to men and women in cases of infidelity (Article 41). Some of the penalties are severe (for example, 5 to 10 years for amicable settlement of cases and life-long imprisonment for sexual slavery). The law also requires the establishment of a specialized chamber for GBV in the Courts of Higher Instance (Article 28) and the provision of a lawyer to GBV survivors (Article 30). Finally, the law corrects discriminatory provisions in the 1993 Code of Person and Family (stipulating that men are the head of the marital unit) by enshrining equality between men and women in the areas of reproductive health, family planning and managing household assets. Customarily though, only men hold the right to inheritance and property.

A draft inheritance law under development and review since 2008 has been stalled since 2013. In the absence of an inheritance law, women often are subject to discrimination enshrined in customary norms and practice, in which the daughter comes in almost last in the order of succession.¹⁶⁰ In customary usufruct practice, under the traditional *agaseke*, a small piece of land is given to the married female children and widows to exploit as a usufructuary.¹⁶¹ A woman's user rights are at the discretion of her brothers.¹⁶² Married women who return to their birth families, and single women of any age, are denied both land inheritance and usufruct rights.¹⁶³

3.2.2.2 Sector-Specific Policies and Action Plans Dealing with Democracy and Governance

In 2011, Burundi adopted a new 2012-2025 NGP. This policy builds on the lessons learned from the implementation of the previous NGP to address the “major challenges that not only affect the social, legal, economic, and political situation of women, but also limit the advancement of equity and gender equality.” The GoB did not establish a mechanism to facilitate the implementation of the 2012–2025 NGP, including the national gender council, a steering committee, and a technical implementation council, along with

¹⁵⁸ CNIDH. Audit Judiciaire des VBGs, le Niveau d'Application de la Législation en Vigueur depuis la Promulgation du CP d'avril 2009 (January 2014).

¹⁵⁹ Ibid.

¹⁶⁰ Kazoviyo, Gertrude and Pélagie Gahungu, *La Problématique de la Succession pour la Fille Burundaise* (Bujumbura: Ligue ITEKA, 2011).

¹⁶¹ A usufructuary is someone who has usufruct rights, which is the legal right of using and enjoying the fruits or profits of something belonging to another without owning it.

¹⁶² NGO Dushirehamwe, Interview, October 20, 2016.

¹⁶³ CAFOB, Interview, October 25, 2016.

provincial and municipal committees. The national women's forum was established, though it requires more strengthening to fulfill its role of promoting gender equality.

Burundi adopted a National Gender Action Plan for the 2012-2016 period to facilitate the implementation of UNSCR 1325 on Women, Peace and Security, which is an important instrument given the current sociopolitical situation. Burundi also developed an action plan to implement the NGP and UNSCR Resolution 1325. At the time of writing, the 2012-2016 action plan was near the end of its period of implementation and no follow-on plan had been developed. Nonetheless, the mere existence of these documents has inspired actions that have contributed to improving women's rights. Examples include the 30 percent minimum quota of women in government and elective institutions, free primary education and medical care for pregnant women and children under the age of 5, the establishment of a microcredit support fund for rural and peri-urban women (which operates in 8 of the 18 provinces), the establishment of a comprehensive GBV center (Humura Center), and the promulgation of a new GBV law (September 22, 2016).

Burundi has also adopted a National Strategy to Combat GBV and formulated a National Strategy for Gender Integration in the National Defense Force (2013—2016) to address the low representation of women in the armed forces. Additionally, the GoB has developed a National Public Administration Reform Program (NPARP) with a view to modernizing this sector. The program, however, does not consider gender equality or women's empowerment (including participation at all levels of public administration). As one UNDP study¹⁶⁴ has noted, this oversight will make mainstreaming problematic during the strategy's implementation phase. The importance given to gender in filling executive positions in the civil service "determines the extent to which women really participate in defining and implementing the actions of public authorities."¹⁶⁵ As the UNDP study points out, UN Women has supported the development of a Guide to Gender Mainstreaming in the NPARP. This guide emphasizes the importance of the presence of women in decision-making positions within the civil service, while laying down ways to integrate gender in this sector.

3.2.3 Role of Central and Local Governance in Democracy and Governance

3.2.3.1 Central Level

The Gender Ministry is responsible for providing policy and technical guidance on the integration of gender equality and women's empowerment to all other ministries. Yet it has not received the institutional and financial support to carry out this mission. Its budget generally has been low, with the 2016 budget being almost 16 percent lower than that of 2015.

Some other ministries have set up gender-mainstreaming strategies and gender units, though they have taken few concrete measures to implement the strategies and to allocate funding to them. This inaction is due in large part to ministerial staff lacking the skills to undertake gender-responsive budgeting and insufficient funds allocated for gender-responsive budgeting. Furthermore, many ministries do not perceive

¹⁶⁴ UNDP, Gender Equality and Women's Empowerment in Public Administration; Burundi Case Study (UNDP, 2011).

¹⁶⁵ Ministry of National Solidarity, Human Rights and Gender; Note on Gender.

gender equality and women's empowerment as a crosscutting theme. Many public sector actors believe that the responsibility for mainstreaming lies solely with the Gender Ministry.¹⁶⁶

The Gender Ministry was not successful in advocating for the enactment of the draft Law on Inheritance, Matrimonial Regimes and Gifts (as stipulated in the 2012–2016 NAP for the implementation of UNSCR 1325). USAID implemented a four-year program (2007–2010) to support policy reforms, in which it supported the development of a land code and a water code. USAID also planned to support the drafting of the law on inheritance, but the project was terminated because the law has not moved forward. The action plans for the implementation of the NGP and of UNSCR 1325, along with the Strategy to Fight Against GBV, are being evaluated to allow for the formulation of the next phases. USAID could play a role in these processes to give the envisioned objectives a greater chance of succeeding.

The Ministry of the Interior and Patriotic Training has a key role to play in supporting local initiatives to combat violence and in ensuring the respect and implementation of the results of mediation and judgments local courts render. This ministry, with the support of UN Women, has set up a project entitled Women's Network for Peace and Dialogue. The Network comprises over 500 mediators who play a key role in gender-responsive conflict resolution at the commune level.

3.2.3.2 Local Level

Gender Equality in Local Community Management Mechanisms

At the local and largely rural level, the assessment criteria of municipal performance include measures designed to evaluate gender issues. The second edition of the municipal performance evaluation manual includes 56 criteria, grouped into three areas: municipal governance, local development, and gender and social inclusion.¹⁶⁷ The manual is based on the four sets of priorities of SFGPR II, and it includes the following gender indicators: percentage of women satisfied with the governance of their municipality; percentage of women in the communal council; number of training sessions organized around the theme of gender and governance; percentage of the communal budget exclusively dedicated to specific groups (children, women, *batwas*); and the net school enrollment rate, disaggregated by sex.¹⁶⁸ No indicators, however, measure women's participation in planning bodies (female members of the CCDCs) or assess to what extent communal plans take into account the different needs of women and men.

Managing Access to Land

Managing access to land is a key aspect of local governance and reducing drivers of conflict. Land registration is one of the solutions that authorities have implemented since 2011 to reduce this driver of conflict. From a gender equality lens, land registration often takes place under a man's name. With International Development Law Association support, ZOA is implementing a pilot program in four

¹⁶⁶ Ministry of Human Rights, Social Affairs and Gender, Interview, November 8, 2016.

¹⁶⁷ Nicaise, Guillaume. *Évaluation de la Performance des Collectivités Décentralisées: Une Étude Comparée Entre Le Rwanda et le Burundi* (Nicaise, 2015).

¹⁶⁸ République du Burundi, Ministry of Communal Development: *Participatory Monitoring and Evaluation Manual of the Community Development Plans in Burundi* (République du Burundi, 2008).

communes in Makamba province – in largely rural and peri-urban areas – to encourage women who own land to register it and also to raise awareness on women’s land rights.

As mentioned previously, no formal inheritance law exists. In its absence, judges have sometimes ruled in favor of gender equity in trials involving women, even though “case law does not yet support such rulings in matters of property inheritance involving women.”¹⁶⁹ Furthermore, some parents treat their children equally when it comes to inheritance, and there are cases where brothers and sisters have received equal shares of their parents’ property, including land.

3.2.4 Gender Equality Advances, Gaps and Recommendations in Democracy and Governance Programming

The table below summarizes key advances, gaps and recommendations on improving gender equality and women’s empowerment for democracy and governance in Burundi. It identifies how the Government of Burundi, other donors and civil society actors respond to gender equality issues. The recommendations are for USAID to implement. Where they exist, the table also summarizes successful strategies and lessons learned on gender equality and women’s empowerment in the sector. Finally, the table provides targeted recommendations for USAID to undertake programming in collaboration with the GoB, national and international NGOs and CSOs, and other donors. The five priority recommendations for the democracy and governance sector, as stated in the executive summary, include:

- Ensure that gender equality and women’s empowerment are prioritized in the Democracy and Governance PAD (including indicators) and in RFPs, RFAs, and other DG solicitations.
- Support current and future programming that focuses specifically on the unique roles that both male and female youth play as agents of change in conflict resolution.
- Support the integration of gender equality into the communal administration by strengthening the capacity of the members of communal councils and CCDCs to integrate gender equality in communal community development plans within their committees.
- Integrate findings into current USAID support for ZOA from a recent International Development Law Organization-funded pilot program also implemented by ZOA, which focuses on encouraging women who own land to register it in their name.
- Conduct a study on gender and inheritance jurisprudence and use the results to scale up successful approaches to promote gender equality in inheritance jurisprudence across the country.

Advances in gender equality programming	Gaps in gender equality programming	Recommendations to address gender gaps and constraints
<i>USAID/Burundi’s democracy and governance strategic approach</i>		
<ul style="list-style-type: none"> • USAID/Burundi democracy and governance programming makes express efforts to ensure support for the participation of 	<ul style="list-style-type: none"> • The USAID/Burundi democracy and governance portfolio has a limited focus on gender equality in its 	<ul style="list-style-type: none"> • Ensure that gender equality and women’s empowerment are prioritized in the Democracy and Governance

¹⁶⁹ OMCT, Alternative Report for the Committee for the Elimination of Discrimination Against Women for the 65th Session of CEDAW (OMCT, 2016).

Advances in gender equality programming	Gaps in gender equality programming	Recommendations to address gender gaps and constraints
women and girls in its peace-building programming.	programming and instead focuses largely on women's participation.	Project Appraisal Document (including indicators), and in RFPs, RFAs and other DG solicitations.
<i>Government of Burundi's strategic framework on gender equality</i>		
<ul style="list-style-type: none"> The 2012–2025 NGP established a mechanism to facilitate the implementation of national-level gender priorities. 	<ul style="list-style-type: none"> The mechanism to implement the NGP has yet to be put in place; the delay has undermined the effective execution of the 2012–2016 gender NAP. 	<ul style="list-style-type: none"> USAID should support the Gender Ministry to prepare the next action plans for the implementation of the NGP.
<i>Gender equality, women's empowerment, and conflict resolution</i>		
<ul style="list-style-type: none"> USAID-supported Counterpart International's Youth for Peacebuilding program ensures the participation of girls and enables girls with babies to participate in peacebuilding. USAID-supported Search for Common Ground project targets both young men and women in peace building using radio production activities at Ijambo Studio. The advocates of the UN Women Women's Network for Peace and Dialogue project play a significant role in terms of gender-responsive conflict resolution at the commune level. The <i>Ijwi ry'Umukenyezi</i> (woman's voice) radio, operated by the Dushirehamwe Association, also successfully uses community radio to educate and raise awareness among the population and to combat GBV. 	<ul style="list-style-type: none"> USAID-supported Search for Common Ground and Counterpart International programming do not concentrate specifically on the specific and unique role that women and girls play in peacebuilding and conflict resolution and instead focus largely on ensuring women's participation in the programming. The advocates of the UN Women Network of Women Peace Mediators lack communal offices that could serve as reception centers for those requesting their services. They also lack sufficient funds for travel and communication to carry out their functions.¹⁷⁰ 	<ul style="list-style-type: none"> USAID should support conflict resolution programming that focuses specifically on the unique role that women and girls play as agents of change. USAID should collaborate with UN Women and the Ministry of Public Security on the best strategies to maximize the impact of the Women's Network for Peace and Dialogue interventions, which could introduce peace and security issues into the social discourse. USAID should support initiatives to advance women's rights and their involvement (including as journalists) in peace building through the media (spoken and written) through collaboration with governmental and civil society actors, such as the Woman's Voice Radio, operated by the Dushirehamwe association. USAID should support CSOs to enhance their capacity to support USAID programming in health, democracy and governance, and food security programming.

¹⁷⁰ Ministry of Public Security, Interview, November 11, 2016.

Advances in gender equality programming	Gaps in gender equality programming	Recommendations to address gender gaps and constraints
		USAID also should engage organizations that target vulnerable groups (such as single mothers, disabled girls, impoverished widows, etc.).
<i>Gender-responsive national and local-level planning and budgeting</i>		
<ul style="list-style-type: none"> At the commune level, there are gender indicators to evaluate the performance of the commune. 	<ul style="list-style-type: none"> The Gender Ministry and other ministries at the national level do not have sufficient capacity on gender-responsive planning (including budgeting). At the local level, Communal Community Development Committees, including elected communal officials, lack the required skills for gender-responsive planning and budgeting. They are unable to make proper use of gender indicators as a planning and M&E tool. Women are poorly represented within local community management mechanisms, whether as <i>colline</i> elected officials, members of the CCDC, or members of the <i>bashingantahe</i> institution. 	<ul style="list-style-type: none"> USAID should support the integration of gender equality into communal administrations by strengthening the skills of the members of communal councils and communal community development committees (CCDCs) to integrate gender equality in their communal community development plans. USAID should support the assessment and capacity building of planning officers in the different ministries, and gender-point persons and members of the gender units in the ministries, on gender-responsive planning.

Advances in gender equality programming	Gaps in gender equality programming	Recommendations to address gender gaps and constraints
<i>Women's participation and advocacy for gender equality in public office</i>		
<ul style="list-style-type: none"> The Burundian legal framework guarantees a 30 percent quota for women's participation in the National Assembly and the Senate, as well as in municipal councils and communal administrators. UN Women hosted workshops on transformative leadership for women parliamentarians in December 2016. 	<ul style="list-style-type: none"> The appointment of civil service officers goes through the political parties, which do not consider gender equality among their selection criteria. 	<ul style="list-style-type: none"> USAID should advocate for the extension of the 30 percent quota to the presidential institution, the <i>colline level</i>, civil service and the quasi-public and private sectors. USAID should support the development of a platform to facilitate exchanges between women and men in politics and in CSOs to collaborate on a gender equality agenda and strategies to implement it.
<i>Gender equality, GBV, land inheritance, and land registration</i>		
<ul style="list-style-type: none"> Despite the absence of a law on inheritance, jurisprudence in this area is gradually changing the custom. For all land and other property acquired in the household, courts have ruled in some cases to give equal shares to male and female children. This change will likely reduce GBV. The new GBV law extends new protections to widows in cases where third parties try to impede them from benefiting from household goods. Per customary practice in Burundi, married women have usufruct rights (that is, the right to use a portion of her family's land).¹⁷¹ There is a window of opportunity to support the integration of pilot approaches to women's land registration in the USAID-supported ZOA programming on land registration in primarily rural and peri-urban areas. The Swiss Cooperation is supporting similar efforts within 	<ul style="list-style-type: none"> Due to a lack of laws permitting women to inherit property if her husband dies, returnee women encounter many problems with respect to land ownership if their husband, for example, died in Tanzania or Rwanda. The CNTB, charged with resolving these issues, is not fully functional. Many Burundian women do not know that they have usufruct rights, or their brothers or in-laws strip them of these rights when their parents die.¹⁷³ Unmarried women do not have usufruct rights, as they are considered to be children regardless of their age. The Commission on Land and Other Assets (CNTB) has significant challenges in carrying out its function of resolving land ownership issues. Married Burundian women do not have the right to sell their land.¹⁷⁴ 	<ul style="list-style-type: none"> USAID should conduct a study to identify whether recent gender and inheritance jurisprudence and the new GBV law could serve as entrypoints to advocate for broader land inheritance rights for women (in particular for widows). USAID should support capacity building of women peace mediators to engage in gender-responsive conflict resolution on land inheritance and user rights, in partnership with ZOA. In the medium term, USAID should support decision-makers to enact the draft law on inheritance, matrimonial regimes, and gifts. USAID should support functional mechanisms to resolve land inheritance issues for returnee women. USAID should form a partnership with ZOA, Catholic Relief Services, and the UN Network of Women Peace Mediators to

¹⁷¹ USAID, Interview, October 18, 2016.

¹⁷³ Ibid.

¹⁷⁴ Swiss Cooperation, Interview, October 24, 2016.

Advances in gender equality programming	Gaps in gender equality programming	Recommendations to address gender gaps and constraints
<p>the context of larger programming on land registration.¹⁷²</p> <ul style="list-style-type: none"> • USAID-supported ZOA land ownership registration programming (and reporting) has integrated findings from the IDLO-funded pilot program, with an emphasis on encouraging women who own land to register it in their names and on raising awareness-raising on women's land rights. • The UN Women-supported Network of Women Peace mediators addresses land disputes, for example between male and female siblings who do not agree on property boundaries on inheritance, and between spouses in cases of separation (so that the woman has a plot to cultivate to support her children). • Training modules on gender equality and inheritance provided by the Center for Professional Training of Magistrates influence local courts and the attitudes of communities, <i>bashingantahe</i>, and local elected representatives who deal with cases in this domain. • The Commission on Land and Other Assets (CNTB) is charged with resolving land ownership issues of Burundian returning refugees (including Burundian women). 		<p>undertake coordinated programming to encourage advances in women's enjoyment of usufruct rights within all USAID-supported agricultural and food security programming.¹⁷⁵</p>
<i>GBV legal and policy framework</i>		
<ul style="list-style-type: none"> • The GoB passed and promulgated a GBV law in September 2016. • The UN Women Network of Women Peace Mediators, and UN Women-supported Association for the Promotion 	<ul style="list-style-type: none"> • The process of passing and promulgating the September 2016 GBV law was contentious. There is still a lack of consensus on the need for the law. 	<ul style="list-style-type: none"> • In collaboration with other donors (the Swiss Cooperation in particular) support GoB, NGO, and civil-society priorities pertaining to the GBV law including: I. Fund the

¹⁷² Swiss Cooperation, Interview, October 24, 2016.

¹⁷⁵ Swiss Cooperation, Interview, October 24, 2016 and Civil Society Organizations, Discussion, October 28, 2016.

Advances in gender equality programming	Gaps in gender equality programming	Recommendations to address gender gaps and constraints
of Burundian Girls, could engage on dissemination of the GBV law.		translation of the law into Kirundi and the broad dissemination and consolidation of a consensus on the priorities of the GBV law; 2. Engage the Network of Women Peace Mediators and the girls in the Association for the Promotion of Burundian Girls' project in the dissemination of the law.
<i>GBV and security services</i>		
<ul style="list-style-type: none"> • There is a Strategy for Mainstreaming Gender into the Missions of Burundi's National Police (2011-2013). • UN Women is building police capacity to respond to GBV. UNDP is also supporting the Ministry of Justice to build its capacity in this area in a separate initiative. 	<ul style="list-style-type: none"> • Few women are police officers in Burundi. There is limited protocol for addressing the needs of survivors of sexual violence. • 	<ul style="list-style-type: none"> • USAID should support the development and implementation of training of police, in particular the police gender focal points, to address the needs of sexual violence survivors. Such training could be included in the overall police training curricula.
<i>Trafficking in persons</i>		
<ul style="list-style-type: none"> • Burundi's Independent National Commission for Human Rights is supporting a public awareness campaign on trafficking in persons. 	<ul style="list-style-type: none"> • There is little information on the breadth and depth of trafficking and domestic servitude of boys and girls in Burundi. 	<ul style="list-style-type: none"> • USAID should fund IOM or another competent institution to undertake a baseline study of trafficking in persons in Burundi, and support research on the breadth and depth of domestic servitude of boys and girls in Burundi.

3.3 Food Security, Agriculture, and Economic Growth

Food Security, Agriculture and Economic Growth Snapshot

Food security

- Households that are insecure (%): 46
- Food insecurity of female-headed and male-headed households (%): 49 and 45, respectively
- Food insecurity of female-headed households in the Bujumbura region (%): 63

Nutrition

- Women age 15–49 anemic (%): 19
- Pregnant women age 15–49 anemic (%): 26
- Men age 15–49 anemic (%): 12.2
- Women received vitamin A dose in the two months after the birth of their last child (%): 36
- Women have taken medication to prevent intestinal worms during their last pregnancy (%): 31
- Women who gave birth in the five years preceding the survey and whose household salt was tested live in a household with iodized salt (%): 96
- Women of childbearing age with chronic energy deficiency (%): 16
- Women having malnutrition, acute and severe (%): 3 and 0.5, respectively

Economic growth and development

- Overall, 22 percent of married women aged 15 to 49 who earn income decide on the use of their earnings, 65 percent of married women engage jointly with their husbands on the use of income, and 13 percent of women's spouses decide on the use of the women's earnings.
- Nearly all (97 percent) married men aged 15 to 49 who earn income are involved in the decision to use their earnings, 50 percent of men make joint decisions on the use of income with their spouse or partner, 47 percent of men make decisions alone, and 3 percent of men do not make decisions regarding the use of their earnings.¹⁷⁶

3.3.1 Description of Pertinent Gender Data for Food Security, Economic Growth and Agriculture

This section addresses gender equality and women's empowerment in food security, agriculture and economic growth and development, because these areas are inextricably linked in the Burundian context. A recent WFP food security analysis revealed that woman-headed households are more likely to be food insecure than -headed households (24.3 percent and 45 percent, respectively). In most provinces, there is a statistically significant correlation between the sex of the household head and the number of income sources. Households headed by women (often a single parent) are normally more vulnerable to food insecurity because they have less income.¹⁷⁷ In particular, 63 percent of households headed by women in Bujumbura, 73 percent in Cankuzo, and 71 percent in Bubanza are food insecure, which far exceeds the nationwide average of 24.3 percent.¹⁷⁸

¹⁷⁶ Institut de Statistiques et d'Études Économiques du Burundi (ISTEEBU), Burundi–Enquête Démographique et de la Santé : Rapport de Synthèse (Bujumbura: ISTEEBU, 2010).

¹⁷⁷ WFP, Analyse de la Sécurité Alimentaire d'Urgence au Burundi (Burundi: WFP, 2016).

¹⁷⁸ Ibid.

No quantitative data are available on intra-household food insecurity inequities in Burundi, in particular among men, women and children within the same household. Qualitative evidence, however, indicates that women and children are more likely to be food insecure, because the husband is likely to use the household income to eat nutrient-rich food outside the home, thus limiting the funds available to meet the nutrition needs of his family.¹⁷⁹

Also, no current sex-disaggregated quantitative data are available in Burundi on ownership, use and access to agricultural productive inputs (land) and how this relates to food security and nutrition. WFP data from 2008 indicate that only 8 percent of women own land without sharing the title with other family members and 54 percent are landowners who share the title with sons, husbands or fathers. The findings also indicate women who live in urban centers and have a high school education are less likely to be landowners. For common property, such as houses, 46 percent of titles list women as co-owners.¹⁸⁰ Qualitative data indicate that gender-unequal distribution of land ownership, user rights and other productive inputs negatively affect food security and nutritional status.¹⁸¹

Population-based data on nutrition, though slightly dated (from the 2010 DHS), provide a general overview of trends in nutrition. Of women ages 15 to 49, 19 percent are anemic, 15 percent are mildly anemic, 3 percent are moderately anemic, and less than 1 percent are severely anemic. Pregnancy and lactation influences the prevalence of anemia: 26 percent of pregnant women are anemic and 20 percent are anemic when they are breastfeeding compared with 16 percent when they are not pregnant and do not breastfeed. The proportion of anemic women increases with childbirth, ranging from 16 percent in women who have not given birth to 21 percent among mothers who have had four to five children. The prevalence of anemia is two times higher among uneducated women and those with a primary education than among those with secondary education or higher (respectively, 20 percent and 19 percent versus 10 percent). Anemia is highest in the Western region (23 percent) and lowest in Bujumbura-Mairie and the Southern region (16 percent and 15 percent, respectively).

Approximately one man in eight suffers from anemia (12 percent). Anemia affects people aged 15 to 19 and 40 to 49 years (respectively, 18 percent and 16 percent) more than those 20 to 39 years (8 percent).

In Burundi, almost one third of women (31 percent) have taken medication to prevent intestinal worms during their last pregnancy. This proportion is higher among educated women (34 percent for those with a primary education and 36 percent for those with secondary education or higher versus 28 percent for those without education). Almost all women (96 percent) who gave birth in the five years preceding the 2010 DHS survey and whose household salt was tested live in a household with iodized salt.¹⁸²

Gender and Food Availability

Food availability refers to the physical existence of food. At the national level, food availability is a combination of domestic food production, commercial food imports and exports, food aid, and domestic

¹⁷⁹ Catholic Relief Services (CRS), *Analyse des Barrières Liées au Genre dans la Lutte Contre la Malnutrition Chronique et le Retard de Croissance Chez Les Enfants de 0 à 2 Ans* (CRS, 2015).

¹⁸⁰ WFP, *Comprehensive Food Security and Vulnerability Analysis* (WFP, 2008).

¹⁸¹ Civil Society Organizations, Discussion, October 28, 2016. WFP, Interview, October 22, 2016.

¹⁸² ISTEERU, *Enquête Démographique et de la Santé: Rapport de Synthèse* (Bujumbura: ISTEERU, 2010).

food stocks. At the household level, food can come from individual production or local markets. The section that follows highlights gender issues with respect to food availability.

Gender and access to productive inputs. Access to productive inputs is highly gender inequitable in Burundi. Men have more access to agricultural inputs. They also more frequently participate in trainings provided by agricultural extension agents and livestock extension agents on improved agricultural technologies, and generally do not share what they learned with their wives. In addition, men decide what will be planted and where, and they have the power and resources to decide when to use new techniques and agricultural innovations.¹⁸³ Women traditionally have more access to informal credit through community-based group savings and lending groups, but they rarely control its use.

Moreover, the lack of recognition of the rights of women to inherit land limits food availability at the household level. Statutory law does not prevent daughters from inheriting family land, but customary practice does. There are, however, usufruct rights extended to married women who live with their husbands and widows. However, married women who return to their birth families and single women of any age are often denied both land inheritance and usufruct rights.¹⁸⁴ Even if a woman is married, her user rights are at her brothers' discretion.¹⁸⁵ This limits the capacity of single, married and widowed women to produce food, and may also compromise the efficiency of production, both of which ultimately affect the availability of food at the household level.

Gender and production systems. Women in Burundi serve an important role in production systems, as they provide the majority of productive labor (specifically in agriculture) and also the majority of reproductive labor (having children, caring for children, and carrying out household chores).¹⁸⁶ A 2012 Ministry of Agriculture and Livestock survey reports that the average household expended 231 hours of labor in agriculture during the previous season (September–February). Women dominated land preparation, planting, cultivation, and harvest, accounting for 62 percent of the work hours. In addition, because land parcels are rarely contiguous and can be far apart, women face the added transaction costs of walking from parcel to parcel.¹⁸⁷ Though women generally account for more than half the work for some crops (planting to harvest), they receive a small portion of sales revenue and seldom are the target of technical capacity building or serve in leadership positions in agricultural cooperatives or associations.

The role of women and men in reinforcing unequal division of productive and reproductive labor. Contrary to what is commonly believed, women as well as men play a role in perpetuating unequal divisions of productive and reproductive labor, ridiculing men or women who oppose the traditional divisions of labor. Women reinforce communal norms in this area in their upbringing of their children. Mothers-in-law can be influential in decision-making and in relationships between women and their husbands (including production, nutrition and consumption decision-making).¹⁸⁸ Patterns of unequal

¹⁸³ République du Burundi, The National Agricultural Investment Plan (NAIP) 2012–2017 (République du Burundi, 2012).

¹⁸⁴ CAFOB, Interview, October 25, 2016.

¹⁸⁵ NGO Dushirehamwe, Interview, October 20, 2016.

¹⁸⁶ WFP, Interview, October 22, 2016.

¹⁸⁷ USAID, USAID Office of Food for Peace Food Security Country Framework for Burundi FY 2014–FY 2019 (Washington, D.C.: USAID, 2013).

¹⁸⁸ Catholic Relief Services (CRS), *Analyse des Barrières Liées au Genre dans la Lutte Contre la Malnutrition Chronique et le Retard de Croissance Chez les Enfants de 0 à 2 Ans* (CRS, May 2015).

division of labor and agricultural production decision-making reduce the efficiency of food production through the inefficient distribution of labor, inputs and technology. This, in turn, reduces the availability of food at the household level.

Women's time poverty. Gender inequality in the distribution of production and domestic tasks results in time poverty for women. Women are often the only people who care for children and they do the majority of housework. In daily work, they are often forced to take their young children with them. Women generally work longer hours than men. Women work from 15 to 19 hours per day. In contrast, men work 5 to 13 hours, depending on the season, and often spend a significant portion of their free time at the cabaret.¹⁸⁹ This situation limits the amount of time that women have available to undertake other productive activities and to rest.

Gender and Food Accessibility

Food access refers to when all households have enough resources to obtain food in sufficient quantity, quality and diversity for a nutritious diet. This ability depends largely on household resources and prices of food commodities. In addition, accessibility is also a question of the physical, social and policy environment. The section that follows highlights gender issues with respect to food accessibility.

Gender and agricultural value chains. Labor in agricultural production in Burundi has strict gender divisions. Certain crops are considered feminine and others are considered masculine with few exceptions. This categorization largely refers to whether the crops are sold or allocated to household consumption, and who controls the income derived from the sale of it. Women provide the main source of agricultural labor for all crops and value chains. Men manage the decisions of whether and how much to sell and the revenue derived from certain crops, in particular the high-revenue crops of bananas and coffee. In contrast, women primarily are responsible for producing potatoes and vegetables, mainly *lengalenga*, and some staple crops for household consumption, including maize and beans. If the household does not directly consume these crops, the income derived from their sale often is used to buy food for the family.¹⁹⁰

Gender equality in the management of household resources. Poor management of household resources is a major obstacle to improving nutrition and food security in the household. Men often create opportunities to eat elsewhere, even during the lean period when resources and food are more limited. Men often spend three to five hours a day at the local cabaret or spend their time in places called *ligala* in Kirundi, eating meat and drinking beer. This behavior is a major obstacle hindering the nutrition and food security of the family.¹⁹¹ ZOA has developed community-level storage sheds for households to store agricultural products to minimize the ease with which male heads of household can sell the harvest to purchase alcohol. This supports increased household access to adequate nutrition.

Gender and Food Utilization and Consumption

¹⁸⁹ Catholic Relief Services (CRS), *Analyse des Barrières Liées au Genre dans la Lutte Contre la Malnutrition Chronique et le Retard de Croissance Chez les Enfants de 0 à 2 Ans* (CRS, May 2015).

¹⁹⁰ Ibid.

¹⁹¹ Ibid.

Food utilization and consumption refers to the socioeconomic aspects of household food and nutrition security, determined by knowledge and habits. Assuming that nutritious food is available and accessible, the household has to decide what food to purchase, how to prepare it, and how to consume and allocate it within the household. The section that follows highlights gender issues with respect to food utilization and consumption.

Maternal health and nutrition status. Women’s health and nutrition affect newborns’ birth weight and the mother’s ability to breastfeed her infant for the first six months. Chronic energy deficiency (CED), as measured by body mass index (height/weight in kilograms), is a measure of women’s nutritional status. In Burundi, 16 percent of women of childbearing age have CED. Both adolescent girls 15 to 19 years and women 40 to 49 years are slightly more likely to have CED than other women.¹⁹²

Household-level approaches to nutrition hide intra-household inequality in food consumption. Nutrition programs that provide food to the household as a whole, as opposed to specifically to pregnant and lactating women, result in an unequal distribution of food within a household. Men control the distribution of resources at the household level, and do not share the distribution equally with or prioritize pregnant and lactating women and children.¹⁹³

3.3.2 Sector-Level GoB Gender Policies in Food Security, Agriculture and Economic Growth

Table 4. National Policies on Food Security and Agriculture

Policy, strategy or action plan	Implications for gender equality and women’s empowerment
Burundi Vision 2025	Pillar 2 of the document focuses on reducing food insecurity and malnutrition. It does not mention gender equality in nutrition and food security priorities.
Burundi Growth and Poverty Reduction Strategic Framework II (2012)	This framework highlights the low level of access of female entrepreneurship (including access to credit), low level of decision-making for women over use of the income that they generate, and their low positions in the modern (formal) sector. It emphasizes the following strategies: <ul style="list-style-type: none"> • Local services to support the professionalization of farmers’ organizations in setting up service centers that promote youth entrepreneurship and women—two groups rural poverty particularly affects; • Promotion and financing of youth and female entrepreneurship; • Putting place measures, such as reforming legal texts to allow Burundian women to have access to family assets to use as credit guarantees or to allow women to access credit without using land as a guarantee.
The National Agricultural Development Strategy 2008–2015	This strategy targets widows and child-headed households, families affected by HIV/AIDS, the elderly, disabled, and marginalized groups of Batwa (these groups represent more than 10 percent of the population). The strategy proposes no specific actions to address gender inequality in agriculture.
The National Agricultural Investment Plan (NAIP) 2012–2017	This plan accurately emphasizes the central role that women play in the food security of families and communities. However, the plan specified few targeted measures to address inequalities that hinder women from carrying out this role.

¹⁹² ISTEEDU, Enquête Démographique et de la Santé: Rapport de Synthèse (Bujumbura: ISTEEDU, 2010).

¹⁹³ WFP, Interview, October 22, 2016.

Policy, strategy or action plan	Implications for gender equality and women's empowerment
The Multi-Sectoral Strategic Plan for Food Security and Nutrition 2014–2017	This plan aims to decrease anemia among women of childbearing age; improve access to adequate food in quantity and quality (including pregnant and lactating women, children, workers, PLHIV, and the elderly); and reduce the prevalence of malnutrition among PLHIV. It sets out plans to prevent and manage malnutrition, including support for exclusive breastfeeding; prevent micronutrient deficiencies among pregnant and nursing women and in children under 5 years; and promote health actions sensitive to nutrition, with an emphasis on pregnant women. The plan does not address the inequalities in food availability and food accessibility mentioned above in Section 3.3.1.
National Protocol for Integrated Treatment of Acute Malnutrition 2014	This protocol specifies the roles and responsibilities of healthcare providers at all levels in treating malnutrition. It also specifies the treatment protocol for all nutrition-related illnesses. Regarding women, the protocol focuses largely on pregnant women. It misses the opportunity to focus on gender equality, particularly on the engagement of both men and women in nutrition.
Draft Law on Marital Property	See Section 3.2.2 in the Democracy and Governance Section.

3.3.3 Role of Central and Local Governance in Food Security, Agriculture and Economic Growth

There is little women's participation in decision-making structures regarding agricultural and nutrition policies and programming, including at the CCDC and the mixed committee on human security. Access to information on existing agricultural policies or development initiatives is strongly based on gender, and men have more access. In a study conducted by CRS in Muyinga, more than 80 percent of women respondents reported that they have not been invited to meetings of the major committees or were unaware of their existence. The study did not provide a counter statistic for men. The study also found that about 60 percent of male respondents believe that women who participate in community structures will become unruly or unmanageable and will disturb the natural order of men as heads of household.¹⁹⁴

3.3.4 Gender Equality Advances, Gaps and Recommendations in Food Security, Agriculture and Economic Growth Programming

The table below summarizes key advances, gaps and recommendations on gender equality and women's empowerment for food security, agriculture and economic growth in Burundi. It identifies how the Government of Burundi, other donors, and civil society actors respond to gender issues. The recommendations are for USAID to implement. Where they exist, the table also summarizes successful strategies and lessons learned on gender equality and women's empowerment in the sector. Finally, the table provides targeted recommendations for USAID to undertake programming in collaboration with the GoB, national and international NGOs and CSOs, and other donors in this area. The five priority recommendations for the food security, agriculture and economic growth sector, as stated in the executive summary, are interspersed below to facilitate USAID strategic approaches. They are also listed here:

¹⁹⁴ CRS, Analyse Des Barrières Liées au Genre dans la Lutte Contre la Malnutrition Chronique et le Retard de Croissance Chez Les Enfants de 0 à 2 Ans (CRS, May 2015).

1. Use the findings herein to support the integration of gender equality and women's empowerment into forthcoming GoB nutrition and food security strategies.
2. Include indicators in current USAID programming to measure change in gender and decision-making at the household level in the domains of health, nutrition, agricultural production, and the use of household income in standard USAID Food for Peace indicators.
3. In the USAID-supported Burundi Coffee Alliance Activity, prioritize the selection of women as lead farmers and/or the selection of two lead farmers (one male, one female) per agricultural group. USAID should provide training and incentives to farmers to undertake joint (male/female) decision-making. Support a quasi-experimental design to identify key success factors for increasing gender equality in household decision-making with respect to agricultural production, harvest, marketing and consumption.
4. In the USAID-supported Amashiga program, implement a quasi-experimental design methodology to identify whether specific interventions to engage men in household nutrition decisions and to engage women in village savings and loan associations effectively support intra-household changes in gender equality. USAID should adjust the program's current M&E framework to include quantitative measures of more gender-equitable communal and household decision-making on food security and nutrition.

Advances in gender equality programming	Gaps in gender equality programming	Recommendations
<i>Gender equality in intra-household and communal decision-making on agricultural production, harvest, marketing and consumption</i>		
<ul style="list-style-type: none"> GoB nutrition and food security strategies recognize the nutritional needs of women of childbearing age, pregnant women, and nursing women. They also recognize the central role that women play in the food security of families and communities. Prior to the (new) USAID Coffee Value Chain Activity, the Kahawatu Foundation supported a women's association to cultivate beans and raise livestock during the season when they are not engaging in coffee bean cultivation. They also supported male lead farmers and their wives to make more gender-equitable decisions at the household level. Anecdotal evidence suggests that in addition to women in the association having a larger role in agricultural decision-making in beans and livestock, they also are having a larger role in coffee production 	<ul style="list-style-type: none"> The majority of GoB nutrition and food security strategies target pregnant women, thus failing to consider the myriad gender-equality issues affecting nutrition and food security, including intra-household inequalities in food availability, accessibility and consumption. USAID-supported programming (in the Amashiga project), and the Kahawatu Foundation (pre-USAID support) activities do not include quantitative indicators to measure changes in gender equality in intrahousehold and communal decision-making on agricultural production. Most evidence of positive change is anecdotal and not systematically documented. The Burundi Coffee Alliance Activity program description does not include a gender analysis of the sector, despite inclusion of such analysis in the 	<ul style="list-style-type: none"> USAID should use the findings herein to support the integration of gender equality and women's empowerment into forthcoming GoB nutrition and food security strategies. USAID should include indicators in existing food security, agriculture and economic growth programming to measure quantitative changes in intra-household decision-making regarding health, nutrition, agricultural production, household consumption, and the use of household income. <p>USAID/Burundi Coffee Alliance Activity</p> <ul style="list-style-type: none"> USAID should prioritize the selection of women as lead farmers or the selection of two lead farmers (one male, one female) per agricultural group. USAID should also provide training and incentives to farmers to undertake joint

Advances in gender equality programming	Gaps in gender equality programming	Recommendations
<p>and other household decisions.¹⁹⁵</p> <ul style="list-style-type: none"> • With funding from the Gates Foundation, CARE International's Win-Win for Gender, Agriculture and Nutrition project is testing an innovative approach in the agricultural sector in Kirundo and Gitega to promote gender equality in food security among women and men farmers.¹⁹⁶ • The USAID-supported Amashiga program in Muyinga is supporting gender-responsive food availability, food accessibility, and food consumption, with an emphasis on engaging men and women in community decision-making on food security and nutrition, household-level food security, and nutrition decisions. It also emphasizes women's enhanced participation in marketing decisions and trade, and women's increased diversified off-farm livelihoods. 	<p>2012 USAID/Burundi Gender Assessment.¹⁹⁷</p>	<p>(male/female) decision-making, and let the community decide which lead farmers or farmers have most advanced in this area and provide them with benefits accordingly.</p> <ul style="list-style-type: none"> • USAID should scale up support for a greater number of women's cooperatives and associations (in the other 10 agricultural stations), and provide them with seeds, funds to rent larger parcels of land, and inputs to diversify their production.¹⁹⁸ • USAID should use a quasi-experimental design and develop a project MEL framework that includes quantitative measures of changes in gender equality with respect to household-level decision-making on agricultural production and spending. USAID should use the observed changes in gender equality to date, as well as the Institute for Food Policy Research's Women's Empowerment in Agriculture Index¹⁹⁹ as a basis for indicator development. USAID should consider aligning the framework with the one that CARE is using in its Win-Win project. <p>USAID/Burundi Amashiga Project</p> <ul style="list-style-type: none"> • USAID should adjust the MEL framework to include quantitative measures of more gender-equitable communal

¹⁹⁵ The former governor of Ngozi donated the land for the bean cultivation and livestock. For a historical overview of USAID's support for the coffee sector and a gender analysis of support needs, please see: USAID/Burundi, Gender Assessment Final Report (USAID, October 2012).

¹⁹⁶ CARE, Interview, October 27, 2016.

¹⁹⁷ USAID/Burundi, Coffee Value Chain Program Description (Bujumbura, 2016).

¹⁹⁸ Women's Association (supported by Kahawatu), Focus Group, October 31, 2016.

¹⁹⁹ For additional information on the Women Empowerment in Agriculture Index, please see: <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/126937/filename/127148.pdf>

Advances in gender equality programming	Gaps in gender equality programming	Recommendations
		<p>and household decision-making on food security and nutrition.</p> <ul style="list-style-type: none"> • USAID should implement a quasi-experimental design methodology to identify whether specific interventions to engage men in household nutrition decisions and to engage women in village savings and loan associations support changes in intra-household gender equality with respect to household production and nutrition decision-making. • USAID should replicate the Amashiga gender approach related to equal decision-making in households in other provinces in Burundi.
Gender and food availability		
<i>Gender equality in access to credit</i>		
<ul style="list-style-type: none"> • IFAD is supporting social-lending schemes to farmers by providing guarantees to pre-existing community-level groups whose members can benefit from funding from microfinance institutions on a rotating basis. 	<ul style="list-style-type: none"> • Women generally lack access to credit, which in turn impedes them from gaining access to other productive inputs needed to expand and evolve their agricultural production and other business endeavors. Access is challenging because they lack the guarantees necessary to obtain credit. Data on the rural/urban divide between men's access to credit was unable to be identified. 	<ul style="list-style-type: none"> • USAID should create mechanisms with credit providers so that women can access non-collateral, social network-based credit (without, in particular, having to use land as a guarantee).
<i>Gender and production systems</i>		
<ul style="list-style-type: none"> • There are none to report. 	<ul style="list-style-type: none"> • In Burundi, most food security programming concentrates on providing men with access to new technologies that will increase productivity and profit. In this context, women are regarded in most cases as manual labor, and men make all of the production decisions. • Men play a minor role in agricultural cultivation, which diminishes household productivity. 	<ul style="list-style-type: none"> • In general, USAID should support programming to provide equal support to men and women to increase productivity and profit.²⁰⁰ • USAID should support programming to increase men's engagement in all phases of agricultural production.

²⁰⁰ NGO Dushirehamwe, Interview, October 20, 2016.

Advances in gender equality programming	Gaps in gender equality programming	Recommendations
<i>Land inheritance, usufruct rights, and food availability</i>		
<ul style="list-style-type: none"> See Section 3.2 on gender equality, land inheritance and usufruct rights, and food-availability findings and recommendations. 		
Gender and food accessibility		
<i>Gender equality in the management of household resources</i>		
<ul style="list-style-type: none"> Outside of the scope of USAID funding, the NGO ZOA has implemented a creative solution to reduce the incidence of men selling agricultural products to make purchases that do not necessarily benefit the household through the creation of <i>colline</i>-level storage sheds for agricultural products. The sheds prevent men from simply selling the stored harvest on a whim. ZOA provides all of the infrastructure for the storage, and also encourages its members to sell the products when the market price is highest for their products.²⁰¹ 	<ul style="list-style-type: none"> There are none to report. 	<ul style="list-style-type: none"> USAID should scale up storage sheds and other approaches that facilitate accountability and gender-balanced decision-making in the use of household productive inputs and outputs.
Gender and food utilization and consumption		
<i>Gender and cooking fuel</i>		
<ul style="list-style-type: none"> Through its Safe Access to Fuel and Energy Burundi program, the World Food Programme is supporting a pilot approach to the use of fuel saving stoves in Gitega. 	<ul style="list-style-type: none"> Fuel and firewood are increasingly difficult to access. Firewood has a negative impact on deforestation, food security and health, and the physical safety of women and girls who go in search of such fuel. 	<ul style="list-style-type: none"> USAID should identify successes and scale up the WFP improved stove model or other similar effective models.
<i>Evidence-based models for economic autonomy for GBV survivors and those at-risk of GBV</i>		
<ul style="list-style-type: none"> ABUBEF in Ngozi and the International Rescue Committee are undertaking programming to increase the economic autonomy of GBV survivors and those at risk of GBV. 	<ul style="list-style-type: none"> In general, very few socio-economic programs in Burundi focus on GBV survivors or those vulnerable to GBV. Currently, few rigorous evidence-based models exist on the impact of economic autonomy initiatives on reducing/increasing vulnerability to GBV, in particular for sex workers and other vulnerable women in Burundi.²⁰² 	<ul style="list-style-type: none"> USAID should support the development of evidence-based models to reduce the vulnerability to GBV via initiatives to increase the economic autonomy, as well as the schooling, of women and girls.

²⁰¹ ZOA, Interview, October 26, 2016.

²⁰² ABUBEF, Interview, October 31, 2016.

4. USAID/BURUNDI STRATEGIC PRIORITIES ON GENDER EQUALITY AND WOMEN'S EMPOWERMENT

4.1 USAID Institutional Framework on Gender Equality and Women's Empowerment

This section provides an overview of the USAID global institutional framework on gender equality and women's empowerment, across multiple crosscutting themes, including women, peace and security, GBV, child marriage, and trafficking in persons.

Table 5. USG and USAID Strategies and Policies Related to GEWE

Policy framework	Purpose of the policy/strategy
The USAID Gender Equality and Female Empowerment Policy (March 2012)	This policy aims to improve the lives of citizens around the world by advancing equality between females and males, and empowering women and girls to participate fully in and benefit from the development of their societies. The policy stipulates that gender equality and female empowerment will be addressed through the integration of gender equality and female empowerment throughout the agency's program cycle and related processes. ²⁰³
The U.S. National Action Plan on Women, Peace, and Security (December 2011)	This plan intends to accelerate, institutionalize, and better coordinate the USG's efforts to advance women's inclusion in peace negotiations, peace-building activities, and conflict prevention; to protect women from sexual violence and GBV; and to ensure equal access to relief and recovery assistance in areas of conflict and insecurity. ²⁰⁴
The U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally (2012)	The strategy provides federal agencies with concrete goals and actions to be implemented and monitored on GBV over the course of the next three years, with an evaluation of progress midway through this period. ²⁰⁵
The USAID Vision for Ending Child Marriage and Meeting the Needs of Married Children (October 2012)	This framework provides a strategic vision for USAID's efforts in support of ending child marriage and meeting the needs of married children. ²⁰⁶
The USAID Counter-Trafficking in Persons Policy (2012)	This policy combats trafficking in persons by drawing on best practices from the last decade, providing guidance on pursuing more effective, efficient, and evidence-based approaches in counter-trafficking. ²⁰⁷
USAID Global Climate Change and Development Strategy 2012–2016 (2012)	The strategy emphasizes the importance of using gender-sensitive and inclusive approaches to climate change adaptation and mitigation to account for special skills and experiences relevant to climate change that both women and men possess, the disproportionate vulnerability of women and girls to the

²⁰³ USAID, USAID Gender Equality and Female Empowerment Policy (Washington, D.C.: USAID, 2012).

²⁰⁴ USG, The U.S. National Action Plan on Women, Peace and Security (Washington, D.C.: USG, 2011).

²⁰⁵ USG, The U.S. Strategy to Prevent and Respond to Gender-Based Violence Globally (Washington, D.C.: USG, 2012).

²⁰⁶ USAID, USAID Vision for Ending Child Marriage and Meeting the Needs of Married Children (USAID, 2012).

²⁰⁷ USAID, USAID Counter-Trafficking in Persons Policy (Washington, D.C.: USAID, 2012).

Policy framework	Purpose of the policy/strategy
	effects of climate change, and the inclusion of women in technological development in this area. ²⁰⁸
USAID Policy on Youth in Development (2012)	This policy provides guidance on pursuing more innovative and cost-effective approaches to empowering youth to contribute to and benefit from their countries' development efforts. The policy emphasizes the importance of gender equality as a condition for broad societal change. ²⁰⁹
LGBT Vision for Action Promoting and Supporting the Inclusion of Lesbian, Gay, Bisexual and Transgender Individuals (2014)	This vision provides core principles that will guide efforts to advance the freedoms and security of LGBTI people throughout the world, from expanding life-saving healthcare to financing small businesses. ²¹⁰
USAID Automated Directive System (ADS) 205 Integrating Gender Equality and Female Empowerment in USAID's Program Cycle (2015)	The policy defines gender analysis and explains how program offices and technical teams must incorporate the findings of gender analysis throughout the program cycle in country strategies and projects. ²¹¹

4.2 USAID/Burundi Policy and Practice on Gender Integration, Gender Equality and Women's Empowerment

This section lays out the USAID/Burundi framework for GEWE integration, as well as the associated division of labor and procedures associated with it. It also provides an overview of findings of a staff survey on gender integration in USAID/Burundi operations, as well as some findings from stakeholder interviews with USAID/Burundi staff and partners.

4.2.1 USAID/Burundi Procedures for Gender Integration

Though USAID/Burundi does not have a gender mission order, the office is covered by the USAID/Rwanda Gender Integration and Social Inclusion mission. The mission order stipulates that the USAID/Burundi gender advisor or point of contact (POC) is responsible for the following:

- S/he provides appropriate guidance to technical and program staff to ensure compliance with ADS 205 and USAID Gender Policy.
- S/he has the responsibilities of Gender Advisor or POC, as explicitly included in his/her job description, with an estimate of time allocation to carry out the work.
- S/he should have or be given the opportunity to fully develop the technical skills and competencies necessary to support gender integration in Burundi programs and activities.

The gender mission order assigns the task for GEWE integration largely to the USAID/Burundi Gender Specialist. There is a need for a Burundi mission order that distributes the responsibility for GEWE integration among different senior staff and subsequently includes the pertinent tasks in the terms of

²⁰⁸ USAID, USAID Climate Change and Development Strategy 2012-2016 (USAID, 2012).

²⁰⁹ USAID, Youth in Development Realizing the Demographic Opportunity (Washington, D.C.: USAID, 2012).

²¹⁰ USAID, LGBT Vision for Action: Promoting and Supporting the Inclusion of Lesbian, Gay, Bisexual, and Transgender Individuals (USAID, 2014).

²¹¹ USAID, Automated Directive System Chapter 205: Integrating Gender Equality and Female Empowerment in USAID's Program Cycle (USAID, 2013).

reference of all staff. Previous GEWE integration efforts at the mission level have shown that the investment of senior staff is crucial to ensure success.

USAID/Burundi has supported the preparation of several gender analyses, including:

- IHPB Gender Analysis (and Strategy) (Health)
- Amashiga Gender Analysis (Food Security)
- PEPFAR Gender Analysis (Health)
- RESPOND's Services for Sexual Violence Survivors in Kayanza and Muyinga provinces
- Burundi PLACE Report: Priorities for Local AIDS Control Efforts

These analyses support the development of programming at all stages of the program cycle.

4.2.2 Results from the USAID/Burundi Staff Survey on Gender Integration

Profile of Respondents

The gender analysis team surveyed USAID/Burundi Country office staff and partners on gender integration using a survey instrument implemented through Google Forms to gauge staff and partner knowledge, attitudes and practices on gender equality and women's empowerment integration. The results presented here are self-reported and therefore subject to the respondent's perceptions of her or his knowledge and practice in this area.

Seven out of 13 USAID/Burundi Country Office staff responded to the survey over a 14-day period in October 2016. This represents approximately 50 percent of USAID staff in Burundi. Seventy-one percent of respondents were male and 29 percent were female. 86 percent of respondents were a USAID/contracting officer's representative (COR) or activity manager and 14 percent were a USAID/Burundi staff person (not an agreement officer or contracting officer representative or activity manager). Approximately 63 percent of respondents identified themselves as a gender focal point or resource for their team or the country office.

Fifteen USAID-partner country managers or senior technical staff completed the survey; 73 percent of respondents were senior managers of a USAID-funded program and 27 percent were senior technical staff of a USAID-funded project or program. 40 percent of the respondents were female, and 60 percent were male. In addition, 60 percent of respondents were the gender focal point or resource for their institution while 40 percent did not carry out this function.

Survey Criteria for Measuring Attitudes and Perceptions, Knowledge and Practice on Gender Equality and Women's Empowerment Tasks

The survey measured attitudes and perceptions, knowledge and practice with respect to the following gender equality and women's empowerment integration tasks:

- Conducting an analysis of gender and women's empowerment during the project design phase.
- Integrating gender equality analysis findings into project/program design.
- Implementing gender equality and women's empowerment programming.

- Selecting and monitoring project/program indicators that capture gender equality or women's empowerment.
- Integrating GBV prevention and response into programming.
- Integrating LGBTI considerations into the design and implementation of programming.

Attitudes and Perceptions on GEWE Integration in the Program Cycle²¹²

More than 85 percent of USAID and partner senior staff find most of the gender equality tasks listed above to be important. USAID partner staff are more likely than USAID staff to find implementing gender equality and women's empowerment programming and integrating GBV prevention and response programming very important. USAID partner staff are less likely than USAID staff to find the task of integrating LGBTI considerations into the design and implementation of programming important (28.6 percent and 53 percent, respectively).

GEWE Knowledge in the Program Cycle²¹³

USAID staff consider themselves knowledgeable about the GEWE tasks listed above to varying degrees. For example, only 29 percent of staff consider themselves knowledgeable or very knowledgeable about conducting a GEWE analysis during the project design phase, integrating gender analysis findings into the project and program design or USAID strategic framework, and integrating GBV into the design and implementation of programming. Conversely, about 57 percent consider themselves knowledgeable or very knowledgeable about implementing GEWE programming and selecting and monitoring project and program indicators that address GEWE.

Approximately 54 to 73 percent of USAID partner staff consider themselves knowledgeable or very knowledgeable about most of the GEWE tasks listed above. USAID and USAID partners are less confident about the integration of LBGTI in project design and implementation, with 57.1 percent and 60 percent, respectively, considering themselves unknowledgeable.

Access to GEWE Training²¹⁴

Training During Career: The data indicate that 14 percent of USAID staff have not participated in any gender trainings in their careers, 29 percent of USAID staff have participated in one full day or less of gender training, and 57 percent in two days or more of training. Among partner staff, 27 percent have not participated in such trainings, 27 percent have participated in one full day or less of training, and 47 percent have participated in two days or more of trainings.

Training in Current Position: USAID staff are more likely than USAID partner staff to have participated in gender training since they began work in their current position (57 percent and 27 percent respectively). The majority of both USAID and partner staff have had no training on addressing GEWE in monitoring and evaluation (86 percent and 67 percent, respectively).

²¹² Please see Annex I, Table 1 for more detailed survey data. Survey question 4.

²¹³ Please see Annex I, Table 2 for more detailed survey data. Survey question 5.

²¹⁴ Please see Annex I, Table 2 for more detailed survey data. Survey questions 6 through 10.

Access to Gender Analysis Tools: Approximately half of both USAID and partner staff have access to gender analysis tools. USAID staff members who reported having access to such tools cited the USAID Gender Equality and Female Empowerment Policy (ADS 205) and the U.S. Strategy to Prevent and Respond to Gender-Based Violence. USAID partner staff in the same category mentioned the gender and social inclusion planning tool; tools developed by USAID’s MEASURE Evaluation activity on the integration of gender in combating HIV and in other health programs; the women’s empowerment triangle framework; daily and seasonal calendar for women; and USAID’s gender-analysis domains framework in the ADS 205.

GEWE in Practice²¹⁵

Forty-three percent of USAID staff respondents reported conducting a gender analysis during the project and program design phase, including GEWE objectives in the project and program design, and integrating LGBTI considerations into the design and implementation of programming. Fifty-seven percent reported implementing GEWE programming activities, selecting and monitoring project and program indicators to measure changes in GEWE, integrating GBV prevention and response in the project and program design and implementation of programming, and integrating GEWE in the project appraisal document.

Approximately 65 percent of USAID partner staff reported including GEWE objectives in the project and program design, implementing GEWE programming activities, and integrating GBV prevention and response in the project and program design and implementation of programming. Roughly 54 percent of USAID partner staff reported conducting a gender analysis during the project and program design phase, and selecting and monitoring project and program indicators to measure changes in GEWE. Only 20 percent of partners reported integrating LGBTI considerations into the design and implementation of programming.

Obstacles to Gender Integration in the USAID Program Cycle²¹⁶

USAID staff most often cited a lack of staff training on gender (85.7 percent), lack of staff capacity (71.4 percent), limited staff time (71.4 percent), a lack of financial resources for gender programming (57.1 percent), and a lack of gender tools (57 percent) as the primary obstacles to gender integration in the program cycle. USAID partners cited the lack of staff capacity, lack of financial resources for gender programming, lack of staff training on gender (53 percent), lack of gender tools (47 percent), and office culture and environment and gender norms (40 percent) as the primary obstacles for gender integration.

Access to Support for Gender Integration²¹⁷

Eighty-six percent of USAID staff consider that they have very infrequent or no access at all to support for gender integration, including from the USAID gender focal point, USAID regional gender advisor or technical expert, or USAID/Washington gender advisor or technical expert. Forty percent of USAID partner staff members say that they have access to in-county technical support from one to six times per

²¹⁵ Please see Annex I, Table 3 for more detailed survey data. Survey question 11.

²¹⁶ Please see Annex I, Table 4 for more detailed survey data. Survey question 12.

²¹⁷ Please see Annex I, Table 4 for more detailed survey data. Survey question 13.

month, and 60 percent say that they have very infrequent access or no support at all from organizations in or outside of Burundi.

Dedicated Funding for Gender Integration²¹⁸

Approximately 40 percent of both USAID and partner staff indicate that they have no funds for gender integration. Twenty-nine percent of USAID staff and 40 percent of partner staff indicate that they have funds, but that they are insufficient for gender integration. Approximately 29 percent of USAID staff indicate that the funds that they have are sufficient for gender integration, and 20 percent of USAID partners indicate the same.

GEWE Monitoring and Evaluation

A systematic review of all USAID/Burundi's strategic, program and project documents and interviews with nearly all of the USAID partners indicate that gender equality and women's empowerment is an important component of a large portion of USAID/Burundi-supported programming. Examples include the IHPB and Linkages in the health sector; ZOA in the democracy and governance sector; and Amashiga in the food security, agriculture and economic growth sector. The remainder of USAID/Burundi programming focuses more narrowly on ensuring 50 percent participation of women in activities rather than supporting changes in gender equality and women's empowerment such as more equal decision-making and access to resources at the household and community levels and beyond.

The departure point for the inclusion of GEWE in USAID/Burundi strategic and project documents is the use of monitoring and evaluation as a program development tool. The first step in such a process is developing a program and project theory of change that provides a problem statement on gender equality issues in the sector or portfolio. The research reveals that the 2017–2021 Health Sector PAD and the corresponding project and program documents have defined problem statements and theories of change in this area, which in turn have informed programming (including the monitoring evaluation framework) in the sector. The 2015–2019 Democracy and Governance PAD and corresponding project and program documents have only superficially defined a problem statement and theory of change in this area. This results in GEWE programming that focuses largely on women's participation (including the monitoring evaluation framework) in the sector rather than a broader focus on gender equality. The one exception is the ZOA project, whose design did not initially include a significant gender component. During program implementation, however, ZOA took the initiative to include gender equality programming and activities.

The Food for Peace Food Security Framework for Burundi FY2014–2019 provides a gender analysis problem statement and theory of change, though it does not adequately address intra-household gender equality with respect to food security, agriculture and economic growth. The program priorities and indicators on GEWE that correspond to the theory of change are elaborated in greatest detail in the health sector and Food for Peace food security framework. At the time of writing, the new Burundi Coffee Alliance activity (economic growth) program description did not include a theory of change or analysis of key gender equality advances and gaps in the sector.

²¹⁸ Please see Annex I, Table 4 for more detailed survey data. Survey question 14.

In both the democracy and governance and food security sectors, programming efforts are underway to address intra-household-, community-, and communal-level gender-equality knowledge, attitudes and practices (in particular in the ZOA and Amashiga projects with respect to decision-making on household health, nutrition and agricultural production). This programming, however, includes only qualitative reporting. There is an enormous opportunity to include quantitative measures of changes in this domain and to build an evidence base for such practices for future USAID, GoB, NGO, and other donor programming. The same applies for the Burundi Coffee Alliance activity, where USAID partner Kahawatu has existing programming (although no indicators) to address gender inequality in agricultural production and other household decision-making.

4.3 Recommendations on USAID/Burundi Policy and Practice on GEWE Integration

The gender analysis team proposes the following recommendations for USAID/Burundi GEWE integration. These suggestions focus on supplementing existing practices, as well as providing additional support for GEWE integration.

- USAID should develop a USAID/Burundi Gender Mission Order that specifies the responsibilities of all USAID/Burundi staff with respect to gender equality and women's empowerment in the program cycle.
- USAID should provide an in-briefing to all new USAID/Burundi staff on USAID gender equality and women's empowerment policy and tools in the first days of their employment.
- USAID should include GEWE integration tasks in the terms of reference of all staff in line with their responsibilities specified in the proposed Gender Mission Order.
- USAID should increase the knowledge of USAID staff and partners on all gender integration tasks implemented throughout the program cycle. To this end, provide yearly intensive training (at least two days) to all USAID and partner staff in this area, and provide discrete support to COR staff from concept paper development to award development.
- USAID should provide all USAID staff with tools for integrating gender in all phases of the program cycle, in particular for developing quantitative measures of changes in gender equality and women's empowerment. Such tools include:
 - USAID University modules on gender equality integration.
 - IFPRI, Oxford Poverty and Human Development Initiative, and USAID Feed the Future Women's Empowerment in Agriculture Index.²¹⁹
 - SASA! Raising Voices Toolkit.^{220 221}
 - The USAID Gender Equality and Female Empowerment Policy (2012).
 - The USAID Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum (2014).
 - The ACDI/VOCA Gender Analysis Assessment and Audit Manual Toolkit (2012).

²¹⁹ IFPRI, Oxford Poverty and Human Development Initiative, and USAID Feed the Future Women's Empowerment in Agriculture Index Resource Center.

²²⁰ Raising Voices, SASA! Toolkit (Kampala: Raising Voices, 2016).

²²¹ The NGO Beyond Borders in Haiti has adapted the toolkit to address GBV prevention and response. The authors can provide additional contact information for the organization upon request.

- USAID should hold USAID staff and partners accountable (via relevant work objectives) for undertaking gender integration tasks in the program cycle. This includes preparing a gender analysis for each program/project concept paper, ensuring that USAID partners undertake a gender analysis at the beginning of program/project implementation, and including the results of the analysis in the project/program design and Monitoring and Evaluation Framework. Enhance support to staff for this purpose, including the designation of a second gender POC in the USAID/Burundi Mission.
- To the largest extent possible, USAID should integrate the recommendations herein in all sectors of USAID/Burundi programming, even if USAID has already finalized the PAD for the sector.

ANNEX A: STATEMENT OF WORK

C.1 OBJECTIVE

The goal of USAID/Burundi's country-level gender analysis is to identify key gender issues, inequalities, constraints and opportunities in Burundi and offer conclusions and recommendations for integration into USAID's strategic planning and activities. This analysis will present a countrywide picture and build on sector-specific gender analyses completed over the past year.²²² The gender analysis findings and recommendations will be used to guide USAID/Burundi's gender integration throughout its strategic planning, including the development of the USAID/Burundi office strategic results framework,²²³ the Embassy Bujumbura Integrated Country Strategy, the Health Project Appraisal Document (PAD), and designs of upcoming health, democracy and governance and economic growth activities.

C.2 BACKGROUND

a) Country Context

Extreme Poverty and Political Instability

More than a decade since the conclusion of 10 years of civil war and five years of civil conflict that severely weakened health and social welfare systems, Burundi is one of the least developed and most fragile countries in the world, with alarming levels of hunger and malnutrition that have been exacerbated by the current political crisis. An ongoing refugee crisis, with over 250,000 Burundians registered in neighboring countries, is separating people from their land during harvest time, and refugee returns in the future will create an increasingly complex food security and land problem.

Burundi has a Gross National Income of \$251 per capita and remains one of the poorest countries in the world, ranked 184 out of 188 countries on the 2015 UNDP Human Development Index.²²⁴ With a population of 10,483,000, 97.6 males per 100 females, and more than 300 inhabitants per square kilometer, Burundi has the second-highest population density in sub-Saharan Africa, behind Rwanda. Burundi is also one of the world's 40 "Heavily Indebted Poor Countries (HIPC)"—defined as developing countries with high levels of poverty (68 percent in Burundi) and substantial foreign and domestic debt overhang. The 2014 Global Hunger Index rated Burundi as the hungriest in the world, which has been exacerbated by the current crisis.

Burundi's health and demographic situation often ranks low in sub-Saharan Africa and globally. Its demographic profile reflects a large and growing youth bulge, which will continue to challenge the country as it plans how to support this exponentially growing youth population. According to GoB statistics, 45

²²² During the past year, USAID/Burundi completed the gender analysis required for funding related to the President's Emergency Plan for AIDS Relief (PEPFAR) and for a large activity fighting malnutrition in Muyinga province.

²²³ As USAID/Burundi is a country representative office, the strategic results framework will serve as the Office's equivalent to the country development cooperation strategy for USAID/Burundi.

²²⁴ UNDP, UNDP 2015 Human Development Report (2015).

percent of the population is under the age of 15; 50 percent is under the age of 20; and the median age is 17. Challenges persist in the health of the population, reflecting the political and economic barriers.

Gender-based Violence

Gender-based violence (GBV) was widespread during Burundi's civil war. In addition, the Ministry of National Solidarity, Human Rights and Gender estimates 10,000 cases of GBV in 2015 (though this figure is not disaggregated by types and severity of violence groups). Those most at risk of GBV include young women, women who head households, and marginalized populations. The 2010 Burundi Demographic and Health Survey (DHS) found that 72.9 percent of women between the ages of 15-49 and 44 percent of men feel that a husband has the right to hit his wife for one of the reasons cited by the survey.²²⁵ Burundi has a National Gender Strategy (2012), a National Strategy to Fight Gender-Based Violence (2009), and a Resolution 1325 National Action Plan (2011).

Economic Growth and Food Security

In Burundi, 80 percent of women are engaged in farming activities. A nutrition-focused gender analysis conducted in March 2015 revealed that women lack access to household cash resources, while they have the most responsibility for ensuring children's nutrition. A baseline study of gender barriers to nutrition brings out the problems with management of household resources: "Burundian women have minimal power to make decisions and little control over how the revenues are spent since men often require women to ask permission before using household resources to participate in community events or even take sick children to the health center."

To guide its reconstruction and economic development efforts after the civil war, the Government of Burundi developed two Poverty Reduction Strategies, the last being 2012-2016. Notable progress was made during the post-war period in the education and health sectors, as well as in gender, most notably with female representation in the executive and legislative bodies reaching 30 percent. There have been mixed results with regard to eliminating extreme poverty and hunger and in achieving sustainable and broad-based economic growth.

Galloping population growth combined with a predominantly agriculture-based economy has led to the continuous fragmentation of land, which has decreased in size from over 1 hectare per household in 1973 to 0.7 hectare in 1989, and only 0.5 hectare in 2009. In addition, throughout East Africa, economic growth is inhibited by a poor business climate, high transport and energy costs, and low on-farm productivity levels. Both economic growth and food security are affected by land policy, which discriminates against women. The Global Gender Report for 2015 gives Burundi the lowest rating for inheritance rights for daughters, and a score of 50 percent on women's secure access to land use, control and ownership, and women's secure access to non-land assets use, control and ownership.

Health

Although Burundi's health indicators have improved over the past 10 years, there is still great concern

²²⁵ The 2010 DHS used the response to this question as a proxy to evaluate the acceptance of sexual violence toward women. The cited reasons include burning the food, arguing with her husband, leaving the home without telling her husband, neglecting the children, or refusing to have sexual relations with her husband.

about the prevalence of disease and the endurance of the fragile health infrastructure.

The 2010 DHS data showed that maternal and child mortality is estimated at 500/100,000 and 96/1,000 live births, respectively. The total fertility rate was 6.4 percent while the national contraceptive prevalence rate was 22 percent for modern methods.

Malaria is considered a major public health problem in Burundi and places a heavy burden on the health system. Burundi's Health Management Information System (HMIS) data indicate that cases of malaria represent approximately 25 percent of total consultations and account for up to 48 percent of deaths in health facilities among children under five. The fatality rate associated with malaria in hospitals was 2 percent with a prevalence of 17 percent in 2012. Burundi recorded a slight increase in reported malaria cases in 2014 compared to 2013. This increase is likely due to improved diagnosis, as confirmed cases of malaria have increased from 8 percent in 2012 to 96 percent in 2014. There has been a concerning regional increase in malaria cases over the past six months.

According to the 2010 DHS, Burundi faces a generalized HIV/AIDS epidemic with a national HIV prevalence of 1.4 percent. The prevalence among women (1.7 percent) is higher than among men (1.0 percent). In addition, the 2013 Priorities for Local AIDS Control Efforts (PLACE) study completed in Burundi showed an estimated prevalence of HIV among FSWs to be 22 percent and among men who have sex with men (MSM) to be 6 percent. These and other studies have also alluded to significant GBV among these key populations. U.S. assistance to mitigate HIV/AIDS is provided through the President's Emergency Plan for AIDS Relief (PEPFAR) Country Operational Plan (COP). Addressing sexual violence is a priority of Burundi's PEPFAR program. Not only is sexual violence a concern as a human rights issue, it is also associated with HIV infection and other adverse health outcomes.

USAID/Burundi Background

As a USAID Limited Presence Country Office, USAID/Burundi's strategic programming document is based on the 2015-2017 Burundi Integrated Country Strategy. The FY 2015 budget was \$57.9 million. Current activities supported by current and prior year funds are in the following areas:

- Health: HIV/AIDS, malaria, maternal/child health, family planning/reproductive health, and the prevention of GBV and care for survivors;
- Democracy and governance: youth peacebuilding, land tenure, and encouragement of improved community relationships and constructive dialogue between political and civil society leaders;
- Food for Peace (FFP): combating malnutrition and food aid distribution; and
- (Planned) Economic development: sustainable agriculture, developing microenterprises, and public-private partnerships.

Relationship to Other USAID Programs and Other Donors

Promoting gender equality and advancing the status of all women and girls around the world is vital to achieving U.S. foreign policy and development objectives. In 2012, USAID adopted several comprehensive, interlinked policies and strategies to reduce gender inequality and enable girls and women to realize their rights, determine their life outcomes, influence decision-making, and become change agents in households,

communities and societies. These policies and strategies include: the Gender Equality and Female Empowerment Policy; the U.S. National Action Plan on Women, Peace and Security; the U.S. Strategy to Prevent and Respond to Gender-based Violence Globally; the USAID Vision for Ending Child Marriage and Meeting the Needs of Married Children; the USAID Disability Policy; the USAID LGBT Vision for Action;²²⁶ and the USAID Counter-Trafficking in Persons Policy. Together, these policies and strategies provide guidance on pursuing more effective, evidence-based investments in gender equality and female empowerment and incorporating these efforts into our core development programming. Automated Directive System (ADS) 205 explains how to implement these new policies and strategies across USAID's Program Cycle. In conformity with ADS 205, FFP, and PEPFAR goals and policies, USAID/Burundi is undertaking a country-level, multi-sector gender analysis to better inform present and future programming and integrate findings and recommendations as appropriate.

Gender analysis is the systematic gathering and analysis of information to identify and understand the roles, divisions of labor, resources, constraints, needs, opportunities/capacities, and interests of men and women (and girls and boys) at the macro level in a given context. The analysis should also look at other cross-cutting issues, e.g., GBV and women's leadership.

The democracy and governance portfolio will benefit from this gender analysis to guide strategies and programming that are in line with the Executive Order signed by President Obama entitled "Instituting a National Action Plan on Women, Peace, and Security." This plan describes the course the United States government will take to accelerate, institutionalize, and better coordinate efforts to advance women's inclusion in peace negotiations, peacebuilding activities, and conflict prevention; to protect women from sexual and gender-based violence; and to ensure equal access to relief and recovery assistance in areas of conflict and insecurity.

C.3 RESULTS AND GOALS

The goal of the gender analysis will be to successfully address the following objectives:

- Provide a broad overview of the significant gender issues at the country macro level. This overview should include:
 - A snapshot of the gendered social and political economy in Burundi (including reference to any international indices such as the Women's Empowerment Framework Global Gender Gap or UNDP Gender Inequality Index)
 - A description of the policy environment and capacity to address gender gaps at the national and sub-national levels, including government gender action plan(s) and commitments to international agreements
 - A snapshot of civil society's efforts to promote gender equality
 - How other donors respond to gender issues
- Assess key GoB and other donor gender-related policies, laws, and programs, and identify

²²⁶ The USAID LGBT Vision for Action would be helpful to protect Burundians who may be victims of Criminal Code 567, which penalizes consensual same-sex sexual relations by adults with up to two years in prison, thus violating rights to privacy and freedom from discrimination.

opportunities for collaboration and mutual strengthening of gendered approaches.

- Outline significant gender issues that need to be addressed at the strategic and project levels for a broad range of USAID technical areas, including health, democracy and governance, food security and agriculture, and economic growth.
- Identify the gender-based constraints to and opportunities for equitable participation and access of men and women to programs and services in USAID/Burundi's existing portfolio and projected activities.
- Analyze the potential impacts of USAID/Burundi's activities and strategic approaches on the status of men and women in Burundi, taking into consideration rural /urban divide, class, and other key variables.
- Identify successful strategies, approaches, and lessons learned that USAID/Burundi can use to enhance accessibility and equitability of its programs to improve the well-being of women, men, girls and boys.
- Provide recommendations that identify and prioritize how the country team can better integrate gender considerations into current and future programs and higher-level strategic plans.
- Provide recommendations on how to incorporate gender in monitoring and evaluation systems.
- Address PEPFAR and FFP gender analysis requirements.

C.4 GENERAL ANALYSIS PARAMETERS

The contractor's approach should include the following:

- Comprehensive literature review of pertinent documents, including studies, analysis, surveys, and country-level gender analyses conducted by donors, NGOs, GoB and the academic communities, and USAID, including but not limited to partner annual reports and gender analyses, situation analyses, sector assessments, evaluations, GoB laws, regional or sectorial gender analyses, and official national- and regional-level data and statistics.
- Discussions and interviews with a wide variety of key stakeholders, intended program beneficiaries, local academic institutions, civil society organizations, GoB officials, and key USAID/Burundi and U.S. Embassy Bujumbura staff. The consultants will be expected to develop a list of key contacts and provide the list to USAID/Burundi.
- Meetings with USAID implementing partners (contractors, grantees, private voluntary organizations [PVOs)/NGOs]) and each technical team. The technical teams will assist with identifying the most important partner contacts.
- Site visits to project activities, when appropriate.

The Contractor should include all of the domains listed in ADS 205.3 in the gender analyses.

C.5 DELIVERABLES/TASKS REQUIRED

The Contractor will provide the following deliverables. All written documentation for submission by the offeror to USAID/Burundi must be in English.

Final work plan/schedule: The Contractor shall submit a final work plan to be approved by the COR. The data collection instruments and proposed list of interviewees shall be submitted no less than three weeks prior to the gender analysis team's arrival in Burundi. The Program Office will provide a list of initial reading and interview suggestions to assist the Consultant. (See Attachment I)

Field visit should include the following:

1. In-brief on the analysis and a kick-off meeting on day one in the field with relevant USAID staff.
2. Mission-wide presentation of the gender analysis, including initial key findings from the research, conclusions, and recommendations for gender integration within USAID/Burundi activities. The PowerPoint document for this presentation is due no less than one business day prior to the presentation.
3. Final Gender Analysis: A final gender analysis will be completed within 20 business days after departure from the field that addresses comments discussed during the Mission-wide presentation.

C.6 SCHEDULES AND LOGISTICS

The Contractor shall be responsible for the administrative support and logistics required to fulfill this task. These shall include all travel arrangements, appointment scheduling, secretarial services, report preparations services, printing, duplicating, and translation services.

USAID will assist the Contractor in obtaining any additional program documents and contacts necessary to fulfill the task. The COR and/or alternate will provide strategic direction and guidance throughout the analytical process, including the development of the final work plan, any data collection tools, and gender analysis report outline, approach and content. It is expected that many USAID/Burundi staff with different expertise will be involved with the gender analysis process. The primary focal point for the gender analysis will be the COR based in the USAID/Burundi Program Office.

C.7 FINAL REPORT FORMAT

The Gender Analysis final report must not exceed 30 pages, excluding cover page, table of contents, and annexes/attachments.

The report must be written in English and should include an executive summary; introduction; background on the local context; the main analytical objectives; the methodology or methodologies; the limitations to the analysis; findings, conclusions, and recommendations; and lessons learned (if applicable).

The executive summary should be 3–5 pages in length and summarize the purpose, background of the project being evaluated, main analytical questions, methods, findings, conclusions, and recommendations and lessons learned (if applicable).

The analytical methodology shall be explained in the report in detail. Limitations to the gender analysis shall be disclosed in the report, with particular attention to the limitations associated with the methodology.

The annexes to the report shall include:

- The gender analysis statement of work.
- A bibliography of sources consulted, including interviews, focus groups, and any other data collection method.
- A comprehensive annotated bibliography of all documents reviewed and copies of the

documents not provided by USAID.

- List of sites/organizations/institutions visited and individuals and groups interviewed.
- All data collection tools, survey instruments, and questionnaires developed for interviews and focus group discussions.
- Names, titles, agency, and contact information of individuals interviewed, met, etc.
- Electronic copy of data sets.

This country level gender analysis shall comply with ADS Chapter 205 requirements for gender analysis, which is available through the following link:

<https://www.usaid.gov/sites/default/files/documents/1870/205.pdf>

C.8 SUBMISSION TO THE DEVELOPMENT EXPERIENCE CLEARINGHOUSE (DEC)

In order to be deemed acceptable, the final report must include all of the elements listed below. The final approved report will be a public document to be submitted to the Development Experience Clearinghouse (www.dec.org) (DEC) following the required Office of GenDev format (see Annex II).

The Report will succinctly describe:

- The gender inequality and female empowerment issues in Burundi related to USAID/Burundi's current and future strategic plan and program portfolio and manageable interest.
- An analysis of the most binding constraints to promoting gender equality, including additional analysis on how these constraints vary within Burundi.
- Specific and significant gender issues that need to be addressed at the strategic level for USAID/Burundi technical areas.
- Specific recommendations on how USAID/Burundi can better address gender-related gaps, relevant gender norms, and incorporate gender equality and women's empowerment objectives at the strategic level, and opportunities for collaboration between USAID and the GoB, other donors, and/or other relevant actors.
- Up-to-date analysis on other donors' work on gender equality, and specific recommendations on how USAID/Burundi can leverage its own comparative advantage to maximize the impact of this collective work.
- Recommendations for how to incorporate gender into USAID/Burundi's monitoring and evaluation systems.

Annexes should include the following information:

- Statement of work.
- A bibliography of sources consulted, including interviews, focus groups, and any other data collection method.
- Comprehensive annotated bibliography of all documents reviewed and copies of the documents not provided by USAID.

- List of sites/organizations/institutions visited and individuals and groups interviewed.
- All data collection tools, survey instruments, and questionnaires developed for interviews and focus group discussions.
- Names, titles, agency, and contact information of individuals interviewed, met, etc.
- Electronic copy of data sets.
- List of background documents reviewed.
- Copies of background documents that were used by the consultant and were not provided by USAID/Burundi.

All quantitative data collected by the analytical team must be provided in machine-readable, non-proprietary formats as required by USAID's Open Data policy (see ADS 579). The data should be organized and fully documented for use by those not fully familiar with the analysis. USAID will retain ownership of all survey and datasets developed. All project data and records will be submitted in full and should be in electronic form in non-proprietary software and easily readable format, organized and documented for use by those not fully familiar with the gender analysis, as well as for submission to the Development Data Library, and will be handed over to USAID, who owns the data.

In accordance with AIDAR 752.7005, the Contractor will make the final gender analysis report publicly available through the Development Experience Clearinghouse within 30 calendar days of final approval of the formatted report.

END OF SECTION C

SECTION F – DELIVERIES OR PERFORMANCE

F.1 PERIOD OF PERFORMANCE

The period of performance for the Task Order is from the effective date of the award stated in block 7 of the cover page. In accordance with the Statement of Work, the period of performance from start to finish for the Gender Analysis will be conducted over a period of three months. This includes time for document review, work plan development, travel, data collection, analysis, report writing, briefings, and USAID/Burundi's review of the team's work. USAID/Burundi expects the team to highlight salient preliminary findings while in Burundi.

F.2 PERSONNEL REQUIRED

The Contractor evaluation team will have demonstrated capability to implement successful evaluations. Required personnel include: a Team Leader, a Gender Specialist Expert, and a Data Analyst/Logistics Coordinator.

a) Team Leader (International Expert on Gender)

The Team Leader will be ultimately responsible for ensuring the production and completion of a quality report, in conformance with this statement of work and USAID's gender policy. He/she should have a strong background in research methods. He/she should also fulfill the following conditions:

- Master's degree from a recognized university in Public Health, Monitoring and Evaluation or other related Social Sciences
- Extensive experience on gender issues and integration of gender perspectives into programming
- Demonstrated knowledge of USAID gender mainstreaming and integration policy and strategy development literature
- Demonstrable ability to lead an analytical team staff with a range of backgrounds and expertise
- Experience in conducting analyses in sub-Saharan Africa (required); work experience in Burundi would be an advantage
- Excellent analysis and reporting skills
- Fluency in English and French is required

The Team Leader will be assisted by consultants with the following expertise. If possible, the offeror is strongly encouraged to identify local individuals to fulfill these roles where possible.

b) Gender Specialist Expert (local or regional)

The Gender expert will be responsible for providing local context and advice to the evaluation team and coordinating technical analyses related to their area of expertise. She/he will be involved in the planning, data collection, analysis, and drafting of the report, as well as other relevant tasks as determined by the Team Leader. He/she should also fulfill the following conditions:

- A minimum of five years' experience in conducting research studies and using qualitative

- methodologies
- Experience working on gender issues in sub-Saharan Africa preferred (work experience in Burundi would be an advantage)
- Substantial work experience with various gender issues
- Supports the assessment process, and assists logistics coordinator with local meeting arrangements; contributes regional knowledge
- Excellent computer, data analysis and reporting skills
- Fluency in French and Kirundi is required

c) Data Analyst/Logistics Coordinator (local)

The Data Analyst/Logistics Coordinator will be responsible for assisting the team in qualitative data collection and analysis and for coordinating and scheduling meetings and appointments, transportation, report preparation, printing and copying, and other administrative services as required. He/she should also fulfill the following conditions:

- Bachelor's from a recognized university
- Experience in conducting operational research studies and both quantitative and qualitative evaluation methodologies
- Demonstrated knowledge in use of different computer-based data analysis tools/programs
- Experience in evaluation management and logistics coordination
- Fluency in Kirundi and French is required

F.3 REPORTS AND DELIVERABLES

In addition to the requirements set forth elsewhere for submission of reports, the Contractor shall submit reports, deliverables or outputs as further described below to the TO COR (referenced in Section G.2):

F.3(a) Final Work Plan

The Final Work Plan required by Section C.5 above shall be delivered to the TO COR at least three weeks prior to the Team's arrival in Burundi. This final version must incorporate USAID/Burundi's comments on a draft plan due 10 business days after award.

F.3(b) In-briefing

The In-briefing presentation required by Section C.5 above shall be held at USAID/Burundi within two working days of arrival in Burundi. The analytical team will participate in an in-briefing with primary stakeholders in the USAID/Burundi Program Office and Technical Offices for introductions and to discuss the team's understanding of the assignment, initial assumptions, key analytical questions, methodology, and work plan, and/or to adjust the Statement of Work (SOW), if necessary.

F.3(c) Dissemination Presentation

The Dissemination Presentation required by Section C.5 above shall be held at USAID/Burundi for USAID and U.S. Embassy staff and relevant counterparts. This presentation will be scheduled as agreed upon in the work plan.

F.3(d) Final Gender Analysis Report

The Final Gender Analysis Report required by Section C.5 above must be done on the following timeline:

- The work plan will propose the number of working days the analytical team will need to respond/incorporate the final comments from USAID/Burundi.

ATTACHMENT I: INITIAL READING LIST

Document	Year	Program
Vision Burundi 2025	2011	GoB/UNDP
Gender & Community Development Analysis in Burundi	2009	EAC
Burundi Gender Assessment	2012	USAID
PEPFAR Country Operational Plan	2015	USAID
Malaria Operational Plan	2015	USAID
GOB National Health and Development Plan		GoB
Burundi National Strategic Plans for: HIV/AIDS, Malaria, TB, and RH		GoB
Burundi DHS 2010 or other epidemiological data and other assessments of the health and HIV/AIDS epidemic	2010	GoB
Amashiga Gender Analysis	2016	CRS
2016 PEPFAR Gender Analysis	2016	
Relevant implementing partner reports, assessments, studies		USAID
Burundi 1325 National Action Plan	2011	GoB
National policies on women, gender and/or gender-based violence		

ANNEX B: DELIVERABLES TABLE

Deliverable	Week	Due Date
Deliverable 1: Final work plan	Week 2	September 20, 2016
Deliverable 2: In-briefing session conducted with USAID/Burundi	Week 6	October 17 or 18, 2016
Deliverable 3: Dissemination Presentation with USAID/Burundi	Week 9	November 9 or 10, 2016
Deliverable 4: Final Gender Analysis Report	Week 12	December 5, 2016

ANNEX C: GANTT CHART

ANALYSIS SCHEDULE	PERSONNEL	Week											
		1 9/12-9/18	2 9/19-9/25	3 9/26-10/2	4 10/3-10/9	5 10/10-10/16	6 10/17-10/23	7 10/24-10/30	8 10/31-11/6	9 11/7-11/13	10 11/14-11/20	11 11/21-11/27	12 11/28-12/04
Kick-off Meeting													
Kick-off meeting w/ USAID/Burundi	Seisun, Rames	9/14											
Develop list of key stakeholders to interview for fieldwork and obtain recommendations on data, studies from USAID	USAID/ Burundi												
Literature Review													
Gather and review stakeholder and academic reports, sectoral and country gender analysis, national and regional-level data and statistics, NGO, IP, and USAID reports and project documents, and strategic results framework and mission documents	Rames												
Summarize key findings, identify main gender constraints per DO sector, and identify information gaps	Rames												
Work Plan													
Develop gender analysis work plan, including draft question guides for consultative meetings, KIs, and FGDs	Rames, Gender Expert												
Finalize list of key stakeholders and seek appointments	Rames, Gender Expert, Logistics												

ANALYSIS SCHEDULE	PERSONNEL	Week											
		1 9/12- 9/18	2 9/19- 9/25	3 9/26- 10/2	4 10/3- 10/9	5 10/10- 10/16	6 10/17- 10/23	7 10/24- 10/30	8 10/31- 11/6	9 11/7- 11/13	10 11/14- 11/20	11 11/21- 11/27	12 11/28 -12/04
Develop process for provincial and project site selection, and select field visit sites and projects	Rames, Gender Expert												
Make contact with select project's key leadership to launch logistical arrangements for KIIs, FGDs at regional level	Rames, Gender Expert												
Deliverable 1: Work plan submitted to USAID/Burundi	Rames, Seisun		9/20										
Gender Analysis Field Work													
Team Leader travels to Burundi	Rames					10/16							
Deliverable 2: In-briefing session conducted w/ USAID/Burundi	Rames, National Gender Expert					10/17 or 10/18							
Conduct project site visits and consultative meetings, KIIs, and FGDs with USAID, IPs, GoB, CSOs, and other stakeholders	Rames, Gender Expert												
Project site visits and consultative meetings, KIIs, and FGDs with USAID, IPs, GoB, CSOs, and other stakeholders in regions	Rames, Gender Expert												
Develop PowerPoint presentation of key findings and recommendations for USAID out-briefing	Rames, Gender Expert												
Organize briefing with USAID staff and IPs to present and receive feedback on analysis findings and recommendations	Rames, Gender Expert												

ANALYSIS SCHEDULE	PERSONNEL	Week											
		1 9/12- 9/18	2 9/19- 9/25	3 9/26- 10/2	4 10/3- 10/9	5 10/10- 10/16	6 10/17- 10/23	7 10/24- 10/30	8 10/31- 11/6	9 11/7- 11/13	10 11/14- 11/20	11 11/21- 11/27	12 11/28 -12/04
Deliverable 3: Dissemination Presentation with USAID/Burundi	Rames, Gender Expert									11/9 or 11/10			
Team Leader travels back to U.S.	Rames									11/8			
Gender Analysis Report													
Analyze data and prepare draft gender analysis report													
Draft Gender Analysis Report submitted to USAID/Burundi	Rames, Gender Expert, Seisun										11/20		
USAID/Burundi draft gender analysis review and comment period	USAID/ Burundi												
Incorporate USAID's feedback into gender analysis report	Rames, Gender Expert												
Deliverable 5: Final Gender Analysis Report prepared and submitted to USAID/Burundi	Rames, Gender Expert, Seisun												12/5
Final report uploaded to the DEC within 30 days (COR approved)	Seisun												12/5

ANNEX D: KEY STAKEHOLDER AND FOCUS GROUP QUESTION GUIDES

QUESTION GUIDE FOR USAID STAKEHOLDERS

1. How do you integrate gender and women's empowerment in your work in this sector, throughout different phases of the project cycle (concept, design, implementation, M&E)?
2. What do you see as the major differences between how men and women, and girls and boys, experience this sector (i.e. democracy and governance, health, economic growth, etc.)?
 - Do the experiences vary by age, phase in life cycle, ethnic group, provinces, disability, socio-economic status, sexual orientation?
 - Have the experiences changed over time (i.e. over the past 5-10 years) in Burundi? How so?
3. What do you perceive as the most significant challenges or barriers specifically affecting women and girls in your sector?
 - To what extent do household or community level ideas about how men and women should behave (i.e. gender norms) contribute to this constraint, and in what ways?
4. What do you perceive as the most significant challenges or barriers specifically affecting men and boys in your sector?
 - To what extent do household or community level ideas about how men and women should behave (i.e. gender norms) contribute to this constraint, and in what ways?
5. What are the major policies, laws, regulations, strategies or action plans that affect the sector?
 - Could you share a copy of the laws, regulations, strategies or actions plans with us?
 - How do these laws, regulations and strategies address men's, women's, girls' and boys' needs and interests differently?
 - Based on your experience, please describe any specific advances or challenges with implementation of these laws and regulations?
 - Are there any other types of laws, regulations or strategy that are missing and would permit to address these challenges?
6. Are you aware of any type of gender analysis in your sector performed either by USAID or another stakeholder?
 - What were the main findings of the analysis?
 - Do you see any gaps in the analysis?
 - In general, do you see the need for any additional support for gender analysis in your sector? How could USAID support this?
7. Can you share one or more major change(s) in the sector you work in that has affected men and women/boys and girls, or the relationships between them, in the past five years?
 - What do you think caused this/these changes?
 - How have the changes affected your approach to this sector?

8. Are there any ongoing programs or activities - funded by any donor and/or implementer - that you think are effective at addressing gender inequalities within the sector?
9. If yes, what do you think makes them effective?
 - What could make them more effective?
 - Are there any other initiatives to address gender equality or women's empowerment in the sector that would be effective?
10. Do you see any opportunities for USAID to engage more in Burundi on gender equality or women's empowerment programming beyond those that we have already discussed in regard to policy?
 - If yes, in what sectors, and how?
11. Do you think that gender based violence is an important factor in the development of your sector? If yes, in which way?
12. What types of opportunities exist to enhance work on gender equality in collaboration with other USAID teams/sectors?
13. Have you identified any unintended negative consequences related to efforts to advance gender equality and/or female empowerment in this sector? Do you have any recommendations on how to mitigate them?

QUESTION GUIDE FOR GOVERNMENT OF BURUNDI STAKEHOLDERS

1. Comment arrivez-vous à intégrer les questions de genre et l'autonomisation des femmes dans votre travail, tout au long des différentes phases du cycle de projet (la phase de conception, la mise en œuvre, le suivi et évaluation) ?
2. Quels sont d'après vous les principaux enjeux de genre et de l'autonomisation des femmes dans votre secteur ?
 - Est-ce que les expériences varient selon l'âge, la phase de vie, groupe ethnique, la province, le handicap, le statut socio-économique, ou l'orientation sexuelle?
 - Est-ce que les expériences ont changé au fil du temps (par exemple au cours des 5-10 dernières années) au Burundi? Comment?
3. Quelles sont les principales contraintes liées à la participation effective des femmes et des filles dans votre secteur? Quelles actions devraient être menées pour agir sur ces contraintes?
4. Quelles sont les principales contraintes liées à la participation effective des hommes et des garçons dans votre secteur? Quelles actions devraient être menées pour agir sur ces contraintes?
5. Quels sont les principaux défis liés à relever en vue d'une meilleure intégration du genre au sein de votre ministère?
6. Quels sont les principaux plans politiques, lois, règlements, stratégies ou actions qui affectent le secteur?
 - Pourriez-vous partager une copie des lois, des règlements, des stratégies ou des plans d'action avec nous?
 - Ces lois, règlements et stratégies affectent-ils de la même façon les hommes, les femmes, les besoins et les intérêts des filles et des garçons ? Si non, pouvez-vous relever les différences que vous constatez? D'après votre expérience, s'il vous plaît décrivez les progrès ou les défis spécifiques à la mise en œuvre de ces lois et règlements dans votre secteur?
7. D'après vous, quelle place occupe l'intégration du genre et l'autonomisation des femmes parmi les priorités actuelles de votre ministère et celles du secteur d'une manière générale?
8. Est-ce que vous êtes au courant d'analyse de genre ayant été menées dans votre secteur soit par le GoB, soit par l'USAID ou un autre intervenant?
 - Quelles sont les principales conclusions de l'analyse? Voyez-vous des lacunes dans l'analyse?
 - Disposez-vous d'une structure chargée de l'étude, de la mise en œuvre et du suivi des programmes et projets de votre ministère?
 - En général, voyez-vous la nécessité d'un soutien supplémentaire pour l'analyse de genre dans votre secteur? Comment l'USAID pourrait soutenir cela?
9. Est-ce que vous pouvez partager avec nous quelques succès éventuels dont vous avez été témoin en termes de promotion du genre et de l'autonomisation des femmes dans votre secteur? D'après vous, de quoi ont-ils résulté?
10. D'après vous, quelles seraient les opportunités actuelles pour intégrer les considérations liées au genre et à l'autonomisation des femmes au sein des programmes, projets, actions et activités de votre ministère?

11. Est-ce que vous pensez que les violences basées sur le genre constituent un facteur important dans le cadre du développement de votre secteur en particulier? Si oui, de quelle façon?
12. Connaissez-vous des projets mis en œuvre par l'USAID? Que pensez-vous de leur niveau d'intégration du genre? Que faudrait-il faire pour améliorer ce dernier?
13. Qu'est-ce que l'USAID pourrait faire pour améliorer l'intégration du genre et de l'autonomisation des femmes dans le cadre des programmes et projets futurs?

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ANNEX F: USAID/BURUNDI GENDER EQUALITY AND WOMEN'S EMPOWERMENT STAFF SURVEY

USAID/Burundi Staff - Gender Equality and Women's Empowerment Analysis Survey

Thank you for participating in this anonymous survey for USAID/Burundi. The survey should take you no more than 10 minutes to complete.

Banyan Global is conducting this survey under contract with USAID, as part of a countrywide Gender Analysis.

The results of the survey will be used to provide a general picture of gender knowledge and practices among USAID/Burundi staff and partners, and to support the development of future USAID strategies.

The survey will only be available online through October 19, so please kindly respond at your earliest convenience.

This is an anonymous survey. It is required to provide a response to all questions.

Basic Demographic Information

Please answer the following basic demographic questions.

1. What is your position in your organization?
Mark only one oval.
 - ☐ USAID Chief/Director
 - ☐ USAID AOR/COR or Activity Manager
 - ☐ USAID/Burundi staff person, not AOR/COR or Activity Manager
2. Are you male or female?
Mark only one oval.
 - ☐ Male
 - ☐ Female
3. Are you a Gender Point of Contact/Resource Person for your team or organization?
Mark only one oval.
 - ☐ Yes
 - ☐ No

Gender Equality and Women's Empowerment Integration into USAID/Burundi Programming - Perceptions

Please answer the following questions about your perceptions on integrating Gender Equality and Women's Empowerment into programming.

4. How important are the following skills to your work with USAID in Burundi?

Mark only one oval per row.

Gender Equality and Women's Empowerment Tasks	Not Important	Important	Very Important
Understanding the specific issues of gender and women's rights in Burundi.			
Conducting an analysis of gender and women's empowerment during the project design phase.			
Integrating the gender equality analysis findings into project/program design.			
Implementing gender equality and women's empowerment programming.			
Selecting and monitoring project/program indicators that capture gender equality or women's empowerment.			
Integrating gender-based violence prevention and response into programming.			
Integrating lesbian, gay, bisexual, and transgender considerations into the design and implementation of programming.			

Gender Equality and Women's Empowerment Integration - Knowledge

Please answer the following questions about your knowledge on integrating Gender Equality and Women's Empowerment into programming.

5. Please rate your own Knowledge of each of the following topics from "No Knowledge" to "Very Knowledgeable."

Mark only one oval per row.

Gender Equality and Women's Empowerment Tasks	No Knowledge	Some Knowledge	Knowledgeable	Very Knowledgeable
Conduct an analysis of gender equality and women's empowerment during the project design phase.				
Integrate gender analysis findings into project/program design or USAID strategic framework.				
Implement gender equality and women's empowerment programming.				

Select and monitor project/program indicators that address gender equality or women's empowerment.				
Integrate gender-based violence into the design and implementation of programming.				
Integrate lesbian, gay, bisexual, and transgender considerations into the design and implementation of programming.				

6. Over the course of your career, for what duration have you participated in trainings on gender integration in programming?

Mark only one oval.

- ☐ I have not participated in any gender integration trainings
- ☐ Less than 1 day
- ☐ 1 full day
- ☐ 2 days
- ☐ More than 2 days

7. Have you participated in any gender trainings since you began working for USAID?

Mark only one oval.

- ☐ Yes
- ☐ No

8. Have you received any training on integrating gender equality and women's empowerment into monitoring and evaluation (M&E)?

Mark only one oval.

- ☐ Yes
- ☐ No

9. Do you have access to any gender analysis tools to support project design and implementation in Burundi?

Mark only one oval.

- ☐ Yes
- ☐ No

10. If you answered Yes to the previous question, please specify which tools.

Gender Equality and Women's Empowerment Integration - PRACTICE

Please answer the following questions about implementing a focus on Gender Equality and Women's Empowerment.

11. To what extent do you personally do the following activities within your current function?

Gender Equality and Women's Empowerment Tasks	Do not know	Not at all	To a limited extent	To a modest extent	To a great extent
Conduct a gender analysis during the project/program design phase.					

Include gender equality and women's empowerment objectives into the project/program design.					
Include gender equality and women's empowerment activities programming activities.					
Implement gender equality and women's empowerment programming activities.					
Select and monitor project/program indicators to measure changes in gender equality or women's empowerment.					
Integrate gender-based violence prevention and response in the project/program design and implementation of programming.					
Integrate LGBTI considerations into the design and implementation of programming.					
Integrate gender equality and women's empowerment into the Project Appraisal Document (PAD).					

12. What do you perceive as some of the obstacles to integrating gender equality and women's empowerment into project planning, implementation, and monitoring and evaluation in your work?

Check all that apply.

- ☐ Staff capacity
- ☐ Office culture/environment
- ☐ Gender norms
- ☐ Lack of financial resources for gender programming
- ☐ Lack of staff training on gender
- ☐ Lack of gender tools
- ☐ Lack of support from senior management
- ☐ Limited staff time

13. Which types of gender-related technical support do you have access to and how often do you seek their support?

Types of Support	Do not have access to this support	Less than once per month	1-3 times per month	4-6 times per month	More than 6 times per month
USAID Mission Gender Advisor, Technical Expert or Focal Point					
USAID Regional Gender Advisor or Technical Expert					
USAID/Washington Gender Advisor or Technical Expert					
Other in-country institutional Gender Technical Support					

14. Does the project that you oversee/implement have funds dedicated to supporting gender integration?

Mark only one oval.

- ☐ No, it does not have any funds to support gender integration.
- ☐ Yes, and there is insufficient funding.
- ☐ Yes, and there is sufficient funding.
- ☐ Yes, and there is an excess of funding.

15. Please provide any additional comments on advances or challenges in integrating gender equality or women's empowerment into the program cycle in Burundi.

THANK YOU FOR YOUR PARTICIPATION

ANNEX G: USAID/BURUNDI GEWE PARTNER SURVEY

USAID/Burundi Partner - Gender Equality and Women's Empowerment Analysis Survey

Thank you for participating in this anonymous survey for USAID/Burundi. The survey should take you no more than 10 minutes to complete.

Banyan Global is conducting this survey under contract with USAID, as part of a countrywide Gender Analysis.

The results of the survey will be used to provide a general picture of gender knowledge and practices among USAID/Burundi partners, and to support the development of future activities.

The survey will only be available online through October 19, so please kindly respond at your earliest convenience.

This is an anonymous survey. It is required to provide a response to all questions.

Basic Demographic Information

Please answer the following basic demographic questions.

1. What is your position in your organization?
Mark only one oval.
 - ☐ Senior manager of a USAID-funded project/program.
 - ☐ Senior technical staff of a USAID-funded project/program.
2. Are you male or female?
Mark only one oval.
 - ☐ Male
 - ☐ Female
3. Are you a Gender Point of Contact/Resource Person for your team or organization?
Mark only one oval.
 - ☐ Yes
 - ☐ No

Gender Equality and Women's Empowerment Integration into USAID/Burundi Programming - Perceptions

Please answer the following questions about your perceptions on integrating of Gender Equality and Women's Empowerment into programming.

4. How important are the following skills to your work with USAID in Burundi?

Mark only one oval per row.

Gender Equality and Women's Empowerment Tasks	Not Important	Important	Very Important
Understanding gender and women's rights in Burundi.			
Conducting an analysis of gender equality and women's empowerment during the project/program design phase.			
Integrating gender equality analysis findings into project/program design.			
Implementing gender equality and women's empowerment programming.			
Selecting and monitoring project/program indicators that measure changes in gender equality or women's empowerment.			
Integrating gender-based violence prevention and response into programming.			
Integrating lesbian, gay, bisexual, and transgender considerations into the design and implementation of programming.			

Gender Equality and Women's Empowerment Integration - Knowledge

Please answer the following questions about your knowledge on integrating Gender Equality and Women's Empowerment into programming.

5. Please rate your own Knowledge of each of the following topics from "No Knowledge" to "Very Knowledgeable."

Mark only one oval per row.

Gender Equality and Women's Empowerment Tasks	No Knowledge	Some Knowledge	Knowledgeable	Very Knowledgeable
Conduct an analysis of gender equality and women's empowerment during the project design phase.				
Integrate gender equality analysis findings into project/program design.				
Implement gender equality and women's empowerment programming.				
Select and monitor project/program indicators that measure changes in gender equality or women's empowerment.				
Integrate gender-based violence prevention and response into the design and implementation of programming.				
Integrate lesbian, gay, bisexual, and transgender considerations into the design and implementation of programming.				

6. Over the course of your career, for what duration have you participated in trainings on gender integration in programming?

Mark only one oval.

- ☐ I have not participated in any gender integration trainings
- ☐ Less than 1 day
- ☐ 1 full day
- ☐ 2 days
- ☐ More than 2 days

7. Have you participated in any gender trainings since you began working in your current position?

Mark only one oval.

- ☐ Yes
- ☐ No

8. Have you received any training on integrating gender equality and women's empowerment into monitoring and evaluation (M&E)?

Mark only one oval.

- ☐ Yes
- ☐ No

9. Do you have access to any gender analysis tools to support project design and implementation in Burundi?

Mark only one oval.

- ☐ Yes
☐ No

10. If you answered Yes to the previous question, please specify which tools.

Gender Equality and Women's Empowerment Integration - PRACTICE

Please answer the following questions about the implementation of programming on Gender Equality and Women's Empowerment.

11. To what extent, do you personally do the following activities within your current function?

Gender Equality and Women's Empowerment Tasks	Do not know	Not at all	To a limited extent	To a modest extent	To a great extent
Conduct a gender analysis during the project/program design phase.					
Include gender equality and women's empowerment objectives and activities into the project/program design.					
Implement gender equality and women's empowerment programming activities.					
Select and monitor project/program indicators that measure changes in gender equality or women's empowerment.					
Integrate gender-based violence prevention and response into the design and implementation of programming.					
Integrate LGBTI considerations in the design and implementation of programming.					

12. What do you perceive as some of the obstacles to integrating gender in project planning, implementation, and monitoring and evaluation in your office?

Check all that apply.

- ☐ Staff capacity
☐ Office culture/environment
☐ Gender norms
☐ Lack of financial resources for gender programming
☐ Lack of staff training on gender
☐ Lack of gender tools
☐ Lack of support from senior management
☐ Limited staff time

13. Which types of gender-related technical support do you have access to and how often do you seek their support?

Type of Support	Do not have access to this support	Less than once per month	1-3 times per month	4-6 times per month	More than 6 times per month
In-country technical support from my organization.					
Technical support from my organization located outside of Burundi.					

14. Does the project that you oversee/implement have funds dedicated to supporting gender integration?

Mark only one oval.

- ☐ No, it does not have any funds to support gender integration.
- ☐ Yes, and there is insufficient funding.
- ☐ Yes, and there is sufficient funding.
- ☐ Yes, and there is an excess of funding.

15. Please provide any additional comments on advances or challenges in integrating gender equality or women's empowerment into the program cycle in Burundi.

THANK YOU FOR YOUR PARTICIPATION.

ANNEX H: USAID/BURUNDI GEWE PARTNER SURVEY DETAILED RESULTS

Table 6. Attitudes/Perceptions on GEWE Integration in the Program Cycle

	Not Important (%)		Important (%)		Very Important (%)	
	USAID Staff	USAID Partner Staff	USAID Staff	USAID Partner Staff	USAID Staff	USAID Partner Staff
Gender Equality and Women's Empowerment Knowledge Tasks						
Understanding the specific issues of gender and women's rights in Burundi	0	0	0	33	100	67
Conducting an analysis of gender and women's empowerment during the project design phase	0	7	14.3	27	85.7	67
Integrating the gender equality analysis findings into project/program design	0	7	14.3	20	85.7	73
Implementing gender equality and women's empowerment programming	0	7	42.9	20	57.1	73
Selecting and monitoring project/program indicators that capture gender equality or women's empowerment	0	7	14.3	27	85.7	67
Integrating gender-based violence prevention and response into programming	0	13	57.1	27	42.9	60
Integrating lesbian, gay, bisexual, and transgender considerations into the design and implementation of programming	28.6	53	42.9	20	28.6	27

Table 7. GEWE Knowledge in the Program Cycle

	No Knowledge (%)		Some Knowledge (%)		Knowledgeable (%)		Very Knowledgeable (%)	
	USAID Staff	USAID Partner Staff	USAID Staff	USAID Partner Staff	USAID Staff	USAID Partner Staff	USAID Staff	USAID Partner Staff
Gender Equality and Women's Empowerment Knowledge Tasks								
Conduct an analysis of gender equality and women's empowerment during the project design phase	0	7	71.4	27	28.6	33	0	33
Integrate gender analysis findings into project/program design or USAID strategic framework	14.3	7	57.1	27	28.6	27	0	40
Implement gender equality and women's empowerment programming	28.6	0	14.3	33	57.1	33	0	33
Select and monitor project/program indicators that address gender equality or women's empowerment	28.6	0	14.3	27	57.1	53	0	20
Integrate gender-based violence into the design and implementation of programming	28.6	0	42.9	47	14.3	27	14.3	27
Integrate lesbian, gay, bisexual, and transgender considerations into the design and implementation of programming	57.1	60	14.3	27	28.6	13	0	0

Table 8. GEWE in Practice

	Do not know (%)		Not at all (%)		To a limited extent (%)		To a modest extent (%)		To a great extent (%)	
Gender Equality and Women's Empowerment Knowledge Tasks	USAID Staff	USAID Part. Staff	USAID Staff	USAID Part. Staff	USAID Staff	USAID Part. Staff	USAID Staff	USAID Part. Staff	USAID Staff	USAID Part. Staff
Conduct a gender analysis during the project/program design phase	0	0	14.3	7	42.9	47	28.6	20	14.3	27
Include GEWE into the project/program design	0	0	14.3	7	42.9	27	28.6	33	14.3	33
Implement GEWE programming activities	0	0	28.6	7	14.3	27	42.9	27	14.3	40
Select and monitor project/program indicators to measure changes GEWE	0	7	28.6	13	14.3	27	42.9	27	14.3	27
Integrate GBV prevention and response in the project/program design and implementation of programming	0	0	42.9	20	0	13	28.6	13	28.6	53
Integrate LGBTI considerations into the design and implementation of programming	14.3	33	42.9	47	0	0	42.9	20	0	0
Integrate gender equality and women's empowerment into the Project Appraisal Document (PAD)	0		0		42.9		42.9		14.3	

Table 9. Obstacles to GEWE Integration in the USAID Program Cycle

Obstacle	USAID Staff	USAID Partner Staff
Lack of staff training on gender	85.7%	53%
Staff capacity	71.4%	53%
Limited staff time	71.4%	27%
Lack of gender tools	57.1%	47%
Lack of financial resources for gender programming	57.1%	53%
Gender norms	14.3%	40%
Office culture/environment	14.3%	40%
Lack of support from senior management	14.3%	7%