



**Executive Board of the
United Nations Development
Programme, the United Nations
Population Fund and the
United Nations Office for
Project Services**

Distr.: General
3 July 2023

Original: English

Second regular session 2023

28 August to 31 August 2023, New York

Item 5 of the provisional agenda

UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Burundi

Proposed indicative UNFPA assistance:	\$32 million: \$8.0 million from regular resources and \$24 million through co-financing modalities or other resources
Programme period:	Four years (2024-2027)
Cycle of assistance:	Ninth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2023-2027

Note: The present document was processed in its entirety by UNFPA.

23-16184X (E) 240823



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I. Programme rationale

1. Located in the Great Lakes region of East Africa, Burundi is a land-locked country bordered by Rwanda, Democratic Republic of the Congo (DRC) and Tanzania. It is a low-income country with constrained economic prospects, high inflation (12 per cent in 2022) and the sustained impact of geopolitical tensions on food security, debt servicing and domestic investments on socio-economic transformation (World Bank, 2022).
2. The estimated population is 13.1 million, with youth under 25 years accounting for 67 per cent of the population (youth aged 15-24 years comprising 19 per cent and adolescents under 15 years representing 48 per cent, according to the National Institute of Statistics of Burundi (INSBU) 2023). With an annual population growth rate of 2.4 per cent, the population is expected to reach 20 million by 2050. While the fertility rate has declined, from 6.4 in 2010 to 5.5 in 2017 (Burundi Demographic and Health Survey (DHS 2017) and 5.2 children per woman (World Population Prospects, 2022), it remains one of the highest on the continent. The dependency ratio is 80 per cent (UNDP Human Development Report, 2020). Burundi is one of the world's most densely populated countries (470 inhabitants per square kilometre in 2021); only 13 per cent of the population lives in urban areas.
3. The 2020 survey on living conditions estimates literacy rates at 69.4 per cent for those aged 15 and over, with significant differences between urban areas (86.7 per cent) and rural areas (69.9 per cent); and between males (76.4 per cent) and females (63.9 per cent), according to the Common Country Analysis (CCA) 2022. Multidimensional poverty affects more than half the population, and the Gini index stands at 0.386. Poverty is much more pronounced in rural areas (55.7 per cent) than in urban areas (15.5 per cent). Social protection coverage remains low and inadequate to meet the basic needs of the population. Rapid population growth and relatively low rural to urban migration as well as lack of opportunities outside the agricultural sector have led to a steady reduction in the size of the average landholding. Land access has become one of major causes of conflict in rural areas.
4. Since independence in 1962, Burundi has experienced chronic conflicts with successive periods of violence, which have slowed its socio-economic development and exacerbated vulnerabilities. The cyclical occurrence of natural disasters, the significant return of Burundian refugees from neighbouring countries since 2020, the resurgence of certain epidemics, such as malaria, polio, cholera and measles, as well as the socio-economic impact of the COVID-19 pandemic have exacerbated the existing humanitarian needs. Various shocks, particularly those related to climate change have resulted in more than 80 per cent of population movements in the past three years, with a disproportionate impact on women, adolescents and young people, people living with disabilities and indigenous communities living mainly in rural areas.
5. Burundi is ranked 57th on the 2021 Global Climate Risk Index but ranks 10th on the number of climate-related deaths per 100,000 inhabitants. Flooding in Lake Tanganyika from April to July 2021 displaced over 40,000 people and destroyed crops and homes. The country loses about 4 per cent of its gross domestic product each year due to land degradation (African Development Bank, 2022). Significant humanitarian needs persist due to the effects of natural disasters linked to climate change, chronic conflict, issues of land distribution and social reintegration, along with the continuous return of Burundian refugees from neighbouring countries. In 2023, around 1.5 million people (representing 11.4 per cent of the population), are estimated to require humanitarian assistance. Out of these, 1.1 million of the most vulnerable people will be targeted for humanitarian assistance (Burundi Humanitarian Response Plan, 2023).
6. Burundi's demographic profile provides a window of opportunity for harnessing the demographic dividend by 2050. To do this, Burundi needs to continue to make strategic, targeted and consistent investments in health, education, youth empowerment and employment, especially for young women and girls, as well as in strengthening youth leadership and participation in governance. Additionally, Burundi needs to improve gender parity in labour market participation and inclusion of the indigenous Batwa, displaced persons, returnees and people living with disabilities.
7. A youth investment case (2020) estimated a 10-year strategic investment in reproductive, maternal, newborn and child health, HIV/AIDS, malaria, and tuberculosis would produce an overall benefit of \$1.812 billion, with an overall cost-benefit-ratio of 13.2, translating into benefits of more than \$13 for every dollar invested in adolescent and young people's health.

8. The maternal mortality ratio has declined, from 500 deaths per 100,000 live births in 2010 (DHS 2010) to 334 per 100,000 live births in 2017 (DHS 2017). Despite this significant decline, Burundi's maternal mortality ratio remains high, compared to the national target of 140 deaths per 100,000 live births by 2030. The skilled birth attendance rate stands at 85 per cent in 2022 (DHIS2) and nearly half of the pregnant women (49 per cent) had at least four antenatal visits. Despite this trend, access to, and use of quality emergency obstetric care services is limited. Within the emergency obstetric and newborn care network of 112 health facilities, only 19 out of 53 hospitals offer comprehensive obstetric and newborn care services. Women living with obstetric fistula represent one per cent of women of reproductive age (DHS, 2017), with an estimated burden of 33,763 women in 2023. Obstetric fistula prevalence is higher in Karusi (3 per cent), Muyinga (2 per cent), and Mwaro (2 per cent) provinces. Additionally, adolescent and young girls aged 15-24 years account for a third of the maternal mortality within health facilities (DHIS2). Key challenges include the poor quality of basic and comprehensive emergency obstetric and newborn care services; insufficient and unequal coverage of qualified healthcare providers, especially midwives in emergency obstetric and newborn care facilities; weakness of the maternal and perinatal death surveillance system; and high unmet need for family planning, which contributes to the high number of unintended pregnancies, particularly among adolescents.

9. The modern contraceptive prevalence rate increased, from 18 per cent in 2010 (DHS 2010) to 23 per cent in 2017 (DHS 2017); it stands at 29.2 per cent in 2022 among married women or women in a union, according to FP2030. The unmet need for family planning has remained stagnant at around 30 per cent since 2010. Furthermore, the COVID-19 pandemic contributed to an increase in the stockout of modern contraceptives (from 12.3 per cent in 2019 to 22 per cent in 2021). While more than one in two women (51 per cent) received postnatal care by trained personnel within two days of giving birth (DHS 2017), postpartum family planning is reported at only 3 per cent of new users (DHIS2). Key challenges to reaching zero unmet need for family planning are the poor quality of care; gaps in access and use of integrated sexual and reproductive health (SRH), family planning and HIV prevention services across the life cycle; weaknesses in supply chain management; insufficient availability of qualified personnel; gaps in counselling, information and sexuality education, especially for adolescents and youth; and a pronatalist culture, with misconceptions around the side effects of contraceptives; and weak community-based distribution.

10. The adolescent birth rate remains high (58 births per 1,000 girls), and 19 per cent of women aged 20-24 years were in union before the age of 18 (DHS 2017). In Burundi, 8 per cent of women aged 15-19 years have already started childbearing as a result of the lack of knowledge about sexual and reproductive health. Only 18 per cent of adolescent girls aged 15-19 years and 24 per cent of young girls aged 20-24 years have accurate knowledge about the reproductive cycle (DHS 2017). The quality and coverage of comprehensive sexuality education (CSE) programmes for in-school and out-of-school youth remains a challenge. Youth with disabilities, living in hard-to-reach locations or belonging to minority groups are particularly disadvantaged.

11. Women and girls in Burundi experience political, economic and social barriers to the full enjoyment of their human rights, following a historical and structural pattern of discrimination. Sexual and gender-based violence remains a major concern; in 2016, 32 per cent of women aged 15-49 years reported experiencing physical violence and 50 per cent women in union aged 15-49 years reported experiencing emotional, physical or sexual violence (DHS 2017). Root causes of gender-based violence (GBV) are linked to discriminatory social norms and patriarchal values that reinforce inequalities between women and men, harmful practices and weak bodily autonomy and access to economic resources. Others are high levels of impunity among perpetrators of violence, gaps in the implementation of laws and policies that protect women and girls, and gaps in the integration of GBV/SRH services. Indigenous Batwa women, displaced women, women living with disabilities and survivors of GBV have a higher level of vulnerability. Although over seven of ten women (72 per cent) participate in making decisions about their own health care, only about one of ten (12 per cent) may decide alone.

12. The HIV prevalence is 0.9 per cent among women, with a generalized epidemic at 1.2 per cent, compared to a 0.6 per cent prevalence in men. Sex workers have a prevalence rate of 31 per cent (Integrated Bio-behavioural Survey 2022). Mother-to-child transmission of HIV has decreased from 28.06 per cent in 2012 to 16 per cent in 2021 (Spectrum 2022). Within the youthful population, the rates are 0.1 per cent for adolescents aged 15-19 years and 0.4 per cent for youth aged 20-24 years. Despite these relatively low rates, only half of this population are able to correctly identify the means of HIV transmission or prevention measures (DHS 2017).

13. The extent of disability in Burundi remains largely unknown due to a lack of reliable statistics and research. The last General Population and Housing Census reported 4.5 per cent of people living with major disabilities, who face various socio-cultural, socio-economic, physical and environmental barriers (CCA, 2022). The lack of reliable and recent data on disability is partly responsible for failure to effectively integrate people with disabilities in development planning and decision-making.

14. While there has been progress in collecting socio-demographic data, gaps remain with respect to the availability of disaggregated data. Data analysis and utilization, at national, provincial and district levels, and integration into policy design and planning remain challenges. The last population and housing census was conducted in 2008 and the most recent DHS was in 2017. UNFPA is currently collaborating with the Government and key stakeholders to support the 2023 Population, Housing, Agriculture and Livestock Census, although there has been limited progress in mobilizing the required funding to complement the government financial commitment for the Census undertaking.

15. Digital skills development is a key part of Burundi's 2020 education strategy. While the country's level of financial inclusion is among the lowest in sub-Saharan Africa, there have been recent developments in enabling digital financial services, due to an expansion in mobile money services and regulatory reforms. A competitive digital ecosystem can drive economic growth through investments and innovation, improve job creation and service delivery, in particular for women and youth, thereby advancing sustainable development.

16. The current programme has contributed to the acceleration of the demographic transition to harness the demographic dividend. Advocacy efforts by UNFPA contributed to the Government's commitment to improve investments in scaling up access to SRH services, women and youth empowerment. Specific achievements are: (a) 150,000 additional voluntary family planning users; (b) a strengthened logistic management information system, leading to reduction in stock-outs (from 78 per cent in 2019 to 62 per cent in 2021); and increasing the number of emergency obstetric and neonatal facilities (from 19 per cent in 2019 to 34 per cent in 2022). The country programme also contributed to averting 4,873 maternal deaths, 328,997 abortions and 1,114,627 unintended pregnancies. It enhanced integration of SRH information and services in 38 health facilities to include an adolescent-friendly essential package, which contributed to the use of SRH services by 429,712 youth and adolescents (DHIS2). It supported the adoption of the National Gender Policy, 2023-2027, strengthened capacity of seven decentralized structures of the Gender Ministry for community gender-equality interventions and coordination for GBV prevention and response, while building the capacity of 156 actors on prevention of sexual exploitation and abuse (PSEA), and case management of over 1,000 GBV cases. Over 3,000 dignity kits were distributed to the minority Batwa community.

17. Key lessons learned include: (a) the facility network enables effective connection of health facilities, schools, youth centres and communities, contributing to increased access to SRH information and services for adolescents; (b) partnership with CSOs and development of United Nations joint programmes are key to achieving results, particularly in the context of limited funding; (c) the mentorship strategy in family planning with the participation of community health workers boosts high-quality service delivery; (d) scaling up age-appropriate in-school and out-of-school CSE is key to enhancing informed decision-making by youth and adolescents; (e) investment cases are powerful tools to influence priorities and enhance financing with spending efficiency; and (g) supporting youth as key agents of change and the main actors and victims of conflicts is a sustainable approach to for peacebuilding.

18. The 2030 Agenda for Sustainable Development and the ICPD Programme of Action are anchored in key national policies and plans, including the National Development Plan (2018-2027), the Strategy on Youth and Adolescents SRH, including menstrual health management; the new Gender Policy, 2023-2027; Burundi's National Health Policy, 2016-2025; the National Strategic Plan for Reproductive, Maternal, Neonatal, Child and Adolescent Health, 2019-2023; and the renewed commitments for FP2030. Financing is a major vehicle to accelerating policy implementation to achieve the Sustainable Development Goals (SDGs), particularly SDGs 3 and 5.

II. Programme priorities and partnerships

19. The new country programme, for 2024-2027, was developed in consultation with the Government, United Nations agencies, development partners, civil society organizations, especially women and youth-led organizations, religious leaders, academia and the media. It is in line with the national priorities, as outlined in the National Development Plan of Burundi, 2018-2027 (Strategic Priority 2 – Development of Human Capital –

and 3 – Strengthened Governance). It is aligned with the 2030 Agenda for Sustainable Development, especially SDGs 1, 3, 4, 5, 10, 16 and 17; the African Union Agenda 2063; the ICPD Programme of Action and the national voluntary ICPD25 commitments. It is grounded in the UNFPA Strategic Plan, 2022-2025, and the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Burundi, 2023-2027, with specific contribution to Outcome 2 (strengthened governance system, diversified and inclusive economy, including through regional integration); Outcome 3 (strengthening the social protection system); Outcome 4 (equitable access to quality basic social services across the life cycle); and Outcome 5 (improved environmental and natural resource management practices, including adaptive capacities and effective systems of preparedness and response to man-made and natural shocks).

20. In line with the national priorities, the country programme will aim to accelerate progress towards the transformative results, by leveraging family planning as an entry point, with a focus on adolescents and young people and an emphasis to prevent unintended pregnancies. Specifically, the programme will aim, by 2027, to: (a) reduce the unmet need for family planning from 30.8 per cent to 20 per cent; (b) reduce preventable maternal deaths from 261 to 188 maternal deaths per 100,000 live births; and (c) reduce GBV from 32 per cent to 25 per cent. It will contribute to the priorities in the national roadmap to harness the demographic dividend within the context of the humanitarian, development and peace continuum.

21. The programme vision is that by 2027, women, adolescent girls and youth, particularly from the most marginalized and vulnerable populations (including internally displaced, key populations, indigenous people, those living with disabilities) will have increased access to and use of rights-based family planning services, emergency obstetric and newborn care, integrated and multisectoral GBV prevention and response services across their life cycle, through an expanding partnership.

22. In Burundi, UNFPA has a comparative advantage in providing technical expertise in supply chain management, emergency obstetric and newborn care; leadership in GBV prevention and response coordination, as well as case management of rape and PSEA. UNFPA also leads on population policy and related programme design, based on recognized expertise in data and statistics, particularly for the census and other thematic surveys. The programme will be achieved through four interconnected outputs and accelerators. Human rights-based and gender-transformative approaches will be deployed as crosscutting accelerators. Qualitative analyses, advocacy and technical support to national counterparts, and community dialogues will be supported to address harmful social and gender norms and discrimination; build capacities, at individual, community and national levels, to address root causes of structural inequalities and empower women, adolescents, youth and those left furthest behind. Innovation and digitalization will be promoted to expand the reach of SRHR information and services among young people and those in the targeted populations living in rural areas; CSE; linking women and young people to financial services; and community engagement to address unmet need for family planning.

23. The programme will support high-impact strategies, including digital learning on the demographic dividend; establishing an interactive map for integrated SRH/GBV services; utilizing census results; building partnerships for ‘leaving no one behind’; supporting South-South and triangular cooperation to foster implementation and build sustained capacities; enhancing resilience, adaptation and complementarity among development, humanitarian and peace-responsive efforts; partnering with young people as key change actors will be prioritized. Given the country’s pressing humanitarian needs, coordination with other actors will be strengthened and support provided to resilience-building of institutions, communities and individuals to adapt to recurrent disasters and emergencies.

24. The programme will be implemented at national, provincial and district levels, with a particular focus on the provinces and districts with high disparities in socio-demographic indicators on family planning, maternal mortality, GBV and harmful practices and HIV. It will be implemented in areas defined within the framework of the UNSDCF. Cross-border cooperation with the UNFPA country offices of the Democratic Republic of the Congo and Rwanda will be strengthened to address issues of youth, peace and security, the demographic dividend, teen pregnancies, humanitarian action and resilience building in the Great Lake region. The main target groups are women and youth, with a particular focus on adolescent girls and other furthest left-behind groups, including people with disabilities, key populations, the poor, indigenous people, and those living in hard-to-reach areas.

25. The country office will use all six modes of engagements, adjusted according to needs. While continuing to deliver essential and high-quality SRH, family planning, HIV and GBV services, UNFPA will emphasize evidence-based advocacy and policy dialogue to increase financing for the SDGs (particularly SDG3) and

enhance coordination and partnerships to achieve greater impact. Partnerships will be leveraged with government institutions, other United Nations organizations, as well as youth and women-led organizations, bilateral and multilateral cooperation mechanisms, the private sector, academia, civil society and community-based organizations, including those of the furthest left-behind populations, and the media. More specifically, the programme will be implemented in partnership with key governmental entities, including the Ministry of Public Health and Fight against HIV/AIDS, Ministry of East African Community Affairs, Youth, Sports and Culture, Ministry of National Solidarity, Social Affairs, Human Rights and Gender, Ministry of the Interior, Community Development and Public Security, Ministry of Justice, Ministry of Foreign Affairs and Development Cooperation, Ministry of Finance, Budget and Economic Planning, Ministry of National Education and Scientific Research, Ministry of Communication, Information Technology and Media. Joint programmes with selected United Nations agencies will be promoted to gain synergies towards achieving the three transformative results. The programme will prioritize policy dialogue and evidence-based advocacy, knowledge management and strategic partnerships at the national level, as well as service delivery and capacity development, and aim to bridge the humanitarian-development-peace continuum, targeting internally displaced persons, returnees and refugees, with the involvement of women and youth, focusing on social cohesion and resilience.

A. Output 1. By 2027, national capacities strengthened to provide high-quality and equitable sexual and reproductive health information and services (particularly family planning, maternal health, HIV prevention and multisectoral services to prevent and respond to gender-based violence), in development and humanitarian settings, to accelerate the demographic transition by focusing on the most vulnerable, including adolescents and young people, and those living with disabilities

26. This output will be achieved by: (a) expanding high-quality right-based family planning information and services through community-based distribution of contraceptives, with an emphasis on promoting self-care interventions; (b) scaling up dual HIV and pregnancy prevention, especially among adolescents and young people; (c) upgrading the national logistics and information management system; (d) supporting the implementation of innovative and efficient supply chains of contraceptives and other SRH commodities to ‘the last mile’, including by scaling up the availability, accessibility and use of long acting reversible contraceptives; (e) providing integrated Minimum Initial Service Package (MISP) SRH services, including in humanitarian settings, and supporting the integration of MISP into disaster risk-reduction and climate change strategies, with linkages to food security and malnutrition; (f) continuing advocacy for increased domestic investments by 2030, and strengthening efforts to improve resource mobilization for family planning, including for contraceptive purchases; (g) enhancing emergency obstetric care and skilled birth delivery through a mentorship programme, task-shifting and redeployment of health workers, especially midwives, aimed at capacity improvement, as well as provision of equipment, lifesaving medicine and logistical support; (h) reinforcing obstetric fistula prevention, repair and reintegration of women; (i) strengthening and institutionalizing postpartum family planning in the emergency obstetric and newborn care network; (j) rolling out innovative maternal and perinatal death surveillance and response through training, coaching, supervision, advocacy, monitoring and reporting; (k) implementing the MISP for SRH in crisis situations to address the humanitarian-development-peace continuum; (l) expanding community sensitization on GBV prevention and services, including case management, family planning and maternal health, using digital devices in liaison with community and religious leaders; and (m) supporting the operationalization of the one-stop centre for holistic and inclusive services.

B. Output 2. By 2027, national mechanisms and capacities of institutions and actors are strengthened to address discriminatory social and gender norms in order to advance gender equality, women’s and youth decision-making and empowerment to utilize SRH, family planning and GBV services and exercise their rights and choices

27. This output will be achieved by: (a) rolling out innovative community dialogue initiatives and multi-stakeholder communication campaigns to promote behavioural change, create an enabling environment for demand creation and adolescent and youth access to SRH services, in particular family planning, maternal health, HIV prevention and GBV services; (b) implementing proven gender-transformative approaches, including supporting involvement of traditional, community and religious leaders to break down cultural

barriers and promote positive masculinity to increase male engagement in supporting women and young people to access SRH services and prevention of GBV and harmful practices; (c) supporting the development of policies and legislation to address harmful practices embedded in social norms and address impunity related to GBV; (d) supporting existing mechanisms and initiate community-based mechanisms to identify, report and address GBV and harmful practices; (e) building capacity of frontline responders in social sectors in providing rapid high-quality GBV identification and response; (f) undertaking, in partnership with key partners, studies/surveys on socio cultural barriers concerning family planning, child marriage, teen pregnancy and other gender inequality issues; (g) implementing innovative mechanisms, including at community levels, to promote intergenerational dialogue for social and gender norm change; and (h) expanding and digitalizing the village saving and loan association approach.

C. Output 3. By 2027, adolescents and young people, particularly adolescent girls have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and they are economically empowered and engaged in peace building and social cohesion that contribute to build the country's human capital, including in humanitarian settings

28. This output will be achieved through: (a) empowering young people in schools and out of school settings with age-appropriate comprehensive sexuality education, expanded through a network approach that encompasses intergenerational dialogue in close relationship with community and religious leaders; (b) deploying life skills, reproductive health and human rights knowledge for out-of-school adolescent girls; (c) integration of SRHR into ongoing entrepreneurship, job skills and economic empowerment programmes for adolescents and young people; (d) strengthening youth capacity and involvement as key agents of peace consolidation and development aligned to the youth, peace and security agenda through the 4Ps model (participation, protection, prevention, partnerships); (e) advocating for the participation of youth and the integration of youth-related issues in policies, plans and programmes; (f) contributing to mainstreaming population issues related to youth through the development of investment cases on youth health, education and employment that foster the harnessing of demographic dividend; (g) enhancing national institutions' capacities for promoting social cohesion and resilience; (h) implementing strategies geared at preventing unintended teen-pregnancies in schools and out of school settings; and (i) building the capacity of adolescents and youth on bodily autonomy, through positive masculinity approaches.

D. Output 4. By 2027, data systems and evidence are strengthened to consider demographic dynamics particularly those related to sexual and reproductive health and rights, family planning and gender-based violence and other megatrends, including climate change, in policies and programme development

29. This output will be achieved through advocacy and policy dialogue, capacity development, coordination and partnerships by: (a) providing technical and financial support for the population housing, agricultural and livestock census and other nationwide surveys, with elements related to people living with disabilities and those furthest left behind; (b) generating population data essential for targeting and scaling up family planning, maternal health and GBV prevention and response to leave no one behind; (c) enhancing the integration and availability of reproductive health indicators in routinely collected data as part of national health information system; (d) supporting technically and financially thematic studies on SRH, family planning, GBV and HIV that inform policies and programming; (e) conducting investment case studies on the three transformative results and using the results for advocacy and informed policies; (f) developing the country demographic dividend profile and related thematic reports; (g) supporting data digitalization and advocating for their promotion and utilization in policies and programme design, laws and decision-making; (h) strengthening data systems, evidence generation and dissemination that consider population changes and other megatrends, particularly climate change and population growth, in development policies and programmes; (i) promoting and enhancing a unified data collection and analysis system, including the mapping of GBV interventions and actors and geographic information; (j) establishing a knowledge platform to facilitate South-South and triangular cooperation between academic institutions for statistical and population studies.

III. Programme and risk management

30. The Ministry of Foreign Affairs and Development Cooperation will coordinate and oversee – through a joint committee – programme planning, implementation, monitoring and review, in accordance with sectoral ministries and UNFPA policies and procedures.

31. The programme will be implemented through various partners, including national, provincial and district-level government agencies and multiple stakeholders, facilitating participatory joint planning and implementation of workplans with key partners, using the harmonized approach to cash transfers, following appropriate risk and capacity assessments. Implementing partners will be selected through competitive and strategic partnership approaches. UNFPA will engage other United Nations organizations through the operations management team within the United Nations country team (UNCT) to promote adapted common services and operational excellence. The implementation of the harmonized approach to cash transfers will strengthen compliance so that fiduciary responsibilities are in accordance with its policies. Programme implementation in collaboration with implementing partners will continue to be the preferred modality.

32. To achieve results, the programme will seek to leverage domestic resources. It will also explore innovative financing strategies with the private sector and non-traditional donors while consolidating partnerships with international finance institutions and multilateral partners and the Global Fund to fight HIV/AIDS, tuberculosis and malaria. UNFPA delivery will be strengthened through joint initiatives and programmes with other United Nations organizations on human capital development, the demographic dividend, universal health coverage, social protection, youth, peace and security, and data collection, in line with the UNSDCF and the humanitarian response and preparedness plans.

33. UNFPA human resource capacity will be adjusted to the scale of delivery, building on the strengths of the existing structure and addressing key capacity gaps, particularly: technical expertise in the areas of women and youth's empowerment; resource mobilization and SDG financing; strategic planning, monitoring and evaluation, as well as impact communication; the humanitarian-development-peace continuum, with a focus on climate change and youth, peace and security. Additional project staff may be required, including international technical experts, project support personnel and volunteers. Support will be requested, as needed, from the UNCT technical expert pool, UNFPA headquarters or regional and other country offices, and through South-South cooperation.

34. Potential risks to the implementation of the programme include (a) community conflicts; (b) socio-political instability that have led to sanctions and funding cuts in the recent past; (c) natural disasters; (d) influx of returnees and refugees; (e) a rapidly deteriorating economic situation and increased vulnerability due to public health emergencies, with gaps in the supply of basic commodities and fuel shortages; and (f) barriers to the provision and access to life-saving SRH and GBV services within context of insecurity and strong religious pushbacks.

35. To mitigate these risks, UNFPA will: (a) strengthen collaboration with implementing partners, including community-based organizations and religious leaders, especially in hard-to-reach areas to improve inclusion; (b) adaptation and resilience building in response to humanitarian situations and climate change; and (d) enhance synergies with other United Nations organizations within the UNSDCF and Humanitarian Response Plan to ensure continuity of SRHR services. UNFPA will regularly assess the security, operational, socio-political and other risks associated with the programme and implement a risk mitigation plan. The country office will strengthen the capacity of implementing partners to improve financial management and support cost-effective programme delivery. The resource mobilization and partnership plan will be updated periodically to keep abreast of changes in the funding landscape, and humanitarian preparedness and response will be integrated into programming, in line with UNSDCF priorities.

36. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

37. UNFPA will collaborate with the line ministries and implementing partners to undertake quarterly and annual programme reviews with the participation of stakeholders, including the most marginalized populations. Sectoral line ministries and civil society organizations will implement operational interventions at the national, provincial and district levels.

38. The UNFPA monitoring system will be aligned with the monitoring systems of the National Development Plan, 2018-2027, and UNSDCF. UNFPA will support inter-agency processes by engaging and providing strategic leadership in outcome and result groups, relevant UNSDCF plans and joint programmes, and in reviews, reporting and quality assurance, including UN Info. UNFPA and partners will jointly develop and implement a monitoring and evaluation plan reflecting audit recommendations and management commitments. The plan will guide the monitoring of risks, programme and financial performance through field visits, annual programme reviews, spot checks, audits and other assurance activities. Depending on the context, programme results monitoring will use various modalities, including in-person, remote and hybrid models, and will be further guided by lessons learned from the COVID-19 pandemic. UNFPA will support national efforts to strengthen results-based monitoring, reporting and evaluation of the 2030 Agenda and the SDGs, the ICPD Programme of Action and the national voluntary ICPD25 commitments.

39. UNFPA and its partners will conduct field monitoring visits to assess workplan implementation and results achievement. The country programme contributions and achievements will be mainstreamed into the annual UNSDCF reviews, monitoring and evaluation activities. A final evaluation of the programme will be conducted at the end of the cycle to identify key programme achievements, constraints and lessons learned, to inform the development of the next programme cycle. Thematic and project-specific evaluations, documentation of innovation and sharing of good practices will also be undertaken.

RESULTS AND RESOURCES FRAMEWORK FOR BURUNDI (2024-2027)

NATIONAL PRIORITY: 1. Improve the social well-being of Burundians through a structural transformation of the Burundian economy through strong, sustainable, resilient, inclusive growth, and creating decent jobs for all.				
UNSDCF OUTCOME(s): 2. By 2027, more Burundians, especially the most vulnerable, benefit from a strengthened governance system and a more diversified and inclusive economy, including through regional integration. 3. By 2027, more Burundians for each age group, especially the most vulnerable, use an adapted social protection system. 4. By 2027, more Burundians, especially children, young people, women and the most vulnerable, have equitable and quality access to basic social services adapted to the life cycle. 5. By 2027, more Burundians benefit from better environmental and natural resource management practices and systems for preparing for and responding to natural and human-induced shocks.				
RELATED UNFPA STRATEGIC PLAN OUTCOMES: 1. By 2025, the reduction of unmet need in family planning is accelerated. 2. By 2025, the reduction of preventable maternal deaths is accelerated. 3. By 2025, the reduction of gender-based violence and harmful practices is accelerated.				
UNSDCF outcome indicators, baselines, targets	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
<u>UNSDCF Outcome indicators:</u> - Maternal mortality ratio <i>Baseline: 261 per 100,000 live births (2022);</i> <i>Target: 188 per 100,000 live births (2027)</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> - Contraceptive prevalence rate <i>Baseline: 23% (2022);</i> <i>Target: 29% (2027)</i> - Unmet family planning needs: <i>Baseline: 30% (2022);</i> <i>Target: 20% (2027)</i> - Percentage of births attended by a skilled health worker <i>Baseline: 87% (2022);</i> <i>Target: 94% (2027)</i>	Output 1. By 2027, national capacities strengthened to provide high-quality and equitable sexual and reproductive health information and services (particularly family planning, maternal health, HIV prevention and multisectoral services to prevent and respond to gender-based violence), in development and humanitarian settings, to accelerate the demographic transition by focusing on the most vulnerable, including adolescents and young people, and those living with disabilities.	- Number of new users of modern contraceptives in the intervention areas <i>Baseline: 152,268 (2022); Target: 382,268 (2027)</i> - Proportion of service-delivery points without stockouts of family planning commodities for the past three months <i>Baseline: 78% (2022); Target: 85% (2027)</i> - Number of obstetric fistula cases repaired with UNFPA support <i>Baseline: 0 (2022); Target: 400 (2027)</i> - Percentage of health facilities that provide basic and comprehensive emergency obstetric and neonatal care in intervention areas <i>Baseline: 26% (2023); Target: 50% (2027)</i> - Number of health care providers/social workers trained in MISAP or GBV case management <i>Baseline: 0 (2023); Target: 500 (2027)</i> - Number of gender-based violence survivors who have received the minimum essential package of services in targeted areas <i>Baseline: 12,470 (2022) Target: 15,000 (2027)</i>	Ministries of Public Health; Women Affairs; Youth and Sports; Education, Foreign Affairs; bilateral and multilateral donors; other United Nations organizations; civil society and community organizations; professional associations; academia; the private sector; the media.	\$11 million (\$2 million from regular resources and \$9 million from other resources)
<u>UNSDCF Outcome indicators:</u> - Proportion of population having experienced physical, psychological or sexual violence in previous 12 months, disaggregated by sex and age <i>Baseline: 32% (2016);</i> <i>Target: 25% (2027)</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> - Prevalence of child marriage <i>Baseline: 19 per cent (2017);</i> <i>Target: 15 per cent (2027)</i>	Output 2. By 2027, national mechanisms and capacities of institutions and actors are strengthened to address discriminatory social and gender norms in order to advance gender equality, women's and youth decision-making and empowerment to utilize SRH, family planning and	- Number of policies and legislation geared at preventing GBV and promoting gender equality adopted or reviewed with UNFPA support <i>Baseline: 3 (2022); Target: 5 (2027)</i> - Number of women and girls who received services through one-stop centres <i>Baseline: 4,748 (2022); Target: 18,820 (2027)</i> - Existence of functional community-based mechanisms to identify, report and address GBV and harmful practices, and discriminatory social norms related to SRH, family planning and HIV <i>Baseline: No (2022) Target: Yes (2027)</i> - Number of community actors (including male champions) who actively advocate for access of women and young people to SRH and family planning services, prevention of gender-based violence and	Ministries of: Public Health; Women Affairs; Youth and Sports; Education; Foreign Affairs; bilateral and multilateral donors; other UN organizations; civil society and community organizations; professional	\$5.5 million (\$1.5 million from regular resources and \$4million from other resources)

Gender inequality index <i>Baseline: 0.504 (2019); Target: 0.450 (2027)</i>	GBV services and exercise their choices and rights.	harmful practices, disaggregated by sex and age <i>Baseline: 0 (2022); Target: 500 (2027)</i> Number of youth and women-led organizations with capacities strengthened to address harmful practices and social norms related to SRH, family planning, GBV and HIV <i>Baseline: 0; Target: 100 (2027)</i>	associations; academia; the private sector; the media.	
<u>UNSDCF Outcome indicators:</u> - Proportion of youth (aged 15-25 years) not in education, employment or training <i>Baseline: Male: 7.4%; Female: 8.2% (2019)</i> <i>Target: Male: 2.0% ; Female: 3.0% (2027)</i> <u>Related UNFPA Strategic Plan Outcome indicator(s):</u> - The country has laws and regulations that guarantee full and equal access to women and men aged 15 years and older to SRH care, information and education <i>Baseline: No; Target: Yes</i>	Output 3. By 2027, adolescents and young people, particularly adolescent girls, have the skills and capabilities to make informed choices about their sexual and reproductive health and rights and they are economically empowered and engaged in peace building and social cohesion that contribute to build the country's human capital, including in humanitarian settings.	- Number of school-level curricula, including primary, secondary and tertiary, which integrate comprehensive sexuality education through their curricula <i>Baseline: 3 (2022); Target: 8 (2027)</i> - Number of out-of-school adolescents reached through life skills and job skills programmes or economic empowerment programmes <i>Baseline: 210 (2022); Target: 1,000 (2027)</i> - Number of adolescents and youths who utilize the youth-friendly services supported by UNFPA <i>Baseline: 0; Target: 500,000</i> - Number of UNFPA-supported community programmes that promote the socio-economic integration of adolescent girls, including social protection interventions supporting the reintegration of adolescent mothers into the formal school system <i>Baseline: 0; Target: 5</i> - Number of youth-led initiatives supported by UNFPA that aim to increase the capacities and skills of young people for peacebuilding, social cohesion, bodily autonomy, leadership and participation <i>Baseline: 0 (2022); Target: 20</i> - Existence of an adolescent pregnancy prevention strategy that includes specific actions for CSE institutionalization in school and out-school settings, elaborated with UNFPA technical support <i>Baseline: No (2022); Target: Yes</i>	Ministries of Public Health; Women Affairs; Youth and Sports; Education; Foreign Affairs; bilateral and multilateral donors; other UN organizations; civil society and community organizations; professional associations; academia; the private sector; the media.	\$7 million (\$2 million from regular resources and \$5 million from other resources)
<u>UNSDCF Outcome indicators:</u> - Proportion of the population living below the national income poverty line <i>Baseline: 51.4%; Target: 45%</i> <u>Related UNFPA Strategic Plan outcome indicator(s):</u> - Country has conducted at least one Population and Housing Census during the last 10 years <i>Baseline: No; Target: Yes</i>	Output 4. By 2027, data systems and evidence are strengthened to consider demographic dynamics, particularly those related to sexual and reproductive health and rights, family planning and gender-based violence and other megatrends, including climate change in policies and programme development.	- Number of governmental institutions at national and subnational levels with strengthened capacities to generate, analyse, disseminate and utilize disaggregated data, including georeferenced data, on population dynamics and megatrends, SRH, including family planning, GBV and harmful practices to support evidence-based decision-making across the humanitarian, development and peace continuum <i>Baseline: 0; Target: 10</i> - Existence of reports for the population, housing, agriculture and livestock census developed with UNFPA technical support, validated by the Government to support demographic transition, and progress towards the transformative results <i>Baseline: No (2022); Target: Yes (2027)</i> - Existence of advocacy initiatives and knowledge products supported to accelerate implementation of the ICPD Programme of Action, the	Ministries of: Public Health, Women Affairs; Youth and Sports; Education; bilateral and multilateral donors; INSBU/BCR; other UN organizations; civil society and community organizations; professional associations; academia; the private sector; the media.	\$7.5 million (\$1.5 million from regular resources and \$6 million from other resources)

		voluntary ICPD25 commitments and ICPD30 <i>Baseline: 0 (2022); Target: Yes (2027)</i> • Number of UNFPA-supported thematic studies, surveys, research papers on matters related sexual and reproductive health, gender-based violence, population dynamics, situation of people with disabilities migration, employability of young people, megatrends and sustainable development used to inform policies, programme development and for decision-making <i>Baseline: 0 (2022); Target: 6 (2027)</i> • Existence of a country profile on demographic dividend and related thematic reports available <i>Baseline: No (2022); Target: Yes (2027)</i>		
Programme coordination and assistance				\$1.0 million from regular resources