

Friends Women's Association

AUGUST 2024 Report

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ACTIVITIES

Caring for HIV Positive People (CHIVPP)

In the month of August, medical follow-up and home visits were done for our HIV positive people. 12 vulnerable students were supported with school material

Maternity Ward Building

Although Ntaseka maternity ward still needs some medical equipment; both the delivery and them, hospitalization services are currently functional.

Improving Women's Reproductive Health (IWRH)

On August 7-21, 2024 from 2 p.m. to 4:30 p.m. FWA continued the training session on STIs for 800 young girls and boys aged between 13 and 25 years old with 400 for each session. After these two sessions 30 young people including 18 young girls and 12 boys consulted Ntaseka clinic for Sexually Transmitted Diseases (STIs) and sexual and reproductive health advice.

The Theme was on Sexually Transmitted Infections (STIs). The theme details were the same as July 2024:

1. Introduction

STIs remain a major public health problem almost everywhere in the world. The incidence of acute STIs is reportedly high in many countries. Lack of awareness of diagnosis and lack of treatment from the onset of the disease could be the cause of complications and serious after-effects, including infertility, foetal loss, ectopic pregnancy, and premature death as well as infection of the newborn.

In order to improve the management of STIs, we have proposed to carry out 'mass awareness of STIs in women of childbearing age' with the aim of: Contributing to improving the management of STIs in women of childbearing age.

2. Sexually Transmitted Infection

Definition: A sexually transmitted infection is an infectious disease that, as its name suggests, is transmitted between partners during different forms of sexual intercourse.

3. Impact of STIs

STIs are not a major cause of morbidity and mortality in adults but can cause complications with sequelae, such as sterility in men and women, ectopic pregnancy, cervical cancer and early mortality

in newborns, congenital syphilis, low birth weight but also prematurity and/or conjunctivitis in newborns

4. Common characteristics of STIs

STIs have common characteristics which include:

- ☐ Incubation: it is often long with a possibility of contamination while there are no symptoms;
- ☐ They only affect men or women: there is no animal reservoir;
- ☐ The reservoir is mainly made up of asymptomatic women and high-risk groups are homosexuals and prostitutes
- ☐ Their transmission is exclusively sexual except for HIV, hepatitis B virus, gonococci and chlamydia in children;
- ☐ They affect adolescents and adults (especially single) from poor backgrounds, living in developing countries;
- ☐ Transmission depends on behavior.

5. Classification of STIs

Vaginal or urethral discharge

Diseases

- trichomoniasis
- chlamydiasis
- gonorrhea
- candidiasis
- bacterial vaginosis

Genital ulcers

Diseases

- syphilis
- Chancroid
- genital herpes

- bacterial lymphogranulomatosis

6. Transmission of STIs

Unprotected sexual intercourse with penetration (vaginal, oral or anal) is by far the most common mode of transmission of STIs. Contact of genital secretions or discharge with intact skin poses a low risk of infection. However, contact of infected secretions with a mucous membrane carries a high risk of infection.

Other modes of transmission include:

- ☐ Mother-to-child transmission:

- during pregnancy (examples: HIV, syphilis, and hepatitis B virus),
- during childbirth (examples: gonorrhea, chlamydia, and HIV),
- after birth (example: HIV),
- during breastfeeding (e.g., HIV);

- ☐ Unprotected use of unsterile needles, or injections, or other contact with blood or blood products (examples: syphilis, HIV, and hepatitis)

It is important to remember that human immunodeficiency virus (HIV) is transmitted through the same routes as all other STIs.

7. Risk factors for STIs

Unprotected sexual intercourse does not systematically result in the transmission of an STI from a carrier partner to a healthy partner. Contamination depends on many factors of three types: biological, behavioral and social.

8. Particularly vulnerable groups

Some groups of people are more exposed than others because they are more often in contact with infected partners, or because they are more likely to develop an infection each time they are exposed. Such groups include:

- ☐ Sexually active adolescents
- ☐ Sex workers and their partners
- ☐ Men and women with multiple partners

- ☐ Geographical singles such as truckers, soldiers, and migrant workers
- ☐ Prisoners
- ☐ Homosexuals

9. Prevention of STIs

All STIs, including HIV infection, are preventable. There are two types of prevention: primary (aims to prevent infection with an STI) and secondary (Consists of treating and caring for infected people to prevent them from infecting others.)

10. Methods of STI diagnosis

Health care providers generally use one of these two methods of STI diagnosis:

- ☐ The clinical method: it uses clinical experience to identify the typical symptoms of an STI
- ☐ The etiological method: it uses laboratory tests to identify the causative agent;

11. Management of sexual partners

It is defined as all the advice given to patients with a view to encouraging them to convince their partners to be examined and treated. To be effective, patient management must extend to all known partners, in particular to regular sexual partners (spouse and the person who was the source of the infection).

Participants asked some questions, including:

- ☐ Questions on STI prevention
- ☐ Questions about the menstrual cycle
- ☐ Questions on sexual and reproductive health in general

Challenges and recommendations:

- ☐ The youth center must collaborate with FWA on Youth Health and other areas
- ☐ FWA visibility improvement through some tools such as leaflets in Kirundi talking about sexual and reproductive health
- ☐ The young people from the Kamenge Youth Center YC) who consult the Ntaseka clinic staff come from vulnerable families from Kamenge, Kinama and Cibitoke. They need support in

laboratory tests and medications and their families need economic strengthening to meet the needs of these young people

☐ Opportunity for education for young boys

☐ The partnership with the Youth Center is strategic so that FWA has free meeting rooms before our Women's Economic Empowerment Center (WEEC) is complete, increase the number of SHGs, establish partnerships with for example Radio Colombe which is the Community Radio of our locality; UNFPA which greatly supports local Organizations

STORIES

1) **Aisha aged 16:** *Thank you FWA for all this information that we have searched for so much, we have friends who deceive us to take advantage of us but today I have just understood all the harm of being irresponsible and I will protect myself and protect my friends so that my future is secure, I am grateful that you gave your address because sometimes we have questions related to sexual health but we do not have the center to welcome us, if you can develop the call center for young people it will be great*

2) **Evelyn aged 23:** *I had a lot of questions about the causes of sterility but today I have just received a lot of answers. We must also train our parents to educate children well. This information is very rich. Please make sure to address other health topics and extend your audience. Many here in these northern districts of Bujumbura are at risk. Thank you very much for your contribution today. We will visit your center for a lot of information*

3) **Viviane 19 years old:** *Thank you FWA for this training, I had vaginal discharge and itching and I thought it was normal for the poor but I just understood all the elements behind it and I will come for medical consultation as soon as possible and do everything you said for prevention*

4) **Edgar aged 22:** *Thank you Ntaseka. I did not know that being circumcised is important and is a need to prevent infections. We boys need information on masturbation when FWA comes back here and we will also come to have more clarification on sexuality. Thank you for agreeing to come here we have benefited and we will use all this information with our friends*

Rape Survivors' Support (RSS)

SHGS AND MEDICAL ACTIVITIES

FWA organized a 3-day training workshop for FWA's 2 Self Help Groups, following permission from the Bank of the Republic of Burundi, which had suspended SHG activities since December 2023. FWA received authorization in July 2024, following provision of the requirements for a registration number and permission to supervise SHGs.

The overall objective was “To improve the activities of FWA's SHGs and to raise awareness of PF and provide necessary information on FWA and NTASEKA CLINIC to the SHGs”.

Testimonies

1) Athanasie 40 years old:

I have a good grasp of the SHG FWA savings register I have a good grasp of the SHG FWA savings register, so even if the boss isn't around or if I'm asked to help another SHG FWA, I can do it.

I have to follow the transactions of my money closely to make a profit at the end of the year, and I have to work hard to have enough to save.

The knowledge gained here will help us to keep a close eye on our health, there are lots of little behaviors that degrade our health and there are many small acts that can save our health and that are offered at low cost here at CDS Ntaseka,

We didn't have this opportunity 3 years ago to take such a calm and sufficient time to exploit this organization FWA, and to know in particular the CDS Ntaseka, I knew that all is Ntaseka or it is FWA,

As for the contraceptive products, they always help me and I have children of childbearing age. I'm going to pass on this information myself and I'm going to help them join the family planning scheme as soon as possible,

2) **Mariam 36ans:**

I'm very grateful to the organizer of this workshop, because I understand that the SHG FWA is not there to get money from parties, but it's for social cohesion and the financial development of women. I have to fight to support my husband by giving him a helping hand to move forward and raise our children with dignity.

I was afraid to come here for treatment because the private ones have high prices and please see for yourself your structure is not built for the vulnerable like us ,the tiled floor we think we are in Europe ,we considered Ntaseka as Kira Hospital and under no circumstances would I encourage an acquaintance to come because we are poor here , We can't afford to pay for health care here, but after these 3 days of training I've come to understand a lot of things for real. Thank you to FWA for opening the CDS Ntaseka, I'm going to come here for treatment, and I'm also going to give information to my acquaintances to allay the illusions that the citizens of Kamenge have about the CDS NTASEKA, given its cleanliness and its smart staff, 3) Claudine 42 years: Contraception is a blessing that the earth has received to control births, knowing that NTASEKA CLINIC

can accompany us in this process of family planning is a joy for women of childbearing age, two of whom are my daughters here and there is the other at home, I know what we're talking about when we talk about close pregnancies and children who exceed your financial capacity. We save here to have development but with many children, the credits received here are for expenses.4) Symphorienne 39 years old:

I thought that the rules of our solidarity group were only for the president and that the others would follow us to the letter, but I understand that I have a place, I have to respect the others and I have to move forward with the others. Even if there are internal conflicts, we have to call on the SHGs of FWA to help and support us.

I've just discovered that sitting down and studying goes on even when you're an adult and haven't been to school. I had no idea of consulting a doctor in Ntaseka because my friends told me there were no doctors and that it was only for people living with HIV/AIDS, but today I understand everything in detail. I'm on contraception, but I didn't understand what it was all about.

Many of my friends and acquaintances don't have all the information we've just received over these 3 days. I'm going to pass it on and bring them here for treatment or to ask for reliable information about their health.

5) Albertine 45 years old:

I used to follow my colleagues without knowing what we were doing. I even wondered why not do it at home, as many of us live close to each other, but I realized that we need follow-up and training, and that there are internal conflicts that need rules to follow in order to move forward properly.

This is the first time in my life that I've seen a female condom, and having learned how to use one, I've just had all my questions answered, and rumours are under control in my home for the time being. No woman will lie about contraceptives in my presence, and I'm going to raise awareness myself and make sure that all my acquaintances attend CDS NTASEKA

I was afraid to use the intrauterine device because of the rumors, but now I'm going to come to the appointment because I'm on the injection at the moment,

6) SHG companions: with these Workshops the work is calmer, before we gave instructions and the members thought that each group had its orders and rules, but the SHGs of FWA are identical but since we are insufficient we have difficulty to make the follow-up well then these trained leaders will be our ambassadors and to remain together during 3 days in the formations helps us to reinforce the social cohesion and it is an occasion to show the role of each one and then the good collaboration will be a guarantee,

thank you for the organizers continues until the last group to see the SHGs identical and similar to the FWA model.

Impact

1. Learn to avoid conflict

Clementine 37 years : I have learned that most of the problems are caused by us because we do not know how the groups are organized. Today we know that every competitor in the team has a say and must pursue the wealth of the team. Where you find the secretary, we decorate all the activities because we think that we do not care.

2. Inspiration

Jeanne 28 years : These lessons are very useful when you ask us what the organization has done. I heard people who have achieved great things like having Parcelle j' ai été inspiré and the strategies they used now, so I shot and set the future of where I want to reach in the next 5 years, I believe I will never be the same.

We found that there were people who did not come to dance in Ntaseka. I was surprised to hear what other women had achieved. They found that I accompanied others. These fr we will cheat on jw and I think it is so small that I will not make a plan and find that I have unnecessary debts.

These teachings have opened our minds and we are going to do it and you will come back and ask us.

3. Realize rules

Esperance 43 years : We all know the rules they told us, but because we have entered into the law sometimes and we have been ruled by it, we have found that we really don't know the rules.

As per the law, there is money that we don't exceed, but if we die, there are people who oppose us.

We have made sure that according to the rules of giving our customers less and less money.

RECOMMENDATIONS

1) Build reciprocal relationships between SHG members and FWA staff in general, especially medical staff, to win in all directions.2) We need to welcome those who are in FWA SHGs with a particularity and we need some reductions on prices, why not create a mutuality of FWA SHGs.3) We need a lot of training on the various themes of women's

health and development to be well equipped for sustainable development.4) SHG leaders must know that they are members first and foremost, and when there is a request for information, members must be enlightened from the heart, not with insults and threats.

5) These kinds of workshops are necessary every 6 months for a group.6) The status of NTASEKA CLINIC must be raised, because it's like a clinic: you need an operating theatre and other higher-level services.

7) GHSs must be supported to increase income-generating activities for all in order to facilitate mutual development such as farming, sewing, breeding and others.8) Members should be forbidden to belong to more than 2SHGs for social security purposes, as this leads to conflicts and quarrels among members.

9) Require identity cards for SHG members, as many lie about their names.

10) SHG tracking software is needed.

11) Accompanying staff need to be well motivated in terms of money, as they work every day, even on weekends, and need capacity-building in leadership and conflict management, as well as savings and credit concepts.

12) Follow BRB instructions closely so as not to be stopped or forbidden from continuing SHGs.

13) Give SHG staff and leaders the opportunity to deliver confidential messages to SHGs, and give members the chance to share secrets for social cohesion.

1. SELF HELP GROUPS (SHGs)

Among 159 SHGs created until December 2023, we have already welcomed 62 SHGs after registration in the bank of the republic of Burundi.

Evaluation

As the table shows, in the month August 2 SHGs made a sharing and the result are as follows;

No	About sharing	Number of SHG	Total
1	Total money saved	2	2,545,000
2	Total Credit granted	2	1,430,000
3	Total interest	2	1,572,500
4	People who didn't paid	2	6
5	Total money not refunded	2	760,000

Classification of SHG

After evaluation it was found that;

Active	Less Active	Sick	Total
1	1	1	2

2. HROC Workshop (August,12-14 and August 15-17)

In the month of **August 2024**, two workshops were held at Ruvumvu Friends Church in Bubanza province.

Stories

"I grew up in a foster family because I was separated by my parents during the war. So I don't know if they are still alive or not. I grew up with emptiness in my heart; I don't know how to laugh like others; I hate myself, it is rare to see me among others and I have a great anger.

At the age of 15 the woman who adopted me revealed my story to me and things got worse; I could lock myself in my room and cry all day and I became very bitter.

My only prayer to God was to help me to have a husband who loves me; I thought that having a husband would help me to heal this trauma. What an illusion!

My engagement did not last because as I saw my husband as a refuge, I rushed to live with him without a legal marriage, without taking the time to know him.

In addition to the physical and psychological violence which I suffered, my husband is an irresponsible man, a thief and an alcoholic man.

When I was pregnant with my first child, he was imprisoned, and he left me alone with nothing. My mother-in-law did not pity me. When I gave birth, she did not give me anything to eat and she sold my field of sugarcane; the only thing I had that could give me money.

I know what hunger is because I lacked something to eat when I was breastfeeding. He returned from the prison when the child was 2 years old. Even now, as I speak e returned in prison, and I have 4 children that I have to support alone.

This training was like a mirror. I saw myself; I understood that I grew up with trauma and telling my story is a big step. At home I was able to grieve; I faced my past and I cried and cried; now I feel something heavy which was in my heart is gone."

"The cause of my domestic violence was my in-laws. My husband moved to work in Bujumbura leaving me in Bubanza. I lived near my mother-in-law who did not love me at all because I am Tutsi and my in-laws are Hutu.

I suffered psychological violence from my mother-in-law. She used to tell me that we are a bad ethnicity. She told me that I am lazy like my ethnicity, and the other faults that people like to attribute to my ethnicity.

She influenced my husband to hate me by telling him lies; she did not give me food because I had not yet been given permission to cook as our culture is.

My mother-in-law created scandals to threaten me. One day during the night they threw stones on the roof of my house. It was terrible. I tried hiding me under my bed but I couldn't because I was 7 months pregnant. For fear of being killed sometimes I slept at my neighbor's house.

One day my mother-in-law called a family meeting to tell me that my husband said that I had to leave his house. I hurried up without communicating with my husband because we were in conflict and I went back to my mother's house. My husband cut off all communication and I stayed with my mother.

After 3 years we reunite with my husband because he knew the truth and looked for a house far from my mother-in-law.

In this training I have understood that I have signs of the trauma caused by this experience. I have an interminable fear; I do not trust my husband. I sometimes thought that he will kill me one day but with this training, I see how I can work on this area in order to achieve healing.

3. Women's Economic Empowerment Center WEEC

Under the support of the Canadian Friends Service Committee (CFSC), have continued the construction work of the Women's Economic Empowerment Center (WEEC). As explained in the month of July 2024, the aim of this project is to avail training rooms and a temporary safe shelter for gender-based violence survivors at the FWA headquarters. This project will cost \$200,000

ACTION ON GENDER-BASED VIOLENCE (AGBV)

In the month of August, in the context of the project "Connecting the Global to the Local: Strengthening Women's Leadership for the Localization of the United Nations Security Council Resolution 1325 (2000) on "Women, Peace and Security", seven psychologists and 137 psychologists' assistants have been receiving gender-based violence survivors for both listening and counselling.

On August 26-30, 2024, three sessions on detraumatization were done for 137 psycho-social assistants, seven psychologists APS, four people from the FWA staff and one from the American Friends Service Committee (AFSC). Two sessions were done East African Hotel in Nanza Lac, Makamba province and one was done at Imperial hotel in Cibitoke province.

MEDICAL TEAM

CONSULTATIONS

Our medical doctors consulted with 136 cases, including 29 adults (12 men and 17 women), 8 children (5 boys and 3 girls), 40 HIV positive people and 59 pregnant women for ultrasound. The nurse received 244 patients including 179 adults and 65 children.

LABORATORY

In the month of August, apart from HIV voluntary testing, there were a total of 343 tests.

Test	Test completed	Positive	Negative
G.E. Malaria test	61	13	48
Quick malaria test	35	11	24
ECBU Urine test	15	14	1
Selles Stool test	17	12	5
Pregnancy	29	13	16
Sero-widal Typhoid fever	73	24	49
Glycémie Diabetes	19	6	13
RPR VDRL (Syphilis)	23	0	23
Complete Blood Count	30	15	15
Hepatitis B	4	0	4
Hepatitis C	2	0	2
Viral Load	35	0	35
Total Tests: 343			

FAMILY PLANNING

672 People received contraceptives from FWA's nurse, including 405 old cases and 267 new ones. 570 received the contraceptive injection, 19 were given contraceptive pills, 60 received male condoms at Ntaseka clinic, 2 received UID and 21 received implants

PRENATAL CONSULTATION (PNC)

In August, 54 women came for prenatal consultation (PNC), including 21 who came for PNC 1, 24 for PNC 2, 6 for PNC 3 and 3 for PNC 4.

67 pregnant women came for the ultrasound test.

ANTI-RETROVIRAL SITE

At the end of August, we had 330 patients under retro drugs followed at NTASEKA clinic, including 267 women and 63 men.

PHARMACY

Regarding medications, FWA was able to purchase the minimum needed medicine.

PSYCHOSOCIAL TEAM

In the month of August, 98 people were tested for HIV and received pre and post HIV test counselling. Among the three people detected HIV positive, two of them were women with 3% of seropositivity.

Total Number of People Tested:	98
Total Number of Women Tested:	74
% of People Tested Who Are Women:	76%
Average Age:	22
Median Age:	22,5
Total HIV+ :	3
Total HIV- :	95
Number of Women HIV+ :	2
Total % Seropositivity:	3%
% of Women Tested Who Are HIV+:	3%





