

FRIENDS WOMEN'S ASSOCIATION

**CARING FOR HIV POSITIVE PEOPLE
(CHIVPP) FIRST YEAR NARRATIVE
REPORT**

PERIOD: JULY 2015- AUGUST 2016



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INTRODUCTION

On 6 September 2013, FWA was accredited by the Ministry of Health to dispense antiretroviral treatment (ARV). Over the year 2014, FWA has worked tirelessly to expand into a site ARV. FWA's medical staff had been trained to dispense ARVs by FHI360, an international nongovernmental organization that is helping clinics in Burundi scale up their services in order to prevent mother to child transmission.

One of the main challenges to scaling up its HIV services was that FWA had not its own CD4 machine, which is used to determine whether or not the patient's blood count is low enough to qualify for the ARVs; nor had its own Complete Blood Count (CBC) machine, which establishes whether the body can handle the side effects from the ARV drugs.

In order to begin dispensing, FWA had formed partnerships with several NGOs who have fully equipped labs. Thanks to these partnerships, FWA began dispensing ARV treatment in December of 2014.

At the end of December 2014, FWA had eight patients under ARV medication and fifteen patients under cotrimoxazole. In order to continue progressing, however; it was critical that FWA purchases its own CBC machine. Actually, while we had access to the CBC machine through our partner labs, each CBC test cost was \$3.19. FWA had also to pay transport costs to drop off the blood and to pick up the results, which was expensive, time consuming, and risky since we transported the blood via motos taxis. There were many times when our lab technician arrived at a partner NGO, only to find out that the lab didn't have reagents to operate the CBC machine. As FWA has no means to refrigerate the blood samples, if we were not able to get the blood tested on the same day, we often needed our patients return to FWA in order to draw the blood a 2nd or 3rd time. Therefore, FWA has identified the purchase of the CBC machine as integral to providing effective treatment for its HIV + patients. This is the first dimension of this project "Caring for HIV Positive People" (CHIVPP).

A 2nd aspect of this project is to engage our HIV+ patients in a dialogue group. Our objective is to create a safe space where people can come together to disclose their status and discuss the challenges they face living with HIV/AIDS. Through facilitated dialogue sessions, our patients increase their resiliency and receive psycho-social support. A member of our medical team not only facilitate discussions, but also teaches the group how to live positively with HIV/AIDS.

Thirdly, this project is to provide nutritional support for our people infected with HIV/AIDS. Actually, they have been testifying that once they start the ARVs treatment, they feel very weak because they can only afford to eat one meal a day. As we don't yet have the hospitalization service, we have also included insurance cards for our patients.

The fourth dimension of the project is to hire one HIV positive person who is in charge of home visits and provide a report on our beneficiaries so we can assess their progress. Having an accompanist in the community also enables us to keep track of our patients' living situation as people often move from place to place in Bujumbura. The accompanist is a link between FWA and our beneficiaries. She works closely with our nurses and social worker.

As the purpose of this project is to provide holistic care to our HIV positive patients, the 5th part of our project is to help the support groups form saving groups so that they can ultimately be economically independent. Saving groups meet weekly to pool their savings and give out loans. All the transactions

are made in the open, with all members present. This system teaches transparency, accountability, conflict management and good governance. It is built on trust and reinforces solidarity. One of our partner organizations “Faith in Action” has had success working with saving groups, and they have agreed to mentor us. During this second year of the project, this organization will train the first group with different modules: Self-Help Group approach, saving and loan issue, vision building, conflict resolution, micro-enterprise development, communication skills, annual action plan, linkage, participatory grading, literacy and book recording.

In order for the ARV site to function adequately, there is a need to build the capacity of FWA’s staff so that every member of FWA understands our new program. This year, the funds from Vancouver Island monthly meeting have helped us organize a three-day workshop for FWA staff. That is the sixth dimension of the project.

It is in this context that this program started in July 2015 and its objectives were:

GENERAL OBJECTIVE

This project seeks to care for HIV positive people holistically.

SPECIFIC OBJECTIVES

- To conduct the CBC test at NTASEKA clinic to minimize the expenses, the wasted time and the risks when travelling from NTASEKA clinic to other medical institutions where the CBC machine is already available
- To stay in contact with our HIV positive people through an HIV positive accompanist.
- To build the resilience of our HIV positive people by creating a safe place where they can share their challenges as a group. This will be done through a discussion group of 25 people held each month.
- To promote a comprehensive and holistic approach to health care for people living with HIV/AIDS.
- Capacity building of FWA staff to understand together and in the same way our support program of people living with HIV/AIDS
- To reduce the stigma and shame of being HIV positive through educational sessions for the community where they can learn about the disease

RESULTS

After only one year, we have enough results from this project supported by Vancouver Island Monthly Meeting (VIMM).

a. The CBC test problem has been resolved

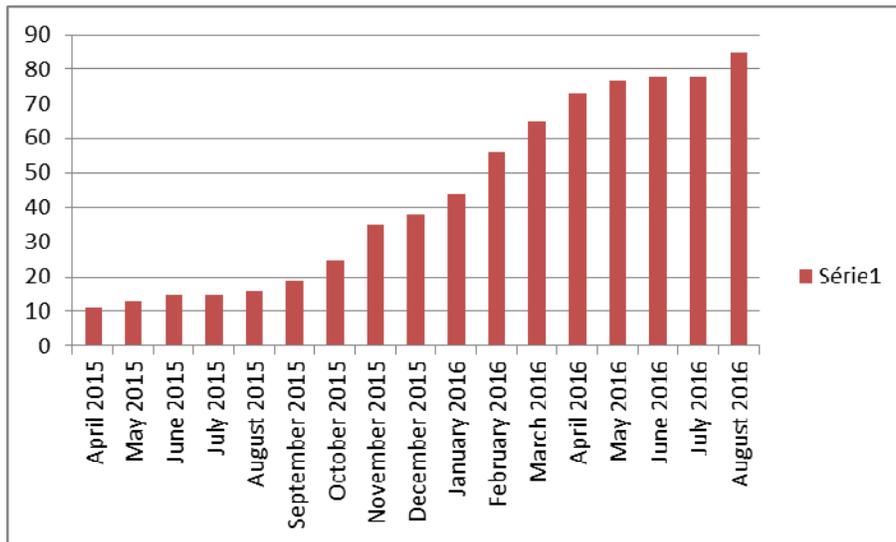
The CBC machine was bought in July, 2015 and this has been very helpful for the medical follow-up of our beneficiaries. Indeed, the CBC test is done at NTASEKA clinic. We no longer have to travel to other partner labs for this test. This reduces risks of accidents, expenses, time consuming and stress.



NDAMWIZEYE Aline, FWA lab technician doing a CBC test

b. A total number of 155 people infected with HIV/AIDS followed at NTASEKA clinic

The number of people infected with HIV under retro drugs is increasing every month: at the end of August 2016, we had a total of 155 people followed at NTASEKA clinic, including 85 under retro drugs.



c. Insurance cards

30 insurance cards were bought for 30 beneficiaries. As we don't yet have the hospitalization service, these are usually important once some of our beneficiaries are hospitalized.

d. An HIV Positive Accompanist is hired

DELACHANCE Félicité, a woman infected with HIV, was hired to serve as a link between FWA and our beneficiaries.



e. Discussion groups

In order to improve the community health in general, FWA has established a clinic offering promotional and curative health care with particular emphasis on people infected with HIV. Since March 2015, antiretroviral therapy was introduced in NTASEKA clinic. To better track those vulnerable people, the CHIVPP project has initiated sharing sessions from March 2016 to provide a better psychosocial support through discussion groups. A total of 150 people will be achieved. They will be divided into five groups. A total of 30 sessions will be held from March 2016 to December 2018th. So each group is made of 30 people and will qualify for six sessions. Our objective is to create a safe space where people can come together to disclose their status and discuss the challenges they face living with HIV/AIDS. Through facilitated dialogue sessions, our patients will increase their resiliency and receive psycho-social support. MISAGO Gisèle, a member of our medical team is not facilitating discussions only, but also teaches the group how to live positively with HIV/AIDS. Feedbacks from the participants on the challenges they face will help us better intervene.

So, since March 2016, six sessions were done for the first group of 30 people. The following is the content of the sessions:

SESSION	TOPICS
SESSION 1	Exchanges on the announcement of seropositivity (How did you feel when you were told that you are infected with HIV/AIDS?)
	Explanation of seropositivity, seronegativity, doubtful result
SESSION 2	Discussion about the difference between HIV and AIDS disease
	Explanation of the natural history of HIV
SESSION 3	Exchanges on why taking bactrim and ARVs
	Explanation of opportunistic infections
	Prophylaxis with Bactrim and Isoniadid, ARVs treatment
SESSION 4	Methods of HIV transmission, methods of HIV prevention (in small groups)
	Explanation of the transmission methods
	Explanation of the prevention methods
SESSION 5	Methods of HIV transmission, methods of HIV prevention: Review
	Prevention of transmission from mother to child



The first discussion group done on March 29th, 2016. People were still afraid to face each other



The recent discussion group done on August 20th, 2016. Now, they are able to talk to each other, to share their stories and to work in small groups

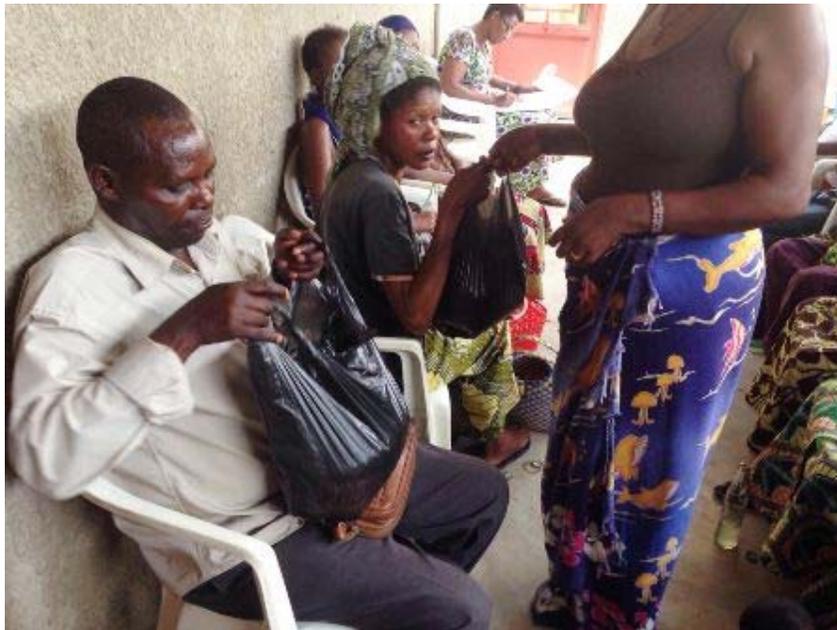
f. Nutritional support

Our HIV positive people are so thankful for the nutritional support. However, the kit has decreased as the number of people is still increasing.





The first day they received they received the nutritional support kit



In April 2016, the kit had already decreased

g. FWA staff capacity building

A three-day capacity building was done on 3-5 August, 2015. Different topics were exploited: epidemiology, the natural history of HIV, methods of transmission of HIV/AIDS, methods of prevention of HIV/AIDS, explanation on when to start ARVs treatment and how to administer retro drugs, compliance, results announcement especially for sero-discordant couples and teenagers and therapeutic education.



From left to right: Dr NIBONA Alexia, GIRUKWISHAKA Marcelline, KAMUGISHA Marie Claire



Two facilitators: Doctor NAHIMANA Thierry (1st picture) and Madame BARAGUNZWA Agathonique, the Psychologist (2nd picture)

TESTIMONIES

*“My name is **BUKEYENEZA Anne Marie**, before coming here at NTASEKA center, I spent one whole month in the hospital. My weight has decreased from 82kg to 58kg. When I arrived home, I continued to be sick and weak. I had always flu and temperature. And my husband often asked me, “At the hospital, did they do all tests for you?” (Perhaps he already knew that we were already infected with HIV/AIDS, but he had never told it to me). One day, I asked one of my friends if she knew a nearby place where I could do voluntary test, and she told me about NTASEKA center. In that way, I came here. When they tested me, I was found HIV positive. That day, I cried a lot; I was discouraged, thinking about my five kids because I have to work hard for them to survive. I remember the day I was told that I am HIV positive: it was on Thursday. That day, I was so afraid that I thought that I would die before the following Monday. However, when I met with NTASEKA medical doctor, she encouraged me that I will continue to live. She quickly asked me to do the CD4 test. And the results showed that my CD4 were too low. That is why, I started the ARVs treatment. Now, after one year and a half, I am 79 kg weight. I am now selling oil at Kamenge market to support my family. I praise the Lord and thankful to FWA”*

*“Frankly speaking, I’m very thankful for FWA because in addition to the retro drugs, we receive free medical care here at NTASEKA clinic whenever we are sick”, **KAMIKAZI Beatrice***

“Before I came here to be screened at NTASEKA clinic, I did not know that I was HIV positive. The day I learned my HIV status, I Arrived home, discouraged, and I told my

husband the bad news. The latter told me that it is normal. From his answer, I understood that he was the one who had infected me. I then started to insult him saying that he is a bad man, selfish and assassin. The same day I decided not to live together with him. When I was doing my suitcases, he joined me in the room to calm me and to ask for forgiveness. He even promised to give me gifts. I gave him a condition to come also to be tested here at NTASEKA clinic. He kindly agreed. That is why we are all under ARVs treatment”, NAHIMANA Francine

“I was pregnant and I was falling sick very often. I thought it was because of my pregnancy. I went to Jabe health center. A lot of tests, including testing for HIV / AIDS were prescribed to me. Thus, while they told me I was HIV positive, I stayed in a fixed position without being able to understand what had happened. I cried a lot in the counseling room and a few minutes after I went back home. There, I insulted my husband. It was during the night when I remembered that I was a prostitute before my wedding. I began to accept my status. But, the next day I came here at NTASEKA clinic to check if my result was really positive. The result was always the same. I returned to the house discouraged, and I decided to say nothing to anyone. I stayed at home until the day of delivery. Unfortunately, I had a stillborn. After two months, I suffered from tuberculosis. I then returned to NTASEKA clinic and I started ARV treatment. I advised my husband to get tested, but so far he has refused. I do not know if he is also under retro drugs. Actually, he is a too hard man.”, BAKANIBONA Orga



From left to right : MISAGO Gisèle (FWA nurse, BAKANIBONA Orga (The first one to be under ARVs treatment at NTASEKA clinic) and her last daughter

“Through the sharing sessions, I have now learned that we must use condoms while doing sex with my husband. This useful for birth control and prevents both of us from infecting each other.” (BUKEYENEZA Anne Marie)

“Before the sharing sessions, I used to drink so much alcohol that I could even spend one whole week without taking the ARVs. When I was drunk, I could not even eat because I had no appetite. Now, I have learned that interrupting the ARVs can have negative impact on my health in the future. As I’m no longer taking alcohol, I have moved from 75kg to 90 kg” (KAMIKAZI Beatrice)

RECOMMENDATIONS

These are recommendations from our HIV positive beneficiaries:

- More sharing sessions
- To increase the nutritional support kit
- Giving them small loans to initiate income generating activities so that they can be independent economically
- Our beneficiaries have suggested to avail and to equip enough the pre-natal and maternity services to adequately address the prevention of HIV transmission from mother to child. They have also expressed the idea of giving a contribution of BIF 1000 per month to create their own social account so that they can help each other just in case

CONCLUSION

Looking to how far we came from, we have to celebrate as FWA. We appreciate a lot the significant grant from VIMM because from the above after only one year, we notice that we have done enough activities that have started to bring a positive impact. If we get more funds, we will organize more training sessions and increase the nutritional support. Actually, we are giving nutritional support every two months when everyone is given 2kg of rice and 1,5kg of beans. This is a too small quantity for a person to survive. Instead of giving them loans to do income generating activities, we are going to organize them into self-help groups with the partnership of an organization called "Faith in Action", FA. However, we have funds (1300USD) for only two self-help group for a total of 40 people. Moreover, FWA is also going to help them to create a solidarity fund where everyone will have to give a small contribution per month. The fund will be kept in a bank and will be managed by themselves with the close assistance of FWA. This fund will be used just in case of hospitalization or for other special social cases. Let us underline that we still need a qualified psychologist for the program great impact. His salary is now estimated to 200USD per month. Moreover, we still need great support to include the prevention of transmission from mother to child in FWA services. Again, our heartfelt thanks are addressed to Vancouver Island Monthly Meeting.