

Friends Women's Association

JULY 2024 Report

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ACTIVITIES

Caring for HIV Positive People (CHIVPP)

In the month of July, medical follow-up and home visits were done for our HIV positive people.

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)

Meeting with the Kamenge Youth Center team

On May 17, 2024 at 11:15 a.m. Ntaseka clinic delegates (Harushimana Augustin and Misago Gisele) met with the Kamenge Youth Center (CJK) delegates, Claude Nkurunziza and Philbert MANIRAKIZA, to discuss the opportunity to collaborate during the work camps that the Kamenge Youth Center (KYC) is organizing in its 26th Edition this year 2024 from July 2024 to August 2024

More than 1,200 Young People on Vacation are welcomed by the Center and among them 500 to 600 young girls who are subdivided into 3 or 4 camps depending on the availability of financial and technical means to do so

Among the activities envisaged there are training manual in sanitation. Also morning and afternoon training sessions according to the themes are planned. At the end of every two weeks, each young person is given at least 10 notebooks and other school materials

FWA Can:

- Run the workshops of secondary trauma healing for the KYC leaders need
- Provide curative care to victims of GBV and other cases that will need treatment during the youth work camp

The two teams agreed to transmit the report to the hierarchical level respectively Friends Women's Association and Centre Jeune Kamenge for inputs in order to continue the preparations for this 26th edition of youth camps in July 2024



After the meeting of May 17, 2024 the Kamenge Youth Center is organizing its 26th Edition youth camp this year 2024 from July 2024 August 2024

So on July 24, 2024 from 2 p.m. to 4:30 p.m., more than 200 young people benefited from training on Sexually Transmitted Infections (STIs) by two people from Ntaseka clinic staff.

The details of the theme covered are:

The Theme was on Sexually Transmitted Infections which is summarized here:

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
- gonorrhoea
- 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

It should be noted that the day after the training session on STIs, 10 young girls aged between 13 and 15 consulted Ntaseka clinic for STIs. The sessions will continue in August 2024 on August 7&21, 2024 from 2 p.m. to 4:30 p.m.



Rape Survivors' Support (RSS)

1. SELF HELP GROUPS

In the month of July, the Rape Survivors Support program had different activities: the supervision of Self-Help Groups (SHGs) evaluation and the income generating activities. FWA has so far complied to the new law of the central Bank of Burundi on Self-help groups. Now we are in the process to have an updated list of the SHGs supervised by the FWA.



2. Income Generating Activities

In the month of July, 700 kg of rice were harvested





3. Women's Economic Empowerment Center WEEC

The Women's Economic Empowerment Center (WEEC) is a new project that the FWA has started in the month of Jul 2024 under the support of the African Great Lakes Initiative (AGLI) of the Friends Peace Teams). The aim 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 July, 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 132 psychologists' assistants have been receiving gender-based violence survivors for both listening and counselling.

MEDICAL TEAM

CONSULTATIONS

Our medical doctors consulted with 175 cases, including 48 adults (12 men and 36 women), 13 children (9 boys and 4 girls), 47 HIV positive people and 67 pregnant women for ultrasound. The nurse received 234 patients including 143 adults and 73 children.

LABORATORY

In the month of July, apart from HIV voluntary testing, there were a total of 311 tests.

Test	Test completed	Positive	Negative
G.E. Malaria test	39	10	29
Quick malaria test	38	9	29
ECBU Urine test	20	16	4
Selles Stool test	7	7	0
Pregnancy	27	9	18
Sero-widal Typhoid fever	50	15	35
Glycémie Diabetes	13	5	8
RPR VDRL (Syphilis)	27	1	26
Complete Blood Count	44	19	25
Hepatitis B	9	0	9
Hepatitis C	8	0	8
Viral Load	29	4	25
Total Tests: 311			

FAMILY PLANNING

543 People received contraceptives from FWA's nurse, including 340 old cases and 203 new ones. 351 received the contraceptive injection, 74 were given contraceptive pills, 100 received male condoms at Ntaseka clinic, 3 received UID and 15 received implants

PRENATAL CONSULTATION (PNC)

In July, 34 women came for prenatal consultation (PNC), including 16 who came for PNC 1, 9 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 July, 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 July, 64 people were tested for HIV and received pre and post HIV test counselling. Among the four people detected HIV positive, three of them were women with 6% of seropositivity.

Total Number of People Tested:	64
Total Number of Women Tested:	58
% of People Tested Who Are Women:	91%
Average Age:	28
Median Age:	27
Total HIV+ :	4
Total HIV- :	60
Number of Women HIV+ :	3
Total % Seropositivity:	6%
% of Women Tested Who Are HIV+:	5%

