



## **Kamenge Clinic**

On August 10, 2008, the Burundian government, through the Ministry of Health, authorized us to do HIV tests. Many local people in Kamenge presented themselves at our clinic to be tested for HIV.

### **October 2008.**

Just one person was tested because there was problem with the stock of reactive agent. The woman tested was a 27 year old living in Kamenge.

### **November 2008**

Just one person tested positive among the 27 people who arrived to be tested. The 27 included 18 women and 9 men, all from Kamenge or neighboring communes such as Kinama and Cibitoke.

### **December 2008**

In December, 28 were tested, 11 men and 17 women, and just one person tested positive.

### **January 2009**

26 people came to the Center for pre-test counseling, for voluntary HIV test, and then for post-test counseling. There were 6 men and 20 women with an average age of 20.9 years. Among the 26 tested, 4 turned out positive, all of them women, including 2 widows, and one of them with 5 children under her care, who lives by small-scale buying and selling.

### **February 2009**

The Clinic's registry shows that 50 people came in for the voluntary HIV test. Of them, 6 tested positive, including 4 women and 2 men, suggesting a rate higher than 10%.

### **March 2009**

In the month of March, 5 cases of HIV infection were recorded among a total of 37 people who were voluntarily tested. This includes 4 HIV positive women and one man.

### **April 2009**

There were 41 people that came for voluntary HIV testing. Among these 41 people, 16 were men and the rest (25) women. 4 people tested positive.

### **May 2009**

The clinic received 38 people, men and women for voluntary testing. There were 4 cases that tested positive: 3 women and 1 man.

<b>Month</b>	<b>Total number</b>	<b>Feminine</b>	<b>Masculine</b>	<b>Positive</b>
October	1	1	-	0
November	26	17	9	1
December	28	17	11	1
January	26	20	6	4
February	50	32	18	6
March	37	21	16	5
April	41	25	16	4
May	38	25	13	4
<b>TOTAL</b>	247	158	89	25

The FWA clinic was also busy with other activities such as the distribution of condoms, primarily masculine.

To avoid the stigmatization of our center, other people who came to our center (not relating to HIV/AIDS) also received medical counseling and other laboratory examinations were made.



A pre-test counseling session (15 June 2009)

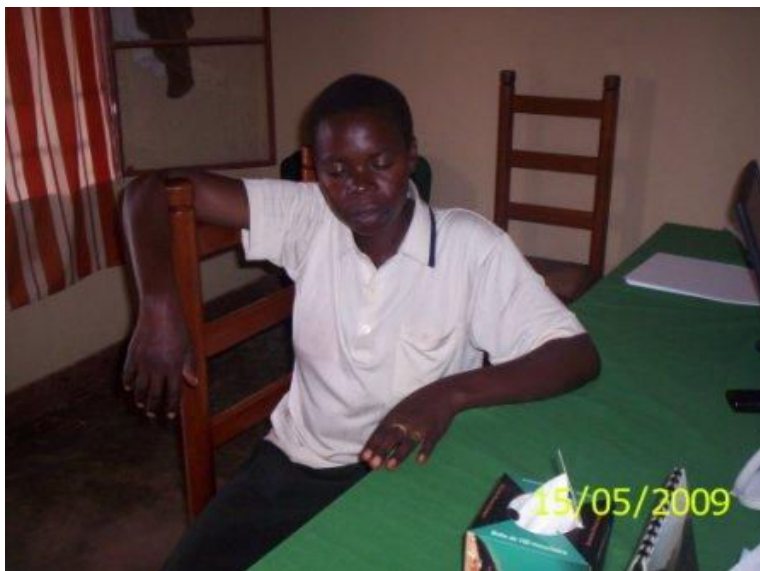
Month	Number of consultations with patients	GE (malaria)	Widal (Typhoid fever)	Stool samples (worms)	ECBU (Urinary infections)	Obesity test
January	76	44	1	27	2	1
February	88	32	2	13	0	0
March	67	31	3	20	2	0
April	70	33	2	19	0	2
May	77	44	3	20	0	1
<b>Total</b>	<b>378</b>	<b>184</b>	<b>11</b>	<b>99</b>	<b>4</b>	<b>4</b>

As of the beginning of May, we are still waiting for a visit of the authorities from the Ministry of Public Health for an official approval of our clinic for voluntary testing. The waiting room that they demanded of us is now complete.



**The waiting room of our Clinic that was just recently completed.  
(The photo was taken during the afternoon so there are not many patients.)**

### **Some testimonies**



My name is Seraphine. I am 28 years old, divorced and I have 3 children.

#### **How is it that you came to know about our clinic?**

I knew that the clinic was there because I live in Kamenge. I came in and asked if they do HIV testing and they responded affirmatively

### **What led you to take the HIV test?**

I was married to a man who was old. Before that, during the Crisis of 1993, I was still single, and I fled the fighting towards the border region with Tanzania. In the refugee camp, I fell in love with a young man and became pregnant by him. He had promised to marry me as soon as we left the refugee camp. Once we got back to our village, the young man was killed by an armed group. After that I was married to the older man.

After we were married I heard that his first wife had died of AIDS. When I asked him if this was true, he denied it. Our home never knew peace, there was always quarrelling, and sometimes he chased me out and lived in “concubinage” with other women.

From our union 2 women were produced. Finally, he left me alone in a house with 3 children after moving from the village towards the city. A few months later, another man accepted to live with me and thus pay the rent and take care of my 3 children. He demanded that I be tested for HIV but also I wanted to know if I was HIV positive.

### **How did you respond to hearing the result of the test?**

Well, my problem is not being HIV positive. My problem is how I am going to take care of my children. For now, they aren't with me, because I sent them to the village. The oldest is staying with her father's family, and the two others are at my mother's place, that is, their grandmother's.

### **How has FWA been helpful to you?**

FWA helped me to recognize my HIV status. I would have loved to stay at FWA to receive the medicine as well. Instead FWA sent me to another center but so far I have not been welcomed there. Every time I went there, they tell me to wait for the doctor. I never returned since I couldn't wait forever; I have to make a living. [At this point Dr. Alexia explained the importance of returning to the clinic to receive treatment.]

If FWA would have been able to help me take care of my children and given me a little capital, that would have made my life easier.



My name is Odett. I am 38 years old.

**How is it that you came to know about our clinic?**

Well before you moved across the street from me, I knew that your clinic took care of people living with HIV.

**What led you to take the HIV test?**

A friend came to see me and she told me the importance of knowing one's HIV status. Even a long time before that, my older sister was always advising me to be tested. Now that your clinic is near my house, I got up my courage and decided to be tested.

**How did you respond to hearing the results of the test?**

I welcomed the results of the test because I know that the doctors will help us live positively with this sickness. The problem is my husband who has refused to be tested. And I'm not surprised by this since I'm the third wife since the first two died of HIV, as people were saying afterwards.

**Why didn't you consider being tested before living with him?**

I thought they were just joking.

**Do you use condoms in your sexual relations?**

Sometimes yes, sometimes no. My husband is very complicated: he's a real drunkard, he's always drunk. In order to address this, I won't sleep with him until he has decided to be tested.

**How has FWA been helpful to you?**

FWA is important to us for the HIV testing they do but the medical care they provide is minimal. If, for example, FWA could give us medicines to address illnesses, that would help us a lot. And anyway, I didn't go where you sent me to get the [HIV] medicine since that is a long ways away and besides my older sister went there and told me she was not at all well received. It would be a big help if FWA could also help us take care of our children, since we have to work very hard just to be able to survive since our health is already fragile. You see the child I am carrying on my back, his/her mother is the granddaughter of the second wife of my husband who died. Her mother gave birth out of wedlock, just 18 years old and she goes to school while I care for her baby. I also have another daughter who is in secondary school. The notebooks, school fees, food, healthcare... [She begins to cry]



My name is Bernard. I am 39 years old.

**How is it that you came to know about our clinic?**

I wanted to be tested and so I asked a friend where I could do this. He told me that the FWA clinic does voluntary testing.

**What led you to take the HIV test?**

I am a widower of a long time and I began to lose weight. And so when I thought about the way my wife died, surely she must have died of AIDS. It was these thoughts that led me to be tested for HIV.

### **How did you respond to hearing the results of the test?**

I was prepared; it wasn't any surprise.

### **How has FWA been helpful to you?**

Thanks to you, doctor, I am currently undergoing anti-retroviral treatment. When you sent me to the "Life Clinic", I saw the doctor right away, who sent me for a test to see my CD4 count. After seeing the results, he decided to put me on antiretrovirals. I am very happy (smiles).

Doctor, is there any way you could help us by provided a small amount of capital to help us be able to survive? You see, I just came from the burial of one of my friends (that's why I'm wearing my tie), and so if not, I am wondering how I will be able to eat lunch.

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All the new cases as well as the old cases are always helped with medicine, above all Bactrim (an antibiotic). We have developed a partnership with the "Life Clinic" located on the border of Kamenge for all the people who are eligible for anti-retroviral (ARV) treatment. People who have tested HIV+ in the FWA clinic find it difficult to be transferred; they would love to be able to continue to receive treatment at our clinic.

### **LOOKING FORWARD**

We have already begun the process to be certified for ARV treatment with the Ministry of Health. The government looks favorably upon this but certain conditions need to be filled, including, importantly, additional staff members.

In order for a clinic to be certified to for complete HIV care, the following conditions must be met, according to the Ministry of Health of Burundi. (Normes et Standards d'accréditation des centres de conseil et de dépistage volontaire du VIH, de prise en charge par les ARV et PTME) Page 19

#### **A. MINIMUM SERVICES OFFERED**

In addition to the services that must be offered to be certified a health clinic, the following services must be provided :

1. testing and care for opportunistic infections
2. testing and care for STDs
3. Global (« wraparound ») care for patients for whom ARVs are indicated.
4. Initial biological analysis :
  - NFS
  - Transaminases ?



- glucose
  - blood tests for Hepatitis B and C
5. Monitoring
- NFS
  - Transaminases
  - CD4
6. Management of medical information and dossiers for people receiving ARVs

FWA is capable of furnishing all of these services except numbers 4 and 5, which include tests we are not capable of. FWA has submitted a proposal to the US Embassy in Burundi to pay for the equipment to be able to do these tests, but we have not yet heard back from them.

## **B. NORMS AND STANDARDS**

### **B. 1 Human resources**

- A doctor trained in global care for people living with HIV (available)
- 3 nurses trained in caring for patients receiving ARVs (only 1 currently available)
- A social worker (We had a volunteer named Goreth, but she started working for Trauma Healing And Reconciliation Services)
- A nurse responsible for the management of ARVs trained in the logistics of managing medicine (not currently available)
- A lab technician certified at the A2 level (available)
- A “data collection agent” in charge of organizing medical records of patients (Marcelline can do this)

In order to have the recommended personnel, there must be 3 supplementary nurses and 1 social worker. However, to begin with, it is possible to have temporary workers who work 1 or 2 times per week.

### **B.2 Materiel and Equipment**

- Medical consultation room (available)
- Binocular microscope (available)
- Centrifuge (available)
- Hematology meter (not available)
- Spectrometer (not available)
- CD4 count machine (available in the country, it is free but often breaks down)
- Test-tube distiller (not available)
- Western Green machine (not available)
- Glassware, test tubes, etc (not available)
- Material and equipment for evaluating viral load of samples (not available?)
- Computer equipment with software for managing medications (available)

Anti-retroviral treatment is free but it requires materials and reactive laboratory agents that are very expensive. In the fight against HIV/AIDS, FWA is developing a prevention program involving awareness-raising seminars and doing voluntary HIV testing. In this way, FWA will continue to refer positive cases to other organizations capable of caring for patients, such as Life Clinic.

When the financial situation improves, one can begin to think of adding personnel and equipping our laboratory and thereby beginning to provide ARV treatment.

In 8 months FWA has already tested 247 people, averaging 30 people per month or one person every day. This low rate can be justified by the absence of consciousness-raising seminars, the incomplete state of our buildings, the lack of a sign and of an official sign indicating that we have been authorized by the government.

We are very happy that the workcamp organized by AGLI will help us to finish our buildings. We also hope that very soon we will have official certification on behalf of the government. With regard to awareness-raising, we are in the process of preparing a training of trainers (educational peers) seminar at the end of August or beginning of September within the context of the HROC/HIV project.

In order to succeed well, I have already collected the modules that are well adapted to helping grassroots community members to access HIV prevention in general, and in particular, to preventing mother-child transmission.

## **CHALLENGES**

FWA is currently experiencing a serious problem with respect to the stability of employees. Before the world economic crisis, the workers were demanding an increase in salaries since their existing salaries didn't allow them to live since life in Bujumbura was becoming more and more expensive. At that time, two laboratory technicians quit for this reason.

With the financial crisis, the budget of FWA being reduced to 50% made it necessary to reduce salaries to 80% of their original. In response, the workers are currently looking for look elsewhere in order to improve their quality of life.

With a salary of only \$100 per month, it is difficult to rent a house in Bujumbura, pay school fees for children, pay for transport for oneself and one's children, and pay for food and healthcare. The majority of our workers find themselves in the same situation.

Despite the 50% reduction in contributions, I would like to thank AGLI for its support, in particular in helping to pay salaries, since there are not many backers who are willing to pay for salaries, they instead like to fund only projects without operating costs.

Our second challenge right now is working in our unfinished buildings. There also, we should thank AGLI for organizing the workcamps since we note that there are also few supporters.

Thanks you so much for every thing you've done, you are doing and you plan to do for FWA in particular and Kamenge people in general.

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