



## Annual report 2015

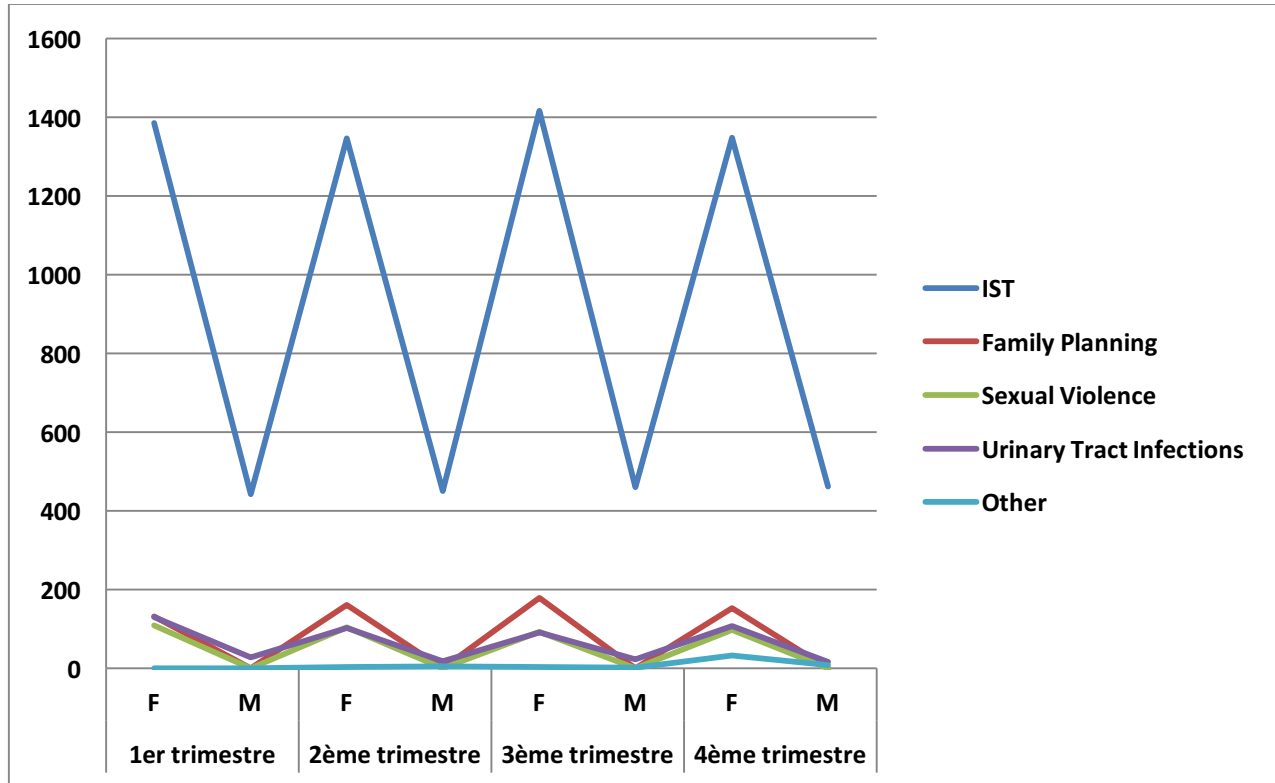
The activities of the Center KARIBUNI WA Mama during the year 2015 including the supported holistic (medical, psychosocial, socio-economic and legal) of victims of sexual violence with the Council of voluntary testing, the supply of family planning and the supported, according to the syndromic approach, of sexually transmitted infections occurred according to the objectives set by SOFEPADI with the support of the Embassy of Norway.

A total of **8915** Consultations of new cases has been achieved during the year 2015, with an average of consultation of **743** new cases per month. 1916 men, or **21.4% of the total**. Compared to the past year, we have an increase of 1% of dating, 8915 consultations against 8821 consultations.

**Table 1. New cases received at the center**

	1ST QUARTER		2rd Quarter		3rd Quarter		4rd Quarter		Total		Total G
	F	M	F	M	F	M	F	M	F	M	
<b>IST</b>	1385	442	1346	450	1416	460	1349	462	5496	1814	<b>7310</b>
<b>Family Planning</b>	132	0	162	0	179	0	153	0	626	0	<b>626</b>
<b>Sexual Violence</b>	110	0	105	0	93	1	98	0	406	1	<b>407</b>
<b>Urinary Tract Infections</b>	131	28	103	18	91	23	107	16	432	85	<b>517</b>
<b>Other</b>	0	0	3	5	4	2	32	9	39	16	<b>55</b>
<b>Total</b>	1758	470	<b>1719</b>	<b>473</b>	1783	486	1739	487	6999	1916	<b>8915</b>

**Figure 1. Distribution of consultation according to the different activities of the Center**



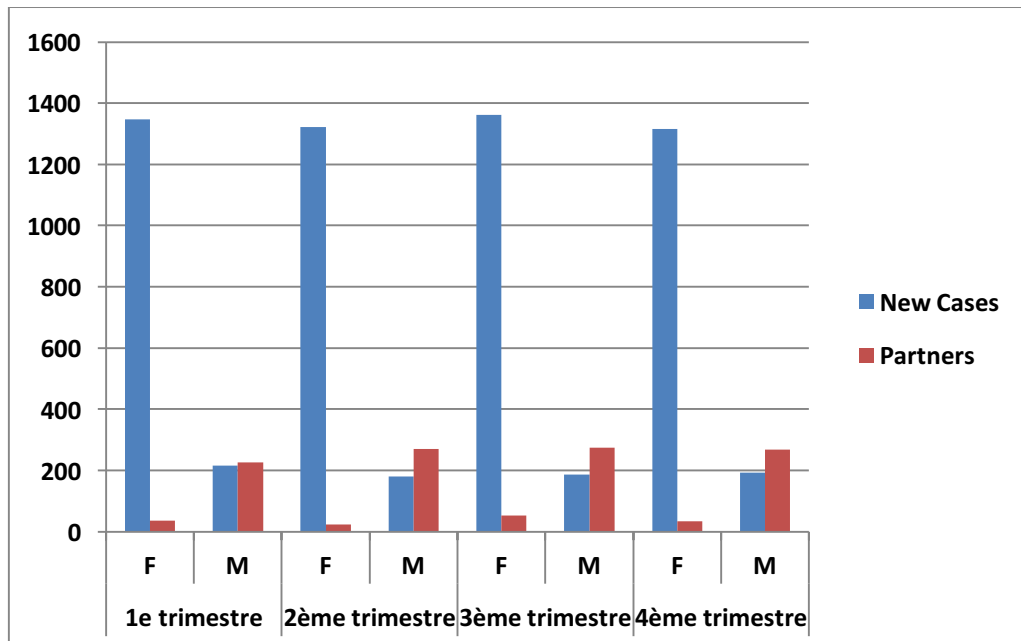
## 1.1. Sexually Transmitted Infections

### 1.1.1. Treatment according the syndromic approach

- **6123** new cases have consulted in 2015 with 775 male patients, or 13% of consultation for an average of consultation by month of 510 patients treated for STIS. The majority of patients are women.
- **916** partners have been treated, or 13%, over the course of the year 2015. Invitations are discounts to patients in order to deliver to their partners for the treatment torque.

**Table 2. New cases IST and partners**

	1e Quarter		2rd Quarter		3rd Quarter		4rd Quarter		Total		Total Ger
	F	M	F	M	F	M	F	M	F	M	
New Cases	1348	216	1323	180	1361	186	1316	193	5348	775	<b>6123</b>
Partners	37	226	23	270	53	274	33	269	146	770	<b>916</b>
Total	1385	442	1346	450	1414	460	1349	462	5494	1545	<b>7039</b>

**Figure 2. Distribution according to the sex of the NC IST and Partner**

- **3551** CDV have been made among the IST patients New Cases and partners, **50%** of patients screened, with **158** patients tested HIV positive, a prevalence of **4%**.

**Table 3. NC and contact who did the test HIV**

	<b>1ST QUARTER</b>	<b>2rd Quarter</b>	<b>3rd Quarter</b>	<b>4rd Quarter</b>	<b>Total</b>	<b>%</b>
<b>New Cases</b>	<b>639</b>	769	<b>808</b>	852	<b>3068</b>	86%
<b>Partners</b>	<b>96</b>	116	<b>129</b>	142	<b>483</b>	14%
<b>Total</b>	<b>735</b>	885	<b>937</b>	994	<b>3551</b>	
<b># Positive</b>	<b>46</b>	32	<b>42</b>	32	<b>152</b>	4%

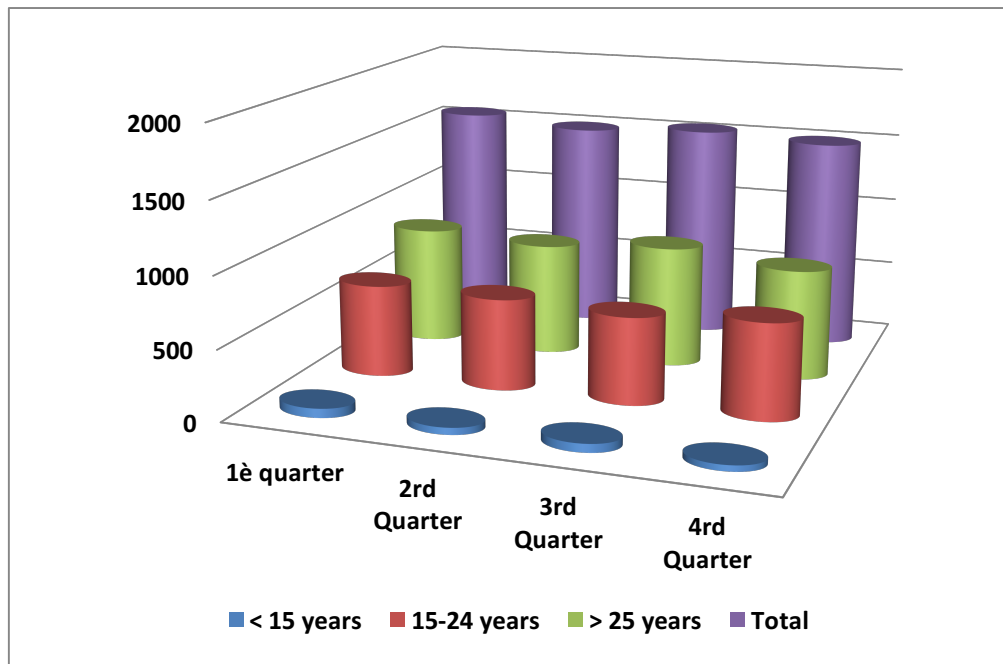
### 1.1.2. New IST cases according to the Ages

- The age group that has the most consulted is that of more than 25 years, **3299** patients, or 54%, followed by that between 15 and 24 years, **2608** patients, or 43% and finally that of less than 15 years, with **216** patients, 3% of consultations during the year 2015. This trend has remained the same as that of the year 2014.

**Table.4. Distribution of Cases IST according to the Ages**

<b>Age</b>	1è quarter	2rd Quarter	3rd Quarter	4rd Quarter	<b>Total</b>
<b>&lt; 15 years</b>	<b>65</b>	49	<b>60</b>	42	<b>216</b>
<b>15-24 years</b>	<b>657</b>	651	<b>620</b>	680	<b>2608</b>
<b>&gt; 25 years</b>	<b>842</b>	803	<b>867</b>	787	<b>3299</b>
<b>Total</b>	<b>1564</b>	1503	<b>1547</b>	1509	<b>6123</b>

**Figure 3. Age treated according to the syndromic approach**



- **The Pelvic inflammatory disease** (abdominal pain) is the syndrome the most dominant represents 34 per cent of consultation, either **2058** patients, in second place comes **the vaginal flow** (type vaginitis) with **1724** patients who have been treated, or 28% over the course of the year 2015. This trend has remained the same as that of the year 2014.

**Table 5. Distribution of new cases IST according the syndromic approach**

	<b>1 Trim</b>	<b>2ème trim</b>	<b>3ème trim</b>	<b>4ème trim</b>	<b>Total</b>	<b>% of Cons</b>
<b>Urethral flow</b>	96	84	70	101	<b>351</b>	<b>6%</b>
<b>Genital ulceration</b>	80	77	82	108	<b>347</b>	<b>6%</b>
<b>Painful testicle</b>	53	28	29	27	<b>137</b>	<b>2.2%</b>
<b>Condyloma</b>	28	25	36	22	<b>111</b>	<b>1%</b>
<b>Ecoul. Type vaginal vaginitis</b>	413	450	440	421	<b>1724</b>	<b>28%</b>
<b>Ecoul. Type vaginal cervicitis</b>	162	159	234	198	<b>753</b>	<b>12.2%</b>
<b>Pelvic inflammatory disease</b>	535	533	497	493	<b>2058</b>	<b>34%</b>
<b>Inguinal bubo</b>	47	33	21	34	<b>135</b>	<b>2.2%</b>
<b>Conjunctivitis of nn</b>	0	0	0	0	<b>0</b>	<b>0%</b>
<b>Pubic Pruritus</b>	0	0	0	0	<b>0</b>	<b>0%</b>
<b>Other</b>	150	114	138	105	<b>507</b>	<b>8.2%</b>
<b>Total</b>	1564	<b>1503</b>	1547	1509	<b>6123</b>	

## 2. Support for victims of sexual violence

### 2.1. New cases of sexual violence

For the year 2015, a total of **407** new cases have consulted, with a monthly average of **34** consultations and 0.3 % of consultations were male. Compared to the year 2014, we have had a decrease of cases, 407 cases against 458, a decrease of 12% of consultation, 55% for cases of less than 72h in 2015, against 53% in 2014.

**Table 6. Consultation of the NC SGBV by sex**

	<b>1ST</b>	<b>2rd</b>	<b>3rd</b>	<b>4rd</b>	<b>Total</b>	<b>%</b>
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	<b>QUARTER</b>	<b>Quarter</b>	<b>Quarter</b>	<b>Quarter</b>		
<b>Feminine</b>	<b>109</b>	105	<b>94</b>	98	<b>406</b>	<b>99.7%</b>
<b>Male</b>	<b>1</b>	0	<b>0</b>	0	<b>1</b>	<b>0.3%</b>
<b>Total</b>	<b>110</b>	<b>105</b>	<b>94</b>	<b>98</b>	<b>407</b>	

- With regard to the profile of the aggressors, there has been VVS who have been raped by two or several attackers, reason for which the number of the aggressors is higher than the number of VSL.
- Profile of the attackers: **309** aggressors, or 63 per cent are civilians, of whom **231** are known, (47%) and 78 unknown civilians (16%), the 37% remaining encompasses the rest of different categories of aggressors confer table below.

**Table7. Profile of aggressors**

<b>The indicators</b>	<b>1 Trim</b>	<b>2em trim</b>	<b>3em trim</b>	<b>4em trim</b>	<b>Total</b>	<b>%</b>
Known civil	<b>51</b>	68	<b>63</b>	49	<b>231</b>	<b>47%</b>
Unknown civil	<b>22</b>	13	<b>13</b>	30	<b>78</b>	<b>16%</b>
Known military	<b>5</b>	2	<b>2</b>	2	<b>11</b>	<b>2.2%</b>
Unknown military	<b>16</b>	12	<b>6</b>	7	<b>41</b>	<b>8.3%</b>
Known militiaman	<b>0</b>	0	<b>0</b>	0	<b>0</b>	<b>0%</b>
Unknown militiaman	<b>17</b>	8	<b>13</b>	2	<b>40</b>	<b>8%</b>
Unknown	<b>17</b>	39	<b>5</b>	30	<b>91</b>	<b>18.4%</b>
<b>TOTAL</b>	<b>128</b>	142	<b>102</b>	120	<b>492</b>	

- Context of the aggression: **78** sexual assaults (19 per cent ) were held during a domestic activity in the field, by going out to draw water or collect wood, **235** aggressions (or 58%) in the home , **73** (or 18%) on the road and **21** (or 5.2 %) represent different other contexts(school, Hotel...).

**Table 8. Context of the event.**

<b>The indicators</b>	<b>1 Trim.</b>	<b>2ème trim.</b>	<b>3eme trim.</b>	<b>4eme trim.</b>	<b>Total</b>	<b>%</b>
Home	58	69	62	46	235	58%
Domestic activities	21	18	14	25	78	19%
Migration Situation	0	0	0	0	0	0%
Fight	0	0	0	0	0	0%
Institution	0	0	2	3	5	1.2%
On the Road	21	16	12	24	73	18%
Other	10	2	4	0	16	4%
<b>TOTAL</b>	<b>110</b>	<b>105</b>	<b>94</b>	<b>98</b>	<b>407</b>	

- **222** survivors, or 55 %, are presented in the 72 hours that followed the aggression, this percentage is still low, despite the awareness carried out on the radio and in different neighborhoods in Bunia and outside Bunia, because the ideal is that 100% of the survivors consult in the 72 hours following the aggression. We dare to believe that this may be due to the survivors themselves.

**Table 9. Delay in support**

	<b>1ST QUARTER</b>	<b>2rd Quarter</b>	<b>3rd Quarter</b>	<b>4rd Quarter</b>	<b>Total</b>	<b>%</b>
<b>&lt; 72 hours</b>	<b>66</b>	62	<b>48</b>	46	<b>222</b>	<b>55%</b>
<b>72-120 hours</b>	<b>6</b>	5	<b>7</b>	7	<b>25</b>	<b>6%</b>
<b>120 H - 3 months</b>	<b>28</b>	32	<b>33</b>	35	<b>128</b>	<b>31%</b>
<b>&gt; 3 months</b>	<b>10</b>	6	<b>6</b>	10	<b>32</b>	<b>8</b>
<b>Total</b>	<b>110</b>	<b>105</b>	<b>94</b>	<b>98</b>	<b>407</b>	

- During the year 2015, 284 survivors, either %70 came from Bunia and 123 or 30% were outside Bunia.



- The age group most affected is that between 11 and 17 years, or **42**per cent, followed by that between 25 and 50 years with 18.4%.
- If we regroup the survivors of sexual violence in two tranches, the majority are children between 0-17years, either 260 SVS representing 64%, and 36% are of the SVS whose age is greater than or equal to 18 years.

**Table 10. Distribution according to the age of the victims**

	<b>1ST QUARTER</b>	<b>2rd Quarter</b>	<b>3rd Quarter</b>	<b>4rd Quarter</b>	<b>Total</b>	<b>%</b>
<b>&lt;5 years</b>	<b>8</b>	<b>7</b>	<b>12</b>	<b>9</b>	<b>36</b>	<b>9%</b>
<b>6- 10 years</b>	<b>9</b>	<b>22</b>	<b>16</b>	<b>4</b>	<b>51</b>	<b>12.5%</b>
<b>11 - 17 years</b>	<b>55</b>	<b>37</b>	<b>40</b>	<b>41</b>	<b>173</b>	<b>42.5%</b>
<b>18 - 24 years</b>	<b>20</b>	<b>15</b>	<b>10</b>	<b>21</b>	<b>66</b>	<b>16%</b>
<b>25-5 0years</b>	<b>16</b>	<b>24</b>	<b>12</b>	<b>23</b>	<b>75</b>	<b>18.4%</b>
<b>51- 80years</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>6</b>	<b>1.4%</b>
<b>Total</b>	<b>110</b>	<b>105</b>	<b>94</b>	<b>98</b>	<b>407</b>	

A total of **102** survivors of sexual violence, or 25%, have come from themselves to care because being informed of the support for victims of sexual violence at the center KARIBUNI WA Mama and of its importance.

Other either **234** (57%) were referred by the family of the survivors, the police, the Prosecutor, the auditorat, local authorities and certain health structures.

The Advisors lands of SOFEPADI have also referred of the victims, **56** survivors either (14%), and other associations 3 %, the figure is still low, we hope that in the years to come there will be more of the cases referred by the Advisors SOFEPADI. and other associations.

**Table 11. Reference of new cases**

	<b>1ST QUARTER</b>	<b>2rd Quarter</b>	<b>3rd Quarter</b>	<b>4rd Quarter</b>	<b>Total</b>	<b>%</b>
<b>COOPI / PAC</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0.7%</b>
<b>Ass. Women</b>	<b>4</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>12</b>	<b>3%</b>
<b>SOFEPAI</b>	<b>22</b>	<b>12</b>	<b>8</b>	<b>14</b>	<b>56</b>	<b>14%</b>
<b>Reference Auto</b>	<b>21</b>	<b>28</b>	<b>17</b>	<b>36</b>	<b>102</b>	<b>25%</b>
<b>Other</b>	<b>62</b>	<b>60</b>	<b>66</b>	<b>46</b>	<b>234</b>	<b>57%</b>
<b>Total</b>	<b>110</b>	<b>105</b>	<b>94</b>	<b>98</b>	<b>407</b>	

- 18 pregnancies on rape were identified during the year 2015.
- Vsl 11 have been referred to the CME, for specific care for large tears in the perineum and for protrusion of the COL, vaginal bleeding, ocular lesions, malaria....

## **2.2. HIV test of new cases**

Aware of the year 2015, **378** new cases, or **93%** are screened at the first consultation. **198** survivors, **52%** having consulted before 72 hours have made the CDV before taking antiretroviral therapy and **180** Survivors, **48%** who have consulted after 72 hours have also made the CDV. The Survivors detected positive were the number of **6**.

**Table 12. CDV fact by the Survivors**

	<b>1ST QUARTER</b>	<b>2rd Quarter</b>	<b>3rd Quarter</b>	<b>4rd Quarter</b>	<b>Total</b>	<b>%</b>
<b>&lt;72 hours</b>	<b>57</b>	61	<b>43</b>	37	<b>198</b>	<b>52%</b>
<b>&gt;72 hours</b>	<b>41</b>	43	<b>44</b>	52	<b>180</b>	<b>48%</b>
<b>Total</b>	<b>98</b>	<b>104</b>	<b>87</b>	<b>89</b>	<b>378</b>	
<b># Positive</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>1.5%</b>
<b>Not Inc VVS</b>	<b>110</b>	<b>105</b>	<b>94</b>	<b>98</b>	<b>407</b>	

### **2.3. Adhesion to the PEP and the vaccine against hepatitis B**

Aware of the year 2015, **222** survivors were consulted in the period of less than 72h but 177 have received prophylaxis to HIV, with a complete adhesion of **80%**. 8 victims have not received the PEP because the risk does not exist (not of lesion, attempted rape). The ideal would be to have a complete adhesion for all victims, the non-adherence may be due to the distance, that roam the victims but also to the negligence of the latter, because there are victims who come from any loan.

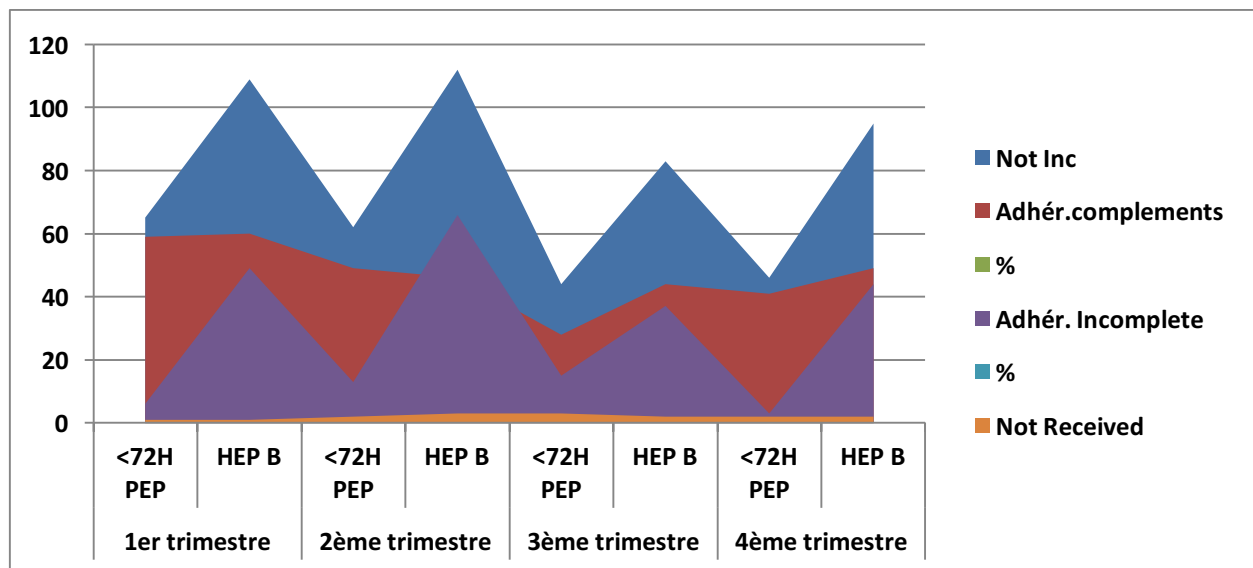
Concerning the hepatitis B vaccine, the complete adhesion is **50%**. on 407 survivors of sexual violence for the year 2014, **395** have been vaccinated against hepatitis B.

8 people were without risk.

The differences of the figures in the table of adhesion, represents the patients whose appointment dates were not yet arrived.

**Table 13. Adhesion of the survivors at the PEP and vaccine against Hep B**

	1ST QUARTER		2nd Quarter		3rd Quarter		4rd Quarter		TOTAL	
	<72h PEP	HEP B	<72h PEP	HEP B	<72h PEP	HEP B	<72h PEP	HEP B	PEP	HEI
<b>Not Inc</b>	65	109	62	112	44	83	46	95	217	39
<b>Adhér.complements</b>	59	60	49	46	28	44	41	49	177	19
<b>%</b>	88%	56%	79%	41%	62%	53%	89%	51.5%	80%	50%
<b>Adhér. Incomplete</b>	6	49	13	66	15	37	3	44	37	19
<b>%</b>	12%	44%	21%	59%	38%	47.3%	6%	46%	19.2%	49%
<b>Not Received</b>	1	1	2	3	3	2	2	2	8	8

**Figure 4. Adherence to care during the year 2015**

### 3. Psychological care

In 2015, a total of **610** patients had psychological problems and have been supported in which **364** patients, 60% at 1 contact after rape with as main complaints the fear, sadness, shame and somatic complaints.

**Table 14. Patients supported**

	<b>1ST QUAR TER</b>	<b>2rd Quart er</b>	<b>3rd Quarter</b>	<b>4rd Quarter</b>	<b>Total</b>	<b>%</b>
<b>Nb of NC VVS</b>	<b>110</b>	105	<b>94</b>	98	<b>407</b>	
<b>Nb of interviews NC psy</b>	<b>98</b>	96	<b>82</b>	88	<b>364</b>	<b>60 %</b>
<b>Nb of interviews of followed</b>	<b>71</b>	71	<b>62</b>	42	<b>246</b>	<b>40 %</b>
<b>Total # of Interviews psy: NC AND AC</b>	<b>169</b>	167	<b>144</b>	130	<b>610</b>	

### 4. Supported LEGAL AND REINTEGRATION

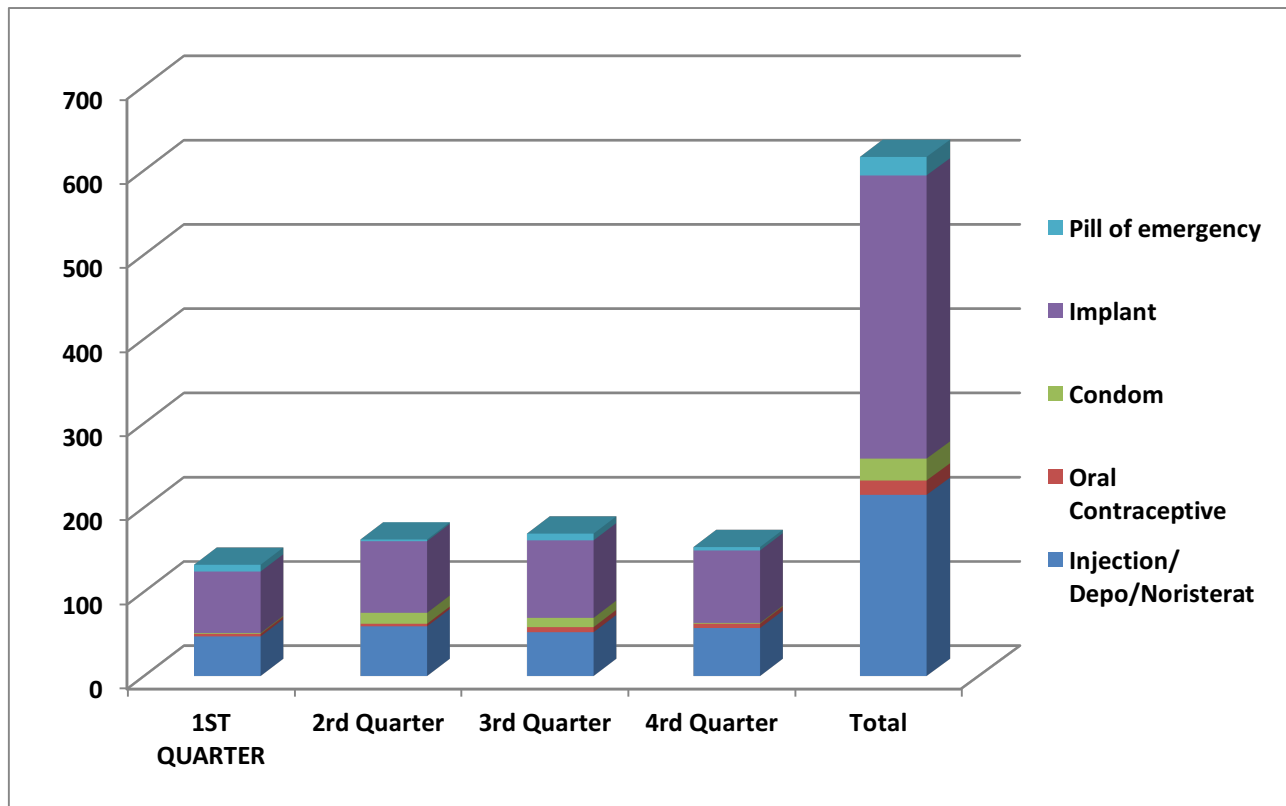
- 25 medical certificates written (**or 6%**) were withdrawn by the survivors on the 407 written.
- We received 97 requisitions to doctor whose 17 came from the auditorat, 4 came from the floor of the major forums and 76 came from the officers of the Judicial Police of the different police stations of the Ituri to which we responded by a medical report in addition to the medical certificate.
- component of socio-economic Reintegration: in total 21 women have benefited from the Reintegration in AGR (activity generator of income) and whose followed continue.
- **65** children have benefited from a school reintegration.

## 5. Family planning

A total of **616** clients have been received in the center for family planning with a proportion of **336** clients, 54 %, for levonorgestrel (implant), which is the method most appreciated because it has fewer constraints and it was the same constant each year, in second place comes the Medroxyprogesterone (Depo-provera)/ Noristerat. Attendance is the same as the previous year, 616 against 618.

**Table 15. Family planning methods used**

	<b>1ST QUARTER</b>	<b>2rd Quarter</b>	<b>3rd Quarter</b>	<b>4rd Quarter</b>	<b>Total</b>	<b>%</b>
<b>Injection/ Depo/Noristerat</b>	47	59	52	57	<b>215</b>	<b>35%</b>
<b>Oral Contraceptive</b>	3	3	6	5	<b>17</b>	<b>3%</b>
<b>Condom</b>	1	13	11	1	<b>26</b>	<b>4%</b>
<b>Implant</b>	73	85	92	86	<b>336</b>	<b>54.5%</b>
<b>Pill of emergency</b>	8	2	8	4	<b>22</b>	
<b>Total</b>	<b>132</b>	<b>162</b>	<b>169</b>	<b>153</b>	<b>616</b>	

**Figure 5. Distribution of different methods used**

## 6 .CDV

In total, **4236** CDV have been carried out in the center including the IST, contacts and sexual violence, with **158** positive cases, either a prevalence of 4%.

**Table 16. HIV test done in the center**

	<b>1ST QUARTER</b>	<b>2rd Quarter</b>	<b>3rd Quarter</b>	<b>4rd Quarter</b>	<b>TOTAL</b>
<b>Number detected</b>	<b>889</b>	1059	<b>1111</b>	1177	<b>4236</b>
<b>Positive</b>	<b>48</b>	33	<b>42</b>	35	<b>158</b>
<b>Prevalence</b>	<b>5.3%</b>	3%	<b>3.8%</b>	2%	<b>4%</b>
<b>Indeterminate</b>	<b>6</b>	14	<b>17</b>	13	<b>50</b>
<b>% Mismatch</b>	<b>0.5%</b>	1.3%	<b>1.4%</b>	1%	

## 7. External meetings:

- Participation in the meetings of the working group and sexual and reproductive health, data & mapping (responsible for the update of the mapping of stakeholders, use of the tools and data collection according to the National Strategy) with as lead Office Genus Family and Child and UNFPA.
- Participation in the Working Group multisectoral assistance: C.To.d. supported medical, psychosocial, socio-economic and legal status of VPC with as lead UNICEF.
- Participation in training in Bunia on support for the VVS according to the new protocol and encoding the data into the new database.



- Participation in the meetings of the working group protection of the Child: in these meetings we exchange on the different problems of the child, including separated children, the children associated with armed groups, and see to what extent provide a solution.
- Participation in the meetings on the organization of the World Day of the AIDS among OCHA with as lead NACP.
- Participation in the meetings of the WHO, in which we present alerts on the epidemics in Ituri.

### **8. Internal meetings**

- Weekly meeting, each Monday, the medical staff for the good conduct of the different activities.
- Weekly meeting, each Wednesday with all the staff of the Center.

### **9. Tours of the Center KARIBINI WA mama**

- Visit of the representative of the head of State who has submitted a few inputs such as: the wadding, compresses...
- Visit of the chief physician of area for the Supervision
- Visit of the senators, to come and see, how does the Center KARIBUNI WA MOM.

### **10. Difficulties encountered.**

-The scarcity and the non-presence of certain drugs on the spot as, the lopinavir, the test HIV especially the double check, the podophiline, the vaccine of the Hep B, one is forced to do commands in foreign countries.

-There is not a data base for the pharmacy to allow the management of drugs.

**11. Other activities.**

- i. The coordinator, the administrator, the doctor and the superviseuse of the Center have made the assessment of the staff of the Center.

Done at Bunia by Dr. Claudine MUVIRI

CNOM 14146

The 26/01/2016.

