

International Service Program 2008-2010

Prevention of Mother-to-Child Transmission (PMTCT) of HIV in Rwanda

**UNICEF
US\$600,000**

Final Report: December 2008 – December 2010

PROJECT SUMMARY

In Rwanda, 22,200 children are HIV positive; 90% of those children living with HIV contracted the virus during pregnancy, childbirth or breastfeeding. Almost all of these cases could have been prevented if the mother had access to proper medical treatment. The goal of this project is to prevent mother-to-child transmission of HIV by providing health care, prenatal and obstetrical services, and links to reproductive health programs, nutritional support, psychosocial services and income-generating activities to HIV-positive mothers.

GOALS AND OBJECTIVES

Prevention of mother-to-child transmission of HIV and provision of health care, prenatal and obstetrical services, linkage to reproductive health programs, nutritional support, psychosocial services and income-generating activities to HIV-positive mothers, with the following specific objectives.

- Full PMTCT family package services and monitoring at 20 UNICEF supported PMTCT sites.
- A clear plan to scale up PMTCT services, supported by implementation of comprehensive care and support.
- Improved capacity for TRAC (The Treatment and Research Aids Center) to coordinate, monitor and evaluate PMTCT programs nationwide.
- Improved district capacity through training of district planning officers on human rights-based approaches to implementation, monitoring, evaluation and data generation for programing.
- Improved site capacity through training of health care workers and community lay counselors.
- An assessment of pediatric care services in Rwanda and determination of future needs.
- Appropriate treatment of opportunistic infection for all HIV-positive infants and their mothers.
- Appropriate assessment of HIV-positive children, full access to antiretroviral therapy and nutritional monitoring and support.

- Communication campaign to scale up interventions, linked to Rwanda’s strategies of Family Package and support for orphans and children made vulnerable by HIV/AIDS.

PROJECT RESULTS

➤ Improved PMTCT Program Quality: Program coordination and support

- UNICEF supported the National PMTCT program coordinator’s participation in the 2010 International AIDS Conference in Vienna, Austria to present on the achievements of Rwanda’s national PMTCT program – “9-24 months HIV free survival in the national PMTCT program in Rwanda: Results of a National Household Survey”.
- UNICEF also supported the Government of Rwanda in adopting and implementing the 2009 WHO (World Health Organization) recommendations on PMTCT (Highly Active Antiretroviral Therapy from 14 weeks of pregnancy until 18 months of life of child) by providing technical assistance, participating in technical working group discussions and participating in an economic analysis of the proposed regimen to determine its cost effectiveness and sustainability.

➤ Monitoring, Evaluation and Research Enhanced for Knowledge Generation

UNICEF supported two review/evaluation activities:

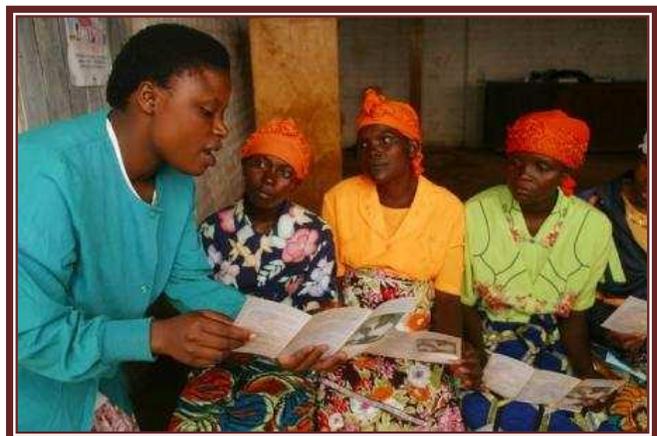
- Review of the 2007-2012 National PMTCT scale-up plan highlighted significant progress in scaling up PMTCT services in Rwanda; however, it also reported gaps in geographic coverage and access to more efficacious ARV (antiretroviral) regimens. These gaps are compounded by the fact that 48% of deliveries are still unattended by skilled health workers. Therefore, there is a great need for interventions that encourage an increase in the prenatal care attendance among pregnant women but also ensure that these expectant mothers are encouraged to deliver in health facilities where they can take advantage of the full cascade of PMTCT interventions.
- An evaluation of the PMTCT “family package (FP)” in 7 sites in Rwanda showed that the family package approach has achieved remarkable results in increase of male partners undergoing HIV testing, discordant couples follow up, uptake of ARV treatment, HIV testing in infants and long-term retention in care of mother-baby pairs. This progress made has significantly improved access to health services for all family members and increased opportunities for income generation among participants. The evaluation will inform the national PMTCT program’s scale-up toward virtual elimination of mother-to-child transmission, given its high uptake of interventions, efficiency (average cost per capita=5USD), reduced stigma and potential long-term socioeconomic gains for the entire family.

➤ Scaled-up PMTCT+ Services

UNICEF supported the provision of comprehensive PMTCT services in 20 sites, with the following results reported from January 2009 to August 2010:

Results of Testing and Treatment

- A total of 28,889 pregnant women received prenatal services in UNICEF-supported sites.
- 98% of them were counseled and tested.



- 1,038 were HIV-positive, and 89.5% of those testing positive received antiretroviral treatment, including HAART for those who were eligible
- 564 HIV-positive women were expected to deliver at the UNICEF-supported sites; 436 (77.3%) delivered at the sites, and 70% of newborns expected to receive ARV treatment actually received it.
- With regard to early infant diagnosis, 665 children were expected to be tested at 6 weeks of age; 621 (93%) were effectively tested.
- 2.6% of infants tested at 6 weeks were HIV-positive; 2.3% of children tested at 18 months were HIV-positive.

Scaling up the family package approach in 7 sites

UNICEF supported Imbuto Foundation in strengthening the family package approach in 7 sites. Acknowledging the effects of poverty, gender inequality and food insecurity as key drivers in the spread of HIV/AIDS, the “family package” program was designed to promote socioeconomic empowerment, male involvement in PMTCT services, psychosocial support through the use of support groups, sensitization on use of family planning services, the Mutuelles de Sante community health insurance membership program for families, and nutritional promotion through income-generating activities, in addition to the standard PMTCT services.

In addition to the improvements in clinical testing and treatment of HIV/AIDS, the beneficiaries of the community health insurance membership and loans for income generating activities are also positive results of the PMTCT Family Package program. Since 2007, 6,743 clients and their families have enrolled in Mutuelles de Sante community health insurance through the Family Package program. An estimated 33.3% of members have received loans for income generating activities with an average loan reimbursement rate of 90%

➤ **Increased Community Involvement**

UNICEF supported the modeling of an approach – “*Male Championship Model*” – at the Kabaya health center to increase male participation in the PMTCT program. The model aims to increase male participation through the use of peer education by “male champions” within the community. Thanks to this modeling, the proportion of male partners tested for HIV during prenatal care with their pregnant wife increased from 46% to 100% in Kabaya health center between 2007 and 2010.

CHALLENGES

- CD4 count machines are not available at all health centers, causing a delay in the identification of HIV-positive pregnant women in need of HAART (Highly Active Antiretroviral Therapy). To address this issue, UNICEF will support districts in strengthening the CD4 network system and initiate HAART treatment for pregnant women in need at all 20 UNICEF-supported PMTCT sites.
- With widespread poverty and limited options for food diversification after 6 months, ensuring adequate feeding for HIV-exposed infants is a major challenge and can result in acute malnutrition and in some cases, death. Therefore, there is a need to increase antiretroviral coverage during breastfeeding and strengthen the nutritional support for HIV-exposed infants during the weaning period and beyond.
- Ensuring routine provision of early infant diagnosis (EID) remains challenging in all 20 PMTCT sites, due to insufficient supervision to perform EID and delay in transportation of samples and results between sites and the National Reference Laboratory (NRL), the only laboratory in the country that can process and analyze the samples. UNICEF recommends building the capacity of site staff to perform EID and designing a locally-

feasible strategy that reduces transportation delays between sites and the NRL, in addition to increasing the number of laboratories that can process and analyze samples.

- Managing the implementation of income generation activities within the family package program is labor-intensive and requires substantial financial support. More collaboration will be required to ensure that this component of the family package is better coordinated and gradually managed at the district level.

LESSONS LEARNED

- Increasing male participation in the PMTCT program is feasible.
 - High-level endorsement is a major factor in increasing male involvement, and holding local leaders accountable for mobilizing male members of the community and encouraging their involvement in health care services is key.
 - Promoting couple HIV counseling and testing as a national policy in preventing mother to child transmission increased awareness among health care staff and the community.
 - Male champions as peer educators are also a determining factor in partner involvement.
- Decentralization of the antiretroviral treatment program at the district level and some health centers has provided favorable conditions for the introduction of more effective antiretroviral regimens for PMTCT. Increased coordination will ensure the optimum care for HIV-infected women and their children.
- In addition to training staff in the routine provision of early infant diagnosis of HIV and the establishment of effective sample transportation systems, there also needs to be increased awareness among health care providers and families of the importance of EID.
- The emphasis on lessening the socioeconomic and psychosocial impact of HIV/AIDS through the family package approach to PMTCT provides a safety net that contributes to improved maternal and partner health and HIV-free survival of children. It also provides an incentive for the adoption of positive and preventive behaviors among people living with HIV in associations/cooperatives.
- Partnerships with local authorities and local organizations are critical to ensuring that communities fully participate in the planning process and support the implementation of the PMTCT program.

EXPRESSION OF THANKS

The U.S. Fund for UNICEF, UNICEF Rwanda, the Ministry of Health and its major partners in the area of HIV and children, including government institutions and civil society organizations, are grateful for the support provided by Zonta International to reach an HIV-free generation in Rwanda. The U.S. Fund for UNICEF thanks Zonta International for its continued commitment during the 2010-2012 Biennium to fund the *Prevention of Mother-to-Child Transmission of HIV and Gender-Based Violence in Rwanda* and looks forward to the success of the project and the ongoing partnership between Zonta International and UNICEF.

INTERNATIONAL SERVICE PROGRAM

The International Service Program is a Zonta International program, funded by contributions to the Zonta International Foundation's **International Service Fund**. During the 2008-2010 Biennium three projects were funded by the International Service Fund:

- Prevention of Mother-To-Child Transmission of HIV in Rwanda
- Safe Cities for Women in Guatemala City, Guatemala and San Salvador, El Salvador
- Reduction of Obstetric Fistula in Liberia