

International Service Program 2010-2012

Prevention of Mother-to-Child Transmission of HIV and Gender-Based Violence in Rwanda

UNICEF
USA\$500,000

Project Description

THE GOAL

To prevent mother-to-child transmission (PMTCT) of HIV by strengthening the early infant diagnosis (EID) program and ensuring routine provision of family package services at 20 UNICEF-supported PMTCT sites and to support two newly established pilot centers in providing holistic care and support to survivors of domestic and gender-based violence.

BACKGROUND & NEED

In April and May of 1994, nearly 1 million Rwandans, a full 10% of the population, were killed in the Rwandan genocide. One-third of those killed were children. The genocide, combined with the brutal civil war that followed, led to the displacement of 3.7 million people and created hundreds of thousands of orphaned children.

United Nations' officials estimate that throughout this terrifying time, a quarter of a million women were raped or subjected to sexual violence as a weapon of war. In addition to the trauma they experienced, many contracted sexually transmitted diseases and half became HIV-positive. The wave of HIV/AIDS that swept the nation following the initial massacre has led to a country where 30% of the children are orphans, some 100,000 of whom live in child-headed households, and 190,000 Rwandans, including 27,000 children are HIV-positive. Women in Rwanda are 1.5 times more likely to be HIV-positive than men, and younger women, ages 20 to 24, are five times more likely to contract HIV than younger men. The HIV/AIDS epidemic is now linked to pervasive poverty, poor access to social services, high numbers of orphaned and vulnerable children and domestic and gender-based violence.



As of 2007, 4.3% of Rwanda's pregnant women were HIV-positive and risked transmitting the virus to their babies. Of the estimated 27,000 Rwandan children living with HIV, 90% 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. Rwanda has extended PMTCT services in 74 percent of health facilities; however, people living with HIV are often times unable to meet the financial costs of health care with child-headed households experiencing the greatest difficulties. Early infant diagnosis of HIV-positive babies is limited, with only 20 percent of Rwanda's hospitals able to administer the necessary tests. At present, only half of all children needing antiretroviral medication receive the appropriate treatment.

There is now increasing evidence that gender roles and violence against women and girls is linked to the transmission of HIV. Too many women and girls in Rwanda are the victims of rape and sexual violence. With lower literacy rates than men, they also have more difficulties in accessing written information about HIV prevention and care. Women who are HIV-positive and disclose their status are also subject to increased risk of violence.

Rwanda's Response to the HIV/AIDS Epidemic and Domestic and Gender-Based Violence

Rwanda's leadership is committed to fighting the HIV/AIDS epidemic and to preventing and responding to gender-based violence and violence against children.

Key HIV/AIDS policies and frameworks are already in place, and Rwanda has been working closely with international and local development partners to increase access and improve service quality. The Treatment and Research Aids Center (TRAC) was created to define treatment and care standards and to provide training and certification in HIV/AIDS prevention and care. Rwanda's 2009-2012 Strategic Plan to fight against HIV/AIDS is more results-based and emphasizes better prevention and improved coordination, monitoring and evaluation. Rwanda's decentralized administrative structure will provide better management, and the President and First Lady are personally involved in public-awareness and anti-discrimination campaigns, as well as in improving programs.

Rwanda is also remarkable for its national commitment to gender equality and to preventing and responding to gender-based violence and violence against children. Practical measures to protect women and children include:

- 70 Gender Desks at police stations set up to provide rapid response and prevention of GBV (gender-based violence),
- Establishment of a toll free telephone number for reporting gender-based violence cases,
- Special police staff trained to follow up on gender-based violence cases at 69 police stations in the country,
- Campaigns on child rights and protection against gender-based violence carried out through workshops between local leaders and security organs,
- Gender Focal Points in 34 government hospitals.

Recognizing the urgent need for efficient response to violence, the Rwanda National Police Health Services, in partnership with the UN in Rwanda, signed an agreement to open a pilot "One Stop Center" in a hospital in Kigali. This "One Stop Center", supported by UNIFEM, UNFPA, and UNICEF, offers coordinated medical, legal and psychosocial services to survivors of violence at no cost

RESPONSE

PMTCT Project Goals

With the overall goal of preventing mother-to-child transmission of HIV, the project will focus on the following objectives.

Evaluate the national PMTCT program and its impact on rates of mother-to-child transmission of HIV at 6-weeks post-partum and conduct a comprehensive assessment of the complete family package program.

- ❑ Although Rwanda has achieved progress in expanding its PMTCT interventions, the rate of mother-to-child transmission of HIV at 9 months is still 6.8%. With the introduction of more effective anti-retroviral treatments and early infant diagnosis using dried blood spots and polymerase chain reaction which can accurately detect HIV in infants at any age and can easily be stored and transported, it is anticipated that the 6-week transmission rate of HIV will significantly decrease and hence the 9 and 18 months transmission rates will likewise decrease. (Rapid antibody tests are commonly used in poorer countries because they are inexpensive and provide quick results; however, they cannot accurately detect HIV in infants younger than 18 months.)
- ❑ The family package program expands upon the routine PMTCT services by addressing the medical, nutritional, psychological and economic needs of HIV-positive women and their families. UNICEF will provide technical and financial support to IMBUTO Foundation to conduct an evaluation of the family package program, its processes and results, as well as recommendations for its potential expansion.



Photo Credit: U.S. Fund for UNICEF/Mia Brandt

Model and document the elimination of mother-to-child transmission of HIV to infant at district level in order to guide a national elimination plan within the next three years.

- ❑ Identify gaps in service coverage in order to ensure comprehensive anti-retroviral therapy and PMTCT services are available in all health facilities.
- ❑ Establish a district-wide surveillance or monitoring system to assess trends in new HIV infection in infants and children, track and assess missed opportunities and target further interventions.
- ❑ Build partnerships amongst stakeholders and define roles and responsibilities and mechanisms for

accountability in order to reach full coverage and standardize implementation. Involve local authorities and community leaders to ensure HIV-positive individuals are not stigmatized for enrolling in PMTCT services.

Strengthen the early infant diagnosis program through improved transportation of testing samples and results between sites and the National Reference Laboratory.

- ❑ Collaborate with other partners to design an effective, safe and locally-feasible transportation system to reduce delay in transporting testing samples and results between health centers/PMTCT sites and the National Reference Laboratory.
- ❑ Update laboratory training modules for early infant diagnosis to align with the most up-to-date and effective PMTCT/pediatric guidelines.

Continue to ensure routine provision of comprehensive PMTCT services at 20 UNICEF-supported PMTCT sites.

- ❑ Provide technical and financial support to 20 PMTCT sites for the routine provision of PMTCT family package. In addition, rehabilitation of the antenatal and maternal and child health units for two sites will be completed.
- ❑ The family package program will also introduce exchange programs for Mother Support Groups of HIV-positive women locally and in neighboring countries to allow generation of new ideas for income-generating activities.



Domestic and Gender-Based Violence Goals

Support and expand holistic care and support services at two newly established pilot centers to ensure that victims of violence have access to the necessary medical, legal, psychosocial and police support.

Increase awareness and quality of services for victims of domestic and gender-based violence.

- ❑ Support the existing hotline in expanding to cover a larger area and to function more effectively.
- ❑ Conduct awareness-raising activities on domestic and gender-based violence in order to change social norms and behaviors.
- ❑ Organize awareness-raising campaigns involving members of the community and local authorities.

Strengthen capacity of key service providers (health center personnel, police, psychosocial service providers, legal service providers and government authorities) in one stop centers and in surrounding health centers and hospitals on how to handle gender-based violence and violence against children and how to make referrals in order to improve quality of services to survivors of violence.

- ❑ Train 20 core staff at One Stop Center in Multidisciplinary Investigative Techniques, including interview techniques, medical examination, evidence collection, psychological help and legal help, with a specific focus on children and infants.
- ❑ Build a pool of 10 trainers in Multidisciplinary Techniques to carry out future trainings and act as experts in the country.
- ❑ Pilot trainings in with health center personnel at 10 sites with particular focus on Antenatal and PMTCT clinics.
- ❑ Build capacity of the multidisciplinary team to conduct forensic interviews and ensure that perpetrators are tracked and convicted.
- ❑ Develop research and data collection systems for effective monitoring and evaluation and future evidence-based planning.

Develop the capacity for resilience among survivors and their families and decrease the incidence of acute traumatic stress developing into post-traumatic stress disorder among survivors.

- ❑ Establish a fund for vulnerable women to give all survivors coming to the center services free of charge and to be able to pilot group psychosocial counseling, including transportation costs and hospital fees for women suffering from obstetric fistula and domestic and gender-based violence injuries that the one stop center does not have the expertise to treat.

CONCLUSION

Treating HIV-positive women, preventing transmission of the virus to their children, and giving women access to health care and reproductive health services, as well as preventing and responding to the violence awoken by the brutalization of the society during the genocide, are critical issues for the development of Rwanda and the health and safety of its citizens. With continuing support from Zonta International, UNICEF will help Rwandan women and children continue to move past the legacy of the genocide and HIV/AIDS epidemic and into longer and more productive lives of health, dignity and hope.

UNICEF

With support from Zonta, UNICEF will contribute fuel for existing vehicles to enhance monitoring visits and administrative support of the project, including site visits and trainings. The grant will also support procurement of computers, office supplies and provide partial support towards to the contract of administrative staff and a project officer for technical, financial and logistical support.

Technical and administrative support covers the standard seven percent administrative cost for UNICEF Headquarters. This support will also ensure the provision of oversight from HIV section at UNICEF, New York.

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 2010-2012 Biennium three projects are being funded by the International Service Fund:

- Prevention of Mother-To-Child Transmission of HIV and Gender-Based Violence in Rwanda
- Elimination of Obstetric Fistula and the Reduction of Maternal and Newborn Mortality and Morbidity in Liberia
- Safe Cities for Women in Guatemala City, Guatemala and San Salvador, El Salvador