

Elimination of New Pediatric HIV Infection & Prevention and Response to Survivors of Domestic and Gender Based Violence in Rwanda



Country Statistics

Rwanda

Population

(millions) – 10.9

Surface Area

(sq. km.) – 26,338

GDP per capita

(PPP US\$) – 1,032

Life expectancy at birth

(years) –

Women – 59.96

Men – 56.96

Human Development

Index Rank 1-187

(1 is highest) – 166

Seats held by women in

Parliament (%) – 56.3

Maternal mortality ratio

(deaths per 100,000 births)

– 540

Infant mortality rate

(deaths per 1,000 live

births) – 70

Births attended by skilled

health personnel (%) – 52.1

Contraceptive

prevalence rate (%) – 36.4

Female enrollment in

primary education (%) – 97

Internet users

(per 100

people) – 1.1

Population below \$1 (PPP)

per day (%) – 76.8

Country statistics were taken from The Millennium Development Goals Report 2011.

a project in cooperation with the United Nations Children's Fund (UNICEF)

Since 2008, Zonta International has supported efforts to eliminate mother-to-child transmission (MTCT) of HIV in Rwanda. The project is now at a critical turning point with the Government of Rwanda calling to eliminate MTCT of HIV in Rwanda by 2015, which would mean reaching the country's target goal of a 2% transmission rate which is less than the 5% set by other countries.

2012-2014 Funding: US\$1,000,000 from the International Service Fund

The program support costs for UNICEF and the U.S. Fund for UNICEF are 8% in total. The U.S. Fund for UNICEF supports UNICEF's work through fundraising, advocacy, and education in the United States.

BACKGROUND

Rwanda is one of the most vibrant and dynamic emerging democracies in Africa today. While the wounds of the 1994 genocide are still raw, the country has elaborated its Vision 2020 for attaining the Millennium Development Goals, decentralizing authority, increasing the enrollment of girls and boys in school, reducing child mortality and electing the highest number of women to parliament, while sustaining good economic growth.

Despite its successes, however, Rwanda is still one of the poorest countries in the world. Half of the country's 10.9 million people are children; 220,000 of whom are orphans due to AIDs and 100,000 of whom live in child-headed households. More than 80% of Rwanda's population lives in rural areas and depends on subsistence farming; however, land for cultivation is scarce.

HIV in Rwanda – Zonta's Impact

In 2010, 3% of the population was HIV-positive; yet, only 48% of young girls knew how HIV is transmitted. An estimated 19,000 children were living with HIV, of which only 4,350 were undergoing treatment. Through UNICEF's support and the support of partners like Zonta International, services for prevention of mother-to-child transmission (MTCT) are now available in 82% of Rwanda's health facilities (up from

42% in 2005). In 2010, about 70% of all pregnant women could access HIV testing during pregnancy, with 81% of them testing together with their partners (partner testing was just 33% in 2005); and 78% of all HIV-positive pregnant women, and 74% of all infants born to HIV-positive mothers received antiretroviral (ARV) therapy for PMTCT in 2010. Since 2010, Rwanda has adopted a more effective ARV treatment plan that can reduce the MTCT rate to below 2% at birth.

This biennium is Zonta's third consecutive biennium of support for the prevention of mother-to-child transmission of HIV in Rwanda. Zonta International now has a unique opportunity to help win the war on HIV and eliminate MTCT in Rwanda by 2015. Effective programs focused on the prevention of mother-to-child transmission (PMTCT) of HIV can virtually eliminate the spread of the virus to infants in Sub-Saharan Africa where 90% of new pediatric HIV infections still occur. The First Lady of Rwanda has called for elimination of new pediatric HIV infections in Rwanda by 2015, which means reducing the MTCT rate from about 16% in 2010 to less than 2% by 2015.

GOALS

The goals of this project are to:

Eliminate mother-to-child transmission of HIV in Rwanda by 2015 by (country target of 2% transmission rate)

- Supporting policies and programs backed by evidence supporting their effectiveness and success; and
- Documenting and modeling effective family package approaches in three districts.

Reduce incidence and lessen the impact of gender-based violence through

- Support for the Government of Rwanda at the policy and strategic planning level in formulating a strategy to guide partners in the expansion of one stop centers to avoid duplication of efforts, ensure equal geographic distribution of services and clarify the role of each service provider;





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Shehzad Noorani
Rwanda, 2011

During a PMTCT counseling session, a female facilitator speaks to a group of couples before HIV tests are conducted at a UNICEF-supported voluntary counseling and testing clinic, located at the Zonta International-supported Kicukiro Health Centre in Kigali, the capital of Rwanda.



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Rwanda, 2011

A female medical doctor gives ARV medication to an infant at an early infant diagnosis (EID) clinic at the Zonta International-supported Kicukiro Health Centre.



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Shehzad Noorani
Rwanda, 2011

A woman smiles while weighing her child on a scale at Zonta International supported Kicukiro health clinic.

- National, standardized, easy to use protocols of care for medical, legal and psychological care and follow-up to survivors of violence; and
- An increase in the availability of services for survivors of violence, as well as the overall understanding of violence prevention and training of service providers to respond appropriately to the needs of survivors.

This project also contributes to the achievement of Millennium Development Goal #4 – reduce by two thirds, between 1990 and 2015, the under-five mortality rate – and Goal #6 – combat HIV/AIDS, malaria and other disease. It also aligns with Zonta International's 2012-2014 Biennial Goals to increase global awareness of Zonta's contributions, meet commitments to UN agencies and advocate to prevent violence against women.

PROJECT ACTIVITIES

Eliminate mother-to-child transmission of HIV in Rwanda by 2015

- Support the Government of Rwanda in expanding effective PMTCT strategies, identifying gaps in coverage and collecting evidence on what practices work best.
- Support integration of HIV/PMTCT information into the Maternal and Child Health (MCH) data monitoring tool to strengthen follow-up with exposed mothers and their children.
- Support the establishment of a district wide strategy to eliminate pediatric HIV infections through the implementation of high impact interventions with a focus on the most vulnerable and hard-to-reach women.
- Support male and female-centered approaches in prevention of HIV services with a focus on maternal and child survival.
- Strengthen access to comprehensive package of youth-friendly services for the growing number of adolescents living with HIV (with a focus on young girls).

Reduce incidence and lessen the impact of gender-based violence

- Support the Government in expansion of one stop centers for the prevention of and response to domestic and gender-based violence in all five provinces of Rwanda.
- Contribute to Government's efforts to establish guidelines for multidisciplinary care (medical, legal and psychological) for survivors of domestic and gender-based

violence to ensure that all survivors are treated according to set guidelines of quality care.

- Support data collection to establish evidence for domestic and gender-based violence and its connection to the transmission of HIV.
- Support national and community-level mobilization campaigns around the prevention of and response to domestic and gender-based violence, specifically focused on sexual violence against young girls, violence among couples where only one half of the couple is HIV-positive, and violence against women during pregnancy.

ANTICIPATED OUTCOMES

Eliminate mother-to-child transmission of HIV in Rwanda by 2015

- HIV prevention policies and guidelines are established based on evidence from research and evaluation of the program.
- Increased percentage of pregnant women receiving complete package of PMTCT services for their HIV-exposed infant.
- Decrease in the rate of MTCT at the end of breastfeeding period to about 5%.
- Increased number of adolescents living with HIV that are using care and treatment services.
- Increased number of young girls empowered by awareness of HIV prevention and planned pregnancies.

Reduce incidence and lessen the impact of gender-based violence

- Increased number of survivors of domestic and gender-based violence seeking care.
- Increased number of victims receiving multidisciplinary care and follow-up.
- Increase in admissible forensic evidence and interviews from one stop centers that lead to increased percentage of convictions for domestic and gender-based violence.