

More Openness, Better Outcomes
**Prevention of Mother-to-Child
Transmission of HIV**

Building a foundation for improved prenatal, obstetric and postpartum care, better outcomes for seropositive women and their children and open dialogue about HIV/AIDS, the PRIME II Project's assistance to Rwanda's Ministry of Health focuses on participation in a national program for prevention of mother-to-child transmission (PMTCT) of HIV.

In collaboration with IMPACT/Family Health International and the national Treatment and Research AIDS Center, PRIME implemented PMTCT services at the Byumba and Kibuye district hospitals in March 2002, and expanded to the Kigoma Health Center in December 2002. PRIME initiated PMTCT at two additional sites, Mugonero District Hospital and Rubengera Health Center, in July 2003. These facilities were identified in conjunction with government and USAID partners in districts where PRIME already had an active presence.



A Holistic Approach with Community Outreach
PRIME-assisted PMTCT activities in Rwanda include:

- Group and individual counseling during prenatal care
- Voluntary counseling and testing (VCT) for pregnant women and their sexual partners
- Administration of nevirapine to HIV-positive delivering women and their newborns
- Prenatal, obstetrical and postnatal care
- Breastfeeding counseling
- Family planning counseling and services.

PRIME has trained more than 100 providers in VCT skills and nevirapine administration, and supported the training of eight laboratory technicians in rapid HIV confirmation tests. To promote PMTCT services and encourage partner involvement and testing, PRIME has also carried out information, education and communication (IEC) and behavior change communication (BCC) outreach in communities.

**High Rates of Counseling and Testing,
Increasing Partner Involvement**

From March 2002 through August 2003, 95.5% of more than 3,000 women attending Byumba Hospital for initial prenatal visits received counseling about HIV/AIDS and PMTCT and 95.1% agreed to be tested for HIV. Of those women, 75% returned for their test results; 6.9% of those tested were positive for HIV. Providers have accelerated interventions to follow-up with mothers who have tested positive but have not returned for their results through infant vaccination activities,

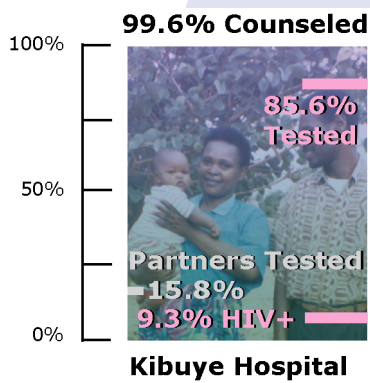
Rwanda Program

- Primary Providers, Performance Improvement
- Policy and Training
- *Mutuelles*
- PMTCT
- Consumer Perspectives

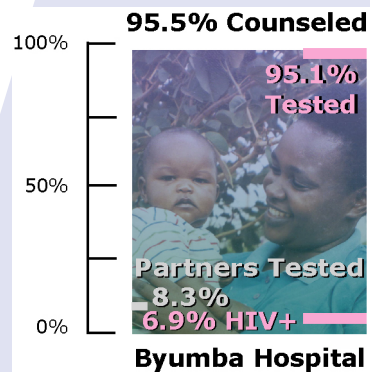
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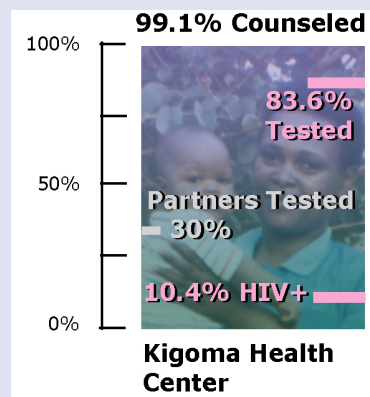
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which are highly attended. Community sensitization activities on partner involvement may have contributed to the 8.3% of male partners who agreed to be tested, a jump from just 1% from March to September 2002. During 1,601 deliveries recorded by Byumba Hospital over the intervention period, 75 HIV-positive women received nevirapine during labor and all of their newborns were also treated with the drug.

At Kibuye Hospital, 99.6% of the 1,286 women visiting the hospital for prenatal care over the 17 months ending in August 2003 received counseling about HIV/AIDS and PMTCT and 85.6% agreed to HIV testing. This is significantly higher than for March through September 2002, during which only 64% were willing to be tested. Of the women tested, 82.4% returned for their test results and 9.3% were HIV-positive. Following intensive community outreach, testing of women's sexual partners has increased significantly, from 4% as of September 2002 to 15.8% in August 2003. During 1,390 deliveries recorded at the hospital during the 17 months, 61 HIV-positive women received nevirapine during labor and 59 of their 61 newborns were also treated with the drug.

Kigoma Health Center also reported encouraging results for the period from December 2002 to August 2003. Of 683 women attending prenatal visits, 99.1% received HIV/AIDS and PMTCT counseling and 83.6% agreed to testing, with 10.4% HIV-positive. Partner involvement has been especially strong at Kigoma, with 30% tested, of which 12.3% were HIV-positive. Out of 189 deliveries at the center, 14 HIV-positive women and 12 newborns received nevirapine.

Scale-Up in Ethiopia

Lessons learned and implementation challenges from PRIME's PMTCT activities in Rwanda have been incorporated into the design of a five-year initiative in Ethiopia, the *Hareg* Project, launched in September 2003. PRIME is serving as overall coordinator of *Hareg* activities for USAID and the Centers for Disease Control. As in Rwanda, the project approach targets health facility-linked prenatal care as an entry point for women's services and integrates PMTCT services with broader efforts to improve safe motherhood.



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