

Voluntary Counseling, Testing and Treatment Effective Prevention of Mother-to-Child Transmission

To help stem Rwanda's estimated 11% rate of HIV infection, PRIME II uses HIV/AIDS Field Support funding to integrate prevention of mother-to-child transmission (PMTCT) of HIV counseling, testing and treatment into the prenatal care and obstetric services at district hospitals in Byumba and Kibuye. Since March 2002 more than 2,000 pregnant women have received counseling, the majority of them at Byumba Hospital, where 92% of the women counseled agreed to be tested for HIV.

Background: Prevention of mother-to-child transmission of HIV in Rwanda is a major challenge, especially since less than a third of all deliveries are assisted by trained personnel. In collaboration with IMPACT/Family Health International (FHI) and the Treatment and Research AIDS Center (TRAC), PRIME works to build a foundation for improved prenatal, obstetric and postpartum care, better outcomes for seropositive women and their children, and open dialogue about HIV/AIDS in Rwanda. PRIME interventions are designed to influence both policy and practical decisions that address the problem at the individual, community and national levels. Funded by USAID/Rwanda Field Support, the integration of PMTCT services is part of PRIME's overall assistance to the Rwanda Ministry of Health to increase the accessibility, quality and utilization of family planning and reproductive health care. The PMTCT intervention will inform the development of Information, Education and Communication/Behavior Change Communications materials on family planning, including HIV/AIDS management, for which core funds were recently allocated.

Interventions: Since March 2002, PRIME II has trained 60 health care providers at the two hospitals in Voluntary Counseling and Testing (VCT) skills and taught them how to administer nevirapine to HIV-positive mothers and their infants. With support from PRIME, each hospital now has a laboratory technician trained in rapid HIV confirmation tests. Based on feedback and observations gathered during the early stages of implementation, PRIME seeks to enhance supportive supervision for the providers, revise training modules as necessary, propose organizational changes at the hospitals to improve prenatal and obstetric care, and develop postpartum care including psychosocial support and nutrition counseling for seropositive mothers.

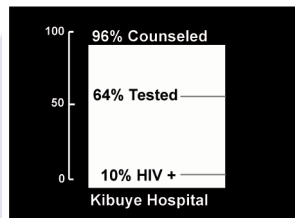
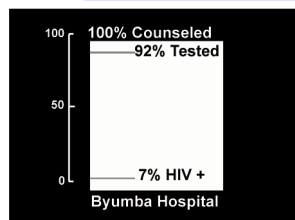


Reviewing Results in PRIME II

Oct. 2001–Sept. 2002

Case Studies:

- Kenya PAC
- Bangladesh RTL
- Dominican Republic RTL
- Ghana PI
- **Rwanda HIV/AIDS**
- India CPSM
- Dominican Republic CDQ
- Ghana RTL
- Benin RTL
- Rwanda PI
- Mali FGC
- Francophone PAC/Nigeria MAQ



Prenatal HIV Testing and Counseling

Results: From March through September 2002, all 1,446 women attending Byumba Hospital for initial prenatal consultations were counseled about HIV/AIDS and PMTCT and 1,329 (or 92%) agreed to be tested for HIV. Of those women, 91 (or 7%) tested positive for HIV, 72 of them returning for their test results. This is especially impressive given the natural reluctance of women who suspect they are HIV-positive to have such dire news confirmed. Providers try to follow-up with mothers who have tested positive but have not returned for their results through infant vaccination activities, which are highly attended. In addition, PRIME is exploring the feasibility of establishing a home visit service for more systematic follow-up of these women. During 706 deliveries recorded by Byumba Hospital over the first seven months of the intervention, 78% of HIV-positive women received nevirapine during labor and 35 infants were treated with the drug.

Results from Kibuye Hospital are also very encouraging, although the percentage of women who agreed to be tested is lower. From March through September, 570 women visited the hospital for initial prenatal consultations; 96% were counseled about HIV/AIDS and PMTCT and 398 (or 64%) received HIV testing. PRIME attributes the lower number of women who agreed to be tested at Kibuye in part to popular local belief that if a woman has been tested with negative results prior to marriage—often as demanded in prenuptial counseling—there is no need for further testing. Ten percent of women tested were HIV positive at Kibuye, with all but one returning for her test results. Although only 4.3% of the 601 deliveries tracked by the hospital were by HIV-positive women, 88.5% of those women received nevirapine during labor and 22 infants have been treated with nevirapine.

While testing of women’s sexual partners remains low at both hospitals (1% in Byumba and 4% in Kibuye), early in the next reporting period PRIME II will carry out community sensitization activities on partner involvement as well as explore the possibility of implementing a discreet “invitation” system for partners, similar to models currently used by other organizations in the country providing VCT services.

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