

Makuru ki. FHI?

(What's New?)

RWANDA

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FEATURE ARTICLE



A young contestant answers a question during a peer education "quiz show" in Mukarange, with the help of a peer educator, Donatien Ntihabose.

PEER EDUCATION: Young Rwandans Take the Lead

In the hilltop village of Mukarange, near Rwanda's northern border, nearly a thousand people of all ages gather on a slope a few meters from a massive brick church. A youth choir sings and drummers bang out an accompaniment as everyone waits for the main event: a competition between two teams of young people to test what they know about HIV prevention.

The master of ceremonies, an energetic young man in his early twenties, expertly imitates a game show host, to the crowd's great amusement. But after the teams are chosen --girls versus boys-- all laughing stops as some serious questions begin.

The confident young MC is a peer educator, a participant in a program that trains youthful volunteers to organize and carry out prevention activities among their friends, neighbors and schoolmates: their peers. Five Catholic dioceses throughout the country sponsor these programs in partnership with Family Health International/Rwanda, which provides training as well as technical and financial support. The program is funded by the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development.

Peer education is a long-established health promotion approach used worldwide to conduct educational outreach among groups of people, be they students, workers, prisoners, sex workers or other groups. For years, this low-tech communications strategy has been the backbone of HIV prevention efforts throughout the developing world, particularly in resource-poor areas. It is the quintessential community-based effort, and in Rwanda and elsewhere, it's been extremely effective in raising young people's awareness of HIV and convincing them to adopt safer behaviors.

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PERSONAL PROFILE

A Personal Transformation: One Peer Educator's Experience

Olive Mukarugasira had always avoided talking about sexuality or reproductive health, subjects she once thought only girls with "loose morals" would discuss in public.

Yet she wanted to know more about these issues, so in 2001, at the age of 17, she was nominated by her peers and local authorities to attend a peer education course in Nyundo Diocese. She learned about reproductive health and HIV prevention and how to lead group discussions about AIDS. "I had been ashamed to speak in public ... but now I'm not ashamed to discuss taboo subjects," she says.

In her hometown of Gihara and neighboring villages, Olive now puts her new knowledge, skills and self-confidence to work, leading prevention workshops, holding one-on-one counseling sessions and supporting community activities to help people living with HIV and AIDS. Young people come to her with many concerns: How do I know if I have a sexually transmitted infection? How can I get contraception? Where can I get tested for HIV? Their questions soon persuaded Olive of the value of her work.

It took longer to persuade her parents, neighbors and other adults, but now her family couldn't be more proud of her.



Olive Mukarugasira, peer educator in Nyundo Diocese.



Building Prosperity

It's lunch time, and seven young goats dive for fresh corn stalks, as their neighbors --two cows and a bull-- chow down on a sorghum mash. Nearby, chickens peck at scattered grain.

These hungry creatures are proudly observed by their owners, members of the Shishoza Association, based in the village of Butozo. Shishoza was founded by young people involved in the youth peer education program sponsored by Byumba Diocese, with support from FHI/Rwanda. Its mission is to create income-generation opportunities for its members, mostly jobless rural youth whose education ended after primary school. For them, these farm animals represent a precious investment.

But Shishoza is not unique. On their own initiative, hundreds of young Rwandans involved in diocesan-sponsored peer education programs have formed associations to organize collective money-raising activities. In rural areas where unemployment is high, such efforts have real potential to improve the financial prospects of these youth, their families and their communities.

"It's not surprising that peer educators and the young people they've reached start self-help organizations," said Emmanuel Munyamabanza, FHI's senior program officer. "As these young people develop leadership skills, their self-confidence blossoms and can take wing in new directions, including ways to raise themselves out of poverty."

Shishoza began in 2002, with each founding member contributing 100 Rwandan francs (less than 20 cents US) a week to a shared investment and loan account, as well as sweat equity. Using USAID funds, FHI donated six goats to the association. Over time, as Shishoza's holdings have grown, its members have developed valuable new skills in business management and animal husbandry.



These goats are an investment in the future for Shishoza Association members.

PEER EDUCATION: *continued from page 1*

Results from a recent evaluation of the program in Byumba Diocese confirm this. In July 2005, FHI researchers surveyed young people in the region about their knowledge of HIV/AIDS and their current sexual behaviors. The research team compared the survey results to a control group of youth that had not participated in peer education activities, as well as to pre-intervention behavioral data from 2000. The findings were eye-opening. Youth educated by the peer education program could better recognize symptoms of sexually transmitted infections; they also had significantly higher awareness of counseling and testing programs and used them twice as often. Most striking was the finding that exposure to peer education led youth to have fewer sexual partners and thus significantly reduced sexual risk.

Deep Roots in the Community

Between 2001 and 2004, five dioceses --Byumba, Kabgayi, Kibungo, Kigali and Nyundo-- signed on with FHI to develop peer education programs within their parishes. By the end of 2005, 34 parishes had recruited and trained more than 3,000 peer educators, who had conducted prevention and other types of activities reaching more than a million young people, Catholic and non-Catholic.

This extraordinary coverage is the result of a strategic planning decision to tap into the Church's social structures and leadership hierarchy, as well as its existing community-based activities for youth. To further strengthen community ties, the program's peer educators also solicit the support of local leaders who can call public meetings and facilitate networking with other local organizations.

Young volunteers are chosen by their communities to attend an interactive two-week workshop covering the basics of HIV infection and prevention. They also learn how to conduct educational sessions and present behavior change information to other young people that is grounded in the reality of their daily lives. Equipped with a manual and teaching guides developed by FHI, and bolstered by ongoing supervision and support, they learn to organize informational sessions, plan community activities, and write and present plays with HIV-related themes. Peer educators continue to build their skills at monthly meetings where they share experiences and plan joint activities.

A notable result of the program in all five dioceses has been the confidence and leadership it has given the young peer educators.

"As our young people become peer educators, their role in the community changes, and with it their behavior," says Viateur Rucyahana, coordinator of the peer education program in Kabgayi Diocese. "They become mobilizers, teachers and leaders."



Peer educators and community build house for People affected by HIV in Byumba.

In fact, young peer educators in all five of the dioceses initiated their own activities as a result of the leadership skills they've developed, including anti-AIDS clubs based in schools, massive community mobilization campaigns organized with local government leaders, associations to support people and families living with HIV/AIDS, and income-generation activities (see story to the left).

While financial support for the program ends in December 2006, diocesan leaders hope to find new sources of funding to maintain and expand these activities.

Kivumu Health Center

In September 2003, the Kivumu Health Center in Muhanga District and FHI/Rwanda began a partnership to respond to the growing demand for HIV/AIDS services in the region. With funding from the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development, the Center added new programs in prevention of mother-to-child HIV transmission, preventive therapy, counseling and testing, and antiretroviral therapy (ART).

With FHI's support, the Center, which is affiliated with Kabgayi Diocese, improved its facilities and the laboratory to offer better services as well as greater comfort and privacy to its patients. Along with such structural improvements as remodeling of the waiting and counseling rooms and laboratory, the Center purchased new furniture, supplies and advanced laboratory equipment. Now, blood tests can be done on-site, without the month-long wait for results from an off-site lab.

Today, 60 patients receive ART, and more than 150 other HIV-positive clients are being monitored so they can begin therapy when they need it. A doctor based at Kabgayi Hospital currently handles the ART cases, but soon the Center will become one of three sites in Rwanda hosting an FHI-managed pilot project to train nurses to prescribe first-line ART (see story to the right).

"Thanks to this partnership, we can save more lives, because with FHI's support we can give higher-quality services," says Sister Marie Therese Uwizeyemariya, the Center's director of nursing.

The HIV/AIDS services have helped attract more patients to the Center. For example, the advent of PMTCT services has prompted more women to deliver their infants at the Center.



Photo FHI/Rwanda

Kivumu Health Center

TREATMENT: Training Nurses to Prescribe ART

In 2002, the Government of Rwanda set ambitious goals to increase the number of clinical sites offering antiretroviral therapy (ART) for people with HIV infection. Yet scaling up ART may prove difficult because, like much of sub-Saharan Africa, Rwanda is plagued by a shortage of doctors to diagnose and monitor patients and prescribe medication. With fewer than 250 doctors for a population of 8.4 million, Rwanda's physicians are stretched thin; they must circulate among the country's health care facilities, handling huge caseloads at each.

A new pilot project approved by the Ministry of Health and initiated by FHI/Rwanda is taking on this challenge. With funding from the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development, FHI is training nurses to evaluate HIV-infected patients, prescribe first-line ART and identify more difficult cases to be referred to the doctor.

At Kirambi Health Center in southern Rwanda, the pilot project's first nurse has received practical training in examining patients and prescribing treatment by working side-by-side with doctors, who continue to supervise him during site visits and monitor his progress.

Like all nurses working at ART sites throughout the country, he has already received extensive training in

HIV care and treatment, but this hands-on experience has helped him build the skills to confidently prescribe ART and follow up cases. The nurse also benefits from tools developed by the Ministry of Health and FHI, including checklists of symptoms and lab exams to follow during examinations.

Both doctors and nurses at Kirambi have responded positively to the project as they recognize its potential for relieving doctors' caseloads and moving more patients into treatment quickly.

"This approach allows doctors to use their time more rationally to support the nurses and concentrate on the more difficult cases," says Dr. Fabienne Shumbusho, FHI/Rwanda's coordinator of medical services. "It also recognizes the critically important role that nurses play by recognizing the need to upgrade their knowledge."

In late May, the Commission Nationale de Lutte contre le SIDA (CNLS) and FHI sponsored a meeting to share initial observations and lessons learned about the pilot project. The meeting was an important starting point for health authorities to consider changing national policy to allow qualified nurses to prescribe first-line ART.

The project will launch its second and third sites at Nyarusange and Kivumu health centers in the coming months.

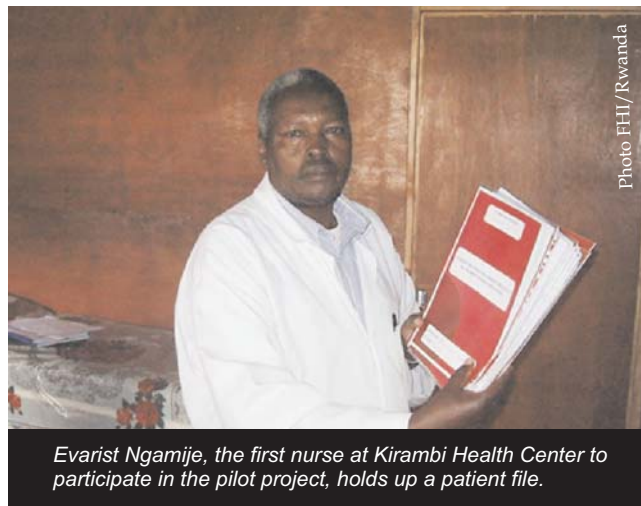


Photo FHI/Rwanda

Evarist Ngamije, the first nurse at Kirambi Health Center to participate in the pilot project, holds up a patient file.

New STI Services for Sex Workers Launched at a Kigali Health Center

With support from FHI, the renowned Biryogo Health Center in Kigali has integrated a new STI prevention and treatment program for female sex workers into its comprehensive clinical services. The services include targeted outreach efforts, STI testing and treatment, HIV counseling and testing, support groups that address the problems sex workers face and income-generation activities as an alternative to sex work.

Because the new program is seamlessly integrated into existing clinic services, sex workers who use the services need not fear being stigmatized for seeking STI diagnosis and treatment. Nurses at Biryogo received training to sensitize them to the specific needs of sex workers. FHI also supported renovations at Biryogo, including improvements to the buildings and laboratory upgrades.

Manuals on Services for Children Affected by HIV Now Available in French

Two publications providing valuable guidelines for programming for HIV-affected children have recently been translated into French.

The *Handbook on Pediatric AIDS in Africa*, written by the African Network for the Care of Children Affected by AIDS and produced by FHI, is a practical tool for health providers caring for HIV-affected children (copies in either language can be downloaded at www.fhi.org/en/HIVAIDS/pub/guide/mans1.htm).

Conducting a Participatory Situation Analysis of Orphans and Vulnerable Children Affected by HIV/AIDS, published by FHI, helps programmers conduct a situation analysis to guide program planning (copies in either language can be downloaded at www.fhi.org/en/HIVAIDS/pub/guide/ovcguide.htm). To order hard copies of either publication in French or English, send an e-mail request to aidspubs@fhi.org.

About FHI/Rwanda

Family Health International is committed to improving health and access to health care for all people. In Rwanda, our focus has been on HIV and has included a broad range of services in primary prevention as well as care and treatment. Working with national and local government, individual health facilities, and a variety of civil society groups, FHI/Rwanda has supported the launch and expansion of behavior change communication campaigns, community care and support programs, and counseling and testing, prevention of mother-to-child transmission, and HIV patient care services.

Funded by the President's Emergency Plan for AIDS Relief through the U.S. Agency for International Development.

Study Findings Confirm Counseling and Testing Promote HIV Prevention

Data from a recent study of counseling and testing (CT) clients in Rwanda reveal that this essential service helps decrease risky sexual behaviors. FHI researchers surveyed 5,200 male and female clients --both HIV-positive and -negative-- at four CT sites about their behaviors before undergoing CT, and compared the responses at follow-up interviews at three months and six months after CT. Overall, individuals reported significantly fewer sexual partners after CT at both the three-month and the six-month follow-up time periods. The most dramatic decline was in the number of non-regular sex partners. Condom use also increased, both with non-regular and regular sex partners. This increase was statistically significant within the overall population, but was especially apparent among those who tested HIV-positive.



A counseling session

Photo FHI/Rwanda

Family Health International
Country Office Rwanda
 P.O. Box 3149 Kigali
 Tel: 250 576193/517186
 Email: info@fhirw.org
www.fhi.org

