

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

Script for PowerPoint Updated November 2010

Slide 2

Rwanda was a United Nations Trust Territory after World War II. Belgium governed the Trust Territory with a mandate to oversee the eventual independence of Rwanda. Two rival groups, the Tutsis and the Hutus emerged. The Tutsis favored early independence under the existing system, which favored them. The Hutus wanted emancipation from the “Tutsi feudalism”. Rwanda became independent in 1962, but cycles of violence between the two rival groups persisted.

In 1994, Rwanda’s population of 7 million was composed of three ethnic groups, Hutu (85%), Tutsi (14%), and Twa (1%). The specter of tragic ethnic divisiveness cast a dark pall among its people. In the early 1990s, Hutu extremists within Rwanda’s political elite blamed the entire Tutsi minority population for the country’s increasing social, economic and political pressures.

Slide 3

In 1994, the Rwandan genocide exploded after the plane which carried President Habyarimana, a Hutu, was shot down. Under the cover of war, Hutu extremists launched the Rwandan genocide, primarily targeting the extinction of the Tutsi group. The Hutu genocidal government believed it could reinstate the solidarity of the Hutu under their leadership, after close to a million people became its brutalized victims.

Slide 4

The civil war and genocidal government ended when the Tutsi rebel group, the Rwandan Patriotic Front, defeated the Hutu regime and Tutsi General Paul Kagame became President of Rwanda. His political party has been dominant in the country ever since.

Slide 5

Sixteen years after the war, Rwanda is largely a nation of vulnerable women and children. Treating HIV-positive women, preventing the transmission of the virus to their children and giving women access to health care and reproductive health services are critical.

Preventing and responding to the violence stemming from the brutalization of the society during the genocide is vital to the recovery of this war- torn country.

Slide 6

The transmission of the virus from HIV positive mothers to their babies during pregnancy, childbirth, and through breastfeeding is creating a new generation of HIV-positive children.

Focusing on methods to eliminate the transmission of the disease to the fetus, early infant diagnosis and adequate medical services for mothers and children can help stop the transmission of HIV/AIDS.

Slide 7

During the Rwandan genocide of 1994, between 250,000 and half a million women and girls were systematically raped, according to Rwandan government and UN data. The violence continued to flare up in the years that followed, resulting in even more killings and displacement.

Gender-based violence is still a major problem in Rwanda. Women have been the easy targets for gender-based violence, and the communities have stigmatized them. Men tend to beat women in a way that leaves no visible bruises, and women tend not to report on the basis of "Nikozubakwa," meaning "that is how a family is maintained."

Gender Based Violence takes many forms, ranging from rape to physical beatings, dowry murder and sexual harassment. In some situations, women who seek refuge in "secure" places like police stations have ended up experiencing more violence.

Slide 8

The war and HIV/AIDs have ravaged the people of Rwanda. The result has been nearly a million orphaned and abandoned children -- almost one out of five of the nation's total child population. Many of these children are left to fend for themselves and their younger siblings. It is not unusual to find 9-year-old "heads of households" scavenging on the streets in Rwanda's cities. These orphaned children are extremely vulnerable to further neglect, abuse and exploitation.

Slide 9

Violence, and the fear of violence, is emerging as an important risk factor, contributing to the vulnerability to HIV infection for women. There is a strong connection between the high prevalence of intimate partner violence and sexual violence against women. This violence can contribute to women's increased risk of HIV infection, both directly through forced sex, and indirectly by constraining women's ability to negotiate the circumstances in which sex takes place and the use of condoms. In addition, sexual abuse during childhood seems to be associated with high-risk behaviors in later stages of life that may also increase the risk of HIV.

These issues have given rise to the current situation in Rwanda. The HIV-positive women must be treated. Methods must be developed to prevent transmission of the disease to their children. Women must have access to healthcare, and violence must be prevented.

Slide 10

Rwanda's children have seen the worst of humanity. There are an estimated 101,000 children that are heading approximately 42,000 households. These children have lost parents for various reasons – many were murdered during the genocide, some have died from AIDS and others are in prison for genocide-related crimes. In a climate of violence, children suffer long-lasting effects. Children who live with violence often become perpetrators of violent acts themselves, and this cycle can continue for generations. The children must be provided a community support system and integration into society. They must be given the medical, psychological and legal care that will enable them to grow into productive members of society.

Slide 12

The goal of Zonta's efforts to prevent mother-to-child transmission of HIV/AIDS in Rwanda begins with evaluating the impact of the situation. The situation will be addressed through the use of a regimen of anti-retroviral drugs to fight the disease in mothers, early infant diagnosis of the disease and attempting to mitigate the economic and psychosocial impact of HIV on families. It also includes tracking and investigating HIV in children and providing testing, clinics and other medical care.

Slide 13

Although Rwanda has made progress in preventing mother-to-child transmission of the virus, the rate of infection is still high. Early infant diagnosis through recently improved anti-retroviral programs should lower the infection rate. Following those improved virus and detection initiatives, the joint Zonta/UNICEF program will fund the first national-level evaluation of the effectiveness of the Mother-to-Child Transmission of HIV/AIDS at six weeks after a mother gives birth.

Slide 14

In response to the HIV/AIDS epidemic, Zonta and UNICEF will develop a model based upon successful programs to replicate that success in the districts of Rwanda. Some of the elements of these programs include access to anti-retroviral programs, rehabilitation, adequate facilities and equipment. Other components of the program will include a method to identify trends in new infections, strategies to gain community support, adequate transportation to ensure that laboratory samples reach the laboratories quickly and training for laboratory personnel. Finally, the program will include technical and financial support of existing prevention of mother-to-child transmission of HIV/AIDS sites in Rwanda. These factors support Rwanda's goal of universal access to HIV/AIDS testing and care for pregnant women and children.

Slide 15

The goal of Zonta's efforts to prevent gender-based violence in Rwanda is to establish nationwide support centers for holistic care and support to survivors of domestic and gender-based violence in collaboration with the United Nations Children's Fund and other UN agencies. This plan will be based upon community commitment to gender equality, revision of the Laws on Gender-Based Violence, creation of government "gender desks", campaigns on the rights of children, specially trained police who respond to gender-based violence, toll free telephone hotlines, Gender Focal Points in government hospitals and "safe space" within hospitals to provide medical, psychosocial, legal and police support to survivors of violence.

Slide 16

The program will offer support to increase access for victims of gender-based violence seeking services by extending reach of the existing hotlines and raising awareness and organizing campaigns on gender-based violence. It will also increase the capacity of key service providers such as core staff and multidisciplinary teams, build a pool of trainers, conduct pilot training sessions and develop a research and data collection system. It will also work to improve the strength and resilience of the survivors and their families. This will be achieved by setting up a

fund for vulnerable women which provides free services and by initiating psychosocial group counselling with survivors.

Slide 17

The project will also have a nationwide network of One Stop Centers. These support centers will provide systematic care for survivors of domestic and gender-based violence in Rwanda's provinces. These all-inclusive centers will offer training and referral services for the individuals who will attend to the victims. These holistic centers will also improve the quality of service to the survivors. The program will also support the pilot centers in Kacyiru Hospital and in the Rusizi District.

Slide 19

Holistic Care takes into account all of an individual's physical, mental and social conditions in the treatment of the patient. The holistic care which will be provided in the Districts of Rwanda will address the physical, psychosocial and legal needs of victims/survivors.

Slide 20

The multi-disciplinary approach involves using several specialized skills in resolving a problem. This approach will be used in Rwanda because women and children, particularly those needing protection, require access to an array of services due to the multi-faceted nature of their needs. Agencies and professionals must work together to manage different aspects of helping the women and children within the environment of their families, communities and society.

Slide 21

In order to recover and reenter society, the survivors must first learn to deal with their families and their communities. The Family and Community Based Approach should not only help the victims adjust to life within their families and their communities; it should strengthen the skills and resources of both families and communities.

