UNHCR
The UN Refugee Agency

FIELD BRIEF
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Increasing Male Involvement in Prevention of Mother-to-Child Transmission Programmes in Refugee Camps in Tanzania

Context

Tanzania has been hosting refugees fleeing the convulsions of violent conflict in the Great Lakes region over the last 50 years. At the start of 2007, UNHCR was running 11 refugee camps; today just two remain - in the Kigoma region in the northwest of the country.

HIV prevention programmes have been established since 2000, with a rapid expansion to comprehensive HIV prevention, treatment and care programmes. As part of the HIV interventions carried out in the refugee camps in Tanzania, UNICEF and UNHCR supported the establishment of Prevention of Mother to Child Transmission (PMTCT) services as of 2002. The programme started in Lukole camp, in Ngara region and was followed by a rapid scaling up the programme to all refugee camps in 2003. In addition support was provided to the surrounding district hospitals to support the national Tanzanian PMTCT programme.

Since then, the PMTCT programmes in Tanzania refugee camps have worked to expand access to voluntary counselling and testing for antenatal women and their partners and support to HIV positive women. The PMTCT programme provides modified obstetric care during delivery, provide HIV positive mothers and their babies with prophylactic antiretroviral regimes, stress appropriate and safe infant feeding, ensure long-term follow up, treatment and care for mothers and babies by placing a greater emphasis on linking clients to antiretroviral therapy and other treatment as needed.

The PMTCT programme for refugees benefited from technical assistance provided by the Ministry of Health, who introduced and trained refugee camp-based staff, based on the Tanzanian PMTCT guidelines.

Actions for Change

The refugee camp settings provided unique challenges for implementation of PMTCT programmes, including lack of an adequate number of trained counsellors, availability of appropriate linguistic information materials and limited resources and infrastructure. Furthermore, lack of stability and high mobility of the men in the community, have been shown to affect the impact of other programmes and, therefore, are likely to impact the PMTCT programme as well.

One primary focus of the PMTCT programme was the involvement of men in the PMTCT process. When the service was first introduced, male involvement was very low in this process. The community and specially the men did not perceive it as being a responsibility of men, even the term used "Prevention of Mother to Child Transmission" was interpreted wrongly by considering as if they had no role.

Having noted the low male involvement in PMTCT programmes in refugee camps a variety of measures to increase the male involvement have been established:

a) Targeted messages for men in the community

To encourage male participation in PTMCT, awareness sessions with men were conducted in places where they gather such as street corners, community centres, and also during the outpatient awareness sessions in the health centre. In addition, targeted community awareness campaigns were conducting using radio programmes, leaflets and billboards to encourage men to be more involved into the PMTCT and reproductive health programmes.

b) Improvement of the counselling rooms

To provide a friendly environment, counselling rooms were rehabilitated and upgraded so the rooms now offer sufficient privacy and spacious seating arrangements.

c) Training of counsellors

The counsellors received training on couple's counseling and psychological support to HIV positive couples including support to discordant couples.

d) Linkages with other element of PMTCT and RH programmes

The involvement of men in HIV testing during antenatal care improved their involvement in other reproductive health programmes, such as family planning and infant feeding practices. The acceptance of family planning methods by HIV positive women and their partners has increased from 76% in 2008 to 100% by June 2010.

e) Establish referral to HIV support groups and livelihoods activities

Through the involvement of couples in the HIV testing and counselling process, families could be referred to clinical services, as well as community based support groups for people affected by HIV including income generating and livelihood programmes.

d) Expansion to PMTCT plus.

During the first years of the programme, antiretroviral therapy for people living with HIV, were not available in the district were refugees where hosted. Since 2006, when antiretroviral treatment was introduced in the district and the refugee camps, communities have been very positive about the PMTCT programme and more men have come forward for testing since antiretroviral treatment is available.

Challenges

Significant successes have been achieved in the involvement of men in PMTCT services. Despite this success it remains difficult to achieve a broader participation of men in HIV and reproductive health programmes.

Stigma and social discrimination against people living with HIV are high and prevent men to get tested. In addition people are worried about the outcome of the test results. Improved counselling and access to treatment have helped to overcome these issues. By the end of 2009, 80% of men accompany their partner on the first antenatal visit and are counselled and accept to be tested for HIV.

Conclusions

This field experience highlights the challenges in encouraging men to be part of PMTCT programmes in refugee camp settings. While there were many challenges, UNHCR and its implementing partners worked to overcome these by targeting awareness and education and offering services that are attractive to men as well as women.