UNHCR
The UN Refugee Agency

FIELD BRIEF
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Integrated HIV interventions in National HIV Programmes in a humanitarian context

Health Zone of Bunia, Ituri, The Democratic Republic of Congo

Background Information

Bunia is located in the Ituri district of the Eastern province of the Democratic Republic of Congo. This district has experienced years of conflict among fighting ethnic groups (Hema and Lendu) which has displaced more than 400,000 persons. This humanitarian crisis peaked in May of 2003 with military attacks, massacres and severe violations of human rights. The persons displaced during this time experienced intense violence while fleeing their homes to live in surrounding communities and camps; many lost family members along the way.

In March 2007, a joint mission of United Nations agencies along with Government and non-government organisations (NGOs) conducted a rapid evaluation of the situation of HIV and AIDS among displaced populations in Bunia. The mission evaluated how HIV-related protection, prevention, treatment, support and care needs were being met among communities recovering from conflict. Additionally, the assessment reviewed HIV vulnerabilities and risks of displaced people and conflict-affected communities as well as issues of programme coordination.

The results showed that there were no formal HIV programmes being implemented. However, there were isolated HIV activities led by informal volunteers that were found to be uncoordinated and undocumented. In addition, the war affected the quality of health care due to damaged infrastructure, pillaging of medical supplies and a reduction of qualified staff. The mission found that knowledge of HIV transmission was poor among the population, often limited to sexual transmission, and there were no sources of additional information once displacement occurred. Condoms were not widely available, particularly in rural areas. Those who knew about condoms reported irregular use.

Recommendations from this mission included:

- Ensure advocacy for integration and inclusion of populations of concern in humanitarian context of HIV national strategic plans and in documentation of HIV planning.
- Develop effective and coordinated interventions in response to HIV with package of prevention and treatment strategies integrating issues related to gender and sexual violence.

- Ensure participatory approach within UN system, Multi-sectoral National AIDS Programme and civil society.
- Establish coordinating mechanisms at operational, regional and central level.

Actions for Change

UNHCR along with its partners and the Government developed an integrated HIV plan with the aim to provide integrated and quality HIV services to displaced populations, returnees and the local population estimated at approximately 65,500 persons. The objective was to establish effective and sustainable programmes, avoid duplication, and ensure accessible, affordable and non-discriminatory services. The project was co-financed by UNHCR and the National AIDS Program for the response to HIV with the Multi-Country AIDS Program of the World Bank.

Interventions and Outcomes

Capacity building

In the absence of an HIV program in the health zone of Bunia, capacity was reinforced and strengthened within identified priority areas to ensure effective and high quality HIV services. These included:

1. Improving the physical structure of the health centres through partial remodelling/construction, procurement of equipment, materials, and medical supplies in three locations. Materials procured included laboratory equipment including a CD4 count machine in collaboration with Médecins Sans Frontiéres (MSF) Switzerland.
2. Capacity building among health care service providers and community actors working towards mobilising community participation. An important aspect of capacity building was the integration of various interventions in health centres which in turn improved coordination and made programmes more efficient.

Prevention programmes

Information, education and communication (IEC) / behaviour change and communication (BCC) counselling

IEC programmes were focused on 3 strategies: communication targeted at changing behaviour, community mobilisation, and advocacy. The communication volunteers (123 trained community agents) and 100 peer educators worked with people living with HIV and AIDS (PLHAs). Local NGOs as well as religious organisations assisted in the response to HIV by mobilising community participation. A youth group organized an HIV prevention club which offered programmes on peer education and life skills.

IEC/BCC messages were designed with community participation that included local authorities and community leaders. The techniques used for BCC focused on appropriate messages in communication with UNHCR partners. Dissemination of messages included counselling, education talks, peer education, posters, T-shirts, hats, placards, video forums, conference debates, and support groups. Returnees upon their arrival benefited from an HIV repatriation kit that included HIV and gender-based violence IEC materials and condoms.

Condom promotion and distribution

In order to complement the BCC messages and IEC materials, condom demonstrations (correct storage, use and disposal of condoms), provision, promotion and distribution occurred within culturally sensitive and appropriate venues. Forty-seven condom distribution points were created in hotels, parking areas, bars, and other places.

Universal precautions and safe blood transfusion

A local NGO had previously organised one blood bank that was not integrated in the General Reference Hospital in the health zone. UNHCR's project provided funds to rehabilitate the laboratory and supply equipment at the General Reference Hospital. Programmes were established to ensure supervision of the lab technicians in the health zone. Blood is now screened for HIV, syphilis and Hepatitis B and C. The project also supported structures to improve universal precautions at the hospital.

Syndromic approach for the treatment of sexually transmitted infections (STIs)

In 2007, the project introduced the syndromic approach for the treatment of STIs in five health centres and one army health centre in the health zone of Bunia.

Voluntary counselling and testing (VCT)

In 2008, three VCT centres were integrated into existing health structures. The integration of testing services took place under a service provider and/or through the VCT centre. Mobile testing centres were also used to reach a broader population. As a result of the project, twenty-eight VCT providers were trained and provided quality counselling and confidential testing.

VOLUNTARY COUNSELING AND TESTING	2008	2009	TOTAL
Total number of clients counselled	937	2346	3283
Total number of clients tested	928 (99%)	2229 (95%)	3157 (96%)
Male tests	**497**	**1016**	**1513**
Female tests	**431**	**1213**	**1644**
Total number of clients of VCT who were counselled, tested and received results	928 (99%)	2229 (95%)	3157 (96%)

Prevention of mother-to-child transmission (PMTCT)

The PMTCT programme began in 2007 in four sites in the Bunia health zone. Provisions were supplied to the health centres along with the training to 20 health service providers (8 physicians and 12 midwives). Community groups were formed to encourage and support community participation as well as to raise awareness of the importance of antenatal care. The HIV prevalence among pregnant women attending PMTCT services was 3.7% in 2008 and 3.2% in 2009.

PMTCT	2008	2009	TOTAL
Health structures assisted with integrated support of PMTCT	4	5	5
Pregnant women who received pre-test counselling	**1414**	**2684**	**4098**
Pregnant women tested for HIV	1385 (98%)	1989 (74%)	3374 (82%)
Pregnant women counselled on post-test results	1027 (74%)	1664 (84%)	2691 (80)
Pregnant women diagnosed as HIV positive	52 (3.8%)	63 (3.2%)	115 (3.4%)
HIV positive Pregnant women that have given birth	12	36	48
HIV positive pregnant women who took nevirapine during labour	11 (92%)	32(89%)	43 (90%)
Babies born to HIV positive mothers	11	36	47
Babies who were administered nevirapine within the first 72 hours after birth	11 (100%)	32(89%)	43 (91%)
Male partners benefiting from PMTCT integrated services	26	92	118

Sexual violence

Sexual violence is widespread in the Bunia region. The UNHCR project ensured availability of Post-Exposure Prophylaxis (PEP) kits and trained 20 providers. To date, 90% of rape survivors have been cared for at the MSF project. As MSF will shortly stop working in the health zone, the project will ensure the provision of clinical services related to sexual violence.

Care, support and treatment programmes

Antiretroviral therapy (ART) is available in the health zone of Bunia and provided by the National AIDS Society and various NGOs. The UNHCR project focuses on treatment, clinical and biological monitoring of opportunistic infections.

Essential elements in the HIV care, support and treatment package include:

1. **Treatment of opportunistic infections and tuberculosis**
   - Through peer educators living with HIV and AIDS, the project ensured access to cotrimoxazole treatment for 988 new cases in 2008 and 375 new cases in 2009, in addition to providing medical supplies to the health centres.
2. **ART**
   - Provision of medical supplies, laboratory equipment (including CD4 count machine) to improve diagnostic and biological surveillance in collaboration with MSF. By the end of 2008, 289 PLHAs were on ART, and 225 new patients began ART in 2009.
3. **Nutritional support**
   - Along with the World Food Program, nutritional supplements were provided to PLHAs. The project provides nutritional supplements in hospitals to increase ART adherence and to improve their quality of life and health. In 2008, 67 PLHAs benefited from nutritional supplements. In 2009 that number increased significantly to 246 PLHAs.
4. **Homecare**
   - Homecare was based on a programmatic approach in response to HIV but also on a reintegration strategy for families and the community. The approach aimed to empower people to talk about their HIV status and to prevent discrimination. This approach resulted in the training of 37 socio-community agents and peer educators in psychosocial counselling and home follow-up visits with PLHAs. Fifty-three PLHAs benefited from the services and 123 home-care visits were made.
5. **Mitigation of impact and improved support**
   - Care of orphans and other vulnerable children
     - A participative approach was used to identify orphans and other vulnerable children. As a result, 86 orphans and other vulnerable children were identified and enrolled in a scholastic assistance program for the 2008-2009 school year and 122 for the 2009-2010 school year.
6. **Economic support**
   - In order to assist PLHAs to remain productive members of their community, income generation activities took place with 47 beneficiaries in 2008, and 55 beneficiaries in 2009.

Conclusions

The programme in Bunia has shown that a progressive integration of HIV programmes with a multi-sectoral and multi-partner approach in the humanitarian conflict context among IDPs, returnees and local populations is possible and can be effective. Efficient and effective integrated HIV intervention programmes by the National Health Programmes for HIV can avoid duplication of services while reducing service costs, improving local health services, eliminating obstacles related to access, and reducing discrimination and stigma among populations of concern. The combination of humanitarian assistance and development funds have been vital in the response.

At a programmatic level, the establishment of a HIV activities package approach, conforms that a progressive implementation of a 'minimum package', can be used to anchor more comprehensive HIV interventions in the future. The involvement and participaton of communities has lead to community ownership and sustainability of the programmes.

Finally, capacity building with an integrated and synergistic approach enables health care personnel to provide quality HIV care and support services.