ANNUAL REPORT
2003

International Centre for Reproductive Health

Improving reproductive health through applied research, training and adapted interventions
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<tr>
<td>ADELFE</td>
<td>Association des epidemiologistes de langue Francaise</td>
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<tr>
<td>AIDOS</td>
<td>Associazione Italiana Donne per lo Sviluppo</td>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>Asbl</td>
<td>Association sans but lucratif</td>
</tr>
<tr>
<td>BOF</td>
<td>Bijzonder Onderzoeksfonds</td>
</tr>
<tr>
<td>BVO</td>
<td>Beleidsvoorbereidend Onderzoek</td>
</tr>
<tr>
<td>CeRPS</td>
<td>Centro Ricerce Formazione Intervento in Psicologia</td>
</tr>
<tr>
<td>CGSO</td>
<td>Centrum voor Geboorteregeling en Seksuele Opvoeding</td>
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<tr>
<td>CIN</td>
<td>Cervical Intraepithelial Neoplasia</td>
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<td>CSW</td>
<td>Commercial Sex Workers</td>
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<tr>
<td>DAART</td>
<td>Directly Administered Antiretroviral Therapy</td>
</tr>
<tr>
<td>DGIC</td>
<td>Directorate General International Cooperation</td>
</tr>
<tr>
<td>DSMB</td>
<td>Data Safety and Monitoring Board</td>
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<tr>
<td>DTM</td>
<td>Diploma in Tropical Medicine</td>
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<tr>
<td>EC</td>
<td>European Commission</td>
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<tr>
<td>EUROGIN</td>
<td>European Research Organisation on Genital Infections and Neoplasia</td>
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<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
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<tr>
<td>FHI</td>
<td>Family Health International</td>
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<tr>
<td>FIGO</td>
<td>International Federation of Gynaecology and Obstetrics</td>
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<tr>
<td>FP</td>
<td>Family Planning</td>
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<tr>
<td>FWO</td>
<td>Fonds voor Wetenschappelijk Onderzoek</td>
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<tr>
<td>GAMS</td>
<td>Groupement d’hommes et des femmes africains et europeens pour l’Abolition des Mutations Sexuelles feminines</td>
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<tr>
<td>GTZ</td>
<td>Deutsche Gesellschaft für Technische Zusammenarbeit GmbH</td>
</tr>
<tr>
<td>HAART</td>
<td>Highly Active Antiretroviral Therapy</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>HPV</td>
<td>Human Papilloma Virus</td>
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<tr>
<td>ICRH</td>
<td>International Centre for Reproductive Health</td>
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<tr>
<td>ICPD</td>
<td>International Conference on Population and Development</td>
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<tr>
<td>IPPF</td>
<td>International Planned Parenthood Federation</td>
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<tr>
<td>INCO DEV</td>
<td>International Cooperation with Developing Countries</td>
</tr>
<tr>
<td>IUS</td>
<td>Interuniversitaire Samenwerking</td>
</tr>
<tr>
<td>KULAK</td>
<td>Katholieke Universiteit Leuven Afdeling Kortrijk</td>
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<tr>
<td>MCH</td>
<td>Mother and Child Health</td>
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<tr>
<td>MPH</td>
<td>Master Public Health</td>
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<tr>
<td>MTCT</td>
<td>Mother-To-Child-Transmission</td>
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<tr>
<td>NARESA</td>
<td>Network for AIDS research in Africa</td>
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<tr>
<td>PAF</td>
<td>Paediatric AIDS Foundation</td>
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<tr>
<td>PAP</td>
<td>Papanicolaou</td>
</tr>
<tr>
<td>PCR</td>
<td>Polymerase Chain Reaction</td>
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Annual report ICRH 2003

PHC Primary Health Care
PNC DTS/SIDA Programa Nacional de Controle das DTS/SIDA
PRH Partners in Reproductive Health
REPROSTAT Reproductive Health Indicators in the European Union (EU Community Health Monitoring Programme)
RH Reproductive Health
STD Sexually Transmitted Disease
STI Sexually Transmitted Infection
TB Tuberculosis
UNAIDS Joint United Nations Program on HIV/AIDS
UNAN Universidad Nacional Autónoma de Nicaragua
UNESCO United Nations Educational, Scientific and Cultural Organisation
UNFPA United Nations Population Fund
UNHCHR United Nations Office of the High Commissioner for Human Rights
UNHCR United Nations Office of the High Commissioner for Refugees
USAID United States Agency for International Development
VAW Violence Against Women
VCT Voluntary Counseling and Testing
VIA Visual Inspection with Acetic Acid
VLIR Vlaamse Interuniversitaire Raad
VUB Vrije Universiteit Brussel
WHO World Health Organisation
PREFACE

Reviewing ICRH 2003 activities makes me proud and happy because of the many indications that ICRH is growing towards its goals and objectives. The number of research projects is increasing and the scope of activities has broadened geographically from Africa to Latin America and Asia, with a growing network of dynamic and interested research groups. An impressive number of papers have been published in international peer-reviewed journals, and two collaborators have submitted their work to the PhD Faculty Board of the Ghent University. In addition, more research ideas are being generated by our collaborators from the South, who are important stakeholders in bridging the gaps between research and action.

Service delivery and capacity building have been one of our main activities in the course of the year 2003 with a growing capacity of consultancies, expert advice and policy support. ICRH satellite centre in Mombasa, Kenya, has been recognised as an international NGO since 2002, and is taking a leading role in research, training and capacity building. In the course of 2003, the programmatic and research activities in Mozambique took off in collaboration with the University of Eduardo Mondlane in Maputo, and with the Ministry of Health. The demand for teaching and training, one of the key mandates of Universities is growing, which underscores the need for capacity building in this area. Collaboration with the Universities of Nairobi, Managua, Maputo, Malawi, Natal, and several European institutions is expanding. Networking has extended through our concerted actions on quality of reproductive health care and by actively participating in discussion fora, workshops and conferences.

The perspectives for 2004 are positive, and ICRH seems to be on the right track to become a well-established centre of excellence in sexual and reproductive health and rights.

Prof Dr Marleen Temmerman
Director ICRH
ORGANISATION

The International Centre for Reproductive Health (ICRH) is a research centre, located within the Department of Obstetrics and Gynaecology, Faculty of Medicine and Health Sciences of the Ghent University. It was founded in December 1994 by Prof Dr Marleen Temmerman, as a result of concern and interest in reproductive health, which was shared by other professionals. The idea of establishing a centre focused on reproductive and sexual health and rights, was further strengthened by the International Conference on Population and Development (ICPD) in Cairo in 1994.

In June 1995, several European partners participated in the ICRH foundation meeting. During that meeting, the quality of reproductive health services was addressed and the concept “reproductive health” and the priorities in reproductive health care were discussed. Representatives of the different groups summarized their projects and activities, and the mission statement of the ICRH and modalities of collaboration were laid down.

Since then, applications for funding of research proposals were submitted to funding agencies, projects started to run and ICRH became operational.

In the process of expansion of activities a non-profit organisation “Partners in Reproductive Health” (PRH) was founded in November 1999. The collaboration with Southern partners led to the creation of a satellite centre in, registered as a non-governmental organisation (NGO) under the name ICRH-Kenya.

Each year activities and outcomes of projects are reflected in the annual reports. An overview of currently running projects is reflected in this report.
A. STAFF MEMBERS ICRH

✓ Arrazola de Oñate Wouter, MD, scientific collaborator, Ghent
✓ Bosmans Marleen, Masters International Politics, political scientist, Ghent
✓ Bousse Rita, volunteer, Ghent
✓ Claeys Patricia, MD, MPH, senior researcher, Ghent
✓ Deblonde Jessika, LLB, scientific collaborator, Ghent
✓ De Hulsters Brigitte, MD, MPH, scientific collaborator, Ghent
✓ De Vuyst Hugo, MD, scientific collaborator, Mombasa, Kenya
✓ Dierick Lou, LLB, LLM, project manager, Ghent
✓ El Mahi Nadia, administrator, Ghent
✓ Hawken Mark, MB, ChB, FRACP, MSc, scientific collaborator, Mombasa, Kenya
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✓ Melis Reinhilde, administrator, Mombasa, Kenya
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✓ Schroth Anouk, MD, scientific collaborator, Mombasa, Kenya
✓ Temmerman Marleen, MD, PhD, director
✓ Quaghebeur Ann, MD, scientific collaborator, Mombasa, Kenya
✓ Quartier Greta, accountant, Ghent
✓ van Egmond Kathia, MD, scientific collaborator, Ghent
✓ Verstraelen Hans, MD, scientific collaborator, Ghent
B. COLLABORATION

B1. EUROPE

Belgium

1. Ghent University
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   ✓ Buylaert M, MD, PhD, Emergency Department
   ✓ Claey G, MD, PhD, Dept. of Microbiology
   ✓ Cuvelier C, MD, PhD, Dept. of Pathological Anatomy
   ✓ Deppyere, MD, PhD, Dept. of Gynaecology and Obstetrics
   ✓ Dhont M, MD, PhD, Dept. of Gynaecology and Obstetrics
   ✓ Leroux – Roels G, MD, PhD, Dept. of Clinical Biology
   ✓ Plum J, MD, PhD, Dept. of Immunology
   ✓ Praet M, MD, PhD, Dept. of Pathological Anatomy
   ✓ Roelens K, MD, Dept. of Gynaecology and Obstetrics
   ✓ Van Der Stuyft P, PhD, Dept. of Social Medicine
   ✓ Van Renterghem L, Dept. of Virology
   ✓ Verhofstede C, PhD, Dept. of Immunology

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   ✓ Brems E, PhD, Dept. of Public Law and Tax Law
   ✓ Doom R, PhD, Dept. of Social & Political Sciences
   ✓ Goetghebeur E, PhD, Faculty of Science, Statistic–Unit
   ✓ Page H, PhD, Dept. of Demography and Methodology of Social Sciences
   ✓ Vermeulen G, PhD, Institute for International Research on Criminal Policy, Faculty of Law

2. Other Universities
   ✓ De Sutter P, MD, Dept. of Gynaecology and Obstetrics, Free University Brussels
   ✓ Dujardin B, MD, PhD, Dept of Public Health, Free University Brussels
   ✓ Eisendrath G, PhD, Dept. of Sciences, Free University Brussels
   ✓ Meheus A, MD, PhD, Dept. of Epidemiology, University of Antwerp
   ✓ Van Marck E, MD, PhD, Dept. of Pathological Anatomy, University of Antwerp

3. Organisations
   ✓ European Network for the Prevention of Harmful Traditional Practices, in particular Female Genital Mutilation, EuroNet FGM, Brussels
   ✓ Groupement d’hommes et des femmes africains et européens pour l’Abolition des Mutilations Sexuelles féminines (GAMS) – Belgique asbl, Brussels
   ✓ Institute of Tropical Medicine, Antwerp
   ✓ International Health Support (IHS), Lokeren
   ✓ International Planned Parenthood Federation (IPPF), Brussels
   ✓ Médecins Sans Frontières, Brussels
Medicus Mundi, Brussels
Provinciaal Begeleidingscomité Geweld, Provincie Oost-Vlaanderen, Ghent
Sensoa, Ghent
Vluchthuis, CAW Artevelde, Ghent,
VVOG (Vlaamse Vereniging voor Obstetrie en Gynaecologie), Ghent

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Germany
  Jahn A, Germany (Reprostat)

Ireland
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Sweden
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The Netherlands
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- Bloemenkamp K, The Netherlands (Reprostat)

UK
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- Kwateng-kluvitse A, Foundation for Women’s Health, Research and Development, London
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B2. AFRICA

Kenya

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- Rakwar J, MB, ChB, MPH, Dept. of Microbiology, University of Nairobi

Malawi

- Broadhead R, MD, PhD, Dean of the College of Medicine, University of Malawi
- Lema V, MD, PhD, Dept. of Obstetrics and Gynaecology, College of Medicine, University of Malawi

Mozambique

- Barreto A, MD, MSc, Deputy National Director and Head of the National Control Programme for Sexually Transmitted Diseases and HIV, Ministry of Health, Mozambique
Bastos R, MD, Head of the Dermatology Department of the Central Hospital of Maputo, Lecturer at University Eduardo Mondlane and clinical advisor to the National STD/HIV/AIDS Programme, Ministry of Health, Mozambique.

Noormahomed E V, MD, PhD, Dean, Faculty of Medicine, University Eduardo Mondlane; Mozambique.

Fernando J, MD, Director of the Provincial Hospital of Tete

Folgosa E, MD, PhD, Head of the Microbiology Laboratory and lecturer at the Faculty of Medicine, University Eduardo Mondlane; Head of National STI Reference Laboratory, Mozambique.

South Africa

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Meerkotter D., PhD, Dean, Faculty of Education, University of the Western Cape

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Volmink J D, Pro Vice Chancellor & Executive Director: NUDF, University of Natal

Uganda

Kirumira E K, MD, Makerere University, Kampala

Serwadda D, MD, Institute of Public Health, Makerere University, Kampala

Zimbabwe

Chipato T, MD, University of Zimbabwe, Harare
B3. CENTRAL AMERICA

Nicaragua
✓ Alvaro Garcia, MD, Faculty of Medicine, Universidad Nacional Autonoma de Nicaragua (UNAN), Managua
✓ Bello R E, MD, Servicios Medicos Comunales, San Juan del Sur
✓ Gonzalez C, MD, Dept. of Microbiology, Universidad Nacional Autonoma de Nicaragua (UNAN), Managua
✓ Gonzalez M, Dept. of Microbiology, UNAN, Managua

B4. ASIA

China
✓ Zhao Pengfei, MD, MPH, MSc, Project coordinator and Focal point WHO, China
✓ Zhou Zhijun, MD, PHD, MPH, Dept. of Occupational Health, Fudan University Medical College

Afghanistan
✓ Jan Naeem A, MD, general director of IbnSina
✓ Mirza J, MD, program coordinator IbnSina
B5. MULTILATERAL

**WHO**

✓ Cottingham J, Women's perspectives and gender issues special programme of research in human reproduction (HRP), Geneva
✓ Batija H, MD, Dept. of Reproductive Health and Research, Geneva
✓ Broutet N, MD, Dept. of Reproductive Health and Research, Geneva
✓ Farley T, PhD, Dept. of Reproductive Health and Research, Geneva
✓ Gaillard P, MD, PhD, Dept. of Reproductive Health and Research, Geneva
✓ Van Look P, MD, PhD, Dept. of Reproductive Health and Research, Geneva
✓ Griekspoor A, Department of Emergency and Humanitarian Action, Geneva

**UNFPA**

✓ Heisecke K, Programme Coordination Officer, UNFPA Office Brussels
✓ Jemiai H, Representative to the European Union and Director, UNFPA Office Brussels
✓ Mariën J, Humanitarian Response Unit, UNFPA Office New York
✓ Delargy P, Head of Humanitarian Response Unit, UNFPA Office New York
✓ Doedens W, Technical Specialist, Humanitarian Response Unit, UNFPA Office Geneva

**UNAIDS**

✓ Piot P, Executive Director and Under Secretary-General of the United Nations

**UNHCR**

✓ Nadine Ezard, Senior Public Health Officer, Health and Community Development Section, Geneva

**UNHCHR**

✓ Tebourbi-Guerfali M, Office of the United Nations High Commissioner for Human Rights
KEY PHILOSOPHY

The key philosophy of ICRH is the recognition of reproductive health as a basic human right. Following the Action Plans of the Population Conference in Cairo (1994), and the Women’s Conference in Beijing (1995), a new approach to population was considered necessary. The Action Plans emphasised the move from demographic targets towards reproductive health and rights, based on the individual’s freedom of choice.

As a university group, ICRH focuses on research, training and interventions within the broad area of reproductive health.

OUR APPROACH TO REPRODUCTIVE HEALTH

ICRH acknowledges the importance of sexual and reproductive health, which includes the recognition of sexual and reproductive rights.

Our approach to reproductive health is comprehensive and integrated: reproductive health care should be designed as a “supermarket” concept whereby all aspects of reproductive health are integrated, if possible in primary health care services. This comprehensive approach implies that reproductive health should be looked at in a broader economical, social, cultural and environmental context. It also fits in with the movement towards equality and equity between the sexes.

Reproductive health care includes contraception and family planning, mother-child health and safe motherhood, prevention and control of reproductive tract infections including STI/HIV and gynaecological cancers, gynaecological and sexual problems, reproductive health education and counselling, responsible parenthood and discouragement of harmful practices against women and children.

Women and women’s organisations play an important role in the field of reproductive health care. Improving reproductive health care and the individual’s freedom of choice is not possible unless the status and power of women is improved. Therefore, women should have the opportunity to set their own priorities and should be involved in the planning and implementation of reproductive health care programs. By cooperating with the actors in the field, especially in developing countries, we hope to strengthen their reproductive rights.
OBJECTIVES

The main objective of ICRH is to promote a rights based approach of sexual and reproductive health and to improve the acceptability, accessibility and quality of sexual and reproductive health services. This objective is put into practice by developing integrated health care services of high standards, training of health care workers, community involvement, health systems – and policy research.

FOCUS AREAS

- In the large scope of issues within the field of reproductive health, ICRH focuses on the following areas: family planning and contraception, Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) and Sexually Transmitted Infections (STI), cervical cancer, mother-child health, safe motherhood, gender-based violence, including female genital mutilation, and women's rights.

SERVICES PROVIDED

- Support in policy dialogue and advocacy
- Design, planning, development, monitoring and evaluation of reproductive health care programmes
- Support of reproductive health care initiatives
- Development of North - South networks
- Training and supervision of health care workers
- Organisation of courses and workshops
- Operational and applied research, policy research
- Consultancies (identification, appraisal, supervision, monitoring)
- Participation in workshops, seminars and congresses on development, reproductive health and women's health.
A. RESEARCH AND TRAINING

1. HIV/AIDS and STI

1.1. Impact Evaluation and HIV/AIDS Prevention in Sex Work Communities, Workplaces and Health Facilities (FHI-001)

**Partners**

- International Centre of Reproductive Health, Ghent University
- International Centre of Reproductive Health, Mombasa, Kenya.
- Family Health International
- Program for Appropriate Technology in Health
- Kenya Ministry of Health
- Mombasa Municipal Council

**Duration**

- 1999 – 2005 (extended)

**Funding agency**

- USAID through Family Health International (FHI)

**Overall objective**

- To reduce the sexual transmission of HIV infection and STI.

**Major achievements in 2003**

- **Sex Worker Programme**
  - In three areas of Mombasa, 244 trained Peer Educators reach an estimated peer population of 1500 sex workers
  - 91 male clients of female sex workers attended clients meetings to assess the need for a client peer educator programme
  - 19 Peer Educators were trained on income-generating activities
  - Female sex workers in the peer Education programme distributed a total of 1,855,250 condoms in 2003

- **Work Place**
  - In 8 companies in Mombasa, 477 trained peer educators are reaching a potential workforce of over 15,000
  - HIV/AIDS committees were established in three major companies

- **Youth Programme**
  - 36 youth Peer Educators were trained in peer education and 6240 youth reached during outreaches conducted by the youth centre peer educators
- Clinical services
  ✓ 12,459 VCT clients were tested in 2003 at ICRH-supervised VCT sites of whom 1974 (16%) were HIV-positive
  ✓ 21 new VCT counsellors were trained in counselling and another 21 counsellors were trained in the VCT testing protocol
  ✓ Seven mobile VCT outreaches were conducted in Mombasa this year

ICRH team Mombasa, Kenya
1.2. Integration of Tuberculosis (TB) Services and Cotrimoxazole prophylaxis into voluntary HIV counselling and testing services in Mombasa, Kenya (FHI-002)

**Partners**
- International Centre of Reproductive Health, Ghent University
- International Centre of Reproductive Health, Mombasa, Kenya
- Kenya National Leprosy and Tuberculosis Control Programme, Kenya Ministry of Health
- Centre for Respiratory Diseases Research, Kenya Medical Research Institute
- Family Health International

**Duration**
- 2000-2003

**Funding agency**
- USAID through Family Health International

**Overall objective**
- To assess the feasibility and acceptability of introducing TB and cotrimoxazole preventive therapy services into HIV Voluntary Counseling and Testing Centres at two primary health care centres.

**Major achievements in 2003**
The study was completed in December 2003.

Findings include:
12% of those VCT clients who were HIV-positive and had cough had smear-positive pulmonary TB suggesting that screening of VCT clients, in particular those testing HIV-positive at the VCT site should be standard practice.

Only about half of clients who began isoniazid preventive therapy completed a six-month course suggesting that TB preventive therapy should only be offered in those settings where intensive adherence counseling prior to and during preventive therapy and active follow-up of defaulters can be guaranteed. Only 35% of those starting cotrimoxazole preventive therapy were in follow-up at 12 months. Interventions to improve follow-up are urgently need.
1.3. Research and training in STI/HIV, Kenya (IUS-001)

**Partners**
- University of Nairobi, Kenya
- Vrije Universiteit Brussel, Belgium
- International Centre for Reproductive Health, Ghent University

**Funding agency**
Directorate-General for International Co-operation (DGIC) through the Flemish Interuniversity Council (VLIR), Programme for Institutional University Co-operation

**Duration**
1998 - 2008

**Overall Objective**
- To support research in the area of STI/HIV and to provide research skills training, capacity building and technical assistance to the College of Health Sciences, University of Nairobi.

**Major achievements in 2003**
- Continuation of research activities on cancer of the cervix as part of the PhD work of the VLIR sponsored student.
- Training of a research assistant in Ghent, Belgium on PCR diagnostic technique for HPV as part of a Master of Science (MSc) degree programme.
1.4. The Partner Method: an alternative for detection and treatment of sexually transmitted infections in pregnant women in resource poor settings.(EI-006)

**Partners**
- International Centre for Reproductive Health, Ghent, Belgium
- Universidade Edouardo Mondlane, Maputo, Mozambique
- Ministerio de Saude, PNC DTS/SIDA, Mozambique

**Funding agency**
DGIC through VLIR, Own Initiatives Programme

**Duration**
2002-2006

**Overall Objective**
- To develop a model involving men, for improvement of the diagnosis and treatment of sexually transmitted infections in pregnant women in Mozambique. This model will provide an affordable, effective, operationally feasible and culturally acceptable means to treat often-asymptomatic STI in pregnant women and their Partners in resource poor settings.

**Major achievements in 2003.**
- Behavioural research on male involvement finished
- Training of Health staff performed
- Sample collection and collection of socio-demographics of pregnant women started

Focus group discussion with Sra. Aida Mahomed, Mozambique
1.5. Inter-university Collaboration with Mozambique: The Partner Method / South south Collaboration with South Africa. (VLOS-002)

**Partners**
- International Centre for Reproductive Health, Ghent University, Belgium
- Universidade Eduardo Mondlane, Maputo, Mozambique

**Funding agency**
Flemish Government, Department of Development Aid

**Duration**
2003-2006

**Overall Objectives**
- To support the implementation of the above mentioned research project through a strengthened inter-university collaboration with the Universidade Eduardo Mondlane, by sending out a technical assistant.
- To explore possibilities for South-south collaboration between Mozambique and South-African Universities

**Major achievements in 2003.**
- Selection of technical assistant
- Installation of technical assistant within Faculdade de Medicina, UEM, Mozambique
- Implementation of behavioural research on male involvement
- Training of health staff by technical assistant
- Strengthening of inter-university collaboration by physical presence in the faculty
1.6. Diagnosis and treatment of STI in women in developing countries with a growing HIV epidemic (BOF-002)

**Partners**
- International Centre for Reproductive Health, Ghent, Belgium
- Universidade Edouardo Mondlane, Maputo, Mozambique
- Ministerio de Saude, PNC DTS/SIDA, Mozambique

**Funding agency**
Special Research Fund (Bijzonder Onderzoeksfonds, BOF)

**Duration**
- 2002-2005

**Overall Objective**
To improve the diagnosis and treatment of STI in women in developing countries with an increasing HIV prevalence, through operational testing of rapid tests and the involvement of male partners for diagnosis of STI in women in developing countries with high HIV prevalence.

**Major achievements in 2003**
- Behavioural research on the involvement of male partners in the diagnosis of STI in pregnant women
- Further exploration of the availability of cheap rapid tests for STI
1.7. Optimising the use of the syndromic approach for STI prevention and management in resource poor settings (INCO-005)

**Partners**
- Makerere University, Dept. of Sociology and Social Anthropology, Uganda
- University of Amsterdam, Medical Anthropology Unit, The Netherlands
- University of Manchester, Dept. of Gynaecology and Obstetrics, United Kingdom
- University of Nairobi, Dept. of Medical Microbiology, Kenya
- University of Malawi, Dept. of Paediatrics, College of Medicine, Malawi
- International Centre for Reproductive Health, Ghent, Belgium
- Associação para o Desenvolvimento e Cooperação Garcia de Orta, Lisbon, Portugal
- Universidade Edouardo Mondlane, Maputo, Dept. of Dermatovenerology Mozambique
- Ministry of Health, PNC DTS/SIDA, Mozambique

**Funding agency**
EC, INCO-DEV

**Duration**
2002-2004

**Overall Objective**
- To improve the acceptability and use of the Syndromic Approach for STI management for health providers and users in resource poor settings with high STI/HIV incidence and assure the continuation of a collaborative network of scientists and policy makers in European and Sub Saharan African countries in the area of reproductive health management thus enhancing the effectiveness, coverage and quality of existing primary health care services.

**Major achievements in 2003**
- Second expert meeting held with all partners in this concerted action resulting in research protocols for identification of potential improvements of field performance of syndromic STI management.
- Second year report for the concerted action on optimising the use of the syndromic approach for STI prevention and management in resource poor settings
1.8. Adherence to Antiretroviral Therapy (POP-001)

**Partners**
- International Centre of Reproductive Health, Mombasa, Kenya
- Horizons, Population Council

**Duration**
2003-2005

**Funding agency**
Population Council, Horizons Programme

**Overall objective**
To determine whether a DAART strategy will result in
- improved adherence to HAART during DAART intervention when compared to self-administration and
- improved long-term adherence to HAART when compared to self-administration after stopping DAART.

**Major achievements in 2003**
- Standard Operation Procedures manual for the study prepared
- DAART Observation sites visited and logistics streamlined
- Questionnaires finalized and piloted
- Adherence Nurses and DAART Observation Nurses trained
- Recruitment begun
1.9. Mombasa Female Condom Study (FHI-005)

**Partners**
- International Centre of Reproductive Health, Mombasa, Kenya
- Family Health International
- Program for appropriate Technology in Health (PATH)
- National AIDS and STI Control programme, Kenya Ministry of Health

**Duration**
November 2003-March 2005

**Funding agency**
USAID through FHI

**Overall objective**
- To assess the impact of introducing the female condom into a male condom education and distribution system.

**Major achievements in 2003**
- Recruitment and training of study coordinators and research interviewers
- Recruitment to begin January 2004
1.10 Female Controlled Barrier Methods to reduce the incidence of sexually transmitted diseases and HIV in women, Kenya. (WEL-002)

**Partners**
- International Centre of Reproductive Health, Ghent, Belgium
- Provincial Medical Office, Ministry of Health, Coast Province, Mombasa
- Public Health Department of the City Council, Mombasa, Kenya

**Duration**
April 2003- March 2005

**Funding agency**
Wellcome Trust

**Overall objective**
- To study the feasibility of using the diaphragm as an additional barrier method to the male condom in the prevention of sexually transmitted infections (STI) and HIV in female sex workers (FSW) and female family planning (FP) clients.
- To determine the acceptability and the compliance of the diaphragm use.
- To identify determinants of use and compliance with diaphragm use.
- To determine the safety of the diaphragm when used to prevent STI and HIV and to examine the effect of promoting diaphragm use on male condom use.

**Major achievements in 2003**
- **Study site:**
  A routine laboratory and a women’s clinic are established in a City Council Primary Health Centre in Chaani.
- **Female Sex Worker cohort:**
  23 weekly meetings were held to educate FSW on STI and HIV, promote condom use and to inform them about the diaphragm. 3 Focus Group Discussions (FGD) were held to assess the knowledge and beliefs of STI/HIV, male condom and the diaphragm. To make an estimation of the prevalence of STI among this group of women STI screening and treatment was offered. Of this group of women who attended these meetings, 67/90 were screened for a STI and 48/67 diagnosed. 30/67 were enrolled in the FSW cohort.
  For recruitment of FSW in the cohort and to educate the women, 10 female sex workers were sent to a 5-day training on the 21st of October 2003 to become a peer educator. 7 peer groups are formed in 7 different areas of Chaani. Per group an average of 25 women attended these meetings.
- **Family Planning clients:**
  2 FGD were held together with FP clients to assess the knowledge and beliefs of STI/HIV, male condom and the diaphragm. To make an estimation of the prevalence of STI among this group 20 women were invited for screening and treatment. 7/20 women were screened and 4/7 diagnosed and treated for a STI.
- **Community awareness:**
  8 groups of Chaani community are contacted and informed about the study.
- **Condom distribution:**
  8000 condoms were distributed by the peer educators to their peers.

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Annual report ICRH 2003
2. Cervical cancer

2.1. Integration of cervical cancer screening in primary health care (EI-004)

**Partners**

- Universidad Nacional Autónoma de Nicaragua, Managua
- International Centre for Reproductive Health, Ghent, Belgium

**Funding agency**

DGIC through VLIR, Own Initiatives Programme

**Duration**

2000-2004

**Overall Objective**

To improve the reproductive health of Nicaraguan women through the implementation of an adequate, integrated pilot programme for cervical cancer screening at 3 levels (population, health care centre, district hospital).

**Major achievements in 2003**

During the year 2002, the pilot programme was implemented in all the study areas. Screening was provided in the health centres and in the clinic of Servicios Medicos Comunales. Patients with abnormal screening tests were also referred to this clinic for further diagnosis and treatment.

The results of visual inspection with acetic acid (VIA) used as a primary screening tool, were published. VIA showed to be highly sensitive for high-grade lesions, doubling the number of lesions detected. However, the poor specificity leads to a high number of referrals to the colposcopy clinic and a high workload at that level.
2.2. Mombasa Cervical Cancer Screening Project (INCO-004)

**Partners**

- Dept. Obstetrics and Gynaecology, Ghent University.
- Institute of Public Health, Makerere University, Kampala, Uganda
- University of Nairobi, Dept. Human Pathology, Kenya
- Fondazione Centro San Raffaele del Monte Tabor, Laboratory of Virology, Milan, Italy
- Coast Provincial General Hospital, Dept. of Obstetrics, Gynaecology and Pathology, Ministry of Health, Mombasa, Kenya

**Funding agency**

EC, INCO-DEV

**Duration**

2001-2004

**Overall Objective**

- To assess the success of community outreach to enhance the coverage of at risk women with cervical pre-cancer.
- To assess the performance of different methods for cervical cancer screening: PAP smear, VIA (Visual inspection with acetic acid), and testing for Human Papilloma Virus (HPV)) in field conditions in poor resource countries.
- To evaluate outpatient treatment, including “see and treat” for cervical pre-cancer when applied in field conditions.
- To set up a cervical cancer task force in an urban setting in Kenya.

**Major achievements in 2003**

- A cervical cancer outreach program is put in place to create awareness, invite women for screening and tracing if necessary. Local voluntary community health workers have been trained in cervical cancer prevention outreach techniques. Twelve more nurses have been trained in VIA and Pap smear taking, as well as HPV sampling (total 22). 1700 women were screened and included in the programme (total 2414).
- QC cyto- and histology has been carried out by the University of Nairobi.
- The colposcopy clinic at CPGH is fully functioning. Two more medical doctors have been trained in colposcopy and cryotherapy/LEEP (total 5 medical doctors and 3 gynaecologists). Two hundred HPV samples were analysed by the Institute for Research in Italy.
2.3. Natural history and significance of HPV infection in female patients and their sexual partner on persistence and recurrence of dysplasia after treatment of cervical intraepithelial neoplasia (CIN) (FWO-002)

**Partners**
- Department of Anatomopathology, Ghent University, Belgium
- Department of Microbiology, Ghent University, Belgium
- Department of Gynaecology, Ghent University, Belgium
- International Centre for Reproductive Health, Ghent, Belgium
- Coast General Hospital, Mombasa, Kenya
- UNAN, Managua, Nicaragua

**Funding agency**
Fund for Scientific Research-Flanders (Fonds voor Wetenschappelijk Onderzoek, FWO)

**Duration**
2002-2004

**Overall Objectives**
- To describe the natural history of HPV infection in women who have been treated for CIN
- To assess the role of HPV infection in the male partner on transmission and persistence of HPV infection in women
- To assess the relevance of persistent HPV infection in women as a prognostic marker for recurrence after treatment for CIN.

**Major achievements in 2003**
- The study was further implemented in two study sites: Rivas, Nicaragua and Gent, Belgium. In Nicaragua, 12 new patients with a high-grade lesion and 22 with a low-grade lesion were included in the study. One hundred forty patients already included were followed-up at 6 weeks, 6 months, one year and two years.
- In Gent, 12 patients with a high-grade lesion were included in the study, treated with LEEP and followed-up. Follow-up was also provided to 25 patients already included. HPV testing was done prior to treatment, after 6 weeks and 6 months. Partners were also examined and tested for HPV.
3. Mother and child health

3.1. Operational Research to Assess Feasibility, Acceptability and Cost-effectiveness of Interventions Aiming at Reducing MTCT of HIV by Administrating Nevirapine at Birth in Developing Countries (EI-001)

**Partners**
- Coast Provincial General Hospital, Mombasa, Kenya
- International Centre for Reproductive Health, Ghent, Belgium

**Funding agency**
DGIC through VLIR, Own Initiatives Programme

**Duration**
2001 – 2002

**Overall Objective**
- To assess the feasibility, the acceptability and the cost-effectiveness of the use of a single dose of nevirapine given to the mother during labour and one dose to the baby within three days after birth, and this in a ‘real life’ situation, including home deliveries.

**Major achievements in 2003**
The study was conducted between April 2001 and October 2003, at Coast Province General Hospital in Mombasa, Kenya, a provincial hospital with approximately 6,000 deliveries per year.

Voluntary Counselling and Testing (VCT) was offered by trained counsellors at the antenatal clinic. HIV-positive women were provided nevirapine and instructions for use at the onset of labour. They were invited to participate in a follow-up study. Infant venous blood was collected at 6 weeks and 14 weeks.

The overall HIV-1 prevalence rate was 14%, similar to earlier findings in the same maternity [2,5]; 482 HIV-1 positive women were enrolled in the programme of whom 172 presented for follow up at 6 and/or 14 weeks. Over 58% of the women who came to CPGH for antenatal care delivered at the hospital, 19% delivered at home, and 22% in another hospital. More than 85% (147/172) of the women reported taking the nevirapine tablet, 86.0% (148/172) of babies were given the suspension, and 82% (141/172) reported administration of both, maternal and neonatal dose. We obtained blood samples for 127 babies. We found an HIV-1 transmission rate of 18.1% at 14-16 weeks.

In 1999, before the availability of nevirapine or any other antiretroviral drugs, we described an early perinatal transmission rate of 21.7% at 14 weeks. This is similar to the 18.1% transmission at 3 months since the introduction of the nevirapine intervention (RR= 1.20, 95% CI [0.78;
Transmission rates beyond 6 weeks are scarce; the HIVNET012 study reported a rate of 13.1% at 14 weeks, which is lower than the 18.1% we found in the Mombasa setting.

Our findings question the usefulness of the current PMTCT recommendations based on HIVNET012, which have been implemented in resource poor settings, based on just one observation in a clinical research setting. Our data could be subject to discussion because of the limited numbers, and because of the historical control. Nevertheless, all characteristics of the population have largely remained unchanged over the years, including the HIV-1 prevalence rate of 14% since 1995.

These data, suggesting a rather limited effect of the widely recommended HIVNET012 intervention, call for further research on the long-term efficacy of the HIVNET012 regimen in a field setting. Taking into account the low coverage of the nevirapine regimen [5], the lack of benefit for maternal health, the enormous deployment of resources needed to provide nevirapine within the current VCT paradigm, and the reported lack of efficacy in real-life conditions, the true health gains of the intervention should be reconsidered.
3.2. Uzazi Bora: Mother and Infant services, HIV activities, Kenya (MAISHA) (ECBL-001)

Partners
✓ Coast Provincial General Hospital, Mombasa, Kenya
✓ International Centre for Reproductive Health, Ghent, Belgium

Funding agency
✓ EC, EuropeAid Cooperation Office, AIDCO, BL AIDS

Duration
2002 – 2005

Overall Objective
✓ The over-all goal is to improve the health status of women and children in the Coast province of Kenya. It is a 4 year service delivery programme aiming at the reduction of perinatal HIV transmission by testing pregnant women for HIV and providing nevirapine to reduce MTCT of HIV, offered within a package of antenatal, intrapartum and postnatal care.

Summary
✓ The activities planned for the first year have by and large been performed and the quantity of sites has surpassed the number planned. At the GoK’s wish, emphasis has been given to the organization of PMTCT sites where the (Government-supplied) drug Nevirapine is now delivered to HIV-infected pregnant women in a professional and humane fashion, in line with the main objective of the project. The establishment of good counselling and testing facilities (VCT) went hand in hand with the establishment of the PMTCT sites. During this first year, a sound foundation has also been laid for the comprehensive improvement of good overall prenatal, perinatal and postnatal care at the intervention sites. Thorough methods are used to explore efficiency and sustainability of these innovative actions. The initial results lead us to expect that the objectives of the project will well be met.

✓ The project started in June 2002. A situation analysis of the health care structure and of national, regional and international projects and programmes has been done. Nevirapine is provided to HIV-positive mothers and babies. Meanwhile antenatal, intra- and post-partum care are strengthened as well.

Major achievements in 2003
✓ 6 PMTCT service delivery sites established in Mombasa District, 6 in Kwale District
✓ 5 VCT sites established
✓ Antenatal strengthening performed
✓ Anaemia management strengthened in terms of on-job training of management, supply of iron, folate and fansidar
✓ Antenatal counselling including nutritional counselling strengthened
✓ STI drugs supplied to strengthen STI management
✓ Male antenatal classes established at two sites to encourage male involvement
3.3. Kesho Bora Study (WHO HAART in Pregnancy Study) (WHO-002)

**Partners**
- International Centre of Reproductive Health, Ghent University
- International Centre of Reproductive Health, Mombasa, Kenya
- Coast Province General Hospital
- World Health Organization

**Duration**
November 2003-2007

**Funding agency**
Belgium Cooperation Agency
WHO

**Overall objective**
To optimize the use of antiretroviral (ARV) drugs during the antepartum, intrapartum and postpartum periods to prevent mother-to-child transmission (MTCT) of Human Immunodeficiency Virus Type-1 (HIV) and preserve the health of the mother in settings where the majority of HIV-positive women breastfeed.

**Major achievements in 2003**
- Questionnaires piloted
4. Violence against women

4.1. Female Genital Mutilation (FGM): None Touches Eve (DAPH-003)

**Partners**
- Consorzio Aurora, Italy
- International Centre for Reproductive Health, Ghent University
- Fondazione CeRPS, Italy
- Università degli Studi di Milano – Instituto di Medicina Legale e delle Assicurazioni, Italy
- Università degli Studi di Firenze – I^a Clinica Ginecologica e Ostetrica, Italy

**Funding agency**
- EC – Justice & Home Affairs Task Force, Daphne programme

**Duration**
- 2001-2003

**Objective**
- To set up awareness raising campaign & training sessions for health care professionals in Europe on FGM related issues.

**Major achievements in 2003**
- Final meeting in Rome, March 28 2003 for launching of manual for health professionals.
4.2. First European Programme for the Prevention of FGM in Europe (DAPH-004)

**Partners**
- Groupement femmes pour l’Abolition des Mutilations Sexuelles et autres pratiques traditionnelles ayant effet sur la santé des femmes et des enfants, France
- International Centre for Reproductive Health, Ghent University
- Italian Association for Women in Development (AiDOS), Italy

**Funding agency**
- EC, Justice and Internal Affairs, Daphne Programme

**Duration**
- 2001-2003

**Objectives**
- This project aims at implementing transnational actions to establish multidisciplinary networks, to exchange information and to sensitise the European public opinion on the issue of FGM in Europe.

**Major achievements in 2003**
- A questionnaire was distributed throughout Europe, to obtain data on the history of FGM in Europe.
- A draft of the guide for professionals for the prevention of FGM in Europe was developed.
4.3. Evaluating the impact of existing legislation in Europe with regard to Female Genital Mutilation (DAPH-005)

**Partners**
- International Centre for Reproductive Health, Ghent University
- Johnsdotter S, Lund University, Sweden
- Kwateng-kluitse A, FORWARD, Foundation for Women’s Health, Research and Development, UK
- Weil-Curiel L, CAMS, Commission pour l’Abolition des Mutilations Sexuelles, France
- García Añon J, Universidad de Valencia, Centre of Studies on Citizenship, Migration and Minorities, Spain
- Brems E, Centre for Human Rights, Ghent University

**Funding agency**
- EC, Justice and Internal Affairs, Daphne Programme

**Duration**
- January 1, 2003 – March 31, 2004

**Objectives**
- To establish the state of the art of existing laws in all EU Member States applicable to FGM;
- To analyse the implementation of such legislation in 5 EU Member States;
- To assess obstructing factors for implementing such legislation;
- To formulate recommendations for an EU strategy on legal actions towards FGM.

**Major achievements in 2003**
- A questionnaire was developed and distributed to collect legislation applicable to FGM in all EU Member States;
- Steering group meetings were in Ghent (2), Valencia (1) and Lund (1) to discuss the research methodology and the progress of the field work.
- Field work was conducted in Belgium, France, Sweden, Spain and UK to assess the obstructing factors of implementing FGM legislation.
- Document analysis was performed to review the jurisprudence in the 5 selected EU countries.
- A meeting with the scientific monitoring committee was organised to discuss the research methodology.
4.4. Strengthening the European Network for the prevention of FGM by building on experiences and results from the past (DAPH-006)

**Partners**
- International Centre for Reproductive Health, Ghent University
- Groupement femmes pour l’Abolition des Mutilations Sexuelles et autres pratiques traditionnelles ayant effet sur la santé des femmes et des enfants, France
- European Network for the Prevention of FGM – EuroNet FGM, Brussels

**Duration**
October 1, 2003 – September 30, 2004

**Funding agency**
- EC, Justice and Internal Affairs, Daphne Programme

**General objective**
- To disseminate and take further the results of former Daphne projects through one basic IEC tool for the prevention of FGM

**Specific objectives**
- To test the results produced by ICRH and GAMS in Daphne projects, by field experience
- To exchange good practices of other Daphne projects
- To disseminate the results to all EU Member States through a IEC tool
- To reinforce the Network and build the capacity of its members

**Major achievements in 2003**
- Start up phase of the project
- Organisation of a first steering committee meeting
- Collection of material produced in former Daphne projects
4.5. Violence against women during pregnancy: a quantitative and qualitative study of the problem in Flanders (OVL-001) (VVOG-001)

**Partners**
- Province of Flanders East (health department) – Belgium
- VVOG (Flemisch Association for Obstetrics and Gynaecology)
- Vluchthuis Gent - CAW Artevelde
- Department of obstetrics - University hospital Ghent
- Department of obstetrics / gynaecology of the Aurora hospital in Oudenaarde, of the Sint-Lucas hospital in Ghent and of the Maria Middelares hospitals in Ghent and Sint-Niklaas

**Funding agency**
- Province of Flanders East (health department) – Belgium
- VVOG (Flemisch Association for Obstetrics and Gynaecology)

**Duration**
February 2003 – June 2004

**Overall Objectives**
- To estimate the prevalence of violence against pregnant women in the province of Flanders East
- To assess the acceptability for using the AAS tool (Abuse Assessment Screen) during antenatal care in Flanders and to translate / adapt the screening tool to the Flemish context
- To document the main obstacles and favouring factors regarding screening on violence during the antenatal consultations by the gynaecologists

**Major achievements 2003**
- A review of international and national literature regarding the subject was done.
- A qualitative KAP study was performed: A written questionnaire concerning screening and referral attitudes towards victims of abuse was sent to all Flemish gynaecologists (478), members of the VVOG. A response rate of 53% was obtained.
- A quantitative study was carried out in 5 hospitals: All pregnant women attending the antenatal consultations over a period of 2 months in one of the selected hospitals received a written questionnaire. By December 2003, a total of 516 women had responded.
4.6. Protocol for a better support of Victims of Violence (OVL-003)

**Partners**
- Department of obstetrics - University hospital Ghent
- Department of emergencies – University hospital Ghent

**Funding agency**
- Province of Flanders East (health department) – Belgium

**Duration**
December 2003 – July 2004

**Overall objectives**
- A protocol for cooperation between different services in the hospital (emergency and other medical departments, social service)
- A protocol for cooperation between hospital and family doctor, social workers outside the hospital, police, court.
5. Quality of reproductive health care

5.1. Reproductive health education for immigrants in Flanders (OVL-002)

**Partners**
- International Centre for Reproductive Health, Belgium
- Sensoa vzw, Antwerpen, Belgium

**Funding agency**
- Province of Flanders East – Belgium

**Duration**
July 2003 – November 2004

**Overall objective**
- Improve the reproductive health of immigrants in Flanders, making a leaflet and a teaching module, to be used in the course of social orientation, which is part of the integration program.

**Achievements in 2003**
- Start of a knowledge, attitude and practice (KAP) investigation on reproductive health, among the recently arrived immigrants in Flanders.
6. Reproductive health and reproductive rights in conflict situations

6.1. Reproductive and Sexual Rights of Refugee and Internally Displaced Women as a cornerstone of respect for human rights (BVO-004)

**Partners**
- International Centre for Reproductive Health, Belgium

**Funding agency**
- DGIC through VLIR, Preliminary Policy Research Fund

**Duration**
- 2001-2003

**Overall objective**
- To formulate recommendations for the Belgian International Cooperation in order to promote, on national and international fora, in a direct and indirect cooperation, the principles of protecting and defending the reproductive and sexual rights of refugee and internally displaced women.

**Major achievements in 2003**
- On basis of the results of a preliminary literature review and desk study, which was done in the first phase of the project, a comprehensive guide for the promotion and protection of the sexual and reproductive health rights for refugee and internally displaced women was developed. The basic assumption of the guide is that sexual and reproductive rights are human rights, and more specifically women’s human rights, which are an inalienable, integral and indivisible part of universal human rights.

- The guide was first tested in a field visit to the Palestinian Occupied Territories. Subsequently adapted versions were discussed with programme officers at the Belgian Directorate General for Development Cooperation (DGCD) and at the First International Meeting organised by UNFPA in Brussels for the Project on “Reproductive Health and Gender Needs of Adolescent Internally Displaced Persons” (Brussels, 7-11 October 2002), a programme supported by the Belgian DGCD. At the ICRH international expert meeting on “Sexual and Reproductive Needs and Rights of Women Displaced by War and Armed Conflict” (Ghent, 25-27 November 2002) the draft was peer reviewed. A more final version was discussed during a lunch conference organized by the Belgian Technical Cooperation.
6.2. Sexual and Reproductive Rights and Needs of Children and Adolescents in Conflict Situations (BVO-006)

**Partners**
- International Centre for Reproductive Health, Belgium

**Funding agency**
- DGCD through VLIR, Preliminary Policy Research Fund

**Duration**
- 2003-2004 (1 year)

**Overall objectives**
- To develop instruments for the Belgian development cooperation for the adequate monitoring of projects that promote the sexual and reproductive health of children and adolescents in conflict situations.
- To formulate recommendations for the Belgian development cooperation aimed at the promotion and protection of the sexual and reproductive health rights of children and adolescents affected by war and armed conflict.

**Major achievements in 2003**
- The target group of the project is adolescents aged 10 to 19 years. The project does not only focus on the specific needs of child soldiers and children who survived sexual violence used as an arm of war, but focuses on the broader scope of adolescents’ sexual and reproductive health needs and rights, including sexual education, access to modern contraceptives, increased risk of early pregnancies, unsafe abortions and STI/HIV/AIDS.

- The first part of the project was mainly aimed at
  - the recollection of data on the main stakeholders in ASRH and more particularly in ASRH in conflict situations
  - networking with international organizations with specific expertise in ASRH in conflict situations
  - the realization of a literature review and desk study on ASRH needs and rights

- The second part of the project will mainly consist of a case study that will be carried out in the Democratic Republic of Congo. The terms of reference of the case study will be focused on the implications and feasibility of a rights based approach of ASRH in conflict situations.
6.3. Youth Wellness in Community Development. (IUS-002)

**Partners**
- University of the Western Cape (UWC), Faculty of Community and Health Sciences (CHS)
- International Centre for Reproductive Health, Belgium

**Funding agency**
- Flemish Inter-university Council (VLIR)

**Duration**
- 2003-2008

**Overall objective**
- To develop the research capacity of the CHS Faculty to the extent that it will be recognised as a centre of excellence that actively contributes to the development and monitoring of appropriate indicators, policies and services in the area of youth wellness.

**Major achievements in 2003**
- Definition of two central thematic nodes for the research activities and directions within the project. These foci reflect the integrative emphasis on the bio-psycho-social dimensionality of youth wellness. CHS anticipates supporting research that addresses the vulnerabilities as well as the strengths that youth experience in their developmental challenges within contemporary South African society. And, in particular, those encountered in attaining and maintaining sexual and reproductive health status.
- Identification of the Flemish project partners.
- Visit of Prof. Ratie Mpofu, Dean of the Faculty of Community and Health Sciences, to meet with the Flemish partners.
- Selection of the Master and PhD students who will receive a grant within the framework of this project.
B. PROJECTS APPROVED FOR FUNDING IN 2004

Integration of Refugee Women in Europe through the Promotion of their Sexual and Reproductive Rights. (ERF-001)

Cervix dysplasia and HIV (FWO-003)

Bacterial Vaginosis Study (IDS-001)

Prenatale HIV screening in Europa. Een vergelijkende studie over beleidslijnen in de EU lidstaten. (VEO-001)

FGM in Developing Countries (WHO-003)

Reproductive Health and Integration in Flanders (ASIL-001)

International Collaboration on Reproductive Health Research: Challenges and Issues in Sub-Saharan Africa. (IUS-002)

Workshop Mombasa. (VLCO-002)

Therapy HIV and pregnant women (VLIB-001)

Post Abortion Family Planning services in China. (INCO-006)

Training and Quality Control of Laboratory activities in Mombasa, Kenya. (MMD-004)

Integration of the diagnosis and management of cervical neoplasia in the curriculum of nursery, medicine and gynaecology at UNAN – Managua. (EI-007)

Integrated network to fight STI/HIV/AIDS in Moatize and Tete, Mozambique. (VLOS-003)

Sexual and reproductive health and poverty reduction among women from a gender perspective. (BVO-007)
C. NETWORKING

1. Conferences, symposia, workshops

- Brigitte De Hulsters and Wouter Arrazola de Oñate attended a workshop for CASA, Johannesburg, April-May 2003.
- ICRH was a collaborating partner in the organisation of the “Conference 2003: Reproductive Health from Disaster to Development” organised by the Reproductive Health Response in Conflict Consortium in Brussels, Belgium, October 7-8, 2003 and co-hosted by UNHCR and UNFPA.
- Kathia van Egmond attended the RHRC conference 2003 ‘Reproductive Health from Disaster to Development.’ Brussels, 7 - 8 October 2003 and gave an oral presentation "Reproductive Health KAP survey among Afghan women in Kabul City."
- Hugo De Vuyst was facilitator as WHO temporary advisor at the workshop on "Cervical Cancer Screening: Training and research proposal development", Harare, Zimbabwe, October 20-24, 2003.
- Hugo De Vuyst was facilitator as WHO temporary advisor at the workshop on "Assessing Inflammation and Epithelial Integrity in the Vaginal Product research", Punta Cana, Dominican Republic, November 19-21, 2003.
- Marleen Bosmans attended the Workshop for European National Networks on S&RH and AIDS”, organised by Share-net (Netherlands Network on Sexual and


- Els Leye and Jessika Deblonde presented preliminary results of the research project on legislation in Europe on FGM at the conference “CEDAW and Violence against Women”, University of Valencia, November 28, 2003.

- Marleen Bosmans attended the workshops organised by DGCD for the development of an integrated HIV/AIDS policy for the Belgian development cooperation.

2. Memberships

Temmerman Marleen

- Member of the International Collaborative Group on STI and HIV Research of the University of Nairobi, Kenya.
- Member of the International Scientific Committee of the International Conference on AIDS and STI in Africa.
- Member of the European Society for Infectious Diseases in Obstetrics and Gynaecology (ESIDOG).
- Member of the Belgian Association for Tropical Medicine
- Member of the Commission International Cooperation, Ministry of the Flemish Community, Department of Policy Coordination and Education
- Member of the Commission Women and Development, Ministry of Development and Cooperation, Belgium
- Member of the Ethical Committee, University Hospital Ghent
- Member of the European Society for Contraception
- Member of the Flemish Society for Obstetrics and Gynaecology
- Member of the International Medical Women Association
- Member of the International Scientific Committee of the AIDS/STD in Africa Conferences
- Member of the International Society for STD Research
- Member of the Network for AIDS research in Africa (NARESA)
- Member of the Scientific Committee of ADEL (Association des epidemiologistes de langue Française en collaboration avec la Belgian Public Health Association)

Bosmans Marleen

- Member of the Commission Women and Development, Ministry of Development and Cooperation, Belgium
- Member of the Steering Committee of the Belgian Platform on Population and Development.
- Member of the Network for European Women’s Rights (NEWR).

Claeys Patricia

- Member of the European Research Organisation on Genital Infections and Neoplasia (EUROGIN)
- Invited expert to the Specialist Panel of Epidemiological Research in Reproductive Health, WHO, Geneva
- Member of the Steering Committee of the Project “Establishing and reinforcing links between health systems research and technical assistance projects for evidence-based health sector reform policy development in countries from the south”, University of Heidelberg, Germany.
- Member of the Steering Committee of the Project “Development of a Essential Care Practice Guide for STI/RTI”, Department of Reproductive Health and Research, WHO, Geneva
Leye Els

✔ Member of the Groupement d'hommes et des femmes africains et européens pour l'Abolition des Mutilations Sexuelles féminines (GAMS), Belgique asbl
✔ Member of the European Network for the Prevention of FGM
✔ Member of the Commission Women and Development, Ministry of Development and Cooperation, Belgium

van Egmond Kathia

✔ Member of the working group Afghanistan of the Commission Women and Development, Ministry of Development and Cooperation, Belgium.

✔ Member of the steering committee "Violence" of the Province Flanders East, Belgium.
✔ Member of the steering committee "Violence against Women" of the University Hospital Ghent, Belgium
D. EXPERTISE

1. Expert meetings


2. Doctoral theses

E. MISSIONS AND CONSULTANCIES

- April 2003. Patricia Claeys. Mission to Kenya to attend the steering committee of the Interuniversity Collaboration between Flemish Universities and the University of Nairobi.
- May 2003. Marleen Bosmans. Formulation mission for the Flemish Inter-university Council (VLIR) for the Institutional University Cooperation with the University of the Western Cape, South Africa, for the project on “Youth Wellness in Community Development.”
- July 2003 Patricia Claeys. Supervision mission Nicaragua to the BADC-funded project on integration of cervical cancer screening in Nicaragua.
- September-October 2003: Brigitte de Hulsters: Consultancy for Flemish Government as collaborator of BTC: Formulation of the project “Integrated network to fight STI/HIV/AIDS in Moatize and Tete, Mozambique.” (VLOS-003)
F. PUBLICATIONS

1. Papers

1.1. Publications

1.2 Papers in press

- Powell R, Leye E, Lawrence A, Mwangi-Powell F, Morison L. Female genital mutilation, asylum seekers & refugees: the need for an integrated union agenda. Accepted for publication, Health Policy, 2003.

2. Abstracts and Proceedings


3. Reports

- Brigitte De Hulsters, Wouter Arrazola de Oñate, Second year report of the concerted action on optimising the use of the syndromic approach for STI prevention and management in resource poor settings for the EC.
- Brigitte De Hulsters, Workshop report for the concerted action on optimising the use of the syndromic approach for STI prevention and management in resource poor settings.
✓ Hugo De Vuyst 6-month interim report MCCSP. Second year report MCCSP: activities, scientific and financial.
✓ Hugo De Vuyst 6-month interim report MCCOP.

4. ICRH Series