



## INTERNATIONAL CENTRE FOR REPRODUCTIVE HEALTH



# ACTIVITY REPORT 2009



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## ICRH Belgium Annual Report 2009

### Preface by prof. dr. Marleen Temmerman



Greetings and best regards from ICRH 2009! In this report, we are pleased to tell you about our activities, publications and other achievements. I hope you will enjoy this concise summary of a wide range of projects from across the globe.

Looking back and reflecting at what we have been able to accomplish at ICRH, I feel happy and hopeful. Happy because of the progress we made despite the many difficulties we faced inside and outside the organization, and hopeful to look forward to continuing cutting-edge, ongoing work and launching new projects in the area of Reproductive Health and Rights in 2010.

The year 2009 was quite difficult because of financial limitations resulting in more difficulties to acquire projects and funding, because of some very good people who left us in the course of the year and because of the re-organization process that took time and energy but which had very promising results.

ICRH is very grateful and proud to have worked under the leadership of Dr Stanley Luchters who stepped down as a scientific director because of personal reasons, but who is still working with us as our advisor in the field of HIV/STI. Replacing him as a scientific director appears to be a very difficult challenge. I also thank the staff members who have left ICRH in the course of 2009 for their contribution to our work and our organization: Griet Blondé, Koen De Doncker, Nadia El Mahi and Kathia van Egmond. It is always a pity to see valuable collaborators leave, even if we were so lucky to see the total number of staff increase to over 30 in the course of 2009, due to the arrival of Steven Callens, Carla De Beule, Sara De Meyer, Els Duysburgh, Marlise Richter, Dirk Van Braeckel and Lucas Verhaegen.

In 2009, our ICRH group has also been enlarged with a new member: 'ICRH-Mozambique', an autonomous research NGO based in Maputo. I am very happy to see the ICRH family grow in different countries and network with more organizations all over the globe. In that way we are better equipped to accomplish our mission by conducting health and social science research, bridging the gaps between research and policies, investing in education and advocacy, and promoting policies and practices for better sexual and reproductive health and rights.



Prof. dr. Marleen Temmerman,  
Director ICRH.



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## 1. The International Centre for Reproductive Health (ICRH)

The International Centre for Reproductive Health (ICRH) was established in 1994 in response to the International Conference on Population and Development (ICPD, Cairo, 1994) as a multidisciplinary centre of excellence aiming at contributing to sexual and reproductive health and to promote it as a human right.

ICRH conducts research and intervention projects in all areas of reproductive health, implements capacity building, provides community education, prevention and HIV testing services, and advocates for sexual and reproductive health and rights. ICRH is active in Africa, Latin America, Asia and Europe. ICRH is a WHO Collaborating Centre for Research on Sexual and Reproductive Health and has experience in attracting donor funds from a wide range of agencies.

The main fields of expertise are:

- HIV and sexually transmitted infections (STI) including human papilloma virus (HPV) with a particular focus on prevention
- Maternal Health including mother & child health, with specific attention for safe motherhood and family planning
- Sexual and gender based violence (SGBV), harmful traditional practices such as female genital mutilation (FGM) and forced/child marriage
- Integration of sexual and reproductive health and rights within health systems

ICRH conducts fundamental, epidemiological, social, clinical, health systems as well as policy research related to the themes listed above, but beside that, the Centre is also active in:

- Training and capacity building: academic programmes (such as Masters and PhDs), courses and workshops but also on-site training, monitoring, evaluation and supervision to strengthen local capacity
- Reproductive health services: advice, consultancies, technical assistance, policy support, designing, planning, implementing, monitoring and evaluation
- Advocacy: awareness raising at all levels (including the scientific and the political), and keeping sexual and reproductive health and rights on the policy agenda.

### Internal structure

In 2009, a new internal structure has been implemented at ICRH Belgium. At the management level, two director functions have been created: a scientific director (Dr. Stanley Luchters until November 2009, the recruitment procedure for his replacement is still going on at the time of closure of this report) and an administrative and financial director (Dirk Van Braeckel). These two directors form, together with the general director prof. dr. Marleen Temmerman, the management committee of ICRH.

Also in 2009, the activities of ICRH Belgium have been structured into three thematic teams:

- The HIV/STI team
- The Gender Based Violence team
- The Maternal Health and Health Systems team.

From 2010 on, this last team will be split up into two separate teams: the Maternal Health team and the Health Systems Team.



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## 2. Activities 2009

### 2.1. Activities of the HIV/STI team

The HIV/STI team comprises all ICRH-Belgium staff involved in projects and activities in the domain of HIV and other sexually transmitted infections, including Human Papilloma Virus (HPV), and consists of 10 members. The objectives of the team are to coordinate all ICRH-Belgium HIV/STI activities, exchange information, develop joint initiatives and build capacity among team members. The focus is on HIV prevention, with special attention for a combination prevention approach. Other topics addressed by the team include mathematical modelling of HIV transmission and of the effect of different HIV prevention strategies, HIV risk reduction among youth in an African context, HIV prevention among most-at-risk populations, the link between HIV and infertility, the prevention of mother-to-child transmission (PMTCT), HIV counselling and testing in Europe, vaginal microbicides trials and the role of bacterial vaginosis. The team was led until September 2009 by the ICRH Deputy Director Stanley Luchters and from October 2009 on by Yves Lafort.

#### 2.1.1 PROJECTS

##### 2.1.1.1 Integrated network combating HIV/AIDS in Tete, Mozambique, phase 2

ICRH is a partner in the 'integrated network' project that aims to strengthen the capacity of the Tete Provincial and District Health Departments of Mozambique in providing quality HIV/AIDS/STI services. ICRH takes responsibility for strengthening the areas of PMTCT, STI care and capacity building. Activities include training and supervision of health staff, development of appropriate systems and tools, and careful monitoring, evaluation and documentation of the services. A night clinic providing reproductive health services for most-at-risk populations is supported. Operational research is conducted mainly focussing on assessing the factors that determine access to quality HIV/AIDS/STI services. In 2007 the second 3-years phase was initiated. During 2009, the PMTCT and STI care services and the night clinic were further supported, and two studies were started, one to assess the effect of a better integration of mother and child health services on an improved follow-up of children born to HIV positive mothers, and one to assess the role of HIV and syphilis infections in stillbirths.

**Financed by:** *Flemish International Cooperation Agency*  
**Coordinator:** *ICRH Belgium*  
**Partners:** *Provincial Health Directorate of Tete,  
The Institute of Tropical Medicine of Antwerp  
The Belgian branch of 'Artsen zonder grenzen'*  
**Period:** *July 2007-September 2010*  
**Contact persons at ICRH:** *Yves Lafort, Diederike Geelhoed*



*The Night Clinic in Tete, Mozambique*

### **2.1.1.2 The added value of a theory driven design for HIV risk reduction programs: a case study in secondary schools in Rwanda**

In sub-Saharan Africa, notwithstanding all efforts to prevent HIV infection among youth, an estimated 4.3% of women aged 15 to 24 years and 1.5% of young men are infected with HIV. Interventions aiming to reduce sexual risk behaviour of youth show little to no effect. The overall aim of the study is to improve the effectiveness of sexual and reproductive health interventions for young people.

The study assesses the effectiveness of a HIV Peer Education programme implemented by the Red Cross in Rwanda. In March 2009 a baseline study was done among approximately 2000 students of the second and fifth year of secondary education to assess their knowledge, attitudes and behaviour concerning HIV/AIDS. Also, a separate survey was done among 300 students of the last year of secondary education on 'sexual scripts', i.e. culturally determined scenarios that guide sexual behaviours. This last survey was complemented with sex focus group discussions with youth.

**Financed by:** *Research Foundation Flanders (FWO), Belgium  
National Lottery Fund, Belgium*

**Coordinator:** *ICRH-Belgium*

**Partners:** *Belgian Red Cross Flanders*



*Rwandan Red Cross  
Sensoa (Belgium)*

*Period: October 2007 – September 2011*

*Contact person at ICRH: Kristien Michiels*

### **2.1.1.3 Evaluation of risk factors for infertility and its association with HIV/STIs in Rwanda: a case control study**

Infertility is a neglected public health problem in sub-Saharan Africa (SSA), affecting 10-20% of couples. The consequences of infertility are often more severe in traditional societies where motherhood is of utmost importance for the woman's status than in western societies. Most of the infertility in this region is caused by –preventable– infection related pathology resulting in fallopian tube damage and sperm abnormalities. In order to formulate cost-effective health interventions aimed at preventing infertility it is necessary to identify modifiable risk factors for infertility in SSA.

The relationship between HIV and infertility deserves special attention. It is known from few previous studies that the HIV prevalence is up to threefold higher in infertile couples compared to fertile couples. Couples in infertile relationships may constitute an important vulnerable group for HIV infection in African society and may even fuel the HIV epidemic. Limited evidence on the links between infertility, high risk sexual behaviour and HIV/STIs currently exist.

In order to shed more light on risk factors for both male and female infertility and their relative importance in SSA and on the association of infertility with high risk sexual behaviour, STIs and HIV, we conducted a case control study in Kigali, Rwanda, examining potential predictors in socio-demographic characteristics, sexual behavior, past and current STIs, HIV, life style factors, contraceptive behavior, and occupational hazards (only men).

Data collection of this study finished in July 2009. Data analysis dissemination of results is ongoing.

*Financed by: European and Development Countries Clinical Trials Partnership (EDCTP)  
Flemish Interuniversity Council (VLIR-UOS)*

*Coordinators: ICRH-Belgium and Projet Ubuzima-Kigali*

*Partner: CHUK (Centre Hospitalier Universitaire de Kigali)*

*Period: 1 November 2006- 31 October 2010*

*Contact person at ICRH: Nathalie Dhont*

### **2.1.1.4 Evaluation of treatment seeking behavior for infertility and socio-cultural consequences of infertility in Rwanda.**

Costly infertility treatments are not a priority for the public health sector in most low-resource countries but a call has been made to improve information, education and counseling on issues pertaining causes and treatments of infertility. In order to do this, information about existing perceptions and treatment seeking behavior is needed.

This study examines existing perceptions of infertility causes, treatment seeking behaviour for infertility, factors associated with treatment seeking in medical services and the response of the medical sector in an urban infertile population in Rwanda.

Data come from a hospital based survey of 312 women and 254 male partners in an infertile relationship, presenting themselves for infertility investigations in a research clinic in Kigali.

Anthropological research has demonstrated that the psychosocial consequences of infertility are more severe for African couples than for western couples, because of the strong emphasis on childbearing in these traditional societies. Social stigma, divorce, polygamy, depression and ultimately suicide are all recognised as consequences of infertility. In order to elucidate the psychosocial consequences of infertility in the cultural setting of Rwanda 5 focus group discussions were conducted with men and women living in infertile relationships.

Data collection finished in February 2009. Data analysis and dissemination of results is ongoing.

**Financed by:** *European and Development Countries Clinical Trials Partnership (EDCTP)  
Flemish Interuniversity Council (VLIR-UOS)*

**Coordinators:** *ICRH-Belgium and Projet Ubuzima-Kigali*

**Partner:** *CHUK (Centre Hospitalier Universitaire de Kigali)*

**Period:** *1 November 2006 – 31 October 2010*

**Contact person at ICRH:** *Nathalie Dhont*

#### **2.1.1.5 Interaction of human papilloma virus (HPV) and bacterial vaginosis (BV)**

Both BV and HPV are very common conditions. BV is characterized by an altered vaginal flora and infection with HPV is the major cause of cervical cancer. It is well known that there is an important correlation between BV and the acquisition of numerous sexually transmitted infections. For HPV, however, this relationship is not yet clear and the mechanism behind it is not elucidated. This research aims to investigate the relationship of HPV and BV via meta-analysis and potential associations on existing data. Furthermore, a cross-sectional study will enroll women with BV and check for HPV infection. In cervico-vaginal samples, obtained from women with and without HPV infection, differentially expressed proteins will be detected. Important partner in this project is ICRH Kenya. Women will be recruited and tested in Mombasa, Kenya. During the past year, based on existing datasets, the relation between HPV and BV was investigated. Preliminary results show indeed a positive correlation between BV and HPV and BV and cervical lesions. Following this positive correlation, recruitment of the study participants can be initiated.

**Financed by:** *Fonds voor Wetenschappelijk Onderzoek Vlaanderen (FWO)*

**Coordinator:** *ICRH-Belgium*

**Partners:** *ICRH-Kenya*

**Period:** *1 October 2008 – 30 September 2011*

**Contact person at ICRH:** *Davy Vanden Broeck*

#### **2.1.1.6 Acceptability and awareness of HPV vaccination**

The recently introduced prophylactic HPV vaccine has caused some controversy in the developed world. In resource constrained settings, where the burden of HPV and related disease is high, no data are available regarding knowledge, awareness and acceptability of HPV and HPV vaccination.

In a collaboration with the Moi University (Eldoret, Kenya), under the VLIR IUC umbrella, a long-term demographic surveillance was set up. A bi-annual periodic surveillance was set up under the Health program and each wave will be enriched with specific topics. Acceptance of HPV vaccination and the current knowledge of HPV and cervical cancer in a rural population was one of the specialization topics.



During the past year, preparatory work was done to conduct the research in the upcoming surveillance waves.

**Financed by:** *Vlaamse Interuniversitaire Raad (VLIR-UOS)*  
**Coordinator:** *ICRH-Belgium*  
**Partners:** *Moi University, Eldoret, Kenya*  
**Period:** *March 2006 – March 2016*  
**Contact person at ICRH:** *Davy Vanden Broeck*

#### **2.1.1.7 SIMPACT: An individual-based model for HIV epidemics in complex sexual networks**

While classic epidemiological models have long established the role of heterogeneity in sexual behavioural and HIV infectiousness in the epidemiological dynamics of HIV epidemics, there is much need for new models able to capture the effects of concurrent relationships on the spread of HIV in the population. In 2009, ICRH-Belgium continued its collaboration with SACEMA (South African Centre for Epidemiological Modelling and Analysis) and Hummeling Engineering in the development of SIMPACT, a novel individual-based model to simulate HIV epidemics emerging in complex sexual networks that may feature concurrency and age disparate relationships. The algorithm underlying SIMPACT simulations was implemented in Matlab and negotiations with the World Bank were initiated to use SIMPACT to model the likely impact behavioural change campaigns have had on the HIV epidemic in Botswana.

**Financed by:** *Research Foundation Flanders (FWO), Belgium*  
*Institute for Innovation through Science and Technology (IWT), Belgium*  
**Coordinator:** *ICRH-Belgium*  
**Partners:** *SACEMA (South Africa)*  
*Hummeling Engineering (The Netherlands)*  
**Period:** *1 October 2008 – 30 September 2010*  
**Contact person at ICRH:** *Wim Delva*

#### **2.1.1.8 Age disparate relationships and condom use among young people in Swaziland and South Africa**

Age differences between sexual partners are typically larger in sub-Saharan Africa than in other parts of the world. It is still unclear however, to what extent age disparate relationships contribute to the rapid and generalised spread of HIV in many countries in sub-Saharan Africa. In 2009, ICRH-Belgium, in collaboration with SACEMA and the University of Southampton, embarked on a secondary data analysis of the 2006-2007 Swaziland Demographic and Health Survey to explore trends and variability in age differences between 872 young men aged 15-24 and their female sexual partners from whom data on age, condom use and duration of the sexual relationship were available. In addition we investigated whether the magnitude of the age difference between sexual partners was inversely associated with consistent condom use. In December 2009, the European Society of Contraception and Reproductive Health (ESC) granted ICRH-Belgium additional funds to perform similar analyses on age-structured relationship and condom use data from rural KwaZulu-Natal, South Africa.

**Financed by:** *Institute for Innovation through Science and Technology (IWT), Belgium*  
*European Society of Contraception and Reproductive Health (ESC)*

**Coordinator:** *ICRH-Belgium*  
**Partners:** *SACEMA (South Africa)*  
*University of Southampton (UK)*  
**Period:** *1 July 2009 – 31 August 2010*  
**Contact person at ICRH:** *Wim Delva*

#### **2.1.1.9 HIV prevention through sport: the case of the Mathare Youth Sport Association in Kenya**

Sport has become a popular tool for HIV prevention, based on claims that it can foster life skills that are necessary to translate knowledge, attitudes and behavioural intentions into actual behaviour. Empirical evidence of the effectiveness of sport-based HIV prevention programmes is, however, sorely lacking. In 2009, ICRH-Belgium completed the statistical analysis of the cross-sectional survey which assessed sexual behaviour and the determinants thereof among 454 youth of the Mathare Youth Sport Association (MYSA) in Kenya and a control group of 318 non-MYSA members. Multiple (ordinal) logistic regression models were applied to measure the association between MYSA membership and attitudes, subjective norms and self-efficacy related to condom use as well as sexual experience, age at sexual debut, condom use, history of concurrent relationships, and number of partners in the last year. The analysis revealed that MYSA members were more likely to use condoms during the first sex act and that consistent condom use with the current/last partner was not significantly higher among MYSA members compared to the control group).

**Financed by:** *Research Foundation Flanders (FWO), Belgium*  
*Institute for Innovation through Science and Technology (IWT), Belgium*  
**Coordinator:** *ICRH-Belgium*  
**Partners:** *K.U.Leuven (Belgium)*  
*Mathare Youth Sport Association (Kenya)*  
**Period:** *1 October 2008 – 30 September 2010*  
**Contact person at ICRH:** *Kristien Michielsen and Wim Delva*

#### **2.1.1.10 Serial monogamy and the spread of HIV: how explosive can it get?**

The debate on the historic role of concurrent versus serially monogamous relationships in the spread of HIV in southern Africa is still ongoing. To elucidate the likelihood of rapidly growing HIV epidemics in serially monogamous networks, ICRH-Belgium collaborated with SACEMA to develop a mathematical model for HIV transmission during the early phase of the South African HIV epidemic. The model suggested that the doubling time in South Africa would have been 2.9 years in 1990 and that the basic reproductive number would be 5.1 if HIV was only transmitted via serially monogamous relationships. Less than 5% (189/4000) of model simulations generated doubling times between 0.7 and 1.2 years, as observed in South Africa. The modelled doubling time was most sensitive to assumptions about the effect of STI co-infection, the frequency of unprotected sex acts and the transmission probability per sex act during chronic HIV infection. The results of this modelling study were presented at the annual DST/NRF Centres of Excellence meeting in Stellenbosch, South Africa, on 26 November 2009.

**Financed by:** *Research Foundation Flanders (FWO), Belgium*  
*Institute for Innovation through Science and Technology (IWT), Belgium*  
**Coordinator:** *ICRH-Belgium*



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**Partners:** SACEMA (South Africa)  
**Period:** 1 October 2008 – 30 September 2010  
**Contact person at ICRH:** Wim Delva

#### **2.1.1.11 Determinants of partner choice and the role of alcohol: a qualitative study in a black township near Cape Town**

Despite many efforts to promote safer sexual practices in South Africa, there is still strong evidence of high risk sex practices such as multiple partnerships, age mixing and transactional sex. Most of these practices demonstrate the distinct gender imbalance that jeopardizes young women. In addition, there is a clear link between alcohol use and the HIV epidemic. While quantitative evidence is accumulating on measurable characteristics of sexual relationships (e.g. number of partners) and the influence of alcohol, little is known on the socio-affective components underneath. In this respect, ICRH-Belgium supervised an undergraduate medical student who conducted a qualitative data analysis of determinants of partner choice such as age, wealth and HIV status and the influence of alcohol on this process in Gugulethu, using data from 28 couples enrolled in the University of Cape Town's Partners in Prevention study. The analysis explored the contextual factors of falling in love (e.g. personality, reputation, awareness of HIV risk) and the disapproval of frequently observed high risk sexual practices. Participants clearly indicated that alcohol has a negative influence on condom use, multiple partnerships and physical abuse.

**Financed by:** Institute for Innovation through Science and Technology (IWT), Belgium  
**Coordinator:** ICRH-Belgium  
**Partners:** SACEMA (South Africa)  
University of Cape Town (South Africa)  
**Period:** 1 July 2009 – 30 September 2010  
**Contact person at ICRH:** Wim Delva

#### **2.1.1.12 HIV testing and counselling in Europe: from policies to effectiveness**

In the European Union (EU) and neighbouring countries, an estimated 30% of people living with HIV are unaware of their positive serostatus, therefore they do not benefit from timely treatment and may transmit HIV unknowingly. Opportunities to diagnose HIV are being missed, particularly in regular health care settings, resulting in increased incidence of AIDS defining illnesses, non-AIDS related events and potentially death. While it is recognised that most EU countries have national policies and/or professional guidelines on antenatal HIV screening, systematic information on national HIV testing policies in other settings and population groups is lacking. Moreover, it has not been systematically assessed if and how HIV testing policies are being implemented and there is a lack of structured information on barriers to HIV testing and counselling in Europe.

The overall aim of the study is to contribute to the improvement of the access, the offer, the uptake and the effectiveness of HIV testing and counselling to populations at increased risk for, and vulnerable to HIV in EU countries. Specific objectives are 1) to map HIV testing policies and guidelines; 2) to identify practices and barriers with regard to HIV testing and counselling; 3) to develop a framework to improve the effectiveness of HIV testing and counselling

The fieldwork of the study was completed in 2008. In 2009, an additional literature review was performed addressing barriers to HIV testing in Europe and the study results were disseminated.

**Financed:** Ghent University  
**Coordinator:** ICRH Belgium  
**Partners:** None  
**Period:** 1 July 2009 – 30 June 2010  
**Contact person at ICRH:** Jessika Deblonde

## 2.1.2 OTHER ACTIVITIES OF THE HIV/STI TEAM

### 2.1.2.1 Writing of the WHO PMTCT guidelines

The World Health Organization (WHO) in collaboration with ICRH and other partners worked on the revision of the *Use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants: recommendations for a public health approach, 2006*, through a series of coordinated efforts to review and synthesize emerging evidence. Evidence was assembled following systematic reviews, GRADE profile analysis, consultations with key implementers, cost review, and peer review.

The aim was to identify evidence-based recommendations that would be likely to deliver high quality care. The evidence and its quality, risks and benefits, acceptability, feasibility, cost and financial implications, were considered by the Guideline Review Committee and the Peer Review Group, who agreed on a series of updated recommendations. As one of the guideline writers, ICRH is closely involved in the development of the final WHO guidelines which is still ongoing. A summary of the recommendations has been released through a "Rapid advice: use of antiretroviral drugs for treating pregnant women and preventing HIV infection in infants, November 2009." (ISBN: 978 92 4 159893 4)

**Contact person at ICRH:** Stanley Luchters

### 2.1.2.2 IAS 2009 Track C

ICRH contributed to the organization of The 5<sup>th</sup> International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, dated 19-22 July 2009 in Cape Town, South Africa as a Track C (Biomedical Prevention) Committee Member.

**Contact person at ICRH:** Stanley Luchters

### 2.1.2.3 BREACH

ICRH is member of the Belgian AIDS and HIV Research Consortium (BREACH). This consortium unites all Belgian AIDS Reference Laboratories (ARLs) and AIDS Reference Centres (ARCs), as well as other organizations that play a significant role in AIDS-related research or prevention, such as ICRH and Sensoa.

BREACH aims among others at setting up a Belgian AIDS cohort, that will centralize all data on HIV/AIDS in Belgium and make them available for research purposes. In 2009, the drafting of the cohort protocol was initiated. It will be finalized and become operational in 2010.

**Contact person at ICRH:** Dirk Van Braeckel and Jessika Deblonde



#### **2.1.2.4 Belgian HIV/AIDS working group**

The HIV team is an active member of the Belgian HIV/AIDS working group. The working group wants to mobilize the different Belgian actors working in the field of HIV/AIDS in order to contribute to the implementation of an AIDS policy that reduces the impact of HIV/AIDS worldwide. The working group does this by means of exchange of knowledge, information and experiences in the field of HIV/AIDS and by means of advocacy. In 2009 ICRH took part in a specific working group to support a study aimed to make an inventory of all activities in the field of HIV/AIDS supported by official Belgian development aid.

**Contact person at ICRH: Kristien Michiels**

#### **2.1.1.5 Evaluation of the interventions of Sensoa on the prevention work of Young Rwandan Peer Educators**

In 2007 and 2008, Sensoa undertook three missions to Rwanda with the aim to support the HIV programme of the Rwandan Red Cross Society. Sensoa developed a training manual and methodologies and organized a training of trainers seminar. They trained the staff that would train selected scholars in HIV prevention (Peer Educators).

The general objective of the evaluation study performed by ICRH was to draw conclusions from the interventions of Sensoa, in function of improving the activities of Sensoa in developing countries. To this end, a field mission was undertaken to Rwanda in May-June 2009. The evaluation studied the strengths and weaknesses of the interventions and the process of follow-up of these interventions, using interviews and observations, and attending local workshops. A report with conclusions and recommendations was issued.

**Contact person at ICRH: Kristien Michiels**

#### **2.1.1.6 Inter-Agency Task Team on Children and HIV and AIDS (IATT)**

ICRH participated in the IATT meeting from 20 until 22 May 2009 in Nairobi, Kenya. The meeting resulted in a call to action of UN agencies and other major organizations.

## **2.2 Activities of the Gender Based Violence team**

ICRH has a strong tradition in multidisciplinary research on sexual and gender based violence. In 2004 ICRH was designated as a WHO Collaborating Centre for Reproductive Health Research, with a specific expertise on –among other topics- female genital mutilation. ICRH's GBV research focuses mainly on 1) intimate partner violence (against pregnant women), 2) harmful traditional practices in particular female genital mutilation and forced marriage, 3) sexual and gender-based violence in conflict settings, and 4) sexual and gender-based violence against refugees, asylum-seekers and undocumented migrants in the European Union. The Sexual and Gender Based Violence team is led by Els Leye.

## 2.2.1 PROJECTS

### 2.2.1.1 Verborgen Zorgen (Hidden Worries)

The aim of “Hidden Worries” was twofold: first to raise awareness about sexual and gender-based violence among the general public and second: to set-up an intercultural and empowering SGBV Prevention network among women living in Belgium but from different origins and with different residence permits. Starting from a Socio-ecological framework on health and violence and from the concept of Emancipative Prevention, we applied participatory research and community development methods as Hopping, Photo Voice and World Cafe.

10 key women were firstly trained on Sexual and Gender-based Violence, networking in prevention and taking photographs. 7 students in social work became their personal assistants. Each of the key women contacted 3 other women with or without residence permits in their network and discussed their experience with SGBV and the current assistance and health care system. Together they expressed these experiences by taking pictures, filling out questionnaires and writing down their stories. In several group discussions the pictures, stories and results were discussed and transformed into a photo exhibition, a photo book with stories and a scientific report. The results were presented at a World Café with different stakeholders and recommendations were formulated. The exhibition is now travelling and can be hired for free. A copy of the photo book and the report can be either ordered or downloaded from the ICRH website.

**Financed by:** King Baudouin Foundation

**Coordinator:** Partners in Reproductive Health (ICRH Global)

**Partners:** ICRH Belgium, Faculty of Psychology & Pedagogy: Department of Social Work, Ghent University

**Period:** 15 May 2008 – 15 May 2009

**Contact person at ICRH:** Ines Keygnaert

**For reservations of the exhibition:** [ellen.taets@egent.be](mailto:ellen.taets@egent.be)

### 2.2.1.2 Partnergeweld en zwangerschap, een interventiestudie binnen de perinatale zorgverlening (Partner violence and pregnancy, an intervention study within perinatal care)

The aim of this research project is twofold: first a large-scale incidence study on intimate partner violence during pregnancy and second an intervention study to reduce violence during pregnancy.

By means of a written questionnaire, the incidence study will measure physical, psychological and sexual partner violence in a pregnant population. Moreover, this study wants to determine if there are effective and safe methods to reduce partner violence and hence some negative consequences for mother and child.

Therefore, several pregnant victims of partner violence will be selected (based on the questionnaire) and interviewed in the second part of the study. We will test if, when we screen for violence during pregnancy and refer women to local resources, the incidence of partner violence is reduced, women seek more help and/or the negative effects of violence on the pregnancy decrease.





In 2009, a literature review was performed and the study questionnaire was prepared, as well as the organizational aspects of the study.

**Financed by:** *Research Foundation Flanders (FWO), Belgium*  
**Coordinator:** *ICRH – Dept Obs/Gyn*  
**Partners:** *ICRH Belgium*  
*15 hospitals in Flanders (to determine)*  
**Period:** *October 2009 –September 2013*  
**Contact person at ICRH:** *An-Sofie Van Parys*

### **2.2.1.3 Operating Grant for the Sexual Gender Based Violence unit of the ICRH**

This operating grant is supporting the functioning of ICRH’s SGBV team. It is intended to co-finance the operating expenses that enable the SGBV team to implement a range of activities envisaged in the work programme that correspond to the pursuit of its mission. The activities of the SGBV team for which financial assistance was requested in 2009 were:

- Set up of a Knowledge Centre on Harmful Traditional Practices
- Fundraising for an international conference on female genital mutilation
- Development of a training manual to increase the capacity of professionals working with young refugees, asylum seekers and unaccompanied minors in the reception and asylum sector to prevent SGBV against and among their clients.
- Capacity building of SGBV team through NVIVO 8 training, and dissemination of research data and increasing visibility of ICRH-SGBV team through the attendance of international conferences and meetings.
- Book launch “Responding to FGM in Europe. Striking the right balance between prosecution and prevention”.

**Financed by:** *European Commission – Daphne Programme*  
**Coordinator:** *ICRH Belgium*  
**Partners:** *none*  
**Period:** *1 January 2009 - 31 December 2009*  
**Contact person at ICRH:** *Els Leye*

### **2.2.1.4 Improved enforcement of FGM-legislation in Europe: dissemination of lessons learned and capacity building of legal professionals**

This project aims to contribute to the abandonment of female genital mutilation (FGM) in the European Union. The specific objectives are:

- To enhance the implementation of criminal and child protection and FGM laws in the EU;
- To update, expand and disseminate the review of these laws in Europe;
- To build the capacities in FGM law enforcement for professionals in 5 EU countries;
- To propose an instrument to assess a country’s level of enforcement of FGM legislation and child protection policies and laws regarding FGM;
- To disseminate recommendations regarding enforcement of the laws.

One or two training workshops were organised in 5 countries (Belgium, France, Spain, Sweden, and UK) for the following stakeholders: child protection officers, social workers, police, prosecutors, and others, on law enforcement. A questionnaire on FGM laws was sent to key persons in 27 EU member states.



*Project steering committee*

An updated review of criminal laws and child protection laws on FGM and professionals secrecy provisions in EU member states was compiled, and a report of the capacity building workshops in each of the five countries was produced. A number of recommendations for a better law enforcement were formulated and a draft instrument to assess a country's level of enforcement of FGM legislation and child protection policies and laws with regard to FGM was developed. All results were published: "Responding to female genital mutilation in Europe. Striking the right balance between prosecution and prevention".

The project results of the projects were presented at the final international symposium on May 18, 2009 in Ghent.

**Financed by:** *European Commission – Daphne Programme*

**Coordinator:** *ICRH Belgium*

**Partners:** *Human Rights Institute, University of Valencia, Spain;  
Health and Society, Malmö University, Sweden;  
Foundation for Women's Health, Research and Development (FORWARD), UK;  
Commission pour l'Abolition des Mutilations Sexuelles (CAMS), France.*

**Period:** *1 June 2007 -1 June 2009*

**Contact person at ICRH:** *Els Leye*

### **2.2.1.5 Training for trainers on abandoning female genital mutilation among Somali communities in Nairobi, "Millennium Development Goals".**

Female genital mutilation is widespread among the Somali community: nearly 100 % of Somalian women are living with the consequences of female genital mutilation in its most invasive form: infibulation. This project aimed at raising awareness among certain target groups of Somali (media, religious leaders, health workers, NGOs, youth) and to support civil society organizations in establishing a network among Somali people in Eastleigh, Nairobi, Kenya. Activities included: capacity building through a TOT : In 2008, 12 participants were trained as trainees to break the taboo on FGM in their community through IEC with their peers.

A final workshop was held in Eastleigh, Nairobi, on January 5 8, 2009 with the objective of sharing outreach experiences of past months, giving feedback on interviews performed with trainees and discuss the follow up of project.

**Financed by:** *National Lottery Belgium*

**Coordinator:** *Partners in Reproductive Health(ICRH Global)*

**Partners:** *Federatie Somalische Zelforganisaties in Nederland  
ICRH Belgium  
Nuance Consult Nederland  
Save Somali Women and Children, Kenya*



**Period:** 1 January 2007 – 31 January 2009

**Contact person at ICRH:** Els Leye

### **2.2.1.6 EN-HERA! the European Network for Promotion of Sexual and Reproductive Health of Refugees, Asylum seekers and Undocumented Migrants in Europe & Beyond**

The overall aim of the project is to improve the sexual and reproductive health of refugees and asylum seekers in the European Union.

EN-HERA! The European Network for Promotion of Sexual and Reproductive Health & Rights of Refugees and Asylum Seekers in Europe and Beyond was officially launched at a 2-day Seminar in November 2008, in Ghent, Belgium. At the beginning of 2010 the network consists of about 40 members in 15 countries. The Framework for Identification of good practices in Sexual and Reproductive Health is disseminated in all EN-HERA!-member countries.

An EN-HERA! vision text and a research agenda that were commonly set at the launch seminar, form the basis of future projects in promotion of Sexual & Reproductive Health Promotion for refugees, asylum seekers and undocumented migrants in Europe & beyond. All documents are downloadable from the ICRH website. Funding to set up specific SRH promotion actions for refugee youth, to launch a website and to enhance the network is sought for.



**Financed by:** European Refugee Fund, European Commission

**Coordinator:** ICRH Belgium

**Partners:** National School of Public Health, Greece  
Instituto de Higiene e Medicina Tropical, Universidade Nova de Lisboa, Portugal  
Prins Leopold Instituut voor Tropische Geneeskunde, Antwerp, Belgium  
Pharos, The Netherlands  
University College Dublin, Ireland

**Period:** 1 August 2007 - 31 January 2009

**Contact person at ICRH:** Ines Keygnaert

### **2.2.1.7 La violence sexuelle et transmigrants au Maroc: un partenariat participatif pour la prévention (Trans-migrants & sexual violence in Morocco: A participatory partnership for prevention)**

The project aims to improve the sexual and reproductive health of trans-migrants in Morocco by contributing to the prevention of sexual and gender-based violence (SGBV) against and amongst them. Applying Community-Based Participatory Research, sub-Saharan trans-migrants were trained as Community Researchers. They conducted 154 in-depth interviews with co-migrants and a KAP-study was conducted among health care providers in Rabat, Casablanca, Tanger and Fes/Oujda. A Community Advisory Board was involved in all steps of the project.

Results show that sub-Saharan trans-migrants are extremely vulnerable to SGBV. The 154 respondents described 548 violence acts, of which 246 are forms of sexual violence. Although girls/women are most commonly victimised, also young boys and men become victims and should be addressed in prevention actions. The border zones, Oujda and inner-Morocco are priority areas of action. Prevention should be multidisciplinary and multidimensional. The medical sector has an important and immediate role to play

and needs urgent investigation and training in order to prevent through screening and give adequate care to any victim regardless of the status they have. The results were discussed at a public seminar at the Mohamed V University in Rabat where policy and practice recommendations were formulated and a research agenda set. They form the basis for future prevention actions. The final report “La Route de la Souffrance” is available on the ICRH website.

**Financed by:** *National Lottery Fund, Belgium*

**Coordinator:** *Partners in Reproductive Health(ICRH Global)*

**Partners:** *ICRH Belgium*

*Dr. A. Dialmy, Associated professor at Mohammed V University, Rabat, Morocco;  
Institut de Recherche, Formation et Action sur la Migration, Belgium*

**Period:** *3 December 2007 – 2 June 2009*

**Contact person at ICRH:** *Ines Keygnaert*



*Researchers & stakeholders discussing the preliminary results and recommendations at the Seminar, May 6<sup>th</sup> 2009, Rabat Morocco*

#### **2.2.1.8 Frame of Reference in SGBV Prevention against and among young refugees, asylum seekers and unaccompanied minors in the European Reception & Asylum Sector (SENPERFORTO).**

Applying a Community Based Participatory Research Approach, Senperforto aims to enhance the prevention of sexual and gender-based violence in the European reception and asylum sector by the development of a European Frame of Reference for Prevention of SGBV in the European Asylum and Reception Sector.

In 2009 we firstly conducted a desk study; trained professionals and asylum seekers to become community researchers and set up a Community Advisory Board in each of the 8 partner countries (Belgium, Greece, Hungary, Ireland, Malta, the Netherlands, Portugal and Spain). Together we inquired on the existing good practices as well as on the exact knowledge, attitude, practice and needs of both professionals and young asylum seeking residents.

This study fuels the development of the Senperforto Frame of Reference for Prevention of SGBV in the European Reception & Asylum Sector. This Frame of Reference consists of a Standard Operating Procedure, a Code of Conduct, a SGBV Prevention Knowledge Set and a Make it Work!-Training Manual. The Make it Work!-Training Manual was developed and tested in 2009. A hard copy of the training manual can be ordered from April 2010 onwards.



The full Senperforto Frame of Reference will be presented at an international seminar in Brussels and available on CD-rom as well as on the ICRH website from December 2010 onwards.

**Financed by: European Commission-Daphne Fund**

**Coordinator: ICRH Belgium**

**Partners:** *IHMT-Universidade Nova de Lisboa, Portugal*  
*NIVEL, the Netherlands*  
*University College of Dublin, Ireland*  
*Greek Refugee Council, Greece*  
*Jesuit Refugee Service, Malta*  
*Ménedek, Hungary*  
*Red Cross, Belgium*  
*Sensoa, Belgium*  
*Fedasil, Belgium*  
*UNHCR, Benelux*

**Period: 19 December 2008-18 December 2010**

**Contact person at ICRH: Ines Keygnaert**



*Training Community Researchers in conducting interviews on SGBV-Hungary, May 2009*

#### **2.2.1.9 Collaboration en recherche et formation sur les violences sexuelles (Collaboration in research and training on sexual violence)**

In the process of the reconstruction of the society and fight against poverty, the fight against sexual violence is one of the priorities of the government of the DRC. The overall academic goal is to reinforce

UCB as leading institution regarding sexual violence in DRC. The overall development goal is to enhance the quality of the care for women living with the consequences of sexual violence. The direct beneficiaries of this project are researchers of the faculties of Medicine, Law and Economic Sciences at UCB, as well as researchers of the local partner NGO, Vision d'Espoir. The indirect beneficiaries are the international and national actors involved in the care for women living with the consequences of sexual violence. The main activities of the project are: capacity building regarding research methodologies, training in English language, in-depth analysis of the UNFPA database on sexual violence, and the development of a cartography of actors in the Walungu region and the city of Bukavu. The contract was negotiated and signed in September 2009. The activities will start April 1, 2010.

**Financed by:** VLIR - UOS  
**Coordinator:** ICRH Belgium  
**Partner:** Université Catholique de Bukavu, Congo  
**Period:** 1 September 2009 - 1 September 2012  
**Contact person at ICRH:** Steven Callens

#### **2.2.1.10 Girls and Women forced into marriage: understanding the impact of migration on Kenyan and Moroccan communities**

Towards the end of 2009, a new research project on forced marriage entitled "*Girls and women forced into marriage: understanding the impact of migration on Kenyan and Moroccan communities*", was launched.

The project will study the impact of context on the occurrence of forced marriage in Kenya and Morocco, and among immigrants with a similar background in Belgium and the UK. In general, the project explores to what extent migration has an influence on perceptions and decision-making processes of forced marriage. More specifically, it will be examined to what degree the cultural and religious perceptions have been transferred in migratory circumstances. In addition, the impact of different context, policies, law enforcement, etc. requires investigation. Overall, an in-depth understanding of the phenomenon of forced marriage will provide policy makers and program managers with factual support and background knowledge for potential interventions.

**Financed by:** VLIR-UOS (Vlaamse Interuniversitaire Raad - University Development Cooperation) (VLADOC-program)  
**Coordinator:** ICRH Belgium  
**Partners:** ICRH Kenya, Mombasa - Kenya  
Université Mohammed V, Rabat - Morocco  
Forward UK (Foundation for Women's Health, Research and Development) London - UK  
**Period:** 1 October 2009 - 30 September 2013  
**Contact person at ICRH:** Alexia Sabbe

#### **2.2.1.11 Domestic violence against Women/men in Europe: prevalence, determinants, effects and policies/practices (DOVE)**

DOVE is a European project involving eight countries: Portugal, Spain, United Kingdom, Belgium, Germany, Sweden, Hungary and Greece. The aim of this project is to describe and understand the



dynamics of domestic violence in the general population and to identify the frequency, the determinants, the most prevalent types of domestic violence, and the physical and psychological consequences of being exposed to domestic violence.

The DOVE project also intends to find out the policies and laws directed to domestic violence in each of the participating countries, so that best practices can be identified and shared.

To attain these objectives the project will recruit, in each country, a representative sample of people (males and females) aged 18 to 64 years old.

The findings of this study will contribute to better knowledge, prevention and intervention against domestic violence. The start up meeting of the project took place on 27-28 September 2009 in Porto.

**Financed by:** EU, DG SANCO

**Coordinator:** Department of Hygiene and Epidemiology, University of Porto Medical School

**Partners:** ICRH Belgium

Section of Psychology, Midsweden University (Sweden)

Department of Public Health Sciences, Karolinska Institutet (Sweden)

Faculty of Health and Social Care Sciences, Kingston University and St George's, University of London (U.K.)

Protestant University of Applied Sciences Ludwigsburg (Germany)

University of Granada (Spain)

Institute of Sociology, Hungarian Academy of Sciences (Hungary)

National School of Public Health, Department of Sociology (Greece)

**Period:** 1 June 2009 - 30 December 2011

**Contact person at ICRH:** Lucas Verhaegen

#### 2.2.1.12 A six country study on life-events & fear of mode of delivery, part II. (BIDENS)

The first part of this study started in 2007. This study is coordinated by the NTNU in Norway and is a collaboration of 6 European countries (BIDENS: Belgium, Iceland, Norway, Denmark, Estonia and Sweden). The study-hypothesis is that women who experienced violence during their lifetime, will develop more fear of childbirth and therefore have more instrumental deliveries. Up to this moment over 6500 women were included in the database.

In 2009 the study, received additional funding to finalise the initial goals of the first part of the study. The aims of this prolongation are to continue the analysis of the collected data and to continue the national and international dissemination of the results

An international seminar and a national seminar are scheduled for 2010.



**Financed by:** EU DAPHNE program

**Coordinator:** NTNU (prof dr Berit Schei, Norway) - Norwegian University of Science and Technology Faculty of Medicine

**Partners:** prof dr Elsa-Lena Ryding, Karolinska University Hospital

prof dr Thora Steingrimsdottir Landspítalinn University Hospital, Department of Obstetrics and Gynaecology

prof dr Ann Tabor, National Hospital, Copenhagen, Juliana Marie Center, Ultrasound Clinic

*prof dr Helle Karro, Tartu University Clinicum Department of Obstetrics and Gynaecology*  
*prof dr Berit Schei, Norwegian University of Science and Technology St.Olav University Hospital*  
*Departement of Obstetrics and Gynaecology*

**Period:** 2007-2012

**Contact person at ICRH:** An-Sofie Van Parys

## 2.2.2 OTHER ACTIVITIES OF THE GBV TEAM

The SGBV team gave several tutorials, training sessions and guest lectures on SGBV topics. For example, the SGBV team organised, in collaboration with UNFPA, for the 3<sup>rd</sup> time the International Course “Coordination of multi-sectoral response to gender based violence in humanitarian settings”

The SGBV team was an invited expert in the following meetings:

- Steering committee of the Belgian National Action Plan against SGBV
- Steering committee for the development of a Manual on female genital mutilation, issued by Belgian Ministry of Health
- UN expert meeting on legislation regarding harmful traditional practices, held in Addis Abeba Ethiopia, May 2009
- Expert meeting on health sector responses to violence against women, World Health Organization, March 2009
- Discussion platform “Vulnerable pregnant women” of East Flanders.

In addition to the national and international conferences and workshops that were organized within the context of the projects listed above, the GBV team organized the International workshop “Researching Harmful traditional practices in Europe and Africa”, at the Gapsym symposium Gendering research in Africa, Ghent, 18 December 2009

SGBV team members participate in the following advisory committees:

- Board of European Network for the Prevention of FGM
- Advisory commission of “END FGM European Campaign – strategy for EU institutions”, Amnesty International Ireland
- International steering committee “EuroNet-FGM “Developing action plans on FGM in the EU”
- Expert group “Conseil d’experts partenariat participatif pour la prévention de la violence sexuelle contre les trans migrants au Maroc”

## 2.3 Activities of the Maternal Health and Health Systems Team

Health systems research has the purpose to generate knowledge that enables societies to organize themselves to improve health outcomes and health services. HSR is rapidly emerging as one of the most dynamic and complex areas of research for health. ICRH is aware of the importance to participate in this research area and has established a “health system” team. The team has the aim to carry out research,



capacity building and advocacy activities focusing on the integration of sexual and reproductive health and rights within health systems.

With its activities, the team aims to have an impact on the strengthening of national health systems. ICRH stresses the importance of national ownership and the alignment with national health policies as is stated in the Paris Declaration on Aid Effectiveness. Another focus is laid on the participation of the community in the identification of needs, the implementation of interventions and the evaluation of those interventions. We consider the participatory and empowering approach as an ethical value that should be purposed by health professionals, planners and researchers. In our research projects we try to be continuously aware of such aspects as the empowerment of stakeholders and community groups, result sharing, collective decision-making, respecting communities' interest and viewpoints. The team wants to encourage the capacity to apply research evidence in policy-making. Strengthening the research-policy dialogue goes beyond the scientific and public dissemination of research findings. ICRH envisages involving policy-makers (politicians, civil servants, health policy advisors, health system managers) in the research process from the beginning. We believe that the interaction and deliberation between researchers and policy-makers will have an added value for the research outcomes and the applicability of the research results in practice.

In line with the WHO framework of health determinants we consider health as a result of interactions of many determinant factors. It involves broad "determinant" categories: environment, life-styles and behaviours, organization of health services etc. ICRH supports a sector wide and comprehensive approach of sexual and reproductive health. Concerning health care ICRH endorses a people-centred care focusing on aspects as health needs, enduring personal relationship, bio-psychosocial perspective of health and shared responsibility.

Every year, worldwide more than 500,000 women die from pregnancy or childbirth related causes. Furthermore every year an estimated four million babies die in the first four weeks of life. And although the international community agreed at the International Conference on Population and Development (ICPD) in Cairo (1994) to make reproductive health care universally available no later than 2015 many ICPD agenda items on sexual and reproductive health remain unfinished after more than 15 years. The overall objective of the ICRH 'maternal health team' is conducting research to contribute to the reduction of maternal and neonatal morbidity and mortality and the improvement of sexual and reproductive health for women. This research aims to achieve access to good quality maternal, neonatal and reproductive health care for all, with a focus on vulnerable population and the integration and continuity of care. Working with and involving of all the levels of the society from community level till policy makers is also seen by the maternal health team as crucial to accomplish its objectives.

### **2.3.1 PROJECTS**

#### **2.3.1.1 Community-embedded reproductive health care for adolescents (CERCA).**

CERCA aims to contribute to the global knowledge about how health systems could be more responsive to the sexual and reproductive health needs of adolescents and by extension to the other health needs of the community. By applying a community based participatory action research approach and through the use of media, a model of community-embedded reproductive health care for adolescents in primary health care will be developed. By applying this framework, we aim to improve adolescent's access to

quality primary health services and to strengthen competence to make reproductive health choices. The research will be conducted in Bolivia, Ecuador and Nicaragua.

In 2009, preparations were accomplished to define the project and to attract financing and relevant partners. The project itself starts on March , 2010.

**Financed by:** *European Commission, Seventh Framework Programme*

**Coordinator:** *ICRH Belgium*

**Partners:** *South Group, Bolivia*

*Universidad de Cuenca, Ecuador*

*Kauno Medicinos Universitetas, Lithuania*

*Universiteit van Amsterdam, Netherlands*

*Centro de investigaciones y estudios de salud, Nicaragua*

*Instituto Centro Americano de la Salud, Nicaragua*

**Period:** *1 March 2010 – 28 February 2014*

**Contact person at ICRH:** *Peter Decat and Sara De Meyer*

### **2.3.1.2 Quality health care in primary health services in Nicaragua**

This project has been launched on the 1<sup>st</sup> of October 2008. The project aims to improve the quality of primary health care in Nicaragua. The pivotal theme of the project is reproductive health care delivery in primary health services. Since 2007, the Ministry of Health of Nicaragua is gradually implementing a new model of care in public primary health services (MOSAFC, modelo de salud familiar y comunitaria) that aims towards a more comprehensive, equal and accessible care. The idea for this research project arose from the concern of researchers and academics of the UNAN in maintaining the benefits of the previous reproductive health programs within the new model of primary health care. *Action Research* is the main methodology. In 2009, a scientific team from the UNAN carried out in depth interviews and focus groups discussions in three primary health services, assessing quality of care from the perspective of health users and health providers. The qualitative data are currently in the process of analysis. As part of the situation analysis, Flemish and Nicaraguan students conducted a quantitative survey among patients in the health centres, researching feelings, emotions and expectations before and after consultations. Nicaraguan patients spend a long time waiting for the consultation (38% waits over two hours). Although most patients' expectations were fulfilled after consultation, shared-decision making appears to be a neglected aspect in primary care in Nicaragua. Based on the results of the qualitative and quantitative analyses an intervention strategy aiming for an improved quality of sexual and reproductive health care will be developed, applied and evaluated in the three health centres.

**Financed by:** *VLIR-UOS (Vlaamse Interuniversitaire Raad - University Development Cooperation) (Own initiative-program)*

**Coordinator:** *ICRH Belgium*

**Partners:** *Facultad de Medicina, Universidad Nacional Autónoma de Nicaragua, (UNAN)*

*Dep. of General Practice and Primary Health Care, Fac. of Medicine, Ghent University, Belgium.*

**Period:** *1 October 2008 - 30 September 2012*

**Contact person at ICRH:** *Peter Decat and Sara De Meyer*



### 2.3.1.3 Young Labour Migrants in Chinese Cities (YOLAMI)

The YOLAMI research on 'strategies for improving sexual and reproductive health of rural-to-urban migrants in China' has been finalized in 2009. The results were presented to the public and the press at a conference in Beijing on the 18<sup>th</sup> of December 2009. Six scientific articles are in progress and will be submitted to international journals in the course of 2010.

People from rural areas migrate to Chinese cities to find employment and to improve their lives. Most are employed in manual labor. From previous studies we know that migrants have a poorer sexual and reproductive health than residents. They use modern family planning methods less frequently, undergo more abortions and suffer more from sexually transmitted infections. Against this background, the YOLAMI (Young Labour Migrants) project aimed at finding out which factors are associated with those higher health risks and at testing intervention strategies. In a first phase, workplaces were visited and migrants were asked to fill out a list of questions. Overall, 4867 female migrants (Qingdao and Guangzhou) and 2100 male migrants (Chengdu) participated. To complement the information from the survey, researchers conducted extended interviews with migrants, health providers and managers. After having analyzed the results of this first phase, it was decided to carry out two kinds of interventions: a minimal and an extended intervention. The interventions took place in the worksites from August 2007 till March 2008. After the interventions new questionnaires were presented to the migrants. The comparison of the results with those of the initial survey allowed for an evaluation of the effect of the interventions on the sexual and reproductive health of migrants. Interviews with migrant workers and managers yielded additional information about how the interventions were perceived.

A brochure with the summary of the project results can be downloaded at <http://www.icrh.org/files/Brochure%20YOLAMI.pdf>



*YOLAMI Press conference, Beijing, December 18<sup>th</sup> 2009*

**Financed by:** *European Commission (FP 6 program)*  
**Coordinator:** *ICRH Belgium*  
**Partners:** *National Research Institute for Family Planning (NRIFP) Beijing China*  
*Chengdu Donghua Reproductive Health Research Institute (CDRHRI) Chengdu China*  
*Sun Yat-sen University/School of Public Health (SYSU SPH) Ghangzhou China*  
*University of Amsterdam/Amsterdam School for Public Science Research (ASSR/Uva)*  
*Amsterdam Netherland*  
*Kaunas University of Medicine: Department of Obstetrics and Gynaecology (KMU) Kaunas*  
*Lithuania*  
**Period:** *1 January 2007 – February 2010*  
**Contact person at ICRH:** *Peter Decat and Wei-Hong Zhang*

#### **2.3.1.4 QUALMAT: Quality of maternal and prenatal care: bridging the know-do gap**

It is estimated that yearly there are about half a million maternal deaths of which 50% occur in sub-Saharan Africa. The lifetime risk for a sub-Saharan African mother to die from complications of pregnancy and childbirth is 1 in 22 compared to 1 in 8 000 in industrialized countries. Every year an estimate of 4 million babies die in the first 4 weeks of life. In addition to a lack of financial and human resources in developing countries, health care is hampered by poor quality of care caused among others by low staff motivation.

The QUALMAT project wants to improve the quality of maternal and neonatal care through addressing the existing gap between 'knowing what to do' and 'doing what you know'. The project is designed as an intervention research project and aims to increase staff motivation through developing and implementing a system of performance based incentives for health care workers and through introducing a computer-assisted clinical decision support system which will help providers to comply with established standards of care.

The QUALMAT programme is implemented by a consortium of 6 partners in Burkina Faso, Ghana and Tanzania, three resource-poor countries highly burdened by maternal and neonatal mortality. In each country, an intervention and a control district were selected. In each district 7 health facilities (6 PHC facilities and at least 1 referral health facility/hospital) were selected to be included in the research project. The main objective of the QUALMAT study is to capture any difference in the quality of maternal and neonatal care between the intervention and control arms.

The University of Heidelberg is the lead partner of the QUALMAT consortium. ICRH Ghent is responsible for the quality assessment. The project started in May 2009. During 2009 ICRH developed tools and systems to be used at the study sites for monitoring and evaluation of the quality of maternal and neonatal care.

**Financed by:** *EC – FP7*  
**Coordinator:** *University of Heidelberg, Germany*  
**Partners:** *ICRH Ghent*  
*Centre de Recherche en Santé de Nouna, Burkina Faso*  
*Navrongo Health Research Centre, Ghana*  
*Karolinska Institute, Sweden*  
*Muhimbili University of health and Allied Sciences, Tanzania*  
**Period:** *1 May 2009 – 30 April 2014*  
**Contact person at ICRH:** *Els Duysburgh*



### **2.3.1.5 CHIMACA: Structural Hinders to and Promoters of Good Maternal Care in Rural China**

China has experienced a wide range of social and economic reforms during the last twenty years with unprecedented speed and scale. Although this has implied a rapid economic growth, it has also created new challenges for the world's most populous nation. One of these challenges is disparity in maternal and child health (MCH) between geographical regions, as well as between rural and urban populations. The CHIMACA project aims to strengthen and improve the performance of health care system in rural China in order to improve maternal and child health. It also provides policy-makers and health service managers with evidence for the development of informed policy on MCH. It also provides policy-makers and health service managers with evidence for the development of informed policy on MCH. This 4 year project started in September 2005 and is implemented in 2 provinces and 1 municipality in China: Anhui, Shaan'xi and Chongqing. The main activities which have been carried out includes: analysis of the current situation of access to antenatal and obstetric care services; development of financial and training interventions to improve access and quality of maternal care; implementation of these interventions in a community based trial and monitoring and evaluation of the impact of interventions. The National Institution for Health and Welfare (THL), Finland was Coordinator of the Project. ICRH Ghent was responsible for the design and implementation of the interventions. During 2009, ICRH participated to the data collection, cleaning and the development of the plan for analysis and the post-intervention survey; attended to the annual partners meeting in Helsinki and the final dissemination meeting in Shanghai. ICRH contributed to draft the final intervention and implementation reports and the post-intervention reports.

**Financed by:** EC – FP6

**Coordinator:** National Institution for Health and Welfare, Finland

**Partners:** ICRH Ghent

*Liverpool School of Tropical Medicine, UK*

*Karolinska Institute, Sweden*

*Fudan University, School of Public Health, China*

*Centre for Health Statistics Information, Ministry of Health, China*

*Peking University, School of Public Health, China*

*Chongqing University, School of Public Health, China*

*Anhui Medical University, China*

*Xi'an Jiaotong University, School of Medicine, China*

**Period:** 1 September 2005– 28 February 2010

**Contact person at ICRH:** Wei-Hong Zhang

### **2.3.2 OTHER ACTIVITIES OF THE MATERNAL HEALTH AND HEALTH SYSTEMS TEAM**

ICRH is active member of **Be-cause health**, an informal and pluralistic Belgian platform which is open to institutional and individual members that are involved in international health issues. The ICRH presides within Be-cause health the working group on patient-oriented care and is member of the working group on sexual and reproductive health.

**Contact persons at ICRH:** Els Duysburgh and Peter Decat

### **Participation in conferences and workshops**

Expert meeting of Sensoa, Institute for Tropical Medicine and ICRH about 'STD and migration', 30 October 2009, Antwerp, Belgium.

First Meeting of the Consortium to Improve Implementation of Maternal, Newborn and Child Health Interventions, 30 November - 1 December 2009, WHO, Geneva, Switzerland.

## **2.4 Other activities**

### **2.4.1 Knooppunt ("Junction")**

The aim of this project is to consolidate ICRH as focal point for sexual and reproductive health and rights, by which it contributes to the international recognition of the Flemish region. The following strategic aims have been formulated:

- To increase the national and international visibility of ICRH
- To reinforce and develop national and international collaborative efforts regarding scientific research and knowledge transfer through education and training
- To enhance the applicability of scientific research through service delivery and policy support
- To participate in a broad scientific and societal debate on sexual and reproductive health and rights through participation in national and international networks and discussion fora.

In 2009, ICRH met the above mentioned aims through the following activities:

- ICRH established 51 national and international research projects and collaborations with national and international organizations
- ICRH organized or participated actively in 14 national guest lectures and 7 international training initiatives
- ICRH participated in 20 expert meetings
- ICRH organized 15 conferences/workshops/symposia

ICRH participated in 24 conferences/workshops/symposia and 16 networks/discussion fora.

**Financed by:** *Flemish Government*

**Coordinator:** *ICRH Belgium*

**Partners:** *none*

**Period:** *2007-2011*

**Contact person at ICRH:** *Els Leye*

### **2.4.2 FWO international coordination**

The Research Foundation Flanders supports the International Research Network of ICRH "WHO Collaborating Centre for Research on Sexual and Reproductive Health". The aim of this network is to provide technical and logistical for:

- operational and applied research,
- the design, planning, implementation, monitoring and evaluation of reproductive health programmes,
- established and new networks
- training



- policy dialogue and advocacy.

The themes included in these terms of reference concern HIV/AIDS in women and children; prevention and management of cervical cancer; female genital mutilation; research capacity building; violence against women.

In 2009, ICRH and its partners were involved in several international research projects and capacity building programmes, including Interuniversity Collaborations with the University of Western Cape in South Africa, Jimma University of Ethiopia and the University of Eduardo Mondlane in Mozambique.

In 2009, ICRH was involved in 26 running international research projects in the following countries: Mozambique, Kenya, Rwanda, Morocco, South Africa, Tanzania, China, Belgium, the Netherlands, Sweden, UK, Ireland, Portugal, Greece, France, Spain, Poland, Estonia, Lithuania and Finland. In 2009, ICRH started 9 international research projects in the following countries: Burkina Faso, Ghana, Tanzania, Morocco, Kenya, Nicaragua, Belgium and the UK.

**Financed by:** *Research Foundation Flanders*  
**Coordinator:** *ICRH Belgium*  
**Partners:** *none*  
**Period:** *January 1 2008 – December 31 2010*  
**Contact person at ICRH:** *Els Leye*

### 2.4.3 Popularization



Popularizing scientific research does unfortunately not seem to be part of the scientific research cycle. With the project 'Popularizing science' ICRH wants to actively pay attention to communicating the process and results of our scientific research to the larger public. Therefore, ICRH engaged a photographer that visited projects in Nicaragua, Rwanda and Kenya to take pictures of people participating in ICRH research projects. Staff members accompanied the photographer to interview people, rather on their life stories than on the studies they

participated in. The project will result in a photo exhibition, a book with the stories of the research participants, a brochure, and an internal strategy for effective science communication.

**Financed by:** *Ghent University*  
**Coordinator:** *ICRH Belgium*  
**Partners:** *None*  
**Period:** *October 1 2008 – September 30 2010*  
**Contact person at ICRH:** *Kristien Michielsens and Peter Decat*

#### **2.4.4 The DESAFIO programme**

ICRH is coordinating the VLIR-UOS-funded Institutional University Cooperation (IUC) Programme with the University Eduardo Mondlane (UEM) of Mozambique. The programme, called DESAFIO, has the objective to strengthen UEM as a developmental actor in Mozambican society in the area of sexual and reproductive health and rights (SRHR) and HIV/AIDS. It is based on long term collaboration between UEM and all Flemish universities, comprising a 2-years preparatory pre-partner programme and two 5-years partner programmes. The programme consists of 8 projects. Five projects address a sub-theme of the central theme (human rights, social rights, gender and family health, reproductive health, and HIV/AIDS and STI) and 3 cross-cutting projects strengthen capacity in specific areas. Activities include conducting joint research in the different areas of reproductive health and HIV/AIDS; enhancing the capacity of UEM academic staff through training, including PhD degrees; strengthening UEM's training capacity by developing master courses; strengthening teaching and research skills, ICT, library sciences, Academic English and biostatistics at UEM; and conducting community-based outreach activities. In 2009, the first year of the first Partner Programme was successfully completed and the second started.

**Financed by:** *Belgian Development Cooperation through the Flemish Interuniversity Council - University Cooperation for Development (VLIR-UOS)*

**Coordinator:** *ICRH Belgium*

**Partners:** *University Eduardo Mondlane, Mozambique  
Ghent University, University of Antwerp, Vrije Universiteit Brussel, Katholieke Universiteit Leuven, Hasselt University, Belgium*

**Period:** *May 2006 – March 2018*

**Contact person at ICRH:** *Yves Lafort and Laurence Hendrickx*

#### **2.4.5 Symposium “Gendering Research in/on Africa”**

ICRH co-organized the yearly symposium of the Ghent Africa Platform on December 18, 2009. The aim of the symposium was to gather multi-disciplinary views on and discuss this year's theme – Gendering Research in/on Africa – and to provide opportunities for networking for Africa researchers. Dr. Fiona Mbai of ICRH-Kenya and dr. Elizabeth Bukusi of the Kenya Research Council were the keynote speakers invited by ICRH. They spoke on the *Gender-Based Violence and Recovery Centre* in Mombasa and on *Choice, Priorities and Challenges in the Era of HIV and AIDS*. Other keynote lectures were given by Chia Longman and Prof. Shirley Ardener. The afternoon was divided into parallel workshops. ICRH hosted two workshops on innovative approaches in HIV prevention research and on researching harmful traditional practices in Africa and Europe. GAP is an umbrella organization of several, sometimes very diverse, 'actors' belonging to the Ghent University Association, that focus on the African continent (and/or on the African Diaspora). Prof. dr. Marleen Temmerman is the president of GAP. More information:

<http://www.gap.ugent.be/>

**Contact person at ICRH:** *Kristien Michielsen*

#### **2.4.6 Expert working group: Definition of standards for sexuality education**

In 2008, the World Health Organization and the Federal Centre for Health Education (BZgA, Germany) took the initiative to inviting about 20 experts from different European countries to take part in a



process to develop minimal standards for sexuality education for Europe. This process continued during 2009. ICRH took part in two experts meetings in Cologne. The final meeting was held in November 2009, which resulted in a final consensual document.

**Contact person at ICRH: Kristien Michielsen**

#### **2.4.7 Research and Education Unit of the Department of Obstetrics and Gynecology at the Ghent University**

ICRH is represented in this platform in order to assure good information exchange and coordination between the two institutions, which are both based in the same hospital, belong to the same faculty and deal with interrelated topics and projects.

**Contact person at ICRH: Jessika Deblonde.**

## 3. Publications

### 3.1 Articles

- 1 Cutland CL, Madhi SA, Zell ER, Kuwanda L, Laque M, Gorwitz R, Thigpen MC, Patel R, Velaphi SC, Adrien P, Klugman K, Schuchat A, Schrag SJ; POPS Trial Team. Chlorhexidine maternal-vaginal and neonate body wipes in sepsis and vertical transmission of pathogenic bacteria in South Africa: a randomised, controlled trial. *Lancet* 2009; 374 (9705): 1909-16 (IF 28,409)
- 2 Dhont N, Ndayisaba GF, Peltier CA, Nzabonimpa A, Temmerman M, van de Wijgert J. Improved access increases postpartum uptake of contraceptive implants among HIV-positive women in Rwanda. *Eur J Contracept Reprod Health Care*, 2009; 14: 420-5 (IF 0,824)
- 3 Santiago GL, Verstraelen H, Poelvoorde N, De Corte S, Claeys G, Trog M, De Backer E, Saerens B, Vervaet C, De Boeck F, Van Bortel L, Remon JP, Temmerman M, Vaneechoutte M, Verhelst R. A pilot study evaluating the safety of vaginal administration of a multi-particulate pellet formulation. *Eur J Pharm Biopharm* 2009;73(3): 399-403 (IF 3,344)
- 4 El Aila NA, Tency I, Claeys G, Verstraelen H, Saerens B, Santiago GL, De Backer E, Cools P, Temmerman M, Verhelst R, Vaneechoutte M. Identification and genotyping of bacteria from paired vaginal and rectal samples from pregnant women indicates similarity between vaginal and rectal microflora. *BMC Infect Dis* 2009; 9:167 (IF 2,536)
- 5 Poelvoorde N, Verstraelen H, Verhelst R, Saerens B, De Backer E, dos Santos Santiago GL, Vervaet C, Vaneechoutte M, De Boeck F, Van Bortel L, Temmerman M, Remon JP. In vivo evaluation of the vaginal distribution and retention of a multi-particulate pellet formulation. *Eur J Pharm Biopharm* 2009; 73(2): 280-4 (IF 3,344)
- 6 El Aila NA, Tency I, Claeys G, Saerens B, De Backer E, Temmerman M, Verhelst R, Vaneechoutte M. Genotyping of *Streptococcus agalactiae* (group B streptococci) isolated from vaginal and rectal swabs of women at 35-37 weeks of pregnancy. *BMC Infect dis* 2009; 9: 153 (IF 2,536)
- 7 Delva W, Pretorius C, Temmerman M. Is scaling up enough to curb the HIV epidemic in southern Africa. *S Afr Med J* 2009; 99(9): 638-9 (ISI)
- 8 Sarna A, Chersich M, Okal J, Luchters SM, Mandaliya KN, Rutenberg N, Temmerman M. Changes in sexual risk taking with antiretroviral treatment: influence of context and gender norms in Mombasa, Kenya. *Cult Health Sex* 2009 Jun 25: 1 (ISI)
- 9 Steegen K, Luchters S, Dauwe K, Reynaerts J, Mandaliya K, Jaoko W, Plum J, Temmerman M, Verhofstede C. Effectiveness of antiretroviral therapy and development of drug resistance in HIV-1 infected patients in Mombasa, Kenya. *AIDS Res Ther* 2009; 16: 6: 12



- 10 Okal J, Luchters S, Geibel S, Chersich MF, Lango D, Temmerman M. Social context, sexual risk perceptions and stigma: HIV vulnerability among male sex workers in Mombasa, Kenya. *Cult Health Sex* 2009; 29:1 (ISI)
- 11 Levinson P, Kaul R, Kimani J, Ngugi E, Moses S, MacDonald KS, Broliden K, Hirbod T; Kibera HIV Study Group. Levels of innate immune factors in genital fluids: association of alpha defensins and LL-37 with genital infections and increased HIV acquisition. *AIDS* 2009; 23(3): 309-17 (IF 5,460)
- 12 Senok AC, Verstraelen H, Temmerman M, Botta GA. Probiotics for the treatment of bacterial vaginosis. *Cochrane Database Syst Rev* 2009; 4 (IF 5,182)
- 13 Delva W, Vercoutere A, Loua C, Lamah J, Vansteelandt S, De Koker P, Claeys P, Temmerman M, Annemans L. Psychological well-being and socio-economic hardship among AIDS orphans and other vulnerable children in Guinea. *AIDS Care*, 2009; 21: 1490-1498 (ISI)
- 14 De Boeck F, Poelvoorde N, Verstraelen H, Verhelst R, Saerens B, De Backer E, Santiago LDG, Vervaet C, Vaneechoutte M, Temmerman M, Remon JP, Van Bortel L. In Vivo Evaluation of the vaginal Distribution and retention of a Multi-particulate pellet formulation. *Eur J Pharm Biopharm* 2009; 73 (2): 280-284 (IF 3,344)
- 15 Fronteira I, da Silva MO, Unzeitig V, Karro H, Temmerman M. Sexual and reproductive health of adolescents in Belgium, the Czech Republic, Estonia and Portugal. *Eur J Contracep Reprod Health Care* 2009; 14 (3): 215-220 (IF 0,824)
- 16 Verstraelen H, Verhelst R, Claeys G, De Backer E, Temmerman M, Vaneechoutte M. Longitudinal analysis of the vaginal microflora in pregnancy suggests that *L. crispatus* promotes the stability of the normal vaginal microflora and that *L. gasseri* and/or *L. iners* are more conducive to the occurrence of abnormal vaginal microflora. *BMC Microbiol* 2009; 9: 116 (IF 2,877)
- 17 Romano J, Variano B, Coplan P, Van Roey J, Douville K, Rosenberg Z, Temmerman M, Verstraelen H, Van Bortel L, Weyers S, Mitchnick M. Safety and availability of Dapivirine (TMC120) delivered from an intravaginal ring. *Aids Res Hum Retroviruses*, 2009; 25 (5): 483-8. (IF 2,024)
- 18 Verstraelen H, Verhelst R, Nuytinck L, Roelens K, De Meester E, De Vos D, Van Thielen M, Rossau R, Delva W, De Backer E, Vaneechoutte M, Temmerman M. Gene Polymorphisms of Toll-like and related recognition receptors relation to the vaginal carriage of *Gardnerella vaginalis* and *Atopobium vaginae*. *J Reprod Immunol*, 2009; 79(2): 163-73 (IF 2,778)
- 19 Zhu JL, Zhang WH, Cheng YM, Xu JC, XU X, Gibson D, Stovring H, Claeys P, Temmerman M. Impact of post-abortion family planning services on contraceptive use and abortion rate among young woman in China: a cluster randomised trial. *Eur J of Contracep Reproductive Health Care*, 2009; 14(1); 46-54 (IF 0,824)
- 20 Persson R, Hitti J, Verhelst R, Vaneechoutte M, Persson R, Hirschi R, Weibel M, Rothen M,

- Temmerman M, Paul K, Eschenbach B. The vaginal microflora in relation to gingivitis. *BMC Infect Dis*, 2009; 9: 6 (IF 2,536)
- 21 Aerssens A, Claeys P, Beerens E, Garcia A, Weyers S, Van Renterghem L, Praet M, Temmerman M, Velasquez R, Cuvelier CA. Prediction of recurrent disease by cytology and HPV testing after treatment of cervical intraepithelial neoplasia. *Cytopathology*, 2009; 20(1); 27-35. (IF 1,514)
- 22 Pynaert I, De Bacquer D, Matthys C, Delanghe J, Temmerman M, De Backer G, De Henauw S. Determinants of ferritin and soluble transferrin receptors as iron status parameters in young adult woman. *Public Health Nutr* 2009; 12 : 1775-82 (IF 2,123)
- 23 Chersich MF, Kley N, Luchters SM, Njeru C, Yard E, Othigo MJ, Temmerman M. Maternal morbidity in the first year after childbirth in Mombasa Kenya; a needs assessment. *BMC Pregnancy Childbirth* 2009;9: 51
- 24 Roelens K., Verstraelen H, Temmerman M. Intimate Partner Violence. The gynaecologist's perspective. *The Low Countries J Obstet Gynaec & Reprod Health* 2009; 1: 88-98
- 25 Roelens K, Verstraelen H, Temmerman M. Intimate partner violence and role of health care workers: research to strengthen health systems. *Entre Nous* 2009; 68: 20-21
- 26 Temmerman M. Vrouwelijke genitale mutilatie en maagdenvliesherstel. *T. Tijdschrift Praktische Huisartsgeneeskunde. Bij Blijven - Vagina en Vulva* 2009;9:34-39
- 27 De Vos T, Roelens K, Temmerman M. Maternale sterfte: nog steeds een groot probleem in Afrika. *T. Geneesk* 2009; 65: 995-999
- 28 Van Parys AS, van Egmond K, Roelens K, Temmerman M. Zwangerschap en geweld. *Tijdschrift Voor Vroedvrouwen*, 2009; 15:1
- 29 Leye E, Temmerman M. Issues in the European Health care for victims of FGM. *Choices* Nov 2009; 14-15

### 3.2 Books and chapters

- 1 Keygnaert I, Van Egmond K, Temmerman M. EC European Refugee Fund. ICRH Ghent University, EN-HERA Report 1: Sexual and reproductive health and rights of refugees, asylum seekers and undocumented migrants. Academia Press, Ghent 2009, ISBN 978 90 38214 09 2
- 2 Keygnaert I, Van Egmond K, Temmerman M. EN-HERA! Framework for the identification of good practices in Sexual & Reproductive Health for Refugees, Asylum seekers and Undocumented Migrants. A-D Druk Zeist, Nederland, 2009, ISBN 978 90 75955 69 9



- 3 Keygnaert I, Van Egmond K, El Mahi N, Pourmirzajan B, Temmerman M. *Verborgen Zorgen fotoboek*. Academia Press, Ghent 2009, ISBN 978 90 382 1438 2
- 4 Leye E, Sabbe A, Temmerman M. *Responding to female genital mutilation in Europe. Striking the right balance between prosecution and prevention*. International Centre for Reproductive Health, University of Ghent, EC Daphne Programme, Ghent 2009, ISBN 978 90 78128 00 7
- 5 Temmerman M, Désirée De Poot. *Mama Daktari, gynaecologe in Afrika*. Uitgeverij Van Halewyck 2009, p208. ISBN: 978 905 617 933 5
- 6 Leye E, Temmerman M. *Vrouwelijke Genitale Verminking*. *Reproductieve Geneeskunde, gynaecologie en obstetrie*, Erasmus MC, Rotterdam 2009, 767-71. ISBN 978 90 811646 5 8
- 7 Keygnaert I, Van den Aemele S, Keygnaert J, Manco A, Temmerman M. *La route de la Souffrance: Violence Sexuelle parmi et contre les Trans-Migrants au Maroc – Un partenariat Participatif pour la Prévention: Rapport de recherche*, Ghent 2009
- 8 Keygnaert I, Van Egmond K, El Mahi N, Temmerman M. *Verborgen Zorgen Wetenschappelijk rapport*. Ghent May 2009

### 3.3 Presentations and posters

- 1 Michielsens K., Olawaiye D., Lafort Y., Callens S. *Innovative approaches in HIV prevention research*. Ghent Africa Platform - Gendering Research in Africa, Ghent, 18 December 2009
- 2 Dhont N., Vyakandondera J., Munyankindi L., van de Wijgert J. *Infertility and HIV: case-control study in Kigali, Rwanda*. RCOG annual scientific meeting, Abu Dhabi, 7 - 9 December 2009
- 3 Leye, E. Roundtable "Violence against women. Female Genital Mutilation in Europe". Annual conference of European Society for Sexual Medicine, Lyon, 16 - 18 November 2009
- 4 Dhont N., Ndayisaba G.F., Peltier C.A., Nzabonimpa A., Temmerman M., van de Wijgert J. *Improved access increases postpartum uptake of contraceptive implants among HIV - positive women in Rwanda*. 5 th international conference for research and exchange on HIV and AIDS, Kigali, Rwanda, 1 - 2 October 2009
- 5 Meulders, B., Delva, W., Michielsens, K, Groeninck, S., Temmerman, M, Vandenauwele, Y. *The effectiveness of HIV/AIDS prevention through sport: the case of Mathare Youth Sport Association in Kenya*. AIDS Impact 2009, Botswana, September 2009
- 6 Delva W., Vercoutere A., De Koker P., Vansteelandt S., Lamah J., Loua C., Temmerman M., Annemans L. *How supportive is the social network of AIDS orphans and other orphaned children in Conakry and N'Zérékoré, Guinea?* AIDS Impact 2009, Botswana, September 2009

- 7 Keygnaert I., Keygnaert J., Vettenburg N., Bosmans M. & Temmerman M. Sexual Violence against and among Trans-migrants in Morocco: A Participatory Assessment of Determinants. 6<sup>th</sup> European Congress on Tropical Medicine and International Health -1<sup>st</sup> Mediterranean Conference on Migration and Travel Health, Verona, Italy, 6 - 10 September 2009
- 8 Geibel S, King'ola N, Luchters S. Impact of male sex worker peer education on condom use in Mombasa, Kenya. 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Cape Town, 19 - 22 July 2009
- 9 Chersich M, Martin Hilber A, Schmidlin K, Egger M, Francis S, Baeten J, Brown J, Delany-Moretlwe S, Hayes R, Kaul R, Luchters S, McGrath N, Myer L, Rees H, Temmerman M, Van der Straten A, Van de Wijgert J, Watson-Jones D, Zwahlen M, Low N. Association between intravaginal practices and HIV acquisition in women: individual patient data meta-analysis of cohort studies in sub-Saharan Africa. 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Cape Town, 19 - 22 July 2009
- 10 Syengo M, Lango D, Kingola N, Geibel S, Luchters S. Harmful and hazardous alcohol use is associated with unsafe sex among male sex workers in Mombasa, Kenya. 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Cape Town, 19 - 22 July 2009
- 11 Jao I, Okal J, Abdallah S, Reyners M, Okeyo S, Temmerman M, Luchters S. Challenges of Integrating Family Planning and HIV services in Kenya's Coast Province. 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Cape Town, 19 - 22 July 2009
- 12 Bosire W, Okal J, Abdallah S, Chokwe J, Kassim M, Chersich M, Nel A, Temmerman M, Luchters S. High Rates of Unwanted Pregnancies in a Prospective Microbicide Preparedness Study in Mombasa, Kenya. 5th IAS Conference on HIV Pathogenesis, Treatment and Prevention. Cape Town, 19 - 22 July 2009
- 13 Leye E, Sabbe A, Johnsdotter S, Otoo-Oyortey N, García-Añón J, Weil-Curiel L. Towards an improved enforcement of FGM-legislation in Europe: Dissemination of lessons learned and capacity building of (para)legal actors. Sexual Violence Research Initiative Forum, Johannesburg, 6 - 9 July 2009
- 14 Leye, E. The law as an instrument to prevent FGM in Europe. Considerations around a comparative research in Europe. Trieste and Padua, Italy, 14 - 15 July 2009
- 15 Keygnaert I., Vettenburg N., Temmerman M. Hidden Violence is a Silent Rape: A Participatory assessment of sexual & gender-based violence determinants in female and male refugees, asylum seekers and undocumented migrants in Belgium and the Netherlands. 12<sup>th</sup> World Conference on Public Health, Turkey, April 27 - May 1 2009



- 16 Delva W, Vansteelandt S, Williams B, Hargrove J, Pretorius C, Annemans L, Temmerman M. Modeling the impact of combination HIV prevention. 4th South African AIDS conference, Durban, South Africa, March 31 - April 3 2009
- 17 Deblonde J, Luchters S, Temmerman, M. HIV testing in Europe: from policies to effectiveness. International Workshop 'HIV Portugal 2009'. Lissabon, Portugal, 27 - 28 March 2009
- 18 Dhont N, Vyanka J, Munyankindi L, Temmerman M. Fertilitetsonderzoek en behandeling in lage inkomenslanden. Doelen congres 2009, 4 - 6 March 2009
- 19 De Koker P, Vercoetere A, Delva W, Vansteelandt S, Lamah J, Loua C, Temmerman M, Annemans L. How supportive is the social network of AIDS orphans and other orphaned children in Conakry and Guinea? Conference of the Bela Bela HIV Prevention Group (HAPG) Intergrated TB and HIV Community Care: Perspectives from HAPG in Bela Bela, 3 - 5 March 2009
- 20 Keygnaert I., Vettenburg N., Temmerman M. Hidden Violence is a Silent Rape: GBV determinants in Refugees, Asylum Seekers and Undocumented Migrants in Belgium and the Netherlands. Abstract book International Conference on Gender-based Violence and Sexual & Reproductive Health, Mumbai, 15 - 18 February 2009

### 3.4 ICRH Belgium newsletter

In November 2009, ICRH Belgium has launched an electronic newsletter, aimed at keeping its partners and contacts informed of interesting activities, publications and events related to ICRH and sexual and reproductive health and rights. The newsletter appears at least every two months. Previous issues can be found at <http://www.icrh.org/newsletter-icrh-belgium>. This page also contains a link to a webform for subscription to the newsletter.

## 4. ICRH Global

The International Centre for Reproductive Health in Belgium works closely together with its sister organization the ICRH Kenya, based in Mombasa. In the course of 2009, a third separate ICRH structure was established: ICRH Mozambique.

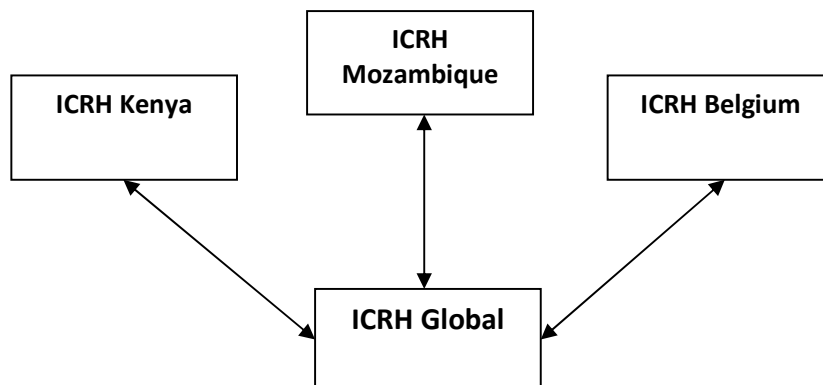
In order to formalize the close ties between these organizations, and to facilitate coordination, an umbrella organization has been set up under the name of ICRH Global.

The Board of Directors of this not-for-profit organization consists of representatives from ICRH Belgium, ICRH Kenya, ICRH Mozambique, and the Ghent University, and vice versa, ICRH Global will appoint representatives in the management structures of the individual ICRHs.

In addition to its coordination tasks, ICRH Global will organize networking and information activities in the field of sexual and reproductive health and rights.

Organizations as well as individuals can become member of ICRH Global.

Contact: ICRH Global, Ghent University Hospital, De Pintelaan 185, P3, 9000 Ghent, Belgium.





## 5. Human resources

### List of employees in 2009

Griet Blondé**	Financial Assistant
Marleen Bosmans	Senior Project Coordinator
Steven Callens*	Senior Researcher
Matthew Chersich	Visiting Professor
Carla De Beule*	Financial Assistant
Koen De Doncker**	Researcher
Jessika Deblonde	Researcher
Peter Decat	Researcher & Team Leader Health Systems
Petra De Koker	PhD Fellow & researcher
Ilse Delbaere	Doctor-Assistant
Wim Delva	PhD Fellow & Researcher
Sara De Meyer*	Researcher
Nathalie Dhont	PhD Fellow & Researcher
Els Duysburgh*	Researcher & Team Leader Maternal Health
Nadia El Mahi**	Financial & Administrative Assistant
Diederike Geelhoed	Tete Project Coordinator
Laurence Hendrickx	Permanent Expert
Ines Keygnaert	PhD Fellow & Researcher
Yves Lafort	Senior Project Coordinator & Team Leader HIV/STI
Els Leye	Senior Project Coordinator & Senior Researcher & Team Leader GBV
Stanley Luchters	Research Director/Senior Researcher
Kristien Michiels	PhD Fellow & Researcher
Marlise Richter*	PhD Fellow & Researcher
Alexia Sabbe	PhD Fellow & Researcher
Ellen Taets	Administrative Assistant
Marleen Temmerman	Director
Inge Tency	Researcher
Dirk Van Braeckel*	Director Finance & Administration
Alexander Van der Biest*	Intern
Kathia Van Egmond**	Researcher & Team Leader Maternal Health
An-Sophie Van Parys	PhD Fellow & Researcher
Davy Vanden Broeck	Senior Researcher
Lucas Verhaegen*	Researcher
Wei-Hong Zhang	Senior Researcher & Senior Project Coordinator

\* Joined ICRH in the course of 2009

\*\* Left ICRH in the course of 2009

## 6. ICRH and the environment

The impact of research activities on the environment is rather limited compared to other sectors such as industry or transportation. However, our environmental impacts are far from negligible, and as adherents of sustainable development and the millennium development goals, we hold ourselves responsible for striving to limit our environmental footprint as much as possible. Our main impacts stem from transportation, paper use and energy consumption. In each of these fields, we have taken measures to avoid excessive consumption of resources or emissions.

### 6.1 Transportation

#### *Commuting*

For reducing the impacts of commuting of ICRH employees, we benefit from the general stimulation measures of Ghent University:

- Public transport commuting expenses are fully reimbursed,
- Commuting by car is discouraged and related costs are not reimbursed
- Employees can rent a bicycle from the university against favourable conditions, and employees commuting by bicycle receive a small financial compensation

#### *Compensation of CO2 emissions*

ICRH is involved in many international research projects and as a consequence ICRH staff has to travel frequently within Europe and to other continents. Of course we try to avoid as much as possible unnecessary flights, but even then there are still many flights left. Since July 2009, ICRH compensates the carbon emissions linked to its air miles through the specialized NGO CompenCO2. By doing so, we finance carbon emissions reduction in developing countries, up to the same volume of emissions that we have caused.

### 6.2 Energy consumption

The non-transportation related energy consumption of ICRH is mostly limited to office heating and lighting. There is no separate tracking of energy consumption for the ICRH offices, but the poor insulation of the building is probably leading to relatively high consumption. On the short term, the only



way to tackle this is 'good housekeeping measures', such as switching off the lights and turning down the heating whenever possible. On the mid-term, ICRH is planning a move to more modern and more energy efficient housing.

### 6.3 Waste production

ICRH produces almost exclusively office waste, such as paper and ink cartridges. In September 2010, ICRH has leased a new copier/scanner. Standard settings of the printer include black & white and recto/verso printing. One-side printed paper is re-used in a special tray of the printer. ICRH is also gradually shifting towards electronic storage of documents as an alternative for printing and classifying paper copies.



## Contact

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## Donations

By supporting our projects and interventions, you are contributing to a better world for many women, vulnerable people and children.

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